

Operational Plan Document for 2014-16

Lincolnshire Partnership NHS Foundation Trust

Operational Plan Guidance – Annual Plan Review 2014-15

The cover sheet and following pages constitute operational plan submission which forms part of Monitor's 2014/15 Annual Plan Review

The operational plan commentary must cover the two year period for 2014/15 and 2015/16. Guidance and detailed requirements on the completion of this section of the template are outlined in section 4 of the APR guidance.

Annual plan review 2014/15 guidance is available [here](#).

Timescales for the two-stage APR process are set out below. These timescales are aligned to those of NHS England and the NHS Trust Development Authority which will enable strategic and operational plans to be aligned within each unit of planning before they are submitted.

Monitor expects that a good two year operational plan commentary should cover (but not necessarily be limited to) the following areas, in separate sections:

1. Executive summary
2. Operational plan
 - a. The short term challenge
 - b. Quality plans
 - c. Operational requirements and capacity
 - d. Productivity, efficiency and CIPs
 - e. Financial plan
3. Appendices (including commercial or other confidential matters)

As a guide, we expect plans to be a maximum of thirty pages in length. Please note that this guidance is not prescriptive and foundation trusts should make their own judgement about the content of each section.

The expected delivery timetable is as follows:

Expected that contracts signed by this date	28 February 2014
Submission of operational plans to Monitor	4 April 2014
Monitor review of operational plans	April- May 2014
Operational plan feedback date	May 2014
Submission of strategic plans to Monitor (Years one and two of the five year financial plan will be fixed per the final plan submitted on 4 April 2014)	30 June 2014
Monitor review of strategic plans	July-September 2014
Strategic plan feedback date	October 2014

1.1 Operational Plan for y/e 31 March 2015 and 2016

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

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

In signing below, the Trust is confirming that:

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

Approved on behalf of the Board of Directors by:

Name (Chair)	Eileen Ziemer
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Signature



Approved on behalf of the Board of Directors by:

Name (Chief Executive)	Dr. John Brewin
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Signature



Approved on behalf of the Board of Directors by:

Name (Finance Director)	Karen Berry
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Signature



1.2 Executive Summary

The short term challenge

- All of the organisations involved in the commissioning and delivery of health and social care in Lincolnshire, including Lincolnshire Partnership NHS Foundation Trust (LPFT), have agreed to work together under the banner of the Lincolnshire Sustainable Services Review (LSSR) to design a blueprint for the future delivery of services that would meet the needs of the population both now and in the future, and do so whilst operating under the financial constraints that exist to make the right choices for sustainability, particularly where these choices are difficult and contentious.
- Lincolnshire's Better Care Fund and the LSSR Blueprint are intrinsically linked – if the LSSR is a 5 year plan to transform health and social care in Lincolnshire, then Lincolnshire's Better Care Fund plan describes the first two years of that plan.
- LPFT sits on the LSSR Programme Board and has been actively involved in the LSSR and Better Care Fund planning. The Trust will continue to proactively contribute to the development and implementation of the blueprint for the future delivery of health and social care services in Lincolnshire.

Quality Plans

- LPFT's clinical strategy has been refreshed to ensure that the Trust's services evolve in line with stakeholder needs. Supporting two year service plans have been developed to ensure this vision becomes reality
- 2014/15 commissioning intentions have been finalised and contracts agreed
- CQUINs are currently being finalised
- Nine quality priorities have been agreed for 2014/15
- LPFT is fully CQC-compliant and has promptly addressed any feedback and actions identified during CQC visits
- The Trust is able to show local consideration of the learning from the Francis Report and has implemented actions against each of the six core themes within the report: culture, compassionate care, leadership, standards, information, and openness, transparency and candour

Operational requirements and capacity

- Referrals to community teams continue to increase, particularly for IAPT, psychology and older adult services. The Trust is retaining a relatively static workforce plan by deploying various initiatives to free up time to care e.g. flexible and mobile working; service redesign; single point of access; DNA reduction
- The Trust's estate provision to support community, inpatient and outpatient clinical activity is involving in line with the clinical strategy and reflects a more community-based, earlier intervention approach
- Technology is being used as an enabler for efficiency and service transformation initiatives and the Trust's new IM&T strategy identifies a number of priorities regarding infrastructure development

Productivity, efficiency and CIPs

- CIP plans have been developed for 2014/15 and 2015/16
- All plans have subject to a Quality Impact Assessment covering patient safety, clinical effectiveness, patient experience, workforce and regulatory issues
- These CIP plans are a mix of traditional and transformational initiatives
- The transformational CIPs are primarily comprised of workforce reconfiguration, shift standardisation and pathway transformation

Financial Plan headlines

The Trust's income statement over the next three years is summarised below:

	2013/14 £m	2014/15 £m	2015/16 £m
Operating income	(99.7)	(106.4)	(102.6)
Operating expenses	95.1	102.1	98.3
GROSS OPERATING (SURPLUS) / EBITDA	(4.6)	(4.3)	(4.3)
Non-operating items	4.3	4.2	4.1
NET (SURPLUS)	(0.3)	(0.1)	(0.2)

Underpinning the financial position are the following financial components:

Financial Area	2013/14 £m	2014/15 £m	2015/16 £m
Cost improvement programme target	3.7	3.6	3.3
Capital expenditure	4.1	5.1	3.7
Total non-current assets	47.0	49.3	50.0
Year-end cash balances	14.6	11.7	9.9
Monitor COSR Rating	4	4	4

1.3 Operational Plan

1. The short term challenge

THE CHALLENGE

The health and social care system in Lincolnshire faces significant challenges. The Keogh review identified some key areas of concern over the quality and safety of some services with particular patient outcome challenges in Reactive (Urgent) care. In addition, there is evidence:

- from patients and service users of services being fragmented
- that service models do not reflect published clinical evidence that some elements of care can be better provided closer to home
- that workforce structure, IM&T, incentive arrangements and other factors are not supporting transformational change.

All four Lincolnshire CCGs have above average disease prevalence for the majority of the main disease categories. This coupled with the impact of growth in demand for services (growth in the elderly population and children) is outstripping growth in funding.

Increasing demand and expectations from patients; users and carers, and politicians around local access (made more complex by rurality) and time and type of care delivered, place additional pressures on this health and social care economy.

Whilst it is acknowledged that Lincolnshire has been impacted by historical below average investment levels it is clear that current models of care are neither delivering best health outcomes or sustainable now or in the future.

The cost of making current services safe and viable would add to existing cost pressures. With a current system wide (health and social care) deficit of £20.8 million, if current services were continued, we would have an annual overspend of just over £105 million in five years' time. These issues can only be addressed by the whole health and social care community.

THE RESPONSE

Integration is national policy and it is essential Lincolnshire gets services working together, especially community care, social care, primary care and prevention and early intervention. In light of this, the organisations involved in the commissioning and delivery of health and social care in Lincolnshire have agreed to work together under the banner of the Lincolnshire Sustainable Services Review (LSSR) to design a blueprint for the future delivery of services that would meet the needs of the population both now and in the future, and do so whilst operating under the financial constraints that exist to make the right choices for sustainability, particularly where these choices are difficult and contentious.

The organisations are: Lincs East CCG, Lincs West CCG, South Lincs CCG, South West Lincs CCG, NHS England (Leics & Lincs Area), Lincolnshire County Council, Lincolnshire Partnership NHS Foundation Trust, Lincolnshire Community Health Services NHS Trust, United Lincolnshire Hospitals NHS Trust and East Midlands Ambulance Service and HealthWatch Lincolnshire.

The LSSR involves three phases of work:

- Analysis, modelling and Blueprint design
- Detailed planning
- Implementation

OUTPUTS TO DATE

Modelling analysis has taken place to understand current utilisation of service now but more significantly what will be required in five years' time. Demographic trends indicate that the population will age rapidly, with the West and South West ageing most.

The number of children in Lincolnshire is projected to grow by 10%, most in the East, at the same time the number of births is projected to fall, particularly in the West. The volume of patients leaving Lincolnshire for inpatient treatment is significant and therefore Lincolnshire is dependent on other out of area providers (Peterborough) for inpatient services. There are also no significant net inflows of patients from outside the county to Lincolnshire.

The LSSR Blueprint has been developed – this defines Lincolnshire's vision for service reconfiguration including very significant reduction in acute bed capacity from the acute sector by 2016/17 and the strengthening of community based services with extended 7 day working wrapped around Neighbourhood teams. Years 2014/15 and 2015/16 are key transitional years during which time momentum for change must be galvanised into targeted delivery. Failure to deliver will result in a significant financial gap across Lincolnshire Health and Social Care Services. For the two transitional years focus is being given to commencing a reduction of acute hospital bed capacity by further preventing avoidable acute hospital admissions, reducing delayed transfers of care and ensuring that the valuable acute sector facilities are utilised to best effect for those most in need of specialised acute hospital care. Implementation of the Urgent Care Board strategy will be critical to support the delivery of targets. Due consideration is being given to the acute sector clinical strategy which is currently undergoing early clinical consultation.

ALIGNMENT

Lincolnshire's Better Care Fund and the LSSR Blueprint are intrinsically linked – if the LSSR is a 5 year plan to transform health and social care in Lincolnshire then the BCF describes the first two years of that plan.

