



Mersey Care
NHS Foundation Trust

Our Operational Plan 2025-26



Our Operational Plan 2025-26 Summary



Mersey Care
NHS Foundation Trust

In 2025-26, we will balance delivering the ambition set out in our Strategic Framework with our capacity to deliver in the challenging delivery and financial environment in which we are operating. This means ensuring that we use our resources (our people, data and digital, beds and buildings, and our money) effectively to create as much value as possible for our patients and the public. Doing this will support the three NHS strategic shifts from sickness to prevention, from hospital to community and neighbourhood, and from analogue to digital, set out in the 10-year health plan.

In this year, we will remain focused on the basics – consistently safer, efficient and effective services that are standardised, equal and high-quality wherever people access them. We will maintain a strong focus on productivity across our services and in doing so will maintain a careful balance of protecting quality whilst delivering efficiency. Of course, those foundations rely on staff that feel valued and supported, and we will continue to prioritise the health, wellbeing and satisfaction of our staff alongside addressing our persistent workforce challenges.

To ensure we are strong for the future and respond to the ambition set out in the 10-year health plan, we will maintain a focus on innovation. We will blend our expertise so that we can provide more ‘whole person care’ for people with physical, mental health and learning disability needs. We will partner with other organisations to support new models of neighbourhood working and find the best solutions to the big demand, workforce, and affordability challenges we face. We will continue to be an innovator using data and technology, ensuring that modern technology helps our clinicians to do their jobs but also gives people greater control and makes it easier for them to access the care they need. Our exciting M-RIC research and innovation partnerships will continue to bring new innovations in treatment to service users.

We know from speaking to staff, patients, and our partner organisations that people want to see tangible improvements in care and experience and will measure our strategy on the results we achieve. We will continue the work we started in 2024-25 to make our progress in delivering our plans more visible through our governance arrangements and to our stakeholders.



Our vision

To lead the way in perfect, whole person care that helps people of all ages live healthier lives



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Our strategic intentions

OPERATIONAL EXCELLENCE

Outstanding services which are stronger, more effective, consistent and more reliable wherever people access them

HIGHLY ENGAGED AND SUPPORTED STAFF

Attracting and retaining the best people through an inclusive culture which supports wellbeing and engagement

WHOLE PERSON

Using our unique blend of all age services to become more preventative with a focus on people's total health and wellbeing needs

REDESIGN TO IMPROVE VALUE

Aligning our services with those of other providers, reducing waste and increasing capacity

TECHNOLOGY AND DATA TRANSFORMING CARE

Making our services more targeted, effective and personalised, giving people greater control of their health and extending the reach of our specialist teams

REALISE THE BENEFITS OF RESEARCH AND INNOVATION

Establishing a world class research and innovation environment which improves mental health and wellbeing and shortens the time taken for effective innovations to reach patients.

Our perfect care goals

Stretching goals to keep us at the forefront of challenges and maintain our enduring commitment to safety.



