



**cwp**

**Annual Plan Summary  
2009/10**

**Care • Well-being • Partnership**

## Introduction

This is a summary of Cheshire and Wirral Partnership NHS Foundation Trust's Annual Plan 2009-10. In this second year of producing an Annual Plan the Trust has been keen to improve its planning processes and has taken time to review any lessons learnt from its first year of producing an Annual Plan for 2008-09.

One of the key areas that we have prioritised is improving the opportunities for all stakeholders to be involved and contribute to the Trust's planning. Both the full Annual Plan and a summary of the Integrated Business Plan can be found on our website at [www.cwp.nhs.uk](http://www.cwp.nhs.uk). In addition there is an accompanying document which outlines the action the Trust has taken to improve opportunities for our stakeholders to contribute to our planning. These included Planning Events in November 2008 and presentations at Meet the Service Events over the early months of 2009.

We set out in this summary our Purpose and Vision and the Strategic Objectives that underpin these. These have been agreed by the Trust Board with consideration given to the views of our members and governors, as well as staff and service users and carers. We have also included information on our key service developments set out for 2009-10.

These documents are written to meet the requirements of Monitor, who oversee the performance of NHS Foundation Trusts. They also provide us with a framework against which we can fulfil our essential internal planning processes. It is useful to read this document alongside our Annual Report (also available on the website) which annually reviews our progress against our previous plans.

## Future Business Plans

The Trust maintains its purpose as a Foundation Trust;

**To improve health and well-being by creating innovative and excellent services**

and its vision is;

**To have the highest ambitions and to be a leader in everything that we do**

The Trust Board of Directors has also approved the continuation of existing strategic objectives, to encourage consistency, into 2009-10.

The diagram that follows represents the overview of the Trusts priorities over the next three years. This reflects our current position in relation to the way we have developed over the last two years since becoming a Foundation Trust, as well as a realistic focus taking into account wider economic and social factors.

# HITTING NEW HEIGHTS

## **Innovation and Development**

As an organisation we remain committed to raising standards, improving services and contributing on the national and international stage in fostering innovation and best practice. It is an extremely important and worthwhile part of our work.

- Raising our profile and reputation.
- Raising the standard of accommodation across all services.
- Pursuing improvement of patient focus and responsiveness to local needs, including greater access.
- Engaging with new partners and new commissioners.
- Taking a considered and selective approach to geographical expansion.

## **Improvement and Preparation**

This work will build on the foundations below to equip us for growing and developing our services in a safe and considered way.

- New ways of working.
- Demonstrating value.
- Expanding our local business.
- Further develop governance approaches.
- Preparing the organisation to face challenges of recession.
- Foster partnerships with the right people and engage in joint planning to appropriately align agendas.
- Developing the social inclusion agenda and pathways to well-being.

## **Consolidation**

Much of the work required over the coming year will concentrate on strengthening our foundations to ensure a very firm base for development. The following areas will be essential to this. This is our "base camp" which has to be very secure in order for us to explore opportunities safely.

- Maintaining our performance across services and retaining our current commissioned services.
- Rationalising our premises and sites in order to effectively deliver our services.
- Leadership and developing our workforce.
- Ensuring quality of current services and clinical engagement.
- Ensuring efficiency of current services.

These will also foster flexibility in our services, buildings and staff and their skills, which can prepare us for future developments. Innovation and development can only flourish with these robust foundations.

What follows is a summary of corporate programmes and service developments against strategic objectives.

## **Strategic Objective 1 - Deliver improved and innovative services that achieve excellence**

### ***"There needs to be an emphasis on quality of services and quality of life"***

Improvements are planned across the range of the Trust's services over 2009-10, with particular emphasis on improvements to premises to support effective working and excellent care for service users.

#### **Adult and Older People Mental Health Services**

- Expansion and refurbishment of Springview - to achieve an increase in the proportion of single bedrooms, with en suite facilities and allow co-location of all Adult and Older People mental health services on a single site in the Wirral.
- Crewe Health Centre - to allow co-location of many disparate teams in the area.

#### **Child and Adolescent Mental Health Services**

- Home Based Therapy Service - expanding its service on the Wirral and using interim beds on Maple ward to provide capacity for the Tier 4 service.
- Eating Disorder - expansion of services following a successful tender.

### ***"There needs to be an emphasis on recovery services"***

#### **Drug and Alcohol Services**

- Drug Service Navigator roles - to reduce emphasis on long-term treatment and aiming to move people towards drug free status.
- Stein centre in Birkenhead - to give additional counselling space and more effective working.

