SECTION 2: FUTURE BUSINESS PLANS

2.1 Overall Vision

2.1.1 Vision statement

Leeds Partnerships NHS Foundation Trust is a provider of specialist mental health and learning disability services. As a teaching Trust with strong links to local universities it has a reputation as a centre of excellence for teaching, research and development, partly attributable to the national profiles of a number of our clinicians. Our purpose is simple but ambitious, that is to be the best at what we do, which is encapsulated in our vision statement:

"In 2011 people choose our Foundation Trust because we always deliver the best mental health and learning disability care"

2.1.2 Formation

The Trust undertook a rigorous process to develop our current five-year strategy, which supports achievement of our vision for 2011. Over 250 people including staff, stakeholders, service users and carers were involved in its development and in agreeing a staged transformation programme. This process demonstrated strong enthusiasm for innovation throughout our organisation, as well as clinicians' recognition of the need for continuous improvement through flexibility and redesign, rather than solely from new investment.

Our strategic direction, as described in our 2007 Integrated Business Plan, is to sustain our strong market share for the core population base that we currently serve, with targeted growth of specialist services in response to wider market opportunities. This reflects the fact that our primary focus is Leeds and that we are determined to provide the best possible specialist mental health and learning disability services for its citizens. We have undertaken to progressively improve quality, reliability, efficiency, effectiveness, integration with other services and choice in all services we provide, so that we are the preferred provider for commissioners and service users and carers alike. We remain committed to these improvements.

We have recognised that a critical element in delivering this is the strength of our partnerships in delivering complex multi-agency care pathways in a sustainable way. Refinements to strategy continue to reflect the importance of our partnerships particularly as set out in our Recovery and Social Inclusion Strategy (see section 2.3).

The Trust's Board of Governors has fully engaged with deliberations regarding future strategy and is leading a process to review our five year strategy, as described in section 2.2. Governors will be consulting with the membership during June and July 2009 regarding the appropriateness of our strategic themes. The output from this work will feed into a joint Board workshop in August, prior to feedback being given at the Annual General Meeting in September.

2.2 Strategic overview

Our five year strategy describes a number of key programme areas which will contribute to the delivery of this vision. During 2008/09, the Trust has continued to work on its key strategic programme areas as follows:

- Patient Safety
- Developing an Integrated Approach to Service Improvement
- Foundation Trust consolidation
- Communication
- Environment
- Information Governance
- Social Inclusion and Diversity
- Developing People and the Organisation

These are seen as cross-cutting corporate strategies, supporting and enabling the overall delivery of service strategies which are contained in Clinical Directorate Business Plans. Key service plans are shown at 2.5.

During the year, the Trust also considered the implications of the Darzi review and concluded that the various work streams that it had in place would accommodate and address the key themes from Darzi.

Currently there are 17 projects helping to deliver on the 8 areas identified above and progress on these is managed within a strategy delivery programme.

Executive Team members have reviewed the programme areas for which they have responsibility and are identifying further projects to maintain progress in 2009/10 and beyond. This will be formalised through a strategy review process during the summer of 2009.

Strategy Review

The Trust is taking the opportunity to review its strategy for a number of reasons:

- We are half way through our 5 year strategy to take us to 2011;
- We wish to better integrate our service and corporate strategies;
- We wish to refresh our vision, mission and values to provide an overarching framework;
- We wish to review our external environment;
- We wish to further our engagement with our governors, members and other stakeholders.

A process and timetable have been produced to ensure the relevant engagement and consultation with a view to the strategy being refreshed and renewed by September 2009.

2.2.1 National and Local Challenges

In agreeing future business plans the Trust has been fully mindful of the challenges presented by the current and future political and economic climate. The Board of Directors held a workshop in November in which it reflected on our population, current and future demographics, incidence and prevalence of mental illness and learning disability, and new treatments and technologies. It discussed our current and future workforce, the financial outlook, and local and national strategic priorities. In this context it considered key issues which we will need to manage over the next three to five years. This was followed up by a further event in February where the Board further considered the impact of these changes on our strategic growth plans.

Some of the key questions with which the Board engaged included:

- What will be the role of the private, voluntary and community sectors in the developing economic, social and political climate?

- Do we need a mixed economy to ensure greater responsiveness of services to patients' needs?
- Is the principle of any willing provider necessary for choice and is choice still politically desirable?
- How will the developing regulatory environment affect the health and social care system and in particular what will be the impact of increased regulatory demand on smaller provide agencies?
- What will be the main business development opportunities for the Trust over the next three to five years, given the likelihood of PCTs divesting themselves of provider services, and of some Mental Health Trusts not achieving FT status?

These deliberations have enabled the Board to refine its attitude to growth, in particular our areas for focus in 2009/10. Further information is given in section 2.4.

Looking ahead the Trust has planned for a significant reduction in the rate of funding increases to cover inflation, cost pressures and developments. The broad assumption beyond 2010/11 is that the only growth in funds we will receive will be specifically linked to developments in the quality of services, for which new investment will probably be required.

The Trust's view of specific challenges that we expect to face over the next three years is outlined below:

- **The introduction of new tariffs through HRG4**

  The Trust is part of a consortium developing currencies for use in mental health by 2010/11. It is anticipated that these will be used in 'shadow' form in 2010/11 and as real currencies for trading on a cost per case basis no earlier than 2011/12. The mental health 'payment by results' initiative is being developed to reflect the principles of good practice. This should encourage the use of best clinical practice, which in turn promotes improvements in both quality and cost effectiveness.

  The Trust is planning to achieve cost efficiencies to yield costs in line with potential national tariffs even though the likelihood is that local pricing of national currencies will remain, at least for the foreseeable future.

  Income growth assumptions in 2011/12 will require investment and should they become doubtful as a result of currency development, investment will be curtailed accordingly.

- **Lower funding growth**

  After years of steady growth, the financial outlook for the NHS is for much lower growth. Financial plans for 2009/10 are built on firm assumptions, as contracts for income have been agreed at the time of writing; however a prudent view of future finances beyond 2009/10 has been taken.

  Assumptions for the base case have been made using planning assumptions provided by Monitor for uplift. In particular much lower growth has been assumed for the periods after 2010/11, with a significant amount of additional spending being required to support the quality component of the uplift.

- **Possible capital constraints**

  The 5 year capital plan for the Trust relies solely on coverage in income equivalent to depreciation and existing and planned cash balances going forward. It is highly unlikely that any funds would need to be borrowed to finance capital plans in the medium term.

  Not yet featured in the 5-year plan is the redevelopment of the St Mary's Hospital site. Discussions are underway with NHS Leeds and will commence shortly with other stakeholders about the potential future use and development of this site.

Assumptions about future capital receipts have been revised to take into account the new market conditions. It is now assumed that there will be no asset sales for the foreseeable future other than the Wilson's Arms site. The capital programme will be funded through a combination of future depreciation and existing cash resources.

- **Increased NHSLA fees**

  Fees increased significantly for trusts in 2009/10, but for LPFT these were not material to the financial position of the Trust and have been built into financial projections.

- **An increased focus on and development of commissioning capabilities and contracts**

  The table below reflects 2009/10 contracts for clinical services outcome:

Commissioner	£'000s	% of Trust income
NHS Leeds (Leeds PCT)	96,954	87.5
Local Authority/Social Care	8,150	7.4
Other	5,691	5.1
Total	**110,795**	**100%**

  The Trust has agreed a one year contract with NHS Leeds for 2009/10 in line with the national standard bi-lateral contract. This is a block contract with one or two specific and minor exceptions, and accounts for 87.5% of the Trust's total clinical services income. The Trust and NHS Leeds have also agreed revised activity figures as well as very specific quality performance standards. Moreover, we have agreed a programme for the review and revision, where appropriate, of individual service specifications throughout the year.

  In line with 'Valuing People Now', agreement has been reached on the transfer of learning disability social care commissioning and funding from NHS Leeds to the local authority from April 2009. The sum of £4.4m has been agreed in relation to our Supported Living scheme.

  Regional pilot work is currently taking place which may affect how some of our more specialist services are commissioned in future years, for example Gender Identity.

  The Leeds Partnership for Older People's Projects (POPP) funding of circa £600k is not currently part of our block contract and a decision on future funding arrangements is still under review by NHS Leeds, due to the complexity of the issues and partners involved.

