Operational Plan
2018/19
# Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>17</td>
</tr>
<tr>
<td>4</td>
<td>25</td>
</tr>
<tr>
<td>5</td>
<td>28</td>
</tr>
<tr>
<td>6</td>
<td>33</td>
</tr>
<tr>
<td>7</td>
<td>35</td>
</tr>
</tbody>
</table>

1. Strategic Context
2. Quality
3. Service Plans
4. Workforce
5. Financial Plan
6. Membership
7. West Yorkshire and Harrogate Health and Care Partnership
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 continuing 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 and Harrogate Health and Care Partnership, with a local ‘place’ plan for Bradford District and Craven. These arrangements provide a framework for health and social care collaboration 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 is progressing innovative service-led re-design of adult physical health care services as a test bed. This includes organisational as well as ‘place’ based collaborative service re-design.
- The Trust’s two year priorities were discussed at the Annual Members’ meeting in September 2016 and resulted in four key themes that were reflected in the Trust’s 2 year Operational Plan for 2017/18 to 2018/19, of which this is the second year:
  - 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”

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 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. Around 44% of NHS providers were in deficit at the end of 2016/17 (around two thirds at the end of 2015/16), suggesting systemic issues were continuing to impact performance despite additional funding. 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 impacts of these issues on health and our populations are compounded by severe funding pressures on local government budgets and services.

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 prescribed 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 Clinical Commissioning Group (CCG) and provider organisational control totals and achieve local system financial controls.
- 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.

The planning guidance for 2018/19 confirms these priorities and introduces a number of provider and commissioner flexibilities to support financial recovery. The 2018/19 guidance emphasises the need to restore provider sustainability and replaces the Sustainability and Transformation Fund with the Provider Sustainability Fund.

NHS organisations and local authorities in West Yorkshire and Harrogate are working ever more closely together to develop more integrated health and care systems, both within each place and across the West Yorkshire and Harrogate area. The West Yorkshire and Harrogate Health and Care Partnership Plan focuses on prevention, better coordinated services, preventing unnecessary hospital admissions and supporting people to stay well.
The West Yorkshire and Harrogate plan is built from six local area place-based plans including Bradford District and Craven and builds on our strong history of partnership working. The neighbourhood will be the primary unit for both commissioning and delivery of services. Only when improved outcomes and greater efficiency can be achieved will services be planned and delivered at the whole place or, for the most specialist services, at West Yorkshire and Harrogate level.

The Trust, health and social care and voluntary, statutory and charitable partner organisations face significant financial and delivery 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 has worked in partnership with West Yorkshire Police supporting 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 rated as ‘requires improvement’ by the Care Quality Commission (CQC). The priority, for 2018/19, is to ensure that we correct all of the areas for improvement, which CQC has identified, and that we do this in a way which ensures changes are sustainable so that similar concerns are not flagged up in future inspections. The Trust has a history of responding positively to regulatory challenge and the Executive Team is confident that the issues identified by the CQC can be effectively addressed.

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 agreeing a single outcomes based specification for Out of Hospital services during 2018;
- The Trust operating as a lead provider with voluntary and community sector providers to support increased access to psychological therapies;
- 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 have continued to prioritise work to develop a 0 to 19 years pathway and to support re-design work in response to service reviews led by Local Authority commissioners. Developing and implementing innovative, integrated service models that respond to further sustained Local Authority budget pressures is a key strategic risk and therefore a key priority for 2018/19 (to 2020/21) and will support anticipated procurements for these core services.

The Local Authority is consulting on proposals to reduce budgets in the face of sustained budget pressures and revenue grant reductions. These outline substantial resource reductions over the period to 2020/21 for all Public Health Grant contracted services. The
Trust has already flagged a key strategic risk in relation to (fixed) overhead cost reductions specifically, as a consequence of anticipated resource reductions. As budget reductions continue the Trust will need to work innovatively with other providers of children’s services to reduce duplication, agree a revised service specification and support commissioner proposals to integrate teams more closely. Further risks pertain to the Trust’s quality impact assessment on services of the proposed budget reductions and specifically 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 form ‘Primary Care Home’ communities, which are GP-registered populations around which all other community services are focused.

The **West Yorkshire and Harrogate Health and Care Partnership mental health programme** aims to develop a common approach for acute and specialist mental health services to reduce variation and ensure the delivery of a consistent set of patient-led outcomes that both reflect best practice and meet local need. Key areas include:

- collaborative bed management to eliminate out of area placements for non-specialist acute care, working to ensure people can access a bed locally and if they can’t that they can access a bed within West Yorkshire;
- collaboration to secure national capital funding for 14 additional NHS child and adolescent mental health service (CAMHS) beds aiming to eliminate of out of West Yorkshire and Harrogate CAMHS admissions and develop enhanced community pathways;
- collaboration to eradicate out of area placements for children and eradicate caring for children on adult wards;
- commissioner led review to improve Attention Deficit Hyperactivity Disorder and autism pathways for children and adults to reduce waiting times;
- work with other providers and NHS England to develop a West Yorkshire approach to low and medium secure services and supporting pathways; and
- work to develop an adult eating disorder service, as part of a national pilot to devolve more specialised commissioning responsibility to providers and develop new ways of delivering services.

The **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. CCGs have committed investment in mental health to make progress on some of the ambitions highlighted in the **Mental Health Five Year Forward View**.

Key emerging risks at ‘place’ level include implications of reduced local government funding and consequential significant budget reductions for Public Health commissioned substance misuse service contracts providing support to individuals with complex dual diagnosis presentations.

The strategy includes the **Children and Young People’s Mental Health Transformation Plan**. This 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 secured investment to make service developments within our child and adolescent mental health services.
The Trust, with health and social care partners, is making progress on ambitions outlined in the **Mental Health Five Year Forward View**, including:

- The Trust provides a 24/7 mental health crisis and response service within the Intensive Home Treatment Team, first response service, services in the police control room and A&E liaison service. Following additional investment from CCGs, system resilience funding and sustainability and transformation funding, we expanded the delivery of mental health emergency and crisis care to further develop alternatives to admission and A&E diversion, adopting a whole systems approach that involves partnership working with voluntary care organisations, local authority and police. From 2018/19 the Trust is employing a consultant psychiatrist within the Intensive Home Treatment and first response services to further develop crisis and acute care within all mental health services.

