Solent NHS
NHS Trust

Solent NHS Trust Operating Plan

2012/13 (and 2014, 2015)

Better health, local care

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Section 1: Strategy

A) About Solent NHS Trust

Solent NHS Trust is an ambitious and innovative provider of community and mental health services, leading the way in local care across Southampton, Portsmouth and southern Hampshire.

We are in our first year as an NHS Trust and our second year as a merged community and mental health provider, delivering high quality care and working in partnership to make things better for children and families, adults and older people.

With annual revenue of £183m at the start of 2012/13, over 4,100 staff and delivering over 1.5 million contacts per annum, Solent NHS Trust is one of the largest community and mental health providers in the NHS. Services are provided from over 100 different locations, including Community Hospitals and Day Hospitals; as well as numerous outpatient and other settings within the community such as Health Centre's, Children's Centres and within service users' homes.

Solent NHS Trust was established as an organisation whose primary objective is to manage care in the community. We support clients' independence and self care by providing integrated physical and mental health and social care services around GPs and their practice populations. We specialise in providing integrated services to urban communities with complex health and social care needs and work in partnership with others whose focus is on improving the health of our population.

Our services are focused on city region populations where there are complex health and social needs and where there is a need for a deep partnership with primary and social care to address these.

Our performance over a range of measures has improved significantly over the last 12 months. The Trust is now achieving all its 18 week Referral to Treatment Time indicators as well as all other relevant nationally reported KPIs and has a challenging programme in place to roll out directly bookable clinics through Choose and Book to all consultant and therapist-led services.

Safety continues to be a priority. 90% of service users reported positively on feeling safe within their clinical environment. Within Mental Health services, 99% of service users were followed up within 7 days of discharge and 100% of all elective admissions were screened for MRSA. Working hard with other healthcare organisations, significant progress has been made in reducing the rates of MRSA and C Diff. There have been large reductions in rates across Solent NHS Trust; in Southampton City there has been a 78% reduction and Portsmouth City a reduction of 60% in the number of C Diff cases in 2010/11, compared to 2008/09. Solent NHS Trust is striving to decrease rates of avoidable infections and aims to have zero levels of infection.

The 2010 service user survey reported a 90% positive response rate from customer surveys.

Our PEAT (Patient Environment Action Team) scores which assess the service user environment demonstrate standards that are good or excellent across all our main hospital sites.

We are planning to achieve a 0.4% surplus in 2012/13, as illustrated in our financial summary, below.

	Mar-13 £m
Operating Revenue and Income, Total	183.30
Operating Expenses, Total	(181.96)
EBITDA	**1.34**
EBITDA margin	0.8%
Total Depreciation & Amortisation	(0.58)
Net Surplus/(Deficit)	**0.75**
Surplus Margin	**0.4%**

This year we have formally joined the national Foundation Trust (FT) development programme and are working towards achieving Foundation Trust status by April 1st 2013. We believe that authorisation as a Foundation Trust should be the outcome of delivering clinical and business excellence within the organisation and the culture which underpins this.

We are on target with our tripartite formal agreement and expect to be assessed as green by the SHA for our FT trajectory.

B) Our Vision and Strategy

The Trust's strategy over the next three years is to work closely with Clinical Commissioning Groups and local Health and Wellbeing Boards to lead a whole system change in the delivery of services; **our vision is to lead the way in local care.**

We are already providing integrated health and social care but will further develop the model to provide integrated pathways with primary care, in-reaching into the acute trusts. By combining with primary care, users will experience home-based services that are reliable and available 24/7; **our mission is to provide services in partnership to deliver better health and local care.**

Long term conditions care pathways will be coordinated and delivered by single clinical multidisciplinary teams using the latest health technology. Users will experience services that are better integrated and delivered from one stop shops in community campuses. Admission to acute trusts will only be necessary for those that require the particular skills and infrastructure that only an acute environment can provide.

Solent NHST will enable all care that can safely be provided out of hospital to be moved to a primary/community-led organisation. Staff from other sectors will be encouraged to

provide services into the integrated pathway. Increasingly, service users will not be admitted into acute hospitals (except in an emergency) without having first been referred to Solent community services. Solent will increasingly become the single point of referral for all the population.

We aim to expand incrementally from the Trust's initial geographic and service footprint by exploring county-wide and cross-county border opportunities. We intend to increasingly provide social care services.

The services we provide will be realistic alternatives to acute hospital care, rather than duplication of services. Solent NHST would expect to make a significant impact on the local system as demonstrated by our strategic objectives and outcome measures.

C) Our Strategic Objectives

Solent's approach to quality strongly influences both the longer term direction and the day-to-day operation of the trust. At the heart of the organisation's strategy is **the quality promise**:

Safety is everyone's highest priority and we have a 'no harm' culture ensuring our staff do the right thing for every person, every time.

We will improve **experience** by putting people at the heart of services and listening to people's views, gathering information about their perceptions and personal experience and using that information to further improve care.

Optimum **clinical effectiveness and outcomes** will be ensured by the application of evidence and best practice in accordance with NICE guidelines and all other national guidance.

We will achieve **regulatory compliance** by ensuring the governance and risk management framework is fit for purpose at all levels; being clear, understandable and seamless whilst supporting continuous quality improvement; meeting the requirements of our regulators and managing clinical risk.

The Board has agreed **three strategic objectives** which flow from the Trust's vision and mission:

Strategic Objective 1:
To provide services which enable improved health outcomes with particular focus on areas of known health inequality

Solent NHS Trust will provide commissioners with services that help improve the overall and individual health outcomes of the local populations that we serve and to improve those at the weakest end of health inequalities fastest, in each and every one of our services

Strategic Objective 2:
To deliver care pathways that are integrated with local authorities, primary care and other providers

Solent NHS Trust will lead (or contribute to) integrated care pathways which address health and social care needs. The design of services will interface with primary care so that GPs know and work with local teams in core services.

Strategic Objective 3:
To maintain profitability in core business by offering best value alternatives to acute hospital admission

Solent NHS Trust will provide commissioners with a range of best value, evidence based community alternatives to acute admissions. This will provide whole-system value benefits and thereby enable the Trust to maintain profitability by incrementally increasing the value of income in profitable services lines. This will be achieved through the retention of existing contracts, the expansion of core business in local urban areas and planned growth beyond the current geographical footprint. Non-profitable service lines will be reviewed and where appropriate discontinued.

Delivery of the Trust's strategic objectives is dependant on a strong organisational culture focused on the delivery of excellent services and a high-performing organisation that achieves commissioner and regulatory compliance through business and clinical excellence.