#### **Learning Disability Services**

- Greenways, Macclesfield - new 12 bedded Assessment and Treatment unit is due to be completed November 2009.
- Secure Forensic Outreach service - will be expanded.

All quotes in italics in this document are summary feedback from the Annual Planning Engagement events that the Trust held in November 2009.

## **Strategic Objective 2 - Ensure meaningful involvement of service users, carers, staff and the wider public**

A target has been set of reaching 10,000 public members by 1st July 2009 and the Trust commits to actively recruit beyond meeting this target, with particular focus then on groups and communities that are currently under represented within membership (including black and minority ethnic communities and gypsy traveller communities, and younger people).

### ***“Encourage service users to actively engage”***

A key emphasis of the strategy is to increase engagement with our members over the coming year. The member extranet site is still being developed with anticipated launch in summer 2009. A member engagement calendar of events, with input from governors and staff, is being developed to ensure that all Foundation Trust members have the opportunity to participate in meetings, events and activities across the Trust footprint.

### ***“Appropriate support for carers should be ensured”***

There will be work going forward arising from the Carer’s audit which will be repeated bi-annually as part of our work around Quality, and this will be monitored by the Patient Experience Group.

## **Strategic Objective 3 - Be a model employer and have a competent and motivated workforce**

### ***“We need the right people with the right attitude - particularly to lead the organisation”***

- Management development programme - delivery of the second year.
- Occupational Health restructure - to deliver services to staff across the footprint.
- European Working Time Directive.
- Learning and Development team - review.
- Trust’s Skills Pledge - develop the range of measures to support this.
- Staff sickness - target set of less than 5% for 2009-10.

### ***“We must reward and praise people”***

Reduce the proportion of sickness attributed to stress.

Increase the number of Trust staff considering themselves to have a disability by 15%.

Staff working for CWP will be offered support and encouragement to develop high quality research

Raising of research awareness and dissemination of research findings internally.

## **Strategic Objective 4 - Maintain and develop robust partnerships with existing and potential new stakeholders**

### ***“Strive for equity of service provision across the geographical footprint”***

- Work with commissioners in Wirral and Central Cheshire - to ensure the end goal of provision of a 24/7 Liaison Psychiatry service across the Trust footprint.
- The development of Intensive LD Community Reintegration Service.

### ***“We need to have clear care pathways and improved access to services”***

- Tier 4 services - work with commissioners to further develop performance dashboards, financial and activity plans in relation to contract currencies (and to consider development of a local tariff). This will also provide early delivery of 24/7 access to child appropriate inpatient services which is a key national target for commissioners
- Single Assessment process - work with commissioners to bring this in line with other providers and to embed the Common Assessment Framework across all tiers of CAMHS provision.
- Learning Disability - successful tender to provide services to Trafford
- Eating Disorder Services - to expand to cover Warrington and Halton
- Redesign of 7 beds previously providing for Mental Health Adult Services - to provide Low Secure Adult Step Down beds.

The Trust recognises that there are a number of initiatives that present opportunities as well as possible challenges in terms of our relationships with partners and commissioners. These include Personalised Budgets, Direct Payments and Social Enterprise. However the Trust feel confident that we are well placed to influence any new and emerging processes, and we view these with optimism in terms of working in partnership and encouraging diversity and mixed economies in provision, particularly in areas such as Public Health and positive social outcomes for our service users.

- Work closely with staff side trade union/professional body representatives - to build on the commitments made in the revised partnership arrangement approved in 2008-09.
- Increase the amount of training delivered to Trust staff via partner colleges.
- Increased investment in research and development - to deliver a number of tangible benefits including developments in respect to NICE guidance, pathways of care and data analysis using research skills. This will also bring significant non-tangible benefits to the Trust in terms of prestige, influence, publicity and demonstrating commitment to quality, innovation and market leadership.
- Introducing a broader health and well being strategy - to improve staff and service user health and well being.

## **Strategic Objective 5 - Performance manage all services using an evidence based approach within a risk management framework**

- Review and reconfiguration of Learning Disability respite services in Cheshire - to enable the centralisation of services at Crook Lane and allow closure of Primrose Avenue.
- Environmental improvements to Mary Dendy Unit and to Limewalk House - to bring up to required NHS standards and for the latter address ligature issues.
- Work programme through 2009-10 to raise standards with regards to Infection Prevention and Control, ensuring compliance with the Health and Social Care Act (2008).
- Implementing Service Line Management approach - Clinical Service Units to be rewarded for good performance.
- Quality priorities have been set for the year ahead, under the three areas of Patient Safety, Clinical Effectiveness and Patient Experience.

