NHS
Gloucestershire Hospitals
NHS Foundation Trust

Operational Plan

2019/20

Executive Summary

Context

Gloucestershire Hospitals NHS Foundation Trust is one of the largest hospital trusts in the country and provides high quality acute elective and specialist health care for a population of more than 612,000 people.

Our Approach

This document details our planning assumptions and priorities for 2019/20. It is the first operating plan to be issued as part of our new Strategic Plan (2019-24).

High quality care and financial stewardship go hand in hand, and our operational, transformational and cost improvement work continues to drive our financial recovery.

Key elements of the plan

The plan:

- sets out our key achievements of last year, and subsequent priorities for 2019/20, including how we will continue working towards recovering the financial position
- identifies how we will deliver our quality priorities which meet the national requirements and the expectations of local stakeholders
- provides assurance in relation to the progress towards delivering performance against national standards
- sets out our approach to workforce planning
- identifies the key risks to delivery of the plan and the planned mitigations
- provides an overview of how our plans and work fit with our local Integrated Care System (ICS)

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1. Background and Context

Introduction

Gloucestershire Hospitals NHS Foundation Trust is one of the largest hospital trusts in the country and provides high quality acute, elective and specialist health care for a population of more than 612,000 people. Our population is expected to rise to 662,100 by 2035, with a disproportionately increasing number living with limiting long term conditions.

Our hospitals are district general hospitals with a great tradition of providing high quality services; some specialist departments are concentrated at either Cheltenham General Hospital or Gloucestershire Royal Hospital, so that we can make the best use of our expertise and specialist equipment.

High quality care and financial stewardship go hand in hand, and our operational, transformational and cost improvement work continues to drive our financial recovery.

In November 2018 we exited special measures relating to our financial position due to the improved governance of our financial management. Despite this, and delivery of significant cost improvements over the last three years, we are still operating with a legacy financial deficit. High quality care and financial stewardship go hand in hand, and our operational, transformational and cost improvement work continues to drive our financial recovery.

Our Vision

Best Care for Everyone

Our Purpose

To improve the health, wellbeing and experience of the people we serve by delivering outstanding

Trust Overview	
Local population:	612,000
Employees (av.):	7,800
District General Hospitals:	2
Inpatient wards	44
Adult Inpatient beds:	902
Day Case beds:	126
Children's beds:	39
Escalation capacity:	58
Operational (2016/17)	
ED attendances:	141,326
Inpatient admissions:	155,844
Outpatient appointments:	696,128
Babies born:	9,317
Financial	
2017/18 revenue:	£498.4m
2017/18 reported deficit:	£33.0m
2018/19 planned deficit:	£18.8m
2018/19 forecast deficit:	£29.6m

Context

The Trust operates within the Gloucestershire health and social care system alongside partner organisations including Gloucestershire Clinical Commissioning Group (GCCG), Gloucestershire Care Services NHS Trust (community services), 2Gether NHS Foundation Trust (mental health services), South West Ambulance Trust (SWAST), GP surgeries, and Gloucestershire County Council. Collectively these partner organisations form the *One Gloucestershire* Integrated Care System (ICS). This operating plan is consistent with the *One Gloucestershire* ICS and the anticipated impact and benefits of the ICS plan have been incorporated into our planning assumptions.

Achievements last year that lay the foundations for this year

Our Strategic Objectives	Progress 2018/19
Our Patients will… ➢ Be safe in our care ➢ Be treated with care and compassion ➢ Be treated promptly with no delays ➢ Want to recommend us to others **By April 2019 we will…** ➢ Be rated good overall by the CQC ➢ Be rated outstanding in the domain of Caring by the CQC ➢ Meet all national access standards ➢ Have a hospital standardised mortality ratio of below 100 ➢ Have more than 35% of our patients sending us a family friendly test response, and of these 93% would recommend us to their family and friends ➢ Have improved the experience in our outpatients departments, reducing complaints to less than 30 per month	➢ CQC overall rating 'Good' announced February 2019 ➢ CQC 'Caring' domain all rated as 'Good' with 'Outstanding' Critical Care ➢ A&E 4-hour wait standard – sustained position in Segment 2. Performance at >90% sustained throughout the year placing us in the upper quartile of Trusts nationally ➢ RTT reporting recovery plan delivered January 2019 ➢ Hospital standardised mortality ratio below 100 achieved in 2018 and maintained ➢ Diagnostics 6 week standard met – to be sustained to continue meeting national standards ➢ Focused work continues to identify themes and trends in outpatient complaints, for action in the Outpatients programme plan and operational management
Our Staff will… ➢ Put patients first ➢ Feel valued and involved ➢ Want to improve ➢ Recommend us as a place to work ➢ Feel confident and secure in raising concerns **By April 2019 we will…** ➢ Have an Engagement Score in the Staff Survey of at least 3.9 ➢ Have a staff turnover rate of less than 11% ➢ Have a minimum of 65% of our staff recommending us as a place to work through the staff survey ➢ Have trained a further 900 bronze, 70 silver and 45 gold quality improvement coaches ➢ Be recognised as taking positive action on health and wellbeing, by 95% of our staff responding *Definitely* or *To some extent* in the staff survey	➢ New talent management system launched ➢ Nurse Associate, advanced clinical practice and apprentice roles implemented/further rolled out ➢ Finance and HR establishment records being reconciled ➢ GSQIA programme – further regular cohorts of Bronze training and Silver programmes, exceeding stated objective. Two further Gold Coaching cohorts launched ➢ 'One stop shop' for staff health and wellbeing scoped and in development for launch May 2019

Our Strategic Objectives	Progress 2018/19
Our Services will… ➢ Make best use of our two sites ➢ Be organised to deliver centres of excellence for our population ➢ Promote health alongside treating illness ➢ Use technology to improve **By April 2019 we will…** ➢ Have implemented a model for urgent care that ensures people are treated in centres with the very best expertise and facilities to maximise their chances of survival and recovery ➢ Have systems in place to allow clinicians to request and review tests and prescribe electronically ➢ Rolled our *Getting It Right First Time (GIRFT)* standards across target specialties and be fully compliant in at least two clinical services ➢ Have staff in all clinical areas trained to support patients make healthy choices	➢ New Clinical Model Strategic Outline Case developed ➢ New cancer centre of excellence health planning completed ➢ Allocated £39.5m strategic site development funding; planning in progress ➢ TrakCare governance further strengthened; CDIO appointed to Board, TrakCare Recovery progressing as planned; RTT reporting reinstated ➢ Reconfiguration of Gastroenterology services as part of winter planning ➢ Several hundred staff trained to support patients making healthy choices; training programme to continue, and initiative to link to wider system opportunities
Our Organisation will… ➢ Use our resources efficiently ➢ Use our resources effectively ➢ Be one of the best performing trusts ➢ Be considered to be a good partner in the health and wider community **By April 2019 we will…** ➢ Show an improved financial position ➢ Be among the top 25% of trusts for efficiency ➢ Have worked with partners in the Sustainability and Transformation Partnership to create integrated teams for respiratory, musculoskeletal conditions and leg ulcers ➢ Be no longer subject to regulatory action ➢ Be in segment 2 (targeted support) of the NHSI Single Oversight Framework	➢ Exited Financial Special Measures regulatory action in November 2018 ➢ Cost Improvement Programme (CIP) schemes being delivered; monitored through regular Division 'deep dives' with executives and PMO to increase and sustain pace ➢ Delivery of financial recovery against trajectory not favourable despite significant CIP ➢ Range of investment projects approved through new process to drive further quality and financial improvements ➢ Integration of respiratory teams commenced September 2018 and will continue through 2019/20. New MSK model progressing

Our new 2019-24 strategic objectives, developed through extensive engagement with our staff and partners and which our operational plans will work towards achieving, can be found on the next page.


