Business Plan

2006 - 2007

The Whittington Hospital NHS
NHS Trust

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Appendices (available on request)

1.0 Introduction

1.1 The Whittington Hospital NHS Trust

1.1.1 The Whittington Hospital is an acute general teaching hospital situated in the area between Archway and Waterlow Park, at the northern point of the Borough of Islington, bordering on both Camden and Haringey boroughs. It has a long history of providing hospital care to the local community stretching back to the fifteenth century. Clinical services have been consolidated on the St Mary's Wing site since the mid-1990s.

1.1.2 The Whittington provides a wide range of health services and also, where appropriate, links closely with neighbouring acute Trusts, local Primary Care Trusts and social services to ensure patients receive seamless care, whatever their need.

1.1.3 The Archway Wing was acquired by University College London (UCL) and Middlesex University, to create a campus providing comprehensive education and training for a range of healthcare professionals. The Royal Free & University College Medical School has established academic departments in Surgery, Medicine, Obstetrics & Gynaecology, Primary Care and Population Studies, Health Informatics and Multi-professional Education, Psychiatry and Behavioural Science. Archway Wing is also the home of the Whittington's Postgraduate Centre, a purpose built facility providing a busy calendar of clinical training and education. The Whittington takes nearly one quarter of the medical school's undergraduate clinical placements. In addition, the highly acclaimed postgraduate medical education centre is co-located on Archway site. Nurses, midwives, radiographers, dieticians, physiotherapists and operating department practitioners are also trained at the Whittington.

1.1.4 The main populations served by the Whittington are West Haringey and North Islington, both part of borough-based Primary Care Trusts, covering a population of approximately 250,000. The Trust also receives a significant number of referrals from Barnet and Hackney, and is the main provider of acute services for the two prisons within Islington. There is considerable diversity in terms of ethnic mix and economic status, ranging from areas of great affluence to some of the highest deprivation levels in the country. North Islington is generally deprived with nearly 30% of the population from ethnic minority communities. West Haringey is more affluent but with some pockets of considerable deprivation and 20% from ethnic minorities.

1.2 Developing the Business Plan Focus

1.2.1 The material contained in this Plan draws together the work undertaken to develop the Trust's Strategic Service Plan (SSP), 5 Year Provider Sustainability Plan (PSP), and service development objectives for the year ahead. It also draws upon our previously published Delivery Plan (2003-2006), which reflects the national targets for health services identified in the NHS Plan.

1.2.2 The plan provides the Trust with an opportunity to demonstrate in a meaningful way how we are addressing the key priorities of the NHS, and meeting the standards demanded of a modern health care service. It therefore forms an important part of the Trust's Assurance Framework through documenting performance indicators, and ensuring that the Trust's risk profile is effectively managed.

1.2.3 While the Business Plan is used to highlight key objectives for 2006/07 and achievements from the year gone by, it should also be noted that there are a number of

high quality services that continue to improve and perform throughout the year that may not be picked out for specific mention in this document.

1.3 The Business Plan as a working document

1.3.1 This document sets out plans and objectives for the current financial year, whilst taking a retrospective look at progress made against objectives set in last year's plan. As such, the Plan is complementary to, and should be read alongside with, the Trust's PSP. While it is mainly written for the Trust Board and staff within the hospital, as a public document it may also find an audience outside the hospital: NHS London, local Primary Care Trusts and the many interested organisations, groups and individuals within the local community.

1.3.2 The content of the plan has been generated by the directorates within the Trust, and its development has been informed by a variety of on-going collaborative initiatives with external stakeholders including patient groups, local commissioners and other local care providers.

2.0 Trust Vision

2.1 Core Values

2.1.1 The Whittington's Strategic Direction was ratified by the Trust Board in November 2004, and forms the key building block for future planning and service development activities at the hospital. The agreed vision is stated as:

"Our local community needs and deserves a high quality hospital service, provided in a caring, friendly and efficient way. The Whittington intends to be respected and selected as the local hospital of choice, and regarded as a civic asset for the community within which we are rooted. We will be recognised as the Centre for Excellence in ambulatory care; the care of long term conditions; and the treatment of common cancers, by exploiting our strengths in these areas to reflect the needs of our population, and continuing to provide first class undergraduate and postgraduate training."

2.1.2 Delivery of the vision is underpinned by 10 Critical Success Factors listed below, and supported by the redevelopment and modernisation process embarked on in 1999. Improvement projects have since been adapted to incorporate the longer term objectives set out in the NHS Improvement Plan, published in 2004.

2.1.3 The Trust Board reaffirmed its commitment to the strategic direction in December 2005, confirming that the vision it described remained relevant to the organisation and the local health community.

2.2 Strategic Direction – Critical Success Factors

2.2.1 Service improvement will be monitored and measured against a set of agreed parameters. These are the extent to which we are:

- ✓ *Exhibiting high standards of customer care*
- ✓ *Delivering high standards of clinical care*
- ✓ *Undertaking education and research*
- ✓ *Employing competent, motivated staff*
- ✓ *Being operationally excellent*
- ✓ *Being an integral part of the local health community's health resource*
- ✓ *Reducing hospitalisation*
- ✓ *Providing a suitable environment for care*
- ✓ *Being financially robust*
- ✓ *Collaborating with other agencies*

2.2.2 These factors have been refined to create 10 corporate objectives, under which the detailed directorate objectives will sit (see Appendix 2).

