

5 Boroughs Partnership NHS Trust
Annual Plan
2008 – 2009

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1. Chief Executive's Introduction

It is my intention to ensure that the Trust provides good quality cost effective services for the people we are here to serve. The Trust will build on the foundation already laid down and work towards becoming one of the UK's leading providers of world-class services, with an international reputation for innovation and excellence.

Employing 2,300 people and providing services from over 100 venues, the 5 Boroughs Partnership NHS Trust is a specialist Mental Health Trust. It provides a range of Adult and Older Persons' Mental Health, Children and Young Persons Mental Health, and Specialist Learning Disability Services across the communities of Halton, Knowsley, St Helens, Warrington and Wigan – a population of 938,000. The Trust is also increasingly providing services directly in people's own homes in line with the *Ten High Impact Changes in Mental Health* published by the Department of Health in 2006.

The picture below shows each of our communities



The Trust operates in a number of different markets, both in terms of geography and care group. It is also recognised that the Trust does not operate as an exclusive provider within the local catchment areas and that there are potential competitors on the borders. However, the Trust is confident that its reputation

for service quality and a favourable geographical position will mean that commissioners continue to regard it as the provider of choice for the majority of their residents. A comprehensive list of the services provided within each of five localities by the Trust is shown at Appendix 1.

The Annual Plan highlights the achievements and performance for 2007/08 and sets out the operational plans for 2008/09. The Annual Plan is built around the Trust's response to the *Operating Framework for the NHS in England 2008/09 (the Operating Framework)* and within the context of the active role, played by the Trust in the development of the NHS within the North West as part of a truly locally focused, national service.

Simon Barber
Chief Executive
5 Boroughs Partnership NHS Trust

2. 2007/08 Achievements and Performance

2.1 2007/08 Achievements

The Trust is forecasting that, for the 2007/08 financial year it will have delivered a surplus of £987,000 and operated within both the External Financing Limit and Capital Resource Limit. This will mean the Trust will have achieved all of the statutory financial targets for the 2007/08 financial year. This, together with a healthy cash balance, will provide a strong liquidity position as the Trust moves into the new financial year. However, this needs to be considered in the context of a challenging financial year, during which there have been significant changes to both the regulatory framework and the business emphasis within the NHS. It is also the first full year of the Trust's major service redesign in Adult Services, "Change for the Better". A summary forecast Income & Expenditure Account for 2007/08 and a forecast Balance Sheet as at 31st March 2008 are shown at Appendix 2.

A total of £3.9million was spent on the Capital Programme to develop and improve the estate. This included the Peasley Cross Resource and Recovery Centre and the refurbishment of the Sherdley Unit. Work has also been completed on refurbishing the Psychiatric Intensive Care Units (PICU) on the Leigh Infirmary and Hollins Park (Warrington) sites. The Trust has also invested in the Information Management & Technology infrastructure. This includes stabilising the community information system (OTTER), the continued implementation of the national Patient Administration System (PAS), and the rolling out of the Community of Interest Network (COIN) across the Trust.

During the financial year the Trust will have received over 40,000 referrals for community services and recorded 240,000 patient contacts. The Inpatient Services will have received over 2,300 admissions and recorded 115,000 occupied bed days. The Day Services will have recorded over 19,000 patient contacts.

It is anticipated that the Trust's scores in the Healthcare Commission's Annual Health Check will be 3 (Good) for Quality of Services and 3 (Good) for Use of Resources. This will represent a significant improvement over both the 2005/06 and 2006/07 financial years when the scores were 2 (Fair) for both Quality of Services and Use of Resources respectively for both years.

The Trust's Equality Diversity and Inclusion Unit has a national reputation for its innovative approach to embedding and going beyond legislative requirements. This demonstrates the Trust's commitment to embracing cultural diversity and equality. The Unit has established Service Level Agreements to deliver Equality and Diversity support and training to six NHS Trusts and co-ordinates the North West NHS Equality and Diversity Forum.

The Trust has improved internal and external communications by redesigning its newsletters. There are now two: *In the Picture*, which is a newsletter for Trust stakeholders and *The Big Picture*, which is a newsletter for staff. In addition there are regular team briefs, weekly *In Touch* and a series of manager's briefings.

2.2 “Change for the Better”

During 2007/08 the Trust implemented the major service redesign in Adult Services, “Change for the Better”. For the first time, Single Point of Access, Crisis Resolution/Home Treatment, Assertive Outreach and Early Intervention in Psychosis services have all been made available across Halton, Knowsley, St Helens and Warrington. It has also ensured the transformation of the acute in-patient psychiatric environment. Capital investment of almost £4m, has ensured that each of the four localities now has a fit for purpose, Resource and Recovery Centre, providing acute psychiatric in-patient beds in single sex, high quality accommodation that is designed to support needs led personalised care.

There has also been significant involvement of the Voluntary Sector in each of the Resource and Recovery Centres. The Trust has provided dedicated accommodation in each of its Resource and Recovery Centres for its Voluntary Sector partners. From there they provide a wide range of services to enhance the patient experience. This clearly demonstrates the level of importance the Trust places upon the partnerships it has with fellow stakeholders and ensures a seamless care pathway for its service users.

Each of the Resource and Recovery Centres has the benefit of a dedicated leadership team. The leadership team is a multidisciplinary clinical team that manages each acute psychiatric episode through crisis resolution. They also manage the transition from acute psychiatric in-patient stays to support for the service user in their own home. With no formal ward rounds, one dedicated clinical team provides a range of interventions that are recognised by the National Institute for Clinical Excellence (NICE).

The Trust has recently held a number of events to ascertain the views on Change for the Better, from service users and carers. The main feedback from the events is that the new Resource and Recovery Centres are excellent because they provide services that promote individualised recovery in a non-stigmatised environment.

