Lincolnshire Community Health Services NHS
NHS Trust

Operational Plan 2016/17

Great care, close to home

Version 2 – 11/04/16

1. 2016/17 strategic objectives and actions to achieve

Objective 1 | Providing high quality, personalised care

Actions to achieve	Measures
Improving from 'Good' to 'Outstanding' in terms of providing services that are well led, safe, caring, responsive and effective	- Completed CQC self-assessment that proves delivery of the action plan and improves CQC rating - Patient survey
Delivering the five quality priorities.	- Achievement of the target metrics identified in the Quality Account
Improving productivity of clinical services	- % of patient-facing time
Improving patient flow	- Delivery of the Emergency Care Improvement Programme action plan
Developing effective clinical pathways	- Delivery of the diabetes, frail elderly and bariatric pathways

Objective 2 | Delivering value for money and financial sustainability

Actions to achieve	Measure
Having a high-performing, flexible workforce	- Increase staff survey response - Maintain/improve staff engagement score - Sickness absence - Bank & agency usage within planned envelope - Delivering the 2016/17 training needs analysis
Delivering care in premises, which are fit-for-purpose, cost-effective and located in the right place	- Rationalised estate & reduced costs through of co-location and greater usage of community-based premises - Meeting quality and legislative requirements
Using technology to not only provide staff with the equipment and information they need, but also enable patients to manage their own health	- Increase in patient contacts/clinical staff members - Implementation of an integrated scheduling system - Deployment of technology enabled care services
Deliver sustainable and profitable business growth	- Delivery of the Commercial Strategy action plan
Delivering the right quality outcomes within the resources available	- Delivery of the 16/17 financial plan
Raising financial awareness and education across the organisation to improve the management of resources	- Delivery of the 16/17 financial plan

Objective 3 | Strengthening our positive reputation

Actions to achieve	Measures
Working more closely with patients, carers and local communities	- Stakeholder involvement in the development of the Clinical Strategy & Quality Priorities - Service-specific consultation
Progressing partnership working with all providers and commissioners across health and social care to help the integration and innovation of our services	- Active involvement in LHAC/STP planning - Number of formal partnerships - Number of informal partnerships
Establish the LCHS brand: promoting the Trust as a provider of great care, close to home	- Staff engagement - Friends & Family scores - Media activity and coverage

Objective 4 | Leading integration and innovation

Actions to achieve	Measures
Implement agreed 0-19 model of care to ensure that children have the best possible start in life	- Performance against the six high impact areas: transition to parenting; breastfeeding; accident prevention; maternal mental health & wellbeing of children; obesity/healthy weights; school readiness
Integration of community workforce into locality teams community teams, as part of the development of Neighbourhood Teams, to provide proactive care	- Number of people in case management - Completed episodes of care - Number of days spent at home in a year - Reduction in the number of DTOCs - Decrease in recovery time - Decrease acute hospital admission - Increase timely discharge from hospital - Decrease in urgent care home visits
Implementation of the new transitional care model to maximise independence and promote recovery	
Developing a model for urgent care that meets population need and supports system resilience	
Review countywide therapy services and develop integrated model of working to promote independence and recovery	- Clear plan for the future model of therapy provision
Development and agreement with commissioners on a model for community hospitals	- Clear plan on what proactive, planned and urgent care services will be delivered on each site

2. Activity planning

2.1 The LCHS activity planning approach

The Trust is responding to the ever growing need for increasingly sophisticated activity and capacity planning by triangulating all relevant sources of information:

- Needs analysis e.g. Joint Strategic Needs Assessment; specific local health needs analysis; population statistics and epidemiology data; other sources of information on unmet need
- Demand analysis e.g. referral rates; referrals sources/routes; referral reasons; level of attrition/drop-out rate between referral and assessment; geo-demographic profiling of patients
- Service delivery planning e.g. evidence-based pathways, processes and treatments
- Key assumptions e.g. proportion of direct clinical work, indirect clinical work & non-clinical work

2.2 Capacity and system resilience

- Based on the population growth trends, it is not anticipated that there will be a population explosion. Although the population ages and becomes susceptible to more long term conditions, it is assumed that the population will grow by no more than 1% in the coming fiscal year.
- The on-going implementation of agile/mobile working within LCHS is targeting improved operational efficiency. Current activity trends suggest pressures within service delivery are not a result of rapidly increasing service demand, but are the result of inefficiencies within the Trust's operating model. Mobile working, once fully operational, should give clinicians greater patient-facing time and reduce administration time and travel by clinical teams. This improved productivity will benefit our population, positively impact operational cost and improve patient care
- The Trust is a key player in Lincolnshire's winter resilience planning and is involved in the following operational resilience plans:
  - Implementation of the SAFER flow bundle
  - Deliver the Emergency Care Improvement Programme action plan
  - Taking on board lessons from two Perfect Week exercises
  - Managing transitional care beds
  - As part of the Lincolnshire urgent care service transformation, a Clinical Assessment Service (CAS) has been developed to ease pressure on the Urgent Care Centres, by funnelling non-urgent activity to the Integrated Community Teams. Since its introduction, the Trust's Urgent Care service has dealt with all cases presenting.

