



# Business Plan

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2006 - 2007



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Activity Plan 2006/07  
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Financial Plan 2006/07  
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## **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. 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), 3 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.

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 by performance, and ensuring that the Trust's risk profile is effectively managed.

- 1.2.2 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: the Strategic Health Authority, 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.

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 Taken together with the national priorities and standards, our vision and the key tools for achieving it are summarised in figure 1 below, The Business Plan Framework.

### 2.3 The Business Plan Framework

- 2.3.1. The Business Plan Framework used in this document has been developed to capture the prime foci of the NHS at large and the Trust's corporate objectives under a set of common groupings. Across the NHS, national targets have been streamlined under four major areas (as set out in '*National Standards, Local Action*');

- Improving the health and well being of the population (Public Health)
- Improving the Patient/User Experience
- Improving the management of Long Term Conditions
- Improving Access to Services

2.3.2 Similarly, the Trust's corporate objectives have been grouped under four key themes which underpin our capacity to deliver quality services to the local community. These are:

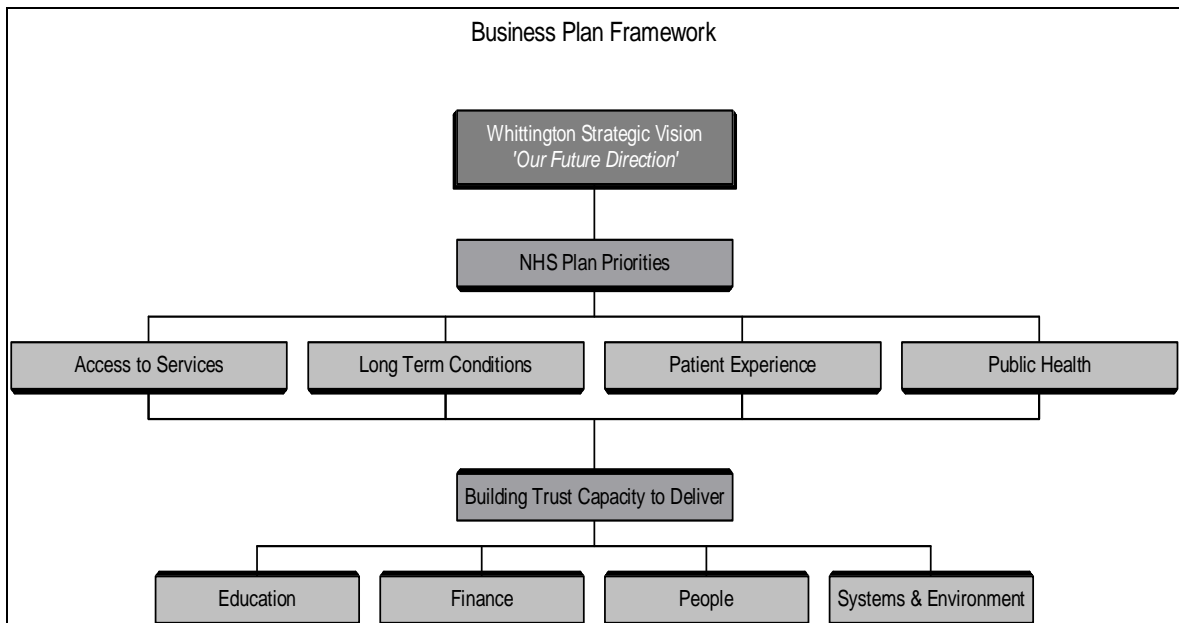
Finance: achieving long term financial balance through exploiting income generating opportunities and successful marketing of key services, combined with efficiency and productivity gains;

Education: continuing to provide a first class education and training base for undergraduate and postgraduate students in all disciplines, ensuring our patients receive up to date, evidence based care;

People: establishing a workforce of the right numbers and skill mix who are motivated, professional, and continually seeking to improve themselves and the services we provide to our patients;

Systems & Environment: ensuring that we are utilising effective processes in the delivery of our services, and making the best use of our assets through targeted investment and maintenance.

**Figure 1: Whittington Business Plan Framework**



## 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 As previously stated at section 2.3.1, fewer national targets are now grouped under four key 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, which have informed some of the Trust's strategic objectives for the year ahead, and 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;



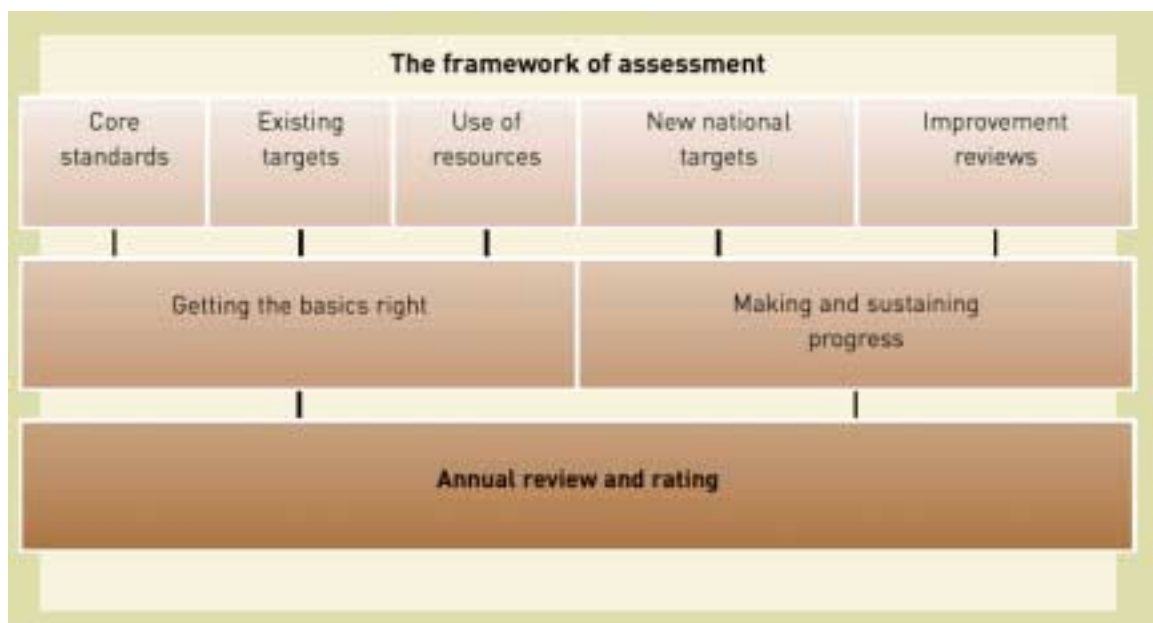
- Improved understanding by NHS organisations of patient requirements, through utilisation of new and existing methods to extract better and more regular information on areas of preference and satisfaction.

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 describe 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 not only are providers 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 Corporate 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 North Central London Strategic Health Authority, 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 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.

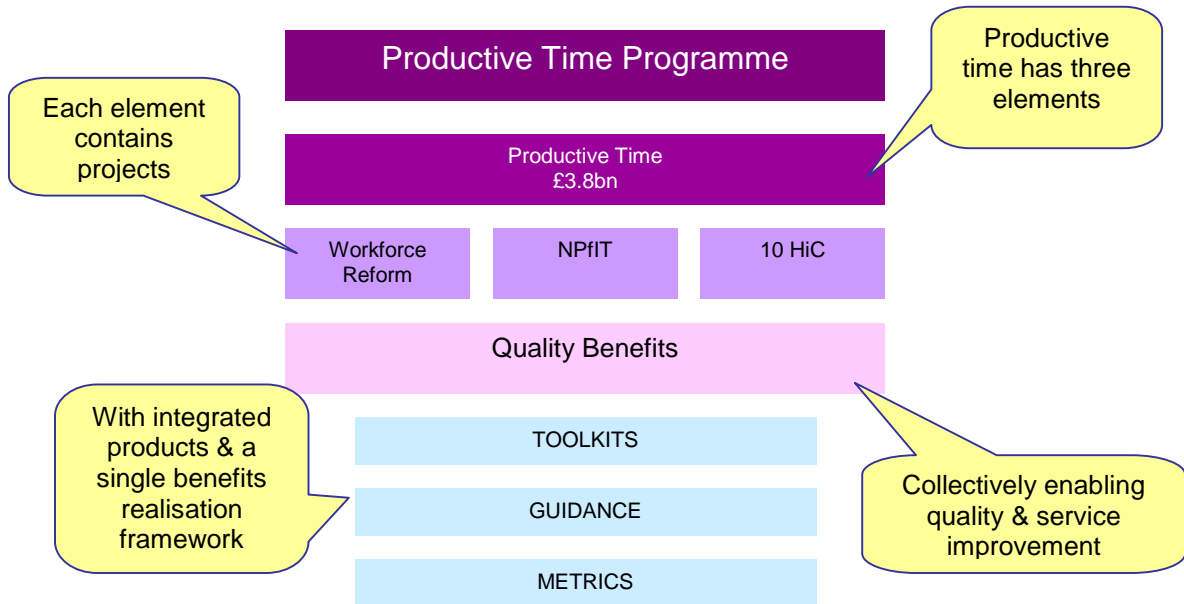
3.5.3 The NHS Efficiency Map and the Productive Time Programme

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 NHS Efficiency Map: £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 Trust's IPH programme strap line 'Better Care, Without Delay' effectively captured the key message of service development objectives. By implication, better care means improved outcomes - the right intervention at the right time along with the most optimum use of resources.

