Leeds Community Healthcare NHS Trust

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Operational Plan
2018 - 2019

March 2018

Contents

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Operational Plan 2018/19

Executive Summary

1. In 2017/18 we have delivered high quality care in what has continued to be an extremely challenging context: difficulty recruiting to vacancies, severe system pressures over the winter period and the uncertainty of services being tendered. There has been recognition from partners city-wide of the positive role played by Adult and city-wide Specialist services in supporting patient flow over the winter. We were delighted to receive a 'good' overall rating from the CQC and 'outstanding' for caring for our Adult community services.

2. The 2018/19 plan reflects continuity and clear alignment with the West Yorkshire and Harrogate Health and Care Partnership Plan and Leeds Health and Care Plan. LCH continues to be well placed to play a leading, facilitative and integrative role in the development of integrated care systems for out of hospital care in Leeds. We will continue to play a strong role in supporting the development of Local Care Partnerships (LCPs) and the Leeds Primary Care Partnership.

3. We will increasingly support the implementation of the West Yorkshire and Harrogate Health and Care Plan and Leeds Health and Care Plan in 2018/19 e.g. implementing the West Yorkshire New Model of Care for Mental Health Tier 4 provision for Children and Young People, development of an integrated frailty pathway and establishing Urgent Treatment Centres.

4. Our 3 Business Units will work with commissioners and other Leeds providers to implement agreed developments and be pro-active in identifying and developing proposals that enable a shift from hospital to the community and support early intervention, pro-active care and self-management. It is vital that there is investment to enable this.

5. We face fewer tenders in 2018/19 than in recent years but we will aim to develop a compelling bid for 0-19 services.

6. 2018/19 will be a landmark year for our neighbourhood teams who will complete roll out and embedding of the electronic patient record, mobile working and new ways of working across all teams. We will progress work to integrate city-wide Adult and Specialist business unit services with our neighbourhood teams.

7. We will develop and implement our Quality Improvement approach, putting it at the heart of how we work at every level.

8. We will develop a 'strengths based' approach organisation-wide so that we 'work with' and don't 'do to' patients.

9. Although the financial context remains challenging we will deliver the financial control total for 2018/19.

Leeds Community Healthcare NHS Trust

Operational Plan 2018 - 2019

1. Strategic Context

1.1. National

1.1.1. National planning guidance for 2017/18-18/19 sought to drive system planning, through 2 year contracts aligned to 5 Year Forward View and Sustainability and Transformation Plans (STP) implementation. It required all provider and commissioner plans to align with the STP and deliver the organisation and system control total. The guidance set out 9 Priority 'must-do's', 2 year CQUINs and dedicated funding streams building over five years for core priorities, principally mental health, cancer care, general practice, diabetes and technology.

1.1.2. National planning guidance for 2018/19, as expected, did not include any new priorities. It set out how the additional funding announced in the November 2017 budget would be allocated, the principle focuses being

- Acute sector achieving A & E targets and financial balance by March 2019
- Expanding and developing care provided by individual GP practices, federations and super-partnerships
- CCGs achieving financial balance by March 2019
- Ensuring commissioners pass down additional investment in mental health and protect funding for primary care and cancer services
- Promoting further development of Integrated Care Systems – previously known as Accountable Care Systems
- Funding for innovative development of IT infrastructure

1.1.3. The Trust's Operational Plan is also framed within continuing low funding increases for the NHS in the context of increasing demand and workforce shortages continuing to impact on our ability to recruit nurses and therapists in particular.

1.2. West Yorkshire and Harrogate Health and Care Partnership Plan

1.2.1. The West Yorkshire and Harrogate Health and Care Partnership Plan (WYHP) (previously known as the West Yorkshire and Harrogate Sustainability and Transformation Plan (STP)) sets out priority focuses and SMART targets in relation to closing the health and well-being gap, care and quality gap and financial gap for the region – see Appendix 2

1.2.2. The WYHP sets out workstreams to be progressed at the regional level and 6 place based plans, including the Leeds Health and Care Plan. The priority focuses and SMART targets in relation to closing the health and well-being gap, care and quality gap and financial gap in Leeds are set out in Appendix 1.

1.3. **Leeds Health and Care Plan**

1.3.1. The Leeds Health and Wellbeing Strategy provides the strategic context for the Leeds Health and Care Plan as it sets out the major challenges and strategic priorities for health and well-being in Leeds.

1.3.2. There has been significant progress over the past year in developing and implementing plans for the 4 over-arching Leeds Health and Care Plan workstreams,

- Prevention
- Pro-active care, early intervention and self-management
- Urgent care and rapid response
- Improving secondary care

LCH continues to be involved in each, particularly the first three. Further detail in section 2.3

1.3.3. In 2018/19 we expect there to be a step change in the impact on the Trust of developing and implementing the Leeds Health and Care Plan, which is reflected throughout this Plan

2. Alignment of the LCH 2018/19 Operational Plan with the West Yorkshire and Harrogate Health and Care Partnership Plan and Leeds Health and Care Plan

2.1. The vision and intent of LCH's Operational Plan is fully aligned with both the West Yorkshire and Harrogate Health and Care Partnership Plan and the Leeds Health and Care Plan. We remain strongly committed to delivering the Leeds Health and Care Plan ambition. However, LCH will only be able to take forward some key elements of the local plans if there is additional investment given the context we are operating in:

- increasing demand and complexity as a result of demographic change
- potential service decommissioning by Leeds CCG
- competitive tendering of services we currently provide

At present we cannot be confident that there will be any significant investment in the services provided by the Trust.

2.2. **Development Aligned with the West Yorkshire and Harrogate Health and Care Partnership Plan**

2.2.1. LCH was successful in its partnership bid to NHS England to be a New Model of Care for Children and Adolescent Mental Health Services Tier 4 pilot site. The New Model of Care will develop a revised pathway across West Yorkshire to reduce the use of Tier 4 beds with more services being delivered in the community and closer to home. Any savings that arise from the new pathway will

be invested in developing community mental health services for children and young people to provide equitable and effective crisis services across the region. LCH will manage the £7.5m budget for a two year pilot period from April 2018, reviewable at six monthly periods. This will be complemented by the building of a new Tier 4 Unit with an enlarged bed base, with building work planned to commence during next financial year.

2.3. Development Aligned with the Leeds Health and Care Plan

2.3.1. Prevention

LCH has a central role in tackling the key public health challenges of obesity, smoking, lack of exercise and alcohol consumption by promoting healthy living through every contact. National CQUINs continue to support this agenda, the focus for 2017-19 being smoking and alcohol use screening and provision of advice. Our Community Neuro Rehabilitation unit services will embed this in assessment and care planning in 2018/19.

Front-line staff adopting a health coaching approach will also support prevention.

2.3.2. Pro-active care, early intervention and self-management

2.3.2.1. **Increasing and integrating the community offer for out of hospital health and social care** – the work to develop and redesign integrated primary care organised around peoples' needs at the neighbourhood level (c.30,000 – 60,000) has progressed substantively during 2017/18. There will be 18 Local Care Partnerships (LCPs) under the umbrella of the 13 neighbourhoods. We have shown our commitment by seconding our Head of Organisational Development to support LCP development. LCH is fully involved in developing and implementing plans within and across LCPs e.g. funding a lead nurse to support Armley LCP implement redesigned primary care, development of a new model for Diabetes care building on the Chapeltown Diabetes pilot and implementing new models of care for MSK. We expect all LCPs to develop more integrated working during 2018/19.

We expect our joint work with the three GP Federations in Leeds as they transition to one GP Confederation to continue at pace during 2018/19.

Work will commence on developing an integrated frailty pathway and associated outcome orientated integrated commissioning, including contracting and budgets. We expect LCH Adults and Specialist services to be fully involved. Commissioners have also signalled their intention to develop integrated Respiratory and

Cardiology pathways in 2018/19 in order to extend and increase provision in the community by increasing specialist support to neighbourhoods and extended general practice. We have secured £156k Improved Better Care Fund (iBCF) funding to support Falls pathway development in 2018/19.

In 2018/19 we will evaluate pilots funded by commissioners in 2017/18, and seek recurrent funding for those that deliver intended outcomes:

- Leeds Integrated Discharge Service (LIDS) – partnership approach with LTHT and a 3rd sector organisation
- Extension of the Respiratory Early Discharge service from a 5-day to a 7-day service – improving patient flow

2.3.2.2. **Providing care close to home - shift from the acute sector to the community** – our Virtual Respiratory Ward service, funded by the iBCF, will go live in July.

We have re-structured our CIVAS service to create capacity for pathways direct from primary care which will enable more patients to be treated in the community who would otherwise receive treatment in hospital. We will progress discussions with commissioners about extending CIVAS to other pathways.

In 2017/18 we invested in an innovative neighbourhood team self-management pilot which aims to optimise self-management. As well as benefitting patient health and well-being we expect this to free up capacity within teams. Evaluation of the pilot will inform the neighbourhood model going forward. We are agreeing with commissioners a 6 month extension to roll-out the learning from the Beeston and Crossgates Live Well Leeds pilot.

