

AWP Operating Plan 2015/16

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Executive Summary

The AWP Operational Plan 2015/16 outlines the Trusts key priorities, opportunities and challenges and forms an update to the previous 2014/15 – 2015/16 plan.

This has been developed following a comprehensive business planning process during 2014/15 across the organisation. The plans cover business developments, quality, CIP, workforce and finance, and focus on the delivery of the Trust priorities in response to commissioner intentions and opportunities.

AWP recognises the continued challenges ahead for the NHS, with an increasingly tighter financial environment, demand on productivity and customer expectation. Therefore our operational plan reflects the opportunities and challenges that this brings and how AWP will address them.

Throughout 2014/15, AWP has continued our journey of organisational development, improving our processes, governance, engagement and service quality. This approach has delivered sustainable change and improvement, which is reflected within this plan. This includes areas such as quality, clinical strategy, productivity and efficiency and operational performance. We understand that this improvement needs to be a continual process, and therefore we have described how we plan to continue to develop and achieve this throughout our plan.

Across the health community it is known that the demand for mental health services is continuing to increase, alongside continued growth of the population in the South West. We therefore plan to continue to work closely across all of our stakeholders (commissioners, patients & carers, AWP staff and partner organisations) to ensure that we continue to develop services to meet the needs of our population.

The formulation of this operating plan and overarching business planning process has involved a wide range of AWP staff and our stakeholders. This plan has also been subject to review by AWP committees including, the Senior Management Team, Finance & Planning Committee and Trust Board.

It is planned that throughout 2015/16 and beyond, AWP will continue to develop its business, to ensure that we continue to be ready and prepared to face the challenges ahead.

Iain Tulley
Chief Executive
Avon & Wiltshire Mental Health Partnership NHS Trust

1. Strategic Context

1.1 Strategic Context & Direction

Throughout 2014/15, Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) has continued to work to develop and deliver our services in response to the changing needs of our population. The Trust recognises that the health and social care economy continues to be challenging, with increasing expectation and demand at a time of continued financial constraint. Therefore, our operating plan for 2015/16 continues to address these challenges, focusing on the progressive development and delivery of quality through a range of collaborations and partnerships. These then support the delivery high quality specialist mental health services. In response to a number of key policy document publications throughout 2014/15, including The Francis Report, Examining New Options & Opportunities for Providers of NHS Care – The Dalton Review, and NHS England - The Five Year Forward View, the Trust has continued to develop its business plans to reflect the challenges and opportunities this provides.

The Trust continues to be a significant provider of mental health services across the South West of England (forecast income of £198.6 million in 2014/15). We continue to deliver a wide range of locally focussed mental health services across Bristol, North Somerset, South Gloucestershire, Bath & North East Somerset (B&NES), Swindon & Wiltshire, as well as specialist services across the South West. We deliver care from over 90 community and inpatient sites – including those delivered in partnership with external organisations. Our services cover acute, recovery, liaison and dementia services, as well as secure criminal justice and a wide range of highly specialist mental health services. In 2014/15, the Trust's community services expect to see 34,120 individuals (up 5% on 2013-14), from just over 34,000 referrals (up 3% on 2013-14) and had more than 303,000 contacts with service users (either by telephone or face to face). In addition, the Trust expects to make 2,666 admissions into inpatient care for more intensive treatment.

1.2 Strategy

During 2013/14, the AWP Trust Board developed its vision, values and strategic priorities for 2013/14 – 2018/19 and the Trust priorities continue working towards achieving these as planned. Each year the Trust outlines its annual objectives, which are focussed on delivering the Trust values and achieving the vision within specific areas of focus each year. These are described further within section 1.4 and appendix 1

AWP Strategy 2013/14 – 2018/19



1.3 The AWP Spectrum of Care

AWP continues to deliver its clinical business, defined as its spectrum of care. These are the services which we consider to be core to supporting the delivery of the Trust strategy, whilst providing a comprehensive service range across the organisation.

The AWP Spectrum of Care



The delivery of our core clinical business has been further supported by the growth in the overall market share of mental health services in line with population need, CCG intention and strategy and formal tender opportunities. These developments have been supported by the AWP stakeholders, including patients, carers, staff and commissioners. This growth, diversification and reconfiguration are described in more detail in the following sections.

1.4 AWP Strategic Priorities & Annual Objectives

Within appendix 1 are the (draft) Annual objectives for 2015/16. These objectives are focussed on the delivery of the Trust strategic priorities and have been developed from the annual objectives of 2014/15. These are subject to review and consultation with each local delivery unit within the organisation and their achievement is monitored throughout the year

2. Strategic Direction

2.1 Healthcare Economy

The geography covered by AWP is large, with complex commissioning arrangements and wide population need. This covers 6 CCGs, local authorities, acute NHS Trusts, NHS England, probation Trusts and other commissioners.

There is an estimated population of 1.8 million people (children & adults) across the main CCGs covered by the Trust, with a wide ranging population mix, with both rural and inner city locations. There are areas of both young and older populations, traveller communities, military residence and high deprivation.

Reflecting the wider population served by AWP, across the South West there are an estimated 5.3 million individuals and this could increase to 6.2 million by 2030¹. Across the region there are relatively low levels of deprivation as a whole and unemployment is very low compared to other areas in England. Life expectancy in the South West is one of the highest in England (for both men and women)². The AWP 2015/16 Operating Plan responds to this complex need across the geography covered, with locality specific developments, aimed at particular local need.

Throughout 2014/15, the health & social care need of the population has continued to develop, with increasing demand and expectation and it is expected that this will continue throughout 2015/16 and beyond. Across the local and regional healthcare economy there have been a number of challenges developing, including access to primary care services, acute and emergency healthcare and delays to discharge, these have been duplicated across the country. Throughout 2014/15, AWP has continued to work with partner organisations to improve service accessibility, experience and outcome across all and we plan to continue this throughout 2015/16.

National policy and context demonstrates a developing picture for the continued growth, profile and development of mental health services across England with an increased importance being placed on improving access, equity and quality of services. The commissioning intention and growth opportunities identify key areas of development to support this, with increasing focus on delivery of services in partnership, improving quality and efficiency.

2.2 Market Position

AWP continues to compete in an increasingly competitive market place for mental health services, although recognising that the competitive mix has altered over the past year. This includes emerging entrants into the health market not previously considered. Examples of this are increased levels of third sector and NHS competition in some business groups. Looking to the future this is expected to continue to be refined in response to policy development (such as the Dalton Review) and the outcome of the expected general election in 2015.

During 2014/15, we have had success in growing our business and confirming the Trust market position through the development of specialised and liaison services as part of commissioning intentions, as well as winning new business through competitive tenders, including the retention of the Bristol mental health service contract. These developments have increased the AWP profile across the geography covered. Alongside this, AWP has faced increased competition for some business segments, including drug & alcohol services and criminal justice services from third sector and charitable organisations. This has required a re-focus of growth priorities and approach.

2.3 Growth and Development Achievements of 2014/15.

The projected AWP income in 2014/15 is £196.8 million, with £164 million directly contracted with CCGs and NHS England (83%). The rest of the Trust income relates to local authority, education and training and research £33 million. In 2015/16 this contracted income is expected to be £XX million some XX% of the total income of £XX million – to be added once confirmed. Below are the specific service growths achieved in 2014/15. These have been achieved through a number of opportunities include formal tender, commissioning intentions, within contractual arrangements and also through mental health resilience funding. At this time however, the funding arrangements for these services remains subject to ongoing discussion with CCGs.

Growth 2014/15

- Criminal Justice and Prison Services in Eastwood Park Prison - £215,000

¹ Office for National Statistics

² Office for National Statistics/ South West Observatory – The Changing State of the South West 2012

- Mental Health Services for people with Learning Disabilities in Wiltshire and Swindon - £655,000 per annum (service to begin in 2015/16)
- Bristol Substance Misuse Engagement Programme - £177,000 per annum
- Personality Disorder Mentalisation Therapy - £77,000 per annum
- Bristol Autism Service - £137,000 per annum
- Wiltshire ADHD Contract - £120,000 per annum
- Bristol System Leader Role - £1,300,000 per annum
- South Gloucestershire Liaison Service - £38,000 per annum
- Bristol, B&NES and Swindon Street Triage (mental health resilience) - £TBC
- Bristol, B&NES and Swindon Liaison Services (mental health resilience) - £TBC
- Bristol Mental Health Contract - £TBC (considered as growth)

As outlined above, in 2014/15 whilst the Trust was successful in growing its business in response to formal tender and other opportunities, there was also some loss of business. These business losses were identified and considered as risks within the 2014/15 operating plan.

- End of Contract for Dorset Prison - £584,000
- Eastwood Park PD Service Smaller Than Planned - £212,000
- Bristol Criminal Justice Contract - £451,000
- Bristol Dementia Service - £3,000,000
- Bristol Employment Service

In 2014/15 alongside growth, AWP delivered a number of developments within its business in response to commissioner intention, opportunities, regulatory requirements and efficiency programmes which improved the overall service quality, these included:

- Development of Liaison Services within localities
- Development of IAPT services within localities
- Achievement of a number of clinical and administrative reconfigurations as planned
- Increased Section 136 services, including for those under 18
- Achievement of planned CIP, in line with projections and plans
- CQC inspection –with valuable feedback implemented through a process of robust project management and warning notices lifted within 3 months.
- Continued support to deliver patient choice, where appropriate, supporting the needs of patients and carers

2.4 Threats & Opportunities from Planned Commissioning Intentions

The commissioning intentions for 2015/16 from our 6 CCG commissioners have indicated continued growth and development in a number of key areas, a number of these developments have continued from 2014/15:

1. Continued consolidation and development of IAPT services across localities.
2. Developing inpatient services to meet patient need, including reviewing pathways and overall service types provided.
3. Developing services focussing on supporting individuals within community settings and also through acute healthcare pathways, including liaison services.
4. On-going development across memory and dementia pathways across all AWP localities
5. Increased integration across health and social care services
6. Continued growth of locally commissioned specialised mental health services, such as ADHD and autism spectrum services
7. Development of street triage and liaison services in response to targeted mental health resilience funding for 2015/16 – further discussion remain underway at this time

2.5 Risks of 2015/16 Commissioning Intention

AWP recognises that there are risks associated with the delivery of the 2015/16 commissioning intentions. These risks are related to a range of reasons including the fast pace of NHS policy development throughout 2014/15, planning for one year only and the level of uncertainty in a number of areas at this time.