2.3 Delivery of agreed milestones

- Currently, LCHS is in discussions with the commissioners with regards to CQUINS, Hospital Reviews' Service Delivery Improvement Plans (SDIP), Emergency Care Improvement Plans (ECIP) and Operational Resilience (Winter Pressures).
- The DQIP and SDIP will be finalised w/c 18th April to enable contract signoff before 25th April 2016. These incorporate the ECIP recommendations as part of the utilisation of community hospitals, urgent care redesign and 7 days working.
  - The DQIP looks are reviewing and agreeing a new information schedule for CCG commissioners with updated service specifications, agreed activity, KPIs and outcome measures. This will be a systematic review to enable a move to outcome based contracts.
  - The SDIP covers a wide range of projects each of which have specific actions and agreed milestones attached: Integrated Community Teams; Transitional Care; Diabetes Service Review; Stroke Assisted Discharge service review; Community hospital utilisation review; Digital Transformation; Urgent Care; Baselining of Activity & Cost of Services; Podiatry; Louth Hospital Services; Sustainability & Transformation Fund; 7 Day Services; Scope the development of a single integrated therapy service for Lincolnshire

3. Quality planning

3.1 Quality priorities

3.1.1 Quality priorities

The Trust's quality priorities have been derived from a range of sources including: patient and carer feedback; internal and external audit; complaints, concerns and incidents. The proposed priorities have been discussed at a Trust Board development session and there has been a programme of consultation involving staff, patients, carers, the lead clinical commissioning group and HealthWatch. The revised list with detailed specified outcomes has been approved by Trust Board. The Trust's five quality priorities and accompanying outcome measures are detailed below:

Clinical Effectiveness	
1. Holistic Assessment – Implementation of the Edmonton Tool for patients aged over 75 referred	We will implement the Edmonton Tool across all our adult services focused on patients aged 75 years and over. The roll out will be at a rate of 5 patients per month, annually 60 patients in total. The cohort of patients included will exclude those who receive single episode care.
2. Great Care Close to Home – improve the cardio-vascular pathway – reduce preventable admissions to hospital for patients on the cardio-vascular pathway	Focussing on cardiovascular disease patients identified through case managers will introduce effective key worker management for 4 patients/month – 48 patients/ year in total; Focussing on cardiovascular disease patients identified as being at risk of (frequent) admission to hospital – we will work with those patients to develop self-care management plans – achieving 2/ month, 24/year
Clinical Effectiveness	
3. How safe are you? – improvement in delivery of falls assessment and prevention – reduce falls in community hospitals	There will be a reduction in all falls in Community Hospitals of 10% which equates to moving a target annual rate of 7.5 falls per 1000 occupied bed days (from 8.39).
Clinical Effectiveness	
4. Enhancing therapeutic relationships – adopting the 'Hello my name is' campaign to ensure better initial communication with patients and a reduction in complaints related to communication/ practitioner attitude	In 2015/2016 the number of complaints assigned to the category of 'communication/staff attitude' was 85. We will reduce this number by 9 per year in 2016/2017. We will also measure through patient feedback, back to floor visits, 15 step challenges that this has occurred.
5. End of Life Care, Preferred place of care – increase application of End of Life Care pathway for patients on our caseload ensuring increase in number of patients with an advanced care plan	We will work to clearly identify 5 patients per month (60 per year) those patients who are assessed as being at the 'end of life'. We will develop individualised end of life specific planning for these patients and capture their preferences, including Advance care Planning on the Lincolnshire wide multi-agency palliative care record template.

The quality account and progress on the quality priorities are reviewed by the Oversight and Scrutiny Committee.

3.1.2 CQUINs

The four local CQUIN areas are linked to the quality priorities, particularly with regards to end of life care, education on frail elderly care and engendering more integrated and localised community teams.

