Forward Plan Strategy Document for

Central and North West London NHS Foundation Trust

Plan for y/e 31 March 2012 (and 2013, 2014)

Annual Plan Review 2011

Section 1: Strategy

The Trust's current position and vision

When setting the Trust's strategy for the 2010-13 period, the Board of Directors recognised that the three years ahead would be among the most challenging in the history of the NHS. The Board's key concern this time a year ago was the potential impact the economic downturn would have upon the security of the Trust's income and how this could be most effectively managed against a background of rising stakeholder expectations regarding service quality and increased demand for our services. One year on and these concerns remain. However, what could not have been foreseen this time a year ago was the scale and the fundamental nature of the changes that would be made to the operating context of the NHS as a whole following the election of the Coalition Government and the publication of the White Paper, 'Equity and Excellence'.

The Board fully and rightly acknowledges the scale of the challenges now faced by the organisation. However, it continues to see contained within these challenges a number of opportunities to develop, improve and expand services and to emerge as a stronger and more innovative and exciting organisation. We are extremely pleased and proud to have been able to welcome a number of new services into CNWL over the course of the past year, the most significant of these transactions being the integration of Hillingdon Community Health Services in February and Camden Provider Services in April. The Trust has grown by nearly 50% over the past 12 months and is entering 2011/12 as a new organisation, providing integrated mental health, learning disability, substance misuse, offender and community healthcare services with an established presence in more than a third of London's 32 boroughs.

Our financial position after a challenging year remains strong. The Trust delivered an EBITDA of 5.7% against a plan of 6.0%, and scored a risk rating of 4 in each quarter. The Trust reported a surplus for investment of £1.0m which when adjusted for one-off technical items results in a surplus of £6.8m .

This result is due to a combination of factors, including the delivery of the Trust's efficiency targets, higher than planned income, and good financial discipline and cost control. (A one-off revaluation of intangible assets led to the reported level of surplus being £1m).

Our vision, values and strategic objectives remain the same and we are pleased to say that these are fully endorsed, shared and owned by our newly integrated community provider services.

Our Vision	
Wellbeing for Life	We help people to improve their health and mental wellbeing. We support people on a shared journey to recovery and an improved standard of life through high-quality care and individual support.
Our Values	
Dedication	By helping people to understand what can be done to improve their health and mental wellbeing, we empower them to improve their overall quality of life and to live independently within their communities.
Respect	We value the diversity of the people we support and our staff. To create a respectful and supportive working environment, we will take the time to communicate clearly, ensuring that everyone understands one another and feels included.

Partnership	We believe in working together, both within our organisation and externally with our partners. We listen to, communicate with and work effectively with our partners, for example GPs, Primary Care Trusts and voluntary organisations.
Empowerment	We will involve people in their care plan and treatment, working closely with them, their carers and families to create practical solutions that meet individual needs. We will give our staff the support they need to grow and develop.

Our Strategic Objectives

- Provision of **integrated, high quality, timely services** based on the needs of the individual.
- Encourage **recovery and social inclusion** through high quality care.
- **Engaging meaningfully with service users, carers and the local community** to improve and align our services to meet needs, and to ensure effective local accountability to the populations we serve.
- Improving and maintaining to a high standard the **physical environments** in which we provide services.
- Recruiting, retaining and developing a **skilled and motivated workforce** that is proud to work for the Trust and that the Trust is proud to employ.
- Providing a **financial base that is robust** for the future development of the Trust and to provide economic and efficient services.
- **Improving Trust information systems** to support improvement in patient care and performance management.
- Seeking and developing **new business opportunities and partnerships** consistent with our vision.

The sections that follow describe our strategy and plans to achieve our vision, demonstrate our values and further the delivery of our strategic objectives during the year ahead.

The Trust's strategy over the next three years

Last year, a strategy was agreed for the three years 2010-2013. This reflected the Board of Directors' and the Council of Members' careful consideration of:

1. The organisational vision, values and strategic objectives (see previous section)
2. Progress against strategic objectives and prior-year plans
3. The Trust's current and anticipated operating context

The agreed strategy can be summarised under two main headings:

(i) Corporate Development – ensuring that services offer the best possible value for money, that contracts with commissioners are robust and mitigate against the risks associated with economic uncertainty and that the corporate infrastructure is lean, efficient and service-focused.

In 2010, the Trust commenced a three year programme of fundamental service restructuring, moving to a service line management framework whereby service lines have been mapped to the assessed and profiled needs of our service users; an approach fully aligned with the developing Payment by Results framework for mental health services. Our management structures and supporting corporate infrastructure are no longer to be based simply upon geographical location. Instead, each service line will comprise a 'family' of similar needs-based integrated care pathways and will be jointly led by a specialist operational and clinical director 'pair'. Each director pair will together be accountable for:

- Quality & performance
- Productivity & efficiency

- Effectiveness & outcomes
- Growth & income generation

in relation to each of the service line care pathways. Service line leaders have been actively encouraged to innovate and will have access to the Trust's Innovation Fund to test out new approaches. They will also be expected to work closely with commissioners to effect the shift to cost-and-volume contracting based on the new PbR currencies and to explore opportunities to introduce new partnerships within care pathways that could improve quality and value for money.

We believe that this approach to SLM implementation has the potential to deliver real quality and productivity gains and to encourage stronger clinical leadership and a culture of innovation.

(ii) Growth – seeking new business opportunities and partnerships that will enhance service quality and financial efficiency and, in some instances, mitigate the threat of funding cuts (e.g. where the Trust is able to develop services that deliver savings to other areas of commissioners' spend).

In previous years the Trust's broad criteria for business development were that we would:

- Continue to provide familiar services in familiar geographic areas
- Consider developing familiar services in unfamiliar geographic areas
- Consider developing unfamiliar services in familiar geographic areas
- Not usually seek to provide unfamiliar services in unfamiliar geographic areas unless there were compelling circumstances

However, in light of key changes to the environment – most notably PCTs' tendering of their community provider services and the economic downturn – the Board undertook a review of the Trust's business development objectives and our business development activity during 2009/10. The following key points were noted:

- Whilst we had expressed interest in relation to a number of service tenders / potential business development opportunities, our 'hit rate' averaged at 1 in 10.
- We had demonstrated minimal development / appetite for growth in unfamiliar geographic areas and a cautious approach to developing 'unfamiliar services'.
- If we had been successful in winning all of the new services being tendered for / scoped at that particular point in time, it would have resulted in only circa £9m growth; a successful bid for a community provider service would bring in upwards of circa £25m growth and far greater opportunities to deliver economies of scale.

The Board therefore agreed a revised business development focus for the next five years and a far more ambitious external growth strategy:

- A target for expansion was agreed, of up to 100% within the next five years.
- It was agreed that we will seek to expand geographically as the local geography will saturate.
- We will actively seek to diversify.
- However, we will also ensure that we retain the confidence of existing stakeholders as we grow and none of the above will be at the expense of service quality.

The Board also agreed that our 'internal' growth strategy (development of existing services) would be focused in areas that had the potential to contribute either to our own savings targets (e.g. developing private patient services) or to the wider savings targets of our commissioners (e.g. in primary mental health care, specialist mental health placements or in acute trust services).

The two strands are inextricably linked and both were judged by the Board and the Council of Members to be critical in delivering the Trust's challenging 2010-13 Cost Improvement Programme. Ten Trustwide priority workstreams were agreed that would underpin strategy delivery. These are detailed in the table

below. Executive leads were identified for each of the workstreams with plans agreed for 2010/11 and high-level milestones for 2011/12 and 2012/13. It was felt that all of the workstreams would span the life of the overarching three-year strategy.

STRATEGIC PLAN: ROADMAP FOR DELIVERY 2010-13			
	2010-11	**2011-12**	**2012-13**
Corporate Development Strategy	Improving information systems, data quality and the use of information.	Phased implementation of service line management and reconfiguration programme	
	Needs analysis work - clustering, coding and casemix analysis		
	Care pathway development (using lean principles)		
	Refocusing of HQ services (using lean principles)		
	Organisational / workforce development programme		
Growth Strategy	Acquisition of community provider services		
	Explore options for collaboration with MHTs unlikely to achieve FT status	Expand core services into wider geographical patch.	
	Scope demand for services enabling repatriation from out-of-area placements.	Develop local service alternatives to high-cost, low volume placements and market to commissioners (locally and nationally)	
	Scope demand for services to reduce acute trust activity	Develop acute-diversion services (e.g. MUS, health psychology, liaison services)	
	Scope potential to develop private-patient services	Develop private patient services (e.g. psychology, occupational health etc.)	
CIPs	Short-term CIPs to see us through the year	Realisation of growth / reconfiguration plans to deliver large-scale CIPs	
	Preparation of large-scale CIP plans		

The setting of this three-year strategy last year did not, of course, serve to negate the need for a rigorous 11/12 planning exercise in which the following have been examined so as to evaluate whether the strategy and plans agreed last year remain fit for purpose going into the year ahead:

i. Progress made against priority workstreams during 10/11

ii. Analysis of the external environment – the current and anticipated PEST (political, economic, social, technological) factors likely to have an impact upon the work of the Trust; analysis of the market and competitors

iii. Assessment of the Trust's organisational strengths and weaknesses

iv. Identification of opportunities and threats

Examination of the above areas has been undertaken in full collaboration with the Council of Members' Annual Planning Sub-Group (see section 6) and the discussions that have taken place during this group's three workshops have added significant value to the planning process. Our analysis of (i) to (iv) is reflected in sections that follow later on in this document.

The Board and the Council of Members' considered view is that the 2010-13 strategy remains fit for purpose and highly appropriate given the operating environment going forward. The priority workstreams have been adjusted to reflect delivery structures that have been established during the course of the past year and changes to Executive Directors' portfolios made following the community provider services integration. The revised framework is summarised below:

2011/12 Priority Workstreams			Executive Leads
Dev elop men	Cha nge & Org	Service Redesign Project (Implementation of service line management)	Andy Mattin

		Payment by Results (PbR) Project	Robyn Doran
		Estates Redesign Project	Ian McIntyre
	Improving data quality and implementing paper-light working across the Trust		Robyn Doran
	Information systems and strategy review		Robyn Doran Ian McIntyre Andy Mattin
	Value for money review of HQ services		Ian McIntyre
Growth Strategy	Integration of community provider services		John Vaughan
	Business Development Strategy		Ian McIntyre John Vaughan
	Placement Repatriation Programme – development of services enabling repatriation from high cost out-of-area placements		Robyn Doran
	Support for the sector QIPP Programme – development of services enabling savings to be made to commissioners' MH and non-MH spend		Robyn Doran
	Development of private patient services		Trevor Shipman

The rationale for selection of each of the priority workstreams is made clear in the section that follows and milestones for delivery over the course of the next three years are described.

Key priorities for the Trust which must be achieved in the three years of the annual plan to underpin the delivery of the Trust's strategy, with milestones of delivery of each over the period of the plan:

		Key Priorities & Timescales	How this priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
Corporate Development Strategy	Change & Organisational Development Programme	Service Redesign Project (Implementation of service line management)	***Link to Strategic Objectives:*** • Provide integrated, high quality, timely services based on the needs of the individual. • Provide a financial base that is robust for the future development of the Trust and to provide economic and efficient services. • Engage meaningfully with service users, carers and the local community to improve and align our services to meet needs. • Encourage recovery and social inclusion through high quality care. • Recruit, retain and develop a skilled and motivated workforce. ***How this priority workstream will help to deliver the 2010-13 Corporate Development Strategy:*** The Board views effective implementation of SLM as the critical enabler to realisation of its corporate development strategy. The approach being taken to SLM within CNWL has been designed to:	Q1 • Older Adults & Healthy Ageing, Rehabilitation (inpatient),Eating Disorders and Psychological Medicine service lines to go live and implementation of service redesign programmes to commence. • Learning Disabilities, CAMHS, Addictions and Offender Care are already service lines and will progress service redesign programmes as planned. Agreed detail to be added to implementation plans to allow authorisation of the business plans by the Executive Board. • Monthly high level measures reports to be produced for all live service lines in addition to the borough-based reports. • Interface issues between all service lines to have been progressed and budgets disaggregated. • HR project to be established to: - identify workforce and organisational development issues, - timetable the required actions, - understand the interdependencies between changes, - identify risks, - action the mitigation of these risks and quantify any impact this may have on the Trust. HQ workplans to be agreed to support service line implementation, including plan to ensure that HQ information systems (finance, ESR, JADE) are updated in line with service restructuring. The service lines all have a target to deliver 20% savings over three years.	Q1 Established quarterly review process encompassing annual plan implementation, service line progress, adherence to business planning, quality and information issues. Ie an integrated performance management approach	Q4 Have achieved 20% savings cumulatively over planning period

	Key Priorities & Timescales	How this priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
		• Empower clinicians and frontline staff to drive continuous quality improvement • Facilitate service redesign based on LEAN principles • Ensure that savings can be made efficiently through service redesign rather than 'salami slicing' • Ensure that corporate services are more efficient and better focused on meeting the support needs of frontline services • Facilitate any future expansion of core services • Support redesign of service-based reporting framework that is aligned to the developing MH PbR currencies	Q2 • Community Primary, Community Complex and Acute Service Lines to go live and service redesign programmes to commence. • HQ services to present strategic plans to service lines, including an outline of their portfolios, service standards and what they need from service lines to succeed. • A review process will be established for each service line 6 months after the go live date. Q3 • HQ services to commence implementation of 3-year strategies. Timescales for feedback to service lines to be agreed.		
	Payment by Results (PbR) Project	***Link to Strategic Objectives:*** • Provide integrated, high quality, timely services based on the needs of the individual. • Provide a financial base that is robust for the future development of the Trust and	Q1 • Establish project team • Develop plans for each of the three workstreams (clustering, care pathways, costing) for the year ahead in collaboration with Service Line clinical and operational directors • Identify practice gaps in on-going clustering	• Extend scope of work to include CAMHS, forensic, liaison, learning disability and eating disorder services. Implement using similar approach to	• Continue work with commissioners to embed use of the cluster-currencies for CAMHS, forensic, liaison, learning disability and eating disorder

	Key Priorities & Timescales	How this priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
		to provide economic and efficient services. • Engage meaningfully with service users, carers and the local community to improve and align our services to meet needs. • Improve Trust information systems to support improvement in patient care and performance management ***How this priority workstream will help to deliver the 2010-13 Corporate Development Strategy:*** Implementation of PbR is viewed by the Board not only as being critical to ensuring the future financial security of the Trust but also as a real opportunity to improve the quality, consistency, equity and efficiency of care provided – ensuring that services are designed and delivered based on high quality assessments of service users' needs and the 'systemisation' of best practice care pathways. The PbR approach that has been developed for mental health 'fits' very well with service improvement methodologies such as LEAN and Care Programmes. Its implementation has also been very effectively 'twinned' with the roll-out of SLM & SLR.	• Develop a communication plan for PbR • Establish information sharing and best practice links with other provider trusts Q2 • Ensure that ongoing clustering is embedded in all services for service users on CPA • Develop and roll-out reports to monitor compliance with clustering standards for service users on CPA • Scope out gaps and issues to successfully implement clustering for service users under lead professional care • Complete deep-dive analysis of a sample of 'as-is' care-packages • Identify clinical activity types list to be used to describe 'to-be' care packages • Develop costing methodology linked to agreed clinical activity types framework • Commence work to develop 'to-be' care packages • Actively participate in a London network for ensuring development and adherence to a common methodology and framework for PbR delivery Q3 • Ensure that ongoing clustering is embedded in all services for service users under lead professional care • Develop and roll-out reports analysing CPA caseload by cluster, linking cluster information to diagnosis, activity, bed usage etc. • Develop and roll-out reports to monitor compliance with clustering standards for service users under lead professional care • Develop and roll-out reports analysing lead professional caseload by cluster, linking cluster information to diagnosis, activity, bed usage etc. • Commission work required to update JADE to support	that used for adult and older adult services, ensuring alignment with national policy directives and implementation timetables. • Continue work with commissioners to embed use of the cluster-currencies for adult and older adult services and to develop and refine local tariffs.	services and to develop and refine local tariffs. • Develop workplan for implementation of national tariffs for adult and older adult services, ensuring alignment with national policy directives and implementation timetables.