3. Operational Plans 2008/09

3.1 Summary Financial Position

In line with requirements of *the Operating Framework* and one of its eight Key Strategic Themes, the Trust is planning for sustainable financial viability. The Trust is expected to achieve a financial surplus in 2008/09 (£1m) and to maintain similar surplus positions in future years.

Within the total income figure for 2007/08 is c£3m of non-recurrent monies to support the introduction of Change for the Better. This funding will not be repeated in 2008/09 and as a consequence total income for 2008/09 is lower than that of 2007/08 by c£3m.

Total expenditure is similarly c£3m lower as the non-recurrent expenditure from 2007/08 will not be repeated.

Table 1 shows the summary plans with the detailed financial plans at Appendix 5.

Table 1 – Financial Outturn 2007/08 & 2008/09 Budget

	Actual 2007/08 £000	Budget 2008/09 £000
Income	100,221	97,290
Expenditure	99,234	96,290
Surplus	987	1,000

3.2 Strategic Context

During 2007/08 a number of interactive workshops were held which have included managers, staff and key stakeholders. The key stakeholders included senior staff from Local Authority and PCT partners as well as representatives of the Trust's users and carers. The workshops yielded key objectives that would be delivered in 2008/09. The achievement of these would enable the Trust to move forward and to continue to establish it as a deliverer of high quality services.

In December 2007, the Department of Health published the *Operating Framework for the NHS in England 2008/09 (the Operating Framework)*. This identifies the priorities for the NHS in 2008/09 as:

1. Improving cleanliness and reducing Health Care Associated Infections;
2. Improving access through achievement of the 18-week referral to treatment pledge, and improving access (including at evenings and weekends) to GP services;
3. Keeping adults and children well, improving their health and reducing health inequalities;
4. Improving patient experience, staff satisfaction, and engagement; and
5. Preparing to respond in a state of emergency.

As part of the National Health Service, the Trust is required to ensure that it plays an active part in delivering on all of these priority areas.

In developing the Annual plan for 2008/09, the Trust has summarised both the priorities from *the Operating Framework* and the objectives from the interactive workshops into eight Key Strategic Themes.

3.3 Key Strategic Themes

The eight Key Strategic Themes have been assigned to a senior manager, who is tasked with ensuring that the underlying objectives are achieved. This will ensure that the Trust is able to demonstrate achievement against the priorities specified in *the Operating Framework* as a deliverer of high quality services. They will cascade from the Board level to individual objectives of all the Trust staff.

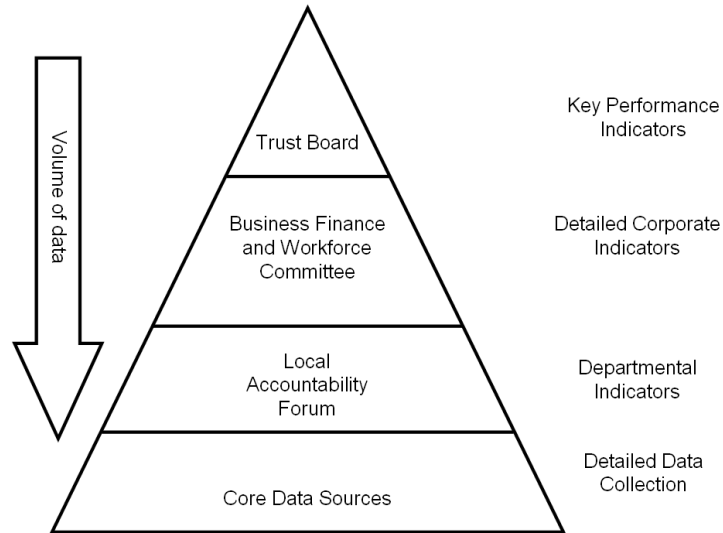
Theme	Description	Senior Manager
Service Delivery & Patient Experience	<i>What people think about us; the quality of our service delivery</i>	Ray Walker
Effective & Efficient Organisation	<i>Delivering Improvement programmes value for money and improved outcomes for service users.</i>	Iain Stoddart
Service Innovation & Business Development	<i>How we create an environment that allows innovative approaches to flourish and prosper. How we increase the range of services currently delivered and how we develop new services for new 'customers' (service users).</i>	John Kelly
Engagement & Partnership Working	<i>Proactively working with stakeholders for maximum mutual benefit.</i>	Hilary Fenton
Well Governed	<i>Demonstrating strong leadership, transparency in decision making and full accountability for individual and collective actions.</i>	Simon Barber
Financial Viability	<i>Ensuring that we operate within financial targets and budgets.</i>	Stuart Jackson
Organisational Development	<i>Ensuring a holistic approach to people, structures, processes and teams.</i>	Nick Rowe
Workforce Management & Experience	<i>How we plan, attract, manage, develop and engage our people to deliver our services</i>	Nick Rowe

3.4 Performance Monitoring Against the Eight Key Strategic Themes

Performance against the eight Key Strategic Themes and associated risks will be monitored by the Trust Board and its Committees. This performance monitoring will use a hierarchal governance structure with the performance indicators identified at a number of levels within the organisation. Appendix 3 lists detailed descriptions of the Key Performance Indicators (KPI) for each of the Key Strategic Themes,

along with both the frequency and measures of reporting. The diagram below shows the governance levels within the organisation and indicates that only the key data items will be taken to the Trust Board.

Table 2 Hierarchy of Governance



4. Risk analysis

4.1 Risk Management

The Trust has an approved Risk Management Strategy which evaluates risk using the risk evaluation matrix endorsed by the NHS. This gives a risk score based on a likelihood score of up to 5 multiplied by an impact score of up to 5, identifying high risks for immediate action, significant risks for urgent action and moderate to low risks which require action only if cost effective and easy to implement. As part of this process the Trust has identified a number of risks associated with the delivery of the Annual Plan. There will be a process of identifying and implementing control systems to mitigate these.