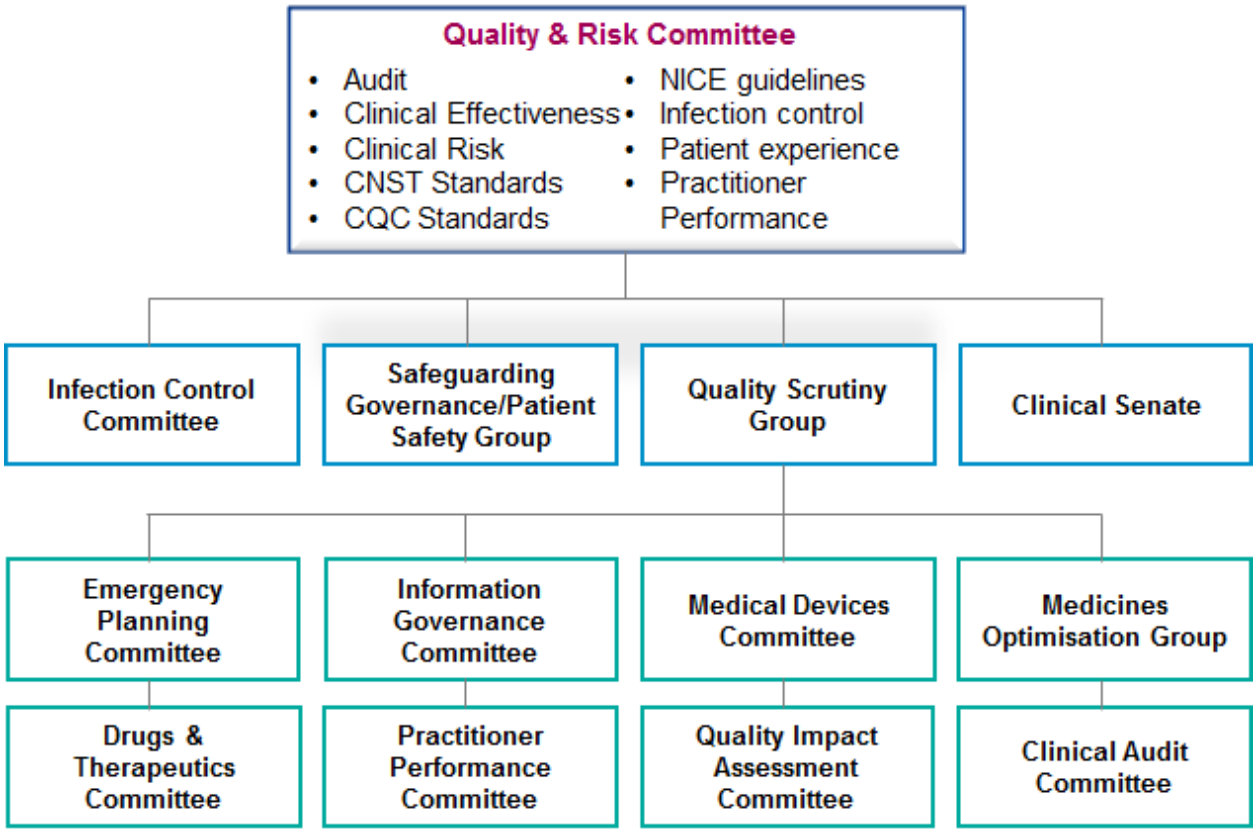
CQUIN Indicator	Deliverables
1a: National - NHS Staff Health & Well-being Option B: Introduction of staff health and wellbeing initiatives	- Plan to introduce and actively promote the three initiatives that is peer reviewed and signed off. - Implementation of the plan - active promotion of these services to staff to encourage uptake of initiatives.
1b: National - NHS Staff Health & Well-being Option 1B- Development of an implementation plan and implementation of a healthy food and drink offer	- The collection of the agreed 11 data points - National data collection returns based on existing contracts with food and drink suppliers. - Providers will be expected achieve a step-change in the health of the food offered on their premises in 2016/17
1c: National - NHS Staff Health & Well-being Option 1C- Improving the uptake of flu vaccinations for frontline clinical staff	- Achieving an uptake of flu vaccinations by frontline clinical staff of 75% - Data returns on the ImmForm website
Introducing Paediatric Early Warning Scores (PEWS) in urgent care settings	- Appropriate PEWS tool to be identified and agreed with commissioner - Training needs analysis and training programme plan to be agreed between LCHS and Commissioner - Clinical Policy to be ratified and audit plan to be agreed - 90% of staff within the Lincoln Walk in Centre, Johnson MIU, JCH MIU, Louth Urgent Care Centre and Skegness Urgent Care Centre to be trained and an audit of the PEWS tool set - % of appropriate patients to be determined in Q1 within the Lincoln Walk in Centre, Johnson MIU, JCH MIU, Louth Urgent Care Centre and Skegness Urgent Care Centre to have documented PEWS in Q4. - An audit to demonstrate the percentage of appropriate patients who have had a documented PEWS and to report on the actions taken, including reporting against 2015/16 baseline referrals to acute.
Self-Care	- Identify cohort who would benefit, focussing on specific conditions and frequent attenders to urgent care settings and out of hours services - Agree with commissioner how many patients are suitable for and will be offered a self-care plan per site. - Report patient feedback through the use of questionnaire. LCHS to compile a mid-year report to report on the effectiveness of this programme of work (PROMS).

CQUIN Indicator	Deliverables
Frailty Education	- Carry out training needs analysis and develop training programme - Report on staff training completed for all key areas
Education Y2	- Roll out commenced training against agreed implementation plan - Report on staff training completed for all key areas
Patient Flow	- LCHS to work with commissioners to develop a patient flow work programme, which goes above and beyond the ECIP action plan

3.2 Approach to quality improvement

3.2.1 Governance

- The LCHS Board provides strategic direction for the organisation, setting explicit goals and ensuring the execution of internal governance mechanisms.
- The Quality & Risk Committee (QRC) provides assurance to the Board of Directors that appropriate and effective governance mechanisms are in place for all aspects of clinical governance and risk including safety and effectiveness of clinical services, patient experience, health outcomes and compliance with national, regional and local requirements.
- The QRC has responsibility for the management of investigations. It receives aggregated data on all incidents on a monthly basis and considers themes and trends, causal factors and agrees appropriate actions. The reporting of incidents, complaints and claims enables trends to be identified quickly and reported via the QRC to relevant departments, individuals, groups and committees in order that appropriate action may be taken, learning disseminated and better quality services delivered.
- To support continuous service improvement, LCHS has implemented a quality and governance framework and uses a variety of tools to audit and collect patient and service user feedback. These include the 15 Steps Challenge, which provides senior management and the public an opportunity to gain insight and first impressions into the clinical area from a patient perspective, as well as Experience Based Design which is used to ask patients to describe their experience of services and their feelings about it.



3.2.2 From Good to Outstanding

The Care Quality Commission rating for LCHS is currently 'Good' – the Trust is aspiring to achieve the highest quality rating of 'Outstanding'. In order to make the requisite step change, a new cross-cutting quality improvement plan 'Good to Outstanding' has been developed. This plan, which is aligned with the five CQC assessment domains and informed by the CIH report, identifies a number of clinical priorities which are cross-cutting for all services.

Well Led	Operating model	Ensure operating model aligns with LCHS clinical strategy
	System Resilience	Ensure LCHS supports system resilience through internal and system planning to manage fluctuations in demand
	Operations Restructure	Implement management restructure for Nursing & Operations directorate
	Outcome measures	Agree stretching quality improvement goals and monitor through the Quality Account and CQUINs schedule
	Team development	Organisational Development Plan developed and delivered for Nursing & Operations directorate
Safe	Sign Up To Safety	Ensure development and delivery of Sign up to Safety plan, engagement with staff
	Safety Culture	To develop a positive patient safety culture. Complete diagnostic using to assess level of safety culture within LCHS deliver improvements in line with Sign Up to Safety Plan
	Investigation and learning	Develop a framework for investigation based on thematic review and human factors analysis, implement
	Deliver on safety outcomes	All our services to have local accountability to provide safe quality care and prevent harm Required delivery on Quality Account and CQUINS
	Quality impact assessment panel	Review the process from development of QIPP plan through to QIA completion and sign off prior to Business Planning approval
	Risk management	Collaborative review of process with Trust Board Secretary
Caring	Hello My Name is…	Develop improved communication between clinicians and patients adopting 'Hello My Name is…'
	Slogan	Work with clinical colleagues on the development of an articulation of caring as our core value
	Patient Survey	Voice and views of patients, in relation to care received, are actively sought during all stages of their journey within LCHS
Responsive	Patient Pathways	Develop clear, measurable patient pathways supporting delivery of the clinical strategy
	End of Life Care	Work collaboratively with secondary care providers to ensure patients are proactively managed in line with their wishes and preferences at end of life
	Urgent Care	Develop new pathways that define the 'ACTION' that is taken for patients and ensure better integration with other services
	Integrated Community Teams	Implementation of ICT model and build effective working relationships with GPs
	F&HL	Embedding new group delivery models to build capacity for communities to support themselves.