	Key Priorities & Timescales	How this priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
			use of the agreed clinical activity types list and development of standard care pathways and clinical decision support tools. Q4 • Develop and roll-out management reports structured by cluster • Complete work to develop 'to-be' care packages • Rewrite contract service specifications for adult and older adult services so that they are structured by cluster and described in terms of care packages and pathways • Agree with commissioners how to shadow use and further development of the cluster-currencies and associated local tariffs in 2012/13		
	Estates Redesign Project	***Link to Strategic Objectives:*** • Improve and maintain to a high standard the physical environments in which we provide services. • Provide a financial base that is robust for the future development of the Trust and to provide economic and efficient services ***How this priority workstream will help to deliver the 2010-13 Corporate Development Strategy:*** Realising efficiencies through estates redesign will be critical to mitigating the effects of funding cuts and to ensuring the delivery of the Trust's CIP programme. Given the Central London location of many of the Trust's properties, there are	Q1 • Estate valuation to be confirmed with Finance. • Square metres occupied by each service line to be calculated. • Estates team to meet with each of the Service Line Clinical and Service Director pairs to scope estate requirements. This will incorporate an assessment of the potential to take forward agile working practices. Q2/3 • Estates redesign proposal to be taken to the Change Programme Board for sign-off. • Implementation of redesign programmes to commence. Q4 onwards • Implementation of estates redesign programmes as per approved plans. Change Programme Board to oversee progress.	Implementation of estates redesign programmes as per approved plans.	Implementation of estates redesign programmes as per approved plans.

	Key Priorities & Timescales	How this priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
		also opportunities to generate income and to support the development of private patient services. The principle of the Estates Redesign Programme is very much that the Trust's Estate should be configured so as to support the efficient delivery of high quality care; it is seen as a key enabler to the implementation of the service lines' business cases. The Estates Team is also offering Service Lines proactive support in considering how initiatives such as agile working might best be introduced.			
	Improving data quality and implementing paper-light working across the Trust	***Link to Strategic Objectives:*** • Improve Trust information systems to support improvement in patient care and performance management ***How this priority workstream will help to deliver the 2010-13 Corporate Development Strategy:*** Ensuring that JADE and RiO (for community provider services) are used effectively as the live, primary integrated care record is critical to: • The efficient delivery of high quality care • The accessibility of timely and high quality information to support service redesign,	**Q1** • Review terms of reference for Paper Light Group to address change in Chair and inclusion of Camden and Hillingdon Provider Services. • Recruit to project lead posts to deliver plan to support data quality improvements by linking care processes to data capture and reporting requirements. • Develop plan to ensure that responsibility and accountability for data quality is a standard statement in all job descriptions and data quality and performance forms part of all staff appraisals. • Design and plan a "spot-check" audit programme to ensure Paper Light working has been embedded in K&C, Westminster and Hillingdon. • Ensure that Brent, Harrow and Older Adults present their 100 Day Paper Light Project Plan • Identify whole systems approach, incorporating the Applications Team, Clinical Systems Team, QIS Team, Service Lines, Finance and Training to ensure monthly	• Move to monthly reporting by Day 10 for all Service Line Reports and Borough dashboards • Paper-light working to be embedded across all areas of the Trust	• To be confirmed

	Key Priorities & Timescales	How this priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
		performance management and decision-making • PbR implementation • Meaningful service line reporting • Compliance with mandatory reporting requirements	PCT Cost and Activity reports and Quarterly Performance Reports are consistently on time and feedback from our commissioners is positive. • Work with performance leads in Camden and Hillingdon Community Provider Services to develop plan to incorporate Community Information Data Set into RiO for Q2. **Q2** • Build JADE extract to support MHMDS V4, incorporating changes needed to support Payment by Results and MHA new requirements. • Develop project plan to address risks to data quality as a result of new requirements under MHMDS V4. • Build RiO Extract to support Community Dataset submissions as mandated and in line with schedules and deadlines. **Q3** • Ensure that a Data Capture Guide (user friendly version) with supporting Quick Reference Guides (QRGs) is developed with accompanying communication plan. • Roll out QIS (business intelligence tool) to support data quality improvement work • Commence work to develop integrated service line reports to provide more intelligent performance analysis **Q4** • Develop performance and activity reports for Addictions directorate from JADE • Develop QIS Plan to support integration of RiO (community), ESR, JADE and Finance to produce automated and Iintegrated Service Line Reports		
	Information systems review	***Link to Strategic Objectives:*** • Improve Trust information	Q1 • Paper setting out IM&T vision, baseline-capability	Milestones to be determined according	Milestones to be determined according

	Key Priorities & Timescales	How this priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
		systems to support improvement in patient care and performance management ***How this priority workstream will help to deliver the 2010-13 Corporate Development Strategy:*** The Trust has invested in a number of high quality information systems. However, it is recognised that it will be the: • Adaptability and effective management of these systems; • Intelligent integration of the information captured by these systems; • Accessibility and use of this 'intelligent information' that will be critical to realising the Trust's strategic aims and to ensuring that the Trust supports the broader 'Information Revolution' that the Coalition Government has committed to. An information systems review has been commissioned from an external consultancy with the aim of: • Clarifying the Trust's strategic IM&T vision • Establishing a baseline capability assessment and 'gap analysis' against this • Agreeing and implementing a	assessment, strategy and delivery road-map to be taken to the Board of Directors for approval • Action plan to deliver road-map to be agreed • Governance structure required to oversee implementation of action plan to be established • Required resources to be identified and project roles established Q2 and beyond • Milestones to be determined according to agreed action plan	to agreed action plan	to agreed action plan

	Key Priorities & Timescales	How this priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
		developmental road-map			
	Value for money review of HQ services	***Link to Strategic Objectives:*** • Provide a financial base that is robust for the future development of the Trust and to provide economic and efficient services ***How this priority workstream will help to deliver the 2010-13 Corporate Development Strategy:*** In the current economic environment, it has never been more important for the Board and for the service lines to be assured that HQ services are being delivered as efficiently, economically and effectively as possible and are focused on meeting stakeholder requirements.	Q1 Report to go to the Business & Finance Committee setting out findings of review work undertaken during 10/11 and recommendations in relation to the following corporate functions: • Payroll • Estates • Occupational Health • IT Support • Procurement Q2 • Work to implement recommendations arising from 10/11 review work to commence. • Plan for next phase of review work, incorporating corporate functions integrated from Hillingdon and Camden, to be developed and presented to Business & Finance Committee Q3 • Commence second phase of review work. Ongoing reporting to and oversight from the Business & Finance Committee.	Milestones to be determined according to plan approved by Business & Finance Committee	Milestones to be determined according to plan approved by Business & Finance Committee
Growth Strategy	Integration of community provider services	***Link to Strategic Objectives:*** • Seek and develop new business opportunities and partnerships consistent with our vision. • Provide a financial base that is robust for the future development of the Trust and to provide economic and efficient services • Provide integrated, high	Milestones as per the post-merger implementation plans developed as part of the Camden and Hillingdon Provide Service Business Cases. Each of the following workstreams has a detailed integration plan in place and progress will continue to be overseen by the Investment Committee (a sub-committee of the Board of Directors) and the Executive Board: • Service Transformation • Finance • Human Resources • Estates & Facilities	Q2 Interim review of progress against success criteria Q4 Review of achievement of success criteria by end of quarter by	Q1 Monitoring of success criteria to be mainstreamed through existing governance structure as of start q1. Each committee will establish process to monitor allocated criteria going forward into Q2 – 4.

	Key Priorities & Timescales	How this priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
		quality, timely services based on the needs of the individual. ***How this priority workstream will help to deliver the 2010-13 Growth Strategy:*** The integration of Camden and Hillingdon Community Health Services during 2010/11 was absolutely in line with the Growth Strategy agreed by the Board. The key focus for the year ahead will be to ensure that: • The new services are effectively integrated into the organisation; • The benefits of integration are fully realised; • Lessons are learned from the process of integration that can be applied to future acquisitions.	• IT • Information & Performance Management • Contracts Management • Communications • Clinical Governance • Corporate Governance All of the workstreams share the following overarching aims – to ensure that, by the end of 11/12: • Service quality benefits have been realised and plans are in place to enhance these and to realise new service synergies going into 12/13 and 13/14; • Corporate functions have been fully integrated and quality and efficiency benefits realised; • All corporate strategies and plans have been reviewed to ensure that they are appropriate for the post-integration organisation; • A reflective process has taken place to ensure learning from the process of integration that can be applied to future acquisitions.	Investment Committee	
	Business Development Strategy	***Link to Strategic Objectives:*** • Seek and develop new business opportunities and partnerships consistent with our vision. • Provide a financial base that is robust for the future development of the Trust and to provide economic and efficient services ***How this priority workstream will help to deliver the 2010-13 Growth Strategy:***	The Business Development Strategy has 10 workstreams and milestones have been identified for each for 11/12 and 12/13. Implementation and ongoing review of the strategy is to be overseen by the Business and Finance Committee.		
			A. Community services integration – business development capacity Q2 - Draft integrated Business Development structure Q3 - Finalise integrated Business Development structure Q4 - Business Development integration complete	N/A	
			B. The innovation scheme Ongoing - Provide ongoing support to innovations projects	N/A	
			C. Business Q1 - Identify SL support needs from	Q1 - Annual Service	

	Key Priorities & Timescales	How this priority underpins the strategy	Key milestones (2011-12)		Key milestones (2012-13)	Key milestones (2013-14)
		If the Trust is to meet its target of expanding by up to a further 50-60% whilst protecting its core services within the new 'Any Qualified Provider' environment, developing internal business development capacity and expertise will be crucial.	**development support for service lines**	SL business cases Q2 - Individual Service Line support plans in place	Line support plan in place	
			D. Business development & marketing strategy	Q2 - Draft Business Development Marketing Strategy and implementation plan Q4 - Finalise Business Development & Marketing Strategy & commence implementation	Implementation of strategy in line with agreed milestones.	
			E. Corporate communications & marketing	Q1 - Develop draft new website - Launch new website Q2 - Draft Corporate Communications & Marketing Strategy Q4 - Finalise Corporate Communications & Marketing Strategy & commence implementation	Implementation of strategy in line with agreed milestones.	
			F. GP engagement strategy	Q1 - Develop draft Communications & Marketing plan Q2 - Implement plan	Implementation of plan in line with agreed milestones.	
			G1. Client relationship management system	N/A	Q1 - Initiate 3 month CRM systems trials Q2 - Launch new CRM system	
			G2. Business intelligence – mapping markets and competition	Q1 - Agree systematic approach Q2 - Implement in line with workstreams D and G1	Implement in line with milestone plans for workstreams D and G1.	

	Key Priorities & Timescales	How this priority underpins the strategy	Key milestones (2011-12)		Key milestones (2012-13)	Key milestones (2013-14)
			H. Library of case studies	N/A	Q2 - Develop new draft case studies Q3 - Complete, publish and make available	
			I. Business management – assurance (brand control)	Q1 - Develop revised Business Development Assurance Process - Develop and publish new branded resources for corporate and service line use	N/A	
			J. Staff new business incentivisation scheme	N/A	Q2 - Draft incentivisation model Q4 - Complete model and go live in April 2013	
	Placement Repatriation Programme – development of services enabling repatriation from high cost out-of-area placements	***Link to Strategic Objectives:*** • Seek and develop new business opportunities and partnerships consistent with our vision. • Provide a financial base that is robust for the future development of the Trust and to provide economic and efficient services • Encourage recovery and social inclusion through high quality care • Provide integrated, high quality, timely services based on the needs of the individual. • Engage meaningfully with service users, carers and the	**PROJECT 1: Placement Efficiency Project** Annual savings target: £2.8m Project scope: NHS-funded adult mental health placements across 5 PCTs; social-care funded placements in three LAs; NHS-funded learning disability placements across 3 PCTs and Older Adult Placements across 1 PCT. Key milestones: Q4 10/11 • Agree scope with commissioners and benefits / risk share • Analysis of placements data • Development of repatriation plan for 11/12 • Forecast efficiencies and phasing • Approval of business case and PID • Establishment of project workstreams and leads		**PROJECT 1: Placement Efficiency Project** Annual savings target: £3.2m Project scope: extend to include NHS-funded adult mental health placements in an additional PCT; social-care funded placements in an additional LA; NHS-funded learning disability placements across another 3 PCTs; NHS-funded older adult mental health placements	**PROJECT 1: Placement Efficiency Project** Annual savings target: of £3.8m Project scope: extend to include NHS-funded adult mental health placements in an additional two PCTs; social-care funded placements in an additional LA; NHS-funded older adult mental health placements across an additional 3 PCTs Key milestones: As for 2011/12

	Key Priorities & Timescales	How this priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
		local community to improve and align our services to meet needs ***How this priority workstream will help to deliver the 2010-13 Growth Strategy:*** This highly successful programme has already generated nearly £3m (full year effect) of efficiencies for the Trust's commissioners within a single year and thereby mitigated the threat of an equivalent reduction in the Trust's income. The programme has been much welcomed and praised by commissioners, not only for the savings it has delivered them but also for the improvements to the quality of care received by service users placed. Going forward, it is intended that this programme will realise the twin growth-strategy aims of continuing to protect core services (through mitigation of the risk of funding cuts) and contributing to service expansion through the development, with partners, of high quality local OATS alternatives.	• Establishment of comms and data systems Q1-Q4 • Realise repatriation savings in line with plan	across 2 PCTs. Key milestones: As for 2011/12	.
	Support for the sector QIPP Programme – development of	***Link to Strategic Objectives:*** • Seek and develop new business opportunities and partnerships consistent with	**Programme Aim:** To support PCTs to achieve QIPP savings through service redesign and efficiencies, both within and outside the CNWL contract, and thereby mitigate the risk of damaging funding cuts.		