- Although providing a nationally recognised model of provision for both access and crisis care, the service is not yet compliant with the national Core 24 service standard for adult liaison mental health services. Further work is underway with commissioners and Bradford Teaching Hospitals NHS Foundation Trust and Airedale Hospitals NHS Foundation Trust to review and develop compliant Core 24 service standards.

- Following Future in Mind investment, further developments have been made within access to services for children and young people in crisis. The Trust has worked in partnership with a mental health specialist housing provider, Creative Support, to establish an alternative offer of safe provision. This consists of allocated overnight placements for children and young people as an alternative to admission.

- The national ambition is for access to Early Intervention in Psychosis (EIP) services to increase to 60% by 2020/21. Additional CCG funding from 2018/19 will allow the Trust's EIP service to expand, increasing access and delivering NICE approved packages or care for all those experiencing a first episode psychosis up to age 65.

- By 2020/21 NHS England aims to support at least 30,000 more women each year to access specialist mental health care during the perinatal period. The Trust has been awarded funding from NHS England to develop a perinatal mental health service. This service will provide psychiatry, psychology, nursing and specialist support to mothers and expectant mothers who have experienced mental health issues, as well as delivering training and expertise across the district. The service will commence delivery during 2018/19.

- During 2016/17 the Trust further developed Improving Access to Psychology Therapy (IAPT) services by launching a wellbeing college approach offering access to a range of on line support, educational and therapeutic courses. This allowed self-referral and telephone assessments providing sign posting to both delivered programs and alternative services, improving access to services. The Trust has been engaging voluntary and community service providers and during 2018/19 we will contract further with voluntary organisations to deliver an increased service across the district.

- We have designed and in 2018/19 will implement a recovery approach for community mental health and an alternative community model for acute/crisis mental health services, providing care closer to home.

- The Trust has been successful in a partnership bid with the Cellar Trust to deliver an employment support programme for people in the Bradford District who are long term unemployed and who face barriers to entering employment because of mental health problems or disability. The programme is funded by the European Structural and Investment Fund and is managed by Bradford Council. The contract is 18 months from April 2017, with the potential to roll over for a further 18 months.
1.3 STRATEGIC AIMS AND 2018/19 CORPORATE OBJECTIVES

The Trust Board agreed to refresh has three strategic aims that reflect the challenging context described above:

- **Quality and Workforce** – to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce;

- **Integration and Partnerships** – to be influential in the development of new models of care locally and more widely across the West Yorkshire and Harrogate Health and Care Partnership; and

- **Sustainability and Growth** – to maintain our financial viability whilst actively seeking appropriate new business opportunities.

The Board agreed 11 corporate objectives for 2016/17, building on national priorities and local priorities and linking to the Trust’s quality goals. These continue until the Trust’s refreshed organisational strategy is launched.

| 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 |
| 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 |
| 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 |
| 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 priorities were discussed in workshop groups at the Annual Members’ Meeting on 27 September 2016. NHS England’s Five Year Forward View and our local health and care system plans 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 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 Partnerships across two ‘place’ geographies; 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 of 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, empowered and engaged workforce, building on our work as one of 11 organisations who were selected to develop and trial evidence based health and wellbeing interventions to improve staff health. Develop responses to the key areas raised by staff in the 2016 and 2017 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.
1.4 STRATEGY REFRESH

The Trust’s strategy is outlined in the Integrated Business Plan 2014/15 – 2019/20. The Board has commenced co-production of a refreshed organisational vision and strategy, to be completed during 2018/19. Through a relationship with Clever Together, who are experts in crowd sourcing, we are utilising this technology to reach out to all our staff and stakeholders to ensure they are fully involved in developing and shaping the strategy to meet the needs of our service users and patients.

2. QUALITY

- All our staff will continue to maintain a focus on our Quality Statement: safe, personal and effective interventions for all. We are already beginning work to develop a new Trust Quality Improvement Strategy to support staff to consistently and continuously focus on service quality improvement. This will support our new Organisation Strategy for 2019/20 to 2023/24.
- 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.
- Following initial discussions, at our 2017 Annual Members’ Meeting, we have worked with service users, staff and governors to identify a small number of quality goals. Our three goals for 2018/19 reflect longer-term priorities and all our staff, whether in clinical or corporate roles, will play an important part in helping to deliver them.

2.1 APPROACH TO QUALITY GOVERNANCE / IMPROVEMENT

“For improvement to flourish it must be carefully cultivated in a rich soil bed (a receptive organisation), given constant attention (sustained leadership), assured the right amounts of light (training and support) and water (measurement and data) and protected from damage.” (Shortell et al, 1998)

Improving quality and reducing costs are two sides of the same coin and the potential benefit is greater if there is a systematic improvement approach.

Studies have shown that board commitment to improvement is linked to higher quality care so, in December 2017, the Trust Board was one of the first in the country to pilot a module from NHS Improvement's new ‘Leading For Improvement’ programme and the learning from that session has inspired our re-focused approach to Quality Improvement.

Our current approach is based on the well understood concept of Clinical Governance, whereby all aspects of quality can be gathered and continuously monitored under a single ‘umbrella’ which includes evidence based practice, education and training, clinical audit, clinical effectiveness, research and development, risk management and openness.
Following the ‘Leading For Improvement’ module, we are considering the adoption of a more formal Quality Improvement methodology and will base our decision on a thorough evaluation of learning from similar, high-performing Trusts who are already utilising such an approach.

The key functions for ensuring effective quality governance sit within 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 and quality performance monitoring, amongst others. 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 for ensuring that learning, from our internal systems of clinical governance and external assessments, is effectively disseminated throughout the business unit in line with our quality framework; this framework includes the CQC five key questions to ensure routine consideration and discussion by each business unit.

The Quality & Safety Committee (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 allows scrutiny of specific quality and safety issues. QSC is accountable to the Board; escalating quality or safety concerns through routine reporting.

Specific methods utilised by the Trust include:

- **A Quality Improvement Plan.** QSC routinely monitors progress on the implementation of 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.

