



NHS LEEDS COMMUNITY HEALTHCARE*

Annual Business Plan

2009/2010

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***NHS Leeds Community Healthcare is responsible for providing healthcare services in the Leeds area and is hosted by Leeds Primary Care Trust (NHS Leeds)**

**CONTENTS:**

Section	Page
1. Introduction	
1.1 Context / Rationale	3
1.2 Business Planning for 2009/10	4
2. Past Years Performance	
2.1 Managing Director's summary	5
2.2 Financial Performance Overview	6
2.3 Operational Performance Overview	6
2.4 Other Major Issues	7
3. Future Business Plans	
3.1 Overall Vision	8
3.2 Corporate objectives	9
3.3 Range of Services	9
3.4 Service Development Plans	10
3.5 Impact of Transforming Community Services	10
3.6 Planning Structures	11
3.7 Contract and Partnership Arrangements	11
4. Risk Analysis	
4.1 Governance Arrangements and Development	13
4.2 Assurance Framework	13
4.3 Risk Overview	14
4.4 Risk Management Processes	14
5. Financial Projections	
5.1 Financial Performance	16
6. Service Development Plans	
6.1 Summary of Business Unit Objectives	18
6.2 Support Function Summaries	18
7. Supporting Schedules	23
7.1 Leeds Community Healthcare Service Portfolio	
7.2 Vision Values and Behaviours	
7.3 Leeds Community Healthcare Senior Management Structure	
7.4 Leeds Community Healthcare Corporate Objectives	
7.5 Summary of Business Unit Annual Plan Objectives	



1. INTRODUCTION

Key points of this section are:

- An overview of how Leeds Community Healthcare (LCH) has developed during the last financial year
- A context of how major national directives are shaping the future of LCH
- The objectives for 2009/10
- A rationale for the style and approach of LCH business planning processes

Purpose

This business plan is written to provide a context and overview of NHS Leeds Community Healthcare (formally NHS Care Services) its past developments and achievements and to set out its aims and objectives for the forthcoming year.

The annual plan for 2009/10 aims to build on the achievements made so far and to enhance and embed these further as the organisation formalises its position as an 'arms length provider' and works with the PCT to determine its future organisational form.

1.1 Context / Rationale

2009/10 will see further changes to the Leeds Community Healthcare (LCH) structures and constitution, as further progress is made on the formal separation of provider and commissioner functions.

Consideration is therefore given to the challenges that this formal separation process will present, as well as to the main factors influencing service delivery.

These fall into 2 categories:

Service Delivery Factors

- The impact of the Operating Framework objectives and goals.
- NHS Leeds strategic objectives
- Financial Position / Forecast 2009/10
- Health care Standards
- Completion of 2008/9 business plan objectives
- The impact of the 'New Standard Contracts'

Change Factors

- Transforming Community Services publications
- Operating framework
- Staff consultation process

The Department of Health publications, offer advice and examples of suitable Operating models that may be adopted by LCH.



Transforming the organisation to any of the alternatives involves the achievement of a 'business readiness' standard.

The production of this year's annual business plan has incorporated best practice in terms of format and content in order to achieve the highest standard in preparation for 'business readiness'.

The plan will therefore follow the *'Monitor Annual Plan Guidance Format'* where relevant.

1.2 Business Planning for 2009/10

The process adopted by LCH, has promoted and encouraged Business Unit involvement by adopting an 'operational service led' approach to the development of annual plans.

This approach has been supported by overarching corporate objectives and strategic objective principles, resulting in integration at an annual plan level.

This has resulted in the development of:

- Service specific Annual 'work' plans
- Summarised Business unit Annual plans
- An overall Annual plan for LCH

All of these plans, along with our corporate objectives provide an excellent platform for the future development of our integrated 3-5 year plan to be completed later in the year.

Not only will this contribute to our 'business readiness' programme, it will be a necessary and useful development in outlining our service plans and how well the organisation will operate in whatever future organisational form it should choose.

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2. PAST YEARS PERFORMANCE

Key points of this section are:

- To provide an overview of the strategy and performance achieved over the last financial year
- To provide reasons for major variations from planned performance
- To highlight major achievements
- To context the starting point for the next year

2.1 Managing Director's Summary

2008/9 was an interesting and challenging year, where LCH continued to provide a wide range of high quality services.

The key achievements include;

- ❖ Improved achievement against Health Care Standards
- ❖ Improved feed back from patients on our services
- ❖ Improved staff survey feedback

NHS Leeds saw the beginnings of the separation of commissioner and provider services into separate organisational forms.

'NHS Leeds Care Services' was formed as a shadow organisation to facilitate the progression to an 'arms length provider' within NHS Leeds.

In this year, LCH has made significant advances in developing Care Services as an 'arms length' organisation.

In particular we have:

- ❖ Achieved the formation of a 'shadow' board
- ❖ Improved and embedded organisational Governance and Risk Management Arrangements
- ❖ Continued to embed a Quality framework
- ❖ Entered into a Service Agreement (SLA) with NHS Leeds underpinned by service specifications or descriptions for each specialty
- ❖ Agreed Contract monitoring structures with the NHS Leeds
- ❖ Delivered Financial balance (surplus)
- ❖ Improved Health Care Standard achievement and compliance
- ❖ Development and introduction of a demonstrable performance framework and balance scorecard
- ❖ Conducted a review of 'business readiness' leading to an action plan in preparation for formal separation
- ❖ Agreed SLA's for functional separation of support services (Ongoing 2009/10)

2009/10 will be potentially more difficult and challenging as internal separation form will take place from April 2009. This will mean that as well as the challenge of being prepared for operating as a separate formal NHS body, this will need to be achieved against an increasing financial challenge equating to a Cost Improvement Programme (CIP) considerably higher than that of the national requirement.



2.2 Financial Performance Overview

LCH recognise the importance of robust financial management and have a strong record of managing and controlling our finances.

This is evident from:

- LCH having a sound track record of meeting its statutory financial duties.
- A track record of delivering cost improvement targets;
- Internal and external audit reviews.

LCH delivered a small surplus of £0.4m in 2008/09.

The income and expenditure figures, capital allocation and manpower figures for 2008/09 are summarised within the table below.