### ***"It is important to learn from experience and also draw on evidenced best practice"***

The Trust's clinical governance systems will continue to pursue excellence and high quality in our services. We will be learning from our participation in the pilot of standards for "Safe and Appropriate Care for Young People on Adult Mental Health Wards". We will also continue to monitor the quality of practice placements through our practice education facilitators. Our clinical audit programme will ensure that we take forward evidence based lessons to inform service improvements.

## **Strategic Objective 6 - Improve quality of information to improve service delivery and longer term planning**

- Monitoring first year delivery of commercial provider of drugs services (with additional investment in in-house clinical pharmacists) - to assess impact and effectiveness.
- Phase 2 implementation of Service Line Reporting include Payment by Results, Patient Level Costing and outcomes measurement
- Delivery of additional quality and service user experience metrics and improvements in existing data requirements such as the Mental Health Minimum Dataset.

### ***"Find better ways of dealing with information"***

- Programme of work to strengthen management of information risks across the Trust.

## Strategic Objective 7 - Sustain financial viability

*"The Trust must maintain levels of investment already achieved"*

### Summary of Financial Forecasts

The Trust takes into account many factors when drawing up its plans. It undergoes a detailed process in terms of review and assessment both at Board and with its Governors. Discussions have taken place specifically on the long term strategy for capital investment and the risks likely to be encountered by the Trust in running and developing its services. Particular note has been taken of the current and ongoing economic situation. It seeks, through its financial plans, to underpin the delivery of the strategic vision and objectives the organisation wishes to achieve. Whilst the core direction remains the same, each year the Trust evaluates the key drivers that are particular key drivers which are likely to affect its business in the next 1 -3 years.

### The particular key drivers for the financial plans are;

- The known levels of efficiency required to be delivered by the NHS,
- Ensuring known financial risks are covered adequately, and that the Board is clear and makes decisions about the financial risks which may remain uncertain and uncovered,
- Ensure the service development plans set out by the Board are adequately resourced, and where applicable contribute to the Trust's overall financial viability,
- Building up surpluses to re-invest capital into new premises,
- Sustain the Trust's financial risk rating to maximise the borrowing potential available to the Trust.

### Financial Projections

The Trust has submitted a detailed three year plan to Monitor which outlines the projected position for the Trust. The Trust expects to achieve a Financial Risk Rating of a 4 over the period of the plan. and a summarised position is presented below.

### Summary of Key Service Developments

Various service developments, where there is a financial impact are included in the plan. The table below provides a summary of the key service developments which have an impact on the financial plans of the Trust.

Initiative	Additional Activity potential in 2009/10	Financial implications in annual plan 2009/10	
		Capital Costs £'000	Revenue Costs £'000
Springview		2,380	-
CAMHS Tier 4 expanded service	10 extra beds	180	1,080
Greenways Treatment and Assessment Beds	2 - 4 extra beds	2,040	160
Limewalk House	7 redesigned beds	170	720
LD Trafford	TBC	-	520
Warrington EDS	TBC	-	180



## Income and Expenditure

The table below summarises the Income and Expenditure Plans for the next three years.