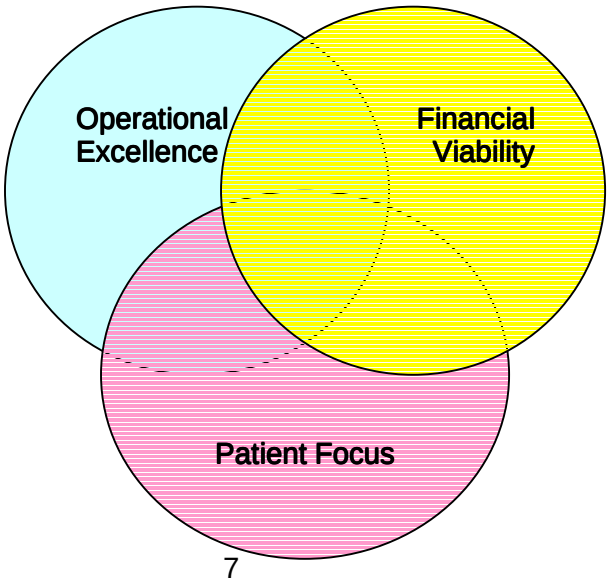
Table 2.1: Trust Corporate Objectives

1.0	**To deliver consistent standards of customer care** *Working with patients to provide services which are patient centred, to improve their care experience.* Measured through: annual healthcheck; Essence of Care; complaints; patient surveys
2.0	**To consistently meet agreed standards of clinical care** *Ensuring the Trust responds to patient needs in a timely and appropriate manner, by meeting national and local targets for access to key services.* Measured through: annual healthcheck, CNST rating.
3.0	**Develop an up-to-date programme of education and research activities** *Applying research, and working closely with our education partners to provide services*

	which are evidence based. Measured through (for e.g.): SIFT, MPET and NMETR contracts, QAA and NMC Assessments
4.0	**To employ competent, motivated staff** *Ensuring the Trust employs a workforce of sufficient numbers and skill mix to deliver high quality services across the organisation.* Measured through: recruitment and retention; turnover rates; staff satisfaction survey, Improving Working Lives; HR High Impact Changes
5.0	**Improving our operational management to achieve resource efficiencies and service improvement** *Ensuring that the Trust makes effective use of processes, support infrastructure and its physical assets in the delivery of services.* Measured through: 10 High Impact Changes, Productive Time Metrics
6.0	**To promote the Whittington as the hospital of choice for local people, through being an integral part of the local health community's health resource** *Developing health services at a local level, being considered a visible face for local public health* Measured through: active involvement in local strategic partnerships; effective links with PPIF; patient surveys
7.0	**Reducing hospitalisation (admissions and length of stay)** *Working in partnership with other healthcare providers to manage patients with chronic conditions in the most appropriate care setting* Measured through: Service Improvement Plan; day case rates; admission rates; length of stay matrices
8.0	**Provide a sustainable environment for the delivery of care and ancillary services** *Physical facilities which are clean, accessible, appropriate and welcoming* Measured through: Approved Estates Strategy; PEAT; patient satisfaction
9.0	**Be financially robust** *Ensuring the Trust is able to meet its financial duties through operational efficiencies and securing appropriate levels of income.* Measured through: deliverable cost improvement plan; break even position at year end; balanced long term financial plan
10.0	**Collaborating with other agencies** *To contribute to the health and well being of our local population, in collaboration with other healthcare providers and commissioners.* Measured through: GP relations; partnerships with other health and social care providers.

2.2.3 In order to achieve the strategic vision, the Trust recognises it must concentrate its efforts in the three separate but overlapping areas of: Operational Excellence; Financial Viability; and Patient Focus, represented below in Figure 2.1

Figure 2.1: Trust Strategic Synergy



(i) Operational Excellence

This is not only about maintaining high clinical standards and developing a clinical service strategy based on our core strengths. It is also about recognising clinical quality by adhering to the wider health service values whilst delivering service efficiency improvements.

(ii) Financial Viability

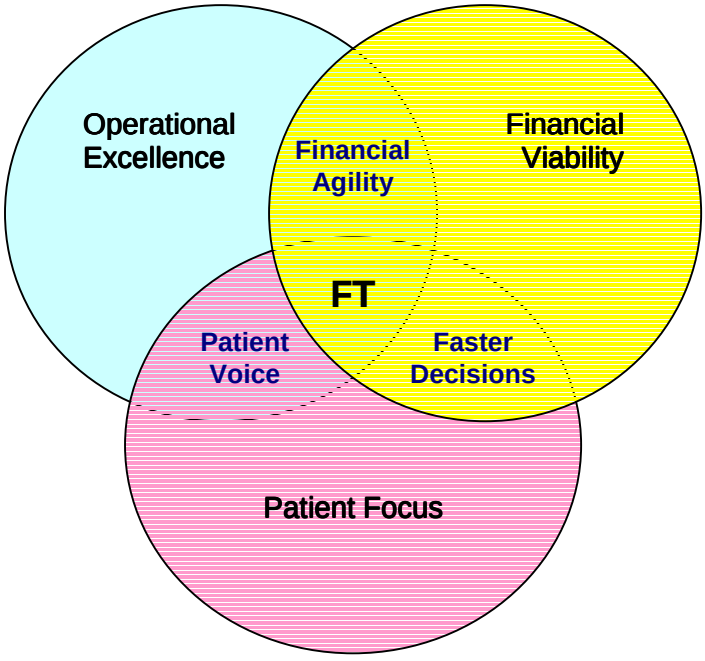
In order to sustain and improve services, the Trust must be financially viable. Without a sound financial footing, the Trust is unable to invest in areas of identified need. Organisational energy is then concentrated to financial survival and recovery, rather than patient focussed operational excellence.

(iii) Patient Focussed

The Trust is committed to placing the patient at the core of its activities and fully embracing the patient choice agenda.

2.2.4 Following the Trust Board decision to pursue the Foundation Trust application process, the model described at Figure 2.1 has been extended to reflect the benefits of achieving FT status in the future: financial agility, faster decisions and patient voice. Figure 2.2 illustrates how each of these key areas connect to ensure the Trust continues to provide high quality care for patients in the most efficient, effective and friendly way possible, with our application for foundation trust status sitting at the heart of our priorities.

Figure 2.2: FT Status Benefits and Strategic Synergies



3.0 The Strategic Context

3.1 National Agenda

3.1.1 The government's 10 year Plan for the provision of healthcare services was embodied in '*The NHS Plan*', published in July 2000. That document set out a vision of modernisation centred around the patient, a clear shift in emphasis from models of service provision which had gone before. Published in 2004 '*The NHS Improvement Plan*' went a step further than the 2000 document, building on the foundations laid during the last few years. It aimed to: reduce waits between referral and treatment; offer patients *real* choice over where and when care is provided; and empower those with long term conditions to take greater control over their illness. Delivery of the Plan is underpinned by the system reform agenda, which proposes: new models of clinical care; greater and more effective use of IT systems; a modernised workforce; and the new system of financial flows – Payment by Results (PbR).