The mitigation of these risks is based around continuing to work with commissioners to provide collaborative solutions where possible. These are described further within appendix 2 risks 1-9.

2.6 Strategic Response to Known and Forecast Change – Impacting in 2015/16

From our business intelligence, it is expected that throughout 2015/16, there are a number of factors affecting mental health services and these are outlined below.

2.6.1 Demographics

AWP recognises that the overall population of the region is increasing, particularly in relation to residents of pensionable age and those connected to the military – all of which will continue to impact on the growth for mental health services, further increasing demand into 2015/16 and the future.

- There were an estimated 5.3 million individuals living in the South West in 2011, and this is expected to grow to 5.7 million by 2021 and could increase to 6.2 million by 2030.
- The South West has a greater proportion of residents of pensionable age than any other English region (19.2% in 2011)¹ and this is expected to grow further.
- There is also an expected growth in certain population groups, particularly within Wiltshire, including the military and families following repatriation from Afghanistan - this not only increases the population, but also has a potential increase in mental health need.

2.6.2 National Policy

Throughout 2014/15, there has been considerable development through national policy and direction across the NHS and social care system. Looking to 2015/16, there remains uncertainty about how all of this will develop at this time.

- Efficiency savings expected to continue (CIP and QIPP)
- Impact of The Francis Report, The Dalton Review and the NHS England 5 Year Forward View
- National focus continuing on improving access and quality of mental health services
- Continued drive to deliver more integrated services between physical & mental health and social care
- Impact of PbR across mental health services (including secure)
- Better Care Fund/Personal Health Budgets
- Impact of implementation and delivery of 7 Day Working across health and social care

2.6.3 Commissioner Led

In response to the changing national policy and context it is expected that there will be further direction from commissioners throughout 2015/16. At this point, we can identify those areas with expected development and we awaited further information in relation to other areas.

- Growth in short term and AQP type contracts for specialised and other services focused on improving access to local mental health services
- Recognised need and continued growth in the integration and partnerships between mental health, physical health and social care
- Continued growth in integration of services, across health and social care
- Impact of continued financial position of NHS England on specialist commissioning

It is known that there are a number of other factors which will impact on the strategic response from AWP throughout 2015/16. These include changes to local and regional health services, as well as national developments.

- Impact on delayed transfers of care due to factors relating to social care services
- Overall increase in emergency and urgent healthcare and its impact on mental health services
- Impact of changes to Weston Area Health Trust - Impact for AWP as based on site of Weston General Hospital as well as part of the integrated health and social care service in North Somerset. Expected to be from late 2015.
- Emerging competitors to AWP business from acute/community and ambulance service sector
- Impact of expected general election in May 2015 – likely to impact on the NHS

2.7 Planned Growth in 2015/16

It is clear that the demand for mental health services is growing and developing. This is due to a number of reasons including increasing incidence and diagnosis, as well as improved knowledge and understanding.

The Trust has worked to understand the required responses to the challenges and opportunities of growth. The 2015/16 AWP Operating Plan reflects the changes to the market place and includes a revised growth target from the 2014/15 plan, which aligns itself to the opportunities available. This will support increasing access, improving experience and outcome for individuals as well as increasing the overall AWP market share, income and support the future sustainability for the Trust. The AWP growth opportunities are split into those related to commissioning intention (including resilience developments), within contractual arrangements (those outside of direct commissioning intentions), formal tender opportunities and other (such as training and development and R&D). Below are the top growth plans for AWP in 2015/16.

1. Development of Specialist Inpatient Services

Work remains underway with commissioners at this time to develop inpatient services to potentially support the repatriation of individuals currently out of area and those with complex care need, which would support improving inpatient capacity and the acute care pathway. This development has a potential income of £1,300,000 to open a specialist ward within AWP. The achievement of this plan does require recruitment and retention of staff to be resolved to ensure an appropriately staffed service can be developed. The initial impact on the workforce has been calculated within annex D2, and will be refined further as the clinical model is developed. The impact on overall Trust activity will be calculated once service model is confirmed – prior to April 2015 submission.

2. Development of Specialised Services – In 2015/16 it is known that there are a number of planned growth developments which will be coming on-line. These include areas such as development of mental health services for people with learning disabilities (income of £2.7 million per annum). Delivery of criminal justice services of £425,000 and also development of autism and ADHD services in B&NES and North Somerset with an income potential of £200,000. There is also a further potential to expand specialised services, including local perinatal mental health and eating disorder services, veterans services, prison mental health services and supporting CAMHS secure services in South Gloucestershire. These plans will be developed in response to national commissioning intentions and procurements, when known and also local opportunities. The impact on workforce has not been calculated to date and this is due to developing nature of these emerging opportunities.

3. Mental Health & Wellbeing Support to Local Business – From work undertaken; it is known that there is demand of IAPT type services within business, to support individuals in the workplace. This has been calculated at £200,000 income in 2015/16, with the potential to further expand following this initial period of development. The impact on workforce has been calculated within annex D2. It is planned that the impact on activity will be developed as the clinical service model is agreed.

4. Commissioning intention/Resilience Funding Growth – Within the commissioning intention of the 6 CCGs, it is known that there is opportunity for development to grow business and deliver services to match need. This includes continued development of liaison services and IAPT. Alongside of this, following mental health resilience funding AWP plans to continue to develop street triage and care home and psychiatric liaison services (although funding for this has yet to be agreed). The impact on workforce has been calculated within annex D2, this includes growth of nursing and medical staff within North Somerset, B&NES, Secure services and Wiltshire. The impact on activity has been calculated within the activity information within annex B2.

Alongside of these growth plans, to further support and enable clinical service quality AWP plans to continue to develop the clinical executive, this includes:

- **Research and Development**

The Trust is committed to make research part of everything we do. We support high quality research into the prevention, treatment and management of mental health problems, addictions and dementia and aim to put research findings into clinical practice wherever possible. AWP ensures we give everyone who uses AWP services, their carer's and families (as well as our staff) the chance to find out about research they could take part in.

This forms our pledge to make 'Research for All'. In March 2014 we became an Everyone Included Trust, which is our way of making sure everyone has the choice about whether they would like to receive information about research.

AWP works with the National Institute for Health Research (NIHR), Western Comprehensive Local Research Network (WCLRN) and affiliated Topic Clinical Research Networks. The Trust also collaborates locally with universities and acute Trusts through Bristol Health Partners (BHP) and the West of England Academic Health Science Network.

The Research and Development department currently holds Department of Health contracts to host the West Hub of the Mental Health Research Network (West Hub MHRN) and the South West Dementia and Neurodegenerative Diseases Research Network (SW DeNDRoN). The Trust also supports the National Suicide Prevention Programme Grant led by Professor Gunnell at Bristol University. Over the last year AWP has consolidated the BEST Evidence in Mental Health clinical question answering service in collaboration with the Cochrane Group at Bristol University.

Development Plans in 2015/16 include:

- Revisit the Trust R&D Strategy in response to engagement with service users, carers, clinicians, academics and other relevant stakeholders.
- Work with Kingshill Research Centre in Swindon to help support their approach to commercial research, improve profitability and expansion to secure new contracts.
- Develop BEST to secure the future of the service.
- Dementia and commercial research are high priorities going forward for AWP R&D.
- We have made two joint appointments with the University of Bristol and will continue close collaboration in research, education and service development.
- Develop the Research Link Coordinator pilot in alignment with the SpRRIC programme. We will be working hard this year on several other initiatives to embed research activity and evidence into clinical practice.

Also, AWP plans to continue to develop the enabling functions of the business executive. This includes improving clarity and support in relation to financial matters; ensuring estate utilisation is effective and efficiency, supporting locality workforce development and improving access to and understanding of information and support systems.

2.8 Service Diversification

To support the continued growth and sustainability of AWP, the diversification of services has been a focus throughout the AWP business planning process. This has identified opportunities which are aligned to the overall AWP core business as well as new opportunities for business growth. Whilst the outcome of service diversification is likely to be following 2015/16, the consideration, planning and development required will continue through 2015/16.

The potential to deliver CAMHS services is a key diversification opportunity for AWP from 2015/16, and although the Trust has historically delivered children's mental health services in some locality areas, this is currently minimal. The potential opportunities this move provides supports national policy to improve pathways for individuals moving from child to adult services, as well as the potential to grow the overall AWP market share of mental health business in the region. These opportunities are expected to develop from 2015/16, with any financial impact following and work is planned to develop this over the next few years.

There is also the continuing opportunity to work in partnership with acute and community healthcare and social services. Progress in 2014/15 included working closer with acute care through the development of increased liaison services, more integration with social care services to support individuals requiring care home placements and liaison, employment and housing support. AWP recognises that this remains a continuing opportunity and priority and the Trust plans to continue to work in partnership across commissioners and providers throughout 2015/16 to further develop this important element of diversification and integration.

In response to the Dalton Review, AWP will continue to review opportunities for further service diversification which compliments the overall business portfolio throughout 2015/16 and as opportunities arise. Possible areas for review include prison healthcare, community healthcare, care home services and hospital at home type business. All of which would be developed in partnership with a range of partner organisations to deliver.

2.9 Reconfiguration Plans

To support the delivery of our business, the reconfiguration of our services remains central and an ongoing process. This need reflects the individual needs of the geography covered by AWP, as well as the need of our local delivery units to deliver efficiency and quality across all services. A number of reconfiguration plans are outlined within the AWP Estate Strategy.

