

## **Strategic Plan Document for 2013-14**

**Leeds & York Partnership NHS Foundation Trust**

## Strategic Plan for y/e 31 March 2014 (and 2015, 2016)

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

Name	Jill Copeland
Job Title	Chief Operating Officer
e-mail address	<a href="mailto:jillcopeland@nhs.net">jillcopeland@nhs.net</a>
Tel. no. for contact	0113 3055918
Date	31 May 2013

**The attached Strategic Plan is intended to reflect the Trust's business plan over the next three 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 Strategic Plan is an accurate reflection of the current shared vision and strategy of the Trust Board having had regard to the views of the Council of Governors;
- The Strategic 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 Strategic 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;
- All plans discussed and any numbers quoted in the Strategic 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 .....	4
2. Strategic context and direction.....	7
3. Our approach to quality (including patient safety, clinical effectiveness and patient experience.....	11
4. The Trust's clinical strategy over the next three years .....	14
5. Workforce & Development Strategy.....	29
6. Governor development and membership strategy .....	40
7. Productivity and efficiency .....	44
8. Financial and investment strategy.....	48
Appendix 1: Financial commentary (NOT FOR PUBLICATION).....	57
Appendix 2: Cost Improvement Plans (CIPs) - Top 5 CIP schemes (NOT FOR PUBLICATION) .....	78
Appendix 3: PFIs costs and utilisation (NOT FOR PUBLICATION) .....	82
Appendix 4: Use of external assurance (including internal audit) (NOT FOR PUBLICATION) .....	83

# 1. Executive summary

## The Trust's strategic vision

In September 2010, we published our first strategy *Improving health, improving lives*. We set out our ambition to work in partnerships to provide excellent mental health and learning disability care that supports people to achieve their goals for improving health and improving lives.

In 2012 in response to the many changes that have happened within our organisation and to take into account the national and local direction of travel for mental health and learning disability services, we decided to refresh our five-year strategy. In particular, we wanted to make sure our strategy remains relevant to the new communities we serve following our integration with mental health and learning disability services in York and North Yorkshire (Y&NY) on 1 February 2012 to form the Leeds and York Partnership NHS Foundation Trust.

When reviewing our strategy we have taken into account key themes within national and local strategies that are relevant to people using our services, carers, our staff and our organisation as a whole. Of particular note are the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry* (the 'Francis Report'), the government's strategy for mental health *No Health Without Mental Health*, the Winterbourne Review into care for people with learning disabilities and autism and the Health and Social Care Act. Locally, we have been guided by the joint health and wellbeing strategies produced by health and wellbeing boards and the priorities of clinical commissioning groups and commissioners of specialist services.

The strategic objectives and priorities we have set ourselves have been reviewed to reflect our local health economy and to ensure the sustainability of our service delivery model.

## Our goals, strategic objectives and priorities

Our goals are the three key goals which reflect the quality outcomes we are here to achieve for service users and carers over the next five years. Our strategic objectives describe what we need to do to achieve our goals. Underpinning each strategic objective are the priority actions we will undertake to achieve our ambition and goals over the next five years.

For each objective we have set ourselves some measures of success we want to achieve by 2017/18, and milestones to track our progress. Included are some new measures that reflect the breadth of services we now provide. All our measures will continue to be tracked through our governance framework to make sure we are on course to achieve them.

A summary of our new strategy framework for 2013 – 2018 can be found below.

Leeds and York Partnership NHS Foundation Trust Strategy					
Purpose					
Improving health, improving lives					
NHS values					
Respect & dignity	Commitment to quality of care	Working together	Improving lives	Compassion	Everyone counts
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					
Goals					
1	People achieve their agreed goals for improving health and improving lives	2	People experience safe care	3	People have a positive experience of their care and support
Strategic objectives			Priorities		
1	Quality and outcomes	We provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing	<ul style="list-style-type: none"> <li>Measuring and improving outcomes</li> <li>Ensuring we meet people's needs through effective care planning</li> <li>Implementing new approaches to support recovery and wellbeing</li> <li>Developing new and existing services to meet people's needs</li> <li>Making services better, simpler and more efficient</li> <li>Improving services through research</li> </ul>		
2	Partnerships	We work with partners and local communities to improve health and lives	<ul style="list-style-type: none"> <li>Building and maintaining successful partnerships</li> <li>Campaigning against stigma and discrimination</li> <li>Involving people in shaping their services</li> </ul>		
3	Workforce	We value and develop our workforce and those supporting us	<ul style="list-style-type: none"> <li>Promoting a healthy culture and the NHS values</li> <li>Developing our staff</li> <li>Ensuring a healthy work environment</li> </ul>		
4	Efficiency and sustainability	We provide efficient and sustainable services	<ul style="list-style-type: none"> <li>Delivering cost effective services and maintaining financial stability</li> <li>Making best use of modern technology</li> <li>Providing services from fit-for-purpose, cost-effective buildings</li> <li>Implementing payment by results</li> </ul>		
5	Governance and compliance	We govern our Trust effectively and meet our regulatory requirements	<ul style="list-style-type: none"> <li>Responding to national governance and compliance requirements</li> <li>Developing our Board of Directors and Council of Governors</li> </ul>		

## Financial strategy

We were authorised as a foundation trust (FT) in August 2007. Since this time we have made good use of the benefits of FT status, maintaining a strong financial position whilst making full use of our financial strength to improve our services. Our annual turnover is circa £170m and we now employ around 3,300 members of staff.

Our financial strategy is based upon ensuring the Trust remains a viable going concern and supports our plans which will ensure an ongoing financial risk rating of 4 (under current metrics). We have also considered the proposed changes in the regulatory regime and the possible impact on the revised measurement of financial risk. This has also influenced our financial planning and strategy, in particular in relation to investment decisions. We have substantial cost improvement plans (CIPs) in place in order to sustain a viable risk rating in future. This will allow for greater productivity gains and cost savings to meet the increased cost of delivering services relative to income from commissioners.

Our challenge is to deliver the quality improvements we have set out in our strategy within decreasing resources. Our improvement programme is helping us to respond to this challenge by focusing on simpler, more efficient service delivery.

We are currently reviewing our three-year functional estates strategy in line with our newly refreshed Trust strategy to ensure that we maximise the use of the estate with particular emphasis on PFI premises within Leeds. Across Y&NY services we are working with our new partners NHS Property Services Limited to reach a strategic view on how we can develop the estate to meet our longer term requirements. More broadly we will explore with partners, the co-delivery of services where this is good for service users and enables us to make the best use of available resources.

We only deliver the best possible quality services through the work of our staff. Most of our money is spent on recruiting, and retaining, highly motivated people with the expertise that we need. We keep under constant review the mix of skills that we have, both clinically and non-clinically, in order both to deliver our objectives and ensure value for money; this is even more important given the financial challenges faced by the NHS. Whilst remaining committed to the core elements of 'Agenda for Change', we will work with our trade union partners to ensure that our employment practices and terms and conditions enable us to deliver services to service users and carers which reflect the economic environment of the NHS. This is reflected in our Workforce Development Strategy.

## Quality first

Everything in this summary can be summed in one word – '*quality*'. Excellence is our ambition. Virtually everything else that we do, including the money that we spend is no more than a means to this end. Our overarching strategy, *Improving health, improving lives*, describes our focus on quality and ensuring that we deliver safe, effective care. Over the coming months we will develop further our approach to quality to ensure that we are taking effective account of the recommendations in the Francis Report and the Serious Case Review into Winterbourne View. Through this work, we will describe an underpinning narrative to the many ways in which we are improving what we do each and every day as well as setting our compass for the future.

## 2. Strategic context and direction

As we begin the five year period of our refreshed strategy of which our three-year Strategic Plan will mirror, clinical commissioning groups (CCGs) are beginning their work of commissioning many of our services.

In 2011/12 we successfully acquired mental health and learning disability services in York and North Yorkshire (Y&NY), through competitive tender. We are now fifteen months into our three-year contract for services commissioned by the Vale of York CCG and are embarking on an ambitious programme of works to develop and transform the services we now provide. The services transferred will make a surplus of £6m over the three years of the contract. Generating this surplus will enable the Trust to implement service development plans and address long-standing information technology issues.

Over the next three years we will focus on a number of cross-cutting strategic plans to ensure that we deliver our ambition and make sound progress in achieving our strategic priorities. These developments include:

**New women's low secure forensic unit:** this is a new unit that is financed by capital from NHS England, with the service to be commissioned by the regional specialist commissioning group, South Yorkshire and Bassetlaw Area Team. It will generate an annual income of circa £3.4m. This will create opportunities for shared working across the Leeds and York forensic services and offer extended choice to service users. Building works have commenced in York and it is anticipated that the unit will be completed in April 2014.

**Dementia/memory services in Leeds:** additional funding of £0.4m has been secured to improve the lives of people with dementia. The Leeds CCGs are keen to see memory clinics located in the community, supporting GPs to do work previously done by memory clinics (eg prescribing) and more broadly sharing of understanding with GPs. The Leeds CCGs are also looking at what funds should be made available for dementia from the intended city-wide transformation shift from Leeds Teaching Hospitals Trust to community based care.

**Autism and ADHD service in Leeds:** the Leeds Autism Diagnostic Service is a new service providing high quality diagnostic assessments to the people of Leeds. Additional non-recurrent funding of £230k has been secured to expand this service to enable it to become a flagship service for the Trust. Subject to successful evaluation this funding could potentially become recurrent. The immediate priorities are to provide diagnosis and signposting with the ultimate aim of offering post-diagnostic support. We are also hoping to secure additional funding for adults with ADHD in Leeds.

**Personality disorder project:** on 1 April 2013 we commenced a regional-wide project involving the four regional probation trusts and the South Yorkshire and Bassetlaw Area Team. We have been commissioned to provide training and support to probation trust staff to enable them to better deal with personality disorder clients within criminal justice settings. This contract is worth circa £517k and will be reviewed year-on-year.

**Redesign of inpatient services:** this is a new project to oversee the development of a new inpatient service model across Leeds and York services. The key aims of the service changes are to: improve service user experience and deliver cost improvements through improved efficiency. People who use our services have told us that they would like our inpatient services to be more effective and efficient by: reducing the number of inappropriate admissions; improving the flow through the acute pathway and the management of discharge; and staff working more efficiently and effectively on the ward. The new inpatient model will be implemented from April 2014, releasing financial savings of £1.3m.

**Research and development:** we are currently involved in the establishment of the Yorkshire and Humber Academic Health Science Network (AHSN). The AHSN is still in its development stage; however we intend to work with our AHSN partners over the next five years to address employability and workplace wellbeing for those with, or at risk of, chronic physical and mental conditions and learning disabilities.

In addition, the Trust accesses a range of research income streams through work with the Collaboration for Leadership in Applied Health Research and Care (CLAHRC); and with multiple higher education institutes to secure research grants from National Institute for Health Research funding streams eg Medical Research Council, Health Technology Assessment and Research for Patient Benefit.

**Modernisation of our IT systems:** we are currently undergoing a full external evaluation conducted by PWC of our current clinical information system. The outcome of the evaluation at the end of June 2013, will determine whether we should redevelop our existing clinical information system: PARIS or procure a new clinical information system.

Y&NY services have had long-standing information technology issues. Since services transferred across in February 2012 it has become apparent that there is an increased requirement to move towards an integrated IT network and infrastructure across the wider Trust area.

In order to progress with a single core integrated system across Leeds and York, we have renewed the service level agreement with York Hospitals NHS FT (YHT) for a further 12 months (until end of March 2014). A project commenced in the first quarter of 2013 to progress the migration of the 24 York and North Yorkshire based sites to the existing Leeds based IT and network infrastructure by the end of the SLA.

Our previous plan set out the possibility of exploring the development of an integrated and shared service approach for the provision of IT services. Over the last year we have appraised the options for the provision of IT support via a managed or shared service. Given the need to move towards an integrated IT network and infrastructure across the wider Trust area, further work to evaluate the feasibility of continuing to provide an internally resourced service or outsourcing these services will now be undertaken in 2014/15.

## **Competitive environment**

The reforms set out in the Health and Social Care Act describe progression to a more commercial market. Gaining a foothold in the York and North Yorkshire area in addition to the geographical boundary of Leeds has undoubtedly provided the Trust with further opportunities to gain market share for existing services and potentially enter markets for new services.

The environmental and demographic make-up of the population we serve is changing. Leeds and York are growing cities. The birth rate is expected to increase and the number of elderly people is expected to double. As people live longer there will be an increase in people living with dementia. Our strategic priorities for action set out in this document are based on extensive data mining to understand what our health and demographic demands will look like in line with CCG commissioning plans over the coming years.

With Transforming Community Services now completed, significant growth opportunities are likely to come from those NHS trusts that may fail to make it to foundation trust (FT) status. There are currently four NHS trusts that are geographically close to LYPFT that are seeking to become FTs. We are working closely with partners to maintain relationships and build new



ones to ensure the interests of people using our services are at the heart of new arrangements.

The move to Any Quality Provider (AQP) will increasingly offer both threats and opportunities for LYPFT. However, this is more likely to be relevant for community based services, which are more suited to cost per case payment. In the case of our services, current market trends would suggest that this would at this stage largely represent a threat to our York and North Yorkshire IAPT service once the current block arrangement ends in 2015.