4.2 Annual Plan Risks

The key risks to delivery of the Annual Plan, based on the eight Key Strategic Themes for 2008/09 are:

Service Delivery & Patient Experience – (lead Ray Walker)

- Failure to maintain strict hygiene control systems will lead to a increase in reported cases of Hospital Associated Infections
- Risk of lack of a poor experience of service users and carers will damage the reputation of the Trust.
- Risk that service users conditions, will exacerbate due to failure to provide timely interventions.

- Risk that failing to recognise the importance of service users' physical health care needs will mean that the Trust fails to treat service users holistically.
- Risk that failing to disseminate the lessons learnt from complaints in a timely manner will lead to potentially avoidable incidents.

Effective & Efficient Organisation – (lead Iain Stoddart)

- Risk of not failing to integrate clinical and activity information systems preventing the continual improvement in clinical outcomes.
- Risk that failing to monitor and enhance clinical performance will lead to clinical outcomes not being improved.

Service Innovation & Business Development – (lead John Kelly)

- Risk that a lack of relevant and comprehensive market intelligence and an inflexible response to the changing external environment may lead to a failure to improve the Trust's competitive position.

Engagement & Partnership Working – (lead Hilary Fenton)

- Risk that not having adequate reporting systems, the Trust will be unable to demonstrate to commissioners that the Trust is providing high quality, safe and value for money services.
- Risk that not failing to maintain effective communications with stakeholders will lead to a failure to develop effective relationships with stakeholders
- Risk that there will be a negative impact on the Trust's reputation due to a failure to identify, understand and respond appropriately to the priorities and concerns of partners.

Well Governed – (lead Simon Barber)

- Risk that the Trust will not achieve the standard set for an NHS Foundation Trust.

Financial Viability – (lead Stuart Jackson)

- Risk that failure to understand the Trust's cost structure may lead to the development of unprofitable services
- Risk that not having an integrated business planning process will mean the potential development profitable services.
- Risk that no managing cash and working capital adequately will mean that staff and suppliers are not paid.

Organisational Development – (lead Nick Rowe)

- Risk of not being able to deliver the organisational development plan due to lack of internal HR capability along with the appropriate level of engagement from Trust managers to the significant investment in time and resources required.

Workforce Management & Experience – (lead Nick Rowe)

- Risk of not being able to demonstrate clear improvements in the management of the workforce and the development of the workforce experience due to the poor quality data and management information reporting from ESR and associated systems.

- Risk of not being able to develop the overall quality of the workforce due to an inability to recruit and retain competent staff.

5 Business Streams

The Trust's clinical services can be classified into 5 main business streams. These Business Streams are:

- Children and Young Persons' Services
- Adult Services
- Older Peoples' Services
- Learning Disability Services
- Forensic Services

The Business Streams are focused on the clinical pathways and are responsive to the needs of the Trust's service users and commissioners. In order to comply with the requirements of *the Operating Framework*, the Trust will continue to build on the improvements in the Prevention and Control of Infection. There are plans to employ six new Modern Matrons to improve cleanliness and reduce healthcare-associated infections. The Trust is also planning to improve access to assessment and treatment and developing both internal and external assurance that the Trust is continuing to improve the experience of service users. These are also priorities in *the Operating Framework*.

The Trust will continue to contribute to the *Our NHS Our Future* review and take account of the emerging findings when developing and delivering services.

5.1 Children and Young Persons' Services

The Trust currently provides services for children and young people up to the age of 18. The services are provided from centres close to the local communities across the area served by the Trust. However, the Trust does not provide inpatient beds for children and young people aged 16 years or younger. 16-18 year olds have traditionally been cared for in adult wards. *The Operating Framework* has given PCTs a target of ensuring that, by 2010, no children of this age group are treated in adult psychiatric wards. The Trust is planning to work with commissioners, to develop proposals to assist the commissioners in making progress towards this target during 2008/09.

Ensuring equity of access through joined up services with clear ownership of pathways, is a particular challenge in mental health services and none more so than in Child and Adolescent Mental Health Services. In 2007/08, the Trust multi agency working, in respect of Child and Adolescent Mental Health Services was scrutinised by a series of formal inspection visits from external agencies through the Joint Area Review process. The Trust's commitment to multi agency working throughout was recognised in the very positive feedback and positive scores from these reviews.

In 2008/09 the Trust will continue to work with commissioners and partners to implement the National Institute for Clinical Excellence guidelines for self harm in young people. The Trust has offered to develop “same day” assessments and crisis support on an “inreach/outreach” basis available across the Trust. The service model offered will cover 24 hours, 365 days a year for children and young people. The Trust recognises the importance and challenge of seamless transition from Children and Young Persons Services to Adult services. In 2008/09, together with Edge Hill University, the Trust will appoint a Nurse Consultant, to further develop its commitment to improving the process of transition for young people.

The Trust is fully committed to continually improving the services it provides. The Trust also recognises the value of involving young people in the design and evaluation of our services. The Trust is committed to the “Investing in Children” scheme. The scheme formally recognises the valuable contribution young people make in assisting the Trust in the continuous improvement of its services.

Children with both a mental health problem and a learning disability, require staff with specialist skills to meet their needs. The Trust has developed specialist pathways for such children.

5.2 Adult Services

The Trust provides acute psychiatric assessment, treatment and support services for adults who develop severe functional mental illnesses (e.g. schizophrenia, bipolar affective disorder and depression). Many of the Trust’s community services are jointly provided with social care staff from Local Authorities.

The main plan for 2008/09 is to build upon the highly successful Change for the Better service redesign which was implemented in 2007/08.