Clinical Excellence	*Business Excellence*	*Meeting Commissioner Requirements*	*Regulatory Compliance*

These **four underpinning requirements** are reinforced in annual and individual objectives and there is a continuous programme of alignment of the Trust's objectives at every level of the organisation.

D) Key Priorities over the next 3 years

Solent NHS Trust's Operating Plan sets out our four priority work streams for the next 3 years. These work streams form our annual objectives framework – the 'Solent Wheel' – a key enabling tool which we are developing to ensure that the Trust's annual objectives are clearly understood and highly visible at all levels of the organisation and are reflected in divisional, service and individual level objectives. The draft Solent Wheel is shown below.

Priority 1: *To place the people who use our services at the centre of decision making*

We will focus on:

- Delivering evidence-based practice and demonstrating the success and quality of our services
- Reducing variation in clinical practice and performance as evidenced with benchmarking
- Implementing our Operating Model including a Single Point of Access (SPA) and virtual ward infrastructure
- Maintaining our quality standards
- Implementing Telehealth solutions
- Embedding user experience into forward planning

Priority 2: *To value, reward and develop our staff*

We will focus on:

- Prioritising clinical leadership and supervision
- Increasing focus on evaluation and clinical audit
- Incentivising research and new models of care,
- Training staff in transition management

Priority 3: *To deliver service and financial performance and cost improvement programmes safely and confidently*

We will focus on

- Increasing our IT capability with the purchase of performance management and clinical systems to enhance interoperability
- Expanding mobile working
- Rationalisation of our estate

- Delivery of contracts and Cost Improvement Programmes (CIPs)

Priority 4: *To strengthen our commercial position and business resilience through relationship management partnership and collaboration*

We will focus on

- Developing and delivering five-year transformation and market development plans
- Brand awareness and management
- Achieving system wide support for our operating model
- Undertaking systematic periodic stakeholder feedback on the Trust's reputation and leadership role,
- Embedding relationship management
- Expanding our research portfolio

Further detail for each of these priorities is provided in the table below.

Table 1: Key priorities to be achieved in 2012/13, 2013/14 and 2014/15

Key Priorities	How this Priority underpins the strategy	Key Milestones (2012-13)	Key Milestones (2013-14)	Key Milestones (2014-15)
1. PEOPLE WHO USE OUR SERVICES				
1A. Delivering evidence-based practice and demonstrating the success and quality of our services	Solent is focused on the delivery of improved outcomes with quality as the Trust's overriding strategy	Appoint innovations champion and review strategic approach to innovation Define pathway standards across the organisation with identified outcome measures and audit (Phase 1) Focus above on diabetes, dementia, falls, COPD Ensure delivery of CQUINs including high impact innovations	Define pathway standards across the organisation with identified outcome measures and audit (Phase 2) Ensure delivery of CQUINs including high impact innovations	Define pathway standards across the organisation with identified outcome measures and audit (Phase 3) Ensure delivery of CQUINs including high impact innovations
1B. Reducing variation in clinical practice and performance as evidenced with benchmarking	All Solent services need to be consistent and reliable to assure our commissioners of our comparative outcomes	Develop benchmarking systems Use systems and results of audit to monitor performance of clinicians	Provide data and analysis to assist in revalidation of doctors	Provide data and analysis to assist in revalidation of doctors
1C. Enhanced implementation of our Operating Model including a Single Point of Access (SPA) and virtual ward infrastructure	Health and social care teams and a single point of access are fundamental to our delivery model and success Improve operational effectiveness Improves quality of care for service users	SPA fully implemented and effective Agree adult services model for locality teams with primary care and local authorities Develop paediatric single point of referral Link to mobile working and estates rationalisation	Further expansion of virtual wards and LTC hubs Phase 2 of mobile working roll out	Fully developed health and social care model fully aligned to primary care realising benefits

Key Priorities	How this Priority underpins the strategy	Key Milestones (2012-13)	Key Milestones (2013-14)	Key Milestones (2014-15)
1D. Maintaining our quality standards	Quality is the leading strategy for the Trust and underpins all our services	Implement early warning system at service and organisational level to identify quality risks Ensure full compliance against all 26 CQC standards maintained Review Patient Experience and structure and embed user feedback into transformational planning Publish Quality Accounts (June) Establish the non-medical and professional leadership model at divisional level Fully establish the Quality Impact assessment processes ensuring risk management in place floor to board to support change	Maintain external ratings assessment from regulators % improvement in Quality Risk Profile Demonstrate patient experience has informed change, innovation and transformation to effect improved outcomes and efficiency Publish Quality Account - June Demonstrate effectiveness of model and audit against the Nursing and AHP Strategy Demonstrate effective and safe delivery of change	Achieve NHSLA level 2 Maintain external ratings assessment from regulators % improvement in QRP Demonstrate patient experience has informed change, innovation and transformation to effect improved outcomes and efficiency Publish Quality Account - June Demonstrate effectiveness of model and audit against the Nursing and AHP Strategy Demonstrate effective and safe delivery of change
1E. Implementing Telehealth solutions	Supports self care and management at home	All case managed service users and those with LTC to be offered Telehealth	Major deployment of Telehealth	
2. OUR STAFF				

Key Priorities	How this Priority underpins the strategy	Key Milestones (2012-13)	Key Milestones (2013-14)	Key Milestones (2014-15)
2A. Prioritising clinical leadership and supervision	Clinical leadership is fundamental to the delivery of safe and effective services	Business objectives and appraisal for clinical leads Establish clinical senate Appropriate supervision in place across all services	Business objectives and appraisal for clinical leads Refreshed reward system	
2B. Increasing focus on evaluation and clinical audit	Underpins continuous quality improvement and evidences quality standards	Research and audit have a higher profile in every day business Audit used to support revalidation and service improvement	Multi-source feedback embedded in appraisal of medical and senior nursing/AHP staff	Appraisal of staff fully linked to individual and team clinical outcomes
2C. Incentivising research and new models of care,	Increases volume and depth of research and will generate more income and raise the profile of individuals and the Trust Faster introduction of new evidence	Incentive scheme for research and new organisational model Second Annual VIP Awards with special awards for staff living our values	All CLNR targets met	All CLNR targets met
2D. Training staff in transition management		Staff training in transition management for all leaders	Evidence of successful implementation	
3. OPERATIONS				