3.5.3.3 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 the 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 Working Time Programme has directly informed a set of 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 as an appendix to this Plan 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 section 5 below 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 in performance management.

## 3.7 Site Redevelopment

- 3.7.1 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.
- 3.7.2 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 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 SHA, 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.
- 3.7.3 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 SHA 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 private potential users, and the option of a shell and core refurbishment by the Trust is being evaluated.
- 3.7.4 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 SHA, with work anticipated to commence in the Autumn of 2006.

## **3.8 Financial Context**

- 3.8.1 The major financial to 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 the SHA.
- 3.8.2 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.

### **3.9 Service Agreements with PCTs**

- 3.9.1 As part of the overall income and expenditure plan, agreement has been reached in principle with each of the Trust's main PCTs (Islington and Haringey) on funding arrangements for the year ahead. Negotiations with other PCTs have now been concluded.
- 3.9.2 The basis of this year's Service Agreement proposals are the guidance for implementing PbR, with national tariff used for any relevant activity growth. Importantly, the Trust has secured cost and volume agreements for services for which activity targets are not explicit (direct access and ED attendances), providing increased stability for income projections during 06/07.
- 3.9.3 As we move towards full implementation of PbR it is anticipated that the new pricing regime will contribute towards the achievement of financial balance, with costs being fully recovered for activity undertaken.

### **3.10 Financial Plan 2006-07**

- 3.10.1 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 and overall opening gap of £6m. Subsequent developments, eg non-recurrent 2005/06 savings carried forward, PbR changes, pay awards and negotiation of SLAs and a London SHA requirement to achieve a 1% surplus increased the overall savings requirement to £9.9m. Against this target £5.6m is represented by identified and documented schemes, £2m is expected to be found non-recurrently and a residual balance of £2.3m is to be identified by end May 2006. This position takes account of the need to make the final repayment of £1.2m to clear the historic deficit. Details of the 2006/07 financial plan including the Cost Improvement Programme are set out in Appendices to the Business Plan.

### **3.11 Provider Sustainability Plan**

- 3.11.1 Early in 2005 the London Strategic Health Authorities placed a requirement on all non-Foundation NHS Trusts to produce a 3 Year Provider Sustainability Plan, outlining their strategic plans and objectives for the future, underpinned by a balanced financial plan and detailed impact analysis. The Whittington's PSP described an ambitious savings and cost improvement plan, linked to targeted areas for income generation. Driven by our strategic objectives, the Trust envisages increasing capacity in day treatment and critical care, while continuing to meet the year on year growth in emergency demand. Delivery of these clinical priorities will be supported by the completion of our PFI building, implementation of the service improvement objectives outlined later, and progressing with the work described in our summary of site redevelopment. However, the delay in implementation of full PbR which would have seen the Trust realise an additional £11m of income in 2005/06, means the target of recurrent financial balance can only be achieved in 2007/08. The Trust is currently working in partnership with the SHA and its Commissioners (through our Business Strategy Committee) to develop appropriate solutions aimed at achieving sustained income and expenditure balance.

### 3.12. Foundation Trust Application

3.12.1 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, which is a DoH sponsored programme run in conjunction with the Foundation Trust regulator Monitor, intended 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 will be submitted to the SHA based on the output from the Diagnostic process in the form of a Trust development plan, covered in section 5. The Trust will review the position in terms of resuming the application process in October 2006.

### 3.13 Workforce Development & Planning

3.13.1 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:

#### 3.13.1 (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.

#### 3.13.1 (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

#### 3.13.1 (iii) Implementation of Agenda for Change pay system

The new system places all staff (except doctors and directors) on national terms and conditions of service, and facilitates the modernisation of the way services are delivered. Initially, modernisation of careers at the Whittington will concentrate upon radiography and administrative support to medical staff. Other areas of major service modernisation, such as the way outpatient services are delivered, will utilise the benefits of the flexible careers offered by Agenda for Change. The aim will be to ensure that the Whittington is the patients' choice for care, and the staff's choice for career.

#### 3.13.1 (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.

#### 3.13.1 (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) will also now have a Knowledge & Skills Framework outline agreed, to enable their performance to be assessed at agreed intervals.

#### 3.13.1(vi) Equality and diversity.

The Whittington will continue 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. This section concentrates on the key achievements against plan, and is grouped under the following headings:

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

4.1.2 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

4.1.3 The following pages provide an outline summary of our key achievements against plans set in 2005/06, stating whether the objective has been completed, is in progress or was not achieved. Where objectives have not been achieved, a summary of the reasons why has also been provided.



## 4.2 Achievement against Objectives: 2005/06

### 4.2.1 Access to Services

Ensuring the Trust responds to patient needs in a timely and appropriate manner, by meeting national and local targets for access to key services.

Objective	Lead Director	Status in March 2006
Become a centre of excellence for day surgery	Tara Donnelly	↔ Ongoing. Day case rate has been increased by 10%
Theatre Review - Focus on Elective Admission to improve resource utilisation	Tara Donnelly	✓ Achieved
Changing Outpatients - Reduce Queues	Tara Donnelly	↔ Ongoing. Part of the 3 year Changing Outpatients Project
Changing Outpatients - Reduce Follow-ups	Tara Donnelly	↔ Ongoing. Partially achieved; need to achieve more consistency
Changing Outpatients - Improve Patient Flow	Tara Donnelly	↔ Ongoing. Part of the 3 year Changing Outpatients Project.
Rapid Diagnostics: increase throughput through service redesign	Tara Donnelly	✓ Achieved. Rapid Diagnostics Project continues
Making best use of beds: reduce bed occupancy levels and LoS	Tara Donnelly	↔ Ongoing. Part of the 3 year Making Best use of beds Project: 98% ED target met in Quarter 1, 2, and 3. Overall length of stay reduced from 8.7days to 6.2 days.
Meet NHS Improvement Plan Access Targets	Tara Donnelly	✓ Achieved
Roll out of Choose & Book Roll out IT systems to meet 100% target	Tara Donnelly	↔ Ongoing. 80% of all specialties are now available via CAB, target of 100% is 31/03/06

### 4.2.2 Education/Research

Work closely with our education partners to provide services which are evidence based.

Objective	Lead Director	Status in March 2006
Develop a robust programme of research and development	Deborah Wheeler	✓ Achieved. Annual report submitted to DH in 2005, rated moderate to strong. Clinical programmes being reviewed to widen their scope. Trusts research strategy in draft. Implications of "Best research for Best Health" under review.

### 4.2.3 Finance

Ensuring the Trust is able to meet its financial duties through operational efficiency and securing appropriate levels of income.