We will continue to work with primary care and acute services to assess opportunities and develop business cases.

2.3.2.3. '**Shifting' the conversation with staff, service users and the public** - so that health services 'work with' and don't 'do to' people, encouraging and enabling service users to do more themselves and reducing demand for services. This is a key underpinning principle of the West Yorkshire and Harrogate Health and Care Partnership Plan and Leeds Health and Care Plan and the focus of a national CQUIN for 2017-19. Leeds has gained recognition nationally for work to develop and roll-out a system-wide asset based approach encompassing health coaching and social care's restorative practice.

Commissioners have provided £900k over 2 years to start rolling out a city-wide 'Better Conversations' approach, which is expected to focus initially on 2 / 3 Local Care Partnerships. We are developing our plans for further rolling out a health coaching approach across our services.

2.3.2.4. **Strengthening mental and emotional health and well-being health provision** – commissioning intentions are reflected in the recently refreshed city plan: Future in Mind Leeds Local Transformation Plan 2017 – 2020. CAMHS developments for 2018/19 include

- Mindmate SPA Enhancement Plan
- Positive Behaviour Support Service
- Input to the Yorkshire Centre for Excellence in Adoption Support
- Tier 4 transition
- Learning Disability services
- Autism provision

2.3.3. **Urgent Care and Rapid Response**

One of the national priorities for urgent care and rapid response is the requirement to establish Urgent Treatment Centres: Leeds is required to establish 4-5. We are working with the Leeds Primary Care Partnership (an alliance of GP Federations, two not-for-profit NHS providers and LCH) and Leeds Teaching Hospitals Trust to establish the Urgent Treatment Centres in 2018/19. The first centre will be set up at the St George's Centre by the end of March 2018 with 3-4 additional centres in place by April 2019.

Partners have commented favourably about the positive contribution our neighbourhood teams and city-wide services made to supporting patient flow during the 2017/18 winter pressures. We will continue to work closely with health and care partners to support winter plans and system flow. We have an internal delivery plan to help smooth out peaks and troughs in demand and capacity.

2.3.4. **Supporting work streams:**

Leeds Health and Care Plan supporting work streams reflect commitment across providers and social care to collaborate more effectively on infrastructure, support services and to attract inward investment. LCH will continue to be fully involved in these workstreams in 2018/19 where the key focuses will include:

- Next stage development of the Leeds Care Record, an integrated electronic record accessible across providers, to link the record to other health and social care record systems and enable patient access

- Further developing the ‘one approach’ to workforce recruitment and development, including developing rotational roles across providers, developing integrated working across providers and establishing the Leeds Health and Care Academy – initial focuses are developing and widening access for the future workforce including apprenticeship development
- working collaboratively with partners city-wide on future procurement: procuring IT hardware on this basis in quarter 1 and exploring a city-wide payment card with cash back facility
- creating a supportive environment to attract investment, research and development of healthcare related solutions through collaboration and partnerships across Leeds academic institutions and health and social care providers and commissioners

3. LCH Strategy

3.1. Whilst the national, West Yorkshire and Harrogate and Leeds NHS environment is very dynamic, LCH is retaining its strategy, strategic goals and our value proposition; see Appendix 2. They guide our service offer and strategy for growth**.**

3.2. **Business Development**

3.2.1. A key enabler for delivering the vision for community services is the development of integrated systems working together to improve patient outcomes. LCH is well placed to play a leading, facilitative and integrative role in the development of integrated systems for out of hospital care in Leeds. We have made tangible progress in realising our ambition to become the under-arching structure for the delivery of primary care and position ourselves at the heart of the Leeds Primary Care Partnership, bidding jointly with other members for primary care developments within the Leeds system. The partnership was successful in bidding to deliver GP Streaming in A&E. Discussions are progressing about widening the partnership to include all Leeds health and care providers.

3.2.2. Our Neighbourhood Teams and wider Adult Specialist services, including Respiratory, CUCS, Falls and Wound Management, MSK, Diabetes and Cardiac services, work together to provide care for adults and older people; they are central to delivery of the West Yorkshire and Harrogate Health and Care Partnership Plan and Leeds Plan. If the Leeds Plan is to be realised, the Trust would expect there to be significant investment by commissioners in these services over the next 3 years.

3.2.3. We will develop a traded offer for our specialist expertise in community services, which may include Wound Care, Continence, Urology and Colorectal, Falls, Palliative / End of Life, Long Term Conditions, Healthy Lifestyles, Physiotherapy,

Speech and Language Therapy and CAMHS with a scope to extend to other children's services such as school nursing.

3.2.4. We are finalising a new Childrens' Services Strategy. The Strategy reflects the ambition to develop a more integrated approach to delivering services which promotes a better experience and outcome for children and young people. The strategy will be complimentary to the wider context of the city's ambition for children, the Leeds Heath and Care Plan and Future in Mind strategy and partnership working with primary, secondary and social care, education and third sector organisations.

3.2.5. We will undertake responsible geographic expansion of services where we are leaders in the field already, where the tender includes other elements in this patch, or where there is strong fit with our identity. The geographic focus is neighbouring areas to Leeds. At present these services include MSK, Podiatry, Nutrition and Dietetics and Long Term Conditions. We will respond to opportunities as they arise.

3.2.6. We provide a discrete part of many pathways for long term conditions, for example, diabetes and cardiac rehabilitation. We already provide leadership across the whole pathway for the integrated sexual health service. In 2018/19 we will aim to be more strategic in identifying opportunities to lead pathway work for the city, which is a clear focus of the Leeds Plan.

3.2.7. During 2018/19 we will review our stakeholder relationships and engagement. We want our key stakeholders to have good understanding of our performance and operating context, and support our ambitions and plans.

3.3. Competitive Environment

3.3.1. LCH continues to operate in a competitive environment with multiple commissioners. Public Health services commissioned by Leeds City Council, criminal justice services commissioned by NHS England and police forces, primary care services commissioned by NHS England and the CCG and CAMHS tier 4 services commissioned by NHS England are potentially competitively tendered.

3.3.2. LCHs plan for 2018/19 includes pro-active work to ensure that the Trust retains services where it makes sense to do so. Our aim is to offer innovative, efficient services that deliver high quality patient care, working in partnership with other providers where it enables us to enhance our offer.

3.3.3. A key part of our strategy is to position ourselves at the heart of the Leeds Primary Care Partnership in bidding to provide New Models of Care in partnership with other members.

3.4. **Regulatory Context**

3.4.1. LCH plans to deliver high quality services at all times and will respond positively to all quality improvements recommended by external regulators. CQC 'good' and 'outstanding' ratings remain the required quality benchmark for providers.

3.4.2. The CQC published its inspection reports in August 2017. We were delighted that the CQC rated LCH overall 'good' and our Adult community services 'outstanding' for 'caring'. We submitted our action plan to address the CQC's improvement actions, as required, on 31 October. All improvement actions will have been satisfactorily addressed by the end of May 2018. We expect the CQC to re-inspect 1 or more of the 3 services rated 'requires improvement' in the coming months which will provide the opportunity to evidence improvements made and for the CQC to re-assess the ratings.

3.4.3. We were also delighted that the CQC / Ofsted's joint inspection of Childrens SEND services city-wide assessed services to be good. We will have addressed the 2 requirements for improvement by the end of FY 17/18. We await the outcome of Her Majesty's Inspectorate of Prisons (HMIP) inspection in March 2018 of provision of health care in Wetherby Young Offenders Institute (YOI) and Adel Beck.

3.4.4. The Trust will continue to work closely with NHS Improvement to ensure we meet all our regulatory requirements.

4. Achievements and Challenges in 2017/18

4.1. LCH's priorities for the second year of the 2017-19 planning period will be guided by our achievements during 2017/18 and the challenges that we continue to face.

4.2. LCH delivered high quality, compassionate care throughout the year despite significant pressure on some services, particularly neighbourhood teams, as a result of extreme winter pressures system-wide, uncertainty for staff in services facing tenders, financial pressures, increased referrals and increased complexity for some services and continuing difficulty recruiting nurses and therapists. This was reflected in continuing high patient satisfaction: 96% and in the CQC's 'good' overall rating for the Trust and 'outstanding' rating for 'caring' for our Adult community services. They found:

- staff passionate about providing good care, treat patients with dignity and compassion, involve patients in their care, promote independence and self-care and meet the individual needs of patients including meeting the needs of vulnerable people, and work well together for the benefit of our patients across all disciplines
- stable and cohesive leadership with accessible, visible leaders who work collectively

- an open and transparent culture and staff able to articulate the Trust values and strategy
- good staff engagement and patient feedback
- stronger governance process and a 'maturing safety culture'

4.3. The inspection highlighted requirement for improvement at Hannah House, Little Woodhouse Hall and Leeds Sexual Health service. All 3 services have demonstrated strong commitment to addressing the issues identified by the CQC and will have completed all actions by the end of May 2018.