- **An increased risk of non-payment for over-activity**

  Whilst the majority of the Trust's clinical income from NHS Leeds is still on a block basis, some specialist areas are reimbursed on a cost per case basis. This has not changed for 2009/10. In respect of non-Leeds PCTs however, these have been moved from a block basis to a cost per case, which will link actual throughput to income. Whilst this means that this element of income is more volatile and therefore riskier, it represents a relatively small income stream. In addition, where more work is done, more income will accrue.

- **Further pressures on discretionary budgets and funding especially where contracts are not in place**

  Reliance on discretionary budgets is low; the main area affected is Older People's Services (Leeds Partnership for Older People's Projects) at circa £600k. Should a decision be made by NHS Leeds not to renew this funding, then expenditure will be halted with minimal financial risk.

  The other area potentially affected is the Research Consortium, a collaborative venture with South West Yorkshire Mental Health NHS Trust and Bradford District Care Trust. Should either party withdraw from this arrangement, LPFT will consider its own position, but will only be exposed to minimal financial risk.

- **Performance related payments linked to quality outcomes**

  This year for the first time an element of clinical income has been linked explicitly to improvements in the quality of services. This equates to just over £500k or 0.5% of turnover. A schedule of quality indicators is under development with NHS Leeds, who has already agreed payment of 90% of the Commissioning for Quality and Innovation (CQUIN) monies. The remaining 10% will be paid on final agreement of the quality initiatives.

  Other PCTs have been asked to recognise these measures in that their tariffs have been increased by 2.2%, inclusive of the 0.5% CQUIN monies**.**

- **Registration under the Care Quality Commission**

  From April 2009, every NHS trust that provides healthcare directly to patients must be registered with the Care Quality Commission. In 2009/10, trusts are registered on the basis of performance in infection control (see section 1.4 for further information).

  In April 2010, the Government will introduce new regulations, which will bring the registration of the NHS, independent healthcare and adult social care into one system. These regulations will cover other areas of practice, which are still to be confirmed.

  The Trust recognises that full compliance with CQC regulations will be an essential prerequisite for a high performing organisation, and is reviewing internal management arrangements to ensure that we have sufficient resource focused on this area of challenge. The Trust is therefore confident that we will be in a strong position to meet CQC requirements.

- **The impact of European Working Time Directive**

  The remaining staff group for whom compliance is not yet mandatory are junior doctors. Through the use of rota management and job planning it is not anticipated that a significant cost pressure will emerge as a result of this.

- **Social impacts on healthcare provision of higher levels of unemployment**

  The Trust recognises the social impacts of higher levels of unemployment, and in particular that people experiencing mental health problems are one of the largest groups claiming incapacity benefit. The positive benefits of employment are clearly documented and we are keen to support people who use our services into sustained employment and help those with existing jobs to retain them.

  In order to respond to this challenge, we have established a partnership with Leeds MIND to pilot co-location of employment specialists in adult community teams. To assess the benefits of this approach, we have established a Knowledge Transfer Partnership with the School of HealthCare Studies at the University of Leeds. This will involve a research assistant evaluating the impact and business case for employment specialists in clinical teams over a 2.5 year period.

  We believe this will generate vital information that will enable us to model service delivery and partnerships in a way that benefits people who use our services most effectively.

  There is as yet little evidence to suggest a long-term increase in demand for the Trust's current range of services as a result of rising unemployment in the economic downturn; indeed, much of the increased demand will probably be focused initially on services provided by primary care. There will inevitably be a shift into some secondary services but this is not yet reflected in activity or manpower assumptions as it remains unknown and is not likely to be of significant proportion.

- **Implications of competition (Principles and Rules on Co-operation and Competition) and competition regulation**

  Where the Trust has interests in growing its business, it will monitor the processes adopted by commissioners to ensure its interest is protected. Similarly, should NHS Leeds wish to put services out to tender, a similar process will be adopted and processes agreed with NHS Leeds.

2.3 Quality

The Trust is continuing to build a platform for improvement to support our ambition to be the 'best in class', summed up in a simple statement, that:

"In 2011 people choose our Foundation Trust because we always deliver the best mental health and learning disability care"

This is about us providing the best possible service, as well as being the best employer that we can be. We have moved forward in so many different ways over the last twelve months and what follows is a snapshot of some of our areas of activity, together with some improvement priorities for the next, and subsequent, years. This information is taken from our newly published Quality Report, which can be found at:

www.leedspft.nhs.uk/about_us/performance

Current view of Trust's position and status for quality

The last year has seen us pushing forward with our ambition to deliver further improvements in the safety and reliability of our services. This has been reflected in a range of initiatives including major investment in enhanced staffing for acute inpatient services, work to reduce errors in the prescribing and administration of medicines and a systematic programme of clinical risk training to help protect and support our most vulnerable service users. This gives us an increasingly solid foundation from which to drive up the quality of our services in order to deliver our Trust ambition, whilst at the same time realising the vision set out in Lord Darzi's report "High Quality Care for All".

We are keen to improve our understanding of service quality as experienced by service users and carers and will be working with members and Governors in further developing our tools for measuring service user experience.

We also continuously seek to ensure that we are meeting our obligations to the public through, for example, delivering national standards. This year we have stripped down the elements of the Healthcare Commission's core standards to take a totally fresh view about their implementation in our Trust. We have learnt through this process that a tremendous amount of work has been done to deliver these standards. Not surprisingly we have also learnt of areas where we wish to improve and we will particularly focus on quality improvements in the areas set out in this report.

Overview of organisational effectiveness initiatives

The Trust has developed a number of initiatives which are aimed at increasing organisational effectiveness around quality. These include:

'First Do No Harm'. This ongoing programme aims to achieve continued improvement in the safety and reliability of our services. Developments arising from this initiative have included £1.1 million new and recurrent investment to improve staffing ratios where needed for the protection of our most vulnerable patients, a systematic programme of clinical risk training across all services and concerted work on a small number of high impact areas where safety can be improved. The latter has included work on reducing errors related to prescribing and administering medicines as well as improvements in how we reduce harm from slips, trips and falls. All of this allows the Trust to consciously manage risk to provide the best outcome for patients.

Practice Development Unit. In the past year our Adult Acute Inpatient Services became the first Mental Health unit in the country to achieve second level accreditation. The award is accredited to services that have the highest level of evidence-based care and treatment and

works towards understanding patient needs and increasing patient experience. This is a significant achievement and demonstrates the level of enthusiasm, passion and commitment that our staff in this area have towards clinical excellence. The process involves independent accreditation and support by the University of Leeds.

Leadership Development. Our Trust is an Institute of Leadership and Management (ILM) centre and is currently in partnership with NHS Leeds in providing all of their leadership development programmes alongside our own. Programmes are aimed at all levels, from Team Leader or Supervisor roles through to Strategic Leaders in the Trust.

We have an established Leadership Forum which last year hosted a Trust wide event for key staff in leadership roles. The event focused on addressing the findings of the previous year's staff survey.

This year the forum will be taking part in a trial to look at clinical leadership competencies, to ensure that our recruitment and succession planning is as effective as possible.

Governor Development. Our Governors attend regional workshops and events have also been run locally on topics for information or interest such as new Mental Health Act legislation and social inclusion. Our Governors are also included in the Trust's development and appraisal program.

Governance arrangements. In the pursuit of our application for Foundation Trust status we underwent a thorough review of our governance arrangements. Following this we have continued to improve our risk management processes and reporting arrangements so that the Trust's Board of Directors and its sub-committees remain focused on the quality of our services and our continuing aspirations for improvement.

How have we prioritised our quality improvement initiatives

Our top three priorities for quality improvement are:

Priority 1: To further reduce the incidence of severe violence and aggression.

Priority 2: Continue to take steps to ensure we are supporting our staff to work with the best clinical evidence available in the treatment and care of our patients.

Priority 3: Maintaining, and where possible improving upon, the high level of patients who report that they have been treated with dignity and respect.

In this first year of publishing our quality improvement initiatives, timescales have meant that we have had limited opportunities for consultation. In determining these priorities we have therefore drawn on commitments to patient safety initiatives previously agreed by the Board of Directors and Board of Governors, as well as service user survey information and feedback from directorates in our Trust about their priorities for quality improvement. We will use the learning from this report to improve our consultation in subsequent years so that we can be sure of focusing on objectives of agreed relevance for all of our stakeholders.

