

# Corporate Business Plan 2009/10



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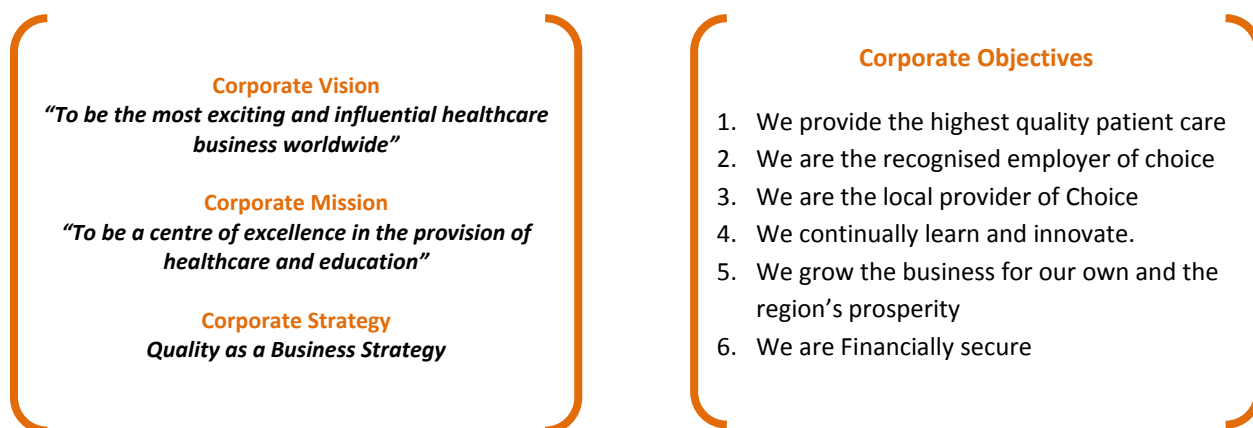
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## 1. INTRODUCTION

This document describes the Corporate Business Plan for 2009/10 for the Heart of England NHS Foundation Trust. It follows the Trust's Business Planning Process (updated for 2009 and available on the Trust's intranet site). The Corporate Business Plan sets out a review of our progress in the last year and our priorities for the next year. The business plan will be presented to the Trust Board in June 2009 for approval and after which it will be circulated widely to all Trust staff in a summary version. Supporting Business Plans are currently being developed at Directorate and Corporate Department level and these will all be finalised by the end of May. A summary of the Trust's Business Plan Priorities in line with our 6 Corporate Objectives is set out in a table in Appendix 1.



## 2. TAKING STOCK

### 2.1 Where are we going?

In December 2007 the Trust Board approved a new strategic approach "Quality as a Business Strategy". This set out our high level vision across three key areas of our business:

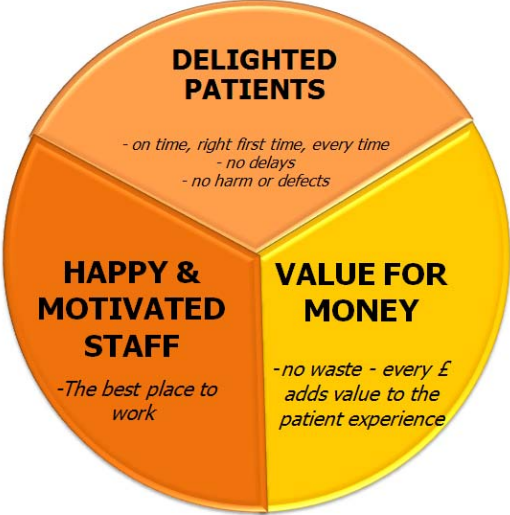
- ⇒ Acute Hospital Healthcare
- ⇒ Integrated Community Healthcare
- ⇒ The HEFT Academy (a dedicated learning and research centre).

Our vision for Acute Hospital Healthcare at Heart of England NHS Foundation Trust is to provide the **best quality** acute care worldwide. We have defined quality as:

$$\text{Quality} = \frac{\text{Patient Quality} + \text{Staff Satisfaction}}{\text{Cost}}$$

*[Patient quality is defined by Lord Darzi as Safety + Experience + Effectiveness of Care (ie outcomes)]*

In order to deliver our mission and vision, the Board approved a **Trustwide Transformation Strategy** in July 2008. The Board agreed the use of LEAN Methodologies as a way of continually improving and approved a “True North” to guide and focus all of our redesign and change projects. Our guiding True North is:



The Quality as a Business Strategy also sets out our vision for Integrated Community Healthcare and the HEFT Academy.

**Integrated Care**

As PCTs develop their World Class Commissioning capability it is important that the Trust is engaged from the outset in helping to deliver their plans. Much of the focus will be around developing integrated care models where primary and secondary care is more closely aligned around delivery and choice.

A key development in the year ahead will be the decisions made by PCTs around the separation of their provider arms which are integral to the delivery of care within the community. The Trust will need to work in close partnerships with these organisations in order to help them become established as autonomous entities and help achieve progress in managing both the front door (the right patients at A&E) and the back door (effective, timely and safe discharge of patients) of our business.

All of this requires closer working relationships between senior managers and clinicians from the Trust and the PCT. It can be challenging to achieve this and our programme of PCT Executive leads has not proved as successful as we would have liked. In the year ahead we will redouble our efforts in seeking a strategic dialogue with our key commissioners. Ultimately it is clearly in the Trust’s interests to work in partnership around change and developing integrated care packages rather than have these imposed upon us through the blunt instrument of competitive tendering.

## HEFT Academy

The vision of the Academy is *“To become recognised as an influential contributor both nationally and internationally in the debate around the future delivery and management of healthcare.”* To do this the Academy will commission research, develop networks, gather learning from others and look to develop new solutions and approaches that can be shared both within the Trust and with others.

In 2009/10 the HEFT Academy will receive a contribution from HEFT Consulting to enable it to begin its work. This is likely to take the form of commissioning a small number of research projects and building further relationships with some key external and influential individuals and organisations.