Objective	Lead Director	Status in March 2006
Maximise Income generation by ensuring all activity is captured	Tara Donnelly	↔ Ongoing: Partially achieved
Maximise income generation via IS for diagnostics and elective work	Tara Donnelly, Susan Sorensen	↔ Ongoing: Partially achieved
Implement savings improvement programme for Directorate	Tara Donnelly	↔ Ongoing: Partially achieved
Reduce Operations Directorate costs by 2%	Tara Donnelly	↔ Ongoing: Partially achieved
Achieve targeted savings improvements Reduce cost and use of Bank and Agency staff	Margaret Boltwood	✓ Achieved. Trust has reduced its cost and use of bank and agency staff but work continues. Actions have included the Medical staff project, reviewing junior doctors rotas, putting LAP3 SLA in place, increasing availability of bank staff, tighter control mechanisms etc.
Reduce Human Resources & Corporate Affairs directorate costs by 2%	Margaret Boltwood	✓ Achieved. Additional savings have also been achieved in year as part of the Trust's reduction in overall headcount
Reduce Facilities directorate costs by 2%	Phil Ient	✓ Achieved
Maximise income generation: 1) Increase involvement in IS for diagnostics and elective activity 2) Set out recommendations on maximising PbR benefits	1) Tara Donnelly, Susan Sorensen 2) Susan Sorensen	1. X Not achieved - IS programme delayed. Work ongoing to maximise opportunities for collaboration with IS and other providers. 2. ↔ Ongoing. Major consultancy project to identify contributions by specialty/HRGs. Presentations and seminars: Board, Medical Committee, Whittington Forum
Facilitate Trust-wide savings improvement Provision of support in achieving 05/06 CRES	Susan Sorensen	✓ CRES target identified and distributed. Appointment of Green & Kassab to assist in identification and implementation. Monitoring of schemes. Initiation of headcount reduction. Monthly monitoring of performance.
Achieve financial efficiency improvements 1) Reduce Finance directorate costs by 2% 2) Prepare for Foundation Trust status 3) Provide management team with support in activity planning & capacity modelling	1) All Directors 2) Susan Sorensen 3) Susan Sorensen	1. ✓ Achieved 2. ↔ Ongoing "Operation Foundation" established as a finance dept project July 2005. Development work with Board in December 2005. Trust Diagnostic process. 3. ↔ Ongoing
Reduce IM&T directorate costs by 2%	Glenn Winteringham	✓ Achieved. All CIP targets achieved (4 posts and £45K part year affect)
Achieve savings improvements on Trust-wide systems 1) Reduce cost of business calls 2) Review private use of phones	Glenn Winteringham	1. X Not achieved. A number of proposals from suppliers are being evaluated 2. ↔ Ongoing. Call logger implemented but management process for signing off invoices needs reviewing in Facilities
Reduce Pharmacy service cost by 2%	John Farrell	✓ Achieved
Reduce Nursing & Clinical Development directorate costs by 2%	Deborah Wheeler	✓ Achieved. Headcount reduction undertaken (reduced by 4wte). Savings released in December 2005.

#### 4.2.4 Long term conditions

Contribute to the care management of patients with long term conditions.

Objective	Lead Director	Status in March 2006
Changing Outpatients - Focus on Long term care	Tara Donnelly	
Focus on Diabetes:	Glenn	1) ↔ Ongoing
1. Provide support for digital eye screening	Winteringham	2) ↔ Ongoing. IPCT originally employed an external consultant to lead on this work, who has subsequently been released. Whittington IM&T are now leading on the project, site visits and on-site demos have now been completed and a decision to purchase is imminent
2. Roll out of systems to GPs		
Improve information resources	Glenn	1 ↔ Ongoing
1. Identifying potential patient groups for data collection	Winteringham	2 ✓ Achieved. 2 x wte Info analysts have been recruited
2. Developing additional information sources		

#### 4.2.5 Patient / User experience

To deliver services which are patient centred, from an appropriate care environment.

Objective	Lead Director	Status in March 2006
Implementation of the Ventilator Care Bundle	Tara Donnelly	✓ Achieved
Deliver better hospital food	Phil lent	1) ✓ Achieved
1) Choice		2) ✓ Achieved
2) Meeting patient's nutritional, personal and clinical dietary requirements		
Establish Patient Entertainment system: Conclude negotiations and sign project contract	Phil lent	↔ Rolled forward to 06/07. Agreement negotiations suspended due to Ofcom investigation into call charges.
Extend near patient dispensing Roll out dispensing facilities to key locations	John Farrell	✓ Achieved. Appointment of ED technician to help in reducing 4hr waits and improved medicines management in ED
Implement the Essence of Care strategy Roll out standard operating procedures	Deborah Wheeler	✓ Achieved. Privacy & dignity policy launched in 2005. Privacy & dignity audit repeated, using patient reps, & showed improvement from previous audit. Essence of care Steering group continues to oversee workstreams. Essence of care included in Trust induction programme for clinical staff. Protected mealtimes continue to be enforced. Pressure ulcer audits showed reduction in incidence - new total bed management programme begins March 2006.
Implement PPI strategy Review PPI activity & utilise existing channels to engage with community	Deborah Wheeler	✓ Achieved. Strategy reviewed as part of FT diagnostic preparation. Good links with PPI Forum. Need to build on links with other community groups in 2006/7
Implement services change in response to patient feedback:	Deborah Wheeler	✓ Achieved. Quarterly complaints report monitors service changes. Reduction in dissatisfied complaints from previous year. Feedback from patient surveys reviewed at Patient Experience Review Group - action plans in place & are monitored for all surveys. ED survey showed improvement from previous one.
▪ New systems for recording patient feedback		
▪ Protocols for implementing service changes		
Improve disabled services: Obtain feedback from disabled patients and develop strategy	Deborah Wheeler	✓ Achieved. Previous work on views of disabled patients has been progressed further. Action plan in place to improve access. Alert stickers for patient notes now agreed, to denote nature of patient's disability. Hearing loops installed in OP clinics. Will be picked up through Disability Equality scheme in 2006/7

Objective	Lead Director	Status in March 2006
Produce Patient Care Priority Calendar, including monthly awareness campaign	Deborah Wheeler	✓ Achieved. Awareness sessions run each month, with articles in "the Link", posters on wards and information stands in Turning Point. 2006/7 calendar now under production
Review housekeepers project status	Phil lent, Deborah Wheeler	X Not Achieved. Status remains the same as at the end of 2004/5. Introduction of housekeepers to all wards is currently no further forward due to financial constraints

#### 4.2.6 People

Ensuring the Trust employs a workforce of sufficient numbers and skill mix to deliver high quality services across the organisation.

Objective	Lead Director	Status in March 2006
Assess opportunities for role redesign: 1) Women's & Children's health 2) Possible implementation of "Practitioner" roles 3) Review of administrative and secretarial support 4) Maximise benefits from IT systems	Tara Donnelly	
Review of medical workforce within Medical Division	Tara Donnelly	
Maximise benefits of new systems within HR	Margaret Boltwood	Hospital at night being implemented, with emphasis at present on cost efficiencies. Re-profiling the clinical establishment as part of service improvement projects. Plan being developed to identify achievement of benefits realisation for AfC
Develop and implement leadership & management development strategy	Margaret Boltwood	Management development has been re-mapped to KSF dimensions and reviewed as to organisational need. Programme has therefore been updated. Leadership strategy considered by TB in January 2006. Further work in hand to roll out to top managers undertaking 360 degree appraisal and plans being developed to deliver leadership strategy.
Improving working lives 1) Validation for Practice Plus status 2) Maintain compliance with EWTD 3) Revise and update Race Equality Scheme	Margaret Boltwood	1. ✓ Achieved. IWL practice plus achieved 2. ✓ Achieved. EWTD monitored quarterly and maintained, whilst working towards 2009 requirements 3. ✓ Achieved. Race equality Scheme ratified by TB
Complete Agenda for Change project 1) Complete job matching and evaluation for affected staff 2) Roll out KSF	Margaret Boltwood	1. ✓ Achieved. 1800 Jobs have been matched and evaluated and staff notified and paid 2. ✓ Achieved. KSF outlines are in place for all relevant staff
Maximise the benefits of IT systems within Facilities	Phil lent	✓ Achieved. Full roll out of EROS is complete and real-time reporting systems developed by the non-pay group. COMARK system for patient menu control and PEAT audits under development, likely to be implemented in the new financial year. PlanetFM system implementation to replace legacy Archibus system underway, likely to be completed in the new financial year.
Maximise the benefits of IT systems within Finance	Susan Sorensen	✓ Achieved. Implementation of new general ledger. Development work on interfacing staff bank and payroll, requisitioning and payments
Invest in our Finance workforce 1) Implement finance staff development strategy 2) expand the finance training programme for budget	Susan Sorensen	↔ Ongoing. Further progress towards gold accreditation in National Finance Staff Development Strategy Training programme for budget holders delayed because of workload pressures. In planning stage.