Description	Baseline Budget	Actual
	£,m	£,m
Income	91.0	90.6
Net Surplus(deficit)	0.4	
Capital allocation	0.6	0.6
Manpower (mpe)	2,521	2,419

Having reviewed the future financial plans and assumptions, these assessments forecast a challenging financial position for LCH in order to manage expenditure within our income forecasts in 2009/10.

This is outlined in detail through *Section 5*.

2.3 Operational Performance Overview

Health Care Standards

LCH declared compliance against all 7 domains of Health Care Standards in April 09.

LCH will be required to make a declaration of part year compliance to The Care Quality Commission (CQC) against core standards in November 2009.

This declaration will be based on a re-refresh of the Standards for Better Health (Health Care Standards) covering the first seven months of the year.



Access Targets

LCH have worked hard in ensuring patients are seen by services in a timely way and according to need.

LCH have developed reporting systems for the majority of services to enable the review and ongoing improvement of access times and continue to meet the nationally reportable waiting times targets of 18 and 13 weeks for our consultant led services.

Balance Scorecard

A balanced scorecard has been developed in year to support the corporate performance reporting of key performance indicators. This also provides business units with valuable information to performance manage their services. This will continue to be developed during 2009/10.

2.4 Other Major Issues

The following are examples of some of the work conducted during the last year. All of the issues have assisted us as an organisation and have contributed to the process of transition to 'arms length provider' status.

- Extensive consultation process with staff to establish:
 - Organisation Vision, values and behaviours
 - Organisation Name and identity (logo)
 - Preparation for consultation on organisational form
- Formation of a 'shadow board'
- Establishment of separate Risk and Governance arrangements
- Development of a 'business readiness' action plan



3. FUTURE BUSINESS PLANS

Key points of this section are:

- To provide an overall vision statement for LCH
- To detail the agreed Vision and Values
- To describe the corporate objectives for LCH
- To detail services and service developments
- To provide a basis for our planning rationale

3.1 Overall Vision

Vision & Values

LCH vision is to be:

‘A leading Organisation recognised by our patients for our quality of care’

The success of LCH will be based on:

- Collaboration, partnerships and innovation underpinned by technology
- High performance achieved by recruitment, retention and development of the best staff
- Use of resources wisely to innovate and improve services

This has been developed in full consultation and collaboration with staff and staff side organisations. Over the last year LCH has reviewed and developed our future direction via a series of engagement events involving as many staff as possible across all our services. LCH have reviewed its organisational strengths and weaknesses and the external environment within which we provide our services.

This is supported by the following values:

- *Quality* – service users deserve safe, evidence based and innovative services which are of the highest quality.
- *Experience* – service users should be guaranteed timely access to customer-focussed services that are responsive to their needs. Staff should have access to appropriate support, training and development to enable them to optimise the service user experience.
- *Partnership* – LCH work best in partnership with service users, our workforce and partner organisations

These values and supporting behaviours are described further in:
(Supporting Schedule 7.2)



In order to achieve the vision and future direction, LCH will aim to:

- Maintain and sustain performance in all services
- Create an arms length organisation
- Work in partnership to ensure integration of services for patients/service users
- Provide highest quality of care and patient experience
- Become the employer of choice by our staff

This year will see the development of strategic objectives for LCH which will take into account corporate objectives, commissioning strategy, national policy, business readiness requirements and future organisational form.

Formation

LCH has been established as the 'arms length provider' organisation of NHS Leeds, with the delegated responsibility for the provision of community healthcare service to the population of Leeds.

The diversity of its population brings challenges to health provision such as the management of lower than average life expectancy and higher incidence of morbidity.

A full list of services provided is shown in (*supporting schedules 7.1*)

We have reviewed and explored with our commissioners the options for the future organisational form of LCH. In preparation for our period of formal consultation, we have ensured that we have engaged our workforce in the development of the future. Our future direction, and plans for our longer term service developments, is supported by our Commissioners and will be achieved through strong partnership working.

3.2 Corporate Objectives

The corporate objectives, which fall generally into the main strategic objective headings, are shown in (*Supporting Schedules 7.4*)

These objectives, as agreed with NHS Leeds, are the foundations which underpin the Business unit Annual plans and the plans of the supporting services. By encouraging and embedding these objectives in main stream and supporting plans, we are aiming to achieve the theme of 'integration' into the process.

3.3 Range of Services

LCH currently delivers services from three Operational Business units: Adults, Children's and Young People's Services and Specialist Services.

The Business units are supported by corporate and support functions: Finance, Performance Contracting & Business Planning, IM&T, Governance and Professional Development (GPPD), Service Improvement, Communications and Estates.



As part of the formation of the separate 'arms length' organisation the roles of the Senior Management Team (**Supporting Schedules 7.3**) and the board's constitution and format are being developed. This which will reflect the emerging model of operation and the additional responsibilities of bringing support services provided by NHS Leeds within the remit of LCH.

LCH will continue to review the effectiveness of our emerging model and will ensure that we always have the best form to support our organisational function and our services delivery needs.

3.4 Service Development Plans

Business units have taken an approach to their annual plans which will ensure that the key objectives link to the governance assurance framework and the appropriate committees so that board level assurances can be achieved on annual objectives.

In establishing the areas and priorities for service development we have:

- Ensured that the longer term vision, strategic direction and goals for LCH have determined the context through which we have assessed development priorities.
- Undertaken a review of our own internal capabilities, and considered how best to build on our strengths, address our weaknesses and respond to the opportunities and threats we have identified.
- Considered the external influences and environment
- Engaged with front line teams to identify their priorities for service development, to ensure LCH continues to provide for the needs of our service users through modern and accessible services.

3.5 Impact of Transforming Community Services (TCS)

TCS has two high level aims;

- Improving Clinical Services
- Being 'Business ready'

During the next three year LCH will strive to improve quality and the experience our patients receive, prioritise and encourage clinical leadership at all levels in the organisation and aim to capture and learn from feedback from patients, staff and partners.

LCH will become business ready, able to demonstrate our value to commissioners and customers and will review our organisational form and develop into an independent organisation.