The Trust provides adult services in line with the National Service Framework for Mental Health (1999). For the population served by the Trust this means:

1. Single Point of Access Teams
2. Crisis Resolution/Home Treatment Teams
3. Assertive Outreach Teams
4. Early intervention in Psychosis Teams
5. Community Mental Health Teams

Community Services are supported by the inpatient facilities in the Resource and Recovery Centres in Halton, Knowsley, St Helens and Warrington.

The Trust also operates two Psychiatric Intensive Care Units (PICU) located on the Leigh Infirmary and Hollins Park (Warrington) sites. These highly specialised units provide inpatient services to people requiring an intensive period of support, in a safe environment, typically for up to 28 days.

2008/09 will see a focus on improving the quality of the services the Trust provides and working with key stakeholders to ensure the efficiencies and effectiveness of

the care pathways for its service users. The Trust is planning to standardise pathways where appropriate and will use nationally recognised systems to evaluate and benchmark them.

In February 2008 the Department of Health Published the Implementation Plan for Improving Access to Psychological Therapies (IAPT). This will be a key focus in 2008/09. The development of these services is planned to be integral to community-wide efforts to develop both person-centred and family-centred services. Such services are proven to promote peoples' emotional and psychological well-being.

5.3 Older Peoples' Services

The Trust provides assessment and treatment services to Older People with both organic and functional conditions. However the Trust provides specialist services to people of all ages, who develop organic mental health conditions such as Alzheimer's disease and Korsakoff's syndrome.

Services for Older People are provided in Community Day Hospital, acute psychiatric inpatient, and continuing care settings. The staff teams include truly multi-disciplinary teams comprising medical, nursing, occupational therapy and social care staff.

The Operating Framework for 2008/09 has made the commissioning of Dementia Services a key priority for commissioners. This is in recognition that the number of people aged 65 and over will increase by over 30 per cent in the next 5 to 10 years. In response to this, the Trust is developing its Older Peoples' Strategy. The Strategy, if accepted by commissioners will modernise existing services to:

1. Develop a consistent Magnetic Resonance Imaging (MRI) pathway to support rapid diagnosis of organic conditions in accordance with NICE guidelines;
2. Replace the traditional Day Hospital function with Assessment Treatment Centres that will provide single point rapid access, rapid assessment, treatment, advice and support services for families, where organic illness is identified;
3. Develop a Complex Care Unit for those with organic conditions that experience associated challenging behaviour that cannot be managed in existing services;
4. Develop an Early Onset Dementia Service for people aged under 65.

The Trust will be in a position to implement this strategy during 2008/09. It will significantly improve access to diagnostic testing and reduce the time older people have to wait to be assessed.

5.4 Learning Disabilities Services

The white paper Valuing People (2001) sets out the Government's vision for people with a learning disability. It is based on the four key principles of rights,

independence, choice and inclusion. The vision of the white paper covers a range of issues including health, housing and employment. In taking this agenda forward the Government launched a consultation, "Valuing People Now: from Progress to Transformation". The consultation is seeking views on the priorities for the Learning Disabilities agenda over the next three years.

The Trust currently provides community and specialist inpatient services for adults with a learning disability at Hollins Park and Fairhaven in Warrington and in Willis House in Knowsley. The Trust works collaboratively with a number of stakeholders to promote housing with an emphasis on home ownership and tenancies. The Trust provides services that offer people choice and control over their lives and taking account of what people do during the day, evenings and weekends, and will work to help people to be properly included in their communities. These are key themes within the consultation currently being undertaken by the Government.

The Trust continues to work with commissioners to redesign services to ensure reduced assessment and treatment times for inpatients. The Trust also works with commissioners and other stakeholder to provide intensive home support to ensure the needs of people with a complex learning disability are cared for in the least restrictive environment and as close to home as possible. At the heart of its ethos, the Trust ensures the inequalities suffered by people with a learning disability are recognised and addressed. The Trust places great emphasis on ensuring people with a learning disability have full and equal access to good quality physical and mental healthcare.

The Trust is currently working with Primary Care Trusts and Local Authority commissioners to develop a strategy that will integrate with and support developing strategies produced by Local Authorities who have the lead for Learning Disabilities Services.

5.5 Forensic Services

The Trust provides care and treatment in secure settings for those people whom the courts or clinicians identify as not being appropriate to be cared for in an open environment. Such service users often have multiple and complex care needs. Care in inpatient forensic services tends to be measured in years rather than months.

The Trust can demonstrate that people who use its forensic services are able to move out into less restrictive environments safely and relatively quicker than those in other forensic services in the North West. This improves outcomes for service users and significantly reduces the costs for commissioners

There are a significant number of people who receive care and treatment in forensic services in the private sector, often many miles from home. The Trust continues to work closely with the North West Specialist Commissioning Team to develop long term solutions to increase low secure capacity to facilitate the care for such service users closer to home. The Trust is currently seeking planning

permission for a new facility, on the Hollins Park (Warrington) site to accommodate the potential expansion in low secure beds, as required by the commissioners.

In 2007/08 The North West Specialist Commissioning Strategy identified Calderstones NHS Trust as the future sole provider of Medium Secure Learning Disability Services. Currently the Trust operates such a service from the Hollins Park (Warrington) site. During 2008/09 the Trust will focus on changing this service to provide care in a Low Secure facility and will increasingly focus on rehabilitating people into community settings. The Trust will work with commissioners to develop forensic outreach support services across the region and seek to reduce the length of stay, to allow people to receive their care closer to home whilst at the same time providing better value to commissioners.

The number of people requiring forensic care is relatively small and a critical mass of service users and staff are required in treatment centres in order to:

- Achieve the best outcomes and maintain clinical skills
- Sustain the training of specialist staff
- Support high quality research programmes
- Ensure cost effective provision
- Make the best use of scarce and/or expensive resources.