• 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. Compliance with mandatory and required training is monitored by the Board and its Committees.

• 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. The Trust has developed a bespoke ‘Learning Network’ on the intranet which provides an easily accessible and searchable database of important learning which has emerged through clinical governance processes. A learning network update should be standard business at all Quality and Safety Group meetings.

• 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

Quality improvement is a leadership priority for our board.

We will:

• share responsibility for quality improvement with leaders at all levels;
• develop the skills and capabilities for improvement;
• have a considered and coherent approach to quality improvement;
• use data effectively;
• focus on relationships and culture;
• enable and support frontline staff to engage in quality improvement;
• involve patients, service users and carers; and
• work as a system.

We understand that a formal Quality Improvement methodology is not a quick fix or a magic bullet and that we will need to remain focussed for many years to come.
An ‘Improving Quality Programme Board’ has been established and will oversee the implementation of our new Quality Improvement Strategy under the auspices of the Medical Director, who is the Trust’s executive lead for quality improvement.

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.

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; and
- The content of the West Yorkshire and Harrogate Health and Care Partnership plan

The quality improvement plan supports the Trust’s Quality Statement: safe, personal and effective interventions for all through the following specific work streams which will be continuously refined:

**a) Quality Goals:** A demanding set of quality goals was previously developed to underpin our quality priorities and achievement will be set out in our annual Quality Report. For 2018/19 new and streamlined quality goals have been developed using an inclusive approach: learning from the quality strategies of other, high performing trusts we set out to simplify our goals without reducing their impact.

Early draft goals (based on the themes of ‘safe’, ‘personal’ and ‘effective’) were shared at the 2017 Annual Members’ Meeting and, subsequently, with various staff members via Executive Director briefing sessions and with service users via the Trust-wide Involvement Group. The feedback from these various sessions was used to develop our final set of goals which are fewer in number, more memorable and are applicable across all trust services. Our three quality goals are:

**SAFE:** “We will continually improve the safety of our services”

**EFFECTIVE:** “We will strive to achieve excellent outcomes across all our services”

**PERSONAL:** “We will make our services more responsive by involving service users, carers and staff”

Every individual, team and service throughout the trust should know our quality goals and should be able to articulate what they are doing to help us achieve them. We remain mandated to identify and report against a set of nine specific quality indicators in our
annual Quality Report and these nine indicators will be mapped to each of our quality goals (three per goal). The chosen indicators are based upon our knowledge of where we need to improve (which, in turn, is the product of our Clinical Governance Quality Improvement approach).

b) Clinical audits; Clinical audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements. The aim is to allow quality improvement to take place where it will be most helpful and will improve outcomes for patients. Clinical audits can look at care nationwide (national clinical audits) and local clinical audits can also be performed locally in trusts, hospitals or GP practices, or anywhere healthcare is provided. The Trust has an annual plan in place which encompasses all such audit activity 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) SystmOne for mental health; The Trust has commissioned a new electronic patient record, called SystmOne, to replace our existing record. SystmOne is already used by every GP across our district, by our own community physical health teams, by Airedale acute trust and by adult social care. When we ‘go-live’, in July 2018, we will be one step closer to a fully integrated health and care record for every citizen of the Bradford district, enabling higher quality, safer care for all.

d) 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.

e) 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.

f) Improving the quality of mortality review 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. The alliance has been 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. Our ‘Learning From Deaths’ policy was approved by the Board in September 2017 and we are now publishing mortality data and associated learning on a quarterly basis, in line with national expectations.

g) 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.

h) 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. The Trust’s infection prevention annual programme includes actions that are relevant to reducing Gram-negative bloodstream infections. The Trust also contributes to the local health and social care economy’s district wide joint infection prevention action plan and to the joint provider and commissioner improvement plan for the reduction of E. coli infections and Gram-negative bloodstream infections.
j) **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.

j) **Sepsis**; The Trust is committed to ensuring that the requirements of NICE guidance on Sepsis released in July 2016 are implemented across all relevant services.

k) **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.

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

m) **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.

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

- Improving staff health and wellbeing;
- Improving services for people with mental health needs who present to A&E;
- 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; and
- 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

o) **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 we fail to convince commissioners that we are capable of improving accessibility to local services, then they are more likely to market test those services via competitive procurement.
- If we do not develop best practice services across West Yorkshire, then people are likely to receive inpatient services outside the region at a cost to the system and receive inappropriate care and treatment which may result in delayed transfers of care, excessive length of stay, waiting lists, inappropriate use of police cells and increases in incidents and complaints.
- If providers fail to set organisational self-interest aside and collaborate, for the benefit of defined populations, then delivery of fully integrated and accountable care is unlikely.
- If current volatility in the care home sector and local authority budget reductions continue to reduce care packages and support to individuals, then, demands on the
Trust's community services will become unsustainable with potential to impair quality, safety or performance and / or require additional Trust resourcing.

- If we fail to transform the Trust's informatics function, in line with a clear vision for the future of that function, then we will be unable to properly exploit digital technologies.
- 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, then 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

All change projects are 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:

<table>
<thead>
<tr>
<th>Duty of quality</th>
<th>Patient experience</th>
<th>Patient safety</th>
<th>Resource impact</th>
<th>Productivity &amp; innovation</th>
<th>Workforce impact</th>
<th>Clinical effectiveness</th>
<th>Privacy impact</th>
</tr>
</thead>
</table>

This format encompasses and builds on the five CQC key questions; 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. 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 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 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 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. We will implement the West Yorkshire and Harrogate multi agency suicide prevention strategy 2017 - 2022 and the local suicide prevention plans. By 2020/21, we want to see a 10% reduction in suicides across West Yorkshire and Harrogate. By 2022, we are aiming for a 75% reduction in targeted services and suicide hotspots.

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 trainer service) a key challenge is to respond to and safely manage the impact of significant budget reductions and work to develop service models that are integrated with other council commissioned and provided functions.
Mental Health Acute Services

- We aim to continue the First Response 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 wider health and care partnership, we will work collaboratively with the other mental health trusts across West Yorkshire and Harrogate to establish coordinated adult acute bed management that will ensure if people cannot access non-specialist acute beds in their local area then we will be able to keep them in region and prevent out of area placements. This will be alongside the longer term improvement work to develop a standard service model for acute mental health ensuring care is provided in the least restrictive environment.