Our reconfiguration plans for 2015/16 include:

Locality/Delivery Unit	Reconfiguration Plans
B&NEs	<ul style="list-style-type: none"> • Re-development of HillView Lodge/RUH site
Swindon	<ul style="list-style-type: none"> • Fountain Way – development of various buildings & possible leasing of Windswept to other MH Trust
South Gloucestershire	<ul style="list-style-type: none"> • Consideration of re-design of Lansdowne building and Byebrook Lodge
North Somerset	<ul style="list-style-type: none"> • Ongoing re-development of inpatient sites at Weston General Hospital in line with quality improvements and service developments
Wiltshire	<ul style="list-style-type: none"> • Continued developments in line with Daisy delivery (MH services for PWLD)
Bristol	<ul style="list-style-type: none"> • Continued development within Callington Road and Southmead Site in line with growth plans to develop inpatient services

Specialised	<ul style="list-style-type: none"> Continued integration within a wide range of community, GP, health centre and other bases to support effective service delivery
Secure	<ul style="list-style-type: none"> Continue to develop Fromeside to support effective and safe delivery of medium secure services

2.10 Collaboration, Integration & Partnerships

AWP has prioritised collaboration with partner organisations to deliver services during 2014/15. This has included developing strong links across a wide range of organisations, including NHS, independent and third sector services. The Trust now delivers a number of its services in partnership and through integrated service models.

Below are the planned developments for collaboration, integration and partnership in 2015/16:

- Increasing partnership working with third party mental health providers (including charitable organisations) to improve efficiency and outcomes
- Continue to build upon integrated health and social care models, working with local health authorities, acute healthcare Trusts and independent providers
- Formalisation of relationships with independent mental health service providers to support acute inpatient services
- Developing mental health service elements of wider health and social care services, including housing, employment, education and physical health services
- Ensure that cross AWP locality/delivery unit partnerships and collaborative working remains a priority to improve pathways and outcomes
- Further expand on relationships within the criminal justice services to support continued development of services and outcomes for individuals

2.11 Patient Choice

In recent years the NHS has seen the introduction of patient choice in a much more consumer focused health system with commissioning guidance which promotes competition across NHS third party and independent sector providers and therefore value for money. At the same time, there has been the complimentary drive to empower individuals regarding their own care. Recovery based approaches in mental health coupled with the piloting of individual healthcare budgets and direct payments, has shifted services to adapt to an increasingly personalised approach.

These objectives resonate within recent DH policy guidance: 'No Health without Mental Health' which advocates the need to put people at the heart of their own care, and 'No decision about me without me' as a drive to focus on measurable outcomes, and choice.

These initiatives are welcome as they orientate services to become more explicit about what they are trying to provide, what outcomes they are trying to achieve with individuals in their care, and how services need to position themselves so that the individual drives their own care, based on informed choice. AWP currently provides patient choice in line with other NHS mental health Trusts. Where possible, the individual needs of patients are considered and accommodation is made for needs such as venue, time and type of appointment. This approach is similar across all AWP localities and delivery units, with consideration given where possible. However, by the nature of secure services, choice is not considered to be appropriate in the same way as other mental health services, but the principles in the priorities are no less welcome. Secure services offer My Shared Pathway (MSP) to all service users across low & medium secure services. It is expected that this addresses the above issues in several ways, by:

- Shifting services to a more outcomes based approach to the delivery of care
- Requiring services to focus primarily on outcomes for individuals which will move them down the pathway towards community services
- Placing responsibility for meeting outcomes into the hands of patients so they drive their own pathway as much as possible

AWP is expecting there to be further developments in patient choice from 2015/16, in line with national direction for mental health services. This is likely to include publication of services on Choose & Book system and further information to be provided on our limited internal choice offer, such as choice of team, treatment during planning etc. It is expected that these discussions will form part of our contracting discussion for 2015/16 and further detail will be provided in our final operating plan 2015/16 submission.

3. Our approach to Improve Quality & Safety

The Trust’s approach to quality improvement is set out in our Quality Improvement Strategy (QIS) 2013 to 2017. The QIS is focused on our core purpose to provide the highest quality of mental healthcare that promotes recovery and hope. The implementation of the QIS will strengthen confidence and pride in our Trust. We want confidence for patients and carers that our Trust is amongst the best in the country – safe, effective and responsive to their needs, every time and all of the time.

3.1 Quality Priorities and Our Approach to Improvement

In preparing for 2015/16, the Trust and its delivery units consider a range of quality information arising from external and internal sources to define our quality priorities for the coming year. We do this through engagement and involvement with our clinicians, staff, patients, carers, commissioners and other stakeholders in each delivery unit. There is also a period of external consultation with our commissioners, Healthwatch, Local Authority Health Overview and Scrutiny Committees, Health and Wellbeing Boards and patients and carers to ‘sense check’ and provide comment on our proposals as part of the ‘quality account’ process.

The mechanism for developing our quality improvement priorities is summarised in the diagram below:



This process informs our annual discussions with commissioners during which we develop the contractual quality schedule of quality measures, key performance indicators and the mutually agreed Commissioning for Quality and Innovation Schemes (CQUINs). The processes described above ensure that all aspects of the business are considered alongside our strategic, principal and quality priorities. In this way we can be sure that the annual operating plan priorities reflect the key quality priorities for our Trust and are integrated in to one table aligned to the Trusts longer term strategic

priorities as set out in Section 1.4 of this plan. Our quality priorities for 2015/16 reflect the journey we are making towards achieving our strategic objectives each year. The focus this year is on the domains of safety and clinical effectiveness of our services in the knowledge that improvements in these areas will have a positive impact on patient experience. An essential element that will determine the success of our plans will be through having an engaged, valued and motivated workforce; therefore one of our key actions to deliver these improvements is through a programme of workforce development.

In summary our quality priorities for 2015/16 are:

- To deliver high quality services Trust wide - achieving a CQC rating of 'Good' across all domains
- The implementation of the 'Safe Wards Model' - A continued focus on reducing the use of restrictive practices in our wards
- Improved patient and carer experience – through the development and support of our staff
- Develop our acute care pathway to be clinically effective and highly functioning – reducing occupancy levels and facilitating bed availability closer to home

In addition to our Trust level quality priorities we recognised that each locality and specialist service area of the Trust is different. Whilst we share common aspirations and goals, the delivery of those in each area will have a different focus and will need to respond to local needs. We shall be consulting with our stakeholders, staff and patients and carers on these plans as part of our annual Quality Account process, these priorities will be confirmed following this exercise for 2015/16.

As we continue to develop and deliver our services in 2015/16, a key aspect of our approach is to focus the whole organisation on continuous quality improvement in practice. This means we will develop our staff to be able to problem solve in order to improve quality and safety of services for patients. This includes:

- A defined 'Quality Assurance Framework'
- Locality governance structures which facilitate two way communication and local monitoring, and which enable rapid response to quality issues
- An accountability framework
- Maintaining strong clinical engagement at every level
- Maintaining and developing a "Ward to Board" quality information system (IQ) which seeks to engage all staff in understanding and assuring the quality of our services
- Fortnightly 'Quality Huddle' – with Executive, Triumvirate and other staff in attendance
- Developing and training our staff to provide the best care
- Building and maintaining strong engagement and involvement networks with our patients, service users, carers, and partners
- Continuing to design standards for care, develop care packages with increased therapeutic input and clear outcomes, and build clinical networks to share best practice
- A programme of internal mock CQC inspections and quality walk around
- Developing corporate functions focused on enabling and supporting operational front line delivery
- Continued development of clinical intelligence and clinical informatics as a function of the clinical executive to drive quality improvement
- Improved processes for ensuring and embedding learning from serious incidents via the establishment of a clinically led patient investigation safety team and the adoption of a human factors approach

Through the creation of an environment focused on quality, we are strengthening our understanding of patients' and carers' experience of our services with the development of a new involvement and engagement strategy in 2015/16. The Trust has been an early implementer of the Friends and Family

test and will be maintaining our focus on supporting our staff to be inquisitive about and responsive to feedback received from those that they care for.

Alongside this, we have developed more robust mechanisms to measure and monitor our quality through our IQ system. The system is the primary mechanism for monitoring quality and ensuring quality information is readily available across the Trust in an integrated, open and transparent way. The self- assessment encourages staff to identify areas for improvement and the system provides information from 'Ward to Board' to ensure that the Board is fully sighted on matters of quality. This system introduces clarity to wards and teams on the expectations of compliance with key quality standards across seven key quality indicators previously agreed by Board. These will also act as an early warning system to all levels of management to focus action, support and development to improve quality.

Our Quality Assurance Framework gives us the structural mechanisms to ensure robust governance, reporting and accountability throughout the organisation. The framework allows quality concerns to be raised and addressed at all levels and ensures that there is clear feedback into the Board and back to ward. This organisational change will be driven by the agreement, with our delivery units, of quality priorities which will make significant positive impacts on efficiency, productivity and reputation.

Underpinning this focus on quality is an integrated approach to quality planning which brings together all the Trust's priorities for quality improvement into one place. The plan is divided in to three key elements: Compliance (CQC compliance actions and), Responsive (themes and actions from incidents, PALS and complaints) and Improvement (themes and actions from our annual patient surveys and clinical audit survey and setting out annual quality priorities. The plan provides the means by which we monitor our progress and measure how well we have achieved our ultimate aim of delivering the highest quality mental health service.

In 2014/15 AWP has achieved a number of key quality improvements as follows:

- **Support the prevention of suicide through local investigation of unexpected deaths** - and learning with teams and wards using the National Patient Safety Agency Suicide Prevention toolkit for unexpected deaths.
- **Friends and Family Test implementation and embedding practice** – a well-established system for regular real-time service user feedback that enables staff to respond promptly to improve the service user experience and develop improvements in partnership with service users and carers.
- **Triangle of Care Toolkit in place** – the adoption in all teams and wards of a self-assessment approach to ensure continuous improvements to our systems and process for carer support and partnership working.
- **Clinical Formulation** - By improving our approach to formulation in our assessment of service users we have helped our clinical practitioners to develop more clinically effective care plans.
- **Improved physical health assessments** – the routine assessment of cardio metabolic risk factors in severely mentally ill patients to ensure physical health needs are identified and treated.
- **Improved communication with GPs** - ensuring that care plans are shared with GPs and include comprehensive information including diagnosis, medications, physical health conditions and recovery interventions.
- **Implementation of the 'safe wards model' in all wards** - to reduce the use and need for restrictive interventions and improve the use of positive and proactive approaches to care.
- **Implementation of 'safe staffing'** – monitoring and reporting against agreed safe staffing levels to ensure the right people with the right skills are in the right place at the right time.