4.4. Good progress was been made against many of the quality improvement priorities set out in our Quality Account including:

- on track to reduce waiting times for CAMHS Autism Spectrum Disorder Assessments to no more than 12 weeks, achieved through a programme of pathway redesign and creating additional capacity
- Safety Huddles and Quality Boards introduced and embedded in neighbourhood teams and Childrens in-patient units, strengthening focus on safety and risk to quality
- target for reducing incidence of avoidable Cat 3 pressure ulcers achieved. We were disappointed not to achieve the zero cat 4 pressure ulcer target. We are confident that processes established over the past year are effective and will maintain focus to drive further improvement

4.5. Quality Account priorities not achieved include:

- Rolling out E-rostering - the contract for developing and implementing an E-rostering system was ended by mutual agreement. The Trust remains committed to introducing e-rostering and will invest in a new solution during 2018/19
- rolling out the electronic patient record and new ways of working to neighbourhood teams. This is a major change programme which has been implemented in a context of extreme system pressures and service capacity pressures which led to slippage against time-frames. All teams will have migrated fully to the electronic patient record by the year-end and are now scheduled to complete by August 2018
- developing clinical outcomes reporting - there has been limited progress due to capacity constraints. We have invested in dedicated capacity to enable this to be progressed at pace in 2018/19 in line with the agreed plan.

4.6. We once again met national waiting time targets for consultant led, diagnostic services and IAPT and safe staffing requirements for in-patient units throughout the year.

4.7. Section 2 describes new model of care pilots, service developments and organisational development initiatives funded and / or implemented in 2017/18 aligned to the key Leeds Health and Care Pan workstreams.

4.8. A significant focus in 2017/18 was supporting services to be 'tender-ready' - developing service offers and bids - and when successful, subsequently mobilising the service. The Trust was successful in:

- Retaining the Police Custody service for West Yorkshire, South Yorkshire, North Yorkshire and the Humber. Mobilisation preparation is underway
- A partnership bid with the Local Authority to deliver part of the Leeds Community Beds Contract. The service went live 1 November 2018.
- Acquiring the Substance Misuse contract for Wetherby YOI and Adel Beck

4.9. NHS England withdrew, for the second time, the Community Dental tender. We anticipate that the current contract will be extended until March 2019.

4.10. There has been considerable service planning for the forthcoming 0-19 tender. In 2018/19 we will continue to identify ways to improve our offer and will develop a compelling bid

4.11. Workforce, service and business unit managers worked hard to support staff impacted by services being de-commissioned and contracts awarded or lost as a result of the tender process, which included the Healthy Living service, CICU and the Expert Patient Programme. We looked to redeploy staff internally wherever possible. There was good partnership working with other providers about employment opportunities across the system for staff at risk of redundancy, and to expedite trialling and / or recruitment into new roles.

4.12. In 2017/18 the Trust refreshed its OD Strategy. The key focuses are:

- Recruitment, retention and workforce planning
- Leadership development – through implementing our Trust coaching strategy
- Staff engagement and morale – through our Feel Good Pledge: strengthening our health and well-being offer

4.13. We have had significant success in **reducing turnover** – down to 13.5% at the end of February 2018 (significantly below community provider average). Our focus on strengthening preceptorship, strengthening our health and well-being offer and the continued use of individual, team and health coaching to support staff health and well-being, leadership development and team effectiveness - have contributed to this. We worked with NHSI on developing our Retention Plan for the year ahead.

4.14. We have worked hard to **reduce the level of vacancies**, particularly for hard to recruit to nursing, therapy and medical roles, including introducing standing recruitment panels for Band 5 community nursing. Our Deputy Director of Nursing has led on work for the Trust to develop a nursing degree apprenticeship in partnership with the other Leeds providers, which creates a much needed alternative entry route to nursing. We worked with Leeds universities and LTHT in trialling an

additional cohort of student nurses. This will now be adopted permanently, ensuring 2 intakes of student nurses in the city every year.

4.15. **Staff sickness absence** levels remain a concern and reducing them will remain a priority in 2018/19.

4.16. The 2017/18 national staff survey indicates continued improvement across many indicators of **staff engagement and morale**. We developed a 'Feel Good Pledge' pledge in response to key issues flagged by staff through the 2016/17 national staff survey. Resulting changes include re-introducing health checks, running pension planning advisory sessions and raising awareness about flexible working options.

4.17. Our staff continued to drive development of **innovative practice** and service models. All 3 Business Units held celebration days to bring staff together to celebrate and raise awareness of innovation and improvement work. Examples include:

- CAMHS - Step-Up App enables young people to complete questionnaires, keep a track of their care, set and rate goals on their device outside of the clinical session. They can be sent resources and strategies and carry with them 'a how to help plan' that they can share with others. A clinical portal supports the app that allows clinicians to develop bespoke packages of care.
- Dietetics - development and use of smart electronic forms for assessment and monitoring of Irritable Bowel Syndrome (IBS) patients which enables more patient-centred, personalised consultations and saves approximately a third of clinical appointment time.

4.18. We delivered our financial savings and utilisation targets in **rationalising our estate** during 2017/18. We vacated James Reid House and Shaftesbury House and have made significant progress towards leaving St Marys. Further progress will be made in 2018/19.

4.19. In a very challenging financial environment for the NHS the Trust will achieve the financial control total set by NHS Improvement for 2017/18.

5. 2018/19 Corporate Priorities

5.1. Our 14 corporate priorities for 2018/19 reflect significant continuity from 2017/18. They are listed here, aligned to our 4 strategic goals. Further details of how we will measure success and what we plan to do to under each priority is contained in Appendix 3.

Strategic goal 1: Recruit, develop and retain the staff we need now and for the future

Priority 1: Improve retention

Priority 2: Improve recruitment with a particular focus on recruiting in hard to recruit areas

Priority 3: Reduce sickness absence

Strategic goal 2: Provide high quality services

Priority 4: Achieve or maintain good or outstanding rating for all services (CQC and internal Quality Challenge +)

Priority 5: Develop LCH's quality improvement approach which engages staff, service users and the public

Priority 6: Provide harm-free evidence based care

Strategic goal 3: Work in partnership to deliver integrated care and care closer to home.

Priority 7: Engage fully in development and implementation of the Leeds Health and Care Plan and West Yorkshire and Harrogate STP underpinned by an effective relationship with all partners

Priority 8: Engage fully as a key partner in the development of Local Care Partnerships and their plans and ensure service responsiveness in implementing new models of care and pathway redesign

Priority 9: Increase service and organisational focus on prevention, early intervention, pro-active care and self-management to keep people well in the community

Priority 10 : Ensure that LCH is at the forefront of the development of the Leeds Primary Care Provider Partnership (previously known as the Alliance)

Strategic goal 4: Create sustainable services

Priority 11: Establish a project team and implement the project plan for developing the CAMHS Tier 4 new building and service offer

Priority 12: Implement year one of the business development strategy by proactively generating income, scoping opportunities to provide services in neighbouring areas, and supporting the Leeds Primary Care Partnership in developing business development propositions

Priority 13: Develop an innovative and viable model for the 0-19 pathway that meets commissioners'

Priority 14: Work on productivity within agreed services with clear expectations regarding workload and efficiency requirements requirements

6. Quality Priorities

6.1. We are currently consulting key stakeholders on our refreshed Quality Strategy: 2018-2021. The primary objective of the strategy is to implement a more structured Quality Improvement approach which engages staff and service users. There is strong commitment from the Board to embedding this in the way that we work at every level.

6.2. Quality Priorities - the Trust's quality priorities have been developed in consultation with Business Units and corporate teams. They align with the Quality Strategy, OD Strategy, the Trust's priorities and Business Unit plans and key Quality policies. They will be set out in the Trusts Quality Account for 2017/18 due to be approved by the Board on 30 June 2018. The 10 priorities are listed in Appendix 4.

6.3. We continuously review quality governance. Following last year's CQC inspection we are developing additional mechanisms for monitoring risk in services and ensuring adequate focus on small and / or isolated services and staff. We have implemented a revised 2-tier Quality Impact Assessment process for all service change where there is potential to impact on patient care. It is being embedded within our change management and improvement and performance monitoring and review processes. Major service change requires a more detailed assessment projects

6.4. LCH has introduced a revised 2-tier Quality Impact Assessment process for all service change where there is potential impact on quality. Tier one, QIA Light, is undertaken at local level and any scoring 15 or above are escalated to tier 2, a more detailed Full QIA. Major service change requires the Full QIA and review by a senior review group. Quality impact indicators are identified and monitored as part of wider service and Business Unit performance monitoring and escalation. The process also requires post completion reviews.

6.5. Secretary of State's ambition for reducing gram negative blood stream infections: LCH is coordinating a collaborative city wide multi-agency improvement programme. A comprehensive review of all E. coli blood stream infections identified in Leeds patients will enable identification of the cohort of cases amenable to intervention and agreement of improvement interventions across the health economy. The efficacy of the investigation process and any subsequent interventions will be evaluated through monthly monitoring of E. coli BSI data.