3.2 Implementation of the NHS Improvement Plan

3.2.1 The government's planning and priorities framework for NHS Plan implementation released in October 2002 set out the key service priorities within the emerging contexts of patient choice, PbR and foundation trusts. This will be supported by a structure that has regard to national and local priorities, capacity requirements, identifying organisational responsibilities, monitoring of performance management, and improved communications. Revised and updated for 2004 and published as '*National Standards, Local Action*', the framework sets out the planning approach health and social care organisations should use, as well as the standards they should achieve in the services they provide.

3.2.2 Across the NHS, national targets have been streamlined under four major areas:

1. Health and well being of the population;
2. Improving the patient/user experience;
3. Long-term conditions; and
4. Access to services.

3.2.3 Progress in implementing NHS Plan priorities is measured through performance against a range of targets and milestones, including National Service Frameworks and the Annual Health Check. These sources have informed some of the Trust's strategic objectives for the year ahead, and are also used to measure the extent to which services are considered to be patient led.

3.3 Creating a Patient Led NHS

3.3.1 Published in March 2005, '*Creating a Patient-led NHS*' described how the important work undertaken to expand the capacity and capability of the NHS must now be coupled with improvements in quality and responsiveness of the service. Performance of healthcare organisations will increasingly be measured by their impact on patients; a more wholistic approach to care will be adopted, shifting the emphasis from a sickness to a wellness service; and healthcare professionals working as autonomous practitioners will be better able to support patients in the choice and application of care. The patient led NHS will be recognised by:

- An increased range of choices linked with information to support the decision making process;
- Clear standards and effective safeguards for patients accessing NHS care;

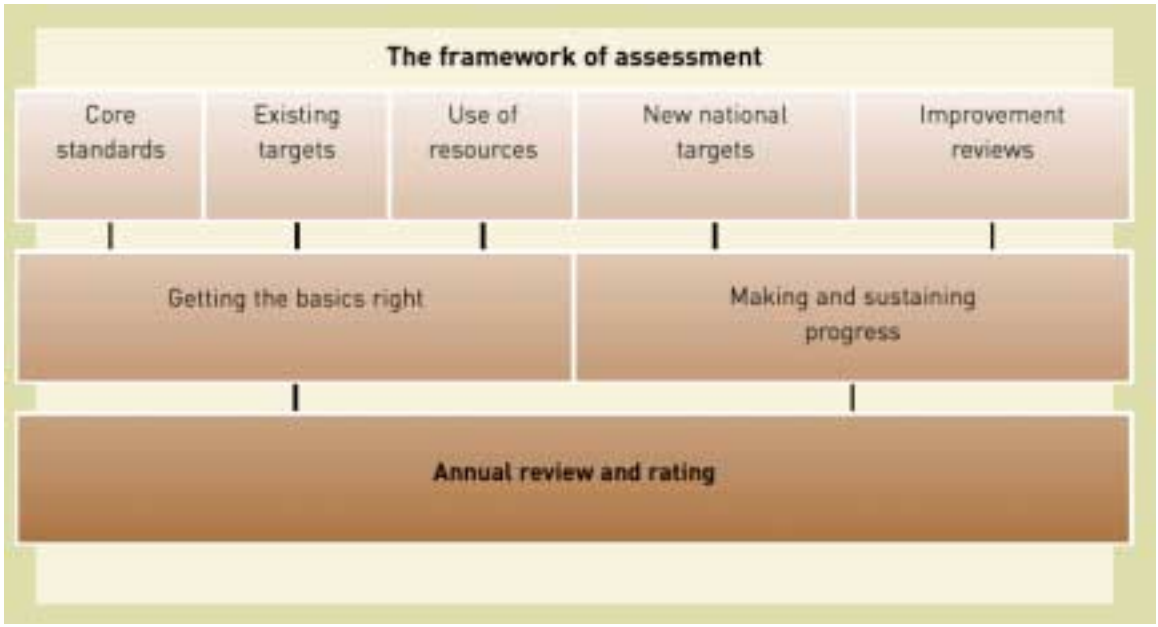
- Improved understanding by NHS organisations of patient requirements, through utilisation of new and existing methods to extract better and more regular information on areas of preference and satisfaction.

3.3.2 Patient choice thus becomes the catalyst for change within the system, transforming the way services are provided and commissioned through a new, standards driven system. The Whittington is already seeking to respond to this new challenge through its commitment to becoming the hospital of choice for its local population, by building on its strengths in providing community and outreach based care.

3.3.3 '*Standards for Better Health*' forms the basis of the new performance framework governing NHS organisations and other providers of NHS care since April 2005, and describes the level of quality that healthcare providers will be expected to meet across seven domains. These are: safety; clinical and cost effectiveness; governance; patient focus; accessible and responsive care; care environment and amenities; and public health. The standards are designed to both underpin the principle of a patient-led NHS, and drive up quality by providing a framework for continuous improvement.

3.3.4 The Annual Health Check

As mentioned briefly above, this annual exercise which will be managed by the Healthcare Commission, forms a major component of the new standards system. Performance assessment will be governed by the extent to which providers are meeting core standards and existing targets, but also how far they are getting the basics right and have in place the sorts of systems and processes to achieve sustainable progress and improvement.



source: *"Assessment for Improvement: Measuring what matters, Healthcare Commission, March 2005"*

3.3.5 Detailed objectives contained within the Business Plan fully recognise the new set of standards and priorities, as well as making clear reference to any links with existing frameworks for assessment, or other service improvement techniques where appropriate.

