

University Hospitals Birmingham NHS Foundation Trust

APR Strategy Document

Template 1: Vision and key priorities

The Trust's current position is summarised as:				
<p>Welcome to the Annual Plan of the University Hospitals Birmingham NHS Foundation Trust for 2010/11. The 2009/10 financial year was another very successful year for the Trust thanks to the continued efforts and contribution of our staff, volunteers, Governors and our members.</p> <p>The Trust has identified quality as its top priority and has made significant progress in integrating quality into the organisation's mainstream agenda. A robust governance structure has been implemented and quality is led at Board level in order to maximise performance improvement. Demonstrable improvement has been shown against a range of indicators. The priorities within the 2009/10 Quality Report have shown improvement and the Commissioning for Quality and Innovation (CQUIN) measures have been successfully delivered. In addition, extensive work has been undertaken to identify and develop quality indicators at specialty level. The Trust has developed a dedicated Quality webpage on the Trust internet site to further drive openness and transparency with patients and the public and provide assurance on the quality of care delivered at UHB. Since November 2009 the Trust has chosen to publish quarterly progress updates against the quality priorities and metrics contained within the Quality Report on the Trust internet site. Quality will remain as a priority for the organisation and continue to be further embedded across the Trust.</p> <p>Infection control also remains a priority and this has been demonstrated through significant reductions in infection rates. A total of 13 MRSA cases were reported against a trajectory of 30 and 176 C. Difficile cases were reported against a trajectory of 348 for 2009/10. Although this level of reduction has been made, infection control remains a priority for the Trust.</p> <p>UHB has also successfully met or exceeded some very challenging targets and continues to ensure equitable access to services. Over 98% of patients were treated, admitted, or discharged from A&E in less than 4 hours over the course of the year. The Trust has also met the national target 18 week referral to treatment at a Trust and specialty level. UHB continues to sustain some of the lowest inpatient and outpatient waiting times in the NHS and has successfully delivered against the national cancer waiting time targets.</p> <p>In October 2009, the Care Quality Commission published the results of the 2008/09 Annual Health Check. UHB scored 'Excellent' for Quality of Services and 'Excellent' for Use of Resources. These are the highest ratings possible and the Trust is proud of this achievement and recognition. The Trust reported full compliance against the 44 core standards set by the Care Quality Commission for 2009/10 and has now been registered without conditions for 2010/11.</p> <p>With regard to patient experience, the Trust participated in the national inpatient and outpatient surveys in 2009. The results of the outpatient survey have been received and demonstrate that UHB performed well across a number of areas including privacy, respect, and dignity, listening to patients and time to discuss care, cleanliness of the department, explanation of new medicines, and overall care received. There remain some areas where improvement is needed and an action plan has been developed to sustain performance and to address the areas that require improvement and will be monitored on a regular basis. UHB has successfully implemented a real time feedback system where patients complete an online survey via the bedside televisions. This system provides useful information regarding the patient experience which helps drive service improvement on an ongoing basis.</p>				

The results of the 2009 Staff Survey have also been received. Good performance was shown across the areas of opportunities for staff to develop their potential, support from managers, good communication between senior management and staff, staff feeling satisfied with the quality of the work and the patient care they are able to deliver, and staff recommendation of the Trust as a place to work or receive treatment. Actions have been planned to address areas where improvement is required and will be monitored routinely.

The Trust has taken on the efficiency and productivity challenge and has implemented a number of initiatives to streamline pathways, reduce delays, and eliminate waste and duplication which will further enhance the patient experience and drive improvements in quality outcomes.

2009/10 was the second year of the standard NHS contract and the Trust continues to comply with the terms of the contract. Contract performance is monitored and discussed with South Birmingham Primary Care Trust and the West Midlands Specialised Commissioning Team on a monthly basis.

The Trust has undertaken a substantial amount of work to ensure that it fulfils its vision to 'Deliver the Best in Care'. A 5 Year Strategy has been developed within the framework of the Trust's core purposes of delivering high quality outcomes, excellent patient experience, world class education and training, and leading edge research and innovation.

Detailed objectives have been developed as a result of the strategic planning work and the Trust will work hard to ensure these are delivered. One of the greatest challenges for the Trust remains the delivery of the New Hospital while maintaining high levels of quality and financial stability. The high quality care and treatment delivered within the new building will be the factors that make UHB a world class care provider. Projects are underway to ensure that work is focussed around the patient, combining excellence in clinical treatment with the most efficient pathways.

