



Annual Plan 2010- 2013

'Providing services that are in tune with you'



Providing partnership Services in Bedfordshire, Essex and Luton



SOUTH ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

ANNUAL PLAN 2010- 2013

1a CURRENT POSITION

Our vision:

“Providing services that are in tune with you”

Our Values:

<i>People who use the service</i>	VALUES	<i>Colleagues (including partners)</i>
<i>In tune with me</i>		<i>In tune with me</i>
We believe you can live a fulfilling life	OPTIMISTIC	Everything we do - every intervention - is focused on helping you feel better
We respect you as an individual, and expect you to respect us too	RESPECTFUL	We value each other's contributions
We listen to your point of view, and think about things in the context of your life	EMPATHISING	We consider each other's perspective
We will give you choices	INVOLVING	We work together as teams, within our organisation and with partners
We help you to take control of your life	EMPOWERING	We all have permission to innovate
We'll help you to play an active part too	ACCOUNTABLE	We want to be judged by our results

Our vision of “**providing services that are in tune with you**” and our organisational values were developed and designed to describe the Trust’s intention of and commitment to responding to the strategic, as well as operational and day to day challenges that we face. Being “**in tune with**” national and local policy developments and requirements; the complex and competitive environment in which we operate; commissioning intentions and public expectation and applying our organisational values in the process, means that we will achieve our ambition to be the “**provider of choice of world class specialist health care services**”.

The Annual Plan 2009/10 and supporting financial plan were developed in the context of understanding that the NHS faced significant financial challenges in the future. Whilst the plans confirmed that the challenges identified did not pose an immediate risk to the Trust during 2009/10, the Board set out their commitment to identify plans, take action and change if necessary whilst the Trust was in a strong position, rather than wait until a “knee jerk” reaction was required in order to continue to be able to deliver the organisation’s vision and ambition; and indeed be sustainable in the longer term.

Four strategic priorities were identified in our Annual Plan 2009/10, within which a wide range of challenging actions were identified that committed the Trust to continuing to strive to deliver high quality services; develop new services that meet commissioner and the public’s expectation; ensuring our organisation is “fit for purpose” to take on the challenges of the future and to take action to secure long term sustainability.

Once again, the Trust is able to report that excellent progress was made with taking forward all of the strategic priorities identified that places the Trust in a strong position going forward. Whilst it is important that the Trust focuses on the action that is required in 2010/11 and beyond in this strategic plan, past performance is also an important indicator of the organisation’s ability to tackle the challenges that will be faced in the future. The Trust is particularly proud of the following achievements that were made in 2009/10 that will contribute to our future success:

- **Priority 1 Delivering quality services**

This priority reflected our commitment to respond to the focus on quality that is expected nationally and locally. We are delighted to report that all targets set by the Care Quality Commission (CQC) and Monitor, relevant to providers of mental health and learning disability services, were met as at 31 March 2010. The results of the CQC Periodic Review for 09/10 will not be published until October 2010, but the Trust is confident that it will receive an “excellent” rating for quality of services. The Trust has been registered by the CQC to provide health services from 1 April 2010 as a result of being able to demonstrate compliance with the new registration standards that come into force at that time. The results of the first annual National Mental Health In-Patient Survey published in June 2009 confirmed that whilst there is room for improvement, SEPT in-patients expressed the highest levels of satisfaction with services in the East of England. The Trust is able to confirm full compliance with all of the “Delivering Same Sex Accommodation” environmental requirements as at 31 March 2010. Stretching goals were agreed with local commissioners as part of the CQUIN (Commissioning for Quality and Innovation) framework and with all local stakeholders as part of our first Quality Account. Many of the “stretch” targets related to further and continued improvements in access to services for local people and we are delighted to report that these have all been met, including achievement of a maximum 18 week wait for treatment (for all referrals received from GPs) one year in advance of the national implementation date for mental health services.

- **Priority 2 Service development**

We made a commitment to ensure that we continue to improve existing services and develop new services to respond to local need. During the past year the Trust completed the building of and transferred existing services into a new forensic mental health unit (Brockfield House) and community mental health resource centre in Brentwood. We also established a new local memory assessment service in line with the National Dementia Strategy and an Improved Access To Psychological Therapies service. Support for carers of people with mental ill health was enhanced through provision of a local “Caring with Confidence” programme and as a result of securing additional funding from the Department of Health.

- **Priority 3 Fit for purpose**

Ensuring that our organisational infrastructure, our workforce and our Board is prepared for and able to respond to any future challenges was identified as essential. In these challenging financial times, excellent financial stewardship will be critical. At the end of March 2010, the Trust has achieved all of its financial duties, ending the year with a surplus of (insert when final accounts completed) and a Monitor risk rating of (insert when confirmed) We have continued to invest in new technology and “lean thinking” service improvement techniques to enhance efficiency and have continued to strengthen the governance structures in place to support quality decision making going forward. The Board, Executive Team and senior managers have participated in regular organisational, team and individual development programmes and a new competency framework and appraisal system has been introduced.

- **Priority 4 Ensuring a sustainable future**

The Annual Plan 2009/10 acknowledged that action was required to ensure that the Trust is sustainable in the longer term and the Board embarked on an ambitious programme of action to position the Trust favourably. In particular, the Trust successfully pursued the acquisition of Bedfordshire and Luton Partnership NHS Trust (BLPT) through a thorough competitive process overseen by NHS East of England and subsequently assessed by Monitor. On 31 March 2010, BLPT was dissolved by the Secretary of State for Health and SEPT acquired the assets, liabilities, and contracts for provision of services (approx. £70 million) for 3 years with effect from 1 April 2010.

1b VISION OVER THE NEXT 3 YEARS

1b.1 Our Vision and Strategic Priorities

In light of the successful acquisition of the former BLPT, SEPT has been required to consider in great detail the strategic vision for the enlarged organisation and subject our plans to rigorous testing to ensure that they are achievable, are underpinned by a robust financial plan and take the context in which we will be delivering health and social care services into account. In addition the Trust has undertaken a comprehensive and inclusive local planning process to ensure that the Trust remains responsive to the expectations of local commissioners, partners, service users and Trust staff in Bedfordshire, Essex and Luton. Our plans for acquiring BLPT and the strategic context in which we operate have been shared with over 600 staff and stakeholders, through 12 service planning events, 2 stakeholder events and 5 NHSFT member / constituency meetings. Feedback from these consultation events has helped us to refine our plans further.

Our vision of “**providing services that are in tune with you**” and our ambition to be the “**provider of choice of world class specialist health care services**” remains as our driving force for the planning period 2010- 2013.

Our vision and ambition is underpinned by the same organisational values that SEPT developed in consultation with staff and stakeholders in 2008 and set out above; however our forward plan is also based on three key principles that the Board and staff of our enlarged Trust have identified as being key to our future success:

- “Stronger Together.” Bringing together SEPT and the former BLPT offers the opportunity to build on the strengths of both organisations and provides greater financial stability and protection of front line services through economies of scale.
- “From Good to Great.” We want all services provided by SEPT in Bedfordshire, Essex and Luton to be consistently excellent for all service users and their carers; with improved access, high levels of satisfaction, effective interventions and high standards of patient safety. A radical transformation strategy will be required to be delivered in Bedfordshire and Luton to meet local expectation and in Essex further stretching quality goals will be pursued.

- “Quality is Everyone’s Business.” The scope, scale and speed of the planned transformation strategy in Bedfordshire and Luton is not underestimated. Successful delivery will require effective leadership; engaged and committed staff and support from partners.

After careful consideration of the strategic context and consultation feedback, the Board of Directors have again identified four strategic priorities for the planning period to underpin the delivery of the Trust’s vision. 18 corporate objectives were agreed by the Board of Directors on 31 March 2010 to deliver these strategic priorities (identified as milestones in template 1 below); and each objective will be delivered via measurable operational plans assigned to each of our service directorates.

The first two strategic priorities are aimed at maintaining delivery of high quality and safe services to local people:

- **Priority 1 Delivering High Quality and Safe Services**

Providing services that are “in tune with you”, requires a continued focus on day to day service delivery that meets and where possible exceeds targets, standards and expectation and has patient safety as its priority, regardless of the challenging and ever changing environment in which the Trust operates. The Trust will take a range of actions in 2010/11 that will ensure all services in Bedfordshire, Essex and Luton meet applicable existing targets; issues of concern identified in Bedfordshire and Luton that led to the acquisition (particularly in respect of safeguarding and patient safety) are addressed; patient experience is regularly and consistently monitored and levels of reported satisfaction improve and new stretching goals for quality improvement are achieved in relation to access to services, experience and support provided to carers (all of which have been identified as a priority by our stakeholders).

- **Priority 2 Transforming Services**

The Board of Directors acknowledge that to be the provider of choice, the Trust has to demonstrate that it is able to deliver change and continue to develop new services that meet commissioner and service users needs and expectations. Our Annual Plan sets out an ambitious programme of transformation of services in Bedfordshire and Luton that will improve the quality and safety of service provision

through in-patient service reconfiguration; improved integration of community mental health services and a new focus on safeguarding vulnerable people and recovery. In addition, the Trust has received additional funding to provide an in-patient service for Brentwood residents (previously provided by North East London Mental Health NHS Foundation Trust) and to develop a new community alcohol detoxification service as an alternative to out of area in-patient provision.

The two remaining strategic priorities reflect the downturn in economic climate and aim to prepare the Trust for the future:

- **Priority 3 Creating an efficient and effective organisation**

Although the full implications of the impact of the economic downturn and associated reduction in funding for the NHS are yet to be made clear, in 2010/11 the Trust is required to deliver total efficiency and productivity savings of approximately £10.3 million recurrently. The Board of Directors is committed to creating an efficient organisation and wherever possible, that cost improvement programmes will not impact on the delivery of front-line clinical services. An ambitious 3 year efficiency programme has been identified for delivery starting in 2010/11 that focuses on realising efficiencies through integration of management and back office functions with those in the former BLPT and as a result of the service reconfiguration that the Trust has planned. In addition we will be implementing new ways of working, introducing new roles and using technology to increase productivity and reduce expenditure on buildings. Individual and collective clinical and managerial productivity will be reviewed and indicators of productivity identified and benchmarked.

- **Priority 4 Clear plans for the future**

To be the “**provider of choice of world class specialist health care services**” the Trust has to be sustainable. The long term sustainability of the Trust has been a key feature of strategic discussions by the Board of Directors since July 2008. The Board recognised then that there were two potential significant risks to the Trust’s long term sustainability:

1. High level cost improvement programmes will not be realistically sustainable in the longer term.
2. Contracts for services currently provided by the Trust may be subject to contestability and may result in the loss of income in the future.

In addition, the Board have since considered and acknowledged the changing landscape of NHS provision. It is recognised that the downturn in the economy and its associated potential impact on public service finances is yet to be fully understood but is likely to be significant. This may mean that the affordability of the current NHS infrastructure is questioned; that economies of scale can be achieved through larger secondary and tertiary care providers and that equally, some types of services are better provided through new structures.