Objective holders	Lead Director	Status in March 2006
Changing workforce - embed role redesign across the Trust Maximise benefits of new systems implementation through NPfIT	All Directors	↔ Limited progress. No CfH systems have been implemented due to contractual issues between BT and CfH
Invest in our IM&T workforce <ul style="list-style-type: none"> <li>▪ Development of Medical Coding team</li> <li>▪ Development of Health Records team</li> <li>▪ Identification of training needs</li> <li>▪ Recruitment to vacancies</li> <li>▪ Train staff on enhanced OPCS 4</li> </ul>	Glenn Winteringham	✓ Achieved
Invest in our Pharmacy Services workforce <ol style="list-style-type: none"> <li>1) Recruit paediatric pharmacist</li> <li>2) Provide support for anticoagulation service</li> </ol>	John Farrell	<ol style="list-style-type: none"> <li>1. X Not achieved. Paediatric pharmacist post not recruited to due to business plan objective not being funded</li> <li>2. X Not achieved. Anticoagulation pharmacist support constrained due to loss of posts from headcount reduction</li> </ol>
Improve working lives Reduce pharmacist working hours to 37.5 per wk	John Farrell	↔ Ongoing, work in progress
Changing workforce - maximise the benefits of role redesign within Nursing & Clinical Development	All Directors	✓ Some role re-design undertaken. Clinical Audit facilitators are now clinical governance facilitators.
Changing workforce - review of medical establishment <ol style="list-style-type: none"> <li>1) Matron's Charter</li> <li>2) Review skill mix and establishment for nursing &amp; midwifery</li> <li>3) Produce nursing &amp; midwifery strategy 2005-2010</li> </ol>	Deborah Wheeler	<ol style="list-style-type: none"> <li>1. ✓ Achieved.</li> <li>2. ✓ Achieved. Skill mix and establishment reviewed for all wards and ED. Increase of 35 wte on establishment, mainly HCAs. Reduction in overall nursing expenditure, which is now running within budget.</li> <li>3. ↔ Nursing &amp; Midwifery strategy currently in draft form &amp; out to consultation, following away day with senior nurses &amp; midwives</li> </ol>
Training and Development <ol style="list-style-type: none"> <li>1) Review induction &amp; mandatory training arrangements for nursing staff</li> <li>2) Undertake training needs analysis for nursing, midwifery &amp; AHPs</li> </ol>	Deborah Wheeler	<ol style="list-style-type: none"> <li>1. ✓ Achieved. New induction programme in place from January 2006 for all staff. Mandatory training programme under review - uptake has increased against previous years.</li> <li>2. ✓ Achieved. Training needs analysis completed in Aug 2005 - used to inform commissions from Middlesex University - currently 80% uptake against commissioned places, with more due to start in March/April.</li> </ol>

#### 4.2.7 Public health

To contribute to the health and well being of our local population, in collaboration with other healthcare providers and commissioners.

Objective	Lead Director	Status in March 2006
Become the Hospital of Choice <ul style="list-style-type: none"> <li>▪ Lead the sector in Choose &amp; Book</li> <li>▪ Develop strategies to become hospital of choice</li> <li>▪ Increase GP contact</li> <li>▪ Develop marketing strategy for new Day Treatment Centre</li> </ul>	Tara Donnelly	✓ Achieved

#### 4.2.8 Systems and Environment

Ensuring that the Trust makes effective use of processes, support infrastructure and its physical assets in the delivery of services.

Objective	Lead Director	Status in March 2006
Explore application of IT systems in supporting DToC and other LoS strategies	Tara Donnelly	✓ Achieved. DToC reduced to 3% of bed stock.
Continue to realise the benefits of investment in IT systems within HR & Corporate Affairs	Margaret Boltwood	↔ Ongoing. Staff bank IT system has two formal projects running to achieve full benefits realisation of system The use and benefits of the NHS E-Recruitment tool has been maximised
Enhance internal and external communications	Margaret Boltwood	↔ Ongoing. Developed and rolled out the Dignity and Respect core values involving many in the Trust and patients. CEO's briefing continues, Link re-vamped, Chairman's coffee mornings. Communications & marketing strategy to TB March 2006
Plan for future investment in our assets 1) OBC for Women's & Children's services 2) SOC development	Phil Ient	1. ↔ Ongoing. OBC for Women's and Children's services 90% complete. However, change on strategic aims of the sector means that the document prepared under the HSHF agenda needs to be rewritten. This will be rolled in to 2006/7 2. ↔ Ongoing. The document 'Implementation of Service Strategy' was completed and a submission made to the SHA asking for support for the development of a SOC. The SOC supported the proposal but this was conditional on work starting on this in the new financial year.
Provide a safe, secure and clean healthcare environment	Phil Ient	✓ Achieved
Maintain standards of infection control 1) Medical devices decontamination 2) Clinical waste management	Phil Ient	1. X Not achieved 2. ✓ Achieved
Develop and implement revised procurement procedures	Phil Ient	✓ Achieved. Procurement procedures prepared and agreed by the TPC. Procedures are currently being harmonised into the Trust compendium of SFIs and SOs
Be operationally excellent in financial management 1) Complete PSP 2) Improve credit control in Private Patients and Overseas income 3) Review shared services arrangements 4) Payroll support for AfC	Susan Sorensen	1. ✓ Achieved. Final draft PSP to be submitted 31 March 2006. 2. ↔ Ongoing. Credit control now transferred to Chris Daniells, following resignation of Eric Read. New procedures embedded 3. ↔ Ongoing: Payroll shared service client group established. SLA under review. 4. ✓ Achieved. Payroll department delivered assimilation for Whittington and working with clients to complete process.
Redevelop and invest in our assets 1) Commission & occupy new building 2) Develop OBC for K block refurbishment	1) Susan Sorensen, Mike Lloyd, Phil Ient 2) Susan Sorensen	1. X Not achieved. Delay to practical completion of PFI new build. Now due Summer 2006/07 2. X Not achieved. K Block business case on hold due to PFI delay but to be restarted April 2006

Objective	Lead Director	Status in March 2006
Continue to realise the benefits of investment in IT systems within Finance: Develop new finance system	Susan Sorensen	✓ Achieved. New finance system live April 2005. Continuous development of report writer functions ongoing under supervision of working group. New projects established to integrate temp staff office and payroll, EROS and Accounts Pay
Complete customer satisfaction survey	Susan Sorensen	✓ Achieved
Continue to realise the benefits of investment in Trust-wide IT systems:	Glenn Winteringham	
1) Roll out SMS messaging		1. ✓ Achieved
2) Implement new Pathology system		2. X Not achieved. No CfH systems have been implemented due to contractual issues between BT and CfH
3) Ongoing development of information services for management reports (integration, automation, quality assurance)		3. ✓ Achieved
4) Improve data quality and capture for Medical Records		4. ✓ Achieved
5) Configuration of new intranet server and enhancements to internet (including extranet development)		5. ✓ Achieved
Be operationally excellent in information management	Glenn Winteringham	1. ✓ Achieved
1) Enforce data protection and FOIA		2. X Not achieved. Delays in the PFI project has meant access to install the new network has not been possible. The new network design and procurement of new equipment has been completed
2) Provision of network services to PFI building		
Produce health records strategy	Glenn Winteringham	1. X Not achieved
1) Access		2. X Not achieved
2) Filing systems & Storage		Options to improve health records services have been developed, but to a lack of available funds has led to no investment to improve access or storage
Modernising telecommunications services VoIP implementation	Glenn Winteringham	↔ Ongoing. A successful pilot is working in IM&T and Outpatient appointments. Significant additional funding will be required to roll it out Trust wide
Improve data quality Focus on Outpatients data capture	Glenn Winteringham	↔ Ongoing
Implement an Effective Risk Management Programme	Deborah Wheeler	↔ Ongoing - some progress made. Follow-up of incidents is now more robust. Monthly tracking report for investigation of all reported high risk incidents. Achievement of CNST level 2 general.
Monitor clinical effectiveness	Deborah Wheeler	✓ Achieved. Robust audit programme agreed at beginning of year – implementation is better in some specialties than others. Attendance at monthly audit half day ahs dropped & is under review. All NICE guidance reviewed by lead clinicians - reported to CGSC & Islington PCT

### 4.3 Additional Achievements 2005/06

Table 4.3.1 is a summary of the additional achievements made during 2005/06 that were not contained in the original business plan.