The decision as to which form, will be taken after extensive consultation with staff, patients, commissioners and other stakeholders.



3.6 Planning Structures

The planning structures utilised within LCH have been based on a process which allows for strong 'operational service' lead and involvement. This is set against a background of guidance and support from external 'must do's', organisational strategy and objectives, whilst ensuring compliance with guidance on national policy and priorities.

The development of an LCH Governance Framework ensures that the Business Unit Annual Plans can be monitored via the Quality, Risk and Governance committee (QRGC) and the Finance and Performance Committee (to be established in year).

Through these mechanisms, reporting to the LCH Board, continued commitment to objectives and assurances of delivery can be achieved.

To promote consistency in approach, the Business Units have produced plans utilising a template which categorises the objectives under corporate headings.

These in turn link to governance committees thus allowing for integration of governance arrangements across the organisation.

In order to provide a platform for further development of the planning process, this annual planning process has included aspects from all of the support functions within the Community Healthcare remit. This principle follows 'best practice guidance' and will enhance the production of the 3-5 year plan, which is to occur later in this financial year.

3.7 Contract and Partnership Arrangements

Summary of Contractual Relationships

NHS Leeds is the main commissioner of services provided by LCH. NHS Leeds with Prison representatives also commission healthcare for prisoners in three locations in Leeds. Inter provider agreements are established with Leeds Teaching Hospitals NHS Trust and agreements exist to provide Prisons health care on behalf of the Department of Health.

A series of Service Level Agreements (SLA's) with NHS Leeds exist internally to provide the necessary support service functions for Human Resources, Estates, Communications, IM&T support.

Overview of Other Procurement Arrangements

LCH continues to adhere to the procurement strategy established within NHS Leeds to deliver best value and prompt delivery on all selected goods and services.



A complete system of managed procurement is under development, which will cover all areas of non-pay expenditure.

Best value will also be achieved through the use of national and regional contracts, allowing LCH to obtain preferential terms taking advantage of economies of scale. Additionally, local contracts are negotiated to ensure comprehensive coverage of all major areas of LCH expenditure.

Joint Venture and Partnership Arrangements

NHS LCH continues to develop its partnership arrangements to encourage integration within the private or public sector providers of Leeds.

Leeds Community Healthcare recognises the benefits and opportunities that can be achieved by pursuing and encouraging joint ventures and partnerships in improving service provision and income streams within the organisation.

Partnership working with service users and carers is embedded in our organisational culture. Through this active engagement, LCH can demonstrate significant service improvement within the last financial year.

Close working relationships have been / are being developed with Practice based commissioning consortia, with the possibility of joint provision of some services in the future.



4.0 RISK ANALYSIS

Key points of this section are:

- Risk management processes are embedded within the organisation
- The risk register is a live document linked to the assurance framework, the organisations vision, strategy and corporate objectives
- Risk management is an inherent part of line management
- Risks are 'owned' throughout the organisation
- Assurance that risks are prioritised throughout the organisation
- Risk assurance is routinely incorporated within the Board

4.1 Governance Arrangements & Development

Governance and Professional Development is leading the governance development for the 'arms length' organisation. The Community Healthcare Board aspires to meet Community Foundation Trust/ Monitor Standards for Clinical and Corporate Governance. This will ensure LCH has a Governance Structure which is suitable for which ever organisational model the NHS Leeds Board identify as the preferred model for LCH.

In addition the department is working with the Transforming Community Services Programme Board to develop an Integrated Governance Strategy. Implementation of the Integrated Governance Strategy will be supported by developing the governance infrastructure in LCH and establishing an integrated governance team. This will be achieved by realignment of department priorities, functions and personnel and the transfer of a small resource from corporate services.

Working with the business units, performance team and Quality Governance and Risk Committee structure will develop clinical and corporate governance assurance and reporting systems.

The integrated governance team will be fully established by September 2009, and will manage any remaining Service Level Agreements with the NHS Leeds Corporate Governance Team.

The objective is to transfer Incident Investigation, Incident Management, Health and Safety and Risk Management functions into NHS Leeds Community Healthcare by September 2009.

Infection Prevention and Control and Medicines Management for provider services are based currently within NHS Leeds corporate functions. There are plans to transfer both of these functions into the LCH Governance and Professional Development Department by September 2009.



4.2 Assurance Framework

Underpinning the structural Governance arrangements will be an assurance Framework process. It will be designed to capture in one document, the principal corporate and directorate objectives for the year, highlighting progress towards their achievement along with an acknowledgement of potential risk that may compromise their achievement.

This document will be considered on a monthly basis by the Quality, Governance and Risk Committee with appropriate reviewing actions being taken in mitigation.

4.3 Risk Overview

High Level Risks

The full risk register as a 'live' document is available electronically within the organisation. The risk assurance process requires 'high level risks' (12+ matrix score) to be reported to the board on a monthly basis, with exception reports and the full register being discussed quarterly.

Recorded actions are considered on an informed basis and progress is reported to the board via the Quality, Governance and Risk Committee to give board assurance.

The high level risk priorities for this financial year are:

- Financial stability and balance within a year with challenging Cost Improvement (CIP) targets, brought about by a difficult financial environment both nationally and within Leeds
- Maintenance of a complex and lengthy staff involvement / consultation process, associated with the impact of Transforming Community Services (TCS) and the future organisational form
- Continual improvement to the access agenda
- Maintenance / improvement to all national and local targets
- Managing the increase in demand for data and information related to the new standard contract, commissioners requirements and the implementation of nationally driven system improvement
- To interpret national guidance on Estate strategy and usage and to develop a local strategy applicable to the future organisational form

4.4 Risk Management Processes

Introduction

The Risk management processes and documentation utilised within the Leeds Community Healthcare are based on those used in the PCT organisation. Initially this is to ensure continuity and integration with the PCT board documentation and higher level Risk Register.



As LCH has developed over the last year it has increased the focus and understanding of the higher level operating service risks that may have an impact on the organisation and services from a business perspective. In response to this LCH have developed more robust plans to address and reduce the identified risks. Whilst retaining links to the PCT, LCH risks are now held separately within the 'Leeds Community Healthcare Composite Risk and Assurance Register'.