Inevitably this will lead to a new breed of NHS Foundation Trusts that fully embrace the freedoms that they have been granted originally, and further signalled by the publication of the DH/ Monitor Transaction Manual which formalises the approach to structural change (for example mergers, acquisitions and franchise management). The new generation of NHSFTs that emerge are likely to challenge the status quo; they will be stronger, financially and strategically and they will be prepared to take on risky and complex projects. Although it is not possible to predict with any degree of certainty, there is a chance that maybe 10 NHSFTs providing secondary and tertiary services will emerge as the key players in the NHS market.

The SEPT Board of Directors has committed to taking action in light of the challenges identified to ensure the Trust's long term sustainability. The Board want SEPT to be a key player in the new environment and this commitment was confirmed as a strategic priority in the Annual Plan 2009/10 and reaffirmed in the plans set out in this document for 2010-13.

A sustainability strategy has been agreed to protect clinical service delivery in Bedfordshire, Essex and Luton which focuses on growth through transactions (acquisitions/ mergers and competitive tendering etc.) and ensuring that the organisation is efficient and effective (Strategic Priority 3). The Board of Directors do however acknowledge that if growth is not an option, contraction, or a combination of growth and contraction, is an alternative sustainability solution. Contraction of services would involve rationalising services to fewer, key strategic sites. This would have a potential negative effect on access to services, and would not be considered until all avenues of efficiency have been pursued; contraction does however preserve the quantum of service provided overall.

In agreeing the growth strategy, the Board has identified the priority areas of focus for future transactions to be:

1. Core Service provision

Specialist mental health and learning disability services in clusters of critical mass:

2. Linked service provision

Closer to home/ out of hospital services as part of leading integrated care organisation:

3. Added value or enabling provision

Services that increase reputation, are niche provision or support income generation :

Growth through competitive tendering

In the past two years the Trust has pursued growth through submission of a variety of tenders for services, with some success. The Trust will continue to pursue additional contracts for services in line with the framework agreed. Each opportunity will be assessed against opportunity assessment criteria agreed by the Board and will be pursued if it is considered to contribute to the sustainability of the Trust.

Growth through merger or acquisition

It has become clear however that the effort associated with acquiring contracts for individual services is disproportionate and on their own, will not deliver the level of return that is required to sustain the Trust in the longer term. Merger with, or acquisition of another Trust was identified by the Board in 2008/9 as a more viable strategy for the Trust to pursue. The acquisition of BLPT has provided an excellent opportunity in line with this strategy that has led to growth and increased SEPTs market share of specialist mental health service provision.

The BLPT acquisition strategy identifies that during the first two years (2010/11 and 2011/12) the Trust will need to focus its attention on delivering a significant transformation programme in order to create a successful combined entity that delivers the required improvements in quality, service synergies and levels of efficiency required. The acquisition strategy sets out clear targets for the new organisation to reach a point of relative stability by 2012/13. The experience gained from the process associated with acquisition and creating the new organisation will enable the Trust to be well positioned from 2012/13 to consider further significant transactions.

As a prelude to any further acquisitions / mergers, the Trust would look to work more closely with neighbouring organisations in order to bring together individual services / back office functions across larger geographical areas and to acquire contracts for community services currently provided by PCT Provider Arms as the Trust has previous experience of delivering these services and there are real synergies with the existing portfolio of community based mental health and learning disability services.

Environmental sustainability

There is much evidence to demonstrate that the environments in which people live and work have a profound effect on both physical and mental health. The SEPT approach to environmental sustainability is to go beyond the statutory duties which compel responsible environmental management by also considering our moral responsibility as a good corporate citizen to protect and enhance the environment from which we operate. Consequently a common theme which runs through and underpins each of our 4 strategic priorities is that of delivery of excellent services whilst minimising the negative impact on the environment from which we operate. In demonstration of our commitment to operate within positive environmentally sustainable principles, we have invested significantly during 2009/10 to improve our environmental performance and will continue to do so over the planning period.

The SEPT carbon management plan includes challenging targets for carbon reduction which exceed those required within the NHS Sustainable Development Strategy *Saving carbon, improving health* (DH 2009). Our plans include for a 25% reduction in carbon emissions by 2014 from our baseline year of 2008/09 and a 10% reduction by the end of 2010. The performance reporting framework will provide evidence of progress against our carbon reduction plan and a mechanism by which the Trust can assess and mitigate potential liabilities against the Carbon Reduction Commitment emissions trading scheme introduced in April 2010.

Following the appointment of our Sustainable Development Manager in June 2009, we have worked closely with the Carbon Trust to develop a carbon management plan, achieving Carbon Trust and Trust Board of Directors approval in March 2010. Our carbon management plan sets out an ambitious program to achieve a 25% reduction in measurable carbon emissions by 2014. We will achieve this via investment in a range of innovative projects which will focus on reduction on energy consumption in buildings, reduced fuel consumption from our transport fleet, waste minimisation, increased recycling, sustainable procurement and good housekeeping. Our carbon management plan will ensure that our healthcare activities are delivered in line with *Saving Carbon Improving Health* (2009) whilst adopting the core principles set out in the Good Corporate Citizen assessment model.

SEPT has signed up to the 10:10 campaign, one of the first NHS Trusts in England to do so. The 10:10 campaign sets a target of reducing carbon emissions by 10% by 2010, we are encouraging all Trust staff and members to also sign up to the campaign as part of our carbon management plan commitment.

Our program of carbon emissions reduction is supported via an investment plan which will ensure that a wide range of innovative projects can be implemented over the next four year period. These projects with the support of our staff, service users, suppliers and other key stakeholders will ensure that the carbon emissions from Trust activities are reduced by more than 2000 tonnes per annum.

1b.2 Our Supporting Plans

Our Annual Plan is supported by robust plans and internal governance processes. In the sections of this plan that follow, we have set out the detailed actions and clinical quality priorities that will contribute to delivery of our strategic priorities and the key potential risks that the Board of Directors have identified may prevent achievement of our objectives. Our plans for achieving the challenging efficiency target and the capital expenditure plan that will support delivery of our objectives and enable efficiencies are also confirmed. Our workforce is critical to achieving our vision and therefore we have set out the high level detail contained in our Workforce Strategy. We have also assessed our organisation's capacity and capability to respond to the challenges faced and have identified action that will strengthen our approach.

Conclusion

The future is challenging, but the actions already taken by the Board of SEPT and those set out in this Annual Plan will facilitate continued delivery of high quality, safe and effective services whilst enabling a planned and measured response to the many challenges which face the local and regional health economy.

1c KEY PRIORITIES WHICH MUST BE ACHIEVED IN THE NEXT 3 YEARS TO UNDERPIN THE DELIVERY OF TRUSTS VISION

KEY PRIORITY & TIMESCALE	HOW THIS PRIORITY UNDERPINS SEPT'S STRATEGIC VISION	KEY MILESTONES (ANNUAL OBJECTIVES)		
		2010/11	2011/12	2012/13
1. Delivering high quality and safe services	Being "in tune with" national and local policy and commissioners and service users expectations will require the Trust to meet or exceed all relevant quality requirements consistently in Bedfordshire, Essex and Luton. This priority ensures that the quality of SEPT services remains a high priority for the Board and all staff	1.1 Achievement of quality, safety, access and safeguarding targets, standards and priorities that ensure the Trust remains compliant with CQC Registration, NICE guidance, Terms of Authorisation, contractual requirements and partnership agreements	1.1 Achievement of quality, safety, access and safeguarding targets, standards and priorities that ensure the Trust remains compliant with CQC Registration, NICE guidance, Terms of Authorisation, contractual requirements and partnership agreements	1.1 Achievement of quality, safety, access and safeguarding targets, standards and priorities that ensure the Trust remains compliant with CQC Registration, NICE guidance, Terms of Authorisation, contractual requirements and partnership agreements
		1.2 Systems put in place to routinely monitor patient experience in all services and action taken that leads to improvement in patient experience.	1.2 Systems maintained to routinely monitor patient experience in all services and action taken that leads to improvement in patient experience.	1.2 Systems maintained to routinely monitor patient experience in all services and action taken that leads to improvement in patient experience.
		1.3 Achievement of quality improvements identified by commissioners and stakeholders in CQUIN schemes and the Trust's Quality Account	1.3 Achievement of quality improvements identified by commissioners and stakeholders in CQUIN schemes and the Trust's Quality Account	1.3 Achievement of quality improvements identified by commissioners and stakeholders in CQUIN schemes and the Trust's Quality Account
2. Transforming Services	SEPT has to be able to demonstrate that it is able to deliver complex change and transformation programmes that respond to new policy developments and/ or deliver improved services as a result if it is to achieve its ambition of being "provider of choice of world class specialist health care services" and acquire additional contracts for services	2.1 Achievement of Year 1 milestones in service transformation and integration plans that support acquisition of services in Bedford and Luton.	2.1 Achievement of Year 2 milestones in service transformation and integration plans that support acquisition of services in Bedford and Luton.	2.1 Achievement of Year 3 milestones in service transformation and integration plans that support acquisition of services in Bedford and Luton.

KEY PRIORITY & TIMESCALE	HOW THIS PRIORITY UNDERPINS SEPT'S STRATEGIC VISION	KEY MILESTONES (ANNUAL OBJECTIVES)		
		2010/11	2011/12	2012/13
		2.2 Organisational and leadership development programme delivered to support transformation and integration plans.	2.2 Organisational and leadership development programme continued to support sustainability of the Trust	2.2 Organisational and leadership development programme continued to support sustainability of the Trust
		2.3 A range of actions will be taken that further improve social inclusion, choice and support for carers.	2.3 A range of actions will be taken that further improve social inclusion, choice and support for carers.	2.3 A range of actions will be taken that further improve social inclusion, choice and support for carers.
		2.4 A "well being" plan is developed and implemented in line with New Horizons policy	2.4 Actions identified in "well being" plan implemented in line with New Horizons policy	2.4 Actions identified in "well being" plan implemented in line with New Horizons policy
		2.5 Service developments identified in commissioning contracts are implemented.	2.5 Service developments identified in commissioning contracts are implemented.	2.5 Service developments identified in commissioning contracts are implemented.
3.Efficient and effective organisation	Activities to improve efficiency and productivity are critical to minimising the effect of reduced funding on front line service provision and to offer value for money to commissioners; both of which are essential to the Trust's market position going forward.	3.1 Cost improvement programmes required to deliver financial plan are achieved.	3.1 Cost improvement programmes required to deliver financial plan are achieved.	3.1 Cost improvement programmes required to deliver financial plan are achieved.
		3.2 Projects to improve or increase clinical and managerial productivity (using relevant indicators and objectives the Chief Nursing Officers' High Impact Actions and Better Care Better Value Indicators) will be completed	3.2 Projects to improve or increase clinical and managerial productivity completed	3.2 Projects to improve or increase clinical and managerial productivity completed
		3.3 New technology and new ways of working projects will be completed to improve efficiency, clinical and data quality, reduce duplication and reduce buildings based overhead costs.	3.3 New technology and new ways of working projects will be completed to improve efficiency, clinical and data quality, reduce duplication and reduce buildings based overhead costs.	3.3 New technology and new ways of working projects will be completed to improve efficiency, clinical and data quality, reduce duplication and reduce buildings based overhead costs.