**Table 4.3.1: Additional Achievements made in year (2005/06)**

Service	Lead	Achievement/Objective	Mapped to
Surgery	Shaun Stacey	Introduction of a Same Day Pre-Assessment Service.	HiC: 1, 4; Trust CSF: 2, 5, 7; Healthcare Standards: C5, D2
Surgery	Shaun Stacey	Reconfiguration of Surgical Wards	Trust CSF: 5, 8; Healthcare standards: D2
Surgery	Shaun Stacey	Refurbishment of Theatre 1, 2, 3, & 4	Trust CSF: 8; Healthcare standards: C21, D12
Diagnostics & Therapies	Adam Smith	Introduction Of Voice Recognition Software in Imaging	Trust CSF: 5
Diagnostics & Therapies	Adam Smith	Electronic Reports to GP's	Trust CSF: 1, 6
Women and Children's Health	Anne Gibbs	Refurbishment of Betty Mansell Ward (formerly Pritchard)	Trust CSF: 8
Medicine	Fiona Elliot	Patient Tracking System	Trust CSF: 1, 5; Healthcare standards: C1
Chaplaincy	Daphne Williams/ David Curtis	Development of protocols for management of perinatal deaths.	Trust CSF: 1; Healthcare standards: C1, C13, C14, D8
Chaplaincy	Daphne Williams/ David Curtis	12 chaplaincy visitors trained. Further programmes planned for 2006/7, to provide every ward with a chaplaincy visitor	Trust CSF: 1, 4
Chaplaincy	Daphne Williams/ David Curtis	Department of Spiritual & pastoral care 'Open days' held in June 2005 to raise profile of the service. Significant interest from around the hospital	Trust CSF: 1
Education & development	Lisa Smith	National pilot site for Ongoing Quality Monitoring & Evaluation (OQME) of learning environments	Trust CSF: 4; Healthcare Standards: C11
Education & Development	Lisa Smith	Health Care Assistant competency programme developed and now running	Trust CSF: 4; Healthcare Standards: C11



## 5.0 Aims and Objectives for 2006/07

### 5.1 Overview

5.1.1 The process of developing a set of aims and 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 macro level corporate reviews. This section sets out the scope and range of the Trust's plans for 2006/07 from strategic to directorate level, which will continue to ensure the Trust provides high quality care for patients in the most efficient, effective and friendly way possible.

### 5.2 Foundation Trust Development Plans

5.2.1 The Trust completed the north central London Whole Health Diagnostic process in March 06, with the process output from this exercise, the end product, received in April 06. The Trust was then required to produce an action plan addressing the weaknesses identified in the end product by June 06. The aim of the Diagnostic process is for all NHS Trusts to have a clearly identified plan to place them in a position to be able to apply for Foundation Trust status by 2008. The Whittington'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, the SHA'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.

5.2.2 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.	19 July 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

### 5.3 Key Directorate Priorities: 2006/07

5.3.1 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 section 5.4. The content of table 5.2 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: Directorate Priorities - 2006/07**

DIRECTORATE	PRIORITIES	COMMENTS/NOTES
CHIEF EXECUTIVE	<ol style="list-style-type: none"> <li>1. Open PFI and maximise re-branding/ marketing opportunity</li> <li>2. Team management and team building</li> <li>3. The external placement of the Trust within the strategic environment and service reconfiguration with partners</li> <li>4. Achieve Financial Balance</li> </ol>	
NURSING & CLINICAL DEVELOPMENT	<ol style="list-style-type: none"> <li>1. Infection control and reducing hospital acquired infection</li> <li>2. Quality of care on wards and within outpatients, so reducing complaints</li> <li>3. Patient safety, developing a safe environment and reducing adverse incidents</li> <li>4. Revise and reinvigorate Trust PPI strategy.</li> </ol>	<p>Work required on these will be achieved and benchmarked</p> <p>Activity required on shared leadership e.g. on budgets, the nursing establishment and recruiting</p>
FINANCE	<ol style="list-style-type: none"> <li>1. Improve information management by revamping current financial reporting, developing modelling capacity and vigorous monitoring of the CIP</li> <li>2. Organisational development in preparation for FT status e.g. cash management and balance sheet reporting</li> <li>3. Corporate develop for FT status e.g. board training</li> </ol>	Development of commonality of reporting between finance, ops and HR. Finance to produce specification for new document.
FACILITIES	<ol style="list-style-type: none"> <li>1. Environment e.g. day to day ward delivery, short term strategic investment and PFI opening</li> <li>2. Non pay controls continued control (including procurement hub)</li> <li>3. Strategic development (K block/ women and children's (interim)/ Remainder of site development/ Waterlow)</li> </ol>	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	<ol style="list-style-type: none"> <li>1. Using consultant information to improve services</li> <li>2. Developing external liaisons</li> <li>3. Leadership development for consultants (with HR and Ops)</li> <li>4. Take forward the R&amp;D agenda</li> </ol>	Need to consider role within infection control Linkages within leadership and strategy Priority working on external liaisons
OPERATIONS	<ol style="list-style-type: none"> <li>1. LOS (modernisation) both unplanned and planned work streams</li> <li>2. Financial strategy on savings, income and longer term partnership working</li> <li>3. People – getting the right people into the interim structure and supporting developing them</li> <li>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)</li> </ol>	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	<ol style="list-style-type: none"> <li>1. Workforce productivity e.g. reducing agency costs and the sickness project</li> <li>2. Process improvement within recruitment</li> <li>3. Workforce planning, a medical workforce plan and planning for seasonal fluctuations</li> <li>4. Supporting organisational change e.g. redundancy programmes</li> <li>5. Leadership development programme, taking this forward</li> <li>6. Governance and FT development including developing effective Trust wide communications and marketing activities</li> <li>7. Developing Education and Training</li> <li>8. Driving forward fundraising and in particular the Building for Babies appeal</li> </ol>	<p>Workforce planning seen as essential for developing a flexible workforce</p> <p>Recruitment process improvements seen as key priority</p>
IM&T	<ol style="list-style-type: none"> <li>1. Connecting for health e.g. C&amp;B, theatre modernisation, pathology and pharmacy</li> <li>2. Management information and development of the intelligent board</li> <li>3. Information support to ops in service improvement projects</li> <li>4. Develop the IM&amp;T infrastructure e.g. PFI network and Trust upgrades</li> <li>5. Making best use of the information investment e.g. online forms and the intra/extra/internet developments</li> </ol>	

## **5.4 Detailed Directorate objectives for 2006/07**

5.4.1 Using the groupings described in the business plan framework at section 2.3.2, the Trust's detailed objectives for the year ahead are contained in this section, outlining not only our aims but how they will be achieved.

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

5.4.2 For each of the objectives listed, a lead Director and Manager are designated accountable for its delivery.

### 5.3.1 Access to Services

Ensuring the Trust responds to patient needs in a timely and appropriate manner by meeting national and local targets for access to key services.

Objective	Lead Director	Lead Manager/ Clinical Director	Linked action	Linked priorities
Progress to meeting the 18 week access and treatment standard by December 2008	Tara Donnelly	Div Managers, Clinical Directors	<ul style="list-style-type: none"> <li>Deliver efficiency productivity savings and be consistent with the Trust's marketing strategy</li> <li>put in place the systems, processes and the infrastructure necessary to achieve the target</li> </ul>	Healthcare Commission: C7 (f), C18, D2 (a), D2 (b), D2 (d), D5 (b); HiC: 8, 9; Trust CSF: 1, 2, 5
Meet or exceed all performance targets for 2006/07	Tara Donnelly	Div Managers, Clinical Directors	<ul style="list-style-type: none"> <li>Regular reporting to HMB</li> </ul>	Trust CSF 5
Make best use of beds	Tara Donnelly	Fiona Elliott	<ul style="list-style-type: none"> <li>Reduce average length of stay</li> <li>Ensure all patients have a discharge plan on admission</li> </ul>	Healthcare Commission: C6, C7 (d), C7 (f), C19, C22, C24, D11 (a) - (d); HiC: 2, 3, 4, 5, 6, 8, 9,10; Trust CSF: 2, 5, 9

### 5.3.2 Education/Research

Work closely with our education partners to provide services which are evidence based.

Objective	Lead Director	Lead Manager/ Clinical Director	Linked action	Linked priorities
To implement the Trust Research Strategy in line with Best Research for Best Health.	Deborah Wheeler	R&D Director, Lead Research Nurse	<ul style="list-style-type: none"> <li>Obtain more research grants of greater value.</li> <li>Minimise loss of income through changes to R&amp;D funding</li> </ul>	Healthcare Commission standard C1, C12, D2, D11. Trust CSF: 3

### 5.3.3 Finance

To achieve financial stability through operational efficiencies, maximising our opportunities for income generation and containing costs within available resources.