This document sets out our priorities for the year to take us a step closer to our mission and vision. The priorities have been established by the Executive Directors who have reflected on what progress we have made in 2008/09 and the impact of the external environment that we are now operating in. The document will also summarise our operational and transformation plans to support the delivery of this year’s annual priorities.

## 2.2 What’s gone well in the last year?

A full review of the last year’s performance will be published in the **Annual Report** and **Quality Report 2008/09**. At the time of writing this plan we are forecasting to achieve **Excellent** in the use of our resources and **Excellent** in the quality of our services in the **Healthcare Commission Annual Ratings 2008/09**. We are forecasting this on the back of achieving all of the national targets with the exception of the 98% A&E target where, following a year of 10% more emergency admissions than planned, we have ended the year at 97.63%. Other highlights for the year are summarised as follows:

### Highlights in 2008/09

- All national targets hit with exception of 98% A&E target
- Hit 18 weeks and cancer wait targets
- Reduced mortality
- Reduced MRSA and Clostridium Difficile rates
- £30 million Capital investment
- £8m revenue investment in quality schemes
- IT developments including ward census and handover
- New Safety Strategy approved by Trust Board
- Financial surplus of circa £20m
- Significant number of people received ExCELL and LEAN training
- Reduced Sickness
- Emergency care pathway improved at Good Hope Hospital following the opening of new AMU facility and redesigned systems and processes
- Emergency care pathway improved at Birmingham Heartlands following demand and capacity modelling, extra AMU capacity and reduced ED and AMU Breaches
- HEFT Consulting established and a very successful first year

### 2.3 What's impeded us this year?

Despite this excellent forecast performance against the Healthcare Commission Ratings it has been a very difficult year to deliver this level of performance and in the last quarter our financial position deteriorated putting us in a monthly loss making position for the first time since we became a Foundation Trust.

The Executive Directors have reviewed and discussed the performance in the last year and it was concluded that since the merger with Good Hope our operational structure was no longer fit for purpose to effectively run and improve our services across the three large hospitals and a chest clinic.

A key feature of the current structure has been the lack of operational time to progress more strategic and improvement priorities due to the time required on a day to day basis to manage the three hospitals operationally. This has slowed down our progress with areas such as Site Strategy, Transformation and IT Developments. The following table summarises the issues that have impeded us this year and these will all be picked up in our priorities for the coming year.



### Issues impeding us

- Organisational Structure
- Appraisal, accountability and responsibility
- Business information overload, repetition and rework
- Lack of workforce information and workforce plans (in particular medical staffing)
- Lack of information and regular feedback on the patient experience and effectiveness of care
- State of some of our estate and clinical environment, especially at Good Hope
- Outpatient booking systems
- Lack of capacity (clinical and operational) to champion and drive transformational change
- Market share analysis to inform the development our service strategy
- Understanding the financial performance of our service lines using SLRs
- Organisational understanding and buy in to the Transformation Strategy and LEAN methodologies
- 18 week measurement systems

### 3. PRIORITIES FOR THIS YEAR

Our priorities for this year have been developed by the Chief Executive and Executive Directors and have been informed by our analysis of where we are against our vision and strategy and our progress last year. For 2009/10 we will prioritise our time, resources and effort on each of the activities set out against our 6 corporate objectives in Appendix 1.

In support of this Corporate Business Plan each of the Corporate Departments (IT, Finance, HR, Governance, Estates, Transformation, Corporate Affairs, Commercial and Nursing) will produce a supporting Annual Business Plan and each of the individual Directorates will also produce their local business plans for this year.

Given our size and complexity there is a lot of detail set out in Appendix 1 and it is therefore helpful to 'chunk up' what our focus will be for the following year. For this year we will focus on improving three key areas:

- ⇒  **Patient Quality**
- ⇒  **People**
- ⇒  **Productivity**

## 3.1 Patient Quality

Lord Darzi has recently defined the measure of Patient Quality across three areas:

- ⇒ **Safety**
- ⇒ **Experience**
- ⇒ **Effectiveness (of care)**

Our focus for **safety** this year is to progress activities that will accelerate our change in culture to one that is proactive about safety. We will start by launching, communicating and embedding our new Safety Strategy. We will focus on developing our approach to analysing information and data to give us a rich picture of the opportunities for us to proactively improve patient safety. We have much of the information to hand such as complaints, incidents, patient surveys, PALs feedback etc. We also have wide understanding of the safety issues across the hospitals from the Executive Directors and staff observations and experiences. We will capture and review this information in the first quarter and will use this to review our current safety priorities and enhance these where required. During the first quarter of the year we will develop a new set of safety metrics and roll these out across the Trust.

**Patient experience** information and feedback will be developed this year and shared widely at all levels of the organisation including at the Board. The national patient survey and local ward patient feedback will be key to informing our understanding of our current quality of care. This year we will introduce the Patient Experience Tracker (PET) across the organisation and we will set up user groups for each main clinical discipline to improve our understanding of the patient experience.

This year we will develop our care measurement systems to establish a better understanding of how **effective** our patient care is. Our measurements will include a new set of ward based care metrics as well as the development of local clinical outcome reviews. A priority this year will be for every Directorate to introduce and use the “Quality Dashboard” which will include a minimum of three local clinical care outcome measures. The Quality Dashboard will be linked to the appraisal of Clinical Directors and Directorate Managers in 2009/10. At a Trust level we will introduce a quarterly review of our progress against our “True North” which will enable us to get a high level picture of how we are improving patient quality, staff satisfaction and value for money.

Specific priorities for improving Quality this year will be as follows:

- ⇒ **Priority 1:** To further reduce our MRSA and C. Difficile rates
- ⇒ **Priority 2:** To introduce nursing quality measurement system
- ⇒ **Priority 3:** To improve stroke management care
- ⇒ **Priority 4:** To speed up the process of hospital discharge
- ⇒ **Priority 5:** Patient feedback – introduce the Patient Experience Tracker (PET) across the Trust and set up user groups to grow our understanding of the patient experience.