- We will embed the NHS Improvement 90 Day Rapid Improvement Project on criteria led discharge which introduces a consistent discharge approach and revised discharge criteria, with the ambition of decreasing length of stay by 10%. 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 alternative shift systems for mental health acute and specialist in-patient wards and embed the NHS Improvement 90 Day Rapid Improvement Project to improve the efficiency of the auto-rotster, maximizing the use of established and bank staff and reducing agency shifts.

- During 2016/17 we developed Haven (a day-time adult mental health service, developed with The Cellar Trust and Bradford Metropolitan District Council) and Sanctuary (a late evening service developed with mental health charity Mind). In 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 across all inpatient services, working closely with universities, local colleges and employment agencies. We will develop a senior staff nurse programme and provide a leadership programme for ward managers.

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 have developed a Wellbeing College approach to improve access and offer a wide range of services and approaches to the local community, including 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.

- As part of our mental health acute and community services transformation programme, we are developing a recovery and prevention model, focusing on early intervention with individuals and maintenance of wellbeing, with a move to supported independence and self-care. This encompasses community mental health teams, assertive outreach and early intervention in psychosis, working with voluntary sector partners.

- Due to significant budget reductions for Public Health commissioned substance misuse service contracts supporting individuals with complex dual diagnosis presentations we are transitioning dual diagnosis into adult community mental health pathways.

- We will continue to assess and suggest mitigations to reduce the impacts from reduced social care provision.
During 2017/18 we made changes to the delivery model for black and minority ethnic clients accessing Memory Assessment and Treatment Services in Bradford City, including offering domiciliary assessment as the first point of contact. We have commissioned an external peer review of capacity and demand for our older people’s mental health services.

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 took place during 2017/18 and the service will be fully operational from April 2018.

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 are working with CCGs to review and further develop the Bradford and Airedale Neuro Development Service in order to meet current demand within acceptable waiting times. We are supporting work to scope a West Yorkshire approach to improvements in ADHD and autism (children and adults) pathways in order to reduce waiting times.

Following the successful New Models of Care bid to NHS England for specialised mental health services, we are working with Leeds and York Partnership Foundation Trust and South West Yorkshire Partnership Foundation Trust to establish a regional community adult eating disorder service. The new model will provide one specialist service across the whole West Yorkshire and Harrogate health and care footprint that is closely integrated with the Tier 4 inpatient service. It will provide a consistent, integrated pathway of care that will be delivered across each of the two delivery areas (Leeds, Wakefield & Harrogate and Bradford & Airedale, Calderdale & Kirklees).

**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.

- 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.

The Trust has been awarded additional funding and devolved commissioning powers from NHS England as part of the New Models of Care to develop specialised services for children and adolescent mental health, as part of a joint bid with Leeds Community Healthcare Trust, Leeds and York Partnership Foundation Trust and South West Yorkshire Partnership Foundation Trust. This will ensure a common intensive community service offer and outcomes for children and young people in West Yorkshire and Harrogate, allowing children and young people to be cared for in the least restrictive environment and only admitted to hospital when absolutely necessary.
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 and link with the other West Yorkshire and Harrogate transformation plans. 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 are supporting best practice on the Dementia and Assessment Unit using a range of initiatives including volunteers; additional activities e.g. music therapy; wellbeing and resilience support for staff; associate nurse programme for 4 Band 4 staff. We are undertaking work on specialising and observations including: implementing a bespoke observation policy; a workshop around specialising led by the Director of Nursing and Operations and Medical Director and a peer review with Greater Manchester Mental Health Trust.

Administration Services

- Re-design of the Trust’s inpatient administration service to bring in line with community administration methodologies.
- Review all RiO administration processes and realign to SystmOne, in preparation for implementation in July 2018.
- Continue to develop administration service level agreements and standard operating procedures to internal customers.
- Promote the need to consider administration requirements for service developments.

Dental Services

- 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.
- We are working in partnership with other providers of community dental services. NHS England recently stopped re-procurement and has not yet confirmed next steps.
- We will achieve ongoing compliance with 18 week referral to treatment times for patients receiving dental care under general anaesthetic.
- We will determine the impact of and respond to Public Health Grant budget reductions as they apply to oral health promotion.

Adult Physical Health Community Services

- 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.
- 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. This has included participating in district wide meetings.

- 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 have expanded the service to include a fourth practice on a recurrent basis with a further evaluation of the quality and cost benefits.

- 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 are working in partnership with the Local Authority to develop pathways of care to support care homes to manage the increasing complexity of care. Within Bradford Teaching Hospitals this has included deploying 3 additional nurses from a community background to support discharge planning.

- The Trust is working in partnership with local providers and commissioners to develop more cost effective out of hospital services and care pathways. During 2018/19 this will include:
  - The Primary and Community transformation programme has developed a “One System, Three Communities” approach in Airedale, Wharfedale and Craven (AWC). The communities are Airedale (Keighley, Riddlesden, Haworth and Oakworth), Wharfedale and Craven.
  - The future model of intermediate care (including bed provision) is being reviewed across the AWC system.
  - A Bradford Provider Alliance, comprising the Trust, the Bradford Care Alliance (GP Federation), Bradford Teaching Hospitals NHS Foundation Trust, Bradford Metropolitan District Council and voluntary sector organisations, is collaborating to redesign pathways (primary and secondary prevention, care and treatment) in Bradford.
  - The Bradford out-of-hospital programme. Ten ‘Primary Care Home’ communities are being formed across three localities. These communities consist of GP-registered populations of 30,000 to 60,000 people and will be the units around which all other community services are focused. Work has commenced to align care homes with these communities. The future model of community bed provision is also being reviewed.

- 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. 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, which ends in the summer, aims to support 280 people over an 18 month period with at least 39 securing sustainable employment of 6 months or more.

- Working with partners in the West Yorkshire and Harrogate health and care partnership, we have successfully secured additional transformational funding from NHS England to further develop the Individual Placement and Support service in line with the Five Year Forward view aim of doubling access.