KEY PRIORITY & TIMESCALE	HOW THIS PRIORITY UNDERPINS SEPT'S STRATEGIC VISION	KEY MILESTONES (ANNUAL OBJECTIVES)		
		2010/11	2011/12	2012/13
		3.4 A full review of the Trust's estate will be carried out and rationalisation plans developed and started to achieve efficiencies and improve quality and safety	3.4 Estate rationalisation plans progressed to achieve efficiencies and improve quality and safety	3.4 Estate rationalisation plans progressed to achieve efficiencies and improve quality and safety
4. Clear plans for a sustainable future	Delivery of SEPTs vision and ambition requires the Trust to be sustainable. To be sustainable a range of actions are required.	4.1 A strategic review will be completed and an updated Strategic Direction and enabling strategies will be developed and approved for the 2010-15 planning period.	4.1 Milestones in strategic direction and enabling strategies for 2011/12 achieved.	4.1 Milestones in strategic direction and enabling strategies for 2012/13 achieved.
		4.2 Opportunities pursued that ensure the long term sustainability of the organisation.	4.2 Opportunities will be pursued that ensure the long term sustainability of the organisation.	4.2 Opportunities will be pursued that ensure the long term sustainability of the organisation.
		4.3 Plans will be in place to ensure that the enlarged Trust is fully prepared for emergencies in line with DH requirements	4.3 Plans will be in place to ensure that the Trust is fully prepared for emergencies in line with DH requirements	4.3 Plans will be in place to ensure that the Trust is fully prepared for emergencies in line with DH requirements
		4.4 Milestones identified in the Trust's Carbon Reduction Strategy will be achieved 10% reduction in carbon emissions	4.4 Milestones identified in the Trust's Carbon Reduction Strategy will be achieved that contribute to 25% reduction in carbon emissions by 2014	4.4 Milestones identified in the Trust's Carbon Management Strategy will be achieved contribute to 25% reduction in carbon emissions by 2014
		4.5 A revised management structure and improved accountability arrangements will be implemented to ensure sustainability and fit for purpose	4.5 Review of management structure completed to ensure it remains fit for purpose	4.5 Review of management structure completed to ensure it remains fit for purpose

2. KEY EXTERNAL IMPACTS

KEY EXTERNAL IMPACT	RISK TO PLAN	MITIGATING ACTIONS & RESIDUAL RISK	EXPECTED OUTCOME	MEASURES AND ACCOUNTABILITY
Economic Downturn (impact on income)	<p>Financial plan assumes that there will be no inflation uplift on PCT block contracts for Essex, Bedfordshire and Luton for 2010/11 onwards. A reduction in income of 1% is assumed for south Essex in 2010/11 and from 2011/12 a 1% reduction in income is assumed for both Essex and Bedfordshire and Luton. Other income is assumed to receive a 0% uplift. The underlying national planning shortfall is assumed to be 3.5% in all years of the planning period.</p> <p>There is a potential risk that a further 0.5% reduction on income is required for 2011/12 onwards</p> <p>5 year cash impact: £8,125,000 Impact assessment: 5 Likelihood assessment: 3 Risk Rating: 15 High</p>	<p>Any cash shortfall would in the short term be mitigated by slipping the capital programme where possible and implementing CIPs identified in the Trust's Downside Plan</p> <p>Impact assessment: 5 Likelihood assessment: 3 Residual Risk Rating: 15 High</p>	Trust would fail to meet its forecast levels of income and expenditure surplus for the year and related risk rating	<p>Monthly monitoring of income target. Remedial action as required.</p> <p>The Executive Director of Finance and Resources is accountable for delivery.</p> <p>Changes in funding resulting from economic downturn strategies will be responded to.</p>
	<p>There is a potential risk that 20% of new income generation target is not achieved due to all commissioners seeking to reduce expenditure as a result of economic downturn.</p> <p>5 year cash impact: £1,500,000 Impact assessment: 3 Likelihood assessment: 3 Risk rating: 9 Moderate</p>	<p>Investment in marketing of spare capacity to commissioners.</p> <p>Impact assessment: 3 Likelihood assessment: 3 Residual Risk Rating: 9 Moderate</p>	Income generation target may not be fully achieved	<p>Monthly monitoring of income generation target. Remedial action as required.</p> <p>The Executive Director of Operations is accountable for delivery.</p>
	<p>There is a potential risk that the implementation of 50% of the initiatives to deliver the additional 1% efficiency target set by south Essex commissioners are delayed by 6 months as the commissioners have yet to agree how these will be delivered.</p> <p>5 year cash impact: £444,000 Impact assessment 2 Likelihood assessment 3 Risk Rating: 6 Moderate</p>	<p>On-going regular dialogue and negotiations with commissioners</p> <p>Impact assessment: 2 Likelihood assessment: 3 Residual Risk Rating: 6 Moderate</p>	Delays are experienced in agreeing additional CIP programmes	<p>Additional CIPs agreed and achieved.</p> <p>Executive Director of Finance and Resources accountable for delivery.</p>

KEY EXTERNAL IMPACT	RISK TO PLAN	MITIGATING ACTIONS & RESIDUAL RISK	EXPECTED OUTCOME	MEASURES AND ACCOUNTABILITY
<p>Economic Downturn (impact on income)</p>	<p>The Trust has developed a comprehensive efficiency programme (excluding Bedfordshire and Luton Transformation) to respond to income reduction. There is a potential risk that only 90% of planned savings are achieved each year.</p> <p>5 year cash impact: £6,875,000 Impact assessment:5 Likelihood assessment: 3 Risk rating: 15 High</p>	<p>Detailed CIP plan in place. Leads identified for all programmes. Project Management support identified where necessary. Monitoring of plan progress on two weekly basis taking place. Board sub-committee with NED representation established to oversee plan. Action to address any slippage will be agreed as and when required. Any cash shortfall would in the short term be mitigated by slipping the capital programme where possible and implementing CIPs identified in the Trust's Downside Plan</p> <p>Impact assessment: 5 Likelihood assessment: 2 Residual Risk Rating: 10 High</p>	<p>There will be some slippage in delivering efficiency projects, which will be factored into the Trust's overarching financial plans.</p>	<p>Milestones identified in CIP plan achieved</p> <p>Executive Director of Finance and Resources accountable for delivery.</p>
	<p>The CIP programme in respect of Bedfordshire and Luton service transformation is dependent on:</p> <ul style="list-style-type: none"> • agreement by commissioners • successful public consultation exercise led by commissioners • successful implementation in accordance with agreed timescales <p>There is a potential risk that implementation of initiatives is delayed by 12 months.</p> <p>5 year cash impact: £2,990,000 Impact assessment:4 Likelihood assessment: 4 Risk rating 16 High</p>	<p>Project Team established to oversee all associated actions. Regular dialogue with commissioners to agree proposed plan or suitable alternative that delivers the same efficiencies. Monitoring of plan progress on two weekly basis taking place. Board sub-committee with NED representation established to oversee plan. Action to address any slippage will be agreed as and when required. Any cash shortfall would in the short term be mitigated by slipping the capital programme where possible and implementing CIPs identified in the Trust's Downside Plan</p> <p>Impact assessment: 4 Likelihood assessment: 4 Residual Risk Rating: 12 High</p>	<p>A transformation plan will be agreed and implemented that will deliver required efficiencies. There will be some slippage in the plans identified, which will be factored into the Trust's overarching financial plans.</p>	<p>Milestones identified in CIP plan achieved.</p> <p>Executive Directors of Finance and Resources, Operations and Strategy and Business Development are accountable for delivery.</p>

KEY EXTERNAL IMPACT	RISK TO PLAN	MITIGATING ACTIONS & RESIDUAL RISK	EXPECTED OUTCOME	MEASURES AND ACCOUNTABILITY
Contestability	<p>There is a potential risk associated with loss (20%) of income following service contestability in relation to learning disability services in Bedfordshire and Luton, medium and low secure services in Essex, and drug and alcohol services for Essex</p> <p>5 year cash impact: £3,150,000 Impact assessment:4 Likelihood assessment: 2 Risk Rating: 8 Moderate</p>	<p>Regular dialogue with commissioners to ensure existing service provision meets their aspirations. Quality of existing services to be maintained / improved to meet stakeholder expectation. Market and competitor analysis to ensure Trust is aware of and able to anticipate contestability developments. Effective tender response if services are subject to market testing.</p> <p>Impact assessment: 4 Likelihood assessment: 1 Residual Risk Rating: 4 Low</p>	There will be no loss of income as a result of service contestability.	<p>Maintaining existing contract income</p> <p>The Executive Director of Operations and Executive Director of Strategy and Business Development are accountable for delivery.</p>
Choice and practice based commissioning	<p>Choice of provider is not a policy for mental health and learning disability services. Practice based commissioning is not yet well developed in relation to mental health and learning disability services. The financial plan therefore assumes that there is no financial impact from Choice and Practice Based Commissioning</p> <p>5 year cash impact: £0 Impact assessment:1 Likelihood assessment: 4 Risk Rating: 4 Moderate</p>	<p>Development of relationships with PBC clusters to influence future commissioning intentions. Perception survey of mental health provision with PBC mental health cluster leads planned in year to identify issues and areas for improvement.</p> <p>Impact assessment: 1 Likelihood assessment: 2 Residual Risk Rating: 2 Low</p>	No significant changes in commissioning as a result of PBC development.	<p>Perception survey completed, action plan developed and improvements achieved by March 2011.</p> <p>The Executive Director of Operations is accountable for delivery.</p>
Workforce	<p>Changes to allocation of training funding may have a financial impact on the Trust and additional costs may be incurred as a result of introducing new vetting/ barring scheme</p> <p>There is a potential risk of 20% loss in income / additional costs from new vetting and barring processes</p> <p>5 year cash impact: £1,680,000 Impact assessment:3 Likelihood assessment: 3 Risk Rating: 9 Moderate</p>	<p>Reduction in training income will be offset by reduction in training provided. As the Trust is planning to reduce workforce and has had high levels of investment in the past there will be no significant impact on quality.</p> <p>Vetting and barring: mitigation action to be inserted once consequences clear.</p> <p>Impact assessment: 3 Likelihood assessment: 2 Residual Risk Rating: 6 Moderate</p>	No significant impact on quality in the short term	<p>Ability to recruit quality staff and minimise vacancies</p> <p>The Executive Director of Corporate Affairs is accountable for delivery.</p>