Our selected priorities and proposed initiatives

Each of the priorities above, with our proposed initiatives for 2009-10, is described in detail on the following pages.

Priority 1:
To further reduce the incidence of severe violence and aggression.

Description of issue and rationale for prioritising

Although there has been a reduction in the incidence of violence and aggression scoring the highest severity level (National Patient Safety Agency (NSPA) levels 4 and 5) we know that feeling safe and supported is of great importance when our patients are at their most vulnerable. We therefore wish to see further improvements.

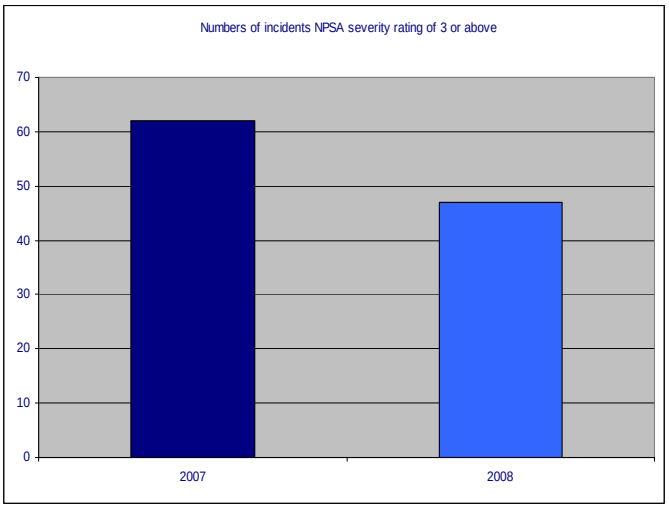
A therapeutically safe service is one where predictable and preventable harm is either eliminated (where doing so does not impede recovery) or minimised to the point where the predictable benefits of accepting the risk outweigh the predictable harm.

Aim/Goal

To further reduce incidents of violence and aggression with a severity rating of 3 or above, whilst maintaining the positive reporting culture in the Trust.

Current status

Number of incidents of violence and aggression scoring 3 or above in severity (by NPSA rating):
2007: 62 incidents
2008: 47 incidents



Current initiatives in 2008-09

- "First Do no Harm" - 2008 Year of Patient Safety;
- Significant new investment in staffing levels of acute inpatient services;
- Achievement of Adult Acute Inpatient Practice Development Unit status;
- Updated Risk Management training by every qualified member of clinical staff.

New initiatives to be implemented in 2009-10

- Using existing knowledge and tools from the National Audit of Violence, run by the Royal College of Psychiatrists' Centre for Quality Improvement (in which the Trust has participated), we will seek to identify further high impact initiatives which will improve patient experience in this area.
- We will further explore ways of ascertaining meaningful measures of our patients' experience of violence and aggression.

Identified areas of improvement

Specific areas for targeting improvement will be identified.

Priority 2:

Continue to take steps to ensure we are supporting our staff to work with the best clinical evidence available in the treatment and care of our patients.

Description of issue and rationale for prioritising	Current initiatives in 2008-09
Clinical effectiveness can be summarised as ensuring we always do the right thing at the right time for the right patient. There is a wealth of evidence available which tells us what treatments and interventions are most likely to help our patients but we can still improve on the consistency with which this evidence is applied in practice. Identifying and dismantling the barriers which prevent this should have significant impact on improving outcomes for patients.	• We have developed an integrated service improvement model. • Work is underway to improve access to psychological therapies across all services. • Development of a physical health improvement procedure and joint working with NHS Leeds and primary care to embed this. • Development of a Nursing Strategy which is supporting the nursing contribution to best practice.
Aim/Goal	**New initiatives to be implemented in 2009-10**
To further improve the consistency with which best clinical evidence is put into practice.	The Trust has invested in the Leeds–York–Bradford Research Alliance (LYBRA), one of seven national Collaborations for Leadership in Allied Health Research and Care (CLAHRC). This brings together academic and NHS partners with the objective of determining how best to get research evidence into day to day practice. We will use this partnership to identify and implement initiatives which will improve the clinical effectiveness of our services. We will aim to have this new partnership fully embedded during the course of 2009-10.
Current status	
We have been able to declare compliance with the Healthcare Commission core standard C5a concerning how we deal with National Institute for Clinical Excellence and other applicable guidance relevant to the work of our Trust.	
Identified areas of improvement	
We seek to further consolidate and embed our processes for supporting best practice.	

Priority 3:
Maintaining, and where possible improving upon, the high level of patients who report that they have been treated with dignity and respect.

Description of issue and rationale for prioritising

We know that dignity and respect are a key measure of patient experience. Our Trust received positive feedback through the patient survey that patients feel they are treated with dignity and respect. Audit and engagement work in this area has revealed clear areas for potential improvement which will help our Trust reach its goal.

Aim/Goal

All patients experience a service where they are always treated with dignity and respect.

Current status

- From the patient survey 2008: Percentage of service users who answered "yes definitely" to the question "did the person treat you with respect and dignity?"

Psychiatrist	**89%**
CPN	**93%**
Other Health Professional	**89%**

- Single sex accommodation standards achieved across 90% of bed base.
- Patient Environment Action Team (PEAT) results for 2008 demonstrated a score of excellent on Privacy and Dignity for all inpatient areas assessed.

Identified areas of improvement

- To at least maintain the current level of patient experience of privacy and dignity.
- Leadership initiatives to enhance the role of staff as ambassadors for privacy and dignity.
- Making supporting resources available to staff and patients.

Current initiatives in 2008-09

- Privacy and Dignity features as a key benchmark in the Essence of Care Strategy.
- A Privacy and Dignity framework has been devised to achieve the ten factors in the Department of Health's Dignity Challenge, which the Trust has adopted across all care groups.
- A Citywide poster campaign to raise awareness of privacy and dignity issues has been initiated across all directorates.
- Each directorate has an action plan to work on issues of privacy and dignity identified from audits or questionnaires.
- An audit of mixed sex accommodation has identified key priorities for development resulting in a successful bid for improvement monies.

New initiatives to be implemented in 2009-10

- Developing a Trust intranet site which will host educational literature about Dignity.
- Multiagency training and education steering group established.
- Continuing to disseminate literature, educational material and the Trust's Dignity Strategy.
- Exploring ways to improve gathering patient views.
- A procedure for privacy and dignity will be developed which will address environmental aspects and issues of care and compassion.
- Project developed to improve patient experience of single sex accommodation.
- The development of metrics associated with privacy and dignity.

As well as prioritising quality improvement initiatives the Trust is also assessing its performance against selected metrics in the areas of Safety, Clinical Effectiveness and Patient Experience. The following section identifies the metrics the Trust has chosen in each of these areas and also shows levels of performance for 2007 and 2008 where available.

Performance of Trust against selected metrics				
	Safety measures reported	**2007**	**2008**	**Similar Trusts**
1	Number of patient related incidents of violence and aggression scoring NPSA level 3 or above in severity. *Number of incidents at level 1 severity*	62 *3917*	47 *3566*	N/A (see notes)
2	Number of medication administration errors rated at NPSA level 2 or above. *Number of incidents at level 1 severity*	19 at level 2 1 at level 3 0 at level 4&5 *526*	28 at level 2 3 at level 3 0 at level 4&5 *691*	N/A (see notes)
3	Numbers of unauthorised absence from inpatient units	263	297	N/A (see notes)
4	Number of patient related slips, trips and falls scoring NPSA level 3 or above in severity. *Number of incidents at level 1 severity*	44 *756*	32 *823*	N/A (see notes)
5	Numbers of incidents reported to NPSA per 1,000 bed days (all categories).		April to Sept 2008: 42.56	April to Sept 2008: 12.02
	Clinical Effectiveness measures reported			
6	Number of guidelines relevant to the Trust that have a comprehensive baseline audit of compliance and the subsequent development of an action plan as appropriate.		2009-Baseline year	
7	The number of patients offered a copy of care plan.	93.25%	85.89%	
8	The percentage of patients who report 'Yes definitely' to having being told about possible side effects of medication.	44%	51%	40% (2008)
9	The percentage of patients who report 'Yes definitely' to involvement in deciding what's in their care plan.	41%	45%	39% (2008)
	Patient Experience measures reported			
10	Percentage of patients who report 'Yes definitely' to being treated with respect and dignity by the professional providing care;			
	Psychiatrist	83%	89%	84% (2008)
	CPN	91%	93%	88% (2008)
	Other Health Professional	84%	89%	87% (2008)
11	Percentage of bed base where single sex accommodation standards has been achieved.		90%	
12	Percentage of patients who report 'Yes' to having a telephone number to call out of hours.	50%	40%	46% (2008)
13	Percentage of service users who felt overall care received was good or better.	82%	87%	79% (2008)
14	Percentage of staff who reported they 'agreed' or 'strongly agreed' they would recommend their trust as a place to work.	Not included in 2007 survey	47%	53% (2008)