We have reviewed and strengthened our Assurance Framework to ensure that compliance to an ongoing process of review and monitoring of risks within our organisation and business is effectively provided for, and subject to, the appropriate review and scrutiny by the Board.

This is achieved through the Quality, Risk and Governance committee which reports directly to the board on a monthly basis.

High level business risks are identified and assessed in relation to their likelihood and impact on the organisation and its services and uses a 5x5 matrix to represent the risk in a 'traffic light' colour system.



5.0 FINANCIAL PROJECTIONS

Key points of this section are:

- To provide an overview of financial objectives for the forthcoming year
- To describe the financial strategy for 2009/10
- To describe the income and capital allocations and the levels of risks

5.1 Financial Performance

In accordance with the strategic principles of LCH to maintain and sustain our performance in all areas and to create an arms length organisation, we will review the overall approach to resource and financial management, aiming to:

- Develop a longer term financial plan that sets out achievement of a surplus year on year
- Develop robust financial systems and processes as required to become a stand alone organisation
- Have robust cost improvements plans in place
- Target efficiency savings in areas with higher reference costs
- Invest our capital effectively
- Develop a rigorous commercial approach to negotiations with our Commissioners
- Develop currency and pricing systems

LCH recognises that well controlled financial management arrangements are critical to the success of a stand alone organisation and are putting in plans not only to strengthen the financial and governance arrangements, but also to implement a programme of service line reporting across all of our directorates. This will ensure that LCH not only develop a detailed understanding of the profitability of each of our services but that we take informed financial decisions.

In 2009/10 LCH signed a block contract with our main commissioner NHS Leeds that will generate £95.6m of income to provide community services.

A summary of the 2009/10 financial plan is included in the table below.

Detail	£ m
B / Fwd Expenditure Budget 2008/09	82.6
Inflation Uplift	2.8
Efficiency Saving Required (3.0%)	(2.6)
Approved Developments 2009/10	0.9
Re provision of 08/09 under spend	0.5
Anticipated Allocations	11.0
CQUIN Funding	0.4
Opening Budgets 2009/10	95.6



In order to deliver financial balance in 2009/10 there are currently £2.6m of financial risks that will need to be managed during the year.

A capital resource allocation of £600k for 2009/10 has also been agreed with the commissioner.



6.0 SERVICE DEVELOPMENT PLANS

Key points of this section are:

- To provide a summary of the Business unit Annual plans
- To describe how the support plans integrate with Business Units
- To detail the key objectives (reportable and local)

6.1 Summary of Business Unit Objectives (*Supporting Schedules 7.5*)

LCH have identified a framework for service delivery and growth that will enable the business units to achieve our corporate objectives and support the development of our strategy. In essence they fall into four main categories:

- Resource Utilisation
- Quality
- Partnership
- Experience

These are detailed in the three individual Business Unit Annual Plans, which can be accessed, in full at

[T:\Care Services\Performance, Contracting & Business Planning\Business Planning\2009 -2010\2009-10 Business Unit Plans](#) (*master copies*).

[Printed copies are available on request from the Business Planning manager](#)

A summary has been extracted from the 3 business unit plans, within each of the framework area which shows the common high level objectives, the key planning areas and links to business readiness.

6.2 Support function Summaries

Workforce

2009/10 will see the majority of the workforce function being aligned to LCH with a Service Level Agreement being provided back to the Commissioning arm of NHS Leeds. The exception is the HR Business Partners where dedicated support will be provided to the both arms of NHS Leeds. This will ensure that Workforce becomes an integral part of LCH.

In order to support the operational and corporate functions of LCH the Workforce Department has identified the following key objectives in 2009/10;

- Further development and integration of the Electronic Staff Record (ESR) workforce information system as the foundation for all workforce information related processes. This will include the development of 3 key ESR modules
- Exploration of the development of dedicated high quality training facilities, working in partnership where appropriate



- Continuation and further development of joint ILM Leadership and Management development centre, including developing a resource plan for 2011 onward
- Advisory and contributory role in the TCS, Organisational change consultative and ongoing staff engagement processes
- Developing a coaching culture within LCH including the establishment of a joint coaching register
- Advisory and contributory role in the further development of LCH into the agreed organisational form
- Development of Workforce policies for future use in the 'Arms Length Organisation' and to meet 'business readiness' standards for the future organisational form

Governance & Professional Development

Governance for patient safety and Professional Development for quality are the principles which underpin the Governance and Professional Development Department function. The Governance and Professional Development Department will support the LCH annual business plan by:

- *Working in partnership with business units to embed a culture of safety and quality through integrated business plans*
- *Leading the framework for corporate and clinical governance*
- *Creating a learning environment that supports professional development and innovation*

In 2009/10 the Governance and Professional Development Department will support business units with systems, processes and expertise to embed the Quality Framework, implement the Strategic Health Authority Quality Indicators and meet the requirements of the National Quality Framework and Prison Quality Indicators.

The department will lead systems and assurance that Health Care Standards (HCS) and NHS Litigation Authority Standards (NHSLA) are in place. The Department will work with managers and clinicians to preparing evidence for:

1. West Yorkshire Audit Consortium clinical governance audit (June 1st 2009)
2. HCS for the Care Quality Commission Inspection (June 10th 2009)
3. NHSLA standards at level 1 for the NHSLA Inspection (August 2009).
4. Other agencies and departments as required.

There will be a consolidation of systems to disseminate, implement and assure against National Institute for Clinical Excellence Guidance in 2009 and an audit of the process in 2010.

Development and implementation of the Integrated Governance Strategy will be supported by the developing governance infrastructure LCH and establishing an integrated governance team.



In addition to the development of the governance arrangement for LCH, the department will work with the partnership, Patient and Staff Experience Governance Group (PPSEG) and the Patient and Public Involvement (PPI) to ensure strategies and a culture of proactive involvement is achieved.

