

Operational Plan 2017/18 and 2018/19

Contents

Section		Page
1	Strategic Context	3
2	Quality	9
3	Service Plans	14
4	Workforce	21
5	Financial Plan	24
6	Membership	28
7	Sustainability and Transformation Plan	29

1. STRATEGIC CONTEXT

- The Trust and wider health and care system face increasing pressure from meeting the demands of a growing population in the face of public sector funding constraints.
- This is recognised nationally in ‘triple aims’ that the NHS has been tasked to achieve:
 - implement the vision in the ‘Five Year Forward View’ to improve health and care;
 - deliver core access and quality standards; and
 - restore and maintain financial balance.
- The Trust is a partner in the West Yorkshire & Harrogate Sustainability and Transformation Plan (STP) with a local plan for Bradford District and Craven, with health and social care collaborating to achieve the triple aims.
- Whilst we face our most challenging period financially we are strongly placed locally to deliver joined up care and have already introduced a number of new ‘exemplar’ services that are being rolled-out nationally.
- The Trust aims to be recognised as an outstanding organisation delivering outstanding care and will progress innovative service-led re-design of adult physical health care services as a test bed.
- The Trust’s two year priorities were discussed at the Annual Members’ meeting in September 2016 and resulted in four key themes that are reflected in this plan:
 - New Models of Care – integrated records management and accountable care systems
 - Innovation – self-care and prevention
 - Quality – workforce
 - Service Users and Carers – “You and Your Care”

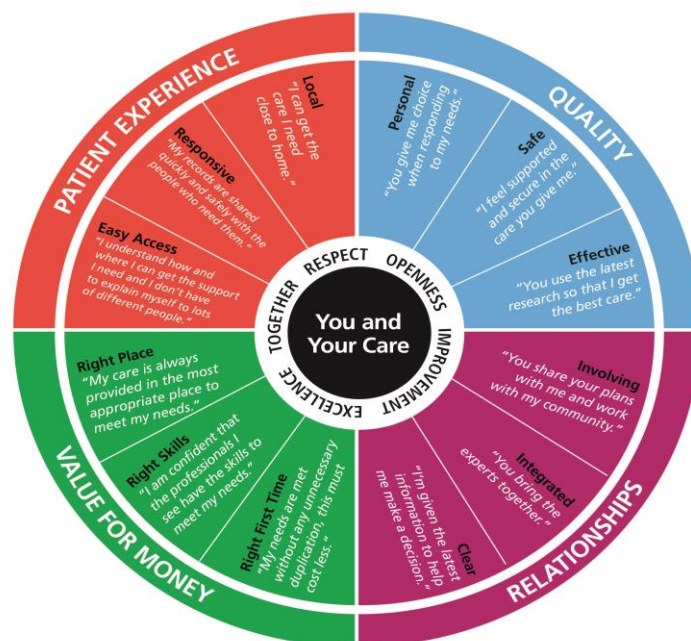
(Shading identifies references in the plan to these four key themes.)

1.1 VISION AND VALUES

Bradford District Care NHS Foundation Trust’s vision is:

Working with diverse communities to provide outstanding care.

To aid the understanding and ownership of the vision across the Trust, we have developed the vision wheel. This expresses how both the vision and values of the organisation are translated into powerful statements describing improved benefits and outcomes that patients should experience.



1.2 CONTEXT FOR 2017/18 & 2018/19 PLAN

The NHS faces unprecedented financial and associated operational challenges. National leaders of the NHS have been clear that stabilising provider sector finances is critical to ensure overall NHS financial sustainability. Two thirds of NHS trusts were in deficit at the end of 2015/16, suggesting systemic issues were impacting performance. Trusts continue to face rising and material increases in demand for their services as a result of demographic factors, pressures on primary and social care and increasing patient expectations. At the same time, patients have higher and more complex needs.

The NHS has been challenged to deliver on a 'triple aim' to:

1. implement the vision set out in NHS England's Five Year Forward View; increasing the momentum to implement new models of care and transform the NHS
2. deliver core access and quality standards
3. restore and maintain financial balance

NHS planning guidance prescribes nine 'must dos' for 2017/18 and 2018/19 to progress these aims. These reflect the NHS Mandate and next steps to implement the NHS Five Year Forward View. Of the national 'must dos', those that are relevant to the Trust are:

- Implement agreed **Sustainability and Transformation Plan** milestones, on track for full achievement by 2020/21, and achieve agreed trajectories against the Sustainability and Transformation Plan core metrics set for 2017/18 and 2018/19.
- Deliver individual CCG and provider organisational control totals and achieve **local system financial controls**. Also implement local Sustainability and Transformation Plan and achieve local targets to moderate demand growth and increase provider efficiencies.
- Deliver the NHS Constitution standard that more than 92% of patients on non-emergency pathways wait no more than 18 weeks from **referral to treatment**.
- Deliver in full the implementation plan for the **mental health Five Year Forward View for all ages**. Ensure delivery of the mental health access and quality standards. Increase baseline expenditure on mental health. Eliminate out of area placements for non specialist acute care by 2020/21.
- Deliver local action plans to **transform care for people with learning disabilities**. Reduce inpatient bed capacity. Reduce premature mortality by improving access to health services, staff education and training, and reasonable adjustments for people with a learning disability or autism.
- Implement plans to improve **quality of care**. Measure and improve efficient use of staffing resources to ensure safe, sustainable and productive services. Participate in the annual publication of findings from reviews of deaths.

Sustainability and Transformation Plans (STPs) are the starting point for organisational-level operational plans. They represent a different way of working, with collaborative actions across local health and care systems. The **West Yorkshire and Harrogate STP** is built from six local area place-based plans including Bradford District and Craven. The STP builds on our strong history of partnership working.

STPs provide the basis for operational planning and are increasingly the mechanism through which decisions about health and care will be made and resources directed. To ensure that organisational boundaries do not get in the way of transformation, from April 2017 each STP will have a financial control total that is the sum of the individual organisation control totals. All organisations will be held accountable for delivering both their individual financial control total and the overall system control total.

The Trust, health and social care and voluntary, statutory and charitable partner organisations are facing significant financial challenges. Despite the challenges, the Trust is still in a strong position to deliver joined up care locally.

The Trust has a key role in working with partner organisations, for example providing support within Accident and Emergency departments, exploring innovative social models for self-care and prevention to provide community based health and social care that reduce service demand. In the first project of its kind in the country, the Trust is working in partnership with West Yorkshire Police supporting six staff to be trained as special police officers and go on patrol with regular officers to improve the care of individuals in mental health crisis.

The Trust is one of 21 community and mental health trusts rated as 'good' by the Care Quality Commission (CQC). We aim to be recognised as an **outstanding organisation that delivers outstanding care**. This work is commencing with adult physical health services. One aspect of achieving this status is to be rated as 'outstanding' by the CQC.

Locally integrated commissioning and provider models are developing across the Bradford and Craven health and social care economy, with commissioners and providers working in different ways with new alliances (or partnerships) and to deliver innovative 'new models of care'. Examples include:

- Building on the transformation of complex and enhanced primary care programme, Airedale, Wharfedale and Craven will move to a shadow Accountable Care System in April 2018 with a 'go live' aim of April 2019.
- Structured collaboration for Bradford out of hospital clinical and social care model commenced in September 2016 with the intention of establishing a new contracting model in 2017;
- Procurement of a new model of care for diabetes and specialist podiatry with Airedale, Wharfedale and Craven Clinical Commissioning Group (CCG) awarding one outcomes-based accountable care contract in April 2017;
- Provider alliances, including primary medical care at scale, together with the commissioner alliance are progressing our ambition of improving population health outcomes and person centred care.

The Trust's **Children's Services** business unit has continued to prioritise work to develop a 0 to 19 years pathway and to support re-design work in response to service reviews that are being led by Local Authority commissioners. Developing and implementing innovative, integrated service models that respond to national reductions in Public Health Grant funding and further sustained Local Authority budget pressures is a key strategic risk and therefore a key priority for 2017/18 and 2018/19 and will support anticipated procurements for these core services.

The Trust anticipates substantial financial challenges in delivering Public Health Grant contracted services within available resources, and has flagged a key strategic risk in relation to (fixed) overhead cost reductions specifically, as a consequence of anticipated resource reductions. Further risks pertain to low staffing turnover in those services which will impede the pace of service re-design.

Community nursing teams are working closely with General Practice partners and commissioners to manage clinic and district nursing workloads. This has been supported by collaboration on community nursing service specifications and help to ensure that our teams can better support those with complex conditions.

The **West Yorkshire and Harrogate STP mental health programme** has developed out of the West Yorkshire urgent and emergency care vanguard (primarily focussed on crisis and emergency care). The programme is developing further to include other key areas of mental health service provision including collaborative bed management to eliminate out of area placements for non-specialist acute care, access and admission processes for child and adolescent services in-patient beds, working to eradicate out of area placements and children on adult wards, improve Attention Deficit Hyperactivity Disorder and autism pathways for children and adults to reduce waiting times and West Yorkshire approach to low and medium secure services and supporting pathways.