## 3.2 People

As an organisation who has nearly 10,000 staff and who spends 75% of its budget on pay, people are our greatest asset. Having **the right people, in the right place, at the right time** is a crucial part of our planning and execution. Our dual challenge this year is to continue to improve employee engagement and satisfaction levels at the same time as improving productivity and workforce planning. Implementing a new leadership structure and embedding the right culture and values for quality patient care are key for our success.

Our priorities include:

- ⇒ Implementing a new clinical and operational structure ensuring that all staff appointed to senior roles have the values and capability to effectively lead their services and deliver quality/safe care.
- ⇒ Rolling out the new appraisal scheme with a step change in the numbers of employees having an appraisal (currently less than 50%). The appraisal scheme will support the embedding of the Trust's values as well as supporting effective performance management of staff and links to pay progression.
- ⇒ A detailed workforce plan which will set out our workforce requirements to deliver and develop our services in the next 12 months and in the next 5 years. The plan will specifically focus on our medical staffing requirements including ETWD compliance, 7 day discharging and hospital at night. This will enable us to quantify our order book and timelines for recruitment as well as predict our temporary staffing requirements and costs.
- ⇒ Improved day to day management of the workforce and cost controls through actions such as vacancy reviews, improved rota management, temporary staffing controls and rolling out an E-Rostering pilot.
- ⇒ Use our new workforce 'dashboard' and the potential of Electronic Staff Record to access timely and accurate workforce data in key areas such as budgeted establishments, vacancies, temporary staffing and absence.
- ⇒ Following a successful learners survey and education away day, produce a clear Learning & Development Strategy and implementation plan that will ensure education and training meets the Trust's workforce and business planning needs as well as employee's career aspirations.

### 3.3 Productivity

As the whole world faces an economic downturn we too are facing our own financial pressures and as NHS spending is squeezed in the next few years this pressure will increase. Our ability to respond quickly and continue to deliver a surplus to be reinvested in patient care is dependent on our ability to develop new ways of releasing efficiencies. The traditional way to save money in the NHS in the past was to make draconian cuts to pay and non pay budgets. We know that this approach could adversely affect quality and safety and is therefore a limited option now. This year we will focus our efforts around releasing productivity efficiencies which will reduce costs as well as improve quality, safety and staff morale. This will require an excitement and passion from all of us to deeply understand our business and the productivity opportunities within it, learn and adopt new continuous improvement skills such as LEAN and rigorously pursue transformational change to release efficiencies and improve quality.

Our focus for productivity this year will be as follows:

- ⇒ **Bed productivity:** reducing length of stay
- ⇒ **Theatre productivity:** reducing late starts and overruns in theatre
- ⇒ **Outpatient productivity:** reducing DNAs and hospital led cancellations and re-schedules
- ⇒ **People productivity:** reducing staffing costs/wte and increasing income/wte

The Productive Hospital concept, led by the Chief Operating Officer and Finance Director will support the set up of these productivity workstreams and the coordination of the local delivery of these productivity efficiencies.

**Our priorities for the year are set out in Appendix 1 against the six corporate objectives and Appendix 2 as a “sun diagram” road map.**

#### 4. RISKS

The Executive Directors met in April and agreed the following risks. These risks will be submitted to the Governance and Risk Committee for final approval. Further work is required to finalise these risks and score them before signing them off at the Board. The Director of Governance and Standards will lead on this.

Links to Objectives	Table 2: Risk Summary New risks identified to achieving the Trust’s strategy and annual plan for 2009/10	Lead Director
Quality	<b>Safety Culture.</b> The current organisational culture does not support quality and safety and there is a dissociation between accountability & performance arrangements for safety.	Governance
Quality	<b>Hospital at Night.</b> With reduced staffing levels and ‘on call’ systems, night time care can potentially create risk for patient safety.	Nursing/ medical
People	<b>Operational Restructure.</b> Operational changes planned to the operational structure has the potential to impact on the organisational development, recruitment and retention of staff & Trust performance.	Chief Operating Officer
Access	<b>Customer/users experience of accessing our services.</b> Failure to assess strategically the overall ‘view’ of our customers – and use the information to assess ‘we are a provider of choice’.	Corporate Affairs
Learning	<b>Learning and Development Strategy.</b> Staff do not feel empowered/take responsibility to innovate and make improvements to take the organisation forward for the benefit of its users. <b>NB. This risk needs further review.</b>	HR&OD
Growth	<b>Current Service Strategy is unclear.</b> Risk that HEFT does not understand which specialties make a profit or loss to inform our strategy of which direction to grow the business or not.	Commercial
Finance	<b>Financial Strategy.</b> Risk that the Trust makes short term cost reductions at the expense of quality and/or longer term productivities by working differently.	Finance
Finance	<b>Financial Strategy.</b> Risk that the external economic environment and national budgetary allocations to the NHS will impact on our financial plan.	Finance

## 5. TRANSFORMATION PRIORITIES

This year the Trust will continue to use LEAN methodologies to improve patient quality, staff morale and value for money. The Diamond Diagram is used to summarise our key transformation projects under standard headings that all contribute to the improvement against our 'True North'. The priorities for the year are set out below:



Access & Flow	Safety	Collaboration	Environment	Clinical Outcomes
<ul style="list-style-type: none"> <li>ED Flow</li> <li>AMU Flow</li> <li>Base Ward Discharge Flow</li> <li>Outpatients Booking</li> <li>Orthopaedics Pathway Redesign</li> <li>Theatre Productivity</li> </ul>	<ul style="list-style-type: none"> <li>Launch new Safety Strategy</li> <li>New Safety metrics</li> <li>Ignaz Patient Safety System pilot</li> <li>Introduce new ward care metrics</li> <li>Introduce Patient Experience Tracker (PET)</li> </ul>	<ul style="list-style-type: none"> <li>Complex Discharges flow</li> </ul>	<ul style="list-style-type: none"> <li>SSwards</li> <li>Ward Refurbishment</li> <li>Phase 1 Site Strategy - Outpatients, ED – GH, GH-Ward Block</li> </ul>	<ul style="list-style-type: none"> <li>Reduce ED cycle time</li> <li>Reduce AMU 9am occupancy</li> <li>Reduce variation in discharges (time of day and day of week)</li> <li>Orthopaedic use of private sector reduced</li> <li>OP hospital lead cancellations and reschedules reduced</li> <li>Theatre late starts reduced</li> </ul>



<ul style="list-style-type: none"> <li>Safety culture assessment</li> <li>LEAN and ExCELL training</li> <li>Leadership development (new structure)</li> <li>Business skills training for key staff groups</li> <li>Team development/OD</li> </ul>
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Diamond Diagram of Transformation

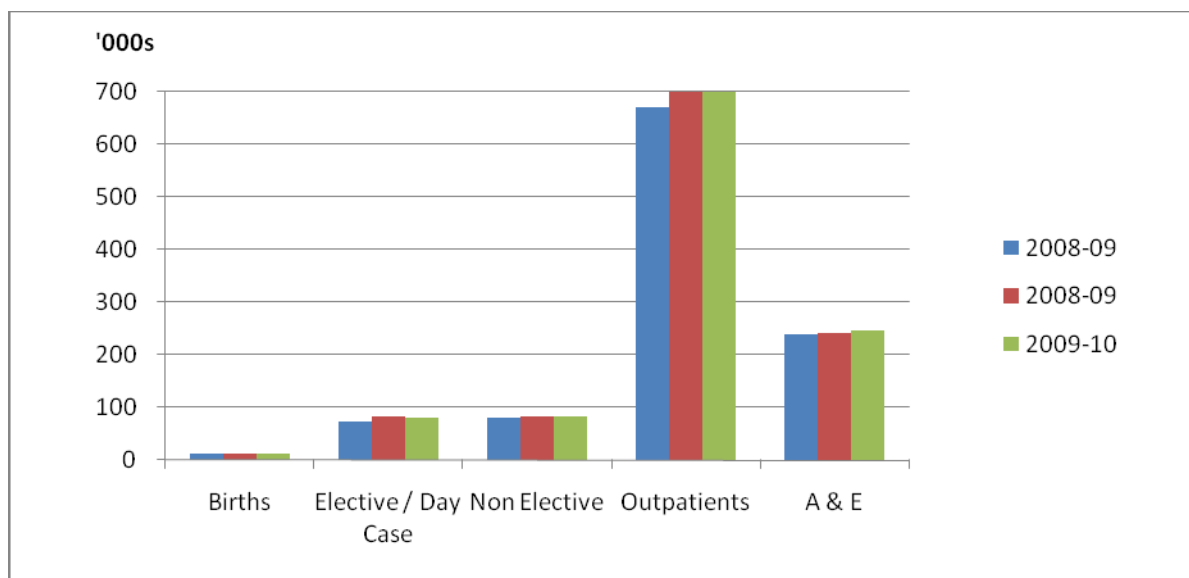
Each of the above items will be led by the relevant operational and clinical champions and will be supported by the LEAN Academy where required and appropriate. The new standardised HEFT Improvement Process (HIP) change methodology will be used to support the project set up and management of each project and LEAN methodologies will be used to carry out root cause analysis, pathway mapping, removal of waste and tracking of impact on quality, cost and timeliness.

## 6. OPERATIONAL PLANS

This chapter sets out the operational plans required to run the business in 2009/10. The plans start with our activity plans as set out in the LDPs agreed in February with our Commissioners. These activity plans are the key drivers in determining our capacity plans (beds, theatres, outpatient clinics) and our staff requirements and the recruitment order book. This chapter will also set out the efficiency plans for 2009/10 which will be delivered by local CIPs, the Productive Hospital and the Transformation Projects. This chapter will conclude with a brief summary of the capital priorities and the expenditure budgets for the year.

### 6.1 LDP Activity Plans

The graph and table below shows a comparison of 2009/10 DLP plans against the 2008/09 plan and year end outturn.



Patient Class	2008-09 Plan	2008-09 Actual	2009-10 Plan	% change 2009/10 v 2008/09 actual
Births	11,097	10,984	12,008	0.08%
Elective / Day Case	73,462	81,717	80,583	0.14%
Non Elective	81,371	83,212	83,831	0.01%
Outpatients	670,090	733,223	704,433	0.04%
A & E	237,901	240,186	246,702	0.03%

Figure: Comparison of 2009/10 LDP plans against 2008/09

The tables below shows the current planning assumptions for income by patient class and income by PCT for 2009/10 compared to 2008/09.

<b>Patient Class</b>	<b>09-10 Plan £'000</b>	<b>08-09 Plan £'000</b>	<b>08-09 Out Turn £'000</b>
Elective	44,738	44,622	46,863
Day Case	42,914	42,670	48,495
Non Elective	146,532	147,791	153,566
Outpatient	79,629	78,316	84,740
A&E	20,492	19,631	20,054
Maternity	29,720	21,050	20,787
Other	97,562	83,766	89,050
<b>Total</b>	<b>461,587</b>	<b>437,845</b>	<b>463,555</b>

Figure: Table for income by patient Class

<b>Commissioner</b>	<b>08-09 Plan £'000</b>	<b>09-10 Plan £'000</b>	<b>08-09 Out Turn £'000</b>
BEN	184,816	193,377	198,506
Solihull	87,728	91,891	92,071
South Staffs	34,981	36,603	36,846
HoB	22,406	25,868	22,666
South Birmingham	17,338	20,840	18,743
Specialised Services	66,079	66,055	67,111
Other PCOs	24,497	26,955	27,612
<b>Total</b>	<b>437,845</b>	<b>461,587</b>	<b>463,555</b>

Figure: Table for income by PCT

Notes: A&E and GUM activity de-hosted in 2009/10. Includes impact of HRG4

## 6.2 Capacity Plans

Below are graphs showing bed capacity by business unit.

