

TRUST BOARD MEETING – 29th November 2012

Title of the Paper:	Annual Plan 2012/13: Performance against objectives and/or development plans – September 2012	
Agenda item:	Part 1 Item 11/12	
Author:	Paul Jenkins, Director for Partnerships	
Trust Objective:	All	
Purpose		
The Board is asked to note progress against objectives and development plans		
Risk Implications for the Trust <i>(including clinical and financial consequences):</i>	Mitigating Actions <i>(Controls):</i>	
There are no specific risks which are not covered in the BAF	See BAF	
Level of Assurance that can be given to the Trust Board from the report		
Limited assurance		
Links to Board Assurance Framework, CQC Outcomes, Statutory Requirements (ie BAF risk reference, CQC outcomes linked to report)		
<p>BAF Risk 1: Risk of delivery of services resulting from multiple estates related challenges</p> <p>BAF Risk 5: Risk from non-compliance with HBNs/HTMs</p> <p>BAF Risk 6: Risks relating to increased levels of demand for emergency services</p> <p>BAF Risk 7: Inability to discharge patients when acute medical care no longer required</p> <p>BAF Risk 10: Failure to achieve FT status</p> <p>BAF Risk 12: Inability to organise and treat patients within 18 weeks due to a lack of capacity</p> <p>BAF Risk 13: Risk of failing to deliver a surplus and maintaining an FRR of 3 through not achieving savings targets</p> <p>BAF Risk 17: Inadequate resilience in core IT systems, and inadequate fallback and disaster recovery arrangements</p> <p>BAF Risk 24: Risk to delivery of Health Records services resulting from capacity and staffing issues</p>		
Legal Implications:		
There are no direct legal implications associated with being on or off plan		
Recommendation to the Trust Board:		
<ul style="list-style-type: none"> • The Board is asked to note progress against the planned delivery of objectives and developments 		

Annual Plan 2012/13: Performance against objectives and/or development plans – September 2012

1. Purpose

- 1.1 This paper provides a mid-year review of progress being made against the Trust's objectives and development plans as set out in the Trust Annual Plan 2012/13.
- 1.2 Its purpose is to inform the Board.

2. Background

- 2.1 The Trust submitted its Annual Plan to the Strategic Health Authority at the end of March 2012. As part of the drive to increase the sophistication of the Trust's business planning process, periodic, formal statements of progress will now be presented to the Board. This is the first such statement.

3. Recommendation

- 3.1 The attached paper has been reviewed by the Executive Team.
- 3.2 The Board is asked to:
- Note progress against objectives and development plans.

Paul Jenkins
Director for Partnerships
19 November 2012

Annual Plan 2012/13: Performance against objectives and/or development plans – September 2012

Ref	Development/Objective	Deliverable as Set Out in Annual Plan	Progress at End of September 2012	Exec
1	Achievement of foundation trust status BAF Risk 10	Completion of process by late 2012	<p>The SHA submitted the Trust's FT application to the Department of Health in July 2012 and it is currently held at the Technical Committee stage. At the time seven of the eight domains were green, with the Technical Committee asking for some revisions to the implied efficiency in the Long Term Financial Model (LTFM).</p> <p>A credible revised plan is to be submitted in the New Year and a substantive Chief Executive will have been appointed.</p>	LR
2	Getting Better BAF Risk 13	Deliver savings of approx £11.5m	<p>After 7 months the most recent projections from Divisions were that a total of £8.7m savings would be achieved by year end. Plans have been put in place to put more emphasis on achieving some major sustainable savings commencing in the last third of the year. Key amongst these initiatives will be to ensure that the bed stock and theatres are better utilised, more effective out-patient pathways and improved value from procurement. The success of these initiatives will have a significant bearing on the savings delivered in 2012/13. The intention is, however, to ensure that the savings target of £11.9m will be achieved by 31st March, a key factor in ensuring the financial stability of the Trust.</p>	AA/ CP
3	Emergency Admission Capability	Develop the capability to deal with winter pressure	An additional 34 beds will open at WGH in January 2013 and capacity at Hemel has been expanded by	CP

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	BAF Risk 6	peaks and with emergency admission growth	<p>nine beds – Jubilee Suite</p> <p>Joint work with HCT to develop a PACE model within Emergency Care.</p> <p>A senior nurse has been appointed in discharge planning to work with partners across the health economy responding to patient delays within the Trust</p> <p>Winter plan developed with partners and robust analysis of data to better understand peaks in emergency activity – shared with partners.</p>	
4	Develop IT Strategy BAF Risk 17	Develop a revised IT strategy in first quarter of 2012/13	The IM&T strategy has been developed and agreed to by the board, and is now being implemented. Associate Medical Director, IM&T, has been appointed and Steering Group formed. A series of eight 'Quick Win' projects have been put forward and progress is being made against these.	AA
5	Digital Dictation	Advance the project looking at providing digital dictation	This project has been put on hold pending the completion of more urgent work.	AA
6	Wireless Technology	Advance the wireless technology project	AAU: Wireless access points fitted. Tablets received and work is now required to commission these.	AA
7	Watford Health Campus: Road Infrastructure BAF Risk 1	Progress the road infrastructure with a view to construction commencement in 2013 and completion in 2014	<p>Road layout is progressing to final planning permission with council, linked to WHC master plan</p> <p>Campus agreement between WBC and WHHT in final stages of agreement with legal input, which covers the delivery of the road. At final planning stages but on</p>	LG

