

Integrated Business Plan

November 2008

Section summaries

Trusts Strategic Aims:

The key strategic themes that will underpin the trust's successful development as a foundation hospital are:

That care is provided at the right time, in the right place by the right people through the development of integrated care management with community and tertiary care healthcare partners

The provision of planned treatment on a one-stop and day case basis as the natural choice wherever possible

Investment in maternity and neonatal facilities to meet the increased demand for these services

Section 1: IBP Executive Summary – to follow

Section 2: Trust Profile

- Provides a full range of clinical services through outpatient, day case, emergency and elective inpatient care, supported by clinical physiology and diagnostic services.
- Teaching 200 undergraduate medical students, and providing a range of educational packages for postgraduate doctors and other healthcare professionals.
- During 2007/08, delivered over 800,000 clinical contacts, and had a turnover of just over £153m.
- A funded establishment of 2,459 wte staff at the Whittington, of which just over 2,000 wte are employed on permanent contracts.
- Strong community links; at the forefront of initiatives to promote integrated care across the full range of primary, secondary and tertiary services.
- Focus on increasing day case rates and developing one-stop and day treatment services.
- Well regarded in the provision of maternity and neonatal care, for which there is growing demand.
- Consistently good performance in achieving targets: achieving ratings of “good” for the quality of services and “good” in its use of resources in the 2007/08 Healthcare Commission health check.

Section 3: Strategy

- The Trust's vision is to be the '*hospital of choice for local people*'.
- Working towards recognition as a centre of excellence in ambulatory care, maternity and neonatal services.
- Service objectives consistent with "*Healthcare for London*".
- Underlying strategic goals: patient focus, operational excellence and financial strength which link with FT benefits of patient voice, faster decision making and financial agility.
- Vision to be delivered by means of ten strategic objectives, linked to the Trust's detailed service development plans.
- Whittington brand a unique blend of a teaching hospital with a strong community ethos.
- Strategic objectives are underpinned by honouring the 'Whittington Promise'.

Section 4: Market Assessment

- Catchment population of 300,000
- Two major commissioners of its services: Islington PCT and Haringey TPCT
- One acute Trust within the patch has achieved FT status, increasing its competitive capacity
- Islington and Haringey have communities that are diverse in both socio-economic status and ethnicity. Population growth is set at 7.3% over the next ten years
- Disease prevalence and health inequalities will provide a stable source of demand for the Whittington's services. Maternity is highlighted as an area for growth, taking account of demand and demographic indicators.
- Regional and local priorities are reflected in the Trust's strategic plans and market analysis; this identifies a specific commitment to shifting care to the most appropriate location within the context of a modernised and efficient organisation that supports patient choice
- The Whittington performs well against its local competitors and has targeted specific specialities for action where improvements can be made for example day treatment and one stop care services.
- The shifts in activity flows and provider status that will follow implementation of healthcare for London are reflected in the assessment of the Whittington's market position

Section 5: Service Development Plans

- The Trust's SWOT* identifies specific areas for targeted action as access and quality improvements, and achieving best practice in operational activities.
- The Trust will continue to provide and improve the existing range of services in increasing partnership with community healthcare commissioners.
- Service development focuses in the growth areas of maternity, neonatal care, one stop services and day treatment care and in the HfL care pathways of cardiology and stroke care, trauma and urgent care and polyclinic development.
- Service development plans have been assessed for strategic fit, costs and benefits, and their resource implications.
- Capital and revenue implications of the plans indicate an affordable profile for achieving the developments. Successful implementation relies on the productivity contribution of staff, and the support of commissioners.

*Strengths, weaknesses, opportunities and threats

Section 6: Financial Plans

- Strong financial performance in the last three years with an underlying surplus of over £2m. achieved exceeding the target 1%.
- Cost improvements of £11m achieved in 2006/07 and £8.4m in 2007/08.
- The normalised surplus expected to grow from between 2007/08 and 2012/13– figures to be confirmed once LTFM finalised.
- Contributory factors include increased clinical income from population increase, partially offset by PCT demand management, and increased market share in day treatment.
- The changing structure of the workforce will be driven by net effect of service development and productivity improvement.
- Rising positive cash balances over the next five years rising net of annual capital expenditure of over £6m including routine backlog maintenance -figures to be confirmed once LTFM finalised.