In summary, the Governance and Professional Development Department objectives for 2009/10 are to:

- Support Business Units with professional development advice and resource to meet Integrated Business Plans
- Work in partnership with Business Units to ensure quality and patient safety and PPI are central to care
- Establish a corporate governance infrastructure and lead corporate and clinical governance to Community Foundation Trust standard
- Provide and model clinical and professional leadership at all levels of the organisation which celebrates excellence and challenges poor practice
- Lead training needs analysis and clinical education to develop new roles and competencies
- Work with the head of Workforce to ensure the successful implementation and use of Oracle Learning Management System
- Create a learning environment that supports professional development, innovation and clinical skills training
- Develop the infrastructure to deliver medicines management and infection prevention and control
- Lead, co-ordinate and populate CQUIN, NHSLA and CQC standard development and assurance including registration with CQC as separated provider organisation.
- Provide evidence and assurance of Quality, Patient Safety and Risk Management for the NHS Leeds Community Healthcare Board.

Community Informatics (IM & T)

Aims and objectives are determined by the requirements of national policy and local business needs. The National Programme for Information Technology and the Operational Framework (Informatics Planning) document set out central requirements whilst the establishment of LCH as an Arms Length body with aspirations of becoming an autonomous organisation highlights a range of fundamental information requirements to underpin record keeping, billing and executive decision making. The introduction of the NHS Community contract places LCH under a contractual obligation to develop certain of these requirements.



Specific objectives for 2009/10 and beyond are set out in the document, NHS Leeds (Care Service), Local Health Community overview on IM&T plans for 2009/10 to 2010/11.

Principal objectives include:

- Developing proposals for an Executive Information System
Short term this may be limited to facilitating interrogation of current data warehousing facilities. In year a preferred system will be specified and evaluated for introduction when finances allow.
- Internet/Intranet services
Construction of Internet/Intranet services to reinforce the corporate identity of LCH.
- Billing and Invoicing
Development of robust activity monitoring systems to allow contract monitoring and move towards volume sensitive contractual arrangements
- Information Governance
Maintain (within the PCT) Level 2 NHSLA Information Governance toolkit compliance, preparing policies and procedures to support independent compliance on receipt of Autonomous Provider status.
- Data Quality
Develop systems to comply with the requirements of the NHS Community Contract, encompassing production of regular Activity monitoring information, processes to comply with National reporting requirements and ultimately to produce information in a format capable of uploading to the Secondary Users Service
- Migration of patient information from RiO to SystemOne
During 2009/10 the Community Informatics Team will facilitate the training of staff and support the transfer of records from RiO to SystemOne. This is part of a project that will complete in 2010/11.
- Choose and Book
During 2009/10 systems will be introduced to ensure that for all relevant services patients are able to indirectly book their appointments as part of the national choose and book initiative.
- Summary Care Record
During 2009/10 LCH will ensure that resources are in place to meet the 2011 deadline for introduction of the Summary Care record.

Contract, Performance and Business Planning

Over the last year the Performance, Contracting and Business Planning team has put into place some of the essential building blocks regarding effective business development and planning. This is so that we can understand our business, what services we provide, and how well we are performing to our contracts (or “as an organisation”).



In 2009/10 this work will be developed further, the following comprise some of the main objectives for the team to ensure LCH can continue to develop as an arms length organisation;

- A new performance framework will be introduced to ensure that responsibility for performance management is embedded throughout the organisation
- Ensure managers and the Board have the necessary information to monitor operational performance and progress against corporate and strategic objectives
- Introduce a quarterly review process of business units' performance to be reported to the Performance Committee
- Support Business Units with the development of service specific balanced scorecards, ensuring alignment with corporate reporting and satisfying the requirements of the contract
- Coordinate the development of the 3-5 year strategic business plan as well as continue to develop and refine our approach to the annual business planning cycle in line with best practice
- Develop robust contract management and development processes, ensuring that all contract requirements are met
- Support business units to determine where services might be positioned in the future ensuring that they are commercially viable
- Develop a corporate approach to marketing and support business units with developing their marketing plans

Estates

Whilst LCH has no directly employed Estates function, it is clear from DoH guidance on the future of Estate management, what, as an organisation, needs to be achieved within this financial year

LCH will develop its own 'Estate Utilisation /Requirement Strategy' to be used in partnership with NHS Leeds. (Commissioners)

This will be based on operational service requirements and will set out our vision for:

- Optimal Location and space requirements
- Maximisation of space utilisation
- Specified minimum standards to meet the 'PEAT' criteria
- The planning and compilation of an informed LCH 'capital expenditure programme'



7.0 SUPPORTING SCHEDULES

7.1 LCH Services Portfolio

7.2 Vision, Values and Behaviours

7.3 Senior Management Structures

7.4 Leeds Community Healthcare Corporate Objectives

7.5 Business Unit Annual plan Summary



Schedule 1 - Service portfolio

Adults and Specialist Services	
Anticoagulation Services	Smoking Cessation
Community Respiratory Service	Speech and language Therapy - Adult
Community Ophthalmology	Tissue Viability
Community Matrons	Weight Management
Contraception & Sexual Health Service	Community Dental Service
Dermatology	
Diabetes	
District Nursing	Children's Services
ENT	
Evening and Night Nursing Service	School Health Service
Gynaecology	Immunisation Team
Health Access Team	Looked After Children Team
Health Bus	Community Paediatric Audiology
Heart Failure/ CHD	Child Protection Nursing Service
Intermediate Care	Child & Adolescent Mental Health Service
Joint Care Management	Health Visiting
Leeds Language Liaison	Therapy services
Leeds Community Equipment Service	Children's Nutrition and Dietetic service
Musculoskeletal and Rehabilitation Services	Community Children's Nursing
Community Multiple Sclerosis Team	Community Paediatrics
Community Rehabilitation Unit	Obesity
Community Brain Injury Team	Children's Disability Team
Discharge Support Stroke Rehab Team	Children's Community Learning Disability Service
Specialist Community Liaison HV	Paediatric Ophthalmology
Occupational Therapy Service for Adults with Learning Disabilities	Speech and Language (child and in-reach to LTHT)
Parkinson's Disease Nurse	
Young Adult Team	
No Fixed Abode Team	
Nutrition & Dietetic Service	
Palliative Care	
Podiatry	
Primary Care Practitioners in Mental Health	
Urology	
Prison Service	
Sickle Cell and Thalassaemia Service	