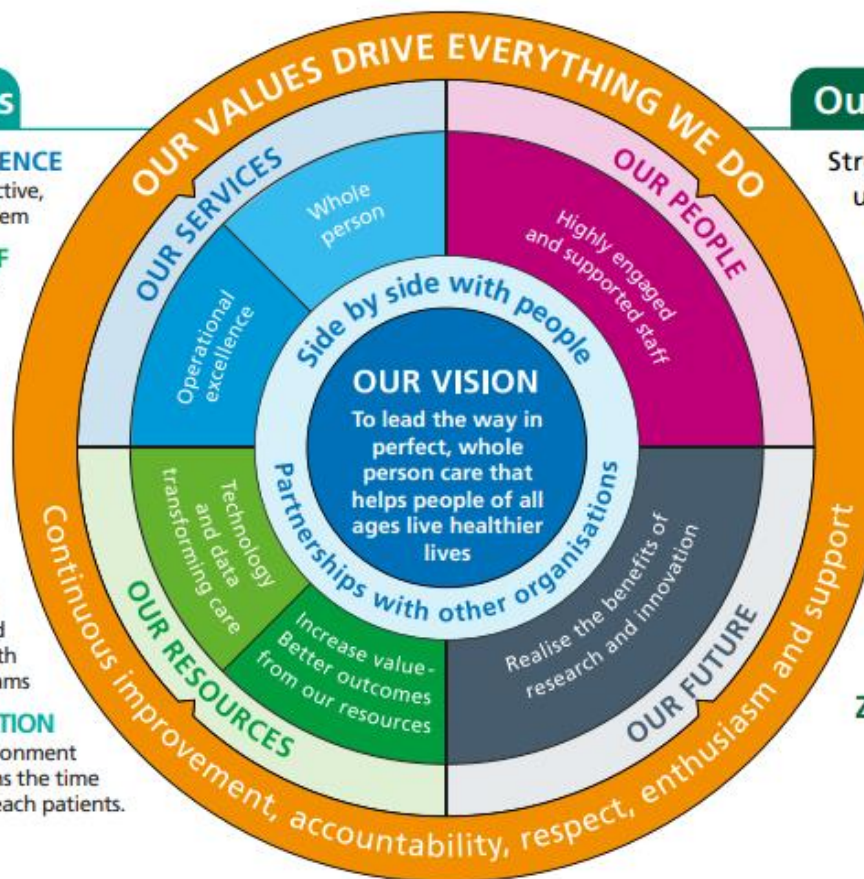
ZERO acceptance of racism, discrimination and unacceptable behaviours

ZERO restrictive practice

ZERO suicide

ZERO harm from medication

ZERO falls in our care



Our values

The way we will achieve our vision, mission and goals, built on a solid foundation of restorative just and learning culture.

C **Continuous improvement**
We are committed to making improvements to our services for the benefit of all.

A **Accountability**
Taking ownership to anticipate, develop and deliver high quality care.

R **Respect**
How we treat others in an inclusive and supportive way.

E **Enthusiasm**
Demonstrate our passion and pride for what we do and how we do it.

S **Support**
Actively supporting others with compassion and courage.

Strategic Intention 1

Operational Excellence



Mersey Care will be known for its operational and clinical excellence.

Patients will always be our top priority and they will receive consistently excellent services regardless of where they access them.



Objective 2028:

We will deliver outstanding services which are stronger and more effective, providing a consistent and reliable response wherever people access them.

Accountability:

Executive Lead: Lee Taylor
Overseen by Resources Committee

Long-term outcomes – what we want to achieve:

- **Reduced waiting times and more equitable access to care.**
- **Improved patient satisfaction and experience.**
- **More care taking place outside hospital.**
- **Safer services.**
- **Maximising value of our buildings/ estate.**
- **Operational excellence across the health and care system.**

Our Priorities for 2025-26 - Operational Excellence

Objective 2028: We will deliver outstanding services which are stronger and more effective, providing a consistent and reliable response wherever people access them.

SRO: Lee Taylor, Chief Delivery Officer;

COMMITTEE: Resources;

ALIGNED BAF RISKS: S5

Objective	Key Results				
1. Strengthen our operational and governance structures to deliver our strategic framework, including: maintaining quality, continuous improvement in our services, productivity, focus on operational risk and in readiness to respond to the NHS 10-year plan, particularly neighbourhood working.	Implement revised operational structure in phases from October 2025.	1% reduction in sickness absence	Implement service review process to deliver £3m in year (£6m FYE)		
2. Scale up our work on access, demand and capacity across more services, to reduce waiting times and remove barriers to accessing care. This will be supported by our clinical improvement plan.	Go live with Excellence/ Innovation hub to co-ordinate support for the continuous improvement of our operational services from April 2025.	Continue trajectory towards zero patients waiting longer than commissioned waiting times standards (standard is 92%).	Meet 4-week referral to treatment target for community mental health teams	Implement the new 0-19 integrated offer in partnership with Alder Hey through 2025-26. Milestones as agreed by Strategic Board.	Reduction in DNAs & Cancellations at service level to be assessed and agreed as part of the 'At Pace', 'At Scale' roll out during in Q1 25/26.
3. Further develop the secure services clinical model to support admission avoidance, reduce length of stay and improve patient experience and outcomes.	Deliver the new clinical model for secure women's services (national model) - phase 1 by the end of 2025/26.	Deliver new clinical model for learning disability and autism services - phase 1 by the end of 2025/26	Develop the strategic outline case for the redevelopment of the high secure estate in 2025-26.		