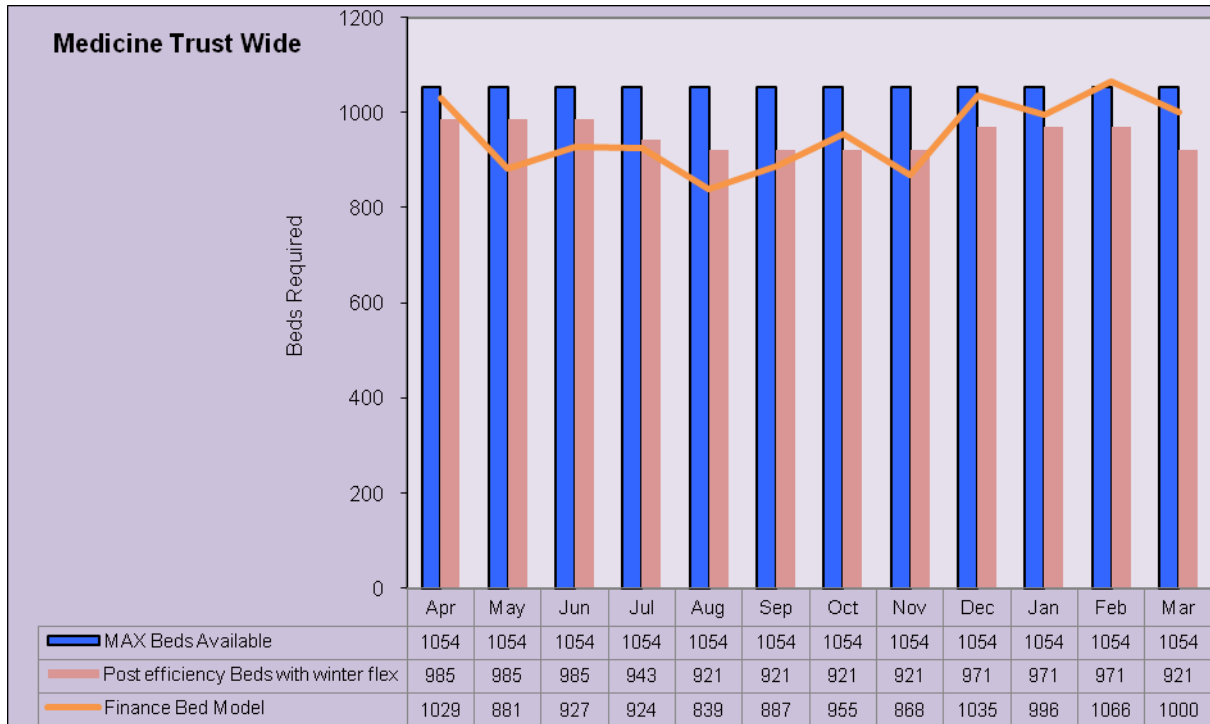


Figure: Bed Plan for Medicine

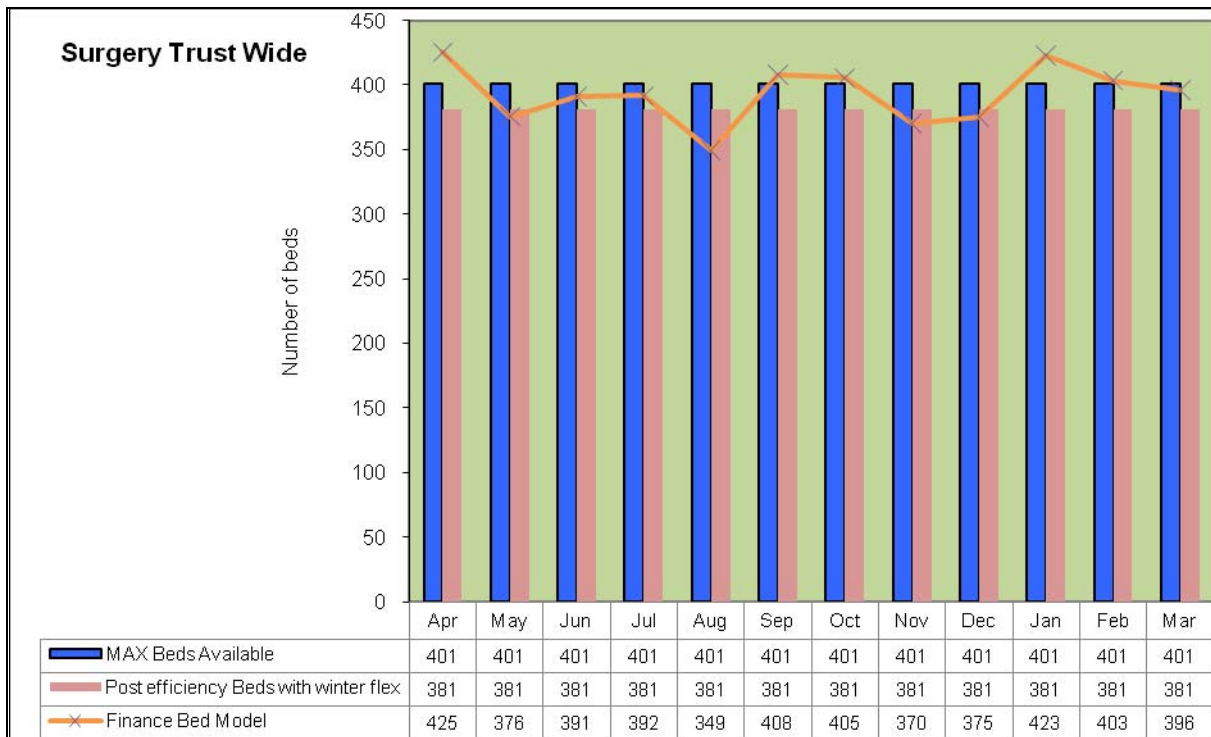


Figure: Bed Plan for Surgery



The tables below show Theatre Capacity by each of the three sites.