The Trust, working with Chester University, is planning to establish international links with providers of forensic services to further enhance the range and depth of expertise of the specialist staff group who provide a highly complex service

6 Operating Resources

In order for the Trust to deliver its strategy, it a key priority is the alignment and integration of its strategies and plans for Finance, Estates and Workforce. These will be the key enabling processes, to facilitate the deliver of the plans relating to the Trust's Business Streams. Complimentary to these will be the strategy used to engage its key stakeholders in the delivery of the 2008/09 Plan. These stragetgies are described below.

In common with most mental health trusts, the Trust has block contracts in place with commissioners. However, in order to facilitate the transfer from traditional block contracts to activity based contracts, the Trust has agreed indicative contract activity targets for the year with the commissioners. These are summarised by care group and by business stream in Appendix 4.

6.1 Financial Strategy

The Trust is planning for a surplus in each of the next three financial years, aligned with its business direction. The Trust is planning to operate tight fiscal controls and a financial regime that bring even greater emphasis to cash and liquidity over the period. The Trust will be reviewing financial governance arrangements to ensure that all managers operate tight financial control over the Trust's operating costs. The key component of this will be the requirement to deliver the approved Cost

Improvement Programme. The Trust will ensure that any new service developments will be planned so that they are economically viable and aligned to the Trust's strategy. New service development will be required to ensure the delivery of surpluses on a recurrent basis. As such the Trust will need to develop policies and control systems to ensure that all key investment decisions will be underpinned by a due diligence approach and will require a formal delegated approve prior to implementation. Services that are currently unfunded will be identified and be reconfigured to bring them back into balance. Financial management processes will be continuously reviewed during the 2008/09 and aligned to tighter systems of financial control. This process will use the concepts of Service Line Management, that the Trust is expected to introduce during 2008/09. The Trust will also review its current Standing Orders, Standing Financial Instructions and the Scheme of Delegation against the Model issued by the Department of Health, in line with its current policy of undertaking this on an annual basis.

6.2 Financial Plan 2008/09

Table 3 – Budget 2008/09

The table below shows the composition of income and expenditure for the budget year along with comparisons to 2007/08.

	Plan 2007/08	Budget 2008/09
Recurrent Baseline Income	£'000	£'000
Base Income	93,744	94,026
Agreed Tariff Uplift	2,110	2,010
Development Funds	-	-
Contract Reductions	-	-
	95,854	96,036
Non Recurrent Financial Support		
Surplus (-) / Deficit(+) on Plans b/fwd	-	-
Redesign Support	1,867	-
Contract Adjustments	2,500	1,254
	4,367	1,254
Available Resources Anticipated	100,221	97,290
Recurrent Baseline Expenditure		
Base Budgets	93,744	94,066
Cost Pressures	5,056	4,470
Developments	-	-
Contingency	-	-
Commissioner Disinvestment	3,066	-
Cash Releasing Efficiency Saving - Trust target	141	900
Cash Releasing Efficiency Saving - national tariff	2,159	2,600
	93,434	95,036
Non Recurrent Expenditure		
Overspending Against Base Budget	-	-
Non Recurrent Costs Incurred/Anticipated	5,800	1,254
	5,800	1,254
Anticipated Expenditure	99,234	96,290
Surplus (+) / Deficit (-)	987	1,000

6.2.1 Planned Income

The recurrent income baseline for 2008/09 is anticipated to be £94.1m prior to the addition of inflationary uplifts, development monies and contract reductions. Total income for 2008/09 is £96.0m, after adjustment for the Tariff Uplift and other minor recurrent adjustments. Income from non recurrent sources for a recharge for clinical services is anticipated to generate a further £1.2m. This has been agreed through the Service Level Agreement discussions with commissioners. Additional costs relating to activity or case complexity that are outside of contract will be recharged as they arise during the financial year. Total anticipated income for the year 2008/09 is £97.3m. A detailed analysis is shown in the Financial Plan at Appendix 5.

6.2.2 Planned Expenditure

The recurrent expenditure baseline for 2008/09, anticipated to be £95.1m. This is after application of inflationary pressures, funding of service developments and after the achievement of a £3.5m Cash Releasing Efficiency Savings (CRES) target. There are non recurrent costs incurred in

providing the recharge for clinical services, the funding for which is discussed above. The plan takes account of some elements of internal cost pressures and directors have considered the approach to secure further income into the Trust against additional expenditures that may be required in year. Total expenditure for 2008/09 is planned to be £96.3m. This gives an overall surplus of £1m for the financial year. This is in accordance with the requirements in *the Operating Framework*. A detailed analysis is shown in the Financial Plan at Appendix 5.

6.3 Estates Strategy

The Estates Strategy is a key element of the Trust's service development plans. There has been a lot of activity associated with the Adult, Children and Young Persons and Learning Disability services. The Trust is in the process of updating the original Estates Strategy for 2003-2013. This will provide an in depth analysis of the existing estate, including its condition and performance. A range of audits, surveys and assessments have taken place to provide a comprehensive dataset. This will also incorporate a summary of strategic objectives, assess implications and opportunities for risk reduction, inform policy on sustainable development, collate planned and potential site and building disposals, set estates performance targets and ensure supply of building space meets clinical and operational needs. This will be alongside the potential investment programmes with summaries of disposals and anticipated sale proceeds. Forecasts for future estate and environmental performance and the revenue impact of capital investments will also be identified.

The Trust has a responsibility to work collaboratively with partner agencies, particularly if there is a need to respond to a major incident. The Trust is planning to demonstrate that there is sufficient business continuity capacity to ensure core services can be maintained at times of major incidents, and that plans are robust and tested and relevant staff have had suitable training. There are Memoranda of Understanding with the three coordinating Primary Care Trusts that cover the Trust's geographical area

6.4 People Strategy

This will focus on the two Key Strategic Themes of Workforce Management and Experience and Organisational Development.