	Plan 2008/09 £m	Actual 2008/09 £m	Plan 2009/10 £m	Plan 2010/11 £m	Plan 2011/12 £m
<b>Income</b>					
Cost and Volume	2.26	2.62	8.04	9.80	9.86
Block	98.39	101.30	104.58	105.82	106.56
Clinical Partnership Agreements	11.55	11.39	8.14	8.17	8.19
Other Clinical – mandatory svcs	0.36	1.80	0.54	0.33	0.33
<b>Subtotal</b>	<b>112.55</b>	<b>117.10</b>	<b>121.30</b>	<b>124.11</b>	<b>124.94</b>
Other non-protected clinical income	0.74	0.65	0.24	0.17	0.17
Other Income	5.99	7.86	6.11	5.84	5.85
<b>TOTAL INCOME</b>	<b>119.29</b>	<b>125.62</b>	<b>127.65</b>	<b>130.11</b>	<b>130.96</b>
<b>Expenses</b>					
Employee Benefit Expenses (Pay)	(92.19)	(93.47)	(96.25)	(98.30)	(99.11)
Drugs	(3.22)	(3.02)	(3.21)	(3.13)	(3.01)
Research & Development Expense	N/A	N/A	(0.09)	(0.09)	(0.09)
Education & Training Expense	N/A	N/A	(2.44)	(2.48)	(2.49)
Other	(17.84)	(21.40)	(19.16)	(18.40)	(18.00)
<b>TOTAL EXPENDITURE</b>	<b>(113.25)</b>	<b>(117.89)</b>	<b>(121.15)</b>	<b>(122.40)</b>	<b>(122.69)</b>
<b>EBITDA</b>	<b>6.04</b>	<b>7.73</b>	<b>6.50</b>	<b>7.72</b>	<b>8.27</b>
Interest Receivable	0.81	1.00	0.15	0.05	0.06
Other Interest Payable	0.00	0.00	(0.05)	(0.05)	(0.05)
Asset Impairment	0.00	(1.00)	0.00	0.00	0.00
Profit on disposal of fixed assets	2.81	1.51	0.00	0.00	0.00
Depreciation	(1.54)	(1.80)	(1.15)	(1.25)	(1.30)
Public Dividend Capital dividend	(2.44)	(2.45)	(1.92)	(2.00)	(2.00)
<b>NET SURPLUS</b>	<b>5.68</b>	<b>4.99</b>	<b>3.53</b>	<b>4.47</b>	<b>4.97</b>

## Efficiencies

In 2009/10 an efficiency target of 5% which is a composite figure of 3% required at a National level and 2% driven by local pressures not funded centrally. The plans to deliver this target are set out in summary in the table below. The phasing of the Trust's cost improvement programme sees the most significant savings being made towards the year end and the timing in some respects is contingent on the requirements to consult on service changes with the relevant stakeholders.

In 2010/11 and 2011/12 an efficiency target of 3.5% and 4.5% has been used.

The following table summarises the Trust's plans for delivering Cost Improvements over the period;

	Plan	Actual	Current Plan		
	2008/09	2008/09	2009/10	2010/11	2011/12
	£'000	£'000	£'000	£'000	£'000
Inpatient service rationalisation	967	967	500	600	1,200
Contribution through new business	-	-	1,500	150	-
Staffing review and redesign	1,016	1,016	1,800	900	-
Corporate Contribution / Central Review	470	470	500	200	250
MEA revaluation revenue savings	-	-	400	-	-
Other	501	501	400	300	200
Non Specific Schemes	-	-	400	1,600	2,700
<b>TOTAL</b>	<b>2,954</b>	<b>2,954</b>	<b>5,500</b>	<b>3,750</b>	<b>4,350</b>

## Investment and disposal plans

The Trust has set out plans to spend £7m of its resources on an ambitious capital programme in 2009/10. The most significant projects it is undertaking (or completing) in this year are;

	Plan	Actual	Current Plan		
	2008/09 £m	2008/09 £m	2009/10 £'000	2010/11 £'000	2011/12 £'000
Upgrade to modern ward environment for Older People's services on the Clatterbridge site	700	420	2,310	-	-
Acquisition and refurbishment of Limewalk House in Macclesfield to upgrade facilities, reduce the risk of ligature points and accommodate a slightly different mix of clients	2,250	1170	165	-	-
Relocation of Adult Day Services in Macclesfield	500	490	10	-	-
Crewe Mental Health Resource Centre redevelopment to integrate a range of community teams	10	-	245	-	-
Upgrade of inpatient facilities at Millbrook, Macclesfield	330	310	20	-	-
Newly built treatment and assessment unit in Macclesfield for Learning Disability clients providing extra capacity in terms of beds	1,000	1,230	1,950	-	-
Refurbishment of the Mary Dendy low secure unit in Macclesfield to improve patient facilities and environment	90	100	650	-	-
Conversion of Maple Ward in Bowmere Hospital in Chester to support the development of CAMHS Tier 4 services	60	-	175	-	-
Re-housing of Drug and Alcohol Services into vacant accommodation in the Stein Centre on the Wirral	10	20	150	-	-
Development of Mental Health Resource Centred in Congleton and Knutsford	-	-	-	800	800
Other	590	510	614	550	550
<b>TOTAL</b>	<b>5,540</b>	<b>4,850</b>	<b>6,289</b>	<b>1,350</b>	<b>1,350</b>

During the period of the plan the Trust intends to dispose of three 'domestic' type properties and one Learning Disability Unit which will become surplus to requirements as a result of the capital developments above. This should bring in a disposal value of circa £700,000. None of these are recorded on the Trust's protected assets register.