Notes on selected metrics **1, 2, 4:** NPSA degree of harm ratings: 1 - No harm 2 - Low harm 3 - Moderate harm 4 - Severe harm 5 - Death	We are encouraged to see a rise in the number of incidents reported at level 1 severity between 2007 and 2008 as our Trust has worked hard to develop a strong culture of reporting. This also demonstrates that the overwhelming majority of incidents result in no harm. The NPSA cautions against direct comparison with other Trusts on the specific number of reports as even organisations in the same cluster can vary considerably in size and activity.

5: A high level of reporting is indicative of a good culture of safety and so we value being the fourth highest reporting Trust in a group of 66.

7: Data taken as a snapshot in December using internal reporting systems

8, 9; 10; 12: Data taken from Service User Survey

14: The Trust believes that a positive staff culture is essential in providing a good patient experience. Data is taken from the staff survey, which is distributed to a random sample of staff.

2.4 Key actions

In support of the service directorate business plans, a number of Trust-wide developments will be undertaken during 2009/10. Significant developments are described below.

Recovery and Social Inclusion Strategy

The Trust's Recovery and Social Inclusion Strategy has now been ratified. The document sets out national and local drivers as well as key principles and values. It includes fifteen strategic objectives, examples of progress in some of these areas are shown below:

- **Partnership working.** The trust is represented on the city-wide social inclusion strategy group and other related city-wide groups, focusing on different elements of social inclusion.
- **Personalisation.** A forthcoming workshop for Trust senior leaders will allow strategic discussion around personalisation and consideration of further work.
- **Education.** Partnerships are in place with three local adult education providers to deliver in-reach education sessions for service users in clinical directorates. The Trust is represented on the PCDL (Personal Community Development and Learning) network.
- **Equality and Diversity.** The Trust's diversity strategy and single equality scheme has been reviewed and is in place from the spring of 2009.
- **Challenging stigma and discrimination.** A range of initiatives have developed over the last year and a proposal has been developed setting out an integrated long-term campaign to bring together membership engagement and challenging stigma.
- **Vocation and employment.** A vocational strategy group oversees and drives this domain of social inclusion. We have taken steps to become an exemplar employer by signing up to the Mindful Employer charter and reviewing and updating human resource policies and procedures in line with this.
- **Housing.** A time-limited integrated housing pathway initiative is taking place in adult services. Housing status is now part of the mental health minimum data set and is included in the PARIS information system for routine collection by clinical staff.

Both Executive director and Non-executive director leads have been identified as champions for this important Trust-wide work, and progress on implementation is reported to the Trust Board.

Growth Strategy

The Trust continues to look for appropriate opportunities to harness and develop relationships with other organisations. New partnerships provide the potential for clinical collaboration and shared learning for all disciplines, particularly nursing, medical and psychological therapies staff. In addition, a strategy of growth would offer greater organisational stability, along with improved efficiency and effectiveness and further opportunities for innovation.

The Trust is exploring opportunities in both 'organic' growth, that is gradual growth of existing services, and 'strategic' growth, through an acquisition or merger with another organisation. In any circumstance, the Trust will only grow where it makes sense from both quality and financial perspectives, both for our existing services and for our new partners.

In continuing to refine and develop our market assessment we are working with GPs and Practice-based Commissioning consortia to improve our understanding of how we can be more responsive to their needs. We already have robust information regarding our share of the

regional market, in terms of commissioner spend within our core services; we now need to use this intelligence to target work which currently goes elsewhere.

The Trust and the Environment

The Trust is committed to the protection of the environment and recognises the importance of incorporating a sustainable approach into everyday healthcare decisions and activities. To this end we will measure our current carbon footprint and look for ways to reduce the environmental impact of our estate. We will adopt two work streams, one to retrospectively fit technology in existing estate, the second to implement a sustainable new buildings strategy for all new builds. We will also work with partners to influence their adoption of sustainable approaches in line with our strategy.

Our Environmental and Sustainability policy commits us to the following targets:

- Reduction of consumption of gas and electricity by 15% from 2000 to 2010, and progress towards a 10% carbon reduction by 2015 based on 2007 levels;
- Development of the Trusts Travel Plan by 2010;
- Ensure 5% of our supply of gas and electricity comes from sustainable resources by the end of 2010;
- Reduce water consumption by 5% by 2010;
- Reduce volumes of clinical waste for incineration 50% annually from 2011 and non-clinical waste volumes through recycling initiatives 5% annually from 2009;
- Develop closer relationships with local suppliers via the Yorkshire and Humber Regional Consortium through 2009 and 2010, with effective procurement strategies such as Just-In-Time, bulk buying and strategies for procuring locally where applicable to service;
- Work with multi-disciplinary agencies to capitalise on city wide and regional projects to reduce carbon emissions through 2009/10.

To ensure we achieve these objectives the Trust has appointed an Environmental and Waste Manager and has set up an Environmental Strategy Group to drive action forward.

The Trust will also focus on 5 key projects to reduce our energy and water consumption thereby reducing our overall carbon footprint by 2010 by 15%. To support the internal funding of these projects the Trust has secured £35,400 funding from Carbon Action Yorkshire and this contract is now being implemented.

Through utilising the opportunities above we will be able to reduce the cost of our energy spend leading to a major reduction in our overall consumption of carbon.

In addition to this we are working with the Carbon Trust to identify ways to reduce our carbon footprint further and we have been accepted onto the Carbon Trust's ten month Carbon Management Programme. We will be working with NHS Leeds, the Yorkshire Ambulance Service and our PFI partners to explore further savings opportunities.

We are currently developing staff awareness campaigns and have commenced our environmental initiatives by appointing over 120 Environmental Champions who will champion best practice throughout the Trusts estate. This training has commenced with Waste Management and Recycling Training which will roll out during 2009/10.

Finally we have signed the Leeds Climate Charter along with over 100 other businesses from Leeds from both the private and public sector. We have thereby made a commitment to reduce our carbon footprint and to continue to focus on business improvements which support our low carbon ethos. Agencies, organisations and individuals across the city will be affected by the

contents of the Climate Change Strategy and Action Plan (CCSAP) for Leeds. Significant change is required if the council is to meet its commitments in the Nottingham Declaration and the challenges of mitigating and adapting to climate change. Partners of the Local Strategic Partnership, the Leeds Initiative, have been involved with the development of the plan since its initiation in June 2006. As part of this they have requested that organisations like ours sign up to the Leeds Climate Change Charter to make a firm commitment to change. We have welcomed the opportunity to sign up to this.

The Leeds Climate Charter is an opportunity for us to take the first step in managing climate change, and both the opportunities and the risks it may present to the Trust. In return for our commitment we have access to sources of help and information, receive recognition for our successes and join an ever increasing network of like minded organisations.

Implementation of the Workforce Plan

Below is a summary of the Trust's key workforce objectives for 2009/10. All of the objectives can be cross referenced to Trust service and financial objectives over the same period. A detailed Trust Workforce Plan is available on the Trust intranet site.

It is essential that managers, staff, patient and staff representatives, the Board of Governors and the Board of Directors understand and support the contents of the workforce plan, which will be subject to periodic review. Wherever possible the information used is shared between the Finance and HR systems but there remains some further integration of staffing and financial information to be achieved via the Electronic Staff Record System (ESR) during the course of the year.