3.2 Safeguarding

AWP keep fully abreast of the safeguarding agenda and have identified the following key national issues and initiatives that will be addressed during 2015/2016:

- Implementation of the Care Act 2014 in relation to adult safeguarding and personalisation from the 1st April 2015
- Addressing the lessons from the Saville reports and related inquiries
- Developing practice in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards
- Addressing emerging and developing safeguarding issues, including Child Sexual Exploitation, Female Genital Mutilation, Modern Day Slavery and Prevent (violent extremism), and systems(including multi- agency safeguarding hubs)

The Trust actions identified for 2015/2016 are:

- Improving the activity and performance data and analysis of adult and children's safeguarding
- Ensuring a robust checking framework for the safeguarding practice
- Ensuring there is effective management oversight of the quality of safeguarding practice
- Responding to the safeguarding practice elements of the Care Act 2014 (personalisation and self-neglect)
- Responding to the new CQC regulatory regime in regard to safeguarding (Regulation 13)
- Ensuring that safeguarding data is effectively recorded in electronic patient records, to improve assessment and inter-agency working, and assure quality of practice and performance
- To manage the increased demand for safeguarding activity, including the increase in safeguarding cases (particularly in relation to safeguarding adults, safeguarding children and historical abuse) and the enhanced activity in relation to internal and external safeguarding governance and new safeguarding processes and systems

The increased demand for safeguarding activity, based on on-going and significant increases in safeguarding statutory duties, the number and complexity of safeguarding partnerships, safeguarding and public protection processes, safeguarding governance requirements, serious case review processes, complexity of AWP services and structures, and particularly large increases in safeguarding case activity and complexity, has led to difficulties in ensuring the appropriate capacity is available at a specialist, managerial and practice level in order to manage the increasing demands whilst maintain the quality and timeliness of both safeguarding and wider clinical practice, and partnership working at all levels. This risk is identified on the Trust [Clinical Executive] risk register, with mitigations in place to manage the risk currently, and actions identified to ensure the longer term effective cross matching of demand to capacity, to ensure and assure good quality safeguarding practice in all AWP services

3.3 Improving Health

AWP recognise their role in supporting the overall health of their patients considering that physical and mental health cannot be seen in isolation. We shall be continuing our focus in 2015/16 with further work to improve the physical health care of our patients with comprehensive physical health checks, better partnership working with GPs and primary care, NEWS assessments and nutrition screening. In support of the public health agenda the Trust will be conducting an organisational self-assessment against the NICE PH48 guidelines and completing a programme of improvement work... This guidance aims to support smoking cessation, temporary abstinence from smoking and smoke free policies in all secondary care settings.

3.4 Achieving Parity of Esteem for Mental Health

AWP will be supporting the national mandate by working with our commissioners with service developments to provide services that meet the access and waiting time standards the early intervention and IAPT services. For crisis care we shall be continuing our partnership work with local

health communities on delivering the actions of the Crisis Care Concordat. In addition we shall be completing the national 7-day working self-assessment tool to identify gaps in service and work with our commissioners to develop services specifications to deliver against these essential standards.

3.5 Our response to National Reviews and Reports

The Trust has taken a systematic approach to understanding and identifying key actions coming out the recommendations of all national reviews and enquiries such as Berwick, Francis, Keogh, Cavendish and the Winterbourne view report. The Board receives regular updates against the Trust's progress in meeting the key recommendations. Examples of recent actions completed are: 360 organisational review to gather feedback from key stakeholders, development of a practice based competency framework for unregistered practitioners, introduction of values based recruitment and the development of Clinical Networks to set Trust wide standards and promote service innovation.

In addition we have:

- Completed a review, with service users, of our complaints procedure to ensure a timely, relevant and transparent response to complaints
- Made improvements to the way in which we investigate and learn from serious incidents; such as establishing a central patient safety review team which investigates the most serious incidents, utilising best practice frameworks and learning from human factors and framing recommendations which address systems as well as individual behaviour.
- Brought clinical leadership and oversight to all aspects of our work. Our Clinical Strategy is our primary strategy and is supported by other trust strategies. Similarly, patient safety management groups, including the Critical Incident Overview group, Suicide Prevention and Safeguarding groups are led by senior clinicians in partnership with lead managers.

3.6 The Key quality risks inherent in the plan and how these will be managed

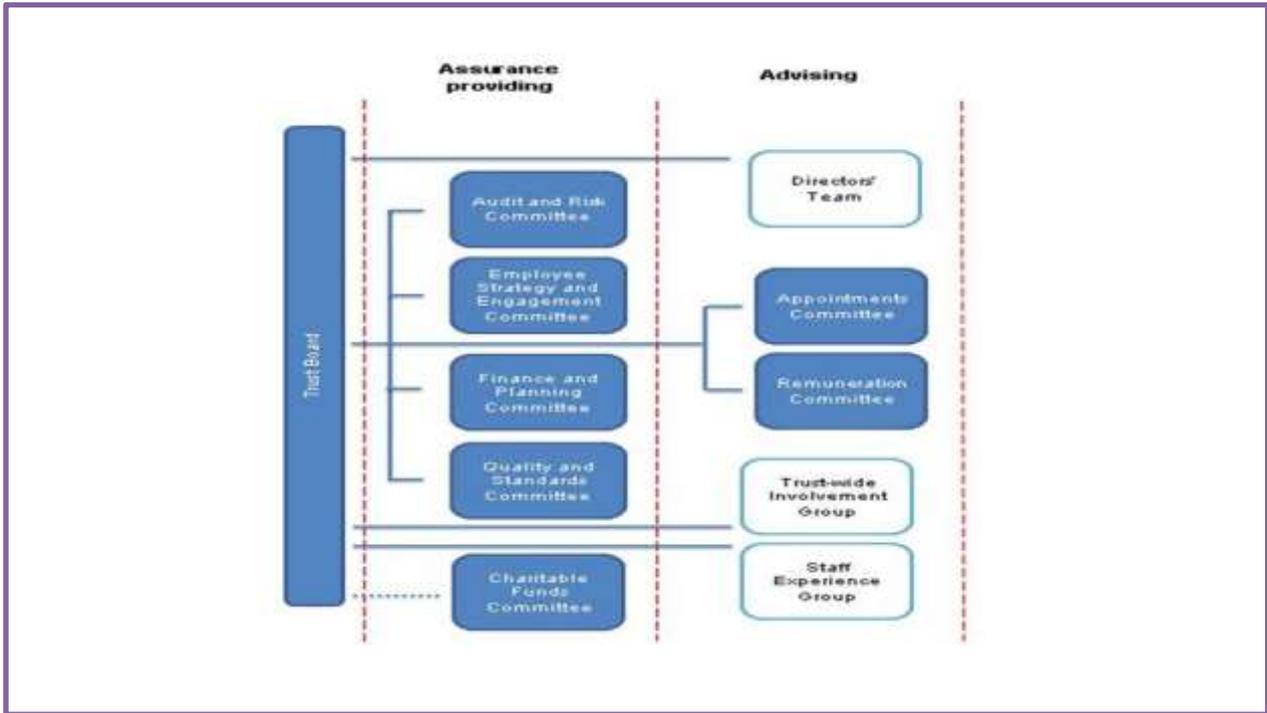
The Trust, in preparation for application for Foundation Trust status, has reviewed again its governance arrangements in order to take a more robust approach to the identification, assessment, monitoring and mitigation of risk. As part of this risk management framework, all delivery units maintain their own risk registers which are collected into an Operations Delivery Executive register. Alongside this, risk registers are produced for both the Clinical Executive and the Business Executive. The Senior Management Team reviews the Executive risk registers monthly and escalates as appropriate to the Trust Board.

The Trust's key risks in relation to quality improvement have been developed by the Clinical Executive in partnership with delivery units and are described in Appendix 2 of this plan, risk 10-16.

3.7 Overview of how the Board derives assurance on the quality of services and patient safety

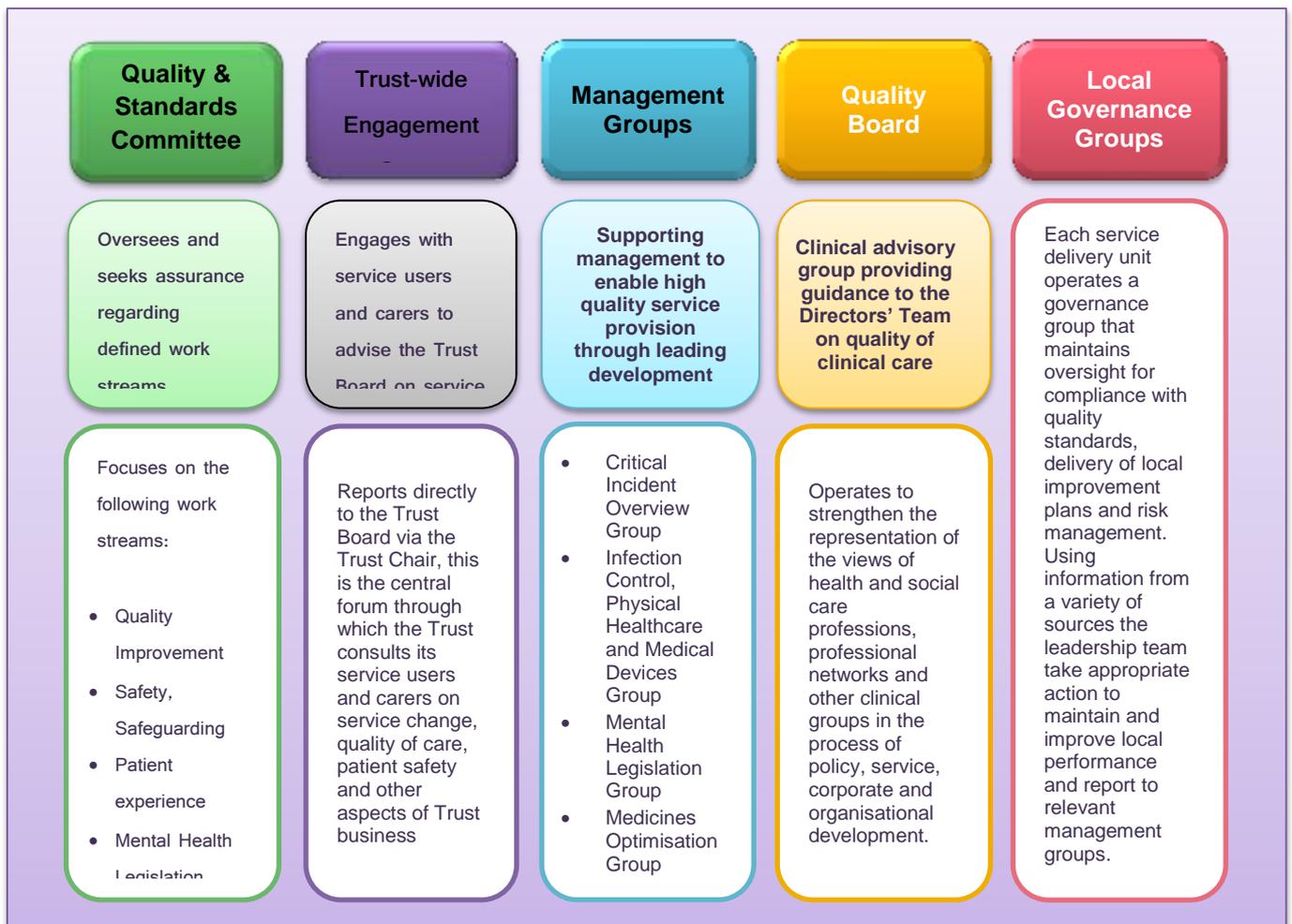
The Trust described a Quality Assurance Framework in May 2013, and has undertaken to continuously improve this framework to ensure it meets the needs of the Trust. It was designed to provide robust assurance concerning quality systems. Alongside the Integrated Quality Plan and Information for Quality System (IQ) (see section 4), the Quality Assurance Framework illustrates the structural mechanisms which have been established from Board level through to local teams and wards to ensure quality governance, improvement and assurance and clarifies lines of responsibility and reporting.