Workforce Management and Experience will mean that there are planned, clear and robust Human Resources processes to ensure the Trust plans its workforce requirements effectively. The Trust will attract and retain the right people to the organisation and develop, grow and engage people talent to deliver an outstanding service to the service users. Staff satisfaction and engagement will be measured and monitored to ensure a workforce experience is provided that complements the Trust's ambition.

The Organisational Development Strategy will build on this to ensure that a holistic approach to people, teams, processes and structures, is taken. This will require

clear performance management to be in place, linking the Trust high level objectives and Key Performance Indicators down through the organisation to individuals and team objectives. This will be underpinned by high quality individual performance appraisals and development plans to ensure talent is managed and grown. The Organisational Development Strategy will also focus on the strategic resourcing to key roles along with talent and succession planning within each of the directorates. Developing the right performance culture is an imperative to the success of the Trust and will be a key element as the Trust moves forward for recognition as an NHS Foundation Trust. In order to develop the culture within the Trust, towards a high performing organisation, the Organisational Development strategy will focus on the following key areas:

- Leadership capability
- Performance management
- Personal accountability
- Developing a learning organisation

The Trust will have achieved this when it can clearly demonstrate that there is:

- A plan to build human resources and learning and development capability to ensure knowledge and skills are in place to support managers and employees in a changing environment, and to deliver the organisational development needs;
- A leadership development programme in place, linked to capability assessment and succession planning;
- A review of the existing Performance Management processes to ensure all staff have a clear understanding of what is required of them and how their development will be supported;
- A workforce plan by directorate and activity/role detailing movement and gaps with resourcing solutions;
- A review of the Trust's overall approach to resourcing including the recruitment and selection processes and provision of temporary staffing via agency partners and bank staff;
- The embedding and further development of the Electronic Staff Record (ESR) to improve the quality and consistency of data held;
- The provision of a suite of Human Resource and management reports from ESR detailing key metrics and data to aid workforce management;
- An ability to review and develop the Trust's partnership working arrangements with Staff Side to foster a climate of employee involvement and engagement to ensure that the Trust is maximising the contribution of people;
- A review of the Trust's people policies and practices to ensure that they are both fit for purpose and present it as an attractive employer;
- The development and implementation of a health and wellbeing strategy which promotes health eating, reduces workplace stress and encourages physical activity;
- A clear approach to Learning and Development that sets out the aims for embedding a learning culture supported by flexible learning solutions within the Trust.

The current Workforce and Learning Directorate is not set up to deliver the Organisational Development aspirations. Whilst the Trust is generally solid on the delivery of many of its Human Resource service lines, it does not secure the benefits of working together on a single Human Resource and Organisational Development plan.

During 2008 the Trust will look to review the role of the Human Resource teams so that they are able to work closer together. This will grow the capability of Human Resource staff to work more on transformational and change activities, to deliver our Organisational Development plan in addition to our core services. This will require a refocus of the time spent on and value added benefit to routine case management for grievance, discipline and absence management.

The Trust will look to up skill its managers and develop clearer and leaner processes to allow them to be more self sufficient, ensuring decision are made locally and quickly and issues resolved without the need for HR intervention to the current extent.

6.5 Stakeholder Strategy

The Trust will continue to develop the positive relationships that have been established with local partners. These mainly involve Primary Care Trusts, Acute Hospital Trusts, Local Authorities, NHS North West and Local Universities. In 2007/08 the Trust launched the Change for the Better service redesign in Adult services.

In January 2008, Knowsley Primary Care Trust took on the responsibility of being the Trust's leading mental health commissioner. The Trust is currently working with the commissioner and has reached agreement on all material contracts for 2008/09. There will also be agreement to work on service strategies that will deliver new developments over the short to medium term. The development will provide greater consistency to the commissioning of Mental Health Services for the Trust.

Research and innovation are vital to developing and improving services and the Trust has begun to develop relationships with a number of local universities and the Trust will invest in developing our research capabilities and capacity in 2008/09.

The changes in recent legislation in respect of non medical prescribing and the Mental Health Act legislation offer opportunities for more innovative and flexible ways of working.

In 2008/09 the Trust will work collaboratively with local mental health trusts, NHS North West and local universities to develop a Masters Degree level programme that will equip nurses to deliver more accessible and more convenient care which is integrated across primary and secondary providers, particularly at times of crisis.

Appendix 1: List of Trust Services by Locality

Ashton Leigh & Wigan PCT Services

Adults with mental health problems

Community services	Accident and Emergency Liaison Access Assertive Outreach Team Community Mental Health Team Crisis Resolution Home Treatments Early Intervention Team Mentally Disordered Offenders Primary Care Mental Health Services Prison Mental Health Team Psychiatric Out Patient clinics
Inpatient services	Inpatient unit (including Psychiatric Intensive Care Unit)

Older people with mental health problems

Community services	Community Mental Health Teams Other Community Services Psychiatric Out Patient and community clinics
Day care services	Day Care
Inpatient services	Inpatient Unit

Children & adolescents with mental health problems

Community services	CAMHS Team Out Patient Clinics
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People with a learning disability

Inpatient services	Inpatient Unit
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Halton & St Helens PCT Services

Adults with functional mental health problems

Community services	Access and Advice Team Adult Psychiatry Outpatient clinics Assertive Outreach Team Community Mental Health Teams Crisis Resolution Home Treatment Service Early Intervention Team Enhanced Day Therapies
Day care services	Day Care Services
Inpatient services	Acute Inpatient Units

Older people with mental health problems

Community services	Community Mental Health Teams Other Community Teams Psychiatric Out Patient/community clinics
Day care services	Day Unit
Inpatient services	Inpatient Unit