The new **Mental Wellbeing in Bradford District and Craven Strategy 2016-2021** is a comprehensive strategy, covering all age ranges, with a focus on promoting mental wellbeing and tackling the causes of mental ill health. CCGs' plans to deliver this strategy include a commitment to protect the current level of investment in mental health services, recognising the importance of effective mental health and wellbeing interventions in reducing the overall health and care bill. Locally, there is a commitment that CCGs will make some investment in Mental Health to make progress on some of the ambitions highlighted in the Mental Health Five Year Forward View.

The strategy includes implementation of the **Children and Young People's Mental Health Transformation Plan** which was developed by the Bradford and Craven health and social care economy, in response to the 2015 'Future in Mind' report into the emotional wellbeing and mental health of children and young people. This has secured additional investment to make service developments within our child and adolescent mental health service.

1.3 STRATEGIC AIMS AND 2017/18 & 2018/19 CORPORATE OBJECTIVES

The Trust has three strategic aims that reflect the challenging context described above:

- **Consolidation of market share: being 'great in our patch':** ensuring patients and local commissioners recognise the Trust as the provider of choice for great patient experience, high quality, value for money care services.
- **Manage impacts on the whole system of reduced health and social care funding:** working in partnership to develop cost effective out of hospital services and pathways to support the delivery of sustainable services: proactive 'whole systems' collaboration and leadership to develop sustainable health and care services.
- **Secure funding for new or expanded services:** deliver innovative value for money services to secure new contracts that build on core service strengths and expertise.

The Board agreed 11 corporate objectives for 2016/17, linked to the three strategic aims, building on national priorities and local priorities and linking to the Trust's quality goals.

These remain applicable but have been slightly refreshed for 2017/18 and 2018/19:

Consolidation of market share: being 'great in our patch'

- 1) Achieve national access and waiting time standards
- 2) Work with commissioners so that more people can access appropriate services locally
- 3) Manage Trust resources to improve cost efficiency and productivity and deliver the planned financial position

Manage impacts on the whole system of reduced health and social care funding

- 4) Collaborate with West Yorkshire partners to develop best practice services for more specialised mental health services and for people in crisis who require urgent access to mental health services
- 5) Develop sustainable new models of care for local services through provider collaboration to reduce hospital admissions and provide more cost effective care closer to home
- 6) Reduce where possible the impacts of social care funding pressures and changes in local nursing and residential home sector provision

Secure funding for new or expanded services

- 7) Secure a share of the nationally mandated increased funding for mental health, to deliver mental health objectives
- 8) Innovate to expand the range of services that is provided locally
- 9) Market the Trust's reputation for delivering high quality, award winning services to secure new service contracts

Medium term "enabling" objectives

- 10) Exploit digital technologies through our "WorkSmart" programme to transform care and stakeholder engagement locally
- 11) Support a skilled, motivated and engaged workforce drawn from diverse backgrounds to continuously improve and develop

The Trust's two year priorities were discussed in workshop groups at the Annual Members' Meeting on 27 September 2016. NHS England's and the local Five Year Forward Views both emphasised the need to do things differently through **new models of care**. Members' Meeting discussions highlighted the importance of work to promote **self-care and prevention** to reduce demand for health services. A key focus for discussion was **workforce**; attracting, recruiting, training, developing, supporting and retaining staff as the bedrock of service delivery and transformation. **"You and Your Care"** is central to the Trust's vision and values and discussions highlighted the need to work more collaboratively with service users and carers.

These four key themes are incorporated within the two year Operational Plan (with shading identifying the main references to these four themes):

1. New Models of Care – Integrated Records Management and Accountable Care

- Work with health, local authority and voluntary and community sector (VCS) partners in Accountable Care Systems developments across two local geographical footprints; Bradford City & Districts and Airedale Wharfedale & Craven, to design and implement new models of care.
- Continue to work with health and social care partners across the region to promote the use of shared clinical records across primary, secondary and social care to support patient care. Implement a new clinical information system for mental health services, using integrated solutions for physical and mental health services.

2. Innovation – Self-care and Prevention

- Explore innovative social models with commissioners and provider partners to provide community based health and social care. Target a reduction in service demand of 30%, focusing on complex patients (with three or more conditions) in one or two pilot areas, preventing unnecessary A&E attendances and hospital admissions, enable prompt safe discharge, create compassionate communities (social support structures - social prescribing, befriending groups and mapping local activity groups), harness health champions & volunteers, explore new roles for those with lived experience for example health trainers, support service users/carers to monitor and maintain health and wellbeing, test new practices and integrated assistive technology.

3. Quality – workforce

- Ensure sufficient workforce capacity and capability by attracting people into the workforce – focusing particularly on young people through targeted links with schools, attracting returners through flexible working and development opportunities, students through high quality clinical placements and forging strong relationships with them and the universities and colleges – offering jobs on completion of training. This will include a major health and social care event for young people.
- Grow our existing and future workforce by offering exciting career development pathways, and optimising access to the apprenticeship levy to increase the number of high quality apprenticeships including nursing and to develop staff at all levels.
- Grow our staff bank to minimise use of agency staffing thereby increasing quality and continuity of care, reducing costs and creating a pipeline of future substantive staff.
- Support a resilient, healthy and engaged workforce, building on our work as one of 11 organisations selected to develop evidence based health and wellbeing interventions to improve staff health. Develop responses to the key areas raised by staff in the 2016 staff survey, including working patterns and job satisfaction.

4. Service Users and Carers – “You and Your Care”

- Through the “You & Your Care” Strategic Reference Group, lead work to build empathy and understanding of service users’ and carers’ experience.
- Use different communication channels e.g. social media, target hard to reach groups, ensure effective feedback loops for service user and carer views, work more collaboratively with service users and carers, develop information on self-care and prevention, grow the role and scope of volunteers, address capacity and demand around talking therapy services.
- Collaborate with voluntary and community organisations, and the black and minority ethnic community in particular, to explore a community-based hub model for services that can be accessed locally by hard to reach groups.

2. QUALITY

- *Through our care, we want people to feel better and get the most out of life. Providing high quality services is central to this and ensures we continue to be a successful and innovative provider.*
- *Each year we work alongside key stakeholders to identify a small number of quality goals. Our eight goals for 2017/18 include a balance of mental health and physical health priorities and all our staff; whether in clinical or corporate roles, play an important part in helping to deliver them.*
- *The demands on services continue to grow faster than current funding so we have to develop plans that respond to these challenges.*
- *All our staff must continue to maintain a focus on our Quality Statement: safe, personal and effective interventions for all.*

2.1 APPROACH TO QUALITY GOVERNANCE / IMPROVEMENT

The Trust currently has a good rating across all 5 CQC domains. The organisation-wide improvement approach to achieving a good or outstanding CQC rating and the underpinning governance processes are summarised as follows:

- A **Quality Governance Improvement Plan** provides actions to support full compliance with the Monitor 'Well Led Framework'. Quality & Safety Committee (QSC) routinely monitors progress to implement actions and seeks assurance that these are driving improvements.
- **Self-assessment against CQC Five Key Questions** is in place with outcomes informing the annual board assurance report on CQC compliance. Services are required to identify and implement actions to address any issues identified through that self-assessment.
- **Forward to Excellence sessions** regularly bring together Board, senior clinicians and senior managers to consider a key area of quality. At each session, a small number of objectives are identified to ensure that learning is used to improve quality.
- The **Business and Transformation Programme** is a series of transformational projects designed to effect organisation-wide change and achieve best practice to improve the quality of our services and patient experience.
- A programme of work to support development of an **outstanding care organisation** is being developed and is being rolled out over the coming months; work has commenced with the Trust's adult physical health services.
- The Trust undertakes an annual self-assessment against all elements of the **NHS Improvement well-led framework** and (as for all foundation trusts) is formally assessed by an external organisation every three years. The annual well-led assessment is conducted and owned by the Trust Board. Priority areas agreed by the Board include leading a culture of quality improvement and innovation fit for the challenges of STPs and a review of productivity data used by the Board and its Committees. Any areas for development identified through this assessment are included in the Quality Governance Improvement Plan and monitored by the QSC which is charged with seeking assurance that actions are implemented and leading to improvements.

The key systems and processes for ensuring effective quality governance sit within the remit of the medical and nursing directorates and include; risk management, serious incident management, clinical audit, complaints and litigation management, clinical policy development, implementation of NICE guidance, quality performance monitoring. Each function is responsible for ensuring delivery against area specific objectives. They are also

responsible for providing appropriate data, information, support and advice at all levels of the organisation.

Each operational business unit has a Quality & Safety Group with responsibility to ensure that robust quality governance arrangements address the key elements of quality and safety in line with the trust framework; this framework includes the CQC five key questions to ensure routine consideration and discussion by each business unit. The QSC is the principal committee for monitoring and seeking assurance on clinical and service quality issues including the Trust's quality governance processes; a quarterly committee dashboard includes indicators set beneath each of the quality priorities to allow measurement of specific quality and safety issues. QSC is accountable to the Board; escalating quality or safety concerns through routine reporting.