Outstanding care
We are recognised for the excellence of care and treatment we deliver to our patients, evidenced by our CQC *Outstanding* rating and delivery of all NHS Constitution standards and pledges
Compassionate workforce
We have a compassionate, skilful and sustainable workforce, organised around the patient, that describes us as an outstanding employer who attracts, develops and retains the very best people
Quality improvement
Quality improvement is at the heart of everything we do; our staff feel empowered and equipped to do the very best for their patients and each other
Care without boundaries
We put patients, families and carers first to ensure that care is delivered and experienced in an integrated way in partnership with our health and social care partners
Involved people
Patients, the public and staff tell us that they feel involved in the planning, design and evaluation of our services
Centres of Excellence
We have established Centres of Excellence that provide urgent, planned and specialist care to the highest standards, and ensure as many Gloucestershire residents as possible receive care within the county
Financial balance
We are a Trust in financial balance, with a sustainable financial footing evidenced by our NHSI *Outstanding* rating for Use of Resources
Effective estate
We have developed our estate and work with our health and social care partners, to ensure services are accessible and delivered from the best possible facilities that miminise our environmental impact
Digital future
We use our electronic patient record system and other technology to drive safe, reliable and responsive care, and link to our partners in the health and social care system to ensure joined-up care
Driving research
We are research active, providing innovative and groundbreaking treatments; staff from all disciplines contribute to tomorrow's evidence base, enabling us to be one of the best University Hospitals in the UK
Our Values:
Caring
Listening
Excelling

2. Activity Plan

Predicting demand

We have worked with our commissioners to conduct capacity & demand planning, predicting growth as much as possible and including projections for known business or service developments. We have taken as many evidence-based factors into account including demographic changes, the impact of Integrated Care System solutions, and growth assumptions reviewed by our clinical teams and based on a shared assessment of growth with our commissioners.

Under normal circumstances we would use trend analysis of our Service Level Agreement Monitoring (SLAM) activity which reconciles to both contracting and billing data; however this has been hampered this year due to the recovery of our new information system TrakCare – this is the last year that we will have this issue. Instead we have agreed a methodology with our commissioners, based on workforce and previous years' activity and adjusted for known variation to provide trend analysis. We are confident our plans reflect our capacity to care for patients and meet demand for our services.

Growth for 2019/20 is assessed to be achievable within existing capacity. Ongoing modelling and analysis of capacity will be undertaken through the year to ensure we have sufficient capacity for variation in activity rather than just planning on averages.

Planning capacity

Activity plans are aligned to workforce plans; any additional non-recurring demand to deliver services (for example where demand is higher than anticipated) will be delivered by ad hoc capacity and productivity improvements such as reductions in both length of stay and delayed transfers of care, improving theatre productivity, and increasing outpatient utilisation. We have a detailed bed modelling tool which has been built with and validated by our Clinical Divisions and shared with our commissioners.

Our focus for mitigating as much increase to our bed base is as follows:

- Increasing the alternatives to admission within the wider health care system.
- Improving patient flow, including implementing pathways to stream patients to the most appropriate place in our hospitals to be assessed, triaged, diagnosed, treated and cared for.
- Reducing the number of patients who remain in our beds when they are medically fit through a range of system wide solutions.

At Divisional level, leaders are supported by their HR Business Partners to ensure that workforce planning is an integral part of their overall planning process, resulting in the development of workforce plans which support the service delivery intentions.

Area		Anticipated Growth
Unscheduled Care	A&E attendances	5.3%
	Non-elective admissions	0.78%
	Emergency assessments	2.0%
Planned Care	Elective admissions	1.4%
	Elective day cases	1.3%
	Outpatient attendances	2.7%*
	GP referrals	0.2%
Cancer	2 week wait referrals	11.9%
	62 day treatments	11.9%

** includes non-recurrent activity*

Delivery and Key Operational Milestones

A&E

The Emergency Care Programme Board continues to have oversight of a comprehensive action plan to deliver improvement in the Trust's A&E performance. All actions have Executive-level ownership and are supported by an intensive programme management framework involving key staff from all operational divisions and clinical leadership from A&E. This will increasingly focus on system-wide solutions in partnership with our commissioners and other providers in the area.

During 2018/19 these plans and activities significantly improved our performance under the 4 hour A&E standard, resulting in overall achievement of our 90% trajectory and performance for the year. We plan to sustain the performance through 2019/20, and have agreed a continued **90%** trajectory with NHS Improvement and our lead commissioner.

Planned Care and Referral To Treatment (RTT)

The number of patients on an incomplete pathway will be no higher in the corresponding period through to March 2020, subject to appropriate Commissioner investment in elective capacity.

We recommenced submitting RTT waiting lists at the end of 2018/19 as planned following our TrakCare recovery programme.

We have programmes of work in place to improve how efficiently we use our operating theatres (including modernisation), how we ensure efficient and safe flow of patients through our hospitals, and improvement in the use of our outpatient facilities and capacity. Any marginal additional activity will be delivered through the efficiencies these improvements generate, which we believe will also have benefits for staff work-life balance through, for example, revised shift patterns.

Cancer

Last year saw a growth in demand of **11.9%** and we do not anticipate this reducing, due to NICE guidance changes and the national strategy of finding more cancers earlier. Despite this we are planning to sustain delivery of **93%** against the national standard for 2 week waits in 2019/20.

Diagnostics

We are planning for **7.6%** growth in demand for Diagnostic testing, and we plan to sustain delivery of **99%** against the national standard for 6 week diagnostic tests. We have a robust set of plan in place to improve our 62-day cancer treatment performance, focusing on increasing our capacity to see and treat patients sooner, and managing existing risks and issues relating to these services.

Managing unplanned change in demand, and our winter plan

Our plans assume that there will be no additional funding for winter pressures in 2019/20. Any seasonal fluctuations in activity are built into our plans for the year.

Last year we invested in a range of fixed-term initiatives to help us accommodate the additional pressures that winter brings the NHS, primarily to ensure we could temporarily increase our capacity. We also identified further emergency beds should we encounter an internal major incident. In 2019/20 we will review the impact of these and other initiatives to determine which should be planned earlier for this winter in collaboration with system partners in the *One Gloucestershire* ICS.

In 2019/20, as an Integrated Care System, we will be consulting with partners and the public on our preferred clinical model for unplanned care (urgent and emergency) and planned care across Gloucestershire. This will include our preferred future configuration of acute care services across our hospitals.

3. Quality Plan

We carry out our services and treat patients under a single shared view of quality – this means that we share the National Quality Board's 'Shared Commitment to Quality' as agreed by the Department of Health, Public Health England, NHS England, NHS Improvement, the Care Quality Commission, and the National Institute of Care Excellence (NICE). Our quality priorities are consistent with the *One Gloucestershire* STP.

Our Director of Quality and Chief Nurse is the executive lead responsible for quality in the Trust, and is our Director of Infection Prevention and Control.

Our quality priorities for 2019/20

Priority quality indicator goals 2019/2020	Why we have chosen this indicator
WELL LED	
Continuing and the development of quality improvement through the roll out of the new quality framework supported by Gloucestershire Safety and Quality Improvement Academy (GSQIA) and the Quality Team	To further embed our QI approach to enable us to be rated as a good and then outstanding organisation by CQC. CQC were impressed with our overall QI approach.
EXPERIENCE (Enhancing feedback to influence care and service development)	
Bullying and harassment (Freedom to Speak Up)	Staff have recommended this as an area. This is an area that staff have indicated that they would like us to improve and after our consultation for our speaking up strategy and our results of our speaking up survey.
Safe and proactive discharge (Inpatient survey)	Our national inpatient survey indicates this as an area of improvement and our local data supports this.
Cancer patient experience improvement (Cancer Survey)	In order to achieve an Outstanding rating for Cancer Services we want to co-ordinate our improvement work to where it is most needed.
Outpatients experience improvement	Our local data supports that this is an area for improvement.
Improving mental health care for our patients coming to our acute hospital	Our CQC feedback from our most recent inspection advises us that we can make improvements in this area. Our local data and The Long Term Plan supports that this is an area for improvement.
Real Time Surveys	Our staff would like access to more real time patient experience data.
SAFETY	
Enhance our safety culture within the organisation	National driver with the consultation for the national patient safety strategy and also the CQC Never Events report.
Staff experience improvement – Violence and aggression	Our staff tell us that this is an area where they would like to see an improvement.
Improving the learning from our investigation into our serious medication errors	Our local data supports this as an area of focus.