3.4 Local Priorities

3.4.1 The Whittington Hospital works closely with the NHS London, Islington, and Haringey Primary Care Trusts to discuss performance against agreements, and to contribute to a range of strategic issues such as the Healthy Starts, Healthy Future consultation, and other

service rationalisation reviews being considered in the sector. This Business Plan and its objectives have thus been developed to remain consistent with local commissioning priorities.

3.5 Service Improvement

3.5.1 The Whittington has always sought to improve and develop the services that we provide. Over the last few years a number of initiatives and project structures have been used to promote service developments and sustain good practice:

1999-2003	Clinical Working Groups as part of the development of the new acute facilities in the PFI scheme. These groups covered not just the PFI scheme, but an integrated modernisation and development programme across the whole Trust.
2004-2005	The Improvement Partnership for Hospitals (IPH) initiative. Sponsored by the NHS Modernisation Agency, this scheme developed new analysis tools and approaches to service improvement based on whole systems thinking: the use of statistical process control and other methodological approaches to continuous service and quality improvements.
2005 -	On completion of the IPH programme a review of service development processes now seeks to embed change management within the clinical functions that deliver the services. The objective is to improve the effectiveness of service development projects by having the clinical teams who deliver the service take ownership of the improvement projects as these are established.

3.5.2 The Whittington has an excellent record of staff involvement in modernisation and redevelopment projects, in recognition of the fact that we rely enormously on them to deliver services of the highest quality. Our human resources strategy therefore aims to maintain this approach through:

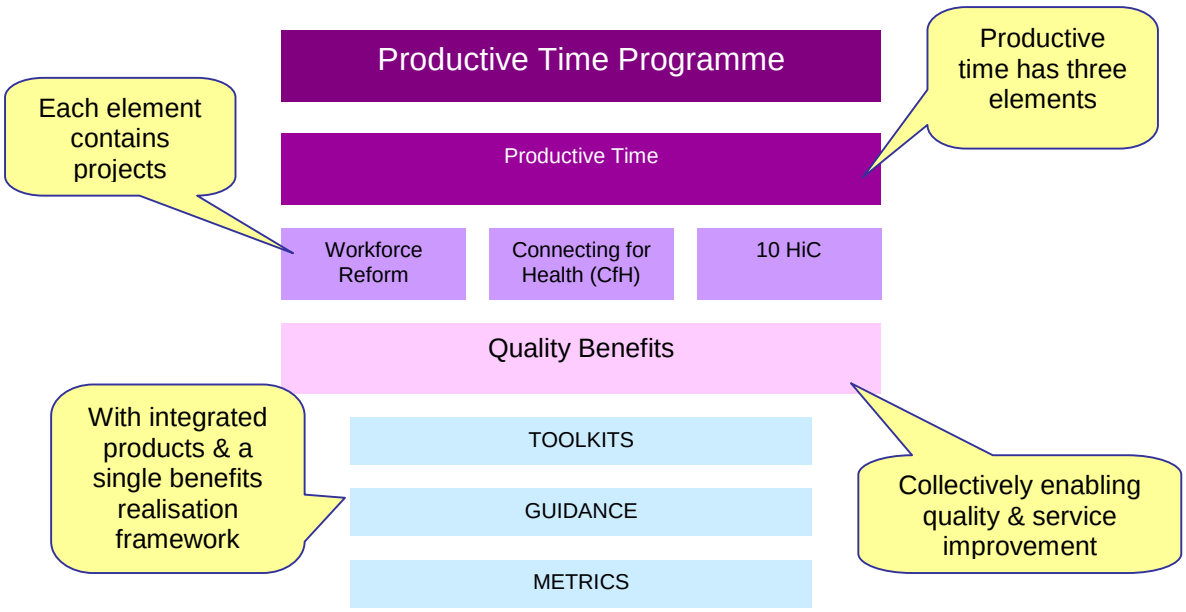
- ensuring we have a workforce of the right numbers and skills to deliver high quality services to our patients;
- improving the quality of our staff's working lives as well as their work life balance;
- continuing to contribute to the delivery of the NHS modernisation agenda.

3.5.3 Delivering added value in the NHS

3.5.3.1 Record investment in the NHS comes with an expectation that healthcare providers will achieve the full range of national strategic objectives, some of which have been described earlier:

- The Productive Time Programme: £6.5 billion savings across the NHS by 2008
- The NHS Improvement Plan: new waiting time targets and models of care
- Choosing Health: improving the underlying health of the nation
- Choice: active involvement and participation of patients in making decisions
- Systems Reform: Payment by Results and Practice Based Commissioning

3.5.3.2 The NHS has been developing a set of tools that will help trusts deliver service improvements and efficiencies. Although there will be systems and infrastructure improvements, the core changes are about what staff do with their time (hence the title "Productive Time Programme"). In early 2005, the Modernisation Agency's 10 High Impact Changes were released, followed later in the year by the 10 High Impact Workforce Changes encapsulating workforce reform issues. Currently outstanding from the toolset is Connecting for Health. The range of systems and the new capabilities that Connecting for Health is intended to deliver are not yet available to us, and acts as a limiting factor on some service improvement projects.



3.5.4 The combination of the NHS Improvement Plan and the Productive Time Programme has directly informed a set of internal service improvement plans that include a benefits plan for efficiencies as well as improvements to clinical and patient outcomes. The detailed analysis of objectives for the Operations Directorate contained in Appendix 2 sets out this model of service improvement more clearly.

3.5.6 The Integrated Service Improvement Plan

3.5.6.1 The Integrated Service Improvement Plan (ISIP) is a further methodology or toolkit, which intends on fostering service improvement planning across health organisations within a local health community. Islington PCT is taking the lead in this process and has commenced with an ISIP for long term conditions. The Whittington has contributed to the development of this ISIP and the objectives in Appendix 2 are consistent with the ISIP as currently drafted.

3.5.7 Our 2006/07 Service Development Objectives for clinical service delivery will thus be delivered through a number of distinct projects. There will be two major change programmes - one around the planned or scheduled patient journey specifically aimed at **Getting to 18 Weeks** and the other programme for urgent or emergency care - **Making Best Use of Beds**. Each programme will have a number of linked projects and will use best practice in terms of programme and project management, analysis and improvement science tools, and performance management.