Particular approaches that support effective quality governance and improvement are:

- **15 Steps Quality Challenge** programme includes patients and carers as full participants in the assessment team. Every team visit results in structured feedback to the service to support improvements to quality, safety and patient experience.
- An annual programme of **Board Quality and Safety Walkabouts** pairs a non-executive and executive director to visit services. The primary objective is open and honest discussion with staff about quality and safety; services receive a letter within one month, detailing discussions and any agreed actions.
- **Electronic Risk Registers** are used as live, dynamic records where real-time progress can be viewed on actions operating to mitigate all significant risks including risks to quality. The electronic system facilitates the immediate escalation of risks, e.g. service to business unit.
- **Staff Training and Development** supports the delivery of high quality services. In addition to mandatory training courses and clinical training required by specific professions, a wide range of quality and internal leadership training and development programmes are provided.
- **Learning and Sharing** from good practice, incidents, complaints, audits and external reports etc. Regular quality and safety learning forums and robust governance arrangements ensure that opportunities for learning and sharing are maximised.
- **Patient/service user and carer engagement and feedback** is extremely important to the Trust; learning from real experience helps to ensure services develop and improve to meet the needs of our service users. A range of approaches ensure effective engagement and feedback: Friends & Family Test, engagement events run by specific services, quality committee membership, attendance at local and Trust wide quality and safety groups.

2.2 SUMMARY OF THE QUALITY IMPROVEMENT PLAN

The Trust's executive lead for quality improvement is the Medical Director, Dr Andy McElligott. Capacity for quality improvement activities will be realised from within existing teams by ensuring that all individuals have sufficient time to undertake annual appraisal, mandatory and required training and team quality and safety meetings. The Trust will further expand the use of modern, digital technologies (as described in our "WorkSmart" programme) to improve staff productivity, including time for quality improvement activity.

Quality improvement capability will be developed through the further implementation of the Safety Measurement and Monitoring Framework which the Trust has piloted during 2016/17. Proven innovations, such as safety huddles, will be rolled out from inpatient to community environments (again, harnessing the power of digital technologies) and individuals and teams will start to take a proactive, rather than reactive, approach to quality

improvement as they learn how to predict and prevent suboptimal care.

Quality improvement capacity and capability will continue to be monitored through the Quality and Safety Committee with every business unit required to provide assurance on a regular basis.

In developing the quality improvement plan the Trust has taken into account:

- National and local commissioning priorities
- Trust quality goals
- Existing quality concerns and plans to address them
- Key risks to quality and how these will be managed
- The content of the STP

The quality improvement plan supports the Trust's quality priorities (to provide safe, effective and personal services) through the following specific work streams which will be further developed over the next two years:

a) Quality Goals; A demanding set of quality goals has been developed to underpin the quality priorities; these goals were developed in 2016/17 through a consultation exercise involving governors, service users, carers, staff and commissioners and are being carried forward into 2017/18. A set of indicators has been identified by each Business Unit to support implementation of these quality goals and the indicators will be reviewed, refreshed and expanded to ensure that the goals provide challenge, stretch and continuous improvement. The eight quality goals are as follows:

- Safe;
 - i) Ensure a responsive service for those in need of urgent care
 - ii) Implement a suicide reduction strategy
 - iii) Ensure every patient is provided with care which addresses both their physical and mental health needs.
- Effective;
 - i) Continue to engender a culture whereby staff feel able to raise concerns about unsafe clinical practice
 - ii) Ensure workforce numbers meet the needs of the service
 - iii) Work in partnership, with health and care providers, the voluntary sector and commissioners, to improve services
- Personal;
 - i) Ensure easy and timely access to services
 - ii) Improve engagement with patients and carers.

b) National clinical audits; the Trust has an annual plan in place which encompasses all national audit and all such audits will be completed and actions taken in response to any learning identified; progress will be included in the Trust annual Quality Report.

c) Safe staffing; the Trust will continue to report staffing levels on a monthly basis to the Trust Board, including highlighting any areas of concern and actions taken to address such concerns.

d) Mental health standards (Early Intervention in Psychosis and Improving Access to Psychological Therapies); The Trust will continue to develop services and implement improvement plans in line with the national developments and local strategy to ensure services provide an extended pathway and improved access.

e) Improving the quality of mortality review and Serious Incident investigation and subsequent learning and action; the Trust is part of a 'Northern Alliance' of nine

mental health, learning disability and community providers which is taking forward a single operating model for mortality review and serious incident investigation. The alliance is supported by Mazars and informed by learning from the investigation into Southern Health Foundation Trust and from each other. We aim to achieve national exemplar status for our approach to mortality review.

f) Anti-microbial resistance; The Trust will continue to implement the existing measures in place which include audit and feedback to prescribers and the rollout of antimicrobial stewardship training to all healthcare workers.

g) Infection prevention and control; The Trust has a comprehensive annual programme in place to reduce healthcare associated infections and will continue to implement this year on year; this includes education, policies and procedures, audits and surveillance.

h) Falls; The Trust is working with the West Yorkshire Fire service within the Keighley area, enabling fire prevention officers to undertake risk assessments within patients' homes and direct referrals to district nursing teams. Work is ongoing to develop a virtual home for training of multi-professional teams on the risk of falls in collaboration with Leeds Beckett University.

i) Sepsis; the NICE guidance on sepsis was released in July 2016 and the Trust is committed to ensuring that the requirements of this guidance are implemented across all relevant services.

j) Pressure ulcers; The Trust's pressure ulcer prevention team is rolling out NHS Executive's "React to Red" within every care home. This involves on-site training and the development of an on line package. One district nursing team has developed a "Think Pink" campaign for care homes with the labelling of pressure relieving equipment and posters to prompt care home staff; this will be rolled out to all teams within the next year.

k) End of life care; The Trust will be reviewing the current services with recommendations for future developments of the service.

l) Patient experience; Patient Experience continues to be an integral part of the Trust quality strategy. The You and Your Care Reference Group are currently developing a new strategy for coordinating the patient experience agenda and the implementation of this strategy will be a priority over the next 2 years. Work will continue on implementing the Triangle of Care across the Trust and work will be ongoing to strengthen service user and carer involvement in decision making and recruitment & selection of new staff.

m) National CQUINs; the Trust is fully signed up to achievement of the following Commissioning for Quality and Innovation (CQUIN) schemes in 2017/18 and 2018/19:

- Improving staff health and wellbeing
- Improving services for people with mental health needs who present to A&E
- Supporting proactive and safe discharge
- Personalised care and support planning
- Improving the assessment of wounds
- Preventing ill health by risk behaviours - alcohol and tobacco
- Transitions out of children and young people's mental health services
- Improving physical healthcare to reduce premature mortality in people with serious mental illness: cardio metabolic assessment and treatment for patients with psychoses; collaboration with primary care clinicians

n) Quality concerns / key risks to quality; the following quality risks are identified on the Corporate Risk Register and are actively managed and routinely reported to Trust Board:

- If dental service referral to treatment, EIP and IAPT access and waiting time standards are not met patients will receive a poor quality service and we will not comply with our regulatory requirements which may impact on our governance rating.
- If volatility in the nursing and residential care home sector or Local Authority budget reductions reduce care packages or support to individuals then demands on the Trust's community services is likely to increase with potential to impair quality, safety or performance and / or require additional Trust resourcing
- If we are unable, through lack of capability and / or capacity, to train our workforce to fully utilise the power of new technologies, then we will not realise the benefits, either quality or financial.
- If the Trust fails to recruit, retain and engage a diverse workforce in the right numbers with the right skills, behaviours and experience to innovate in delivering holistic models of care, it will be unable to meet the needs of services users, carers and commissioners in terms of delivering high quality, safe, outcome based, patient focused care and support. This in turn will impact on achievement of safer staffing levels, meeting CQC and other regulatory requirements, reducing bank and agency usage and spend and effectiveness in winning tenders where new integrated models of care and working are required.

2.3 QUALITY IMPACT ASSESSMENT (QIA) PROCESS

In terms of project initiation, each change project is owned and led by a Project Lead (Deputy Director) and supported by an allocated Project Management resource. New schemes are put forward to the Programme Manager and supported through the Project Initiation stage by the Programme Management Office. Governance arrangements include the establishment of monthly Project Steering Groups and reporting to a monthly Business and Transformation Programme Board made up of the Executive Management Team and Deputy Directors who sign off new projects, financial substitutions and agree project closures. Clinicians and front line staff are involved at every stage and form part of the project steering groups.