The key priorities for the Trust are:

- To deliver the highest levels of quality supported by robust informatics and benchmarking making optimal use of technology
- To listen to what patients want and respond quickly and proactively
- To create a fit for purpose workforce for today and tomorrow
- To ensure UHB is a leader of research and innovation

Although it will be a challenge, there is confidence that these priorities can be delivered with the support, enthusiasm, and hard work of everyone who has an interest in this organisation. I would like to take this opportunity to thank everyone for their hard work and the contribution made to patient care throughout this past year. We are facing an exciting and eventful year ahead as we prepare to move into the New Hospital. As ever, our focus remains on delivering the very best in patient care.

Julie Moore
Chief Executive

Template 1: Vision and key priorities

The Trust's vision over the next three years is to:				
<p>The Trust 5 Year Strategy has been developed with the objective of fulfilling UHB's vision to deliver the best in care and the four core underpinning purposes (clinical quality, patient experience, education and training, and research and innovation). The Trust values (honesty, responsibility, respect, and innovation) have also played a significant role in the development of the Strategy as they provide the governance framework within which it will be delivered. The Trust Strategy considers the key challenges and drivers faced by UHB:</p> <ul style="list-style-type: none"> • Ever higher expectations • Demand driven by demographics • Health in an age of information and connectivity • The changing nature of disease • Advances in treatment • A changing health workplace • The financial, political, and local climate <p>The Strategy was developed using a bottom-up approach and has benefited from comprehensive input ranging from clinical departments to the Board of Governors and Board of Directors. Consultation with the Trust's key strategic partners was also undertaken and feedback has been factored into the final strategy document. The emerging Trust Strategy has identified a number of overarching themes which provide the organisation with a foundation of common goals to meet and sustain:</p> <ul style="list-style-type: none"> • Quality driving efficiency underpinned by evidence • A culture that focuses on what the patient needs and wants • Infrastructure and business processes which enable the Trust to achieve the best in care • Strengthening of internal and external partnerships at a local, national, and international level • Maximising the potential of the UHB brand and reputation locally, nationally, and internationally • Continued focus on operational performance and financial health <p>An assessment of the Strategy's resilience has also been undertaken to ensure responsiveness and flexibility to changing drivers and challenges at a local and national level.</p> <p>Following on from the challenges and overarching themes, the Trust Strategy has been distilled down to four strategic aims each categorised under a core purpose. To support this, a set of strategic enablers and accompanying actions have been developed. These identify how the core purposes and strategic aims will be delivered. They also serve as a framework for the development of the Trust Annual Plan.</p> <p>Core Purpose 1: Clinical Quality Strategic Aim: To deliver the highest levels of quality evidenced by technology, information, and benchmarking</p>				

Core Purpose 2: Patient Experience
 Strategic Aim: To listen to what patients want and respond quickly and proactively

Core Purpose 3: Education and Training
 Strategic Aim: To create a fit for purpose workforce for today and tomorrow

Core Purpose 4: Research and Innovation
 Strategic Aim: To ensure UHB is a leader of research and innovation

Template 1: Vision and key priorities - Key priorities for the Trust which must be achieved in the three years of the annual plan to underpin the delivery of the Trust's vision

Key priority (and timescales)	How this priority underpins the strategic vision	Key milestones (2010/11)	Key milestones (2011/12)	Key milestones (2012/13)
To deliver the highest levels of quality supported by robust informatics and benchmarking making optimal use of technology	This priority will help strengthen the organisational systems for the collection, access, and use of information, deliver the best in quality outcomes and efficiency, maximise the application of learning and delivering evidence-based care, and ensure care is delivered using the latest available technology that produces the best clinical outcomes.	Strengthen and implement IT systems to enable robust data capture and streamlined pathways. Undertake training around knowledge transfer. Deliver the organisational quality and efficiency priorities as identified in the Quality Report. Undertake benchmarking against national and international organisations. Develop business cases for the implementation of latest technology associated with developments such as Proton Therapy, Trauma Level 1 Centre, and intra-operative MRI.	Further develop IT quality systems and embed within the Trust. Continue to deliver and develop quality and efficiency priorities. Disseminate and embed national and international benchmarking to improve performance. Implement successful business cases as appropriate.	Deliver the Trust's clinical quality and efficiency priorities identified via the Quality Report, CQUINS, and annual plan objectives utilising informatics and technology to maximum potential.