Our Priorities for 2025-26 - Operational Excellence contd.

Objective	Key Results				
<p>4. Reset our inpatient offer for acute mental illness and learning disability, giving faster access to mental and learning disability and autism health beds when people need them and working with system partners to escalate and address risk arising from blocks to patient flow.</p>	<p>100% admissions with documented purpose of admission</p>	<p>By March 2026, confirm our agreed roll out plan for national culture of care standards for mental health, learning disability and secure inpatient care building on our learning in pilot wards</p>	<p>Achieve average length of stay in adult acute mental health beds to 41 days (mean and median in latest national benchmarking) and 91 days for older adults (benchmarking mean)</p>		
<p>5. Continue to transform our urgent care offer and response to the health and care system through community urgent care, admission avoidance and discharge facilitation.</p>	<p>Tackle the delays in patients waiting once they are ready to be discharged - measured by average days between date ready for discharge and discharge</p>	<p>Meet the 9 national standards for Transfer of Care hubs by March 2026.</p>	<p>Urgent Treatment Centre response (95% within 4 hours)</p>	<p>70% achievement of 2-hour urgent community response times (national standard).</p>	<p>Access and response times for mental health crisis (90% within 1 hour in AED; 95% within 24 hours on acute wards).</p>

Strategic Intention 2 Highly engaged and supported staff



**Our staff will feel
valued and
supported.**

When they come to work they will be part of a just and learning culture where they continuously improve.



Objective 2028:

We will attract and retain the best people in a highly competitive labour market through an inclusive culture which supports wellbeing and engagement.

Accountability:

**Executive Lead: Sean Leahy
Overseen by People Committee**

Long-term outcomes – what we want to achieve:

- **Mersey Care is a mental health and community services employer of choice.**
- **Reduced staff sickness; reduced vacancies, improved retention.**
- **Improved staff satisfaction**
- **Better organisational health and united culture.**
- **Improved patient satisfaction and experience.**

Our Priorities for 2025-26 - Highly engaged and supported staff

Objective 2028: We will attract and retain the best people in a highly competitive labour market through an inclusive culture which supports wellbeing and engagement.

SRO: Sean Leahy, Interim Chief People Officer;

COMMITTEE: People;

ALIGNED BAF RISKS: P3

Objective	Key Results			
<p>1.Enhance Staff Experience</p> <p>By embedding a Restorative, Just, and Learning Culture and our Trust Values and Behaviours. This will be supported by a continuous programme of staff engagement and inclusion, ensuring staff have a strong voice within the organisation.</p>	<p>Achieve 0.1 increase in Staff Engagement score</p>	<p>Staff survey: 0.5% increase in staff recommending the Trust as a place to work</p>	<p>90 % of all teams to have a Team Canvas</p>	<p>90% of clinical teams to achieve a Good + score for their Team Canvas as part of QRV result</p>
<p>2. Promoting Staff Inclusion</p> <p>By increasing representation of colleagues with protected characteristics, ensuring our workforce reflects the communities we serve. We will focus on improving the experience of all staff while reducing variance in experience notably for multiethnic and staff with disabilities, demonstrating leadership's dedication to supporting colleagues, celebrating diversity, and fostering career development opportunities.</p>	<p>Staff survey: 1% improvement (from 2023) in variance for disabled colleagues in the questions that make up the staff engagement theme</p>	<p>Staff Survey: 1% improvement in MEC colleagues experience of bullying from Peers and Managers</p>	<p>Staff survey: 1% improvement (from 2023) in staff believing that the organisation provides equal opportunities for career progression or promotion.</p>	

Our Priorities for 2025-26 - Highly engaged and supported staff contd.