Whilst the LSSR Blueprint is described as an overarching clinical and social care strategy for consistent outcomes, quality and safety of services, some services will have to be enhanced further to support demographic changes in differing areas or provided slightly different in the operation delivery, these will be starkest in the care of the elderly and children's care, dependent on the area especially around the model for proactive care.

Consideration and interface with other reviews outside of Lincolnshire is being undertaken especially with the knock on effect of the Peterborough, North and North East Lincolnshire and North Nottinghamshire reviews to ensure they read across.

Finally, the LSSR is also building on the current initiatives that Lincolnshire is undertaking, especially Shaping Health for Kesteven, to ensure that patients and the population recognise one health and care system but with local issues within it, and that no one falls through any gaps that might appear due to boundary difficulties and the impact that the LSSR has with other reviews.

There is already significant congruence between the priority themes, objectives and measures in Lincolnshire's Joint Health and Wellbeing Strategy (JHWS) and the objectives and outcomes being pursued through the LSSR and the Better Care Fund programme.

2. Quality plans

2.1 LPFT's commissioning landscape

Overview of LPFT's commissioners

NHS England	CCGs	Local authorities
<ul style="list-style-type: none">Specialised services (Tier 4 CAMHS; Low Secure)Offender healthcareServices for members of the armed forcesSexual assault referral services (SARC)	<p>[Lincs & Derbyshire]</p> <ul style="list-style-type: none">Community adult mental healthcare servicesInpatient adult mental healthcare services (acute & rehab)	<p>[Lincs and NE Lincs]</p> <ul style="list-style-type: none">CAMHS services (Tiers 2, 3 & 3+)Adult mental health social careAdult mental health prevention (Managed Care Network)Public mental health servicesSubstance misuse services

Lincolnshire health and social care economy

All Lincolnshire health and social care commissioner and providers have agreed the principle that they will work together in partnership and collaboration to deliver a strategic review of how to deliver optimum care within the resources available, supporting transformation of the health community.

A Joint Commissioning Board has been established with 4 delivery boards

- Proactive care** (Recovery, re-ablement and rehabilitation; Intermediate Care; Tele-health; End of life care; Self-care Enhanced Carer support; Falls Prevention; Wellbeing Network)
- Urgent care** (Acute Care; A&E; Integrated Urgent Care; Secure Accommodation)
- Women & Children** (Consolidation and integration of specialist services including LAC, CAMHS & SEN; Early Years Services; Education Support Services; Readiness for Adult Life)
- Adult Specialist** (Mental health; learning disabilities; autism)

The five priorities for the Better Care Fund focus on delivering the LSSR plans for Years 1 and 2:

- The development of 'neighbourhood teams'
- Intermediate Care layer: pooled budget, jointly commissioned
- Seven-Day Hospital Working
- Prevention (number of short term projects funded by the BCF and developing 'Wellbeing' service. It will also include young people – notably regarding the implications of 'Support and Aspiration'.
- Enablers notably estates and IMT

Specific commissioning developments in 2014/15 for LPFT

- Development of a pilot Triage Car scheme
- Extension of the Hospital Intensive Psychiatric Service and the PACT service pilots
- Primary Care Psychological Therapies: commissioners will carry out a market engagement and market testing exercise with a view to offering patient choice, particularly for people living on the borders
- Dementia: view will be to establish the number of beds required for the service and the level of increase of community based services to offer an optimum service

- Development of a specialist perinatal mental health service

2.2 National and local CQUINS

- The section below details the CQUINS finalised to date
- The first section of the table below provides the limited detail available in respect of the Lincolnshire CCGs CQUINS. These are yet to be finalised, being currently being drafted with commissioners. It is confirmed that there will be three national CQUINS applicable, these being related to: *Diagnostic Coding and Associated Quality Improvement*, *Safety Thermometer*, and *Friends and Family Test*. There are anticipated to be five local CQUINS; and these relate to *Autism Spectrum Disorder*, *Workforce Expectations (Health Care Assistants development focus)*, *PROMs for Dementia*; and two CQUINS related to *Medication (high level risk medication; and medication errors / incidents)*. The Quality Schedule 2014/15 is also in the process of being reviewed and finalised with Lincolnshire CCGs at the time of writing.
- The second section of the table details the NHS England Low Secure and Tier 4 Child and Adolescent Mental Health Services. It is anticipated that the 2014/15 CQUINS will be finalised imminently as part of contract negotiations.
- The third section of the table details NHS England Prison Primary and Mental Health Care Services, which remain under negotiation.
- The fourth section of the table details the North East Lincolnshire Child and Adolescent Mental Health Services (CAMHS) Incentive Payment (which are not CQUINS as they are non-NHS commissioned).
- The fifth section of the table details the Derbyshire Improving Access to Psychological Therapies (IAPT) CQUINS, the first of which relates to *Improving the experience of patients in line with Domain 4 of the NHS Outcomes Framework*; and the second relates to *Increasing the number of patients aged 65 years and over accessing IAPT services in Derbyshire*.
- The sixth section of the table details the Lincolnshire County Council Tier 2 and Tier 3 Child and Adolescent Mental Health Services CAMHS CQUINS, for which there are three agreed goals related to: *Tier 2 Source of referral*; *Improving the self-harm pathway – Lincolnshire County Hospital*; and *Achievement at Tier 3 of external accreditation to the Quality Network for Community CAMHS (QNCC)*. There has yet to be agreement regarding the second of these CQUINS due to an issue related to funding for the Hospital Intensive Psychiatric Service (HIPS); and there is work underway to agree payment for the associated 2013/14 CQUIN achievement. The CQUINS for 2014/15 are now fully developed.

Lincolnshire CCGs CQUINS

Indicator MH1	NHS Safety Thermometer
Goal	To measure and reduce harm by allowing frontline teams to measure how their services are; and to improve locally. Improvement goal for LPFT is falls.
Indicator	Full implementation and achievement of requirements of NHS Safety Thermometer in accordance with national targets.
Indicator MH2	Friends and Family Test
Goal	To improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework. The Friends and Family Test will provide timely, granular feedback from patients & staff about their experience.
Indicator	Implementation as per elements for mental health providers in accordance with the national timetable.
Indicator MH3	Cardio Metabolic Assessment for patients with schizophrenia
Goal	Improving physical healthcare to reduce premature mortality in people with severe mental illness.
Indicator	Demonstrate, through national audit process, full implementation of appropriate processes for assessing, documenting and acting on cardio

	metabolic risk factors in patients with schizophrenia.
Indicator MH4	Autism Awareness
Goal	Ensure patient facing staff are trained and aware of the needs of people who have autism; and are able to make reasonable adjustments to service delivery to facilitate improved patient experience when using the LPFT services.
Indicator	Implementation and agreed percentage roll-out of autism awareness training for patient facing staff
Indicator MH5	Workforce Development – Health Care Assistants (HCAs)
Goal	Strengthening and reinforcing the standards expected to deliver high quality compassionate care, building excellent health outcomes for service users. to all who use our services
Indicator	Development of a regulatory framework for all HCAs working across LPFT and a set of standard competencies for all Band 2, 3 and 4 HCAs working in LPFT
Indicator MH6	Development of PROMS for Dementia
Goal	Improve service satisfaction and quality outcomes for in-patients with dementia and their carers. The DEMQOL questionnaire will provide timely, granular feedback from patients and their carers about their experience.
Indicator	Implementation and agreed percentage achievement of DEMQOL returns for all in-patients with dementia.
Indicator MH7	Medication Management
Goal	Reduce the harm from medication errors across all clinical areas of LPFT, so improving patient safety
Indicator	10% reduction in medication errors resulting in harm across all NPSA harms

NHS England Low Secure and Tier 4 Child and Adolescent Mental Health Services

Low Secure LS1	Improving physical healthcare
Goal	To support NHS England's commitment to reduce the 15 to 20 year premature mortality in people with psychosis and improve their safety through improved assessment, treatment and communication between clinicians.
Indicator	Compliance with National Audit of Schizophrenia and completion of a programme of local audit of communication with patients' GPs.
LS2	Friends and Family Test
Goal	To improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework. The Friends and Family Test will provide timely, granular feedback from patients about their experience.
Indicator	Full implementation of patient FFT by January 2015 in accordance with the national timetable.
LS3	Collaborative risk assessment
Goal	The provision of an education training package for patients and qualified staff around collaborative risk assessment and management.
Indicator	Report by the provider detailing the education package the provider has developed for staff and service users about risk assessment and risk management
LS4	Quality Dashboard
Goal	This indicator is aimed at ensuring that Providers continue to embed and routinely use the required clinical dashboards for specialised services

Indicator	Targets are set out as part of quarterly monitoring and payment requirements.
LS5	Pre-admission formulation
Goal	To provide the service user information detailing a formulation of both current & potential future needs and how the proposed service might best meet them.
Indicator	The provider will develop a system for sending a formulation to service users following acceptance into a service of what their current needs are and how these needs will be met.
LS6	Supporting carer involvement
Goal	To support carer involvement with their relatives in secure care, (particularly in the first three months of care) and then on to the point of discharge.
Indicator	Demonstrate involvement at an early stage of treatment in a range of activities including CPA, satisfaction surveys and advocacy services.
CAMHS 1	Improving physical healthcare
Goal	To support NHS England's commitment to reduce the 15 to 20 year premature mortality in people with psychosis and improve their safety through improved assessment, treatment and communication between clinicians.
Indicator	Compliance with National Audit of Schizophrenia and completion of a programme of local audit of communication with patients' GPs.
CAMHS 2	Friends and Family Test
Goal	To improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework. The Friends and Family Test will provide timely, granular feedback from patients about their experience.
Indicator	Full implementation of patient FFT by January 2015 in accordance with the national timetable.
CAMHS 3	Quality Dashboard
Goal	This indicator is aimed at ensuring that Providers continue to embed and routinely use the required clinical dashboards for specialised services
Indicator	Targets are set out as part of quarterly monitoring and payment requirements.
CAMHS 4	Review of unplanned admissions
Goal	This scheme proposes a multi-agency review of all unplanned admissions to general adolescent Tier 4 CAMHS within 5 working days of admission.
Indicator	Minimum of 60% improvement in number of reviews held within 5 working days of unplanned admission recommended.