Key Workforce Objectives for 2009/10

- To identify actions to further reduce workforce costs over the next three years;
- To reduce overall sickness absence to 4.9%;
- To re-profile the workforce by using pay bands, the Knowledge and Skills Framework (KSF) and generic job descriptions;
- Monitoring and anticipating changes in the age profile of the workforce;
- Developing service improvement and new ways of working;
- Reviewing employment procedures;
- Improving recruitment techniques and outcomes;
- Ongoing leadership development;
- Improving management development and costs;
- Improving standards of equality and diversity;
- Analysing and responding to the 2008 Staff Survey results;
- Meeting requirements of the European Working Time Directive;
- Reducing Agency and Bank staff costs;
- Dealing with the workforce implications of any acquisition or merger;
- Improving mandatory training delivery and updating content.

Nursing

The Trust's Nursing Strategy describes a number of priorities for mental health and learning disability nursing to be achieved by 2011. These priorities directly complement the Trust's

overarching 5-year strategy as well as our commitments around patient safety and quality. The strategy aims to raise awareness of the contribution that nurses and healthcare support workers make to our patients' quality of life, to promote and develop professional autonomy and accountability within the nursing profession, and to promote and pursue excellence in everyday nursing practice and care.

In line with the New Ways of Working agenda, the Nursing Strategy will address the development of newly emerging roles such as the Associate Practitioner, reflecting developments in other parts of the UK.

The Nursing Department also coordinates a series of strategic initiatives; the Productive Mental Health Ward programme (currently being piloted in three directorates), the project management and implementation of e-rostering, and the safeguarding agenda (adult and child) on behalf of the Trust. Budgets for these areas of development are managed within the Nursing Department.

Estates Strategy

The Trust's Estates Strategy describes our plans for maximising the potential of our estate portfolio. It is a 5-year plan, running from 2007 to 2012, in line with the Trust's five year Integrated Business Plan and its overall five year strategy. It reflects planned service developments and planned disposals, and will result in a fit-for-purpose estate which provides high quality environments for service users and for staff whilst delivering best value for money.

Plans will need to be flexible as service needs and service strategies develop. This will provide important capital receipts which will benefit the Trust core service provision

Assumptions and Principles of the Estates Strategy:

- The aim of the Estates Strategy is to ensure that best value for money is achieved and best service user experience is delivered. This will help to achieve the goals of a first choice provider and best employer. An example of this approach was the transfer of services from Maple House, which was deemed unsuitable for modern health care provision; this has now been accommodated in the new Millside PFI premise resulting in all around advantages;
- As a Foundation Trust we will lease, build or buy estate which supports delivery of services in the best interests of service users. We will follow a business development model which allows flexibility;
- There should be a move towards shared services with other healthcare providers with the possibility of sharing facilities with wider public sector, private sector and other partner organisations being considered;
- Improved access to buildings will be achieved through Disability Discrimination Act (DDA) modifications and functional suitability improvements;
- PFI premises will be used to their fullest potential in order to achieve maximum value for money and to enable the disposal of unsuitable estate;
- The Estates Strategy will support the delivery of care pathways as these are developed.

The St Mary's Hospital site offers major opportunities to develop on-site Trust services, for both the Trust and for NHS Leeds. It also provides an opportunity to group other offsite Trust services, enabling the disposal of unsuitable accommodation and potential capital receipts. The review of this site will be linked with a review of the St Mary's House site and services, to optimise the potential benefits.

Information Technology (IT)

The Trust successfully completed, on time and within budget, the initial deployment phase of the PARIS Care Records System in December 2008. This enabled the existing Patient Administration System (Comwise) to be de-commissioned in March 2009. A programme of work to expand the use of the system to those clinical areas which had previously not used IT systems or have been using local systems is now underway with the aim of having all the Trust's clinical services using Paris by late 2009. A parallel programme of work is being undertaken during 2009/10 with the objective of establishing Paris as the Trust's principal care records repository (local component of the national integrated electronic health record) and a key supporting tool for managing care pathways, assessments and outcomes. Additional functionality to enable Paris to be connected to the NHS 'Spine' is also expected to be available in early 2010 to support patient tracing and electronic booking.

The BTN3 supported project to upgrade the Trust's IT network infrastructure was completed in early 2009. The Trust now has a fast, resilient, high capacity network linking all 60 of the Trust's sites which will fully support the Trust's business and IT strategy for the next 5 years. Additional investment is being undertaken to build on this investment during the next year including:

- Installation of video conferencing facilities in the Trust's 5 main sites to support the Trust's environmental and e-learning strategies;
- Continued migration of the Trust's voice communications infrastructure to VOIP (voice over internet protocol) enabling operational costs to be reduced and providing increased flexibility in supporting remote and home working by staff;
- Provision of a secondary data centre to provide a full contingency and disaster recovery service by mid 2009 (originally scheduled for end 2008).

Application Projects planned for 2009/10 will focus on improving efficiency and include:

- Deployment of a Trust-wide e-rostering system to improve the efficient utilisation of clinical and support staff;
- Upgrading of the Trust's intranet to improve efficiency by making available features such as electronic forms, workflow, collaborative working and improved electronic document management to all staff;
- Expansion of the use of the Trust's Business Intelligence system (Cognos) to support performance, contractual and operational management requirements.

The committed IT capital investment programme for 2009/10 will provide circa £710k of funding to support the above programme of work and the continuing expansion and upgrading of the Trust's IT infrastructure and systems.

Social Marketing

Leeds Partnerships NHS FT will contribute to regional work to develop social marketing tools that focus on challenging stigma and articulating the expectations and entitlements of people who use mental health services, in terms of their recovery. The work will be led by the regional Mental Health Leadership group with input from our Trust.

Mental Health Legislation

The recent changes in Mental Health Legislation in regard to the Mental Health Act 1983 (as amended by the MHA 2007), the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards will necessitate some new expenditure. This relates mainly to set up costs in preparation for the new legislation coming into force, for training and administration. In addition, it is anticipated that new provisions in the Mental Health Act such as Community Treatment Orders and new roles introduced through this legislation and the Mental Capacity Act may have

cost implications. Costs may be associated with training, workforce planning, mentoring and review panel costs. New roles and provisions may include approved clinicians, approved mental health professionals and best interests' assessors.

Data gathered over the next twelve to eighteen months will help to formulate information on costs associated with the new legislation and assist in determining whether cost pressures have increased or have been cost neutral.

Development of e-rostering

The Trust has invested in new software which can produce staffing rotas across directorates, enabling more efficient use of our human resource. In the past we have seen temporary staff brought in to deal with a shortfall on shifts when other teams within the service could have provided the required staff. This new system will allow a more holistic view of staffing need and availability and so prevent such inefficiencies.

We engaged in a central Yorkshire and Humber procurement process in December 2008, which resulted in the identification of a preferred supplier: 'Manpower'. Manpower will supply a system of electronic rostering which will be rolled out over the next year to the 28 in-patient areas within the Trust. It is anticipated that the benefits of this initiative will include greater efficiencies associated with defined skill mix, as well as the clear potential for efficient use of bank and agency staff. The potential for the reduction of staffing within wards will be assessed in an ongoing way as part of the programme development. The Trust expects to be able to phase out paper-based rosters by 2010.

2.5 Service Development Plans

This section describes and provides a commentary on significant aspects of the Trust's plans for developing services, including any plans for new services or for growth in existing services.

2.5.1 Business Plan for Adult Mental Health Services

The Adult Directorate's key focus in 2008/09 has been based upon developing the care pathway approach to service improvement by identifying ways in which service users can achieve the most flexible, quickest and safest service that meets their needs whilst providing care in the least restrictive environment.

In 2009/10 the Directorate will build upon these improvements to achieve these outcomes:

- Improvement in service users and carers experience within our services/ care pathways;
- Improvement in services by removing unnecessary delays and processes that do not add value to clinical care and treatment;
- Reduction of unnecessary variance between clinical teams;
- Adoption of Integrated Care Pathways (ICPs) that are based on best available evidence;
- Systematic use of clinical outcome measures;
- Make best use of available resources and better match capacity to demand.

Applying a "whole system" approach to all services within the Directorate care pathways will deliver greater efficiency and improvement in quality and safety.