Section 6: Financial Plans continued

- Working capital position should remain strong and a facility of £11m is not expected to be used.
- The financial risk rating is assessed at 3 from the current year to 2009/10 and 4 thereafter
- Record of CIP achievement for the past 4 years – CIP of £8m with action plans developed for 2009/10 and for approximately £4.1m for each year thereafter.
- Normalised position & risk rating improves – detail to follow
- PCT demand management assumed, changes in activity resulting from HfL implementation assumed, maternity growth assumed at 10% over next 5 years in line with London Maternity Review projections. Population growth assumed at GLA midpoint.

Section 7: Risks

Key area of questioning by Monitor at Board to Board

Strategic Risks

- Implementation of Healthcare for London
- Patient Choice
- Educational Funding

Financial risks

- Achieving £2.0M surplus 2008/09
- 2009/10 CIP slippage into 2010/11
- HfL increases demand management and activity lower than baseline assumptions
- Tariff income lower than expected (1.7% instead of 2.2%)
- C. Diff penalties
- Patient choice – diagnostics and elective surgery - independent sector treatment centres
- 18 week delivery penalties
- Sift funding lower than expected
- DTC – case mix changes
- New and unplanned for cost pressures in 2009/10

Section 7: Risks continued

Operational Risks

- Infection control
- 18 week RTT target
- Delivering DTC activity
- Decontamination
- PFI Facilities Management
- Accurate data capture for payment from PCTs

HR risks

- Recruiting appropriately skilled staff
- Achieving staff productivity gains

Section 8: Leadership & Workforce

Strategic management

- Board of Directors supported by Council of Governors, responsible for setting overall strategic direction and governance arrangements
- BoD development programme to ensure effective strategic and business skills
- CoG development programme to ensure orientation and induction to role

Operational management

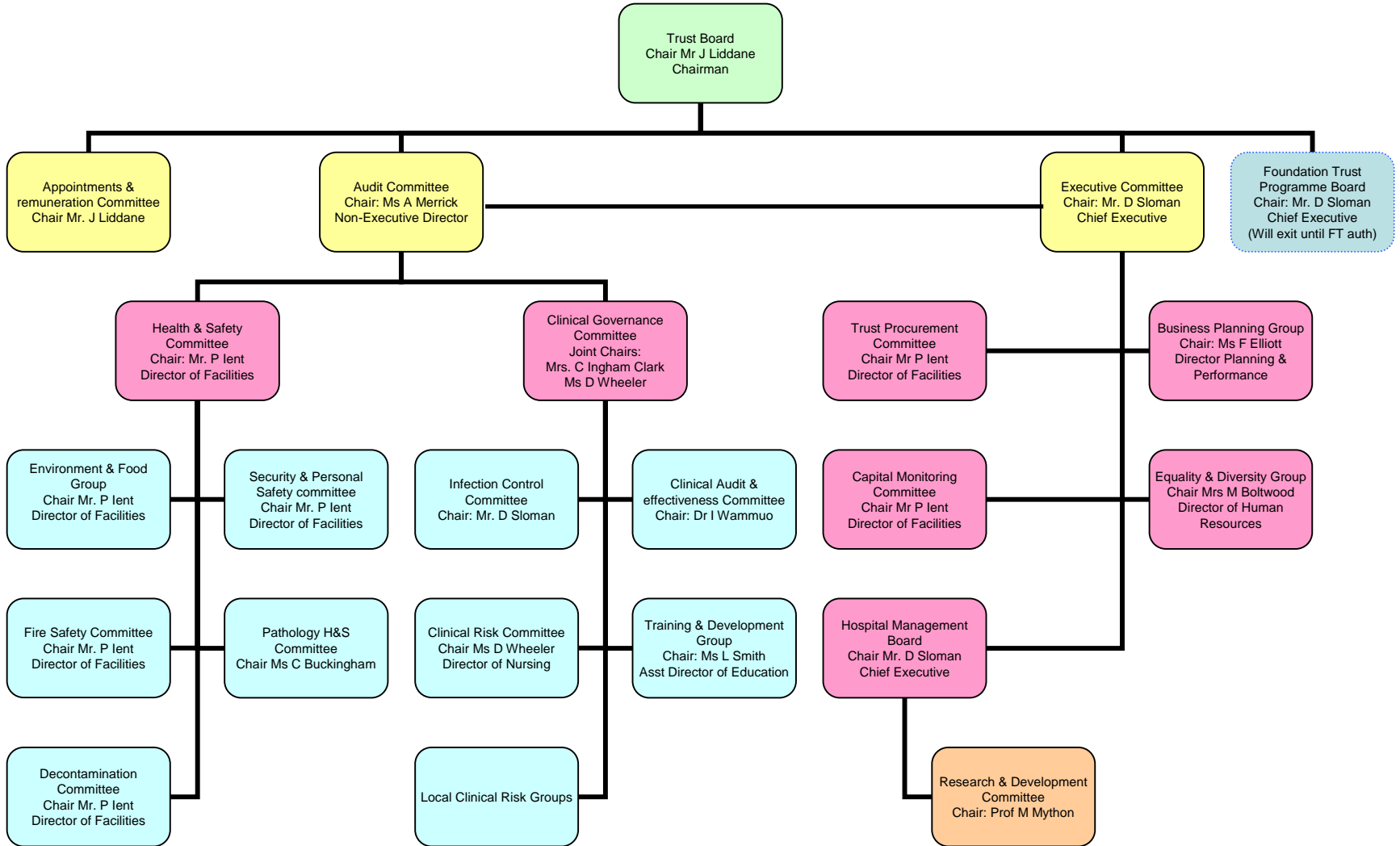
Hospital management Board (directors plus clinical directorates and other clinical reps) Strong clinical engagement