<p>To listen to what patients want and respond quickly and proactively</p>	<p>This priority will help improve communication between staff and patients, strengthen the Trust's capability and capacity for using and learning from patient feedback, develop the Trust culture and staff behaviour so that it focuses on the patient experience, and strengthen cross-organisation partnerships within and outside of the NHS.</p>	<p>Deliver training to staff to support improvements in the patient experience.</p> <p>Improve the quality of patient information and ensure patients receive appropriate communication relating to the potential disruption of the New Hospital.</p> <p>Ensure all aspects of patient feedback information are used in an integrated way to drive improvements.</p> <p>Review partnership agreements to ensure streamlined pathways and maximisation of opportunities to improve the patient experience.</p>	<p>Monitor the impact of enhanced training and amend as appropriate.</p> <p>Review the quality and impact of patient feedback to inform and direct improvements.</p> <p>Continue to expand the level of patient feedback to inform and drive improvements.</p> <p>Maximise the potential of partnership working to improve the patient experience.</p>	<p>Deliver improvements in the patient experience through ensuring that all aspects of feedback are utilised, staff are aware that patient experience is a priority, and cross departmental and organisational pathways are improved.</p>
<p>To create a fit for purpose workforce for today and tomorrow</p>	<p>This priority will help strengthen the Trust's capacity and capability for education and training, ensure effective management of the workforce, deliver learning and development programmes and career opportunities to meet the needs of patients, staff, and the organisation, and strengthen the Trust's status as a teaching hospital and leader in education and</p>	<p>Implement the Education and Training Directorate and the accompanying governance and quality framework.</p> <p>Undertake a review of identified workforce management processes and implement automation of workforce management systems.</p> <p>Implement leadership development programmes to develop UHB's leaders of the future.</p> <p>Develop a joint education and</p>	<p>Expand the Education and Training Directorate to cover all aspect of education and training and maximise potential from economies of scale.</p> <p>Deliver the benefits associated with the automation of workforce management</p>	<p>Deliver improvements in the quality and productivity of the workforce ensuring skills, talent, and potential are maximised via the Education and Training infrastructure and joint working with strategic partners.</p>

	training.	training strategy with key strategic partners.	systems. Evaluate the impact of leadership development and deliver the benefits. Further develop the potential opportunities for joint working with strategic partners.	
To ensure UHB is a leader of research and innovation	This priority will help strengthen and consolidate the Trust's capacity and capability to enable research and development, strengthen the Trust's capacity and capability for innovation, maximise the opportunities for the commercialisation of Trust services, and enable the Trust to undertake high quality research and development.	Strengthen data capture, information systems, and performance measurement mechanisms related to research activity. Improve research and development business processes. Develop a governance framework for the Trust's for innovative ideas, intellectual property and product commercialisation. Identify commercial income opportunities.	Achieve a significant increase in research activity. Deliver reduced transaction times for research activity from conception to delivery. Deliver a stepped increase in the development of intellectual property and product commercialisation. Deliver commercial income opportunities to the market.	Deliver the Trust's research and innovation priorities through strengthened information systems, improvement in business processes, and maximisation of commercial opportunities.

Template 1: Vision and key priorities - Key priorities for the Trust which must be achieved in the three years of the annual plan to underpin the delivery of the Trust's vision (cont.)

Template 2: Key external impacts

Key external impact	Risk to the plan	Mitigating actions and residual risk	Overall expected outcome	Measures of progress and accountability
Standard NHS contract with commissioners	Enforcement of financial penalties	A proportion of indicators contained within the contract are incorporated into existing internal Trust performance reports and monitored on a regular basis. Performance reports will be revised to incorporate new measures. The live data dashboard incorporates a proportion of measures so that performance can be monitored in real time and any issues addressed.	It is expected that performance measures will be met. Any risks to delivery will be highlighted to the commissioning organisation to agree a way forward.	Progress to be measured via the monthly performance reports to the commissioners and internal performance reports. Accountability - Executive Director of Finance and Executive Director of Delivery
Commissioner service redesign plans	Impact on Trust activity and income	A gateway process has been agreed with the commissioner and included within the contract to agree the service redesign plans ensuring clinical and managerial involvement.	The service redesign plans will be agreed by UHB and the host commissioner including any performance measures before they are incorporated as contractual requirements.	Monthly progress updates at the Contract Meetings. Accountability - Executive Director of Finance, Executive Director of Delivery, and Chief Operating Officer.
Reorganisation of primary care organisations across the local health economy	Potential change in commissioning intentions and/or greater emphasis on demand management	UHB plans to continue to maintain positive relationships with commissioner organisations up to Board level. Regular Contract	It is expected that the affect of reconfiguration will not impact in the short term. Future impact will be assessed and incorporated into the Trust's	Strategic Planning documents will be assessed at Board level to ensure that any factors associated with the reconfiguration have been

