Leeds and York Partnership NHS
NHS Foundation Trust

Operational Plan for 2014-16

Leeds & York Partnership NHS Foundation Trust

Operational Plan for years ending 31 March 2015 and 2016

This document completed by (and Monitor queries to be directed to):

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Date	4 April 2014

The attached Operational Plan is intended to reflect the Trust's business plan over the next two years. Information included herein should accurately reflect the strategic and operational plans agreed by the Trust Board.

In signing below, the Trust is confirming that:

- **The Operational Plan is an accurate reflection of the current shared vision of the Trust Board having had regard to the views of the Council of Governors and is underpinned by the strategic plan;**
- **The Operational Plan has been subject to at least the same level of Trust Board scrutiny as any of the Trust's other internal business and strategy plans;**
- **The Operational Plan is consistent with the Trust's internal operational plans and provides a comprehensive overview of all key factors relevant to the delivery of these plans; and**
- **All plans discussed and any numbers quoted in the Operational Plan directly relate to the Trust's financial template submission.**

Approved on behalf of the Board of Directors by:

Name: Mr Frank Griffiths *(Chair)*	Signature: 

Approved on behalf of the Board of Directors by:

Name: Mr Chris Butler *(Chief Executive)*	Signature: 

Approved on behalf of the Board of Directors by:

Name: Mrs Dawn Hanwell *(Chief Financial Officer)*	Signature: 

Contents

1 Executive summary

The Trust's strategic vision

In September 2013 we launched our refreshed Trust Strategy *Improving health, improving lives,* which describes what we want to achieve over the next five year (to 2018) and how we plan to get there. The strategy is designed around the three key elements of quality: effective care that improves outcomes for people who use our services; safe care; and positive service user and carer experience. Our strategic intent is fully aligned with the national direction of travel, commissioner priorities and the challenges and opportunities we see ahead over the next one to five years.

We describe our ambition as:

Ambition	**Working in partnerships, we aspire to provide excellent mental health and learning disability care that supports people to achieve their goals for improving health and improving lives**

Our values are the values of the NHS Constitution:

Values	**Respect & dignity**	**Improving lives**
	Commitment to quality of care	**Compassion**
	Working together	**Everyone counts**

Our three strategic goals reflect the quality outcomes we are here to achieve for service users and carers over the next five years. Our five strategic objectives describe what we need to do to achieve our goals. Our strategy includes clear measures by which we will be able to demonstrate that we have achieved our goals and objectives.

Our strategic goals are set out in more detail below. They describe the outcomes we aspire to for everyone who uses our services.

Goal 1	**People achieve their agreed goals for improving health and improving lives**

People who use our services, their families and their carers expect us to provide excellent care, treatment and support. They want us to work with them in the spirit of hope for their improved wellbeing and recovery; to help them maintain good mental and physical health; and to support them to achieve the best quality of life that they can. We can only support people to improve their health and lives by making sure that every contact and intervention helps them move towards achievable goals for their health and wellbeing. We will work with people to help them set out the goals that are important to them; and make sure that our services and those of partner organisations work together to support people to achieve their goals.

Goal 2	**People experience safe care**

People who use our services often do so at a point in their lives when they are feeling vulnerable. They rely on our highly trained staff to provide care and treatment that is not only effective, but also safe. Safety can cover many areas, such as helping people to manage their conditions at

home so they can avoid admission to hospital; giving people information to help them understand the side-effects of drug treatments; and supporting people's leave of absence from hospital to encourage recovery. We believe that safety is everyone's business and critical to providing excellent care, but it has to be balanced against the need for people to take some risks to develop the confidence and skills they need to move towards reablement, recovery and wellbeing.

Goal 3 **People have a positive experience of their care and support**

People who use our services expect us to treat them well, so that their experience, and that of their carers and families, is positive. There are many things that can make a real difference to someone's experience of their care and support, such as the friendliness and compassion shown by our staff; being treated with respect and dignity; the quality of food in our hospitals; and how involved people feel in agreeing their care plans. All of these things, and more, can contribute to people's chances of reablement, recovery and improve quality of life.

Operational plans for 2014/15 and 2015/16

Our 2013/14 Strategic Plan described the priority actions we planned to take to achieve our ambition and goals over the next five years. We are now well on with delivering these priorities, with progress against our strategic objectives and priorities being publically reported to both our Board of Directors and Council of Governors.

For the next two years we have built on our 2013/14 plans and set out an ambitious change programme to deliver our strategic priorities and improve the health and lives of people with learning disabilities and mental health problems. Our change programme includes improvements to clinical services that we will deliver within the next two years, alongside plans that set in place the foundations needed for transformational change from 2015/16 onwards. Improving the quality of our services and outcomes for service users through recovery-focused, person-centred care is fundamental to these plans. Quality improvement is also the main driver for achieving the efficiency savings needed to maintain sustainable service delivery over the next five years.

Over the next two years we will deliver significant improvements to our clinical services and, through these quality improvements, deliver our cost improvement plans. Our schemes include:

- Implementing outcome measures so that we can be assured that our services are effective in meeting people's needs
- Implementing a major programme to improve service user outcomes by embedding new approaches to recovery, person-centred care and effective care planning
- Developing and implementing integrated care pathways (ICPs) to improve quality
- Implementing specific clinical service developments to meet service user, carer, commissioner and partner expectations
- Developing and implementing new partnership service models in collaboration with the voluntary sector
- Developing and implementing new integrated service models in collaboration with health and social care partners

Three of these improvement programmes set in train our plans for transformational change from 2015/16 onwards:

- The **Recovery and Person-centred Care Programme** is being delivered in collaboration with service users and carers. It focuses on supporting service users to build self-

confidence; gain the tools they need for self-reliance; and build a 'scaffolding' of support beyond statutory services. The programme will include improving care planning, increasing choice of treatment for service users, promoting self-management through use of digital tools, developing staff skills and roles (such as peer support workers) and creating opportunities for service users to receive more support from voluntary sector partners. In partnership with service users and carers, the programme should reduce demand at all points along the care pathway, leaving our highly trained and skilled staff to provide treatment and support to service users with the most complex and acute needs. This, in turn, will enable us to achieve workforce and estates efficiency savings. This programme, which has already begun to deliver some improvements, will be supported by the Provider Partnerships Programme.

- The **Provider Partnerships Programme** is being delivered in collaboration with voluntary sector partners. It is an ambitious programme of work which aims rapidly to grow the voluntary sector capacity needed to deliver a new model of care in support of the Recovery and Person-centred Care Programme. We will work up plans to deliver partnership working at scale, with care sub-contracted to or delivered in collaboration with voluntary sector partners. The main areas of focus will be where we believe the voluntary sector can have the most impact on improving outcomes for service users through building a 'scaffolding' of support beyond statutory services: community mental health services; rehabilitation and recovery services; and crisis support services. This work programme is already underway in Leeds where there is a thriving voluntary sector. Work is also beginning in York, where there may be more challenges in developing the voluntary sector capacity required to deliver at scale. As with the Recovery and Person-centred Care Programme, this work should enable us to make efficiency savings in workforce and estates costs through redesigning the model of care.

- The **Integration Programme** is being developed in collaboration with health and social care partners. Plans focus on the development of models of care where services are wrapped around the needs of people with long term conditions, including dementia. Outcomes for patients will be improved by focusing on prevention, self-management and rehabilitation; and a risk-stratification approach will be used to focus health and social care interventions on those patients who are most at risk of repeat admission to hospital. The Integration Programme will describe the part played by our mental health and learning disability services in the integration plans developing in Leeds (which also has Pioneer status), York and North Yorkshire. Our aim will be to improve outcomes and achieve efficiency savings by working with partners to deliver the new model of care and reduce gaps and duplication between services.

In addition, we will continue to seek opportunities to **grow our organisation** through effective marketing of our services; tendering for new services; and – where opportunities arise – mergers and acquisitions.

Our clinical service improvement programmes are underpinned by schemes to:

- Develop our workforce, with a particular focus on promoting a healthy culture that meets the recommendations of the Francis Report; developing the skills we need to deliver new ways of working; and improving the health and wellbeing of our staff.
- Develop our IT infrastructure to support outcomes and performance measurement and deliver more efficient ways of working.
- Ensure that our estate is fit-for-purpose and cost-effective, with the aim of reducing our estate footprint and reducing cost. In particular, we are working with our commissioners and NHS Property Services Ltd to find alternative premises for inpatient services at

Bootham Park Hospital and Lime Trees in York, so that our services are provided from estate that meets the requirements of the Care Quality Commission.

- Establish robust working practices for the implementation of Mental Health Payments.
- Develop the effectiveness of our Board of Directors and Council of Governors.

Financial plans for 2014/15 and 2015/16

The Trust enters the two year planning period in a strong financial position. This provides a solid platform in the context of the challenges we face, with potentially some opportunity and a degree of flexibility which will support our overall strategic direction.

Externally the overarching drivers are the wider planning assumptions for the NHS going forward and the financial trajectories of our key commissioners, which will influence their commissioning strategies and decision-making. We are aware that both our main Clinical Commissioning Group commissioners are above their allocation under the new formula, restricting future growth for new investment. The requirements of the Better Care Fund are likely to further impact on availability and distribution of resources over time. NHS England as our commissioner for specialised services is facing extensive challenges above the national efficiency requirements due to significant pressures and overspends. Whilst public health commissioned services are protected in the short-term, we have already had notice that our contract (for addictions services) will be tendered. Notwithstanding some of this uncertainty, and the absence yet of a Mental Health Payments System, the majority of our clinical income contracts remain on block fixed income. This does provide some level of certainty for short-term planning purposes. We are keen to progress the Mental Health Payments System based on outcomes to evidence the need for future financial investment in our services, as we recognise the limitations of the block contract arrangements.

Against this backdrop, the financial strategy remains focused on supporting the organisation to achieve its goals, and maintain a strong stable position which minimises financial risk, as defined under the new Risk Assessment Framework. We fully recognise the balance between financial sustainability and service quality and improvement, and the emphasis within the provider licence on the maintenance of an acceptable continuity of services risk rating. For the Trust the level which is deemed acceptable, after taking into account the fixed PFI commitments and investment requirements has been agreed as a three. This underpins the financial strategy.

2 Operational plan summary

We are now one year into delivering against the priorities described in our five-year Trust strategy and three-year Strategic Plan (2013/14). This is a significant programme of work to improve our services which is being closely supported, monitored and reported upon via our Programme Management Office, a new function which was introduced in April 2013. Governance for delivery of our plans is provided by our Strategy Implementation Board, which includes all members of the Executive Team. We report regularly on the delivery of our plans to the Board of Directors and the Council of Governors. All financial aspects of the plans are reviewed by our Finance and Business Committee and quality impact assessments of cost improvement plans are reviewed by our Quality Committee.

Our objective over the two-year planning period is to make greater progress towards transforming the care and safety of our services whilst meeting the increasing demand on mental health and learning disability services. We will continue to focus on the delivery of the schemes underpinning the organisational priorities described in our 2013/14 Strategic Plan and have added in further schemes.

The following pages describe in summary our plans for 2014/15 and 2015/16. These plans are grouped under our five strategic objectives that support delivery of our Trust goals.

Strategic objective 1	**We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing**
Strategic objective 2	**We work with partners and local communities to improve health and lives**
Strategic objective 3	**We value and develop our workforce and those supporting us**
Strategic objective 4	**We provide efficient and sustainable services**
Strategic objective 5	**We govern our Trust effectively and meet our regulatory requirements**

Quality and clinical services

The main development areas for quality and clinical services are summarised below; and further detail about how each of these schemes will be delivered in 2014/15 and 2015/16 is provided in section 10.

Strategic objective 1	**We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing**
Scheme 1.1 **Implement validated outcome measures**	This scheme continues the work begun in 2013/14 to develop and implement clinician reported outcomes measures, patient reported outcomes measures and patient reported experience measures. This will ensure that we have a range of effective measures in place to monitor health and wellbeing outcomes for service users and provide information to inform commissioning. Measures will include those required for Mental Health Payments and the friends and family test by 2015/16.

Scheme 1.2 **Implement a recovery and patient-centred care programme** (Transformational programme)	The Recovery and Person-centred Care Programme is being delivered in collaboration with service users and carers. It focuses on supporting service users to build self-confidence; gain the tools they need for self-reliance; and build a 'scaffolding' of support beyond statutory services. The programme will include improving care planning, increasing choice of treatment for service users, promoting self-management through use of digital tools, developing staff skills and roles (such as peer support workers) and creating opportunities for service users to receive more support from voluntary sector partners. In partnership with service users and carers, the programme should provide alternatives that leave our highly trained and skilled staff to provide treatment and support to service users with the most complex and acute needs. This, in turn, will enable us to achieve workforce and estates efficiency savings. This programme will be supported by the Provider Partnerships Programme (see Scheme 2.1).
Scheme 1.3 **Develop and implement Integrated Care Pathways (ICPs)**	Our ICP project links closely with outcomes measures and Mental Health Payments. We will develop ICPs for our core mental health pathways and specific needs-based pathways, improving outcomes by driving up quality and improving efficiency by reducing variation. The ICP project is being run in tandem with our project to improve our clinical information system, Paris.
Scheme 1.4 **Improve young people's experiences of our services**	Feedback from younger adults suggests that more could be done to ensure that our services meet the needs of people from this age group. We aim to review our information and care pathways during 2014/15 to ensure that our services are accessible to younger people; and to identify specialist workers within community teams who will be responsible for developing young people-friendly services.
Scheme 1.5 **Build our reputation for high quality research**	We want to build on our reputation for high quality research and increase our research funding over the next two years and expand the range of our research projects. We will also work closely with the Academic Health Science Network to ensure that research into mental health is a high priority.
Scheme 1.6 **Develop and improve services in the Leeds Mental Health Care Group**	We are developing a range of schemes in our Leeds mental health services: ▪ **Increasing dementia/memory services in Leeds:** we are currently working with partners across Leeds on the city-wide dementia programme. Over 2014/15 significant changes are to be made to the dementia pathway. Additional non-recurrent funding (across 15 months) has been agreed to enable the introduction of dementia liaison staff, who are employed by the Trust but co-located within the health and social care neighbourhood teams. We have also received non-recurrent funding to enable environmental improvements to be made at The Mount, Leeds. This will involve a redesign of the reception areas to create a multi-functional and therapeutic space, improvements to bedrooms, changes to dining and social areas to create both a more homely and therapeutic environment. ▪ **Improving the acute pathway in Leeds:** following our redesign of community health and alternatives to hospital services implemented in 2012, we have analysed our acute inpatient services using Lean Six Sigma methodology. During 2014/15 we will redesign and implement an improved acute mental health care pathway for people who use our services in Leeds. Our plans include: – Continuing our work to **use our inpatient beds efficiently**, ensuring