3.6 Site Redevelopment

3.6.1 The acute core site and service redesign project reached financial close under the Private Finance Initiative in October 2002, with the Full Business Case for the scheme also being approved at this time. This development - which will deliver (amongst other services) new and expanded ambulatory care facilities, state of the art diagnostics and an expanded critical care unit - is supported by a separate imaging equipment business case which was developed by the Trust and approved by commissioners in 2004. Delays to the new build during 2003/04 now mean that the first phase of the new facilities will not be fully operational until Summer 2006; however, this delay has in no way compromised the Trust's ability to deliver high quality care to patients whilst construction works take place.

3.6.2 Feasibility work is now underway on planning for the re-provision of all remaining in-patient ward areas, therapy services, and facilities for women's and children's health at the Whittington. Late in 2005, the Trust completed an Implementation of Service Strategy project, aimed at re-validating the Trust's strategic direction, as well as informing the potential development of a Strategic Outline Case for investment. The findings of the report concluded that the Trust should pursue preparation of a SOC, alongside the launch of its integrated service improvement programme, a proportion of which will be delivered through the objectives listed later in this document. With the support of the NHS London, the Trust has commenced the development of a SOC during the early part of 2006, with a view to completing this work towards the end of the year. Further planned business cases will focus on the refurbishment of our Emergency Department, including implementation of phase two of the primary care Walk in Centre in partnership with Islington and Haringey PCTs.

3.6.3 The Waterlow Unit, owned by the Trust since 2000, was occupied by the Camden & Islington Mental Health and Social Care Trust until it moved to new facilities in September 2004. As NHS London capital was not available to make it fit for purpose for the transfer of non-clinical services from Highgate Wing (as originally planned), options for alternative use including third party tenancies continue to be explored, with a view to maximising the long term overall value of the northern part of the site. Considerable interest has been expressed from academic partners, NHS and potential private users, and the option of a shell and core refurbishment by the Trust is being evaluated.

3.6.4 The recent sale of Highgate Wing with the Trust as sitting tenants will launch the refurbishment of this building to address a number of environmental and other health and safety defects. Proposals for these works have recently been approved by the NHS London, with work anticipated to commence in the Summer of 2006.

3.7 Financial Context

3.7.1 The major financial obligation of the Trust is the delivery of income and expenditure balance, both in-year and recurrently. The Trust's approach to managing this requirement has been to address the historic residual deficit through a phased recovery plan in collaboration with the main commissioning PCTs and facilitated by NHS London.

3.7.2 Financial balance was achieved in 2000/01 and 2001/02, however this was with non-recurrent income support, and incorporated some successful one-off bids for funding. The underlying deficit was actually increasing over this period leading to a year end deficit of just under £1m in 2002/03. The impact of the EWTD and other exogenous cost pressures resulted in a £3.4m deficit in 2003/04. The SLA settlement with our main PCT commissioners in 2004/05 included the requirement for a phased repayment of the deficits incurred in the previous two years. Non-recurrent support in 2004/05 enabled the Trust to achieve a breakeven position against the original income plan, and a technical surplus of £1,995m, following a year-end income adjustment, allowing the demonstration of a reduction by this amount in the cumulative deficit. A further £1.2m deficit repayment was made in 2005/06 and with the achievement of £6.5m in-year savings the Trust was able to break even for the second successive year.

3.8 Service Agreements with PCTs

3.8.1 As part of the overall income and expenditure plan, SLAs for the 2006/07 financial year have been agreed and signed with the Trusts two main PCTs (Islington and Haringey). Negotiations with all other PCTs are concluded, and all but one minor SLA has been agreed.

3.8.2 The basis of this year's Service Agreement proposals are the guidance for implementing PbR, with national tariff used for any relevant activity. Importantly, the Trust has secured cost and volume agreements for some services that are outside tariff (direct access), providing increased stability for income projections during 06/07. All PCTs are implementing ambitious demand management programmes in 2006/07 which they anticipate will reduce referrals and admissions to secondary care, offsetting the usual level of growth in activity that has historically occurred.

3.9 Financial Plan 2006-07

3.9.1 As part of the FT Diagnostic process, the Trust developed a 5-year Provider Sustainability Plan supported by a Long Term Financial Model and HR plan in March 2006. Based on the information and assumptions at that time (and before finalisation of the tariff and PbR ground rules) the plan indicated a deficit in 2006/07 of £2.6m based on a savings requirement of £3.4m - i.e. an overall opening gap of £6m. Subsequent developments, e.g. non-recurrent 2005/06 savings carried forward, PbR changes, pay awards and negotiation of SLAs, and an NHS London requirement to achieve a 1% surplus, increased the overall savings requirement to £9.9m. Within this target £7.9m is represented by identified and documented schemes, with the remaining £2m expected to be found non-recurrently in line with experience from previous years. This position takes account of the need to make the final repayment of £1.2m to clear the historic deficit and to make a surplus in the current year of £1.3m. Details of the 2006/07 financial plan including the bridge analysis from 2005/06 and the Cost Improvement Programme are set out in Appendices 5 and 6 to this document.

3.9.2 Further work is being undertaken to update the five year financial plan in order to critically assess our potential to achieve sustainable balance and generate surplus. This work needs to take into account the impact of PCT demand management initiatives and practice-based commissioning, in the context of the continuing roll-out of payment by results and the development of independent sector provision. Driven by our strategic objectives, the Trust envisages increasing capacity in day treatment and critical care, while continuing to meet emergency demand. It also anticipates increased demand for level 2 neonatal care following agreement that the Trust should be one of the designated sites for this service. Delivery of these clinical priorities will be supported by the completion of our PFI building, implementation of the service improvement objectives outlined earlier in this document, and progressing with the work described in our summary of site redevelopment. However, recent changes and future uncertainties about the implementation and impact of PbR and system reform indicate that significant year on year cost improvements and productivity gains will continue to be required.