The Quality Assurance Framework addresses organisational quality in its broadest sense, mapping Board Assurance Committees (clarifying terms of reference and membership) and advisory Committees and groups.



Below these Committees and groups are Trust management groups which facilitate provision of management assurance.

In relation to clinical quality the key structures within the Quality Assurance Framework are:



The Trust Board also receives a monthly quality and performance report, which includes detailed information arising from the Trust's IQ system detailing performance against key quality indicators. During the last year, each Board meeting has been prefaced with a clinical quality or safety presentation focusing on services delivered in the locality in which the Board is convened, to share actions that have been taken to improve quality.

In addition, Board members take an active role in the Trust through Quality Improvement Visits to each of our services, providing an opportunity to discuss patient experience, safety and effectiveness concerns with staff, patients and carers. During 2014/15 the Trust has reviewed and strengthened its quality improvement processes to include a wider range of inspection-style visits and reviews to test quality and safety locally.

4. Delivery of Operational Performance Standards

4.1 Managing Operational Performance

AWP operates an integrated and focussed approach to performance and quality management which is enshrined in its Performance and Quality Management Strategy. Therein, the organisation sets out the key roles and responsibilities in monitoring and managing performance, as well as detailing key enabling tools that support the process.

The Trust has in place a quality information system (called IQ) which allows staff at all levels to take ownership of their performance and manage their services in line with the standards the Trust has agreed. The detail contained in IQ has been reviewed in 2014-15, following the Chief Inspector of Hospital's inspection, and work is underway to re-organise IQ going into 2015-16, to present information under the five headings used by the CQC, as follows:

- Safe
- Effective
- Caring
- Responsive
- Well led

The detailed list of indicators that are shown under these headings will continue to be reviewed annually, utilising both internal and external consultation. This consultation will coincide with the annual contracting round and business planning process, to include input from external sources, such as Monitor's Risk Assurance Framework and the NHS standard contract, and external stakeholders, such as CCGs, NHS England and partner organisations. Internal sources include the Trust strategy and annual objectives as well as staff from within the delivery units.

4.2 Monitoring Performance the Quality Information System (IQ)

The cornerstone of the Trust's performance monitoring approach is IQ that provides information on key performance and quality metrics and has the following features:

- Available 24 / 7 via the Trust's Intranet
- Drillable: Trust, Locality, Team or Ward
- Benchmarking: users can 'self-select' peers to provide context, either other teams in their area, or 'like' services from further afield
- Trend: the system shows performance for the last six months, so that the impact of improvement initiatives can be monitored

4.3 AWP Quality Huddle

The quality huddle is held fortnightly at Jenner House. Information extracted from the Trust's IQ system is presented by the Chief Executive, with performance reviewed and staff in attendance are asked to contribute to discussion, debating how improvements can be made. The aim is for Clinical Directors and Managing Directors to meet with Executive Directors and heads of corporate services to identify what is working well, what could be better and what can be done to fix anything delaying or impacting on improvement. Any member of staff interested in the work of the Trust can join the huddle to engage a wider range of people in discussions around quality.

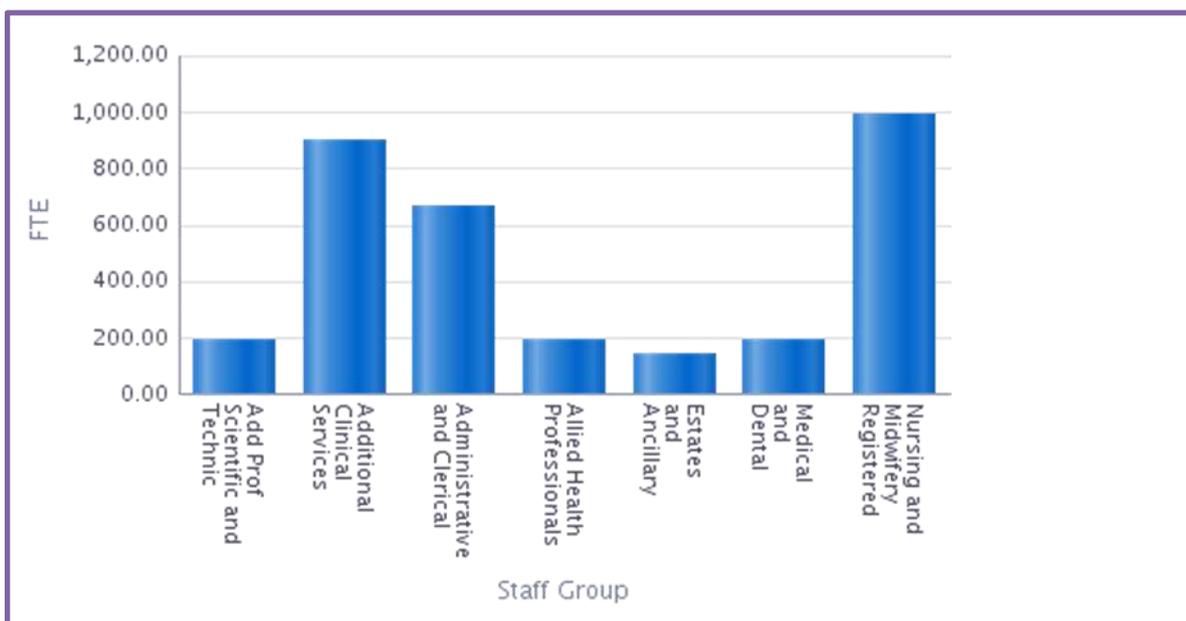
4.4 Performance results (2014-15)

The out-turn position for 2014-15 will not be available until mid-April 2015; this version of the AWP Operating Plan is as at M10 and are included in Appendix 3.

5. Workforce Plans

5.1 Context

AWP currently has 3274.97 WTE staff as of February 2015, with a headcount of 3784 staff. The following shows the staffing by staff group.



Staff information produced in line with NHS standard national staff reporting categories, this differs to TDA workforce template structure for administrative & clerical staff group

5.2 Workforce Impact of Developments in 2014/15

During 2014/15 there have been a number of developments which have impacted on our staff both positively and negatively; these include:

Positive:

- National commitment to parity of care for those with physical and mental health conditions reinforces wider commitment to improving mental health services
- Health and wellbeing programmes having a positive impact on staff
- Improved access to benefits for all NHS staff
- Ongoing training programmes with Board and senior leadership teams have supported personal and professional development to improve quality

Negative

- Continued recruitment challenges as a result of increased demand for nurses across the NHS to meet safer staffing levels and the requirements from CQC.
- Increased turnover as staff affected by major service change move roles for job security
- Uncertainty about future pay and pensions alongside challenges to the government via professional bodies and unions has continued to impact on staff engagement at all levels.
- The transition of Bristol services impacted on a large group of staff and also on patient experience and the effects of this transition continue to be felt in teams working in this changed environment.

5.3 Plans for 2015/16

Workforce plans for the year 2015/16 continue to be worked through in detail with managers, identifying opportunities for efficiencies within services and wider Trust systems. These will be live documents, reviewed regularly at Board level to assess achievement of plans.

The following priorities will affect staff groups across all localities:

- Continued staff recruitment programme for nursing and un-registered practitioners in response to vacancies, safer staffing and CQC requirements.
- Improving engagement and retention across the organisation through team and professional development
- Reduction in absence to improve both continuity and quality of care
- Improved rostering to ensure that staffing levels are appropriate and meet the needs of service users
- Health and wellbeing support to ensure that staff remain healthy and increase resilience to challenging working situations.
- Bespoke workforce development plans that address specific needs of local workforce including a focus on apprenticeships
- Skill mix development reviews underway across a number of acute pathway developments, this is in response to supporting improved access and increased overall demand.

Our workforce plans reflect proposed service developments as well as Cost Improvement Programmes. Where posts that become available through turnover or skill mix reviews move to a lower band, these are reflected in the costing's and do not affect the WTE.

The Trust retains its commitment to limiting redundancies as far as possible and will seek to ensure that opportunities across all services are fully explored where there is a potential for redundancies.