Of more significance are the recent changes to procurement regulations for commissioners which become effective on the 1 April 2015 (*Procurement, Patient Choice and Competition Regulations, 2013*). Whilst the effect of these is still to be seen, the probable outcome is that increasing levels of our existing business will become exposed to the threat of re-procurement via some form of competitive exercise by commissioners. Given recent modifications to the regulations, it is less likely that this will apply to those services highly integrated with other services. There will however be increased activity at the margins ie stand-alone community services such as IAPT or specialist bed-based services where an active competitive market exists which does not necessarily require very local service delivery.

It seems less likely that we could face significant market exposure for Leeds based secondary inpatient services, where the Trust controls the principle assets. Similarly, services such as community mental health services are so closely aligned with our other services that it would be difficult to disaggregate them.

Clearly, the potential loss of any of our services via competition is not appealing. However, the same processes will also present new opportunities. Provided we maintain the delivery of high quality, efficient services and effectively resource the management of the competitive market there is no reason why we will not be best placed to compete strongly in the changing market.

Notably, the NHS is currently working within an environment of one year rolling clinical contracts. Whilst this persists it would not be practical to introduce competitive processes en-masse and the immediate focus of NHS England is to maintain stability in the system. Over the initial 12-months settling in period of the new commissioning structures, we will work with our commissioners to understand what our 'critical to quality' characteristics for commissioners are and ensure they are met.

## **Collaboration, integration and patient choice**

We are strategically well placed within both the Leeds and Vale of York health economies. Clearly the position in Leeds is very long standing and we are well placed to maintain and potentially grow business here. This is enhanced by an advantageous geographical position and our control of strategic assets, which would present significant barriers to entry for any new competitors to our core secondary services.

Vale of York is a different position, as we are not as heavily embedded in the local health economy and we do not hold strategic assets (the Trust decided not to take transfer of real estate title due to the significant risks associated with the relevant assets). However, we have the advantage of a three year contract (with two year extension), which we are only 15-months into. This provides the scope to transform services, deliver efficiency savings and quality improvements over a reasonable timeframe and thus embed our presence in the health economy. Our local services and clinicians are well regarded and we can build on our reputation. Broadly our relationship with commissioners has been positive and we have

achieved some modest though material income generation over and above initial contract expectations; and other similar opportunities are on the horizon.

The Trust has numerous competitors; though competition is more likely to focus on primary care and specialist services. Within the statutory sector Tees, Esk and Wear Valleys NHS Foundation Trust and South West Yorkshire Partnership NHS Foundation Trust are the biggest threats in terms of secondary and tertiary services; Bradford District Care Trust could also become a significant threat if it succeeds in becoming a foundation trust.

The non-statutory sector is replete with both small and large competitors. Within the specialist arena large private providers such as The Priory Group, Cygnet and Partnerships in Care have significant regional capacity for bed-based services; as does The Retreat in York within the third sector. For services in the primary/community spectrum there are many capable providers who are a competitive threat within their areas of speciality.

With all competitors there is also the opportunity for cooperative partnership working. For instance, Community Links were a partner in our bid for the North Yorkshire and York tender; and, subsequent to winning the tender, we partnered with The Retreat over the development of a new pharmacy service. We also host the North of England NHS Commercial Procurement Collaborative, which delivers millions of pounds of efficiencies and value added benefits to NHS organisations.

The transfer of some mental health services commissioning to public health will bring about opportunities to work with local authorities. The transfer of psychosexual medicine commissioning to public health will require public health staff to understand what this means as some of our service users move between services.

Implementing new approaches to support recovery and wellbeing is part of our strategy. We are committed to piloting 'peer support workers', people who have lived experience of mental health problems. This will include support to enable people to understand how they can access personal budgets to give them more control over the support they need. Ultimately, integration and closer working between organisations provides the Trust with many opportunities both to reduce costs and to reduce the gaps between services that so many people have told us can be a problem. The potential for developing peer support worker roles in other parts of our services, and in York and North Yorkshire, is also being considered.

The effectiveness of care planning ensures that people who use our services are allocated to the correct integrated care pathway (ICP). The integration of local authority social workers into our community mental health teams joins up health and social care services in a way which makes sense for people who use them and ensures that all health and social care professionals can review service users' progress against their goals set out in their care plan.

### 3. Our approach to quality (including patient safety, clinical effectiveness and patient experience)

Our Quality Accounts are fully aligned with our five-year strategy, which describes what we want to achieve over the next five years and how we plan to get there. The strategy is designed around the three key elements of quality: effective outcomes, safe care, and positive service user and carer experience.

#### Registration Status

Leeds and York Partnership NHS Foundation Trust is registered without conditions with the Care Quality Commission (CQC), as it is required to be. The CQC have not taken enforcement action against the Trust during 2012/13 and there are no improvement actions outstanding from previous inspections.

Detailed assessments of compliance are undertaken on a quarterly basis, with sign off from lead directors within the Trust. Assessments of compliance are reported on a quarterly basis to our Board of Directors via our Trust performance report. Compliance with the essential standards of safety and quality forms a key area of our service directorate and corporate directorate performance reviews.

In order to further strengthen and maintain our position of compliance, internal mock unannounced inspections have been carried out across services during 2012/13. These will continue throughout 2013/14 and be led by senior clinical staff. We will continue to ensure that compliance against the essential standards are monitored and maintained.

#### Care Quality Commission Reviews

The Trust has participated in two special reviews by the CQC relating to the following areas during 2012/13:

**Ward 3, Newsam Centre (Leeds):** the CQC carried out a visit to Ward 3 Newsam Centre on 1 May 2012 to follow up compliance actions made following the previous review of compliance at Ward 3 Newsam Centre in December 2011. The CQC confirmed that significant improvements had been made to all areas identified and the Trust was found to be compliant with both Outcome 4 and Outcome 7.

**Becklin Centre (Leeds):** the CQC carried out a routine review to the Becklin Centre on 21 August 2012 as part of their schedule of planned reviews. The review focused on five outcomes: Outcome 1, respecting and involving people who use services; Outcome 5, meeting nutritional needs; Outcome 7, safeguarding people who use services from abuse; Outcome 13, suitability of staffing; and Outcome 21, records. The CQC found the Becklin Centre to be fully compliant with all outcomes reviewed, with positive comments received and no areas of concern or improvement identified.

Reports have been analysed internally and appropriate actions have been taken. The Trust is confident that none of the issues and concerns raised within the report are systemic issues across the organisation. The system of internal mock unannounced CQC inspections referred to above will provide real time assurance around compliance with CQC requirements.

## Quality of the services we provide

The landscape for the NHS will remain challenging for the foreseeable future. Cost inflation will continue to rise faster than income from commissioners, which means that providers of health and social care services will need to find efficiency savings year-on-year. Our challenge is to ensure cost improvement plans (CIPs) do not compromise quality and safety. Our governance processes are designed to deliver this challenge and are fully embedded in our Trust strategy.

Our strategy *Improving health and improving lives*, sets out our purpose, values, ambition, goals, strategic objectives and priorities over the five years from 2013 to 2018. Our goals describe what we want to achieve for the people using our services, linked to our purpose; and our strategic objectives describe what we need to do to achieve our goals.

The serious case review into Winterbourne View Hospital published in July 2012 and the 'Francis Report', published in February 2013, stressed the importance of NHS organisations focussing first and foremost on the needs of service users, patients and carers. In response to the reports we have taken time to carefully consider the recommendations, we have explored what we do that safeguards high quality care and how we would detect problems with the quality of services. Although we have much to be proud of we have found areas for improvement.

We are committed to strengthening clinical leadership. We are reviewing the structures that support service delivery to ensure that clinical leadership is at the fore supported by capable operational management. We want to support clinical leaders to take ownership of care services and have pride in the quality of care provided. Our clinical leaders are committed to best practice and we want to manage our organisation in a way that removes blocks and obstacles that stand in the way of best practice being routine.

We are aiming to achieve a lean governance and assurance structure that brings clinical leaders in closer contact with the Board of Directors on matters pertaining to quality. We will also ensure that for our inpatient services we protect roles, such as the Matrons, that on a day-to-day basis ensure a quality experience. Matrons have the authority to move quickly and improve services in real time in response to the service user and carer experience.

We need to improve our use of what service users and carers are telling us about the care they receive, and be sure that we take full account of their views and needs as we further develop our services. We need to be sure that our quality and performance reporting is integrated to enable us to triangulate a range of data that identifies the effectiveness, efficiency, safety and experience of our services.

When things do go wrong we need to be sure that staff can have a clear way of raising concerns and that they will not be disadvantaged by raising issues. We are also committed to staff receiving feedback on improvements we make in response to concerns or issues raised.

Both reports have emphasised the importance of compassionate care. Our Workforce Development Strategy details our approach to attracting and maintaining a healthy workforce. Of note, we are working hard to engage with the workforce, we want to know about their experiences in the workplace, make changes where they are necessary at work and do all that we can to ensure they are well supported, experience good wellbeing in the workplace and feel valued. We believe this approach is fundamental in achieving a compassionate workforce that has the time, motivation and skill to deliver compassionate care to all.

The values set out in the NHS Constitution underpin our strategy and the way we work with people every day. Our staff provide compassionate, high quality care that focuses on improving people's lives; they treat people with respect and dignity; they make sure that everyone counts by supporting people to achieve their individual goals; and our staff know the importance of working together with our partner organisations to make sure people get the best package of care and support to meet their needs. When, occasionally, we get this wrong, we do our best to address any individual complaints quickly; and also to learn from our mistakes.

## **Quality performance monitoring**

Progress on performance against Monitor requirements, CQC registration, our contractual performance requirements with our commissioners and our local requirements are presented on a monthly basis to the Board of Directors, through the monthly performance report. Any risks to performance are identified within the report and any necessary actions in place to ensure compliance and improvement are documented.

A full review of the performance reporting process commenced in April 2013. The outcome of the review is expected to be a strengthened focus on quality with a refined layout that clearly identifies areas of risk. The revised report will be implemented in July 2013.

Progress against the priorities set out in our Quality Accounts are reported to our Board of Directors through the monthly performance report, with each key priority reported on a quarterly basis.

We have a robust system of quality governance in place which ensures that clinical services provide evidence based, effective and safe services. We have processes in place for responding to and learning from complaints, safeguarding issues and serious untoward incidents. All serious incidents are reviewed and lessons learned are disseminated Trust-wide.

We gather feedback from our service users and their carers through a broad range of methods, including both local and national surveys to understand the quality of service they have received. At a local level we are in the process of implementing a standardised approach to receiving service user and carer feedback. This survey, which allows people to comment on the care they have received, is to be fully implemented in 2013/14.

Consistently measuring outcomes for our service users is a key priority during 2013/14. A planned review of the Trust's governance framework during May 2013 will ensure it remains lean and fit for purpose. The review will take into account the learning from the Francis Report and Winterbourne Review as well as significant service improvement brought about by the transformation programme.

The national mental health community and inpatient surveys are used by the CQC to benchmark our performance in terms of service user experience. We are required to undertake the community survey one year and the inpatient survey the next. However, we have decided to carry out both surveys each year so we can benchmark our performance on a more regular basis. The questions that are asked in the national survey have also influenced our local questionnaire.

The results of all the surveys are reported to the Board of Directors and the Council of Governors. They are also included in our Quality Accounts. Each of our service directorates has an action plan in place in response to the survey findings and these are performance managed through regular directorate performance reviews.

We are also preparing for the implementation of the 'friends and family' test question which comes into force for mental health providers in October 2013, in addition to the 'friends and family' question also being asked as part of the Payment by Results (PbR) outcome measure process.

## **4. The Trust's clinical strategy over the next three years**

Our five year strategy *Improving health, improving lives*, is the clinical and quality strategy for our Trust. Underpinning our organisational strategy are a number of supporting strategies that describe in more detail how we will achieve our ambition. These include plans for our workforce, information technology and estates.

When reviewing our strategy we have taken into account key themes within national and local strategies that are relevant to people using our services, carers, our staff and our organisation as a whole. In particular, we have taken account of the Francis Report, the Winterbourne Review and local joint health and wellbeing strategies. In addition, we have gone back to people who use our services, carers, staff and partners to check that our goals and strategic objectives are still the right ones for the next five years; and to help us to develop a list of priorities for action.

In developing our clinical priorities, we have had full regard to Monitor's Quality Governance Framework, published in the draft Risk Assessment Framework. This sets out four areas of quality governance: strategy; capabilities and culture; processes and structure; and measurement. In gaining assurance regarding our position against the quality governance framework, a lead director has been identified for each example of good practice and has concluded the evidence that we can currently provide in this area. In quarter three 2012/13 an internal audit was undertaken of the Trust's Quality Governance Framework. The audit concluded that the Board can take substantial assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective. 2013/14 will see the controls further refined and improved.