Effective	Clinical Audit	Review current position develop recovery plan and improve framework for 2016/17
	Clinical supervision	Ensuring the quality of supervision – new framework to be devised pro-active Team plan – individual responsibility for supervision
	Workforce plans	Pro-active management of systems and processes to enable and develop the right person with the right skills in the right place at the right time
	Performance measurement	Defining the appropriate measures and accurately communicating to teams Revision of PMR structure
	Patient Involvement	Voice and views of patients in relation to care received, are actively sought during all stages of their pathway within LCHS
	National Quality Standards	Achieving financial balance QIPP planning and delivery

3.2.3 Ensuring well-led services

As indicated above, the 'Good to Outstanding' plan Operating model is based on the CQC domains and the Well Led section focuses on five elements:

- Ensuring the operating model for LCHS clearly aligns with the new clinical strategy
- Ensuring LCHS supports system resilience through internal and system planning to manage fluctuations in demand
- Implementing the management restructure for the Nursing & Operations directorate
- Driving continuous quality improvement by agreeing stretching quality improvement goals and monitor through the Quality Account and CQUINs schedule
- Delivering an organisational development plan for the Nursing & Operations directorate

3.3 Implementing seven day services

- LCHS are currently providing some 7 day services across both proactive and urgent care. There is a plan to increase existing provision (as in revised new urgent care modelling) where need dictates. We continue to work with our commissioners in moving forward with planning for increased services – this is being picked up through contract discussions in terms of aligning LCHS plans with acute hospital plans
- The Trust will ensure the appropriate level of consultant cover is available in hospitals at weekends where appropriate
- LCHS is working closely with its partners to develop a highly responsive and effective network of community-based services for people with urgent but non-life threatening needs. These services are in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families, while relieving pressure on A&E services. Urgent care transformation will see the reorganisation and rationalisation of the existing services like Rapid Response, Out of Hours, Urgent Care Centres and Minor Injury Units into a streamlined 24 hour urgent care service which will be delivered through: Clinical assessment service, in partnership with East Midlands Ambulance Service, Lincolnshire Partnership NHS Foundation Trust and Care UK; Urgent mobile service where a home visit is required; Building-based urgent care

3.4 Compliance with specific national quality priorities

- LCHS undertook the self-assessment of avoidable mortality submission issued by NHSE in December. The Trust will comply with the requirement to publish avoidable deaths per trust annually and implement a programme to improve from the March 2016 baseline
- The Trust will ensure development and delivery of the Sign up to Safety plan and related staff engagement. This is included in the Trust's 'Good to Outstanding' plan
- The Trust will comply with the Association of Medical Royal Colleges' guidance on the responsible consultant where relevant

3.5 Quality impact assessment process

- Quality Impact Assessments (QIA) are completed for all cost improvement programmes.
- The QIA process uses a tool to enable the articulation of quality outcomes from a cost improvement scheme and recognition of impacts on patients and service users and identification of risks
- ALL QIAs are reviewed through a robust process:
  - Stage 1: QIA reviewed by Exec sponsor
  - Stage 2: QIA reviewed at QIA panel
  - Stage 3: QIA signed by Accountable Executive Directors: Medical Director, Director of Nursing and Operations and Director of Finance. No changes are made to services or staffing levels until this process is completed.
- The QIA identifies quality indicators for regular monitoring at service level, and are monitored quarterly at a QIA Panel, chaired by the Deputy Director of Nursing and Quality and through the Quality and Risk Committee and reviewed at trust board.