Objective	Key Results			
<p>3. Reduce vacancies and improve retention</p> <p>By securing appropriate and effective staffing levels with particular focus on HCAs. We will achieve this by improving work-life balance through flexible working arrangements, the apprenticeship offer, wellbeing support, and creating a psychologically safe culture. These efforts will enable the delivery of high-quality care, boost staff performance, and allow individuals to fulfil their potential.</p>	<p>Maintain vacancy rates of 15% or below for HCAs</p> <p>Maintain vacancy rates of 8% or below for qualified nurses</p>	<p>Plan to target apprenticeships to priority roles and capabilities within workforce plan agreed by Q2.</p>	<p>Staff survey: 1% increase (from 2023) in people reporting that their appraisal has helped improve how they do their job, agree clear objectives and left them feeling their work is valued.</p>	<p>Turnover of all staff – targets to be established once clearer about operating environment</p>
<p>4. Improve staff attendance</p> <p>By creating positive and improved staff wellbeing across Mersey Care and to ensure staff are offered proactive, preventative strategies for health, happiness and success.</p>	<p>1% reduction in sickness absence</p>	<p>10% reduction in waiting time for Health and Wellbeing Services - in particular Psych Counselling</p>	<p>80% Managers to return staff member sickness call within 24 hours</p> <p><i>Plus monitoring of overall completion</i></p>	<p>80% Return to work interview completed within 2 days</p> <p><i>Plus monitoring of overall completion</i></p>

Strategic Intention 3 Whole Person



**We will provide
'whole person' care.**

This means providing support for their physical health, mental health, learning disability and addiction needs in a coordinated way, removing the need for so many separate appointments.



Objective 2028:

We will use our unique blend of all-age services to become more preventative with a focus on whole person care.

Accountability:

**Executive Lead: Jenny Hurst
Overseen by Quality Committee**

Long-term outcomes – what we want to achieve:

- **More targeted and preventative interventions.**
- **Reduced crisis presentations and reliance on acute hospital care.**
- **Improved physical health for people with mental health conditions, addictions and learning disability.**
- **Reduced duplication and fragmentation of care.**
- **Better outcomes for children and young people and older people.**

Our Priorities for 2025-26 – Whole Person

Objective 2028: We will use our unique blend of all-age services to become more preventative with a focus on whole person care.

SRO: Jenny Hurst, Chief Nurse;

COMMITTEE: Quality;

ALIGNED BAF RISKS: S6

Objective	Key Results		
1. Improve the interface between our physical health and mental health services to provide a 'whole person' health offer and simplify the transitions between Mersey Care services for our service users and patients.	Physical health assessments standardised across the Trust, which recognises deteriorating patients and sepsis from Q1	Extend the physical health pilot phase until the end of July 2025 and expand into 3 other wards (Liverpool and Sefton) to inform evaluation and case of need to scale up model across all inpatient wards. Aiming to reduce transfers for acute care by 25% and therefore maintaining safe staffing by 2027.	
2. Continue to grow the momentum of the Think Family approach and develop our offer for vulnerable families to meet needs earlier and more holistically.	Think Family common learning and message to be embedded as a standard item within all safeguarding training packages used Trust wide by March 2026.	Rio EPRS will include bespoke Think Family template forms which capture and provide key information relating to whole-family impact and risk by Q2.	Vulnerable complex families test of change pilots using live data from VCF dashboard, evaluated for scale-up planning by March 2026.
3. Accelerate our focus on access, experience and outcomes for those with protected characteristics including through the Patient and Carer Race Equality Framework. We will have a particular focus on co-production and engagement with communities; and meeting the requirements for visibility of data regarding access, experience and outcomes.	Achieve 'developing' standard across all six national organisational competencies for PCREF by March 2026.	Increase data completion across protected characteristics to allow improved reporting specifically: 95% data completeness of ethnicity recording and reduction in percentage 'not stated'	
4. Develop a better understanding of what matters to individuals by triangulating service user and carer voice with voices of our communities. This will allow us to increasingly tailor our services to meet needs earlier.	Alignment of QRV process to patient journey, focussing on experience of patients at points of transition (linked to simplified 'I statements') by March 2026.	Continuation of Culture of Care pilot across 4 wards - consolidate learning from coproduction and produce regular highlight report of learning and outcomes for Quality Committee through 2025-26.	
5. Embed service user voice and engagement in the Lead Provider Collaborative's commissioning and quality activity.	Three lived experience workers in post by May 2025	Planned 2025-26 activity to have lived experience voice embedded into 50% of announced and unannounced quality visits by March 2026.	Co-produced co-production and engagement strategy with prioritised areas of activity approved by December 2025.