KEY EXTERNAL IMPACT	RISK TO PLAN	MITIGATING ACTIONS & RESIDUAL RISK	EXPECTED OUTCOME	MEASURES AND ACCOUNTABILITY
Supporting Plans	<p>There is a potential risk that an additional £250k of non recurrent funding is required each year to support delivery of Trust's objectives</p> <p>5 year cash impact: £1,250,000 Impact assessment:3 Likelihood assessment: 2 Risk Rating: 6 Moderate</p>	<p>Implementation of effective financial controls on supporting plan expenditure. Board sub-committee with NED representation established to oversee transformation and CIPs plan to monitor supporting plans.</p> <p>Impact assessment: 3 Likelihood assessment: 1 Residual Risk Rating: 3 Low</p>	No additional funding is required.	<p>Funding identified not exceeded. Monitored monthly and action taken as appropriate.</p> <p>The Executive Director of Finance and Resources is accountable for delivery.</p>
CQUIN	<p>A comprehensive CQUIN (Commissioning for Quality and Innovation) scheme containing stretching goals has been agreed for each contract. There is a potential risk that the agreed CQUIN goals are not achieved in full, and 25% of CQUIN payment is not received.</p> <p>5 year cash impact: £525,000 Impact assessment:3 Likelihood assessment: 2 Risk Rating: 6 Moderate</p>	<p>Successful coordination and delivery of CQUIN scheme in 09/10 would suggest that skills and competence in place to deliver 10/11 programme. Business Unit leading on coordination. Additional capacity to be identified as required to meet timescales. Monthly monitoring of milestones by Executive Team and Board of Directors. Action required to address any issues or slippage to be identified as appropriate.</p> <p>Impact assessment: 2 Likelihood assessment: 2 Residual Risk Rating: 4 Moderate</p>	CQUIN goals are more stretching than in 09/10. It is likely that there will be some level of non achievement despite mitigation action as some payments are dependent on measurable improvements in satisfaction that are hard to guarantee.	<p>Milestones as set out in CQUIN programmes agreed with commissioners and contained in commissioning contracts.</p> <p>The Executive Directors of Finance and Resources, Operations and Strategy and Business Development are accountable for delivery.</p>
Acquisition of BLPT	<p>There is a potential risk that redundancies arising from the acquisition (and associated efficiencies created as a result of integration) exceed reserve allocated by £1 million.</p> <p>5 year cash impact: £1,000,000 Impact assessment:3 Likelihood assessment: 4 Risk rating 12 High</p>	<p>Wherever possible staff identified at risk as a result of integration plans will be offered redeployment as an alternative to redundancy. It is impossible to calculate the total cost of redundancies until the individuals at risk have been identified. Restructuring of services commenced 1 April 2010 and the majority is anticipated to be completed by September 10. Any cash shortfall would in the short term be mitigated by slipping the capital programme where possible and implementing CIPs identified in the Trust's Downside Plan</p> <p>Impact assessment: 3 Likelihood assessment: 4 Residual Risk Rating: 12 High</p>	Until detailed redundancy costs are available based on identified individuals, It is highly likely that additional funding will be required.	<p>Milestones identified in Integration Plans overseen by Integration Project Board (reports to Transformation and Finance Board Sub-committee)</p> <p>All Executive Directors are accountable for delivering an integration plan.</p>

KEY EXTERNAL IMPACT	RISK TO PLAN	MITIGATING ACTIONS & RESIDUAL RISK	EXPECTED OUTCOME	MEASURES AND ACCOUNTABILITY
Acquisition of BLPT (cont'd)	<p>A detailed acquisition plan was developed to support the acquisition of BLPT. The financial plan assumes that the cost of integrating the former BLPT and SEPT can be accommodated within the provisions made within the Trust's non-recurrent expenditure plans. There is a potential risk that an additional £250k of non recurrent funding is required in year 1.</p> <p>5 year cash impact: £250,000 Impact assessment:2 Likelihood assessment: 4 Risk rating 8 Moderate</p>	<p>Implementation of effective financial controls on supporting plan expenditure. Board sub-committee with NED representation established to oversee acquisition, transformation and CIPs plan to monitor supporting plans.</p> <p>Impact assessment: 1 Likelihood assessment: 3 Residual Risk Rating: 3 Low</p>	<p>No additional funding is required.</p>	<p>Funding identified not exceeded. Monitored monthly and action taken as appropriate.</p> <p>The Executive Director of Finance and Resources is accountable for delivery.</p>
Ability to Sell Surplus Assets	<p>The Trust's Capital Plan identifies the need to sell identified non-protected properties. There is a potential risk that disposals are delayed by 18 months and/or that there is reduced receipts as a result of the economic downturn</p> <p>5 year cash impact: £1,050,000 Impact assessment:3 Likelihood assessment: 3 Risk rating 9 Moderate</p>	<p>Capital programme will be slipped in accordance with delays in selling surplus assets</p> <p>Impact assessment: 3 Likelihood assessment: 3 Residual Risk Rating: 9 Moderate</p>	<p>Plan will be delivered via program adjustment to ensure key strategic priorities can be delivered.</p>	<p>Capex plan monitored monthly. Action taken as appropriate.</p> <p>The Executive Director of Finance and Resources is accountable for delivery.</p>
Increased capital costs	<p>There is a potential risk that a further 10% is required for IT and service transformation schemes</p> <p>5 year cash impact: £740,000 Impact assessment:3 Likelihood assessment: 3 Risk rating: 9 Moderate</p>	<p>The Capital Programme will be modified to manage the additional costs, if they arise.</p> <p>Impact assessment:3 Likelihood assessment: 2 Risk rating: 2 Moderate</p>	<p>The Plan will be delivered via program adjustment to ensure key strategic priorities can be delivered</p>	<p>Milestones identified in Integration Plans overseen by Integration Project Board (reports to Transformation and Finance Board Sub-committee)</p> <p>The Executive Director of Finance and Resources is accountable for delivery.</p>

<p>Income (Cash)</p> <p>It is assumed that main contract payments will be received on time</p>	<p>There is a potential risk that March block payments are underpaid by £2 million until 1st April</p> <p>5 year cash impact: £2,000,000 Impact assessment:3 Likelihood assessment: 2 Risk rating 6 Moderate</p>	<p>The Trust liaises with PCT's during the year in order to ensure any cash shortages being incurred by the PCT are not at the detriment of the Trust. If delay is unavoidable, the Trust would work with the PCT to minimise impact. The Trust's cashflow and capital programme is such that this would be able to be accommodated in the short term, without a need to call on the £15.3m working capital facility.</p> <p>Impact assessment:3 Likelihood assessment: 1 Risk rating 3 Low</p>	<p>A short term reduction in cash balances would occur.</p>	<p>Regular monitoring of cash flow and reports to Board of variance, with action plans to manage any such variation.</p> <p>Director of Finances and Resources</p>
<p>Income (Cash)</p> <p>NHS Debtor days are assumed to be monitored at 10 days, other public bodies at 22 days and Trade Debtor days at 33 days</p>	<p>There is a potential risk that debtor days deteriorate by 20%</p> <p>5 year cash impact: £1,100,000 Impact assessment:3 Likelihood assessment: 2 Risk rating 6 Moderate</p>	<p>The Trust has robust credit control processes in place, which mitigate against this risk occurring in practice. In addition, the Trust's contract team would liaise as necessary with the debtor to resolve any issues and speed up payment. If necessary, the Trust would refer any debts to our external debt collection agency, and slip the capital programme accordingly in order to address the cash shortfall in the short term.</p> <p>Impact assessment:3 Likelihood assessment: 1 Risk rating 3 Low</p>	<p>A short term reduction in cash would occur until debtor days were restored.</p>	<p>Regular monitoring of cash flow and reports to Board of variance, with action plans to manage any such variation.</p> <p>Director of Finances and Resources</p>
<p>Income (Cash)</p> <p>The financial plan assumes that any potential bad debts relating to Bedfordshire and Luton can be contained within the provisions made</p>	<p>There is a potential risk that bad debts totalling £0.5 million are non-collectable and required to be written off in 2010/11</p> <p>5 year cash impact: £500,000 Impact assessment:2 Likelihood assessment: 3 Risk rating 6 Moderate</p>	<p>The Trust's robust credit control processes and contracting team, will ensure that any bad debt write offs are minimised. Any impact on the Trusts income and expenditure plans will be factored in as early as possible, and if necessary CIP's will be bought forward to address as an interim measure.</p> <p>Impact assessment:3 Likelihood assessment: 1 Risk rating 3 Low</p>	<p>A possible reduction in year end surplus may be encountered in the event CIP's were not able to be bought forward from future years</p>	<p>Regular monitoring of cash flow and reports to Board of variance, with action plans to manage any such variation.</p> <p>Director of Finances and Resources</p>

External Impacts Notes:

All risks to the plan that were assessed to have a risk rating of LOW were excluded from this summary. Full details are contained in the Trust's Financial Plan which is available on request. LOW rated risks include: tariff; borrowing requirement; changes in population; delays to capital programme and service developments.



3. CLINICAL QUALITY PRIORITIES

CLINICAL QUALITY PRIORITY	CONTRIBUTION TO OVERALL VISION	KEY ACTIONS & DELIVERY RISK	PERFORMANCE IN 2009/10	3 YEAR TARGETS/MEASURES		
				2010/11	2011/12	2012/13
Enhanced access to services	Patients, their representatives, commissioners and GPs expect to have speedy and easy access to all Trust services. Achieving stretch targets relating to access will ensure that the Trust has the systems and processes in place to be "in tune with" stakeholder's expectations. These goals are part of the CQUIN payment framework and therefore contribute to the overall financial plan	Increase the number of referrals to CRHT screened within 4 hours and increase in activity in pathway during year (Risk: introduction of time sensitive monitoring arrangements)	SE 95% B&L 76%	98% Essex 95% Bedford and Luton	98% all services	98% all services
		Increase the number of urgent referrals to community mental health services to be assessed within 24 hours (Risk: 1. demand for urgent assessment increases compared to 09/10 2. introduction of revised data collection/ activity monitoring systems for B&L services)	SE 95% B&L Data not available	98% Essex 95% Bedford and Luton	98% all services	98% all services
		Increase the number of routine referrals to community mental health services assessed within 14 days in Essex and 28 days in Bedfordshire and Luton. (Risk: 1. demand for routine assessment increases compared to 09/10 2. introduction of revised data collection/ activity monitoring systems for B&L services)	SE 95% B&L 30%	98% Essex 95% Bedford and Luton	98% all services	98% all services
		Increase the number of patients treated within 18 weeks of referral to all services in Bedfordshire and Luton and 16 weeks in Essex (Risk: 1. Delays in receiving detailed mental health guidance; 2. data quality/ validation causes identifies backlog in B&L; 3. introduction of revised data collection / activity monitoring systems for B&L services)	SE 95% within 18 weeks B&L Data not available	95% within 16 weeks Essex 90% within 18 weeks Bedford and Luton	95% within 16 weeks all services	95% within 16 weeks all services