NHS England Prison Primary and Mental Health Care Services

Prison 1	Productive GP
Goal	Roll out the Productive GP series across HMP Lincoln and HMP North Sea Camp.
Indicator	Completion of the Productive GP foundation module 'Getting started and making it stick'.
Prison 2	Friends and Family
Goal	To improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework. The Friends and Family Test will provide timely, granular feedback from patients about their experience.
Indicator	Increase in the response rate of the (adapted for Prisons) patient FFT.
Prison 3	Older Prisoner Adult
Goal	Develop and audit tool to assess the current health provision for Older Adults in the Prisons.
Indicator	Conduct the audit and action plan for improvement.

North East Lincolnshire Child and Adolescent Mental Health Services (CAMHS)

NEL CAMHS 1		12 Weeks' Wait
Goal	To ensure that service users are offered a first appointment within 12 weeks of the date of receipt of referral.	
Indicator	The percentage of service users who are offered a first appointment within 12 weeks of the date of receipt of referral.	
NEL CAMHS 2		Did Not Attend (DNA) Rates
Goal	To reduce the number of service users who do not attend their appointment.	
Indicator	The total number of DNAs as a percentage of appointments offered per month.	

Derbyshire Improving Access to Psychological Therapies (IAPT)

Derbyshire IAPT 1		Patient Experience - Net Promoter Question - Positive Response Rate
Goal	To improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework. The Net Promoter Question will provide timely, granular feedback from patients about their experience.	
Indicator	Total number of patients who have completed therapy and responded extremely likely or likely (being defined as positive) for the above NPQ.	
Derbyshire IAPT 2		Patient Experience - Net Promoter Question - Response Rate
Goal	To improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework. The Net Promoter Question will provide timely, granular feedback from patients about their experience	
Indicator	Total number of patients who have completed therapy and have completed a NPQ	
Derbyshire IAPT 3		Patient Experience – Patient satisfaction - Positive Response Rate
Goal	To improve the experience of patients in line with Domain 4 of the NHS Outcomes Framework and is in line with IAPT revised data collection version 1.5. (implementation July 2014)	
Indicator	Total number of patients who have completed therapy and responded positively to the 5 new patient experience questions	
Derbyshire IAPT 4		Recovery Rate
Goal	The service supports recovery for at least 50% of patients completing treatment	
Indicator	Number of people who have completed a course of primary care psychological therapies moving to recovery	

Lincolnshire County Council Tier 2 & Tier 3 Child and Adolescent Mental Health Services

LCC CAMHS 1		Tier 2 Source of Referral
Goal	To increase the proportion of referrals from professionals' other than GPs at Tier 2 by delivering a programme of training and support that encourages referral from other sources, i.e. schools and other professionals.	
Indicator	Percentage and number of GP referrals as a proportion of total number of Tier 2 referrals.	

LCC CAMHS 2		Self-Harm Pathway – Lincoln County Hospital
Goal	To improve the response time and support for young people presenting at Accident and Emergency in crisis at Lincoln County Hospital.	
Indicator	<ul style="list-style-type: none"> Review of pathway signed off and implemented 95% or more presentations responded to within 1 hour of contact from United Lincolnshire Hospitals NHS Trust Completed evaluation of increased capacity 	
LCC CAMHS 3		Tier 3 Quality Network for Community CAMHS Accreditation
Goal	To achieve Quality Network for Community CAMHS (QNCC) accreditation.	
Indicator	QNCC accreditation achieved.	

2.3 Quality goals as defined by the quality strategy and quality account

- LPFT is passionately committed to improving quality and safety; and recognises the importance of being able to evidence this by positive treatment outcomes and continuously improving services. As such *Improving Service Quality* remains the Trust's primary Strategic Priority, thus supporting the embedding of quality in all aspects of the Trust's practice and business. The Trust is committed to working in partnership with service users, carers, governors, staff and partners to ensure delivery of high quality services, underpinned by the recovery approach.
- The Quality Strategy (2014-2017) sets out how the Trust works to sustain consistent compliance with national essential standards for the NHS as defined by the Care Quality Commission (CQC) and works with service users, carers, staff and partnership organisations, to identify and implement quality improvements over and above these minimum requirements.
- The Trust, for 2014/15, has identified three draft quality priorities in each of the quality domains of Patient Safety, Patient Experience and Clinical Effectiveness (nine in total). The Trust has developed the minimum number of draft quality priorities (nine) to support focussed efforts to embed these, so enhancing the likelihood of achieving best outcomes for service users, carers and staff throughout the Trust. The quality priorities remain under consultation, having been presented and circulated in a number of forums, meetings; and via the Trust's intranet to support engagement and feedback from governors (including service user and carer representatives), staff, commissioners, the Board and key partners.

Quality Priority		Why this important for us	2014 /2015 Target
Patient Safety			
1	Ensure organisational learning is embedded and sustained	Reducing the likelihood of repeated incidents and adverse events is a local and national safety priority. Embedding learning identified from: Serious incidents, complaints, claims, audit and third party inspections; should enable reduction in likelihood of repeated incidents and adverse events so should reduce harm.	<ul style="list-style-type: none"> Production & dissemination of <i>Lessons Learned</i> bulletin bimonthly throughout the Trust Audit of a sample of serious incident reports (completed 1-2 years previously), evidences a minimum of 90% of actions identified for implementation within the associated action plan, remain embedded in practice. 100% of recommendations following external reviews are completed within agreed timescales.

2	<p>Improve record keeping, ensuring compliance with CQC Essential Standard of Quality and Safety Outcome 21</p>	<p>High standards of record keeping support good communication, effective risk management; and the ability to evidence working in partnership with service users, carers and partnership agencies.</p> <p>Internal audit and third party inspections (including from CQC) evidence some deficiencies and inconsistencies in record keeping across both in-patient and community services.</p>	<ul style="list-style-type: none"> • All teams and services are able to evidence completion of monthly case file audits; and use of the most recent clinical risk assessment tool. • Teams audited, through the annual case records audit, evidence improvement on previous year's audit result. • Teams audited, through the annual case records audit, evidence involvement in care planning in a minimum of 80% of cases.
3	<p>Improve Safety Thermometer outcomes: Older Adults Falls, pressure ulcers; and urine infections in service users with urinary catheters; and Measure medication errors, triggers of potential harm; and actual harm from medication errors.</p>	<p>Many falls and pressure ulcers are avoidable, cause unnecessary harm; and impact negatively on life expectancy in older adults.</p> <p>Medication errors can cause significant harm; and many Never Events relate to medicines management.</p> <p>Raising awareness of medication safety, engaging nurses, pharmacists & medical staff in improving medication errors; and supporting understanding of the burden of harm from medication errors is a LPFT priority.</p>	<ul style="list-style-type: none"> • Reduction in number of medication errors causing harm by 10% (compared to previous year). • 90% achievement of local CQUIN targets related to medication management. • 95% achievement of national CQUIN targets related to Safety Thermometer. • No Never Events
Patient Experience			
4	<p>Improve the overall experience of service users and carers</p>	<p>Service users & carers (where appropriate) involved in developing and reviewing plans of care to ensure they best meet individual needs.</p> <p>Carers, as key partners, have support needs & (where appropriate) need to be actively involved & well informed</p>	<ul style="list-style-type: none"> • 80% positive response from patient satisfaction questionnaires (including Friends and Family Test) in both in-patient and community areas. • 90% responses to complaints and PALS achieved within agreed timelines.
5	<p>Increase service user and carer involvement in service planning, workforce development; and delivery of care).</p>	<p>Building LPFT's services, workforce; and delivery of care in partnership with service users and carers is a high priority. To achieve consistent embedding of the 6 'Cs' (care, compassion, courage, commitment, competence and</p>	<ul style="list-style-type: none"> • A minimum of 80% of recruitment panels evidence service user and / or carer involvement (directly or indirectly). • <i>You Said: We Did</i> evidence of responsiveness to service user and carer feedback