Care Services Values

Leeds Community Healthcare



Care Services will demonstrate this by:

- Constantly reviewing, auditing and improving practice
- Encouraging everyone within Care Services to review service delivery and to challenge constructively the status quo
- Ensuring all members of staff remain up to date with practice
- Investing in learning, research and practice development
- Working with Commissioners to drive quality through contracts

Care Services will demonstrate this by:

- Listening and communicating
- Going the extra mile for service users
- Using resources wisely to maximise money available for patient care
- Ensuring all members of staff have regular appraisals and up-to-date, relevant personal development plans
- Delegating decision making to most appropriate team/person
- Promoting customer focus and professionalism across all services

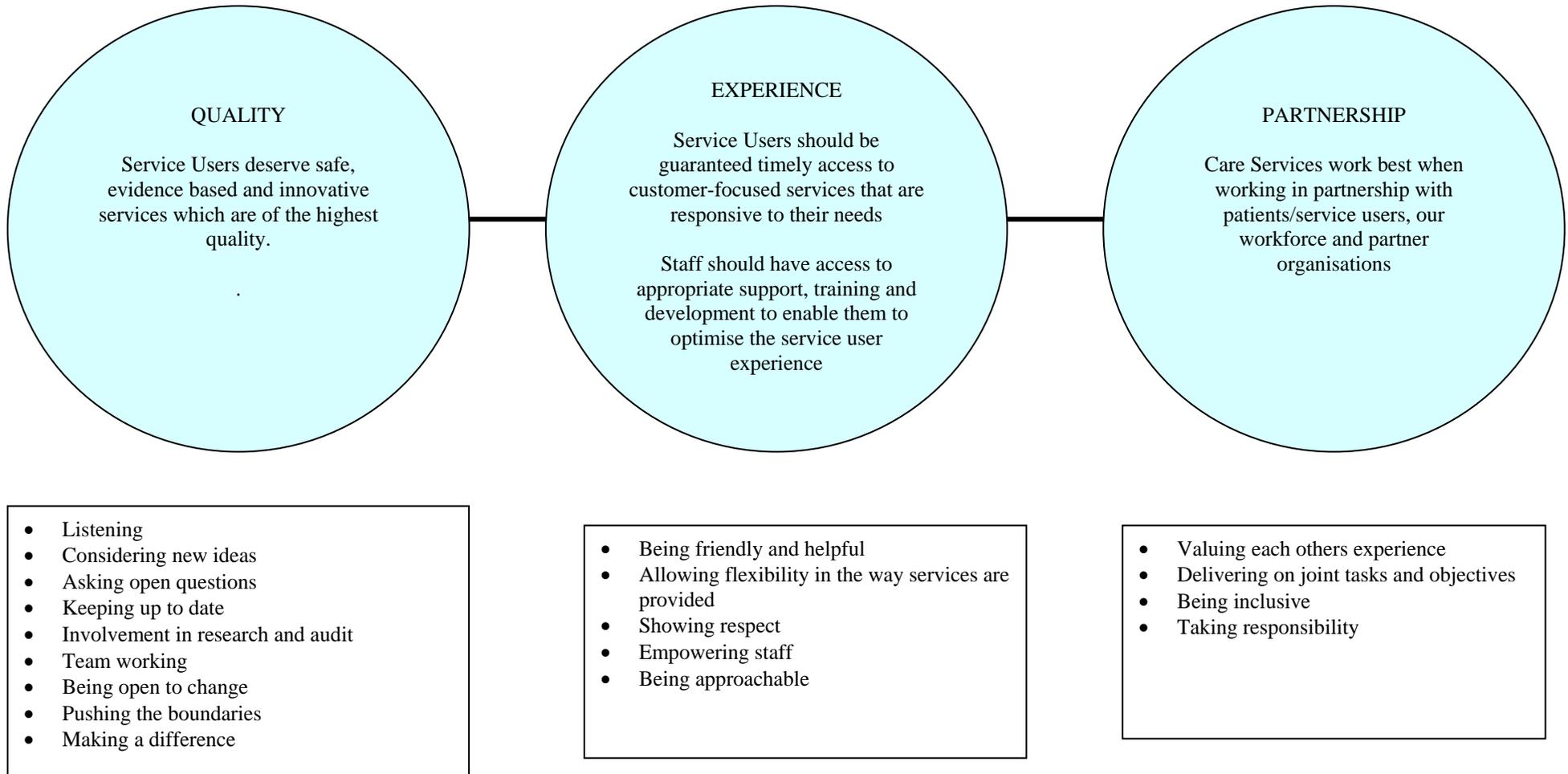
Care Services will demonstrate this by:

- Fully involving service users and carers in the development and delivery of services
- Consulting and listening to all our staff to that they are fully engaged in the development of the organisation
- Supporting all members of staff to learn from decision making processes
- Evolving a culture of mutual respect
- Working with partners to ensure the best experience for service users

SUPPORTING BEHAVIOURS:

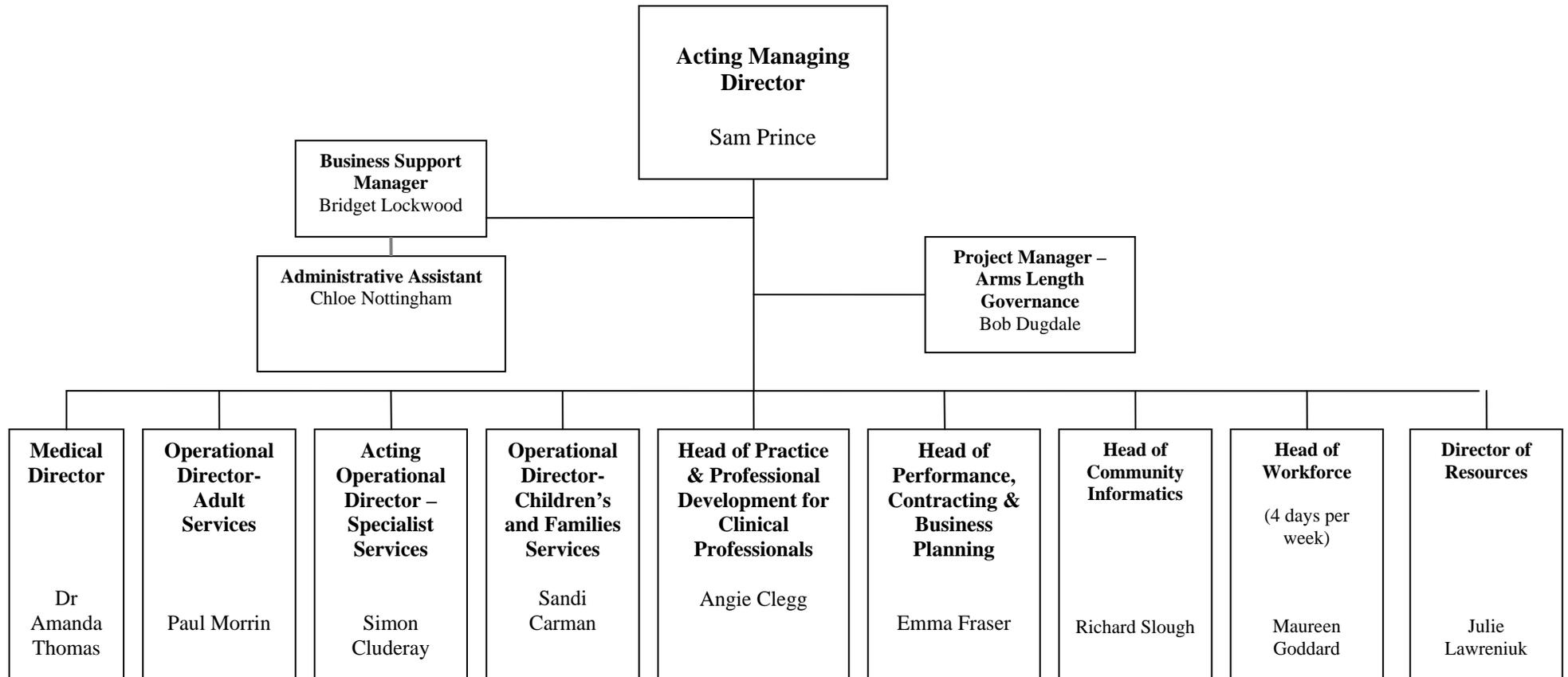
The delivery of this plan relies on people, our staff responsible for providing the services to the patient. Vital in this process is that our staff live out the values we feel are important, through their behaviours in their day to day interactions with patients and one another.

Behaviours Supporting Our Values



Schedule 3

NHS Leeds Community Healthcare – Organisation Chart



Schedule 4



Leeds Community Healthcare

NHS Leeds Community Healthcare Corporate Objectives 2009/2010

Improve our performance in all services

- Improve access for all groups and ensure compliance with national and local agreed waiting time targets
- Continue to develop and embed the performance framework
- Establish sound financial systems and achieve financial balance
- Promote and ensure patient safety

Create a fit for purpose organisation

- Clarify, agree and publish strategic direction of travel by October 2009
- Develop and implement new governance arrangements
- Develop and implement IMT strategy to ensure effective and robust infrastructure support
- Develop an NHS Leeds Community Healthcare estates strategy linked to service requirements
- Review, develop and implement corporate infrastructure required to be a fit for purpose organisation
- Continue to develop robust and formal contract mechanisms with all commissioners



Ensure improvement of services for patients through partnerships

- Develop and implement stakeholder and communications strategy
- Develop effective inter-agency partnerships to avoid duplication and waste
- Develop improved structures and processes to ensure safeguarding remains our highest priority
- Develop and engage staff in a clear programme of service improvement reviews to ensure improved services and value for money
- Involve patients, carers and the public in all aspects of our business
- Ensure continuous improvement in quality

We will be the employer of choice

- Involve our workforce in our decisions.
- Develop and implement a workforce and organisational development strategy

Schedule 5

CARE SERVICES - ANNUAL PLAN Summary 2009/10

Care Services Value framework	Key Planning Areas	Key Objectives	Corporate Objective Link
<p>RESOURCES - <i>To include Financial, Activity, Performance, People development and other resource objectives</i></p>	<p>Delivery and maintenance of a Balanced Financial position</p>	<p>Implement plans to achieve the CRES and CIP targets</p> <p>Establish plans for Skill mix & service reviews where necessary</p> <p>Maximise Income & Business Generation Opportunities</p> <p>Ensure plans exist to manage staff vacancies</p> <p>Reduce sickness levels across the Business Unit</p> <p>Contribute to Non Pay Review.</p>	<p><i>Improve our performance in all services</i></p>
	<p>Establish a 'Business Focussed' culture within each Business Unit</p>	<p>Produce a Business Unit and Service specific Business plans</p> <p>Produce a Business Unit workforce development plan</p> <p>Support the Development of inter department or provider SLA's</p> <p>Review all sub contracting arrangements to ensure that they are robust and value for money</p>	<p><i>Create a fit for purpose organisation</i></p>
	<p>Establish, Maintain and Deliver New Community Contract requirements</p>	<p>Ensure activity targets are met during 2009/10</p> <p>Develop an awareness and carry out an impact assessment of contract currencies for the 2010/11 financial year (TCS)</p> <p>Development of outcome measures for all services</p>	<p><i>Create a fit for purpose organisation</i></p>

CARE SERVICES - ANNUAL PLAN 2009/10

Care Services Value framework	Key Planning Areas	Key Objectives	Corporate Objective Link
<p>RESOURCES - <i>To include Financial, Activity, Performance, People development and other resource objectives</i></p>		Manage Demand against Capacity	
	Continue to Improve the existing Performance Framework	Review the existing Performance Framework and develop to embrace new Service level data, National targets, The Quality framework and Standards for Better Health	<p><i>Improve our performance in all services</i></p>
		Implementation plan for SystemOne	
<p>QUALITY - <i>To Include: Performance Framework ,Quality standards & Service Improvements</i></p>	Enable the Delivery of Choice and Care in the Community	Promote the personalisation agenda and choice by involving patients in their care planning	<p><i>Ensure improvement of services for patients through partnerships</i></p>
		End of Life Care delivered in line with the Liverpool Care pathway	
		Plans to prevent unnecessary hospital admissions, long term care and to promote rehabilitation.	
		Develop and Promote a culture which supports the principles of 'Care closer to home'	<p><i>Improve our performance in all services</i></p>
	Delivery of National targets and Objectives	Continue to monitor Nationally reportable services against 18 week target, identifying hot spots/ risk areas.	
Interpret & assess impact of the 'year of care' & 'personal care pathways' agenda.			