CLINICAL QUALITY PRIORITY	CONTRIBUTION TO OVERALL VISION	KEY ACTIONS & DELIVERY RISK	PERFORMANCE IN 2009/10	3 YEAR TARGETS/MEASURES		
				2010/11	2011/12	2012/13
Continued improvement in patient experience	To be the provider of choice requires excellence in patient experience. These improvements relating to experience were identified as priorities by local stakeholders.	Increase the number of patients discharged from hospital in Bedfordshire and Luton who receive a face to face follow up. (Risk: 1. staff resistant to change in working practice; 2. lack of capacity to provide face to face follow up; 3. time delay between discharge and care coordinator notification)	B&L 50%	85%	85%	85%
		Action will be taken to monitor patients' perception of feeling safe whilst an in-patient and to address issues identified (Risk: 1. action taken is not reflected in perception ratings of safety by service users who are detained in hospital against their will)	Baseline to be developed in Q1 based on outcome of National Patient Survey results 2009/10	Improvement on baseline	Improvement on baseline and previous year	Improvement on baseline and previous year
		Action will be taken to improve patient involvement in care and decision making as measured by Annual Patient Surveys (Risk: 1. action taken is not reflected in satisfaction scores by service users who are unwell or do not accept that they are unwell)	Baseline to be developed in Q1 based on outcome of National Patient Survey results 2009/10	Improvement on baseline	Improvement on baseline and previous year	Improvement on baseline and previous year
		Outcome assessment using HONOS PBR will be undertaken for all patients (Risk 1. staff resistant to change in working practice; 2. introduction of revised data collection / activity monitoring systems for B&L)	No baseline available- new requirement	B&L 80%	B&L 90%	B&L 95%
		Implement routine and consistent systems of monitoring patient experience of community services in B&L and deliver improvements in 4 key questions (Risk: 1. action taken is not reflected in satisfaction scores by service users)	Baseline to be developed in Q1 based on outcome of National Patient Survey results 2009/10	Improvement on baseline	Improvement on baseline and previous year	Improvement on baseline and previous year

Improving support provided to carers	Carers provide an invaluable role in the care and treatment of our service users. The support provided to them is an essential element of a patient's care package and improving support provided is a key Local Authority partnership agreement requirement. Local Authorities are major stakeholders in decisions about future configuration of mental health care services and being a provider of choice is dependent on good performance in this area. (Quality Accounts targets)	Increase the provision of carer education/ support programmes and the numbers of carers who participate in them (Risk: 1. Carer uptake of programmes)	Baseline being agreed in Quality Accounts	Improvement on baseline	Improvement on baseline and previous year	Improvement on baseline and previous year
		Take action to improve the quality of carer's assessments. (Risk: 1. action taken is not reflected in satisfaction scores by carers)	Baseline being agreed in Quality Accounts	Improvement on baseline	Improvement on baseline and previous year	Improvement on baseline and previous year
		Increase the number of carers of people with mental ill health who receive a carer's assessment. (Risk: 1. Implementation of systems to monitor and record carers assessments)	Baseline being agreed in Quality Accounts	Improvement on baseline	Improvement on baseline and previous year	Improvement on baseline and previous year

4. SERVICE DEVELOPMENT STRATEGY

SERVICE DEVELOPMENT PRIORITY	CONTRIBUTION TO OVERALL VISION	KEY ACTIONS & DELIVERY RISK	KEY RESOURCE REQUIREMENTS	MEASURES OF PROGRESS 2010/11 2011/12 2012/13
Organic/ innovation				
Create capacity for transfer of Brentwood in-patient service from 1 April 2010	This links to two strategic priorities: High quality and safe services – community and in-patient services for Brentwood residents will now be provided by SEPT which will reduce transition risks and improve consistency and quality of care. Clear plans for the future- Increasing quantum of service is a key priority and this contract attracts additional £1m?? revenue funding.	Create additional capacity in Basildon Assessment Unit (completed in 2009/10) Introduce referral protocols for Brentwood residents. Effective bed management systems implemented to manage demand Regular monitoring and reporting of impact of transfer by ET Delivery Risk: Demand is greater than that planned and out of area placement required.	Additional beds already created in Assessment Unit (funded 2009/10 capital plan). Staffing levels to be increased to accommodate additional capacity (in 10/11 revenue plan).	2010/11; transfer of service takes place smoothly and no out of area placements required.
Develop community alcohol detox service	This service development offers an alternative, more cost effective service to commissioners (not included in current block contract) for alcohol detoxification at home rather than as an in-patient provision. It has links with strategic priorities relating to quality and safety; and efficiency and effectiveness	Develop detailed service specification and service model Recruit to new team. Develop service policies and procedures. Implement service. Implement robust monitoring arrangements to achieve activity and quality targets. Delivery Risk: Level of demand reduces and service does not deliver efficiencies identified.	Specialist staff to be recruited (in 10/11 revenue plan). No capital expenditure required.	2010/11; new service implemented and activity levels delivered.

SERVICE DEVELOPMENT PRIORITY	CONTRIBUTION TO OVERALL VISION	KEY ACTIONS & DELIVERY RISK	KEY RESOURCE REQUIREMENTS	MEASURES OF PROGRESS 2010/11 2011/12 2012/13
Organic/ innovation				
Transformation Bedfordshire and Luton services	Successful acquisition and transformation of services in Bedfordshire and Luton is key to the Trust's sustainability strategy. The transformation plan offers opportunities for improving quality and safety of service delivery in Bedfordshire and Luton and for delivering greater efficiencies as a result of synergies and integration of management arrangements.	Actions identified in separate integration and transformation plans. Delivery risk identified in sections 5,6,7,8 and 9	Capacity: Business Unit established to coordinate change management programme Revenue funding: Allocation in plan to support efficiency and transformation programmes. Capital funding: Capital funding identified for IT and estates infrastructure. Workforce: Strategy identifies range of actions required to support change management programme	2010/11: Year 1 Transformation and Integration Plan milestones achieved 2011/12: Year 2 Transformation Plan milestones achieved 2012/13: Year 3 Transformation Plan milestones achieved
Acquisition etc;				
Transfer of management of Brentwood Community Hospital (BCH) from NHS SW Essex	In line with sustainability strategy, the Trust is exploring all opportunities for increasing quantum of service. This opportunity increases contract income and offers further opportunity for the Trust to demonstrate expertise in delivering full range of healthcare services.	Agree transfer plan with NHS SW Essex. Develop and implement transition plan. Identify and implement service development and efficiency opportunities. Delivery Risk: management of BCH requires more resource than allocated and opportunities for efficiencies are not available.	Project and Management team to be identified. Business Unit to coordinate change management programme.	2010/11: Transfer of management takes place and opportunities for improvement and efficiency identified
Transferred/ Discontinued activity				
Discontinuation of obesity service	Agreed by commissioners as a contribution to QIPP.	Advise patients of service change and support through process. Redeployment of staff affected by change. No identified risks	None	2010/11: service discontinued.

5. WORKFORCE STRATEGY

KEY WORKFORCE PRIORITIES	CONTRIBUTION TO PLAN	KEY ACTIONS & DELIVERY RISK	KEY RESOURCE REQUIREMENTS	MEASURES OF PROGRESS 2010/11 2011/12 2012/13
Development of Education and Training Strategy	Links to strategic priority of improving quality and safety. Education and training plans integrated with workforce, service and financial plans. Generic priorities of excellence in customer care and leadership and development of change management skills achieved	Services to input detailed workforce and skill requirements Timing of plans must meet internal and external requirements	Programs identified Funding identified in revenue plan	Detailed workforce plans in place Reviewed on annual basis
Excellence in customer service	Links to strategic priority of improving quality and safety. Facilitates improvements in patient experience throughout workforce.	Further stages of training rolled out. Evaluation and feedback mechanisms in place,	Staff release for training.	CQC results maintained On-going improvements in staff and patient surveys. All workforce have received Level 1 training before 2012.
Continued development of new roles. Further roll-out of : <ul style="list-style-type: none"> • Associate Practitioners, • Advanced Practitioners, • Approved Clinicians • Approved Mental Health Professionals 	Links to strategic priority of transforming services. Facilitates productivity increases and quality improvements.	Funding identified for training Confirm training models. Identify further areas for introduction of new roles Identify specific productivity targets to be achieved.	Detailed workforce plans in place. Funding identified for training programs in revenue plan.	Detailed workforce plans in place 2010/11. Staff in training in place 2010 On-going evaluation of role outcomes and impact analysis.
Evaluation of new roles already introduced: <ul style="list-style-type: none"> • IAPT workers • Carer link workers 	Links to strategic priority of transforming services. Facilitates productivity increases and quality improvements.	Decision to be made around future use of these roles and work with commissioner on future shape of IAPT services.	Evaluation of outcomes. Key outcome metrics already in place.	Analysis of outcomes Commissioners' decisions around future services

KEY WORKFORCE PRIORITIES	CONTRIBUTION TO PLAN	KEY ACTIONS & DELIVERY RISK	KEY RESOURCE REQUIREMENTS	MEASURES OF PROGRESS 2010/11 2011/12 2012/13
<p>Development of new skills:</p> <ul style="list-style-type: none"> Recovery focussed training Building on training already in place in support of national strategies e.g. Carer Strategy , Dementia Strategy, New Horizons 	<p>Links to strategic priority of transforming services. Productivity increases Improved service outcomes Training strategy in line and integrated with workforce strategy Focus on skills required for QIPP – customer care, leadership, change management</p>	<p>On-going work with County Workforce Groups and Universities to inform them of training needs Ensure training supports workforce plan and QIPP agenda</p>	<p>Education and training in place Funding identified in revenue plan</p>	<p>On-going work to ensure education is commissioned to meet service needs and support new strategies.</p>
<p>Encourage new ways of working</p>	<p>Reduce workforce numbers in identified areas in agreement with centralisations, synergies and re-configurations agreed. Service re-configurations embedded</p>	<p>Extend Lean projects across more services Extend modified Creating Capable Teams Approach CCTA and “Lean thinking” tools to be used as part of service re-configuration. New models of working to be examined in terms of efficiency, productivity and quality. Improved use of technology for procurement, communications, information management, training</p>	<p>Change management and workforce plans to be in place.</p>	<p>Timetable for projects in place 2010 Outcomes evaluated 2011/12</p>

KEY WORKFORCE PRIORITIES	CONTRIBUTION TO PLAN	KEY ACTIONS & DELIVERY RISK	KEY RESOURCE REQUIREMENTS	MEASURES OF PROGRESS 2010/11 2011/12 2012/13
Supporting integration and transformation plan post acquisition	Links to strategic priority of creating an efficient and effective organisation. Reduction in in-patient capacity and further extension of community services. Reduction of costs Improved efficiency of services especially in rehabilitation and continuing care.	Review and re-modelling services, where necessary, to ensure consistency of approach across Trust but ensuring responsiveness to local needs. Ensure services are integrated, responsive and streamlined, reducing any duplication of provision. Further work to integrate social care especially in Bedfordshire and Luton.	Change management plan to be implemented by service leads.	Anticipated savings achieved Enhanced outcome measures Activity levels achieved new models in place by 2012
Skill-mix review in all clinical teams	Links to strategic priority of creating an efficient and effective organisation. Efficiency savings to be achieved through effective use of skill-mix.	Implement skill-mix change through use of vacancies, turnover and attrition. Need to be aware of volume and timeliness of outcomes. Risk that this cannot be achieved in two years if education required is not in place.	Team leads to work with service leads, HR and workforce development to produce detailed workforce plans with timelines.	Detailed workforce plans in place 2010/11 Education and training commissioned Team re-configurations fully achieved 2012.
Workforce profiling completed for three year plan	Links to strategic priority of developing clear plans for the future that will contribute to Trust's long term sustainability. Financial plans in place and savings identified	Translate into detailed workforce plans Skill requirements identified as above Change management plans in place On-going work with commissioners to clarify future contracts	Workforce Planning resource funded in revenue plan	Plans confirmed Progress of workforce plan monitored through workforce planning group.