		<p>competence) it is important to listen to and embrace the contribution of those with lived experience (as service users and carers).</p> <p>A number of the <i>Voice of 1,000</i> (service users & carers) have registered subject specific interests & are already actively involved in many development initiatives across the Trust. .</p>	<p>displayed in a minimum of 80% of ward / unit / service user community waiting areas visited as part of 15 Steps / mock CQC visits.</p> <ul style="list-style-type: none"> Recovery College development evidences good partnership working with service users and carers (including those with a learning disability)
6	<p>Improve responsiveness to service user, carer, staff and partnership agencies feedback</p>	<p>Service users, carers, staff and partnership agencies feedback is very important and highly valued by LPFT. Listening and responding in a timely way, with information in accessible formats, is a priority.</p>	<ul style="list-style-type: none"> Improvement in community and in-patient survey results (compared to previous year) Evidence of responsiveness to feedback, including from Healthwatch Evidence of active involvement in the Lincs Sustainability Review
Clinical Effectiveness			
7	<p>Improve early warning detection of risk</p>	<p>Better early detection of risk assists in preventing harm occurring; and helps in identifying action and support required to reduce risk.</p>	<ul style="list-style-type: none"> Heat Map completed and disseminated widely from <i>Ward/Team to Board</i> bimonthly Risk Reports monthly highlight risk trends Risk Registers (Divisional and Corporate) are monitored and reviewed at least monthly Robust Board Assurance and Escalation Framework evidenced as being in place.
8	<p>Invest in staff leadership development and improve staff engagement</p>	<p>The delivery of high quality services requires a well-motivated engaged workforce. LPFT is committed to investing in leadership at every level of the workforce; and to support staff development, which in turn supports better outcomes for service users and carers.</p>	<ul style="list-style-type: none"> Improvement in Cultural Barometer results (as compared to previous year) Improvement in staff survey results (as compared to previous year) 80% minimum compliance with mandatory training 80% minimum compliance with annual appraisals Evidence of staff engagement in LPFT Inspirational Leadership Programme. LPFT achievement of top 200 ranking by Stonewall (links to Equality Delivery System 2)

9	Increase in external accreditation, participation in research; and benchmarking of new and existing services	External accreditation, benchmarking; and participation in research remain high priorities for LPFT. These mechanisms assist in providing internal and external assurance, in identifying strengths and areas requiring improvement; and in keeping LPFT an active provider within the health and social care local and national networks.	<ul style="list-style-type: none"> • AIMS accreditation (or equivalent) within all in-patient areas. • Increase in AIMS accreditation (or equivalent) within community services (as compared to previous year) • Evidence an increase in benchmarking in incident reports (as compared to previous year). • Evidence continued active participation in research and audit (internally and externally-led)
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2.4 An outline of existing quality concerns (CQC or other parties) and plans to address these

During 2013/14 the Trust received the following CQC visits to its sites:

MENTAL HEALTH ACT MONITORING VISITS	
Unit Inspected	Date of Inspection
Ashley House, Rehabilitation Unit	19 th June 2013
Maple Lodge, Rehabilitation Unit	14 th August 2013
Trust-wide Community Treatment Order Review	20 th September 2013
Bungalows 4 & 5 for adults with learning disabilities	8 th November 2013
Trust-wide Seclusion Facilities Review	15 th November 2013
COMPLIANCE INSPECTIONS VISITS	
Unit Inspected	Date of Inspection
Witham Court, Lincoln (Langworth and Brant Wards)	10 th July 2013
Pilgrim Hospital Site, Boston (Rochford Unit and Ward 12)	9 th October 2013
Long Leys Court Site, Lincoln (Discovery House and Learning Disabilities bungalows)	8 th November 2013
HMP Lincoln	18 th & 19 th November 2013 and 28 th January 2014
Ash Villa CAMHS Unit	22 nd January 2014

- The Trust is fully compliant and has promptly addressed any feedback and actions identified during CQC visits. CQC visit related action plans are monitored through the Trust's Operational Governance Group, with assurance reported to the Quality Committee.
- Lessons were learned from an HSE visit in respect of a patient safety incident (March 2013). Learning from this incident included the development of a more robust framework for reporting of *Absonsions* and *Absent Without Leave (AWOLs)* from in-patient areas; and improvement in trend monitoring at ward level through to division and trust-wide levels on patient safety incidents.

- The Trust's Board Assurance and Escalation Framework (2014) details the Trust's clinical governance and risk management processes, including the committee structure that ensures risk and compliance concerns are reported and escalated as appropriate to the Board. One of the Trust's compliance assurance mechanisms is a schedule of 15 Steps / mock CQC visits to clinical areas in both in-patient and community settings. Inspection teams include a Trust governor, service user / carer; and member of the quality and risk / compliance team. Where possible an inspection team also includes a staff member from a different clinical setting to support their professional development. Non-Executive Directors (NEDs) and Directors also carry out scheduled and non-scheduled visits to clinical areas throughout the year, reporting findings to the Board.
- In October 2013 the eleventh national NHS staff survey was undertaken. Overall the survey was positive and represented a significant improvement on 2012/13.

The top five responses	Trust response	Nat. average
Staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months (lower scores better)	25%	30%
Staff having equality and diversity training in last 12 months	77%	67%
Staff reporting good comms between senior management & staff	34%	31%
Staff receiving health and safety training in last 12 months	79%	75%
Staff believing the trust provides equal opportunities for career progression or promotion	91%	89%
The bottom five responses	Trust response	Nat. average
Staff agreeing that their role makes a difference to patients	88%	90%
Staff reporting errors/near misses/incidents witnessed in last mth	89%	92%
Effective team working	3.76	3.83
Staff working extra hours (lower scores better)	76%	71%
Staff suffering work-related stress in last 12 months	47%	43%

- The Trust's staff engagement score significantly increased to 3.70 (3.53 in 2012) which met the national average
- Two responses placed the Trust in the top 20%; six responses placed better than average; six responses were placed at the national average; nine responses were lower than average and five responses were in the bottom 20%. This was a significant improvement on 2012/13.
- The 2013 results have shown further improvement and confirmed that the Trust is continuing to move in the right direction, including, improvements in the number of staff that would recommend the Trust as a place to work or receive treatment, which are both key indicators.
- The Trust though has much more to do, particularly work related stress, team working and staff working extra hours. The Trust will therefore not lose momentum on any of the aspects highlighted in the survey, continuing with 'Making a Difference', the cultural barometer, road-shows, team-brief and reviewing the Trust's 2013/14 Work Related Stress Action Plan based on the Health and Safety Executive (HSE) Management Standards."
- The 2013 National Mental Health In-patient Survey results for the Trust evidenced improvement in the categories of: *Never shared sleeping area with opposite sex; Hospital food good/very good; Always able to get specific dietary needs; Purpose of medication completely explained; Possible side effects of medication completely explained; and Found talking therapy helpful.* The Trust, however, did not score in the top 20% for any questions; and was in the lowest 20% of the 20 NHS Trusts surveyed in the following questions: *Staff definitely knew about previous care received; Told completely about the ward routine on arrival; Always felt safe in hospital; Hospital definitely helped keep in touch with family; Always treated with respect and dignity by psychiatrist; Definitely involved as much as wanted in decisions about care and treatment; Enough activities available all of the time in evenings and on*

weekends; and Definitely felt enough care taken of physical health. Whilst the Trust recognises the sample (49 surveys returned from adults aged 16-64) was small, it is determined to improve patient experience in all these areas; and to develop services in partnership with patients / carers and staff. The Trust has developed its Quality Priorities for 2014/15 to include metrics to evidence greater service user / carer involvement across all aspects of the Trust's work. The Trust has achieved the *Friends and Family Test* roll-out across all in-patient and community teams in 2013/14; and will build further on this work in 2014/15. Other initiatives implemented include seeking service user / carer involvement in 15 Steps / mock CQC visits and in recruitment across the Trust, with monitoring of activity built into the Trust's 2014/15 Quality Priorities metrics.

- In the 2013 National Community Mental Health Survey, the Trust was similar in performance; and not an outlier, for any of the specific sections of the questionnaire as compared to other Trusts. The Trust's response rate to the survey was 29% (238 usable responses from a final sample of 820). Highest scores were achieved for the sections on *Health and Social Care Workers, Care Coordinator, and Care Review*; and the lowest scores were for the sections on *Day-to-Day Living and Crisis Care*. The Trust is highly committed to maintaining a strong focus of continually improving in all areas. Examples of some initiatives to support this being in respect of medication, with two local medication related CQUINs being negotiated with commissioners for 2014/15. There has been one medication related CQUIN within 2013/14, which requires the auditing of clinical notes to check that patients eligible for medication reviews have received these. Medication Management Groups have been established, under the leadership of Matrons, to support scrutiny of medication related incidents and issues; and medication leaflets have been produced in the 10 most commonly used languages within Lincolnshire. There has been a development of *Patient Folders* for service users to detail key details such as dates of their reviews, copies of care plans; and details of significant individuals involved in the service user's care. There has been a focus on streamlining home treatment (crisis care) so that crisis and contingency plans are negotiated with service users and shared, where required, with home treatment (previously known as crisis home treatment) teams. This supports good communication and empowerment of service users, as the strategies they have identified as being most effective in their care should be included within these documents.