		Meetings, Clinical Interface Meetings, and Board to Board Meetings will continue to discuss and agree strategic priorities.	strategic planning activities.	taken into account. Accountability - Chair, Chief Executive, Director of Partnerships, and Executive Director of Finance
Quality incentives (CQUINs)	Financial penalties as a result of non-delivery of CQUINs	CQUINs priorities are integral to the Trust's strategic plans. Any areas where there is risk to delivery are addressed and mitigating actions taken. Performance is reported on a regular basis up to Executive level.	It is expected that the CQUINs will be delivered as they have been developed and planned to minimise financial risk.	Internal monthly performance reports that are reported at Board level and quarterly progress reports provided to commissioners. Accountability - Executive Director of Finance, Chief Operating Officer, Executive Chief Nurse, Executive Medical Director
Tariff changes	Impact of marginal rate for emergency activity over-performance	The Trust will continue to work with commissioners to ensure patient pathways incorporate responsive and effective community services. An agreement will be reached with commissioners with regard to the reporting time period to take account of fluctuations in emergency activity month on month.	Trust plans do not assume significant growth in emergency activity. Any changes will primarily relate to tertiary services and plans will be discussed and negotiated with commissioners.	Regular internal finance and performance reports and monthly reports to the commissioner. Accountability - Executive Director of Finance and Chief Operating Officer

Template 2: Key external impacts (cont.)

Key external impact	Risk to the plan	Mitigating actions and residual risk	Overall expected outcome	Measures of progress and accountability
Pay settlements	Nationally negotiated pay arrangements are unaffordable	The Trust would lobby against unaffordable pay arrangements and explore the option to use	It is expected that pay increases are likely to be capped in the short to medium	Routine monitoring of notification in changes in pay arrangements at a national

		FT freedoms for local pay arrangements.	term.	level. Accountability - Executive Director of Finance
General economic conditions	Failure to restrict government borrowing requires further sharp cuts in public spending	The Trust has developed a downside plan which has been submitted to Monitor. The Trust must continue to ensure it has contingency plans to remain financially robust.	It is expected that there will be no growth in healthcare funding in the medium term which will further drive the need for efficiency and quality improvements.	Robust plans to ensure delivery of cost improvement programmes, income backed business developments, and improvements in identified quality metrics. Accountability - Executive Director of Finance, Chief Operating Officer, and Executive Medical Director
Impact of new Government	Changes in national policy and regulatory framework	The Trust's strategy and governance systems have been developed to be responsive to potential changes in policy or regulation.	The potential impact of changes in the Government's healthcare policy is difficult to ascertain at this stage, however, the changes may affect any of the above.	The Trust strategy and governance systems will be revised to incorporate any changes and will be assessed routinely to ensure alignment with the Government's healthcare policy. Accountability - Executive Director of Delivery, Executive Director of Finance, and Chief Operating Officer

Template 3: Clinical quality

Clinical quality priorities	Contribution to the overall vision	Key actions and delivery risk	Performance in 2009/10	3 year targets / measures 2010/11 2011/12 2012/13

Venous thromboembolism risk assessment	Supports the delivery of core purpose relating to clinical quality.	Key Actions: Utilise PICS to extract data and identify performance against the target. Implement paper-based system as an interim measure to collect data in areas where patients are not admitted via PICS. Risk: Non-delivery of 90% CQUIN target.	74.64%	2010/11: 90% 2011/12 and 2012/13: Dependent on DH guidance for CQUIN
Patient experience	Supports the delivery of core purpose relating to patient experience.	Key Actions: Increase rate of patient feedback via bedside televisions and address any concerns/issues raised. Risks: Non-delivery of CQUIN target.	2009 performance to be confirmed when results published by CQC in May 2010.	2010/11: Improvement against 5 key questions from national inpatient survey. 2011/12 and 2012/13: Dependent on DH guidance for CQUIN
Missed doses	Supports the delivery of core purposes relating to clinical quality and innovation.	Key Actions: Analyse ward and specialty level performance, to identify hot spots and patterns. Establish specialty level trajectories. Undertake snapshot audits of areas under trajectory. Risks: Non-delivery of performance improvement against baseline.	9.6% for antibiotics and 18.7% for non-antibiotics	2010/11: Improvement from 2009/10 performance 2011/12: Improvement from 2010/11 performance 2012/13: Improvement from 2011/12 performance
Infection control rates	Supports the delivery of core purpose relating to improved clinical quality and patient experience.	Key Actions: Implementation of Infection Control Action Plan. Risks: Non-delivery of agreed trajectories and financial penalty as part of the Standard	13 MRSA cases against a trajectory of 30 176 post-48 hour C. Difficile cases against a trajectory of 348	2010/11: 11 post 48 hour MRSA cases and 164 post 48 hour C. diff cases 2011/12 and 2012/13: Dependent on DH guidance