KEY WORKFORCE PRIORITIES	CONTRIBUTION TO PLAN	KEY ACTIONS & DELIVERY RISK	KEY RESOURCE REQUIREMENTS	MEASURES OF PROGRESS 2010/11 2011/12 2012/13
Leadership and management development at all levels.	Links to strategic priority of developing clear plans for the future that will contribute to Trust's long term sustainability. Change management achieved On-going implementation of QIPP agenda	Change management plan in place Training identified Performance measures in place.	Funding identified in revenue plan	On-going roll out of programs Monitoring of performance targets

6. CAPITAL PROGRAM (including Estates Strategy)

KEY CAPITAL EXPENDITURE PRIORITIES	AMOUNTS AND TIMINGS	CONTRIBUTION TO THE PLAN (INCLUDING SERVICE DELIVERY)	KEY ACTIONS AND DELIVERY RISK
Development			
Upgrade of Meadowview Ward, Thurrock Hospital	2010/11 £1,136,000	Links to strategic priority of safe and high quality service provision. The upgrade of Meadowview Ward will significantly improve the patient environment and will enhance privacy and dignity through increasing the number of single rooms.	Construction work is due to commence on completion of Mayfield Ward in September 2010 with completion programmed for March 2011. There are no significant delay risks.
Upgrade of Mayfield Ward, Thurrock Hospital	2010/11 £1,250,000	Links to strategic priority of safe and high quality service provision. The upgrade and extension of Mayfield Ward will significantly improve the patient environment and will enhance privacy and dignity through increasing the number of single rooms.	Construction work commenced in January 2010 and is due for completion in September 2010. There are no significant delay risks.
Bedfordshire and Luton Transformation Plan	2010/11 £94,000 2011/12 £5,730,000	Links to strategic priority of efficient and effective organisation. A comprehensive service reconfiguration plan has been developed to reconfigure in-patient and community service models of service. The reconfiguration will result in improved environments; safer services and revenue efficiencies going forward.	<p>Key actions are detailed in the service reconfiguration plan and can be summarised as follows:-</p> <ul style="list-style-type: none"> • Commissioner consultation and approval of final plan detail • Overview and Scrutiny committee approval of service changes. • Staff consultation • Governor consultation • Consultant procurement and appointment • Detailed design and project program planning • Construction procurement • Commissioning • Service relocation <p>Delivery risks can be summarised as follows:-</p> <ul style="list-style-type: none"> • Delays to critical path milestones resulting in cost pressure • Unfunded capital and non recurrent revenue cost pressure • Withdrawal of commissioner support/changes to commissioning framework • Failure to obtain statutory consents • National/local policy changes to service models/patient pathway design

KEY CAPITAL EXPENDITURE PRIORITIES	AMOUNTS AND TIMINGS	CONTRIBUTION TO THE PLAN (INCLUDING SERVICE DELIVERY)	KEY ACTIONS AND DELIVERY RISK
Premises upgrades	2010/11 £750,000 2011/12 £1,200,000 2012/13 £650,000	Links to quality and safety, efficient and effective and sustainability strategic priorities. Strategic allocation provisionally identified to carry out upgrades to or provide alternative premises in south Essex including Grays Hall Resource Centre, Taylor Centre, Thurrock Hospital Kitchens, Head Office, CAMHs Maidstone Road.	Key actions and delivery risks are defined in individual project plans.
Maintenance			
Replacement staff safety alarm system Basildon Mental Health Unit	2010/11 £440,000	Links to strategic priority of safe and high quality service provision. The installation of a new Pinpoint staff safety alarm system is integral to delivery of safe services for patients and staff.	Installation work commenced in March 2010, planned for completion in June 2010. Delivery risk is low and the program is expected to deliver on time.
Repairs/ upgrade to lift at Head Office	2010/11 £100,000	Links to strategic priority of safe and high quality service provision. The lift is subject to restricted use and high maintenance costs. Upgrade will ensure Trust meets DDA compliance requirements and reduce on-going maintenance costs.	Installation work will commence in May 2010 and is due for completion in August 2010. Delivery risk is low and the program is expected to deliver on time.
Other capital expenditure			
IT system developments	2010/11 £1,925,000	Links to strategic priority of ensuring that the Trust is efficient and effective. Innovative programme, using Adobe technology will be implemented to upgrade IT systems that are not fit for purpose in Bedfordshire and Luton; reduce duplication and administrative resources in all services and further improve quality and performance monitoring and reporting arrangements in place in the Trust.	Infrastructure to support the deployment of the Adobe technology is currently being installed as is due to be operational in line with the project plan timescales. Applications are being developed and deployed in line with the project plan timescales and are expected to be delivered on time as part of a phased implementation. Delivery risk is low and the project is expected to deliver on time.
Migration of IT servers from Bedford Heights	2010/11 £470,000	Links to strategic priority of ensuring that the Trust is efficient and effective. Migration of the servers currently located at Bedford Heights is an integral part of the Bedfordshire and Luton transformation plan, which will reduce premises lease costs and improve IT resilience going forward.	Migration plans are being developed in line with the transformational plans for Bedfordshire and Luton. Delivery risk is medium due to timescales, but is being managed as part of the project management.

KEY CAPITAL EXPENDITURE PRIORITIES	AMOUNTS AND TIMINGS	CONTRIBUTION TO THE PLAN (INCLUDING SERVICE DELIVERY)	KEY ACTIONS AND DELIVERY RISK
IT replacement and development programme	2010/11 £450,000 2011/12 £730,000 2012/13 £650,000	Links to strategic priority of ensuring that the Trust is efficient and effective. The Trust is committed to using technology to drive efficiencies. Capital allocation ensures that the Trust is at forefront of implementing new technologies.	Replacement and development of equipment is being prioritised to ensure that Trust is able to meet its efficiency requirements. Delivery risk is low and the project is expected to deliver on time.
Clinical Equipment	2010/11 £60,000 2011/12 £60,000 2012/13 £60,000	Links to strategic priority of delivering high quality and safe services. Trust has significantly invested in equipment in the past and this allocation represents a replacement programme only. Mental health and learning disability services require little high tech / costly equipment	Equipment replaced as required. Risk is assessed as low due to previous investment.
Other estates strategy			
Carbon reduction	2010/11 £290,000 2011/12 £110,000 2012/13 £600,000	Links to strategic priority of clear plans for the future and long term sustainability, as well as efficient and effective organisation. The Trust has developed a comprehensive carbon management strategy and is committed to improving energy efficiency and reducing costs going forward. This allocation invests in new equipment and technology to achieve this.	Key actions are detailed in the Carbon management program which received Board approval in March 2010. In order to achieve carbon reduction targets capital re-profiling may be required to bring forward investment to projects with the potential to achieve the greatest emissions reductions and savings.
Creation of administration hubs	2010/11 £2,500,000 2011/12 £600,000 2012/13 £50,000	Links to strategic priority of clear plans for the future and long term sustainability, as well as efficient and effective organisation. The Trust is pursuing a strategy of estate rationalisation and changes in working arrangements in order to reduce cost of overhead. Creation of administration hubs is an integral part of the Estates Strategy and efficiency programme.	Three stage project involving Thurrock Hospital, Basildon Mental Health Unit and Rochford Hospital sites to host new administration hubs and clinical accommodation. Key delivery risks relate to re-provision of Aston Court and Taylor Centre clinical services and identification of suitable accommodation to serve the catchment populations. Construction delivery risks are low.
Runwell Hospital Laundry re-provision	2010/11 £350,000	Links to strategic priority of efficient and effective organisation. Runwell laundry closure is final phase of hospital re-provision programme. Re-provision will result in better quality service and improved efficiency.	The laundry service relocated during March 2010 to pilot a revised service model. This will be subject to review during September 2010 to determine if the capital investment in a new laundry facility is required.
Strategic allocations	2010/11 £0 2011/12 £153,000 2012/13 £2,500,000	CAPEX plans for this allocation yet to be agreed.	Yet to be agreed.

7. OPERATIONAL AND FINANCIAL EFFECTIVENESS

OPERATING EFFICIENCY PROGRAMS	AMOUNTS & TIMING	CONTRIBUTION TO PLAN	KEY ACTIONS AND DELIVERY RISK	RESOURCE REQUIREMENTS	MILESTONES		
					2010/11	2011/12	2012/13
Corporate and support service integration and reduction	2010/11 £1,763,000 2011/12 £2,742,000 2012/13 £375,000	Integral to delivery of strategic priorities of creating an efficient and effective organisation and clear plans for the future which lead to long term sustainability.	14 efficiency programmes have been identified as a result of integration efficiencies created as a result of the acquisition of services in Bedfordshire and Luton; implementing new ways of working; using technology to improve efficiency and estate rationalisation Delivery Risks: Delays experienced in delivering agreed programs Ability to deliver CIP and maintain normal operations Efficiencies anticipated do not materialise	Capacity: Business Unit established to coordinate change management programme Revenue funding: Allocation in plan to support efficiency and transformation programmes. Capital funding: Capital funding identified for IT and estates infrastructure. Workforce: Strategy identifies range of actions required to support change management programme	Corporate management structure reduction completed. Phase 1 integration and reduction of back office functions. Introduction of admin hubs. Worksmart programme introduction in 1 resource centre completed Phase 1 review of admin support to clinical services and medical staff completed as a result of new technology introduction	Phase 2 integration and reduction of back office functions. Completion of admin hub establishment. Phase 2 review of admin support to clinical services and medical staff completed as a result of new technology introduction Worksmart programme introduction in 1 resource centre completed	Review of Essex Mental Health Professionals completed. Eprocurement and ISS (financial systems) implemented in full and savings realised as a result of efficiencies and controls.