Priority quality indicator goals 2019/2020	Why we have chosen this indicator
CLINICAL EFFECTIVENESS / RESPONSIVENESS	
Improving our learning into action systems – including learning from national investigation reports as well as learning from our own local investigations (learning from deaths, complaints, Duty of Candour, serious incidents and legal claims).	National driver after Gosport Independent Panel findings. Our staff tells us that this is an area where they would like to see an improvement.
Preventing patients from deteriorating and delivering time critical care – (to include Stroke care, VTE and sepsis	National drivers – Long Term Plan. Local data supports that we need to fully embed our NEWS2 system and that the recognition, response and that we appropriately respond to our patients.
Improving our care for patients with diabetes	National Driver – Long Term Plan. Our local data supports that this is an area that we should focus on improvements.
Improving our dementia diagnosis and post diagnostic support for our patients and their carers	National drivers – Long Term Plan. Our local data supports that this is an area that we should focus on improvements.
Improve our nursing standards with Model Ward and continuation of Nursing Assessment and Accreditation Scheme (NAAS	Local data supports this as an area for improvement especially with the desire to be rated good and then outstanding by CQC.
Improving our infection prevention and control standards (reducing our Gram-negative blood stream infections by 50% by 2021)	National driver
Rolling out of Getting it Right First Time standards in targeted standards	National driver
Delivering the 10 standards for seven day services (especially 2, 8, 5, 6)	National driver; Board Assurance Framework; this should include the date by which we expect to achieve compliance and how links are being made between seven-day hospital services and improvements to patient flow, length of stay and patient outcomes

Our CQC reports continue to help us formulate and drive our quality improvement plan:

- Assurance – ensure *Outstanding*, *Good* or *Requires Improvement* are at least maintained
- Proactive – to take us to Outstanding, and will link integrally to the Gloucestershire Safety and Quality Improvement Academy.
- Responsive – Must Do and Should Do actions from our last CQC inspection that rated the Trust as Good overall (see table below – this is our baseline to start 2019/20:

Quality Improvement Plan - Must Do

Core Service	Findings	Actions	Executive Lead(s)
Urgent & Emergency Care	1	6	Medical Director
Medical Care	6	25	Director of Quality & Chief Nurse; Director of Corporate Governance; Chief Operating Officer; Director of Strategy & Transformation
Medical Care/Surgery	1	4	Director of Quality & Chief Nurse
Surgery	4	21	Director of Quality & Chief Nurse; Medical Director

Quality Improvement Plan – Should Do

Core Service	Findings	Responsible Lead(s)
Urgent & Emergency Care	12	Chief Operating Officer
Medical Care	9	Chief of Service for Medicine; Divisional Chief Nurse for Medicine; Deputy Chief Nurse; Director of Operations & Deputy Chief Operating Officer
Surgery	14	Associate Chief Nurse & Deputy Director of Infection Prevention & Control; Divisional Chief Nurse for Surgery; Director of Safety; Director of Operations & Deputy Chief Operating Officer
Outpatients	5	Matrons; Director of Operations & Deputy Chief Operating Officer

Quality Governance & Assurance

Quality drives our strategy and day-to-day work, and is reflected in our vision *Best Care for Everyone*. In 2018/19 we further developed our governance systems to provide greater clarity of the day-to-day delivery of quality in all our operational work. Quality outcomes are monitored through the Trust Board Assurance Framework, with a 'Ward to Board' approach of measurement.

In 2019/20 we will publish our new *Quality Strategy*, detailing our planned 'Journey To Outstanding'. Our Board Integrated Quality and Performance Report; this presents a comprehensive set of measures which align with the five CQC domains, including quality, workforce and finance. Our Quality and Performance Committee reviews an extensive range of quality measures including the Risk Register, Serious Incidents, Safer Staffing, safe care metrics, Quality Account updates, and *Getting It Right First Time* reviews. These measures are also used throughout our hospitals, including ward level where possible.

Our Quality Delivery Group is operationally focused on the delivery of quality across all services and reports by exception. The Group's value is that corporate and divisional teams can come together and share intelligence, agree action and monitor overall assurance on quality. The Group has a role in reviewing quality plans, metrics and indicators, and working with other committees to assess and manage risks and quality issues

Our Quality governance structure is shown on page 10.

Quality Impact Assessments

All service changes and improvements, including cost improvements, will continue to be subject to clinically-led Quality Impact Assessments (QIA), ensuring full regard for

service quality and patient safety. Our QIA approach is consistent with guidance from the National Quality Board, and enables us to ensure that there are no unintended consequences of decisions taken in other domains on quality. The QIA template is embedded in our documentation to support proposal identification and development, and business cases.

The process (see page 11) ensures all schemes, whether service development or efficiency, are reviewed by a Chief of Service and a Divisional Nursing Director and all large schemes are reviewed by the Director of Quality & Chief nurse, and the Medical Director. Quality metrics are identified at the outset of projects and prior to implementation of business plans so that the impact on quality can be monitored. The domains of our Quality Impact Assessment are:

- Clinical effectiveness
- Patient safety
- Patient experience
- Workforce
- Estates and facilities
- Legal and regulatory
- Reputation
- Environmental
- Equality and diversity
- Stakeholders