In September 2010 we embarked on a major programme of work to determine how our clinical services are structured and delivered to achieve the maximum value-adding activity for our service users. Utilising 'Lean6Sigma' methodology with the introduction of integrated care pathways (ICPs) and analysis of demographic demands within our region for the coming five years, we have delivered redesigned community clinical services. This methodology is also being used to redesign our inpatient services across the Trust, and community services in York and North Yorkshire.

We will continue to build on the methodology to develop an organisational structure and management framework within which our clinicians and managers can plan service activities, monitor finance and activity and manage performance.

The clinical priorities we have set ourselves to meet our strategic objectives in our strategy are shown on the following pages.

## Our clinical organisational priorities

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
Strategic objective 1 – we provide excellent quality, evidence-based, safe care that involves people and promotes recovery and wellbeing						
1. Measuring and improving outcomes	1.1 Development of validated outcome measures across Leeds, York and North Yorkshire	Implementation of local quality outcome measures: <ul style="list-style-type: none"><li>Establish project arrangements for the rollout of outcome measures across the Trust. This will include clinical engagement/expertise. Project to include:<ul style="list-style-type: none"><li>Completing the rollout of Therapy Outcome Measures (TOMs) across Y&amp;NY learning disability services</li><li>Rollout TOMs across dementia services</li><li>Determine which tools are currently being used by each service</li><li>Agree which outcome measure tools should be used across the Trust</li><li>Introduce agreed outcome measure tools across the Trust.</li></ul></li></ul>	Implementation of local quality outcome measures: <ul style="list-style-type: none"><li>Ensure the consistent use of agreed outcome measures across the Trust.</li></ul>	Develop further recommendations on how the indicators and outcome measures can be used to incentivise high quality care	Failure to implement outcome measures across the whole organisation	Within current resources.
		Outcome measures for Payment by Results: <ul style="list-style-type: none"><li>Agree a PROM of choice to be used within the MH PbR Framework</li><li>Friends and family test mandated collection in line with the mental health clustering tool</li><li>Develop further recommendations on how the indicators and outcome measures can be used to incentivise high quality care.</li></ul>	<ul style="list-style-type: none"><li>Routinely monitor the use of outcome measures across the organisation and determine any trends.</li></ul>	Failure to effectively implement friends and family test question.		

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
2. Ensuring we meet people's needs through effective care planning	2.1 Embedding best practice in care planning across Leeds, York and North Yorkshire	<ul style="list-style-type: none"> <li>Following the holistic assessment ensure people who use our service are placed on an ICP which is appropriate to their needs and they have in place a care plan which equally supports their care needs</li> <li>Ensure the formulation process is in place to support the use of ICPs and care planning</li> <li>Ensure accessible information is available in all clinical areas, informing service users and carers about what they can expect</li> <li>Ensure shared terminology for what we call things. Explore options accessing a range of opinions to agree terminology</li> <li>Develop a range of measures to support best practice ie practice guidance, training options, triangle of care</li> <li>Develop a wider network for communication with frontline staff to embed best practice</li> <li>Develop a mechanism for measuring the qualitative aspects of care planning and service users' experiences of this across all services.</li> </ul>	<ul style="list-style-type: none"> <li>Review ICP requirements</li> <li>Evaluate and review information available.</li> </ul>	<ul style="list-style-type: none"> <li>Review ICP requirements</li> <li>Evaluate and review information available.</li> </ul>	<ul style="list-style-type: none"> <li>Not having a fit for purpose clinical information system</li> <li>Unable to deliver requirements as per milestones outlined.</li> </ul>	Within existing resources.



Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
3. Implementing new approaches to support recovery and wellbeing	3.1 Embedding recovery and inclusion principles within services	<ul style="list-style-type: none"> <li>Recruit, pilot and evaluate 6 WTE peer support workers in Leeds community teams</li> <li>Establish a lived experience staff network</li> <li>Recovery principles embedded in service improvement projects</li> <li>Review recovery approach in Y&amp;NY services and develop action plans</li> <li>Rollout personal health budgets to enable service users to purchase their own care.</li> </ul>	<ul style="list-style-type: none"> <li>Peer support workers in post</li> <li>Recovery Education Centre established</li> <li>Recovery groups in place in each of the three Leeds localities</li> <li>Lived experience staff network in place</li> <li>Implement any required changes to recovery approach in Y&amp;NY services.</li> </ul>	<ul style="list-style-type: none"> <li>Successful business case to embed peer support workers in clinical teams</li> <li>Continue implementation of any required changes to recovery approach in Y&amp;NY services.</li> </ul>	<ul style="list-style-type: none"> <li>Lack of evidence to support business case for continued model in Leeds</li> <li>Lack of resource to support changes to model in Y&amp;NY.</li> </ul>	New resource secured from the city-wide transformation programme

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
<b>4. Developing new and existing services to meet people's needs</b>	4.1 Increasing dementia services for the needs of the growing number of people across Leeds, York and North Yorkshire	<ul style="list-style-type: none"> <li>Utilise new investments in Leeds services to manage waiting lists for assessment: <ul style="list-style-type: none"> <li>Clearing of backlogs</li> <li>Design new memory services pathway</li> </ul> </li> <li>Set up a joint group with the CCGs, to develop longer term plan for memory service provision in Leeds, York and North Yorkshire</li> <li>Implement care home service model in Y&amp;NY, to support people with mental health needs associated with dementia and develop the skills of staff within care homes, to provide better care</li> <li>Improved staff training for home based treatment service, to people with dementia as part of an integrated service</li> <li>Complete environmental improvements to bedrooms and ward environment at The Mount, Leeds</li> <li>Complete analysis of admissions linked to dementia</li> <li>Contribute to forecasting and demand changes analysis across the region for people with dementia.</li> </ul>	<ul style="list-style-type: none"> <li>Implement new memory service model in Leeds, utilising the ongoing investment to deliver high quality and effective services using an integrated care pathway approach</li> <li>Complete market share assessment of dementia services</li> <li>Work with partner agencies to ensure best fit with health and social care services to avoid duplications</li> <li>Contribute to the development of shared care protocols for management of dementia in GP surgeries</li> <li>Contribute to the development of a long term conditions/year of care management model for people with dementia in Leeds.</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation of new pathways and services within LYPFT</li> <li>Contribute to the evaluation of new pathway services within partner organisations</li> <li>Outline business case for further service growth.</li> </ul>	<p>Increase in newly identified people through LTH /other partner agencies and the subsequent impact on capacity and demand is unknown.</p>	<ul style="list-style-type: none"> <li>£400k investment in Leeds in first year, then recurring for new service model</li> <li>Reinvestment of resources from redesign of bed based services into community services within York and North Yorkshire.</li> </ul>

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
<b>4. Developing new and existing services to meet people's needs</b>	4.2 In response to the Winterbourne Review, work with commissioners to reduce number of learning disability out of area placements and provide services for people who need step-down care across York and North Yorkshire.	<ul style="list-style-type: none"> <li>Commence discussions with commissioners concerning the transfer of the out of area treatments (OATs) budget to LYPFT. This to include working with the commissioners to understand the number of people currently placed out of area who require repatriation</li> <li>Subject to successful transfer of the OATs budget and work to understand the number of people requiring repatriating, work up estate requirements.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to successful transfer of the OATs budget and work to understand the number of people requiring repatriating, work up estate requirements. Resulting estate plans to be developed accordingly</li> <li>The 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</li> <li>Consider additional resource requirements subject to the increase in bed base</li> <li>Subject to decision, develop a long term plan for safe repatriation of service users.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to successful transfer of the OATs budget and work to understand the number of people requiring repatriating, work up estate requirements. Resulting estate plans to be developed accordingly</li> <li>The 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</li> <li>Subject to decision, develop a long term plan for safe repatriation of service users</li> <li>Prevention of patients from moving out of area is also within scope.</li> </ul>	<ul style="list-style-type: none"> <li>Failure to deliver efficiency savings</li> <li>Failure to gain responsibility for OATs budget.</li> </ul>	Additional staffing requirements, subject to successful transfer of OATs budget

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
<b>4. Developing new and existing services to meet people's needs</b>	4.3 Regional offender personality disorder service – supporting probation trust staff to better deal with personality disorder clients within criminal justice settings.	<ul style="list-style-type: none"> <li>Implement service across the region from 1 April 2013 across four probation trusts.</li> </ul>	<ul style="list-style-type: none"> <li>Review service provision and renegotiate a further one-year contract</li> <li>Subject to success of the project, explore possibility of expanding service further.</li> </ul>	<ul style="list-style-type: none"> <li>Review service provision and renegotiate a further one-year contract</li> <li>Subject to success of the project, explore possibility of expanding service further.</li> </ul>	Fail to deliver satisfactory service.	Within current resources.
<b>4. Developing new and existing services to meet people's needs</b>	4.4 Provision of services in Leeds, York and NY for people with an autistic spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD)	<ul style="list-style-type: none"> <li>Expansion of the Leeds Autism Diagnostic Service to support increasing referral rates from out of area               <ul style="list-style-type: none"> <li>Subject to successful evaluation with the commissioners agree if recurrent funding from 2014/15 can be secured within Leeds</li> </ul> </li> <li>Ongoing discussions with Leeds commissioners concerning additional funding for adults with ADHD</li> <li>Commence discussions with Vale of York CCG concerning the provision of autism and ADHD services.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to successful evaluation with the commissioners, agree if recurrent funding from 2014/15 can be secured within Leeds</li> <li>Ongoing discussions with Leeds commissioners concerning additional funding for adults with ADHD</li> <li>Commence discussions with Vale of York CCG concerning the provision of autism and ADHD services.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing discussions with Leeds commissioners concerning securing additional funding for adults with ADHD</li> <li>Commence discussions with Vale of York CCG concerning the provision of autism and ADHD services.</li> </ul>	<ul style="list-style-type: none"> <li>Failure to gain recurrent funding in Leeds for the provision of the Leeds Autism Diagnostic Service.</li> <li>Failure to provide autism diagnostic service in York results in service users being seen out of area (Sheffield).</li> </ul>	£200k allocated by Leeds CCGs for LADS in 2013/14.

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
<b>5. Making services better, simpler and more efficient</b>	5.1 Redesigning community services and alternatives to hospital admission to support integrated care pathways across York and North Yorkshire	<ul style="list-style-type: none"> <li>Develop detailed proposals for redesign of the existing service, demonstrating both clinical and cost effectiveness whilst meeting the range of needs of the local population</li> <li>Consult on proposals</li> <li>Develop and implement redesigned community and alternatives to hospital admission model</li> <li>Redesign the Counselling and Psychotherapy Service, ensuring a robust Personality Disorder pathway is in place and Psychological Therapies services are provided equitably to support redesigned pathways</li> <li>Work with our commissioners to establish a Section 136 service in York</li> <li>Introduce mobile working technologies within the redesigned community services to further optimise efficiencies</li> <li>Complete a post project evaluation using the project benefits realisation identified.</li> </ul>	<ul style="list-style-type: none"> <li>Introduce the integrated care pathways into the redesigned Y&amp;NY community services</li> <li>Ensure that the redesigned services and integrated care pathways are fully integrated with inpatient provision</li> <li>Further develop and expand community services to enable a further reduction in bed state.</li> </ul>	<ul style="list-style-type: none"> <li>Complete an evaluation of the redesigned community and inpatient services using the project critical to quality indicators identified.</li> <li>Compare the outcomes with those obtained from the Leeds redesigned services</li> <li>Integrate more closely Y&amp;NY services with the Leeds counterparts.</li> </ul>	<ul style="list-style-type: none"> <li>Building and refurbishment not achieved to required timescales</li> <li>Failure to deliver cost improvement plan.</li> </ul>	Within current resources.

