

**MEETING:**  
Trust Board – 17 May 2006

**TITLE:**  
FT Diagnostic Action Plan

**SUMMARY:**

Following completion of the FT Diagnostic the Trust is now required to produce an action plan to address the weaknesses identified in the end product. The attached notes and development plan will form the basis of this action plan.

**ACTION:** Discussion and approval

**REPORT FROM:** Jon Green, Assistant Chief Executive

**SPONSORED BY:** David Sloman, Chief Executive



## **Overview**

The Trust completed of the Whole Health Diagnostic process in March 06 and the process output, the end product, was discussed at the April board seminar. The Trust is now required to submit an action plan, by early June, to address the weaknesses identified by the diagnostic. The aim is for all Trusts to have a clearly identified plan to place them in a position to be able to apply for Foundation Trust status. The Trust's final assessment was that we would not be in a position to apply to Foundation Trust status within 2 years, however exceptionally the SHA's covering letter stated this position would be reviewed in 6 months. 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 three main areas that needed to be addressed were:

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.

Review of the end product has identified 7 other areas of development that were highlighted in the report and it is intended that these will form a ten point development plan.

## **Plan Development and Ratification**

Following review and discussion at the Foundation Trust Project Board the proposed layout and approval process for the action plan is being presented to the board.

Part one of the plan is a review and update of the information submitted to the SHA for the diagnostic. This will include:

1. An updated summary of risk assessments including comment on risks identified by the diagnostic team and not covered by the Trust.
2. The accountable director and progress made against the plans presented in the Governance and External relations self assessment forms.
3. Progress updates on the Service Performance summary.

Part two will be the ten point development plan (shown below) with each individual item assigned its own action plan.

Due to the timescales involved it is not possible to return the completed action plan to the full Trust board before submission, the following timetable is therefore presented to the board for approval:

15 May      Part 1 reviewed by Business Planning Core team

22 May	Part 2 reviewed by Business Planning Core team
23 May	Full plan reviewed by Executive team
1 June	Plan reviewed and approved by FT Project Board

### **Recommendations**

The board is requested to note the proposed layout of the action plan and approve the content of the ten point development plan.

It is also requested to note the timetable and to delegate ratification of the final plan to the FT Project Board.

## **DIAGNOSTIC BASED TRUST DEVELOPMENT PLAN**

<b>REF</b>	<b>RECOMMENDATION/ COMMENT</b>	<b>TRUST PLANNING</b>	<b>TIMESCALE</b>	<b>CRITICAL ENABLING FACTORS</b>	<b>ACCOUNTABILITY</b>
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	Developing estates strategy	19 July 06	Sufficient human resources	Facilities Director

	and realistic estates strategy	in line with Trust strategy. Push through SOC and BCs to develop coherent plan for estate development/ disposal with external assistance.		to achieve timeline	
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 and 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	Access impact of actual	End May 06	IT (C&B) roll out both within	Director of Operations

	develop plans in response to PCT demand management plans and choice agenda especially from 07/08 onwards	shifts and identify opportunities for collaborative working with PCTs and GPs.		Trust and sector Ability of PCT to demand manage	
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