Objective	Lead Director	Lead Manager/ Clinical Director	Linked action	Linked priorities
Continue sickness absence management project	Margaret Boltwood	Jo Bronte	<ul style="list-style-type: none"> <li>Collation of Bradford scores for all Directorates</li> <li>Trust-wide rollout of absence recording system</li> </ul>	Performance assessment core standards Trust CSF(s): No 4 - Employing competent, motivated staff; No 5 - Being operationally excellent; No 9 - Being financially robust; HR 10 High Impact Changes
Significantly reduce use of agency across the Trust	Margaret Boltwood	Margaret Boltwood	<ul style="list-style-type: none"> <li>Rollout of electronic bookings for temporary staff</li> <li>Promotion of the temporary staffing facility</li> </ul>	Performance assessment core standards Trust CSF 9; HR 10 high impact changes; Link to recruitment and retention strategy review
Reduce directorate costs by [%age to be agreed]	All Directors	All Deputy Directors, Div Managers	<ul style="list-style-type: none"> <li>Implement departmental restructuring to maximise efficiency gains</li> </ul>	Trust CSF 5, 9
To develop the Payroll Shared Service	Susan	Paul Boylan	<ul style="list-style-type: none"> <li>Review team structure to ensure optimum use</li> </ul>	Trust CSF 4, 5, 9

Objective	Lead Director	Lead Manager/ Clinical Director	Linked action	Linked priorities
provided by the Whittington to generate increased net income for the Trust	Sorensen		<ul style="list-style-type: none"> <li>of resources</li> <li>Explore training and development opportunities to improve client satisfaction</li> </ul>	
Develop a 5-year financial strategy that delivers sustained financial balance and generates surplus	Susan Sorensen		<ul style="list-style-type: none"> <li>Complete annual business plan and related PSP</li> </ul>	Trust CSF 5, 9
Stay within budget and meet cost improvement plans	Tara Donnelly	Div Managers	<ul style="list-style-type: none"> <li>Benchmark savings against previous performance</li> <li>Identify resource and productivity gains</li> </ul>	Trust CSF 9

#### 5.3.4 Long Term Conditions

Working in partnership with other healthcare providers to manage patients with long term conditions in the most appropriate care setting.

Objective	Lead Director	Lead Manager/ Clinical Director	Linked action	Linked priorities
Reduce follow up attendance rate (specialty specific targets)	Tara Donnelly		<ul style="list-style-type: none"> <li>Establish protocols for managing cohorts of patients</li> </ul>	Trust CSF 7
Recruit patients to community matron LTC schemes	Tara Donnelly		<ul style="list-style-type: none"> <li>Identify suitable patients for referral</li> </ul>	Trust CSF 2, 7

#### 5.3.5 Patient Experience

Working with patients to improve their care experience.

Objective	Lead Director	Lead Manager/ Clinical Director	Linked action	Linked priorities
To act on the results of all patient feedback from surveys to improve the patient experience.	Deborah Wheeler	Pam Hanbury-Hirst	<ul style="list-style-type: none"> <li>Action plans for all patient surveys with measurable KPIs.</li> </ul>	Healthcare Commission C17, D8, D11. Trust CSF 1 PSA16a
To review the interpreting service to ensure that it meets the needs of the patients.	Deborah Wheeler	Pam Hanbury-Hirst	<ul style="list-style-type: none"> <li>Share service other hospitals and attract more interpreters as sessional workers. Develop a training programme for Whittington staff to enable the service to be more efficient.</li> </ul>	Healthcare Commission C13a, D8, D9, C18, D11 Trust CSF 1
Every ward to have regular visits from a generic Chaplaincy Visitor	Deborah Wheeler	David Curtis, Daphne Williams	<ul style="list-style-type: none"> <li>Draw up programme of visits in liaison with ward managers</li> </ul>	Healthcare Commission D5 Trust CSF 2, 4
To improve the support and services for bereaved families	Deborah Wheeler	Pam Hanbury-Hirst, Daphne Williams	<ul style="list-style-type: none"> <li>Identify training needs and deliver programme to relevant staff</li> <li>Assess potential for rotating bereavement support officers to provide 24/7 cover</li> </ul>	Healthcare Commission D2 b, C13 a, C18 Trust CSF 1
Ensure compliance with the Healthcare Commission developmental standards, (patient safety, clinical effectiveness, public health) and implement the action plan	Deborah Wheeler	Deborah Clatworthy	<ul style="list-style-type: none"> <li>Compliance against remaining core standards</li> <li>Evidence of progressing with meeting developmental standards</li> <li>Improved rating for 2006/7</li> </ul>	Healthcare Commission C4 (a), C21, D1, D2, D12 (b), D13 Trust CSF 2 & 8 PSA 20 (a)

Objective	Lead Director	Lead Manager/ Clinical Director	Linked action	Linked priorities
following the 2005/6 declaration on the core standards				
a) Provide patients with a choice of food that it is prepared safely and provides a balanced diet; and b) Patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.	Phil Ient	Cecil Douglas	<ul style="list-style-type: none"> <li>Work closely with dieticians to produce menus in line with good practice</li> <li>Continue food tasting ward rounds to monitor quality</li> </ul>	C15; where food is provided health care organisations have effective systems in place; Trust CSF 1, 2
Conclude negotiations and sign Patientline contract	Phil Ient	John Baglivi	<ul style="list-style-type: none"> <li>Liase with legal team to close project</li> </ul>	Trust CSF 1
Provide a pharmacy chemotherapy reconstitution service to support cancer services	John Farrell	John Farrell	<ul style="list-style-type: none"> <li>Explore role redesign to achieve value for money</li> </ul>	MHRA standards
Provide increased support for paediatric pharmacy	John Farrell	John Farrell	<ul style="list-style-type: none"> <li>Options appraisal of solutions to improve the service</li> <li>Explore joint funding opportunities</li> </ul>	NSF for Children & Young People standards 7 and 10; Provision of an integrated oncology service as recommended in NICE guidelines for cancer services "Improving Outcomes in Children & Young People with Cancer"
Develop the maternity & neonatal facilities	Tara Donnelly	Anne Gibbs	<ul style="list-style-type: none"> <li>Opening of new NICU cots</li> </ul>	Trust CSF 8

### 5.3.6 People

Ensuring the Trust is employing a workforce of the right number and skill mix to deliver high quality services.

Objective	Lead Director	Lead Manager/ Clinical Director	Linked actions	Linked priorities
To further develop the Voluntary Services function to efficiently meet the needs of the hospital	Deborah Wheeler	Noreen Cecco	<ul style="list-style-type: none"> <li>Produce clear guidelines for volunteers</li> <li>Increase the number of volunteers working in new roles</li> <li>Comply with best practise as outlined by DH</li> </ul>	Healthcare Commission C10a, D7 Trust CSF 1, 4, 6
Undertake training needs analysis for nursing, midwifery, and AHP staff and commission programmes of education accordingly.	Deborah Wheeler	Lisa Smith	<ul style="list-style-type: none"> <li>All commission requests approved</li> <li>Maximum benefit to trust from available education funding &amp; commissions</li> <li>Complete 07/08 TNA by December 06.</li> </ul>	Healthcare Commission standard C11 Trust Strategic objective 3, 4 NHS Value - Equal Access
Review and modernise the current Risk Management Team and function, to ensure effective practice and efficient use of resources.	Deborah Wheeler	Deborah Clatworthy	<ul style="list-style-type: none"> <li>Implement electronic reporting system</li> <li>Produce monthly report on moderate and high-risk incidents to Directorates.</li> <li>Increase patient involvement following high risk incidents</li> <li>Continuous monitoring of clinical incidents and action plans</li> <li>Institute rolling teaching programme.</li> </ul>	Healthcare Commission C1 (a/b), C7 (a/c), C8 (a), C20, D1, D4 (b) Trust Strategy CSF 2 and 5.