## Strategic Objective 8 – Develop the Trust’s brand value

*“We should improve public understanding of mental health issues and publicise our services”*

- Delivery of Marketing Strategy and a Communications Strategy - to establish a set of values that underpin the Care, Well Being and Partnership branding and ensure that these are the cornerstones of all activities within the Trust.
- Programme of work producing promotional material, increasing Trust presence at conferences and events and continuing to increase positive media coverage.

### Risk Analysis

The Trust has detailed below the risks that it currently has identified within its Assurance Framework as significant risks (rating score 15 and above). These have been aligned to the relevant headings as per the compliance framework and suggested format. These risks have been subject to Executive and Board of Directors Review as part of the Annual Planning process.

### Mandatory Services Risk

The Trust anticipates a green risk rating in 2009-10 based on predicted 2008-09 performance regarding mandatory services (consistent with schedule 2 submission and protected asset disposal and/or declassification highlighted in financial section)

Risk Description	Detail	Impact /magnitude	Likelihood	Risk Rating	Mitigating Action	Re-sidual Risk
The Trust is at risk of failing to undertake clinical interventions appropriately	Lack of robust information systems to benchmark Trust interventions against best practice standards	3	5	15	Knowledge manager in post. Outreach librarian in post. Looking at using SharePoint to assist with timely update of changes in evidence based practice. <ul style="list-style-type: none"> <li>• Potential pilot of quality of life outcomes measure.</li> <li>• Productive ward pilot.</li> <li>• Medical Director secondment.</li> <li>• Development of performance systems to capture clinical quality</li> </ul>	9
The risk that the Trust will have notice served on one or more of its inpatient sites where it is hosted by another FT/ NHS Trust	Where notice is served the Trust may not have a viable or affordable option to reprovide services from another site. This may threaten the provision of mandatory services to the extent they are currently provided	4	4	16	The Trust is working with all relevant parties to ensure robust arrangements are in place to ensure appropriate notice periods are protected. Where notice has been served the Trust will be consulting on re-provision options (see ref on pages 13 and 22)	12

Risk Description	Detail	Impact /magnitude	Likelihood	Risk Rating	Mitigating Action	Residual Risk
Possibility of Flu Pandemic that would impact on all Trust services	Flu pandemic affecting all staff, service users and public health	5	3	15	Policy on Pandemic Influenza developed to assist for the emergence of the next Influenza pandemic	10

### Financial Risk

The Trust anticipates a green risk rating in 2009-10 based on plans for ensuring compliance with financial elements of Monitor's compliance framework. The following risks are highlighted as part of the risk register which apply to the Trust's business;

Risk Description	Detail	Impact /magnitude	Likelihood	Risk Rating	Mitigating Action	Residual Risk
Failure to deliver efficiency targets at the new levels required within the national pay and prices uplift	Lack of adequate or unrealistic plans set at Clinical Service Unit level due to the increase in percentages required	4	4	16	Financial plans in place to achieve CIP by all relevant areas of the Trust's services (see page 20 for a breakdown). Trust Board, Operational Board and FPPC review progress, achievement and mitigation strategies on a monthly basis. The progress in achievement by Divisions is reviewed as part of quarterly performance meetings	8
Failure to re-secure current contracts with commissioners	The current Department of Health Contract is only valid for one financial year. There is currently lack of clarity as to what will replace it for 2010/11	5	3	15	Monthly contract meetings with the Trust's host commissioner will highlight any contractual problems and / or redevelop a contracting framework. Alongside the contract for 2009/10 each PCT has given a guarantee that they are committed to a resource stream of 3 years	5

## Governance Risk

The Trust anticipates a Green risk rating in 2009-10 based on plans for ensuring compliance with governance elements of Monitor's compliance framework.

Risk Description	Detail	Impact /magnitude	Likelihood	Risk Rating	Mitigating Action	Re-sidual Risk
Failure to deliver the Learning & Development strategy within the Trust	Learning and development strategy is not based on reliable information flows	4	4	16	Implementation of ESR December 2007	-
Timeliness of data collection	Lack of capacity and capability within service units to operationally support CareNotes management and use	4	4	16	Carenotes local administrators identified in clinical service units.	-
-	Lack of capacity and capability of host Trusts	4	4	-	Service Line Agreements (SLAs) in place with organisations providing PAS data. SLAs being developed for new systems	-