<table>
<tr><th></th><th>Key Priorities & Timescales</th><th>How this priority underpins the strategy</th><th>Key milestones (2011-12)</th><th>Key milestones (2012-13)</th><th>Key milestones (2013-14)</th></tr>
<tr><td rowspan="2"></td><td rowspan="2">services enabling savings to be made to commissioners' MH and non-MH spend</td><td rowspan="2">our vision.
• Provide a financial base that is robust for the future development of the Trust and to provide economic and efficient services
• Engage meaningfully with service users, carers and the local community to improve and align our services to meet needs
How this priority workstream will help to deliver the 2010-13 Growth Strategy:
Like the repatriation programme above, it is intended that the programme will realise the twin growth-strategy aims of continuing to protect core services (through mitigation of the risk of funding cuts) and contributing to service expansion through the development of new services.</td><td colspan="3"><u>Programme Governance:</u>
Within each borough, this work will be overseen by Joint Modernisation / Partnership Boards. However, internally, a formal project management approach and supporting governance structure is also to be established to ensure that progress is monitored and risks swiftly identified and effectively managed. The Project Board will be chaired by the Director of Operations and Partnerships.</td></tr>
<tr><td>Brent – QIPP savings £1,375k (of which £525k is from CNWL contract)
<u>QIPP savings inside contract:</u>
• CMHT reconfiguration - £525k
<u>QIPP savings outside contract:</u>
• Reduce reliance on out of area placements through repatriation - £850k (see 2.3)
• Improving services for older adults
• Improve the physical health of people with mental health problems and learning disabilities
Harrow – QIPP savings £1.1m in contract with a further £2.004m outside.
<u>QIPP programme inside contract::</u>
• Reconfiguring Older People's services - £354K
• Reducing reliance on PICU and Low Secure services - £384k
• Reconfiguring Community Teams - £82k
• Savings still to be identified - £300k
<u>QIPP programme outside contract::</u>
• Reducing cost of out of area placements and other high-cost placements through repatriation (see 2.3)
• Reducing GP prescribing spend
Hillingdon – QIPP savings £310k related to Operating Framework 1.5% deflator</td><td>Brent
• Reduce reliance on in-patient care (saving to be identified)
• Improving primary and community care interface
• CAMHS reconfiguration – saving £200k
Harrow
• Restructuring of out of area contracts
• Improving community response to LD through better management of community LD team (not currently part of CNWL)
• CAMHS reconfiguration (developing community-based care pathways)
Hillingdon</td><td>Brent, Harrow and Hillingdon
• To be confirmed
K&C & Westminster
• Continuation of 2012/13 projects</td></tr>
</table>

<table>
<tr><th></th><th>Key Priorities & Timescales</th><th>How this priority underpins the strategy</th><th>Key milestones (2011-12)</th><th>Key milestones (2012-13)</th><th>Key milestones (2013-14)</th></tr>
<tr><td></td><td></td><td></td><td><u>QIPP inside contract:</u>
• Community Service reconfiguration to support recovery model
• Improving primary care/ community care interface
• Developing IAPT through reconfiguration of psychology services
• Reducing reliance on inpatient care
• Improving Early Intervention services, specifically through Crisis Resolution and A&E liaison service and by focussing on those most at risk
• Improving effectiveness of CAMHS service
• Improved management of complex placements (see 2.3)
• Focussing on well-being
• Improving services for older adults

K&C – QIPP savings £1,435k of which £885k is from CNWL contract

<u>QIPP savings from contract</u>
• Cost savings in SMS - £250k
• Reconfiguration of Older Adult Services - £100k
• Operating Framework reductions - £535k (programme to be agreed)

<u>QIPP savings outside contract</u>
• Reconfigure community forensic team with NHS Westminster
• Reconfigure court diversion service with Hammersmith & Fulham
• Repatriation of out of area placements (20% cost reduction over 3 years) – see 2.3

Westminster – QIPP savings £771k related to Operating Framework plus £2.7m over three years</td><td>• To be confirmed

K&C
• Repatriation of out of area placements (20% cost reduction over three years) – see 2.3
• Repatriation of out of area activity (other than placements) – 20% cost reduction over three years.

Westminster
• Contribution to £2.7m savings and subsequent programme to be identified</td><td></td></tr>
</table>

	Key Priorities & Timescales	How this priority underpins the strategy	Key milestones (2011-12)	Key milestones (2012-13)	Key milestones (2013-14)
			<u>QIPP savings in contract:</u> • Operating Framework savings - £771k (detailed plan to be agreed) <u>QIPP savings outside contract:</u> • Repatriation of out of area placements - £257k (see 2.3)		
	Development of private patient services	***Link to Strategic Objectives:*** • Seek and develop new business opportunities and partnerships consistent with our vision. • Provide a financial base that is robust for the future development of the Trust and to provide economic and efficient services • Recruit, retain and develop a skilled and motivated workforce. ***How this priority workstream will help to deliver the 2010-13 Growth Strategy:*** With the abolishment of the private patient cap, it is intended that this workstream will contribute to delivery of the Trust's CIP programme and to the Trustwide growth target.	Q1 • Agree structure to take forward private patient workstream and start to establish contractual relationships • Establish Private Patient Management Group Q2 • Establish corporate structure and commence low-level pilot work. • Identify premises to rent Q3 • Low-level launch of dedicated private patient facility for outpatients. Q4 • Stage 1 evaluation	Seek to extend scope of private patient services in Q2.	If work in years 1 and 2 is successful, seek to expand the CNWL private patient brand.

Section 2: External environment

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Key external impact	Risk to / impact on the strategy	Mitigating actions & residual risk	Overall expected outcome	Accountability and measures of progress
Political Factors				
Post White Paper changes to the commissioning landscape	Risks associated with both the 2011-2013 transition period and the 'end-state' of commissioning by GP consortia: • PCT commissioning capacity much reduced with less dedicated MH commissioning resource • A number of experienced and expert MH commissioners who have had a longstanding relationship with the Trust are no longer in commissioning roles • GP engagement and expertise in MH commissioning varies widely across the CNWL patch – largely under-developed The impact of the above risks (if not effectively managed) on the strategy is likely to be greater given the current financial climate: • Commissioner capacity to engage in the Trust's Modernisation programme (particularly the Service Redesign and PbR Projects) • Greater likelihood of commissioning decisions based on short-term cost-saving requirements • Greater likelihood that commissioning decisions will not be taken from 'whole systems' perspective • New GP commissioners may wish to take secondary MH services 'in-house'	• Maintain approach of systematic and proactive engagement with commissioners and partners at every level of their organisations – e.g. - Monthly contract management meetings - Monthly commissioning collaborative meetings - Regular CEO / DoF meetings - Quarterly contract review meetings - Membership of Partnership Board meetings • Work with commissioners to ensure GP representation in the above forums, ensuring that appropriate CNWL senior clinicians are also in attendance • Take forward GP engagement strategy • Take forward priority workstream to support Sector QIPP programme • Ensure that commissioners and partners are represented on internal service redesign project forums	Expect to develop strong and constructive relationships with new commissioners at individual and organisational level. However, anticipate that this will require consistent, proactive engagement work.	**Robyn Doran, Director of Operations and Partnerships (Executive Lead for Contracts)** Progress monitored by monthly internal Contracts Management Group. Formal project governance structures to oversee Placement Repatriation and Support for Sector QIPP Programmes Monthly reporting from the CMG and Programme Boards to the Trust's Business and Finance Committee and up to the Board of Directors.

Key external impact	Risk to / impact on the strategy	Mitigating actions & residual risk	Overall expected outcome	Accountability and measures of progress
Acceleration of 'Any Qualified Provider' scheme	Likelihood of increased competition, particularly within community provider services and specialist 'cost-per-case' type services. Risk of competition based on cost rather than value for money where PbR not in place. However, these risks must be balanced against the increased opportunities there may be for service growth.	Priority Workstream: Business Development Strategy	Anticipate some changes to the portfolio of services provided, particularly within community services, but no significant overall impact on turnover.	**Ian McIntyre, Director of Estates & Commercial Development** **John Vaughan, Director of Strategic Planning & Community Services** Regular reporting on progress against Business Development Strategy to the Business & Finance Committee.
Publication of the new Mental Health Strategy, 'No Health without Mental Health'	Increased focus on: • Improving access to psychological therapies – expanding the scope of the original IAPT programme • Use of psychological approaches to improve outcomes for individuals with long term physical health conditions and medically unexplained symptoms • Early intervention • Improving access for individuals within the criminal justice system • Public mental health and improving population wellbeing • Supporting individuals with mental ill health to remain in / return to work There is nothing in the new MH Strategy that confiicts with the Trust's strategy – overall, it provides helpful 'validation' for the Trust's objectives. However, the Trust will need to work closely with commissioners and other partners to ensure that the objectives of the MH Strategy are implemented in a way that takes account of the whole system, particularly given the lack of available new investment.	Priority Workstreams: • Service Redesign Project • Support for Sector QIPP Programme	Anticipate that the priorities set out in the new Mental Health Strategy will need to be realised through whole system redesign, involving close working with partners. It is unlikely that any 'new money' will be made available.	**Andy Mattin, Director of Operations and Nursing** **Robyn Doran, Director of Operations and Partnerships** Formal project governance structure in place to oversee the Service Redesign Project. Regular reporting to the Change Programme Board and to the Board of Directors. Formal project governance structure to be established to oversee the Support for the Sector QIPP Programme with regular reporting to the Business & Finance Committee

Key external impact	Risk to / impact on the strategy	Mitigating actions & residual risk	Overall expected outcome	Accountability and measures of progress
Publication of NHS Operating Framework for 11/12	The 11/12 Operating Framework was helpful in its focus on the importance of developing the following service areas: • Psychological medicine – services for individuals with long term physical health conditions and medically unexplained symptoms • Autism • Dementia • Support for carers • Alternatives to acute hospital care (community health services) As well as its focus on taking forward choice and personalisation within mental health services. However, the changes to the tariff risk discrimination against services commissioned via block contracts, putting them seriously at risk of across-the-board cuts.	Priority Workstreams: • Service Redesign Project • Support for Sector QIPP Programme • Placement Repatriation Programme	Expect to have to realise 1.5% efficiencies as part of 11/12 contracts but the Trust will negotiate to ensure that any additional funding reductions entail an equivalent reduction in service provision. Anticipate that significant service cuts will therefore have to be made in some areas. Expect to be able to mitigate some of the above through the priority workstreams detailed in column to the left.	**Andy Mattin, Director of Operations and Nursing** **Robyn Doran, Director of Operations and Partnerships** Formal project governance structure in place to oversee the Service Redesign Project. Regular reporting to the Change Programme Board and to the Board of Directors. Formal project governance structures established to oversee the Placement Repatriation and Support for the Sector QIPP Programmes. Progress in contract negotiations monitored by monthly internal Contracts Management Group (weekly meetings January to end of April). Monthly reporting from the CMG and Placement / QIPP Programme Boards to the Trust's Business and Finance Committee.
Full separation of community provider arms from PCTs from 1st April 2011	The next 12-18 months will be key in evaluating the success of the externalisation options implemented for community provider services. • The Trust's integration approach, particularly its realisation of anticipated benefits, will be closely scrutinised by key stakeholders • There may well be opportunities to expand	Priority Workstreams: • Integration of Community Provider Services • Business Development Strategy	Anticipate opportunities to grow community provider services portfolio through acquisition over the course of the next 12-36 months.	**Ian McIntyre, Director of Estates & Commercial Development** **John Vaughan, Director of Strategic Planning & Community Services** Regular reporting on

Key external impact	Risk to / impact on the strategy	Mitigating actions & residual risk	Overall expected outcome	Accountability and measures of progress
	CNWL's community services portfolio if new community trust organisations fail to achieve FT status or if they fail to deliver against benefits realisation plans.			progress against Community Integration Plans to the Investment Committee Regular reporting on progress against Business Development Strategy to the Business & Finance Committee
April 2013 deadline for all Trusts to have become Foundation Trusts	Likely to be opportunities for substantial growth through part or wholesale acquisition of mental health and community health organisations that fail to achieve FT status by April 2013, and those who have achieved FT status but are unable to sustain it.	<u>Priority Workstream:</u> Business Development Strategy	Anticipate further substantial growth through part-acquisition of bordering mental health and community health organisations that fail to achieve FT status by April 2013, or who fail to retain their FT status.	**Ian McIntyre, Director of Estates & Commercial Development** **John Vaughan, Director of Strategic Planning & Community Services** Regular reporting on progress against Business Development Strategy to the Business & Finance Committee.
Economic Factors				
QIPP agenda – NHS required to deliver £20bn savings by the end of 2014/15.	Commissioners will be given lower budgets to commission mental health and community services but will expect more from this spend.	Continued close working with commissioners and collaborative approach to QIPP involving all stakeholders. Eg placement efficiency project.	Financial balance for the Trust and delivery of improved services for patients	Alex Lewis, Medical Director Trevor Shipman, Director of Finance Monthly quality committee to measure quality, monthly business and finance committee to assess financial impact
Substantial cuts to local authority funding	Impact upon quality of services and financial stability	Continued close working with local authorities, and tri-partite modernisation boards with PCTs and local authorities to ensure whole system approach	Safe services for patients and financial balance for the Trust	**Robyn Doran, Director of Operations and Partnerships** Trevor Shipman, Director of Finance