2.5 Key quality risks inherent in the plan and how these will be managed, including contingency built into the plan

- A challenge for the Trust over the next 5 years will be to ensure quality is maintained and improved during a period of reducing resources. The Trust's framework of strategies and processes, including the Quality Strategy (2014) and the Clinical Transformation Plan (detailed in the Trust's Integrated Business Plan, (2014-19), are essential elements to managing generated risks
- Key quality risks are included in risk registers within the organisation; and are regularly reviewed and escalated as required, to the appropriate level within the Trust. Detail of the Trust's risk management, including action taken where risk is high and contingency limited, is included within the Trust's Board Assurance and Escalation Framework (2014); and this includes fast-tracking risk via the Trust's Communication Team to the Board as required
- The landscape is changing rapidly across the health and social care economies as well as local communities. The Trust recognises the importance of remaining focussed, current and aligned to emerging national policies and to the strategies of key partner agencies including Local Authorities and third sector organisations. The Trust works hard to ensure responsiveness to emerging local and national developments in health and social care and the changing expectations and views of service users, carers and local stakeholders. Within Lincolnshire a key development is the Sustainable Lincolnshire Review, in which the Trust is an active partner. For these reasons, year on year implementation plans may change but the aims for the Trust in respect of quality assurance will remain consistent.

- The Trust works hard to embed its three strategic objectives of: Improving Service Quality, Using Resources Efficiently; and Developing the Business throughout developments, changes and cost improvement pressures. The strategies that define the ambition of the Trust for each of its strategic priorities; and assist all the Trust's workforce in understanding the Trust's vision and values are:
 - **Improving quality** The Quality Strategy and the Clinical Strategy, which proposes a re-design of how services are provided, with emphasis on the role of community rather than ward-based services; and with a focus on prevention, integrated care and streamlining of care pathways over the next 3 to 5 years. This is informed by patients, service users, carers, governors, partners and the Trust's clinical teams; and reflects the Trust's ambition for its services;
 - **Using resources more efficiently** – an Organisational Development Strategy, a Financial Strategy, an Estates Strategy and a Technology Strategy that support the delivery of high quality clinical services and the best possible experience for the people who use Trust services;
 - **Retaining and developing the business** - a Business Development Strategy that supports the Trust's ambition for growth and positioning in the market and that enables the Trust to continue to operate effectively in a regulatory environment.

2.6 An overview of how the board derives assurance on the quality of its services and safeguards patient safety

The Trust Board is accountable for ensuring all Trust services genuinely and consistently meet the essential compliance standards for quality and safety. The Trust Board ensures it remains well informed and visible across its services. The Board receives detailed quality and risk reports, Board members visit clinical areas; and Board members seek additional assurance where there are residual concerns for quality and patient safety. The Board has a robust Assurance and Escalation Process (2014), which ensures its members are promptly informed of any high risk concerns across services. In practice, the Board ensures its accountability for quality and patient safety through mechanisms including the following:

- Ensuring focussed Board time is dedicated to discussion on quality and patient safety issues.
- Effectively monitoring the quality of care provided across all Trust services though critically reviewing internal and external quality and risk reports, including those evidencing benchmarking of the Trust's services locally and nationally.
- Proactively scrutinising high level risks to quality; and instructing prompt mitigating action if required.
- Challenging poor performance or variation in quality; and actively recognising quality improvement.
- Supporting critical reviews to identify root causes to both poor and exceptional performance, so ensuring better understanding of factors affecting quality and patient safety.
- Leading effective partnership working with other health and social care organisations, including the sustainable Lincolnshire review.
- Role modelling a culture of listening, transparency, visibility and accountability.
- Actively listening and proactively responding to concerns to ensure early detection of problems, including to allegations of abuse, so reducing the likelihood of serious failings.
- Being accountable for the quality and safety of care provided, so reducing the likelihood of missing early indicators of serious risk.
- Proactively engaging with service users, carers, governors and staff to support good communication from board level to ward / team level and vice versa.
- Continuing to prioritise hearing patient stories at the Board and proactively seeking any associated assurance required.
- Ensuring the Trust provides its staff with good and safe working environments, where they are free from discrimination or bullying. The Board remains committed to ensuring all staff have clear job profiles, with defined expectations; and work in environments where they are supported to achieve the

very best possible for themselves and those they care for.

- Utilising and adhering to the operating principles within the National Quality Board's framework to assess the quality impact of cost improvement plans, ensuring that the patient always comes first.
- Undertaking annual appraisals to ensure Board members remain up-to-date, supported; and well equipped to undertake their role responsibilities in leading the Trust.

2.7 What the quality plans mean for the workforce

- The Trust is working hard to ensure the Quality Priorities (2014/15) are accessible, negotiated with all stakeholders including staff; and have attached metrics that support understanding of how to evidence achievement. In addition, the Quality Priorities alignment to the quality domains defined by Darzi (*NHS Next Stage Review*, Department of Health 2008), of *Patient Safety*, *Patient Experience* and *Clinical Effectiveness*, also support embedding understanding of what the quality plan means for the workforce.
- Understanding what good quality looks like; and keeping focussed on the highest priorities for quality, are essential to the Trust successfully embedding high quality from *ward / team to board*. To achieve sustainable and consistent quality services, the Trust recognises the importance of the workforce being fully engaged, feeling valued and having pride in the high standards of care they provide. The Trust continues to work hard to engage all staff in understanding the Trust's vision and values; and in having clarity about how to know and act when quality standards are at risk. Making sure all service users and carers have a good experience of the Trust's services; and all staff feel motivated and valued in their work, is a core ambition of the Trust. The Trust's Quality Strategy (2014) outlines a number of the approaches implemented, to achieve this, which include:
 - **Whole system engagement:**
 - Active engagement with service users, carers, governors, staff, partner agencies, commissioners and the wider community on the quality of our services and how we can improve them. This is achieved through a variety of approaches from formal contracting negotiation to discussions with Health and Wellbeing Boards, feedback from service user, carer and staff groups; and working more effectively in partnership with service users and carers in all aspects of Trust business.
 - The Trust continues to develop ways to gather feedback that supplement the existing mechanisms of patient feedback questionnaires, complaints feedback; and national staff and patient surveys. Simply talking to service users and their families about their day to day experience of Trust services, including the Board hearing patient stories, are powerful mechanisms to ensure the Trust Board remains connected and focussed on the quality of care service users and carers receive.
 - The Trust is strongly committed to working in partnership with service users and carers, truly valuing the wisdom of lived experience. The Trust recognises that successful service redesign leading to improved health and social care outcomes can only be achieved if all key stakeholders are consulted and involved.
 - The Trust is investing heavily in engaging staff, seeking feedback through mechanisms including the Cultural Barometer.
 - **Accreditation**
 - Where external accreditation for services (such as AIMS for in-patient and community services) or improvement guides and toolkits (such as the Productive Ward / Team series) are available, these are being used to support benchmarking, learning from the experiences of others, proactively addressing deficits and celebrating high standards of practice by staff. Within the Trust's Quality Priorities 2014/15 is a target to achieve external accreditation for all in-patient wards

- **Accountability and use of information**

- The Trust has a duty to account for its stewardship of public funds. Through regularly making public objective coverage of good and bad quality performance the Trust builds confidence in its commitment to work with the people who use and work in its services to deliver consistent high quality care. Where care processes or outcomes are identified as not meeting required compliance standards, the Trust proactively acknowledges; and ensures any required corrective action is taken.
- People are more motivated to improve performance when they understand the performance and outcomes for which they are accountable, how their work contributes to overall achievement of quality priorities and goals; and how their contribution will be recognised. The Trust will continue its work with clinical teams to develop systems and processes that best assist understanding and monitoring of this information. An example is the implementation of the Trust's heat map and the use of Provider Compliance Assessments (PCAs) across all clinical teams.

For the Quality Strategy (2014), the Quality Priorities (2014/15) and the Quality Plans to remain current and accessible to all, including the workforce, they must be aligned to emerging national policies; and to the strategies of key partner agencies including Local Authorities and third sector organisations. The Quality Strategy (2014) also needs to be responsive to future local and national developments in health and social care; and changing expectations and views of service users, carers and local stakeholders. Within Lincolnshire a key development is the Sustainable Lincolnshire Review, in which the Trust is an active partner. For these reasons the details of year on year quality implementation plans may change although the aims of the Quality Strategy will remain consistent.

2.8 The Trust's response to Francis, Berwick and Keogh

The Government accepted 281 out of the 290 Francis recommendations, including 57 in principle and 20 in part. Onward progress against the report will be reported to Parliament on an annual basis. The Trust is able to show local consideration of the learning from the report; and has implemented actions against each of the six core themes within the report: culture, compassionate care, leadership, standards, information, and openness, transparency and candour as follows:

- **Culture:** The Trust has responded to the calls for a cultural shift, built on candour and continuous improvement, which recognises and addresses variations in quality. The Trust has implemented its own cultural barometer ahead of this being nationally available, implemented its speaking up email address and through its structures encourages open debate about safety and quality bringing patient stories to Trust Board, service focus at the Quality Committee and most recently the development of the Trust Nursing Council (January 2014).
- **Compassionate Care:** The Six Cs; communication, care, courage, competence, compassion and commitment featured strongly at the Trust Nursing Conference in 2013, through the Trust roadshows and on NHS Change day. Clearly these were specific events and these qualities and values are core to our everyday – they are built into the Trust's onward strategies, and will continue to be the thrust of the Trust's Organisational Development Strategy. The Trust has started to rollout the *Friends and Family Test* in its community services ahead of the mandatory plan.
- **Leadership:** Since the publication of the Francis Report and responding to the Trust's own intelligence, the Making a Difference Programme has been implemented, the Trust's own approach to increase distributed leadership capability. The Trust has more than doubled the number of staff who have taken up external leadership programmes and has put in place a Trust programme to support staff to increase leadership capability, support internal regulation, develop greater resilience; and take the actions required to ensure that service users are the Trust's priority