Embedding Quality Improvement

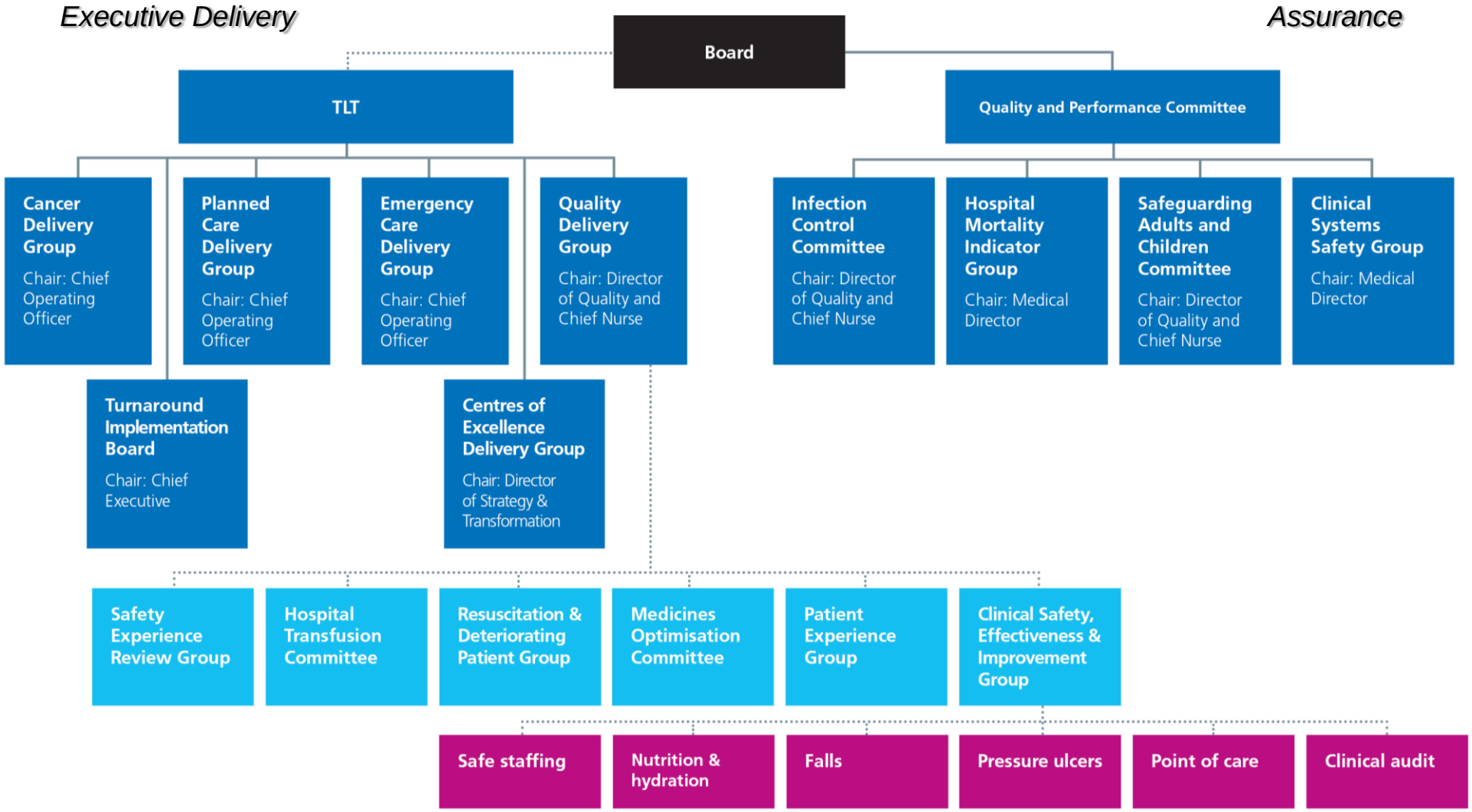
The Gloucestershire Safety & Quality Improvement Academy was established at Gloucestershire Hospitals NHS Foundation Trust in June 2015.

Our structured programmes will continue to contribute to the development of a culture of continuous quality improvement within our Trust, where staff at all levels have the confidence to highlight areas for improvement and then have the skills, knowledge and support to be able to implement improvements.

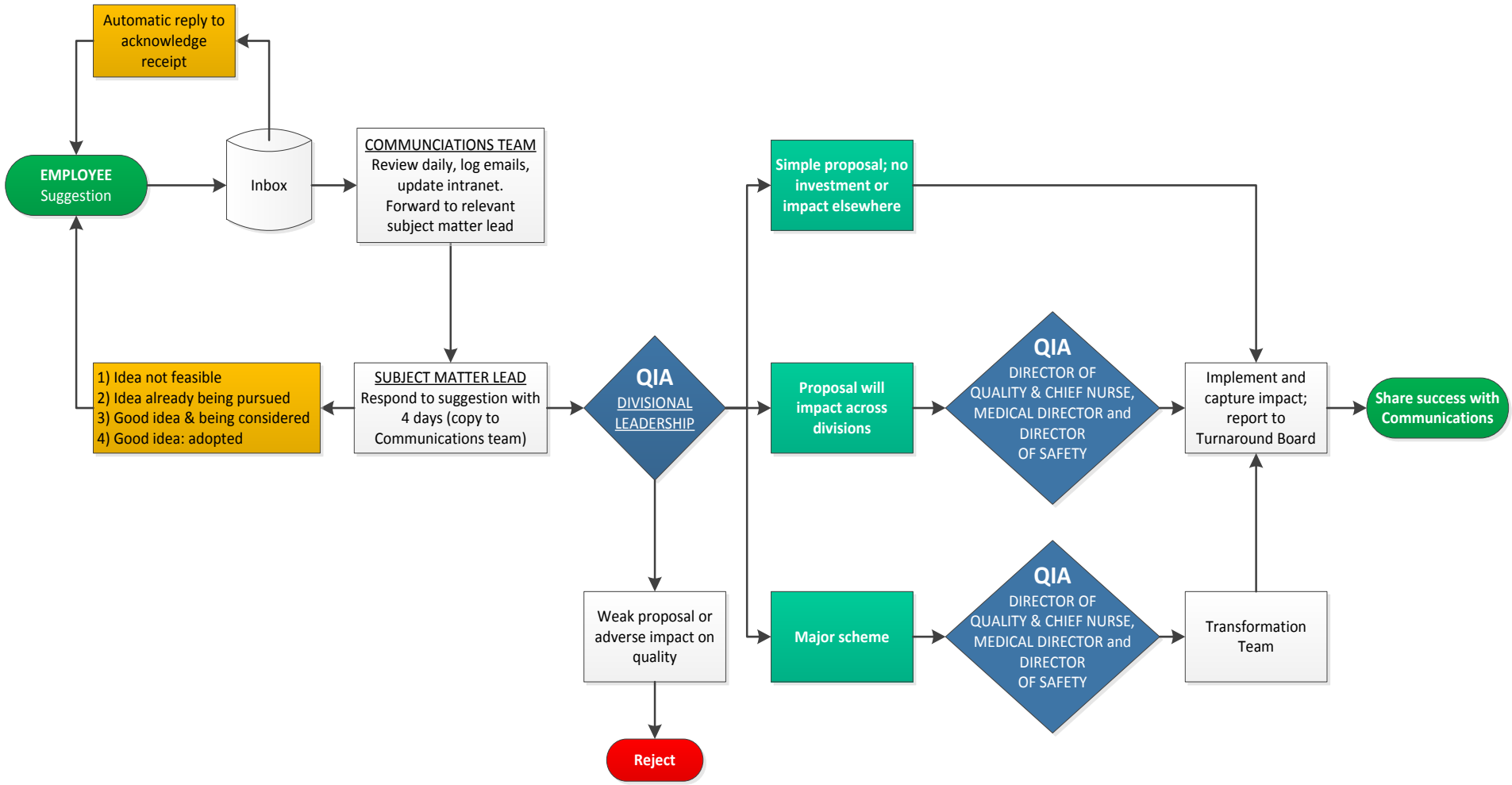
Through our courses, our staff are provided with the knowledge, the skills, the opportunity and the support to contribute to patient safety and to make practical improvements to the way we provide care in our hospitals.

The GSQIA programme structure can be found on page 12; more than 2,000 of our staff have completed one of the training programmes to date.