OPERATING EFFICIENCY PROGRAMS	AMOUNTS & TIMING	CONTRIBUTION TO PLAN	KEY ACTIONS AND DELIVERY RISK	RESOURCE REQUIREMENTS	MILESTONES		
					2010/11	2011/12	2012/13
Service Reconfiguration	2010/11 £2,354,000 2011/12 £3,430,000 2012/13 £660,000	Integral to delivery of strategic priorities of creating an efficient and effective organisation and clear plans for the future which lead to long term sustainability.	26 efficiency programmes have been identified. 14 of the schemes relate to the service transformation programme that has been developed for services in Bedfordshire and Luton. The remaining 12 programmes have been agreed with south Essex commissioners as part of QIPP. Delivery Risks: Delays experienced in delivering agreed programs Ability to deliver CIP and maintain normal operations Efficiencies anticipated do not materialise.	Capacity: Business Unit established to coordinate change management programme Revenue funding: Allocation in plan to support efficiency and transformation programmes. Capital funding: Capital funding identified for IT and estates infrastructure. Workforce: Strategy identifies range of actions required to support change management programme	Phase 1 review of B&L community skill mix completed. Phase 1 review of in-patient staffing B&L completed. Reduced use of agency staff as a result of reviews B&L B&L service reconfiguration milestones year 1 achieved. Increase capacity in Assessment Unit to create in-patient efficiencies in south Essex. Phase 1 reduction in rehabilitation in-patient provision completed.	Phase 2 review of B&L community skill mix completed. Phase 2 review of in-patient staffing B&L completed. Reduced use of agency staff as a result of reviews B&L B&L service reconfiguration milestones year 2 achieved. Phase 2 reduction in rehabilitation in-patient provision completed. Full closure of south Essex Resource Centre	B&L service reconfiguration milestones year 3 achieved. Closure of premises in south Essex as a result of Worksmart introduction and estate rationalisation programme Review of continuing care provision completed

OPERATING EFFICIENCY PROGRAMS	AMOUNTS & TIMING	CONTRIBUTION TO PLAN	KEY ACTIONS AND DELIVERY RISK	RESOURCE REQUIREMENTS	MILESTONES		
					2010/11	2011/12	2012/13
Operational Management	2010/11 £1,340,000 2011/12 £425,000 2012/13 £300,000	Integral to delivery of strategic priorities of creating an efficient and effective organisation and clear plans for the future which lead to long term sustainability.	8 efficiency programmes have been identified. All programmes have been agreed with south Essex and specialist commissioners as part of QIPP. Delivery Risks: Delays experienced in delivering agreed programs Ability to deliver CIP and maintain normal operations Efficiencies anticipated do not materialise:	Capacity: Business Unit established to coordinate change management programme Revenue funding: Allocation in plan to support efficiency and transformation programmes. Capital funding: Capital funding identified for IT and estates infrastructure. Workforce: Strategy identifies range of actions required to support change management programme	Phase 1 review of operational management completed. Restructure of CAMHs management completed. Full review of forensic staffing costs completed. Reduction of management costs of substance misuse service achieved. Phase 1 new ways of working programmes implemented in medical staffing.	Phase 2 review of operational management completed. Phase 2 new ways of working programmes implemented in medical staffing.	New ways of working programme introduced in Clinical Assessment Service

OPERATING EFFICIENCY PROGRAMS	AMOUNTS & TIMING	CONTRIBUTION TO PLAN	KEY ACTIONS AND DELIVERY RISK	RESOURCE REQUIREMENTS	MILESTONES		
					2010/11	2011/12	2012/13
Other efficiency programmes	2010/11 £4,019,000 2011/12 £309,000 2012/13 £341,000	Integral to delivery of strategic priorities of creating an efficient and effective organisation and clear plans for the future which lead to long term sustainability.	11 miscellaneous efficiency programmes have been identified. In addition the Trust will be using reserves and non recurring CQUIN funding to offset overall efficiency target requirement. Delivery Risks: Delays experienced in delivering agreed programs Ability to deliver CIP and maintain normal operations Efficiencies anticipated do not materialise.	Capacity: Business Unit established to coordinate change management programme Revenue funding: Allocation in plan to support efficiency and transformation programmes. Capital funding: Capital funding identified for IT and estates infrastructure. Workforce: Strategy identifies range of actions required to support change management programme	Phase 1 carbon reduction efficiencies achieved. FM services review completed. Runwell Laundry reprovision completed. Enhanced financial controls and management implemented. N3 transfer achieved. CQUIN goals achieved.	Review of prescribing completed and phase 1 changes introduced.	Phase 2 carbon reduction efficiencies achieved. Review of prescribing completed and phase 2 changes introduced. Review of diagnostic testing completed.

OPERATING EFFICIENCY PROGRAMS	AMOUNTS & TIMING	CONTRIBUTION TO PLAN	KEY ACTIONS AND DELIVERY RISK	RESOURCE REQUIREMENTS	MILESTONES		
					2010/11	2011/12	2012/13
Outer years / reserve efficiency programmes	2012/13 £5,005,000	The Trust has developed a reserve list of 16 efficiency programmes for 2012/13 to ensure that there are clear plans for the future that will facilitate long term sustainability. If identified efficiency programmes fail to deliver targets, these programmes will be brought forward as necessary.	No action required in 2010/11 unless monitoring of delivery of 2010/11 efficiency programmes identifies any cause for concern.	None identified as required in 2010/11	n/a	n/a	Further reduction in back office functions achieved. Further reduction in management structures achieved. Integration of LD and MH management Identified additional service reconfigurations completed Review of staff canteen facilities. Identified premise relocation/ centralisation
Income generation	2010/11 £850,000	Increasing the quantum of service commissioned is an integral part of the sustainability strategy for the Trust. Sale of spare capacity is a priority to offset potential impact on existing service provision.	Effective marketing of spare capacity (particularly CAMHs and forensic in-patient provision) to existing and new commissioners. Delivery Risk: Economic downturn results in no new contracts	Capacity: Business Unit established to coordinate growth activity	Training income generation projects delivered. Contracts in place for spare capacity	Training income generation projects delivered. Contracts in place for spare capacity	Training income generation projects delivered. Contracts in place for spare capacity

8. LEADERSHIP & GOVERNANCE

KEY LEADERSHIP & GOVERNANCE PRIORITIES	KEY RISKS & GAPS	ACTIONS TO MITIGATE	MILESTONES 2010/11 2011/12 2012/13
<p>Successful integration post acquisition of BLPT</p>	<p>Integration will require all leadership competencies and behaviours identified as key to SEPTs success at Board and Top Team level. Revised Board and Top Team management structure will be necessary to ensure right balance of skills and experience in place to deliver integration plan and develop organisation capable of responding to future challenges.</p> <p>Strengthening of Non Executive Director business acumen and skills relevant to integration required.</p> <p>Strengthening of strategic planning and focus required in Executive Director structure.</p> <p>Integration plans have been developed and leads assigned.</p>	<p>Enhance NED commercial/ business acumen through appointment of three additional NEDs during transition period.</p> <p>Executive Director lead for strategy and business development to be created in revised Executive management structure.</p> <p>Establishment of Business Unit with skills and capacity to oversee integration and transformation plan.</p> <p>Integration Project Team to remain in place until minimum of September 10.</p> <p>New Board sub-committee to be created to monitor integration and transformation plan implementation.</p>	<p>2010/11: Year 1 integration and transformation plan milestones achieved; additional NEDS appointed; Exec Director of Strategy appointed; Business Unit established.</p> <p>2011/12: Year 2 integration and transformation plan milestones achieved.</p> <p>2012/13: Year 3 integration and transformation plan milestones achieved.</p>
<p>Implementation of effective external governance arrangements appropriate to geography served</p>	<p>Provision of services in Bedfordshire and Luton will require extensive changes to NED structure, membership constituencies and Board of Governor make up.</p> <p>Existing Board of Governors and Monitor have approved changes to constitution to facilitate required changes during transition and in the long term.</p>	<p>Creation of new public constituencies that are representative of geography served.</p> <p>Recruitment of public members in Bedfordshire and Luton.</p> <p>Recruitment of Non Executive Directors from Bedfordshire and Luton.</p> <p>Election of new public and staff governors and appointment of partnership governors to represent Bedfordshire and Luton public and staff members and partners.</p>	<p>2010/11: Increased representative membership; transitional Board of Governors in place; additional NEDS appointed</p> <p>2011/12: Stable representative and active membership; Board of Governors equally representative of geography in place; NED numbers reducing</p> <p>2012/13: Non-transitional governance arrangements in place</p>

KEY LEADERSHIP & GOVERNANCE PRIORITIES	KEY RISKS & GAPS	ACTIONS TO MITIGATE	MILESTONES
Skills necessary to deliver challenging financial plan, including CIPs	<p>Financial plans developed and CIP implementation plans in place. Leads and timescales for delivery identified.</p> <p>Effective finance function essential to support and monitor delivery of financial plan.</p> <p>Board of Directors understanding of challenges; ability to identify risks and agree remedial action critical to success.</p> <p>Effective project management skills to deliver CIP and transformation programmes required.</p>	<p>Appointment of additional NEDs and on-going Board Development Programme to enhance commercial/ financial skills at Board level.</p> <p>Strengthening of finance function, skills and experience planned as a result of integrating finance teams.</p> <p>Training provided to Top Team programme leads in project management skills as part of Workforce Strategy.</p> <p>Establishment of Business Unit with skills and capacity to oversee integration and transformation plan.</p>	2010/11: Additional NEDs with appropriate skills appointed; finance function strengthened; Business Unit established; Top Team development programme developed and implemented.
Achieving positive (good or better) CQC Periodic Review rating for 10/11	The ability to collect, monitor and report accurate activity data in Bedfordshire and Luton is essential to achieving this priority.	Implementation of effective IT infrastructure in Bedfordshire and Luton and enhanced systems for performance monitoring in the new system to be implemented. CAPEX plans support this development.	2010/11: Adobe strategy implementation
Mitigating potential loss of income through service contestability	The Board has identified at risk services and has identified action required. This will require range of initiatives in specific services to optimise competitiveness of specific services. Marketing skills required to negotiate with commissioners to prevent market testing and or respond to market testing requirement..	<p>Top Team marketing skills programme to be implemented.</p> <p>Board and Top Team development programmes focussed on generating innovative and creative response to problems and developing commercial skills and thinking will be implemented.</p>	<p>2010/11: Board and Top Team development programme developed and implemented to support objectives and manage risk.</p> <p>2011/12: As above</p> <p>2012/13: As above</p>