Where staff turnover (currently c18%) creates vacancies, these roles are reviewed within the service to ensure they are filled by the most appropriately skilled staff. This includes opportunities created by retirements and reductions in hours as individuals step down in advance of retirement. 17% of the Trust's workforce is aged over 55 and the Trust recognises both the potential impact of this on the availability of appropriately skilled and qualified staff and the opportunities for service change

that this provides. Changes to the national pension scheme and individuals' wider financial circumstances mean that predicting retirement plans are challenging and the organisation is carrying out work to understand in more detail plans within teams to ensure succession planning and resilience.

5.3.1 Nursing

The Trust employs 994.1 WTE qualified nurses (Feb 2015) with the grouping forming 30.4% of the total workforce. Service change within Bristol impacted on the nursing staff numbers within this group during 2014/15 with a third of the total reduction of 75wte resulting from Employee Transfers. The Trust is continuing to address its vacancy issues through significant recruitment programmes, recognising that turnover is likely to remain an issue in the early part of the 2015/16 year while retention and recruitment programmes embed.

Commissioned service developments to meet specialist needs including street triage and A&E Liaison will offer role development opportunities for existing staff. System efficiencies will create increased capacity for patient contact.

5.3.2 Allied Health Professionals & Scientific, Therapeutic and Technical (including psychologists/occupational Therapists)

AWP employs 381.9 WTE staff in this group which total 11.6% of the workforce. The workforce plans developed, demonstrate broadly consistent WTE numbers throughout 2015/16. Skill mix reviews planned for the year 2015/16 will ensure that staff have the most appropriate skills and are paid at the appropriate band for the work that the role requires. This may result in reduction in grade for some post holders, although a proportion of the changes will be managed through turnover.

5.3.3 Additional Clinical Services (unregistered staff, providing clinical support to registered practitioners, including health care assistants and technicians)

This is the second largest staff group in the organisation with 901WTE staff, 27.5% of the workforce. This staff group will see significant development opportunities available in the year 2015/16 with higher apprenticeships and role reviews to ensure that they have the right skills to work with service user groups. Sickness absence within this group continues to impact on service quality and continuity and the ongoing provision of quality supervision and resilience and wellbeing programmes planned seeks to address this.

5.3.4 Administrative and Clerical

This group includes all staff who hold an administrative role, corporate staff and those providing administrative support to clinicians. It should be noted that the workforce template captures administrative support staff working directly with clinicians in the group 'Other Clinical Support Staff'. AWP currently has 662.8 WTE staff in this group. In order to deliver CIPs and ensure the implementation of significant Information Technology changes, there is a planned increase in this staff group within 2015/16. It is not intended that these increased staffing numbers are maintained in the longer term.

5.3.5 Medical

AWP currently employs 194.1WTE Medical staff. This includes those junior doctors who have fixed term contracts with AWP. AWP plans to carry out a detailed review of the medical workforce in order to ensure succession planning is in place and ensure that the mix of roles meets service needs. This will include retirement profiling and additional work related to job planning.

5.3.6 Bank and Temporary Staffing

AWP will retain its in house temporary staffing bank and plans to extend this to cover all professions with 2015/16. Bank usage increased significantly to meet demand and the Executive team are closely sighted on the clinical and quality issues that result from increased temporary staffing usage. AWP recognises that recruitment and retention programmes will not provide an immediate solution

to current vacancies and workforce plans recognise the need for continued use of the bank resource throughout the year.

5.4 Sickness Absence

Sickness absence levels within the Trust remained broadly consistent throughout 2014/15. There is ongoing health and wellbeing work in the organisation to support improved health maintenance and recovery.

6. Financial & Investment Strategy

6.1 AWP Current Financial Position

The AWP financial strategy for 2015/16 focuses on the following key priorities:

- Delivering income and expenditure surpluses that ensure sustainability but with the ability to invest in redesigning clinical services and to enable our health economies to operate efficiently. This will ensure that AWP can cope with the national financial challenges within the NHS.
- Implementation of the Estates Strategy to rationalise our estate, ensure our environment is in line with the requirements of our Clinical Strategy and maximise the disposal programme to invest in future service provision.
- Deliver consistently high Monitor financial performance metrics for our liquidity and capital debt positions.

6.2 Service Priorities & Financial Investment

The achievement of this will be enabled through a range of developments across the Trust supported by highly developed finance systems, these include:

- **Deliver competitively priced services** – including review of any loss making business/ developing partnership working to reduce cost
- **Reduce cost of workforce** – through reduction in sickness (resulting reduction in agency & bank), staff skill mix reviews, and improved training and development
- **Reduce apportioned costs** – through improved estate utilisation and reduction in estate footprint, using ‘in locality’ services to support corporate services – such as HR, better sharing of cross locality resources
- **Develop, deliver and sustain CIPS** - across localities and corporate services
- **Understand impact of changes to NHS England commissioning from 2015 and other commissioning intentions** - and plan accordingly
- **Deliver CQUIN** - both across block contract and NHS England

AWP currently has a reference cost index (RCI) of 127 and is actively renewing its cost base and productivity to identify where this can be rationalised and improved for 2015/16.

6.3 Key Risks to achieving the Financial Strategy & Mitigations

AWP has identified the following key risks to achieving the Trusts strategic priorities and annual objectives for 2015/16. These are outlined within appendix 2 risks 17-30.

6.4 Efficiency & Productivity

The achievement of CIP is one of the Trusts annual objectives; in 2014/15 AWP delivered CIP in full and on schedule whilst continuing to deliver high quality services. The Trust has adopted a Programme Management approach to CIP and in order to build on success, the robust reporting and governance framework put in place to support CIP for FY14/15 will be expanded in FY15/16 to include Cost Reduction, CQUIN, Estates and IT programmes in year. The following table demonstrates the

eight themes for CIP last year and the forecast end of year delivery. The same methodology is to be adopted for FY15/16.

FY14/15 CIP

Ref No	Theme	Exec Lead	Exec Lead	Net £000s	%	YE Variance
1	Workforce	Alan Metherall	AM	3633	51.2	0
2	Pharmacy	Hayley Richards	HR	333	4.7	0
3	Enabling Functions	Sue Hall	SH	1253	17.7	0
4	In Patient Services	Kristin Dominy	KD	222	3.1	0
5	Community Services	Kristin Dominy	KD	432	6.1	0
6	Local Schemes	Kristin Dominy	KD	476	6.7	0
7	Process Improvement	Kristin Dominy	KD	548	7.7	0
8	Income Generation	Sue Hall	SH	200	2.8	0
Totals					7097	0

6.5 Cost Improvement Programme Planning Process

In previous years the Trust has taken a top slice approach to identifying CIP; the current programme has matured into a dual approach where locally driven schemes make up circa 40% of CIP and larger trust wide schemes source the remaining 60%. The Current plan is based on the previous year's submission but has been adapted to identify Trust Wide Projects. The planning round commenced early November to identify potential schemes and will undergo 6 iterations prior to final sign off by Executive Leads.

Date	Delivery Requirement
4 Nov 14	Planning Workgroup
5 Dec 14	Exec Assurance Group - Agree Trust Wide/Local Scheme Split
16 Jan 15	1st Cut Planning Workshop
23 Jan 15	2nd Cut
4 Feb 15	3rd Cut
5 Feb 15	CIP Workshop Day
10 Feb 15	ET Update
13 Feb 15	Monthly CIP Executive Assurance Group (EAG)
16 Feb 15	4th Cut ET submission
20 Feb 15	F&P 5th Cut Plans
26 Feb 15	Quality Impact Assessment – Final Review Panel
4 Mar 15	5 th CUT Plans, PID, Financial Delivery Schedule, QIA Sign off by Exec Leads for April programmes
16 Mar 15	1st Future Focus Programme Board
22 Apr 15	6 th Cut of Plan circulated to include final amendments
16 Apr 15	2 nd Future Focus Programme Board

6.6 FY15/16 Cost Improvement Programme Plan

The Trust has split the efficiency programme into five broad themes which provide the vehicle from which to deliver on service priorities and financial investment strategies. The sixth cut of plan is as follows:

Ref	Theme	Exec Lead	Ref	£000s	NET TRUST %	Pay	Prog %	Non Pay	Prog %
0	Pull Through FYE 14/15			372	3.9%	123	1.4%	249	2.8%
1	Use Resources Wisely	Sue Hall	KD	4920	51.8%	105	1.2%	4815	54.9%
2	Workforce	Kristin Dominy	AD	2274	23.9%	2244	25.6%	30	0.3%
3	Standardisation	Hayley Richards	SH	495	5.2%	365	4.2%	80	0.9%
4	Income	Kristin Dominy	HR	295	3.1%	0	0.0%	295	3.4%
5	Opportunity	Sue Hall		412	4.3%				
			NET	8,768	92.2%	4523	32.4%	4,242	62.4%
			COST	743	7.8%				
			GROSS	9,507	100.0%				

Following on from successive scrutiny rounds at local and central level, the Trust has a £412k requirement for Opportunity Schemes which will remain high risk until Fully developed plans are provided.

Local Opportunity	(175)
TW Opportunity	(237)
	(412)

6.7 Governance of Cost Improvement Programme

The management of CIP across AWP is led through the Programme Management Office, which works closely with individuals, delivery units and corporate services to support the identification and development of efficiency savings. The Trust has a monthly Future Focus Programme Board (FFPB) which tracks all CIP, CQUIN, Cost Reduction and Large Scale Projects across the Trust. The FFPB is chaired by Director of Operations and is attended by all Executive Directors, Project and Programme Delivery Leads/Owners. All plans are monitored and reported through the FFPB which is accountable for delivery management and reports directly to the Trust Executive Team (ET) and Finance & Planning Committee (F&P). Supplementary reports are provided to Quality and Standards Committee.