Key Priorities	How this Priority underpins the strategy	Key Milestones (2012-13)	Key Milestones (2013-14)	Key Milestones (2014-15)
3A. Increasing our IT capability with the purchase of performance management and clinical systems to enhance interoperability	IT capability and interoperability underpins key objective to deliver integrated services	Purchase performance and outcomes information system Commence procurement of clinical systems to enable Solent service interoperability and single health record Focus primary care interoperability in Southampton Deliver single sexual health IT system	Focus primary care interoperability on Portsmouth and Hampshire systems	
3B. Expanding mobile working to increase service productivity and support estate rationalisation	The deployment of mobile working solutions is a key enabler to the Trust's strategy to: Implement step change in domiciliary and clinic based service delivery to increase productivity and optimise patient-facing time Underpin delivery of centralised SPA and Choose & Book systems Support rationalisation of clinic sites to increase efficiency and reduce estate costs Delivery of financial savings through increased productivity (£4.4m over 2 years)	Implement Phase 1 of mobile working strategy to include Establish IT software to support mobile working infrastructure - Desktop virtualisation, VOIP, OCS etc Deployment of mobile working solutions Enhanced SPA infrastructure and system interoperability Identification of strategic hub and spoke sites for multiple Solent services and 'touch down' facilities for domiciliary staff Year 1 Productivity review programme (service-level)	Embed Phase 1 and implement Phase 2 of mobile working strategy to include: Roll-out patient based systems (electronic records) which are complimentary to primary care Deployment of mobile working solutions Enhanced SPA infrastructure and system interoperability Implementation of Solent hub/spokes and 'touch down' centres Year 2 Productivity review programme (service-level)	Embed, evaluate and refresh Phases 1 and 2 solutions Expand SPA infrastructure/ system interoperability Implementation of Solent hub/spokes and 'touch down' centres

Key Priorities	How this Priority underpins the strategy	Key Milestones (2012-13)	Key Milestones (2013-14)	Key Milestones (2014-15)
3C. Rationalisation of our estate	Estates rationalisation critical to deliver high quality efficient estate that customers want to use	Identification of rationalisation plans and delivery of year 1 Acquisition of estate	Deliver estates rationalisation plans and realise benefits	Further rationalisation of footprint towards 30% reduction
3D. Delivery of contracts and cost improvement programmes	Effective CIP delivery builds credibility in the market and strengthens partnership working	Service Line reporting implemented Deliver contracts Deliver £5m CIPs with QIA embed best practice CIPs delivery	Deliver regulator and commissioner requirements Deliver 7m CIPs with QIA	Deliver regulator and commissioner requirements Deliver 7m CIPs with QIA Embed service line management
4. COMMERCIAL RELATIONSHIPS				
4A. Developing and delivering five-year transformation and market development plans	The trust needs to maintain and grow profitable services to sustain the business model	In year and 5 year transformation and Market development plans	Whole system contracting/ year of care/ pathway contracts	Embedding core model into urban areas with specialist expansion to wider geography
4B. Brand awareness and management	As a new trust, business growth is dependant on reputation and brand awareness	Major brand campaign launches	Targeted campaigns based on market plans	Targeted campaigns based on market plans
4C. Achieving system wide support for our operating model	The Solent delivery model needs the continuing engagement of social care and alignment and support from primary care to be effective	Deliver locality teams for frail elderly and LTC and children that are support by primary care and LA H&SC integration phase 1: Formal agreement for future model of integration of health and social care services with SCC	H&SC integration Phase 2: legal framework agreed in phase 1 moves to implementation in SCC. Progress similar approach in PCC	Extended our market reach to other urban areas and AMH in Southampton Locality teams working out of hubs with LTC embedded
4D. Embedding relationship management	Partnership and Collaboration are key to our business USP of integrated care	Embed account management methodology	Development of shared objectives for the future	Extend account management to wider area

Key Priorities	How this Priority underpins the strategy	Key Milestones (2012-13)	Key Milestones (2013-14)	Key Milestones (2014-15)
4E. Expanding our research portfolio	Increases volume and depth of research and will generate more income and raise the profile of individuals and the Trust Faster introduction of new evidence	Meet CLRN targets Joint working with other Trust	Develop further research relationships with the comprehensive local network, industry and universities Provide CCGs with research governance support	Recognition as major community research organisation
4F. Undertaking systematic stakeholder feedback	Relationship management underpins future growth and profitability	Undertake 360 feedback and build results into market plan	Use feedback from our members and governors to inform the business	

Section 2: External Environment

Table 2: Key External Impacts

Key External Impact	Risk to/Impact on Strategy	Mitigating actions and residual risk	Overall expected outcome	Measures of progress and accountability
System wide financial pressures, less money to go round, more fragmented commissioning with new entrants	Risk to income plans and profitability Partner organisations need to achieve stringent CIP's	Major emphasis on relationship management and account management Staying close to commissioners; working collaboratively over QIPP plans Improved contracting capability and commissioner responsiveness Financial planning and controls; CIPs delivery	Delivery of system wide QIPP and collaborative working over CQUIN; earn our share £15m CIPs, surplus as planned	Contracts signed Progress on business income Analysis of commissioner perceptions of Solent Reduction in Performance Notices Financial performance on plan
Lack of alignment with local authorities and primary care undermines operating model	Risks to our operating model and our USP Little resource in the system to 'spend to change'	Agreed joint objectives for operating model/ locality teams Account management to be in place	Agreed objectives for locality teams Shared provision with LA	Relationship management feedback Business acquisition
The system continues to purchase fragmented care which stops Solent taking a system leadership role for the whole pathway – commissioners fail to commission interdependent services for continuity of care	Undermines the core business of Solent Doesn't deliver system reform Reduced VFM across public sector	Strategic and tactical dialogue with CCGs and SHIP encouraging integrated care commissioning Building relationships with new CCGs Delivery of admissions avoidance in partnership with other providers	Development of strategies for LTC, elderly and children Increase in Solent led integrated care pathways Delivery of system wide QIPP	Business reviews to Board QIPP delivery

Key External Impact	Risk to/Impact on Strategy	Mitigating actions and residual risk	Overall expected outcome	Measures of progress and accountability
Risk that acute trusts and clinicians wont collaborate and that commissioning intentions break up pathways	Undermines integrated care model	Commercial heads of terms with other providers Account management Development of LTC strategies with clinician leadership	Agreed integrated pathways with other providers	QIPP report to Board
Loss of Core business – potential competition from others including AQP.	Undermines profitability, reduces income and contribution to fixed costs	Relationship Management Collaborative working with CCGs Further development of the Market Strategy Lifecycle market planning Clear pricing model Growth and retention based on service line and market analysis	5 year market development plan Clear analysis of service line profitability and growth potential	Business won and lost
Solent brand not known, Trust fails to prove impact	Undermines market development	Why Solent campaign	Improved brand recognition	360 feedback results

Section 3: Financial Plans

A) Income

At the start of 2012/13, Solent NHS Trust is confirmed to receive income to the value of £183.3 million. A summary of major income sources is provided below