	that we improve quality and experience for service users by reducing out of area placements. This will achieve significant cost improvements in 2014/15 onwards by reducing the cost of our out of area budget. – Reviewing the impact of **seven day working** on outcomes, length of stay and inpatient beds. – Providing **income generation opportunities** by admitting service users from outside Leeds to available beds. We are currently in the process of finalising the following developments with our commissioners: – Expanding our **Section 136 service** to deliver health-based care for intoxicated service users, diverting these people from police custody. This includes a review of our **street triage service** when the pilot is due to come to an end in December 2014. – Developing a **Crisis Assessment Unit** to provide an environment within which service users can receive a longer period of assessment as an alternative to admission. – Developing a **mental health emergency suite** so that service users with emergency needs can be assessed and treated away from accident and emergency departments. ▪ **Implementing improvements to our rehabilitation and recovery pathways in Leeds**: in 2014/15 we will work with voluntary sector partners to develop more community-based services to promote better outcomes for people with severe and enduring mental health problems. This development will be a trail-blazer for our Provider Partnerships Programme (see Scheme 2.1).
Scheme 1.7 **Develop and improve services in the York and North Yorkshire Mental Health Care Group**	We are currently implementing changes to our community services in York and North Yorkshire and will build on this work over the next two years: ▪ **Improving IAPT and primary care mental health services:** we are working with commissioners to transfer some of our Improving Access to Psychological Therapies (IAPT) services to other mental health providers in North Yorkshire, as these services can be delivered better alongside primary care and community mental health services. This will be followed by a review of primary care and IAPT services, with plans to improve access across the Vale of York locality in 2014/15. ▪ **Redesigning community and hospital services:** we will implement a programme of work across our services in York and North Yorkshire over the next two years. This includes: ▪ **Introducing ICPs into the redesigned community services** to improve quality and reduce variation. ▪ Continuing to **manage inpatient resources effectively** and reducing the number of service users requiring out of area placements. ▪ Developing **integrated services for older people** in the Vale of York; and working with local authority partners to develop community based services that **reduce delayed transfers of care**. ▪ Working with partners to develop models of **integrated health and social care** service delivery as part of our Integration Programme. ▪ **Developing hospital liaison service in York:** in partnership with York Teaching Hospital NHS Foundation Trust, we will develop a new service model to provide service users with mental health needs with the right

	level of support and treatment whilst admitted to the acute hospital. Subject to confirmation from the Vale of York CCG that longer-term funding can be identified, the service should begin during 2014/15.
Scheme 1.8 **Develop and improve services in the Specialist and Learning Disability Care Group**	Within this diverse care group we will implement a range of schemes, including: ▪ **Improving services for people with learning disabilities:** we are working with the Vale of York CCG to reduce the number of learning disability service users placed out of area. In Leeds, the CCGs have provided non-recurrent funding to improve the service at Parkside Lodge. We will develop this unit into a comprehensive learning disability challenging behaviour inpatient service, which will allow us to leave less suitable premises at Woodland Square, St Mary's Hospital in Leeds. We are currently working with the Leeds City Council to develop alternative ways of providing planned care (health respite) for people with a learning disability. ▪ **Improving pathways for people using our low secure forensic services:** we will open the new women's low secure unit in York and work with commissioners to agree how to make best use of capacity in our Leeds forensic services. We will implement an integrated pathway approach for the management of referrals for female service users into the new York women's service and existing Leeds women's service, including implementing a single point referral management system. ▪ **Maximising opportunities from re-tendering of offender health, personality disorder and child and adolescent mental health services across the region:** significant retenders of offender health, inpatient personality disorder and inpatient CAMHS services are expected in 2014/15 and 2015/16. These tenders will provide us with opportunities to grow our business in these areas. ▪ **Expanding regional personality disorder services**: from 1 April 2014 there is further significant expansion of these services, including the development of the current community specification into the remaining Probation Trust local delivery units across the region and the implementation of the intensive risk management stage of the personality disorder offender project. ▪ **Expanding the Yorkshire Centre for Psychological Medicine:** we will agree options for re-providing the YCPM in new premises to enable an expansion of the bed base from 8 to 14. This service has developed a national reputation for providing excellent inpatient care and treatment for people with severe and complex medically unexplained symptoms. ▪ **Developing partnership bid to retain current contract for Leeds Addictions Unit:** we will work with partners to develop a consortium approach to respond to the full tender of addictions services by Leeds City Council.

Partnership working developments

Our clinical priorities will be supported by partnership working, much of which will need to deliver transformational change over the next five years. Our partnership schemes are set out below, with further detail in section 10.

Strategic objective 2	**We work with partners and local communities to improve health and lives**
Scheme 2.1 **Develop and implement new service models in collaboration with the voluntary sector** (Transformational programme)	The Provider Partnerships Programme is being delivered in collaboration with voluntary sector partners. It is an ambitious programme of work which aims rapidly to grow the voluntary sector capacity needed to deliver a new model of care in support of the Recovery and Person-centred Care Programme. We will work up plans to deliver partnership working at scale, with care sub-contracted to or delivered in collaboration with voluntary sector partners. The main areas of focus will be where we believe the voluntary sector can have the most impact on improving outcomes for service users through building a 'scaffolding' of support beyond statutory services: community mental health services, rehabilitation and recovery services; and crisis support services. This work programme is already underway in Leeds where there is a thriving voluntary sector. Work is also beginning in York, where there may be more challenges in developing the voluntary sector capacity required to deliver at scale. As with the Recovery and Person-centred Care Programme (see Scheme 1.2), this work should enable us to make efficiency savings in workforce and estates costs through redesigning the model of care.
Scheme 2.2 **Develop and implement new service models in collaboration with health and social care partners** (Transformational programme)	The Integration Programme is being developed in collaboration with health and social care partners. Plans focus on the development of models of care where services are wrapped around the needs of people with long term conditions, including dementia. Outcomes for patients will be improved by focusing on prevention, self-management and rehabilitation; and a risk-stratification approach will be used to focus health and social care interventions on those patients who are most at risk of repeat admission to hospital. The Integration Programme will describe the part played by our mental health and learning disability services in the integration plans developing in Leeds (which also has Pioneer status), York and North Yorkshire. Our aim will be to improve outcomes and achieve efficiency savings by working with partners to deliver the new model of care and reduce gaps and duplication between services.
Scheme 2.3 **Work with partners to campaign against stigma and discrimination**	We will continue our award-winning work to combat the stigma and discrimination experienced by people with mental health and learning disabilities, expanding our successful Love Arts festival into York and further developing our Time to Change (mental health) and Get Me (learning disability) anti-stigma campaigns.
Scheme 2.4 **Better involve people who use our services**	We will ensure that we provide ways for all service users to contribute to service improvement, including expanding our Service User Network (SUN) and extending our use of social media to support engagement.

Workforce developments

Our priorities for clinical services and partnership working are underpinned by schemes to deliver our strategic objectives for workforce development. Further details about these schemes can be found in section 10.

Strategic objective 3	We value and develop our workforce and those supporting us
Scheme 3.1 **Implement the Workforce Development Strategy, promoting a healthy culture that meets the recommendations of the Francis Report**	From 2014/15 onwards we will continue to development a culture of openness and learning to ensure the quality and safety of our services. In 2013/14 we developed an 'organisational development cohort' and these OD experts will be available to support service improvement and innovation over the next two years, alongside our StaffSide 'bright ideas' scheme. We will also launch a new staff intranet to enable information to be accessed more easily and support effective internal communications and engagement.
Scheme 3.2 **Support new ways of working following service redesign**	In 2014/15 we will review our inpatient staffing models to ensure that they provide safe and effective care, whilst delivering efficiencies. We will continue to support the development of the skills that staff need to undertake their roles, responding to changes in clinical service models; and to offer a range of leadership and management development opportunities.
Scheme 3.3 **Expand Occupational Health Service and improve health and wellbeing of our staff**	We recognise the need to balance robust management of sickness absence with measures to keep our workforce healthy. We will expand our Occupational Health Service, implementing a new Employee Assistance Programme to support staff.

Efficiency and sustainability developments

Our priorities for clinical services and partnership working are underpinned by schemes to deliver our strategic objectives for efficiency and sustainability, including informatics and estates. Further details about these schemes can be found in section 10.

Strategic objective 4	We provide efficient and sustainable services
Scheme 4.1 **Review and explore opportunities to grow our organisation and work in partnership** (Potential transformational programme)	We grew our Trust by over 25% in 2012 when we bid successfully to provide mental health and learning disability services in York and North Yorkshire. We will continue to assess any new business opportunities and to bid for those that meet our growth criteria. We will develop our marketing capacity and capability in 2014/15 so that we are better able to attract income from commissioners.
Scheme 4.2 **Deliver management, corporate and back office efficiency savings**	In 2013/14 we began a major restructure of our Care Services directorate, introducing more robust clinical and professional leadership, whilst reducing management costs by £800k. This restructure will be completed in early 2014/15. We will continue to explore opportunities to release savings from corporate and back office services.

Scheme 4.3 **Develop our IT infrastructure to put us in control of health and care information across Leeds, York and North Yorkshire**	Over the next two years we will implement our Informatics Strategy, including a major upgrade to our clinical information system, Paris. This will see Paris rolled out to services in York and North Yorkshire; and the systematic use of electronic records across all services. Support systems will be implemented to ensure that clinical staff have electronic access to acute hospital records and a medicines management system including e-prescribing. Running alongside the Paris redesign, we will pilot greater use of tablet devices on each of our inpatient wards and within community services to promote accessibility of information for staff and aid clinical recording. During 2015/16 we will also be introducing touch screen arrival notification devices on all of our wards.
Scheme 4.4 **Ensure our Leeds estate is fit-for-purpose**	We will review our Leeds estate to ensure that it is fit-for-purpose, meets the needs of people using our services and is cost effective. We plan to make maximum use of our PFI facilities to reduce the cost of our estate. In 2015/16 we will be able to take advantage in the break clause of one of our PFI contracts and plan to relocate services in support of our clinical service strategy for rehabilitation and recovery services. We will also develop plans for the use of St Mary's Hospital, our largest non-PFI site.
Scheme 4.5 **Ensure our York estate is fit-for-purpose**	Recent Care Quality Commission inspections have confirmed that the quality of the estate at Lime Trees and Bootham Park Hospital is not fit for purpose. We are working with NHS Property Services Ltd and our commissioners to find alternative premises for the Lime Trees inpatient unit and Bootham Park Hospital as quickly as possible.
Scheme 4.6 **Be ready for Mental Health Payments**	We are working to ensure that Mental Health Payments can be fully established across the Trust by 2015/16.

Governance and compliance developments

Our priorities for clinical services and partnership working are underpinned by schemes to deliver our strategic objectives governance and compliance. Further details about these schemes can be found in section 10.

Strategic objective 5	**We govern our Trust effectively and meet our regulatory requirements**
Scheme 5.1 **Ensure we meet our statutory and regulatory requirements**	Our priority is to deliver the CQC improvement plans for Bootham Park Hospital and Lime Trees, which focus mainly on the physical environment within which services are delivered. (See Scheme 4.5)
Scheme 5.2 **Develop the effectiveness of our Board of Directors and Council of Governors**	Over the next two years we will develop our Council of Governors to meet the new requirements set out in the Health and Social Care Act for governors to hold non-executive directors to account for the performance of the Trust. We will also continue to develop the effectiveness of our Board of Directors by developing the links from 'ward to board'.

Risks to delivery

We have identified the following strategic risks which may impact upon our ability to deliver our plans.

Description of risk	Potential impact	Mitigating actions / contingency plans in place	Residual concerns
Partnership working: capacity and capability of partners (voluntary sector and/or primary care) to support new models of care (risk for transformational programmes)	▪ New service models not delivered ▪ Cost improvement plans associated with new service models not delivered	▪ Well established and business astute third sector partners in Leeds, with strong partnership relationships already developed ▪ Well-developed commissioner led strategic planning structures in Leeds ▪ Work commenced to build stronger partnership relationships in York, although third sector less well-developed ▪ Participation in local integration plans in Leeds, York and North Yorkshire localities ▪ Stronger relationships developing with primary care	City-wide partnership structures for the delivery of integration and other plans still being developed
Workforce: workforce not equipped to deliver new models of care (risk for transformational programmes)	▪ Quality of care sub-optimal ▪ Decreased workforce morale and productivity ▪ Increased sickness absence with associated pay costs	▪ Staff involved and consulted about potential service redesign schemes ▪ Organisational Development Cohort of staff who support strategic improvement and employee engagement in the development of changes to services ▪ Training needs analysis for all new service developments and investment in training where required	None
Estates: improvement in York estate not delivered at sufficient pace by NHS Property Services Ltd	▪ Continued quality issues affecting service user safety and experience ▪ Unable to respond to concerns raised by CQC and commissioners ▪ Unable to deliver cost improvement plans reliant on estates developments ▪ Reputation of Trust damaged due to continued quality concerns	▪ Good partnership working developed with commissioners and NHS Property Services Ltd ▪ Robust business case development processes in place ▪ Communication and engagement plan being developed with partners	NHS Property Services Ltd approval of business cases not yet achieved

Description of risk	Potential impact	Mitigating actions / contingency plans in place	Residual concerns
Informatics: failure to engage workforce in emerging technology trends	▪ Unable to deliver benefits of new technology to service users which may impact on choice of provider ▪ Unable to move to electronic patient record ▪ Unable to integrate systems with other NHS services ▪ Unable to use predicative modelling to support strategic planning	▪ New role of chief clinical information officer to ensure informatics developments led by clinical staff ▪ Clinician-led development and implementation of IT systems and business intelligence to ensure information is relevant to clinical practice ▪ Clinician-led development of innovative digital tools projects ▪ Training needs analysis for all new systems and investment in training where required	None
Income: loss of contract income when services are tendered	▪ Reduction in surplus ▪ Worsening of continuity of services risk rating	▪ Good working relationships established with commissioners ▪ Focus on maintaining service quality and monitoring outcomes to demonstrate quality and value for money ▪ Development of marketing and bid writing skills ▪ Look for contract growth opportunities to offset potential losses	Inability to absorb/ reduce fixed costs over medium term

3 Short term challenges

Whilst we face some short term challenges to service delivery and the sustainability of the Trust, we start 2014/15 in a strong service and financial position. The main short terms challenges are set out below.