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
<b>5. Making services better, simpler and more efficient</b>	5.2 Review mental health services for older people in York and North Yorkshire, aiming to enhance community provision and provide enhanced single sex accommodation in our community units.	<ul style="list-style-type: none"> <li>Map current activity within Community Units for the Elderly in Y&amp;NY, as part of inpatient capacity and demand across the service</li> <li>Develop detailed proposals for redesign of the existing service, demonstrating both clinical and cost effectiveness whilst meeting the range of needs of the local population</li> <li>Consult on proposals, including best use of available estate</li> <li>Review and refresh proposals in light of consultation</li> <li>Begin to implement redesigned services.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to implement redesigned services</li> <li>Complete an evaluation of the redesigned services using the project critical to quality indicators identified.</li> </ul>	<ul style="list-style-type: none"> <li>Review further actions required as a result of evaluation and next phase service developments required</li> </ul>	<ul style="list-style-type: none"> <li>Building and refurbishment not achieved to required timescales</li> <li>Failure to deliver cost improvement plan.</li> </ul>	<ul style="list-style-type: none"> <li>Within current resources</li> <li>Capital funding may be required.</li> </ul>

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
<b>5. Making services better, simpler and more efficient</b>	5.3 Integration of forensic services across Leeds, York and North Yorkshire and new women's low secure unit.	<ul style="list-style-type: none"> <li>Complete strategic planning exercise to understand needs of the local population</li> <li>Understand current out of area activity for forensic services across the patch</li> <li>Explore estate requirements</li> <li>Understand consultation requirements</li> <li>Understand resource requirements based upon new model</li> <li>Develop and implement action plan</li> <li>Implementation of new integrated model</li> <li>Commence build for new women's low secure unit in York</li> <li>Work with the commissioners to manage out of area budget.</li> </ul>	<ul style="list-style-type: none"> <li>Manage change of service</li> <li>Fully embed the integrated forensic service within an effective care pathway to give further scope to generate income from non-patch clients</li> <li>Open women's low secure unit in York</li> <li>Realignment of bed base</li> <li>Initial evaluation 6 months after unit fully operational</li> <li>Initial evaluation of revised forensic women's pathway 6 months after introduction.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to work with the commissioners to manage the out of area budget</li> <li>Complete an evaluation of the redesigned Trust forensic services using the project critical to quality indicators identified.</li> </ul>	<ul style="list-style-type: none"> <li>Risk of delay to new women's low secure unit build</li> <li>Risk of estate capacity resulting in inpatient bed base being misaligned.</li> </ul>	<ul style="list-style-type: none"> <li>Additional resource requirement for the new women's low secure unit.</li> </ul>



Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
<b>5. Making services better, simpler and more efficient</b>	5.4 Redesigning our adult inpatient services across Leeds, York and North Yorkshire	<ul style="list-style-type: none"> <li>Develop a new service model for mental health inpatients which:               <ul style="list-style-type: none"> <li>Reduces the number of inappropriate admissions</li> <li>Reduces the number of delayed discharges</li> <li>Rationalises bed base across the whole patch</li> <li>Improves the service user experience for those admitted to hospital</li> <li>Improves the inpatient pathway and aligns with ICPS</li> <li>Identifies the skill mix needed to deliver the new service model and pathways</li> </ul> </li> <li>Develop a new rehabilitation and recovery pathway for service users within new estate</li> <li>Ensure that stakeholders are engaged and communicated with as proposals are developed</li> <li>Explore estate requirements therefore reducing annual running costs of our inpatient service.</li> </ul>	<ul style="list-style-type: none"> <li>Implement new service model</li> <li>Ensure estate changes in place to enable new service model to be implemented</li> <li>Monitor progress of implementation ensuring issues are raised and addressed in a timely manner</li> <li>Ensure that the redesigned services and integrated care pathways are fully integrated with community provision</li> <li>Achieve agreed cost improvement plans from 1 April 2014.</li> </ul>	<ul style="list-style-type: none"> <li>Complete an evaluation of the redesigned inpatient services using the project critical to quality indicators identified</li> <li>Ensure effective integration across the whole patch ie bed management, single point of access function.</li> </ul>	<ul style="list-style-type: none"> <li>Capacity of staff to conduct the work</li> <li>Service proposals do not meet agreed CIP targets</li> <li>Building and refurbishment not achieved to required timescales.</li> </ul>	<ul style="list-style-type: none"> <li>Designated project support required</li> <li>Staff to be released to enable their involvement with the various pieces of work.</li> </ul>



Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
<b>5. Making services better, simpler and more efficient</b>	5.5 Development and implementation of Integrated Care Pathways (ICPs) and 'new ways of working' across Leeds, York and North Yorkshire	<ul style="list-style-type: none"> <li>Design integrated care pathways and gain clinical governance approval</li> <li>Scope clinical information system requirements associated with designed ICPs</li> <li>Review size of, role and functions of staff working in community mental health teams</li> <li>Seek support from other Trusts who are using ICPs</li> <li>Using ICPs clarify the roles and skills needed to deliver interventions in community mental health teams</li> <li>Review use of outpatient clinics to: <ul style="list-style-type: none"> <li>Reduce variation</li> <li>Reduced DNAs</li> <li>Reduce number of outpatient contacts</li> </ul> </li> <li>Reduce medic only caseloads.</li> </ul>	<ul style="list-style-type: none"> <li>Effectively build and test core and needs based ICPs in our clinical information system</li> <li>Clarify skills and professions needed to deliver ICPs</li> <li>Identify skills professional gap to delivery ICPs</li> <li>Develop and implement workforce development programme</li> <li>Implement ICPs as per agreed programme</li> <li>Ensure effective stakeholder engagement</li> <li>Review medic PAs, roles and non-consultant usage in-conjunction with ICPs.</li> </ul>	<ul style="list-style-type: none"> <li>Complete roll out of ICPs</li> <li>Complete an evaluation of the ICPs using the project critical to quality indicators identified</li> <li>Evaluation to include seeking the views of service users and carers to understand their experiences of our services .</li> </ul>	<ul style="list-style-type: none"> <li>Clinical information system is unable to deliver new ICPs</li> <li>Consistency across localities to proposed new ways of working</li> <li>Cultural shift to needs-led working across common pathways</li> <li>Failure to deliver appropriate training/ clinical leadership.</li> </ul>	<ul style="list-style-type: none"> <li>Specialist skills to build ICPs into clinical information systems</li> <li>Back fill requirements to enable clinicians to be released to complete this project.</li> </ul>

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
6. Improving services through research	6.1 Bid for further CLAHRC funding and develop partnership with AHSN	<ul style="list-style-type: none"> <li>Complete the bid for further CLAHRC funding. The theme of the bid is to ensure better physical healthcare and healthy living for users of mental health services <ul style="list-style-type: none"> <li>Bid to the CLAHRC to be submitted by 13 May 2013</li> <li>Continue to work with AHSN partners over the next five years to address employability and workplace wellbeing.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Continue to work with AHSN partners over the next five years to address employability and workplace wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to work with AHSN partners over the next five years to address employability and workplace wellbeing.</li> </ul>	Risk that our bid is not successful	Within existing resources

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
Strategic objective 2 – we work with partners and local communities to improve health and lives						
1. Building and maintaining successful partnerships	1.1 Strengthen relationships with CCGs, NHS England, health & wellbeing boards and voluntary sector	<ul style="list-style-type: none"><li>Routinely meet with our two CCGs to ensure we have mutually agreed priorities for developing our services</li></ul>	<ul style="list-style-type: none"><li>Routinely meet with our two CCGs to ensure we have mutually agreed priorities for developing our services</li></ul>	<ul style="list-style-type: none"><li>Routinely meet with our two CCGs to ensure we have mutually agreed priorities for developing our services</li></ul>	Failure to engage with our partners, could result in a lack of understanding of their future plans	Within existing resources
		<ul style="list-style-type: none"><li>Hold annual engagement events with the Leeds CCGs and Vale of York CCG to develop our work plan for the coming year and determine progress against the current plan</li></ul>	<ul style="list-style-type: none"><li>Hold annual engagement events with the Leeds CCGs and Vale of York CCG to develop our work plan for the coming year and determine progress against the current plan</li></ul>	<ul style="list-style-type: none"><li>Hold annual engagement events with the Leeds CCGs and Vale of York CCG to develop our work plan for the coming year and determine progress against the current plan</li></ul>		
		<ul style="list-style-type: none"><li>Strengthen links with voluntary sector providers ie through the Arts and Minds Network and future strategic development opportunities such as integrated health and social care teams</li></ul>	<ul style="list-style-type: none"><li>Strengthen links with voluntary sector providers ie through the Arts and Minds Network and future strategic development opportunities.</li></ul>	<ul style="list-style-type: none"><li>Strengthen links with voluntary sector providers ie through the Arts and Minds Network.</li></ul>		
		<ul style="list-style-type: none"><li>Work with ASC, health and housing, landlord associations and benefits agency through our accommodation pathway project for people with mental health problems or have a learning disability.</li></ul>				

Strategic/operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
<b>2. Campaigning against stigma and discrimination</b>	2.1 Work with our partners to campaign against the stigma and discrimination experienced by people with mental health and learning disabilities	<ul style="list-style-type: none"> <li>Time to Change volunteer co-ordinator recruited to 23-month post in Communications and Engagement Team</li> <li>Get me? learning disability anti-stigma campaign expanded</li> <li>Carr Manor school Time to Change project scoped and established</li> <li>Opportunity to work with York Youth Forum mental health awareness campaign explored</li> <li>Annual membership Sharing Stories campaign in place.</li> </ul>	<ul style="list-style-type: none"> <li>City wide Time to Change project plan delivered</li> <li>Get me? project plan delivered</li> <li>Carr Manor school project delivered, valued and extended to other schools in Leeds</li> <li>2013 membership campaign completed and 2014 campaign in place</li> <li>Love arts festival delivered</li> <li>York arts and mental health festival developed.</li> </ul>	<ul style="list-style-type: none"> <li>City wide Time to Change project plan delivered</li> <li>Get me? project plan delivered</li> <li>2013 membership campaign completed and 2014 campaign in place</li> <li>Love arts festival delivered</li> <li>York arts festival delivered</li> <li>Get me? project plan delivered.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in resources</li> <li>Sponsorship not secured</li> </ul>	Fully met with additional sponsorship
<b>3. Involving people in shaping their services</b>	3.1 Increase the use of digital tools to enable people to have their say	<ul style="list-style-type: none"> <li>Live tweet from key events and invite feedback</li> <li>Extend use of social media across services and functions throughout the Trust</li> <li>Develop free-standing websites for some services as appropriate</li> <li>Deliver monthly social media surgeries</li> <li>Pilot social media training for staff.</li> </ul>	<ul style="list-style-type: none"> <li>Extend use of social media across services and functions throughout the Trust</li> <li>Develop hub and spoke internet include specific sites for agreed services</li> <li>Deliver social media training for staff and bespoke interventions for teams.</li> </ul>	<ul style="list-style-type: none"> <li>Deliver social media training and bespoke interventions for teams</li> </ul>	Reduced funding and capacity in the communications team.	Resources to be made available through delivery of training and development on a commercial basis.

## 5. Workforce & Development Strategy

The Board of Directors ratified our three year Workforce Development Strategy in May 2013. This supporting strategy applies to all Trust services, all locations and all staff groups including volunteers.

The strategy describes how the Trust will improve performance through its workforce development over the next three years and sets out the broad workforce and organisational development strategy. This also provides a framework to both support and maintain the reconfiguration and transformation of services and enable effective cultural integration. A particular focus is on ensuring that, in response to the Francis Report and Winterbourne Review, we have an open culture where staff feel able to raise any concerns they may have about the quality of our services and the experiences of service users.

The Trust currently employs 3,307 staff. Approximately 80% (£128m) of the Trusts' operating expenses is spent on workforce costs. The Workforce Development Strategy covers a number of key workforce aims that will enable us to deliver the strategy. These are:

- Strategic change and transformation
- Employee engagement and communication
- Improving health, wellbeing and attendance
- Workforce planning, information and supporting technology
- Workforce policy and reward
- Learning and development

### Key workforce pressures

**Strategic change and transformation:** we are currently working within a whole scale process of change and transformation which will lead to improved quality of services together with increased efficiency and effectiveness. The scale of these changes is unprecedented and this has been difficult and challenging for staff. In order to maintain our position as a high performing organisation in a competitive environment we have to strike a balance between reducing workforce costs whilst sustaining and improving the quality of the services we deliver. In response to the Francis Report and the Winterbourne Review, it is particularly important that we maintain safe staffing levels that allow staff to deliver compassionate high quality care.

To support these changes, over the next year we will implement a Trust Career Framework, both for clinical and non-clinical staff, which sets out job roles and competences within Agenda for Change pay bands, applying national guidance on pay progression and spot salaries where appropriate. Benchmarking against our peers suggests that comparatively we have more staff in pay bands 8 and above. We will take steps to address grade drift over the duration of the strategy using the Trust Career Framework. Workforce reduction will be managed wherever possible via natural wastage and turnover. The Trust is committed to redeploying staff affected by organisational change and, only in extreme circumstances, resorting to compulsory redundancy.

**Improving health, wellbeing and attendance:** providing a healthy work environment is conducive to creating high performing teams and individuals that will support the delivery of the Trust vision. Our commitment to establishing an environment where staff feel good and function well both physically and mentally is set out in our Health and Wellbeing Action Plan. The level of health and wellbeing of the workforce is a key indicator of organisational

performance and service user outcomes. The National Health and Wellbeing priorities are as follows and these are reflected in the Trust's Health and Wellbeing Action Plan:

- Managing obesity
- Smoking cessation
- Supporting physical activity
- Improving mental health (including stress related conditions)

The Trust has revised its Employee Wellbeing and Managing Attendance Procedure which aims to support staff who are unable to attend work through ill health and it also encourages personal responsibility from staff in relation to their health and wellbeing. The procedure outlines how the Trust will manage short and long term absence and work towards reducing the sickness absence rate by 0.5% per year. To support our strategy the following actions will take place:

- Direct access to a fast-track physiotherapist to support staff with musculoskeletal disorders to enable them to maintain attendance at work.
- We will continue to work within the aims of the Mindful Employer Charter and the 'Two Ticks' disability kite mark. The Mindful Employer Charter demonstrates the Trust's commitment to the employment of and support for staff with mental health conditions.
- The Trust will introduce a Recovery Aimed Personalised Interventions Drive (RAPID) occupational health intervention service with effect from March 2013. The initiative enables early and rapid access to occupational health in order to support staff to stay at work.
- We will undertake a health needs assessment of our workforce to ensure the Health and Wellbeing Action Plan meets staff requirements by June 2013.
- We will introduce a 24 hour Employee Assistance Programme to support staff in coping with personal change, bereavement and debt counselling by September 2013.
- We will undertake HSE stress assessments in areas on high levels of stress and work with managers to take appropriate action to address the findings. We will encourage staff to assess their own personal resilience and develop personal supporting strategies to cope with change.
- We will look at outsourcing the management of sickness absence reporting to a dedicated absence management service.