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			track with high level programme for both road and rail link.	
8	Watford Health Campus: Combined Heat and Power	Progress the combined heat and power plant with a view to construction commencement in 2012 and completion in 2013	Planning on track for this scheme with the procurement and delivery of the CHP engine using AEA on track.	LG
9	Reshaping Strategy BAF Risk 12	Continue with strategy of reshaping clinical services to improve efficiency and reduce costs	The first stage is the clinical strategy which has been signed off at the Board at a high level. Further capacity modelling underway aligned with the capacity redesign work of the Trust. This will then lead the SERP reshaping, for which a Strategic Outline Case is planned for December 12.	LG
10	Ambulatory Care Expansion BAF Risk 6	Expand the ambulatory care model to five patients per day by the end of 2012/13	Currently 15-20 patients per day are being managed through this service and overnight admissions being avoided. Service runs 12 hours a day 5 days a week, and 8 hour a day at the weekend	CP
11	Pathology Transformation	Submit ITT in March 2012 and respond to award of contract in April/May 2012	There have been numerous delays in the process. The SHA business case has been to PCT's/CCG's. All parties have not signed off and some wish for further clarification. The announcement of preferred bidder is therefore unlikely to occur before December. Following this, contracts will be signed prior to the commencement of the three month consultation with staff.	AA
12	Theatre and Outpatient Efficiency	Continue with drive to improve efficiency of	Theatres The Surgical Division continues to investigate initiatives	CP

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	BAF Risk 12	outpatients and theatres A further review of sessions and schedules for some specialties Update and develop <i>Theatreman</i>	<p>aimed at improving theatre efficiency. Areas being reviewed include:</p> <ul style="list-style-type: none"> • Lost activity as a result of the patient not being fit for surgery on the day • Lost activity as a result of the patient being cancelled the day before or on the day as a result of no beds • Late starts • Early finishes <p>Clinicians can access via I-reporter the Theatres performance scorecard. This details, by Consultant, the efficiency of individual lists. It is reviewed at the weekly Ops Meeting, specialty based meetings attended by clinicians, the bi-weekly Theatres Improvement Group, the weekly SACH & WGH activity meetings and is to be published and displayed within Theatres. Performance is reviewed and where lists have, for example, finished early then lessons are learnt regarding the volume of cases that can be booked to an individual clinician's list.</p> <p>Outpatients Project is moving ahead with plans to implement partial booking for all specialities by December, along with telephone reminder service to reduce DNA's.</p> <p>Rationalisation of clinic template timings is being concluded and revised templates reflecting the new times and New:Follow Up ratio will be rolled out as we</p>	

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			commence booking patients under partial booking. Minor software issues with PAS are being addressed.	
13	TSSU/CSSD BAF Risk 5	Establish a contractual relationship with a private sector supplier during 2012/13	The Trust has now signed a National Decontamination Services Agreement with IHSS via the framework contract option available from the NW London collaboration. A Deed of Variation has also been signed to ensure access to a long-term financially viable provider. Formal staff consultation on changes has now completed, with an outcome paper being generated shortly. Final negotiations with the NW London collaboration are progressing with transition to the compliant service expected in March 2013.	LG
14	Endoscope Decontamination BAF Risk 5	Renew the endoscope decontamination facilities at Watford during 2012/13	A P21+ Partner has been appointed and designed the scheme. A GMP is to be submitted on 17 th October. Start on site is predicted for early November with a compliant service in operation for end March 2013.	LG
15	Implementation of New Bank System	Implement NHS Professionals	NHS Professionals took over the provision and management of the Trust's flexible workers (excluding medical staff) on 8 July 2012. NHSP and the Trust worked hard to ensure service levels were maintained during the transition. Three months later fill rates have been maintained and NHSP are recruiting additional staff locally to supplement the existing Trust bank staff that transferred to NHSP.	MV

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16	Medical Workforce Review	Continue with Medical Workforce Review during with a further detailed review of Job Plans, service requirements and productivity	We have now reviewed all the Divisions' job plans apart from a small number in Orthopaedics and Obstetrics and Gynaecology. The review for next year will commence in January 2013.	MV
17	Medical Records BAF Risk 24	Advance the project looking at changing the way the Trust manages medical records	<p>Initial plans to improve the current storage and handling problems have only had a limited impact.</p> <p>A revised plan will see more records transferred off site and the return to a virtual single library, where records are stored at either WGH or HH, thus reducing unnecessary transfers of records.</p> <p>Proposals to scan the bulk of multi-volume records are being finalised, which should reduce the manual handling problems.</p> <p>A tender document is being finalised which allows the Trust to move to other storage option as an interim as we move towards Electronic Document Management as a step towards the EPR. Health Records is working in Partnership with IT, HSMC and the campus to ensure coherent joined up planning</p>	CP