Children & adolescents with mental health problems

Community services	CAMHS Team Young Persons Team
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Substance Misuse

Community services	Community Alcohol Team Halton Community Drugs Team Halton Substance Misuse Outpatient Clinics
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Knowsley PCT Services

Adults with functional mental health problems

Community services	Access/intake Team Assertive Outreach Team Community Mental Health Teams Crisis Resolution Home Treatment team Criminal Justice Liaison Service Early Intervention Team Eating Disorders Service Huyton Core & Cluster Psychiatric Out Patient clinics Psychological therapy services
Inpatient services	Acute inpatient units

Older people with mental health problems

Community services	Community Mental Health Teams Psychiatric Out Patient/community clinics
Day care services	St Bartholomew's Day Unit
Inpatient services	Acute Inpatient Unit

Children & adolescents with mental health problems

Community services	CAMHS team Out Patient clinics
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People with a learning disability

Community services	Community Learning Disabilities Team
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Warrington PCT services

Adults with functional mental health problems

Community services	Accident and Emergency Liaison Service Access Team Assertive Outreach Team Community Mental Health Teams Criminal Justice Liaison Team Crisis Resolution Home Treatment service Early Intervention Team Enhanced Day Therapies Psychiatric Out Patient clinics Primary Mental Health Care Team Prison Community Mental Health Team
Inpatient services	Acute inpatient units (including Psychiatric Intensive Care Unit) Note: The Specialist Commissioning Team commission two inpatient wards (Chesterton and Auden) and an outreach service

Older people with mental health problems

Community services	Community Mental Health Teams Psychiatric Out Patient/community clinics
Day care services	Beckett Day Unit
Inpatient services	Acute Inpatient Unit

Children & adolescents with mental health problems

Community services	CAMHS team Out Patient Clinics
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People with a learning disability

Community services	Community Learning Disabilities Teams Out Patient clinics
Inpatient services	Inpatient units

Appendix 2: Forecast Summary Financial Statements for 2007/08

Forecast 2007/08 Income & Expenditure Account

	Plan £m	Actual £m	Variance £m
Income			
Clinical	94.99	97.03	2.04
Non Clinical	3.75	2.86	-0.89
Total Income	98.74	99.89	1.15
Expenditure	98.74	99.89	1.15
Pay	-73.54	-72.64	0.90
Non Pay	-20.05	-21.45	-1.40
Total Expenditure	-93.59	-94.09	-0.50
EBITA	5.15	5.80	0.65
Interest Received	0.20	0.45	0.25
Cost of Capital	-5.35	-5.26	0.09
	-5.15	-4.81	0.34
Surplus (+)/Deficit (-)	0.00	0.99	0.99

Forecast Balance Sheet as at 31st March 2008

	As at 31st March 2007		As at 31st March 2008	
	£000	£000	£000	£000
Fixed Assets		76,038		83,183
Stock	50		50	
Debtors	2,890		2,496	
Investments/Cash	244		3,500	
Creditors - within 1 year	-1,032	2,152	-1,799	4,247
Creditors - within 1 year		-4,169		-5,449
Provisions		-1,114		-945
Total Assets Employed		72,907		81,036
Public Dividend				
Capital		44,179		45,579
Revaluation Reserve		27,768		33,510
Donated Asset Reserve		0		0
Other Reserves		10		10
Income & Expenditure Reserve		950		1,937
Total Taxpayers' Equity		72,907		81,036

Appendix 3: Key Performance Indicators and Metrics

KEY STRATEGIC THEME 1

Service Delivery & Patient Experience (Ray Walker)

Description	Measure	Frequency of review
Number of Reportable Health Care Associated Infections	Cases of Cdiff & Colonised MRSA	Monthly
% of patients seen for assessment within the services target time	Number of patients referred and number of patients seen for assessment within the Trusts' standard service	Monthly
No of service users with evidence of a physical health assessment completed in the last 12 months	Completed physical health assessment forms	Monthly
% Complaints processed within target time	% of complaints responded to in the calendar month	Monthly
Patient Satisfaction Survey	Number of greens	Annual

KEY STRATEGIC THEME 2

Effective & Efficient (Iain Stoddart)

Description	Measure	Frequency of review
Objective Measures of people's morbidity will be reduced on discharge from inpatient units	Health of the Nation Output Statistics (HoNOS) type metric.	Monthly
Number of services & teams established against national, regional and local targets	Case Load undertaken	Monthly
Reduction in Average length of stay to generate increase in available capacity	Bed state metrics	Monthly
Organisational effectiveness	Delivery against targets set by Trust through its planning mechanisms	Monthly
Operational Output efficiency	Assessment through statistical review and correlation with peers and management	Monthly
Cost Improvement Programme	Deliver savings target as per plan in line with correlated cost efficiency metrics and benchmarking work.	Monthly

Lean thinking - care pathway management, development & monitoring	Objective assessment of efficiency gains along the care pathway	Quarterly
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KEY STRATEGIC THEME 3

Service Innovation & Business Development (John Kelly)

Description	Measure	Frequency of review
Service Strategies developed covering all Trust business areas covering the period 2008 - 2013	Strategy formulated and in place	Monthly
Service Strategies by key stakeholders	Strategy formulated and in place	Monthly
Innovation strategy developed	Strategy formulated and in place	Annually
New business identified	Strategy formulated and in place	Annually

KEY STRATEGIC THEME 4

Engagement & Partnership Working (Hilary Fenton)