**NHS Constitution and staff pledges:** we measure our implementation of the staff pledges through the staff survey results and through our targets in the workforce strategic objectives which form part of the overall Trust strategy. Following the publication of the revised NHS Constitution in April, we have set out our plans to fully engage with staff and our Staffside partners to communicate and publicise the changes and implement the new employee responsibilities which will be included in employment procedures and contracts of employment.

**Other workforce efficiency plans:** to support the Cost Improvement Plans (CIP) for the next three years, we will consult with Staffside in relation to introducing local agreements and pay flexibility, linked to reducing workforce costs by June 2013. This will be implemented in association with the 'bright ideas' initiative to be led and managed by Staffside.

The need to reduce workforce costs applies to all elements of the Trust workforce including medical staff, and the Trust will review existing workforce costs of medical staff and compare these to peer employers. Any changes to the medical workforce will also support the development of clinical leadership within the Trust.

To support workforce cost reduction, the Trust will use the option of 'spot salaries' for posts at pay bands 8a and above for either external or internal appointments. This will mean that those posts would not attract incremental progression.

**Reduction in agency spend:** we will develop and increase our in-house bank arrangements (nursing, administration and clerical and medical staff) to ensure it provides a cost effective response to workforce flexibility to enable zero reliance on agency staff by June 2013. In addition, we will undertake a cost/benefit analysis of whether it is cost-effective to maintain an in-house bank by December 2013.

**Flexible workforce:** we will continue to manage vacancies through the Vacancy Management Group which monitors the filling of posts to enable sufficient headroom to manage change and redeploy displaced staff and monitor workforce spend.

**Appraisals and succession planning:** we will identify and nurture talented staff at all levels within the Trust to 'home grow' our talent via the new appraisal system. This means helping staff realise their potential to be competent and confident in fulfilling their roles.

The appraisal scheme will be revised to take account of national changes to Agenda for Change terms and conditions which directly link to incremental progression with performance. All staff should expect to have clear goals in relation to what is expected of them and receive feedback about their performance. We will work towards the target of 85% compliance for appraisals by March 2014.

The Trust's medical staff appraisal process has been developed and will be reviewed and monitored by the medical director to ensure it continues to meet the requirements of medical revalidation.

**Workforce demographics:** our workforce profile suggests that 29% of our staff are aged over 50 and there are only 0.1% employees under the age of 20. It is important that the Trust develops an age diverse workforce. To support this aim, an Apprenticeship Scheme has been introduced in the Learning Disability/Specialised Supporting Living Service. These schemes by their nature will attract a younger workforce, but they are open to all ages. This will enable the Trust to grow and develop its own talent. If successful, the scheme will be rolled out to other areas of the Trust during 2013 and beyond. In addition we will ensure that our policies respond to the needs of an ageing workforce, particularly in relation to the caring responsibilities of the older workforce.

**Organisational development (OD) and employee engagement:** our recent staff survey results and staff barometer polls suggest that we do not have a positive organisational culture that reflects our values. We acknowledge that we have a lot of work to do in this area but we recognise the strong link between a healthy and positive organisational culture and the quality of the services we provide. To support the transition to a healthy culture, the Trust is working with Health Education England and NMK Partners to undertake an OD diagnostic which will form a baseline for how we will involve and engage all our staff in contributing to the development of our services. The 'Moving Forward Together' initiative will commence with a diagnostic survey of all our staff. The outcome of this diagnostic will be fed back to all our staff and this will form the basis of our Engagement and Development Plan for the next three years. This will include key performance milestones.

**Learning and development:** we will ensure that our learning and development interventions support the overall strategy of the Trust; this will be supported by an annual Training Needs Analysis (TNA) which will also be linked to the appraisal process. This will provide a full workforce picture, informing workforce planning and dialogue with the new

Local Education and Training Boards (LETB). We will provide access to accredited vocational learning programmes, particularly for staff working in bands one to four, ensuring that all staff have access to development opportunities. We will develop team and individual coaching to support transformation and cultural integration. As a teaching trust we will continue to work with medical schools, universities and colleges to provide education programmes for aspiring doctors, nurses and other health professionals. We remain deeply committed to medical training and developing clinical knowledge and skills. The Trust will continue with its aspiration to become a learning organisation. This supports the development of a healthy culture within the Trust.

## **The impact of the Workforce Development Strategy on costs (short term and long term) – key performance targets**

**Agency spend:** in 2012/13 the Trust spent £1,350,787 on nursing, health support worker and administrative agency costs. The recruitment of 200 bank staff will reduce the need for these agency staff and reduce the agency spend by £206k by quarter four of 2014.

**Implementation of the Trust Career Framework/workforce reprofiling:** the Trust will work towards a 10% reduction in workforce costs by quarter four of 2016.

**Medical workforce:** overall our consultant workforce remains stable with turnover at 8.9%. Over the next year three consultants in old age psychiatry are eligible to retire, with two opting to retire; and there is a similar pattern emerging across all the specialties across the next three years. We will review the profile of our medical workforce to ensure that it meets current and future service requirements. This will involve reviewing numbers and grades of medical staff as well as numbers and value of additional programmed activities for consultant medical staff.

The national core training scheme recruitment has achieved its objective to even the fill of scheme places across the country, resulting in the Leeds and Wakefield core training scheme not being fully recruited for the first time. Full recruitment to psychiatry core training schemes is important to maintain output of high caliber candidates for the specialist training scheme and specialty doctors for those not obtaining/eligible for specialist training. Plans to address the recruitment issues include:

- Work experience placements with psychiatrists
- Psychiatry summer school for undergraduate medical students
- Increased allocation for foundation trainees
- Better Training Better Care project

**Absence rates:** the current sickness absence is 5.2%. The Trust will work towards reducing absence by 0.5% per year. Of the 5.2% that are off ill, 28% of staff are absent with a stress-related illness. Our plan is to reduce this to 25% by quarter four of 2014, 20% by quarter four of 2015 and 15% by quarter four of 2016. Musculoskeletal sickness absence is 13.8% at present and the target is to reduce this absence by 50% over the next two years.

**Turnover:** in the NHS a healthy turnover is between 10 and 15%. At present the Trust's turnover rate is 13.1%, we will look to maintain a turnover rate of between 10 and 15%.

**Compulsory training:** our compulsory training target is to achieve a minimum overall Trust compliance of 80% by March 2013, 85% by March 2014, 90% by March 2015 and 90% by March 2016.



**Appraisals:** we will work towards 85% compliance for appraisals by March 2014, 90% compliance by March 2015 and 95% by March 2016.

## **Findings of benchmarking or other assessments**

We have used e-Win (NHS Yorkshire & Humber – Workforce Information Portal) and I-View (NHS Information Centre – Workforce information system) to benchmark the Trust against other local Trusts of a similar size within the area. We have also looked at local mental health and care trusts. We will use this information to look at the structure of our workforce, number of staff within bands and staff groups. We will use this information to develop our local 'career framework'. We have also looked at the medical workforce and how this compares against other Trusts.

**Reference costs:** nationally the average earnings for mental health trusts is £33,000 and basic pay is £29,200. At present the Trust's average salary is £33,200, we aim to reduce our average earnings for the Trust to £31k by 2016.

## **Board leadership**

The membership of the Board of Directors has changed in the past 12 months with the appointment of two new non-executive directors with lead responsibility for audit and assurance and workforce development. A further non-executive director will be appointed in the spring/summer of 2013. In addition three new executive directors have recently been appointed, namely the chief financial officer, medical director and chief nurse/director of quality assurance. The chair has been appointed for a further three year term of office from 1 April 2013. A Myers Briggs diagnostic will be undertaken once the third non-executive director appointment is made to analyse and assess leadership strengths and areas for further development which will form the basis of an ongoing Board Development Programme.

## **Board capability and processes**

When a vacancy arises on the Board of Directors (either non-executive director or executive director) it is the role of the Nominations Committee to assess what skills and experience is required.

For executive directors this process will normally be led through clear input from the chief executive as to what is required in respect of the executive team portfolios, and individuals will be recruited in accordance with the criteria agreed by the Nominations Committee, with appointments being made by a panel of non-executive directors (including the chair of the Trust) and the chief executive.

For non-executive directors the Nominations Committee is also responsible for identifying the skills and experience required taking account of the needs of the organisation going forward, and having taken soundings from other Board members in particular the non-executive directors. Appointments are made by a panel made up of a majority of governors and is ratified at the Council of Governors.

With regard to capability, executive directors are performance managed by the chief executive through a process of objective setting, one-to-one meetings and appraisals. Objective setting, appraisals and one-to-one meetings for the chief executive are carried out by the chair of the Trust and for the other executive directors by the chief executive. A report on how executive directors have met their objectives is provided to the Remuneration Committee so the non-executive directors can be assured of performance.

The non-executive directors are appraised by the chair of the Trust (with the chair being appraised by the senior independent director) a report of how the non-executive directors have performed is provided to the Appointments and Remuneration Committee in detail with a summary being presented to the Council of Governors.

Should any weaknesses or development needs be highlighted at any point in any Board members series of one-to-one meetings or appraisals, this will be addressed and agreed actions built into their personal development plan.

## **Board effectiveness**

The Board of Directors is committed to continuous improvement and has undertaken a formal evaluation of its performance and effectiveness. In the autumn of 2012 the Board of Directors undertook a 360 evaluation of its effectiveness, working with the Real World Group. Feedback was requested from Board members themselves, governors and staff and in December 2012 representatives from Real World Group fed back the findings to the Board. A session was also undertaken with the Senior Leaders Forum which was given the opportunity to provide views on the outcome. Since the review there have been a number of changes to the membership of the Board of Directors at both executive and non-executive director level, which will inevitably change the way in which the Board interacts both internally and externally. The 360 review will provide a baseline for further Board development.

The workforce and development priorities we have set ourselves to meet our strategic objectives in our strategy are shown on the following pages.

## Workforce and development strategic priorities

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
Strategic objective 3 – we value and develop our workforce and those supporting us						
1. Promoting a healthy culture and the NHS values	1.1 Implement the Workforce Development Strategy, with particular focus on promoting a healthy culture that meets the recommendations of the Francis Report	<ul style="list-style-type: none"><li>Review and develop our recruitment processes</li><li>Implement a revised Appraisal and Performance Review Scheme</li><li>Development of a values based assessment tool</li><li>Delivery of staff engagement forums and opportunities for staff feedback</li><li>Introduction of the ‘Bright Ideas’ initiative led by our Staffside</li><li>Fully articulated Organisational Effectiveness Plan to support cultural integration at individual, team and organisational level</li><li>Collaborative working with NMK Partners to develop an organisational development plan. This includes the analysis of the data</li><li>Promoting staff awareness of how to raise concerns.</li></ul>	<ul style="list-style-type: none"><li>All applicants assessed against a values based assessment tool</li><li>New pay progression changes applied to bands 8c and above</li><li>Supporting staff through major change using the interventions and support in the plan.</li></ul>	<ul style="list-style-type: none"><li>Supporting staff through major change using the interventions and support in the plan.</li></ul>	<ul style="list-style-type: none"><li>Deterioration in relationship with Staffside</li><li>Reduction in staff morale and motivation.</li></ul>	Funding for NMK partners secured

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
2. Developing our staff	2.1 Supporting new ways of working following transformed and service re-design through training, skills development, clear roles and responsibilities and performance objectives	<ul style="list-style-type: none"> <li>Training Needs Analysis to support implementation of integrated care pathways and service redesign</li> <li>Development of core job descriptions</li> <li>Implement organisational change programme</li> <li>Development of Leading to Quality support team</li> <li>Regular and quality supervision</li> <li>Implement new Appraisal and Development Procedure using SMART objectives to assess competence and ability using a values based approach</li> <li>Introductions of values based recruitment</li> <li>Development of the vocational training for bands 1-4</li> <li>Evaluation and rollout of the Apprenticeship Scheme</li> <li>Review of staffing skill mix and impact of new roles ie Associate Practitioner roles</li> <li>Development of competence portfolio for bank and temporary staff.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to develop core job descriptions as services change</li> <li>Continue to implement organisational change programme</li> <li>Development of Leading to Quality support team</li> <li>Regular and quality supervisions</li> <li>Implement new Appraisal and Development Procedure using SMART objectives to assess competence and ability using a values based approach</li> <li>Introductions of values based recruitment.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to develop core job descriptions</li> <li>Continue to Implement organisational change programme</li> <li>Development of Leading to Quality support team</li> <li>Regular and quality supervisions</li> <li>Implement new Appraisal and Development Procedure using SMART objectives to assess competence and ability using a values based approach</li> <li>Introductions of values based recruitment.</li> </ul>	<ul style="list-style-type: none"> <li>Potential deterioration in relationship with Staffside and Trade Unions</li> <li>Potential Trade Union action/strikes</li> <li>Reduction in staff morale and motivation</li> </ul>	Within existing resources; but may need external input in relation to potential outsourcing