7. Service Plans

7.1. In 2018/19 we will continue work undertaken in 2017/18 to strengthen service planning so that every service has a clear service strategy underpinned by robust assessment of its performance, internal and market context.

7.2. **Adult Business Unit**

7.2.1. There is significant continuity in the Adult Business Unit plan for 2018/19. We will complete consolidation of the integrated neighbourhood teams and embed new ways of working, including establishing mobile working and effective caseload management, which will enable more effective and efficient working, strengthen service resilience and reduce therapy waiting times.

7.2.2. We expect the Leeds Health and Care Plan to have a greater impact on the Adult Business Unit in 2018/19. We will work with commissioners and partners to:

- develop and trial a population health management approach for the first patient cohort: frailty. This will also include corporate teams in developing and testing new payment mechanisms, incentives and risk sharing arrangements across providers to support the delivery of agreed outcomes
- phased implementation of a joint health and social care performance and outcomes framework that interfaces with primary and secondary care to demonstrate the impact of integrated community services within neighbourhoods
- develop with Leeds Primary Care Partnership the service model and offer for the city-wide Extended Care Homes contract
- develop detailed plans for and implement the first Urgent Treatment Centres
- support city-wide winter planning. We have an internal delivery plan to help smooth out any peaks and troughs in demand capacity building on successful initiatives utilised this winter

7.2.3. In 2018/19 the Adult Business Unit will drive further integration with our pharmacy technicians and specialist adult services, such as MSK, diabetes, COPD, podiatry and CUCS to better meet patient need and provide seamless, efficient care. This builds on work during 2017/18 to develop integrated working with the end of life service.

7.3. Specialist Business Unit – Specialist Services and Health and Justice Services

7.3.1. There will be a shift in focus for the Specialist Services Business Unit in 2018/19 away from preparing and bidding for tenders to service development. The key focuses will be:

- mobilise the new Police Custody service, including recruiting an expanded workforce.
- work closely with NHS England to collaboratively develop the community dental service .
- work in partnership with commissioners and LTHT to develop integrated care pathways for long term conditions services and provide care closer to home in alignment with the Leeds Health and Care Plan
    - support a shift in provision from hospitals to the community:
        - implement the Virtual Respiratory Ward
        - evaluate pilot schemes and seek recurrent funding where there is a compelling case

        - engage with commissioners about introducing additional CIVAS pathways including direct referrals from primary care
    - strengthen pro-active care:
        - agree and implement a new model of care for Diabetes building on the Chapeltown LCP pilot
        - agree and implement new models of care for MSK across all localities
    - work with commissioners to develop and implement commissioning for outcomes for podiatry and cardiac services
    - complete mobilisation requirements for HM Youth Offenders Institute and Adel Beck Secure Childrens Home and work in partnership with SWYFT to implement the Secure Stairs model

7.4. **Children's Business Unit**

7.4.1. The Childrens Business Unit have a significant agenda for service retention, service and pathway development, quality and productivity improvement in 2018/19 in line with the introduction of a new Childrens' Services Strategy.

7.4.2. A key focus in the 1st quarter will be developing our service offer and bid for the forthcoming 0-19 Childrens services tender covering Heath Visiting, School Nursing and School Immunisation, and if successful, mobilisation in quarter 3 and 4.

7.4.3. CAMHS has a significant agenda of service and pathway redesign and development over the next 2 years aligned to the cities Future in Mind plan, which includes the New Model of Care for Children and Adolescent Mental Health Services Tier 4 pilot and new build for expanded Tier 4 provision. This will be supported by a programme of work to improve productivity in CAMHS: implementing revised clinical pathways, ongoing use of capacity and demand analysis and implementing new ways of working. This programme of work will underpin CAMHS achieving the 12 week waiting time target for initial consultations and internal referrals.

7.4.4. We will progress work to counter difficulty recruiting to some vacancies e.g. developing rotational posts and recruit to train options, work with the Royal College of Speech and Language Therapists and Leeds Becket University to develop apprenticeships for SLTs; CAMHS and SLT working with accrediting bodies to accredit learning courses for non-registered staff

7.4.5. Childrens Business Unit will build on its excellent track record of innovation with digital technology to enable self-management, provide more effective care and deliver efficiencies. In 2018/19 CAMHS will continue implementing the 'Step-up' and 'Let me Show You' Apps and CAMHS, SLT and School Nursing will

explore opportunities for skype consultations, texting and on-line live chat.

8. Workforce

8.1. The Trust refreshed the Organisational Development Strategy during 2017/18. Key focuses during 2018/19 will be

8.1.1. **Recruitment, retention and workforce planning**
We will implement our retention plan. Our focus on improving our staff 'offer' will support both recruitment and retention. We will develop further preceptorship to ensure we continue improving retention of newly qualified staff. We will explore scope for local agreement within Agenda for Change for improving rewards and benefits, increase awareness about and improve our flexible working offer, particularly for those nearing retirement, and develop and raise awareness about career development opportunities both internally and across the system, including apprenticeships. We will work with teams / services to address persistent high turnover and have allocated additional resource to develop and implement a sustainable approach to reducing sickness absence, this being a key priority for the Board.

8.1.2. **Leadership development**
We will develop clinical and operational leadership using a coaching approach, our LEAD leadership development programme and Manager as Coach programme and development of the senior leadership team.

8.1.3. **Staff engagement and morale**
Our focus continues to be not only supporting staff physical wellbeing but also psychological wellbeing and quality of life. All the above supports staff engagement and morale and reducing sickness absence. We will continue to develop our staff engagement networks, implement our 'feel good pledge' and use national staff survey results and other feedback mechanisms to target support.

8.2. 2018/19 improvement targets will include reduction in turnover and sickness absence, improved recruitment in hard to recruit areas and evidence of continued improvement in staff engagement through the results of the annual staff survey.

8.3. Our pilot (one of 11 eleven national pilots) to train 10 of our existing Band 3 staff into the new Nursing Associates role (Band 4) is in its second year. We await guidance from the Nursing and Midwifery Council (NMC) about how this role will be regulated and the tasks practitioners will be regulated before deciding how many Nursing Associates to train going forward.

8.4. A key system development in 2018/19 will be establishing the Leeds Health and Care Academy. Key workstreams have been identified to start in April 2018:

- Apprenticeships – we have worked with partners to procure an apprenticeship route for the training of registered nurses and nursing associates. Recruitment is currently in progress for the nursing degree route and we hope to start up to 10 internal employees on this apprenticeship in 2018/19.
- Developing and widening access for the future workforce

Workstreams to start in September 2018 are:

- System OD and Leadership
- Statutory, mandatory and priority training

8.5. In 2018/19 we will participate in NHS England's Workplace Race Equality Standard (WRES) Experts Programme to develop in-house expertise in improving workforce race equality. We will revise our WRES action plan drawing on good practice and work with the Black and Minority Ethnic (BAME) staff network on the Trust NHS staff survey results to inform and shape future actions and targets.

8.6. The Trust will contain its agency costs within the agency ceiling for 2017/18, 2018/19.

9. Key Enablers

9.1. Digital Technology

9.1.1. The Trust's Digital Strategy was approved by 4 August 2017 Board. It reflects the commitment to adopt technology to enable efficient effective working, implement the city digital plan (the Leeds Local Digital Roadmap) and achieve a paperless NHS by 2020. In 2018/19 we will:

- complete EPR roll-out
- procure and plan for the roll out of e-rostering to neighbourhood teams and the wider Trust.
- implement free to access public WIFI service
- ensure our infrastructure is robust and resistant to the increased cyber-security threat levels.

9.1.2. EPR benefits analysis has focussed predominantly on improving quality of patient care. A key objective of our EPR is to improve the quality of clinical care through better access to information and expertise supporting decision-making. Staff surveys indicate that staff feel this has been achieved: 70% of respondents felt that EPR had had a positive impact on clinical practice, 90% felt there was better access to information as a result of EPR, 60% felt there was better clinical decision making as a result of EPR. We have also undertaken work with clinical leaders to identify how pressure ulcer care and prevention has been supported by EPR. As a result of EPR and other pressure ulcer management initiatives the number of avoidable pressure ulcers has reduced,

with some teams experiencing 6 months without an avoidable pressure ulcer.

9.1.3. During 2018/19 the Trust will continue with preparations to be compliant with the General Data Protection Regulation which comes into force on the 25th May 2018. We have developed an action plan which is linked to the 'Information Commissioner Officer 12 Steps to GDPR Compliance. In quarter 1 2018/19 the main focus of work is awareness raising and cementing a network of Information Asset Owners throughout the Trust who will ensure that all data flows are suitably mapped and that the legal justification for each flow is properly established and documented.

9.2. **Estates rationalisation**

9.2.1. The plan in 2018/19 for the next phase of implementation of the Estates Strategy is to continue to improve the utilisation of the space we lease and own.

10. Financial Plan

10.1. **2018/19 Summary Financial Plan**

The budget proposals underpin the delivery of the Trust's priorities and "business as usual" as expressed in this 2018/19 Operational Plan. The Trust is planning to achieve a control total of £2.541m set by NHS Improvement.