Description	Measure	Frequency of review
Formal Partnership Agreements in place with each Local Authority	Audit of Partnership Agreements	Quarterly
Formal Engagement in five Children Safeguarding Boards	Audit of attendance and action points	Monthly
Formal Engagement in five Adult Safeguarding Boards	Audit of attendance and action points	Monthly
Formal attendance at health and Children's Partnership boards	Audit of attendance and action points	Monthly
Service user involvement, PPI, Decision making, Audit Review	Audit of attendance and action points	Monthly
Mental Health Local Implementation Teams	Audit of attendance and action points	Monthly
Learning Disability Partnership Boards	Audit of attendance and action points	Monthly

KEY STRATEGIC THEME 5
Well Governed (Simon Barber)

Description	Measure	Frequency of review
Number of declared interests	Count	Monthly
Number of public interest disclosures	Count and analysis	Monthly
Number of Information Technology security incidents	Count and analysis	Monthly
Number of incidents relating to Code of Conduct	Count and analysis	Monthly
Governance risk rating	To be defined using the April 2008 Monitor compliance documents	Quarterly

KEY STRATEGIC THEME 6
Financial Viability (Stuart Jackson)

Description	Measure	Frequency of review
Service profitability	Service Line Position	Monthly
Underlying Financial Performance Rating	Financial performance after removing financial support	Monthly
Financial efficiency rating	Average of ROCE and I&E Surplus Margin Ratings	Monthly
Liquidity Ratio	Average of Base Liquidity Rating and Liquidity using 12 days Operating Expenses	Monthly
Financial Risk Rating	Average overall score	Monthly

KEY STRATEGIC THEME 7
Organisational Development (Nick Rowe)

Description	Measure	Frequency of review
Nos of Staff/Teams who have clear, planned goals and objectives for their job	Count Target >75%	Annual
Performance Reviews carried out (IPA or Equivalent)	Count Target >90%	Annual
Attendance rate for all Education Centre provided training (grouped)	Count and analysis Target >90%	Monthly

Robust Succession Plan in place for all 'Key Roles' including Heads of Service and Assistant Director	Count Target 100%	Bi-annual
Improvement in overall 'Staff Satisfaction' scores.	Target 10% improvement on 2007	Annual

KEY STRATEGIC THEME 8
Workforce Management & Experience (Nick Rowe)

Description	Measure	Frequency of review
Time taken to fill internal vacancy from authorised MAR to Acceptance	Count and analysis	Monthly
Nos of posts unfilled and authorised to fill as a percentage of established headcount	Count Target <5%	Monthly
Attrition rates by Staff Group, Directorate and Locality (1st Year and Generally)	Count and analysis Target >3% and <6%	Monthly
Sickness Absence rates (Short Term) by Staff Group, Directorate and Locality	Count and analysis Target <5%	Monthly
Ethnicity of staff is broadly in line with 5 Boroughs community wide demographics	Count Target >90%	Monthly
Successful applications/cases arising from Work Life Balance/Family Friendly Policies	Count	Monthly

Appendix 4: 2008/09 Activity Plans

All PCT contracts are currently on a block contract basis with no variation for activity undertaken. The Trust is working to develop systems to monitor these contracts against agreed indicative activity levels. The Trust's activity is currently measured as:

Activity	Measure
Inpatient Services	Available Bed Days (ABD)
Community Services	Face to face patient Contacts First Referrals First Contacts
Day Services	Attendances

The indicative activity targets for 2008/09, have been based this on the forecast outturn activity for 2007/2008. These have been agreed with the Trust's Lead Commissioner, Knowsley Primary Care Trust. It is anticipated that the plan for activity will be flexed during the financial year to take account of any changes in the delivery of services.

Inpatient Services	Available bed days
Adult	50,085
Older Peoples'	33,092
Learning Disabilities	3,793
Forensic	11,854
Total Inpatient Services	98,824

Community Services	Total Referrals Received	First Contacts	Total contacts
Children & Young Person	3,109	1,890	19,369
Adult	29,287	13,952	174,983
Older Peoples'	5,731	3,894	30,721
Learning Disabilities	955	593	9,186
Substance Misuse	78	66	1,764
Total Community Services	39,160	20,395	236,023

Day Services	Total Attendees
Adult	4,655
Older People	14,124
Total Day Services	18,779

Appendix 5: 2008/09 Financial Plan

<u>Income</u>	<u>£'000</u>	<u>£'000</u>
<u>Recurrent</u>		
Main Commissioners - Block		
Halton & St Helens	30,129	
Ashton, Leigh & Wigan	19,116	
Warrington	16,727	
Knowsley	14,014	
Main Commissioners - Invoiced	2,331	
Other PCTs	252	
NWSCT	4,769	
Liverpool (inc PICU)	2,383	
Other Income for Patient Care	1,661	
Training & Education	1,219	
Other Income (Inc SLAs)	1,425	
Recurrent Baseline Uplift		94,026
Net Tariff Uplift		2,010
Sub-Total Recurrent Income		96,036
<u>Non Recurrent</u>		
Oakdene	800	
Atypicals	411	
Childcare	43	
Sub-Total Non Recurrent Income		1,254
Total Anticipated Income 2008/09		97,290
<u>Expenditure</u>	<u>£'000</u>	<u>£'000</u>
<u>Pay Related</u>		
Medical		15,737
Nursing		38,729
PAMs		2,224
Professional & Scientific/Technical		12,527
Ancillary/Maintenance		2,191
Board & Senior Managers		1,146
		72,554
<u>Non Pay Related</u>		
Clinical Supplies & Services	4,248	
General Supplies & Services	2,551	
Establishment Expenses	2,365	
Premises & Fixed Plant	4,434	
Miscellaneous	1,218	
		14,816
<u>Other Budgets</u>		
Capital Charges		5,328
Interest Receivable		-250
Pay & Prices Reserve		4,470
Development Reserves		1,618
CRES		-3,500
		7,666
Total Recurrent Expenditure		95,036
Non Recurrent Expenditure Budgets		1,254
Total Expenditure Budgets		96,290
Planned Surplus		1,000