Strategic Intention 4 Redesign to improve value



**We will increase value -
achieving the best outcomes
from the resources available.**

By working with other providers and redesigning our services we will reduce waste and become more efficient.



Objective 2028:

We will increase value for our service users, patients, customers and taxpayers by aligning our services with those of other providers, reducing waste and increasing capacity.

Accountability:

Executive Lead: Rob Collins

Overseen by Resources, Commissioning and Partnership Committees

Long-term outcomes – what we want to achieve:

- **Better patient and staff experience.**
- **Better value for taxpayers.**
- **Trust-wide efficiencies.**
- **Environmental sustainability.**

Our Priorities for 2025-26 – Redesign to improve value

Objective 2028: We will increase value for our service users, patients, customers and taxpayers by aligning our services with those of other providers, reducing waste and increasing capacity.

SRO: Rob Collins, Chief Financial Officer;

COMMITTEE: Resources;

ALIGNED BAF RISKS: R4

Objective	Key Results			
1. Deliver our Cost Improvement Framework	Meet general efficiency requirement of 2%.	Agency staff spend 30% lower than current levels	Bank staff spend 10% lower than current levels	Delivery of £41m planned savings for 2025-26 across the 5 key areas of the CIP framework.
2. Deliver efficiencies through use of our estate and VFM in procurement and use our purchasing power to build capabilities, strengths and assets within our communities.	Achieve procurement efficiency savings of £500k.	Establish an approach to quantifying and reporting the social value resulting from our procurement practices by March 2026.	Elimination of dormitory wards (when Mossley Hill is mobilised).	Deliver £6m estates cost improvement plan by end 2026-27, including through reducing underutilised estate.
3. Transform the Women's secure pathway in Cheshire and Cheshire and Merseyside, delivering phase one of the programme by the end of 2025-26. (Lead Provider Collaborative).	Co-produced comprehensive local vision for transformation of women's secure MI and women's and men's LD/A services by September 2025.	Robust engagement plan for 2025/26 and 2026/27 with measurable milestones, led by lived experience Project Support Workers by June 2025	Developed plan for reduced underoccupancy in male and female LD/A secure services by January 2026.	
4. Refreshed Green Plan seeking greater ownership from staff to make sustainability at the core of our decisions whilst serving our communities	Refresh Green Plan approved by the Board of Directors in quarter one.	Solar and Battery installation - Installation of solar array covering 40% of Rowan View (Maghull Health Park) roof by February 2026 leading to annual cost savings from project £300k once completed.	Delivery of public sector decarbonisation scheme (centred around Rathbone, Leigh Moss, Moss House and Walton Life Rooms) by October 2026, with half year return in 2025/26.	
5. Use data to identify opportunities to move to more preventative models of care and better co-ordinate our resources to improve value with partners and meet greatest population health need.	Delivery of agreed outputs from system level costing pilot with St Helens, with a focus on reducing respiratory admissions; and mental health inpatient utilisation by Quarter 3.	Establish governance arrangements and prioritised work programme for tripartite partnership with LUHG and Alder Hey.		

Strategic Intention 5 Technology and data transforming care



Mersey Care will use data and technology to transform care.

We will use data and technology coupled with insight about our patients to respond to their needs earlier and to provide them with more personalised care.



Objective 2028:

We will use data and technology to make our services more targeted, effective and personalised, giving people greater control of their health and extending the reach of our specialist teams.

Accountability:

**Executive Lead: Rob Collins
Overseen by Resources Committee**

Long-term outcomes – what we want to achieve:

- **Increased staff digital capability and engagement.**
- **Allocative efficiency and increased capacity – releasing time to care.**
- **Greater patient control of own health and wellbeing.**
- **Improved access and reduced waiting times.**

Our Priorities for 2025-26 – Technology and data transforming care

Objective 2028: We will use data and technology to make our services more targeted, effective and personalised, giving people greater control of their health and extending the reach of our specialist teams.