Key external impact	Risk to / impact on the strategy	Mitigating actions & residual risk	Overall expected outcome	Accountability and measures of progress
		Negotiation of redundancy costs		Monthly quality committee to measure quality, monthly business and finance committee to assess financial impact
Timetable for PbR reiterated by the new government and scope of MH PbR extended to include CAMHS.	- Significant risk regarding lack of historical clustering data and data entry practises - Costing methodology not clear - Agreement of shadow and go live arrangements with commissioners could be problematic The above risks could result in an inappropriate tariff and a reduction of income.	Trust actively involved in London-wide tariff development Additional resource recruited to ensure focus on clusters, care pathways, and costing	Transition to tariff in accordance with national timescales	**Robyn Doran, Director of Operations and Partnerships** Trevor Shipman, Director of Finance PBR project board, reporting into Business & Finance Committee and up to Board of Directors
Private patient cap abolished	Opportunity for the Trust to development new income streams. These must be carefully managed to ensure that any investment produces a satisfactory return	Private patient working group set up to oversee all potential schemes	Additional income and EBITDA to the Trust that will help to protect NHS services	Trevor Shipman, Director of Finance PP project group, reporting into Business & Finance Committee and up to Board of Directors
Social Factors				
Rising unemployment in the wake of recession	Risk of increased demand for services – unemployment known to have a significant detrimental impact on mental health and wellbeing. Increasingly challenging for mental health service users to access employment as the jobs market becomes more competitive, particularly within the public sector.	Priority Workstreams: Service Redesign Project PbR Project + Robust contract negotiation strategy to ensure that there are adequate demand management arrangements in place and activity / income links pre PbR-implementation.	Expect that there will be an increased demand for services at the lower-level end (PbR clusters 1-4) and that service redesign will be required to try to manage this as efficiently and effectively as possible. This will be taken forward by the new Primary Community Care Service Line. Expect that the challenge for MH service users to access	**Andy Mattin, Director of Operations and Nursing** **Robyn Doran, Director of Operations and Partnerships** Formal project governance structure in place to oversee the Service Redesign and PbR Projects. Regular reporting to the Change Programme Board and to

Key external impact	Risk to / impact on the strategy	Mitigating actions & residual risk	Overall expected outcome	Accountability and measures of progress
			employment will increase but that the Trust's ability to support them will be improved through the redesign work being taken forward by the Complex Community Care Service Line, in particular the national Recovery Pilot Project that CNWL is leading.	the Board of Directors. Progress in contract negotiations monitored by monthly internal Contracts Management Group (weekly meetings January to end of April). Monthly reporting from the CMG to the Trust's Business and Finance Committee.
Increased likelihood of industrial action due to public sector cuts	Risk to continuity of service provision if large parts of the workforce ballot to strike.	Strong relationship with the main unions. Business continuity planning.	Anticipate that there will be increased incidence of industrial action but that the Trust will be able to mitigate the impact of this by ensuring timely business continuity planning.	**David Brettle, Director of Human Resources** Trust Joint Consultative Committee (TJCC) meets monthly and membership includes all union reps. Regular reporting on industrial relations to the Trust's Executive Board and Board of Directors.

Key external impact	Risk to / impact on the strategy	Mitigating actions & residual risk	Overall expected outcome	Accountability and measures of progress
Significant welfare reform programme, including the introduction of GP 'fit notes' rather than 'sick notes'	Risk that this could discriminate against individuals accessing welfare due to mental ill health. Individuals with mental health problems are known, overall, to have their conditions less well understood and be less well served by primary care than individuals with physical health problems. Opportunity to work with primary care to try to ensure that 'fit notes' are used constructively to support individuals who can remain in work / return to work to do so. Opportunity to develop new integrated mental / physical health occupational health services to support the welfare reform agenda.	Priority Workstreams: Service Redesign Project Business Development Strategy	Expect to mitigate risks of discrimination through the work of the new Primary Community Care Service Line; this SL will lead on primary care liaison work. Expect to be able to develop new occupational health services and to be in a good position to market these given the Trust's national lead role in taking forward the Recovery Agenda.	**Andy Mattin, Director of Operations and Nursing** Formal project governance structure in place to oversee the Service Redesign Project. Regular reporting to the Change Programme Board and to the Board of Directors. **Ian McIntyre, Director of Estates & Commercial Development** **John Vaughan, Director of Strategic Planning & Community Services** Regular reporting on progress against Community Integration Plans to the Investment Committee Regular reporting on progress against Business Development Strategy to the Business & Finance Committee
Technological Factors				
Coalition promise of an 'Information Revolution'	Risk that information system capabilities will not be able to deliver adequately against the stakeholder expectations that have been raised.	Priority workstreams: Major review of IT and Information systems led by external consultants Improving data quality and implementing paper-light working across the Trust	Expect that the two priority workstreams detailed in the left-hand column will deliver significant improvements in the Trust's ability to contribute to the NHS 'Information Revolution' over the course of the next year. However, communication with key stakeholders regarding	**Ian McIntyre, Director of Estates & Commercial Development** **Andy Mattin, Director of Operations and Nursing** **Robyn Doran, Director of Operations and Partnerships** Establishment of

Key external impact	Risk to / impact on the strategy	Mitigating actions & residual risk	Overall expected outcome	Accountability and measures of progress
			progress against workstream objectives will be key to the effective management of their expectations.	appropriate project governance structure to oversee delivery of the recommendations of the Information Systems Review Monthly meetings of the Paper Light & DQ Project Group reporting into the Performance Management Committee.
Increasing number of options available to support agile working practices	Through joint work with Capita, the Trust has already identified a number of areas in which agile working could improve productivity and the efficient use of estate. Estates redesign has been identified as a major area for efficiency savings.	Priority Workstreams: Estates Redesign Project Integrated to the review of IT systems above.	Expect to realise significant efficiency savings and productivity gains through the roll-out of agile-working practices across the organisation.	**Ian McIntyre, Director of Estates & Commercial Development** Formal project governance structure in place to oversee the Estates Redesign Project. Regular reporting to the Change Programme Board and to the Board of Directors. Progress against the Trust's Estates Strategy overseen by the Trust's Business & Finance Committee.

Section 3: Trust plans

Financial plans: income

The majority of the Trust's contracts are block arrangements, including the additional contracts to provide community services. Only two contracts are unsigned and the Trust has built in all savings notified by the PCTs into the financial plan while negotiations are ongoing. The Trust has £345m of operational income, of which £335m relates to SLAs. The remaining £10m, is generated, in the main, by providing high cost low volume activity for Learning Disability and Rehabilitation services.

Only 50% of the CQUIN value included in contracts has been recognised in the financial plan.

Of the new contracts won by the Trust the main cost per case element relates to HIV services provided in Camden. This is a national contract that does not require prior approval from commissioners, therefore invoicing and debt relating to this service will be monitored closely.

The main risk to the Trust's income relates to services commissioned by Local Authorities. The Trust is working to deliver savings in relation to Section 75 agreements and is managing risk relating to funding for CAMHS services, in particular the risk that funding cuts may be applied retrospectively. In order to mitigate risks for future years the Trust will be working with Local Authorities throughout on their commissioning intentions for future years.

Other funding streams at risk are those relating to the purchase of Learning Disability inpatient services, Eating Disorder inpatient services, and Substance Misuse inpatient services; this is due to competition in the market place. These services have addressed this issue in their three year business plans and there is an ongoing work stream to review prices, quality and outcomes to ensure that the trust can demonstrate value for money.

In 2010/11 the Trust entered into a partnership arrangement which delivers a whole healthcare system in Wormwood Scrubs prison with CLCH who already operate in the prison, and CNWL won the tender to lead the provision in Holloway Prison. An implementation plan is in place for both prisons and whilst Holloway will go ahead as originally planned, the plan assumes some slippage on the start date for the Wormwood scrubs contract.

Longer term the Addictions Service is preparing for the publication of new Department of Health Guidance and implications for the service. It is expected that this will lead to PCTs retendering services in order to meet the needs of the new guidance. The trust is looking to continue to develop skills in this area as well as build on established partnership arrangements with the third sector.

The Trust's income is significantly a mixture of "block" contracts, although many of these have agreed ceilings and arrangements to pay for additional extra activity. The Trust does also have approximately £10m of NHS/Local Authority income that is not contracted but is billed for on an as used basis. This work is at a consistent level, but individual commissioners will alter from year-to-year.

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The risk on income is limited as the majority of the income due to the Trust is provided through block contracts. The funding relating to HIV which is variable has a very high marginal cost so that any reduction in income is significantly off-set by cost reduction. The variable cost is £20m of the £27m contract. This service is one based on patient choice and as such the risk is determined by the services ability to meet the patients' needs.

There is longer-term risk around the future educational income for supporting undergraduate teaching. It is currently unclear how the proposed changes will be introduced or the exact impact on CNWL. Under the proposals prior to the Health reforms there would be a £-0.8m impact with the HIV service losing £1.8m but Mental Health teaching gaining £1.0m, but with the possibility of additional income in 2011/12 for HIV teaching partially off-setting the impact by £0.6m.

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10/11 Service Developments

<table>
<tr><th>Service developments detailed in 10/11 Annual Plan</th><th>Progress during 10/11</th><th>Lessons learned</th></tr>
<tr><td colspan="3">Organic / Innovation:</td></tr>
<tr><td>Develop standard best-practice care pathways linked to the national PbR clusters (and locally developed needs clusters for services outside the scope of the national PbR programme) and, based on these, implement SLM and service redesign programme across the Trust.</td><td>Service Redesign Project:
• Service Line Clinical and Service Directors appointed to following rigorous assessment & recruitment process.
• Organisational Development Programme developed to support service line transition.
• Clear project governance structure established incorporating external project assurance function.
• Huge amounts of consultation and engagement work undertaken by service line directors with key internal and external stakeholders as core part of business case development work
• High quality service line business cases produced by each service line. Scrutinised via rigorous and value-adding Executive Board “Dragons’ Den” process and ‘go-live’ dates for each service line agreed.
PbR Project:
• Baseline clustering completed for more than 90% of CPA caseload.
• All staff who needed to be trained in clustering have been trained and systems for ongoing mandatory induction / refresher training established.
• JADE developed to support ongoing clustering.
• Clinical standards for ongoing clustering agreed and launched.
• Clear project governance structure established and key project roles appointed to.</td><td>• Importance of clear and timely communication
• Importance of engaging and involving key external stakeholders
• Importance of allocating appropriate dedicated resource to support change management
• Importance of supporting staff effectively through change
• Value of clear project structures and expert project management resources
• Value of creating space and time for reflection and sharing of experiences / ideas
• Importance of ensuring that information systems are able to support changes to service delivery structures
• Crucial importance of clear and effective implementation planning</td></tr>
</table>

<table>
<tr><th>Service developments detailed in 10/11 Annual Plan</th><th>Progress during 10/11</th><th>Lessons learned</th></tr>
<tr><td></td><td>Excellent networks established both regionally and nationally – CNWL well-represented on all key groups and high profile established.</td><td></td></tr>
<tr><td>Development of services enabling repatriation from high-cost out-of-area placements and significant savings to commissioners' placement budgets</td><td><u>2010/11 Q1</u>
Confirmation of project board and team structure
Formalised reporting and configuration of management processes
PID ratified and the project formally began
Targets agreed for Brent, K&C and Harrow = £1.5m
Hillingdon is included in the project scope in M2/3
Total moves/placement changes = 16
Total efficiencies made in quarter = £897k
<u>2010/11 Q2</u>
Out of scope areas for Harrow (complex cases) and Hillingdon are part of project teams remit (remains out of project scope)
Continued with the process of building relationships and obtaining and cleansing placement data
Westminster joined the project in September. However no targets were formally set
CNWL in discussions with NHS K&C to look at a longer term solution to managing placements
Total moves/placement changes = 12
Total efficiencies made in quarter = £289k
<u>2010/11 Q3</u>
Continued with resolving issues with panel processes
Brent hit £500k target in October ahead of schedule
Joint development of a project mandate for K&C placement management project</td><td><u>Overarching Lessons</u>
There is value in approaching the efficiency issues from a whole systems perspective ie health, social care and housing.
The high risk of taking on devolved budgets. Lessons learnt from Harrow (ASC) and Hillingdon (CC). If the Trust is to take on these budgets a full due diligence process is undertaken and risk share is built into the contracts, particularly around growth in demand etc.
Robust panel process in Boroughs will expedite the efficiency process by improving communication and decision making capacity. The places where there have been effective panels in operation are those where the project has managed to achieve the most efficiency.
Joint social care and health panels work most effectively
The long term solution is to address supply and capacity. The independent OATs sector growth remains strong despite the climate and this is partially attributed to the disinvestment of specialist and long term NHS sites.
Short term savings plans such as decommissioning units will lead to long term problems and higher costs.
<u>Project / Programme Lessons</u>
It has been useful having formalised risk/benefit share agreements with the boroughs such as K&C. Was initially useful as a conduit to aid discussions and later to for both sides to know what the scope and remit is. This would have been useful in other areas.
To link the CNWL contract negotiations to the</td></tr>
</table>

Service developments detailed in 10/11 Annual Plan	Progress during 10/11	Lessons learned
	• Total moves/placement changes = 25 (in scope) 3 (out of scope) • Total efficiencies made in quarter 3 = £410k (in scope) £84.8k **2010/11 Q4** • Reached target for Harrow and K&C • Development of 3 year project outline business case • Project close • Total moves/placement changes = 9 • Total efficiencies made in quarter 4 = £261k	project much more clearly to support the team in understanding the targets etc • The clinical leads would have been aided further with CNWL staff teams being fully aware of and understanding the project's purpose. • Ensure dedicated project resources so that the project team is able to focus on the project without the conflict of existing roles and responsibilities. • A lot of time went into accessing the lists of placements and cleansing the data. The information held on commissioner databases was not always found to be accurate • If possible to have unit costs of placements. Often the cost info on commissioner databases was based on how much is being or has been paid rather than the unit cost of the placement. This led to inaccuracies • To have a functional database available for the project
Development of services to help PCTs to reduce their spend on non-MH and primary care MH services	Repatriation Project Board set up reporting into Director of Operations and Partnerships and onto Business & Finance committee. £2.97m savings delivered to PCTs on their placement budgets.	Project widely acclaimed by commissioners and helped to protect 10/11 and 11/12 contract values. Contract expanded in scope to include LD and older adults services and work now taking place with all 5 major MH PCTs. Strong governance arrangements and project approach to be replicated across other projects.
Development of private patient services	PP group set up in 10/11 to review PP opportunities and set up separate workstreams as relevant.	It is clear that development of Private Patient Services is an area of opportunity but this is resource intensive; to make good progress requires engagement of key clinicians and to start the process on a pilot basis and build the governance structures that can be extended to other areas of the Trust