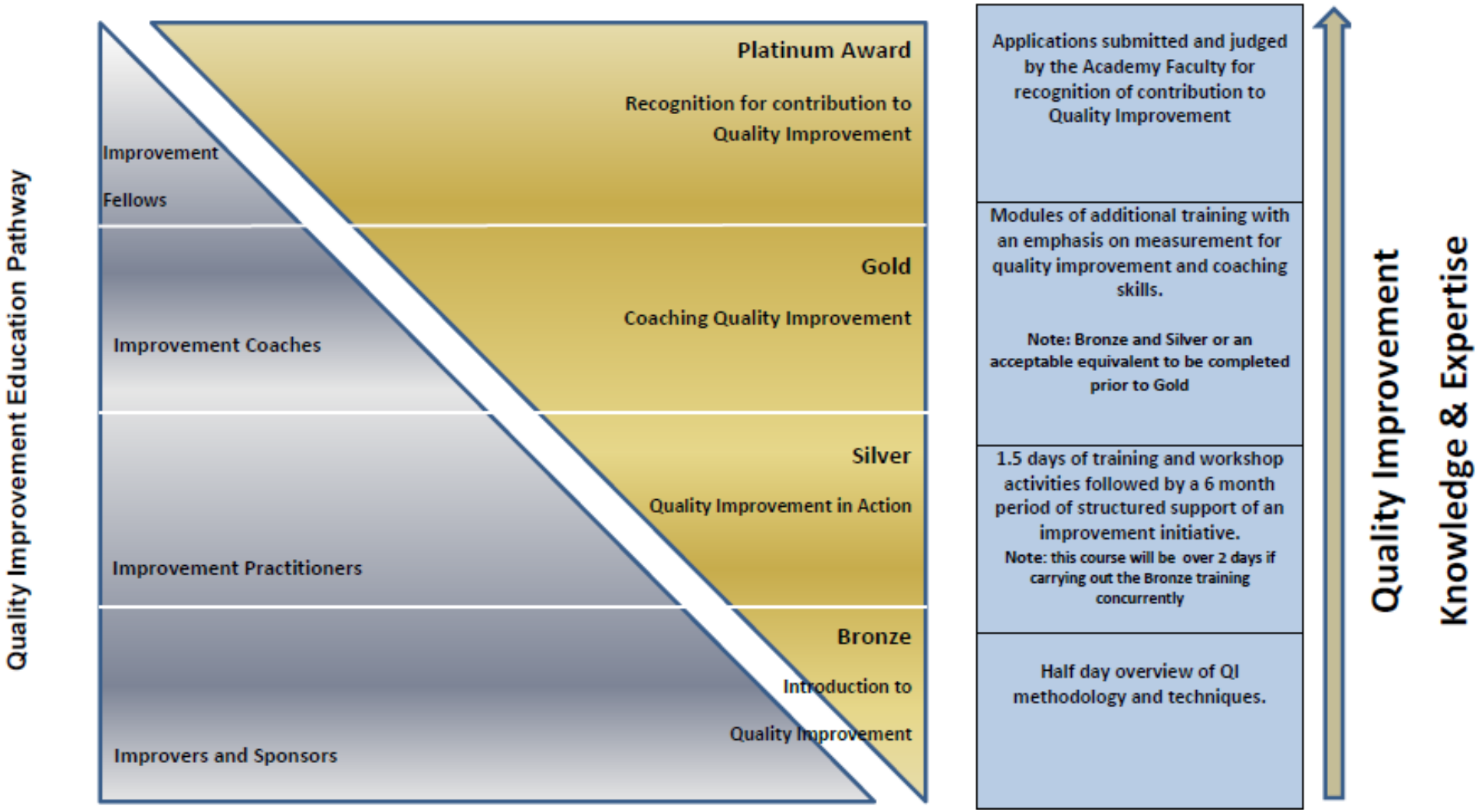
Our Quality Governance Structure



Our Quality impact Assessment (QIA) process



Our Gloucestershire Safety and Quality improvement Academy (GSQIA) programme



4. Workforce Plan

Workforce Strategy and Planning Methodology

Our *People and Organisational Development Strategy* will be published in 2019. Key to this strategy is our approach to workforce planning, ensuring we have clarity about where new members of staff will come from and how we develop and nurture staff who already work for us.

Our recruitment services, in partnership with operational managers, will continue to efficiently and effectively provide a pipeline of new staff across all professions, including apprenticeships at various levels. While rates vary by professional group, our overall staff turnover be maintained at or below **11%**.

We will remain focused on ensuring we have safe staffing both in terms of numbers and skill mix. Our Workforce Committee will monitor and challenge exceptions and deviations to our planned turnover rates, triangulating this with, for example, our sickness rates, staff survey results, and patient experience.

We will continue to lead and actively participate in the development of new types of roles both in anticipation of changing models of healthcare, and to address known national workforce gaps. This includes collaborating closely with our ICS partners towards a shared approach to recruitment and temporary staffing, and addressing the national gaps in some traditional roles with innovative advanced clinical roles and apprenticeships.

Workforce Challenges, Risks and Issues

Reflecting the national picture outlined in the NHS Long Term Plan, we face some challenges, risks and issues relating to our workforce supply, summarised below, all of which have detailed actions plans and initiatives in place:

Challenge, Risk or Issue	Response/mitigation
Risk of being unable to match recruitment needs with suitably qualified clinical staff, impacting on the delivery of strategic objectives	Recruitment & Retention Group and action plan. Alternative Role Development. Revised Workforce Planning process. Focus on staff retention priorities and hard-to-fill positions.
Risk of poor staff engagement and experience impacting retention, recruitment and patient experience	Triangulation of Staff and Patient Experience information. Engagement activities. Leadership development. Professional Development and Staff Recognition. Focus on Staff Health and Wellbeing. Equality, Diversity and Inclusion. Quality-led Initiatives.
Risk of staff in critical posts reducing additional capacity as a result of the reduced Annual Allowance tax threshold	Providing NHS Pension workshops to support understanding of the issue and individual Total Reward Statements, and encourage employees to seek independent financial advice. Assess likely risk areas/hotspots with support of clinical leads. Development of a Pension Recycle Policy to provide an alternative remuneration solution
Long term vacancies, notably in registered nursing posts, doctor in training posts, key consultant posts, radiographers and a number of therapist and healthcare scientist roles	A range of initiatives including: Increased recruitment to Trust Bank; develop alternative/innovative and advanced practice roles, overseas recruits, skill mix and dynamic safer staffing number reviews, more apprenticeship pathways, develop alternative pay frameworks an reward packages for staff in subsidiary company

Workforce Efficiency and Productivity

System Approach

The NHS Long Term Plan and the *One Gloucestershire* ICS will require significant adaptation of our patient pathways as we streamline processes, break down barriers and improve care. This will mean changes for staff across all the ICS organisations, and there will be real opportunities to find more efficient ways of working.

Internal Approach and Recruitment

Our Cost Improvement Programme (CIP) will continue to need significant support from workforce planning to develop and introduce new kinds of roles in the longer term, and support from our professional HR teams for current staff as we embark upon changes in the short term. We will also continue to retain appropriate scrutiny and control over our vacancies to ensure only posts within workforce plans, and exceptions to manage intolerable risks, are approved.

Our recruitment approach will include:

- Sourcing candidates via the NHS Jobs website (www.jobs.nhs.uk)
- Targeted advertising campaigns using social media platforms, professional network publications and job boards.
- Targeting sources of staff through college and university networks.
- Continue successful professional groups' recruitment open days.
- Reviewing our use of overseas recruitment.

Our Use of Agency

Despite significant reductions in spend on agency staff in the last two years we have continued to operate above the overall annual NHSI caps. In 2018/19 we reviewed our approach to staff rostering and the system that supports it, and began deploying a new, industry-leading solution that complies with all national and Trust requirements. This is crucial to ensuring as many of our shifts are worked by our own staff and support the Trust's range of initiatives to reduce the demand for expensive agency staff to a minimal level, as well as driving the cost of those workers down.

We have created a new internal bank (search Twitter for *#FlexibleOurs*) which attracts staff to work unfilled shifts; in 2019/20 we will focus on root causes of demand for agency staff such as unnecessary length of stay and inefficiencies in staff rotas, including medical staff. We will also continue to work closely with ICS partners to identify system-wide opportunities to reduce agency demand and spend.

Health and Wellbeing

Our 'one stop shop' for staff health and wellbeing launches in May 2019, offering a range of support including physical, emotional or financial wellbeing.

Workforce Transformation

A significant amount of our transformation effort needs to be prioritised in our workforce development within the ICS. This includes the following areas:

- Integrating roles and teams: Integrated Supervision for Specialist and Advancing Practice and Changing Roles to support bringing health and social care specialists together from across the different organisations.
- Multi-professional roles and teams: broaden the skills of the clinical workforce to work in professional diverse teams, including the development of an approved framework to support the development of new roles and services to deliver clinical priorities and pathways. Supporting advancing clinical practice through the provision of a 2 year Masters level modules.
- Mental Health: support the delivery of mental health crisis care within the urgent & emergency care pathway
- Maternity pathway: directly upskill frontline clinicians in psychological interventions and approaches.