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
3. Ensuring a healthy work environment	3.1 Expansion of Occupational Health Service and improving of health and wellbeing of our staff	<ul style="list-style-type: none"> <li>Provision of Employee Assistant Programme to support staff including counselling services</li> <li>New physiotherapy service commences from 21 January 2013</li> <li>Accreditation to SEQOHS (safe, effective, quality OHS) via Faculty of Occupational Medicine</li> <li>Utilisation of Expert Patient Programme for employees with long term health conditions</li> <li>Implement findings from the staff health needs assessment to inform health and wellbeing actions/initiatives</li> <li>Health and wellbeing staff event</li> <li>Reduction in work related stress and any associated absences</li> <li>Implementation of e-rostering across all services</li> <li>Increase in bank staff to reduce agency</li> <li>Reduce Trust sickness levels.</li> </ul>	<ul style="list-style-type: none"> <li>Evaluation of Occupational Health Physiotherapy Services</li> <li>Further implementation of health and wellbeing initiatives</li> <li>Further reduction in work related stress and associated absences</li> <li>Realisation of the benefits of e-rostering</li> <li>Less reliance on agency staff</li> <li>Continued reduction in Trust sickness levels.</li> </ul>	<ul style="list-style-type: none"> <li>Further implementation of Health and Wellbeing Board initiatives</li> <li>Further reduction in work related stress and associated absences</li> <li>Further realisation of the benefits of e-rostering</li> <li>Less reliance on agency staff</li> <li>Continued reduction in Trust sickness levels.</li> </ul>	<ul style="list-style-type: none"> <li>More focus on staff attendance than health and wellbeing</li> <li>Managers not been fully engaged in managing attendance.</li> </ul>	Within existing resources

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
Strategic objective 5 – we govern our Trust effectively and meet our regulatory requirements						
1. Responding to national governance and compliance arrangements	1.1 Ensuring compliance with the standards set out in the Equality Act	<ul style="list-style-type: none"><li>▪ Organisational equality objectives reviewed and updated objectives published on our website</li><li>▪ Midyear progress report to the Board of Directors</li><li>▪ Internally assess equality performance using the Equality Delivery System framework. Undertake consultation with key stakeholders and local equality interest groups to externally assess performance and to identify equality priorities for 2014/15</li><li>▪ Information to demonstrate compliance with the general equality duty published on our website.</li></ul>	<ul style="list-style-type: none"><li>▪ Organisational equality objectives reviewed and updated objectives published on our website</li><li>▪ Midyear progress report to Board of Directors</li><li>▪ Internally assess equality performance using the Equality Delivery System framework. Undertake consultation with key stakeholders and local equality interest groups to externally assess performance and to identify equality priorities for 2014/15</li><li>▪ Information to demonstrate compliance with the general equality duty published on our website.</li></ul>	<ul style="list-style-type: none"><li>▪ Organisational equality objectives reviewed and updated objectives published on our website</li><li>▪ Midyear progress report to Board of Directors.</li><li>▪ Internally assess equality performance using the Equality Delivery System framework. Undertake consultation with key stakeholders and local equality interest groups to externally assess performance and to identify equality priorities for 2014/15</li><li>▪ Information to demonstrate compliance with the general equality duty published on our website.</li></ul>	No risks identified	Within existing resources

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
<b>2. Developing our Board of Directors and Council of Governors</b>	2.1 Developing the effectiveness of our Board of Directors and Council of Governors	<ul style="list-style-type: none"> <li>Refresh the governors' induction programme</li> <li>Refresh the programme for electing governors to vacant posts</li> <li>Implement actions arising out of the 360 degree assessment undertaken by the Board</li> <li>Undertake Myers Briggs assessment of new Board members to inform any future development needs</li> <li>Develop a bespoke compulsory training package for non-executive directors</li> <li>Regular Board workshops on significant and priority areas</li> <li>Develop regular ward to Board opportunities</li> <li>Establish regular dialogue with Senior Leaders through the Senior Leaders' Forum.</li> </ul>	<ul style="list-style-type: none"> <li>Identification and design of comprehensive training programme for governors taking account of FTN training provision</li> <li>Established ward to Board events.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing delivery of the identified training needs for governors.</li> </ul>	No risks identified	Within existing resources

**Note: Some schemes for the strategic objective 5 priorities are also listed under productivity and efficiency.**

## **6. Governor development and membership strategy**

### **Developing a representative membership**

Leeds and York Partnership NHS Foundation Trust has a communication and engagement strategy that underpins all the work which is currently conducted around membership engagement, recruitment and consultation in Leeds. This approach has been positively received by our members, and informs the way in which we plan to develop our membership.

As part of our expanding work across the York and North Yorkshire (Y&NY) area, and continuing to develop both the membership and the Council of Governors, we will continue to build on our positive programme of involving and engaging our members and offering individual support and a comprehensive training package for our governors. We have recently revisited our Trust Constitution and the role of our governors to create a clear picture of what they do, and help create a tighter Council of Governors, with governors who are confident to work together at the heart of the organisation. We believe that this will help strengthen our recruitment of governors and also support our current governors in their new roles as set out in the Health and Social Care Act. We believe that this will help us to support our governors, who in turn will promote membership and involvement to the general public, service users, carers, staff and stakeholders.

We see our members as having an important role in helping to combat the stigma experienced by people with learning disabilities and mental health problems; and we will continue to attract a committed and involved membership who will act as ambassadors for the Trust.

### **Membership recruitment and engagement**

We originally estimated that there are around 239,000 people over the age of 16 in York, Selby, Tadcaster and Easingwold. When we compared the local adult population in Leeds, 572,000, with our membership we agreed to maintain a membership that represented 2.2% of the local population signed up as Trust members. This set our Y&NY target at around 5,500 members.

At the beginning of 2013 we reflected on the aspirational element of our earlier trajectory. Recruiting new members in Y&NY has had a number of significant challenges. Within the Y&NY area we have been regarded as a new provider with an unknown track record; and an organisation based in Leeds, which is establishing a presence in Y&NY. Also, we do not yet have an anti-stigma programme to support membership recruitment in York in the way that we have partnered with Time to Change in Leeds. Consequently, members are harder to recruit in Y&NY.

At the end of March 2013 our membership for the Y&NY area stands at 1,901; this is slightly below our target of 2,000. It is appropriate to review the trajectory at this point, given our better understanding of the patch, and present a more realistic membership target.

Rather than the current long term plan, we have set an annual target for Y&NY of 800 new members each year for the next four years. This target will be performance managed on a monthly basis by the membership team. If the new target is met, it is predicted that by 2017 we will have just over 5,000 members in Y&NY.



## **Our membership plans for the future**

We will continue to recruit members through our well established channels; however there are a number of new strands that we need to develop. These new opportunities include:

- The inclusion of a membership form in all outpatient appointment letters
- The inclusion of a membership form in recruitment packs issued by the Trust
- Ad hoc campaigns to encourage staff to sign up family and friends as members
- Circulation of membership forms to Y&NY libraries, linked into the Sharing Stories campaign
- Continued development of links with York universities and colleges
- Development of a Love Arts festival in Y&NY
- Development of anti-stigma campaigns in Y&NY.

In addition, the membership team is reviewing the programme of public events at which we book stalls and maintain a presence. We are also keen to ensure that weekend working and evening working is kept to a minimum for salaried staff.

We will continue to maintain our membership recruitment activities in Leeds, particularly through our campaigns, the Love Arts festival and seasonal activities.

## **Governor development**

Our priorities and plans for governor development are listed under section 5 of this plan (Workforce & Development Strategy).

## **Election turnout rates**

Elections are carried out in accordance with the election rules as set out in our Constitution. Members nominate themselves and are elected on a first past the post system of voting. In 2012/13 we concluded two rounds of elections. The first round concluded in April 2012 and the second in October 2012.

## **Elections concluded April 2012**

Following the successful transfer of services from York and North Yorkshire we changed the composition of the Council of Governors to ensure that it was reflective of where we provide our services. In March 2012 elections to the new seats and vacancies in existing seats commenced. This election will be fully concluded on 12 April 2012 and we were successful in filling seats as follows:

<b>Elected unopposed:</b>		
<b>Name</b>	<b>Constituency elected to:</b>	<b>Constituency now called *:</b>
Amit Bhagwat	Public: Leeds Central	Public: Leeds
Barry Tebb	Public: Rest of England and Wales	Public: Rest of England and Wales
Julia Raven	Carer: York and Selby	Carer: York and North Yorkshire
Roy Goddard	Service user: York and Selby	Service user: York and North Yorkshire
Fiona Walker	Service user: York and Selby	Service user: York and North Yorkshire
Mark Willis	Clinical staff: North Yorkshire and York	Clinical staff: Leeds and York & North Yorkshire
*Some of the names of our constituencies changed on 28 March 2013 as per our new Constitution		

<b>Elected by ballot:</b>			
<b>Name</b>	<b>Constituency elected to:</b>	<b>Constituency now called *:</b>	<b>Percentage turnout</b>
Colin Rhodes	Public: Selby and Ainsty	Public: York and North Yorkshire	14.7%
Graham Purdy	Public: York Outer	Public: York and North Yorkshire	28.1%
Ann Shuter	Service user: Leeds (Learning Disability)	Service user: Leeds	26.3%
Paul Cockcroft	Non-clinical staff: Leeds and North Yorkshire and York	Non-clinical staff: Leeds and North Yorkshire and York	23.9%
Pamela Morris	Non-clinical staff: Leeds and North Yorkshire and York	Non-clinical staff: Leeds and North Yorkshire and York	As above
*Some of the names of our constituencies changed on 28 March 2013 as per our new Constitution			

## **Elections concluded October 2012**

With a number of governors coming to the end of their term of office and long standing vacancies it was felt necessary to hold a second round of elections. This round concluded in October 2012. Whilst we were successful in filling two seats, it was disappointing to have the other nine seats in the election remaining unfilled.

Following the outcome of the October round of elections there was an intention to run a third round of elections commencing in early spring 2013; however, the Council of Governors agreed that due to the impending change in the composition of the Council that this round of elections would be postponed until the final effect of the change in constituencies was known.

There were no governors elected unopposed. The table below shows those elected by ballot.

<b>Elected by ballot:</b>			
<b>Name</b>	<b>Constituency elected to:</b>	<b>Constituency now called *:</b>	<b>Percentage turnout</b>
Jenny Roper	Public: Leeds North West	Public: Leeds	5.5%
Tricia Thorpe	Service user: Leeds	Service user: Leeds	15.0%
*Some of the names of our constituencies changed on 28 March 2013 as per our new Constitution			

## Membership size and movements

Public constituency	2012/13	2013/14 (estimated)	2014/15 (estimated)	2015/16 (estimated)
At year start (April 1)	10,953	12,020	12,670	13,320
New members	1,358	850	850	850
Members leaving	291	200	200	200
At year end (March 31)	12,020	12,670	13,320	13,970
Staff constituency	2012/13	2013/14 (estimated)	2014/15 (estimated)	2015/16 (estimated)
At year start (April 1)	4,111	4,039	4,089	4,139
New members	329	180	180	180
Members leaving	401	130	130	130
At year end (March 31)	4,039	4,089	4,139	4,189
Patient constituency	2012/13	2013/14 (estimated)	2014/15 (estimated)	2015/16 (estimated)
At year start (April 1)	1,053	1,194	1,359	1,524
New members	183	200	200	200
Members leaving	42	35	35	35
At year end (March 31)	1,194	1,359	1,524	1,689
Analysis of current membership				
Public constituency	Number of members		Eligible membership	
<b>Age (years):</b>				
0-16	5		n/a	
17-21	580		122,885	
22+	7,924		1,240,198	
<b>Ethnicity:</b>				
White	10,175		1,426,332	
Mixed	208		13,488	
Asian or Asian British	468		35,504	
Black or Black British	303		11,438	
Other	138		8,699	
<b>Socio-economic groupings*:</b>				
ABC1	6,360		516,305	
C2	2,135		178,578	
D	2,590		188,499	
E	935		53,966	
<b>Gender analysis</b>				
Male	4,721		822,347	
Female	7,285		840,994	
Patient constituency	Number of members		Eligible membership	
Age (years):				
0-16	0		2,542	
17-21	22		2,637	
22+	944		41,720	
Staff constituency	Number of members		Eligible membership	
	4,039		4,040	

\* Socio-economic data should be completed using profiling techniques (e.g.: postcode) or other recognised methods. To the extent socio-economic data is not already collected from members, it is not anticipated that NHS foundation trusts will make a direct approach to members to collect this information.

## 7. Productivity and efficiency

The Trust faces the same scale of efficiency challenge as other NHS organisations at circa 4% per annum. This is required to maintain the stable financial position that the Trust is operating within. If the Trust continues its good track record of delivering productivity and efficiency gains we will retain a financial risk rating of 4 over the Strategic Plan period (using current metrics). It is recognised that this is becoming increasingly difficult to sustain and whilst the Trust has formulated robust plans to continue to achieve at this level, there is some tolerance in the financial planning assumptions to recognise risk of slippage/underachievement.

