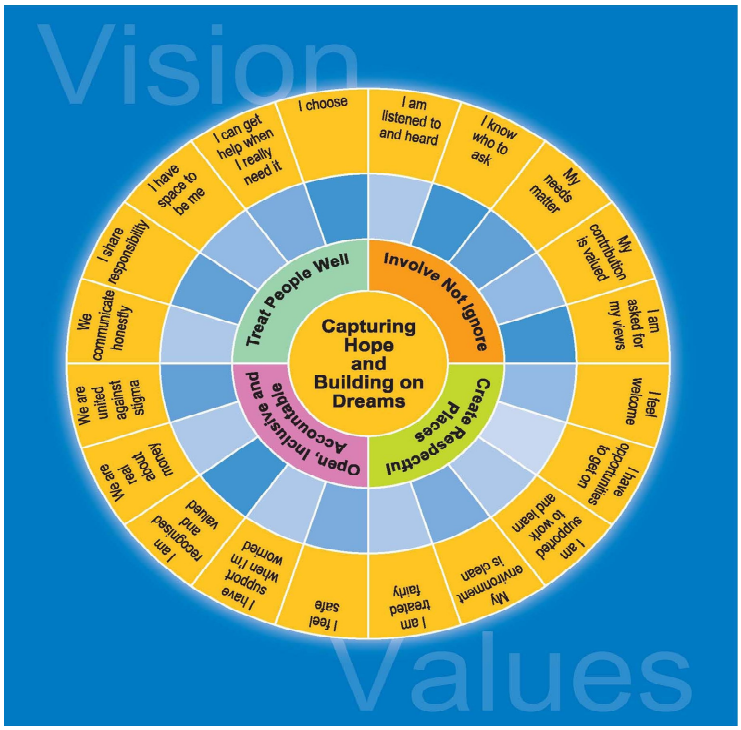
Surrey and Borders Partnership NHS
NHS Foundation Trust

INTEGRATED BUSINESS PLAN 2007/08 – 2011/12

ANNUAL PLAN
2009/2010



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CONTENTS

1.0 INTRODUCTION – Our Strategic Direction

1.1 Background and Context

Surrey and Borders Partnership NHS Foundation Trust is a provider of health and social care services for people of all ages with mental ill health, drug and alcohol addictions and learning disabilities.

We are the core provider of these services to the population of Surrey and North East Hampshire, serving a population of 1.3 million people. We also provide some specific services across our borders, particularly Croydon and Hampshire.

We were established as a health and social care Partnership Trust in April 2005. From our inception we have sought to distinguish ourselves as a partnership organisation that involves and engages people who use our services and our community. Our Vision and Values represent our shared ambitions for the success of the Trust.

We have strong partnerships with Hampshire County Council and, in particular, Surrey County Council. Our joint Integration Board with Surrey County Council is looking to exploit the opportunities for better outcomes for people, and more efficient integrated services plans beyond adult mental health services. We share a strategic vision with Surrey County Council to become an integrated health and social care provider of services to vulnerable people.

Our vision for service improvement is ambitious. We are taking an innovative and radical approach in our service model which is shaped by our Vision and Values.

We became a Foundation Trust because we believe it strengthens our ability to realise our ambitions for service improvement through greater control and local determination of our resources, build upon our community engagement, and better champion the voices of the vulnerable people we work with.

1.2 Mission Vision and Strategy

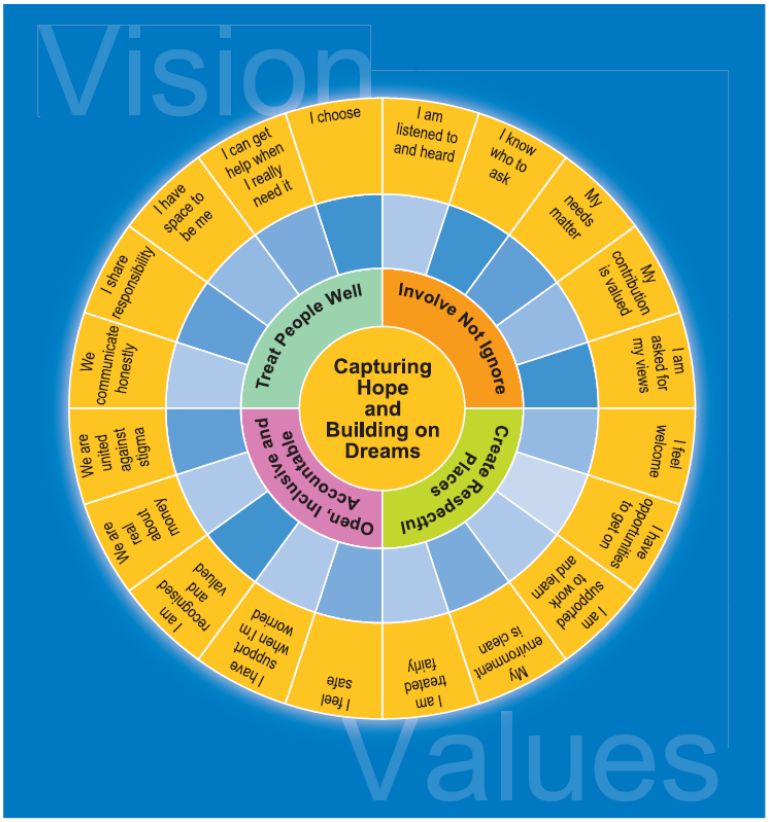
Our ambition is:

“To deliver excellent and responsive assessment, treatment and care, focused on the needs and wishes of the individuals; and to lead our communities in challenging stigma and improving the mental health and well-being of people living within our communities”

Our Strategic Direction was developed in our first year, and it has been revisited this year. The Timeline charts our intentions over the next 3 years of our five year plan and begins to give an indication of our direction beyond this. The Board will be completing further work in the early part of 09/10 to refresh our Strategic Direction to develop this picture further.

Our Strategic Timeline

Our Vision and Values underpin the way in which we work.



1.3 Our Service Plan 2007/08 – 2011/12

Our Service Plan will deliver our service model which is based on the following key features:

- Whole systems approach to delivering health and social care support
- Optimising strategic partnerships
- Person centred approaches to enable choice
- Mainstreaming – ensuring access for all
- Integration – creating virtual health and social care teams
- Changing professional roles

To achieve the key principles of the service model we originally moved away from traditional images and delivery created by the "care group labels", to describing services in a non discriminatory way and in a style that facilitates integration:

- 24 Hour Assessment and Treatment
- Specialist Community Services
- Psychological Medicine
- Continuing Care - Health
- Community Care - Social
- Day Services and Work Services

In 2009/10 these have been revised to:-

- **Community Teams** – our core network of dedicated multi-disciplinary teams supporting people with mental ill-health and learning disabilities across Surrey and North East Hampshire including providing Early Intervention, Assertive Outreach, Children and Younger Persons Mental Health services and ongoing support for people with long term conditions
- **Specialist Community Services** – our range of specialist services, delivered through a network of community teams or on an outpatient or day care basis, depending on the service, for people who require the expertise of our drug and alcohol, eating disorders, forensic and prison in-reach specialists
- **24 Hour Acute Assessment and Treatment** - our urgent and emergency care services providing 24 hour "acute" care and treatment to people with mental ill-health in our hospitals or through our Crisis Resolution and Home Treatment Teams in their own homes
- **Psychological Medicine** – our range of services which provide active care and treatment to people in need of specialist psychological therapies for neuro-developmental disorders, life–changing accident and illness and long term physical health conditions and our liaison services providing mental health expertise to people being cared for in neighbouring general hospitals due to their physical ill-health
- **Individualised Support Programmes** – our social care services providing individual supported living programmes to allow people to continue to live as independently as possible in their own homes
- **Registered Residential Care Homes** – our residential care homes for people with learning disabilities
- **24 Hour Complex Active Treatment and Support** – our services providing long term support and treatment to people whose complex needs and challenging behaviour require 24 hour care in their own homes or in some of our own residential settings

This work will lead us to focus on the early intervention, prevention and well being of our population.

As a result of delivering our Service Plans we will have achieved the following by 2011/2012:

- Single crisis resolution and home treatment service across Surrey
- Capable integrated health and social care community teams
- Better access to psychological therapies
- New buildings for inpatient care and treatment on fewer sites
- More specialist drug, alcohol, eating disorders and other services
- More child and adolescent services
- Fewer residential care homes as we will have transferred these other non NHS agencies
- Fewer "work" and day services as these move to be provided by other non NHS

agencies
- More involvement and support for family carers
- More primary as well as secondary care services

This direction for services received support through our public consultation on our application to be a Foundation Trust February – April 2007. Considerable progress has already made to deliver across these objectives to realize this vision for our services over our first 4 years of operation. A commentary on what has been achieved in 2008/09 follows in Section 2.0 of this Plan. Our Plan for 2009/10 accelerates progress in a number of these areas and we expect our review of our Strategic Direction this year will project forward this vision for services beyond 2011/2012.

1.4 Delivering as a Foundation Trust

Achieving Foundation Trust status has been a natural progression for us as an organisation which has always set out to be a membership organisation, building on our Vision and Values and what we have already achieved through our Forum of Carers and Users of Services (FoCUS).

Our service growth plan reflects the circumstances of our main commissioners and policy direction enshrined within Our Health, Our Care, Our Say. Our service change plan is ambitious in terms of workforce and estate. It builds upon the Darzi led Next Stage Review and the South East Coast Strategic Health Authority's vision for services Healthier People Excellent Care in which our Medical Director led the workstream on Mental Health.

We believe that Foundation Trust status will enable us to deliver more person centred services through being self determining in our future asset management, business planning and delivery to improve our services

1.5 Strategic Direction Overview

1.5.1 External Environment

Our Board and Council of Governors have jointly considered the external environment in which the Trust will be operating. The Council and Board considered the Political, Economic, Social and Technological environment surrounding the Trust. This analysis identified the areas of change and challenge we need to focus on. These included the following key areas of potential impact:-

- The recommendations of the Darzi Next Stage Review for Mental Health, particularly with regard to service quality and the management of service change and development
- the emergence of New Horizons which will build upon the achievements of the National Service Framework for Mental Health
- the economic downturn; its potential impact on the communities we serve and their mental health and well-being; its business impact on the local health and

social care economy and on Commissioners, where NHS growth will cease and requirement for increased efficiency and productivity will increase dramatically
- impetus of World Class Commissioning and practice based commissioning
- changes to the Mental Health Act and Mental Capacity Act
- development of currencies which better explain activities and outcomes related to mental health services
- growth of brain sciences and mobile and computerised technologies to support people

1.5.2 Internal Environment

Our Board and Council of Governors have jointly considered the internal environment of the Trust's operations. This analysis identified a number of key strengths, weaknesses, opportunities and threats. These included:-

- The need and desire to continually improve the quality and experience of our services; celebrating the Trust's Excellent rating in the Healthcare Standards Healthcheck; but also the challenge of maintaining this as the targets and thresholds continue to change for Mental Health and Learning Disabilities Trusts

- The Trust's ability to use its freedoms as a Foundation trust to ensure any money made from the sale of its estates assets are used to invest in the much needed modernisation and improvement of its facilities to benefit the experience of people who use services, carers and families, visitors and staff
- The success of the Trust in responding to tenders e.g. in being chosen as the Surrey-wide provider of Children and Young People's services; alongside the need for our capacity and capability to respond to tenders to be increased to keep pace with commissioning developments and opportunities
- The need to continue to develop and invest in our staff and leadership; targeting areas highlighted by the latest staff survey and the Chief Executive's Values Conversations with them
- The opportunity to continue developing our working with our Governors and our membership and our Involvement and Engagement of people and communities
- The opportunities to develop our provision of services to utilise our expertise in providing person-centred health and social care to meet the needs of the people in Surrey and North East Hampshire and commissioning intentions of our commissioners for example, in responding to the Dementia Strategy, the Increasing Access to Psychological Therapies, liaison psychiatry and working with the County Council as commissioning for services for people with Learning Disabilities moves from health to the County Council

1.5.3 Market Analysis

Our core business remains the provision of mental health, learning disabilities and drug and alcohol misuse services to the residents of Surrey and North East Hampshire.