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

- 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 implemented a service redesign, in the form of a seven cluster delivery model aligned to Children’s Centres during 2017/18 and continue to work closely with other children’s services to consider and respond to proposed future reductions in funding.

- Our aim is to **secure contracts to provide health visiting, school nursing and associated 0-19 Public Health services as part of an integrated Early Years and Prevention ‘offer’** that we expect to be procured by Bradford Council during 2018/19 (following a recent public consultation) and be in a position to bid for other contracts. We will focus on providing value for money in all services.

- The Trust was successful in 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 from April 2017 and we will continue to work closely with the Council and other stakeholders.

- 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. A new service specification has been agreed with commissioners and a joint strategic sub group has been established to review the rising number of children with complex health needs and how providers and commissioners will need to work differently to meet this rising demand whilst delivering a safe service for children and young people.

### Nursing and Specialist Services

- We will continue to work closely with the Local Authority colleagues to implement the Signs of Safety, Early Help offer and prevention following the Local Authority consultation and plans to redesign services across 0-19 generic pathway. **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).

- 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. In the absence of a national **safer staffing** tool for mental health services, the Trust has initiated the use of an acuity model based on the principles of the Keith Hurst model which allows us to determine the staffing levels required to meet the complexity of patients and service users within our mental health wards.

- In line with National Quality Board recommendations an **annual strategic staffing review** will be undertaken and reported to Board by the Director of Operations and Nursing who will engage with the Medical Director and Finance Director to identify safe sustainable staffing levels for each team. These will be developed using a triangulated approach, the use of evidence-based tools, professional judgement and comparison with peers.
Patient Experience and Engagement

- 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.

- The service user and carer involvement and patient experience team continues to support a variety of ways for people to be involved in the work of the Trust. All service users/patients/carers who wish to participate in involvement opportunities are now registered on the Trust’s database. We will continue to develop Introduction to Involvement training, which aims is to give people an ‘induction’ to their involvement work and to better equip them to take part in the Trust in a meaningful way. The You & Your Care Strategic Reference group provides strategic leadership for patient experience and involvement.

- We are developing systems to review all aspects of patient experience feedback to monitor trends and themes. From April 2017, we implemented a new patient experience feedback system which provides more detailed information around how we have improved our services and any areas for further development.

- Our Carers’ Hub is part of a district wide support network for carers, offering a place for carers to meet and gain access to free advice and information. During 2017/18, the Trust opened branches of the Hub at Lynfield Mount Hospital and at Dyneley House Surgery in Skipton. We will continue to develop new Hub activities in partnership with Carers’ Resource, Making Space and Barnardo’s and other voluntary sector bodies.

- The Trust has committed to achieving the Triangle of Care kitemark for carers, which commenced with all inpatient wards and crisis teams community mental health teams in 2017/18 and will be rolled out to community mental health services by December 2019 and all other Trust services by December 2021.

3.2 CORPORATE SERVICES

Delivery of operational service plans is supported by the Trust’s corporate functions. The areas below represent the key projects during 2018/19 that will support the Trust in achieving its aims and strategic objectives. The Trust continues to review benchmarked costs for corporate functions and has identified further savings for 2018/19 that supplement those planned and achieved over the last two years.

Digital Health Care and Informatics

- Implement a new mental health clinical information system, to ‘go live’ planned in July 2018.

- Ensure ongoing compliance with the Information Governance Toolkit (minimum Level 2) and the new General Data Protection Regulations.

- Continue to deliver the Trust’s 5 year Informatics work plan, supporting agile working and linking with the Trust’s digital strategy and new cyber security strategy, which in turn support local and regional digital aspirations.

Estates & Facilities, Finance and Business Intelligence

- Deliver key capital plan commitments including PC/laptop replacement, network infrastructure improvements, implementing a new mental health clinical information system, refurbishment of the Airedale Centre for Mental Health (Phase 2 in 2018/19), fire safety remedial works at Airedale Centre for Mental Health, refurbishment of some Trust community properties and Patient Led Assessment of the Care Environment action plan including dementia friendly toilet facilities.
- **Deliver key financial targets and demonstrate value for money** including effective procurement and 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.

- **Continued performance improvement in Patient Led Assessments of the Care Environment** (PLACE) for cleanliness, food, privacy & dignity and maintenance.

- **Continue to develop and embed culture & values across Estates & Facilities.**

- **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 new contract models.

### Marketing and Communications

- **Market new and re-modelled services** – for example MyWellbeing College ‘self-help workbooks’, specialist perinatal mental health, alternative model for acute/crisis mental health - to support more people to stay well, ideally in the community.

- **Leverage all Trust channels including digital, to engage members, partners and wider communities** in Trust work to support business units/operational leads to shape Trust services, including the organisational strategy.

- **Develop a digital information portal on the Trust website, working with the Trust’s community-based services, to support and signpost individuals on self-care** e.g. digitally-based guides/tools for children’s services.

### Programme Management, Business Support & Improvement, Business Development

- **Project manage, facilitate, support and report the activities and outcomes within the Trust’s transformation and operational improvement programme.**

- **Support advancement and innovation of services and ideas through a market development process.**
Our workforce plans focus on three key areas:

- **Ensuring sufficient workforce capacity and capability** by attracting people into the workforce – focusing particularly on widening access and 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. In addition, 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. Developing our staff bank to minimise use of agency staffing thereby reducing costs, increasing quality and continuity of care and offering flexible working as well as 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 support 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 and reducing agency premium costs, 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 Bradford District and Craven and the West Yorkshire and Harrogate Health and Care Partnership** to support service transformation and develop the workforce of the future. Develop 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, support collaboration and maximise resources.

Being an excellent employer with a strong engaging and inclusive leadership culture throughout remains critical if we are able to continue to attract, recruit and retain a world class workforce who are engaged, motivated, committed and fully deploying their skills, ideas and discretionary effort.

For 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 equality and diversity workforce strategy, the developing and strengthening the future support workforce strategy and the education strategy, as well as the West Yorkshire and Harrogate Health and Care Partnership.