CARE SERVICES -ANNUAL PLAN 2009/10

Care Services Value framework	Key Planning Areas	Key Objectives	Corporate Objective Link
<p>QUALITY - To Include: <i>Performance Framework, Quality standards & Service Improvements</i></p>	<p>Delivery of National targets and Objectives</p>	<p>Development of waiting times targets for non 18 week services</p>	<p><i>Improve our performance in all services</i></p>
		<p>Interpret and implement local resolutions to the 'Darzi' recommendations</p>	
		<p>Ensure delivery of Vital signs - Access - Achievement of waiting time targets (National and Locally reportable)</p>	
		<p>Prepare for the move to the "Bundling" of services and the development of a Care Pathway Approach.</p>	
		<p>Assess and implement Operating Framework Requirements</p>	
		<p>Embed the TCS recommendations within Care services</p>	
	<p>Enable the Delivery and Maintenances of a Quality framework</p>	<p>Develop Services to include evidence based practice to meet all Service Specifications</p>	<p><i>Ensure improvement of services for patients through partnerships</i></p>
	<p>Implement new DoH Quality Framework when available and achieve compliance with CQC Standards for Better Health</p>		
	<p>Implement national/ local CQUIN initiatives where relevant</p>		
	<p>Improve Access to Services</p>	<p>Move services on to "Choose & Book" system when appropriate</p>	<p><i>Improve our performance in all services</i></p>

CARE SERVICES - ANNUAL PLAN 2009/10

Care Services Value framework	Key Planning Areas	Key Objectives	Corporate Objective Link
<p>QUALITY - To Include: Performance Framework, Quality standards & Service Improvements</p>		Explore electronic/ on line referrals arrangements for all services	<i>Improve our performance in all services</i>
	People Management and Development	Implementation of KSF Development Project	<p><i>We will be the employer of choice</i></p>
		Ensure all staff are receiving PDP's/ Appraisals at least once per year that identifies their individual job specific learning requirements	
		Celebrate Successes and encourage nominations to be put forward for awards	
		Audit all services against mandatory/ statutory training target	
		Develop leadership skills in staff as appropriate and proactive recruitment onto ILM courses.	
	Continue to build on the 'Risk management' agenda in the areas of Risk, Incidents and Complaints	Continue to promote a learning culture in respect of Incident resolution, risks and complaints.	<p><i>Improve our performance in all services</i></p>
		Train staff and Implement the new legislation re complaints, working across agencies	

CARE SERVICES - ANNUAL PLAN 2009/10

Care Services Value framework	Key Planning Areas	Key Objectives	Links to:
<p>PARTNERSHIPS - To include: <i>Partnership arrangements, Commissioners working Relationship developments.</i></p>	<p>Continue to engage and promote Partnership working</p>	<p>Develop an integrated Business unit approach to partnership working</p> <p>Continually work with clinical stakeholders to develop and implement shared documentation where possible.</p> <p>Develop a Business Marketing Plan</p> <p>Continue to develop a partnership approach to service delivery, where appropriate, with other local providers and organisations</p>	<p><i>Ensure improvement of services for patients through partnerships</i></p>
	<p>Contribute to the decision making process around future organisational form</p>	<p>Each service to examine and appraise the options for organisational models (Community Foundation Trust/ Social Trusts/ Arms length provider, integrated care etc) as they affect the service</p> <p>Ensure staff engagement in the process</p> <p>Ensure all staff are aware of the "right to request" arrangements for social enterprises</p> <p>All staff to be involved in the decision making process</p>	<p><i>Create a fit for purpose organisation</i></p>

CARE SERVICES - ANNUAL PLAN 2009/10

Care Services Value framework	Key Planning Areas	Key Objectives	Links to:
PARTNERSHIPS - <i>To include: Partnership arrangements, Commissioners working Relationship developments.</i>	Maximise opportunities to influence commissioners and decision makers	Organise regular business unit meetings with PBC to showcase services/ issues/ explore future opportunities for developing new services	Ensure improvement of services for patients through partnerships
		Improve flows of accurate information to PBC around service activity/ performance	
EXPERIENCE - <i>To include: Staff development, Change Agenda, PPI and personalisation issues.</i>	Ensure that the Business Unit complies with Care Services PPI strategy	Each service to develop and implement an appropriate delivery plan to the Care Services specified 'Bronze, Silver or Gold' standard	Ensure improvement of services for patients through partnerships
		Implement the findings and recommendations of previous patient surveys and conduct a new survey annually	
		Establish User / carer forums as appropriate	
		All services undergoing significant change should ensure that they have service user involvement in developing/ evaluating planned services	
		Each service to develop a PPI action plan based on views and feedback from patients. Incorporating targets into performance framework	

CARE SERVICES - ANNUAL PLAN 2009/10

Care Services Value framework	Key Planning Areas	Key Objectives	Links to:
<p>EXPERIENCE - To include: Staff development, Change Agenda, PPI and personalisation issues.</p>	<p>Ensure that the Business Unit complies with Care Services PPI strategy</p>	<p>Ensure future patient satisfaction surveys can be converted into % satisfaction scores - to be used to set continuous improvement targets</p>	<p><i>Ensure improvement of services for patients through partnerships</i></p>
	<p>Develop a Business Unit Staff engagement strategy</p>	<p>Explore ways in which service users can be given information around performance/ continuous improvement</p>	
	<p>Contribute to the delivery of the PCT Fairness Scheme</p>	<p>Review effectiveness of Staff Open forums</p>	<p><i>Ensure improvement of services for patients through partnerships</i></p>
		<p>Develop other innovations to improve staff/ clinical engagement</p>	
		<p>Following consultation firm up the Care Services Fairness scheme action plan</p>	
			<p>Implement the action plan</p>