Service developments detailed in 10/11 Annual Plan	Progress during 10/11	Lessons learned
Brent & Hillingdon: Develop Section 75 partnership arrangements for the integrated provision of adult and older adult mental health services with CNWL as the lead provider organisation.	**Brent** Brent Adults have had a S75 partnership agreement in place with LB Brent since 2001 (formerly S31). During 2009/10 a project was implemented to further integrate through TUPE or secondment of the Brent staff. However with Brent Council's finances under pressure it was decided not to pursue either but instead to renew the existing agreement retaining devolved management of the Brent staff and with the inclusion of 3 social workers from the Older Adults Service. The formal document for a further 5 year agreement is currently with LB Brent's Legal Department prior to Committee approval. **Hillingdon** Following discussions during 2010-11, CNWL and the London Borough of Hillingdon agreed that the development of a Section 75 agreement is required. Both partners have agreed a plan for the completion of the Section 75 Agreement and an appropriately qualified individual has been appointed to draft this during 11/12.	**Brent** The Integration Project, whilst not achieving its original intentions, did serve to facilitate closer working between CNWL and LB Brent – e.g. the development of integrated Health & Safety and Complaints Procedures with CNWL acting as the lead agency. **Hillingdon** • The importance of ensuring that all stakeholders fully understand the scope and complexity of the work involved in developing a S75 agreement. • The importance of being able to access relevant historical information (particularly relating to Finance and HR) prior to commencing the work to develop the agreement.
Addictions: Complete the restructure and redesign programme to ensure that the service offers the best possible value for money.	Redesign completed in all but two areas (Kensington and Chelsea and Hounslow). Unit costs exercise indicates a unit cost reduction of 16%.	• Detailed planning of redesign required in each area • Importance of lead clinician and sector manager buy into redesign. • Ensuring that managers are trained and confident around key HR processes and change management issues.
Acquisition etc.		
Actively pursuing opportunities to acquire community provider services and collaborate with neighbouring MH trusts	**Hillingdon Community Health** • NHS Hillingdon identified CNWL as preferred provider for its community services in February 2010. • Approval for Hillingdon transaction received from all required bodies in January 2011. • Hillingdon Community Health services transferred	**HCH and CPS Transactions** • Value of systematic use of formal project management methodology • Importance of clarity regarding legislative requirements from the outset • Importance of clarifying relative responsibilities and accountabilities within the key stakeholder

Service developments detailed in 10/11 Annual Plan	Progress during 10/11	Lessons learned
	from NHS Hillingdon to CNWL from February 2011. **Camden Provider Services** • NHS Camden identified CNWL as preferred provider for its community services in May 2010. • Approval for Camden transaction received from all required bodies in January 2011. Camden Provider Services transferred from NHS Camden to CNWL from April 2011. **Collaboration with neighbouring MH Trusts** • Collaborative work undertaken with West London MH NHS Trust in Feltham YOI and Community Forensic Teams. • Positive relationships maintained at Board and senior management/clinician level with neighbouring trusts • Progress in NHS trusts achieving FT status monitored	organisations from the outset • Value of using dedicated staff for time-intensive pieces of work within the project to ensure that project manager retains total-picture oversight throughout. • Value of resourcing project manager roles through internal secondment to ensure familiarity with the workings of the organisation. **Collaboration with neighbouring MH Trusts** Non-FTs may feel under threat of competition from FTs. Open dialogue and partnership working is effective in nurturing collaborative relationships.
Offender Care: Following successful bid with Central London Community Healthcare for the provision of healthcare services to HMP Wormwood Scrubs, expand service provision to take on responsibility for the delivery of all mental health and substance misuse services within the prison.	Service transfer delayed until 1st July 2011 (see below).	Importance of timely use of legal expertise.

Planned Service Developments for 2011/12:

<table>
<tr><th>Service development priorities</th><th>Contribution to the strategy</th><th>Key actions and delivery risk</th><th>Key resource requirements</th><th>Measures of progress 2011/12, 2012/13, 2013/14</th></tr>
<tr><td colspan="5">Organic / innovation:</td></tr>
<tr><td>Redesign of adult community services in Harrow, Hillingdon and Westminster</td><td>Link to Strategic Objectives:
Provide integrated, high quality, timely services based on the needs of the individual.
Provide a financial base that is robust for the future development of the Trust and to provide economic and efficient services.
Engage meaningfully with service users, carers and the local community to improve and align our services to meet needs.
Encourage recovery and social inclusion through high quality care.</td><td>Key Actions:

Harrow
Local meeting to sign off redesign plan on 10th May 2011.
6 week consultation for local stakeholders - June to mid July
Managers in post August 2011
Oct 11 ‘Go Live’ begins.
Hillingdon
Q1:
Complete planning phase and wind up CIP work streams.
Agree plan and receive sign off from Business & Finance and CNWL Executive.
Begin Staff Consultation process.
Q2:
Commence Implementation.

Westminster
Reduce CMHTs from 7 to 4, separated into 2xABT and 2xRecovery Teams.
Q1:
2 separate HR processes to take place with WCC and CNWL to reduce number of posts.
Q2 & 3:
Operational policies to be developed and teams established.</td><td>Harrow
To be met within existing Trust resources

Hillingdon
To be met within existing Trust resources

Westminster
HR involvement from CNWL and WCC to implement change management policy.</td><td>Harrow
Local project plan to be monitored through Harrow SMT & Local Modernisation Committee (includes PCT/ LA)
Teams included in Trust performance / quality dashboards.
Local patient satisfaction surveys to be undertaken Dec 2011 and June 2012.
Stage 1 of financial efficiencies to be reached by March 2012.
Hillingdon
CIP Implementation Group to govern implementation of service redesign.
Regular updates to Senior Operational Management Meeting.
Regular updates to Contract Meetings & Partnership Board</td></tr>
</table>

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress 2011/12, 2012/13, 2013/14
				Westminster • End Quarter 2: All posts should have been recruited to. • Operational policies for teams begun. • Membership of all 4 teams established. In total £4.7m of savings expected in 11/12.
		Delivery Risks *and Mitigation Plans:* **Hillingdon** Risk 1: Total CIP amount may not be possible to achieve in year one due to the impact of patient safety. *Mitigation 1: Clear project plan to be written and monitored by Service Director and Director of Operations.* Risk 2: Achieving the safe transition of clients to Primary Care may not be achievable. *Mitigation 2: Clear project plan to be written and monitored by Clinical Director, Service Director and Director of Operations.* **Harrow** 1. Medical Team The plan includes significant changes to medical staff job plans/ ways of working. Engagement of consultant group vital to success of project. *Lead Clinician and Medical Director to be involved in workforce strategy for project. Support from Director of Ops and Medical Director will be needed.* 2. Community / Mgt Posts Some community staff posts will be put at risk as a result of the redesign. *This will need to be managed in line with the Trust HR policy.* 3. Clinical risk The process will need to be carefully managed in order to allay any potential anxiety from local users and carers regarding		

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress 2011/12, 2012/13, 2013/14
		changes to the service structure. *Consultation event to explain changes but also mechanism to gather feedback. Project group and local teams to maintain dialogue as project progresses.* *Clinical Staff will need to ensure vulnerable patients are closely monitored through transfer.* **Westminster** 1. HR process may be delayed due to the complexities of 2 organisations leading their own processes *Regular separate meetings with HR to resolve issues as they arise. Agreement on number of posts to be deleted on both sides agreed.* 2. Staff may not be able to be redeployed within CNWL, which will impact on Westminster's ability to meet CIP target *Separate redeployment cost centre to be established in Westminster. Review with HR redeployment list on a regular basis and explore alternatives.*		

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress 2011/12, 2012/13, 2013/14
Hillingdon: Develop Section 75 partnership arrangements for the integrated provision of adult and older adult mental health services with CNWL as the lead provider organisation.	***Link to Strategic Objectives:*** • Provide integrated, high quality, timely services based on the needs of the individual. • Encourage recovery and social inclusion through high quality care.	**Key Actions:** **Q1:** Influence the appointment of acceptable author of Section 75 Agreement. **Q2:** Contribute to discussions with regards to the terms of the agreement. **Q3:** Provide necessary information required to agree governance arrangements in relation to HR, Finance and Performance Management. **Q4:** Contribute to the formation of Governance systems pertaining to HR, Finance and Performance Management. **Delivery Risks *and Mitigation Plans:*** Risk 1: Development of strong relationship with the new Director of Adult Social Care at LB Hillingdon. *Mitigation 1: Director of Operations and CEO involved and leading on this process supported by borough Service Director.* Risk 2: Availability of historical information required to complete Section 75 Agreement. *Mitigation 2: Relevant staff briefed and prepared that information relating to HR and Finance may need to be zero based.*	Local authority appointing project manager. CNWL input to be met through existing resources	Progress will be monitored at bi-monthly Partnership Board meetings. No financial savings relating to this development have been assumed in the plan.
Service Redesign Project (Implementation of service line management)	See Section 1 – "Key Priorities" table	**Key Actions:** See Section 1 – "Key Priorities" table **Delivery Risks *and Mitigation Plans:*** Risk 1: Project may not lead to savings target, which presents a risk to the future financial security of the Trust. *Mitigation 1: Contingency plans developed as part of service line business cases. Business plans being reviewed by the Executive Board before authorisation.*	A budget of £0.9m has been created in 11/12 to cover project management costs – some of this is backfill of existing staff seconded to the project.	See Section 1 – "Key Priorities" table

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress 2011/12, 2012/13, 2013/14
		Risk 2: Varying degrees of expertise and capacity amongst local management to implement service redesign. *Mitigation 2: Personal Development Programme in place for all senior staff* Risk 3: Phased transition to service lines could lead to gaps and overlaps, with details related to some services across service lines still to be agreed *Mitigation 3:Programme board monitors progress on an on-going basis with particular attention to overlaps and gaps and reports monthly to the Trust Board.* Risk 4: The estates rationalisation may not achieve planned £6m savings. *Mitigation 4: Estates Strategy Group to develop rationalisation plan once all business plans finalised.*		
Payment by Results (PbR) Project	See Section 1 – "Key Priorities" table	**Key Actions:** See Section 1 – "Key Priorities" table **Delivery Risks *and Mitigation Plans:*** Risk 1: Risk of lack of consistency in clustering amongst clinicians, which would potentially result in inconsistent costings *Mitigation 1: System to be set up to provide feedback on clustering and anomalies therein to clinicians and teams* Risk 2: The DoH requested local prices be developed for 2012/13, however Trusts nationally have agreed that this provides insufficient time. The Department of Health is yet to agree a solution with the Secretary of State, and if not agreed will result in financial risks for the Trust during contract negotiations with commissioners. *Mitigation 2:* Continue to develop and share	• PbR Project Director – 0.4wte • PbR Care Pathways Project Manager – 1wte • PbR / Outcomes Analyst – 1wte • PbR Costing Manager – 1wte • Project Admin Support – 0.5we • Information system developments - £50k	See Section 1 – "Key Priorities" table No financial savings relating to this development have been assumed in the plan

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress 2011/12, 2012/13, 2013/14
		costs and agree consistency with other Trusts through the London wide Finance Group. Discuss with local commissioners approach to 2012/13 contract negotiations		
Placement Repatriation Programme – development of services enabling repatriation from high cost out-of-area placements	See Section 1 – "Key Priorities" table	**Key Actions:** See Section 1 – "Key Priorities" table **Delivery Risks *and Mitigation Plans:*** **Project 1: Placement Efficiency Plan** **Risk 1:** A lack of VFM High support or internal CNWL block provision to enable repatriation or step down ***Mitigation 1****: Needs information to feed into service line development and Commissioning Strategies. Work with Commissioners around invest-to-save strategies* **Risk 2:** Delays caused by issues with commissioning systems and CNWL placement pathway or blocking of moves by current placements, Family/Carers or users **Mitigation 2**: *Work with Commissioners and Service Directors around addressing the inconsistencies and process waste in the placement pathway. Implement Placement communication & engagement strategy*	•	See Section 1 – "Key Priorities" table
Support for the sector QIPP Programme – development of services enabling savings to be made to commissioners' MH and non-MH spend	See Section 1 – "Key Priorities" table	**Key Actions:** See Section 1 – "Key Priorities" table **Delivery Risks *and Mitigation Plans:*** Risk 1: May not achieve financial savings *Mitigation 1: Modernisation plans to be agreed and service lines to be finalised* Risk 2: Commissioner capacity to help drive change externally and gain stakeholder support may impact our ability to manage the process of change	• Expansion of project team to ensure delivery of targets	See Section 1 – "Key Priorities" table

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress 2011/12, 2012/13, 2013/14
		Mitigation 2: The Trust to engage with and help the PCTs through the modernisation board. Risk 3: Internal capacity to deliver contracted productivity *Mitigation 3: CQUIN delivery plan to be developed*		
Development of private patient services	See Section 1 – "Key Priorities" table	**Key Actions:** See Section 1 – "Key Priorities" table **Delivery Risks *and Mitigation Plans:*** Risk 1: Local systems are inadequate to collect information to identify PP and allow for income recovery *Mitigation 1: Put in place data collection processes at those points where PP work will be allowed. Establish local systems for requiring prior payment and standard contracts for corporate work* Risk 2: If activity levels fail to materialise, could impact on any services that are reliant on it to deliver part of their CIP. *Mitigation 2: All CIPs have to be agreed by the Board but previously are reviewed by Operational and Finance directors.*	The project is initially concerned with a pilot being funded through the Trust's Innovation Scheme on the back of this a Private Patient Group will be established to draw up proposed operational guides and parameters. Meanwhile financial and clinical governance processes will be established. The main resource for this will be a project manager (£50k and legal support £20k and Accounting support £25k). There will be a requirement in later years for additional cost but this will be developed on the back of the case developed in year 1	See Section 1 – "Key Priorities" table
Acquisition, etc.:				
Integration of community provider services	See Section 1 – "Key Priorities" table	**Key Actions:** See Section 1 – "Key Priorities" table **Delivery Risks *and Mitigation Plans:***	Continued part-time project management input until integration fully embedded.	See Section 1 – "Key Priorities" table