3.10 Foundation Trust Application

3.10.1 The Whittington expressed a formal interest in applying for Foundation Trust status as part of wave 3A in January 2006. Concurrently the Trust was also part of phase 3 of the Whole Health Diagnostic programme, a DoH sponsored programme run in conjunction with the foundation trust regulator Monitor, and used to assess the preparedness of NHS organisations for Foundation Trust status. Building on the Trust's PSP, the Diagnostic provided a framework for a detailed review of the Trust's business plan, service performance and governance arrangements. Although the Trust performed well in most aspects, the failure to deliver a long term sustainable financial plan resulted in the Trust not pressing ahead with the Wave 3A application. An action plan has now been submitted to NHS London based on the output from the Diagnostic process in the form of a Trust development plan, described later in this document at section 5. The Trust intends on reviewing the position in terms of resuming the application process in September 2006.

3.11 Workforce Development & Planning

3.11.1 As stated earlier, the Whittington regards its human resources as one of its most important assets who are crucial to the delivery of care to patients. The last few years has seen a steady increase in staffing across the hospital, particularly in clinical services, to reflect the targets set by the NHS Plan, introduction of the consultant contract, and to meet legislative requirements such as the EWTD. Following this additional investment in the workforce, the Trust is keen to increase the productivity from its resources, and has a number of modernisation projects in progress which will enable staff to work smarter, thus enhancing workforce productivity. These include:

3.11.1 (i) Efficient and effective use of staff

- A review of nursing and midwifery rostering/establishment was completed for all general nursing staff during 2005/06, and has resulted in improved continuity of patient care whilst significantly reducing reliance on agency nurses - by 85% - overall.
- Increasing the use of bank staff to meet the Trust's requirements and minimising its use of agency staff; this has also contributed to the significant reduction in agency usage.
- Efficient use of medical staff including minimising use of agency staff. Measures have been put in place in some specialities already to reduce the reliance on agency staff by reviewing rosters or employing NHS locums. This work is continuing across all relevant specialities
- Managing sickness absence more effectively. The introduction of a specific project with a dedicated project manager, has made significant improvements in the sickness rate to date - reducing this from 6% early in 2005, to 5.1% late in 2005/06. This has been supported by a communications strategy and policy review.

Increased workforce productivity will be delivered through continuing to reduce sickness absence to the target of 2.7%; reducing turnover rate by 1% each year; and ensuring that junior doctors comply with 2009 EU legislation, whilst gaining value for money from addressing their rotas.

3.11.1 (ii) Modernisation of services

The shape of the workforce is inextricably linked to the services the Trust needs to deliver. The deployment of the workforce is thus continually reviewed by the Trust to enable utilisation to match the changing shape of clinical services. Changes that will have the most significant impact upon staff deployment and utilisation in 2006/07 are:

- ✓ Cost improvement programmes
- ✓ Service development projects (which incorporate the 10 high impact changes)
- ✓ Development of services for women and children
- ✓ Payment by results
- ✓ The move into the new building
- ✓ Ensuring the Whittington is the patients' hospital of choice

3.11.1 (iii) Implementation of Agenda for Change pay system

All staff (except doctors and directors) have now been placed on national terms and conditions of service, which will facilitate the modernisation of the way services are delivered. Initially, modernisation of careers at the Whittington is concentrating upon clinical administrative support and radiography. The aim will be to ensure that the Whittington is not only the patients' choice for care, but also our staff's choice for career.

3.11.1 (iv) Improving Working Lives - Practice Plus

The Whittington was one of the first trusts in London to achieve Practice Plus validation. Improving Working Lives is a cornerstone of the Trust's recruitment and retention of staff policies, and underpins our human resources strategy. The core elements of this validation are:

- Human resources strategy and management
- Equality and diversity
- Staff involvement and communications
- Flexible working
- Healthy working
- Training and development
- Flexible retirement, childcare and support for carers

Clearly it is vital for the Trust to be able to attract and retain the skilled workforce it requires, when needed. The achievement of Improving Working Lives Practice Plus demonstrates to staff that the Trust takes seriously its pledge to be the employer of choice.

3.11.1 (v) Training and development.
The Trust is continuing to appraise all its staff and meet the needs identified within individuals' personal development plans. As part of the Agenda for Change bedding in process, every member of staff (except doctors and directors at present) also now have a Knowledge & Skills Framework outline agreed, to enable their performance to be assessed at agreed intervals.

3.11.1(vi) Equality and diversity.
The Whittington continues to place equality and diversity issues high on its agenda. This is evidenced by its Equality & Diversity Steering Group, which is chaired by the Chairman of the Trust.

4.0 Achievement against Plans and Objectives from 2005/06

4.1 Overview

4.1.1 The Trust has been extremely successful in meeting national targets and responding to local commissioning priorities during the past year. Appendix 1 contains a detailed update on achievements against plan, and is grouped using last year's framework:

- Access to Services
- Education
- Finance
- Long Term Conditions
- Patient Experience
- People
- Public Health
- Systems & Environment

4.2 Key Achievements

4.2.1 Some of our key achievements in 2005/06 include:

- ✓ Meeting the national access targets for inpatient, day case and outpatient services
- ✓ Continuing to reduce the number of delayed transfers of care, from 4.5% to 2.6%
- ✓ A substantial decrease in the use of non-NHS staff, from 6.9% to 5.1% of our establishment
- ✓ Further improving our reference cost indicator from 96 to 91, reflecting clear efficiency and productivity gains
- ✓ Increasing the number of specialities offering direct booking from 67% to 80%
- ✓ Meeting both our external finance and capital resource limits
- ✓ Completing the roll out of our electronic order processing system
- ✓ Achievement of CNST level 2.

4.2.2 Waits continue to reduce impressively for outpatients and inpatient/day case admissions. Most of our patients wait less than 8 weeks for an outpatient appointment and 3 months for surgery. Our target of achieving a surgical day rate of 70% by March 2006 was exceeded early, with performance reaching 80% by year end and averaging at 70% throughout the year. There have also been notable improvements in length of stay rates across both medicine and surgery. Medicine has seen overall length of stay cut by 0.7 days, and surgery by 0.28 days; the latter was in part facilitated by the more rapid management of emergency surgical patients and the opening of our patient admission unit which reduces the need for pre-operative inpatient stays.