In accordance with our Strategic Direction 2009/10 provides a focus for core services and expansion.

Opportunities for growth identified and pursued in our earlier years have concentrated on investment to develop new services within this existing market through innovations for current care groups e.g. Increasing Access to Psychological Therapies and dementia care, and through repatriation of services previously provided by other providers to this Trust e.g. the development of our local Eating Disorders services and our creation of a county wide Child and Adolescent Mental Health services. Whilst this will continue we are now considering opportunities for us to expand beyond our existing geographical markets and have a more "commercial" approach to evaluating new ventures.

We are well placed to take up opportunities presented to us by the economic climate as a health and social care provider of services to vulnerable people. As an experienced community services provider and early implementer of RIO we can also offer real solutions to partners across the health and social care system needing to meet the challenges of the current economic climate, for example in the efficient provision and management of a wider range of out of hospital and community services.

2.0 PERFORMANCE 2008/09

2.1 Commentary

2008/09 has been a challenging year for the Trust and one which has been marked by notable successes as well as difficult decisions and concerns.

The year began with the landmark of our achievement of NHS Foundation Trust status as the result of the work of our staff to build a strong organisation as the result of coming together just 3 years previously. Achieving FT status had been one of our objectives for our third year of operation and we were delighted to achieve it on 1st May 2008.

Our Council of Governors, elected by our membership, has been active throughout the year, helping us to develop our accountability to the communities we serve and to inform the strategic direction of the Trust and how we operate to improve our services. By the 31st March 2009 we recruited 8666 members each of whom adds their voice to championing the interests of the people and communities we serve in developing and delivering our plans.

We were delighted to have achieved an Excellent rating for the quality of our services in the Healthcare Commissions Annual Healthcheck for 2007/08 performance together with a Good rating for Use of Resources. This is a significant achievement for our services and a credit to our staff.

However we know that people's experience of our services does not always feel excellent. We have also experienced concerns about the rising numbers of suicides during the year; and criticisms of two of our learning disabilities services and our processes for investigating and learning from our Serious Untoward Incidents, by the Healthcare Commission now the Care Quality Commission.

Our focus in the coming year will be to maintain our excellent quality rating whilst also improving the quality of the experience people are able to report. Our commitment moving forward is to ensure we learn from regulators' reports on our services and use them as a tool for helping us to achieve excellent experiences for all those using our services.

Our Service Plan for the year has been ambitious in terms of size and speed of change in a challenging financial climate. Our services have worked hard to deliver service improvement priorities whilst also delivering the final year of service disinvestments to meet the requirements of our contract with NHS Surrey.

The pace and extent of this change has been difficult at times for both people who use services, their carers and families as well as our staff. We have learned from our experiences over the last year where communication surrounding change has not gone as well as we would have hoped and aim to improve upon this in the coming

year. This Annual Plan is one of the vehicles through which we aim to improve our communication of our plans for this year.

Our Financial position has been well managed throughout 2008/09. We have not been able to deliver the level of surplus initially planned. We have been particularly successful in managing our capital and disposals programme, making good use of our freedoms as an FT to manage our overall position, whilst making improvements in services and our built environments and planning for the future.

Looking ahead our desire, and need is to streamline how we work and to improve our ability to respond more quickly to business opportunities; managing change well and managing the pace of our work programmes better are key to our success in the coming year and beyond.

The key challenges we have identified are:-

- Service Change – we will continue to review and develop our services to ensure that they meet the needs of our commissioners and the people who use services. We know that the scale and pace of change can be challenging for people who use our services, their carers, families and our staff. We will work hard to ensure that we manage this better with people.
- Care pathway fragmentation – we will continue to work hard to maintain care pathways which work well for an individual and to simplify pathways where we know fragmentation can lead to increased risks.
- Key relationships – we want to pay special attention in the year ahead to improving our connection with local GPs, our Borough Councils and the voluntary sector.
- Systems improvements e.g. IT – as a large organisation we are continually looking at how we can support our operations through better systems implementation. The introduction of a single clinical information system for the Trust in the coming year is a huge task but one we must deliver on to improve care to people at the frontline and improve our efficiency and ability to review trends and provide information to Commissioners.
- Public Engagement – we are committed to our duty to lead the community in challenging stigma and promoting the need for good mental health for us all as part of our core purpose

2.2 Service Plan Delivery 2008/09

Our Teams have worked hard to deliver our Service Plan during 2008/09. Notably these have included

- Hale Ward, Farnham Centre for Health – the relocation of this, our continuing care ward for older adults, to the Ridgewood Centre and consequent move of Cedar House services to Farnham Road Hospital in response to the Surrey Primary Care Trust's (PCT) review and plans for its community hospitals

- The development of county-wide services following our successful acquisition of these new services through tendering processes and negotiations with commissioners for
    - People with Eating Disorders - this service had previously only been available for people in west Surrey with others having to travel further into London to receive it
    - Children & Young People's services - this has brought together the service previously provided separately by three providers across Surrey and laid the foundation for us to achieve an equitable service across Surrey for Children and Young People.
    - Drug Alcohol Service – bringing together of other providers with those services already provided by ourselves.
- Social Care Change Programme – the delivery of this important programme started during the year enabling a number of people with learning disabilities to move into independent supported living in the community. Whilst we would have hoped to have achieved this move for more people in the last year we are pleased that the new independence has been achieved by those who have already been able to move.
- Our Future Your Say Hospital Consultation - throughout the year we have talked with people who use our services, carers, our staff, the public and our partners on our proposals for the future of our inpatient services. The public consultation which commenced in September 2008 and which was extended to 31st March 2009 has provided us with an unprecedented level of comments to help inform the way forward for our hospital services. We have been pleased by the support we have received for the need to change and improve our hospital environments. The feedback from the consultation is currently being reviewed and will be considered by our Board and the Board of NHS Surrey for a decision on the location for these hospitals in the near future. This will then allow us to start to plan these new facilities with our communities.

2.3 Financial Plan Delivery 2008/09

This was a challenging financial year for the Trust with a large cost improvement programme and savings of £2.8m to be delivered to NHS Surrey. Overall the Trust planned to deliver £9.5m in savings and actually delivered £9.3m. Cost pressures were a further challenge as nationally agreed uplifts for pay awards and mileage rates were higher than expected, along with steep rises in energy bills and above inflation increases in rates meant the Trust also had to absorb over £1m in unfunded cost increases. The Trust produced a deficit of £24.1m of which £23.8m was due to impairments (reductions) in the book value of fixed assets. After impairments, the operating position was a deficit of £300k of which £50k was due to losses on disposal of assets.

The impairment is not a cash item and does not affect the ability of the Trust to provide services or pay its bills. The Foundation Trust did not have sufficient revaluation reserves (held for each asset) in the balance sheet to meet the fall in asset values; the formation as a merged NHS Trust in 2005 reset the revaluation reserves to nil. As a result the fall in value is charged directly to the Income and Expenditure position as there is no reserve to offset it.

With asset disposals being lower than planned, the cash balance at the year end of £3.2m was also lower than the planned balance of £6.4m.

The Social Care Change Programme, which is led by Health and Social Care Commissioners for Surrey and Croydon, slipped against the original timetable. As such only a few services have transferred and these all relate to Croydon services. The plan was to transfer assets to the value of £20.5m to enable the reprovision programme and by the year end only £1.98m had been transferred. This is a cause for concern as delays in the programme are not in the best interests of the client group.

Spend £11.4 million capital improving our facilities and upgrading our information management systems. The capital programme has two main component parts; the maintenance programme and the strategic programme. The strategic programme delivers the major estate changes and funding for that programme is highly dependant on asset disposals. The general economic position not only led to a reduction in some asset values but also a slow down in disposals with a lack of credit available to private sector purchasers. As a result of the economic position a major planned disposal did not materialise and this caused the strategic programme to slip. Contingency plans were enacted and while the original capital programme showed capital expenditure of £11.4m with disposals of £12.3m the Trust managed to invest £9.25m (cash) and realised disposals of £4.3m. Although the actual cash balance available for strategic reinvestment in future years was lower than planned, investments continued in priority areas such as statutory compliance, ligature risk minimization and information management systems.

Overall the Trust delivered a Financial Risk Rating of '3' for the year. This score represents a consolidation of various key indicators, with 5 being the highest attainable.

Financial Performance

	2008/09 Plan £m	2008/09 Outturn £m	Variance £m
Income	(169.6)	(178.8)	(9.2)
Pay	125.5	137.8	12.3
Non pay	25.6	24.6	(1.0)
Drugs	4.6	3.6	(1.0)
EBITDA	**(13.9)**	**(12.8)**	**1.1**
Return	8.2%	7.2%	1.0%
(Profit)/loss on disposal of fixed assets	(0.2)	0.0	0.2
Depreciation	5.4	5.2	(0.1)
Fixed Asset Impairments	0	23.8	23.8
Interest receivable	(0.2)	(0.2)	0
Other finance costs - unwinding of discount	0	0.2	0.2
PDC Dividends payable	7.9	7.9	-
DEFICIT/(SURPLUS)	**(1.1)**	**24.1**	**25.2**
Margin	**0.6%**	**-0.2%**	

The main variations from the plan are:

Income cumulative variation of £9.2m favourable

- Delay in loss of Social Care Change Programme Income - £7m favourable
- Trainee Psychologists income shown gross - £7.5m favourable
- Social Care Integration development not enabled - £3.7m adverse
- Delay in substance misuse development - £0.5m adverse
- Net income reduction against plan for void support - £0.9m adverse
- One to one income - £0.7m favourable
- Client discharge/ECR - £0.6m adverse
- Education income variance to original plan - £0.3m adverse

Pay cost cumulative variation of £12.3m adverse

- Trainee Psychologists pay shown gross - £7.5m adverse
- Delay in loss of Social Care Change Programme - £5.8m adverse

- Social Work Integration development not enabled - £3.4m favourable
- TUPE transfers (services now provided in house) - £0.9m adverse
- One to one costs - £0.7m adverse
- Non recurrent Agenda for Change back pay - £0.5m adverse
- Delay in Substance misuse development to August - £0.2m favourable
- Delivery of CIP - £0.2m adverse
- Other - £0.3m adverse

Drug costs are £1m favourable against the plan as actual drug inflation is below plan level.