Suitability of inpatient facilities in York

Estates issues in York are a significant short term challenge as we seek interim solutions to inadequate premises for inpatients at Bootham Park Hospital (inpatient services for adults and the elderly assessment unit) and Lime Trees (inpatient services for children and young people). We are working closely with commissioners and NHS Property Services Ltd (the owner of the York estate) to reach interim solutions so that we can transfer these inpatient services to premises which meet Care Quality Commission standards.

Contracts and income

We have agreed to a two year contract with our largest commissioner (Leeds CCGs). NHS England specialised commissioners will retender a number of specialised services contracts in 2014/15, including inpatient child and adolescent mental health services and inpatient personality disorder services. Leeds City Council is retendering all commissioned addictions services in the city, including the Leeds Addictions Unit. These retenders provide challenges but also, in some cases, offer opportunities to expand our business.

As yet the impact and vision of the Better Care fund is yet to be clearly set out in either Vale of York or Leeds. The effect in 2014/15 is likely to be minimal but we are actively engaging with partners across both local health economies to develop a shared understanding of priorities. We are aware in York that, due to demographic pressures in that locality, future integration schemes are likely to focus on older people's needs; mental health is acknowledged by partners to be a vital component to this and the development of our Section 75 partnership agreement with City of York Council is facilitating a shared approach to mental health issues. In Leeds, the Integration Pioneer work is likely to focus on older people with complex needs and people with long term conditions. Again, we are involved in early discussion about how to include mental health in the developing priorities for integration.

Impact of mental health service choice

As set out in *Closing the Gap: Priorities for essential change in mental health*, the legal right to choice of provider and consultant or mental health professional will be extended to adults with mental health problems from April 2014. The impact of this on our services is unknown: it could result in services users choosing other mental health care providers; or it could increase demand for our services if we become the provider of choice for services.

4 Quality strategy and priorities

Our quality strategy is driven by our three Trust goals:

Goal 1	**People achieve their agreed goals for improving health and improving lives**
Goal 2	**People experience safe care**
Goal 3	**People have a positive experience of their care and support**

Following the publication of the report of the Mid Staffordshire NHS Foundation Trust Public Inquiry chaired by Robert Francis QC we have:

- Created a governance structure that supports a 'ward to board' focus on quality and performance
- Separated the chief nurse and chief operating officer functions to ensure independence of the clinical view in operational decision-making
- Introduced clinical director posts with responsibility for clinical and managerial performance within service care groups
- Developed an associate practitioner course to provide career opportunities for non-registered health care staff
- Increased the number of matrons in inpatient services
- Promoted the 6Cs (commitment, care, compassion, competence, communication, courage) with Trust clinical staff
- Implemented a 'Code of Conduct' for unregistered clinical staff from April 2014.

Three key committees focus on quality in the Trust. The Quality Committee carries most responsibility, supported by the Mental Health Act Legislation Committee and the Finance and Business Committee. The Quality Committee is responsible for making sure that Trust cost improvement plans will not reduce the quality of our services. The Quality Committee also maintains the Trust's risk register in respect of quality and leads on the production of our Trust Quality Account. Each committee is chaired by a non-executive director, has clear terms of reference and membership, and includes a service user representative. Sub committees (Safeguarding; Effective Care; Health and Safety; Incident Reviews; Infection Prevention and Control; and Medical Devices) answer to the Quality Committee and are chaired by Trust executive directors. The Trust Audit Committee provides overall scrutiny of Trust quality governance arrangements. Our arrangements meet Monitor's governance requirements.

We will continue to respond to our commissioners' use of national quality standards from organisations such as NICE (National Institute for Health and Care Excellence) and QNIC (Quality Network for Inpatient CAMHS) in their contracts. The CQUIN (Commissioning for Quality and Innovation) framework supports commissioners to help improve quality in our services by setting 'stretch' targets for us to work towards. Such targets led to an increase in educational opportunities for people in low secure services and better physical health care and health promotion in 2013/14.

Following the publication of *Transforming care: A national response to Winterbourne View Hospital*, we used a multidisciplinary group to identify the risk of similar abuses in our learning

disability services. We identified a small number of gaps in assurance which have all been addressed.

The CQC inspected the Trust in December 2013 and January 2014. Overall, the inspection recognised the high quality of our services. However, four actions were required to ensure that our services in York are as safe and suitable as possible:

1. Immediate remedial works to the physical environments in Bootham and Lime Trees.
2. Developing plans with the Vale of York CCG, specialist commissioners, NHS Property Services Ltd, the York Health and Wellbeing Board and the Care Quality Commission to vacate Lime Trees and Bootham Park Hospital as soon as possible, whilst options for providing a high quality clinical environment within two years are explored and worked-up.
3. Updating risk registers and the Board Assurance Framework to ensure that the governance structure is fit for monitoring the quality of our services.
4. Developing a strategy for improving record keeping at Bootham Park Hospital; and supporting this, and wider cultural change, by introducing a matron post at Bootham Park Hospital.

The CQC inspection gave our existing work on quality impetus, but enhancements to the Trust's quality activity that go beyond what is simply required in 2014/15 include:

- Clinically-led, multi-professional, quality visits to services. Teams will include service users and focus on respect, care, wellbeing and safeguarding people who use services.
- Making the most of performance data in the Trust. For example, improving the Trust Board's Integrated Quality and Performance Report; and developing a clinical team-based 'track and trigger' tool, helping us identify poor (and good) quality and unacceptable variations in performance within the Trust.
- Enacting recommendations from *A promise to learn – a commitment to act: Improving the Safety of Patients in England* by fostering openness and candour in the ways we deal with and report on serious incidents and complaints.
- Reviewing staffing in inpatient teams to ensure they have the human resources they need to deliver safe, high quality care. The outcome of the reviews will be presented at the public meeting of the Board of Directors.
- Continuing to work to build on the information provided by the mandatory national community service user survey and the inpatient service user survey. We will be launching our local experience questionnaire (Your Views) which also asks staff whether they would recommend our services to their friends and/or family (known as the friends and family test).

Delivering high quality care requires recruiting and developing a high quality workforce. We are delighted that the staff survey 2013 suggests that our staff continue to feel that they can contribute towards improvement and that they feel satisfied with the quality of work and patient care they are able to deliver. The workforce strategy and priorities section of this operational plan describes the plans we have to ensure we promote a healthy culture where staff feel able to voice concerns and improve the quality of our services.

5 Clinical service strategy and priorities

We provide the full range of general mental health and learning disability services to our core populations of Leeds and the Vale of York; and also provide specialist services across the broader population of Yorkshire and the Humber, with some highly specialised services attracting service users from across England.

Our clinical service strategy focuses on three key areas:

- Ensuring that our clinical services meet the goals of the Trust; in other words, that they are effective in supporting people to achieve better health and wellbeing outcomes; safe; and provide a positive experience of care.
- Seizing opportunities to develop and expand our services, either within existing funding or through bidding for new funds. This includes the development of new service models that increase choice of care and treatment; and ensuring that we can demonstrate clear outcomes and plans so that we retain or expand any existing services that are tendered by commissioners.
- Developing plans to transform future service models, focusing on recovery and person-centred care; developing partnerships with the voluntary sector; and ensuring that mental health plays its part in emerging models for integrated health and social care

The main development areas for our clinical services in 2014/15 and 2015/16 are summarised below; and further detail about each of these schemes is provided in section 10.

Transformational programmes

We have launched three transformational programmes that begin to put in place the building blocks of major changes that will help us deliver our five-year strategy:

- The **Recovery and Person-centred Care Programme** is being delivered in collaboration with service users and carers. It focuses on supporting service users to build self-confidence; gain the tools they need for self-reliance; and build a 'scaffolding' of support beyond statutory services. The programme will include improving care planning, increasing choice of treatment for service users, promoting self-management through use of digital tools, developing staff skills and roles (such as peer support workers) and creating opportunities for service users to receive more support from voluntary sector partners. In partnership with service users and carers, the programme should reduce demand at all points along the care pathway, leaving our highly trained and skilled staff to provide treatment and support to service users with the most complex and acute needs. This, in turn, will enable us to achieve workforce and estates efficiency savings. This programme, which has already begun to deliver some improvements, will be supported by the Provider Partnerships Programme.

- The **Provider Partnerships Programme** is being delivered in collaboration with voluntary sector partners. It is an ambitious programme of work which aims rapidly to grow the voluntary sector capacity needed to deliver a new model of care in support of the Recovery and Person-centred Care Programme. We will work up plans to deliver partnership working at scale, with care sub-contracted to, or delivered in collaboration with voluntary sector partners. The main areas of focus will be where we believe the voluntary sector can have the most impact on improving outcomes for service users through building a 'scaffolding' of support beyond statutory services: community mental health services, rehabilitation and recovery services; and crisis support services. This work programme is already underway in Leeds where there is a thriving voluntary sector; and we are using the redesign of our rehabilitation and recovery

services to trail-blaze this new model of care. Work is also beginning in York, where there may be more challenges in developing the voluntary sector capacity required to deliver at scale. As with the Recovery and Person-centred Care Programme, this work should enable us to make efficiency savings in workforce and estates costs through redesigning the model of care.

- The **Integration Programme** is being developed in collaboration with health and social care partners. Plans focus on the development of models of care where services are wrapped around the needs of people with long term conditions, including dementia. Outcomes for patients will be improved by focusing on prevention, self-management and rehabilitation; and a risk-stratification approach will be used to focus health and social care interventions on those patients who are most at risk of repeat admission to hospital. The Integration Programme will describe the part played by our mental health and learning disability services in the integration plans developing in Leeds (which also has Pioneer status), York and North Yorkshire. Our aim will be to improve outcomes and achieve efficiency savings by working with partners to deliver the new model of care and reduce gaps and duplication between services.

Cross-cutting improvement plans

We also have a number of improvement plans that will provide benefits across all of our services:

- We will be **implementing validated outcome measures** for all of our services. This scheme continues the work begun in 2013/14 to develop and implement clinician reported outcomes measures, patient reported outcomes measures and patient reported experience measures. This will ensure that we have a range of effective measures in place to monitor health and wellbeing outcomes for service users and provide information to inform commissioning. Measures will include those required for Mental Health Payments and the friends and family test by 2015/16.

- Our **Integrated Care Pathways (ICP) project** links closely with outcomes measures measurement and Mental Health Payments. We will develop ICPs for our core mental health pathways and specific needs-based pathways, improving outcomes by driving up quality and improving efficiency by reducing variation. The ICP project is being run in tandem with our project to improve our clinical information system, Paris.

- Feedback from **younger adults** suggests that more could be done to ensure that our services meet the needs of people from this age group. We aim to review our information and care pathways during 2014/15 to ensure that our services are accessible to younger people; and to identify specialist workers within community teams who will be responsible for developing young people-friendly services. This scheme links to scheme 1.8.5 to improve the transition from adolescent to adult eating disorder services.

- We will continue our award-winning work to **combat the stigma and discrimination** experienced by people with mental health and learning disabilities, expanding our successful Love Arts festival into York and further developing our Time to Change (mental health) and Get Me (learning disability) anti-stigma campaigns.

- We will ensure that we provide ways for all **services users to contribute to service improvement**, including expanding our Service User Network (SUN) and extending our use of social media to support engagement.

Improving services in our Leeds Mental Health Care Group

We are developing a range of schemes to develop and expand services in our Leeds mental health services. All service improvement schemes will be influenced by our transformational programmes which are developing new approaches to recovery and person-centred care, provider partnerships with the voluntary sector and integration of health and social care.

- **Increasing dementia/memory services:** we are currently working with partners across Leeds on the city-wide dementia programme. Over 2014/15 significant changes are to be made to the dementia pathway. Additional non-recurrent funding (across 15 months) has been agreed to enable the introduction of dementia liaison staff, who are employed by the Trust but co-located within the health and social care neighbourhood teams (as part of the Integration Programme). We have also received non-recurrent funding to enable environmental improvements to be made at The Mount, Leeds. This will involve a redesign of the reception areas to create a multi-functional and therapeutic space, improvements to bedrooms, changes to dining and social areas to create both a more homely and therapeutic environment.

- **Improving the acute pathway:** during 2014/15 we will redesign and implement an improved acute mental health care pathway for people who use our services in Leeds. Our plans include: expanding our Section 136 'place of safety' service to deliver health-based care for intoxicated service users, diverting these people from police custody; developing a mental health emergency suite in Leeds so that service users with emergency needs can be assessed and treated away from accident and emergency departments; developing a Crisis Assessment Unit to provide an environment within which service users can receive a longer period of assessment as an alternative to admission; continuing our work to ensure we use our inpatient beds efficiently, ensuring that we improve quality and experience for service users by reducing out of area placements; reviewing the impact of seven day working on outcomes, length of stay and inpatient beds; and providing income generation opportunities by admitting service users from outside Leeds to available beds.

- **Implementing improvements to our rehabilitation and recovery pathways:** in 2014/15 we will develop more community-based services to promote better outcomes for people with severe and enduring mental health problems. This project will be a trail-blazer for a new way of working with the voluntary sector being developed by our Provider Partnerships Programme.

Improving services in our York and North Yorkshire Mental Health Care Group

Alongside our plans to find interim solutions for the relocation of inpatient services at Bootham Park Hospital and Lime Trees, we are implementing changes to our community services in York and North Yorkshire and will build on this work over the next two years. All service improvement schemes will be influenced by our transformational programmes which are developing new approaches to recovery and person-centred care, provider partnerships with the voluntary sector and integration of health and social care.

- **Improving primary care mental health and IAPT services:** we are working with commissioners to disaggregate Improving Access to Psychological Therapies (IAPT) services so that they can be better aligned to primary care mental health services across York and North Yorkshire. This will be followed by a review of primary care and IAPT services, with plans to improve access across our Vale of York locality in 2014/15.

- **Redesigning community and hospital services:** we will implement a programme of work across our services in York and North Yorkshire over the next two years. This includes: continuing to manage inpatient resources effectively and reducing the number of service users

requiring out of area placements; and working with partners to develop integrated services for older people in the Vale of York and reduce delayed transfers of care.

- **Developing hospital liaison service in York:** in partnership with York Teaching Hospital NHS Foundation Trust, we will develop a new service model to provide service users with mental health needs with the right level of support and treatment whilst admitted to the acute hospital. Subject to confirmation from the Vale of York CCG that longer-term funding can be identified, the service should begin during 2014/15.

Improving services in our Specialist and Learning Disability Care Group

Within this diverse care group we will implement a range of schemes, some of which provide opportunities to grow our business through bidding for new or expanded services.