BHH Theatres	Main 1	Main 2	Main 4	Main 5	ENT 1	ENT 2	Gynae	Day Surgery	Total
Vascular	7.50							0.25	7.75
Paed/Gen Surg	4.00	3.00	8.00	2.00	2.00	0.25		4.00	23.25
Urology		7.40							7.40
Thoracic			2.00	10.00					12.00
ENT						9.75		1.00	10.75
Gynaecology					8.00				8.00
T&O							9.00	3.50	12.50
Ophthalmology								1.00	1.00
Plastics								0.25	0.25
Vacant							1.00		1.00
<b>Total</b>	<b>11.50</b>	<b>10.40</b>	<b>10.00</b>	<b>12.00</b>	<b>10.00</b>	<b>10.00</b>	<b>10.00</b>	<b>10.00</b>	<b>83.90</b>

Solihull Theatres	Main 1	Main 2	Main 3	Main 4	Day Surgery 1	Day Surgery 2	Total
T&O	10.20	10.20	3.50		3.50		27.40
Paed/Gen Surg			3.50	5.00	3.00		11.50
Gynaecology			4.00		0.50		4.50
Urology				4.00	1.50		5.50
Dental				1.00	0.50		1.50
Paediatrics					0.50		0.50
ENT					0.25		0.25
Ophthalmology					0.25	11.00	11.25
<b>Total</b>	<b>10.20</b>	<b>10.20</b>	<b>11.00</b>	<b>10.00</b>	<b>10.00</b>	<b>11.00</b>	<b>62.40</b>

GHH Theatres	RSUA	RSUB	DCU1	DCU2	GFT4	GFT5	GFT6	Total
Ophthalmology			3.00					3.00
Vascular				2.00				2.00
Orthopaedics			2.50	1.00	5.00	2.50	10.00	21.00
Colorectal		6.00		3.25		0.50		9.75
Gynaecology	7.50			3.00				10.50
Paed/Gen Surg		0.50	3.50	0.75				4.75
Plastics		1.00	1.00					2.00
Urology						7.00		7.00
Breast	2.50	2.50						5.00
<b>Total</b>	<b>10.00</b>	<b>10.00</b>	<b>10.00</b>	<b>10.00</b>	<b>5.00</b>	<b>10.00</b>	<b>10.00</b>	<b>65.00</b>

### 6.3 People Plans

This table shows the budget establishment at April 2009 and the vacancies which were determined by comparing these against that in post at the end of April 09

Staff Group	Establishment (WTE)	In post	Vacancy (-) Surplus (+)
Medical & Dental	975.20	903.08	-72.12
Nursing & Midwifery	3887.30	3839.31	-47.99
Other Support Staff	2122.57	2064.03	-58.54
PAMS	482.19	499.55	17.36
Professional & Technical (PTB)	582.14	593.36	11.22
Scientific & Professional	101.73	115.87	14.14
Senior Managers	316.19	329.85	13.66
Unallocated to posts	21.74	0.00	-21.74
<b>TOTAL</b>	<b>8489.06</b>	<b>8345.06</b>	<b>-144.00</b>

The table below shows bank usage during the month of April 2009 in WTE:

Expense Sub Type	Establishment (WTE)	Usage (WTE)
Locum Medical	2.82	24.05
Qualified Bank Nurses	1.92	137.41
Unqualified Bank Nurses	-	106.47
<b>Total</b>	<b>4.74</b>	<b>267.93</b>

Figure: Budget establishment and vacancies by each staff group

### 6.4 Efficiency Plans

In 2009/10 the Trust has set itself a savings target of £18.7m (4.06%) (£14.9m net of contingency). The national savings requirement is 3%. The breakdown of the savings targets is set out below:

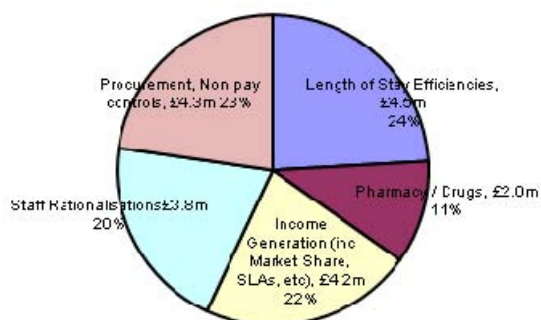


Figure: The cost category which the savings are attributable

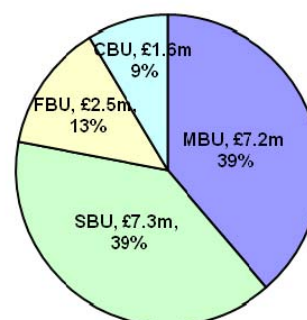


Figure: The total savings by business Unit for 2008/09

## 6.5 Budgets

The 2009/10 Budgets have been finalised and Business Units have agreed their envelopes for the new year. Business Units have been funded to meet LDP activity for 2009/10. The table below shows actual 2008/09 spend against 2009/10 by category for pay budget:

Pay Category	08/09 ACTUAL £m	09/10 BUDGET £m	CHANGE £m	% Change 2009/10 v 2008/09 actual
Trust Board	17.1	17.9	0.8	4.9%
Medical & Dental	88.9	84.4	-4.5	-5.1%
Nursing & Midwifery	126	128.3	2.3	1.8%
PAMs	16.4	17.5	1.1	6.7%
Scientific & Professional	4.3	4.8	0.5	12.7%
Professional & Technical	19.5	19.8	0.3	1.5%
Other (inc Reserves)	47.3	49.6	2.3	4.9%
<b>TOTAL</b>	<b>319.5</b>	<b>322.4</b>	<b>2.9</b>	<b>0.90%</b>