The ongoing current approach to productivity and efficiency began in September 2010 when the Trust embarked upon an extensive programme of work to transform our Leeds-based clinical services, to achieve maximum value-adding activity for service users and therefore help to eliminate inefficiency and unnecessary variation. The programme is systematically reviewing the way we deliver services and combines 'Lean6Sigma' methodology with the introduction of Integrated Care Pathways (ICPs) developed with our clinical teams. Faced with delivering significant efficiency savings, this programme has been seen as a way of reducing costs whilst protecting and enhancing the quality of services delivered by our organisation.

Extending our crisis and home based treatment service for service users over the age of 65 in Leeds has already seen a decrease in length of stay, with service users being able to be discharged sooner with increased support from the team. In addition, capacity within our Leeds-based care home team is to be increased from 2013/14 due to additional funding from our commissioners. This will alleviate pressure on our community mental health teams and inpatient units, as early discharge back to care homes will be able to be facilitated, therefore reducing length of stay in an inpatient setting.

The 'Lean6Sigma' methodology has also been applied to York and North Yorkshire services; and redesigned care models will deliver the projected efficiency savings required across these services. During 2012/13 we have already been able to reduce beds through investment in community services and have closed one community unit for the elderly. We are planning further improvements in 2013/14.

We are also looking at opportunities to work with our partners across the pathway to improve the productivity and efficiency of our services. Current examples include our mental health integrated health and social care services; specialist employment services in Leeds integrated into community mental health teams; our Leeds personality disorder services delivered in partnership with other providers; and sub-contracting early intervention services in York to our voluntary sector partner Community Links. We will also continue to work with our partner Trust's across the patch concerning the interoperability of our information technology, to enable greater opportunities around the exchange of information.

The transformation and redesign of services requires an expansion of enabling technology to support this. It also has a significant impact on the utilisation of the estate. The underpinning strategies for both information technology and estates have recently been refreshed and include some key drivers for the overall productivity and efficiency plans. As noted in the workforce and development section of the plan, there are a range of productivity and efficiency measures expected to be generated from the key resources of staffing going forward.

## **CIP governance**

Historic performance against our cost improvement plans has been good. In 2012/13 the Trust delivered early on its key transformational plans, with minor slippage in some corporate areas and assumed disposal proceeds (non-recurrent savings). Our ability to achieve our plans over the next three years will become increasingly difficult. Over the last few years we have always achieved a combination of both cost reductions and, through working with commissioners, also generated marginal income. The main drivers have been service redesign and we will look to different ways of generating income.

On 1 April 2013 we introduced a Programme Management Office (PMO) function. This function is responsible for supporting, monitoring and reporting on all projects across the organisation that are accepted into the Trust PMO. In addition, the PMO is responsible for the production, delivery and performance of the Trust's Strategic Plan, ensuring that all activities in the plan are aligned to the organisations strategic objectives and priorities.

Any strategic priorities that expect to achieve a CIP or require achievement of a CIP must in the first instance have undergone a quality impact assessment. The main driver for undertaking the assessment is to ensure that quality is still maintained, as set out within the QIPP agenda (Quality, Innovation, Productivity and Prevention).

## **CIP profile**

A summary of the planned targets for CIPs for the three year strategic plan period are summarised in the table below, which shows the main themes into which all the savings plans are categorised. 79% of these plans are already fully identified and deliverable. Some scoping and detail in respect of the remaining targets for years two and three is still underway. This is largely focussed on the range of workforce productivity and terms and conditions work included in the workforce strategy measures. These are not yet factored into the plan but are anticipated to yield the balance of the CIP requirement. There is little risk attached to the delivery of year one schemes and the plan includes sufficient contingency reserves to mitigate the risk.

Overall across the three year planning period the plans equate to circa 4% to ensure the Trust remains at its intended FRR of four. However, due to the differential revenue phasing of the contract for York and North Yorkshire services the requirements in years one and two are higher than in year three.

<b>CIP Schemes:</b>	<b>2013/14 Total £000s</b>	<b>2014/15 Total £000s</b>	<b>2015/16 Total £000s</b>	<b>3 year Total £000s</b>
1. Service Transformation Community and Alternatives to Hospital Admission Services (Leeds)	(1,678)	(34)	0	(1,712)
2. Service Transformation Inpatient Services (Leeds)	(501)	(1,289)	(749)	(2,539)
3. Service Transformation Community, Alternatives to Hospital Admission and Inpatient Services (York & North Yorkshire)	(1,266)	(649)	0	(1,915)
4. Providing services from fit-for-purpose, cost effective buildings (Leeds, York & North Yorkshire)	(411)	(435)	(1,485)	(2,331)
5. Delivering cost effective corporate services and reducing management costs	(1,273)	(1,015)	(753)	(3,041)
<b>Total Top 5 CIPs</b>	<b>(5,129)</b>	<b>(3,422)</b>	<b>(2,987)</b>	<b>(11,538)</b>
Other CIPs	(1,016)	(2,837)	(1,941)	(5,794)
Revenue Generation	(1,037)	(1,445)	(279)	(2,761)
<b>Total</b>	<b>(7,181)</b>	<b>(7,704)</b>	<b>(5,207)</b>	<b>(20,092)</b>

Further details on our top five cost improvement plans (CIPs) for the next three years can be found at **appendix 2** in the private part of this plan.

Our CIP schemes are identified as part of annual business planning process and each directorate produces a business plan which sets out their priorities and objectives in line with the Trust strategy. All schemes are based on changes to current processes rather than 'top slicing' current budgets. Within these business plans CIP schemes and the associated impact on quality and workforce is clearly identified. The process of identifying clinical CIPs is led and owned jointly by the associate director and associate medical director.

A CIP proforma is completed for each scheme which outlines financial and workforce details including reference to key performance indicators and a quality impact assessment. Each proforma is signed off by the chief operating officer, chief nurse, medical director and chief finance officer. Where possible the expectation is that CIPs have a neutral or positive impact on quality as well as reducing cost.

A discrete framework for identifying the appropriate CIPs is achieved through the use of 'Lean6Sigma' service improvement methodologies. This approach provides a statistically robust underpinning for assurance analysis and ensures the triangulation of workforce planning data along with a wide range of organisational performance measures, in order to fully understand the correlation and relationship between metrics. This approach provides assurance to the organisation that workforce risks are fully considered. Those involved in service redesign are trained in the use of 'Lean6Sigma' methodologies and process mapping. This analytical approach highlights opportunities to reduce variation in current

practice and eliminate waste whilst not impacting adversely on quality. Our approach to service redesign is based on integrated care pathways that incorporate NICE guidelines. This provides further assurance that we have a workforce of the right size, having the right people, with the right skills, in the right place at the right time.

Utilising 'Lean6Sigma' methodology to redesign our corporate functions is to be undertaken during 2013/14. This approach will be central to exploring new initiatives which in turn will reduce staff time. These new initiatives include: outsourcing the management of sickness absence reporting to a dedicated absence management service; deployment of digital dictation; deployment of video conferencing and centralised print and fax management system; and exploring whether any savings can be made around the procurement of goods, services and pharmacy.

## **CIP enablers and impact on quality**

All CIP schemes are discussed and validated within our governance structure which includes appropriate directorate and professional leads. This process ensures alignment of plans across the whole of the operations directorate. Larger transformational CIP schemes involving service redesign are subject to robust programme management processes incorporating wide ranging stakeholder involvement. The needs of service users and carers are a fundamental part of our service redesign approach. Staff groups are widely consulted on proposals for service redesign and regular feedback mechanisms are in place to capture front-line staff concerns.

Further quality impact assessment of service redesign CIPs take place at a number of internal clinical governance groups (Clinical Quality and Risk Group, Clinical Interventions Group, Clinical Guidance and Clinical Outcomes Group) prior to final approval by the Board of Directors. The Professional Advisory Forum is the primary, professional decision-making strategic group for professional advice, support and guidance within the organisation. To offer a professional oversight and be consulted on strategic matters such as the Trust strategy and service redesign. Furthermore the Professional Advisory Forum is independent of management and reports directly to the Audit and Assurance Committee. This framework for the assessment of CIPs and their impact on quality is well understood and accepted by the Board of Directors. In line with the 'Francis Report', our clinical governance structures ensure nursing and other appropriate clinicians have a strong voice and leadership role at a strategic level.

The larger transformation CIPs are also subject to overview from the appropriate scrutiny committees. In addition, a benefits realisation evaluation is carried out to identify key measures of quality covering safety, clinical outcomes and patient experience. Each measure is monitored before and after implementation and action is taken to mitigate any negative impact on quality.

## 8. Financial and investment strategy

The context for the Trust's financial strategy relates to the internal drivers for sustainability and business development as well as the external factors in relation to the national and local health economies. Whilst subject to the same parameters as all organisations in the context of the national position, the Trust also operates within two distinct health and social care economies with differing issues and priorities at a local level.

The Trust has a well established relationship with Leeds commissioners and is linked into the multi-agency city-wide transformation, which has a finance leaders sub group. The financial position of health commissioners in Leeds is robust and, although there are clearly challenges, commissioners are responsive to business cases for change and development to support our strategy. The Trust has already benefitted historically from non-recurrent revenue as an enabler for change, and is likely to bid for further revenue from the 2% non-recurrent funds set aside by Leeds commissioners, although the financial plan does not inherently rely on this.

Conversely the position is different in York, as the Vale of York CCG begins 2013/14 with an inherited deficit of approximately £3.5m. Its plans to address this clearly leave very little flexibility in terms of service development resources. The Trust is part way through a three-year contract with a fixed revenue envelope and access to any enabling finances for service innovation or change is unlikely. Whilst the commissioner is keen to work with the Trust and we have identified a number of important developments (potentially a section 136 service and repatriation of out of area service users in both mental health and learning disability services), finance is a constraining factor. In addition, the estate from which the Trust operates services in the York area has transferred to the ownership of NHS Property Services Limited. The capital financing arrangements are not absolutely clear, but the working assumption in relation to strategic capital is that the Trust submits its case of need to the commissioners and that decisions on capital investment will be commissioner led, in conjunction with NHS Property Services Limited. This could potentially impact on the pace of change and deliverability of some of the changes the Trust needs to drive forward to support its clinical and financial strategy.

Another key driver in the financial strategy is the national direction of travel in relation to the introduction of Payment by Results (PbR) for mental health services. The Trust is following the national guidance in terms of its work plan and milestones. Leeds commissioners are actively engaged in this agenda and have funded a specific project post for two years to facilitate accelerated development. The process is less well developed in York, linked primarily to the ongoing work to generate more robust information. The information technology infrastructure and information system for York based services is currently managed through a contract with the acute provider. The Trust is in the process of finalising its strategic intent around clinical information systems and investment will be required, however the scale of which is not yet fully quantified.

The Board of Directors recognises the importance of a strong financial position to underpin sustainability, business development and investment. Recently the Trust has specifically considered the impact of potential changes to the financial risk rating calculation of foundation trusts. The emphasis of the continuity of services risk metric highlights the level of indebtedness the Trust carries under its PFI arrangements and this is recognised strategically as a key component in the prioritisation of investment decisions and efficiency challenges. The financial strategy seeks to maintain strong financial performance and ensure resources are sufficient to support the service plans with adequate headroom to manage and mitigate risk. All investment prioritisation is subject to enhanced rigorous review and business case appraisal in the context of the maximum value for money being achieved.



The current financial position reflects the good track record of strong financial management. The Trust has consistently delivered surpluses, and the outturn position for 2012/13 was a surplus of £4.3m. The underlying position is £1.5m, as the higher than planned surplus did include non-recurrent benefit from service development slippage and additional cost per case income now factored into contracts and the plans recurrently going forward. The cash position was better than anticipated, reflecting a much reduced capital programme in the year. This was a deliberate and planned reduction as the Trust has robustly reviewed and is in the process of refreshing both the estate and information technology functional strategies. The Trust recognises that the scale of transformational change required in service provision will have a fundamental impact on the utilisation of technology and estate. In terms of investment decisions this is very important given the different financial frameworks it currently operates within across Leeds, York and North Yorkshire.

The current working assumption for financial planning purposes is a 4% efficiency requirement as a minimum. Based on current known requirements for investment this should be sufficient to deliver the Trust overall priorities and maintain a solid financial standing. Some of the capital investment priorities are not yet fully scoped and are not included specifically in the plans at this stage. This is because clearer commissioning intent is being sought which will help define the investment levels required. Sufficient cash headroom is available to meet these requirements. In terms of new investment in York based services we are currently liaising with commissioners and NHS Property Services Limited to discuss the financing arrangements. This is not factored into the Trust forward plan.

As noted, the cost improvement plans are well developed, and this level of attainment should be deliverable. In each of the three years of the plan there is a non-recurrent contingency reserve set aside. This is to manage risk/slippage in cost improvement programmes and or use to accelerate any plan which may expedite Trust priorities.