- **Standards:** Overall in the last year the Trust has performed well in its external assessments of essential standards. The Trust has been explicit in underpinning standards related to job roles and competence through a new framework of roles and responsibilities; and has increased external accreditation in both in-patient and community services. Where action has been indicated internally or externally the Trust has responded swiftly and comprehensively. To support this, the Trust has deployed a heat map approach across services to indicate where support, development and improvement are required.
- **Information:** In the last year the Trust has increased use of information about complaints and patient experience, and accountability for actions taken. The Trust has publically reported data about key aspects patient safety data, complaints and compliance. In doing so the Trust has been able to be self-critical and honest; and as an organisation is committed to continually wishing to create an environment in which unwanted variation is prevented, detected quickly and addressed firmly in the interests of service users. The implementation of IAPTus the bespoke information for improving access to psychological therapy (IAPT) services was instigated as a direct consequence of listening to staff concerns and taking action.
- **Openness, transparency and candour;** In September 2013 the Trust published its staffing levels with benchmarks and, embracing the cultural shift required, increased the emphasis on raising concerns through the change day approach and initiatives including the development of a Code of Conduct for non-registered staff (January 2014). The Trust has benchmarked its complaints process against the recommendations arising from the review of the management of hospital complaints, and will track onward the wider legislative changes related to candour. In November 2013 the National Quality Board and Chief Nursing Officer published guidance on safe staffing to clarify expectations on NHS bodies, and the Trust was cited as a case study in this guidance.

The Trust, at all levels, is committed to ensuring development will continue to focus on these areas, and that as well as the technical it is primarily the cultural aspects that the Trust; and other organisations, must seek to change to avoid the conditions described by Sir Robert Francis. The Executive Team has regularly reviewed its progress against the recommendations made in the Francis Report, with 90 actions completed and a further 18 in implementation. Onward these will be progressed via the Nursing Strategy (2013), the Organisational Development, this Quality Strategy (2014) and through individual business objectives. This will also take into account the incoming changes to the CQC Inspection regime, which for mental health inspection has begun with wave one pilot from January 2014; and second wave due to commence from April 2014. The key challenge embraced by the Trust is to ensure sustained high quality care over time across services, together with good evidence of innovation and shared learning, and driving out unwanted variation.

The completeness of the Trust's approach has also been informed by the following reviews;

- Review into the Quality of Care and Treatment provided by 14 Hospital Trusts in England, led by Professor Sir Bruce Keogh, the NHS Medical Director in NHS England.
- The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and Social Care Settings, by Camilla Cavendish.
- A Promise to Learn – A Commitment to Act: Improving the Safety of Patients in England, by Professor Don Berwick.
- A Review of the NHS Hospitals Complaints System: Putting Patients Back in the Picture by Rt Hon Ann Clwyd MP and Professor Tricia Hart.
- Challenging Bureaucracy, led by the NHS Confederation.
- The report by the Children and Young People's Health Outcomes Forum, co-chaired by Professor Ian Lewis and Christine Lenehan.

The Trust's Board, in addition to direct contact with patients, families and staff, is able to evidence continued attention to these matters in the programmed reports to the Board, the Integrated Business Plan; and Trust Strategies which indicate the Francis Inquiry as a source or key driver.

3. Operational requirements and capacity

3.1 Activity

Key inputs required

Referrals to community teams continue to increase particularly in IAPT services, which have resulted in an increase in waits. Demand is also outstripping capacity within psychotherapy and Psychology services. Activity is up year on year with an overall increase in 2013/14 of 8% on the previous year.

With a fairly static workforce plan, alternative strategies are being deployed to free up time to care, including flexible and mobile working, alternative ways of delivering services, skill mix and using technology to streamline processes.

The Trust has also implemented a single point of access where all referrals (excluding in-reach services) are screened to ensure patients are seen in the right service first time. It is too early to predict the full impact this will have but early signs show a reduction in waiting times.

Further reviews of service delivery are taking place with commissioners in IAPT services, older adult services and psychotherapy with a view to reviewing the service model, and with the advent of PbR in mental health services, care pathways and episodes of care are being reviewed for those services in scope and a tariff agreed. In scope PbR services will be commissioned on agreed cluster costs for 2014/15.

A greater range of operational activity reports are now available and service line reporting and management has been implemented. This has resulted in a greater understanding of service delivery, performance and an improvement in data quality.

There remain changes in the demographic makeup of the county with a projected increase in older adult's population over the next 10 years. There are also seasonal changes in the holiday population within coastal resorts and in agriculture with an influx of migrant workers.

Occupied bed days for inpatient units are relatively static and within the 85-95% range (including leave beds) with some peaking at just over 100%. Where there are opportunities as part of regional contracted beds, available bed capacity will be marketed and provided on a cost per case basis.

Risks and mitigation

A significant risk for the Trust is the increase in demand with no additional capacity and the year on year impact of CIPs. Although redesign of service provision is ongoing this will be limited going forward. The Trust has also looked to the use of technology to enable new ways of working, streamlining processes and reducing costs. In particular it has rolled out more portable devices to community teams and also implemented a new printing strategy that is bringing significant savings. It has also developed self-service information reporting and has published a range service line reports focussing on performance and data quality. Better information will bring better understanding and improved efficiency. It will also support the Trust's move to PbR.

A new IM&T Strategy is under development and there is a growing appetite with most staff within the Trust wanting to embrace technology and use it to improve their working practice, quality of care given and help address some of the challenges they face. The new strategy will have a clear focus on improvement and efficiency whilst ensuring that security, safety and business continuity are maintained.

The Trust has undertaken a piece of work to focus on areas with high DNA rates. As well as introducing text reminder technology it is also reviewing potential causes for DNAs including location of service, process for the management of appointments and the balance between choice of appointment and filling available appointment slots.

The Trust has agreed a Choice Policy with Commissioners which covers such aspects of providing a range of available appointment slots but within the agreed waiting period and defining what is reasonable in terms of choice.

The Trust has also recently completed the roll-out of its Single Point of Access service across Lincolnshire and Derbyshire, where all referrals are logged, screened and triaged. The SPA has improved both patient experience and throughput – ensuring patients are accessing the right service first time has reduced the number of internal hand-offs and shortened the average waits for assessment/treatment. Trends to date indicate that waits between referral and assessment have been halved since the introduction of the SPA.

3.2 Workforce

Key inputs required

The workforce profile required to meet the activity projections over the next two years remains relatively static. In order to achieve this workforce representatives have met with all service managers to review the current staffing capacity to deliver planned services over the Business Planning period, and identified current workforce trends which will impact on this over the next 5 years.

For professional groups (Medical, Nursing, Allied Health Professionals) the forecast requirements are included in the LETB workforce planning process to identify and commission pre-registration education and training places across the region.

Risks and mitigation

- Age Profile: 17.4% of the current workforce are aged over 56, and depending upon pension arrangements, may be at or eligible for retirement
- Staff turnover: For the 12 month period to December 2013 turnover was 11.2%, which is higher than the Benchmark NHS East Midlands rate 9.2% - we are continuing to monitor areas of high turnover prevalence.
- Sickness absence rates are monitored monthly and are below the benchmark for NHS Mental Health Trusts. Managers receive monthly reports.
- Staff Turnover, Mandatory training compliance, Appraisal compliance, Sickness absence rates, Vacancy rates and variance from funded establishment are provided to the Trust Board monthly.
- The Trust maintains its own Bank of healthcare staff, both from within its existing workforce as well as staff employed on bank only contracts. Administration of the Bank is managed through the Health Roster Bank module introduced in December 2013. The use of Bank staffing ensures that any short term workforce demand due to absence cover or increased unplanned activity can be managed.

3.3 Estate

Key inputs required

The current Estate provision is a mixture of leasehold and freehold property strategically placed throughout the county to support community, inpatient and outpatient clinical activity on the basis of previously assumed demographic best fit.

While Capital planning in the preceding years has supported this position and helped deliver a 'fit for purpose' Estate a more strategic approach tying the Estate needs to changes in Social Care modelling has become apparent. The Estate Strategy currently under review will help future proof this aspect of development and underpin the Clinical Strategic position.

To help in this, the DoH DQI (Developing Quality Initiative) which models business planning on stakeholder engagement as a first principle will be encouraged. This also supports the government initiatives for Carbon reduction and sustainable development and also ensures that form has no preference and does not compromise the functional use for 'best practice' solutions that are required for patient experience.

With regard to in-patient provision it is recognised that changes in service provision reflecting a more community based early intervention approach will result in potential reduction in in-patient provision although again this will be guided by the clinical strategy.

Risks and mitigation

The current maintainer SLA provision does not fully deliver expectations and thought should be given to moving towards a more formal contract process of payment by results. In the interim diligence reviews will be undertaken to establish where shortfalls in Critical Compliance are not being fully met.

Hotel Services generally report above average results using PEAG and PLACE assessments. Where shortfalls in delivery are found these are addressed on a reactive basis and embodied in working methodologies where appropriate.

While changes in the Estate model are being developed continual Health and Safety, Fire and Security assessments are undertaken and where risks are identified acted on or escalated as required.

Freehold properties which are situated in the correct clinical locations should be given preference in future capital development over leasehold properties for the obvious reasoning of lost resource at end of lease. Wherever possible lease negotiations will minimise tenant responsibilities.