Other costs cumulative variation of £1m favourable

- Delay in loss of Social Care Change Programme - £0.7m adverse
- Delay in Substance misuse development to August - £0.2m favourable
- Social Work Integration development not enabled - £0.3m favourable
- SLA transfers to pay costs under TUPE - £0.9m favourable
- Other - £0.3m favourable

Overall the major plan variations are centered on service development timing and the treatment from 'net' to 'gross' of Psychology Trainees. Transfers from Other Costs to pay costs for TUPE transfers are neutral but show large variations.

Cost increases above plan expectations for both pay and other costs meant that flexibility to deliver increased CIP to deliver the plan surplus was lost. Coupled with income losses the overall result is that the EBITDA plan was not achieved.

2.4 Performance Against National and Core Targets

The Trust's performance in 2008/09 will be evaluated by the Care Quality Commission and published in the Autumn 2009. The Health check will assess as in previous years and publish a rating for the Trust for its Quality of Services and Use of Resources. The Trust achieved ratings of EXCELLENT and GOOD respectively for its performance in 2007/08. We hope to succeed in maintaining these ratings for our performance last year however we believe it is likely that our Quality of Services rating will reduce to GOOD. The sections below provide a more detailed explanation of our expected position.

2.4.1 Healthcare Core Standards Self Assessment 2008/2009

At the year end we assessed ourselves against the Healthcare Core Standards for 2008/09. This self assessment takes into account the feedback we have received during the year, for example through our staff and patient surveys, reports from our regulators and third parties, such as the Healthcare Commission and Mental Health Act Commission (both now part of the Care Quality Commission formed from 1st April 2009), LINks (the Local Involvement Networks), Governors and Health Scrutiny Committees.

Whilst we were able to declare ourselves as having "fully met" the core standards overall we declared that we had a "significant lapse" in respect of:

- Standard C10a – employment checks
- Standard C11b – mandatory training

And a "lack of assurance" in respect of:

- C20a – safe and secure environments

Our declaration will be subject to close scrutiny by the Care Quality Commission and may be subjective to selective inspection. We have developed a healthcare standards action plan for improving our performance in those areas of concern; these are acquisition and use of medical devices; diversity; mandatory training.

2.4.2 National Targets 2008/2009

The Trust is required to meet a set core national targets as set by our regulator Monitor. The Trust's own assessment of its own performance against these 11 targets indicate that we may, "underachieve" or "fail" two of the Mental Health targets and also potentially, the two newly added targets for services for people with learning disabilities; these are NHS Staff Satisfaction Survey, delayed discharges, patterns of care from Mental health Minimum Data Set and NHS Campus beds. Our final performance rating will be determined by the final definition of the target and how our performance compares to other similar Trusts.

2.5 Key Achievements

The list below provides a high level summary of some of the key achievements by the Trust and our services over the last year:-

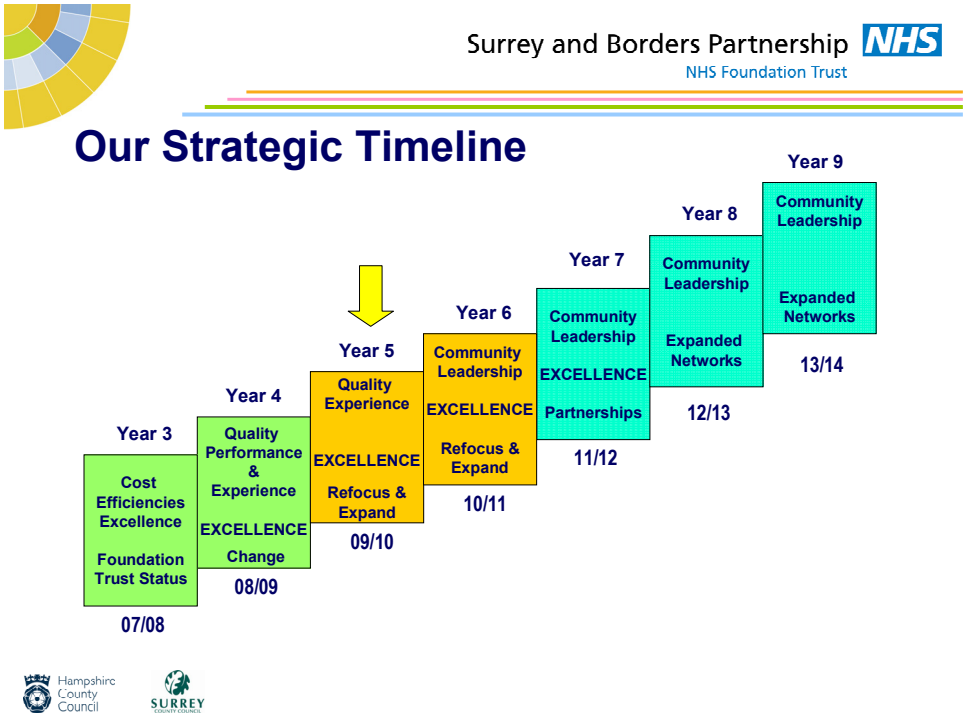
- Healthcare Commission rating Excellent quality of services Good use of resources
- Foundation Trust status achieved 1st May 2008 securing our freedoms to operate in the best interests of people with mental ill health and learning disabilities across Surrey and North East Hampshire; supported by our Governors who hold us to account for our performance who were elected in early 2008 and our members
- Patient survey 2008 - 78% of people surveyed rated their care as good, very good or excellent
- Standards for Involvement which sets out the framework to help all our teams achieve the good involvement of people who use services and carers was agreed by the Trust Board and has moved into implementation
- Our Patient Environment Assessment Team this year rated none of our units as "poor"
- Achievement of National Service Framework compliant community teams for working age adult mental health services as a result of moving to a single model county-wide and some investment in Assertive Outreach by NHS Surrey
- Creation of an Eating Disorder day service for the whole of Surrey making services for people who need them more local to where they live
- Creation of a Early Intervention in Psychosis service to support younger people

- The development of a new Crisis Line service for people with mental ill health in Surrey and North East Hampshire as a result of investment by NHS Surrey and NHS Hampshire
- Successful transfer of services for people with learning disabilities through the Social Care Change Programme to achieve more independent living in the community
- The merger of the three previous Child and Adolescent Mental Health services for Surrey to form a single Surrey-wide service improving connections with the other services important for ensuring good opportunities for young people i.e. education and social services and providing a solid foundation for equitable services across Surrey
- The formation of the Surrey Wide Drug and Alcohol service
- Improvements to our work on championing Equality and Human Rights through investment in training and impact assessing our plans and the way in which we work
- Confirmation from Surrey Health Scrutiny Committee that the formation of the Trust has achieved the objectives set out in the consultation which led to our establishment

3.0 OUR PLAN FOR THE YEAR 2009/10

3.1 Strategic overview

2009/10 is our fifth year of operations.



Our focus for the coming year is on ensuring the quality of experience for people who use services, carers and families begins to improve to match our Excellent rating against core national standards which we must also work hard to maintain. We will also be taking the opportunity of our 5th year to take stock of our strategic direction and building on the consolidation of our core services over the last 4 years to accelerate our plans for expansion to ensure our sustainability going forward.

3.2 Our Objectives 2009/2010

1 **Quality**
To deliver the Trust's Quality Improvement Plan 2009/10 which aims to sustain and further improve the quality and safety of services provided by the Trust and deliver on the Trust's core purpose to provide excellent and responsive assessment, treatment and care, focused on the needs and wishes of individuals.

2 **Staff Satisfaction and Engagement**
To improve staff engagement, development and leadership of teams, to increase satisfaction and improve the experience of people who use services

3 **Strategic Change**
To improve the delivery of strategic change programmes through better communications and change management plans so that the experience of change for staff, people who use services, their families and carers is improved and the safety of services is maintained throughout the period of change

4 **Community Leadership and Engagement**
To enhance the Trust's relationships, engagement and therefore influence as a leader in the wider community through better engagement of members and partners, our focus on human rights and equality, social inclusion, stigma reduction and discrimination

3.3 Service Change Plan 2009/2010

2009/10 will see implementation of the fifth year of the Trust's service change plans. Notably:

- **Community Teams**
  - **Community Services hub model development** – this work programme will see the involvement and engagement of our communities in the development of our borough based model for our core community teams. Implementation of the first hub is likely to follow this work in the latter part of the year and in 2010/11. The development of a borough base for all services is recognised as essential to ensuring access and improved experiences for people using services and supports the movement to fewer inpatient sites.
  - **Community Team Base Improvements (Working Age Adult services)** – to achieve improvements in the safety, disability access and management of our current Surrey Heath Community Team (CMHT) we will relocate them to a new base in the borough during the year; work will also continue to identify new bases for the Waverley borough and Woking teams during the year. Their moves will be achieved as capital becomes available to support them.
  - **Community Mental Health Team Redesign** – this work will require the review and revision of Community Mental Health team resources in response to NHS Surrey's establishment of IAPT and Primary Mental Health services later this year. The review will achieve an equitable service model with accompanying equitable spread of resources for all communities across Surrey.

- Integration of Adult Mental Health and Social care services – evidence across the country shows that people's experiences of services are improved when health and social care services are provided through integrated teams. During 2009/10 we will continue our work with Hampshire and Surrey County Councils to develop what are called Section 75 agreements to achieve the integration of social services for adult mental health within our community teams. We will also work with them to develop an agreement on this as a direction of travel for older people's services and people with learning disabilities.
- Child and Adolescent Mental Health Services (CAMHs) Teams Reconfiguration – to reorganise our current teams into 4 localities to align them with the county council children's service areas. This change is required to make it easier for our services for children to relate to those provided by other services focused on the needs of young people and their families e.g. education. This was a requirement for the new county-wide provider set out in the tender specification for the service. The change will include the movement of current service bases from Ashford and St Peter's Hospitals to create two new centres.
- Children's and Young People's Learning Disabilities Service (CYPLD) – we will be bringing together our CYPLD service across the County and to be managed as an integral part of the Children's and Young People's service portfolio.

- Specialist Community Services
  - Drug and Alcohol Service for Surrey Heath and North East Hampshire - relocation of current drug and alcohol service from their current base in Frith Cottage, Frimley to improved accommodation in Aldershot. This will allow us to explore opportunities to share accommodation with Tier 2 services. The team will also be providing services from a satellite base in Aldershot Centre for Health.
  - Drug and Alcohol Service Relocation from Tylney House (East Surrey) – this will create an opportunity for us to scope the possibility of the Community Hub for Redhill, Reigate and Banstead.

- 24 Hour Assessment and Treatment
  - 24/7 Assessment & Treatment Hospital Services – following the consideration of the feedback we have received through our consultation with NHS Surrey, a decision will be made by our Trust Board and the Board of NHS Surrey on the future locations and number of inpatient facilities for those people requiring inpatient treatment. Following the decision our work will begin to develop Full Business Cases for each hospital and to involve and engage the communities they will each serve on their detailed design and development.
  - Extension of Crisis Line Service to County Wide provision – to introduce the new Crisis Line service for people with mental ill-health experiencing crisis to the whole of Surrey and North East Hampshire. This newly commissioned service will provide a single telephone access point for people in crisis for support, providing onward referral to the appropriate service if required.