KEY LEADERSHIP & GOVERNANCE PRIORITIES	KEY RISKS & GAPS	ACTIONS TO MITIGATE	MILESTONES
Preparedness for “downside” scenario	<p>The Trust has identified actions and efficiencies required in the short, medium and longer term to ensure that the trust remains sustainable. Downside planning and mitigation will be required to reviewed regularly and new and innovative solutions constantly identified. A range of competencies will be required to be evident.</p> <p>New appointments, new structures and new governance arrangements to be implemented to ensure plans are identified and followed through.</p>	<p>Executive Director of Strategy and Business Development created to provide Board leadership.</p> <p>Commercial, financial and marketing independent advisors to be contracted as necessary to support strategic plan development.</p> <p>Change management facilitation programmes continued as part of Workforce Strategy</p> <p>Establishment of Business Unit with skills and capacity to support efficiency, productivity and sustainability programmes.</p>	<p>2010/11: Executive Director of Strategy appointed, Business Unit established; change management support programme developed and implemented</p> <p>2011/12: Change management programme developed and implemented</p> <p>2012/13: Change management programme developed and implemented</p>
Implementation of effective internal systems of control	SEPT systems of internal control are currently robust. Development of systems required to ensure that the Board of Directors understand risk and performance in the separate business units created as a result of the acquisition of services in Bedfordshire and Luton.	<p>Enhanced systems of internal control to be implemented to identify risks and performance in Essex and Bedfordshire and Luton.</p> <p>“Taking it on Trust” (Audit Commission) recommendations to be implemented where gaps identified.</p> <p>Acquire commercial experience of systems of internal control at Board level in appointment of additional Non Executive Directors.</p>	2010/11: enhancements to Statement of Internal Control ; additional Non-Executive Directors appointed.
Improving clinical quality of existing Bedfordshire and Luton services and maintaining it in south Essex	Creating a can-do attitude, with shared vision will be essential going forward. The Board and Top Team will have to communicate clear strategy and expectation; ensure that plans are delivered and provide inspiration and motivation for all staff at all times. Cohesive teams will be required to cope with and deliver transformation programme.	<p>Comprehensive team and organisational development programme to be developed and implemented.</p> <p>Training in LEAN and other recognised service improvement tools and techniques increased.</p>	<p>2010/11: Team and OD plan developed and implemented; LEAN sustainability programme implemented.</p> <p>2011/12: As above</p> <p>2012/13: As above</p>

KEY LEADERSHIP & GOVERNANCE PRIORITIES	KEY RISKS & GAPS	ACTIONS TO MITIGATE	MILESTONES
Creating an effective IT infrastructure that supports combined entity	<p>Integration plan confirms IT infrastructure implementation. Longer term IT strategy developed to ensure Trust remains responsive to future challenges and is able to utilise technology to create efficiencies.</p> <p>Potential risk associated with specialist IT knowledge at Board level to support decision making.</p>	<p>Acquire specialist IT experience at Board level in appointment of additional Non Executive Directors.</p> <p>Independent advisors to be contracted as and when necessary.</p>	2010/11: Appointment of additional NED with appropriate experience.
Fit for purpose to consider next significant transaction	Outline longer term plan for sustainability recognises that the Trust will need to plan for further significant transactions in future. The Board are committed to sustainability strategy and will need to be supported to maintain this focus and develop innovative response. Succession planning will be required to develop future leaders.	<p>Executive Director of Strategy and Business Development created to provide Board Leadership</p> <p>Top Team Development Programme to develop future leaders.</p> <p>Formal succession planning arrangements for key management posts to be identified and implemented.</p>	2010/11: Executive Director of Strategy appointed; Top Team Development Programme developed and implemented; succession planning process agreed

9. MEETING REGULATORY REQUIREMENTS

KEY REGULATORY RISKS	NATURE OF RISK	ACTIONS TO RECTIFY/MITGATE & RESPONSIBILITY	MEASURES 2010/11 2011/12 2012/13
Service performance	<p>There is a potential risk that service performance and achievement of key performance indicators (CQC and Monitor) in Bedfordshire and Luton is not improved as planned and that B&L data quality does not provide sufficient assurance and that in Essex it could deteriorate whilst integration and service transformation is implemented.</p> <p>This is identified on the Board Assurance Framework for 2010/11:</p> <p>Impact Rating: 4 Likelihood Rating 3 Risk Rating: 12 high</p>	<p>Comprehensive performance monitoring processes in place to identify risk early and take appropriate action. Improvements to IT systems in Bedfordshire and Luton planned 10/11 to improve data quality and accuracy of performance monitoring systems.</p> <p>Ward, team and individual performance dashboards to be further improved to assist with local monitoring and understanding of contribution to KPIs.</p> <p>Residual Risk Rating: 4 x 2 = 8 moderate Responsibility: Executive Directors of Operations and Strategy and Business Development.</p>	<p>2010/11: Minimum of "Good" overall rating for quality of services achieved in CQC Periodic Health Check. Monitor Governance Risk Rating Green.</p> <p>2011/12: "Excellent" overall rating for quality of services achieved in CQC Periodic Health Check. Monitor Governance Risk Rating Green.</p> <p>2012/13: "Excellent" overall rating for quality of services achieved in CQC Periodic Health Check. Monitor Governance Risk Rating Green.</p>
Clinical Quality	<p>The Directors of the Trust have identified potential risks associated with the achievement of objectives in 2010/11:</p> <ul style="list-style-type: none"> • Potential risk to the Trusts reputation and learning if SUIs are not reported and investigated appropriately to meet deadlines • Potential risk to service users, staff and the public if appropriate adult and child safeguarding processes are not implemented impacting on safety and the Trusts reputation • Potential risk to patients and staff if patient safety alerts are not implemented appropriately leading to financial loss through litigation and impact on reputation • Patients are potentially at risk if quality effectiveness of care planning systems, processes and paperwork are not maintained. 	<p>Actions to mitigate potential risks have been identified as follows:</p> <p>SUI management policy, systems and processes will be reviewed and enhanced monitoring and reporting by the Board of Directors put in place.</p> <p>Safeguarding systems and processes will be fully reviewed to ensure that they meet best practice requirements.</p> <p>Electronic system of SAB distribution and monitoring of action to be implemented to improve efficacy and efficiency of current systems.</p>	<p>2010/11: All SUIs reported and investigated in line with SHA requirements. Regular and consistent reporting of SUI action plans by Board of Directors. Assurance report received by Board of Directors on safeguarding systems. Implementation of DATIX SABS system CPA Handbook developed and issued. All high risk policies tested. Medical devices review completed. Mandatory training targets achieved.</p>

KEY REGULATORY RISKS	NATURE OF RISK	ACTIONS TO RECTIFY/MITGATE & RESPONSIBILITY	MEASURES 2010/11 2011/12 2012/13
Clinical quality Cont'd	<ul style="list-style-type: none"> • Potential risk to patients, carers and staff if mandatory training is not attended to ensure that correct practices are in place • Potential risk to patients, carers and staff if policies are not in place and implemented impacting on safety and likelihood of litigation • Potential risk to patients and staff if medical devices processes including procurement, training and maintenance are not implemented . Additional potential impact on CQC registration compliance <p>All of these potential risks are identified in the Board Assurance Framework 2010/11:</p> <p>Impact Rating: 4 Likelihood Rating 3 Risk Rating: 12 high</p>	<p>A full review of existing CPA policy, system and procedures will be undertaken and revised CPA handbook developed to improve quality and efficacy.</p> <p>Mandatory training requirements for enlarged Trust to be agreed and improved systems of monitoring attendance implemented in Bedfordshire and Luton.</p> <p>Compliance with high risk Trust policies and Procedures will be tested as part of preparation for NHSLA RMS accreditation at Level 2 for enlarged Trust.</p> <p>Review of policy, procedure and systems supporting medical devices management will be undertaken and action taken to ensure any risks identified are rectified.</p> <p>Residual Risk Rating: 4 x 2 = 8 moderate Responsibility: Executive Director of Clinical Governance and Quality</p>	<p>2011/12: on-going maintenance of systems and further enhancements as necessary.</p> <p>2012/13: on-going maintenance of systems and further enhancements as necessary.</p>
Governance processes and procedures	No risks are identified. The Trust can evidence good systems and processes in place to plan service delivery, performance manage delivery and provide assurance to the Board of Directors and other stakeholders. Integration plan identifies actions that will be taken to harmonise all governance systems and processes to cover all services in the enlarged Trust.	None required	Not applicable
Financial stability, profitability and liquidity	<p>All risks to delivering the Trusts financial plan are set out in detail in Section 2.</p> <p>Delivery of the efficiency programme is identified in the Board Assurance Framework as being critical to delivery of the financial plan.</p>	All mitigating actions associated with identified financial risks are set out in Section 2.	<p>2010/11: Achievement of agreed financial plan</p> <p>2011/12: Achievement of agreed financial plan</p> <p>2012/13: Achievement of agreed financial plan</p>
Provision of mandatory services	No risks are identified	None required	Not applicable

KEY REGULATORY RISKS	NATURE OF RISK	ACTIONS TO RECTIFY/MITGATE & RESPONSIBILITY	MEASURES 2010/11 2011/12 2012/13
Private patient income cap	No risks are identified	None required	Not applicable
Co-operation or competition rules	<p>Increasing quantum of service is integral to the Trust's sustainability strategy. The Trust will pursue further contracts for mental health services and pursue new opportunities in the primary and secondary acute care sector as they arise and in the longer term will need to consider a further merger or acquisition. There is a potential risk that this growth strategy may not be viewed favourably by Cooperation and Competition Panel as it may have an impact on patient choice.</p> <p>Impact Rating: 5 Likelihood Rating 2 Risk Rating: 10 high</p>	<p>The Trust will discuss growth strategy with CCP and lobby for flexibility in approach in light of economic downturn and the need to drive efficiencies out of all parts of health economy.</p> <p>Residual Risk Rating: 5 x 2 = 10 high Responsibility: Executive Director of Strategy and Business Development</p>	<p>2010/11: Additional contracts for services achieved 2011/12: Additional contracts for services achieved 2012/13: Additional contracts for services achieved. Merger/ acquisition plans developed.</p>
NHS Constitution	A full assessment of compliance with the Constitution was carried out by the Trust in February 2010. No risks were identified.	None required	Not applicable
Ongoing registration with CQC	<p>The Trust has received confirmation of registration without conditions for Essex services and has applied for a variation to register services in Bedfordshire and Luton. It is expected that there will be no conditions attached to registration of these services.</p> <p>There is a potential risk that compliance with standards of quality and safety will be compromised during service integration and transformation.</p> <p>This potential risk is identified in the Board Assurance Framework 2010/11: Impact Rating: 4 Likelihood Rating: 3 Risk Rating: 12 high</p>	<p>Effective systems of scrutiny of compliance with CQC Registration Standards developed for implementation in 10/11.</p> <p>Regular monitoring and reporting of compliance with standards to Board of Directors.</p> <p>Board of Governors and LINKs scrutiny processes implemented to provide independent assurance.</p> <p>Compliance project, clinical audit programme and internal audit assurance on compliance to be sought.</p> <p>Residual Risk Rating: 4 x 2 = 8 Moderate Responsibility: Executive Director of Strategy and Business Development</p>	<p>2010/11: Full compliance with Registration standards maintained 2011/12: Full compliance with Registration standards maintained 2012/13: Full compliance with Registration standards maintained</p>