Key Developments for the Service in 2009/10:

Having undertaken a detailed review of the current provision of Community Mental Health Teams, Oak Day Hospital and COMPASS Team (Rehabilitation and Recovery Community Service), the Directorate will finalise a proposal to reconfigure these services to implement a new model for the Community Care Pathway. The new model will be more able to match capacity to demand and reduce unnecessary clinical variation that currently leads to some inequity in service delivery. This model will enable teams to have better staff skill mixes which will increase access by service users to a broader range of therapeutic approaches. Pending approval, the Community Rehabilitation and Recovery service will be integrated in this model, significantly increasing access to this specialist services whilst reducing stigma by embedding it within the mainstream community mental health service pathways.

The Directorate has been working closely with NHS Leeds to develop a new service model for the Recovery and Rehabilitation residential service. This incorporates the ability to return to Leeds those service users placed out of area in continuing treatment placements due to lack of the facilities needed to meet their needs within the current service model. This proposal will be finalised early in 2009 and developed to a full business case. The service model will describe the need for a new residential facility providing a secure rehabilitation service. This development will be focused on achieving best quality and value for our service users.

We intend to stream our work over the next 12 months into key areas focusing on the quality and safety of care delivered through demonstrating our effectiveness and efficiency in delivering services within allocated resources.

Other Service Objectives for 2009/10 include:

- Development of a proposal to reconfigure Crisis Resolution and Home Treatment Services (CRHT) and Acute Community Services (ACS) to further prevent unnecessary admissions and reduce demand for out of area treatment beds by:
    - Increasing night time treatment capacity;
    - Further meeting the demand to provide high quality home treatment;
    - Improving responsiveness to people requiring A&E assessment;
- With partners to develop a proposal to enhance the existing Section 136 service in line with new national guidelines;
- Further develop the newly merged Psychology and Psychotherapy service to improve access to Psychological Therapies for service users in all care pathways within the Directorate;
- Further develop the Clinical Governance systems within the context of the Directorates "Model for Continuous Improvement" to ensure that high quality outcomes are achieved;
- Realise the benefits of the new investment in staffing in the acute inpatient service to improve the quality, safety and experience for people using the service;
- Build on the success of having achieved Practice Development Unit accreditation at level 2 for the wards in the Becklin Centre;
- Support the development of the Trust's Vocational Strategy and align and embed this in all care pathway improvement work;
- Further embed the recovery approach, user and carer involvement and social inclusion agenda in all Pathway improvement work;
- Develop and strengthen leadership capability within the Directorate and align to succession planning;
- Implement a new Healthy Living Team service which will provide a holistic approach to physical health and well being accessible to all care pathways which will support the reduction in physical health inequalities experienced by many people using our services.

3-Year Plan 2009/10 – 2011/12

By building on the clinical systems improvement work the direction is focused on recovery and how recovery is best achieved across the full spectrum of services. We will further build on work within the Directorate to meet the requirements of the social inclusion agenda specifically in relation to employment and vocational support and housing needs.

Our plans focus on the quality and safety of care delivered through demonstrating our effectiveness and efficiency in delivering services within allocated resources. This builds on this year's work to identify quality and outcome measures informed by and linked to our participation in the regional Care Pathways and Packages project

We will complete the review and rationalisation of estate aligned to the delivery of the trust's estates strategies, ensuring the plans are refreshed in line with the outcome of our service redesign plans.

The service will focus on working in partnership with GPs and Practice-based Commissioning leads and identifying partners for joint service developments, to ensure we are the first choice of service provider in the city across a wide range of adult directorate services.

2.5.2 Business Plan for Older People's Services

Key Directorate Developments for 2009/10

There continues to be a strong focus on improvement and development within this directorate, and subject to formal approval of the new strategy for Older Peoples Mental Health Services the focus for the year 2009/10 will be implementation of the agreed changes. These will include:

- Improvements to dementia inpatient services, to enhance the quality of service provision for people with dementia at greatest need and risk. We will seek to address gaps in current service provision, through partnerships with other organisations where this is the best approach. Improved services will have:
    - Increased access to a range of activities and therapies;
    - Appropriately skilled staff, following the implementation of a comprehensive workforce development programme;
    - Reviewed staffing establishments to ensure equality of resource across dementia inpatient services to meet identified needs;
    - An agreed a range of measurable service user outcomes;
    - Support for people to return home with appropriate support packages in place or support into appropriate long term care.
- Improvements to the current Mental Health Inpatient Services. A new service will replace the current three wards. This new service will:
    - Improve access to a range of activities and therapies;
    - Work towards meeting the Royal College of Psychiatry quality care standards as outlined in the Accreditation for Acute Inpatient Mental Health Services (AIMS).
- Completing the development and implementation of a service model for the intermediate tier of services. These services are for people whose needs and risks are significant but who do not need to be in hospital over a 24 hour period. The review will focus on:
    - Identifying a range of interventions to meet identified needs;
    - Identifying a range of measurable service user outcomes;
    - Developing and implementing a costed service model that is within the agreed resource.
- To continue the work to improve and develop the Community Mental Health Teams care pathways and to implement and evaluate new ways of working for CMHTs.
- To continue to improve the enhanced liaison mental health service.
- To continue to improve memory services following the evaluation of the new service model.
- Services for younger people with dementia are currently under review. Following the completion of the review the service expects to implement any recommendations made.
- Improving access for service users to a range of activities and psychological, vocational and occupational therapies.
- Ensuring clear pathways into, between and out of Older People's Mental Health Services.

- Supporting the expansion of carer support services to older people. This will improve support to carers of older people, who up until recently did not have access to specialist carer support. This service has been available to carers of people of working age.
- Development and implementation of a comprehensive workforce plan.
- Development of a marketing strategy for service growth. The strategy will identify any gaps in provision of mental health services for older people and consideration will be given to the development of business cases to address those service gaps.

3-Year Plan 2009/10–2011/12

Over and above these changes, the directorate will focus on the following areas over the next three years:

- Continued implementation of improvements as described in the Older People's Strategy;
- Continuing to improve service user access to a range of psychological, vocational and occupational therapies;
- Improving the business focus of the directorate by improving the quality of information available for managers, service users and referrers;
- Improving the use of clinical outcome measures in line with the trust policy;
- Supporting the trust in its strategy for growth by:
    - Identifying areas for increased penetration
    - Identify any niche markets which could be provided on a regional basis;
- Continuing to improve partnership working with key stakeholders;
- Increasing the profile of the directorate's role in teaching and research;
- Working with partners in planning for the expected growth in the older population.

2.5.3 Business Plan for Specialist Services

Key service developments for 2009/10

During 2009/10 the directorate will continue to work on improving clinical outcome measures and care pathways. The focus on income generating and attracting a broader commissioning base will also embed further into the directorate services. A strategy for non-medical prescribing will be considered in services, supported by the Nursing Directorate. Each of the ten services has developed its own business plan for the coming years, some highlights of which are listed below:

Addictions Services

- Review skill mix of the Addictions team to support clinical delivery and support services;
- Develop dual diagnosis services across the organisation, with PCT support.

City Wide Treatment Services

- Implementation of the new City Wide Treatment Services model with centralisation of service provision.

Forensic Services

- Development of a forensic addictions service;
- Development of a day service at HMP Leeds.

Gender Identity Service

- Build links with local surgical teams and work towards offering more client choice around surgery locality, particularly in relation to Yorkshire clients.
- Audit Outcome measures used within the service.

Liaison Psychiatry

- Implementation of Accident and Emergency expansion plan;
- Create and appoint to new staff grade post;

Perinatal Mental Health Services

- Improve professional skill mix in the service;
- Enhance the community and day care provision provided within the service.

Personality Disorder Services

- Expand service provision within the network, including crisis care and day service provision, with an aim of reducing inpatient bed days;
- Expand the Care Pathway Service to South Yorkshire;
- Pilot supplementary prescribing for service users coordinated by the network.

Pharmacy

- Enhance pharmacy services to outpatients and inpatient acute areas to improve medicines management;
- Explore the potential for jointly funded posts (LPFT and community pharmacists) to provide seamless medicines management for people discharged from secondary care.

Psychiatric Intensive Care Unit (PICU)

- Development of psychological service into PICU and improvements in multi-disciplinary support to the service.

Yorkshire Centre for Eating Disorders

- Continue collaborative working with multiple service stakeholders;
- Monitor and evaluate service delivery and development.

3-Year Plan 2009/10–2011/12

The directorate is aiming to function increasingly as an autonomous Business Unit over the next three years by developing greater independence in use of resources and financial management. In addition the strategy is to grow and develop specialist services in line with the expectations in the Trust's Integrated Business Plan.