Figure: Actual 2008/09 spend against 2009/10 by category for pay budget

Pay budgets have been funded at established levels and uplifted for pay inflation. Further local reserves for consultant sickness and nursing maternity cover are held within business units for 2009/10. Adjustments to Deanery funded posts will be made upon notification. A assessment for incremental drift will be made in year with final uplifts made in October. The table below shows actual 2008/09 spend against 2009/10 by category for non pay budget:

Non Pay Category	08/09 ACTUAL £m	09/10 BUDGET £m	CHANGE £m	% Change 2009/10 v 2008/09 actual
Drugs	31.9	32.9	1.0	3.1%
Blood	3.7	3.5	-0.2	-5.4%
MSSE	25.5	24.5	-1.0	-3.9%
Radiology	2.6	2.4	-0.2	-7.7%
Appliances & Implants	7.9	7.1	-0.8	-10.1%
Lab' Equipment	8.5	9.6	1.1	12.9%
General Services & Supplies	14.9	13.9	-1.0	-6.7%
Establishment Expenses	14.4	17.2	2.8	19.4%
Premises & Fixed Plant	47.3	48.0	0.7	1.5%
Miscellaneous (inc Reserves)	9.6	11.8	2.2	22.9%
<b>TOTAL</b>	<b>166.3</b>	<b>170.9</b>	<b>4.6</b>	<b>2.77%</b>

Figure: Actual 2008/09 spend against 2009/10 by category for non-pay budget

Business Unit's budgets have been uplifted for non pay inflation and LDP activity uplift. Limited central reserves are held as per budget setting. The 2009/10 budgets include the full £8.6m investment in Operational Services agreed in the previous year's business cases.

## 6.6 Capital

The capital programme for 2009/10 is made up of the following elements:

	CAPITAL PROGRAMME	
	2008/09	2009/10
Maintenance & refurbishment	2,414	1,592
Medical & Scientific Equipment	4,638	4,414
IT Equipment	1,500	1,531
IT Strategy	3,722	2,299
Site Strategy	18,955	8,774
Other	6,530	4,300
<b>TOTAL</b>	<b>37,759</b>	<b>22,910</b>

Figure: The Capital programme for 2009/10

## 7. PERFORMANCE MONITORING

For 2009/10 the Trust will revise its monthly Corporate Scorecard to include all national targets and local Trust wide measures for key improvement areas to support the monitoring of our 6 Corporate Objectives. The Executive Directors Committee will review progress monthly against the Corporate Scorecard and every two months it will also receive a progress report on the Transformation measures for each project covering Quality, Timeliness and Cost. The Board will receive an executive summary each month on the Corporate Scorecard and any national targets that are off track will present action plans. The Board will also receive a progress report every 4 months on transformation.

In 2009/10 we will introduce a new quarterly review of our progress against the True North measures for patient quality, staff morale and value for money. This will be reviewed by the Executive Directors Committee and then presented to the Board each quarter.

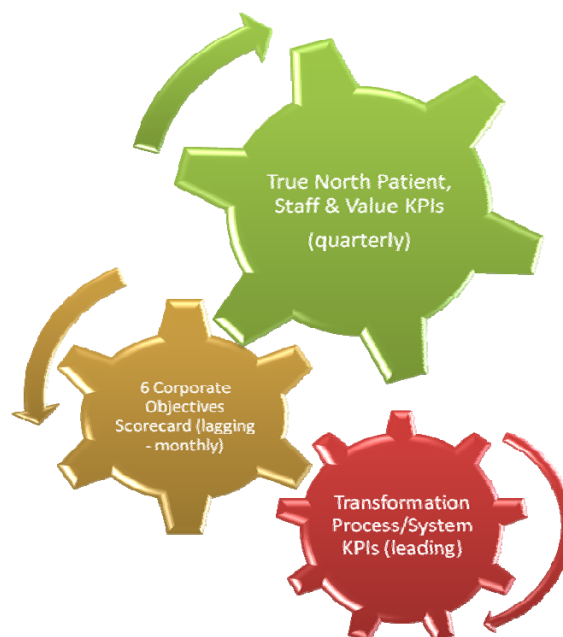


Figure: The Trust's Measurement System

The key measures for each of the 3 areas are set out in the summary below:

**TRUE NORTH**  
Patient Quality, Staff Morale & Value  
KPIs  
(Quarterly)

- Annual Performance Report
- Annual Quality Report
- National & Local Patient Satisfaction data
- National & Local Staff Satisfaction Survey
- Nursing Care Metrics (to be introduced)

**CORPORATE SCORECARD**  
6 Corporate Objectives  
(Monthly)

- Mortality
- Infection rates
- Length of Stay
- Access Targets
- Readmission rates
- Delayed Transfer of Care
- Cleaning Standards
- Sickness and workforce measures
- Training measures
- Market share and referrals
- Finance
- Other National targets

**TRANSFORMATION**  
Process / Systems  
(Weekly)

- ED & AMU Cycle times
- Discharge Variation (time of day & day of week)
- Orthopaedic cancellations and waits
- OP appointments cancelled or rescheduled
- Theatre late starts and overruns



# CORPORATE PRIORITIES 2009/10

## (page 1 of 2)



### 1. We provide the highest quality patient care

**The priority this year is to embed the new Safety Strategy from the "Board to the Ward" and improve our information and understanding of the patient experience.** To achieve this we will:

- Launch, communicate and embed The Trust's new Safety Strategy including a introducing new set of "safety metrics"
- Develop and test Ignaz Patient Safety value system
- Develop our patient experience feedback mechanisms at trust wide level and locally by introducing the Patient Experience Tracker (PET) and setting up user groups
- Implement a new set of Trustwide Nursing Care Metrics to measure and monitor nursing care standards and quality.
- Continue to reduce mortality as measured by HSMR
- Reduce number of hospital acquired Tissue Viability cases
- Continue to reduce MRSA and C'Diff rates infection rates
- Define World Class Nursing as an international first and establish a ward transformation programmed based on LEAN 5S and the "Productive Ward"
- Develop and implement The HEFT Standard for Nursing
- Develop nursing quality audits at ward level to ensure best practice patient care
- Review mixed sex wards to ensure high standards of privacy and dignity for our patients
- Implement National Patient Safety Campaign programme
- HDU and critical care expansion
- Based on a peer benchmark review, reduce length of stay for Emergency admissions
- Reduce number of patients that are medically fit and occupying an acute bed by working with social services



### 2. We are the local employer of choice

**The priorities this year for staff development are:**

#### Transactional priorities

- Produce an annual workforce plan for 09/10 taking into account recurrent establishment, changes for in year CIPs and service redesign and EWTD compliance and from this set out the year's recruitment order book
- Improve our workforce information, in particular established wte, vacancies and temporary staffing usage and cost
- Improve the planning and management of our junior doctor workforce and implement safe, filled and EWTD compliant rotas by August 2009
- Continue to reduce vacancies and sickness and the cost of temporary staff
- Roll out new appraisal scheme and develop talent management programme
- Establish data gathering process in relation to Diversity information about patients and staff

#### Organisational Development

- Produce a 5 year workforce plan taking into account peer benchmark of staff numbers, service redesign plans, site strategy/estates reconfiguration, 3 session days and 24/7 working
- Robust action plans in place to address areas for improvement as measure by our local and national annual staff surveys
- Develop people productivity plans eg job plan reviews, productive leader, flexible working, sickness absence, e-rostering
- Implement effectively our new operational management structure
- Restructure Corporate Services to effectively support the new operational management structure
- Continue with HR Transformation/LEAN projects including move to Lyndon Place and process redesign to deliver CIPs
- Launch new Trustwide nursing and midwifery uniform
- Raise the profile of nursing care at HEFT nationally



### 3. We are the provider of choice

**The priority this year will be to continue our focus on improving the customer satisfaction of those people that are accessing and using our services.** To achieve this we will:

- Implement an effective direct booking system (Ultragenda) that meets the needs of our local GPs, staff and patients
- Maintain and improve the % of people seen within 18 weeks
- Reduce orthopaedic cancellations and work done in the private sector
- Deliver 98% 4 hour A&E Performance target
- Reduce A&E 4 hour breaches for trauma and emergency surgery
- Deliver of Phase 1 of Site Strategy programme to improve patient facilities
- Develop better ways to listen to our patients/carers and proactively improve care as a result
- Implement the 18 week measurement and administration system and processes to effectively measure elective pathway
- Review our interpreting services to meet the needs of changing patient demographics
- Review Chaplaincy needs on the GHH Site

# CORPORATE PRIORITIES 2009/10

## (page 2 of 2)



### 4. We continually learn and innovate

**The priority for this year is to continue to invest in our staff training and development and our IT systems.**  
To achieve this we will:

#### Staff Learning and Development

- Develop and take to The Board a Learning and Education Strategy
- Review of nursing education and training
- Strategy for HEFT Faculty of Nursing (to deliver pre and post registration programmes) to Board
- Develop and deliver a preceptorship programme for new graduate AHP's and student nurses
- Develop leadership programme within new divisional structures and directorates
- Continue to train staff in ExCEL and LEAN
- Develop and implement internal Business Skills training for key staff
- Improve staff knowledge, skills and competences in all areas of Equality and Diversity

#### ICT Development

- Continue to develop our internal systems for patient handover, direct booking, electronic prescribing, iCare vortal, local clinical data capture, bed management/ discharge planning.
- Develop new Master Patient Index
- Develop Episode management
- Integrate GP systems via iCare vortal.
- Upgrade GHH Core network and GHH and BHH Data Centres
- Develop Trustwide document management system
- Finalise medical records scanning business case and take to Board
- Implement therapies patient information and electronic patient record system
- Develop procurement system (EP3)



### 5. We grow the business for our own and the Region's prosperity

**The priority for this year is refresh our growth strategy for our NHS core business and continue to grow our commercial (non NHS) business.** To achieve this we will:

- Develop our market analysis information to spot and quickly respond to opportunities and threats in the market place
- Refresh our service strategy to take advantage of market opportunities for profitable growth
- Development and growth plans for Tertiary services executed
- Completion and population of MIDRU/Diabetes building
- Grow HEFT Consulting turnover
- Grow R&D income above last year's figure



### 6. We are financially secure

**The priority this year is to review our 10 year financial strategy in light of the new economic climate and assess the impact on our plans and contingencies. In addition we will focus on improving our business and performance information to support effective decision making.** To achieve this we will :

- Revise and refine our 5 year financial plan given new economic climate and present a new strategy to Board which sets out our base case, down side and upside case taking into account key elements such as income, workforces costs, capital costs, non pay and efficiency requirements.
- Review the affordability of the current 10 Year Site Strategy in light of the current financial climate
- Rollout SLR's as an effective tool for quarterly reporting, investment decisions, growth strategies and savings.
- Launch The Productive Hospital approach to co-ordinate Trust wide efficiencies and productivity savings
- Develop cost measures for all transformation projects to track improvements in productivity and waste reduction
- Deliver 2009/10 CIPs, firm up 2010/11 plans and produce 20011/12 plans.
- Develop the quality of business information systems to remove repetition, duplication and waste and support the effective management and performance of the business
- Review and develop data quality including a set of key indicators to track progress
- Introduce a new forum to review weekly progress of key metrics as a financial early warning system
- Develop SLM, patient level costing and the use of Quality Dashboards by Directorates
- Construction and implementation of new energy efficient power plant on SH site
- Implement best value for money and VFM procurement methods for site strategy