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress 2011/12, 2012/13, 2013/14
		Both Hillingdon and Camden Community Services Risk 1: Currently limited plans in place to increase efficient and effective provision of services, which will not optimise this opportunity. *Mitigation 1: Opportunities have already been identified for action in both Hillingdon and Camden, and resource in place to identify and develop further plans. The Camden integration will provide further opportunities.* **Additional Hillingdon Community Service risk** Risk 2: Facilities management brought in-house from 1 July 11. CNWL's infrastructure to provide the service is not currently sufficient and facilities issues following transfer may not be dealt with in a timely manner. *Mitigation 2: CNWL is appointing a Facilities Manager, and interim support in place. Discussions have taken place with key contractors.* **Additional Camden Community Service risks** Risk 3: Potential loss of SIFT funding of up to £1.7m from the DoH. *Mitigation 3: Transition funding and 3-year staged loss have been requested from the DoH. Awaiting update on national situation from NHS London.* Risk 4: NHS Camden are withdrawing provision of St Pancras Hospital, which may necessitate change in service delivery and commissioning arrangements *Mitigation 4: Any increased costs (eg. increased cost of alternative site) are covered by a condition within the Business Transfer*		

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress 2011/12, 2012/13, 2013/14
		Agreement. Effect on commissioning intentions being discussed with commissioners		
Establishment of 'whole of healthcare' service at HMP Wormwood Scrubs	***Link to Strategic Objectives:*** • Provide integrated, high quality, timely services based on the needs of the individual. • Provide a financial base that is robust for the future development of the Trust and to provide economic and efficient services. • Encourage recovery and social inclusion through high quality care. • Seek and develop new business opportunities and partnerships consistent with our vision.	**Key Actions:** **Q1:** contract signed, TUPE of staff and joint work with CLCH on agreeing new models in MH and SMS **Q2:** implementation of new models including new clinical governance structures **Q3:** review implementation of new 'system' **Q4:** make amendments to new system (if required) in light of review **Delivery Risks *and Mitigation Plans:*** Risk 1. Contract not signed by CLCH / commissioners so CNWL / CLCH contract not confirmed *Mitigation 1. CNWL to seek separate contract with commissioners in line with new model* Risk 2. TUPE of staff delayed *Mitigation 2. Already delayed so on hold and HR primed. As mitigation 1.* Risk 3. Unable to agree new models or implementation approach with CLCH *Mitigation 3. Continue regular meetings with CLCH Head of Healthcare; agree draft models and clinical governance by April 2011.*	To be met through existing resources.	**Milestones** 1. Contract signed 2. Implementation timetable (to be revised in light on contract start date) 3. New models agreed 4. New clinical governance structures agreed 5. Ongoing monitoring of performance and milestones in quarterly prison partnership board meetings and monthly meetings with CLCH.
Establishment of 'whole of healthcare' service at HMP Holloway	***Link to Strategic Objectives:*** • Provide integrated, high quality, timely services based on the needs of the individual. • Provide a financial base	**Key Actions:** **Q1** • Implement interim contractual arrangements • Implement contract mobilisation plan by 3rd May **Q2**	To be met through existing resources.	Progress to be monitored against detailed: • Contract mobilisation plan – covers period to 'go live' • Transformation plan – covers the first six

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress 2011/12, 2012/13, 2013/14
	that is robust for the future development of the Trust and to provide economic and efficient services. • Encourage recovery and social inclusion through high quality care. • Seek and develop new business opportunities and partnerships consistent with our vision.	• New contract goes live on June 1st • Implement new system transformation plan **Q3** • Complete implementation of transformation plan **Q4** • New system review **Delivery Risks *and Mitigation Plans:*** Risk 1. Contract mobilisation plan incomplete so not ready for 'go live' on June 1st *Mitigation 1. Weekly contract mobilisation meetings with the commissioner - progress also tracked via OC SMT. Two issues likely to be outstanding: TUPE of prison staff re delays on GAD certification and security clearance of staff. Both issues require the commissioner and Prison to take responsibility. Issues under regular discussion with both parties.* Risk 2. Non delivery of transformation plan *Mitigation 2. Weekly contract transformation meetings with progress tracked against milestones. This will be reported up through CNWL and also into Prison Partnership Board for monitoring.*		months of the new system implementation
Integration of Brent and Harrow Community Learning Disability Services	***Link to Strategic Objectives:*** • Provide integrated, high quality, timely services based on the needs of the individual. • Provide a financial base that is robust for the future development of the Trust and to provide	**Key Actions:** **Q1:** • ·Business Case signed off • ·Integration process begun with LDS Steering Groups set up • ·Project Plan and milestones agreed and implemented **Q2 onwards**: • Implementation	NHS Brent & Harrow HR to lead on TUPE arrangements	See Key actions: Measured 2 weekly until end Qtr 1 then monthly. **Q1:** • ·Business Case signed off • ·Integration process begun with LDS Steering Groups set up

Service development priorities	Contribution to the strategy	Key actions and delivery risk	Key resource requirements	Measures of progress 2011/12, 2012/13, 2013/14
	economic and efficient services. • Encourage recovery and social inclusion through high quality care. • Seek and develop new business opportunities and partnerships consistent with our vision.	**Delivery Risks *and Mitigation Plans:*** Risk 1: SLA agreements are not adequate to deliver the service at the price and quality required. *Business case analysis of data and developing options to manage within budget.* Risk 2: Isolation of site from other services poses potential management and clinical governance risks. *Increased LDS senior management presence at site; attending community meetings across other sites and LDS clinical governance meetings.* Risk 3: Transfer stretches senior LDS management capacity, with potential service and reputation risks. *Single lead and/or secondment opportunities for senior clinical staff that is supported at CQMG and with HQ specialist support as needed* Risk 4: Community team members unwilling to change practice inline with new approach. *Practice review and tighter performance management of entire team.*		• ·Project Plan and milestones agreed and implemented **Q2 onwards:** • ·Implementation with outputs around performance numbers per professional group.
Transferred / discontinued activity:				
N/A	N/A	N/A	N/A	N/A

Financial plans: activity and costs

<u>Table A (Items included in the CIPs worksheet in the financial template:</u>

Key operating efficiency programmes	Amounts and timing	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
Addictions Savings strategy	£0.906m per year	**Delivering a sound financial base**	Risks relate to HR issues and estates Detailed implementation plan established Monthly meeting with Ops Director and Deputy Director of Finance to review progress Monthly reporting to Business & Finance Committee	No additional Resource Required	2011/12 – rationalise use of estate in H&F First review of workforce taking place– quick wins in terms of leavers and vacancies to be implemented. Design of longer term service model to take place once national guidance published 2012/13 Implement phase one of workforce strategy. 2013/14 Implement phase two of workforce strategy
CAMHS and Eating Disorders	Year 1 £0.6m Year 2 £.06 m Year 3 £1.6m	**Delivering a sound financial base**	EDS to relocate to premises on Acute hospital site. EDS – staff now cover inpatient unit and outpatients CAMHS increase productivity by 30% over 3	No additional external resource required. Internal Project manager who had been	Move to be completed in 2011/12 2012/13 20% increase in

			years. Staff savings via natural attrition and review of short term contracts. Risk that the service will also face significant cuts in Local Authority Funding	working on community services transactions now working on CAMHS project.	productivity 2013/14 10% increase in productivity
Corporate savings	Year 1 £3.6m Year 2 £2.6m Year 3 £0.8m	**Delivering a sound financial base**	Savings in year one are due to economies of scale following the integration of two provider arms. A move of Trust Headquarters and savings in depreciation due to an impairment in 2010/11 Risk that there will be some disruption of IT and reporting during the move, but mitigated by relocation planning.	External resource to support the HQ move	HQ to move by end of Sept 2011 **Delivery of financial targets, monitored closely monthly by Business & Finance Committee**
Offender Care	£0.3m per annum	**Delivering a sound financial base**	OFC is an expanding service and is achieving CIPs via economies of scale in the management infrastructure. All new contracts have 3 year plans incorporating efficiencies.	No additional resource required	**Delivery of financial targets, monitored closely monthly by Business & Finance Committee.**

Acute Service Redesign	Year 1 £0.4m Year 2 £4.5M Year 3 £5.8m	**Delivering a sound financial base**	Savings to be achieved via increase in productivity due to service redesign. Project management approach is being taken to ensure all risks are identified, managed and mitigated.	Project support to be funded by service redesign fund for 11/12.	2011/12 – service redesign in K&C borough. 2012-14 – rolling programme of service modernisation, to be determined if this will be borough based or down to type of service within inpatient wards. **Closure of a hospital site is under consideration for 12/13 & 13/14.**
Learning disability	£0.123m per annum		Review existing services to realise efficiencies Grow service and realise efficiencies via economies of scale	No additional external resource required, but increased support from corporate business development and communications teams	2011/12 review Enfield service that was taken on in 2009/10 to realise efficiencies in line with the principle of ‘ adopt, adapt, reform’ 2012-14 – expand to take on further services in Barnet and realise efficiencies through economies of scale in management and infrastructure.
Community MH Services	Year 1 £4.7m Year 2 £2.7m Year 3 £2.7m		See Service Development plans		

Older People and Healthy Ageing	£1.645m per annum		Efficiencies via review of management infrastructure. Review of all method of service delivery to release savings, including Day services Inpatients Community team Use of Estate	No additional resource required	First phase of the project is management restructure and realisation of £.75m of savings. Over remainder of year 1 and into year 2 and 3 all services elements of the service (day services CMHTs and inpatients) will deliver CIP plans.
Provider arm savings - clinical services	Year 1 £2.054m Year 2 £0.946m Year 3 £0.946m		Year 1 savings relate to a ward closure in Camden – plans were implemented in 2010/11 so saving have taken effect from April 2011. Future year savings relate to review of contracts for Pathology service, equipment loan and Wheelchairs services where CNWL will have greater bargaining power and be able to realise economies of scale		**Delivery of financial targets, monitored closely monthly by Business & Finance Committee.**

Table B (Other savings/efficiencies – not included in the CIPs worksheet in the financial template):

Other savings/ efficiencies	Amounts and timing	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
Westminster Section 75	£390k to be delivered in 2011/12		To deliver this saving Community services in Westminster are undergoing a complete service redesign	No additional resource required. Redundancy provision made in 2010/11	Consultation document to be issued Q1 Staff to be 'slotted in' Interviews for at risk staff Notification of outcome Final implementation
Harrow Section 75	£250k to be delivered in 2011/12		Use the Care Funding Calculator (CFC) to review appropriate cases and embed into placement practice to tighten the panel process. Consult on and implement a new day care model that is based on a recovery model, is community focused but provides place of safety. Hold vacancies in day and CMHT awaiting outcome of the day services	No additional resource required.	March – May 2011 Consultation: April – August 2011 Implementation: Sept – Dec 2011 April – Sept 2011

			review. Reconfiguration of in-sourced residential care.		April – Sept 2011
NHS Harrow	£772k above 1.5% tariff reduction to be delivered in 2011/12. £110k low secure bed £274K PICU bed £302k Older People Day services £85k Community teams		Offender care Services to sell this bed Sell beds to other commissioners Modernisation of community teams	No additional resource required	Review of day services took place in 2010/11 and plans implemented in April 2011 Consultation complete by end of Q2 and implementation in Q3 & 4
Addictions	£431K of savings K&C £300k £200k NHs funding, £100k Home Office Funding Balance over remaining sectors – no material values		Addictions service has identified how these savings will be made through service redesign		Internal monthly review meetings with Director of Operations, Medical Director, Addictions Clinical director and Addictions service Director

Workforce

Key workforce priorities	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
The success of the organisation is inextricably linked to the quality of the workforce. A key priority is therefore to retain our best staff and to ensure we operate an effective performance management system.	Key enabler for Change and Organisational Development Programme (see section 1)	1. In 2011/12 we will be recruiting to the new service line management teams. The recruitment process gives us an opportunity to ensure we have only the highest calibre of staff managing our services. We recognise that these roles are pivotal to delivering productivity improvements and improved quality of care across our services. As part of this process the Executive Board will assess options for dealing with potential manpower excess either through redundancies, redeployment or natural wastage 2. Following the presentation of service line business cases to the Executive Board we will, over the next year, produce a workforce development strategy that considers career pathways, skill mix and that links to the organisation's learning and development strategy and informs future approaches to education and development, particularly in light of proposed changes to education commissioning as set out in *Liberating the NHS: Developing the Healthcare Workforce*. Without this in place, there is a risk that productivity improvements will not be achieved and quality of care will be reduced, particularly in the medium to longer term as education funding potentially becomes more restricted.	We anticipate this stream of work will be achieved within the directorate's current resource base. However, in order to achieve a successful outcome effective engagement with clinical services will be crucial. Some transitional funding to ensure appropriate capacity is in place to support the change programme may be needed. This will be separately negotiated.	**Q1 2011/12** Confirm recruitment/assessment approach for next tier down and implement Executive Board to confirm approach to redeployment/redundancy Establishment of Organisational Change Workforce project **Q2 – Q3 2011/12** Establish development programme for new recruits Skill mix review (for nursing staff) undertaken Collation of workforce elements from individual business cases into CNWL workforce development strategy to inform future education and training plans and processes for

Key workforce priorities	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
		3. The organisation recognises the importance of performance management and this will be a significant focus for us over the next year: establishing an organisational performance management framework that is linked to business planning processes and feeding our quality and performance metrics, as well as individual and team annual objectives. This work will inform the framework and criteria for earned autonomy of the service lines.		acquiring funding from Q1 2012/13 **Q1 2011/12** Work with external help to diagnose current issues with performance management and define action plan **Q2 – Q4 2011/12** Implement action plan and review Explore flexibilities within the pay and reward system and consult on the model **Q1 2012/13** Launch revised pay/reward model

Key workforce priorities	Contribution to the overall strategy	Key actions and delivery risk	Key resource requirements	Milestones 2011/12 2012/13 2013/14
Maintain robust HR management procedures, with leaner working practices during period of organisational change	Key element of the Corporate Development Strategy (see section 1).	1. Continue LEAN work across the HR directorate, utilising technological opportunities, to increase productivity and timeliness of response and improve consistency/quality of service. Look to further expand this as the detailed integration of HR (across Hillingdon and Camden) happens. 2. Continue with the e-rostering roll out project to support improvements in rostering processes/outcomes and deliver cost savings in relation to bank and agency spend.	As above	**Q1 – Q4 2011/12** Continue phase 2 of E-rostering roll out Q1 2011/12 Consider and approve HR business case for revised ways of working (LEAN) **Q2 2011/12 onwards** Implement as per plan **Q1 2012/13** Integration plans for corporate services signed off by Executive Team

Financial plans: Capital programmes (including estates strategy)

Key capital expenditure priorities	Amounts and timing (including financing schedules)	Contribution to the strategy (incl. service delivery)	Key actions and delivery risk (inc. finance risks)
Development:			
Developments (various) including equipment	Financial year 2011/12 £5.9m	Major scheme includes Northwick Park Hospital refurbishment and Trustwide environmental improvement programme.	Ongoing as part of project spanning three years. Northwick Park Project Board meets monthly to review progress and risk allocation. Risks monitored and managed via Estates and Facilities Group reporting to Business & Finance Committee
Maintenance:			
Maintenance or replacement capex	Financial year 2011/12 £3.17mk backlog maintenance and essential health & safety plan	Various schemes to improve access and maintain building in condition B.	Planned and urgent maintenance taking place on existing Trust facilities. Risks monitored and managed via Estates and Facilities Group reporting to Business & Finance Committee
Other capital expenditure:			
Other capital expenditure including intangibles	Financial year 2011/12 £2,500k	Mostly related to various IT spend approved via the IT Investment Strategy	Regular procurement of equipment and technology including facilities dedicated to IT. Risks monitored and managed as above.
Other estates strategy			
Other estates strategy	Financial year 2011/12 £885k	Expenditure related to reconfiguring and improving efficiency of the estate. This includes the relocation of the corporate HQ	Programme of estates reorganisation. Risks monitored and managed as above.