Performance against the workforce strategy is monitored by the Workforce Transformation Steering Group on a quarterly 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 a 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 the 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 Health and Care Partnership 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 an in-house staff bank, and a comprehensive eRostering system which helps ensure 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 remained below the overall agency expenditure cap of £6,991k for 2017/18 and projects remaining within the reduced cap of £6,067k for 2018/19 however medical locum alternatives and price/wage caps present an ongoing challenge.

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 acted in 2017/18 to review rates of pay for Trust bank staff and invited support from NHS Improvement’s agency team prior to re-launching the staff bank.

Work is also 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 Equality and Diversity Workforce Strategy. For example the Trust has worked with Learn Direct on an apprenticeship programme for Health Care Support Workers since 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 2018/19 there will be a focus on retention and creative solutions to ensuring sufficient workforce supply. The refreshed workforce strategy and plan are cognisant of the challenges to both supply and retention, including changes to professional fees and supply of international staff. The plan also reflects work underway to further strengthen bank arrangements and workforce transformation.

In light of this, for 2018/19 the priorities will be:

- aligning the workforce plan with the new model of care, for example diabetes, ‘Primary Care Home’ and children’s services;
- supporting services to embed quality improvement methodologies and create a culture of continuous improvement;
- implementing robust plans to help attract and retain high quality staff;
- equipping managers with competencies to lead effectively and motivate them to give of their best;
- 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 place and health and care partnerships to deliver shared workforce programmes, e.g. apprenticeships, attracting in young people, leadership and management development;
- ensuring a reduction in agency staff and delivering effective and efficient care;
- exploring opportunities to strengthen bank arrangements with other key partners
- developing the workforce to deliver seamless care;
- enhancing programmes to support staff health and well-being and reduce sickness absence;
- increasing leadership visibility and staff engagement across the organisation; and
- developing an open, transparent, diverse and inclusive culture to ensure outstanding patient and staff experience.
5. FINANCIAL PLAN

5.1 SUMMARISED FINANCIAL PLAN: 2018/19

Despite remaining ahead of plan, underlying financial performance has remained challenging throughout 2017/18. The end of year position incorporates more than £1m non recurrent actions offsetting pressures arising from special observation and temporary inpatient staffing costs and medical locums that require management into 2018/19.

The challenging financial environment presents the prospect of needing to deliver annual cost reductions of around 5%. This is in a context of having faced 7 years of similarly difficult efficiency ‘stretches’ and notably compares against much lower historic national provider sector averages (as reported by both NHS Providers and NHS Improvement).

The Board has carefully considered the implications of the proposed financial plan, to deliver a plan surplus of £288k in order to access Provider Sustainability Funding (PSF) of £793k and deliver a composite flexed Control Total of £1,081k. The Control Total has been flexed to reflect an agreed technical adjustment, which is non-recurrent. The PSF earned by the Trust has consequently also been subject to a non-recurrent adjustment.

Whilst the Board undertook a detailed risk assessment and there was national confirmation that Agenda for Change pay proposals would be funded before the Control Total was considered, the level of financial challenge remains considerable. Public Health contract reductions and inflation alone represent a Trust efficiency requirement of circa 2.4%. Further residual risks and plan uncertainties are outlined below.

The Board reviewed draft financial plan assumptions in private in December 2017 and subsequently in February 2018, following receipt of the planning guidance and revised Control Total communication and in advance of the 8 March NHS Improvement submission. An update was provided to Board at the end of March, following the conclusion of contract variation processes. A further extraordinary Board meeting on 16th April formally considered the Control Total and approved a recommendation that this be accepted.

The plan requires a Cost Improvement Programme (CIP) for 2018/19 of £7.4m with a number attached to areas where delivery is currently ‘red’ RAG rated and where detailed proposals need to be developed for Quality Impact Assessment.

The Board and Finance, Business and Investment Committee have carefully considered the degree of ‘stretch’ necessary to deliver the 2018/19 operational plan; including the level, deliverability and phasing of cost reductions, other delivery risks and residual plan uncertainties which include the Doctors and Dentists Review Body outcome and the methodology (not yet known) for national funding of Agenda for Change pay proposals.

The Board considered the following key assumptions:

- **Full funding for the proposed Agenda for Change Pay settlement including staff employed to deliver Public Health (Local Authority) contracts.** The proposed pay award is significant and a relatively small margin of error e.g. from national determination of the pay award impact, therefore has potential to be significant. The Trust’s evaluation of the impact of the proposed new pay award is:
### Plan provision (per planning guidance) 1% award
<table>
<thead>
<tr>
<th>Public Health</th>
<th>Additional Cost of AFC Pay Settlement (above 1%)</th>
<th>AFC Pay Settlement</th>
</tr>
</thead>
<tbody>
<tr>
<td>158</td>
<td>493</td>
<td>651</td>
</tr>
<tr>
<td>Health</td>
<td>864</td>
<td>2,862</td>
</tr>
<tr>
<td>Total</td>
<td>1,022</td>
<td>3,355</td>
</tr>
</tbody>
</table>

- No income clawback by NHS England if the Trust experiences Low Secure under occupancy: The Trust has received verbal assurance that regional contract leads do not intend to apply contract penalties linked to reduced occupancy from extremely efficient lengths of stay. This reflects strong relationships and contractual accommodations that protect providers if under occupancy is outside of their control e.g. referrals not being made to the service;
- No recurrent impacts from ongoing discussions with NHS Property Services and Community Health Partnerships for occupancy of community properties (regional NHS Improvement finance team closely engaged); and
- No impacts for Early Years (procurement by the Local Authority) or Community Dental (tendering by NHS England) services which face separate procurements during 2018/19 and have potential contract start dates from April 2019.

Key risks include:

- Management of special observation and temporary staffing levels across the Trust’s inpatient wards;
- The challenge of having delivered a persistent ‘efficiency stretch’ on block contracted community and mental health services of 5% and implications of a further efficiency requirement of £7,351k, or 5%, of which considerably more than ever; around 34%, are red rated for delivery and of which around £1.2m represent non recurrent actions;
- The monthly profile and Quality Impact Assessment status of proposed cost improvement schemes; and
- Community Dental Service and Early Years contracts, for which NHS England and Local Authority (respectively) procurement processes are expected in 2018/19.