Last year's excellent performance provides a sound position from which to make further improvements in 2006/07.

5.0 Aims and Objectives for 2006/07

5.1 Overview

5.1.1 The process of developing directorate objectives for 2006/07 has been informed by a number of focal areas which are shaping the NHS today. They are also reflective of the key organisational priorities identified through the recent Foundation Trust diagnostic exercise and high level corporate reviews.

5.2 Detailed Objectives for 2006/07

5.2.1 The detailed objectives for 2006/07 are contained at Appendix 2. Information included in the appendix covers how the aims will be achieved, and identifies a lead Director and Manager for each item.

5.3 Foundation Trust Development Plans

5.3.1 The Trust completed the north central London Whole Health Diagnostic process in March 2006. The aim of the Diagnostic process is for all NHS Trusts to have a clearly identified plan that places them in a position to be able to apply for Foundation Trust status by 2008. The process output from this exercise, the end product was received in April 2006. Following a period of review, the Trust was required to produce an action plan addressing the weaknesses identified in the end product by June 2006. The Trust's final assessment was that we were not currently in a position to apply to Foundation Trust status within the next 2 years. Somewhat uniquely, NHS London's additional feedback stated this position would be reviewed in 6 months, as it was felt that if certain key issues were addressed the Trust might be in a position to apply with the next wave of Foundation Trust applicants in late 2006. The Trust remains keen to apply for Foundation status at the earliest opportunity as this supports our clinical strategy; development of a robust action plan has therefore been given a high priority. The three main areas to be addressed are:

1. Development of contingency planning for the additional capacity available within the PFI facilities.
2. Deliver a robust cost improvement plan for 06/07 to achieve financial break even.
3. The need to develop a long-term plan that produces a sustainable financial position.

5.3.2 A further review of the end product identified 7 other areas of development highlighted in the report, and these have formed the ten point *FT Diagnostic Development Plan* (table 5.1).

Table 5.1: FT Diagnostic Development - 10 Point Plan

REF	RECOMMENDATION/ COMMENT	TRUST PLANNING	TIMESCALE	CRITICAL ENABLING FACTORS	ACCOUNTABILITY
1	Develop contingency planning for additional capacity available in new PFI facilities and ambulatory care growth	Assess various options for spare capacity. Negotiate potential links with other service providers on a collaborative basis. Develop marketing plan to support preferred options. Developing the Whittington brand.	Develop - End May 06 Deliver - Apr 07	Opening of phase 2 of building by Sep 07 Ability to attract extra work at suitable tariff and in phased manner Safeguarding of our reputation	Director of Operations
2	Develop and deliver significant CIP to break even 06/07 (and produce 1% surplus in line with London Financial strategy)	Revised CIP presenting Trust wide schemes followed by directorate schemes to achieve target. Plans implemented by directorates under strict timings and with hard financial targets	Develop - 17 May 06 Deliver - end 06/07	Ability of savings to generated quick enough to within year. Recurrent nature of savings Ability of Trust to manage effects of savings targets	Finance Director
3	Need to develop plan that produces sustainable financial position 07/08 - 09/10	Develop finance modelling and through service development plans, including marketing functions and collaborative networks, achieve long term finance balance	19 July 06	Quality of data for developing costing plans Accurate market intelligence Accurate and robust risk management	Finance Director
4	Need well-structured and realistic estates strategy	Developing estates strategy in line with Trust strategy. Push through SOC and BCs to develop coherent plan for estate development/ disposal with external assistance.	December 06	Sufficient human resources to achieve timeline	Facilities Director
5	Lack integrated PPI strategy	Revised PPI strategy for the Trust and develop associated action plan	End July 06	Available human resources	Director of Nursing & Clinical Development
6	Address skills gaps at board level	Plan and deliver high quality Board training and development including use of diagnostic tools. Address skills gaps as part of the succession planning process	End May 06 (plans in place)	Quality of training and available diagnostic tool Availability of human resources to fill succession plans	Director of HR and Corporate Affairs
7	Improve presentation of information, particularly quality of financial reporting, to the board	Review and revise information presented to the board. Develop new reporting formats and methods	Sep 06	Quality of data available and ability of IT systems to present it.	Finance Director
8	Improve integration of HR information across the organisation including greater harmony between financial and HR strategies	Continued development of HR strategy to reflect financial strategy and increase use of performance benchmarking across the Trust.	Sep 06	Adequate HR resources Availability of benchmarking data and tools	Director of HR and Corporate Affairs
9	Assess impact of and develop plans in response to PCT demand management plans and choice agenda especially from 07/08 onwards	Access impact of actual shifts and identify opportunities for collaborative working with PCTs and GPs.	End May 06	IT (C&B) roll out both within Trust and sector Ability of PCT to demand manage	Director of Operations
10	Need to develop and implement action plan to tackle MRSA rates as this may threaten reputation and effect patient choice	Develop fully costed Trust wide plan for infection control with particular emphasis on control of MRSA rates.	19 July 06	Availability of practical control methods Available data for performance management of plan	Director of Nursing and Clinical Development

5.4 Executive Director Priorities: 2006/07

5.4.1 The main priorities of individual Directors are naturally aligned to the strategic direction of the Trust, and have also been directly mapped across to support the detailed objectives in Appendix 2. The content of table 5.2 below reflects the executive team's requirement to develop longer term development plans, which may effectively fall outside the immediate objectives for 2006/07, despite being of significant importance.