3.4 Information Management & Technology

Key inputs required

As with all public sector organisations, the Trust has been experiencing the impact of the economic downturn for some time. The Trust has needed to find in excess of £13m in efficiencies, whilst at the same time continue to provide quality services and maintain good governance arrangements. This has meant reviewing the way services are delivered and also the supporting systems and processes. This has meant doing things differently, making processes more streamlined and efficient with technology often seen as a key enabler to support this change.

Accurate, timely and complete information will enable the Trust to function effectively within this changing environment. In addition the Trust needs to respond to key stakeholder demands including improved outcomes, accessibility, communication and information. At the same time the Trust must respond to findings of recent reviews that have highlighted issues with availability of information, using information to drive service delivery and change, and utilisation of certain technologies to underpin this to ensure the Trust is as efficient and effective as it can be.

Technology will play a key part in the delivery of services and the experience of patients, carers and the public as well as other key stakeholders such as commissioners. Having a good infrastructure to support data capture, storage and data security will be paramount. Providing technical means to communicate and share information will also be important.

There are a number of central “must do’s” that need addressing over the next 5 years. Some are more urgent than others and make up part of the infrastructure, governance framework or capacity support for the IM&T Strategy and work plan. These are:

- Procure a new CoIN Network utilising latest technologies as the current network will be out of contract by the end of 2014/15
- Agree a new SLA for ICT technical support and back office management
- Agree a delivery model for Information Governance support going forward that is fit for purpose
- Develop and implement a new telephony strategy considering new technologies such as VOIP (voice over internet protocol) as the existing infrastructure is old and will be out of contract
- Move to Windows 7 as a minimum across all devices as Windows XP will not be supported beyond 2014
- Develop Microsoft Exchange (Outlook) as a secure mail platform utilising Sophos security module (already procured)
- Complete the refresh of the two data centres
- Maintain a refresh programme for out of warranty devices
- Develop a fit for purpose asset register of all devices and software
- Ensure better connectivity, flexibility and access to systems whilst on the move
- Develop a care portal for professional users across health and social care and accessing a range of systems, providing a summary care record
- Develop a patient portal where service users/patients can access information about their medication and care, message their key worker and access their appointment times.
- Develop the Trust website to offer a range of new facilities including self-help, information & web chat
- Develop SharePoint and the intranet to enhance functionality and communication capabilities
- Develop telehealth capability

Risks and mitigation

In order to achieve this, the Trust needs an effective IM&T strategy with a clear road map and a detailed plan of delivery, capacity and expenditure going forward. It will need to provide a vision for what the Trust’s IM&T infrastructure will look like in 5 years’ time with an incremental plan to deliver this.

As with any programme of work consideration needs to be given to the Trust’s ability to be able deliver the requirements this includes skills, capacity, funding, understanding dependencies and prioritisation. If these are not understood agreed and addressed they could individually or collectively pose a risk to delivery.

To mitigate and address this, the delivery plan will be clear, fully costed, resourced and prioritised. It will also be agreed and signed off with an understanding that if new priorities come through in year then these will need to be assessed and prioritised in the same way.

4. Productivity, efficiency and CIPs

4.1 Overview of potential productivity and efficiency gains

Ref	Scheme	Scheme description including how scheme will reduce costs	Total savings £m	Phasing over two-year period £m (£m)		WTE Reduction	Scheme Lead
				Yr. 1	Yr. 2		
1	Workforce Review Savings	Workforce reviews: <ul style="list-style-type: none"> • Workforce reconfiguration • Shift Standardisation • Pathway Reviews 	£1.619m	£0.999m	£0.620m	64.98	Director of Nursing & Operations
2	Revenue Generation	Revenue Generation: <ul style="list-style-type: none"> • Sale of Acute Beds 	£0.120m	£0.120m	£0m	N/A	Director of Nursing & Operations
3	Estates Savings	Estates Savings: <ul style="list-style-type: none"> • Review of Clinical Accommodation 	£0.183m	£0.122m	£0.061m	N/A	Director of Nursing & Operations
4	Non Pay Efficiency Savings	Review Of Non Pay Costs: <ul style="list-style-type: none"> • Review of Clinic Based Non Pay Costs 	£0.020m	£0.020m	£0m	N/A	Director of Nursing & Operations
Total Transformational Schemes			£1.941m	£1.261m	£0.681m		
Ref	Scheme	Scheme description including how scheme will reduce costs	Total savings £m	Phasing over two-year period £m (£m)		WTE Reduction	Scheme Lead
				Yr. 1	Yr. 2		
1	Workforce Review Savings	Workforce reviews: <ul style="list-style-type: none"> • Skill mix Reviews • Efficiency restructures 	£2.835m	£1.087m	£1.748m	36.14	Director of Nursing & Operations
2	Revenue Generation	Revenue Generation: <ul style="list-style-type: none"> • Active bed sales growth • Contractual income 	£0.487m	£0.300m	£0.187m	N/A	Director of Nursing & Operations
3	Estates Savings	Estates Savings: <ul style="list-style-type: none"> • Corporate Accommodation Savings • Maintenance Cost Savings 	£0.527m	£0.141m	£0.386m	N/A	Director of Nursing & Operations Director of Finance

4	Non Pay Efficiency Savings	Review Of Non Pay Costs: <ul style="list-style-type: none"> • Contract Savings • Travel Savings • Procurement management 	£0.676m	£0.418m	£0.258m	N/A	Director of Nursing & Operations Director of Finance
5	Medical Savings	Review Of Non Pay Costs: <ul style="list-style-type: none"> • Locum Savings • Consultant Salary Management 	£0.413m	£0.372m	£0.040m	N/A	Medical Director
Total Traditional CIP Schemes			£4.938m	£2.319m	£2.619m		
Total CIP savings			£6.880m	£3.580m	£3.300m		

4.2 Transformational CIP schemes

		Nature of the planned transformation	Extent to which schemes are already being implemented
Workforce Review Savings	Workforce reconfiguration	<ul style="list-style-type: none"> - Integrated Community Team reconfiguration - Crisis Response & Home Treatment team reconfiguration - IAPT team reconfiguration - Admin review 	<ul style="list-style-type: none"> - Ongoing from 13/14 - New for 14/15 - New for 14/15 - Ongoing from 13/14
	Shift standardisation on inpatient wards	<ul style="list-style-type: none"> - Fewer, longer shifts across the day, reducing handover periods (1 WTE working shifts/week rather than the current 5/week) - Skill mix will be adjusted accordingly to maintain/improve qualified staff: patient ratios 	<ul style="list-style-type: none"> - New for 14/15
	Pathway reviews	<ul style="list-style-type: none"> - Dementia & Specialist Older Adult Mental Health: redesign of both community services (more comprehensive & primary care based) and inpatient services (specific environments for functional and organic conditions) - Offender pathway: aligning LPFT's prison health care, community forensic services, low secure inpatient unit and offender personality disorder services - Learning disabilities pathway: reviewing inpatient services and expanding community services 	<ul style="list-style-type: none"> - Ongoing from 13/14 - New for 14/15 - New for 14/15
Revenue Generation	Sale of acute beds	<ul style="list-style-type: none"> - Sale of 4 acute beds 	<ul style="list-style-type: none"> - New for 14/15
Estates Savings	Review of clinical accommodation	<ul style="list-style-type: none"> - Reconfiguration and rationalisation of community bases 	<ul style="list-style-type: none"> - Part of ongoing estates programme
Non-Pay Efficiency Savings	Review of clinic-based non-pay costs	<ul style="list-style-type: none"> - Linked to Dementia & Specialist Older Adult Mental Health pathway redesign (community services) 	<ul style="list-style-type: none"> - Ongoing from 13/14

4.3 CIP governance

The Trust has a good track record of delivering CIPs (shown below) which has allowed the Trust to deliver its overall financial targets consistently each year since its inception. Work is being carried out to identify the 2013/14 shortfall in 2014/15.

Year	Plan £m	Actual £m
2013/14	3.7	3.3
2012/13	2.8	2.8
2011/12	4.9	4.6
2010/11	3.0	2.9

CIP performance is driven by ongoing reviews of efficiencies, workforce requirements, back office functions, IM & T solutions, estates and service delivery models in accordance with its clinical strategy. The Trust adopts a rigorous approach to identifying and assessing CIPs from both a quality and financial perspective, and these are monitored monthly. There is a regular review of future year schemes in order to ensure continued delivery, and to allow an element of contingency where future schemes may be progressed more quickly, should the need arise.

In the context of a financially challenged local health economy, the Trust will need to continue to work closely with its health and social care partners in order to promote more efficient healthcare models within the county and to ensure the delivery of sustainable CIPs in future.

An overview of PMO, leadership and assurance arrangements

The Trust is managing the three year forward plan by:

- Tracking and monitoring of schemes on a RAG rated basis
- Weekly reporting
- Weekly performance management of schemes
- Executive Leadership of the process
- Clinical and General Manager engagement on quality assessment and sign off
- Monitoring through a Programme Management Office (PMO)
- Regular reporting to Trust Board through the Finance Report
- Intervention when PID progress is off track

Maintaining and improving quality whilst delivering the requisite level of savings represents a significant challenge and a potential risk for the Trust. LPFT's CIP management process seeks to identify the potential risks to quality that could result from the Trust's plans.