The Trust has a robust QIA process; all Cost Improvement Plans are initially assessed by the Medical Director and Director of Operations and Nursing and referred to a full panel where potential risks to quality are identified. The panel is chaired by the Medical Director and attended by the Director of Operations and Nursing, the 'project' lead, senior clinical staff and senior operational staff. The QIA tool used by the Trust takes a 'tiered' approach with a numerical risk score being applied. The elements against which the review is undertaken are as follows:

Duty of quality	Patient safety	Productivity & innovation	Clinical effectiveness
Patient experience	Resource impact	Workforce impact	Privacy impact

This format encompasses and builds on the five CQC domains; where any aspect scores eight or above a more in depth assessment is undertaken; where any aspect is scored at 15 or over the plan will not proceed and further work will be undertaken to mitigate risks.

Where any risks to quality are identified, measurable impact assessment indicators are identified; these are 'early warning' indicators to identify whether implementation of the plan is affecting quality. Indicators are reported upon monthly to project groups and quarterly to the QSC and Trust Board; this ensures that quality impacts across all schemes are seen on one dashboard enabling the potential cumulative effect of the schemes to

be monitored / identified. Where appropriate / available, baseline data is utilised when reporting against indicators; where more generic quality measures are utilised (e.g. a rise in complaints) all complaints are reviewed and any rise in numbers, themes or trends relating to impact of the project are flagged to the QSC. In addition all QIAs are reviewed by the Medical Director and the Director of Operations and Nursing on a six monthly basis, or more frequently if required e.g. where there is a change to the original plan. All completed QIAs and associated indicators are signed off by the Medical Director and the Director of Operations and Nursing.

3. SERVICE PLANS FOR 2017/18 AND 2018/19

- *The Trust's frontline services are organised into four business units to meet the challenges of the future:*
 - *Adult physical health and community services*
 - *Mental health acute and community services*
 - *Specialist inpatient services, dental services and administration services*
 - *Nursing, children's and specialist services*
- *Each business unit is working hard to respond to the health needs identified by commissioners and local people through re-designing services, providing more joined-up care and increasing opportunities for partnership working.*
- *Our staff and teams are ambitious and have developed exciting service two year plans.*
- *Our corporate services are equally important in delivering our vision, providing a high quality environment, a framework of support and a culture that allows our staff to flourish and develop.*

3.1 OPERATIONAL SERVICE PRIORITIES

The operational service priorities highlighted below have a clear rationale based on the health needs of the local population, market assessment, stakeholder needs, external imperatives, policy drivers, NHS Mandate and contract requirements, commissioning intentions, capacity and capability, internal performance issues and service and cost pressures.

The priorities are not exhaustive but spotlight key priority areas for the Trust in 2017/18 and 2018/19 including actions to ensure the Trust is well-positioned to meet the needs of local communities, commissioners and public sector challenges in years to come.

We will build on the implementation of agile working to the remainder of the Trust through the **“WorkSmart” programme**; increasing staff productivity, digital technology and reducing estate, non pay and travel costs.

The Trust is working with CCGs, Local Authority and other partners to develop services and pathways in line with the **Mental Wellbeing in Bradford District and Craven Strategy 2016 to 2021**. The Trust is also working collaboratively with other NHS providers, emergency services, local authorities and other partners to deliver the **West Yorkshire and Harrogate mental health programme**.

For services commissioned by the Local Authority, funded through the public health grant, (health visiting, Family Nurse Partnership, school nursing, substance misuse services, oral health promotion, health trainers) a key challenge is to respond to and safely manage the impact of significant budget reductions.

Mental Health Acute Services

- The **mental health First Response service** is a recognised national centre of excellence, providing a single point of contact for those experiencing a mental health crisis. We aim to continue the team's success in eliminating out of area placements for adults; however this will be challenging in the context of wider social care pressures. We will continue to work with voluntary care services to extend our community offer as an alternative to admission. This will enable us to continue to build community resilience. We will also examine capacity and demand. As part of the West Yorkshire and Harrogate mental health programme, we are working to develop a standardised operating model and shared bed management to **eliminate out of area placements** (outside West Yorkshire and Harrogate) for non-specialist acute care.
- We will review bed capacity, building on work to design a care pathway that can deliver an **alternative community model for acute/crisis mental health services**.
- We will explore the introduction of a **2-shift system** for mental health acute and specialist in-patient wards.
- We will further develop a local **suicide reduction strategy** and clinical risk training for services and actively participate in the development of a West Yorkshire multi agency suicide prevention strategy.
- During 2016/17 we developed Haven (a day-time adult mental health service, developed with The Cellar Trust and Bradford Metropolitan District Council), Sanctuary (a night-time service developed with mental health charity Mind). In 2017/18 and 2018/19 we will continue to **work collaboratively with voluntary and community services** to develop innovative service models.
- We will actively explore **workforce development opportunities in our acute care services** by working closely with universities, local colleges and employment agencies

Mental Health Community Services

- As **lead provider for IAPT and psychological services** in the Bradford District we will continue to develop working models with voluntary and community service partners. We will develop a Wellbeing College approach to improve access and offer a wide range of services and approaches to the local community that will include internet and course based treatment offers.
- We will further develop the **psychological therapies hub model** so that capacity meets demand. We will conclude capacity and demand analysis of Steps 4 & 5 psychological therapies and implement recommendations from this review.
- We will review our model of delivery for **Community Mental Health Teams** to ensure it aligns with national developments and district wide needs. This will include continued development of the Early Intervention in Psychosis service and pathways and Care Packages and Pathways to support service users, shape service priorities and develop a **recovery ethos within adult community mental health teams**.
- We will continue to assess and suggest mitigations to **reduce the impacts from reduced social care provision**.
- We will standardise referral and triage processes for **Memory Assessment and Treatment Service (MATS)** and reduce the number of appointments not attended, in order to reduce waiting times for dementia assessment and diagnosis. We will work with CCGs to complete a review of the deployment of MATS resource to meet existing and predicted demand.
- We will act on recommendations from the Trust's current **internal older people's mental health review** that will focus on service improvement and development.
- We have been awarded funding from NHS England to develop a **specialist perinatal mental health community service** as part of a national programme to increase access to specialist support. Perinatal mental health problems occur during pregnancy or in the first year following the birth. Mobilisation of this service will take place during 2017/18.

- Bradford Districts, Bradford City and Airedale Wharfedale Craven CCGs commissioned the Trust to provide a specialist diagnostic and consultation service for adults suffering with Autistic Spectrum Conditions and Attention Deficit Hyperactive Disorder (ADHD), commencing in April 2015. We will work with CCGs to both review and further develop the **Bradford and Airedale Neuro Development Service** in order to meet current demand within acceptable waiting times. We will support work to scope a West Yorkshire approach to improvements in ADHD and autism (children and adults) pathways in order to reduce waiting times.

Child and Adolescent Mental Health Services (CAMHS)

- In line with the Bradford and Craven health and social care economy **Children and Young People's Transformation plan** the Trust will continue to:
 - Develop **crisis response services for children and young people**. We will create specific specialist CAMHS practitioner posts within the First Response Service and Intensive Home Treatment Team, to increase knowledge and expertise and provide a more appropriate response for people aged under 18. We have co-developed Safer Spaces (for children and young people in emotional distress) with voluntary care services and we will monitor the service during its pilot phase.
 - Develop a **standalone community eating disorder service for children and young people**. Building on our well-established pathway and reputation for managing eating disorders within CAMHS, we will expand the eating disorder service as a separate team, ensuring the service can meet future national standards.
- We will implement the recommendations of the Trust's current **review of specialist CAMHS**, to improve pathways and waiting times. We will work across West Yorkshire to determine access and admission processes to Tier 4 in-patient beds, working as a system to eradicate out of area placements and children being cared for on adult wards.

Learning Disability Services

- '**Transforming Care for people with learning disabilities – next steps**' is a programme of work following the Winterbourne View Concordat. The local transformation plan is being led by the Local Authority. We will support the Local Authority and CCGs to develop and deliver the **Bradford transformation plan**. The three year delivery programme (2016 to 2019) focuses on three key areas, to:
 - Review and re-shape services so that people with complex behaviour presentations will have access to skilled, community provision that avoids admission to inpatient services.
 - Develop the provider market with specialist providers to support people with complex presentations in the community.
 - Promote mainstream health provision for people with learning disabilities.

Specialist Inpatient Services

- We will engage with NHS England in their review of low secure services and work with NHS England, local commissioning hubs, CCGs, providers and other stakeholders to reshape **low secure services**, with 2017-19 being years of transition and mobilisation into new arrangements.
- We will enhance dementia care by developing the workforce; local and national profiling; working more closely with the community; improving governance processes.

Administration Services

- Redesign of the Trust's administration hubs from localities into business unit specialities and including inpatient administration into the structure.
- Re-staff 24 of the Trust's 29 reception areas with permanent administration staff and eliminate temporary staff in these areas.

<ul style="list-style-type: none"> • We will develop administration service level agreements to internal customers.
<ul style="list-style-type: none"> • Promote the need to cost in administration into any new service developments.
<ul style="list-style-type: none"> • We will respond to the implementation of podiatry central booking implementation by aligning administration capacity and demand.
<ul style="list-style-type: none"> • We will review other digital technologies and workflow systems to release further efficiencies.