SRO: Rob Collins, Chief Financial Officer;

COMMITTEE: Resources;

ALIGNED BAF RISKS: R4

Objective	Key Results		
1. To Digital enable our Workforce - We will ensure our systems and solutions are user-friendly and help 'reduce the burden' by enabling our people to quickly access the information and support they need to work efficiently and provide safe, timely, and effective care.	We will enable the Access, Capacity and Demand Programme with a range of assistive technology tools, increasing coverage and usage compliance of the following digital solutions to all services deemed appropriate – to be prioritised in year and targeted metrics agreed.	Launch a Self-Service Programme across TWSS by Q2 2025/26 and expand the use of Process Automation by 50% by Q4 2025/26	Electronic Supportive eObservations live across all inpatient wards by Q4 2025/26.
2. To provide digitally enabled care - we will use technology to deliver high quality, personalised care for our patients. We will give our patients greater choice in how they access and receive care, whilst keeping all involved seamlessly connected, using digital throughout the care journey to enhance overall patient experience and outcomes.	Informed through the evaluation of pilot sites, we will prepare a business case and route to procurement for a trust wide Patient Engagement Portal during 2025/26, ensuring we are bid ready by Q2.	Maintain a minimum of 80% utilisation of Virtual ward capacity	Meet and maintain LTC commissioned patient monitoring capacity through the telehealth platform by August 2025.
3. To deliver modern and efficient technology & Infrastructure - we will ensure our digital infrastructure is safe, secure, reliable and efficient, and able to support our growing reliance on digital technology and data to enhance the way we work and deliver care.	We will replace 100% of our end point devices (Laptops and Desktops) which are >5 years old, and migrate the entire estate to Windows 11 by Q4 25/26	We will achieve "Standards Met" through the annual submission of the Data Security & Protection Toolkit (DSPT), which is now aligned to National Cyber Security Centres Cyber Assurance Framework (CAF) by Q3 25/26	We will significantly increase the resilience, performance and user experience across our network infrastructure, moving the whole Organisation to a Software Defined WAN (SD-WAN) - 70% complete by Q4 25/26.

Our Priorities for 2025-26 – Technology and data transforming care

Objective 2028: We will use data and technology to make our services more targeted, effective and personalised, giving people greater control of their health and extending the reach of our specialist teams.

SRO: Rob Collins, Chief Financial Officer;

COMMITTEE: Resources;

ALIGNED BAF RISKS: R4

Objective	Key Results		
<p>4. To turn data into actionable insight we will be intelligence-led, harnessing the power of data to transform the way we deliver our services to improve patient outcomes and enhance population health through high quality, evidence-based insight, and innovative research initiatives.</p>	<p>All business intelligence reporting will be generated via the Single Data Platform, and YourInsights by Q4 25/26. Corresponding legacy data warehouses and associated infrastructure will be decommissioned during 2026.</p>	<p>Mersey Care (as host of the Federated Data Platform MH Incubator Programme for C&M), will take two incubator products into deployment and secure funding and resource to onboard >2 more products into incubation during 2025/26.</p>	
<p>5. Our Digital Approach - we will support our readiness to embrace digital through a clinically led and inclusive approach, ensuring our people have the skills and confidence to get the most benefit from technology and data to embed digital in the way we work and deliver care.</p>	<p>Design and launch the Mersey Care Clinical Digital Leadership Framework, to ensure our digital solutions are clinically led, safe and effective in Q2 2025/26</p>	<p>Working closely with partners, we will launch a Mersey Care Digital & Data Skills Development programme; aimed at all members of the workforce it will provide training and development to increase skills and confidence in the use of technology in Q2 2025/26.</p>	

Strategic Intention 6

Realise the benefits of research and innovation



We will lead world class research and innovation in mental health and wellbeing.

We will shorten the time it takes for effective treatment and interventions to reach those patients who would benefit the most.



Objective 2028:

We will use establish a world-class research and innovation environment which improves mental health and wellbeing and shortens the time it takes for effective innovations to reach those patients who would benefit the most.