The financial position of the Trust going into 2013/14 is reasonably strong with a good track record of delivering plans and maintaining a financial risk rating of four. However, the Board of Directors recognises the wide ranging challenges it faces in the context of the medium term challenges for the NHS as a whole. Reflecting on the draft Risk Assessment Framework and the emphasis on the continuity of services metric approach to monitoring financial risk, the Board recognises the level of indebtedness it has with its private finance arrangements, which are a significant fixed cost. As cost improvement delivery becomes more challenging alongside the requirement to maintain and improve good standards of quality and care, there will be an impact upon the scale of continuing surplus that the Trust is able to deliver. All of these factors and other risks are taken into consideration in the financial planning.

The financial priorities we have set ourselves to meet our strategic objectives in our strategy are shown on the following pages.

## Efficiency, sustainability, governance and compliance strategic priorities

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
Strategic objective 4 – we provide efficient and sustainable services						
1. Delivering cost effective services and maintaining financial stability	1.1 Review and explore opportunities to grow our organisation and work in partnership	<ul style="list-style-type: none"><li>Continue to work with our commissioners to understand intentions</li><li>Fully utilise service line management to inform our discussions with commissioners about the future viability of services</li><li>Complete data mining to understand health forecast over the next 3-5 years, including the use of PbR to track progress</li><li>Assess any tender opportunities against our criteria for growth</li><li>Consider the development further partnerships/ collaborations with other providers across the patch.</li></ul>	<ul style="list-style-type: none"><li>Continue to work with our commissioners to understand intentions</li><li>Complete data mining to understand health forecast over the next 3-5 years, including the use of PbR to track progress</li><li>Assess any tender opportunities against our criteria for growth</li><li>Consider the development further partnerships/ collaborations with other providers across the patch.</li></ul>	<ul style="list-style-type: none"><li>Continue to work with our commissioners to understand intentions</li><li>Complete data mining to understand health forecast over the next 3-5 years, including the use of PbR to track progress</li><li>Assess any tender opportunities against our criteria for growth</li><li>Consider the development further partnerships/ collaborations with other providers across the patch.</li></ul>	<ul style="list-style-type: none"><li>Commissioning intentions impact on the reconfiguration of the Trust</li></ul>	<ul style="list-style-type: none"><li>Within existing resources</li></ul>

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
1. Delivering cost effective services and maintaining financial stability	1.2 Delivering cost effective services	<ul style="list-style-type: none"> <li>Review of the cost effectiveness of corporate services/back office functions</li> <li>Restructure of care services management structure and associate professional leads</li> <li>Scope out whether any saving can be made around the procurement of goods/services</li> <li>Determine whether any savings could be made in relation to drug spend</li> <li>Review of job roles and pay bands in line with the proposed career framework</li> <li>Reduce costs through workforce efficiencies including proposed changes to terms and conditions at both local and/or national level</li> <li>Further identification of any potential savings through Agenda for Change flexibilities</li> <li>Review of variable medical staffing pay</li> <li>Review of non-consultant career grades</li> <li>Implementation of career framework to achieve reduction in pay bands 8a and above.</li> </ul>	<ul style="list-style-type: none"> <li>Scope out what services could be provided through a shared service with other organisations and/or outsourcing opportunities</li> <li>Continue to implement career framework to achieve reduction in pay bands 8a and above</li> <li>Review of job descriptions in line with the career framework to reduce numbers and complexity on a phased basis</li> <li>Working towards reducing our average pay costs</li> <li>Continue to review terms and conditions at both local and/or national level</li> <li>Implement any shared services to achieve economies of scale</li> <li>Realise savings as pay protection reduces.</li> </ul>	<ul style="list-style-type: none"> <li>Continue to implement career framework to achieve reduction in pay bands 8a and above</li> <li>Review of job descriptions in line with the career framework to reduce numbers and complexity on a phased basis</li> <li>Working towards reducing our average pay costs</li> <li>Continue to review terms and conditions at both local and/or national level</li> <li>Implement any shared services to achieve economies of scale</li> <li>Realise savings as pay protection reduces.</li> </ul>	<ul style="list-style-type: none"> <li>Potential exit costs associated with management restructure</li> </ul>	<ul style="list-style-type: none"> <li>Within existing resources; but may need external input in relation to potential outsourcing</li> </ul>

Strategic/operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
<b>2. Making best use of modern technology</b>	2.1 Review our IT infrastructure to put all of us in control of the health and care information across Leeds, York and North Yorkshire.	<ul style="list-style-type: none"> <li>Upgrade Trust network infrastructure to support use of integrated voice, video and data communications and provide WiFi in all main Trust sites (Leeds)</li> <li>Commence integrating Y&amp;NY sites into LYPFT network</li> <li>Develop use of Cognos business intelligence software and data warehousing to deliver timely and integrated management information across the Trust</li> <li>Deploy digital dictation and workflow management (DDWM) technology (Bighand)</li> <li>Deploy Single Sign on (SSO) technology to improve user productivity</li> <li>Complete deployment of mobile devices to all Leeds and York locality based clinicians</li> <li>Implement Order Communications and results reporting system in conjunction with Leeds THT</li> <li>Undertake project to deploy centralised print and fax management system to reduce management costs.</li> </ul>	<ul style="list-style-type: none"> <li>Complete Integration of Y&amp;NY and Leeds network and communications infrastructure</li> <li>Provide WiFi in main York sites</li> <li>Further develop DDWM System to include: speech recognition technology; mobile based dictation; and electronic distribution of clinical letters</li> <li>Complete deployment of support systems to interoperate with core care system inc: <ul style="list-style-type: none"> <li>Integration with LTH clinical portal to support electronic exchange of all clinical docs</li> <li>Document management system and centralised facilities to scan all docs on receipt</li> <li>Medicines management system including e-prescribing.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>All voice services to be delivered via VOIP (Voice over IP)</li> <li>Achievement of fully electronic patient records</li> <li>All clinical staff to have IT tools to support 'agile' working.</li> </ul>	<ul style="list-style-type: none"> <li>Availability of dedicated project management and development capacity</li> <li>Need for joint working with partner Trust's (York and LTH).</li> </ul>	<ul style="list-style-type: none"> <li>IT support</li> <li>PARIS interface support.</li> </ul>

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
<b>3. Providing services from fit-for-purpose, cost effective buildings</b>	3.1 Review our Leeds estate to ensure that it is fit-for-purpose, meets the needs of people using our services and is cost effective	<ul style="list-style-type: none"> <li>Implement 3-year Estates Strategy</li> <li>Finalise options for relocating the Yorkshire Centre for Psychological Medicine (YCPM)</li> <li>Disposal of planned surplus estate</li> <li>Reduce the number of leases</li> <li>Explore termination of finance lease (PFI) – PFI asset utilisation</li> <li>Review of St Mary's House and St Mary's Hospital premise utilisation with partners</li> <li>Subject to commissioning strategy, establish estate requirements for learning disability services and develop business case.</li> </ul>	<ul style="list-style-type: none"> <li>Relocate YCPM to new premises</li> <li>Further reductions in lease and possible PFI arrangements</li> <li>Further identification of disposals</li> <li>Develop as appropriate, a business case for learning disability services.</li> </ul>	<ul style="list-style-type: none"> <li>On going review of requirements against estate strategy principles.</li> </ul>	<ul style="list-style-type: none"> <li>Disposals subject to market conditions</li> <li>Preferred options for YCPM requires partnership working which make impact on timescales.</li> </ul>	<ul style="list-style-type: none"> <li>Within capital programme estimates</li> <li>Other within recurrent resources.</li> </ul>
<b>3. Providing services from fit-for-purpose, cost effective buildings</b>	3.2 Review our York estate with our landlord: NHS Property Services Ltd, to ensure that it is fit-for-purpose, meets the needs of people using our services and is cost effective	<ul style="list-style-type: none"> <li>Establish robust working relationships with NHS Property Services Ltd</li> <li>Review options for new community hubs</li> <li>Review and establish a retraction plan, linked to clinical strategy</li> <li>Review community units for elderly.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing liaison with NHS Property Services Ltd</li> <li>Once determined implement options for new community hubs.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing liaison with NHS Property Services Ltd.</li> </ul>	<ul style="list-style-type: none"> <li>Failure to reach unanimous agreement on estate with NHS Property Services Ltd</li> <li>Prioritisation of business cases against 'national' funds.</li> </ul>	<ul style="list-style-type: none"> <li>Project management resource to be agreed with NHS Property Services Limited.</li> </ul>

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
3. Providing services from fit-for-purpose, cost effective buildings	3.3 Build a new women's low secure unit in York	<ul style="list-style-type: none"> <li>Confirmation by LYPFT of support of the capital scheme and the service model</li> <li>Funding agreed for new women's low secure unit build</li> <li>Build commenced of the new women's low secure unit.</li> <li>Implementation of project plan</li> <li>Recruitment of key multi-disciplinary staff.</li> </ul>	<ul style="list-style-type: none"> <li>Build of new women's low secure unit progressing as per project plan</li> <li>Implementation of workforce plan and completion of recruitment of multi-disciplinary staff</li> <li>Service model finalised and agreed by LYPFT and SCG</li> <li>Operational procedures and protocols for the women's low secure unit finalised and agreed</li> <li>Forensic women's pathway across LYPFT services reviewed, in conjunction with SCG and agreed location of the women's low secure unit in the pathway</li> <li>Patients for transfer to the unit identified and funding secured.</li> </ul>	<ul style="list-style-type: none"> <li>Build of new women's low secure unit completed and commissioned</li> <li>Identified patients transferred to unit and unit fully operational</li> <li>Initial evaluation 6 months after unit fully operational</li> <li>Initial evaluation of revised forensic women's pathway 6 months after introduction.</li> </ul>	<ul style="list-style-type: none"> <li>Delay to completion of build</li> <li>Patient transfer is delayed.</li> </ul>	Within new agreed resources

Strategic/operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
4. Implementing payment by results (PbR)	4.1 Establishment of robust working practices for the implementation of payment by results across the organisation.	<ul style="list-style-type: none"> <li>Project Team in place. CPPP/PbR Programme Board re-established</li> <li>Trust-wide communication/awareness strategy</li> <li>Establish joint working arrangements with CPPP, commissioners, local authority partners and partner providers, including benchmarking and sharing expertise</li> <li>Agree local prices and PbR Memorandum of Understanding. Set baseline and develop reports to demonstrate care cluster allocation completeness and accuracy</li> <li>Confirm packages of care</li> <li>Establish local MHCT operational guidance</li> <li>Embed super users/ clinical experts in services</li> <li>Provide online resources (National Algorithm Tool, elearning, staffnet).</li> </ul>	<ul style="list-style-type: none"> <li>Review of project structure. Ensure readiness for extension of 'in scope' services (LD, Forensic, IAPT, CAMHS)</li> <li>Agree revised Memorandum of Understanding. Produce reports to demonstrate improvement in care cluster allocation and accuracy</li> <li>Agree packages of care in each cluster with commissioners</li> <li>Review training requirements and refresh strategy.</li> </ul>	<ul style="list-style-type: none"> <li>PbR implementation is fully established across the organisation (business as usual)</li> <li>Agree revised Memorandum of Understanding. Produce reports to demonstrate improvement in care cluster allocation and accuracy</li> <li>Compare agreed packages of care against what is actually provided in each cluster and review agreement requirements and refresh strategy.</li> </ul>	<ul style="list-style-type: none"> <li>Failure to implement PbR due to organisational capacity, culture and understanding</li> <li>Clinical information system is unable to support implementation of PbR.</li> </ul>	Clinical information system capability and resource required to support implementation of PbR.

Strategic/ operational priorities	Schemes	Associated implementation plans/delivery milestones			Risk to delivery	Resource requirements
		Key milestones 2013-14	Key milestones 2014-15	Key milestones 2015-16		
Strategic objective 5 – we govern our Trust effectively and meet our regulatory requirements						
1. Responding to national governance and compliance arrangements	1.2 Establishment of the governance processes to support the monitoring of compliance with the conditions of the new provider licence	<ul style="list-style-type: none"><li>Understand the requirements of the licence conditions and set up processes to monitor and evidence compliance so the Board can self-certify.</li></ul>	<ul style="list-style-type: none"><li>Monitor compliance with the conditions of the licence and evidence appropriately so the Board can self-certify.</li></ul>	<ul style="list-style-type: none"><li>Monitor compliance with the conditions of the licence and evidence appropriately so the Board can self-certify.</li></ul>	No risks identified	Within existing resources
1. Responding to national governance and compliance arrangements	1.2 Address the implications of the Health and Social Care Act 2012 in respect of the impact on the Council of Governors, the Constitution and Corporate Governance more widely	<ul style="list-style-type: none"><li>Completion of the update of the Constitution for the changes which commence prior to 1 April 2013.</li></ul>	<ul style="list-style-type: none"><li>Completion of the update of the Constitution for commencement post 1 April 2013<ul style="list-style-type: none"><li>Review all policies and procedures for the Council of Governors to ensure they comply with the requirements of the Act.</li></ul></li></ul>	<ul style="list-style-type: none"><li>Ensure the Constitution remains fit for purpose.</li></ul>	No risks identified	With the removal of Monitor’s role in authorising the Constitution changes there will be extra solicitor fees.

**Note: Some schemes for the strategic objective 5 priorities are also listed under workforce and development strategy**