- **Transfer of Inpatient Service for East Surrey Adult Mental Health to Langley Green** – to complete the transfer of the commissioned inpatient service for residents of East Surrey who require hospital treatment from the Department of Psychiatry at Epsom Hospital to the Langley Green Unit in Crawley provided by Sussex Partnership NHS FT. Following this transfer the services remaining at DOP will need to be redesigned and we are exploring options across all care groups which may require some other services to change.

- Psychological Medicine
  - **Attention Deficit Hyperactivity Disorder Service Development (ADHD)** – we hope to introduce a new service for adults with ADHD following approval of the business case and investment by NHS Surrey in its development. The investment will fund a small "virtual" team to provide expert support to CMHTs in their care and treatment of people with ADHD.

- 24 Hour Complex Active Treatment and Support
  - **Lanterns (Guildford)** – the plans to transfer this service appropriately to a new independent provider will complete during the first quarter of this year.
  - **Meadows (Knaphill) Unit Decommissioning** – the Trust's Commissioners, NHS Surrey, have advised of their intent to cease commissioning this service for adults with mental health problems from this Trust. We will continue to work with them to support the development of an appropriate alternative provider of this service for the people who use this service and their families. We will continue to provide this service until an acceptable alternative is secured.
  - **NHS Campus (for People with Learning Disabilities) Closure Programme** - as part of the national programme for decommissioning NHS campus services the Trust's services at Ethel Bailey Close (Nos. 1,2,4,5,8 and 9) and Oakglade (Nos. 4 and 5) are subject to a closure programme. The programme is led by Surrey County Council. The focus of our work will be to ensure that the quality of the current services is not compromised during the delivery of the programme and support the people who use services, their carers and families and our staff throughout the change.

- Residential Care Homes
  - **Social Care Change Programme** – we will continue to ensure the timely delivery of this important programme to move people with learning disabilities into independent supported living in the community. Delays to the programme have been experienced in 2008/09 causing unnecessary concerns to the people affected, people who use services, their carers and our staff. We will continue to work hard to ensure we are not the cause of any delays to help the programme achieve its planned delivery for people to move to their new arrangements in 2009/10.
  - **Discontinue our Service Provision to Throwleigh Lodge** – we will be ceasing our current contract to provide direct care staff to the proprietors of Throwleigh Lodge a registered residential care provider.

Potential Further Developments (Subject to Commissioner Approval and Agreement to Buy)

- **Enhanced Hours Service (Crisis) For Older People** – we will continue our work with NHS Surrey to develop the specification for an enhanced out of hours response service for older people. It is our hope that once a specification is agreed that the Commissioners will take a decision to fund its introduction during 2009/10.
- **Increasing Access to Psychological Therapies (IAPT)** – a tender for the provision of these services will be published by NHS Surrey and NHS Hampshire during the year. We will respond to these tenders to increase the access to psychological therapies for people. As a result of the award of the tender some of our staff who currently provide this service through our Primary Care Mental Health Teams (PCMHTs) in East Surrey Elmbridge will move to be a part of the new service.
- **Dementia Strategy** – we expect NHS Surrey to publish commissioning intentions reflecting its Dementia Strategy requirements in 2009/10 and look forward to responding to this opportunity to improve services to people experiencing dementia.

A chart which details all the service plans for the year and the timescale for their achievement is provided in A1 Appendix 1. A summary of the known service changes which will result in the most significant developments and disinvestments in the Trust's Service Plan 2009/10 are summarised in the table below:-

Workstream	Plan	Revenue Impact £'000	Capital Impact £'000	Workforce Impact WTE	Activity Impact	Timescale
Registered Residential Care Homes	SCCP	-27,665	-17,614 (direct transfer homes only: - development homes receipt available £18,050)	-501 .00 (direct staff only)	-111,368 OBDs	09/10 to 11/12
24 Hour Assessment And Treatment	24/7 Hospital Services	-711 (Full year effect)	27,261	-21.41	-5,311 OBDs (Full year Effect) Crisis Line: activity currency under development	09/10 to 11/12
24 Hour Complex Active Treatment and Support	NHS Campus *					09/10 to 10/11
Community Teams	Community Hubs	-	5,466	-	-	09/10 to 11/12
Enabling	RIO Implementation	300	1,000	-	-	09/10 to 10/11

* The impact of the NHS campus development during 2009/10 and 2010/11 is still to be quantified, as the formal transition plan is still to be published by the commissioning body.

3.4 Our Quality Improvement Plan 2009/10

The Trust's core purpose is to

"to deliver excellent and responsive assessment, treatment and care, focused on the needs and wishes of the individuals…"

Our Quality Improvement Plan (QIP) underpins our delivery of this core purpose. It aims to sustain and further improve the quality and safety of services provided by the Trust and enables the delivery of the quality objective.

Through the QIP we want to:

- **Improve, year on year, the experience and satisfaction of people who use services and carers**
- **Improve, year on year, clinical outcomes and the quality of life for people who use services**
- **Reduce, year on year, avoidable deaths and avoidable adverse events**

The Plan provides a framework for the measurement and reporting on quality which reflects the Trust *Vision and Values.* It sets out practical steps for the development of systems for monitoring and improving quality, including learning from incidents and feedback from our regulators, and a number of priorities for quality improvement.

It is aligned with other key strategies and programmes in the Trust which include:

- the Trust's Service Plan
- the 24/7 programme, '*Our Future, Your Say For Hospital Services'*: the development of new hospital assessment and treatment services and community hubs;
- the Trust Estates Strategy;
- the *Learning and Development Strategy* – which seeks to improve the capability of the Trust workforce*;*
- the phased implementation of the Trustwide Recording of the Assessments and Care Planning Electronically (TRACE) and RIO programmes – which will enable timely access to information about people who use the Trust's services;
- the public health strategy and action plan;
- and the Trust *Standards for Involving People* – which provides the framework for involving people who use services and carers in their own care and in the planning and improvement of the Trust's services.

Between December 2008 and the end of January 2009, Trust staff, people who use services and carers were asked what they thought were the key quality and safety issues within the Trust and what priorities would have the most impact on the quality and safety of services.

This included discussions at the Leadership Forum, professional forums and team meetings and a Quality Forum at Dorking Halls. Individual staff, groups of staff in professions or care groups, people who use services and carers submitted their ideas.

A number of themes emerged from the discussion:

- Communication – the challenges working in a dispersed organisation; listening to, valuing and empowering staff; and communication between people who use services and carers
- Change management - effective communication of decision-making and of new initiatives and policies
- The adequacy of staffing levels and difficulties working with frozen posts
- The capability of the workforce including: provision of statutory, mandatory, and other leaning programmes; time and commitment to fully implementing supervision and appraisal; and the need to develop the confidence of the workforce in its ability to be therapeutic partners
- The development of effective care pathways for people with complex problems e.g. mental health problems and substance misuse, personality disorder
- Safe and clean environments and timely maintenance
- Support for staff managing violent incidents or breaches of the law
- How to make care more person-centred

Our key Quality Plans for 2009/10 are:-

Measuring and reporting on quality

1. Carry out routine surveys of carer experience and satisfaction
2. Carry out routine surveys of people using 24/7 services
3. Routinely assess outcomes for children and young people through the Child and Adolescent Mental Health Services Outcomes Research Consortium (CORC)
4. Provide monthly reports to the Executive and Trust Boards on the quality of Trust services through the safe, personal and effective quality reporting framework

Safe

1. Deliver team-based programme of CPA and clinical risk assessment and management training to enhance capability of staff in clinical risk assessment
2. Implement risk stratification or 'zoning' system across community teams to ensure each team has a clear approach to managing high-risk clients
3. Ensure full compliance with the requirements of the Hygiene Code

4. Implement 'investigations' unit to improve the quality, timeliness and learning from investigations of SUIs and complaints
5. Improve delivery and uptake of statutory and mandatory training through blended and packaged models of training delivery
6. Undertake a systematic audit of safeguarding children procedures as part of the Healthcare Commission national review of safeguarding children; and continue to improve practice through ongoing audit and uptake of training; improve the consistency of safeguarding adults practice

Personal

1. Extend crisis support for working age adults and older people
2. Extend the availability of advocacy services for detained and informal patients
3. Support the involvement of people who use services and carers through effective implementation of *standards for involving people*
4. Deliver team-based training in how to engage people in planning their care, risk assessment and recovery

Effective

1. Improve capacity to provide psychological therapies consistent with NICE guidance
2. Pilot the implementation of the heath improvement plan (HIP) in 6 teams across the Trust
3. Begin phased implementation of care records service and complete integrated records programme

During 2008/09 our Board's focus on our Quality objective led to the development of our quality indicators which in turn helped us to identify early an emerging trend of increasing suicides in our area. We want to ensure that we continue to learn from incidents and from reviews of our services by our regulators. Our performance indicators for 2009/10 have been developed. They will be reported routinely to the Executive Board and Trust Board and incorporated in the Quality Accounts published at the end of 2009/10.

From April 2010, the Trust will be required to publish *Quality Accounts* which report to the public on the quality of services the Trust provides.

The Trust *Quality Accounts* will include:

- Information that the Trust supplies to the Care Quality Commission e.g. compliance with core standards, achievement of national targets, compliance with registration requirements e.g. Healthcare Associated Infections (HCAIs)
- Information on quality indicators agreed with PCTs
- External inspections and assessments e.g. Care Quality Commission
- Information on national clinical audits
- The Trust quality and safety indicators

The first *Quality Accounts* will be published in June 2010. Quality Reports for 09/10 will monitor experiences using this framework.

3.5 Our Financial Plan 2009/10

In 2009/10 and for the following two years, we are aiming to achieve the following financial targets:

	2008/09 Outturn	2009/10 Plan	2010/11 Plan	2011/12 Plan
Income	(178.8)	(174.1)	(164.8)	(158.3)
Pay	137.8	135.1	125.1	118.5
Non pay	24.6	23.0	23.0	23.0
Drugs	3.6	3.2	3.5	3.8
EBITDA	**(12.8)**	**(12.8)**	**(13.2)**	**(13.0)**
Return	7.2%	7.3%	8.0%	8.3%
Profit/(loss) on disposal	0	0	0	0
Depreciation	5.2	5.6	5.3	5.5
Fixed Asset Impairments	23.8	0	0	0
Interest receivable	(0.2)	(0.1)	(0.1)	(0.1)
Other finance costs	0.2	0.1	0.1	0.1
PDC Dividends payable	7.9	6.2	5.6	5.3
DEFICIT/(SURPLUS)	**24.1**	**(1.0)**	**(2.3)**	**(2.2)**
Margin	**0.0%**	**0.6%**	**1.4%**	**1.4%**

3.5.1 Cost Improvement Programme

To deliver the targets while funding inflation and cost pressures the following cost improvement and income generation schemes are required:

	2008/09 Outturn	2009/10 Plan	2010/11 Plan	2011/12 Plan
Cost savings £m	**8.9**	**7.4**	**2.7**	**2.7**
SCCP CIP £m	**0.4**	**0.5**	**1.0**	**1.0**
Total CIP	**9.3**	**7.9**	**3.7**	**3.7**
Income Generation	**0.8**	**3.2**		

The cost savings for 2009/10 onwards are lower than in 2008/09 as there is no longer a requirement to deliver savings directly back to the PCT. However, the level of inflation funding on income is lower than cost inflation, as the Department of Health requires efficiency savings of 3% for 2009/10. These savings targets are also set to rise in the future as public finances become tighter.