Accountability:

**Executive Lead: Dr Noir Thomas
Overseen by Quality Committee**

Long-term outcomes – what we want to achieve:

- **Reduced inequalities in access to innovative treatment and better outcomes for patients who will benefit most.**
- **Improved recruitment and retention of skilled workforce.**
- **More cost effective and rapid deployment of evidence-based interventions.**
- **Long term sustainable investment in research and innovation.**

Our Priorities for 2025-26 – Realise the benefits of research and innovation

Objective 2028: We will use establish a world-class research and innovation environment which improves mental health and wellbeing and shortens the time it takes for effective innovations to reach those patients who would benefit the most.

SRO: Dr Noir Thomas, Chief Medical Officer;

COMMITTEE: Quality;

ALIGNED BAF RISKS: F3

Objective	Key Results		
Achieve our income trajectory to support sustainable funding of our R&I programme with £3m stable income by 2028	20% Increase in grant applications resulting in growth in research capacity funding in 2025-26.	Full cost recovery for Mersey Care from research and trial activities.	5% Growth in commercial clinical trial income in 2025-26
Engage diverse professional groups in research to build our research capacity and capability.	20% Increase in research active staff from underrepresented professions in 2025-26.	Complete a programme of engagement events delivering CPD and research mentorship and supporting research collaborations with HEI and NHS partners, collating participant demographics by December 2025.	10% Increase in Mersey Care staff with research post graduate qualifications in 2025-26. [2025-2028 by 70%]
Shorten the time it takes for innovation to benefit patients by providing access to new therapies, interventions and treatments to patients taking part in studies.	Mobilisation of 0-19 research partnership with Alder Hey by December 2025.	Mood disorder service - evaluation framework to support business case to secure sustainable and growth funding for service by July 2025. Mood disorder service - patients consenting to be included on research data registry (testing new innovations/ leveraging studies 30% by October 2025.	<5% opt out from Count Me In. 5% Increase in representation and number of people admitted to research studies in 2025-26. (Achieve 80% increase 2025-2028)

Mitigations offered by the Operational Plan to the key risks to achieving our Strategic Framework

Demand

*Key BAF risks:
S.9, S.8, F.5*

- Maximising opportunities to be more preventative within Mersey Care’s services.
- Population health management supporting earlier identification and intervention, especially for underserved groups.
- Reduction of unwarranted variation in access and waiting times.
- Population health approaches supporting proactive action on health and wellbeing of staff.
- Opportunity to tackle complex challenges and become more preventative through work with partners at scale, including neighbourhood working
- Application of innovation to advances in care for our patients, reducing inequalities in experience and outcomes.

Capacity

*Key BAF risks:
P.8, R.7, F.7*

- Clinical model for mental health inpatient care improves improve flow and recovery.
- Managers equipped with data to effectively manage teams and service performance.
- Quality improvement at team level supports team and individual development.
- Targeted approach to sickness and vacancy hotspots.
- Strengthening partnerships to support system resilience and safe and timely patient flow.
- Expansion of digitally-enabled care extends reach of specialist teams.
- Greater patient control of health and wellbeing and digital support whilst waiting for services.
- Staff confidence and capability in use of digital technology.
- Reputation as leading research organisation makes us an employer of choice.

Affordability

*Key BAF risks:
R.9, R.11, P.13,
F.4*

- Standardisation of services supports allocative efficiency and effective use of assets.
- Evaluation of service impact/ ROI supports strategic investment decisions.
- Reduced use of agency staffing.
- Allocative efficiencies resulting from reduced duplication and fragmentation of care.
- Allocative efficiencies through Trust Wide Support Services redesign programme.
- Stronger digital platform supports our strategic ambitions for allocative efficiency.
- Securing R&I income streams supports sustainability of strategic ambitions.

Culture

*Key BAF risks:
S.5, P.5, P.9*

- Belonging and cultural benefits of anti-racism and Restorative Just and Learning Culture programme.
- Greater clinical engagement in digital development.
- Greater clinical engagement in research and development driving improved job satisfaction.