Dental Services
<ul style="list-style-type: none"> • We will work with NHS England and other community dental service providers delivering consultant led paediatric and consultant led special care dental services. We will develop staff to ensure that the service is recognised as providing level 2 & 3 services in line with the new commissioning guidance for paediatrics and special care dentistry.
<ul style="list-style-type: none"> • We are working in partnership with other providers to be ready to respond to NHS England's expected re-procurement of community dental services in Yorkshire & Humber.
<ul style="list-style-type: none"> • We will achieve ongoing compliance with 18 week referral to treatment times for patients receiving dental care under general anaesthetic.
<ul style="list-style-type: none"> • We will determine the impact of and respond to Public Health Grant budget reductions as this applies to oral health promotion.

Adult Physical Health Community Services
<ul style="list-style-type: none"> • The Trust aims to be recognised as an outstanding organisation that delivers outstanding care, commencing with adult physical health services. One aspect of achieving this status is to be rated as 'outstanding' by the CQC. The development of an outstanding care framework has been developed by the team supported by twelve top tips which will allow services to self-assessment and develop improvement plans.
<ul style="list-style-type: none"> • Build on the work undertaken by the Speech and Language Therapy service to develop tools which are visually accessible to clients across all of adult physical health services.
<ul style="list-style-type: none"> • We will work in partnership with the Local Authority, education and acute providers to support the development and monitoring of children with special educational needs and disability (SEND) in preparation for forthcoming national inspection of these services.
<ul style="list-style-type: none"> • The primary care wellbeing service, for people who are frequent GP attenders with medically unexplained symptoms, has been piloted in three GP practices. Working with CCGs we will expand the service on a recurrent basis with a further evaluation of the quality and cost benefits.
<ul style="list-style-type: none"> • We will implement the outcome of recent Local Authority and CCG procurements including: <ul style="list-style-type: none"> - Bradford Metropolitan District Council's re-procurement of a substance misuse recovery system. - Airedale, Wharfedale & Craven CCG's new model of care for diabetes and specialist podiatry. The CCG has awarded one outcomes-based accountable care contract from April 2017. The Trust is a sub-contractor providing specialist podiatry services, working with the lead contractor Airedale NHS Foundation Trust and with Yordales Health (GP Federation).
<ul style="list-style-type: none"> • We will assess and suggest mitigations to manage the impact of de-registration of nursing homes and loss of non-recurrent funding for pressure ulcers nurses on our Bradford district nursing teams, including consideration of the Trust's leadership role across the care home sector. We will work closely with GP practices and Airedale NHS Foundation Trust to implement the care home vanguard.

- The Trust is working in partnership with other providers and commissioners to develop more cost effective out of hospital services and care pathways. During 2017/18 and 2018/19 this will include:
 - An Airedale Partnership, comprising the Trust, Yordales Health (GP Federation), Airedale NHS Foundation Trust, North Yorkshire County Council, Bradford Metropolitan District Council, Age UK and Carers Resource, providing complex care services across the Airedale Wharfedale Craven area.
 - A Bradford provider alliance, comprising the Trust, GP Federation, Bradford Teaching Hospitals NHS Foundation Trust, Bradford Metropolitan District Council and voluntary sector organisations, to redesign care pathways (primary and secondary prevention, care and treatment) in Bradford.
 - Structured collaboration for Bradford where CCGs and local providers including the Trust, Bradford Teaching Hospitals NHS Foundation Trust, Bradford Care Alliance (GP Federation), Bradford Metropolitan District Council and voluntary sector organisations are developing an out of hospital clinical and social care model.
 - We are developing and shaping the complex care network working collaboratively with other providers to manage patients who access health services most frequently. Following a redesign of community matron and case manager services in Bradford, the Trust's community nursing team is now offering a complex care service supporting people with long term conditions who have complex and escalating health needs, either in their own home or in a care home, to prevent hospital admissions.
 - Bradford diabetes pathway redesign are under a structured collaboration, where a number of local providers (including the Trust, Bradford Teaching Hospitals NHS Foundation Trust, GP Federation and voluntary sector organisations) and CCGs agree and implement improved integrated care pathways. This will impact podiatry services.
- The STEP (Skills, Training and Employment Pathways) Project includes four work streams commissioned by Bradford Metropolitan District Council to support people who experience barriers to employment. We are working in partnership with Cellar Trust to deliver one of the work streams by offering programmes of support for people with mental health problems.¹ These include developing individual learning plans alongside service users, supporting job searching activities and skills development, such as CV writing and interview techniques, providing work experience and supporting people into sustainable employment. The project aims to support 280 people over an 18 month period with at least 39 securing sustainable employment of 6 months or more.

Children's Services
<ul style="list-style-type: none"> • Following the publication in September 2016 of the service reviews by the Local Authority of health visiting, Family Nurse Partnership and school nursing services, we are implementing a service redesign, in the form of a seven cluster delivery model aligned to Children's Centres.
<ul style="list-style-type: none"> • Our aim is to secure health visiting, Family Nurse Partnership, school nursing and associated contracts that might be awarded by Bradford Council and be in a position to bid for other contracts. We will focus on providing value for money in all services.
<ul style="list-style-type: none"> • The Trust has been successful its bid to deliver the combined health visiting, Family Nurse Partnership, school nursing and 5-19 years immunisation and vaccination service for Wakefield Metropolitan District Council and NHS England and we will work closely with the Council, other stakeholders and current staff.

¹ The project supports people with mental health problems, though is managed within the Trust's Adult Physical Health Business Unit

- Better Start Bradford (a big lottery funded programme aimed at improving life chances for children) is commissioning 100 **Family Nurse Partnership** places for first time young mothers and their children. Working with the Innovation Hub, data will be analysed to ascertain the effectiveness of Family Nurse Partnership. We are working with commissioners about future redesign of the Family Nurse Partnership services.
- The **School Nursing Special Needs** service, commissioned by the CCGs, supports children and young people with complex health needs and disabilities within special schools. The service has been reviewed by public health on behalf of the CCGs. Commissioners value the expert knowledge, experience and skill set within the service. We will continue to work closely with commissioners to re-design the service to meet key recommendations from the review, ensuring that the child is placed centrally in all future developments. We will agree a new service specification with commissioners.
- We will continue to work closely with the Local Authority colleagues to implement the Signs of Safety, Early Help offer as part of the Journey to Excellence. **Safeguarding vulnerable adults and children** remains a key priority for the Trust, with people who use services remaining at the heart of what we do. The Safeguarding Team will continue to provide a high, quality evidence based service supporting, supervising and training staff across the organisation as well as working closely with the Local Authority, police, education and our other health partners in order to improve outcomes and life chances for the most vulnerable. Specific examples of multi-agency working include: Journey to Excellence (children); Making Safeguarding Personal (Adults); exploitation, trafficking and radicalisation (adults & children); serious case reviews & lessons learned events (adults & children); safeguarding week (adults & children).

Nursing and Specialist Services

- In addition to meeting national requirements to publish staffing numbers for all inpatient areas, the Trust initiated a similar 'best practice' voluntary local process for community services. We will continue to report and refine **safer staffing** data.
- We will continue to support our cohort of 250 volunteers under **champions show the way** to deliver activities which promote the improvement of physical and mental wellbeing. We will continue to build the range of **volunteering activities** available across the Trust.
- We will continue the delivery of **Practice Health Champions** to 10 additional GP practices across the Bradford district, whilst continuing to support the existing 10.
- The service user and carer involvement and patient experience team will explore a variety of **ways for people to be involved in the work of the Trust**. We will continue to develop service user and carer involvement in recruitment and selection of staff. We will develop "bite size" training to support service users becoming involved in the Trust. The You & Your Care Strategic Reference group is developing new workstreams based on a workshop to lead the way in service user and carer involvement.
- We will continue to improve the quality and uptake of the **Health Trainer Service**, promoting self-help and self-care approaches
- We are developing systems to review all aspects of **patient experience feedback** to monitor trends and themes. We will award a new Friends and Family Test contract in April 2017.
- Out Carers' Hub is part of a district wide **support network for carers**. We will develop a programme of spokes to the Carers' Hub, working in partnership with other carer organisations. The Trust has committed to achieving the Triangle of Care kitemark for carers, commencing with community mental health teams in 2017/18 and rolling out to community services in 2018/19.

3.2 CORPORATE SERVICES

Delivery of the operational service plans is supported by the Trust's corporate functions. The areas below represent the key projects during 2017/18 and 2018/19 that will support the Trust in achieving its aims and strategic objectives. The Trust is currently reviewing benchmarked costs for corporate functions and will be developing a related action plan during the first quarter of 2017/18.