3.6 Triangulation of indicators

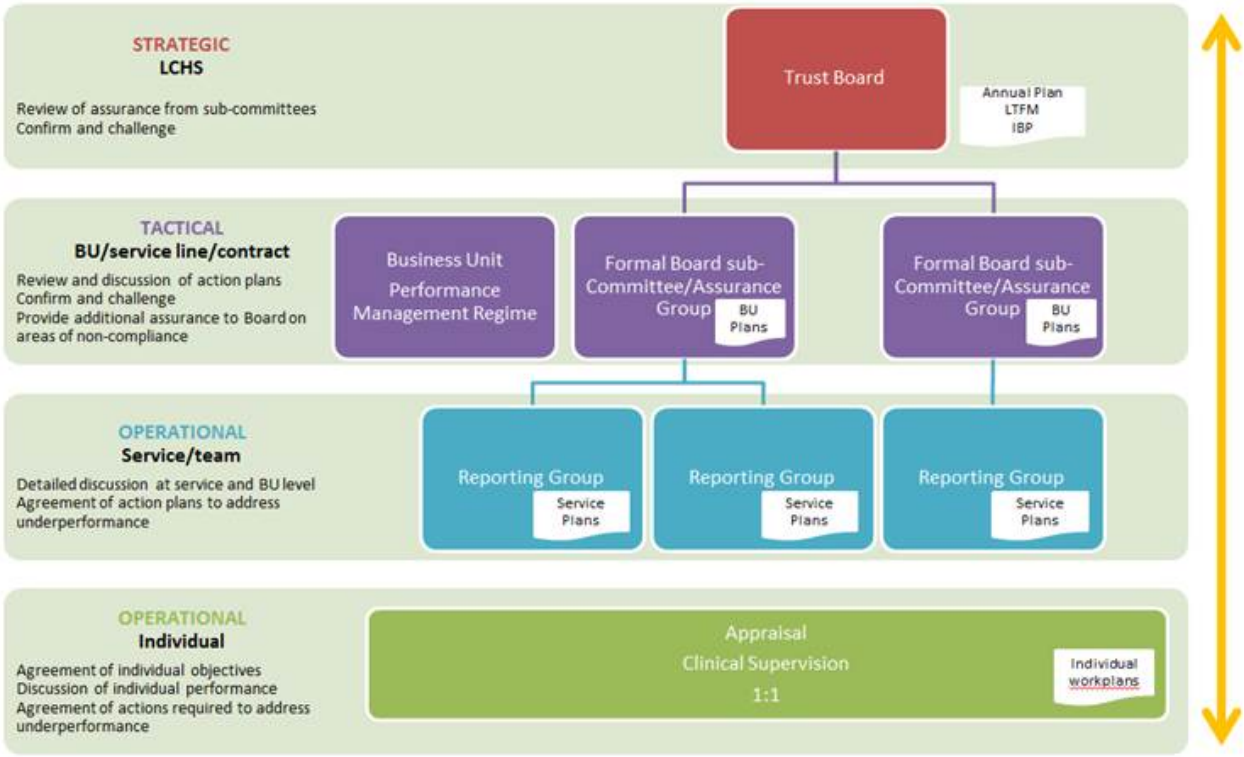
The Integrated Performance Report (IPR) has been developed to provide the Trust Board with assurance that activity, quality, performance, workforce and finance are being carefully monitored and that improvement measures are being identified and implemented where necessary. It also enables the Trust to demonstrate its commitment to encouraging a culture of continuous improvement and accountability

The indicators within the IPR are reviewed, as a minimum, on an annual basis to ensure continued alignment with national, local and organisational priorities. The report take a balanced scorecard approach (aligned to the CQC domains) and the scorecard is supplemented with additional information for those indicators which are partially or non-compliant.

Structured reporting processes are in place (see diagram below) to ensure that the overall LCHS performance can be 'drilled down' to service and team level, and the triangulation can be undertaken at a more refined level. LCHS is currently undergoing internal restructure and there is a significant piece of work being undertaken to ensure that all systems align to the new workforce models and therefore are able to better support triangulation going forward.

The scorecard is comprehensive and inclusive of:

- Externally mandated or agreed indicators: National metrics (e.g. with DH); Local metrics (e.g. with commissioners); Care Quality Commission's (CQC) Essential Standards of Quality and Care; Monitor's governance risk ratings; The Department of Health's *NHS Outcomes Framework*
- Internally set performance metrics: aligned to strategic objectives and priorities; Quality Account; CQUIN; Quality Schedule
- Internal and external benchmarking: LCHS is a member of NHS Benchmarking, as well as contributing to the aspirant FT Benchmarking Network. The outputs of these activities are used to identify areas where LCHS is an outlier and further analysis is undertaken to understand where there may be opportunities for shared learning from/with other Trusts. In addition, internal benchmarking of teams and services is undertaken for the same reason.



4. Workforce planning

4.1 Introduction

We recognise that our most important asset is our people and to be successful in the future we must be able to recruit and retain talent. We need the right people with the right knowledge, skills and behaviours appropriately deployed across our diverse portfolio of services to enable us to be truly innovative. Without a solid workforce planning tool, the workforce abilities will not be aligned to the needs of the service and will not take into account any changes which are needed from time to time either as a result of workforce changes or as a result of service delivery changes.

4.2 LCHS approach to workforce planning

There are a number of critical workforce shortages in Lincolnshire and LCHS recognise that more needs to be done to attract the right people with the right skills. Particular key issues that impact on workforce planning including; changing demographics, ageing population, poor transport and highway infrastructure. The Trust's People Strategy details our approach to workforce planning and highlights the following key priorities/considerations:

- The need for systematic and continuous alignment of workforce resources with the needs and priorities of the organisation to ensure the Trust can deliver service and organisational objectives
- Workforce planning is clinically led with both short and long term plans
- Development of leaders to energise and inspire staff teams
- Triangulating the workforce plan with our financial and QIPP plans
- A workforce 'Fit for the Future', a flexible and agile workforce that has the skills, competencies and expertise to deliver new care pathways in different settings and within new models of care

The Senior HR Business Partners, Education and Workforce Development Team and the Workforce Planning Manager work across the organisation to support both operational and strategic workforce planning in a number of areas, such as: recruitment and retention strategies, age profiling – supporting succession planning, reviewing staff turnover and reasons for leaving, sickness absence reviews, retirement options and training needs analysis.

A staff availability report is produced monthly to monitor staffing levels, with the focus on clinical areas, in particular to highlight where risks may exist. The report includes vacancies, recruitment activity, assignment status and sickness with additional supporting commentary detailing what action is being taken to address any risks. The report is reviewed at ELT and quality and risk meetings and is considered alongside other quality and safety metrics.

4.3 Governance Processes

Workforce plans are developed in conjunction with the transformation work streams and are then approved the Business Planning Group, with Quality Impact Assessments (QIA) being undertaken by the QIA Assurance panel. These are then ratified by the Executive Leadership team and ultimately the Trust Board. As an example, a QIA on workforce tools and methodology for ICT was carried out at the start of the project and post consultation a further QIA on workforce impact was completed.

There is a Workforce AIR (Actions, Issues and Risks) log which is managed by the Workforce Planning Manager; this is reviewed monthly at the Workforce Strategy Group and quarterly at the Workforce and Transformation Board Assurance Group. This is in line with the overarching Board Assurance Framework which sets out the key controls and assurances on controls to safeguard against the key risks to the achievement of the strategic objectives.