Table 3 2012/13 income by commissioner

	£000	
Income	183,315	
NHS Portsmouth	63,305	35%
NHS Southampton	51,637	28%
NHS Hampshire	37,487	20%
Local Authorities	9,168	5%
Other income	21,718	12%

B) Cost Improvement Plans

Solent NHS Trust will deliver Cost improvement Plans to the value of £13.4m in 2012/13. The table below summarises the major work programmes to deliver the CIPs with further detail on individual schemes provided at Appendix B

Table 4 Cost Improvement Plans (CIPs)

CIP Programme	2012/13 £'000
Productivity	5,526
Transformation	2,571
Management Costs	2,967
Estates	1,338
Procurement	840
Income Generation	105
Total	13,348

C) Workforce

Solent NHS Trust's Workforce and Organisational Development Strategy is designed to respond to the challenges of the changing environment and support delivery of the Trust's strategic objectives including delivery of the transformation agenda and achievement of Foundation Trust status. The three key priority areas for workforce and organisational development are summarised below:

Table 5 Key Workforce Priorities

Key workforce priorities	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
Strengthen the culture	To create commercial and a performance driven culture and one whereby staff feel valued, involved and proud	Achieve IiP re-accreditation Ensure everyone has an annual appraisal and objectives derived from the corporate objectives Maintain place in top quartile of Top 100 Healthcare Employers Deliver VIP/Celebrating Success event Investigate options for reward and recognition framework for high performing individuals	HRD HR Business Partners Directors ADs Heads of Service Managers Staff Side	2012-13 IiP accreditation Deliver 2012-13 VIP event
Develop the capability	To define and develop the skills and capabilities at all levels to lead transformational change and deliver affordable, high quality sustainable community services whilst competing confidently and competently in the market	Deliver Transformational Change Management training for all leaders Development of talent management and succession plans for key senior manager posts Deliver Leadership & Management Development Programmes Recruit & retain best staff Improve people management capability Develop clinical	HRD Learning & Development Team HR Business Partners Directors ADs Heads of Service Managers Staff Side	2012-13 Deliver 'Licence to Manage' programme 2012-13 introduce new integrated management structures across services 2012-3 Prepare for medical revalidation 2013-4 30-40% medical revalidation complete

Key workforce priorities	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
		leads as corporate and management leaders Deliver customer care training as a mandatory requirement for all staff Play active part in development of LETB to influence outcomes for clinical and non-clinical training provision		2013-4 Introduction of nursing revalidation
Build the capacity	To ensure internal capacity and infrastructure exists to transform the organisation to deliver business and clinical excellence recognising that the base case long term financial plan requires a reduction in workforce cost.	Maintain robust workforce controls to deliver workforce plan/KPIs. Develop 5 year workforce plan Extend implementation of e-rostering to maximise effectiveness of rota management Performance manage delivery of workforce reductions in CIPs Reduce days lost due to sickness absence to 3%	HRD Workforce & Performance Team HR Business Partners Directors ADs Heads of Service Managers Staff Side	Deliver 2012-13 Workforce KPIs and CIPs Workforce reductions:- 2012-13 284.9 wte 2013-14 108.5 wte 2014-15 108.5 wte 2015-16 108.5 wte 2016-17 108.5 wte

D) Capital Programmes (including estates strategy)

Solent NHS Trust has identified a capital expenditure programme to the value of £2.5m in 2012/13. These schemes are summarised in the table below:

Table 6 Key Capital Expenditure

Capital scheme	2012/13 £'000
Sexual Health Mobilisation	901
IT Replacement Programme	283
Equipment replacement programme	300
IT Infrastructure	1,029
Total	2,513

E) Clinical Plans

Solent NHS Trust's clinical plans are focused on the delivery of evidence based practice, embedding national standards across our services and measuring our performance through audit of outcomes that are meaningful to both clinicians and service users.

Our clinical plans for the next 3 years are aligned to our quality and care group strategies and are prioritised in the table below

Table 7 2012/13 Clinical Plans by Care Group

Objective	Key Deliverables in 2012/13
A. Adult & Long Term Condition Services	
A1. Joint Health and Social Care Development To lead the delivery of integrated Health and Social Care Locality services including the new model for Community Rehabilitation Beds and Virtual Wards.	• Section 113/75 in place for Rapid Response/PRRT and co-location of locality teams in the East
A2. Single Point of Access To expand our Single Point of Access (SPoA) to cover access to unscheduled and scheduled care services and act as a conduit to commence care and treatment interventions. This will ensure that emergency access is achieved 24/7, complemented by direct and on-going care in the localities as required in co-ordination with Primary Care. To develop our Single Point of Access to provide the 111 service for Hampshire.	• All Adult services to be contactable via SPoA for first contact and ongoing service appointment bookings

Objective	Key Deliverables in 2012/13
A3. Long Terms Conditions To deliver integrated Long Term conditions outpatients and Primary Care provision within the Localities. To promote flexibility and choice in the delivery of care for patients with long term conditions and complex health needs.	• Establish 6 LTC hubs in the East and West to cater for LTCs and co-morbidities.
A4. Admission Avoidance To work with our partners through the provision of community based alternatives to hospital admission, increase capacity in our unscheduled care services and increase clinical confidence in community based models of care. To develop capacity within Community Unscheduled Care services, working with partners to develop alternative pathways to conveyance and providing alternative models for the management of minor injuries and ailments	• Achievement of RSA and ED team targets • Model and maximise capacity in virtual wards to support whole systems pathways
A5. Frail Elderly/ Long Term Conditions Community Care To promote and extend the Common Assessment Framework (CAF) and Case-coordination to the management of Frail Elderly patients and those with Long Term Conditions. To prioritise caseloads through the application of proven stratification methodologies and to work with primary care partners to case co-ordinate/manage elderly/frail/vulnerable adults.	• Roll out ACG with GP practices across all localities complemented by weekly practice case management meetings. • All patients to have a CAF plan and AACP.
A6. End of Life, Palliative Care and Safeguarding To safeguard Vulnerable Adults and those with Long Term Conditions through vigilance and sensitivity to clients needs. Safeguarding Vulnerable Adults is at the heart of everything we do. Key objectives are therefore in partnership with our partner agencies to ensure that people are free from abuse and neglect, and are supported to die in their place of choice.	• All EOL patients to be on Gold Standards Framework and die in place of choice • All palliative care patients to be on Liverpool Care Pathways