The plan reflects the outcome of the mediation around the £1.5m contract issue with the Leeds CCG.

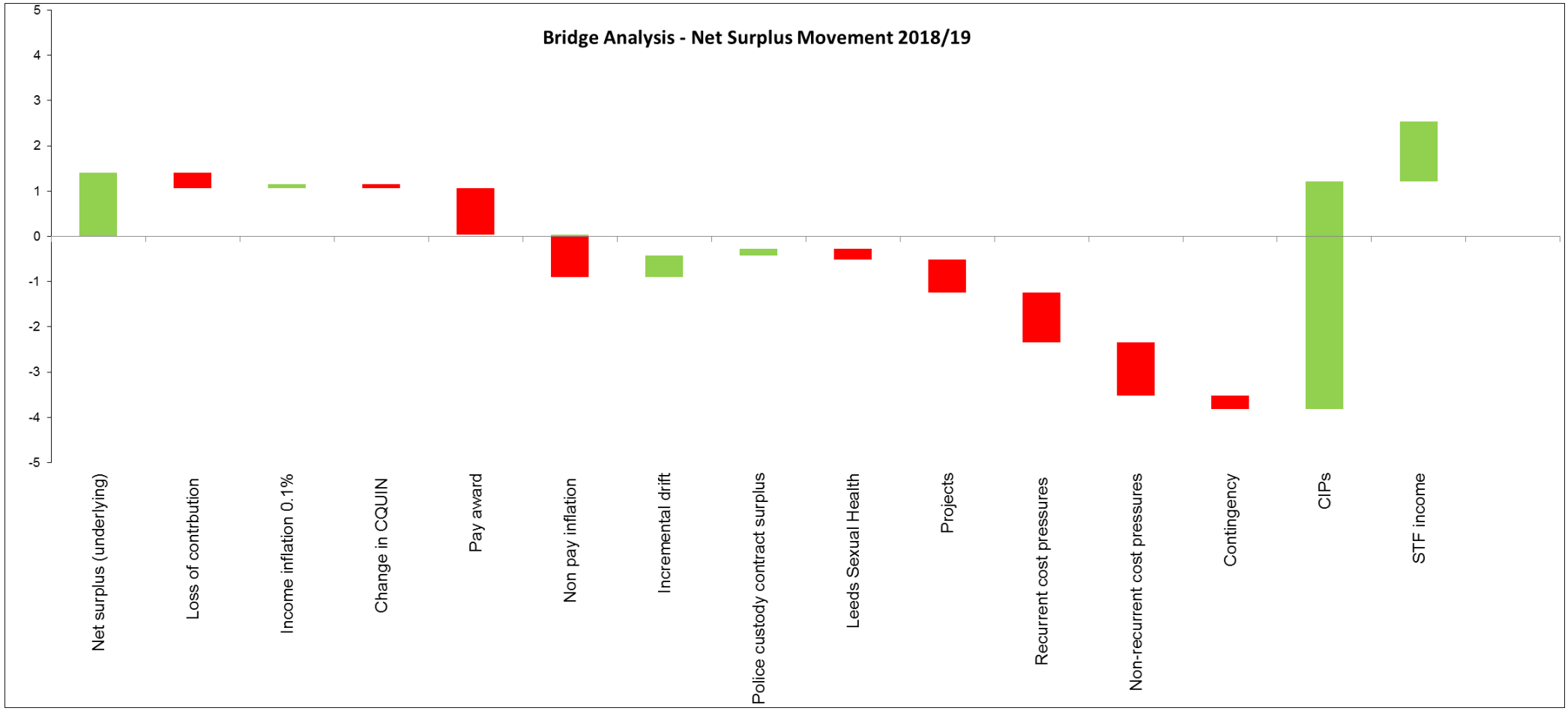
All income assumptions are in line with expectations. The national tariff uplift for 2018/19 is 0.1%. Average cost inflation assumptions are 2.1% which drive an efficiency assumption of 2.0%. The CCG block contract and NHS England contracts are assumed at the rolled forward rate with 0.1% uplift applied.

The expenditure budget proposals for 2018/19 have been prepared to meet prevailing inflation expectations and known changes in costs. As a result of realistic but challenging cost plans that include efficiency savings of £4.7m (3.2%), the Trust can achieve the required control total surplus.

10.1.1. **Income and Expenditure**

Income & Expenditure Summary	Annual Plan £m
Income	
Contract Income	(136.5)
Sustainability & Transformation Fund	(1.3)
Other Income	(7.2)
Total Income	***(145.0)***
Expenditure	
Pay	102.9
Non pay	37.1
Total Expenditure	***140.0***
EBITDA	***(5.0)***
Depreciation	1.9
Public Dividend Capital	0.7
Interest Received	(0.1)
Retained Net Surplus	**(2.5)**

The key drivers for the revenue financial plan are illustrated in the bridge diagram on the following page. The under pinning detail is contained in the remainder of the report.


Bridge Analysis - Net Surplus Movement 2018/19
5
4
3
2
1
0
-1
-2
-3
-4
-5
Net surplus (underlying)
Loss of contrbution
Income inflation 0.1%
Change in CQUIN
Pay award
Non pay inflation
Incremental drift
Police custody contract surplus
Leeds Sexual Health
Projects
Recurrent cost pressures
Non-recurrent cost pressures
Contingency
CIPs
STF income

10.1.2. **Capital**
The Trust's capital expenditure plans for 2018/19 total £3.241m.

10.1.3. **Use of Resources Risk Rating**
These budget proposals meet all requirements of NHS Improvement and deliver a maximum Use of Resources risk rating of 1 across the accounting period.

10.2. **Income**

10.2.1. Total income planned for the Trust for 2018/19 is shown in the table below. This report has been prepared on the most likely contract income position. During the year any savings derived from the CAMHS new care model will increase the income made available to the Trust by NHS England to spend on new CAMHS community service delivery across West Yorkshire.

Income Summary	Annual Plan £m
Leeds CCG	100.3
NHS England	8.0
Police Custody	8.0
Leeds City Council	20.1
Sustainability & Transformation Fund	1.3
Other Income	7.3
Total Income	**145.0**

10.2.2. The national guidance for NHS commissioners includes a tariff uplift of 0.1%. In line with this the contract uplift from **Leeds CCG** includes a 0.1% inflator to the recurrent block contract baseline.

10.2.3. Income from Leeds CCG has reduced by £1.5m recurrently in 2018/19 as a result of the decommissioning of therapy services. The Trust entered into a local mediation process about this issue as it was unclear as to what services the CCG *actually* wished to de-commission. The Trust and the CCG have agreed to continue to work together to identify service reductions that will meet the £1.5m funding gap. The Trust's financial plan prudently anticipates that £1.2m of additional CIPs may be required in the absence of a cost reducing de-commissioning plan or the provision of non-recurrent financial bridging support that the CCG has indicated it may consider later in the year.

10.2.4. There is no provision in the contract sum for adjustment, up or down, in the event that activity varies from agreed levels.

10.2.5. The balance to full year effect of the 2017/18 developments has been included in the rolled forward income.

10.2.6. CQUIN income of £2.158m (2.5% of the recurrent contract value) has been included in the planned CCG contract. CQUIN details for next year have still to be agreed. Based on expected 2017/18 performance, a non-material amount of CQUIN income may be at risk in 2018/19.

10.2.7. **NHS England's** commissioned service lines have all had the 0.1% inflator applied in the planning assumptions.

10.2.8. The planned income from the **Regional Police Custody** contract is £8.0m.

10.2.9. **Local Authority** contracts are expected to be agreed at:

- £17.4m for Public Health services. This includes:
  - £8.7m for health visiting
  - £2.1m for school nursing
  - £5.8m for sexual health services
  - £0.5m Infection prevention and control,
- £0.9m for Leeds Equipment Service, and
- £1.7m the Community Care Bed Service.

10.2.10. The Sustainability & Transformation Fund income has been increased to £1.333m for 2018/19 from £0.948m in 2017/18. This income is not available for expenditure.

10.2.11. Other income including training and education, research and developments and all other income have been rolled forward at the current values for the plan; Training and Research budgets will be amended to reflect actual changes as these are agreed; these are cost neutral in that income is offset by increases in costs.

10.3. **Expenditure**

10.3.1. Material changes to planned rolled forward expenditure include:

- Reduction to the pay costs baseline in respect of incremental drift of £0.5m; this is as a result of staff turnover.
- Pay award at £1.0m; this is based on the planning assumption of a 1% pay rise. The budget in November 2017 indicated the pay cap for NHS staff would be lifted for 2018/19 and the pay award is currently being negotiated; however this brings significant additional financial risk to the Trust which is explored further in section 10.9.2.

- The balance to full year effect of in year investments; Community Care Bed Service and new Police Custody contract and YOI secure stairs development.

10.3.2. **Planned pay costs** assume an in year saving of £6.2m for vacancies. This represents a 6.0% vacancy factor.