The Future Finance Programme Board will:

- Provide Executive overview and control of the Trust Cost Improvement Programme (CIP), Cost Reduction Programme (CRP), Commissioning for Quality and Innovation Programme (CQUIN), and Large-scale Projects as directed by the ET
- Monitor and direct Trust programme activity
- Ensure all benefits are maximised
- Ensure that workstrand interdependencies are identified and managed
- Ensure effective communication amongst key stakeholders of progress against Trust wide projects and the programme as a whole
- Provide an opportunity for escalation of issues for resolution
- Enable new ideas to be generated and agreed rapidly at an Executive level

The responsibilities of the Future Finance Programme Board are:

- Ensure that the quality of service delivery is not adversely affected by the Cost Improvement Programme and that it is developed in an integrated and systematic way at all levels across the organisation
- Ensure that the interfaces between projects and work strands are identified and maximised. Identify issues and delays that require unblocking and then ensure they are unblocked
- Ensure effective communication amongst key stakeholders of progress against Trust wide projects and the programme as a whole and encourage members to identify opportunities for further savings
- Scrutinise the Cost Improvement Programme and identify corporate risks that would undermine the achievement of the Trust's plans and seek firm assurance that these risks are robustly managed

6.8 Cost Improvement Programme Key Performance Indicators

In order to provide the FFPB with a wider view of the impact of the Trust Efficiency Programme; work strand groups have 'soft' Key Performance Indicators as a measure of behavioural change and delivery in addition to financial indicators. At least one of these indicators is a measure of quality where the change directly affects a clinical service.

6.9 Cost Improvement Programme Project Control

Each work strand within the Trust wide themes has an identified Executive Lead/Project Owner, Operational Delivery Lead/Project Manager and a Clinical Lead where the Delivery Lead is not a clinician. Within each Delivery Unit and Corporate Department, a CIP workbook is used to collate project supporting documents. Each workbook includes a Project Initiation Document, Work Plan, Quality Impact assessment, a Stakeholder Matrix as a minimum along with other supporting project documentation to record performance. Project risks are held centrally by the PMO with service risks being reported and managed via delivery unit's operational risk register.

6.10 Cost Improvement Programme Quality Impact Assessment

All individual and overarching plans are Quality Impact Assessed at the local level by Clinical Directors and then given final approval through the monthly Directors of Medicine and Nursing review panel. The whole CIP plan is quality impact assessed.

6.11 Cost Improvement Programme Reporting

All reporting of CIP is by exception in order to promote proportional project management and efficient working practices across the Trust. Larger Projects and Programmes are directly supported by the Trust Programme Management Office in order to maintain overarching visibility of emerging threats to the Trust Strategy.

7. Organisational Relationships and Capability

7.1 Organisational Relationships

To support the ability of AWP to meet its strategic priorities as well as support the sustainability of business into the future, the ability of the Trust to develop and maintain robust relationships both internally and externally is key. During 14/15 we will be consolidating the Trust's approach to stakeholder engagement and communication, within the broad umbrella of our engagement approach. During 15/16 we will test the effectiveness of our stakeholder engagement approach using an organisational appraisal approach, whilst exploring working alongside the Centre for Health Communication Research & Excellence (Bucks New University).

AWP has a large number of stakeholders, over a very wide geographical area, these include:

AWP Stakeholder	Relationship Management Approach
Patient/Carers	AWP is actively committed to engaging and involving patients and carers wherever appropriate, including in their care pathways and in the development and improvement of the quality of services
AWP Staff	The 2014 staff survey results for AWP remain disappointing. AWP Board is committed to a major programme of staff development and engagement. This will prioritise the health and wellbeing of all staff, improve the quality of appraisals and supervision, improve development opportunities for all staff (including team development for every team) and ensure that good practice is recognised and rewarded.
Local Commissioner (CCGs)	Throughout 2014/15 AWP has continued to work hard with local commissioners to improve and develop relationships. This approach has delivered sustainable improvement in collaborative development and it is planned that this will continue to be developed further. From 2014/15, it is expected that competition for business will continue to grow and the ability of AWP and commissioners to maintain and develop professional relationships is recognised as being of high importance.
NHS England	AWP continues to develop its relationship with national commissioners for a range of its secure and specialised services. This relationship forms part of continued developments across the national agenda
Local Authority	A number of local authorities across the AWP geography form part of a wider joint health and social care approach. This has enabled AWP to develop robust relationships, which during 2014/15 have supported the development of quality services in a number of areas. National changes to social care services and local authority funding have increased the importance of relationship building between health and social care and this remains a priority for AWP. We will actively participate in the work of Health and Wellbeing Boards and the Overview & Scrutiny Committees.
Prison Services & Probation Trusts	By the nature of AWP business, a number of the services provided are commissioned through or in partnership with other providers. Our prominence across prison and probation services in the South West demonstrates our relationship success within this group. We plan to continue to develop this throughout 2015/16, recognising the increasing competitive nature of the market place.

Other Partners	Provide AWP works across a wide range of partner organisations to deliver the mental health element required. This includes acute NHS Trust (liaison), care homes (liaison), with police and ambulance services (crisis services & street triage), third sector (community based services) and independent organisations (inpatient services). This includes adhoc inpatient bed purchase and also potentially mental health services for people with learning disabilities in Wiltshire & Swindon.
External Relationships	As an NHS Trust, AWP also has relationships with a wide group of regulatory and statutory bodies, including CQC, Monitor and the NTDA. It is expected that these relationships will continue to be developed through 2015/16, and as AWP progresses through its Foundation Trust pathway. The Trust is committed to both teaching and research and partners with a range of academic organisations including the Universities of Bristol, Bath and the West of England. As active members of the West of England Academic Health Science Network, CLAHRCWest and Bristol Health Partners we engage in a range of initiatives to improve care quality through multi-partner programmes to improve care quality and patient safety.
AWP Members	As an NHS Foundation Trust, AWP will be accountable and responsive to the needs of the local population in a different way. It will have a body of membership that is representative of its staff, service users and carers and its local population
Healthwatch	AWP welcomes public involvement at a locality and Trust level, to improve the quality of services. We regularly engage with the six local Healthwatch.
Public Health England	Following the development of Public Health England, the Trust continues to work closely with public health, particularly in relation to the commissioning of Drug & Alcohol Services. It is expected that this will develop in line with local and national policy supporting improving public health awareness of mental health throughout 2015/16.

7.2 Organisational Capability

In seeking to realise our strategic objectives and improve organisational performance the Enabling Excellence Programme identifies early priorities for developing organisational capability under each of the three aims described above. However, organisational development is a continuous process and requires on going vigilance. New or improved organisational capabilities will be prioritised in the light of:

- **Internal Drivers:** Annual objective setting and the business planning cycle. Analysis of organisational effectiveness (feedback from staff, service users and partners), the Trust wide Risk Register and active monitoring of quality data (performance reviews and use of our IQ system).
- **External Drivers:** Benchmarking, policy changes, demand for services, commissioner intentions and market changes.

Our approach to organisational development makes use of diagnostic tools such as the Organisational Health Index (McKinsey and Company) to monitor the health of an organisation. Organisational health is defined as the ability of an organisation to align, execute, and renew itself faster than the competition so that it can sustain exceptional performance over time. This framework is used by the Senior Management Team to monitor organisational health, identify organisational development needs and set stretching targets to realise our Trust vision. A key focus for organisational development during 2015/16 will be the implementation of recommendations following review of the Acute Care Pathway.

7.3 Workforce Development

We recognise the commitment and determination of our staff to provide the highest quality mental health care that promotes recovery and hope. Development of our staff will support the emerging and changing needs of our workforce driven by our clinical strategy and resulting innovative service models. During 2014/15 we have created the ‘Development Hive’ to capture our approach to staff engagement, workforce wellbeing and development. This workforce development offer forms the basis of Locality Workforce Development Plans agreed with each delivery unit to address specific workforce development plans, staff survey feedback and statutory and mandatory training needs.



Key priorities for 2015/6 include a Trust wide programme of Team Based Working (in partnership with Aston OD), introduction of the Certificate of Fundamental Care and expansion of a range of apprenticeship opportunities for both clinical and non-clinical staff. Our aim is that all staff, regardless of professional background and seniority, has access to support and development that enables them to fulfil their role and realise their potential.

7.4 Leadership Development

Leaders determine the culture and climate of an organisation. Their actions and behaviours are magnified and have a disproportionate impact on the people around them. Organisational transformation requires exceptional leaders that visibly demonstrate care quality is their primary motivation; have the will and personal commitment to make change happen; have the ambition to set high-level goals and inspire others to do the same; and show an unerring focus on implementation.

Our commitment to developing leaders and managers is captured in the Development Hive. Key leadership programmes for 2015/16 include:

- Board Development Programme
- ILM 5 Leadership and Management Programme for middle to senior managers – 160 managers developed over 2.5 year period (partnership with the University of the West of England)
- National Leadership Academy Programmes
- Coaching and Mentoring Capability
- Coaching to Lead Programmes (by Locality)
- Leadership Master classes

The effectiveness of our approach to organisational and workforce development will be evidenced through high quality care (measured using our IQ system) and measures of staff engagement, wellbeing and satisfaction.

Appendix One – AWP Annual Objectives (including our Quality Priorities) 2015/16 - Draft

Strategic Priority	CQC domain	Objective	What this means for service users	Measurement
Delivering best care	Caring Responsive Effective Well led Safe	We will deliver high quality services Trust wide 1. Achieve a CQC rating of at least 'good' in all 5 domains across all inpatient, community and specialist services 2. 20% reduction of incidents of restrictive practice 3. 90% SU recommend care provided by AWP via Friends and Family Test	Your care will be rated as safe, effective and caring by healthcare "watchdogs" and mental health experts. You will be confident to recommend our services to your friends and family if they required similar care or treatment.	IQ Internal/ external inspections Reported incidents of restrictive practice Friends and Family Test
Supporting and developing our staff	Caring Responsive Effective Well led Safe	We will support and develop all members of staff, ensuring access to learning and development to support improved patient care and experience 1. Enable every team to receive team development by March 2016 2. 10% improvement in response to the question 'Would you recommend AWP as a place to work?' 3. Reduce staff turnover by 2%	Your care and treatment will be delivered by staff that are supported and developed to provide the best care they can.	Staff turnover Percentage of teams going through team based working programme 2015 NHS Staff survey results
Continually improving what we do	Safe Effective Responsive	We will achieve a high functioning and effective acute care pathway 1. Reduce bed occupancy by 5% 2. Reduce out of area placements by 50% 3. Admit 90% of all patients to local beds	We will make every effort to find you a bed in your local area when you need it. You will only need to access care outside your local area when specialist services are needed.	Bed occupancy rate Number of out of area placements Number of in patients in home locality <i>Internal reference cost for community services</i>
Using our resources wisely	Effective Responsive	We will improve efficiency and maximise resources to our front line care teams 1. We will achieve our cost improvement plans 2. We will reduce our overheads by 3.5% 3. We will achieve our growth income target by £4.2m 4. To reduce our reference costs by 10%.	Our first priority is to fund improvements in patient care. We will grow our services to give you	Achieve CIP Overhead costs Trust income
Being future Focused	Well led	We will ensure we are clinically led, locally integrated and quality focused 1. We will work with local commissioners and other organisations to to deliver the requirements of the Dalton Review and Five Year Forward View.	We will develop our organisation to meet the needs of the communities we serve and to respond to national changes in the NHS.	Local strategies that are jointly owned and signed by all stakeholders