Objective	Key Deliverables in 2012/13
A7. Telehealthcare and Technology To maximise IT advances embedding electronic records to enhance patient care and capitalising on advances in Telecare and Telehealth. The pathway team will build on an excellent track record of capturing patient experience and public engagement. Health Promotion and self-management of long term and complex conditions will be key to sustaining future models of practice.	• All Case managed patients and those with single LTCs to be assessed for Telehealth. • All Telecare users to be offered this functionality
A8. Interoperability To promote flows of information pertaining to the care of patients with long term conditions and complex health needs. To ensure that information is available to relevant health and social care professionals to inform clinical decision making at all relevant points in the pathway.	• TPP/RIO to be linked into the HHR to ensure patient records are accessible to primary care.
A9. Working to support the private sector To work more closely with Nursing Homes to meet the healthcare needs of their residents and support skills training and specialist advice. This will also assist with capacity management, delayed transfers of care, and admission avoidance.	• All Nursing home patients to have an AACP and CAF.
A10. New Business Opportunities To develop new business for our Adult and Older Persons Services division through consideration of emerging opportunities in line with our commercial strategy and on the basis of "fit" with our core business, clinical expertise, clinical risk and geographic proximity.	• III tender/RR Gosport/Countess Mountbatten House/ OPMH West services/ LTCs East to be pursued in next 12 months
B. Children and Family Services	
B1. Health Visiting Services To improve access to health visiting services through the delivery of the Implementation Plan for Action on Health Visiting	• Set up Solent NHS Trust steering group to monitor and manage the plan • Implement the 2 year check pilot (subject to evaluation) • Train 18 HV students in 2011/12 and 29 in 2012/12; complete training of 3 return to practice students in 2011/12 • Fill all new vacant posts through recruitment of students • 90% of HVs to complete minimum of 2 days CUSP training

Objective	Key Deliverables in 2012/13
B2. Sexual Health Services To improve patient access to and experience of sexual health services through the implementation of a clinical and cost effective integrated Sexual Health model.	• Complete staff skills review, implement CIP and a revised staffing structure • Develop and deliver a training and up-skilling programme for Doctors (30%), nurses (25%) and HCSWs (25%) to achieve dual competency • Design and open a new hub delivering integrated services in Basingstoke and Aldershot locality • Design, commission and implement an IT EPR and data capture and reporting system
B3. Children with disability & complex needs To increase parental satisfaction and improve outcomes for children with disability and complex needs through integrated and co-located service delivery	• Implement the new model of integrated services in Southampton – Children's Development Service(CDS) • Ensure multi professional clinical participation in workstreams to develop an integrated model for children with disability in Portsmouth • Scope requirements and influence business case for co-location in Portsmouth
B4. Avoidable hospital admission To reduce avoidable hospital admission for children and young people	• Evaluate the COAST pilot in Southampton • Evaluate the COAST pilot in Hampshire • Develop and submit business cases to permanently expand the COAST service to Hampshire and Southampton • Develop and submit business case for Intensive Home Treatment Service for children and young people with acute CAMHS needs to NHS Hampshire • Implement pilot project in Solent West working in conjunction with ED, HV service and Surestart to follow up frequent attenders
B5. General Paediatrics To improve access to care and treatment out of hospital for children and young people with non acute general paediatric health needs	• Implementation of the general paediatric Single Point of Access
B6. Patient Experience To Improve experience of young people accessing Solent NHS Trust services	• Develop a roll out plan to achieve You're Welcome accreditation for all services delivering advise, care and support to adolescents • Monitor the plan at Divisional Clinical Governance Group and take corrective action if required
B7. Health outcomes and inequalities To improve health outcomes and reduce inequalities	• Reduce waiting times for paediatric therapy in Hampshire through waiting list initiative and pathway redesign • Develop staff involvement programme to embed health promotion as everyone's business

Objective	Key Deliverables in 2012/13
B8. Evidence-based care To ensure implementation of the most up to date clinical evidence to deliver high quality, safe and effective care	• Implement and evaluate a pilot of Group interventions in the Family Nurse Partnership (FNP) Programme in Southampton • Fully implement the FNP Programme in Portsmouth • Implement the new model of Speech and Language Therapy in Southampton o Phase 1 pre school o Phase 2 School age
B9. Safeguarding To ensure safe, high quality and effective safeguarding children services maximising capacity to respond to increasing demand	• Review and implement a new model for safeguarding children supervision for health visitors and school nurses • Implement a multi agency pilot to improve quality and efficiency of CYP reporting processes in Southampton (in partnership with children's social care and Hampshire constabulary)
B10. Clinical Governance To demonstrate robust clinical governance systems and processes that ensure safe, effective services	• Appoint CG medical and non medical leads with dedicated admin support • Establish Divisional Clinical Governance Groups for sexual health and children
C. Sexual Health Services	
C1. People who use our services To place people who use our services at the centre of decision making	• Participate in Solent NHS Trust Patient Experience Surveys and Privacy, Dignity and Respect audits • Perform additional surveys for Young People, patients with HIV, patients accessing Psychosexual Therapy • Signpost patients to the most relevant pathway/service to ensure excellent care
C2. Our Staff To value, reward and develop our staff	• Support staff to attend study leave, engage in training (clinical and leadership), share learning and participate in clinical supervision as identified in PDP • Clinical Leads to have allocated time in their job plans to perform their role • All staff (clinical and non-clinical) to receive feedback through 360, and compliments (verbal or written) are communicated and success is celebrated • Arrange away staff development days and staff meetings to involve, educate and network staff to meet service delivery requirements • Support staff to develop their skills to ensure continuous quality improvement and to meet service delivery requirements. e.g. some of our nurses are Non-Medical Prescribers, can fit coils and perform Ultrasound scans in early pregnancy

Objective	Key Deliverables in 2012/13
C3. Operations To deliver service and financial performance and cost improvement programmes safely and confidently	• Service is innovative and consistently reviews processes to maximise efficiencies and patient experience (e.g. touchscreen self-registration kiosks) • Pathways streamlined to ensure best patient experience (e.g. revising our Unplanned Pregnancy pathways to reduce the number of visits) • Complete care in a 'one stop shop' which avoids repeated visits and increases patient satisfaction e.g. assess and fit LARC at same clinic visit • Provide holistic care, including health promotion, Chlamydia Screening, Implementation Intention Formation, language difficulties, Risk Assessments for Young People, training of clinical staff • Audits against NICE Guidance for Long Acting Reversible Contraception • Evidence clinical outcomes, e.g. appropriate recording of BP and BMI for all Combined Hormonal Contraceptive prescriptions, recording of Batch Numbers and Expiry Dates for all drugs issued, medication issued under Patient Group Direction, offering of Chlamydia Screening, completion of Risk Assessments, Chaperones offered, Verbal Consent obtained, TOP complications, Condoms card offered • Active audit plan in place
C4. Commercial Relationships To strengthen our commercial position and business resilience through relationship management, partnerships and collaboration	• Pathways in place for integrated care • Interface successfully (email, telephone, meetings) with Primary and Secondary Care, both in sharing patient care and best practice/protocol, and providing advice to clinical queries • Support GPs (advice and training) who are signed up to the Sexual Health LES • Awareness of financial opportunities, e.g. introduction of Deep Implant Removal Service charged at 'Carpal Tunnel Release' rate
D. Adult Mental Health Services (including Substance Misuse Services)	
D1. Recovery To demonstrate improvements in recovery orientated services.	• Reduced Acute Pathway episodes (10%) • Increase community contacts (10%) • 90% of Service users report that they agree or strongly agree that they can identify a positive change since starting treatment. • Achievement of recovery specific targets (SMS)