### 5.2 FINANCIAL FORECASTS AND MODELLING

#### CONTRACTS WITH COMMISSIONERS OF HEALTHCARE

The Trust and CCG Commissioners agreed contract variations at the end of March; within national timescales. The Trust specifically targeted further mental health and community demographic investments and progress on local ‘place’ and West Yorkshire and Harrogate Health and Care Partnership financial plan commitments to invest in community and mental health provision.

**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:** A recurrent uplift of £1.3m or 1.96% was agreed in final contracts for 2018/19 supplemented by £150k non recurrent support for inpatient staffing:

- Progress towards national priorities set out in the Five Year Forward View for Mental Health via funding to increase access to Early Intervention in Psychosis services and
some investment in Improving Access to Psychological Therapies (IAPT) services (but with provision for long term conditions remaining uncommissioned);
• Full year effect funding for increased patient acuity in the Dementia Assessment Unit, and as confirmed via a 2016/17 independent peer review;
• To support enhanced Intensive Home Treatment Team (IHTT) staffing supporting more rapid discharge and acute admission avoidance; and
• To continue Individual Placement and Support (IPS) employment services.

Community Physical Health: Uplifts of 1.8% or £0.5m were supported by Commissioners. This provides a modest contribution towards pressures in services that are being impacted by population growth, ethnicity, rising acuity, social care pressures, care home sector volatility and a shift of more complex tasks into community settings.

Uplifts representing an average of around 0.6% have been funded over the last 7 years, however growth in face to face contacts for community nursing services for example has averaged 10% per annum in the last 4 years.

The impact of sustained efficiency requirements on block contracted services is evident from recent West Yorkshire and Harrogate Health and Care Partnership level benchmarking of CCG expenditure which highlighted material relative under investment in community and mental health services compared to national average.

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

Plans assume achievement of 95% or £2.4m of available national CQUIN income for 2018/19. The risk profile for national CQUINs is heavily weighted in quarter 4, (49% of overall CQUIN in quarter 4 – 65% for national schemes, 25% for local schemes) making financial forecasting and management more difficult.

Local CQUINs attract 1% or £1.0m for Health and Care Partnership engagement and are phased in twelfths. As an active partner the Trust is confident of securing this resource.

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.

EXPENDITURE PLAN

a) Inflation of £2.8m per annum comprises £2.4m pay and £0.4m non-pay:
   • £2.4m pay includes 1% pay award only, consistent with planning guidance plus incremental drift; and
   • £0.4m non-pay includes national Clinical Negligence Scheme for Trusts pressures, utilities, rates, and other price rises impacting the Trust.

The methodology for routing national funding for Agenda for Change pay review body negotiated awards to Trusts remains unclear, including how Public Health funded contracts will attract this resource beyond 2018/19 (direct to providers). This is a key residual plan uncertainty and potential risk factor.

b) Cost pressures: The planning round has proved extremely challenging and £0.9m of priorities were not funded in 2018/19. The implications of this will continue to be risk assessed.
c) **Investment in Quality**: Key investments in quality improvements include:
- Full year effect funding for *Dementia Assessment Unit safer staffing* levels following a 2016/17 peer review (however staffing levels currently exceed this);
- Funding for *Improving Access to Psychological Therapies (IAPT)*, to increase access to 19% (excluding Long Term Conditions) and for *Early Intervention in Psychosis* to 53% by March 2019;
- *Improvement actions targeting alternatives to more expensive agency staff*, optimising actions already implemented during 2016/17 and 2017/18;
- *Capital Investment to progress essential quality initiatives* including investing in inpatient environments, IM&T infrastructure, Single Clinical Information System, and backlog maintenance.

d) **Agency Staff Costs**: The Trust has continued to work to develop alternatives to agency staffing during 2017/18. Actions are described more fully in the workforce section and include an in-house staff bank (with pay rates re-aligned where substantive staff perform additional hours to their substantive incremental point in 2017/18), peripatetic inpatient team, E-Rostering, 90 day Improvement programmes for E-rostering and recruitment, price negotiation with agencies and proactive appointment to fixed term or permanent positions. However finding alternatives to medical locums and achieving medical wage and price caps remains extremely challenging.

### 5.3 COST IMPROVEMENTS 2018/19

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

<table>
<thead>
<tr>
<th>Cost Improvement Requirement</th>
<th>£m</th>
<th>CIP %</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS tariff efficiency</td>
<td>1.82</td>
<td>1.24%</td>
</tr>
<tr>
<td>Health inflationary pressure</td>
<td>0.35</td>
<td>0.24%</td>
</tr>
<tr>
<td>Public Health contract efficiency &amp; loss of overhead contribution</td>
<td>3.49</td>
<td>2.37%</td>
</tr>
<tr>
<td>NHS England contract increase</td>
<td>-0.21</td>
<td>-0.14%</td>
</tr>
<tr>
<td>Local Pressures &amp; priorities</td>
<td>2.44</td>
<td>1.66%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>7.89</td>
<td>5.37%</td>
</tr>
<tr>
<td>Planned Surplus</td>
<td>-0.54</td>
<td>-0.37%</td>
</tr>
<tr>
<td>TOTAL TO MEET TRUST INTERNAL CONTROL TOTAL BEFORE STF</td>
<td>7.35</td>
<td>5.00%</td>
</tr>
</tbody>
</table>

**Cost Improvement Plans (CIPs)** included in the table below relate to:

1. Management of significant inpatient pressures linked to patient acuity and special observation levels and temporary staffing premium costs including medical locums;
2. Early Years and Dual Diagnosis re-design to manage Public Health contract reductions;
3. Working in partnership with the Voluntary Care Sector to deliver IAPT;
4. Targeted corporate efficiencies to respond to national corporate benchmarking (7.4% in 2018/19); and
5. Further Estates rationalisation, procurement and central NHS Supply Chain savings.