Objective	Lead Director	Lead Manager/ Clinical Director	Linked actions	Linked priorities
Review mandatory training for all nursing staff and implement changes according to need. To achieve at least 95% attendance.	Deborah Wheeler	Lisa Smith, Cathy Abrey	<ul style="list-style-type: none"> <li>Implementation of revised Mandatory training programme.</li> <li>Achievement of CNST level 3 Maternity services</li> </ul>	Healthcare Commission standard C11 Trust strategic objective 1, 3, 4 NHS Core Value - Equal Access
Develop an e-learning strategy for the Trust	Deborah Wheeler	Lisa Smith, Cathy Abrey, Glenn Winteringham	<ul style="list-style-type: none"> <li>Assess current opportunities for e-learning</li> </ul>	Healthcare Commission Standards C11,D6 Trust Strategic Objectives 2, 3, 4
Revise recruitment & retention strategy incorporating Improving Working Lives Practice Plus accreditation	Margaret Boltwood	Neil Edgar	<ul style="list-style-type: none"> <li>Update related policies</li> </ul>	National standards; Performance assessment core standards; Trust CSF(s): No 4 - Employing competent, motivated staff
Develop a healthy workforce programme	Margaret Boltwood	Jo Bronte	<ul style="list-style-type: none"> <li>Assessment of current IWL provisions</li> </ul>	Performance assessment core standards; Trust CSF(s): No 4 - Employing competent, motivated staff
Increase availability of in-house temporary staff to meet the Trust's business needs	Margaret Boltwood	Rebecca Mckenzie-Young, Morna Carroll	<ul style="list-style-type: none"> <li>Increase visibility of in-house temporary staffing unit and market benefits</li> </ul>	Performance assessment core standards; Trust CSF(s): No 4 - Employing competent, motivated staff; No 9 - Being financially robust; HR 10 high impact changes; Link to recruitment and retention strategy review
Complete implementation of AfC including reviews & develop and implement up to date action plan for benefits realisation for AfC	Margaret Boltwood	Ruth Pattison	<ul style="list-style-type: none"> <li>Complete assimilation of all affected staff</li> </ul>	Trust CSF(s): No 4 - Employing competent, motivated staff; Workforce delivery strategy; Supporting strategy: Agenda for Change HR 10 high impact change No 10 - Redesign & Extend roles
Develop leadership development programme for delivery	Margaret Boltwood	Cathy Abrey	<ul style="list-style-type: none"> <li>Review existing development programme to ensure content is targeted and complementary</li> </ul>	National standards Performance assessment core standards Trust critical success factors: No 4 - Employing competent, motivated staff Workforce delivery strategy
Continue to implement Hospital at Night project, and plan to achieve 2009 EWTD for junior doctors	Margaret Boltwood	Jean Jeffery	<ul style="list-style-type: none"> <li>Identify suitable location for Hospital @ Night facilities (quiet room) Deliver training to relevant staff on new systems</li> <li>Develop programme for implementing EWTD standards</li> </ul>	National standards; Performance assessment core standards; Trust critical success factors: No 4 - Employing competent, motivated staff; Workforce delivery strategy
Complete the introduction of the Comark system for catering Complete the introduction of the Comark system for housekeeping Complete the implementation of the PlanetFM system for estates	Phil lent	Allan Perry	<ul style="list-style-type: none"> <li>Deliver training to relevant staff on new systems</li> <li>Update job descriptions in line with good practice</li> </ul>	HiC10; redesign and extend roles Trust CSF 4; employing competent motivated staff
Restructure finance directorate reflecting integration of financial management with cash management to support Foundation Trust financial regime	Susan Sorensen	Trish Donovan	<ul style="list-style-type: none"> <li>Ensure integration with HR strategy and business needs</li> </ul>	
Continue to implement the finance staff	Susan	Christine Daniells	<ul style="list-style-type: none"> <li>Update training and development policies</li> </ul>	Trust CSF 4



Objective	Lead Director	Lead Manager/ Clinical Director	Linked actions	Linked priorities
development strategy to achieve gold standard by March 2007	Sorensen			
Complete the change management process for secretaries, booking staff and related processes	Tara Donnelly	Adam Smith, Mark Avery	<ul style="list-style-type: none"> <li>Identify interim location for central booking function</li> </ul>	HiC10; redesign and extend roles Trust CSF 4
Recruit to clinical coder vacancies by May 2006	Glenn Winteringham	Susan Consterdine	<ul style="list-style-type: none"> <li>Develop posts in line with AfC</li> </ul>	Healthcare Commission: C7 (d), C9, D6, D7, Trust CSF 1, 4, 5, 9
Recruit to Clinical Data Assistant by July 2006	Glenn Winteringham	David Emmerson	<ul style="list-style-type: none"> <li>Develop posts in line with AfC</li> </ul>	Healthcare Commission: C7 (d), C9, D6, D7; Trust CSF 1, 4, 5, 9
Recruit to health records vacancies	Glenn Winteringham	Pauline Balafas	<ul style="list-style-type: none"> <li>Develop posts in line with AfC</li> </ul>	Healthcare Commission: C7 (d), C9, D6, D7; Trust CSF 1, 4, 5, 9
Undertake succession planning	Glenn Winteringham		<ul style="list-style-type: none"> <li>Review and restructure of resources</li> </ul>	Healthcare Commission: C9, D6, D7; Trust CSF 1, 4, 5
Review IM&T Training services and implement improvements	Glenn Winteringham		<ul style="list-style-type: none"> <li>Monitor take-up of IM&amp;T training services</li> <li>Identify specific training needs</li> </ul>	Healthcare Commission: C9, D6, D7; Trust 1, 4, 5, 10

### 5.3.7 Public health

Working in partnership with commissioners and other healthcare providers to improve the health and well being of our local population.

Objective	Lead Director	Lead Manager/ Clinical Director	Linked actions	Linked priorities
Meet standards on MRSA rates	Tara Donnelly, Deborah Wheeler	Div Managers, Clinical Directors, Matrons	<ul style="list-style-type: none"> <li>Monitor incident reports</li> </ul>	Healthcare Commission C4, D13

### 5.3.8 Systems and Environment

Ensuring that the Trust has in place the right processes, procedures and environmental conditions to deliver high quality services.

Objective	Lead Director	Lead Manager/ Clinical Director	Linked actions	Linked priorities
To ensure that the Trust responds to and complies with relevant NICE guidance	Deborah Wheeler	Deborah Clatworthy	<ul style="list-style-type: none"> <li>Produce action plans for implementation (if relevant) from lead clinicians.</li> </ul>	Healthcare Commission C3, C5, D1, D2, D11(a),
Upgrade Multi-Faith Room by installing ventilation and new washing facilities	Deborah Wheeler	David Curtis	<ul style="list-style-type: none"> <li>Liase with Estates Dept to identify priority on capital programme</li> </ul>	Healthcare Commission C7(e) CSF8 Suitable environment Race Equality Scheme
To participate in the relevant Healthcare Commission Improvement Reviews: Children's hospital services Heart failure Safety-hospital acquired infection/MRSA	Deborah Wheeler	Deborah Clatworthy	<ul style="list-style-type: none"> <li>Complete final two reviews</li> <li>Put action plans in place in response to findings</li> </ul>	Healthcare Commission C2, C4(a), C21, C23, D5, D10, D13.  Trust Strategy CSF 2, 8, & 6

Objective	Lead Director	Lead Manager/ Clinical Director	Linked actions	Linked priorities
To undertake clinical benchmarking using the Dr Foster Real Time Management (RTM) software system.	Deborah Wheeler	Deborah Clatworthy	<ul style="list-style-type: none"> <li>Identified users able to access and use comparative data to benchmark.</li> <li>National Comparative studies and local evaluation.</li> </ul>	Healthcare Commission C5, D4(b), D6 Trust Strategy CSF 2
To respond fully to 80% of all formal complaints to the Trust with in 20 working days.	Deborah Wheeler	Pam Hanbury-Hirst	<ul style="list-style-type: none"> <li>Audit turnaround times and identify bottlenecks to ensure target response time is met</li> </ul>	Trust strategy 1, Healthcare Commission C14, D 8
Implementation of the National Chaplaincy Minimum Data Set	Deborah Wheeler	Daphne Williams	<ul style="list-style-type: none"> <li>Develop monitoring and review mechanisms</li> <li>Provide training on new system</li> </ul>	Healthcare Commission C9 Trust Strategy CSF5, CSF9
Revise HR strategy in line with need for FT status and changing environment	Margaret Boltwood	Margaret Boltwood	<ul style="list-style-type: none"> <li>Ensure integration with contents of PSP</li> </ul>	National standards; Performance assessment core standards; Trust CSF(s): No 4: Employing competent, motivated staff; Workforce delivery strategy
Prepare for Electronic Staff Record implementation	Margaret Boltwood	Paul Campbell	<ul style="list-style-type: none"> <li>Review current systems for managing staff data and identify gaps</li> </ul>	Trust CSF(s): No 5 - Being operationally excellent; workforce delivery strategy; HR 10 high impact changes
Develop Disability Discrimination Scheme & ensure Trust is compliant with Age discrimination legislation	Margaret Boltwood	Neil Edgar	<ul style="list-style-type: none"> <li>Ensure integration with workforce development strategy</li> </ul>	Workforce delivery strategy
Ensure Assurance arrangements are fit for purpose to meet SIC requirements and review governance arrangements required for FT	Margaret Boltwood	Margaret Boltwood, Jon Green	<ul style="list-style-type: none"> <li>Review and update policies</li> <li>Put in place new guidance/strategies</li> </ul>	Performance assessment core standards Trust CSF 5
Enhance external marketing and internal communications	Margaret Boltwood	Deborah Goodhart	<ul style="list-style-type: none"> <li>Awareness campaign for new building</li> <li>Launch of Building for Babies appeal</li> </ul>	National standards; Performance assessment core standards; Trust CSF 6; Workforce delivery strategy
Maintain high standards of hygiene	Phil lent	Steven Packer	<ul style="list-style-type: none"> <li>Continue regular ward rounds and inspections</li> <li>Recruit additional staff to meet needs of opening the new building</li> </ul>	C4; Healthcare organisations keep patients, staff and visitors safe by having effective systems; Trust CSF 8
All reusable medical devices are properly decontaminated prior to use and that associated risks associated with decontamination facilities and processes are well managed.	Phil lent	David Bowles	<ul style="list-style-type: none"> <li>Review decontamination policies and processes to ensure they remain current and cognizant of latest guidelines and regulations</li> </ul>	C4; Healthcare organisations keep patients, staff and visitors safe by having effective systems; Trust CSF 8;
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 lent	Steven Packer	<ul style="list-style-type: none"> <li>Revise policies for the transportation of waste within and between the new building and existing blocks.</li> </ul>	C4; Healthcare organisations keep patients, staff and visitors safe by having effective systems: Trust CSF 8
Maintain a safe and secure environment which protects patients, staff visitors and their property and the physical assets of the organisation.	Phil lent	Steven Primrose	<ul style="list-style-type: none"> <li>Update security policies to incorporate PFI building</li> </ul>	C20 Healthcare services are provided in environments which promote effective care and optimise health outcomes by being