Objective	Key Deliverables in 2012/13
D2. Care Planning To ensure service users are leading their care through involvement in care planning.	• 95% of service users having a signed care plan • A range of evidence that service users are involved in decision making; CQC feedback, Audits, Patient surveys.
D3.Partnership working To have effective partnership working within and outside the service	• Seamless interface between CMHT and ACP, demonstrated by 90% of service users allocated a care coordinator within 72 hours of request. • Develop on links to support service users back into education and or employment; eg; Job Centre Plus • Exceed commissioned targets linked to employment. • Review Dual diagnosis pathway. • Referrers only required to make one contact with service, once referral received AMH ensures it reaches the correct teams.
D4. Supervision / IPR To ensure a robust supervision / IPR structure is in place to meet the needs of staff	• 85% of staff in date with IPR and receiving regular supervision by Oct 2012. • Review of training opportunities available to staff to ensure that a minimum of 3 bespoke training events are delivered to meet needs of a range of staff
D5. Staff Sickness To reduce staff sickness through full utilisation of HR processes	• AMH / SMS to achieve 3% staff sickness across the service. • Each clinic area to identify a sickness reduction target to achieve.
D6. Clinical Governance To have an effective system of Clinical Governance that supports effective practice whilst ensuring evidence for compliance with CQC standards	• Clinical governance agenda demonstrating the role of governance in day to day practice. • Each team having a method of evidence collection, where evidence is available at 4 points throughout the year. • CQC inspections rate service as complying with standards.
D7. Financial Performance To ensure each service to achieve CRES savings plans for 2012/13	• Savings plans achieved across the service without determinately effecting commissioned targets and quality.
D8. Service Provision To ensure service users experience no drop in the quality of service provision during and after the AMH Community Transformation	• 100% of service users report that they have not noticed any negative change or loss in any parts of their care that can be attributed to the project.
D9. Service Reputation To ensure all services participate in national accreditation programmes where available	• Mental Health Liaison team to achieve reaccreditation within PLAN. • Orchards inpatient ward to work towards accreditation within AIMS.

Objective	Key Deliverables in 2012/13
D10. Performance SMS to work to achieve all performance targets for 2012/13 financial year	• All targets achieved to full satisfaction of commissioners.

G) Board Statement on Quality Governance

The Solent NHS Trust Board has overall responsibility for the scrutiny of the Trust's quality and clinical governance agenda and outcomes and for meeting all statutory requirements. The Board leads and directs quality and its governance through a combination of structures and processes at and below Board level. The clinical leadership structure (medical and non-medical) at Divisional level empowers the design and delivery of safe and effective high quality services at divisional and service levels. Patient Safety and Quality are high on the Board agenda and have focus and priority in the Business Assurance Framework (BAF) and SIC.

The Board achieves this through systems such as, but not exclusive to: the scrutiny of reports in respect of performance, outcomes and risk presented to Board, listening to stories from people who use our services and staff who deliver them through various methodologies including Board-to-Floor walkabouts.

Quality is safeguarded by external accreditation including CQC registration, NPSA, external and internal audit. Solent NHS Trust will simplify the policy and delivery landscape, aligning and re-enforcing shared priorities, and provide the appropriate balance between performance management and continuous improvement.

The Trust's quality governance framework establishes a shared understanding of quality and a commitment to place it at the heart of all business. The Trust will adopt the four component parts of Monitor's Quality Governance Framework as part of its continuous cycle of assurance:

- Strategy
- Process and Structures
- Capability and Culture
- Measurement

The arrangements for quality governance will complement and be fully integrated with all the other governance arrangements in place to ensure the Board is competent in fulfilling all of its statutory responsibilities. Correct processes and levers are in place to assure the executive team of a robust and credible reporting structure which will support the organisation throughout the Foundation Trust application pipeline.

Ultimately, the Trust Board is responsible for the quality of care delivered across all services provided by Solent NHS Trust, however responsibility will be delegated right through to individual staff members ensuring that quality improvement becomes the 'Golden Thread' in everything that the organisation does.

The Board will create a culture of openness and transparency in all dealings with customers from the ward to the board. All Managers will be expected to continuously improve care by listening to service users and learning from mistakes. Engagement and involvement of staff and patients at all levels will ensure that areas for improvement are continuously identified.

The Trust's Quality Account is Solent's annual public report on quality with the key objectives agreed and commented on by all internal and external stakeholders

Section 4 Regulatory Requirements

Table 8 Key Regulatory Risks

Key Regulatory risks	Key Lead	Nature of risk	Actions to rectify/mitigate and responsibilities	Measures 2012/13 2013/14 2014/15
CQC Registration Compliance – maintenance of registration for existing services	Judy Hillier	The Trust is currently registered without conditions; however there is a risk that the Trust could potentially breach aspects of its registration in year.	Monthly review of CQC compliance to the Assurance Committee (which then reports to the Board) – Judy Hillier	Ongoing
CQC Registration Compliance – for new business	Judy Hillier	Ensuring that plans to ensure CQC registration is factored in at an early stage into programme management governance processes	Enhance Programme Management Governance arrangements reporting through to the Trust using the Quality Impact Assessment tool. Trust Management Team meeting, to ensure that key regulatory compliance requirements associated with new business are incorporated and monitored – Judy Hillier	Ongoing
CQC Compliance – Fit for purpose estate	Judy Hillier / Ted Griggs	Failure to maintain estate to required standard (Dependent on whether estate transfers)	Planned preventative maintenance programme implemented with capital investment aligned. Monitoring safety and compliance for the organisation as the client via the Health and Safety subcommittee Strategic Estates Group to monitor programme	Ongoing
Quality Accounts	Judy Hillier	Failure to comply with objectives set by internal and external stakeholders	Monitoring via a bi-monthly Quality Account dashboard to measure progress against KPIs via Assurance Sub-Committee – Judy Hillier	Ongoing