Digital Health Care and Informatics
<ul style="list-style-type: none">Continue to work with health and social care partners across the region to promote the use of shared clinical records to support patient care with specific focus on delivering the digital technology and data projects in the Bradford, Airedale, Wharfedale and Craven Local Digital Roadmap by 2020.
<ul style="list-style-type: none">Implement a new mental health clinical information system during 2017/18, to 'go live' from April 2018.
<ul style="list-style-type: none">Ensure ongoing compliance with the Information Governance Toolkit (minimum Level 2) and Data Protection Act.
<ul style="list-style-type: none">Continue to deliver the 5 year Informatics work plan, linking with the publication of the Trust's new digital strategy.

Estates & Facilities, Finance and Business Intelligence
<ul style="list-style-type: none">Deliver key capital plan commitments including Information Technology kit and infrastructure refresh, implementing a new clinical information system during 2017/18 to go live from April 2018, refurbishment of the Airedale Centre for Mental Health (Phase 1 in 2017/18, Phase 2 in 2018/19) and New Mill (level 3 commencing in 2018/19) to support estate rationalisation for corporate services, and sustainability and low carbon improvements at various Trust properties.
<ul style="list-style-type: none">Deliver key financial targets and demonstrate value for money including effective procurement, continued estate rationalisation, One public estate collaboration (including option appraisal of the Keighley hub), operational business partnering to re-design services and develop innovative partnership models, robust agency cost controls and a continued focus on the delivery of back office efficiencies.
<ul style="list-style-type: none">Continued performance improvement in Patient Led Assessments of the Care Environment (PLACE) for cleanliness, food, privacy & dignity and maintenance.
<ul style="list-style-type: none">Continue to develop and embed culture & values processes across Estates & Facilities.
<ul style="list-style-type: none">Streamline and automate the extrapolation, analysis and reporting of information from clinical systems, to meet national and contractual requirements and provide information to clinicians, service managers and corporate functions, within available resources. Make progress to embed Service Line Reporting and implement Patient Level Information and Costing Systems (PLICS) to support capitation based contracting.

Marketing and Communications
<ul style="list-style-type: none">Market new and re-modelled services – for example My Wellbeing College, specialist perinatal mental health and eating disorder services - to support more people to stay well, ideally in the community.
<ul style="list-style-type: none">Collaborate with partners, including local Provider Alliances, West Yorkshire and Harrogate STP, and West Yorkshire Urgent and Emergency Care Vanguard, on joint communications, to improve place-based services and support service transition.
<ul style="list-style-type: none">Support internal leads on positioning the Trust as an employer of choice - internally and externally – and one that promotes the health and wellbeing of staff.

- Leverage all Trust channels including digital, to **engage members, partners and wider communities** in Trust work to support business units, and on partnership initiatives, in shaping communications work.

Programme Management Office, Business Support & Improvement, Business Development

- Project manage and support the transformation and change activities within the Trust's **transformation and improvement programme**.
- Support the marketing of services through a **market development process**.

4. WORKFORCE

Our workforce plans focus on three key areas:

- **Ensuring sufficient workforce capacity and capability** by attracting people into the workforce – focusing particularly on young people through targeted links with schools, attracting returners through flexible working and development opportunities, students through high quality clinical placements and forging strong relationships with them and the universities and colleges – offering jobs on completion of training. Growing our future and existing workforce by offering exciting career development pathways, and maximising the apprenticeship levy to increase the number of high quality apprenticeships including nursing apprenticeships and developing staff at all levels. Growing our staff bank to minimise use of agency staffing thereby reducing costs, increasing quality and continuity of care and creating a pipeline of future substantive staff.
- **Ensuring workforce efficiency, effectiveness and productivity** by looking after the health and well-being of our current workforce to reduce sickness absence and maintain/improve motivation and resilience, developing values driven, effective leaders and ensuring optimal deployment of the workforce through full implementation of e-rostering, minimising the use of temporary staffing, rolling out agile and smart working across the Trust to enhance productivity, reduce cost, support work life balance and deliver care responsive to patient and service user expectations and needs.
- **Working in partnership across the local and West Yorkshire STP** to support service transformation through an engaged workforce able to work across teams and organisational boundaries to deliver holistic care with the skills, knowledge and ability to support redesigned care pathways. Implement partnership initiatives e.g. apprenticeships, mandatory training, staff bank networks, leadership development to remove duplication and support collaboration.

Being an excellent employer with a strong engaging leadership culture throughout remains crucial to our ability to attract, recruit and retain a world class workforce who are engaged, motivated, committed and fully deploying their skills, ideas and discretionary effort.

For 2017/18 and 2018/19 and beyond the focus will be to ensure that we **optimise and support our workforce**; using opportunities to work across organisational boundaries and learning from good practice across sectors to embed an open, agile, inclusive, diverse and engaging culture in which staff feel able to make improvements, voice their ideas, any concerns and whose health and wellbeing is a key priority. These factors are essential to improving productivity, creativity and reducing inefficiencies.

The Trust has a comprehensive **workforce strategy** that was developed in partnership with staff and staff side representatives. The strategy is reviewed and refreshed on an annual basis to ensure that it links with key Trust strategies such as the Nursing Strategy,

the Black and Minority Ethnic (BME) in Employment Strategy the Developing and Strengthening the Future Support Workforce Strategy and the Education Strategy as well as the STP.

Performance against the Strategy is monitored by the Workforce Transformation Steering Group on a bi-monthly basis, with regular reports presented to the board (or sub committees) along with deep dives as requested. A monthly Board Integrated Performance Report provides key workforce performance metrics including sickness, labour turnover and staff survey results and workforce performance is discussed at monthly Business Unit Performance Meetings.

In terms of **workforce planning** the Trust uses the Population Centric methodology to support the development of a long term vision that is informed by and aligned to Service and financial plans. In addition the Calderdale competency framework is used to support skill-mix changes. Recent examples include the development of new band 4 roles which have been developed within inpatient mental health services to help mitigate shortages of band 5 registered nurses and provide career development opportunities for support workers.

Significant work has been undertaken with providers and commissioners to ensure that our workforce is aligned to the needs of the local health and social care economy. This work has resulted in the development of a co-designed workforce strategy that is designed to support collaboration across organisations (through shared leadership and learning opportunities for example) align systems and processes such as apprenticeship schemes and volunteering opportunities and facilitate movement of staff across health and social care organisations to support the retention and re-skilling of the workforce.

The Trust is one of the lead organisations for the West Yorkshire Excellence Centre, which will play a key role in **developing and upskilling support staff across health and social care** and ensuring the right skill mix within services; a key STP enabler.

As new models of care emerge **workforce transformation** will be critical to ensuring increased productivity and improved health outcomes. Clear and consistent staff engagement will help ensure that staff understand what is required of them in terms of mind set, values and behaviours, supporting them to work confidently across organisational boundaries and work to the full limits of their competence/professional registration. Development activities will be aligned with emerging new models of care to equip staff with the right skills and competencies.

The Trust has a number of strategies to **reduce agency expenditure** and avoid unnecessary expenditure. This includes the recent in-sourcing of the staff bank; the establishment of a relief team of healthcare support workers and introduction of limited overtime in inpatient services. The recent roll out of a new eRostering system, supported by an externally resourced project is reviewing and managing progress to ensure that rosters are fair, effective and efficient and that staff can be utilised flexibly to respond to changes in acuity and demand. In response to the Lord Carter review the Trust is implementing a patient acuity module within eRostering which will allow real time deployment of staff across inpatient pools to areas of escalating and/or greatest patient acuity.

The Trust has robust processes to improve compliance with agency price and wage caps and the new requirements set out by NHS Improvement to eliminate the sub-optimal use of agency staff. The Trust is also working with West Yorkshire mental health trusts to explore ways of reducing medical locum expenditure and a possibility of collaborating on a

staff bank for medical locums. The Trust is taking further actions in early 2017/18 including reviewing rates of pay for Trust bank staff and inviting support from NHS Improvement's agency team.

Work is underway to ensure that the Trust accesses opportunities presented by the Apprenticeship Levy; to enrich skill mix, widen employment participation and support many of the Trust's strategies such as the BME in Employment Strategy. For example the Trust is working with Bradford College on an **apprenticeship programme** for Health Care Support Workers from January 2017. Comparison is also being made with the types of qualifications completed by established staff to assess whether these can be completed within an apprenticeship framework and a review of skill mix where possible to identify new roles.

The workforce plan and associated strategies reflect the Department of Health changes to "Reforming healthcare education funding: creating a sustainable future workforce". July 2016. These reforms will provide a number of benefits to the Trust in terms of an increase in the **supply of nurses** for the future NHS. The Trust is working closely with the University of Bradford to ensure that the increase in placement capacity can be met and that the educational programmes ensure that graduates are equipped with the necessary skills and competencies. The Trust's Nurse Development Team has instigated a return to practice programme, supporting community and mental health nurses with lapsed Nursing and Midwifery Council registration to return to the professional register.