A separate line is shown for the Social Care Change Programme (SCCP). The direct costs associated with the transfers are assumed to transfer along with the income and so they are not shown as cost savings. What is shown is the planned level of savings required from corporate, management and other areas to afford the cost gap between the direct costs and the loss of income when the services transfer.

Overall the levels of cost savings are linked to cost increases, income reductions and the need to generate an adequate surplus. A sustainable surplus is needed to generate cash to remain solvent and also to reinvest in the organisation.

At the time of writing, work is still in progress to identify £1.25m in individual schemes. The use of external consultancy support is being considered to assist in developing new schemes and testing current schemes. This is especially relevant given the future economic outlook and the opportunities that exist for improved working across care pathways with other organisations.

3.5.2 Capital investment plans

The Trust's investment and disposal of fixed assets is summarised below:

	2008/09 Outturn £m	2009/10 Plan £m	2010/11 Plan £m	2011/12 Plan £m
Total investment	**9.3**	**9.6**	**19.7**	**18.6**
Financed by:				
Asset disposals	(4.3)	(3.3)	(28.5)	(3.3)
Depreciation	(5.2)	(5.6)	(5.3)	(5.5)
SCCP asset transfer	(1.9)	(13.6)	(10.1)	(10.8)
Public dividend capital repaid	1.9	13.6	10.1	10.8
Long term loans	0	0	0	0
Cash reserves increase(decrease)	0.2	(0.7)	14.1	(9.8)
Total Financing	**(9.3)**	**(9.6)**	**(19.7)**	**(18.6)**

Asset transfers for the Social Care Change Programme (SCCP) are shown for completeness. Under a legal agreement with NHS Surrey, assets identified as transferring to a new provider are legally transferred under a circular funding flow arrangement with the Department of Health. This flow requires the Trust to repay the equivalent amount of Public Dividend Capital (PDC), for which it gets funded as part of the transfer.

The net result is that the asset and PDC both transfer out of the Trust balance sheet and the Trust pays reduced dividends and no longer depreciates the asset. This 'capital charge' reduction helps to partly offset the income loss from the service transfer.

The large increase in the investment and disposal programme from 10/11 onward is related to the strategic capital schemes for re-providing 24/7 and community services in fit for purpose accommodation. These schemes have not as yet had full business case approval; the outcome of the consultation will need to inform the business cases and as part of the business case approval process, the final options will be tested for affordability.

As a Foundation Trust our assets are classified as protected, unprotected or mixed use. The classification ensures that the Trust cannot dispose of protected assets, normally used to provide mandatory services, unless there is agreement with the Primary Care Trust.

	2008/09 Outturn £m	2009/10 Plan £m	2010/11 Plan £m	2011/12 Plan £m
Asset disposals:				
Protected	0	0	(8.2)	(1.1)
Unprotected	(4.3)	(3.3)	(20.3)	(2.2)
Total Disposals	**(4.3)**	**(3.3)**	**(28.5)**	**(3.3)**
Protected asset reclassification:				
Protected to unprotected			8.2	1.1

The plans show that as part of the approvals (and consultation) process we will be seeking agreement to reclassify and dispose of protected assets. These disposals will be reinvested in the new builds which will also become protected assets.

3.5.3 Financial Risk Ratings and Cash

Overall the plans produce a Financial Risk Rating of '3' for 2009/10 and for each year thereafter:

	2008/09 Plan	2008/09 Actual	2009/10 Plan	2010/11 Plan	2011/12 Plan
EBITDA %	8.2%	7.2%	7.3%	8.0%	8.3%
% EBITDA achieved	100%	92%	100%	100%	100%
Return on Assets	4.0%	3.6%	4.0%	4.7%	4.6%
Net Surplus %	0.6%	-0.2%	0.6%	1.4%	1.4%
Liquidity (days)	14	13	12	51	35
Weighted Risk Rating	2.8	2.7	2.7	3.5	3.5
Financial Risk Rating	**3**	**3**	**3**	**3**	**3**
Cash balance	**£6.3m**	**£3.2m**	**£4.0m**	**£20.2m**	**£12.6m**

The number of days liquidity increases in 2010 onward as the receipts from disposals are obtained ahead of the investment in the strategic capital schemes. This situation also causes the large increase in the cash balances which then reduce over time as the strategic capital investments are made.

3.6 Our Enabling Programmes

To underpin our ambitious service change programme and deliver on our quality improvement programme a number of core Enabling Plans are being implemented the following key projects are being progressed as part of these Plans:

- Workforce Improvement Plan – this includes a range of projects as part of delivering our Workforce Strategy which aims to develop our workforce to underpin the delivery of our service plan. These include e-rostering, workforce redesign, our staff values conversations and our learning and development strategy implementation
- Estates Strategy and Master Plan implementation – to improve our built environments for people who use services, carers, families, our staff and visitors through investment in them to increase their therapeutic contribution and disposal of properties we no longer need in order to reinvest in our services
- Care Records Service implementation – to introduce a single clinical information system across the Trust
- Service Line Management development – our programme to develop our reporting of financial, activity and workforce information at team level to help devolve decision making and autonomy of our services to as near to the front line as possible
- Equality and Diversity Strategy Implementation – our programme of work to embed a human rights approach to our work both as an employer, for the benefit of our staff, and as a service provider, for the benefit of people who use our services, their carers and families. As part of this delivering on our national Pacesetters Site status managing 12 Diversity Programmes to improve our capacity and capability to implement our human rights and equalities approach.

3.6.1 Our Workforce Improvement Programme

Our workforce strategy aims to create the capable, confident and flexible workforce to deliver our service plans.

Key projects within the programme which will be focus in 2009/10 are:-

- Implementation of e-rostering
- Temporary workforce reduction
- Development of our appraisal and supervision practice
- Implementation of our Leadership development and training programmes, including mandatory training and e-training initiatives
- Workforce redesign
- Programme of staff values conversations hosted by the Chief Executive
- Implementation of our Equality and Human Rights work programme

Over the next few years we expect the implementation of our strategy to result in the following changes in our workforce profile.

Staff Group	April 2009		April 2010	April 2011	April 2012	April 2013
	wte	Headcount	wte	wte	wte	wte
Admin & Estates	570.37	674.00	536.59	527.89	519.39	512.39
Health Care Assistants & Support	933.29	1006.00	686.85	589.85	498.85	498.85
Medical	156.38	185.00	151.80	149.05	145.85	143.75
Registered Nurses	789.62	839.00	725.33	616.33	515.83	507.72
Non registered Nurses	235.11	245.00	223.05	209.05	195.85	185.45
Nurses Learners	5.51	6.00	5.42	5.18	5.18	5.18
Therapists	297.54	407.00	286.36	274.05	265.45	257.95
Others	0.0	0.00	0.00	0.00	0.00	0.00
TOTAL	2987.82	3362.00	2615.40	2371.40	2146.40	2111.29

3.6.2 Our Estates Strategy and Master Plan

Our Estates Strategy and master plan set ambitious goals for us to improve the quality of our environments and therefore the quality of experience for people who use our services, carers and families, visitors and staff. Each year our capital programme sets out our priorities for investment in our environments. Over the next year our priorities include taking the next steps forward in developing plans for new hospitals to replace our existing out dated inpatient units which was the subject of consultation last year.

The table below sets out how much we expect to spend over the next four years:

Estates Master Plan 2009/10 – 2012/13

Investment Category	£000	£000 Total	%	% Total
Service Modernisation				
• 24 Hour Assessment & Treatment (all care groups)	27,261		56.7	
• Day Services	0			
• Specialist Community Services	5,466		11.4	
• Continuing Care Health	0			
Sub Total		32,727		68.1
IM&T		3,190		6.6
Backlog maintenance / PEAT		10,288		21.4
Disposal Costs		1,878		3.9
TOTAL		**48,083**		**100**

3.6.3 Our Information Management and Technology Plan – Care Records Service Implementation

In 2009/10 we will commence the implementation of our single clinical information system for the Trust, RIO. This is being delivered as part of the Care Records Service programme in which we are leading the programme for implementation. The introduction of our new system will be supported by an extensive training programme for our front line teams but will lead to their having improved access to information to support their care and treatment of people who use our services wherever they are seeing them.

3.6.4 Our Activity Plan 2009/10

The following significant changes in our activity are included in our forecast activity targets for 2009/10. These are reported below against the currencies in which the activity is reported:

- **Contacts –** It is anticipated that the Trust will commence CAMHS reporting and the integration of Substance Misuse data will be realized. These developments have been reflected in the targets. It is forecast that community teams activity will remain stable for 09/10.

- **Day Attendances – In accordance with the Service Plan we a**nticipate a reduction in our day services activity for people with Learning disabilities, Older People and Adult Mental Health services.

- **Occupied Bed Days - I**n line with our service plans our occupied bed days activity will reduce to reflect the transfers of services provided by Lanterns, and the Department of Psychiatry at Epsom as a result of the opening of Langley Green unit and in our learning disability residential services as a result of the Social Care Change Programme implementation.

The changes are reflected in the Activity Plan 09/10 shown in the table below.

Activity Type	08/09 Actual Outturn	09/10 Target Forecast	10/11 Target Forecast	11/12 Target Forecast
Contacts	249,364	303,913	303,913	303,913
Day Care Attendances	100,954	68,979	68,979	53,626
Occupied Bed Days (Non Social Care Change Programme)	193,868	184,644	183,047	183,047
Occupied Bed Days (Social Care Change Programme)	93,832	101,622	56,208	23,629
Outpatient Attendances	45,048	40,970	40,970	40,970

3.6.5 Service Line Management Implementation

During 2009/10 we will move ahead with the next stage of our plans to implement Service Line Management as the launch of TIM our Trust Information System enables us to more easily collate reports across our services. This will complement the financial and workforce reporting already published to operational teams at service line level and move us one step closer to service line management and our ability to monitor the performance of our individual business units.

3.6.6 Equality and Human Rights Strategy Implementation

2009/10 marks the 3rd year of our Strategy Implementation. The focus of our work will continue on developing our practice as an employer and provider of services and as part of our core work as a community leader in challenging stigma and discrimination. This will include continued development of our impact assessment practice, community engagement initiatives, including working closely with the Community Development Workers and our Pacesetters projects, and working towards a Single Equality Scheme in recognition of the work on the Equalities Bill.

4.0 Governance

4.1 Our Board of Directors

During the year an additional Non Executive Director has been appointed. Our Board of Directors is now made up of 6 Non Executive Directors and 5 Executive Directors in addition to the Chairman and Chief Executive. This new appointment has strengthened the experience and capability of the Board of Directors and ensures that our Non Executive Directors are in the majority.

4.2 Our Constitution

Our Constitution describes our governance arrangements with regards to Membership, and Governors and governs how our Council of Governors and Board will work together. The Constitution is kept under review by our Board and Council. No changes to the Constitution have been agreed to be made during the year.