Objective	Lead Director	Lead Manager/ Clinical Director	Linked actions	Linked priorities
Implement housekeepers across all trust wards that require them	Phil lent	Steven Packer	<ul style="list-style-type: none"> <li>Assess funding requirements to generate posts from efficiency gains</li> </ul>	Trust CSF 1
Implement strategic investment plans	Phil lent	Philip lent	<ul style="list-style-type: none"> <li>Rollout of capital programme initiatives</li> </ul>	Trust CSF 8
Complete implementation of EROS Complete implementation of materials management Ensure that strategic procurement plans are robust, achievable and delivered	Phil lent	John Baglivi	<ul style="list-style-type: none"> <li>Ensure all relevant staff are trained on the new systems</li> <li>Audit performance of procurement procedures and make improvements</li> </ul>	Trust CSF 5, 9
Develop an integrated financial reporting system to support decision-making for financial recovery and application for Foundation Trust status.	Susan Sorensen	Trish Donovan	<ul style="list-style-type: none"> <li>Establish key indicators with information management/HR</li> </ul>	Trust CSF(s): No 5 - Being operationally excellent
Establish a robust modelling system to support SLA negotiation and monitoring, the development of the Integrated Business Plan and LTFM	Susan Sorensen	Christine Daniells	<ul style="list-style-type: none"> <li>Recruit resource and install supporting software</li> </ul>	Trust CSF(s): No 5 - Being operationally excellent; Trust CSF9; being financially robust
Transfer clinical services to PFI building	Tara Donnelly	Div Managers, Clinical Directors	<ul style="list-style-type: none"> <li>Complete move strategy for clinical teams, ensuring new operational policies are appropriate and in place</li> </ul>	Trust CSF 8; Provide a suitable environment for care
100% clinical coding complete within 3 weeks from period end	Glenn Winteringham	Susan Consterdine	<ul style="list-style-type: none"> <li>Increase resources in line with recruitment strategy</li> </ul>	Healthcare Commission: C9, C11, C13 (a) - (c), D5, D6; Trust CSF: 1, 4, 5, 9
98% availability of health record case notes	Glenn Winteringham	Pauline Balafas	<ul style="list-style-type: none"> <li>Monitor performance of response time to access requests</li> </ul>	Healthcare Commission: C9, C11, C13 (a) - (c), D5, D6; Trust CSF: 1, 2, 4, 5
Key information reports delivered to schedule: <ul style="list-style-type: none"> <li>- SLA reports</li> <li>- Board reports</li> <li>- STEIS/UNIFY</li> </ul>	Glenn Winteringham	Mathew Towers	<ul style="list-style-type: none"> <li>Improve turn around times for publishing to intranet</li> </ul>	Healthcare Commission: C9, C11, C13 (a) - (c), D5, D6; Trust CSF: 1, 4, 5, 9
Development of new and integrated business information reports	Glenn Winteringham	David Emmerson	<ul style="list-style-type: none"> <li>Strategic review of information services and priorities</li> </ul>	Healthcare Commission: D5, D6; Trust CSF: 1, 4, 5, 9
Implement a system of Information Quality Assurance by March 2007	Glenn Winteringham	David Emmerson, Steven Martin	<ul style="list-style-type: none"> <li>Set up External Validation system</li> </ul>	Healthcare Commission: C9, C11, C13 (a) - (c), C20, D6; Trust CSF: 1, 4, 5, 9
Produce Health Records Strategy by December 2007	Glenn Winteringham	David Emmerson	<ul style="list-style-type: none"> <li>Review key issues (storage, security, systems) and produce option appraisal</li> <li>Produce audit report of all Health Records locations and make recommendations</li> </ul>	Healthcare Commission: C9, C20, D6; Trust CSF: 1, 2, 4, 5
Information services and analysis to support Operations Service Improvement Projects	Glenn Winteringham	David Emmerson	<ul style="list-style-type: none"> <li>Develop new reports to support internal monitoring and reporting of productivity gains</li> </ul>	Healthcare Commission: C7 (f), D6; Trust CSF: 1, 2, 4, 5, 9
Implement a new Theatres system	Glenn Winteringham	Steve Illingworth	<ul style="list-style-type: none"> <li>Plan, develop and test links to new system</li> </ul>	Healthcare Commission: C9, C11, C13 (a) - (c), C20, D6; Trust CSF 1, 2, 5
Implement a new Pathology system	Glenn Winteringham	Andi King, Brett Cox	<ul style="list-style-type: none"> <li>Roll out and complete network upgrade/changeover</li> </ul>	Healthcare Commission: C9, C11, C13 (a) - (c), C20, D6; Trust CSF 1, 2, 5

Objective	Lead Director	Lead Manager/ Clinical Director	Linked actions	Linked priorities
			<ul style="list-style-type: none"> <li>Test interface between PAS and Pathology</li> </ul>	
Improve existing legacy systems: PAS EDIS Patient Tracking	Glenn Winteringham	Steve Illingworth, Cathy Parker	<ul style="list-style-type: none"> <li>Conclude planning for systems interfacing</li> <li>Install and test software</li> <li>Implement electronic discharge letters to GPs</li> </ul>	Healthcare Commission: C9, C11, C13 (a) - (c), C20, D6; Trust CSF 5
Improve security & robustness of data infrastructure:	Glenn Winteringham	Fola Bayode	<ul style="list-style-type: none"> <li>Review safeguards and update board on security applied</li> </ul>	Healthcare Commission: C13 (a) – (c), C20 D6; Trust CSF 5, 8
IM&T/data infrastructure in the new PFI building	Glenn Winteringham	Steve Illingworth	<ul style="list-style-type: none"> <li>Complete requirements specification and equipment order</li> <li>Complete changeover plan and implement seamless move</li> </ul>	Healthcare Commission: C13 (a) – (c), C20 D6; Trust CSF 5, 8
Increase proportion of first line calls to IM&T helpdesk resolved	Glenn Winteringham	Cathy Parker	<ul style="list-style-type: none"> <li>Monitor performance and client satisfaction</li> </ul>	Healthcare Commission: D5, D6; Trust CSF 1, 5

## 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 above have been risk assessed using the Trust's standard methodology for scoring risk. 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.

Objective	Risk Owner	Score (prob x impt)	Mitigating actions
Provide Support for paediatric pharmacy	John Farrell	25	Paediatric pharmacist only available as 0.5WTE the paediatric unit is therefore without specialist advice support when she is not there. Current workload would require a further 1 x WTE to provide a safe level of service.
Provide pharmacy chemotherapy reconstitution service to support cancer services at WH	John Farrell	25	Currently service provided from RFH, minimising Trust exposure. However, this is not a long term solution and alternative options are being explored.
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 lent	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 lent	15	Increasing use of advice and support form the NHS CFSMS
Reduce directorate costs by X% [to be agreed]	All Directors	12	Weekly monitoring of pay and non-pay flash reports
Significantly reduce use of agency across the Trust	Margaret Boltwood	25	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	Margaret	16	Funding to be identified and agreed by HMB

Objective	Risk Owner	Score (prob x impt)	Mitigating actions
development programme for delivery	Boltwood		Senior managers to be involved in development of programme External agency to be utilised for delivery
Enhance external marketing and internal communications	Margaret Boltwood	10	Ensure resources are in place and utilised in best way
Continue to implement Hospital at Night project and plan to achieve 2009 EWTD for junior doctors	Margaret Boltwood	15	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 financial balance and generates surplus	Susan Sorensen	15	New management structure in place. Appointment of Director of primary Care and 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.