10.3.3. Pay expenditure for 2017/18 is forecast to be £0.1m underspent for the year. The Board will wish to be assured that pay costs can be kept within budget in 2018/19. Moving into 2018/19 the budget assumes agency costs within cap, no use of unfunded locum medical staff and costs within a specific contract have been renegotiated. The budget assumes that pay CIPs of £250k for the admin review and £300k corporate savings will be delivered in 2018/19 plus £125k being half of the CAMHS CIP for 2017/18.

10.3.4. There is a degree of risk that the vacancy factor won't be delivered but, mitigating that, account should be taken that that Trust will start the year with vacancies. Although efforts are being made to fill most of these vacancies, and temporary staff will be used, there will be a degree of lag in recruitment.

10.3.5. Taking everything into account the judgement made in these budget proposals is that the vacancy factor at £6.2m is reasonable.

10.3.6. The Trust's **agency cap** has been reduced to £6.4m for 2018/19 which is a £1m reduction on last year. The financial plan assumes the expenditure will remain within the cap.

10.3.7. £0.83m is included in the plan for inflation on **non-pay expenditure**; this is derived from the national inflation assumptions as applied to the Trust's expenditure profile. Of this £0.44m is required to contribute towards the efficiency savings leaving £0.39m for cost increases.

10.3.8. New and increased budgets put before the Board/Committee include **cost pressures and SMT expenditure proposals.** The budget proposals are made in the context of the need to ensure delivery of the Trust's priorities as detailed in the Operational Plan and manage cost pressures that have arisen during 2017/18.

Increased recurrent expenditure proposals are:

Recurrent Investments & Cost Pressures	£k	Comments
Training costs	200	Corporate
Continence Products	182	Adults
Living Wage	150	Trustwide
Enteral Feeds	110	Specialist
N3 transfer shortfall in funding transferred	60	Corporate
CIP not delivered in 2017/18	50	Adults
Leeds Academic Health Partnership	48	Corporate
Children's continence products	25	Children's
Other	285	Trustwide
Total funded in plan	**1,110**	

Expenditure on significant project proposals includes:

Project Costs	£k
EPR project costs	330
E-rostering project costs	250
Estates & Admin Review project costs	150
Total funded in plan	**730**

Increased non-recurrent costs are:

Non-recurrent Cost Pressures	Non-recurrent £k	Business Unit
NT maternity and sickness cover	287	Adults
Sub-contracted Healthcare	247	Adults
CAMHS	125	Children's
Self management team	50	Adults
Preceptorship	38	Corporate
Other	424	Trustwide
Contingency	300	Reserves
Total proposed	**1,471**	

10.4. Reserves

10.4.1. The financial plan proposes the Trust starts the year with net reserves total of £7.5m. This comprises:

- £8.4m committed reserve will be deployed to budgets as the Trust gets certainty of timing and/or expenditure values
- £0.3m uncommitted contingency
- Less £1.2m un-identified savings requirement

10.5. Cost Improvement Programme and Other Planned Savings

10.5.1. The need to deliver cost improvement programmes will continue to be a significant challenge for the Trust.

10.5.2. The efficiency expectation nationally for 2018/19 is 2%. The Trust's plans represent CIP savings of 3.2% of expenditure or £4.7m. This is the level of savings required for the Trust to achieve its planned surplus after the inflationary and other discretionary and non-discretionary cost pressures have been included.

CIP Scheme	2018/19 £k	Risk Rating
Estates	700	L
Admin review	250	M
Corporate Support	300	M
Procurement	180	H
Non pay inflation	440	L
0.5% CQUIN risk reserve (2017/18)	452	L
Contribution to overheads/fixed costs	831	L
Release of reserves	75	L
IT kit	300	L
Un-identified discretionary spending	500	H
Unidentified decommissioning cost reduction / possible CCG non recurrent support	700	H
Total CIPs Identified	**4,728**	

10.5.3. The CIP proposals for 2018/19 recognise the severe pressure that many of services have continued to face during 2017/18. For that reason there is no new general CIP applied across the Trust or across business units. The 2018/19 CIPs seek to protect front line clinical delivery wherever possible.

10.5.4. Non pay inflation savings will be delivered directly from the inflation reserve and will not require actions from budget holders other than to manage their non-pay expenditure with no real terms increase.

10.5.5. The relaxation of the 0.5% CQUIN risk reserve for 2018/19 means the trust can utilise this income to offset the CIP requirement.

10.5.6. Other CIPs take advantage of pre-existing plans and identified opportunities.

10.5.7. In order to deliver the control total of £2.541m the Trust requires a further £1.2m of, as yet, unidentified savings. There are a number of opportunities and flexibilities to deliver these cost reductions which require further work. Based on historic performance the Executive Director of Finance & Resources is confident these can be achieved.

10.6. **Capital**

10.6.1. The Department of Health & Social Care has once again informed all trusts that permission to spend capital in 2018/19 will be severely restricted. This includes projects that are financed from the Trust's cash.

10.6.2. This budget proposal report includes £1.5m planned expenditure in respect of the CAMHS inpatient new building. The Department of Health & Social Care has set aside £13m towards this new building. Access to this is dependent on the approval of a Full Business Case and funds cannot be drawn down in advance of need.

10.6.3. The rest of the proposed capital expenditure offers no change from the well-established strategy of funding capex from internally generated resources. Accordingly a capital budget of £0.74m for estate maintenance, £0.5m for IT and clinical equipment and £0.5m for EPR is proposed.

10.6.4. The £0.74m estates expenditure will address £0.49m of significant backlog maintenance and £0.25m of routine works, prioritising those properties of longer term strategic importance to the Trust. All properties in use will be maintained to the required standard for patient care.

10.6.5. The IT and clinical equipment expenditure of £0.5m, is notionally planned at £0.2m for IT and £0.3m for clinical equipment, will be planned towards the second half of the year to ensure any unforeseen failure can be addressed.

10.6.6. The continued roll out of the electronic patient record will require a further £0.5m capital investment; this is split between pay costs and additional equipment costs.

10.6.7. In summary, total capital expenditure planned for the year is £3.24m as follows:

Capex	£m
EPR Project	0.50
Estates (general maintenance)	0.25
Estates (significant backlog maint)	0.49
IT	0.20
Clinical equipment	0.30
CAMHS Inpatient Unit	1.50
Total Capex	**3.24**

The Trust's depreciation charges of £1.74m plus £1.5m drawn down from the Department of Health will provide the cash to fund the planned capital expenditure.

10.7. Cash

10.7.1. The Trust has a very strong cash position going into 2017/18 with an anticipated balance at 31 March of £22.0m. This includes additional cash generated from historic sustainability and transformation fund income.

10.7.2. Funding capital expenditure from depreciation and public dividend capital from the Department of Health & Social Care means the operating surplus continues to improve liquidity; acceptance of the control total in 2018/19 gives the Trust access to £1.333m of Sustainability and Transformation Fund income, as this cannot be spent it also increases the Trust's cash position.

10.8. Use of Resources Risk Rating

10.8.1. The Use of Resources risk rating is how NHS Improvement assesses an organisation's ability to meet its financial obligations and determine the Trust's performance across 5 different metrics to establish a single, overall Use of Resources score. The scores range from 1 to 4; where 1 represents the lowest risk and 4 the highest. The plan presented here represents the minimum risk score for Use of Resources of 1.

10.9. Financial Risks

10.9.1. The risks to delivering the agreed control total are principally around control of costs as most of the Trust's income is fixed. The biggest risk to income, the loss of £1.5m from Leeds CCG, has not been reflected in the financial plan. The assumption is that it will be matched with decommissioning of an equivalent value of services.

10.9.2. The most significant cost risk concerns pay expenditure. The judgement made in this budget is explained in the expenditure section earlier.

- There is a financial risk that recruitment to vacancies is successful. Whilst there is budget for the vacant posts over and above the vacancy factor to be filled, the Trust cannot afford to return to the position that has occurred historically where vacant posts were filled but overtime, bank and agency costs did not fall commensurately.

- The most significant risk to pay costs is the uncertainty around the pay award and the level of income the Trust will receive to fund this. This risk is estimated at £1.3m based on a set of assumptions about the nature of any pay award and the funds that flow to meet the additional costs.

10.9.3. Given the £1m reduction in the Trust's agency cap achieving this is a performance risk and breaching the agency cap will detrimentally impact on the use of resources risk rating as this is one of the five metrics that are monitored.

10.9.4. The level of risk in CIP delivery is shown in the CIP scheme table above. The Trust has a good record of delivering cost reduction on discretionary expenditure in-year and this would be the first port of

call to cover the unidentified non-recurrent CIP requirement if the overall financial position was not on target during the year.

10.10. **Conclusions**

10.10.1. The income and expenditure budgets within the financial plan:

- Reflect 2018/19 expected contract income
- Include agreed service developments and changes in line with commissioning intentions
- Deliver the required control total of £2.541m
- Exceed national efficiency requirements
- Provide financial support to ensure Neighbourhood Teams have sufficient staffing
- Provide resources to support services with the implementation of the EPR, e-rostering, admin review and estates projects
- Address significant non-discretionary financial cost pressures
- Creates a general contingency of £0.3m
- Have an un-identified non-recurrent CIP requirement of £1.2m; which will be delivered by flexibilities in-year.
- Additional risks, principally any shortfall in pay award funding or the impact of any decommissioning as part of the £1.5m defund by Leeds CCG will be need to be managed as they materialise.