Appendix Two – 2015/16 Business Risks

No.	Risk description	Type of risk	Mitigation
1	Commissioning intentions are not clearly aligned to 5YFV & Dalton at this time, therefore future requirements are unknown	Commissioning intentions	Work remains both within AWP and working with commissioners and partner organisations to fully develop the response to these and other national policy changes
2	Lack of clarity around funding arrangements for new service development resulting in uncertainty for the Trust in this area	Commissioning intentions	Whilst AWP recognises that there is opportunity for new business development within current contractual arrangements with CCGs, the funding arrangements for these remain under discussion at this time and form part of 2015/16 contract negotiations. This includes developments associated with mental health resilience funding.
3	Planning and development across CCGs and providers is not fully joined up, impacting upon the ability of the Trust to make all available gains in quality, productivity and efficiency	Commissioning intentions	As with previous years, the ability of CCGs and providers of healthcare to join up planning and development continues to be a challenge – particularly at a time of increasing quality, productivity and efficiency. AWP continues to work with all partners to develop this.
4	Mental Health Funding remains unclear at this time	Commissioning intentions	NHS England has confirmed that they are expecting CCGs to increase investment in mental health following budget increases. At this time, discussions remain underway with CCGs.
5	Better Care Fund impact on mental health services remain unclear	Commissioning intentions	Current information suggests that this is particularly aimed at acute healthcare providers. However, from AWP involvement to date we are aware that this could have potential negative implications in 2015/16 for mental health services. It is highlighted as a risk at this point, as the position remains unclear.
6	The development of personal health budgets in mental health remains unclear at this time	Commissioning intentions	There is no specific reference within commissioner intention and the Trust continues to work with CCGs to develop.

7	Recruitment and retention of staff continues to be a challenge, resulting in staff shortages in key areas	Commissioning intentions	The development and growth of AWP business is reliant on the recruitment and retention of staff. It is known that there are some key areas of staff shortage, including qualified nursing. Work remains underway across the Trust to reduce this risk
8	The impact of 7 day working on the delivery of services	Commissioning intentions	Whilst work remains ongoing at this time to assess the impact of 7 day working, it is recognised as a risk to achieving commissioning intentions, particularly in relation to the recruitment and retention of staff to deliver.
9	Not all wards or teams have sufficient numbers of substantive staff	Quality - Safety	Implement actions detailed in the Recruitment Strategy Continue to liaise with CCG commissioners re further bed reduction Acute Pathway review Oversees recruitment TDA Risk mitigation measures New Roles being identified Work collaboratively with all other providers Twice yearly review of Safer Staffing Numbers
10	The Trust requires a minimum rating of Good by the CQC	Quality	Secure external stakeholder involvement in the monthly Quality Improvement Group to address wider system issues related to regulator judgements. Programme of Compliance Inspections following discussion with Lead CQC inspector on their approach to re-inspection.
11	The Trust will be unable to manage risk to quality across the organisation	Quality	The Trust's risk management strategy ensures clear ownership of risks and mitigation action. This also links to the Trust's Programme Management Office and CIPs
12	CIPs are developed without adequate assessment of potential negative impact on quality	Quality	The Trust's quality impact assessment policy is in place as the overall organisation control. Additional measures are in place via the Programme Management Office. All CIPs are subject to sign-off by the Director of Nursing and Medical Director.
13	AWP staff do not receive appropriate training to deliver service improvements and to maintain clinical and professional standards	Quality – Safety	The revised appraisal policy will ensure the identification of training needs in conjunction to individual staff objectives. Changes in Learning & Development will ensure that training is targeted and will organisational needs

14	The AWP culture of openness transparency and honesty is not developed as planned or sustained in order to deliver a quality improvement approach based on local self -assessment on ownership of improvement action	Quality	Through on-going processes (such as regular staff communication, organisation development programme, locality management structures and others), AWP continues to support the openness, transparency and honesty of the organisation.
15	Risk of a lack of engagement of management and staff to deliver the actions of the Quality Improvement Priorities	Quality	As Above
16	AWP may not be able to deliver competitive priced services, impacting on its ability to further develop its business	Financial	The Trust plans to continue to develop its overall service costs, including review of any loss making business/developing partnership arrangements to reduce cost and improve quality
17	Apportioned costs must be reduced, or costs could remain too high to deliver all plans	Financial	This will be achieved through improved estate utilisation and reduction in estate footprint, using 'in locality' services to support corporate services, such as HR, better sharing of cross locality resources
18	AWP may not have the continued ability to develop, deliver and sustain CIPS across all Trust services	Financial	The continued ability to meet the required efficiency savings, whilst ensuring quality is maintained remains a risk for AWP. The Trust plans to continue to develop and monitor our CIP achievement through robust governance and reporting practices to reduce the risk of negative impact on quality.
19	A lack of clarity of commissioning intentions and contractual requirements from NHS England for specialist mental health services leading to uncertainty in planning	Financial	This is highlighted as a risk due to continued uncertainty regarding this. As negotiations are ongoing, with a financial gap between our organisations. AWP is committed to agreeing its contract with NHS England by the national deadline.
20	Non-delivery of CQUIN	Financial	The maintaining of quality is a risk to be managed by the Trust in considering locality and operational budgets. CQUIN schemes will be jointly agreed with commissioners and monitored regularly to ensure delivery.
21	Incremental negative impact of the delivery of the new Bristol Mental	Financial	AWP has partnered with 9 Bristol based voluntary and community services to deliver the new service model. The new model is being delivered across the

	Health contract.		Mental Health Bristol Partnership using a mixture of directly commissioned and sub-contracted arrangements. The incremental impact of the Bristol Tender has been considered in the budgets.
22	Inability to achieve quality, sustainable and cost effective inpatient services in line with demand	Financial	The ability of AWP to continue to deliver sustainable, cost effective and quality inpatient services is key. In response to commissioner intention and known demand, AWP plans to continue to develop its inpatient services, including improving pathways and overall service types provided, with planned growth for specialised services.
23	Trust wide inability to respond to growth and development opportunities	Financial	AWP continues to develop its business intelligence and business growth support capacity to ensure that the Trust can continue to respond effectively when required as well as leading process to inform decision making on development opportunities
24	Potential impact of the Trust becoming a loss making/financially non-viable business	Financial	AWP acknowledges that to reduce unnecessary financial risk, any loss making/financially non-viable business needs to be assessed appropriately with remedial action put in place. As part of the ongoing development with delivery units, the Trust plans to continue to review this into 2015/16
25	Failure to progress to develop shared care protocols with GPs	Financial	To reduce unnecessary financial and quality risk to AWP, continued partnership working is required to develop. This work remains ongoing, particularly in Wiltshire and Swindon.
26	Failure to continue development of PbR and impact on overall Trust competitiveness	Financial	It is expected that over the next year, the continued development of PbR will require AWP to define its clinical service models, supported by outcome measures. A working group, with CCGs has been set up to understand the impact on the health economy.
27	Negative impact of cost pressures, including the electronic patient record system, cost of living allowance and the safe staffing review.	Financial	The Trust is working to deliver cost reduction plans of an additional £3m to fund its additional cost pressures in 2015/16.
28	Unknown financial implication of CCG strategic plans/impact of national policy development, including the Francis and Dalton	Financial	AWP continues to work with its commissioners and partners to develop its response to national policy documents and CCG strategic development at this time. Through this process, any financial impact will be assessed.

	reviews could have significant impact on AWP plans		
29+	Current lack of clarity in relation to the funding implications of mental health funding/Better Care Funding/Personal Health Budgets resulting in delay to AWP defining future plans	Financial	Work remains ongoing with commissioners to fully understand the impact of these and to plan for the delivery where required.

Appendix Three– AWP Performance Scorecard 2014/15 – to date

Trustwide	14-15					
	Aug	Sep	Oct	Nov	Dec	Jan
▣ Friends and Family Score	55	54	53	54	55	58
▣ Response Rate	12.2 %	13.2 %	12.5 %	13.7 %	14.1 %	14.2 %
CQC Compliance						
▣ Submission Rate	92.8 %	92.7 %	93.4 %	93.6 %	94.8 %	
▣ Submission Rate	89.9 %	92.3 %	92.7 %	89.4 %	33 %	0 %
Records Management						
▣ Submission Rate	87.3 %	87.1 %	87.9 %	87 %	88.5 %	
▣ Submission Rate	92.4 %	88.3 %	95.6 %	97.3 %	97.3 %	
Contract and Monitor Compliance:						
▣ Key Quality Indicators	6.25	6.25	6.5	6.5	2.5	2.5
CQUIN Delivery ⓘ						
Friends & Family Test - Service Users	▣	▣	▣	▣	▣	▣
Friends & Family Test - Staff	▣	▣	▣	▣	▣	▣
Cardio Metabolic Assessments	▣	▣	▣	▣	▣	▣
Care Plans shared with GPs	▣	▣	▣	▣	▣	▣
Safety Thermometer	▣	▣	▣	▣	▣	▣
Local Scheme - Overall	▣	▣	▣	▣	▣	▣
▣ Local Scheme - Areas:						
Staffing:						
▣ Supervision	75.1 %	85 %	87.3 %	88.8 %	87.2 %	88.9 %
▣ Appraisal	89.9 %	89.4 %	89.6 %	89.2 %	88.8 %	88.2 %
Total Sickness Absence						
▣	4.25 %	4.42 %	5 %	5.11 %	4.79 %	
Finance						
▣	▣	▣	▣	▣	▣	▣