- **Improving services for people with learning disabilities:** in partnership with the Vale of York CCG we are working to reduce the number of learning disability service users placed out of area and to enable our inpatient services to accept people with a learning disability and complex needs, including autism, dementia and challenging behaviour. In Leeds we will develop our Parkside Lodge unit so that we can accommodate all people who need learning disability inpatient services in a safe, high quality building that meets privacy and dignity standards (allowing us to leave less suitable premises at St Mary's Hospital). We are also working with commissioners to develop alternative ways of providing respite care.

- **Improving pathways for people using our low secure forensic services:** we will open the new women's low secure unit in York and work with commissioners to agree how to make best use of capacity in our Leeds forensic services. We will implement an integrated pathway approach for the management of referrals for female service users into the new York women's service and existing Leeds women's service, including implementing a single point referral management system.

- **Maximising opportunities from re-tendering of offender health, personality disorder and child and adolescent mental health services across the region:** significant retenders of offender health, inpatient personality disorder and inpatient CAMHS services are expected in 2014/15 and 2015/16. These tenders will provide us with opportunities to grow our business in these areas.

- **Expansion of regional personality disorder services**: from 1 April 2014 there is further significant service development around the Regional Personality Disorder Service. This includes the development of the current community specification into the remaining Probation Trust local delivery units across the region and the implementation of the intensive risk management stage of the personality disorder offender project.

- **Expanding the Yorkshire Centre for Psychological Medicine:** we will review the options for re-providing the YCPM in new premises to enable an expansion of the bed base from eight to fourteen. This is a service which has a growing national reputation for providing excellent inpatient care and treatment for people with severe and complex medically unexplained symptoms.

- **Developing partnership bid to retain current contract for Leeds Addictions Unit:** we will work with partners to develop a consortium approach to respond to the full tender of addictions services by Leeds City Council.

6 Workforce strategy and priorities

The Trust currently employs 3,300 staff and approximately 80% (£128m) of the Trust's operating expenses is spent on workforce costs. To support achievement of the strategic objectives highlighted in this plan, we are one year into the delivery of our Workforce Development Strategy, which covers the following key workforce aims:

- Strategic change and transformation
- Employee engagement and communication
- Improving health, well-being and attendance
- Workforce planning, information and supporting technology
- Workforce policy, practice and reward
- Learning and people development.

Strategic change and transformation

To maintain our position as a high performing organisation we will ensure that we will take every opportunity to reduce workforce costs by using effective skill mix and protecting frontline services. Our main priority will be to maintain safe staffing levels linked to the requirements of our service users. We will continue to implement the Trust Career Framework which ensures that our workforce is appropriately graded for the roles they are required to undertake. The Trust Career Framework will enable us to reduce the numbers of staff in higher pay bandings to support a broader skill mix and reduce the average Trust earnings towards the NHS average. We will undertake a more structured workforce planning programme in 2014 which will take into account the future skills and competency requirements of the workforce, and how this will be addressed going forward bearing in mind workforce demographics, new role requirements, technology advances and flexibility. This will also take account of the outcome of the Working Longer Survey.

To reduce reliance on agency staffing we will continue to develop our in-house bank to ensure that wherever possible we use our own staff to cover unplanned absence and increase the flexibility of the workforce. We will further develop the opportunities we offer and the support we provide for volunteers across the organisation. Volunteering is well established within the Trust but there are current challenges with regards to the identification of volunteer opportunities. Work will be undertaken to ensure that the identification of potential volunteer roles and projects are an integral part of clinical service improvement and business planning.

We will take every opportunity to introduce local pay flexibility, both within the remit of existing national agreements, but also as part of local agreements. Any changes will be subject to consultation and negotiation with Staffside colleagues. We will work in partnership with other organisations to look at integrated working and different employment models to suit different contractual needs.

Our Workforce Development Strategy recognises that the culture of an organisation impacts on the quality of the services we deliver. We will ensure that staff feel listened to and have the opportunity to raise issues and contribute to service changes that directly affect them.

Employee Engagement and Communication

We have developed an Organisational Development Cohort of staff who are able to support strategic improvement and employee engagement in the development of changes to services. We will also use the cohort to share good practice and learning across the wider organisation. Cohort members will be trained to support teams at a local level either singularly on in partnership with

key stakeholders, to support the development of integrated care pathways and new ways of working.

We will continue to develop constructive relationships with Trade Union colleagues; and will work collaboratively on such issues as the Staffside Bright Ideas Scheme, which provides staff with the opportunity to make suggestions on how to improve the quality of care within the Trust.

The staff survey 2013 has identified that the Trust has a low score in relation to staff feeling that they receive good communication with senior managers; and we continue to struggle to meet our internal targets for appraisal. Work will be undertaken to ensure that bespoke action plans are developed to address these issues. We recognise the importance of an appraisal system and the impact that this has on the quality of our services in that it should support staff in developing a full understanding of their role, how this links with the values of the Trust and to identify development needs. A new Trust intranet is being developed to complement staff communications and a staff friends and family test will be introduced from April 2014.

Improving health, wellbeing and attendance

Ensuring that we have a healthy workforce is essential to the delivery of our Operational Plan. The level of health and wellbeing of the workforce is a key indicator of organisational performance, not only because of the cost of sickness absence which results in additional bank and agency expenditure, but also in relation to the impact on staff morale. From June 2014 we will introduce a single point of access for absence reporting, to enable more timely and accurate attendance information as well as supporting a more proactive approach for staff when they are unable to attend work due to sickness. In addition, we will continue to ensure that staff can access health and wellbeing support and we will work to reduce Trust absence rates to 3.7% by March 2016.

The Trust has committed to the Public Health Responsibility Deal which supports the actions identified in the Trust's Health and Wellbeing strategy. We will prioritise support for staff with stress and musculoskeletal related conditions as these are the highest two reasons why staff are off sick. In addition, we will continue to develop the Trust's Lived Experience Network for staff.

One of the outcomes from the 2013 staff survey is a low (negative) score in relation to staff who have been subjected to violent incidents from service users, carers and staff. We will develop targeted action plans to improve staff survey outcomes in future years. During 2014/15 we will implement a new Dignity at Work scheme to provide additional confidential peer one-to-one support to staff offering informal support, advice and signposting in relation to bullying and harassment in the workplace.

Maintaining effective workforce planning and information systems, using supporting technology

In addition to a more robust workforce planning process outlined earlier, we will also continue to yield further benefits from e-rostering for both nursing and medical staff in order to reduce reliance on bank and agency staff. We will complete the e-rostering roll-out across York and North Yorkshire during 2014/15.

During 2014/15 we will be completing an ESR Health check to ensure we are using ESR to its full potential. One of the elements already identified is to utilise the Cognos/ESR interface to improve the standard of management reporting on workforce related issues. This includes the implementation of the ESR Deanery Interface towards the end of 2014, to improve the recruitment process and information for Junior Doctors as they transfer into the Trust on rotation.

Workforce policy, practice and reward

Following the publication of the Department of Health response to the Francis Report *Hard Truths: The Journey to Putting Patients First* we will ensure that the workforce recommendations are adhered to. We are currently piloting a toolkit to enable safe staffing levels in mental health trusts as well as participating in the national values-based recruitment work.

We will continue to review our policies and procedures to ensure they are fit for purpose and meet organisational requirements. In addition, during 2014 we will complete the rollout of our total reward statements.

Learning and people development

We recognise the need to ensure that we have a highly skilled and trained workforce to deliver the priorities within the Operational Plan. Achieving high levels of compliance with compulsory training is key to supporting safe delivery of services by a competent workforce; and the Trust is committed to achieving challenging compliance targets for all staff. To this end a project to deliver 90% compliance by March 2015 was initiated in 2013.

Developing the skills and competencies of our workforce through the vocational training agenda is also of paramount importance in relation to the quality of services we offer and the investment we make in our workforce. The Trust is committed to widening participation in learning for staff employed in roles that are not professionally registered and broadening the role of apprenticeships within the Trust to support workforce planning.

We will also support the integration agenda wherever possible and we will develop cross-organisation/multi-agency learning programmes as well as sourcing alternative funding streams to support learning and people development. In addition, we will continue to provide a suite of national development programmes to support both internal and external medical staff through the Andrew Sims Centre and in doing so will add to the reputation of the Trust through the continuing professional development products it sells to the national medical community.

As we strive to become a learning organisation the role of appraisal and quality training needs analysis becomes even more critical for our success. Not only are we committed to achieve high appraisal rates we are also committed to conducting organisational training needs analysis to inform the learning and people development opportunities available are driven in part by appraisal of all staff, whether substantive or bank.

Board of Directors and Council of Governors effectiveness

The Board of Directors regularly evaluates its performance and effectiveness through a variety of methods. It has undertaken a Board 360 and conducted a thematic analysis of the results to help to understand the areas for future developmental focus. In addition the Board has undertaken a Myers Briggs Type Indicator (MBTI) assessment of members and identified gaps in preferences of non-executive directors and executive directors. This will be addressed as part of the Board Development Programme.

In May 2014 a bespoke Board Development Programme (externally facilitated) will commence. This programme will include developing a shared aspiration/vision, developing leadership skills to support a healthy organisational culture as pre-requisite for performance across the Trust.

Governor development has been increasingly important since the Health & Social Care Act 2012 came into place. The Board of Directors has a duty to ensure that all governors are provided with

the required skills and knowledge to allow them to carry out their duties. In January 2014 we successfully recruited into a new learning and people development role to support the statutory requirement and implementation of supporting governor development. Work has commenced on a training needs analysis for all governors and a full package of training will be made available during 2014/15. This training package will develop governor skills in supporting system-wide change programmes, partnership working and governance.

7 Operational requirements and capacity

Understanding demand for our services and the capacity available to meet this demand is a key priority for the Trust. Ensuring rapid access for people to the right service to meet their needs will reduce the risk of people requiring admission to the acute care pathway and in turn lead to a better experience for them of mental health and learning disability services.

To achieve this aim, we must ensure that relevant data is captured in a regular, timely and standardised way; and we have invested significantly in the development of our clinical information system (Paris) to do this. Over the next two years we are working to rollout Paris to all services across the Trust and to improve the system so that it best meets the needs of clinicians. This is a critical input to ensuring that the Trust understands demand and capacity pressures.

Regular review of the information generated is undertaken in a number of forums within the Trust. This flow of information begins at an individual clinical level and works through the organisation, ultimately building to Board of Director level reporting. This information must be live and timely; and this is delivered through the Cognos business intelligence system. Live dashboards have been developed for most services in Leeds and are being replicated for use across York and North Yorkshire services. The key groups responsible for monitoring capacity and demand and delivering service improvement based on this are:

- Individual clinical teams supported by the performance and capacity team to understand pressures within the system and make local small scale continuous improvements to service delivery.
- Service specific capacity management groups (such as the acute inpatient groups in Leeds and York) which monitor bed occupancy, length of stay and discharges, identifying potential delays for service users and tackling these issues in a timely way. These groups have representatives from all teams on the acute care pathway and key partners such as adult social care and housing gateway staff. The groups meet regularly, with triggers (such as occupancy levels) in place which will lead to rapid ad-hoc meetings taking place.
- Directorate team and operational groups work to understand the overall pathways for service users, identifying local risks and demand pressures and understanding how this will affect the service pathways holistically.
- The Capacity Management Group within the Trust reviews all services, looking at the most up-to-date data to understand and forecast the full demand picture within the Trust. The group uses a range of dashboards with statistical process control charts to review trends; and works with services to forecast demand and put the right level of resource in place.

Over the course of 2014/15 we will be exploring how to use the breadth of data collected within the organisation as a source of predictive analysis. Predictive analysis uses big data sets to identify patterns; and models of these patterns can then potentially be used to predict the delivery interventions of care. This approach may assist around periods of decision planning, such as when to discharge and/or the intensity or type of intervention to deliver.

The clinical priorities we have set ourselves (see section 5) to meet our strategic objectives over the next one to five years have been informed by the capacity and demand work we routinely undertake. Evidence of the activity and demand pressures forecasted for our local health economies are shown in the table below.

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing

Activity and Demand Pressures	Risks associated with pressures	Future actions planned / required to mitigate risks	Assessment of the inputs needed	Operational Plan Scheme (see Section 10)
Increase in over 65 population Projected increase in the number of people over 65 and of people over 85 will put significant pressure on demand for services, in particular on memory/dementia services. Predicted number of people with dementia forecast to increase by 32% (2,625 people) in Leeds and 50% (1191 people) in York by 2025.	▪ Increasing caseloads within memory services leading to increased waiting times for service users ▪ Reduced diagnosis rates for service users meaning delays in service users receiving appropriate care and failure to meet targets in this area ▪ Potential for increased hospital admissions if early detection not taking place ▪ Increased risks for service users of falls and other related complications leading to A&E attendance ▪ Specialist social care provision does not meet demand increasing lengths of stay on inpatient wards ▪ Increased caseload and waiting times for service users to be seen increasing chance of admission to acute services ▪ Increased numbers of carers requiring support and interventions associated with carer stress	▪ Implement the new memory services model in 2014/15 ▪ Introduce and monitor the dementia integrated care pathway ▪ Assess the impact of the new pathway and its effect on demand for secondary care. ▪ Review of hospital inpatient services and provision of acute alternatives to maintain service users in the community ▪ Complete a review of acute alternative services to ensure these are designed and delivered to meet the needs of older people ▪ Continued review of referral rates to teams and caseload numbers ▪ Implement Integrated Care Pathways to ensure care delivered is efficient, evidence based and effective.	▪ Analysis time of caseload changes, demand and capacity and impact of new pathway ▪ Additional capacity in memory services will be required of up to 30% staff if pathway work does not see increases in discharges to primary care ▪ Increased demand for carer support services will require additional staff in this service ▪ Need to ensure that the staff skill mix of community mental health teams is proportionate to demand, ensuring staff have the right skills, knowledge and experience of working with an older people client group	**Scheme 1.2:** Implement a Recovery and Person-centred Care Programme **Scheme 1.3:** Develop and implement Integrated Care Pathways **Scheme 1.6.1 - Leeds**: Increase dementia/ memory services to meet needs of growing number of older people **Scheme 1.6.2 - Leeds**: Develop the pathway for people needing acute mental health services **Scheme 1.7.2 - YNY**: Redesign community services and alternatives to hospital admission to support integrated care pathways across York and North Yorkshire **Scheme 1.7.4 - YNY**: Review mental health services for older people in Vale of York, aiming to enhance community provision and ensure inpatient services meet commissioner requirements