10.10.2. There is two major unknown risks :

- Impact of the pay award and any potential shortfall in funding this, and
- Delivery of the as yet £1.2m unidentified efficiency saving.

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10.10.3. In a very difficult financial environment for the NHS, Leeds Community Healthcare has a strong financial position and met or exceeded all its statutory financial duties in 2017/18. For 2018/19 the Trust has a plan that underpins service delivery and its strategic objectives whilst demonstrating it is able to deliver its financial duties.

11. Risks and Mitigation

11.1. The plan reflects work required to mitigate the key operational risks and strategic risks to delivering the plan. The key strategic risks are reflected in the refreshed Board Assurance Framework: attached at appendix 5. Robustness of controls and mitigation is monitored through the Trust's risk review and reporting process.

Appendix 1. Strategic Context: West Yorkshire and Harrogate Health and Care Partnership Plan and Leeds Health and Care Plan Aims

WY & Harrogate Partnership Plan – triple aim

Health & Well-Being Gap	Care & Quality Gap	Financial Gap
Reduce **smoking rates** to 13% by 2020-21 – approx 125,000 fewer smokers compared to 2015-16.	Consistently deliver **4 hour A&E** & standard; by March '17 transfer 30% **111** calls to a clinical advisor	'Do nothing' scenario: £1.07bn gap by 2021: • NHS £809m • Social care and public health £265m
Offer **diabetes prevention** support to 50% of people at risk of diabetes, with 50% success by 2021	Consistently deliver **18 week RTT** standard	
Reduce **alcohol related hospital admissions** by 500 p.a & 3% reduction in alcohol related non-elective admissions	Deliver an aggregate improvement in patient experience for all major services by 2020/21	
75% increase in **cancer survival** rate by 2020-21, potential to save 700 lives p.a.	Deliver a new 28 days to diagnosis standard for 95% of people investigated for cancer symptoms	
Zero **suicide** approach to prevention, 75% reduction in numbers by 2020-21	40% reduction in A&E attendances for people with mental health issues by 2020-21	
Reduce **cardiovascular events** by 10% by 2020-21	Eliminate out of area placements by end of 2017	

Leeds Health and Care Plan – triple aim

Health & Well-Being Gap	Care & Quality Gap	
Progress the 12 Leeds Health and Wellbeing Strategy priorities to reduce premature morbidity, mortality and health inequalities	Ensure 60% on Severe Mental Illness registers have an annual physical health check	Reduce bed days lost due to delayed discharges to 2.5% of the acute bed base by 2020/21
Reduce smoking rates from 21% to 13% by 2020/21 (aged 16+)	Eliminate acute mental health out-of-area placements by 2020/21	Reduce learning disability inpatient placements to 40 per million population by 2019/20
Breast cancer screening: increase uptake to England average of 75% by 2020	Deliver the Emergency Care Standard	Reduce the staff capacity gap by building multi-disciplinary teams and a wider skills base for specific functions
Bowel cancer screening: increase uptake by 3% by 2020	80% of people with a dementia diagnosis to be offered information and support to live with the condition and a named contact with a 'care navigator' role by 2020	Reduce the numbers of patients admitted as emergency cases for bed-based care
Bring the Leeds suicide rate down below the national average by 2020/21		
By 2019/20 support 2880 people at risk of developing diabetes to attend the Diabetes Prevention Programme		

Financial Gap
'Do nothing' scenario: £723m gap across NHS and Social Care by 2021

Appendix 2: LCH's Strategic Framework

Organisational Vision

To provide the best possible care to every community we serve

Strategic goals

1: Recruit, develop and retain the staff we need now and for the future
2: Provide high quality services
3: Work in partnership to deliver integrated care and care closer to home.
4: Create sustainable services

Value proposition

The benefit LCH offers - what differentiates LCH from other providers:

- **Scale of our operation** – We are the only organisation that provides community care 24/7 in Leeds and across Yorkshire and the Humber. We have the ability to mobilise services at scale and pace across the city and in any venue, including people's homes.
- **Diversity of services provided –** We provide a very diverse range of universal and specialist services at citywide and very local level across all ages and all communities, tailoring the offer to meet the patients needs
- **Diverse and highly capable workforce** – Our workforce is multi-skilled which allows us to evolve our service portfolio quickly to meet the constantly changing needs in our communities.
- **Community insight** – Working closely with people in the community on a day-to-day basis provides us with deep insight into the population's health needs, trends, complexities and potential solutions.
- **Strong relationships with people** – The close relationships that we have with people put us in a strong position to empower patients to take control of their own health and provide us with insight into the best way to manage their care.
- **Flexible and value driven culture** – We 'work with' and don't 'do to' patients. We tailor 'the offer' to meet patients needs, actively reaching out to the most vulnerable groups in our communities. We are committed to creating effective and caring cultures for both patients and staff.

Appendix 3

2018/19 Trust Priorities

Priority 1: Improve retention
Success measures • Reduce trust turnover to 14.5% by the end of FY18/19. • Increase in the score for staff who feel engaged in the organisation and its work as reported in the NHS National Staff Survey. • Increase in the medical engagement score
Key focuses Deliver the following priority focuses of the Organisational Development Plan: • **Retention –** implement the 12 initiatives of the retention plan • **Engagement** - focus at every level of the organisation to support effective action to address key issues indicated in the 2017/18 national staff survey. Continued focus on 'Creating the Working Life we want' and 'Building the Workplace we want' • **Leadership Development –** Develop leadership and management throughout the Trust through implementation of the leader development LEAD Programme and development of the senior leadership team 8b and above.

Priority 2: **Improve recruitment with a particular focus on recruiting in hard to recruit areas**
Success measures • An increase in the number of vacancies to which we recruit first-time • Improve recruitment in hard to recruit areas • Improvement of time to hire for identified staff groups e.g. nursing / admin / policy custody
Key focus • Review recruitment and selection process, systems and methodologies

Priority 3: **Reduce sickness absence**
Success measures: • Reduction in overall year sickness absence rate for 2018/19 from 2017/18
Key focus • Develop a Sickness absence Project led by an independent person.

Priority 4: **Achieve or maintain good or outstanding rating for all services (CQC and internal Quality Challenge +)**
Success measures • 70% of services rate themselves as good or outstanding through the Quality Challenge self-assessment • 80% of services rated good or outstanding following a (Quality Challenge +) peer Quality Visit • Services currently rated 'requires improvement' by CQC, achieve a good or outstanding rating if re-inspected
Key focuses • Deliver on actions identified in QIP from CQC inspection undertaken in February 2017 by end June 2018 • Roll out refreshed Quality Challenge + by May 2018 in light of feedback • Implement our approach to ensure adequate focus on quality governance and ensure appropriate support to small isolated services

Priority 5: **Develop LCH's quality improvement approach which engages staff, service users and the public**
Success measures • An increase in the number of staff recognising the importance of quality improvement (QI) as a priority within the organisation – to measure through the annual national staff survey • An increase in the number of staff who report that they are able to make improvements and changes within their service areas – to measure through the annual staff survey questions about engagement and contribution to change • completion of up to 4 QI projects – with good outcomes, and service user involvement - to measure against the objectives of the individual projects • increase in the number of staff trained in QI from 50 to 150

Key focuses

- Develop a clear and appropriate QI model and improvement methodology for use across the organisation which is evidence-based by the end of quarter 1

- Identify QI projects at organisational and business unit level to be implemented during 2018/19 (up to 4 formal projects) by the end of quarter 1. Encourage QI projects to be undertaken at team / service level.

Priority 6: **Provide harm-free evidence based care**

Success measures

- Our organisational aim is to achieve 0 avoidable Cat 4 pressure ulcers. Our minimum target is a 50% reduction from the 2017/18 baseline
- 20% reduction in Cat 3 pressure ulcers from the 17/18 baseline

Key focuses

- Further develop use of tools and provision of information to front line staff that support service quality improvement:

- Reduce the main incidence of avoidable harms through implementing pressure ulcer, falls and CAUTI work plans

- Further develop the clinical outcomes work in line with the agreed plan

Priority 7: **Engage fully in development and implementation of the Leeds Health and Care Plan and West Yorkshire and Harrogate STP underpinned by an effective relationship with all partners**

Success measures

- Active engagement in the development of governance in relation to Population Health Management and new models of care e.g. risk-sharing arrangements, activity / service costings, contract management and quality governance frameworks, operational protocols
- Meet agreed time-frames and requirements for developing and implementing the Population Health Management 1st segment pathway, shadow budget, contracting and financial arrangements and the West Yorkshire and Harrogate CAMHS New Model of Care project
- LCH involvement in NMoC and / or pathway developments in year, and / or pilots being further developed or recurrently funded

- Achieve the 1% West Yorkshire and Harrogate engagement CQIN

Key focuses

- Ensure the necessary capabilities, capacity and systems are in place to support the development and testing of Population Health Management and new models of care governance e.g. clinical governance, costing, contracting, risk-sharing arrangements etc

- Develop our relationship with primary care with a particular focus on developing integrated nursing

- Ensure robust project management and governance of the West Yorkshire and Harrogate CAMHS New Model of Care project and delivery to key milestones, quality and financial parameters

Priority 8: **Engage fully as a key partner in the development of Local Care Partnerships and their plans and ensure service responsiveness in implementing new models of care and pathway redesign**

Success measures

- Active engagement and influence in all 18 LCPs

- NMoC implemented to agreed time-frames and specifications

Key focus

- Work actively with partners to develop and implement Local Care Partnership plans and more integrated ways of working across all locality areas.