Addictions Services

- To seek new commissioning sources and consolidate current arrangements;
- To continue to lead in innovative research and teaching in the field of addictions.

City Wide Treatment Services

- To consolidate clinics and continue to provide comprehensive treatment and physical monitoring for outpatients.

Forensic Services

- To scope and potentially develop a long term low-secure service.

Gender Identity Service

- To become the preferred service of choice for commissioners looking at treatment for Gender Dysphoria clients. To widen the service catchment area and receive referrals from areas of the UK beyond the northern area.

Liaison Psychiatry

- To establish ourselves with commissioners with clear, joint understanding of detailed activity and funding arrangements. We hope this will establish the foundation on which we can then explore income generation in the service.

Perinatal Mental Health Services

- To evaluate the potential for increasing the number of beds in the service and to become established as a regional centre of expertise.

Personality Disorder Services

- To develop a comprehensive care pathway for personality disorder across Leeds and to produce clear evidence of its effectiveness;
- Regionally, we will play a key role in the development of the multi-agency strategy and subsequent plan of agreed actions.

Pharmacy Services

- To continue to deliver medicines management initiatives in order to reduce risk around medicines and develop strategic partnerships to improve service choices.

Psychiatric Intensive Care Unit

- Improve Care Pathway work across services.

Yorkshire Centre for Eating Disorder

- To implement and evaluate New Ways of Working across the service.
- To develop a national profile in risk management and related research.

2.5.4 Business Plan for Learning Disabilities Services

The Learning Disability Services Directorate has continued to focus on the ongoing implementation of the Learning Disability Strategy, which has seen a radical change in the way the service has been delivered.

With the launch of the Department of Health's 'Valuing People Now', there will be new challenges to ensure that the Directorate delivers an effective Specialist Learning Disability service in an increasingly complex health and social care economy.

Key Developments for the Service in 2009/10

Although multi-disciplinary teams have been established within a three-tiered service model, further development is still required to increase the capacity of Allied Health Professions (AHPs) within teams, and work still needed in partnership with commissioners to ensure that all teams have appropriate resources to deliver effective services.

For 2009/10, to complete the transfer of Learning Disability Allied Health Professionals from NHS Leeds to LPFT, the Directorate will work towards the transfer of Dieticians and Speech and Language Therapists.

To ensure the Learning Disability Service delivers effective and high standards of care, Integrated Care Pathway development work will be completed and implemented for:

- Dementia
- Challenging Behaviour
- Obesity / Lifestyle

In addition to this, the service will develop Outcome Measurements to monitor improvements to service delivery.

Other Service Objectives for 2009/2010

- Recommendations following the Healthcare Commission visit (October 2008) and Commission for Social Care Inspection visit (September 2008) will be actioned and progress monitored via internal and external governance fora;
- To further progress New Ways of Working in the Ventures Day Service, which increases access to the wider Leeds community for learning disabilities service users;
- Parkside Lodge will continue to participate in the Productive Ward scheme;
- The Specialised Supported Living Service will complete the Franklin Covey Leadership Development Programme;
- Two Community Learning Disability Teams will embrace and undertake work under the Creating Capable Teams Framework;
- Future utilisation of a vacant unit at Woodland Square will be agreed in conjunction with the Trusts Capital Planning Group;
- We will review and strengthen our respite services.

Three Year Plan 2009/10 – 2011/12

- Supporting people with complex learning disabilities and challenging behaviour can be very demanding and requires a highly skilled workforce. Following the Directorate Training Needs Analysis and developing a skills directory, the directorate will ensure that the workforce receives the appropriate training to maintain these skills. In addition, the directorate is ideally placed to train other providers in how to care for people with complex needs, for example Intensive Interaction, Management of Challenging Behaviour;

- We will further develop the symbolic language service to achieve national recognition;

- We will further explore the demand for a diagnostic treatment service for people with Autistic Spectrum Disorder and Aspergers Syndrome;

- We will consider every opportunity to encourage individualised budgets, replacing block contract arrangements;

- The directorate will work towards becoming an autonomous Business Unit;

- The Directorate Business Manager will lead on the development of new services and income generation, and exploring the feasibility of Social Enterprise opportunities for people with learning disabilities.

2.6 Summary of key service developments

Whilst there are no significant service plan developments in 2009/10 requiring new investment and linked to additional activity, the activity levels in the contract with NHS Leeds have been increased on the 2008/09 planned levels, which in effect brings them back into line with current activity trajectories.

In support of the service directorate business plans, a number of Trust-wide developments will be undertaken during 2009/10. Significant developments are described below:

Carbon Action Plan	£300k
Improvements in pharmacy services	£132k
Psychological Therapies	£100k
All other service improvement & infrastructure	£357k
Total	**£889k**

2.7 Summary of Financial Forecasts

2.7.1 How the plan was built

This is the second Annual Plan since the development of the original Integrated Business Plan. The approach has been to start from the overall strategic objectives of the Trust and develop work-streams to deliver them. We continue to work with our Governors to develop our strategy to take account of the views of our members and members of the public.

Each service and corporate directorate has also been required to develop business plans setting out key aims, service change and development plans. Service planning has involved engagement with other stakeholders, particularly but not exclusively, NHS Leeds.

Supporting strategies in respect of workforce, estates and finance were then constructed to ensure fit with the service plans. In relation to workforce, compatibility with both recruitment opportunities and cost were taken account of, maximising private finance initiative and other good quality building stock.

This was tested against a financial plan which needs to ensure delivery of a finance risk rating of '3' after taking account of reasonable downside risks.

2.7.2 The impact of International Financial Reporting Standards (IFRS)

The introduction of IFRS from 2009/10 has a largely threefold impact on the financial plan. Firstly, as P.F.I. assets come onto the balance sheet, the former unitary charge is now split between a P.F.I. service charge (part of the EBITDA calculation) and depreciation and interest (excluded from EBITDA calculation). This improves the EBITDA and EBITDA margin. Secondly, there is a slight adverse impact on the surplus position. Finally, the balance sheet now includes the P.F.I. buildings value and corresponding debt.

	£000	£000
EBITDA		
UKGAAP position		**3,670**
PFI service charge	-5,519	
Operating leases for land	-606	
PFI contingent rent	-747	
Savings on unitary charge	10,818	
		3,946
IFRS EBITDA position		**7,616**
Surplus		
UKGAAP position		**1,875**
EBITDA changes	3,946	
Depreciation on PFI buildings	-1,557	
Interest payable PFI buildings	-3,015	
Dividend saving under IFRS	466	
		-160
IFRS surplus position		**1,715**
Net Assets		
UKGAAP position		**40,409**
PFI buildings	27,310	
Financing creditor	-35,659	
Bullet payment & other prepayments	-5,286	
Reduction in dividend	466	
		-13,169
IFRS net assets position		**27,240**

2.7.3 Key Financial Assumptions

In respect of income uplift assumptions, those issued by monitor in March 2009 have been used as they are felt to be a reasonable assessment of future income changes.

Pay assumptions are based on the Agenda for Change 3 year pay deal up to 2010/11.

No non-pay increases have been fed into budgets in 2009/10 with the exception of utilities, based on current trends in costs.

Downside assumptions anticipate a lower level of income uplift in 2010/11 and 2011/12 and lost income relating to Partnerships for Older People's Projects in 2010/11 (-£315k).