Activity and Demand Pressures	Risks associated with pressures	Future actions planned / required to mitigate risks	Assessment of the inputs needed	Operational Plan Scheme (see Section 10)
Increase in working age population Working age population in Leeds and York forecast to grow at lower rate than over 65 population, but number of people requiring help for mental health problems expected to increase by around 5% in five years	▪ Increased pressure on primary care services resulting in increased referrals to the Trust ▪ Increased caseloads for community teams ▪ Increased waiting times for service users resulting in worsening service user experience ▪ Increased numbers of people requiring hospital admission	▪ Review proportion of referrals from primary care which are not allocated and reasons for this ▪ Implement Integrated Care Pathway and monitor the outcomes for service users	▪ As populations change across Leeds and York we will monitor these and move resources to ensure capacity and demand are matched	**Scheme 1.2:** Implement a Recovery and Person-centred Care Programme **Scheme 1.3:** Develop and implement Integrated Care Pathways **Scheme 1.6.2 - Leeds**: Develop the pathway for people needing acute mental health services **Scheme 1.7.2 - YNY**: Redesign community services and alternatives to hospital admission to support integrated care pathways across York and North Yorkshire **Scheme 1.7.3 - YNY**: Manage the inpatient resource effectively and reduce the number of service users requiring out of area placements
Increasing demand for psychological therapies (York and North Yorkshire) Funding issues contributing to longer than acceptable waits for IAPT	▪ Longer waits may result in service users experiencing more acute symptoms requiring higher level of interventions through secondary care mental health services ▪ Service users delayed through referrals to services not best placed to meet their needs	▪ Continue to monitor demand and waiting times for services through local groups and capacity management group ▪ Work with commissioners to agree improvements to IAPT services, alongside primary care mental health and counselling services	▪ Working with commissioners to disaggregate IAPT services so that they can be better aligned to primary care mental health services across York and North Yorkshire	**Scheme 1.7.1 - YNY:** Improve IAPT (Improving Access to Psychological Therapies) and primary care mental health services in York & North Yorkshire

Activity and Demand Pressures	Risks associated with pressures	Future actions planned / required to mitigate risks	Assessment of the inputs needed	Operational Plan Scheme (see Section 10)
Inpatient capacity (York) Capacity within inpatient services is not always sufficient to meet demand for adult acute beds	▪ Poorer service user experience due to difficulties in maintaining contact with friends and family; disruption in continuity of care; or extended period of inpatient care ▪ Additional cost of funding out of area placement	▪ Continue review of acute pathways to ensure these are working efficiently and provide alternatives to admission ▪ Address inpatient capacity issues as part of interim solution for Bootham Park Hospital	▪ Further demand and capacity modelling across whole acute pathway to determine requirements	**Scheme 1.7.2 - YNY**: Redesign community services and alternatives to hospital admission to support integrated care pathways across York and North Yorkshire **Scheme 1.7.3 - YNY:** Manage the inpatient resource effectively and reduce the number of service users requiring out of area placements
Hospital liaison service (York) Currently no hospital liaison service commissioned.	▪ Service users accessing A&E as a means of meeting their mental health needs have a poor experience through longer than acceptable waits for assessment ▪ Service users may leave A&E prior to an assessment and risk worsening mental health ▪ Working relationship between LYPFT and York Hospitals NHS Foundation Trust adversely affected	▪ Develop commissioning plans with the CCG for provision of a hospital liaison service for York ▪ Establish resources required to provide future commissioned service	▪ Discussions are ongoing with commissioners on exact level of service required	**Scheme 1.7.5 - YNY:** Develop hospital liaison services in York

Activity and Demand Pressures	Risks associated with pressures	Future actions planned / required to mitigate risks	Assessment of the inputs needed	Operational Plan Scheme (see Section 10)
Learning disability inpatient pathway model Changes to the provision of learning disability beds in Leeds and York to respond to commissioner intentions and repatriation of service users back to York	▪ Commissioner intentions not yet clear, leading to difficulty in planning capacity (bed numbers) required to meet future requirements ▪ York service users not receiving a local service	▪ Develop and implement community support model of care to sustain people in the community for longer reducing the need for long term admissions ▪ Monitor impact of new model by reviewing lengths of stay and frequency of admission for service users and refine the model as required. ▪ Review demand for inpatient care in line with new model	▪ Increase in bed base at Parkside lodge and reprovision of beds at Woodland Square depending on commissioner requirements ▪ Review bed requirements in York depending on commissioner plans	**Scheme 1.8.1 - Learning disability services:** Work together with commissioners and partners in social care to provide people with learning disabilities with the most appropriate care in the most appropriate place

8 Productivity, efficiency and cost improvement plans

The Trust recognises the scale of the national efficiency challenge of around 4% each year. However, in the context of our financial strategy, which focuses on balancing financial sustainability with service quality, ongoing improvement and redesign, we have taken a measured view on delivery and pace. Work is ongoing to identify schemes to deliver the recurrent 4% efficiency challenge, building on the rolling three year plans already in place.

To date the cost improvement plans that are included in the two year operational plan only represent schemes for which we have a high degree of certainty that they can be delivered. This has affected the percentage achievement as shown in the table below. This in turn has impacted on the forecast income and expenditure position. Our analysis of risk indicates that this position is acceptable in the two-year operational plan timeframe, but we are fully aware of the longer term requirement to increase the pace of cost savings linked to the more transformational nature of change we are striving to achieve.

As described in section 4 of this plan, we have a robust approach to quality governance. All cost improvement plans go before a panel which includes both the Chief Nurse and Director of Quality Assurance and the Medical Director, who are responsible for either approving or rejecting any of the plans. All accepted plans are presented to the Quality Committee (a board sub-committee) where assurance is provided on the rigour of quality and delivery impact assessment process and a scoring is allocated to each plan. An ongoing process of assessing the actual impact on quality is undertaken by the Quality Committee.

On 1 April 2013 we introduced a dedicated Programme Management Office function. This function is responsible for supporting, monitoring and reporting on the organisations priorities described within our two year Operational and five year Strategic Plans. Delivery of the plans is managed by a Strategy Implementation Board which includes all members of the Executive Team. Progress against the schemes described in our 2013/14 Strategic Plan is reported upon quarterly to our Board of Directors. Major schemes identified in the 2013/14 are managed as formal programmes or projects and adhere to PRINCE2 methodology. All projects have a benefits realisation plan identified at the project initiation stage and the benefits managed upon closure of the project and embedded as part of our performance management processes. Quality is at the heart of all our cost improvement plans, with all plans assessed against the elements of: clinical effectiveness and outcomes; patient safety; and patient experience. These three elements are the main characteristics of all project benefits realisation plans. Monitoring the delivery of the plans varies as each project matures at differing rates, therefore the realisation of some of the resulting benefits may not be fully realised until one to two years after the project has been implemented.

The Programme Management Office is subject to an annual audit by our internal auditors. This includes an evaluation of the quality and delivery impact process; the rigour applied to each cost improvement plan; the robustness of the monitoring, reporting and governing of each of our projects; and the validation of the information reported whist the project is live and also upon closure and subsequent release into the business as usual environment.

Our top six cost improvement plans for delivery over the next two years are as follows.

CIP Schemes	2014/15 £000s	2015/16 £000s	2 year total £000s
Leeds Mental Health Care Group	1,688	899	2,587
York & North Yorkshire Mental Health Care Group	34	181	215
Specialist & Learning Disability Care Group	596	435	1,031
Providing services from fit-for-purpose, cost effective buildings	422	1,558	1,980
Delivering cost effective corporate services	727	801	1,528
Income generation	1,542	120	1,662
Total	**5,009**	**3,994**	**9,003**

The table below shows the analysis of cost improvements and revenue generation by type, and the percentage achievement against operating costs.

Cost Improvement Plan & Revenue Generation Analysis		
Type	**2014/15 £'000**	**2015/16 £'000**
Pay	2,077	2,040
Non pay – operating	1,390	1,542
Non pay – non-operating	0	292
Sub total CIP	**3,467**	**3,874**
Revenue Generation	1,542	120
TOTAL	**5,009**	**3,994**
% of operating costs	**-2.2%**	**-2.5%**

As can be seen from the analysis the Trust has focused on the balance between pay savings and other forms of efficiency, notwithstanding that over 80% of the cost base is pay. We have been successful in marginal income generation and the impact of our estate strategy in particular is contributing a significant proportion of savings. This direction supports the models of service delivery over the longer term (more recovery focused and community based models relying less on estate).

9 Financial strategy

The summary two year income and expenditure position is shown in the table below. The planned position is a marginal surplus in each of the two years of the operational plan period. There are a number of variables which contribute to this position and these are described in the sections below.

	Plan 2014/15 £'000	Plan 2015/16 £'000
Clinical income	153,704	152,560
Other operating income	17,325	16,045
Total income	**171,029**	**168,605**
Employee expenses	-128,864	-127,061
Other expenses	-33,078	-32,874
Total expenses	**-161,942**	**-159,935**
EBITDA	**9,087**	**8,670**
Non-operating income	120	190
Non-operating expenses	-8,507	-8,434
NET SURPLUS	**700**	**426**

The outturn income and expenditure position for 2013/14 is likely to be in the region of £10m (subject to audit). The position can be differentiated between recurrent and non-recurrent. It is notable that the majority of this position is influenced by technical, presentational and exceptional factors that are not part of the underlying performance of the organisation. The underlying surplus is in the region of around £1.5m. However the higher than planned surplus in 2013/14 has had a positive impact on the plans going forward and supports the delivery of elements of the operational plan.

The Board of Directors has taken a view, supported by the Quality Committee (sub-committee of the Board of Directors) on the acceptable pace at which to deliver service change. The changes which will generate a significant degree of the savings needed to meet the cost improvement plans are being implemented in a safe and measured way. The strong underlying surplus position allows us to plan and manage operational change without destabilising the financial position and without compromising our known future investment requirements. To manage unplanned risk we also continue to hold a recurrent revenue contingency reserve (£1.6m) which allows flexibility to invest non-recurrently where there is short-term need identified. In 2014/15 we have already pre-committed £0.6m.

Capital planning and investment is the other key component of the overall financial strategy. With regard to estate, we aim to dispose of surplus assets and invest where necessary to support our overall strategy. A key differential between our Leeds and York services is the asset ownership model. Leeds services are provided in a range of Trust-owned and PFI estate, within which we can self-determine change and investment. In York the whole estate from which we operate is now owned or leased on our behalf by NHS Property Services Ltd. This creates some challenges, whilst we have not modelled any investment in our plans to date, our future financial strategy may include us taking ownership of some assets to further our ambitions at pace (via cash purchase or loans). Information technology investment will be a key feature of our medium term capital plans as this is a critical enabler to the service improvements and changes we need to make. Such investment will be across the whole organisation.

Income

Whilst the development of Mental Health Payments continues to progress, the majority of our clinical income is still linked to block contracts (97%). It is anticipated that this position will be maintained for the short to medium term.

A summary of our key contracts is described below.

- **Leeds CCGs:** We have agreed a two year contract with our Leeds CCGs, which is a roll forward of the recurrent block, less 1.5% tariff deflator in 2014/15. The contract includes a range of incentives linked to CQUINs which require us to develop the outcomes and integrated care pathways work that will support potential future changes to payment. There are some limited financial sanctions in the contract, linked to performance against the cluster requirements for services within the scope of this arrangement. Our financial plans are fully aligned and we have begun detailed discussions in terms of accessing further recurrent/non recurrent funding in 2014/15 to support our shared agenda and strategy. We have not yet incorporated this income into our plans, but fully anticipate further investment:

- **Vale of York CCG:** this contract is subject to the fixed three year payment. This contract expires on 31 January 2015, and the CCG have requested an extension for eight months (to September 2015). Our assumption in the operational plan, at this stage, is that the contract will roll forward for the full year to 31 March 2016. There is good alignment between our plans and the intentions of the commissioner and increased collaboration around the challenges linked to service redesign and the impact of the CQC inspections.

- **NHS England (specialist commissioners):** in 2014/15 we have agreed a service development linked to the opening of a 22 bed women's low secure unit in York. All services within the specialist contract have been rolled forward for one year. We have not anticipated any changes in year 2.

- **Leeds City Council Public Health:** the main contract is for the Leeds Addiction Unit and this will be retendered with a view to commissioning a revised service delivery model in place from 2015/16. The Trust is working with partners to be in a strong position to respond to this tender and anticipates retaining the bulk of service. There may be some financial loss which we will model in the downside risk.

Costs

Over the two year period we have included in the plans some generic inflation assumptions. These are shown in the table below.

	2014/15	2015/16
Pay awards	1.00%	1.00%
Pay incremental drift	0.60%	0.50%
Pension changes		0.30%
Drugs	5.00%	5.00%
PFI	3.20%	3.20%
Utilities	3.00%	3.00%
Other general	3.00%	3.00%

The full cost (expenditure) base budgets are built up as follows:

- **Year one (2014/15)** reflects a detailed analysis of the resources required to deliver our plans and agreed contract trajectories (where applicable). The starting point is existing budgets, adjusted for the full year effect of recurrent investments, agreed budgetary and inflationary pressures, and stripping out non-recurrent investment from the prior year.

- **Year Two (2015/16)** is less detailed in terms of budgetary assessment, being based predominantly on the roll forward budgets, assuming all plans in 2014/15 are delivered recurrently.

Capital plans

Total investment planned over the period including maintenance and replacement programmes is shown in the table below, including a contingency reserve for small business cases that may arise in year.

Spend	2014/15 forecast £000's	2015/16 forecast £000's
IT – replacement	1,121	854
IT – strategic	1,721	555
Estates – replacement	359	287
Estates – strategic	2,167	1,200
Care services	60	279
Contingency	500	500
TOTAL	**5,928**	**3,675**
Disposals	**-1,100**	**-2,024**

Liquidity

The Board has acknowledged that the change to financial risk assessment under the new provider licence has to some extent impacted on the financial strategy (flexibility and timing of certain plans). The emphasis on risk as expressed in liquidity terms is a key performance metric. The Trust is in a solid position in liquidity terms, ranking 4 in this financial metric. The approach to managing forward risk and modelling 12 month rolling cash flows ensures that we are aware of this key metric, which is also monitored via the Finance and Business Committee (sub-committee of the Board of Directors). This committee also receives all significant business case investment proposals. The Board has agreed a level of liquidity which it wishes to maintain, based on ensuring that this metric remains at 4 (to enable the overall continuity of service risk rating to be maintained at 3).