4.3 Our Governors and Members

4.3.1 Our Constituencies

We wanted to place the representative voices of all those who share our interest and are important to us at the heart of our organisation through our membership and Council of Governors. To help us to achieve this we have four constituencies. (*The constituencies were agreed following a Public Consultation).*

Our Four Constituencies:

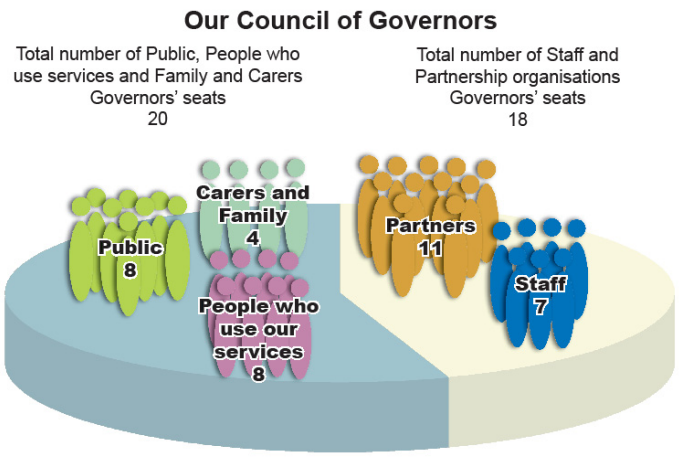
1. **A Public Constituency** made up of people who live in the geographical area we serve.

2. **A Public Constituency** made up of people who use services, carers and families.

3. **A Staff Constituency** made up of people who work for us including Social workers who form part of our integrated working arrangements, but not employed by the Trust.

4. **A Partner Stakeholder Constituency** made up of the nominated representatives of our key partners.

4.3.2 Our Council of Governors



During 2008/09 we have held uncontested elections and one election overseen by the Electoral Reform Society as our appointed election agents to appoint new Governors to vacant seats in our Public Constituencies. We have also seen the appointment of two Governors, one Staff Governor and one Public Governor, through the reserve arrangements provided with our constitution (where they received the second highest number of votes in a previous election), to replace two Governors who had to resign due to personal circumstances. A number of our nominated Governors have also been replaced by the partner agencies they are representing. An analysis of our election turn out in the election held during 2008/09 is provided in A3 Appendix 3.

4.3.3 How our Board and Council Work together

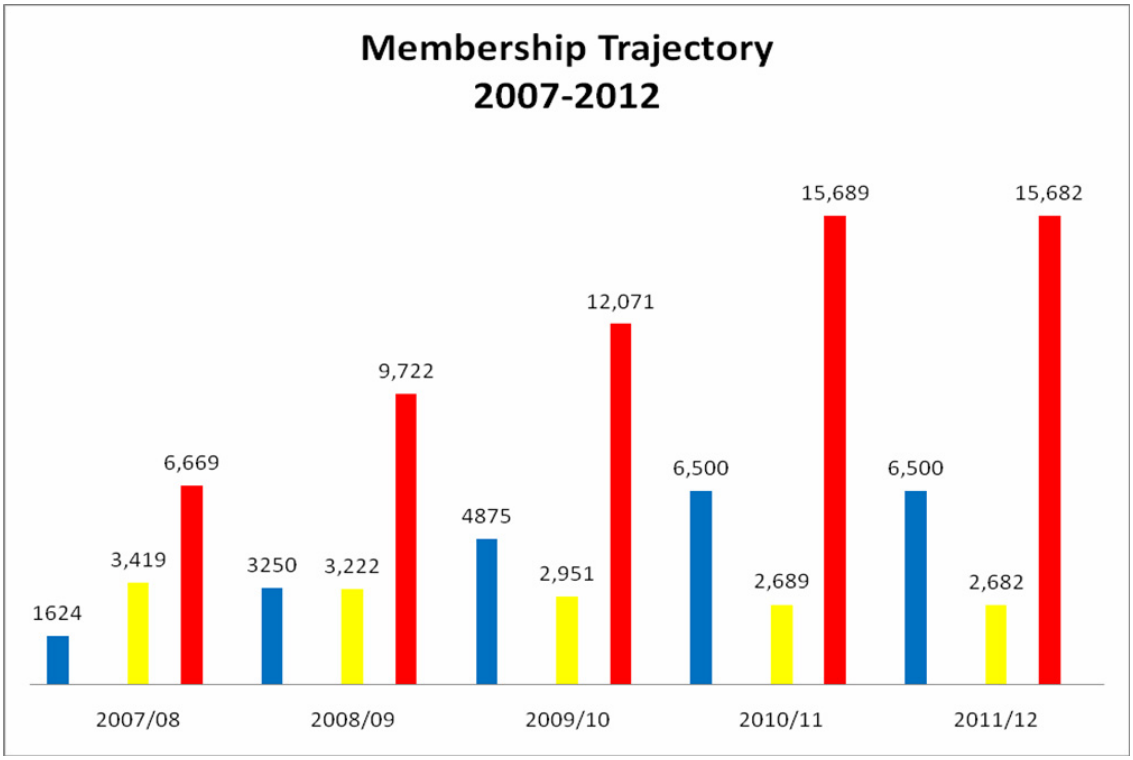
Since its establishment on 1st May 2009 the Council of Governors has met in public four times to hold our Board of Directors to account for the performance of the Trust. The Trust's Executive and Non Executive Board Directors are in attendance at each of the Council's meetings to answer questions from Governors.

The Board and Governors have also held two joint seminars together during the year to develop this Annual Plan for 2009/10.

4.4 Our Membership Plans

The development of our membership and their involvement in the Trust is at the heart of the Trust's aim to be an organisation which puts the people we serve and who share our interest in championing their voices in our communities at the heart of what we do.

The table below shows the targets we have set ourselves to grow our membership from the point of our application to become a Foundation Trust:



4.4.1 How Our Membership has changed in 2008/09

Our total membership on 31st March 2009 has reached 8743.

Our public membership at 31 March is 5083; we are disappointed that this falls short of our aim to achieve 6,500 public members by the end of our first year as a Foundation Trust. This membership target is split equally between our public constituencies: 3,250 geographical constituencies and 3,250 for people who use our services, their families and carers constituencies. Whilst we have exceeded our target membership for our geographical public constituencies by 1,088, we have significantly underachieved in our recruitment of people who use our services, their families and carers classes by 2,505.
From the feedback we have received we know that some people who use services, carers and families have chosen to become members of our general public constituency rather than join in the people who use services, carers and families' classes.

Our Staff Membership has changed during the year, reflecting the movement of staffing out of the Trust as a result of our Social Care Change Programme as expected in our planned trajectories. This decrease however has also been offset by an increase as a result of new service joining us for example, most significantly, Child and Adolescent Mental Health services. Our current staff target trajectories continue to reflect the delivery of the Social Care Change Programme and decrease in staffing as a result. However they do not take into account potential increases in staff as a result of the achievement of our service development opportunities. Our forecast position for 2009/10 has been amended to take into account the current phasing assumptions in the Service Plan for known changes in this year.

A Membership Development Group, a sub group of the Council of Governors, was set up in September 2008. The group is chaired by a Governor it meets quarterly and reports to the Council of Governors. The Group has reviewed our past recruitment plan activities and overseen the development of a Member get Member campaign through the launch of the new Members only newsletter Involve in Spring 2009. The Membership Development Group has a number of People who Use Services and Families and Carers Governors on it and is working to identify membership recruitment activities to target this group.

Our most successful public membership recruitment initiatives to date have involved face to face to face approaches, for example shopping malls and local events where we are able to connect well with different communities. However our evidence to date demonstrates that these venues do not support the likely recruitment of People Who Use Our Services, Families and Carers.

An analysis of our membership profile on 31st March 2009 has been conducted by an external agent using the ACORN method for age and gender and 2001 Census data for ethnicity and socio-economic (ABC1) comparisons. Some of our members have opted not to provide one or more of the details about their age, gender or ethnicity.

The analysis shows that our Profile is consistent with the socio – economic profile of Surrey and North East Hampshire. The majority of our membership is in group ABC1, 65% against an eligible 70%. From those that have provided this data we are able to note that the core of our membership falls in the 22+ age group 97%, which is higher than the eligible membership of 73%. Our membership gender profile shows our membership is 62% female against a more equal split of 51% female 49% male for Surrey and North East Hampshire residents overall. The ethnicity profile of our membership has changed during the year 2008/2009 and is now in line with that of the wider general population of Surrey and North East Hampshire. A table showing the analysis and changes to our membership profile in 2008/09 is included in A3 Appendix 3.

The Membership Development Group is further developing the Membership Development Action Plan for 2009/10 following its evaluation and review of trajectories, with a clear focus on strategies to increase membership in the People Who Use Our Services, Families and Carers Constituencies and of younger people in the 14-16 age group in all constituencies.

4.4.2 How we work with our Members

We want our members to play an active part in the life and ambitions of the Trust. We recognise that our members will want to become involved with us in different ways and so wish to provide differing opportunities which allow them to choose how much and in what way they contribute. To enable them to do this we are committed to ensuring that members are:

- Kept well-informed hear what is happening e.g. through Trust events, encouraging direct contact and connections between the Trust, its staff, its members and governors, and the wider community
- Given opportunities to make their views known e.g. through questionnaires, surveys and focus groups aimed at getting members' thoughts and ideas
- Involved in developing plans for change and development e.g. through project team membership,
- Asked if they have any areas of particular interest that would allow us to target members effectively for involvement
- Given opportunities to work with us to promote the work of the Trust

The Council of Governors is taking a lead role in encouraging members to participate in the business of the Trust. The Membership Development Work Group of the Council has been formed, led by a Governor, and is working to develop this strategy and action plan for involving members.

This includes:

- Communicating with members the involvement opportunities available to them for example a calendar of events to engage with the Trust and the wider community, governors meetings
- Developing a database of members special interests
- Developing support, where necessary, for members to be involved
- Evaluating the added value members have contributed to the work of the Trust
- Using the outcome of the evaluation to promote membership and the difference members can make

In 2008/09 these activities have included:-

- Development and launch of our first Spring Edition Involve members only newsletter
- Invitations for members to participate in key Trust events e.g. Staff Awards Ceremony, Annual General Meeting, Annual May event which brings together our community of people who use services, carers and families, the public, staff and partners from statutory and voluntary sectors to celebrate our work, network and learn together
- Direct mailing of all members to invite participation and comment on our proposals for the future of our hospital services, this resulted in an unprecedented 300+ written responses to our consultation and is helping to guide our decision making on the way forward for services

5.0 Risks to Delivery of Our Plan

5.1 Summary of Trust's Key Risks 2009/10

The Trust's key risks arise if we fail to:

- **place to a clear focus on quality** – failure to properly integrate our quality improvement plan with our financial management; failure to manage well the pace of change for services, staff and people who use services and carers; and potential revenue loss due to new providers or competitors entering our market

- **develop our leadership at all levels in the organisation** - delay in achievement of our target for staff appraisals and supervision; inability of our workforce programmes to deliver required improved productivity and new ways of working to support person centred care

- **deliver our estates programme** - slippage in delivery of estates building programme; impacts on the timescales for delivery of our services plans and quality of experience for people who use services, carers, families, visitors and staff

- **realise the benefits of our investment in our Information Management and Technology systems and processes** – ineffective implementation of our new clinical information system – RIO as part of the Care Records Service implementation; poor use of Trust Information System and limited use of service line reporting development

- **develop effective relationships with our community and key stakeholders** – failure to work collaboratively with our Governors and members; unsuccessful engagement of people who use services and carers in our membership; lack of development of relationships with primary care, borough councils, voluntary sector, commissioners and minority communities; threat to business development opportunities and engagement in Trust's anti stigma and discrimination activities

- **manage our financial affairs** – deliver the cost improvement programme and control our costs, mitigate the impacts of the property market on the delivery of our estates programme, implement service line management so resources are managed the right way, secure funding for the transition costs of the Social Care Change Programme and NHS Campus changes, manage the impacts of any changes in the way our assets are measured and valued, co-operate with other organisations in the health economy to ensure the whole system is working for the benefit of service users, staff and the public.