4.4 Internal Alignment with the Trust's Clinical Strategy

4.4.1 Transformation priorities

LCHS has a number of transformation priorities to remodel services within the Trust and ensure these are aligned to LHAC and the Five Year Forward View to improve self-care and care closer to home. This remodelling will also ensure that we have the right staff, with the right skills, in the right place.

Transformation priorities include:

- 0-19 – to re-design and broaden the services to improve the journey of children and young people through healthcare.
- Integrated Community Teams - the project aims to define the model and functions, support the development and monitor effective delivery of the LCHS elements of the future neighbourhood teams. Key deliverables include: Implementation of AHP modelling and workforce structures, specialist nurse modelling and workforce structures, patient defined pathways with a shared assessment process, defined membership of community integrated teams of LCHS staff and defined operational functions
- Urgent Care – the project will redesign integrate access to 111, clinical assessment, urgent home visiting services, out of hours appointments and urgent care centres to ensure that the system will guide the patient to the right professional at the right time in the right environment. The medical workforce for urgent Care will be remodelled to ensure the best use is made of medical resources in Out of Hours, integrating medical delivery within Urgent Care Centres where these also deliver Out of Hours.
- Community Hospitals - to deliver fully integrated, innovative, cost effective and multi-functioning community hospitals that support proactive, urgent and planned care.
- Back Office Support Functions – Admin and Clerical review. The project aims are to centralise and streamline admin support across the Urgent Care, Integrated Community Teams and Family and Healthy Lifestyle teams.

The transformation projects are using tried and tested planning tools and benchmarking data to inform capacity modelling and workforce plans. All projects have considered how mobile technology can better support the clinical staff to improve productivity and increase patient facing time.

The transformation projects have reviewed the staff roles, agreed the competencies required for the roles, developed career frameworks and redesigned new job descriptions to include specific competency details. This provides staff with clear direction on what they are required to know and the level of skills they must have to do their job. This also supports staff to develop further and progress in their career.

4.4.2 Other key workforce planning work streams

Minimising agency staff usage

LCHS continues to work towards the reduction of agency staff usage and ensure we are in line with TDA requirements around agency price caps. This has been supported by recruiting to bank posts to offset the requirement for agency, all agency requests being authorised by the Director of Operations and procuring a new system for bank and agency, with the ability to produce accurate, timely reports (which will be implemented within the next six months).

E-rostering

The implementation of an e-rostering tool is an essential aspect of our move towards integrated scheduling (IS) and more detailed productivity analysis. It is an enabling system to IS and also supports our move to Integrated Community Teams in 2016. The purpose of the tool is to improve our existing understanding of staff availability by making all aspects electronic. This will enable automated scheduling against our clinical catalogue thereby creating efficiency opportunities.

Apprenticeships

LCHS already support apprentices in the workplace, however, in preparation for the new Government levy which comes into effect in 2017, work is now being carried out to identify further apprenticeship options in LCHS. The apprenticeships are a key part of the LCHS 'grow-your-own' strategy. LCHS is now an Accredited Centre of Excellence for BTEC & NVQ qualifications.

4.5 External alignment with the local system, including education

Within Lincolnshire the emerging model for health and care includes:

- Improved quality of care, delivering a better, consistent level of health and care support to people in the county.
- Bringing care closer to home through neighbourhood teams, supported by urgent care centres based around existing community hospitals. The aim is to reduce lengthy hospital stays and free up A&E for genuine emergencies.
- Joined up services at a local level to support patients, families and by creating a smooth, seamless, transition between social services, GPs, hospitals and care workers.

LCHS is working with the wider Lincolnshire health and social care partners to deliver quality services and to support the transformation of the delivery of health services across the community. This includes a range of projects to achieve mutually beneficial goals. including creating opportunities for career progression across Lincolnshire, e.g. implementing rotational posts and development posts.

4.5.1 Lincolnshire Health and Care (LHaC)

LHAC has set out a vision for integrated care; the delivery of this will affect the workforce. We are working in collaboration with the wider Lincolnshire health community to develop a workforce modelling tool which will support us in making informed decisions for the future. Models have taken into account, population changes, activity levels, performance targets and workloads leading to outcomes defining the types of skill and competency needed.

LCHS plays a major part in the LHAC programme, the current LCHS Programme Boards support the key aims of the LHAC Programme.

4.5.2 Education

The strategic aims of Health Education England (HEE) are: Primary/Community Care; Mental Health and Learning Disabilities; Nursing Supply; 7 day services; Workforce Transformation and 5YFV; HEE Mandate

The Education and Workforce Development team work across the organisation to co-ordinate the TNAs for LCHS. The TNAs are then considered and aligned to the HEE strategic aims.

In addition, the LETC are working across the health community to address the training and education priorities over the next 3 years, ensuring that outcomes and deliverables will address the challenges across the whole system. The five priority areas for 2016/17 are:

- Lincolnshire Talent Academy
- Lincolnshire Attraction Strategy
- Workforce supply and demand
- Lincolnshire workforce transformation
- Culture and organisational development

5. Financial Planning

5.1 Introduction

LCHS approaches financial planning as an intrinsic part of the business planning cycle, thereby ensuring a more integrated approach with Trust clinical and corporate colleagues. The financial plan therefore represents the financial articulation of the business themes and represents the plans and assumptions agreed as part of that process.

The plans are ambitious, reflecting achievement of its 2016/17 control total of a £2.5m surplus, inclusive of a £0.9m contribution from the General element of the Sustainability and Transformation Fund (assuming the Trust meets the associated eligibility criteria and conditions).

The financial plan therefore assumes benefits from a range of efficiency opportunities, outlined in section 5.3 below.