Clinical plans

Preparation of clinical plans

1. The Board is highly focused on quality and has reviewed Monitor's best practice guidance in relation to Quality Governance arrangements. There is a well established Quality Committee and a network of Care Quality Management Groups at local and Trustwide level that ensure that quality is driven in a coherent manner throughout the organisation. The Board receives service user feedback at each of its meetings and engages in a continuous programme of Board-to-ward visits to ensure they experience service delivery at the front line. Annually, the Board reviews learning from surveys, audits, complaints claims and incidents and focuses on any themes or trends for action in the forthcoming year. The Board therefore feels that it is some way along the path in implementing Monitor's Quality Governance arrangements but has asked the Quality Committee to review the Trust's systems and processes and to drive continuous improvement.

2. The Board receives a monthly report on all serious (level 5) incidents. It is also updated on the implementation of actions in respect of the most serious cases. The Chief Executive updates the Board immediately and through her monthly report to the Board on any other issues which significantly affect patient safety and where there is a reputational risk to the Trust.

3. The Quality Dashboard includes the targets and indicators mentioned above. This is monitored quarterly by the Quality Committee. The Quality Committee ensures action is taken to address areas of under-performance, and provides assurance to the Board of Directors. The Board receives updates on actions taken to address any other serious quality issues which have been identified.

Quality issues and measures	Contribution to the strategy	Key actions and delivery risk	Performance in 2010/11	3 year targets / measures for 2011/12 2012/13 2013/14
Overall:	*Provision of integrated, high quality, timely services based on the needs of the individual* *Engaging meaningfully with service users, carers and the local community to improve and align our services to meet needs, and to ensure effective local accountability to the populations we serve*	**Financial risk:** Many of the below measures are aligned to CQUIN so the Trust will forgo CQUIN payment if targets are not met. **Reputational risk:** Within the local health economy in terms of being able to achieve against stated Quality Priorities (described below).		
CNWL Quality Priorities 2011/12				
Service User Safety **1. Access to services when in crisis:** 1a) 85% of patients who are discharged from hospital or who are on CMHT caseloads have been given a crisis card with details of who to contact and what phone number to use in a crisis 1b) 65% of community service users report that they have a phone number to call in a crisis. 1c) 65% of community service users who called the crisis number report that they definitely received	This was identified as a clinical priority through user feedback and organisational learning (among other sources). It links directly to the following elements of our strategic vision: *Provide integrated, high quality, timely services based on the needs of the individual* *Engage meaningfully with service users, carers and the local population to improve and align our services to meet needs.*	• We will monitor the distribution of crisis cards so that we know which users need to be given one and can arrange for this to happen • We will be rolling out and supporting our staff to complete the discharge check list that has been developed within the Trust. This checklist will ensure that patients are given a crisis card before discharge as it will prompt staff and require them to record that they have provided a card to the service user. This process will also require staff to explain the purpose of the	The 2010/11 Quality Account targets were as follows: 1a) 90% of community service users on the Care Programme Approach (CPA) have a completed crisis/contingency plan as part of their care plan. Achieved: 97% 1b) 75% of community service users on the CPA report that they have a phone number to call in a crisis Achieved: 60% 1c) 70% of community service users on the CPA feel that they got the help they wanted Achieved: 69%	CNWL's targets/ measures for 2011/12 will include: a) Quality Priorities 2011/12 (listed in column 1), b) Previous year's Quality Priorities, that were not rolled forward (listed in column 4, with the exception of retired item 2a: staff attending customer care training), and c) All additional indicators (listed in column 4)

the help they wanted.		card to our service users to ensure they understand when and how they should use it • We will repeat the 'mystery shopper' exercise to identify good practice and area for further improvement. This exercise involves selected individuals calling the crisis line and reporting on the standard of response they received.	Additional indicators: - % of service users on CPA contacted within 7-days of leaving hospital: 96% (Q3 position, Q4 data not yet available) - % of risks assessments that were completed and linked to care plan: 92% - Infection Control: 0 cases of MRSA (with bacteraemia) and C.Diff, 3 cases of MRSA (without bacteraemia)	
Service User Experience **2. Respect and involvement:** 2a) 65% of community service users report that their views were taken into account when deciding what was in their care plan 2b) 80% of community service users report that they had been given (or offered) a written or printed copy of their care plan 2c) 75% of patients reported that they felt safe during their most recent stay in hospital	*Encourage recovery, well being and social inclusion, individual choice and independent living through high quality care.*	We will achieve the targets we have set ourselves by building on the good work completed in 2010/11 and by: • Embedding Protected Engagement Time to ensure that issues of patients' perceptions of their safety is addressed • Sharing results of service user surveys with inpatients on wards to facilitate dialogue between staff and service users about what can be done to address their concerns • Being responsive to feedback from service user surveys and using this feedback to generate action plans to address issues raised by service users • Recognising the carer role	The 2010/11 Quality Account targets were as follows: 2a) 80% of staff working with service users and carers have attended customer care training Achieved: 92% 2b) 60% of service users on CPA report definitely understanding what is in their care plan Achieved: 63% 2c) 50% of service users on the CPA report they have definitely had enough say in decisions about their care. Achieved: 49% Additional indicators: - On average, the % of beds used by service users who should have been discharges: 3.2% (Q3	

		and promoting carer involvement. This is captured under our Carer Involvement priority area later in this section.	position, Q4 data not yet available) - % of service users on CPA who received a full CPA review within the last 12 months (where appropriate): 97% (Q3 position, Q4 data not yet available) - % of service users who have been offered a copy of their care plan: 83%	
Clinical Effectiveness **3. Physical Health** 3a) 75% of inpatients have had their medications cross-checked against more than one source within 72 hours of admission. This measure may change slightly when CQUINs are finalised by Commissioners. 3b) 65% of service users on CPA report that they got enough advice and support for their physical health	*Provide integrated, high quality, timely services based on the needs of the individual*	• We will establish a process for auditing medicine reconciliation with our doctors and pharmacists to ensure that we have a systematic approach for measuring whether or not we are achieving our target. Through this work we will promote the importance of medicine reconciliation amongst our staff • We have developed new general assessment documentation which includes a much stronger emphasis on physical health and which is more service user led. This will promote the diagnosing and reporting of the physical health needs of our service users and enable these to be acted upon. We have piloted this in Westminster and will roll it out to Kensington and Chelsea and Brent this year.	The 2010/11 Quality Account targets were as follows: 3a) 95% of inpatient service users have had a physical health assessment after admission Achieved: 99% 3b) 55% of inpatient service users felt that they got enough care for their physical health Achieved: 63% 3c) Establish a baseline for community service users (% of service users who felt that mental health services gave them enough support in getting help for any physical health needs they had) Achieved: 59% Additional indicators: - % of service users re-admitted to hospital with 28 days of leaving: 6% (Q3	

		Our plan is to have this fully rolled out across all boroughs in the next two years.	position, Q4 data not yet available)	
4. Carer Involvement: 4a) Establish a baseline for the % of service users that have a carer identified 4b) Establish a baseline for the % of carers recorded as having been offered a carer's assessment 4c) Establish a baseline for the % of carers that report feeling involved in crisis care planning for the person they care for.	*Engage meaningfully with service users, carers and the local population to improve and align our services to meet needs.*	We will set and achieve our targets by: • Establishing a process to systematically record where there is a carer involved and the care that they provide (Quarter 1 of 2011/12) • Collecting data using this new process and through our local surveys to establish a robust baseline against which we can measure quality improvement in this priority area • Enhancing the carers' survey to provide a qualitative evaluation of what mental health services do to support carers currently, identify any unmet needs of carers and to understand what needs to be done to meet any unmet needs of carers • Running a mystery shopper exercise to understand the carers' view of the reception and support they receive by inpatient services.	New measure for 2011/12.	

CQC's planned reviews of compliance – issues / concerns raised: Of three planned reviews of compliance undertaken by the CQC the following concerns were raised at 3, Beatrice Place: • Major concerns for outcome 2 (consent to care and treatment); • Moderate concerns for outcome 7 (Safeguarding); • Minor concerns for outcome 13 (staffing)	Provision of services that meet the CQC Essential Standards for Quality and Safety.	A robust action plan was immediately put in place to achieve full compliance with the CQC Essential Standards for Quality and Safety. The Trust has reported to the CQC on progress against the action plan. The Trust has processes in place to monitor compliance with the CQC Essential Standards. All locations registered with the CQC have completed the CQC Provider Compliance Assessment tools.	Self declared-compliance	The target: to be compliant with CQC Essential Standards for Quality and Safety

Section 4: Regulatory requirements

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2011/12 2012/13 2013/14
Service Performance *Failure to comply with the revisions to the Monitor Compliance Framework (April 2011) in relation to service performance measures that apply to community services.*	**MRSA Target**		2011/12: Compliance with the existing targets. Identification and implementation of new measures when the structure for monitoring community service performance has been confirmed. At 31.5.11 this is under consultation. 2012/13 Compliance with existing and new measures for community services 2013/4 Compliance with existing and new measures for community services.
	C-Diff Target There was an outbreak of C-Diff in Camden Provider Services in 2010. Monitor is aware of this.	. Measures were taken immediately, a SUI report submitted, an NPSA root cause analysis was performed and action plan implemented. The learning from this incident and action plan continues to be implemented. C-Diff and other infection control will remain a key focus for CNWL and CPS. Any HCAIs are investigated as set out above and reported to the CNWL Board.	
	LD Target Community Health Services in Hillingdon and Camden, who became part of CNWL in February and April 2011 respectively, may not reach full compliance with the six criteria set out in 'Healthcare for All' by end q1	A gap analysis has been done. Clinically-led action plans are being developed and implemented by CNWL Learning Disabilities Service Line and the new community health services, with a view to being compliant by end q1 but allowing for the possibility that this may not be complete until q2,	
Clinical quality and governance *Compliance with CQC Essential Standards for Quality and Safety*	Risk to CQC registration status. Risk to Monitor governance ratings.	Performance Compliance Assessment Tools (PCAs) completed and updated on quarterly basis. PCA tracker used to identify areas of shortfall for targeted action plans.	Measures are the CQC Essential Standards for Quality and Safety

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2011/12 2012/13 2013/14
		CQC's Quality and Risk Profile (QRP) reviewed monthly (as early warning tool for action to be taken where required) by Executive Board, and provides assurance to the Quality Committee. Assurance is provided by the Quality Committee to the Board of Directors.	
Governance processes and procedures	1 - First year post acquisition of Camden and Hillingdon Community Provider Services - risk that governance arrangements are not co-ordinated 2 - Risk of not having adequate representation in the Council of	1 - Attendance of senior staff of Camden and Hillingdon Community Provider Services at Board of Directors. Investment Committee oversight to continue throughout 2011/12. Due diligence process identified areas requiring attention which are being monitored by Investment Committee. Policy codification process underway and scheduled for completion by Dec 2011. 2 - Election of governors to take place in new constituencies 3 - Membership campaigns to be carried out. 4 - CNWL Trust-wide Risk Register to contain entries regarding Camden and Hillingdon (which will be reported to the Board of Directors).	All milestones to be achieved during 2011/12

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2011/12 2012/13 2013/14
	Members. 3 - Risk of not achieving adequate membership in new constituencies 4 - Key risks previously managed by Camden and Hillingdon are not managed by CNWL.		
Financial stability, profitability and liquidity	There is significant uncertainty regarding the commissioning intentions and arrangements for 2012/13 and onwards; this uncertainty could lead to a reduction of income over which could undermine the financial stability of the Trust. The Trust's projected financial performance is predicated on the delivery of challenging savings targets. There is a risk that the Trust will not deliver these savings which would lead to erosion of the Trust's surplus that could undermine the financial stability of the Trust.	Continue to build good working relations with commissioners to ensure that we aware of any issues before they arise so that we can a) influence the agenda and b) take early action as appropriate. Continue to build reserves into the financial budgets to ensure there is a contingency to manage potential income reductions. Continued intensive focus on CIP delivery by the Exec Board, the Business Finance Committee, and the Main Board. Continue to build reserves into the financial budgets to mitigate against individual services failing to deliver their full savings targets.	Measures: scrutiny by Contracts Monitoring Group which reports to Business & Finance Committee and up to the Board. Regular and structured meetings with Commissioners involving staff at appropriate levels. Measures continued intensive focus on CIP delivery by the Exec Board, the Business Finance Committee, and the Main Board.

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2011/12 2012/13 2013/14
Cooperation and / or competition rules	Risk that a planned business development such as an acquisition or merger is considered by the CCP to be a breach of the Principles and Rules of Co-operation and Competition.	Initial consideration and reference to CCP principles before board decision on future transactions. Early dialogue with CCP in any case which meets their criteria for consideration.	In accordance with CCP guidance.
Meeting requirements regarding information governance standards	The Trust will not declare compliance with IG Toolkit (IGT) Version 8 until June 2011 to take account of the extended timeline for meeting Requirement 112 (IG training). Failure to meet the mandatory (IGSoC) Requirements is a breach of the Monitor Compliance Framework. Failure to meet an appropriate standard in a number of additional Requirements impacts on the Trust's CQC Quality Risk Profile in relation to Outcome 21 (records management).	An action plan is in place to deliver Requirement 112 by the end of June 2011. The plan is overseen by the Trust IG Programme Board, which reports to Executive Board. A plan is being developed to combine Toolkit evidence across the mental health and new community health components of the Trust. This will be implemented as work on IGT Version 9 (from July 2011 until April 2012) progresses. The best and most appropriate approaches to meeting individual Toolkit Requirements will be selected and applied as required. IGT work is overseen by the IG Programme Board and delivered through a number of specialist subgroups. IG experts are in post in mental and community health to drive the IG agenda and deliver the IG Toolkit.	2011/12 – compliance with mandatory Requirements of IGT Version 9 by April 2012 and sustained performance in additional Requirements. 2012/13 – compliance with mandatory Requirements of IGT Version 10 by April 2013 and sustained performance in additional Requirements. 2012/13 – compliance with mandatory Requirements of IGT Version 11 by April 2014 and sustained performance in additional Requirements.