For 2017/18 and 2018/19 the priorities will be:

- aligning the workforce plan with the new model of care, for example diabetes, complex care, children's services;
- supporting staff and skill mix changes alongside the development of new roles;
- implementing the Bradford District and Craven mental wellbeing strategy;
- ensuring staff are equipped with the skills to support the Trust's digital strategy;
- working in partnership across the Bradford and Craven District and West Yorkshire to deliver shared workforce programmes, for example apprenticeships, attracting in young people, leadership development;
- ensuring a reduction in temporary staffing and delivering effective and efficient care;
- deployment and development of the permanent workforce to deliver seamless care;
- continuing to offer and enhance the services and programmes to support staff health and well-being and a reduce sickness absence;
- increase leadership visibility and staff engagement across the organisation; and
- develop an open, transparent, diverse and inclusive culture to ensure outstanding patient and staff experience.

5. FINANCIAL PLAN

5.1 SUMMARISED 2 YEAR FINANCIAL PLAN: 2017/18 TO 2018/19

The Board approved a final 2016/17 plan that targeted a surplus of £1.35m (the Trust's Control Total excluding £790k STF). Delivery has proved challenging throughout 2016/17 and will incorporate £768k non recurrent overage and £450k one-off VAT reclaim. Without these one-off items the Trust had hoped to broadly deliver the requirement to achieve recurrent break even. However this provides no flexibility in a particularly challenging financial environment; in which the Trust faces the prospect of needing to deliver cost reductions of more than 5% per annum.

The Board reviewed the final plan on 22 March 2017 and subsequently on 30 March 2017 and agreed to deliver a further 0.7% efficiency and an £826k plan surplus. This followed detailed consideration between November and March of the degree of 'stretch' that would be necessary to deliver the plans in 2017/18 and 2018/19 respectively; including final NHS contract offers, the necessary level of cost reductions, delivery risks, implications for services, residual budget uncertainty and new information in the last three months.

The Board agreed to accept the 2017/18 Control Total, by delivering £826k cost reductions with a clear focus on back office functions, technical accounting adjustments for fixed assets (land and buildings) and on income from new contracts. This was consistent with the previous unanimous view that existing cost reduction schemes could not safely target efficiencies in excess of 5%.

The Board-approved plan targets a surplus of £826k in 2017/18 but break even in 2018/19 due to residual contracting and efficiency uncertainties.

Key challenges within the Trust's financial plan reflect:

- £0.3m (£0.1m 2018/19) residual contract risk;
- The continued and material budget reductions for Public Health funded contracts; and
- The challenge of delivering cost improvements of greater than 5%.

The Trust Board considered a number of key factors before approving the operating plan:

- Impacts from a persistent past 'efficiency stretch' on block contracted community and mental health services with historic annual cost reductions of 5% over the last 5 years;
- CCG investment in mental health and staffing in the Dementia Assessment Unit;
- The degree of further 'stretch' in the plan, including an efficiency requirement of £7.9m (5.7% of turnover) and £6.9m (5.1%) in each year respectively;
- Local Authority and Public Health funded contract reductions and de-commissioning;
- The monthly profile and RAG risk ratings for proposed cost improvement schemes;
- The level of residual prioritised but unfunded pressures (£1.3m);
- Potential re-procurements by commissioners and associated financial risks;
- The Trust has secured a new contract with Wakefield Council to provide Children's services from April 2017. Contract discussions concluded formally on 22 March 2017.

5.2 FINANCIAL FORECASTS AND MODELLING

CONTRACTS WITH COMMISSIONERS OF HEALTHCARE

NHS Contracts & National Plan Assumptions: Income was increased by an annual *tariff uplift of 0.1% or £0.09m*, providing 2.1% or £1.9m inflation on the assumption that a £1.8m or 2.0% efficiency requirement is achieved.

Mental Health Investment: Uplifts of £1.1m and £0.7m were included in final contracts for 2017/18 and 2018/19:

- Making some progress on national priorities set out in the Five Year Forward View for Mental Health and the local Mental Health Strategy, and increased access to Improving Access to Psychological Therapies (IAPT);
- To respond to local safer staffing pressures due to increased patient acuity in the Dementia Assessment Unit, and as confirmed via an independent peer review;
- To support enhanced Intensive Home Treatment Team (IHTT) staffing supporting more rapid discharge and admissions avoidance and Advanced Nurse Practitioners to support multi-disciplinary team caseload management;
- To continue Primary Wellbeing Services, Individual Placement and Support (IPS) employment support and deliver modest Care Home Liaison expansion.

Community Physical Health: Uplifts of 1% or £0.3m were included in final contracts for both 2017/18 and 2018/19. This provides a contribution towards pressures in services that are being increasingly impacted by population growth, ethnicity, increased acuity, social care pressures, care home sector volatility and a shift of more complex tasks into community settings.

Commissioning for Quality & Innovation (CQUIN): Schemes represent 2.5% or £2.4m maximum available annual income to the Trust in both years.

Local CQUINs attract 0.5% or £0.5m in both years for STP engagement and are phased in twelfths. As an active partner the Trust is confident of securing this resource. A further 0.5% must be held as an STP risk reserve therefore the Trust's plans do not assume any benefit from this.

National CQUINs attract 1.5% or £1.5m and represent an increasing drive to incentivise whole systems improvement. Whilst this is acknowledged to be essential, it radically increases the risk profile of this revenue stream. Plans assume achievement of 95% of available National CQUIN income. The risk profile for National CQUINs is very heavily weighted in quarter 4, (2017/18 55% quarter 4 and 2018/19 72% quarter 4) making financial forecasting and management complex and precarious.

EXPENDITURE PLAN

a) Inflation of £2.9m per annum comprises £2.5m pay and £0.4m non-pay.

- £2.5m pay includes estimated pay award, pensions admin costs of 0.08% in 2017/18, junior doctor and incremental drift pressures; and
- £0.4m non-pay includes national CQC and Clinical Negligence Scheme for Trusts pressures, utilities, rent, rates, drugs and other price rises impacting the Trust.

b) Cost pressures The 2 year planning round has proved extremely challenging, building on a tight 2016/17 position that left £1.3m of priorities unfunded in 2017/18 and £1.5m

to be managed via cost improvements. The implications of this will continue to be risk assessed.

c) **Investment in Quality:** Key anticipated investments in quality improvements include:

- Funding for **Dementia Assessment Unit safer staffing** linked to a peer review;
- Funding in 2018/19 for **Improving Access to IAPT**, to increase access to 19% by March 2019;
- **Improvement actions targeting further reductions in reliance on expensive agency staff**, optimising actions already implemented during 2016/17;
- **Capital Investment to progress essential quality initiatives** including investments in inpatient environments, IM&T enabling infrastructure and backlog maintenance.

d) **Agency Staff Costs:** The Trust has achieved and projects remaining below the cap for 2016/17 (a 30% required expenditure reduction) and 2017 to 2019 cap of £6,991k. Actions are described more fully in the workforce section and include an in-house staff bank, peripatetic inpatient team, E-Rostering, price negotiation with agencies and proactive appointment to fixed term or permanent positions. The Trust has accessed NHS Improvement resources to support cost reductions relating to medical locum staffing with a number of new actions are now in train. The Trust has implemented a ban on bookings for non-medical agency staff that would breach national price caps and is targeting the same for wage caps. A weekly panel reviews all retrospective and prospective planned price and wage cap breaches.

5.3 COST IMPROVEMENTS 2017/18 TO 2018/19

The level of anticipated Cost Improvements required is driven by the following:

Table 1

Cost Improvement Requirement	2017/18		2018/19	
	£ m	CIP %	£ m	CIP %
NHS tariff efficiency requirements of 2% contract value per annum	1.83	1.3%	1.83	1.4%
Health Inflationary Pressure	0.21	0.2%	0.21	0.2%
Public Health contract efficiency & loss of overhead contribution	1.71	1.2%	2.37	1.8%
National Cost pressures (CQC, Apprentice, NHS Pensions admin, HMRC, MHS Mail, NHSPS etc)	1.10	0.8%	0.12	0.1%
NHS England Contract Shortfall	0.31	0.2%	-0.21	-0.2%
CQUIN Forfeit via Risk Reserve / Control Total	0.46	0.3%	0.01	0.0%
Local pressures & priorities	1.53	1.1%	2.54	1.9%
TOTAL	7.15	5.1%	6.86	5.1%
Planned Surplus	0.83	0.6%	0.00	0.0%
TOTAL TO MEET TRUST INTERNAL CONTROL TOTAL BEFORE STF	7.97	6.4%	6.86	5.1%

Cost Improvement Proposals (CIPs) included in Table 2 below relate to:

1. Children's Service re-design to manage Public Health Budget cuts;
2. Workforce productivity, travel and estate savings via our "WorkSmart" working project;
3. Optimise use of eRostering to reduce use of agency staff on Inpatient Wards;
4. Implement a 2-shift Inpatient roster part way through 2017/18 (scoping stage only);
5. Reduce length of stay and occupancy to increase ward efficiency (scoping stage only);
6. Sustained overhead efficiency via targeted corporate efficiencies (12% in 2016/17);
7. Sustaining current success in achieving nil out of area placements (£1.8m 2014/15);
8. Upper quartile ERIC efficiency (already at/or above average despite low turnover);
9. Further Estates rationalisation, procurement and central NHS Supply Chain product line efficiencies.