- Self-care and prevention: better training to widen the pool of staff who can support our Enabling Activity Communities programme, working with people on improving their health and staying well.
- Leadership development: support and develop our staff to work with a quality improvement and system-focus;
- Workforce planning: support for increased workforce planning across system partners;
- Recruitment: joint initiatives to recruit for similar roles across ICS partners with a focus on improving diversity

To support both wider change and our own improvements, we will continue to expand and develop our new system of talent management, based on merit and our values. This will assist us in filling staff vacancies, ensure succession in our key roles, and provide development and career opportunities to improve staff retention and investment.

We will also continue to develop and embed new roles such as *Advanced Clinical Practitioners, Nurse Associates and Physician Associates*. By offering sustainable alternatives to roles with known supply challenges, these new roles will support the reduction in high cost agency expenditure and ensure the stability of our clinical services to patients.

We are also continuing our commitment to increase apprenticeship development and numbers as part of our model of workforce planning, maximising the apprenticeship levy to support workforce capability including leadership development.

Staff Engagement

We take pride in open and transparent communication, two way feedback and listening to our staff. Staff are actively encouraged to contribute to the Trust's decision making, and have made a real difference to shaping and delivering our strategic objectives and programmes of work that continuously improve patient care.

In a busy organisation of around 7,800 staff working across our different sites in a diverse range of services and professions, listening to and having conversations with our staff is critical. We will continue to ensure information sharing and all opportunities to capture staff opinion are taken; with this in mind a review of staff engagement models is being undertaken to identify how we can build upon our current practice.

Equality, Diversity and Inclusion

The principles of equality, diversity and inclusion are fundamental to the successful delivery of patient care and underpin our vision of 'Best Care for Everyone'. Equally applicable to our staff and volunteers as they are our service users, these are key enablers for an engaged, productive and safe workforce. The Trust is committed to demonstrating compliance with, and ultimately becoming an exemplar of, the requirements laid out in The Public Sector Equality Duty and The Equality Delivery System (EDS2) – not just due to legal obligations, but more importantly because of the long-term benefits for patients and staff, and because it is simply the right thing to do.

Our Executive and Non-Executive Board members have taken individual leads for protected characteristics. In order to champion awareness and provide mentorship, supporting inclusion and equality of opportunity, during 2018/19 the Trust published an Equality of Opportunity Plan that we will implement through 2019/20 and beyond. Further, our *Engagement and Communication Strategy* will be published in 2019.

5. Financial Plan

Background and context

Our new *Financial Strategy* will be published in 2019/20.

Our financial recovery is driven through all our operational, transformational and cost improvement work to ensure we maintain quality, performance, and a motivated workforce during recovery and beyond. For the 2018/19 financial year the Trust accepted a control total of £18.8m deficit. This was a challenging control total entered into after two years of significant financial recovery work.

We negotiated a mixture of variable and block contracts with our commissioners which, whilst restricting some anticipated increases to income as part of our cost improvement plan, enabled us to continue progress with our financial recovery plan on a solid foundation. In November 2018, after significant progress in the areas of both financial governance and CIP delivery in successive years, the Trust exited the Financial Special Measures regime. We continue to have an underlying deficit position still to address.

For 2019/20 our financial recovery will continue to be driven through operational and transformational cost improvement, to ensure we maintain and continuously improve quality and performance, during recovery and beyond.

Financial Forecasts and Modelling

Planning Assumptions

For the 2019/20 financial year the Trust is planning a position based on the following key assumptions (subject to external audit):

- A forecast 2018/19 outturn of a £34.1m deficit, which after adjusting for the impact of donated assets and fixed assets impairments is revised to £29.6m on a control total basis. This position includes £8.6m of PSF and a further £11.1m of non-recurrent or full-year effect adjustments – leading to a recurrent underlying position of a £49.2m deficit.
- The impact of inflationary pressures is planned at £13.3m.
- Total operating cost pressures of £4.1m, comprising: investment in approved pressures of £2.7m and £1.4m to address intolerable quality and safety risks.
- As per planning guidance, pay expenditure excludes the impact of the increase in employer pension costs.
- Non-pay inflation includes provision for increases in drug and other non-pay costs.
- Based on the latest guidance from the Royal Institute of Chartered Surveyors (RICS) the plan includes an increased depreciation charge of £4.4m as a result of previously extended asset lives.
- 2019/20 CIP schemes of £22.4m (4% of turnover), including the full year effect of prior year's schemes.
- Contract settlements with Trust's commissioners in the plan reflect NHS growth funds in the national tariff, activity increases for growth, and appropriate payment for non-tariff funded services.

2019/20 income

Patient care income reflects the following:

- Agreement of a contract value of £345.4m with Gloucestershire CCG, which reflects the impact of the planning national tariff, activity growth, and appropriate payment for non-tariff and other services.
- Other operating income includes the following as per the Trust's control total, PSF (£8.5m), Marginal Rate Emergency Threshold (MRET) funding (£4m) and income from the newly established Financial Recovery Fund (FRF) (£7.3m).

Financial Plan Summary

Income/ cost area	2018/19 FOT £'000	2019/20 Plan £'000
Income from patient care activities	458,985	487,662
Other Operating Income	74,611	84,343
Total Income	**533,596**	**572,005**
Pay	(354,115)	(365,132)
Non-Pay	(187,230)	(182,937)
Total Expenditure	**(541,345)**	**(548,069)**
EBITDA	**(7,749)**	**23,936**
EBITDA %	**(1.5%)**	**4.2%**
Non-operating Income	124	98
Non-operating Costs	(26,486)	(24,976)
Surplus/ (Deficit)	**(34,111)**	**(942)**
Impairment	4,412	
Donated Assets impact	144	(558)
Adjusted Surplus/(Deficit)	**(29,555)**	**(1,500)**

Efficiency Savings

Our Cost Improvement Programme plan for 2019/20 is £22.4m. This 4% savings target is made up of 1.1% required by the national provider tariff, 0.5% requirement for Trusts in deficit, and an additional 2.4% applied by the Trust as a response to local pressures. Divisions have proposed internal targets and work continues to identify further schemes to move towards delivery of the target.

The table below shows the split of 2019/20 CIP scheme identification as at May 2019:

Type	Plan £m	Identified £m	Unidentified £m
Pay	9.71	4.61	5.10
Non-Pay	10.63	8.03	2.60
Income	2.02	2.02	0.00
TOTAL	**22.36**	**14.66**	**7.70**

Cash Flow Plan

The table to the right shows the cash flow plan based on the deficit outlined above; distress financing of £18.8m and capital loans of £10m will be required:

Cash flow	£'000
Operating surplus/(deficit)	9,191
Add back non-cash items	13,745
Movements in working capital	(19,101)
Net cash inflow from operating activities	**3,835**
Interest received	36
Land receipts	0
Capital purchases	(25,003)
Net cash inflow from investing activities	**(24,967)**
PDC Received	1,500
Capital Financing	17,581
Revenue Loans	8,321
Working Capital Loan	12,541
Loan repayments	(9,791)
Capital element of lease and PFI	(6,681)
Interest paid	(4,504)
PDC payable	(1,041)
Interest element of lease and PFI	(456)
Net cash inflow/(outflow) from financing	**17,470**
Net movement in cash	(3,663)
Opening cash balance	**7,317**
Closing cash balance	**3,654**

Capital Planning

Our 2019/20 capital plan reflects critical expenditure required to ensure the effective running of the Trust, based on a risk prioritisation process using the following themes:

- Ongoing and committed 2018/19 schemes
- Priority Health & Safety schemes
- Essential backlog maintenance
- Essential equipment replacement

These take account of historical spend but are based on assessed requirements, and take priority over schemes that support guaranteed savings or additional income. This ensures prioritisation of our quality agenda and plan.