These risks are monitored by the Board through our governance structures and plans are in place to address them.

The Trust expects to maintain its Amber rating for Governance and rating of 3 for Financial Risk during the year 2009/10.

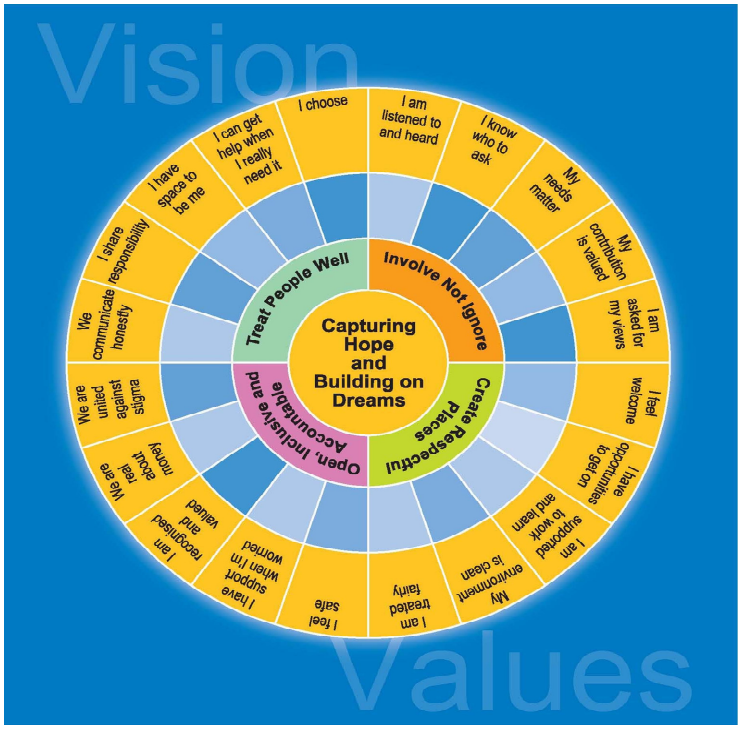
The Trust's performance management and risk management processes provide the Board with assurance on the performance of the Trust in delivering its plans and mitigating the risks to their delivery.

The Trust's Board Assurance Framework 2009/10 identifies the risks to the delivery of its strategic objectives. This is reviewed by the appropriate Governance Committee at each meeting and also on a monthly basis by the Executive Board and Trust Board of Directors. It is supported by the Trust's Risk Register which is built from operational departmental risk registers and captures and escalates risks to the Assurance Framework. The Trust's highest governance and finance risks are described in A3 Appendix 3 together with their mitigation plans.

The Trust Board has completed a self certification provided in A4 Appendix 4 confirming its full compliance with our regulators requirements regarding service performance, clinical quality, risk management, Board roles and capabilities and the Terms of our Authorisation during 2009/10.

INTEGRATED BUSINESS PLAN 2007/08 – 2011/12

ANNUAL PLAN 2009/2010 APPENDICES



A1 Appendix 1

Service Plans – Implementation Timeline 2009 – 10

Key: = Scoping/set up phase = Project Development Phase = Anticipated Completion = Post Project Phase

	Plan	Outcome	Delivery	Apr 09	May 09	Jun 09	July 09	Aug 09	Sept 09	Oct 09	Nov 09	Dec 09	Jan 09	Feb 10	Mar 10
24 Hour Assessment and Treatment	24/7 Trust wide Crisis Line	Extend east surrey service to west Surrey and NEH	PCT investment												
	24/7 Assessment and Treatment modernisation programme	Analysis of Public Consultation extension	IBP												
		SPCT approval of locations													
		Outline Business Case Approval: Fewer acute inpatient sites	IBP												
		Full Business Case: Site 1	IBP												
		Rationalise ECT services to two sites	CIP/ H&S / Quality												
	Transfer of in-patient service to Langley Green Crawley	Adult Mental Health transfer of 14 beds to Sussex	PCT / LBC												
		Transfer 3 Psychiatric Intensive Care Unit beds to Sussex	PCT / LBC												
		Service redesign to create sustainable mental health services at DoP, Epsom	Imp/CIP												

	Plan	Outcome	Delivery	Apr 09	May 09	Jun 09	July 09	Aug 09	Sept 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10
Community Teams and Services	Development of Community Hubs. Integrated single point of access for all community services. Redesign Community Teams to improve case management and include social inclusion programmes Address DDA compliance and H&S issues in teams (Prioritise 5 hubs per year)	Involvement programme	IBP												
		Move Surrey Heath CMHT to new base	H&S / DDA												
		Bring together Waverley Teams	H&S												
		Woking Community Hub replacing Bridgewell House and Corner House	IBP / DDA / Hub / Enabling												
		Chertsey Community Hub to enable Central Site option for 24/7 A&T	IBP / Hub / Enabling												

	Plan	Outcome	Delivery	Apr 09	May 09	Jun 09	July 09	Aug 09	Sept 09	Oct 09	Nov 09	Dec 09	Jan 09	Feb 10	Mar 10
Community Teams	Remodel community mental health teams	Equitable access and service model across the Trust. (Including AOT, R&R, social inclusion)	MHS / PCT Wilson Review												
	Deepen Integration of social care workers into CMHT / Drug Alcohol Services	Create robust health and social care inclusion focused CMHT's	IBP												
	Integration of health and social care Community Teams for people with learning disabilities	Establish integrated management and delivery structures for learning disabilities teams	Valuing People												
	NSF 7 compliant Integration of health and social care Older Persons Mental Health Community Teams	Develop further compliance against NSF integration criteria to achieve equitable access and single assessment process	NSF												

	Plan	Outcome	Delivery	Apr 09	May 09	Jun 09	July 09	Aug 09	Sept 09	Oct 09	Nov 09	Dec 09	Jan 09	Feb 10	Mar 10
Specialist Community Services	Relocate Acorn services from Frith Cottage, Frimley	Business case to move of Acorn from Frith Cottage to Hollies (sale and lease back) Aldershot and satellite at AC4H	H&S / DDA												
	Reconfiguration of CAMHS teams into 4 localities to align them with County Council children service areas. This will include the movement of current team base from Ashford and St Peters hospital sites to create two new centres	Establish a single Elmbridge Team / base	IBP												
		To relocate service to serve the population of Woking (satellite base).	IBP												
	Equity of access to day service for people using EDS (adults)	Development of plans to centralise county wide service base for day services	Imp												
	Children and young peoples learning disabilities (CYPLD) services will be brought together across the county and managed as integral part of the Children and Young People's service (CYPS) portfolio	Establish one county wide CYPLD service to include the transfer in of staff working in NHS Surrey provider arm in NWS and aligning all other SABP CYPLD services under one management structure													

	Plan	Outcome	Delivery	Apr 09	May 09	Jun 09	July 09	Aug 09	Sept 09	Oct 09	Nov 09	Dec 09	Jan 09	Feb 10	Mar 10
Specialist Community Services	New hub and spoke Personality Disorder services; Consider repatriated out of county spend with PCT	Integrated model using CMHT, specialist services and current day service provision to provide services for people with personality disorder	NSF / PCT												
	Relocate the Drug Alcohol Service base for east Surrey	Relocate services provided from Tylney House and relinquish lease. Use this as an opportunity to explore the potential of setting up a Redhill Community Hub to serve this borough	Imp.												
	Consolidate and Grow Psychological Therapies	Develop stepped care, care pathways and evidence based treatment packages for Tiers 1-4	Imp.												

	Plan	Outcome	Delivery	Apr 09	May 09	Jun 09	July 09	Aug 09	Sept 09	Oct 09	Nov 09	Dec 09	Jan 09	Feb 10	Mar 10
Psychological Medicine	ADHD. New service development	A small virtual team for adults with ADHD in Surrey is established to provide expert screening and advice to mainstream Community Mental health Teams	SPCT investment												
	Psychiatric / Acute Hospital Liaison for all	Develop equitable access to A&E liaison / Acute Hospital liaison	Acute Hospital Investment												
		Acute Hospital liaison for people with learning disabilities	PCT Investment												
	Promote cross care group Dementia strategy		Review/ Imp.												
	Tender for IAPT / PMHT business	Grow primary care mental health services and access to psychological therapies	PCT Tender	TENDER											

	Plan	Outcome	Delivery	Apr 09	May 09	Jun 09	July 09	Aug 09	Sept 09	Oct 09	Nov 09	Dec 09	Jan 09	Feb 10	Mar 10
24 Hour Complex Active Treatment and Support	NHS Campus Reprovision – 1,2,4,5,8,9,Ethel Bailey Close & 4/5 Oakglade (Epsom)	Programme for reprovision approved and implemented (Programme led by SCC) Timeline for each home to be confirmed	Valuing People												
	Disinvestment of AMH Continuing Care Inpatient services	Reprovision / transfer of Meadows in Knaphill	CIP / PCT savings												
	Define Strategic Direction PLD 24/7 residential healthcare services	Strategic Outline Case approved to modernise and rationalise service provision	Valuing People												
	Integration of health and social care short break services for PLD (incl. Wherwell Rd investment)	Establishment of equitable and improved accessibility service model across Surrey; social care led – supported by specialist health support for those with complex needs	Mod. / IBP												

	Plan	Outcome	Delivery	Apr 08	May 08	Jun 08	July 08	Aug 08	Sept 08	Oct 08	Nov 08	Dec 08	Jan 09	Feb 09	Mar 09
Registered Residential Care Homes	Implementation of the Social Care Change Programme	Tranche 1 transfer in Surrey – residential care homes	IBP / Valuing People												
		Tranche 1 in Surrey – Group Homes	IBP / Valuing People												
		Tranche 2 transfer in Surrey and Croydon	IBP / Valuing People												
		Tranche 3 transfer in Surrey and Croydon	IBP / Valuing People												
		Commence phased re-provision of development homes	IBP / Valuing People												
		Continue prioritised closures of non viable services (safety and finance)	IBP / Valuing People												
	Discontinue / disinvest in residential care for pld in NWS	Transfer staff resource provided to Throwleigh Lodge, NWS .to the management of Allied Care	H&S / Imp.												