Capital plans are designed to ensure that the clinical strategy priorities are met, and to support planned efficiency initiatives (such as mobile working). All capital purchases are assumed to be funded internally, with no reliance on loans or public dividend capital. Further details are shown in section 45.4 below.

As part of the Trust's financial strategy and intentions, the Board has considered the financial parameters in which it wishes to operate, in which there is a reasonable balance between challenge and sustainability. Consequently the financial plan has been predicated on the following additional assumptions:

- Availability of a contingency equating to 1% of turnover
- No reliance on aspirational income growth assumptions
- Sufficient cash flexibility and achievement of targets resulting in a Financial Sustainability Risk Rating of 4 at the end of the year.

5.2 Financial Forecasts and Modelling

The financial plans have been collated taking into account the outcomes of local business planning discussions, known facts, and are broadly consistent with national planning assumptions (e.g. inflation assumptions).

The key financial metrics are:

Metric	Value
Net surplus (Control Total)*	£2.5m
Capital spend	£1.6m
Year-end cash levels	£9.7m
Planned efficiencies	£7.8m
Level of contingency	£1.1m
Financial sustainability risk rating	4

* inclusive of an assumed £0.9m contribution from the Sustainability & Transformation Fund

The model allows for a degree of contingency (£1.1m) to cover unplanned risks.

The model delivers a strong FSRR rating, underpinned by the fact that there is no debt (and a consequent high capital servicing capacity). Given the Trust's reasonable level of cash balances (and high liquidity days), the most sensitive elements of the risk rating will currently be the I & E margin and I & E margin variance. Although the financial model has a degree of risk leeway built within it, the Trust would nevertheless seek to mitigate risks through an approved mitigations list of actions, and would take appropriate corrective action as issues became apparent.

5.3 Efficiency Savings for 2016/17

The efficiency savings target (£7.8m) has been derived after taking into account the 2016/17 control target requirement set by NHS Improvement, the in-year Trust cost pressures, inflation assumptions and the effect of 2015/16 pressures

The efficiency plans are based on cost reduction initiatives, and do not include unsubstantiated assumptions in respect of income growth. In terms of identifying the efficiency plans, the following factors were taken into account:

- Appropriate workforce reductions after taking into account staffing levels and quality requirements. This has included a review of agency spend and the associated reductions are included in the model which allow for:

    - Reduced agency usage compared to 2015/16
    - Transitional plans to reduce agency costs further over the course of 2016/17
    - Benefits resulting from the introduction of the new agency caps and mandatory use of agency framework agreements.

- A focus on corporate cost reductions which cover a range of back office functions and associated costs

- The Trust has considered the recommendations of the Carter review and identified the most relevant areas to inform its efficiency plans:

    - Further procurement savings (£100k) following a review of our procurement practices in terms of processes, range of suppliers, and procurement awareness. We have also reviewed our top areas of non-pay spend and reviewed suppliers in order to secure cheaper prices

    - In terms of workforce, the largest area of our expenditure, the Trust has reviewed productivity and patient facing time, and accordingly incorporated reductions in whole time equivalents in its CIP plans to reflect improved productivity as part of new models of care. The Trust is also pursuing a rostering solution in order to improve the way in which staff are managed and rostered, in conjunction with agency reductions. The Trust remains committed to maximising the expenditure of the public purse to deliver high quality care, maximising better outcomes for its patients. Further examples are listed below.
        - As a community provider, the Trust works to ensure that more care can be delivered either closer to home or at home by providing better integrated care services, supported by innovative practice and advances in modern medicine

  - Our transformation agenda which commenced 2014/15 aims to increase patient facing time through better use of staff resource, improvement in productivity through information technology and the review of our back office functions. Over the past few months, the Trust has needed to utilise both bank and agency to continue to deliver safe services, although recent workforce modelling and planning across our services and the use of our internally developed community catalogue has assisted the organisation to map its existing workforce supply and demand to help identify any skills and competency gaps as well as improving efficiency
  - The introduction of agile and more flexible working supported by various technology solutions such as the revision of electronic templates and the availability of laptops, iPads and smart phones has allowed the workforce to reduce duplication, travelling and administrative duties, thereby increasing time for patients. This will be further enhanced with the implementation of an integrated scheduling solution during 2016/17 which will allow clinicians and support services staff to plan and monitor staffing capacity and capability and redeploy resource where necessary
  - Improvement in the performance management of budgets, vacancies, long and short term sickness absence, together with the reduction in bank and agency, continue to ensure that the Trust is well placed to deliver its workforce efficiencies.

- In terms of estates management, the Trust has been proactive in developing and delivering a high quality, safe, cost efficient estate with facilities that meet the needs of our patients, clinical and corporate workforce. Key actions include the implementation of an agile working policy (supported by an increase in technologies and workforce agility); an Estates Rationalisation Plan to reflect the requirements of the Trust's Clinical Strategy; collaboration with neighbouring providers in utilising skills and services; a review of current estate leading to cost reductions; and a move to a significantly more cost effective and agile working environment combining both clinical and corporate teams.

- Whilst the Carter review advocates Medicines Optimisation savings which are more significant in the acute sector than a community setting, the Trust nevertheless continues to develop the optimisation of its medicines. The Medicines Optimisation Framework demonstrates continuous improvements across the services, especially following the implementation of e-prescribing in all four hospitals. The introduction of pharmacists and technicians on all wards has also encouraged staff to work more effectively in respect of medicines optimisation.

5.4 Capital Planning

The Trust has a relatively low capital programme (£1.6m) as a result of the fact that it also has a very low asset base; most of the premises used by the Trust being rented rather than owned. There is therefore limited opportunity for asset disposals in 2016/17, although all of the Trust estate is being reviewed as part of the estates strategy and alignment to the clinical priorities.