Application of Funds 2019/20	£'000
Expenditure	
Buildings & environment	12,945
Medical Equipment (including MEF)	3,662
Information Management & Technology (IM&T)	8,393
Donated assets (including imaging equipment)	1,000
Total Expenditure before charitable contributions	**26,000**
Funding	
Depreciation	14,745
Capital Repayments	(2,970)
PDC	1,500
Charitable funding	1,000
Internal cash reserves	0
Financial Leases	(5,856)
Loan requirement	17,581
Total Funding	**26,000**

6. The *One Gloucestershire* ICS

"To improve health and wellbeing, we believe that by all working better together, in a more joined up way, and using the strengths of individuals, carers and local communities, we will transform the quality of care and support we provide to local people".

- *One Gloucestershire* ICS vision

Our ICS is building on strong and positive partnerships to ensure that we make the best use of local resources with and for the benefit of our population. 2018/19 was the first year of all organisations working more closely together as a shadow ICS and we have made good progress on the journey towards a full ICS as laid out in our system operational plan. In 2019/20 we will consolidate our ICS ensuring that our partnership results in us going further and faster with integrating care.

The ICS's four priority transformational programmes and four enabling programmes remain our focus and we believe they will set a good foundation for our delivery against the first five years of the NHS Long-Term Plan.

The Gloucestershire Strategic Forum has reviewed ICS priorities for 2019/20, and emphasised:

- Improving mental health: including improving dementia care and a renewed focus on mental health and wellbeing, and support for regular users of health and care services.
- Urgent & Emergency Care: the One Place programme remains central to delivering our new model of care within Gloucestershire
- Focus on proactive care in partnership with local communities: including building capacity in primary, community and VCSE care, reducing demand for acute services and improving end of life care
- Focus on enabling conditions including: a culture that fosters engagement and co-creation; existing enabling programmes of workforce, estates and digital; maturing the system approach to allocation of resources to ensure investments are used to create greatest improvement; effective governance that facilitates shared decision making

- Improve population health: rapid delivery of place-based integrated working through Integrated Locality Partnerships and a focus on wellbeing, prevention and self-care. Increasingly we will influence the wider determinants of health including loneliness and isolation whilst also improving or use and application of population health management.

All partner organisations are essential to delivering these priorities; we are governed through distributed leadership so that all partners are represented, including within programme leadership roles. Gloucestershire Hospitals is Senior Responsible Owner for the Clinical Programme Approach, and provides programme leadership for the Centres of Excellence.

Critical milestones

Our system operational plan gives full details on the governance structure and priorities at programme level. The most critical milestones for 2019/20 are detailed below.

Clinical Programme Approach: the clinical programmes have expanded to encompass thirteen pathways and the transformation approach is being to bear fruit within the system. Some of the 2019/20 milestones are:

- *Pathway integration* across a number of pathways including musculoskeletal, diabetes and respiratory
- *Peri-natal mental health* services will continue to develop, including the introduction of a new specialist mental health team and expansion of the community support offer.
- *Children's and Young People Mental Health Trailblazer* - four Mental Health Support Teams (MHSTs) to develop models of early intervention on mild to moderate mental health issues; beginning May 2019 and will be fully embedded from November 2019. We have been selected to trial a four-week waiting time for referral to treatment for specialist children and young people's mental health services by spring 2020.
- Increased focus on cross-cutting requirements of vulnerable groups, *including Learning Disabilities*, and how we increase support in these areas, the scoping of this work will take place in Quarter 1 of 2019/20.

Reducing Unwarranted Clinical Variation: whilst continuing to deliver on our successful medicines optimisation work the progress around diagnostic and outpatient optimisation will be accelerated supported by improved benchmarking and analytics.

Urgent & Emergency Care: The One Place and Centres of Excellence Programmes are working on our central priority of increasing out of hospital and same day emergency care. They will also ensure our system can be organised to deliver better health outcomes and more efficient care pathways for our population, through a fully integrated urgent care system and the delivery of 'centres of excellence' for elective care. It is anticipated that:

- Public engagement will take place between through to summer 2019
- A citizen's jury approach will be used to facilitate the decision making process
- Public consultation anticipated in autumn 2019 moving towards implementation in 2020/21.
- Continuing focus on delivery of Clinical Assessment Services and Urgent Treatment Centre test and learn sites for impact as early as possible and for winter 2019/20.
- Risk stratification and support of regular users of services will begin to deliver with a pilot in two localities in the first six months of the year followed by evaluation and potential roll-out.

Place based primary care & community partnerships: our system has 100% coverage of primary care networks. This year we will build on this to ensure that the Integrated Locality Partnership (ILP) model is in place for our whole population by summer 2019. Place based prioritisation supported by population health analytics will be a priority for the end of 2019/20. The ILPs will be supported by specialists in managing complex frail patients, and those with complex long term conditions creating a "channel shift" from hospital based to community based care. The merger of two of the main community-based partners, Gloucestershire Care Services NHS Trust and 2gether NHS Foundation Trust in autumn 2019 is a critical milestone for our system as we more closely align our objectives particularly around our integrated locality teams.

Enablers: good progress is being made by these programmes and they will have increased priority in 2019/20. Our digital programme went live with the joint care record in 2018/19 and this will be further expanded during 2019/20 with primary care and acute trust information becoming available. Our first full population health management cycle will be complete by April 2019 and embedding this further into our business as usual will take place through the year to maximise opportunities for prevention, supported self-management and enhanced community activation.

Efficiency: Overall the ICS transformation schemes are aimed at ensuring sustainability for our system with an emphasis on sustainable, high quality models of care and shifting care out of hospitals wherever possible. We are committed to an open book approach to financial and activity planning and have moved to a model of full involvement from all partners in prioritising investments and agreeing areas of efficiency.

As we move our partnership forwards we will increase the responsibility on the system to deliver against the first year of our 5 year plan towards achieving the NHS Long-Term plan. Gloucestershire Hospitals NHS Foundation Trust is committed to fully contributing to further development and delivery of system-wide transformational programmes to ensure that we can deliver on our commitments to our population and contribute towards improving health and well-being across our county.

7. Risks to the delivery of this plan

Risk		Domain	Mitigating/managing actions	Responsible Executives
Internal	The risk of delayed follow-up care due to outpatient capacity constraints in a number of specialties	Operational	Administrative validation of patient lists; utilise any remaining capacity to reduce long-waits; use alternative follow-up where appropriate.	COO
	The risk of not achieving our planned Cost Improvement Programme resulting in a variance from our planned income and expenditure position	Finance	Executive reviews and regular 'deep dives'. Dedicated PMO monitoring and reporting performance against target. Income recovery.	COO DoF
	The risk of not meeting our performance trajectories and the associated impact on patient experience.	Operational	Ongoing monitoring of performance, and planned preventative measures; process improvement and efficiency, and resource services as required maintaining service levels.	COO
	The risk of excessively high agency spend in non-clinical professions due to high vacancy levels, and impact on care quality and staff experience.	Finance & Quality	Expand Bank staffing; improve staff rostering; ongoing recruitment (incl. overseas), Recruitment and Retention Premiums for hard-to-recruit areas.	DQ&CN DP&OD
	The risk of reduced capacity or safety and quality of care due to failure or breakdown of estate, facilities and/or equipment.	Finance & Operational	Review criteria-driven prioritisation of capital funds; pursue lease/managed service options where appropriate and available.	DoF COO
External / Internal	The risk of misalignment between Trust income expectations and commissioner affordability, and/or agreement regarding activity, impacting baseline deficit position.	Finance	Constructive negotiations with commissioners; full clarity of available data to support position.	DoF
External	The risk of demand exceeding agreed growth assumptions if we remain on block contract with commissioners, restricting additional income despite increased cost.	Operational	Constructive negotiations with commissioners; ongoing Demand and Capacity monitoring and iterative modelling.	COO
	The risk that ICS solutions have a greater impact than anticipated in year and result in a loss of income above the planned level	Finance	Recognising the benefits of reduced activity alongside ongoing robust contract management; reallocate resources to more contributory services.	COO DoF
	The risk of not delivering service quality due to workforce shortages in certain staff groups and types.	Workforce	Appropriate use of agency/locum cover; innovative role design, with ICS; continuous process improvement to optimise staff skill mix and deployment.	DP&OD
	The risk of Brexit – and uncertainty related to its timescales – creating unplanned supply chain and workforce shortages, and having a wider negative economic impact affecting public sector finances, for un unknown period of time	Finance Operational	Workforce impact projected to be negligible; maintain excellent communication regarding national stockpiles, and maintain Trust continuity plans accordingly.	All Executives