Workforce

- 2459 whole time equivalent (WTE) staff with c 2,000 on permanent contracts
- 12% of salary costs from employing temporary staff (8% internal bank staff)
- Majority of staff live locally, and slightly younger than national average in NHS
- Ethnically diverse with higher proportion of black & ethnic minority staff than in local population. However less representation at more senior levels, except medical staff
- Clinical teaching for c 200 medical students from University College London plus training for student nurses, midwives and professions allied to medicine e.g. radiographers, physios.
- Availability of temporary bank staff provides workforce flexibility, and is controlled to reduce reliance on agency staff.
- The future workforce will reflect increases in areas of growth such as day treatment and maternity/NICU, possible transfer of services to primary and community settings and offsetting reductions from improved productivity.
- The Trust's updated HR strategy focuses on a skilled workforce, flexibility, employee participation, fair remuneration, and being the employer of choice.

Section 9:

Governance



Section 9: Governance

Who is responsible for managing risk?

Chief Executive

Accountable for overall risk management and providing assurance to the Board

Director of Nursing and Clinical Development and Medical Director

Jointly responsible for the implementation of clinical governance and risk management

Director of Facilities

Responsibility for fire prevention and security aspects of non-clinical risk management

Director of Finance

Implementation of financial controls and business risk management

Director of Planning and Performance

Overall responsibility for ensuring verification of organisation risk management controls and the updating of the risk management strategy

Trust Corporate Secretary

Responsibility for collating and reporting the Board Assurance Framework

Section 9: Governance

Stakeholder interests

- The vision for the Whittington's membership is a dynamic and successful partnership
- The trust has an initial target of 4,500 patient and public members from a local catchment population of 300,000 by time of authorisation.
- A continuous membership drive will aim to grow membership over 3 years and secure representation reflecting the diversity of the population.
- Council of Governors comprised of 10 public, 5 patient, 4 staff and 10 partner organisation Governors
- Board of Directors have statutory responsibility for running affairs of the Trust
- Council of Governors responsible for representing interests of membership

IM&T

- The trust's IM&T strategy is consistent with national requirements and incorporates a robust disaster recovery and business continuity programme.