Priority 9: **Increase service and organisational focus on prevention, early intervention, pro-active care and self-management to keep people well in the community**

Success measures

- NT staff trained to enable roll-out and embedding of LCH's NT self-management model in line with the agreed plan

- Embedded self-management approach in Neighbourhood teams (informed by pilot evaluation)

- Roll-out and embedding of health coaching and restorative practice in services across the organisation in line with the agreed city-wide plan

Key focuses

- Evaluation of self-care service currently being trialled in Neighbourhood teams and adoption of principles into business as usual. By September 2018 we should understand the impact of the model on staff capacity.

- Embed health coaching/restorative practice approach in Children's, Specialist and Adult Business Units

Priority 10 : **Ensure that LCH is at the forefront of the development of the Leeds Primary Care Provider Partnership (previously known as the Alliance)**

Success measures

- Robust governance in place for Primary Care Provider Partnership contracts – will vary for each contract but may include risk-sharing arrangements, clinical governance framework, contract management framework, operational protocols

Key focuses

- Pro-actively support the development of the Leeds Primary Care Provider Partnership

- Maximise the role of LCH services and corporate teams in service, pathway and new model of care development and provision by the Leeds Primary Care Provider Partnership, in line with our business development strategy

Priority 11: **Establish a project team and implement the project plan for developing the CAMHS Tier 4 new building and service offer**

Success measures

- Approvals received and work starts on site

- Progress made on developing the service offer in line with the project implementation plan

Key focus

- Ensure the capacity, skills and experience are in place to develop and implement the PID and business case for the new build

Priority 12: Implement year one of the business development strategy by proactively generating income, scoping opportunities to provide services in neighbouring areas, and supporting the Leeds Primary Care Partnership in developing business development propositions

Success measures

- Surplus / profit created from traded services projects
- Number of out of area bids submitted
- Number of bids awarded

Key focuses

- In quarters 1 and 2 develop a corporate infrastructure that will ensure we can generate income effectively, to include costing, marketing, payments processes
- In quarters 3 and 4 complete / refresh self-assessments annually to support understanding about the market and service competitiveness, agree priority actions to improve competitiveness and review the service strategy

Priority 13: **Develop an innovative and viable model for the 0-19 pathway that meets commissioners' requirements**

Success measures

- Viable response to invitation to tender within price constraints and that does not compromise quality

Key focuses

- Close working with commissioners to influence the specification
- Development and implementation of engagement plan with staff, young people and other stakeholders to maximise the users voice in our submission
- Establishment of bidding team with clear capacity and capability to write a winning bid

Priority 14: **Work on productivity within agreed services with clear expectations regarding workload and efficiency requirements**
Success measures • Prioritised services achieve target productivity improvements – to be agreed
Key focuses • Establish a working group to prioritise services and areas to be explored by May 2018 • Use of Quality Improvement methodology to support productivity gains, to include developing capability and use by services of capacity and demand tools and analysis

Appendix 4

2018/19 Quality Priorities

1. To reduce the number of avoidable pressure ulcers

2. Increase the number of services rating themselves as good or outstanding against the Quality Challenge+ Standards and demonstrate improvement for services that have been rated as requiring improvement by the Care Quality Commission.

3. Learning what quality care means to our patients, and working in partnership with our patients to improve their experience of LCH using the Always Events Toolkit.

4. Evaluation of self-care service currently being trialled in Neighbourhood Teams and adoption of principles into business as usual; review patient's confidence in self-care within the new Foot Protection Service within the Specialist Business Unit; Continue to roll out and embed health coaching / restorative approach as part of asset based approaches to support better conversations and patients to be empowered to self-manage.

5. Develop a clear and appropriate QI model and improvement methodology for use across the organisation which is evidence-based

6. Increase the response rates for FFT and ensure FFT equality data is reflective of the patient population, in order to identify and better understand health inequalities; and bring about improvements in patient care

7. Increase the number of services using outcome measures that are effective and meaningful and ensure that data from outcomes is extracted to ensure that outcome measures are meaningful

8. Reduce internal waiting times, understand waits and agree further priority areas for intervention

9. Develop leadership and management throughout the Organisation through implementation of the leader development LEAD Programme and development of the senior leadership team

10. Improve patient Friends and Family Test response rates and how we use and respond to learning from patient experience and complaints

11. 'Creating the working life we want' - increase year on year the score for staff who feel engaged in the organisation and its work as reported in the NHS National Staff Survey

12. Improve retention and reduce trust turnover

Appendix 5. BAF (2018/19) strategic risks

Changes from 2017/18 BAF indicated in green font

Strategic Goals	Provide high quality services	Provide sustainable services	Recruit, develop and retain the staff we need now and for the future	Work in partnership to deliver integrated care and care closer to home
Strategic Risks	**RISK 1.1** If the Trust does not have effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards then it may have services that are not safe or clinically effective **(MP / Quality Committee)**	**Risk 2.1** If the Trust does not achieve principal internal projects (EPR, E-rostering, administration review) then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised **(SP/ Business Committee)**	**RISK 3.1** If the Trust does not have suitable and sufficient staff capacity and capability (recruitment, retention, skill mix, development) then it may not maintain quality and transform services **(SE / Business Committee)**	**RISK 4.1** If the Trust does not respond to the changes in commissioning, contracting and planning landscape (Health and Care Partnership implementation) and scale and pace of change then it may fail to benefit from new opportunities eg new models of care integration, pathway redesign etc. **(TS / Business Committee)**
	RISK 1.2 If the Trust does not implement and embed lessons from internal and external reviews and reports, then it may compromise patient safety, and may experience intervention or damage to reputation and relationships **(MP / Quality Committee)**	**RISK 2.2** If the Trust does not deliver contracted activity requirement, then commissioners may reduce the value of service contracts, with adverse consequences for financial sustainability **(SP / Business Committee)**	**RISK 3.2** If the Trust fails to address the scale of sickness absence then the impact may be a reduction in quality of care and staff morale and a net cost to the Trust through increased agency expenditure. **(SE / Business Committee)**	**RISK 4.2** If the Trust does not maintain relationships with stakeholders, including commissioners and scrutiny board then it may not be successful in new business opportunities. The impact is on the Trust's reputation and on investment in the Trust . **(TS / Board)**
	RISK 1.3) If the Trust does not maintain and continue to improve the quality of all services, then it may not maintain a 'Good' CQC rating and will not achieve 'Outstanding'. This will have an impact on the Trust's reputation and it will receive a greater degree of oversight and scrutiny **(AT / Quality Committee)**	**RISK 2.3** If the Trust does not improve productivity, efficiency and value for money and achieve key targets, supported by optimum use of accurate performance information, then it may fail to retain a competitive market position **(SP / Business Committee)**	**RISK 3.3** If the Trust does not fully engage with and involve staff then the impact may be low morale and difficulties retaining staff and failure to transform services **(TS / Business Committee)**	**RISK 4.3** If the Trust does not engage patients and the public effectively in Trust decisions, the impact will be difficulties in transacting change, and reputational damage. **(MP / Quality Committee)**
	RISK 1.4 If the Trust does not achieve external and internal quality priorities and targets then this may cause damage to reputation and loss of income **(MP/ Quality Committee)**	**RISK 2.4** If the Trust does not retain existing viable business and/or win new financially beneficial business tenders then it may not have sufficient income to remain sustainable **(BM / Business Committee)**	**RISK 3.4** If the Trust does not invest in developing managerial and leadership capability in operational services then this may impact on effective service delivery, staff retention and staff wellbeing **(SP / Business Committee)**	**RISK 4.4** If there is insufficient capacity across the Trust to deliver the key workstreams of system change programmes, then organisational priorities may not be delivered. **(TS / Business Committee)**
		RISK 2.5 If the Trust does not deliver the income and expenditure position agreed with NHS Improvement then this will cause reputational damage and raise questions of organisational governance **(BM / Business Committee)**		Risk 4.5 If the Trust does not ensure there are robust agreements and clear governance arrangements when working with complex partnership arrangements, then the impact for the Trust will be on quality of patient care, loss of income and damage to reputation and relationships. **(BM / Business Committee)**