Base Case

	2009/10	2010/11	2011/12
	%	%	%
Uplift for inflation	1.7	1.2	0.7
Income for quality	0.5	0.5	0.5
Pay inflation*	2.54	2.25	1.5
PFI inflation	2.0	2.0	2.0
Drug Inflation	0.0	3.0	3.0
Other non-pay	8.5 (Utilities only)	2.5	2.5

Downside Case

	2009/10	2010/11	2011/12
	%	%	%
Uplift for inflation	1.7	**0.7**	**0.2**
Income for quality	0.5	0.5	0.5
Pay inflation	2.54	2.25	1.5
PFI inflation	2.0	2.0	2.0
Drug Inflation	0.0	3.0	3.0
Other non-pay inflation	8.5 (Utilities only)	2.5	2.5

Financial Plans 2009/10 to 2011/12

Financial Risk Rating (FRR)

Base (expected) Case

	Plan 2008/09	Actual 2008/09	Plan 2009/10	Plan 2010/11	Plan 2011/12
EBITDA	100%	100%	100%	100%	100%
EBITDA margin	3.3%	3.0%	6.2%	7.3%	8.8%
Return on assets	6.7%	7.3%	6.6%	12.6%	18.3%
Surplus margin	2.2%	1.4%	1.4%	2.6%	4.4%
Liquidity – days	51	58	20	30	50
Overall rating	**3**	**3**	**4**	**4**	**4**

Downside Case

	Plan 2009/10	Plan 2010/11	Plan 2011/12
EBITDA	89%	70%	59%
EBITDA margin	5.5%	5.1%	5.3%
Return on assets	4.0%	3.2%	5.2%
Surplus margin	0.7%	0.3%	0.8%
Liquidity – days	17	18	24
Overall rating	**3**	**3**	**3**

The following table shows a reduced normalised surplus from £3.0m in 2008/09 to £1.5m in 2009/10. The impact of reduced interest received is matched by the benefits taken from the valuation of assets using Modern Equivalent Value. Once again the surplus is mainly derived from normal operations on a recurrent basis.

	£m	£m
Surplus 2008/09	1.2	
Add exceptional items	1.8	
Normalised position 2008/09		3.0
Pay cost pressures:		
Vacancies/developments	-3.3	
Incremental pay drift	-1.2	
Full year effect of developments	-1.1	
		-5.6
Non-pay cost pressures:		
Developments	-1.2	
Carbon reduction plan non recurrent changes	0.2	
		-1.0
Cost inflation:		
Pay	-2.2	
Other (PFI)	-0.3	
		-2.5
Cost improvement:		
Pay	2.4	
Drugs	0.1	
Other	0.7	
Income	0.3	
		3.5
Income from activity:		
Cost & volume / Block	0.8	
All other	-0.1	
		0.7
Changes in other non operating income / costs		
Accent	0.5	
Other	0.5	
		1.0
Income inflation		2.6
Forecast surplus 2009/10		1.7
Exceptional items 2009/10		-0.2
Normalised surplus 2009/10		1.5

Clinical Income:

	Plan 2008/09 £m	Actual 2008/09 £m	Plan 2009/10 £m	Plan 2010/11 £m	Plan 2011/12 £m
Block	98.8	98.9	98.0	99.7	100.9
Cost and volume	3.5	3.1	4.4	4.5	5.1
Clinical partnerships	3.5	3.4	6.8	6.9	7.0
Other	1.9	1.9	1.6	2.1	2.1
Total clinical income	**107.7**	**107.3**	**110.8**	**113.2**	**115.1**

Note:

The clinical partnerships income change from 2008/09 to 2009/10 is related to shift of £3.2m funding for specialised supported living services from Leeds PCT to the Local Authority.

Cost and Volume income change from 2008/09 to 2009/10 is related to the shift of non Leeds block contracts to a cost and volume basis.

Non-clinical Income

	Plan 2008/09 £m	Actual 2008/09 £m	Plan 2009/010 £m	Plan 2010/11 £m	Plan 2011/12 £m
Non-clinical income	**6.2**	**11.7**	**11.1**	**11.4**	**13.8**

Operating Expenses

	Plan 2008/09 £m	Actual 2008/09 £m	Plan 2009/10 £m	Plan 2010/11 £m	Plan 2011/12 £m
Pay costs	-84.5	-86.9	-91.0	-92.0	-93.7
PFI costs	-10.8	-10.7	-5.7	-5.9	-6.0
Drug costs	-2.4	-2.1	-2.2	-2.3	-2.3
Other operating costs	-12.6	-15.8	-15.4	-15.3	-15.6
Total operating costs	**-110.3**	**-115.5**	**-114.3**	**-115.5**	**-117.6**

Note:

Pay costs changes from 2008/09 to 2009/10 is accounted for by pay inflation of £2.2m, incremental pay drift of £1.2m, developments and full year effects £2m less Cash Releasing Efficiency Savings (CRES) £2.4m and reversal of pay provision of £1.2m.

PFI cost change from 2008/09 to 2009/10 is due to interest payable and depreciation on PFI assets being reclassified as non operating expenses as a result of IFRS.

2.7.4 Phasing

Whilst the majority of income and costs have a full-year effect, the key exception relates to services for older people. Due to the timetable for consultation, it has been assumed that a revised service model will be operational from 1st October 2009. During the course of the first six months of the year, financial plans will rely on continuing vacancy management in respect of existing workforce numbers.

Activity assumptions will also change mid-year as model of care shifts emphasis towards a more out-patient and community-based model of delivery. This will be by agreement with NHS Leeds.

2.7.5 Investment & Disposal Plans

As part of the 5 year capital programme, investment is once again being made in estate infrastructure. Investment in providing better temperature control in the P.F.I. buildings will also commence.

As a result of the economic downturn, the only asset sale anticipated for 2009/10 is the Wilsons Arms site which is under offer. Maple house is to be demolished as part of a capital scheme which will see increased car parking facilities on the St Mary's Hospital site.

	Plan 2008/09 £m	Actual 2008/09 £m	Plan 2009/10 £m	Plan 2010/11 £m	Plan 2011/12 £m
Investments					
Building maintenance	-2.1	-0.7	-2.2	-0.8	-0.7
Building non-maintenance	-1.2	-1.2	-0.2	-0.2	-0.3

Equipment replacement	-0.8	-0.8	-0.9	-0.4	-0.7
Total investments	**-4.1**	**-2.7**	**-3.3**	**-1.4**	**-1.7**
Disposals					
Malham House	1.2				
East Ardsley HC	0.9				0.5
Crooked Acres	0.6	0.5			
Peel Court					0.7
Otley Old Road					0.4
Wilsons Arms site	0.6		0.3		
Southfield House	0.5				
Maple House			0.9		
Total disposals	**3.8**	**0.5**	**1.2**	**0.0**	**1.6**

Key investment areas in 2009/10 are as follows:

General building improvement:

- Disability Discrimination Act/Health Safety/Fire £1.6m
- Environment / PFI temperature £0.7m
- 2 Woodland Square £0.2m
- Other £0.1m

Total Building Improvement **£2.6m**

- IT equipment £0.7m
- Other equipment £0.2m

Total Equipment **£0.9m**

2.7.6 Cash

	Plan 2008/09 *31 Mar 09* £m	Actual 2008/09 *31 Mar 09* £m	Plan 2009/10 *31 Mar 10* £m	Plan 2010/11 *31 Mar 11* £m	Plan 2011/12 *31 Mar 12* £m
Cash & investments	12.8	16.5	14.4	17.6	24.4
Facility	8.5	8.5	0.0	0.0	0.0
Days	**51**	**58**	**20**	**30**	**50**

Cash forecasts remain healthy looking ahead. This has led to the decision not to renew the working capital facility in place with Lloyds TSB until 31st July 2009 (£8.5m) as the Trust will have in place sufficient liquidity without it. This explains why liquidity days drop in 2009/10.

The build-up of cash and investment balances enables the Trust to meet potential financial obligations and risks. It is planned to fund service and capital investment plans through the use of internally generated funds rather than resort to borrowing.

2.7.7 Cost Improvement Plans (C.I.P.s)

Current C.I.P. plans focus mainly on cost reduction in 2009/10. A further major initiative into how efficiently the Trust is able to use its workforce has recently been established with a view to harnessing the benefits of Agenda for Change and New Ways of Working, coupled with the introduction of e–rostering in 2009/10.

	Plan 2008/09 *31 Mar 09* £m	Actual 2008/09 *31 Mar 09* £m	Plan 2009/10 *31 Mar 10* £m	Plan 2010/11 *31 Mar 11* £m	Plan 2011/12 *31 Mar 12* £m
	5.3	4.9	3.5	3.9	4.4

CIP plans/targets for 2009/10 are as follows:

Pay costs:		
	Medical staff	£0.3m
	Nursing staff	£1.6m
	Other staff	£0.5m
	Total staff	**£2.4m**
Non-pay:		
	Drugs	£0.1m
	Secondary Commissioning	£0.2m
	All other non-pay	£0.4m
	Total non-pay	**£0.7m**
Income		**£0.3m**
Total planned cost improvement schemes		**£3.4m**