Key Regulatory risks	Key Lead	Nature of risk	Actions to rectify/mitigate and responsibilities	Measures 2012/13 2013/14 2014/15
Monitor's Quality Governance Framework	Judy Hillier	Failure to meet the requirements of the quality governance framework and continuously improve quality of care	Bi-monthly monitoring of KPIs via Assurance Sub-Committee Quarterly monitoring of CQC Quality Review Process (QRP) to Board	Achieve Amber/Green or Green rating each year.
Monitor's: • Financial Risk Rating • Governance Risk Rating	Michael Parr – Finance Judy Hillier & Rachel Cheal – Governance	There is a risk that the Trust does not score green for the FRR and GRR	Self assessment via the Performance Assurance Framework in shadow form for 2012/13. FFR is reported each month to Board via Finance Report.	Shadow score FRR and GRR in PAF (2012/13) Green reporting of FRR and GRR for 2013/14 & 2014/15
Information Governance Toolkit	Michael Parr (Shelley Brown)	There is a risk that the Trust does not achieve the required Level 2 IG Toolkit score	Action plan to address key risk areas. IM&T and IG Subcommittee established to monitor action plan – reporting to the Trust Management Team Meeting. Scheduled updates on IG at Board.	All requirements for L2 met 2013/14 – all requirements for L2 met 2014/15 – all requirements for L2 met
Compliance with mandatory and commissioner KPIs/indicators (e.g. national targets and agreed contractual KPIs)	Dave Meehan – Operations Michael Parr – Contracting	Failure to meet mandatory targets	Weekly performance meetings. Development of integrated dashboards	All KPIs green for all 3 years. Integrated dashboards developed - ongoing
		Lack of IT system to support performance management and reporting agenda	Implementation of IT Strategy –procurement of suitable IT solution for performance monitoring/managing system a priority.	2012/13 – procure performance reporting tool 2013/14 & 2014/15 timely, accurate & complete reports and dashboards
Recruitment of Members	Sarah Austin	Failure to meet the required membership targets	Membership Strategy & implementation plan. Targeted recruitment to ensure representative membership across constituencies. Monitoring and	Quarterly membership Targets (Public): Jan –Mar: 1400 Apr-Jun:2190 Jul-Sep: 3050 Oct-Dec: 3740

Key Regulatory risks	Key Lead	Nature of risk	Actions to rectify/mitigate and responsibilities	Measures 2012/13 2013/14 2014/15
			reporting via the Membership Steering Group and FT Subcommittee.	
Election of Governors	Rachel Cheal	Failure to elect the minimum number of governors to establish the Council of Governors	Membership Strategy & implementation plan. Governor project plan – details promotional activity to encourage nominees, and nominee briefings.	2012/13 Council of Governors established with 25 Governors.
		Elections not held in accordance with model election rules	UK Engage appointed to conduct the independent administration of elections in accordance with Model election rules.	Elections held in accordance with MER 2012/13
Financial Stability, profitability & liquidity – potential fines	Michael Parr	Failure to meet contracted performance could result in financial penalties (inc. non performance/non achievement of agreed KPI or variations in agreed trajectories, failure to deliver CIP plan).	Weekly Performance Group chaired by DoF and COO reporting back to CEO Improved Contracting regards rationalisation of KPIs, service reviews, etc Stronger position on QIPP % & Proportionality of fines Improved Performance Management Software Finance Committee Chaired by NEDs with CEO & DoF in attendance	Set up Jan-12 Feb-12 Negotiation Capital Investment and Implementation Q1 2012-13 Set up Nov-11

A) Board Declaration of CQC compliance

The Board can declare full compliance with all CQC registration requirements; there are no identified areas for improvement in 12/13 in respect of compliance.

In 2011/12 the Trust had a number of unannounced CQC MHAC visits to the adult and older persons mental health services and whilst no quality assurance issues were identified, the minor operational issues were addressed and learning integrated into the organisational continuous improvement plan. The single community based CQC unannounced visit (Podiatry services in 2011/12) identified excellent practice in place.

Section 5: Leadership and Governance

Table 9 Leadership and Governance Priorities

Key leadership and governance priorities	Key Lead	Key risks (and gaps)	Action to rectify/mitigate	Milestones 2012/13 2013/14 2014/15
Ensure the Board has the key skills to deliver the Strategic Objectives and Annual Objectives	Ros Tolcher/ Alistair Stokes	Any gap in board capability would undermine delivery of the Trust's objectives or public confidence	Board Development programme being implemented KPMG review of board effectiveness (2010) used to inform board development programme and appointment of new NEDs and EDs Continually assess Board skills requirement and address needs as identified	Delivery of Board Development Programme 2012/13 Ongoing achievement of PDP and objectives as reviewed in appraisal process Board effectiveness and contribution to Board objectives reviewed at appraisal of EDs annually
Stability of the Board	Ros Tolcher / Alistair Stokes	A high rate of turnover in board members would undermine progress and delivery of strategic plan	Succession plans to be developed to ensure if Board members do leave, appropriate successors are recruited in a timely manner (and viable interim arrangements can be made) to ensure composition of Board is maintained and correct skills mix	2012/13 delivery of succession plan – and ongoing review/refresh as appropriate Appoint to vacant roles as necessary
Development & use of Board Assurance Framework	Ros Tolcher	Failure to utilise BAF appropriately - gaps in assurances/controls do not drive the Board agenda	Strengthen Board understanding of purpose of the BAF Monthly statement of affirmation from Board	2012/13 – Board briefing on BAF Ongoing evidenced consideration of identified gaps within Board minutes

Key leadership and governance priorities	Key Lead	Key risks (and gaps)	Action to rectify/mitigate	Milestones 2012/13 2013/14 2014/15
			BAF used to direct monthly board agenda planning	
Organisational Development and delivery of OD Strategy/Plan	Julie Pennycook	Risk of non-delivery of goals identified against the three strategic aims	Delivery action plan to be prepared and performance managed through Workforce & Development Sub-Committee	Delivery of action plan
Establish governance arrangements incorporating establishment of Council of Governors	Rachel Cheal	Risk that Board and CoG is unclear on roles and responsibilities	Governor project plan Board briefing at workshop on 23rd Jan 2012 Governance Arrangements document planned which will detail the Trust's governance structure	2012/13 – Delivery against key milestones in governor project plan Deliver Board briefing. Develop 'Governance Arrangements' document
Implementation of new workforce structure to meet CIP plan targets	Julie Pennycook	Failure to implement changes and or meet CIP plan targets	CIP implementation plan to be prepared and performance managed	Delivery of implementation plan