Table 5.2: Director Priorities – 2006/07

DIRECTORATE	PRIORITIES	COMMENTS/NOTES
CHIEF EXECUTIVE	1. Open PFI and maximise re-branding/ marketing opportunity 2. Team management and team building 3. The external placement of the Trust within the strategic environment and service reconfiguration with partners 4. Achieve Financial Balance	To increase the effectiveness of team management two new Directorates will be established in summer 2006: Strategy & Performance, and Primary Care.
NURSING & CLINICAL DEVELOPMENT	1. Infection control and reducing hospital acquired infection 2. Quality of care on wards and within outpatients, so reducing complaints 3. Patient safety, developing a safe environment and reducing adverse incidents 4. Revise and reinvigorate Trust PPI strategy.	Work required on these will be achieved and benchmarked Activity required on shared leadership e.g. on budgets, the nursing establishment and recruiting
FINANCE	1. Improve information management by revamping current financial reporting, developing modelling capacity and vigorous monitoring of the CIP 2. Organisational development in preparation for FT status e.g. cash management and balance sheet reporting 3. Corporate develop for FT status e.g. board training	Development of commonality of reporting between finance, ops and HR. Finance to produce specification for new document.
FACILITIES	1. Environment e.g. day to day ward delivery, short term strategic investment and PFI opening 2. Non pay controls continued control (including procurement hub) 3. Strategic development (K block/ women and children's (interim)/ Remainder of site development/ Waterlow)	Capital projects (priority order) - K block priority for business case to SHA Business case for women and children Work required for SOC for site development
MEDICAL DIRECTOR	1. Using consultant information to improve services 2. Developing external liaisons 3. Leadership development for consultants (with HR and Ops) 4. Take forward the R&D agenda	Need to consider role within infection control Linkages within leadership and strategy Priority working on external liaisons
OPERATIONS	1. LOS (modernisation) both unplanned and planned work streams 2. Financial strategy on savings, income and longer term partnership working 3. People - getting the right people into the interim structure and supporting their development 4. Bringing in new work to ensure strong utilisation of the DTC as well as financial contribution from 2007/8 (Dir of Strategy to lead on this in med term)	Also need to focus on management of move into new build and maintenance of clinical services LOS acknowledged as the key modernisation project Work on PBr and allocation of HRG items requires wide clinical engagement but is key to understanding costs
HR & CORPORATE AFFAIRS	1. Workforce productivity e.g. reducing agency costs and the sickness project 2. Process improvement within recruitment 3. Workforce planning, a medical workforce plan and planning for seasonal fluctuations 4. Supporting organisational change e.g. redundancy programmes 5. Leadership development programme, taking this forward 6. Governance and FT development including developing effective Trust wide communications and marketing activities 7. Developing Education and Training 8. Driving forward fundraising and in particular the Building for Babies appeal	Workforce planning seen as essential for developing a flexible workforce Recruitment process improvements seen as key priority
IM&T	1. Connecting for health e.g. C&B, theatre modernisation, pathology and pharmacy 2. Management information and development of the intelligent board 3. Information support to ops in service improvement projects 4. Develop the IM&T infrastructure e.g. PFI network and Trust upgrades 5. Making best use of the information investment e.g. online forms and the intra/extra/internet developments	

6.0 Risk Management of 2006/07 Objectives

6.1 Overview

6.1.1 Using the template developed by the Business Planning Team, each of the objectives described in Appendix 2 have been risk assessed using the Trust's standard scoring methodology. Any risk with a score of 10 or over has been summarised below, with its associated mitigation strategy.

6.2 Reporting

6.2.1 Formal reviews of the key business risks will be undertaken in year by the Trust's Assurance Committee on behalf of the Trust Board.

Table 6.1: Summary of Key Risks

Objective	Risk Owner	Score (prob x impt)	Mitigating actions
Review and modernise the current Risk Management Team and function, to ensure effective practice and efficient use of resources.	Deborah Wheeler	12	Monthly reporting of high risk incidents & tracking of investigations. Quarterly RM reports to Clinical Risk Committee & H&S Committee. Overview reports to CGSC & Assurance Committee
To ensure compliance with the Healthcare Commission developmental standards, and implement the action plan following the 2005/6 declaration on the core standards.	Deborah Wheeler	12	Trust Lead identified for Core Standards; Clear action plan for developmental standards; Report to Clinical Governance Steering Committee & Assurance Committee
To respond fully to 80% of all formal complaints to the Trust with in 20 working days	Deborah Wheeler	12	Weekly status report. Fortnightly review of performance at Executive Team. Quarterly monitoring report to Hospital Management Board and Clinical Governance Steering Group.
To improve the support and services for bereaved families	Deborah Wheeler	12	Monitoring of complaints. Monitoring attendance at training sessions
The prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks of health and safety of staff, patients, the public and the safety of the environment.	Phil Ient	15	Robust management, good quality SOPs and training plans. Senior support from management. Investment in waste containment and management systems.
Maintain a safe and secure environment which protects patients, staff visitors and their property and the physical assets of the organisation	Phil Ient	12	Increasing use of advice and support form the NHS CFSMS
Reduce directorate costs as detailed in the CIP	All Directors	12	Weekly monitoring of pay and non-pay flash reports. Appointment of Internal Turnaround lead Director to performance manage.
Significantly reduce use of agency across the Trust	Margaret Boltwood	20	Develop project plan, identifying core objectives, activities, deliverables and identification of resources
Prepare for Electronic Staff Record implementation	Margaret Boltwood	10	Devise and agree project plan for ET sign off, including identification of resources
Develop leadership development programme for delivery	Margaret Boltwood	12	Funding to be identified and agreed by HMB Senior managers to be involved in development of programme External agency to be utilised for delivery
Continue to implement Hospital at Night project and plan to achieve 2009 EWTD for junior doctors	Margaret Boltwood	12	Retain current skills and endeavour to build up further skills in Trust Quantify need to continue role after 31/12/06 and if funding required
Develop a 5-year financial strategy that delivers sustained	Susan Sorensen	12	New management structure in place. Appointment of Director of primary Care and

Objective	Risk Owner	Score (prob x impt)	Mitigating actions
financial balance and generates surplus			establishment of dedicated planning function under Board level direction. Continuation of FT Project Board under chairmanship of TB Vice-Chairman.
To develop the Payroll Shared Service provided by the Whittington to generate increased net income for the Trust	Susan Sorensen	12	Robust business plan under development. Establishment of Shared Service Board is facilitating stronger provider/client relationship and firmer SLA.