All schemes have been RAG rated for deliverability to inform an overall risk assessment and consideration by the Board of the overall financial risk.
<table>
<thead>
<tr>
<th>Risk by Quarter</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Total</th>
<th>Total</th>
<th>% of Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>£000's</td>
<td>£000's</td>
<td>£000's</td>
<td>£000's</td>
<td>£000's</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Green</td>
<td>1,114</td>
<td>1,174</td>
<td>1,032</td>
<td>1,032</td>
<td>4,352</td>
<td>59%</td>
<td>2.96%</td>
</tr>
<tr>
<td>Amber</td>
<td>30</td>
<td>106</td>
<td>186</td>
<td>186</td>
<td>508</td>
<td>7%</td>
<td>0.35%</td>
</tr>
<tr>
<td>High Risk</td>
<td>17</td>
<td>737</td>
<td>869</td>
<td>869</td>
<td>2,491</td>
<td>34%</td>
<td>1.69%</td>
</tr>
<tr>
<td>Total</td>
<td>1,160</td>
<td>2,017</td>
<td>2,087</td>
<td>2,087</td>
<td>7,351</td>
<td>100%</td>
<td>5.00%</td>
</tr>
<tr>
<td>% of Total</td>
<td>16%</td>
<td>27%</td>
<td>28%</td>
<td>28%</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Turnover</td>
<td>0.79%</td>
<td>1.37%</td>
<td>1.42%</td>
<td>1.42%</td>
<td>5.00%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recurrent</td>
<td>790</td>
<td>1,647</td>
<td>1,859</td>
<td>1,859</td>
<td>6,156</td>
<td>84%</td>
<td></td>
</tr>
<tr>
<td>Non Recurrent</td>
<td>370</td>
<td>370</td>
<td>228</td>
<td>228</td>
<td>1,195</td>
<td>16%</td>
<td></td>
</tr>
<tr>
<td>Health</td>
<td>490</td>
<td>1,264</td>
<td>1,122</td>
<td>1,122</td>
<td>3,999</td>
<td>54%</td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>669</td>
<td>753</td>
<td>965</td>
<td>965</td>
<td>3,352</td>
<td>46%</td>
<td></td>
</tr>
</tbody>
</table>

The Trust needs to achieve £7,351k (5.0%) cost reductions of which around £1.2m will be non-recurrent. Around £2.5m do not have detailed delivery plans and are consequently ‘Red’ RAG rated and back end loaded in the draft financial plan, largely from quarter 2.

The Trust is also working with CCG Commissioners to develop a joint service and resourcing strategy for Community and Mental Health Services during 2018/19 including agreeing shared priorities for future service investment.

**USE OF RESOURCES RATING (UoR):** The financial plan would achieve a plan risk rating of ‘3’ in quarter 1, improving to ‘2’ in quarter 2 and to ‘1’ by quarter 4.

Key drivers of the plan phasing that impact on quarterly UoR are; National CQUIN phasing (49% in quarter 4), Provider Sustainability Funding phasing (65% in quarters 3 and 4) and CIP phasing (16% in quarter 1).

**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. Deputy Director and Business Unit 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.

Two year priorities were discussed in workshop groups at the Annual Members’ Meeting on 27 September 2016 resulting in the four key themes (workforce; self-care and prevention, “You and Your Care”, integrated records management/accountable care systems) that are incorporated in this plan.

**5.4 CAPITAL PLAN 2018/19**

The Trust’s capital programme for 2018/19 is funded by estimated depreciation of £3,004k supplemented by cash reserves of £1,272k. All capital requests were rigorously prioritised and risk-assessed to identify key service and business critical schemes.

The plan includes £2.23m estates schemes, £1.39m IM&T schemes including completing implementation of a new Mental Health Single Clinical Information system and essential informatics schemes and establishes a contingency of £0.65m to allow management of in-year emergencies and high risk priorities; including service user vandalism/emergency repairs and enabling transformation and service development.
6. MEMBERSHIP

- As at 31 March 2018, the Trust had 9,704 public members and 3,010 staff members.
- Our membership ‘offer’ brings together services users, carers, volunteers and local communities under one membership umbrella, thereby 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 2016-2018 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.

Now that the Governor elections have been successfully completed, the new strategy will be developed with Governors during 2018/19.

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.
We remain committed to collaboration that will deliver the West Yorkshire and Harrogate Health and Care Partnership plan and the local plan for the Bradford District and Craven.

An emerging theme in Trust, local ‘place’ and West Yorkshire and Harrogate plans is self-care and prevention, with exploration of innovative social models and partnerships to provide community based health and social care that reduce service demand.

The Trust continues to play an active role in the West Yorkshire and Harrogate mental health programme.

We are committed to ensuring mental health services are integrated with and receive the same importance as physical health services, supported by the Bradford District and Craven mental wellbeing strategy.

Health and Care Partnerships provide a route map for how local NHS and partner organisations implement the Five Year Forward View and collaborate to drive improvements in health and care; restore and maintain financial balance; and deliver core access and quality standards. Plans provide the basis for operational service 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 Health and Care Partnership plan 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 Mental Health work programme.

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

In February 2018, the West Yorkshire and Harrogate Health and Care Partnership expressed an interest in becoming an integrated care system.

The Trust is actively involved in the West Yorkshire and Harrogate mental health programme, which covers key areas of mental health service provision including bed management, CAMHS Tier 4, adult eating disorder services, 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 common approach for acute and specialist mental health services to reduce variation and ensure the delivery of a consistent set of patient-led outcomes that both reflect best practice and meet local need. This includes 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 brings together the collective expertise of the four NHS trusts that provide the region’s mental health services: Bradford District Care Foundation Trust, Leeds Community Healthcare Trust, Leeds and York Partnership Trust and South West Yorkshire Partnership Foundation Trust. This will enable sharing of best practice and resources,
inform and drive the development of more consistent provision, but ensure that services are delivered locally unless there is a benefit from delivery at scale.

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 local ‘place’ Health and Care Partnership 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 and 2017/18 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 Health and Care Partnership developments across two local geographical footprints: Bradford City & Districts and Airedale Wharfedale & Craven.

An emerging theme in local and West Yorkshire Health and Care Partnership planning is **self-care and prevention**, with exploration of innovative collaborative community based health and social care models that reduce service demand. The Trust’s Governors have an important role in engaging and communicating this theme to local communities through their membership activities.