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2011/12 2012/13 2013/14
Having regard to the NHS Constitution	A breach of the NHS Constitution could lead to the Trust breaching the terms of its authorisation	The NHS Constitution underpins the Trust's own strategy and processes and therefore risks of failure to deliver the pledges enshrined within the constitution are managed at this level. The Trust is confident of its ability to act within the NHS Constitution	Any difficulties in meeting the NHS constitution will be raised by Executive Directors at the Executive Board.

Section 5: Leadership and governance

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Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones 2011/12 2012/13 2013/14
Implementation of SLM and service redesign programme across the Trust: *Ensuring excellent clinical and business leadership skills to take forward the implementation and ongoing operational management of service lines, within a sound governance framework.*	The realisation of future productivity and quality of care improvements within the organisation is predicated on the successful implementation of our service line management and redesign programme. Without excellent clinical and business leadership in place across each of the service lines the programme's success will be limited. Times of organisational change often lead to uncertainty; we need therefore to ensure that our ability to retain our best staff is not compromised. Implementing a significant change management programme whilst continuing to deliver effective care service requires a solid governance approach, to assure the quality and safety of care and associated service performance targets are achieved.	1. Coaching programme for clinical and service directors to continue and be supplemented by a personal development plan (PDP) bursary for each individual. Development Programme for next-in-line management tier commissioned. 2. The drive to greater productivity and quality will be supported by a robust organisational performance management framework that clearly sets out expectations of staff and provides a streamlined process for managers to follow in dealing with those individuals who fail to deliver. An associated issue is whether our current reward system sufficiently motivates all our staff to deliver excellence. We will evaluate this during the period and consider alternative approached to incentivisation (see workforce section). 3. We will continue to extend our range of management and leadership development opportunities across all levels, ensuring continuous skill development in this area, to support succession planning at all levels across the organisation.	**Q2 2011/12** Next-in-line development programme signed off Expansion of Clinical Leaders Programme to include Community Health Services **Q2 2011/12** Launch BME and other staff coaching and mentoring schemes **2011/12 Q4** Formal succession planning processes in place within competency/development pathways – linked through to workforce development strategy **2011/12 Q4** Evaluate performance management framework and consider future options/explore flexibilities within the pay

Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones 2011/12 2012/13 2013/14
			and reward system **2011 – 2013** Deliver to OD programme milestones

As in previous years, a sub-group of the Council of Members has played an integral part in the development of the Annual Plan. This group met for three workshops (facilitated by the Director of Strategic Planning and the Director of Finance) with the following agendas:

2011/12 – Council of Members Annual Plan Sub-Group

Session One - January

- **Recap and review of progress against previous year priorities**

Session Two - February

- **Analysis of the current and forecast external environment**
- **Organisational self-assessment**

Session Three - April

- **Agreement of the priorities for the year ahead, the key milestones for delivery and the mechanisms for feedback**

A paper summarising the work undertaken during the first two sessions was presented to the full Council of Members in March and its views sought on the proposed priority workstreams for the year ahead; these were fully endorsed.

Following development work with the Executive Leads during March, the proposed milestones for each of the priority workstreams were then presented to the sub-group at the April workshop and a discussion took place as to how progress against these might be most effectively fed back to the Council of Members during the year ahead.

Feedback from the sub-group has been incorporated at each stage of the planning process; points were raised particularly with regard to:

- The role that the Council of Members could play in supporting the Trust's GP engagement work
- The importance of the Trust maintaining its position as an excellent employer with innovative training, development and research programmes
- The importance of ensuring that patient reported outcome and experience measures (PROMs and PREMs) become fully embedded within the organisation's performance management frameworks
- The opportunities that may be realised through the establishment of the new Psychological Medicine service line – to support acute and primary care partners to make savings and improve service quality through the development of liaison / health psychology / medically-unexplained-symptom services.

Detailed Financial Summary £m		2010-11 Actuals	2011-12 Plan	2012-13 Plan	2013-14 Plan
Total operating income		255.0	369.5	359.6	350.8
Employee Expenses		(185.7)	(246.8)	(243.6)	(236.9)
Drugs expense		(6.2)	(26.9)	(28.1)	(29.4)
Supplies (clinical & non-clinical)		(9.3)	(17.1)	(17.1)	(17.1)
PFI expenses		0.0	0.0	0.0	0.0
Other Costs		(39.2)	(57.5)	(50.0)	(47.3)
Total operating expenses		**(240.4)**	**(348.3)**	**(338.8)**	**(330.7)**
EBITDA		**14.6**	**21.2**	**20.8**	**20.1**
Net Surplus / (Deficit)		**1.0**	**14.9**	**11.6**	**9.8**
EBITDA % Income	%	5.7%	5.7%	5.8%	5.7%
CIP% of Op.Exp. less PFI Exp.	%	3.2%	4.0%	4.4%	4.4%
Capital expenditure		(11.5)	(12.6)	(14.6)	(14.6)
Net cash inflow/outflow		**5.6**	**(3.6)**	**(1.2)**	**(0.5)**
Cash and cash equivalents		**43.2**	**39.6**	**38.4**	**37.9**
Liquidity days		**43.1**	**37.6**	**39.7**	**40.6**
Net current assets/(liabilities)		**17.5**	**21.4**	**22.4**	**22.4**
Planned borrowings		**1.1**	**1.1**	**1.1**	**1.1**

Service Developments Totals

Totals	Plan for Year ending 31-Mar-2012	Plan for Year ending 31-Mar-2013	Plan for Year ending 31-Mar-2014
	Value £m	Value £m	Value £m
Revenue from Service Development	0.700	1.400	1.400
Expense of Service Development	(2.102)	(1.400)	(1.400)

1	**Short Name or Description** Integration of Brent and Harrow Learning Disabilities			
	Total effect of this service development	0.000	0.000	0.000
2	**Short Name or Description** Service redesign project			
	Total effect of this service development	(0.900)	0.000	0.000
3	**Short Name or Description** Payment by results Project			
	Total effect of this service development	(0.292)	0.000	0.000
4	**Short Name or Description** placement Repatriation Programme			
	Total effect of this service development	(0.170)	0.000	0.000
5	**Short Name or Description** support for the sector QUIPP programme			
	Total effect of this service development	(0.040)	0.000	0.000

Cost Improvement Plans (CIPs) Totals

Totals	Actual for Year ending 31-Mar-11	Plan for Year ending 31-Mar-2012	Plan for Year ending 31-Mar-2013	Plan for Year ending 31-Mar-2014
		Value £m	Value £m	Value £m
Analysis of Revenue Generation and Expense CIPS				
Recurring CIPs + revenue generation schemes	7.909	14.536	15.521	15.056
Non-recurring CIPs + revenue generation schemes	0.000	0.000	0.000	0.000
Total (agrees to above)	**7.909**	**14.536**	**15.521**	**15.056**

#	Short Name or Description		31-Mar-2012	31-Mar-2013	31-Mar-2014
1	**Short Name or Description**				
		Total revenue generation scheme effect	**0.000**	**0.000**	**0.000**
2	**Short Name or Description**				
		Total revenue generation scheme effect	**0.000**	**0.000**	**0.000**
3	**Short Name or Description**				
	Addictions Savings strategy		**0.905**	**0.905**	**0.905**
4	**Short Name or Description**				
	CAMHS & EDS		**0.604**	**0.604**	**1.604**
5	**Short Name or Description**				
	older people and Healthy Ageing & RehAB		**1.645**	**1.645**	**1.645**
6	**Short Name or Description**				
	Offender Care		**0.392**	**0.392**	**0.392**
7	**Short Name or Description**				
	Acute		**0.440**	**4.548**	**5.864**
8	**Short Name or Description**				
	CPS -& HCH Clinical		**2.054**	**1.931**	**0.903**
9	**Short Name or Description**				
	LD		**0.123**	**0.123**	**0.123**
10	**Short Name or Description**				
	corporate savings		**3.696**	**2.696**	**0.834**
11	**Short Name or Description**				
	Community - MH		**4.677**	**2.677**	**2.786**

List of Directors, Governors and elections for Central and North West London NHS FT

Directors *(at 31 May 2011 or date of submission, whichever is earlier)*

Role	Job Title	Name of Director	Tenure	Date appointed
Chair	Chair	Dame Ruth Runciman	Permanent	01/12/2001
Chief Executive	Chief Executive	Claire Murdoch	Permanent	02/11/2007
Medical Director	Medical Director and Director of Quality	Dr Alex Lewis	Permanent	07/05/2003
Nursing Director	Director of Nursing and Operations	Andy Mattin	Permanent	06/04/2010
Finance Director	Director of Finance	Trevor Shipman	Permanent	04/05/2004
Other Board Director	Human Resources Director	David Brettle	Permanent	02/11/1992
Other Board Director	Director of Community Services and Strategic Planning	John Vaughan	Permanent	01/04/2007
Other Board Director	Director of Commercial Development and Estates	Ian McIntyre	Permanent	28/11/2005
NED	NED	Prof Dot Griffiths	Permanent	15/02/2000
NED	NED	Ian Holder	Permanent	01/10/2005
NED	NED	Bhavana Desai	Permanent	01/12/2006
NED	NED	Hiroo Chothia	Permanent	01/10/2004

Governors *(at 31 May 2011 or date of submission, whichever is earlier)*

Constituency Type	Full Name of Constituency	Name of Governor	Origin	Date appointed/elected
Patient	Service users from the Boroughs of Hillingdon, Harrow, Brent, Ealing Hounslow	Bob Walker	Elected (Contested)	01/05/2009
Patient	Service users from the boroughs of Westminster K&C,H&F,Camden, Enfield and the rest of the GLA	Timothy Seale	Elected (Contested)	10/09/2009
Patient	Service users from the Boroughs of Hillingdon, Harrow, Brent, Ealing Hounslow	Lisa Calderwood	Elected (Contested)	01/05/2010
Public	Service users from the Boroughs of Hillingdon, Harrow, Brent, Ealing Hounslow	Stephen Chamberlain	Elected (Contested)	01/05/2009
Patient	Service users from the boroughs of Westminster K&C,H&F,Camden, Enfield and the rest of the GLA	Sean Bell-Briggs	Elected (Contested)	01/05/2010
Patient	Service users from the boroughs of Westminster K&C,H&F,Camden, Enfield and the rest of the GLA	Shalinie Tewarie	Elected (Contested)	01/05/2009
Patient	Service users from the boroughs of Westminster K&C,H&F,Camden, Enfield and the rest of the GLA	John Parkinson	Elected (Contested)	01/05/2009
Patient	Carers	Shivakura Selvathurai	Elected (Uncontested)	01/05/2009
Patient	Carers	Monique Klang-Voves	Elected (Uncontested)	01/05/2010
Patient	Carers	Janet Seale	Elected (Uncontested)	01/05/2010
Public	Public - London Borough Brent	Penelope-Ardelice Lowcock	Elected (Contested)	01/05/2010
Public	Public - London Borough Harrow	Irene Leeman	Elected (Contested)	08/11/2010
Public	Public - London Borough Hillingdon	Joseph Aneke	Elected (Uncontested)	01/01/2010
Public	Public - Royal Borough Kensington & Chelsea	Alicia Etchegoyen	Elected (Contested)	01/05/2009
Public	Public - London Borough Westminster	Russell Healey	Elected (Uncontested)	01/05/2010
Public	Public - London Boroughs Ealing Hounslow Hammersmith & Fulham	Barry Colin Gibbins	Elected (Contested)	01/05/2010
Public	Public - London Boroughs within the boundaries of the GLA excluding those named above	Henry Arthurs	Elected (Contested)	01/01/2010
Staff	Nursing staff (including healthcare assistants)	Paul Byrne	Elected (Contested)	01/05/2010
Staff	Nursing staff (including healthcare assistants)	Rami Jumnoodoo	Elected (Contested)	01/05/2009
Staff	Medical Staff	Kostas Agath	Elected (Uncontested)	01/05/2009
Staff	Allied Health Professionals	Charlotte Green	Elected (Uncontested)	01/01/2010
Staff	Social Care	Anne Sheridan	Elected (Uncontested)	01/05/2008
Staff	Other Staff	Kay Robertson	Elected (Contested)	01/05/2010
Stakeholder	LA Brent	Ketan Sheth	Appointed	28/05/2010
Stakeholder	LA Harrow	Margaret Davine	Appointed	07/06/2010

Membership return for Central and North West London NHS FT

Membership size and movements

Public constituency		**2010/11**	**2011/12 (estimated)**
At year start (April 1)	+ve	5,734	5,936
New members	+ve	270	200
Members leaving	+ve	68	
At year end (31 March)		5,936	6,136

Staff constituency		**2010/11**	**2011/12 (estimated)**
At year start (April 1)	+ve	3,874	4,569
New members	+ve	1,432	1,400
Members leaving	+ve	737	700
At year end (31 March)		4,569	5,269

Patient constituency		**2010/11**	**2011/12 (estimated)**
At year start (April 1)	+ve	1,994	2,370
New members	+ve	380	100
Members leaving	+ve	4	
At year end (31 March)		2,370	2,470

Analysis of membership at 31 March 2011

Public constituency	**31 Mar 2011 Actual members**	**31 Mar 2011 Eligible membership**
Age (years):		
0-16	7	84,247
17-21	45	412,101
22+	5311	5,488,715
Unknown	573	
		5,985,063
Ethnicity		
White	3,350	4,247,442
Mixed	257	234854
Asian or Asian British	1221	706,195
Black or Black British	433	625154
Other	421	171418
Unknown	254	0
Socio-economic groupings*:		
ABC1	4,214	4,369,096
C2	713	658,357
D	416	418,954
E	593	538,656
Unknown	0	0
Gender:		
Male	2,434	2,939,846
Female	3,502	3,045,217
Unknown	0	0

Patient Constituency	**31 Mar 2011 members**	**Eligible membership**
Age (years):		
0-16	4	1003
17-21	38	3584
22+	2,328	62080

Staff Constituency	**31 Mar 2011 members**	**Eligible membership**
Members	4,569	4574