Continuity of Services Risk rating

The anticipated continuity of services risk rating in each of the two years is shown in the tables below. Overall the anticipated position is a continuity of services risk rating of 3. However, whilst strong liquidity is maintained and this metric is a stable 4, due to the fixed PFI commitments and deteriorating income and expenditure position, the capital service cover metric reduces to a 2 in year 1 and further to 1 in year 2. Overall the continuity of services risk rating is maintained at 3 with significant head room due to a strong liquidity position.

	2014/15	2015/16
Continuity of service risk rating	**3**	**3**
Capital debt	2	1
Liquidity	4	4
Capital service cover ratio	1.54	1.22
Liquidity days	55	55

The impact of a deteriorating income and expenditure position has been modelled through to illustrate the impact on the continuity of services risk rating, see table below. This shows that the continuity of service risk rating can be maintained with a good level of cash tolerance even in the downside worst case.

	2014/15		2015/16	
	Planned	**Worst**	**Planned**	**Worst**
Capital service cover	2	2	1	1
Liquidity	4	4	4	4
Continuity of service risk rating	**3**	**3**	**3**	**3**
Headroom to 2 (£000)	**24,665**	**23,182**	**24,624**	**18,871**
Improvement required to 4 (£000)	**1,337**	**2,820**	**3,896**	**8,166**

10 Delivery plans for 2014/15 and 2015/16

This section sets out our detailed plans for the schemes that deliver each of our strategic objectives for 2014/15 and 2015/16.

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	
Scheme 1.1	**Develop validated outcome measures across all services**
Scheme 1.2	**Implement a Recovery and Person-centred Care Programme**
Scheme 1.3	**Develop and implement Integrated Care Pathways (ICPs)**
Scheme 1.4	**Improve young people's experiences of our services**
Scheme 1.5	**Build our reputation for high quality research**
Scheme 1.6	**Develop and improve services in the Leeds Mental Health Care Group**
Scheme 1.7	**Develop and improve services in the York and North Yorkshire Mental Health Care Group**
Scheme 1.8	**Develop and improve services in the Specialist and Learning Disability Care Group**

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 1.1	**Implement validated outcome measures across all services**		
▪ **Implement Mental Health Payment Framework - Clinician Reported Outcome Measure (CROM):** – A clinician reported outcome measure (CROM) is completed for all service users at assessment and at each subsequent review meeting, as a minimum ▪ **Implement Mental Health Payment Framework - Patient Reported Outcome Measure (PROM):** – All service users are offered the opportunity to complete a patient reported outcome measure (PROM) ▪ **Implement Mental Health Payment Framework - Patient Reported Experience Measure (PREM):** – Pilot the use of friends and family test questions within the 'Your Views' survey (PREM) ▪ **Understand what our quality outcome measures are telling us:** – Clinically embed the routine use of outcome measures in daily practice: assessment; review; and discharge planning – Develop service and care specifications to understand the effectiveness of care delivered and how people are recovering – Develop thresholds to better understand service user response to care packages provided		▪ **Implement Mental Health Payment Framework - Clinician Reported Outcome Measure (CROM):** – A clinician reported outcome measure (CROM) is completed for all service users at assessment and at each subsequent review meeting, as a minimum ▪ **Implement Mental Health Payment Framework - Patient Reported Outcome Measure (PROM):** – All service users are offered the opportunity to complete a patient reported outcome measure (PROM) ▪ **Implement Mental Health Payment Framework - Patient Reported Experience Measure (PREM):** – Friends and family test mandated across all our services – Routinely measure and report on how people really feel about the care they receive and how we are addressing any poor performance ▪ **Understand what our quality outcome measures are telling us:** – Understand the outcomes for people within each service and care specification and routinely report on progress – Develop further recommendations on how the indicators and clinical outcome measures can be used to incentivise high quality care	

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 1.2	**Implement a Recovery and Person-centred Care Programme**		
▪ **Improve care planning, safety and risk management:** – Conduct high level review of risk management policies and processes and replace with joint safety planning – Work with service users to develop Care Programme Approach (CPA) documentation and consult on changing how we name it – Integrate Triangle of Care Standards within LYPFT services to involve carers and families in care planning – Develop and deliver care coordination training that involves service users ▪ **Increase choice:** – Develop peer support workers team input to YNY – Provide the best information to people who use our services about resources available in the community and support people to access them – Increase range of recovery-based treatment choices available eg psycho-social interventions (PSI) and health coaching – Develop a Recovery Education Centre for service users and staff ▪ **Deliver digital tools in recovery programme:** – Initiate a range of projects to test use of digital tools to support recovery – Complete research and recommend development of future projects – Formalise links with partners to develop digital tools – Review programme with a view to completion or continuing ▪ **Develop staff skills and roles:** – Develop plans for clinical staff to increase skills in wider recovery-based range of treatment choices eg PSI and health coaching – Rollout peer support worker roles throughout services and evaluate their effectiveness – Review Human Resources policies to ensure we welcome applicants with lived experience and support employees through Mindful Employer – Further develop the Lived Experience Network for staff ▪ **Build and maintain partnerships:** – Work with partners in the community to create new or enhance existing opportunities for moving on to a life beyond the Trust – Improve service user/carer experience by strengthening the pathway between the Trust and GP services to provide a shared care approach	▪ **Improve care planning, safety and risk management:** – Develop mechanisms for measuring qualitative aspects of care planning and service users' experiences of this across all services – Develop new CPA documentation and determine how it can be replicated within our clinical information system – Use data and learning from the PROM pilot to better understand the impact of quality of care on clinical outcomes – Scope options for research to better understand what makes a difference in planning care ▪ **Increase choice:** – Offer a greater range of treatment choices that are not medication based and support service users to make informed decisions – Routinely offer Recovery Education Centre interventions as part of the service users and carer care plans – Include the offer of health coaching within the Recovery Education Centre ▪ **Deliver digital tools in recovery programme:** – Implement and evaluate initial pilots – Review programme with a view to completion or continuing ▪ **Develop staff skills and roles:** – Continue rollout of peer support worker roles – Ensure all staff able to deliver PSI ▪ **Develop partnerships:** – Continue work with partners to develop greater choice for service users beyond Trust services	**Yes** The Recovery and Person-centred Care Programme is based on supporting service users to gain the skills they need to achieve their recovery goals *Links to Provider Partnerships Programme (Scheme 2.1)*

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 1.3	**Develop and implement Integrated Care Pathways (ICPs)**		
▪ **Develop and deliver Integrated Care Pathways across Leeds, York and North Yorkshire utilising Paris:** – Implement and rollout holistic assessment in our clinical information system (Paris) in Leeds services – Implement core ICP in Paris and rollout across Leeds community services – Implement cognitive impairment/dementia ICP in Paris and rollout across Leeds community services – Design and develop the psychosis/common mental health ICP – Design and develop the personality disorder and dual diagnosis needs based ICP ▪ **Develop staff skills and knowledge of integrated care pathways in our clinical information system:** – Develop a cohort of clinical implementation leads (business change managers) across the whole organisation to act as ambassadors to drive forward the requirements – Develop a purpose built ICP training programme		▪ **Develop and deliver Integrated Care Pathways across Leeds, York and North Yorkshire utilising Paris:** – Implement core ICP in Paris and rollout across Leeds inpatient services – Implement cognitive impairment/dementia ICP in Paris and rollout across Leeds inpatient services – Implement and rollout of holistic assessment in Paris in YNY services – Implement core ICP in Paris and rollout across YNY community services – Implement cognitive impairment/dementia ICP in Paris and rollout across YNY community services – Implement psychosis/common mental health ICP – Implement personality disorder and dual diagnosis needs based ICP	
Scheme 1.4	**Improve young people's experiences of our services**		
▪ **Review the accessibility of our services** – Establish a forum of clinicians, managers, young people and partners to develop improvement plans – Review information to ensure this is relevant and accessible to young people (to include social media & digital mental health) – Review care pathways and agree changes required to make care more accessible for young people – Identify specialist workers within community hubs and other teams who will be responsible & developing young people-friendly services – Work with CAMHS to support development plan – Work with local authorities and partner organisations in reviewing the accessibility of services for young people		▪ **Implement changes to the care pathway** – Implement agreed pathway changes – Implement agreed changes to information – Train specialist workers within community hubs and other teams	

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 1.5	**Build our reputation for high quality research**		
▪ **Build academic relationships to support successful research bids:** – Submit bid for research funding to establish effectiveness of drama therapy for early intervention in psychosis service users unable to access cognitive behavioural therapy – Submit bid for implementing personal health budgets and improving user-defined outcomes – Submit bid for peer support worker research project following collaboration with mental health services in Melbourne, Australia – Conduct funded research Diagnostic Instruments for Autism in Deaf Children Study (DIADS) – Recruit participants to NIHR study Structured Lifestyle Education for people with Schizophrenia (STEPWISE) – Continue research into computerised cognitive behaviour therapy for adolescents with depression plus bid submission for randomised control trial (RCT) ▪ **Complete research programmes and embed outcomes in clinical practice:** – Translation of strengths and difficulties questionnaire (SDQ) into British Sign Language complete, providing validated questionnaire to be used in clinical practice within National Deaf CAMHS. – Computerised CBT research leading to improvements in awareness of low mood and distress in schools and also availability of therapies for difficult to reach young people – Social Stories interventions study for autism in mainstream schools – over 20 schools have been trained in delivery of this intervention with results showing good benefits ▪ **Ensure facilities are fit to support research trials:** – New single Leeds pharmacy site to incorporate specific area to store trial medication and temperature control ▪ **Staff training and development:** – Support York site conducting clinical trials and ensure staff are trained ▪ **Establishment of the James Lind Alliance (JLA) Research Priority Setting Partnership in Bipolar Disorder**		▪ **Build academic relationships to support successful research bids:** – Recruit participants to NIHR study: Structured Lifestyle Education for people with Schizophrenia (STEPWISE) – Commence study if bid successful for implementing personal health budgets and improving user-defined outcomes – Commence study if bid successful for research into the clinical and cost effectiveness of use of peer support workers – Conduct funded research Diagnostic Instruments for Autism in Deaf Children Study (DIADS) – Conduct randomised control trial if bid successful ▪ **Ensure facilities are fit to support research trials:** – If the number of trials increases, consider case for employing technician dedicated to dispensing of research trials ▪ **Staff training and development:** – Look at having 50% of pharmacists being trained to support clinical trials	

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 1.6	**Develop and improve services in the Leeds Mental Health Care Group**		
Scheme 1.6.1	**Leeds: Increasing dementia/memory services to meet needs of growing number of older people**		
▪ **Improve timeliness of diagnosis, support, care and treatment for people with memory problems:** – Implement new memory service model in Leeds, using ongoing investment to deliver high quality and effective services using ICP approach – Complete market share assessment of dementia services – Work with partner agencies to ensure best fit with health and social care services to avoid duplications – Contribute to the development of shared care protocols for management of dementia in GP surgeries – Contribute to the development of a long term conditions/year of care management model for people with dementia in Leeds. – Further develop clinical interventions for the memory services – Establish and achieve local Leeds targets for early detection/initial assessment and diagnosis ▪ **Develop community alternative services for people with dementia to prevent hospital admission and review inpatient services based on reduced admissions:** – Complete review of the alternatives to hospital admission services including wide consultation of stakeholders. – Identify the best model of care for service users whose needs are primarily related to their age ie people with dementia; consult and implement model – Monitor impact of new model on bed use and occupancy including time period where winter pressures are highest – Review model based whether this has achieved its key indicators and continue with process for continual improvement – Complete environmental improvements to bedrooms and ward environment at The Mount, Leeds		▪ **Improve timeliness of diagnosis, support, care and treatment for people with memory problems:** – Evaluate new pathways and services within LYPFT – Contribute to evaluation of new pathway services within partner organisations – Develop business case for further service growth – Develop community alternative services for people with dementia to prevent hospital admission and review inpatient services based on reduced admissions – Following implementation of improved community alternatives model review future bed base concentrating on improving quality on inpatient wards	*Links to Integration Programme (Scheme 2.1) as dementia services are an early implementer for LYPFT involvement in integrated care pilots in Leeds*

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 1.6.2	**Leeds: Develop the pathway for people needing acute mental health services**		
▪ **Develop service model for enhanced S136 assessment service to deliver health based care for intoxicated service users, diverting these people from police custody:** – Agree with commissioners and partners resource requirements to deliver enhanced service – Agree model of care; undertake estates works to support new model of care; and implement new services – Monitor impact of new service against key indicators eg service user experience ▪ **Review street triage service** following completion of pilot in December 2014 ▪ **Develop service model to allow service users with emergency needs to be assessed and treated away from emergency departments:** – Determine resource implications of service and develop and agree model with commissioners and key stakeholders – Agree model of care; undertake estates works to support new model of care; and implement new services – Monitor impact of new service against key indicators eg service user experience ▪ **Eliminate need for service users to be placed out of area:** – Develop a Crisis Assessment Unit at the Becklin Centre for service users who need longer assessment by the Crisis Team without inpatient admission – Implement recommendations from acute pathway review, particularly use of alternatives to hospital to prevent admission and facilitate early discharge – Review impact of seven day working on outcomes, length of stay and beds – Continue to monitor and benchmark inpatient activity, particularly related to admission, discharge and length of stay – Maintain key partnerships (eg Community Links Accommodation Gateway) to ensure that discharge is not delayed due to accommodation issues. – Achieve significant reductions in numbers of service users requiring out of area placement and delivery of associated efficiencies ▪ **Improve use of inpatient beds across adult acute wards to allow beds to be identified for admission of service users from outside Leeds (income generation scheme):** – Continue improvement work on acute pathway flow to reduce admissions to hospital – Further decrease process delays through introduction of systems similar to accommodation pathway	▪ **Embed enhanced S136 assessment service:** – Monitor impact of new service against key indicators including improved service user experience ▪ **Develop street triage** service as required by commissioners ▪ **Embed service model to allow for diversion of service users with emergency needs to be assessed and treated away from emergency departments:** – Monitor impact of new service against key indicators eg service user experience ▪ **Eliminate need for service users to be placed out of area:** – Continue to monitor and maintain no out of area placements – Identify further improvements to be made through a process of continual improvement with ward staff ▪ **Encourage admission of people outside of Leeds** – Make available beds for out of area admission from other trusts – Understand potential impact of this with key partners eg adult social care – Determine bed day cost and income streams – Market beds within NHS mental health services	