	Plan	Outcome	Delivery	Apr 09	May 09	Jun 09	July 09	Aug 09	Sept 09	Oct 09	Nov 09	Dec 09	Jan 10	Feb 10	Mar 10
Individualised Support Programmes	Modernise PLD day services	Step up Outreach based service model – individualised support	SCCP												
		Step Down closure plan for Driscoll Centre	SCCP												
		Step Down Closure plan for Geoffrey Harris House	SCCP												
	Remodel Project 18, Chertsey	Social Enterprise or individual solutions for attendees	PCT												
	Grow personalised support services	Increase well respected supported living domiciliary care model across Surrey	Imp. / CIP												
	CMHT delivery of Self Directed Support	Establish SDS pilot for people with mental health needs and review in the context of the wider SCC programme	Imp.	PILOT			Ongoing development								

CIP = Financial Recovery Programme
Imp. = service improvement/ development plan
Mod. = service modernisation
Valuing P = compliance with Valuing People policy targets
NSF = compliance with National Service Framework targets
SCCP = Social Care Change Programme
Reviews = PCT service reviews to take forward equitable model provision across Surrey
LBC = commissioning decision to repatriate to local provider from out of area service level agreements

MEMBERSHIP AND ELECTION REPORT

Membership size and movements

		2008/09	2009/10 (estimated)
Public Constituency			
At year start (April 1)	+ve	3,722	4,338
New members	+ve	716	537
Members leaving	+ve	100	0
At year end (31 March)		4,338	4875
Staff Constituency			
At year start (April 1)		3,631	3,660
New members		540	0
Members leaving		511	522
At year end (31 March)		3,660	3,138
Patient Constituency			
At year start (April 1)		637	745
New members		108	4,130
Members leaving		0	
At year end (31 March)		745	4,875

Analysis of membership at 31 March 2009

	Number of Members	Eligible Membership
Public Constituency		
Age (years):		
1-16	7	264,873
17-21	79	75,961
22+	4,252	939,946
		1,280,780
Ethnicity		
White	3989	1,174,597
Mixed	41	14,055
Asian or Asian British	123	25,369
Black or Black British	52	6,331
Other	133	12,978
Socio-economic groupings*:		
ABC1	2,829	548,104
C2	692	108,549
D	662	97,212
E	155	23,902

Patient Constituency		Number of members	Eligible membership
	Gender:		
	Male	1,660	626,305
	Female	2,678	654,475
	Age (years):		
	0-16	1	-
	17-21	15	-
	22+	729	-

Election Turnout

Constituency	Date of Election	Total Eligible to Vote	Turnout (%)
Care and Social Care Staff	24/10/2008	1224	14.3%

Notes:

Membership size and movements

- The trajectories for the reduction in staff in relation to the Social Care Change Programme will be reviewed to reflect the new phasing of the programme which is currently being agreed by the programme board partners. The current forecast trajectories for our staff reflects our service plan assumptions on workforce impact but may need to be amended if further changes are agreed.

Analysis of membership at 31st March 2009

- A number of our members have chosen not to state one or more of their age, gender or ethnicity. The monitoring template assumes these fall into the following categories: Age – 22+ age group; Ethnicity – Other; Socio-economic – E; Gender – Female.
- Eligible membership
    - This is calculated on the overall profile of the population of North East Hampshire and Surrey
    - The ACORN method of analysis was used for age and gender; and 2001 census (ONS) for ethnicity and socio-economic (ABC1)
    - The Socio Economic data used is only collected for people of working age; for this reason the total eligible membership is lower than that for age
    - The ethnicity data is used for this category was collected in 2008 this is the reason the total eligible membership in this is lower than that for age
    - Patient (people who use services) Constituency: it has not been possible for us to calculate an eligible membership figure for our patient constituency which can be accurately broken down by age. Our overall estimate is 91,484. This is based on the following assumptions:-
        - 1 in 4 people will experience mental ill health at any one time
        - 90% of people experiencing mental ill health will be cared for by primary care; 10% will require secondary care services
        - It is estimated that 33% of people using services will be seen more than once in a 5 year period
        - this constituency also includes carers and families and this information is not effectively captured on lead agency databases at this time. In an audit conducted by Surrey County Council 90% of their population was estimated as having carer responsibilities.

RISK ANALYSIS

Governance Risks

Governance Risk Description	Magnitude (5 = worst)	Likelihood (5 = most likely)	Mitigating Action
Failure to put clear focus on quality	5	4	Quality Improvement Plan developed with clear objectives and action plans to progress in priority areas for improvement. Merger of Quality Assurance Standards Committee and Risk Committee as a result of annual governance review. Establishment of strategic change programme and Director lead to allow Operations Director to focus on quality of service. Commissioning of external consultancy to provide additional scrutiny of cost improvement opportunities. Signed legally binding contract with main commissioner - NHS Surrey - supported by agreed and negotiated service specifications.
Failure to develop leadership capability and practice of leaders at all levels in the organisation	5	4	2nd year roll out of Leadership Development Programme for middle managers. Chief Executive's staff values conversations programme. Implementation of Learning and Development peripatetic training delivery model and inset days concept for team based learning. Continuation of appraisals and supervision audit and priority development.

Failure to deliver our estates programme	4	4	Strategic Change Programme Board established to oversee major service change programmes. Strategic Change Director lead role separated from Director of Operations roles. External expertise commissioned to support management and delivery of estates programme. Effective internal governance arrangements to oversee delivery of programme e.g. approvals of business cases, integration within Quality indicators reporting. Contingency plans for managing change and demands for capital spend within financial planning and management arrangements.
Failure to realise benefits of investment in Information Management and Technology systems and processes	4	4	Clear management and oversight of programme for introduction of new clinical information system - oversight within Annual Plan as key service change. Clear programme management of Service Line Management Steering with clinical leadership embedded in membership. Early decision and commitment to new Mental Health currencies to support Service Line Management implementation and ability to describe clearly value and benefit offered and delivered by Trust business units/products.
Failure to develop effective relationships with our community and key stakeholders	4	3	Continued development of our collaborative working with Governors and continued development of our membership. Implementation of recommendations of Involvement Review including engagement of members in Trust's work. Development of our commercial arm to enhance our ability to engage practice based commissioners. Development of our connectivity with borough councils as potential partners in improving the health and well being of our communities. Implementation of Year 3 of our Human Rights and Equality Strategy, including our work to mainstream our capacity and capability in this area e.g. through our Pacesetters projects, impact assessment and development of our Single Equalities Scheme.

NB. Shows risk scores before mitigating actions

Finance Risks

Finance Risk Description	Magnitude (5 = worst)	Likelihood (5 = most likely)	Mitigating Action
CIP and Income Generation delivery	5	4	CIP controls in place, 'Brief Encounters' programme to target problem areas, increased contingency to £1.5m, external advice and support.
Over committing on capital programme ahead of securing funding streams.	5	3	Asset Management Board monitors short and long term capital programme; Board approval required for any strategic schemes. Funding has to be secured before strategic schemes are contractually committed.
NHS Surrey financial position	5	3	Legally binding contract signed. Working in partnership with PCT may provide upsides with potential for the Trust to integrate along care pathways and manage relevant devolved commissioning budgets.
Transition funding for Social Care Change Programme	4	3	Joint steering Board, involvement of clients and their representatives. Delivery of CIP from non social care areas, use of contingency.
Transition funding for NHS Campus	4	3	Delivery of CIP from non social care areas, use of contingency.

BOARD STATEMENTS

In the event than an NHS foundation trust is unable to fully self certify, it **should not** insert an 'X' in the relevant box. It must provide commentary (using the section provided at the end of this declaration) explaining the reasons for the absence of a full self certification and the action it proposes to take to address it. Monitor may adjust the relevant risk rating if there are significant issues arising and this may increase the frequency and intensity of monitoring for the NHS foundation trust.

Clinical quality

The board of directors is required to confirm the following:

☒ The board is satisfied that, to the best of its knowledge and using its own processes (supported by Care Quality Commission information and including any further metrics it chooses to adopt), its NHS foundation trust has, and will keep in place, effective arrangements for the purpose of monitoring and continually improving the quality of healthcare provided to its patients; and

☒ The board will self certify annually that, to the best of its knowledge and using its own processes, it is satisfied that plans in place are sufficient to ensure ongoing compliance with the Care Quality Commission's registration requirements.

Service performance

The board of directors is required to confirm the following:

☒ The board is satisfied that plans in place are sufficient to ensure ongoing compliance with all existing targets (after the application of thresholds) and national core standards, and a commitment to comply with all known targets going forwards.

Risk management

The board of directors is required to confirm the following:

☒ Issues and concerns raised by external audit and external assessment groups (including reports for NHS Litigation Authority assessments) have been addressed and resolved. Where any issues or concerns are outstanding, the board is confident that there are appropriate action plans in place to address the issues in a timely manner;

☒ All recommendations to the board from the audit committee are implemented in a timely and robust manner and to the satisfaction of the body concerned;

☒ The necessary planning, performance management and risk management processes are in place to deliver the annual plan;

☒ A Statement of Internal Control ("SIC") is in place, and the NHS foundation trust is compliant with the risk management and assurance framework requirements that support the SIC pursuant to the most up to date guidance from HM Treasury (see http://www.hm-treasury.gov.uk);

☐ The trust has achieved a minimum of Level 2 performance against the requirements of their Information Governance Statement of Compliance (IGSoC) in the Department of Health's Information Governance Toolkit; and.

☒ All key risks to compliance with their Authorisation have been identified and addressed.

Compliance with the Terms of Authorisation

The board of directors is required to confirm the following:

☒ The board will ensure that the NHS foundation trust remains at all times compliant with their Authorisation and relevant legislation;

☒ The board has considered all likely future risks to compliance with their Authorisation, the level of severity and likelihood of a breach occurring and the plans for mitigation of these risks; and

☒ The board has considered appropriate evidence to review these risks and has put in place action plans to address them where required to ensure continued compliance with their Authorisation.

Board roles, structure and capacity

The board of directors is required to confirm the following:

☒ The board maintains its register of interests, and can specifically confirm that there are no material conflicts of interest in the board;

☒ The board is satisfied that all directors are appropriately qualified to discharge their functions effectively, including setting strategy, monitoring and managing performance, and ensuring management capacity and capability;

☒ The selection process and training programmes in place ensure that the non-executive directors have appropriate experience and skills;

☒ The management team have the capability and experience necessary to deliver the annual plan; and

☒ The management structure in place is adequate to deliver the annual plan objectives for the next three years.

Signature ..... Signature .....

Printed Name Fiona Edwards Printed Name Graham Cawsey

Date 29th May 2009 Date 29th May 2009

In capacity as Chief Executive & Accounting Officer

In capacity as Chairman

Signed on behalf of the board of directors, and having regard to the views of the governors.

If the Board feels unable to sign any of the statements above:
Please complete this analysis for all areas where the Board is unable to fully self-certify.

The Issue:

Under the heading of Risk Management; in the Trust's 2008/09 submission to the Department of Health, it was non compliant (Level 1) on eight of the twenty five requirements of the Information Governance Statement of Compliance.

Proposed Actions:

A robust Information Governance Action Plan is in place to deliver compliance on these eight standards by 31st March 2010. However, it is important to highlight that the Trust is reliant on the delivery of the National Programme for IT to deliver compliance on some of the requirements.

A phased implementation of the Care Record Service Project within the Trust is now underway, with an expected completion date of 31 March 2010.

Next Steps:

Delivery of the action plan is being actively monitored by the Information Governance Steering Group, chaired by the Medical Director who is also the Trust's Caldicott Guardian and Senior Information Risk Officer.