The Queen Elizabeth Hospital NHS
King's Lynn
NHS Foundation Trust

REPORT TO THE BOARD OF DIRECTORS (IN PUBLIC)

SUBMITTED BY:	REPORT FOR:		IMPACT:		
Barbara Cummings Director of Clinical Services & Performance Management	Decision		High	Med	Low
CONSULTATION:	Information	✓			
Mark Henry Director of Clinical Services	REPORT TYPE:		RELATED WORK:		
	Strategic				
	Operational	✓			
	Governance	✓			
BAF ref:	✓				
Monitor Compliance Framework:	✓				

Meeting Date: 29 August 2012
Report Title: Business Planning 2012/13 – End of Quarter 1 update

Purpose:
To provide the Board with an update on progress against the 2012/13 business plan

Summary:
This paper outlines the progress made at the end of Quarter 1 across the organisation for the Trust's 2012/13 business plan.

Financial Implications / Efficiency Savings / Quality Improvement:

Risk Assessment (cross-reference with Risk Register where appropriate):

Strategic / External	Operational/ Organisational	Financial	Clinical	Legal/ Regulatory	Reputational / Patient Experience
	✓				

Recommendations:
The Board is invited to:
a) Discuss and confirm the progress made to date.

Author Barbara Cummings & Mark Henry
Date 15 August 2012

Business Planning 2012/13 – End of Quarter 1 Update

1 PURPOSE OF THE REPORT

To provide the Committee with an update on progress against the 2012/13 business plan.

2 BACKGROUND

The Trust agreed a 5 year Integrated Business Plan covering the period 2010-14/15. In addition it submitted to Monitor a Forward Plan Strategy Document (plan for year ending March 2012 [and 2013, 2014]).

The Trust identified its key strategic and corporate objectives. To enable the organisation to achieve these objectives the Trust produced a single document – its Business Plan - which identified the key actions and deliverables to ensure successful achievement in 2012/13.

At the Quarter 1 performance review meetings in July 2012, each division was asked to present on update on the progress they had made against each of their divisional plans.

3 END OF QUARTER 1 UPDATE

(a) Medicine

Key Achievements at the end of Quarter 1

- Closed the escalation ward, have reduced average LOS and metrics are improving
- Stroke performance is significantly better
- Recruited to A&E and MAU consultant posts
- Delivering divisional held PODs on target
- Notable improvement in clinical engagement and involvement across the division

Further work will be undertaken to;

- Close West Newton and still deliver POD19 metrics (↓LOS, ↓outliers, ↓readmissions etc)
- Job planning – annualise, hot clinics, increased ward rounds etc
- POD37 – support project leads to deliver
- Focus on clinical strategy and pathway redesign
- Develop trust wide patient flow policy in preparation for Q4
- Address ambulance turnaround times

(b) Clinical Support

Key Achievements at the end of Quarter 1

- Excellent and efficient delivery of core, 'DGH' level diagnostic services

  All departments have continued to provide a quality service. Patient satisfaction surveys, where undertaken have shown the departments meet

or exceed patients' expectations. The division receives very few complaints – 4 in the first quarter of this year.

- Optimal, safe but high utilisation of endoscopy resources

  An audit of utilisation has been undertaken both at QEH & NCH. As a result and as part of POD 30 the Unit has, from the middle of July, increased the throughput of each unit in line with JAG guidelines.

- Involvement in development of pathways both internally and externally

  As part of POD 35 – Radiology reporting and POD 10 – Income – the Radiology department has been instrumental in developing direct access pathways for MRI head and knee in conjunction with the QEH Orthopaedic and ENT Departments and West Norfolk CCG. The department has also negotiated with other local trusts to provide them with an offsite radiology reporting service

- Development of SLR using this and our ability to operate as a team to drive through improved quality and financial sustainability

  Currently in discussions with Finance Department to understand how we as a Division can move this forward

- Targeted development of out-reach services to expand market share

  Developing a plan to move services to Spalding. However until services are no longer remunerated via block contract it is difficult to develop a viable business plan

- Collaborative working the community services

  As part of POD 25 – Enablers – Rehab services are working closely with NCHC to enhance the delivery of the Rapid Assessment Team to enable 7 day working and thereby increase throughout of patients, especially those medical patients who do not require admission or who are admitted to Terrington Short Stay ward

- Achievement of, and/or maintenance of accreditation status for Clinical Support services

  The Radiology department gained ISAS accreditation status in June. The Blood Sciences and Microbiology departments in pathology are both fully accredited although due to the discussions with NNUH regarding the transfer of the Cellular pathology, this department is no longer has CPA accreditation. Endoscopy is still working towards JAG accreditation – there is a mock visit scheduled for September with the aim to have the formal JAG visit December 12 / January 2013