Management through the PMO

- All CIPs will be included in a CIP programme on the PMO
- Small CIPs are recorded for reporting purposes
- CIPs that are either high value, or difficult to execute or carry risk will be managed as a project with a named lead and project delivery plan
- All CIPs are subject to a Quality Impact Assessment. In addition, all project CIPs have to maintain a risk assessment
- There is regular CIP reporting to the Business Planning Group and Trust Board

4.4 Quality Impact of CIPs

For each proposed CIP, a quality impact assessment is completed and scrutinised by the senior management team prior to submission.

The quality impact assessment covers five key areas:

- Patient safety (e.g. Infection control, cleanliness of environment, and equipment, waiting time, possible increased incidents, etc)
- Clinical Effectiveness (e.g. compliance with NICE guidance, other clinical outcomes)
- Patient Experience (e.g. patient feedback, patient and carer engagement, privacy & dignity, length of stay, delayed transfers of care)
- Workforce (e.g. staff satisfaction, mandatory training, vacancies, sickness absence, increase in staff incidents)
- Regulatory (e.g. CQC registration, Monitor compliance, NHSLA)

The Trust's Business Planning meeting provides further assurance and ongoing monitoring. Any issues are escalated to the Quality Committee on an exception basis.

Members of the Board of Directors also provide further consideration of the quality impact of the proposed CIPs for each year.

5. Financial plan

The Trust's financial and investment strategy is to manage its resources effectively and accumulate a cash surplus in order to support the delivery of its clinical strategy and subsequent estates requirements. In so doing, the Trust aims:

- To meet all quality and performance requirements
- To meet all financial governance and quality governance requirements
- To maintain a recurrent financial balance position
- To manage cost pressures and deliver efficiency targets
- To create financial headroom for recurrent investment in the clinical strategy.
- To grow the future business with sufficient EBITDA returns for recurrent investment
- To provide a fund for contingency and any unforeseen problems that may arise in year
- To achieve a Monitor Continuity of Service Rating (COSR) of 4.

5.1 Income, and the extent of its alignment with commissioner intentions/plans

The Trust's income statement over the next three years is summarised below:

	2013/14 £m	2014/15 £m	2015/16 £m
Operating income	(99.7)	(106.4)	(102.6)
Operating expenses	95.1	102.1	98.3
GROSS OPERATING (SURPLUS) / EBITDA	(4.6)	(4.3)	(4.3)
Non-operating items	4.3	4.2	4.1
NET (SURPLUS)	(0.3)	(0.1)	(0.2)

Underpinning the financial position are the following financial components:

Financial Area	2013/14 £m	2014/15 £m	2015/16 £m
Cost improvement programme target	3.7	3.6	3.3
Capital expenditure	4.1	5.1	3.7
Total non-current assets	47.0	49.3	50.0
Year-end cash balances	14.6	11.7	9.9
Monitor COSR Rating	4	4	4

The key risks are around delivery of CIPs and uncertainty over new business developments. The Trust mitigates against these largely through holding a level of contingency funding, and having cost improvement plans that may be started earlier than planned, should the need arise.

The Trust's key contract for Mental Health services is held with the Lincolnshire CCGs, representing circa 63% of overall contracted clinical income of circa £102.7m. Significant other key contracts are held with the Local Authority (18%), comprising a range of mental health, and adult social care services.

The Trust's recurrent EBITDA for each year of the plan is around £4.3m; the resulting underlying I & E surplus is £0.3m in 2013/14, £0.1m in 2014/15, and £0.2m in 2015/16.

5.2 Costs

The Trust's expenditure profile is summarised below.

Category	2013/14	2014/15	2015/16
Operating Expenses			
Employee Benefit Expenses	71,711	76,206	72,330
Drugs	1,599	1,686	1,753
Clinical Supplies & Services	661	657	670
Other Costs	21,085	23,567	23,502
OPERATING EXPENSES TOTAL	95,056	102,116	98,255

Pay costs in 2014/15 reflect the Trust's intention to maintain safe and effective staffing levels. Pay cost increases in 2014/15 are explained by new business driven by the Lincolnshire Assessment and Reablement (LARs), Emergency Duty Team (EDT), and Perinatal service developments. Also contributing to these pay cost increases relate to the full year effect of Rapid Response, Enhanced Community Team, and Hospital Intensive Psychiatric Service (HIPs).

In 2015/16, pay costs decrease due to the effect of lower pay costs relating to expected reductions in the Lincolnshire Assessment and Re-ablement (LARS) development (with associated reductions in contracted income).

Increases in non pay costs between 2013/14 and 2014/15 mainly relate to costs associated to new business. For 2014/15 to 2015/16, non pay costs remain reasonably static, with inflationary cost pressures and any service changes absorbed within the overall reductions as a result of cost improvement schemes.

The impact of annual inflation has been modelled as follows:

Category	2014/15	2015/16
Employee Benefit Expenses	1.00%	1.00%
Drugs	4.00%	4.00%
Clinical Supplies & Services	2.00%	2.00%
Other Costs	2.00%	2.00%

5.3 Capital plans

Capital Expenditure Overview

Expenditure:

Year	2014/15 £'000s	2015/16 £'000s
Capital spend	5,110	3,689

Disposals:

Year	2014/15 £'000s	2015/16 £'000s
Disposal proceeds	218	282

Estates Plan, Delivering the Strategy and Key Principles

These schemes, whilst shown in a particular annual period actually flow through from design stage to full implementation over a 3 to 5 year period.

Many of these schemes conclude with the disposal of Trust premises or termination of the lease on a rental premises.

Key principle	Detail and key action/scheme	2014/15 £000's	2015/16 £000's
Addressing backlog maintenance and safety	<p>Work to address key safety requirements identified in review work.</p> <p>Staff safety implementation work</p> <p>Fire precautions work</p> <p>DDA requirements.</p> <p>CCTV</p> <p>FWU Security Fence – 2015/16</p> <p>Witham Court Fire Doors – 2015/16</p> <p>Risk if work not addressed: Breach of statutory and regulatory requirements, Reduction in essential patient and staff safety standards</p>	606	529
Compliance with national standards	<p>Patient environment improvements</p> <p>Privacy and dignity standards</p> <p>Upgrading of day areas and receptions</p> <p>Seclusion</p> <p>Manthorpe kitchen – 2015/16</p> <p>Maple Lodge bathrooms etc. – 2015/16</p> <p>Risk if work not addressed: Breach of regulatory requirements Impact on quality of service delivered Loss of service and income</p>	93	50
Inpatient units located in single storey accommodation with access to safe, outside space	<p>Move Charlesworth ward to refurbished ground floor palmer ward</p> <p>Ash Villa – 2015/16</p> <p>Risk if work not addressed: Greater risk to patient safety Reduced quality of care Privacy and dignity needs may not be met Possible Increased length of stay</p>	1,860	2,000
Develop forensic services on a district hospital site	<p>Internal works FWU</p> <p>Risk if work not addressed: Greater risk to patient safety Reduced quality of care Privacy and dignity needs may not be met Possible Increased length of stay</p>	50	
Anti ligature and HTM55 Rule 43 window compliance	<p>Risk if work not addressed Greater risk to patient safety Reduced quality of care Privacy and dignity needs may not be met Possible Increased length of stay</p>	231	400

Rationalisation of community accommodation in appropriate, modern and safe premises	<p>Reprovision of Skegness community services in Holly lodge once refurbished. Sleaford CAHMS reprovision</p> <p>Windsor House Louth Provision of SPA service in appropriately located suitable accommodation e.g. Sycamore unit at Grantham</p> <p>Risk if work not addressed Possible loss of service and income Greater risk to patient and staff safety Increased costs of accommodation</p>	1,510	210
Corporate	Lifecycle reprovision of Gervas House Switchboard	60	
IT Equipment	Refreshing of current Trust IT hardware.	550	350
Intangible IT	Purchase of intangible IT software items.	150	150
Capital spend £'000s		5,110	3,407

Disposals £'000s	<p>Disposal of poor condition and surplus premises identified in Estates and Clinical strategies.</p> <p>Eastfield Road, Louth 2014/15 Lumley Avenue, Skegness 2015/16</p>	-218	-282
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5.4 Continuity of Service Rating (COSR)

PROPOSED FRRs 13/14

CAPITAL SERVICING CAPACITY

Forecast Year to 31-Mar-14	Forecast Year to 31-Mar-15	Forecast Year to 31-Mar-16
4	3	3

Liquidity Ratio (Days)

4	4	4
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OVERALL

4	4	4
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5.5 Downsides and mitigations

The Trust has included an element of contingency within its plans (£1.0m in 2014/15 and 2015/16). Assuming the contingency expenditure is required, the financial position can deteriorate further by up to £0.5m in any year before the impact is sufficiently material to worsen the overall Continuity of Service Rating (COSR).

The financial assumptions are based on the likely outturn position, but the Trust has also considered a range of downside scenarios and reviewed the impact of each, together with the mitigating actions. The effects of a scenario are considered below under which:

- CIPs under-deliver non recurrently by 15% in each year (impact of £0.5m a year)
- Cost per case income reduces by 15% recurrently in 2014/15 (£0.5m impact recurrently)

The resulting financial position can be mitigated by any number of actions, including:

- Releasing the contingency built into the plan (£1m benefit)

This mitigation would deliver the following financial position, and a Continuity of Service Rating of 4 in each year.