The capital programme has therefore been designed to:

- Support the clinical strategy and the premises requirements therein
- Fund the required enabling technologies to support the Trust's CIP programmes and new ways of working (for example mobile working)
- Provide funding for necessary clinical equipment purchases.

All capital plans are assumed to be funded from internally generated funds, with no reliance on loans.

6. Links to the emerging Sustainability & Transformation Plan

6.1 Delivering the Forward View: the system plan

We are committed, as part of our sustainability and transformation plan, to working in collaboration with our commissioners and provider partners (principally the four Lincolnshire CCGs, Lincolnshire County Council, United Lincolnshire Hospitals NHS Trust, Lincolnshire Partnership Foundation Trust, East Midlands Ambulance Service and primary care), in order to develop a fully integrated and effective care system for the population of Lincolnshire, whilst achieving financial balance.

Our planning footprint

The footprint will consist of Lincolnshire County, covering Lincolnshire West CCG, Lincolnshire East CCG, South Lincolnshire CCG and South West Lincolnshire CCG. It should be noted that Greater Lincolnshire, which also includes North Lincolnshire CCG and North East Lincolnshire CCG is one of the latest regions to receive new powers from the Government as part of the devolution agenda. Whilst proposals are not yet progressed sufficiently to assume this larger footprint at present, it is likely that the STP will include an exploration of the potential for devolved approaches.

In order to meet the challenges facing Lincolnshire and establish a sustainable and safe health and social care economy, commissioning and provider organisations across the county have established a joint programme of work known as Lincolnshire Health and Care (LHAC). The LHAC programme, which is governed through the Joint Commissioning Board, is focussing on four key areas:

Proactive care	- A significant shift from acute hospital care towards community care - Improved ways of working in integrated community multidisciplinary teams in Neighbourhoods with primary care at the heart of those teams - Proactive identification of patients through risk stratification - Improved ability to self-care and promote independence. Better integration with other parts of the system, particularly urgent and mental health care
Urgent care	- Enabling a network of safe and sustainable urgent care response: alignment of all services under a single operational framework with simplified access
Elective care	- A single end-to-end integrated service commissioned for particular patient groups/services/specialties – including all of the acute and community aspects - Primary and secondary care shared care model for all elective care - Provision as close to the community as possible by strengthening local diagnostic services and use of community hospitals
Women & Children	- Prevention of avoidable admissions for children - Sustainable hospital services configured to deliver optimum quality and safety

Developing new models of care and contracting

As part of the LHAC contracting work stream, commissioners are developing plans to move towards place-based alliances and accountable care organisation type arrangements – detailed plans covering the scale and form of the options which will form part of the Lincolnshire STP. Expressions of interest have recently been submitted to be involved in the two latest types of vanguards:

- Reinventing the role of the smaller district general hospital: Pilgrim Hospital is the proposed site, with the ambition of implementing innovative models of sustainable urgent care flows
- Mental health services – management of tertiary services: developing a single fully integrated micro-commissioning and pathways redesign project for CAHMS Tier 4, mental health, learning disability and autism low secure services

6.2 The role of Lincolnshire Community Health Services NHS Trust

6.2.1 Overview

We are the primary provider of community healthcare services for the people of Lincolnshire. We deliver a broad range of community nursing, therapy, urgent care, reablement, palliative care, public health, children's health and social care services. By providing community-based services aimed at preventing health problems getting worse, we help reduce the need for people to go into hospital. In line with the NHS Five Year Forward View and the Lincolnshire Health & Care Programme, we are working closely with other health and social care services to support a shift of care in acute hospitals, into more joined care in the community, close to home.

6.2.2 Specific clinical priorities

Proactive Care
- As part of the development of the Neighbourhood Teams, we are joining up our community district nursing, specialist nursing and allied health professional workforces into 12 Integrated Community Teams to ensure that people with long term conditions and complex needs receive quality coordinated care. - The Neighbourhood Team brings together the health, social care and third sector staff from an area, so that they work as one team, to give much more joined up care – people will be treated and cared for closer to home, lengthy hospital stays will be avoided, and readmission will be reduced. LCHS manages and delivers a large proportion of the Neighbourhood Team. - The Trust also provides transitional or intermediate care, which bridges the gap between hospital and home to maximise recovery and promote independence, with an emphasis on 'Home First'. At the request of commissioners, LCHS is coordinating the development of a range of services to promote faster recovery from illness, prevent admission into acute hospital or residential care, support timely discharge from hospital and maximise independent living.
Urgent Care
- LCHS is working closely with its partners to develop a highly responsive and effective network of community-based services for people with urgent but non-life threatening needs. These services are in or as close to people's homes as possible, minimising disruption and inconvenience for patients and their families, while relieving pressure on A&E services. - The Trust is working towards a 24 hour urgent care service which has three main elements: clinical assessment service (CAS), 24 hour home visiting service, and building-based urgent care. Specialist urgent care staff will work across all three areas. - At the request of commissioners, LCHS is coordinating the development of the CAS
Children's Heath
- The Trust is merging its Health Visiting and School Nursing services into an Integrated 0-19 Public Health service in advance of the re-procurement of Early Help and Children's Health services - The Trust's universal, specialist and urgent care services have an important role to play in the future in terms of preventing avoidable admissions and alleviating pressure on acute paediatrics
Community Hospitals
- The Trust is working with our partners to redefine the role of community hospitals across the county. As a hub for Neighbourhood Teams, Urgent Care Centres and rehabilitation services, community hospitals are able to provide a range of services which can either prevent admissions into acute hospital or support timely discharge from acute hospital. - One of LHAC work streams is looking at how planned care could be transferred to the community over time. ULHT-LCHS discussions have identified the following specialities as having the most potential initially: ophthalmology, dermatology, pain management, orthodontics, cardiology, respiratory, urology, rheumatology and diabetes