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 1.6.3	**Leeds: Improve outcomes for service users with severe and enduring mental illness by improving rehabilitation and recovery pathways and alternatives to admission for this group of service users**		
▪ **Review Rehabilitation & Recovery service model to develop and increase community alternatives and reduce reliance on use of inpatient services:** – Identify pathways for this group of service users which focus on improved outcomes and recovery – Develop draft proposal for new service model to improve community-based services – Consult with commissioners and key stakeholders; and develop model based on consultation – Agree model and identify management of change process to be implemented to realise new model		▪ **New model for Rehabilitation & Recovery developed and implemented:** – Implement service changes – Complete benefits realisation	*Links to Provider Partnerships Programme (Scheme 2.1) as the R&R services are a trail blazer for working with the voluntary sector*
Scheme 1.7	**Develop and improve services in the York & North Yorkshire Mental Health Care Group**		
Scheme 1.7.1	**YNY: Improve IAPT (Improving Access to Psychological Therapies) and primary care mental health services in York & North Yorkshire**		
▪ **Transfer IAPT services to local providers:** – Agree with commissioners preferred split of IAPT service to allow alignment with local primary the community mental health services ▪ **Launch, implement and conclude project to review and redesign primary care services in Vale of York (IAPT, counselling, primary care mental health workers):** – Engage with commissioners and with voluntary sector partners who provide talking therapies; and consult with service users, staff and public – Develop proposal and evaluation measures – Implement plans, including management of change for staff		▪ **Conclude project to review and redesign primary care services in Vale of York (IAPT, counselling, primary care mental health workers):** – Evaluate new primary care service model	

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 1.7.2	**YNY: Redesign community services and alternatives to hospital admission to support integrated care pathways across York and North Yorkshire**		
▪ **Embed new community and alternatives to hospital admission model:** – Ensure that the redesigned services and are fully integrated within inpatient provision – Further develop and expand community services to enable a further reduction in bed numbers – Introduce mobile working technologies within the redesigned community services to further optimise efficiencies – Complete a post project evaluation using the project benefits realisation identified – Ensure that social work practice is aligned to the new service model underpinned by a S75 Partnership Agreement with the Local Authority – Implement a programme of workforce development to ensure that staff have the necessary skills to ensure service user outcomes are optimised within the new model		▪ **Embed new community and alternatives to hospital admission model:** – Complete an evaluation of the redesigned community and inpatient services using the project critical to quality indicators identified. – Compare the outcomes with those obtained from the Leeds redesigned services – Integrate more closely YNY services with the Leeds counterparts	
Scheme 1.7.3	**YNY: Manage the inpatient resource effectively and reduce the number of service users requiring out of area placements**		
▪ **Reduce the number of service users placed out of area:** – Ensure effective processes in place to divert admission to and facilitate discharge from hospital – Further review capacity and demand for inpatient services to establish firm numbers for beds required to meet demand – Strengthen partnership working with key stakeholders to identify problems with pathways to discharge and mitigate these – Review use of psychiatric intensive care unit (PICU) placements and discuss with commissioners how this might be better provided – Review opportunities for reprovision of services as part of the exit strategy from Bootham Park Hospital – Negotiate with commissioners to take control of out of area spend to invest in York service provision to enhance the acute care pathway capacity		▪ **Reduce the number of service users placed out of area:** – Continue to regularly monitor and review use of inpatients identifying further improvements to the acute pathway to reduce this	

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 1.7.4	**Review mental health services for older people in Vale of York, aiming to enhance community provision and ensure inpatient services meet commissioner requirements**		
▪ **Deliver a pathway of care for people with cognitive impairment/dementia that ensures people access the right service at the right time:** – Evaluate the Care Home Service and plan future development needs for this service – Define current service gaps, including memory services, in collaboration with commissioners and partners – Consult and engage with service users and carers, staff, partners and the public – Develop detailed proposals for an integrated mental health service for older people in the Vale of York, which demonstrate clinical and cost-effectiveness whilst meeting local need – Review opportunities to provide local satellite services to ensure local provision continues to be available – Commence implementation of new service model – Implement a programme of workforce development to ensure that staff have the necessary skills to ensure service user outcomes are optimised within the defined new model		▪ **Deliver a pathway of care for people with cognitive impairment/dementia that ensures people access the right service at the right time:** – Complete implementation of new service model – Review delivery of improved pathways and services against key indicators – Continue work with commissioners to provide clear pathways for service users with needs relating to cognitive impairment and dementia	
Scheme 1.7.5	**YNY: Develop hospital liaison services in York**		
▪ **Develop minimal hospital liaison service pending commissioning of full service:** – Work with York Teaching Hospitals NHS Foundation Trust to agree plans for an interim hospital liaison service and agree funding arrangements with commissioners – Implement interim model ▪ **Develop a full hospital liaison service that meets commissioner requirements:** – Develop model for full hospital liaison service and agree service specification with commissioners – Begin implementation, including recruitment to posts. – Ensure that new model enhances training needs of doctors in training		▪ **Deliver a full liaison service that meets commissioner requirements** – Complete implementation – Evaluate effectiveness	

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 1.8	**Develop and improve services in the Specialist and Learning Disability Care Group**		
Scheme 1.8.1	**Learning disability services: Work together with commissioners and partners in social care to provide people with learning disabilities with the most appropriate care in the most appropriate place**		
▪ **Across the Leeds, York and North Yorkshire learning disability service:** – Identify information and training needed by partners through training needs analysis; and use information gained to develop service website – Establish a service structure which is accessible, close to home, modern and centralised in line with recommendations made in the service review ▪ **Leeds learning disability services:** – Subject to successful evaluation, agree if recurrent funding for autism from 2014/15 can be secured within Leeds – Establish a single inpatient service on one site at Parkside Lodge – Respond to commissioner plans to develop alternative ways of providing planned care (health respite) within the city (currently 5 beds for complex physical health and 4 beds for challenging behaviour) – Assess feasibility of social enterprise as a mechanism of managing and providing care for service users of Specialised Supported Living Service ▪ **York and North Yorkshire learning disability services:** – Develop autism services (subject to requirements of commissioners) – Agree with commissioners approach to management of out of area treatments (OATs) budget		▪ **Across the Leeds, York and North Yorkshire learning disability service:** – Further develop and implement a community support model of care to sustain people in the community for longer reducing the need for long term admissions – Monitor impact of new model on lengths of stay and frequency of admission and refine as required – Review demand for inpatient care ▪ **Leeds learning disability services:** – Implement new model for health respite – Work with adult social care on involvement in social enterprise and opportunities for SSLS; and implement new service model ▪ **York and North Yorkshire learning disability services:** – Subject to transfer of OATs budget, work up estate requirements and develop long term plan for safe repatriation of service users – Possible redesign of estate will allow all beds to accept complex people with a learning disability including autism, women returning to area, transitional service users returning back to the area, dementia and challenging behaviour – Consider additional resource requirements subject to the increase in bed base	

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 1.8.2	**Forensic services: Improve pathways for service users and deliver commissioner priorities**		
▪ Open new build women's low secure service in May 2014 ▪ Implement integrated pathway approach for management of referrals for female service users into new York women's service and existing Leeds women's service, including single point referral management system ▪ Develop options for future of Leeds services and agree these with commissioners ▪ Develop training plans across the whole service, to include risk assessment, security management, family work and CBT		▪ Complete evaluation of redesigned Trust forensic services using critical to quality indicators identified ▪ Implement changes to Leeds service required to meet commissioner expectations	
Scheme 1.8.3	**Offender health services: Maximise opportunities open to the Trust from re-tendering of offender health services across the region**		
▪ Undertake background work to understand which services are likely to match the existing pathways in forensic services; and consider which services to tender for		▪ Complete bid and return to commissioners (tenders likely in 2015/16) ▪ Implement services for successfully bid services	
Scheme 1.8.4	**Regional offender personality disorder services: support probation trust staff to better deal with personality disorder clients within criminal justice settings**		
▪ Expand provision across all Yorkshire and Humber Probation sites in line with community specification		▪ Develop and deliver intensive risk management programme and Psychologically Informed Planned Environments (PIPE) in Approved Premises in line with national specification	

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 1.8.5	**Eating disorder services: Maximise clinical outcomes for service users in inpatient and community services and improve transition from adolescent to adult eating disorder services**		
▪ **Improve clinical outcomes for people using our eating disorder services:** – Promote Yorkshire Centre for Eating Disorders (YCED) as a training and research center of excellence nationally – Identify key service characteristics required to deliver best outcomes for service users; and build services to maximize these key characteristics – Improve the quality of the service by using service user feedback through pre-discharge interviews with the service user about their inpatient experience ▪ **Improve transition from adolescent to adult eating disorder services** (link to scheme 1.4 – improve young people's experiences of our services): – Collaborate with CAMHS to examine national provision of inpatient treatments for young adults with eating disorders and explore possibility of joint working – Examine outcomes of current service model in relation to service user transition from adolescent to adult services; review data and apply findings to streamline existing care pathways. – Continue to offer Leeds residents the possibility of accessing community treatment service to support them in transition between CAMHS and adult services		▪ **Improve clinical outcomes for people using our eating disorder services:** – Ensure quality and performance are maintained by involvement with QED (National Quality Standards for Adult Inpatient Eating Disorder Services); CQUIN reports; and audits specific to eating disorders ▪ **Improve transition from adolescent to adult eating disorder services** (link to scheme 1.4 – improve young people's experiences of our services)**:** – Use new care pathway to provide a less repetitive and more seamless transition between services	
Scheme 1.8.6	**Child and adolescent mental health services: Improve services in response to commissioner specifications**		
▪ **Expand York & North Yorkshire child and adolescent mental health services:** – Develop plans to increase tier 4 (inpatient service) bed as part of reprovision of CAMHS inpatient services – Develop business case for new site/new build for CAMHS services – Bid to retain contract for tier 4 (inpatient services)		▪ **Expand York & North Yorkshire child and adolescent mental health services:** – Work with commissioners and NHS Property Services Ltd to progress plans for new build	
Scheme 1.8.7	**Carers support service (Leeds): Provide a single service for all carers support in partnership with 3rd sector carer support providers**		
▪ **Establish a single service for all carers in Leeds through new partnership arrangements,** including single point of access and pathways for specialist mental health and learning disability carers support		▪ Consolidate partnership arrangement	

Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 1.8.8	**Yorkshire Centre for Psychological Medicine: secure suitable accommodation for YCPM and expansion of bed base from 8 to 14**		
▪ **Expand Yorkshire Centre for Psychological Medicine service:** – Agree with acute hospital provider a new location for YCPM – Develop plan to move from current accommodation to the new accommodation with scope for expansion in service		▪ **Expand Yorkshire Centre for Psychological Medicine service:** – Move to new premises – Market service to increase income from expanded service	
Scheme 1.8.9	**Leeds Addictions Unit: Develop partnership bid to retain current contract**		
▪ **Leeds Addictions Unit:** – Develop partnership arrangements to respond to full tender of addictions services by Leeds City Council		▪ **Leeds Addictions Unit:** ▪ Implement new arrangements	

Strategic objective 2 – we work with partners and local communities to improve health and lives	
Scheme 2.1	**Develop and implement new service models in collaboration with the voluntary sector (Provider Partnerships Programme)**
Scheme 2.2	**Develop and implement new service models in collaboration with health and social care partners in Leeds (Integration Pioneer) and York & North Yorkshire**
Scheme 2.3	**Work with our partners to campaign against the stigma and discrimination experienced by people with mental health and learning disabilities**
Scheme 2.4	**Develop equitable locality and Trust wide processes for involving people who access services**

Strategic objective 2 – we work with partners and local communities to improve health and lives			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 2.1	**Develop and implement new service models in collaboration with the voluntary sector**		
▪ Improve engagement with partners in York, including service users and carers, health commissioners, stakeholders, service users and carers, voluntary and community sector ▪ Define collective (partner) outcomes ▪ Agree with commissioners an outcome framework within which partners will operate ▪ Define workstreams to be implemented through partners, defining impact analysis, and pump priming required ▪ Develop arrangements for implementing change, including Partnership Governance Programme ▪ Begin delivery programme.		▪ Implement agreed workstreams to deliver Provider Partnership Programme	**Yes** The Provider Partnerships Programme delivers a new approach to working with the voluntary sector to provide support for people beyond statutory services *Links to Recovery and Person-centred Care Programme (Scheme 2.1)*

Strategic objective 2 – we work with partners and local communities to improve health and lives			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 2.2	**Develop and implement new service models in collaboration with health and social care partners in Leeds (Integration Pioneer) and York & North Yorkshire**		
▪ Work with health and social care partners to agree LYPFT contribution to integration pioneer ▪ Work with health and social care partners to agree LYPFT contribution to integration ▪ Conclude S75 agreements with City of York Council and North Yorkshire County Council ▪ Ensure delivery of the Better Care Fund objectives: keeping people out of hospital; speeding up discharge; and supporting people to not be readmitted		▪ Implement agreed developments	**Yes** The Integration Programme delivers a new approach to working with physical healthcare providers to provider integrated health and social care
Scheme 2.3	**Work with our partners to campaign against the stigma and discrimination experienced by people with mental health and learning disabilities**		
▪ Deliver the city-wide Time to Change (mental health) project in Leeds ▪ Deliver the Get me? (learning disabilities) project in Leeds ▪ Deliver the 2014 'Food for thought' membership campaign ▪ Deliver the Love Arts Leeds festival and York arts and mental health festival ▪ Work with partners in York to develop anti-stigma campaigns ▪ Work with partners in Leeds and York on dementia-friendly city campaigns		▪ Deliver campaigns	
Scheme 2.4	**Develop equitable locality and Trust wide processes for involving people who access services**		
▪ Establish a Service User Network (SUN) for York and North Yorkshire (already established in Leeds) ▪ Establish locality based SUN groups using a café/network model in each of the localities ▪ Support involvement of people using services in significant Trust wide change programmes ▪ Extend use of social media across services and functions throughout the Trust ▪ Develop hub and spoke internet to include specific sites for agreed services ▪ Deliver social media training for staff and bespoke interventions for teams.		▪ Embed SUN and locality café/network model ▪ Support involvement of people using services in significant Trust wide change programmes ▪ Deliver social media training and bespoke interventions for teams	

Strategic objective 3 – we value and develop our workforce and those supporting us	
Scheme 3.1	**Implement the Workforce Development Strategy, with particular focus on promoting a healthy culture that meets the recommendations of the Francis Report**
Scheme 3.2	**Support new ways of working following service redesign through training, skills development, clear roles and responsibilities and performance objectives**
Scheme 3.3	**Expand Occupational Health Service and improve health and wellbeing of our staff**