All schemes have been RAG-rated for deliverability to inform an overall risk assessment and consideration by the Board of the overall financial risk.

2017/18: The Trust is targeting £7.9m (5.7%) cost reductions

2018/19: The Trust is targeting £6.9% (5.1%) cost reductions

Table 2

2017/18 - Planned CIP by Quarter and RAG						
Risk By Quarter	Q1	Q2	Q3	Q4	Total	Total
	£ 000	£ 000	£ 000	£ 000	£ 000	%
Low	695	748	773	696	2,912	37%
Medium	326	744	884	884	2,837	36%
High-Very High	229	400	617	979	2,224	28%
Total	1,249	1,891	2,274	2,559	7,973	100%
% of Total	16%	24%	29%	32%	100%	

Red & Blue	229	400	617	979	2,224	2,224
% of Total	10%	18%	28%	44%	100%	

The table highlights further risks within the plan as a consequence of back end loading of CIPs. Despite best efforts to develop plans with an equally phased 'stretch', the high % CIP requirement increases lead times to deliver larger schemes. This inevitably elevates the risk in the financial plan; making substitution a less realistic prospect, especially for High-Very High Risk rated schemes with 72% weighted in Q3 and Q4.

USE OF RESOURCES RATING: The plans on which the submission is predicated would achieve Use of Resources (UoR) ratings of 3 up to Month 6 of 2017/18, and a rating of 2 in quarter 3 and 1 by quarter 4 of 2017/18. The planned UoR for 2018/19 is 2.

INTERNAL ASSURANCE PROCESS: The operational plan has been developed following engagement and involving operational, corporate, informatics and estates staff in developing both revenue and capital plans and wider staff in developing and RAG rating CIP schemes. Senior Managers and Board in Brief cascade and engagement processes have ensured regular communication and there has been regular Executive, Finance Committee and Board consideration and agreement of plan priorities, key risks, issues and assumptions. Council of Governors Annual Plan briefings were held in January and November 2016 and 2 year priorities were discussed in workshop groups at the Annual Members' Meeting on 27 September 2016 resulting in the 4 key themes (workforce; self-care and prevention, "You and Your Care", integrated records managements/accountable care systems) that are incorporated in this plan.

5.4 CAPITAL PLAN 2017/18 AND 2018/19

The Trust's capital programme for 2017/18 and 2018/19 is funded by estimated depreciation supplemented by cash reserves. All capital requests were rigorously prioritised and risk-assessed to identify key service and business critical schemes. The plan includes estates schemes £1.8m (£1.5m 2018/19), and £1.3m (£1.4m 2018/19) essential informatics schemes and establishes a contingency of £0.5m (£0.5m 2018/19) to allow management of in-year emergencies and high risk priorities; including service user vandalism/emergency repairs and enabling transformation and new business development.

6. MEMBERSHIP

- *As at 21 November 2016, the Trust had 9,721 public members and 2,894 staff members.*
- *Our membership 'offer' is now more inclusive, bringing together services users, carers, volunteers and local communities under one membership umbrella and offering greater opportunities for engagement through events planned across the Trust.*
- *Our Governors are encouraged to play an increasing role in engaging our members in recruitment and engagement, particularly those who use our community services.*

As a foundation trust, we are accountable to our membership. Members have an opportunity to hold the Trust to account through elected Governors who represent the views of the membership at the highest level within the organisation. The Board takes account of those views when planning strategy.

In order to develop and deliver an effective strategy, it is important that the views are representative of the local population and based on knowledge or experience of a service, proposal or healthcare condition.

Our Membership Strategy outlines how the Trust will continue to recruit a representative membership and provide opportunities for members to influence the Trust's plans and services.

The Strategy, which was approved in March 2016, covers the period 2016-2018 and is regularly monitored by the Membership Development Group. Objectives for 2016-18 are to:

- recruit to the Trust those people that have an interest in healthcare, whilst ensuring the membership remains representative of the community;
- engage those members wanting to get involved in the work of the Trust through engagement activities and events; and
- obtain views from the Trust's members about the services provided by the Trust.

We will be looking at how we can align Governor and membership activities with key service development changes to ensure local communities are signposted to new services and have an opportunity to provide feedback on existing ones.

7. SUSTAINABILITY AND TRANSFORMATION PLAN

- *We remain committed to collaboration that will deliver the West Yorkshire and Harrogate Sustainability & Transformation Plan (STP) and the local plan for the Bradford District and Craven.*
- *An emerging theme in the Trust's work and in the local and West Yorkshire STP is self-care and prevention, with exploration of innovative social models with commissioners and provider partners to provide community based health and social care that reduce service demand.*
- *The Trust continues to play a lead role in the West Yorkshire and Harrogate STP mental health programme.*
- *We are committed to ensuring mental health services receive the same importance as physical health services supported by the new Bradford District and Craven mental wellbeing strategy.*

Sustainability and Transformation Plans (STPs) provide a route map for how local NHS and partner organisations implement the Five Year Forward View to drive improvements in health and care; restore and maintain financial balance; and deliver core access and quality standards. STPs provide the basis for operational planning and are increasingly the mechanism through which decisions about health and care will be made and resources directed.

The agreed national planning footprint is West Yorkshire and Harrogate. The **West Yorkshire and Harrogate STP** is built from six local area place-based plans including Bradford District and Craven. This is consistent with the Trust's delivery footprint but accommodates wider participation across West Yorkshire, particularly in the West Yorkshire Urgent and Emergency Care Vanguard and Mental Health work programme.

The STP in West Yorkshire and Harrogate is one of the largest in England encompassing 11 CCGs, six acute providers, five non-acute providers and six local authorities. The STP has identified nine West Yorkshire and Harrogate-wide priorities including mental health, prevention 'at scale', primary and community care, urgent and emergency care.

The West Yorkshire and Harrogate system is an **urgent and emergency care Acceleration Zone**, with national funding to deliver transformation and interventions in which the Trust is a key partner and which will support delivery of Accident and Emergency performance.

The Trust is actively involved in the **West Yorkshire and Harrogate STP mental health programme**, which has developed out of the West Yorkshire urgent and emergency care vanguard (primarily focussed on crisis and emergency care). Over recent months the programme has been developed further to include other key areas of mental health service provision including bed management, CAMHS Tier 4, low and medium secure services and Attention Deficit Hyperactivity Disorder and autism (children and adults) pathways.

The overarching aim of the programme is to develop a shared vision and approach for mental health services to ensure the delivery of a consistent set of patient-led outcomes that both reflect best practice and meet local need. This will include taking a more responsive approach to providing services for people in a mental health crisis with a single pan-West Yorkshire operating model. The new model of collaboration enables sharing of best practice, consistency in provision and sharing of resources across acute mental health services, whilst maintaining localism in service models at a community and primary care level.

The focus will be on the following six all-age outcomes and developing shared standards and expectations across West Yorkshire:

- Reduce mental health in-patient admissions;
- Eliminate all out-of-area mental health acute placements;
- Reduce unnecessary attendance at A&E for crisis episodes;
- Reduce all inappropriate emergency service responses;
- Reduce Mental Health Act detention in police cells;
- Reduce number of suicides across West Yorkshire.

The **Bradford District and Craven plan** focuses on:

- Prevention and early intervention at the first point of contact with a specific focus on children, obesity, type 2 diabetes, cardio-vascular disease, cancer, respiratory and mental wellbeing;
- Creating sustainable, high impact primary care through our primary medical care commissioning strategies and commissioning social prescribing interventions;
- Supported self-care and prevention by maximising our community assets to support individuals and train our workforce to empower and facilitate independence;
- Provision of high quality specialist mental health services for all ages and early intervention mental wellbeing support services;
- Delivering population health outcomes and person centred care through new contracting, payment and incentives and using Accountable Care footprint arrangements. This includes specific interventions to transform services and address physical, psychological and social needs of our population, reduce inequalities and address the wider determinants of health;
- Developing sustainable 24/7 urgent and emergency care services and planned care.

During 2016/17 the Trust has collaborated with provider partners from health, GP Federations, Local Medical Committee, local authority and voluntary and community services to establish Provider Alliances and associated governance arrangements that will underpin Accountable Care Systems developments across two local geographical footprints: Bradford City & Districts and Airedale Wharfedale & Craven.

An emerging theme in the Trust's work and in the local and West Yorkshire STP is **self-care and prevention**, with exploration of innovative social models with commissioners and provider partners to provide community based health and social care that reduce service demand. The Trust's Governors have an important role in communicating this theme to local communities through their membership activities. The Board and senior leadership team will be learning from exemplars of new models, including the Well North movement (that finds new ways of creating healthy communities) and Frome Health & Social Care.