- Ensure active participation in East of England Transforming Pathology project

  The pathology department are fully committed and involved in the plans to reconfigure GP pathology services to a hub and spoke provision, working with NNUH and JPUH to form EPA (Eastern Pathology Alliance)

- Ensure facilities and equipment is fit for purpose at all times

The Division has a robust capital replacement plan with risk assessments to support upcoming requirements and works with the Medical Capital Replacement Committee and the Capital Planning committee to ensure that where replacement or new equipment is required there are business cases to support

(c) Surgery

Key Achievements at the end of Quarter 1

- Reduction of 18 week backlog
- Closed 10 surgical beds
- Improved patient experience scores
- Improved performance against nursing metrics
- Achieved cancer targets for Quarter 1
- Opened outreach clinics at Fakenham

Further work is being undertaken to deliver:-

- An improved patient pathway for surgical emergency admission
- Recovery underperformance on elective work by the end of Quarter 2.
- Decide future reconfiguration of Theatres following the outputs of the POD workstream

(d) Women & Children

Key Achievements at the end of Quarter 1

Service Developments

- PTNS implemented
- Home MTOP service implemented
- Gynaecology at Littleport implemented
- Midwifery at Fakenham & Littleport implemented
- Notice given to commissioners on Neonatal Transitional Care and implementation underway
- Self funding Level 2 Fertility Service

Capital Developments

- Castleacre refurbishment
- NICU refurbishment / Woodlands / Bereavement Room
- CDS Theatre refurbishment

(e) Non-Clinical Services (Informatics & Estates)

Implementation of the PAS Roadmap has begun with project and programme boards established. This will see a refresh of the hardware supporting the current PAS and a move from a green screen PAS to one that is Windows based.

Medicode was successfully implemented in quarter 1. This includes electronic documentation and records management.

Information Governance training continues on a monthly basis with regular refresher and new start sessions being undertaken.

An intuitive dashboard has been developed to support POD19 – Emergency Flow that provides senior and ward managers with easy access to information on their ward. Roll out of electronic discharge letters has also begun.

The Medirest contract is also under review.

(f) Human Resources

They have met with the representatives of NHS Norfolk and Waveney on 2 Aug 2012 re the workforce element of the Provider Contract. We agreed assessment against the 4 dashboard areas as follows: (1) Workforce Plan and Action Plan - Amber (2) Human Resource Management - Green (3) Culture - Amber (4) Learning and Development - Amber. In addition, we have completely overhauled Day 1 of the Organisational Induction Programme to deliver a welcoming session ensuring employee involvement and interaction with each other and the hospital environment - early signs suggest this to a be a success.

They have also sought to deliver on a number of employee engagement/relations initiatives, progressing involvement in the range of leadership development initiatives offered via the Leadership Academy, developing a framework to support the application of the Trust Organisational Change Policy and supporting a number of key change initiatives associated with the POD programme. In addition we have progressed compliance with the DoH EDS (Equality & Diversity System) and have rolled out both the e-Rostering system and the 'values & behaviours' workshops to good effect.

(g) Finance

The Finance Team continue to work towards achieving the development objectives agree in the business plan. During quarter 1 the key area of development has been working with the PMO, supporting Trust Directors, managers and POD leads in their work on the BSP. From a departmental specific BSP perspective, the restructuring of the Finance Department has commenced with the consultation period on the revised structure due to conclude 28th August. Currently this is expected to be as per the documented structure although the final outcome of the consultation may identify changes. Ultimately the restructure should enable the department to be more effective in the delivery of its support service, whilst also achieving the 2012/13 in year and 2013/14 recurrent savings required by the BSP.

The development of reporting on key financial areas such as income received and bank nursing usage on a weekly basis has been fully developed during quarter 1. It is felt that this process is now delivering useful, appropriately estimated, information in a timely way. Consistent delivery of this output to enable greater understanding of weekly performance and hence the ability for manager to undertake corrective action is now firmly embedded in routine Finance Department output. Also whilst not an identified development at the time of

writing the Business Plan, the complete redesign of the Trust's financial reports has been undertaken. The redesigned reports have been agreed with Trust Board and F&I committee and is becoming embedded into routine process.

Integration of SLR into regular financial reporting is the focus of work for quarter 2 and quarter 3 although a higher than expected level of unforeseen sickness and absence may have an impact as resources are prioritised to existing core outputs and deliverables.

Overall solid progress has been made over the first quarter on the planned developments whilst continuing to deliver existing core services and outputs to the appropriate quality.

4 RECOMMENDATIONS

The committee are invited to:

a) Discuss and confirm the progress made to date.

5 REFERENCE/CONTACTS

Further information can be obtained from:

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