8. Membership and Elections

Membership

At the end of 2017/18 the Trust's public membership stood at 10,928, a slight increase from 2016-17. Our current strategy focuses on meaningful engagement with existing members as a priority over recruitment of new members. Members have had the opportunity to:

- Review patient information through the regular **patient experience report** shared with the Council of Governors
- Deliver **patient stories** to Board
- Attend **three seminars**
- Become more **involved in staff training**
- Become patient advisors on Research and Development
- Become a **Governor** including attending a Prospective Governor evening
- Attend the **Annual Members Meeting**
- Become **Patient Assessors** for Patient Led Assessments of the Care Environment (**PLACE**)
- Continue to be involved in the **Leading Together** project
- Participate in a **survey on NHS funded patient transport**
- Workshops and training provided by the **National Institute for Health Research**

Our **Membership Strategy** was developed and agreed by the Council of Governors in June 2017, with Governors retaining ownership of the strategy. Objectives for 2017-2020 are:

Build and maintain membership numbers	Engage and communicate with members
➢ Maintain an accurate membership database ➢ Successfully recruit and retain membership numbers, including planned targeted membership drives. ➢ Take steps to ensure that our membership is representative of the diversity of the population that we serve. ➢ Establish a connection and a relationship between the Trust and the membership by communicating our strategic objectives clearly. ➢ Develop and support potential Governors.	➢ Promote the work of the Trust and the Governors. ➢ Identify opportunities for two-way communication between members and Governors, ensuring the views of members are heard, understood and acted upon. ➢ Ensure that a wide range of communication media and methods are explored to aid effectiveness

Elections

No governor elections were held in 2018. There are planned elections for several constituencies in 2019. The results of these elections will be announced at the next Annual Members meeting. New Governors are encouraged to attend various inductions, and all governors are offered four Development Sessions per year to provide training on specific topics, such as the statutory role of holding Non-Executive Directors to account for the performance of the Board, understanding risk and the role of external auditors. Governors are also provided with a comprehensive Governors' Handbook which includes a variety of resources to support them in undertaking their role.

In 2019/20 we will support governors in achieving active and meaningful member engagement. An engagement action plan containing a number of actions has been created to support this. The Trust will also be hosting a number of membership events covering a wide range of topics across both clinical and strategic themes.

Glossary of Terms

2 Week Wait (2ww): The maximum waiting time from when a primary care clinician (e.g. GP) suspects a cancer, and the day of an specialist appointment in hospital

Acute care: Short-term treatment for a severe injury or episode of illness, an urgent medical condition, or recovery from surgery.

Activity: the totality of work we undertake to care for and treat patients, using our *Capacity* to meet Demand

Asset: an item of property owned by a person or organisation, regarded as having value and available to meet debts, commitments, or legacies

Capacity: the resources we have to conduct our activity to meet demand, for example including workforce, accommodation and facilities.

Care Quality Commission (CQC): the independent regulator of health and social care in England, it regulates all health and adult social care services in England, including those provided by the NHS, local authorities, private companies or voluntary organisations. It also represents the interests of people detained under the Mental Health Act.

CQUIN: **C**ommissioning for **Qu**ality and **In**novation payment framework. The motivation behind CQUINs is to reward excellent performance by linking a proportion of providers' income to the achievement of local quality improvement goals.

Clinical Commissioning Group (CCG): Commissioning is the process of assessing the needs of a local population and putting in place services to meet those needs. Commissioners are those who do this and who agree service level agreements with service providers for a range of services.

Clinical Negligence Scheme (CNST): This handles all clinical negligence claims against member NHS bodies

Cost Improvement Programmes (CIP): Many NHS Trusts are embarking on Cost Improvement Programmes (CIP) to reduce cost. A CIP is the identification of schemes to increase efficiency/ or reduce expenditure

Creditor: a person or company to whom money is owed.

Debtor: a person, or organization that owes money.

Depreciation: a reduction in the value of an asset over time, due in particular to wear and tear

Demand: the requirement, in terms of care and treatment that our patients want and need via commissioners, which we provide through Activity based on our Capacity.

EBITDA: **E**arnings **B**efore **I**nterest, **T**ax, **D**epreciation and **A**mortization is a measure of a company's operating performance without having to factor in financing and accounting decisions or tax environments

Elective Care: Care that is planned between patients and services, usually starting with a primary care referral followed by diagnostics then treatment

Emergency care: Care that is provided immediately in response to an unforeseen accident or unexpected problem

Financial Special Measures (FSM): Introduced by NHS England and NHS Improvement (NHSI) to improve Trusts' performance through the development of a robust financial recovery plan to reduce deficits further while continuing to provide safe and compassionate services for patients.

Financial Recovery Fund (FRF): A short-term funding measure to assist Trusts to address historical financial deficits and maintain financial sustainability.

Governors: Members can become more involved by standing for election as a governor and representing their fellow members' views on the Council of Governors. Governors play an important role in the governance of the Trust, representing the views of patients, families and carers.

GHNHSFT: Gloucestershire Hospitals NHS Foundation Trust

HRG4+: Tariff prices are applied to units of healthcare on which a payment will be made. These are known as 'currencies' and they are based on groups of services that are clinically similar and require similar resources to deliver. HRG4+ is the currency design used in present prices.

Healthwatch: an independent organisation that seeks to understand and champion the needs, experiences and concerns of people who use health and social care services

ICS: Integrated Care System

IM&T: Information Management & Technology

Inpatient: A patient or service that involves at least one overnight stay in the hospital

Members: As an NHS Foundation Trust we are accountable to our local community. This means we give greater say in how we're run to local people, staff and all those who use our services including patients, their families and carers. Each foundation trust must recruit 'members' to reflect these groups and help us ensure that we are providing the best service we can

NHS England (NHSE): Regulatory body that oversees the budget, planning, delivery and day-to-day operation of the commissioning side of the NHS which purchases services from providers

NHS Improvement (NHSI): Regulatory body responsible for overseeing foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care

Outpatient: A patient or service that does not require an overnight stay in the hospital. Surgery within this category is often referred to as a *Day Case*

Provider Sustainability Funding (PSF): The new name for Sustainability and Transformation Funding available to Provider Trusts who have accepted their NHSI Control Totals. It is only received if quarterly financial and A&E performance targets are met.

Referral To Treatment (RTT): Waiting times and the 18 weeks referral to treatment (RTT) pledge. The NHS Constitution gives patients the right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible

Sustainability and Transformation Funding (STF): Funding to deliver a local Sustainability & Transformation Plan

Sustainability and Transformation Partnership (STP): The purpose of STPs and their plans is to help ensure health and social care services in England are built around the needs of local populations, by aligning all the strategic and operational plans and resources of organisations that provide these services. The NHS Long Term Plan states that all STPs will become ICS's in the next few years.