Appendices

Appendix A: Detailed Finance Summary

	Mar - 13
Revenue	
Protected/Mandatory Clinical Revenue (Block)	151.5
Protected/Mandatory Clinical Revenue (C&VC)	0.9
Protected/Mandatory Clinical Income (Other)	9.2
Other revenue	21.7
Non recurring revenue	
Total revenue	**183.3**
Expenses	
Employee Benefit Expenses	(122.8)
Non-Employee Benefit Expenses	(59.1)
Secondary Commissioning Expenses	
Non recurring expenses	
Total Expenses	**(182.0)**
Normalised EBITDA	**1.3**
EBITDA Margin (%)	1%
Normalised Net Surplus/(Deficit)	**0.8**
Reported net surplus margin (%)	0.4%
Cashflow from Operations	(5.0)
Capex	(2.6)
Cashflow before Financing	(7.6)
Net Cash Inflow / (Outflow)	(7.6)
Year End Balance Sheet cash position	4.1
Net current assets / (liabilities)	0.2
Overall Risk Rating	2.0

Appendix B: Cost Improvement Plans

Scheme name	Project Lead	Savings in 2012-13				RAG rating	Workforce impact (WTE)
		Pay expenditu	Non-pay expenditure	Misc income	Total saving		
CAMHS Productivity	Anne Fleming/Barbara Inkson	319	5		324	A	11.11
Disability & Complex needs Productivity	Angela Anderson/Jamie Schofield	105			105	A	2.77
Sexual Health Productivity	Sally Pastellas		75		75	A	
Sexual Health Transformation	Sally Pastellas	600			600	A	3.00
Health Promotion Productivity	Glenn Turner	60			60	G	1.50
Child & Family mobile working	Dave Meehan	383			383	A	10.00
Child & Family Productivity	Dave Meehan	82			82	A	2.20
HIV/LARC/HPV Productivity	Dave Meehan		500		500	A	
Child & Family management restructure	Dave Meehan	548			548	A	12.00
AMH Transformation	Kieran Kinsella	633			633	G	8.00
AMH Productivity	Don Muvuti	620			620	G	44.00
Substance Misuse Transformation	Dawn Roberts	45	175		220	G	1.00
SPA Transformation	Matthew Hall	785			785	G	26.10
SPA Productivity	Matthew Hall	10			10	G	0.30
OOHs Transformation	Matthew Hall	700			700	G	13.00
Mental Health mobile working	Dave Meehan	92			92	A	2.50
Mental Health Productivity	Dave Meehan	57			57	A	1.50
LTC Productivity	Dave Meehan	50	200		250	A	1.70
Primary Care Productivity	Mike Townson	20			20	G	1.00
Community Equipment Productivity	Lin Burton		25		25	G	
Health Centres Productivity	Toni French		137		137	G	
S&LT Productivity	Pippa Cook	40			40	A	
Podiatry Productivity	Mike Townson	35	15		50	G	1.00
Podiatry Income Generation	Mike Townson			50	50	A	
Physio Productivity	Christine Hayward	195			195	G	2.00
Offender Health Productivity	Jo Pinhorne	545	20		565	G	7.70
Outpatients Productivity		23			23	G	1.00
Primary Care Income Generation	Jo Pinhorne			10	10	A	
John pounds Productivity	Dave Meehan	250			250	A	
Physio Income Generation	Christine Hayward			15	15	A	
Prof & Spec Services Management restructu	Dave Meehan	1,234			1,234	G	34.75
Wheelchair service Productivity	Dave Meehan		100		100	A	
Prof & Spec Svcs sicknbess management	Dave Meehan	49			49	A	1.30
Adult Community Healthcare Transformatio	Jackie Chalwin	50			50	A	1.00
Adult Community Healthcare Productivity	Jackie Chalwin	154	10		164	A	1.50
Inpatient Services Productivity	Ellen McNicholas		20		20	A	
OPMH Productivity	Maggie Vilkas	157			157	G	6.50
LD/Neuro Rehab Productivity	Ged Kearney	150			150	A	3.50
Adult services mobile working	Dave Meehan	525			525	A	14.00
Adult services sickness management	Dave Meehan	146			146	A	3.90
Adult services productivity	Dave Meehan	108			108	A	2.90
Adult management restructure	Dave Meehan	1,104			1,104	G	25.59
Estates	Ted Griggs	353	277		630	A	
Corporate Management Costs	Michael Parr	937			937	G	18.57
Procurement	Michael Parr		550		550	A	
					-		
Unidentified					-		
					-		
TOTAL SAVINGS		11,164	2,109	75	13,348		266.89

Appendix C Membership Return at 16th February 2012

Membership Size and Movements

	2011/12
Public Constituency	
At year start (April 1)[1]	0
New Members	1084
Members leaving[2]	43
At year end (31 March)	1041
Staff Constituency	
At year start (April 1)	0
New Members	3670
Members leaving	0
At year end (31 March)	3670

Analysis of membership at 31 March 2012

Public Constituency	**31 Mar 2012 members**	**Eligible Membership**
Age		
0-16	11	339,255
17-21	147	118,588
22+	879	1,288,703
Unknown	4	
Ethnicity		
White	852	1,590,466
Mixed	10	13,751
Asian or Asian British	59	22,030
Black or Black British	18	6,549
Other	16	11,438
Unknown	86	
Socio-economic groupings		
ABC1	562	617,610
C2	183	190,204
D	216	180,628
E	79	44,181
Unknown	1	
Gender		
Male	394	860,824
Female	646	885,723
Unknown	1	
Staff Constituency		
Members	3670	3675

[1] Membership recruitment commenced in June 2012
[2] This cohort of patients moved from patient to public category as Trust decision to retain public category only

Appendix D Directors (as at 1st January 2012)

Role	Job Title	Name of Director	Tenure	Date appointed
Chair	Chairman	Alistair Stokes	Office Holder	01/04/10
Chief Executive	Chief Executive Officer	Ros Tolcher	Without Limit	01/04/11
Director of Finance	Director of Finance and Performance	Michael Parr	Without Limit	01/07/11
Medical Director	Medical Director	Tony Snell	Without Limit	25/07/11
Other Board Director	Director of Nursing and Quality	Judy Hillier	Without Limit	01/04/10
Other Board Director	Chief Operating Officer and Deputy Chief Executive	David Meehan	Without Limit	13/11/92
NED	Non Executive Director	Michael Tutt	Office Holder	01/04/10
NED	Non Executive Director	Elizabeth Bailey	Office Holder	01/04/11
NED	Non Executive Director	Barry Neaves	Office Holder	01/04/11
NED	Non Executive Director	Brad Roynon	Office Holder	01/03/11
NED	Non Executive Director	David Griffiths	Office Holder	01/04/11

Operational Directors

Other Director	Director of Strategy	Sarah Austin	Without Limit	28/11/11
Other Director	Director of HR and OD	Julie Pennycook	Without Limit	01/01/08