Strategic objective 3 – we value and develop our workforce and those supporting us			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 3.1	**Implement the Workforce Development Strategy, promoting a healthy culture that meets the recommendations of the Francis Report**		
▪ **Employee engagement and communication:** – Launch a new improved intranet enabling information to be accessed more easily and to support effective corporate communications – Implement appropriate 'bright ideas' and communicate to staff ▪ **Organisational development (OD) and employee engagement:** – Roll out the OD Framework supported by internal OD experts to embed our values and support improvement and innovation ▪ **Workforce policy, practice and reward:** – Further develop the values based assessment tool and contribute to national working on this issue to support the right people with the right skills in the right place – Continue to use all opportunities to reduce workforce costs through local agreements and maximising AfC flexibilities – Implementation of the Career Framework systematically through all service redesign which will ensure Trust grading and salary costs compares favourably to peer Trusts ▪ **Workforce planning and information systems:** – Complete the roll out of E-Rostering Phase 3 in York ▪ **Learning and people development:** – Increase Trust compliance rate for appraisals to 95% – Review the Vocational agenda specifically to address both Cavendish and Francis recommendations regarding education for health support workers (HSW) – Develop and embed a Trust-wide training curriculum to include all training, education and development interventions linked to training needs identified from appraisals		▪ **Employee engagement and communication:** – Use data and feedback from staff survey and the staff friends and family test to improve quality and staff engagement. – Continue to engage with staff about 'bright ideas' and evaluate and implement appropriate improvements ▪ **Organisational development and employee engagement:** – Improve staff engagement and improve organisational culture through growth and development of the OD Facilitator Cohort. ▪ **Workforce policy, practice and reward:** – Develop use of social media and new technologies to support recruitment – Implement any further changes to national terms and conditions for AfC staff and Doctors – Review opportunities to apply local pay flexibilities – Implement professional duty of candour change to Professional Codes and roll out to all professions – Better use of the e-rostering tool/system to support and develop skill mixing across all units – Develop workforce planning tools and information to support skill mixing across teams and care groups ▪ **Workforce planning and information systems:** – Undertake a comprehensive workforce plan linked to the key elements of the 5 year strategic plan to identify skill mix, grade and competencies required in the future workforce. ▪ **Learning and people development:** – Ensure learning and people development opportunities informed through training needs analysis (TNA) is embedded – Increase percentage of the Trust HSWs that are qualified and certified competent to undertake their role	

Strategic objective 3 – we value and develop our workforce and those supporting us		
Associated implementation plans/delivery milestones		**Transformational programme**
2-yr Operational Plan		
2014-15	**2015-16**	
Scheme 3.2	**Support new ways of working following service redesign through training, skills development, clear roles and responsibilities and performance objectives**	
▪ **Strategic workforce change:** – Review inpatient staffing models to provide safe and effective care and deliver efficiencies ○ Define the key skills, competencies and attitudes in community mental health teams related to the delivery care for people with personality disorder; psychosis; dementia; and dual diagnosis ○ Monitor and review implementation against agreed criteria ▪ **Learning and people development:** – Achieve compulsory training 90% compliance – Increase capability at all levels in the organisation through appropriate learning, education and people development interventions informed by a risk based TNA – Embed the culture of managing performance and development through increased engagement and appraisal compliance ▪ **Workforce Policy, Practice and Reward:** – Undertake competency based assessment centres for key posts – Review Trust induction programme to ensure this supports values-based recruitment	▪ **Learning and people development:** – Source alternate and additional funding streams to support learning and people development – Collaborate with partners in health and social care economy to support multi-agency learning – Explore alternate compulsory training provision using outcome of the Health Education Support Service review; and achieve 90% compulsory training – Ensure Andrew Sims Centre increases participation of clinical staff in funded continuing professional development (CPD) – Skills mix through vocational agenda contributing to workforce plans and service re-design ▪ **Organisational development and employee engagement:** – Develop an internal talent pool to support succession planning – Introduce admin cohort of apprentices – Develop an approach to managing talent linked to appraisal and build succession plan for key posts and scarce skills ▪ **Workforce policy, practice and reward:** – Complete bank of core job descriptions to support career framework – Begin implementation of development of an e-skills passport – Complete TNA for all bank staff; and develop a competency framework for bank and temporary staff – Implement Francis recommendations for non-registered staff – certificate of competence – Implement changes to consultant and doctors in training contracts and the advent of seven day working – Apply and display safe staffing levels linked to Francis and evaluation of impact on current skill mix; and pilot national assessment tool	

Strategic objective 3 – we value and develop our workforce and those supporting us			
Associated implementation plans/delivery milestones			**Transformational programme**
2-yr Operational Plan			
2014-15		**2015-16**	
Scheme 3.3	**Develop our Occupational Health Service and improve health and wellbeing of our staff**		
▪ **Improving health, wellbeing and attendance:** – Develop Occupational Health Physiotherapy Services and reduce MSK absence to 10.8% of all absence – Implement health and wellbeing initiatives linked to Trust health needs assessment – Implement support for stress related absence and reduce absence to 25% of all absence – Reduce Trust sickness levels to 4.7%		▪ **Improving health, well-being and attendance:** – Reduce MSK absence to 9.8% of all absence – Reduce stress related absence to 15% of all absence – Reduce Trust sickness levels to 4.3% – Reduce agency usage by 4% – Develop a strategy to support working longer and understanding impact of age related degenerative conditions on the workforce ▪ **Employee engagement and communication:** – Use social media and technology to support health and wellbeing	

Strategic objective 4 – we provide efficient and sustainable services	
Scheme 4.1	**Review and explore opportunities to grow our organisation and work in partnership**
Scheme 4.2	**Deliver management, corporate and back office efficiency savings**
Scheme 4.3	**Develop our IT infrastructure to put us in control of health and care information across Leeds, York and NY**
Scheme 4.4	**Ensure our Leeds estate is fit-for-purpose, meets the needs of people using our services and is cost effective**
Scheme 4.5	**Work with our landlord (NHS Property Services Ltd) to ensure our York estate is fit-for-purpose, meets the needs of people using our services and is cost effective**
Scheme 4.6	**Establish robust working practices for implementation of Mental Health Payments**

Strategic objective 4 – we provide efficient and sustainable services			
	Associated implementation plans/delivery milestones		**Transformational programme**
	2-yr Operational Plan		
	2014-15	**2015-16**	
Scheme 4.1	**Review and explore opportunities to grow our organisation and work in partnership**		
	▪ Complete data mining to understand health forecast over the next 3-5 years ▪ Explore and exploit opportunities for tenders, organisational growth, development of partnerships/collaborations with other providers ▪ Develop marketing capability (including use of Trust website) to attract income from commissioners outside of Leeds and York areas	▪ Explore and exploit opportunities for tenders, organisational growth, development of partnerships/collaborations with other providers	Yes, if there are significant growth opportunities available
Scheme 4.2	**Deliver management, corporate and back office efficiency savings**		
	▪ Implement new Care Services management and professional structure from 1 April 2014, delivering savings of £800k	▪ Review corporate and back office services to determine opportunities for future savings, such as through shared services or outsourcing	

Strategic objective 4 – we provide efficient and sustainable services		
Associated implementation plans/delivery milestones		Transformational programme
2-yr Operational Plan		
2014-15	2015-16	
Scheme 4.3 **Develop our IT infrastructure to put us in control of health and care information across Leeds, York and NY**		
▪ **Launch the 'Better Paris' clinical information system project across the Trust, including communication on the 'look and feel' of the new system and the projected rollout timeline** ▪ **Complete deployment of support systems to interoperate with core care system including:** – Integrate with Leeds Teaching Hospitals NHS Trust middleware to support electronic exchange of clinical documents eg eReferrals, eLetters – Link/access to Leeds Care Record and access to blood results – Electronic Document Management (EDM) system and centralised facilities to scan all documents on receipt – Medicines management system including e-prescribing ▪ **Pilot use of tablet devices** – five on each inpatient ward ▪ **Complete integration of YNY and Leeds network and communications infrastructure including rollout of Paris to core services:** – Deploy Voice over Internet Protocol (VoIP) across main York sites – Provide Wi-Fi in main York sites – Rollout Paris across all services in YNY ▪ **Redevelop our business intelligence tool (Cognos) data warehouse to meet needs to organization including real time reporting and enhance capabilities for use of information:** – Redevelopment of Cognos – Increase use of Cognos across York and North Yorkshire services – Commence development of predictive analysis capabilities – Real time analysis reporting ▪ **Ensure network/desktop and associated technology meets needs of future requirements of Trust:** – Further develop digital dictation workflow management system to include: speech recognition technology; mobile based dictation; and electronic distribution of clinical letters – Deploy Single Sign On functionality – Review the use of video technology and video conferencing – Review N3/PSN network options to inform strategic direction for the Trust	▪ **Develop Paris to meet the Trust's high level business requirements:** – Complete Paris Vision upgrade – Deliver eRecords ▪ **Ensure network/desktop and associated technology meets needs of future requirements of Trust:** – Deliver all services via VoIP – Deploy touch screen technology in all areas where clinicians identify a need – Give all clinical staff access to IT tools to support agile working ▪ **Complete integration of YNY and Leeds network and communications infrastructure** including rollout of Paris to core services ▪ **Ensure technology meets future requirements of the Trust** via collaborative innovation with internal and external partners, regular internal account management and constant strategic review ▪ **Complete redevelopment of Cognos and use of data to meet needs of the organisation:** – Complete Cognos rollout to all YNY services – Complete development of predictive analysis – Implement real time analysis reporting	

Strategic objective 4 – we provide efficient and sustainable services			
Associated implementation plans/delivery milestones			Transformational programme
2-yr Operational Plan			
	2014-15	2015-16	
Scheme 4.4	**Ensure our Leeds estate is fit-for-purpose, meets the needs of people using our services and is cost effective**		
	▪ **Treating and caring for people in a safe environment and protecting them from avoidable harm:** – Agree plans with acute hospital provider to relocate Yorkshire Centre for Psychological Medicine (YCPM) to new premises – Develop a business case for learning disability services development at Parkside Lodge – Develop St Mary's House into community hub for ENE services – Develop Millfield House as satellite for WNW community hub to enable disposal of Towngate House – Complete disposal of Malham House and The Beeches – Terminate leases on surplus leasehold property – Subject to R&R review, invoke break clause on PFI property at Millside and Towngate and develop Asket Croft for R&R inpatient and community services	▪ **Treating and caring for people in a safe environment and protecting them from avoidable harm:** – Relocate YCPM to new premises – Relocate service from Southfield House, deemed functionally unsuitable, then dispose – Agree options for disposal or site re-organisation of St Mary's Hospital – Ensure Asket Croft fully operational for R&R services from May 2015 – Review use of non LYPFT space to determine if relocation is an option – Re-provide Health Education Support Team based at The Exchange	
Scheme 4.5	**Work with our landlord (NHS Property Services Ltd) to ensure our York estate is fit-for-purpose, meets the needs of people using our services and is cost effective**		
	▪ **Treating and caring for people in a safe environment and protecting them from avoidable harm:** – Address the findings of the CQC assessment in December 2013 with particular emphasis on the following key risks: o Agree solution for reprovision of inpatient CAMHS services from Lime Trees o Agree solution for reprovision of Bootham Park Hospital and progress with key stakeholders subject to outcome of feasibility study and public consultation – Complete the high risk issues identified by Trust related to ligature risks, fire risks and backlog maintenance at all properties – Deliver two community hubs for community locality teams to support community services delivery in changed model – Develop plans with partner organisations to consolidate current provision of community units for the elderly onto fewer sites in line with service model (subject to decisions on Bootham Park Hospital interim solution)	▪ **Treating and caring for people in a safe environment and protecting them from avoidable harm:** – Deliver interim solutions for Lime Trees and Bootham Park Hospital (if not delivered in 2014/15) – Deliver projects to consolidate community units for the elderly onto fewer sites (subject to decisions on Bootham Park Hospital interim solution) – Develop plans for learning disability services premises	

Strategic objective 4 – we provide efficient and sustainable services			
Associated implementation plans/delivery milestones			Transformational programme
2-yr Operational Plan			
2014-15		2015-16	
Scheme 4.6	**Establish robust working practices for implementation of Mental Health Payments**		
▪ **Mental health payments system state of readiness:** – Develop care specifications by cluster with commissioners, service users and carers and third sector partners and agree 2015/16 implementation plan – Establish clustering audit programme to support reporting of recommended cluster quality indicators – Build mental health clustering tool training into clinical training needs analysis		▪ **Mental health payments system state of readiness:** – Implement care cluster specifications across Trust – Compare agreed packages of care against what is actually provided in each cluster and review agreement – Establish and embed 'clustering' for learning disability services to support future commissioning based on positive outcomes for service users – Ensure mental health payments fully established across Trust (business as usual) – Build mental health clustering tool training into Trust compulsory training programme	

Strategic objective 5 – we govern out Trust effectively and meet our regulatory requirements	
Scheme 5.1	**Ensure we meet our statutory and regulatory requirements**
Scheme 5.2	**Develop the effectiveness of our Board of Directors and Council of Governors**

Strategic objective 5 – we govern out Trust effectively and meet our regulatory requirements		
Associated implementation plans/delivery milestones		**Transformational programme**
2-yr Operational Plan		
2014-15	**2015-16**	
Scheme 5.1	**Ensure we meet our statutory and regulatory requirements**	
▪ Ensure delivery of CQC improvement plans for Bootham Park Hospital and Lime Trees, which focus mainly on the physical environment within which services are delivered (see Scheme 4.5) ▪ Identify any gaps in evidence of compliance with the Provider Licence and action appropriately ▪ Assess compliance with governance review guidance, identify any gaps and ensure the Trust is ready for any required external governance review	▪ Ongoing monitoring of compliance and delivery of plans to meet any gaps	
Scheme 5.2	**Develop the effectiveness of our Board of Directors and Council of Governors**	
▪ **Development of Board of Directors:** – Improve visibility of non-executive directors and executive directors in all areas of the Trust, ensuring 'ward to board' approach to support quality governance – Undertake bespoke Board Development Programme (externally facilitated), from May 2014, including development of shared aspirations and leadership skills required to support a healthy organisational culture as pre-requisite for delivering performance across the Trust. – Develop scenario planning approach for full Board of Directors to support strategic planning ▪ **Development of Council of Governors:** – Conduct training needs analysis by individual governor and design training and development programme to support governors to develop skills in supporting change programmes, partnership working and governance	▪ **Development of Board of Directors:** – Deliver Board Development Programme ▪ **Development of Council of Governors:** – Develop collaborative approach to governor development with other Trusts, sharing best practice and exploiting revenue generation possibilities	