		NHS Contract.		
Delay between prescription and administration of first antibiotic dose	Supports the delivery of core purposes relating to clinical quality and innovation.	Key Actions: Review data, refine methodology to take account of genuine delays, implement root cause analysis process, set specialty level and Trust trajectory, and deliver improvements. Risk: Non-delivery of performance improvement against baseline.	To be confirmed once data reviewed and methodology refined.	2010/11: Improvement from 2009/10 performance 2011/12: Improvement from 2010/11 performance 2012/13: Improvement from 2011/12 performance

Template 3: Clinical quality (cont.)

Clinical quality priorities	Contribution to the overall vision	Key actions and delivery risk	Performance in 2009/10	3 year targets / measures 2010/11 2011/12 2012/13
Delivery of other CQUINS	Supports the delivery of core purposes relating to clinical quality, patient experience, and innovation.	Key Actions: Deliver agreed milestones and outputs for each CQUIN scheme. Develop mechanism to report on performance against milestones underpinning the CQUINS. Risk: Non-delivery of milestones and outputs.	Not applicable as these were not CQUINS in 2009/10. However, CQUINS agreed for 2009/10 have been delivered (TBC).	2010/11: Delivery of outputs agreed with commissioner against the 13 CQUIN schemes. 2011/12 and 2012/13: Dependent on whether CQUINS agreed with commissioner.
Development of specialty quality indicators via the Quality and Outcomes research Unit (QUORU)	Supports the delivery of core purposes relating to clinical quality, patient experience, and innovation.	Key Actions: Progress specialty indicators to stage 3 (data and methodology checked and indicator signed off as a measure of quality).	88 indicators at stage 3.	2010/11: Increase in indicators at stage 3 from 2009/10 performance 2011/12: Increase in indicators at stage 3 from 2010/11

		Risk: Indicators are not progressed to stage 3 or above.		performance 2012/13: Increase in indicators at stage 3 from 2011/12 performance

Template 4: Service development strategy

Service development priorities	Contribution to the overall vision	Key actions and delivery risk	Key resource requirements	Measures of progress 2010/11 2011/12 2012/13
Organic / innovation:				
Neurosurgical expansion	This supports the Trust to maintain its reputation and position at the leading edge of performance, quality and financial management.	Please refer to financial template for service developments (SD1)	Please refer to financial template for service developments (SD1)	Outcome measures and expected benefits have been identified as part of the business case and will be assessed as part of post-project implementation review.
Cardiology developments	This enables the Trust to develop its secondary & tertiary care services and support research and development activities.	Please refer to financial template for service developments (SD2)	Please refer to financial template for service developments (SD2)	As above
Ophthalmology VR service/Lucentis	This development supports the Trust to improve quality of life for patients and enable an expansion in research and development.	Please refer to financial template for service developments (SD3)	Please refer to financial template for service developments (SD3)	As above
HIV expansion	This development enables improvements in the patient	Please refer to financial template for service	Please refer to financial template for service	As above

	experience, clinical quality, and research and development. There is also enhanced potential for staff education and training.	developments (SD4)	developments (SD4)	
Oncology/Haematology developments	These developments present opportunities to support the delivery of all four core purposes within the Trust strategy.	Please refer to financial template for service developments (SD5)	Please refer to financial template for service developments (SD5)	As above
Other developments not included in the financial plan include: Proton Therapy Level 1 Trauma Centre Satellite Dialysis Acute Spinal Service Chronic Diseases Unit	These developments align with the Trust's strategy, enables the organisation to be a leader in these areas of treatment, and support the delivery of the four core purposes.	Actions: Business cases under development. Risk: Development is not financially viable and/or does not align with the Trust strategy.	Subject to business case development and approval.	Outcome measures and expected benefits will be included as part of the business cases.
Acquisition etc:				
There are no current plans for mergers or acquisitions; however, UHB has been actively reviewing its state of preparedness with regard to any potential mergers and acquisitions. The main focus of the review has been to determine high level principles associated with strategic fit, capacity, and capability.				
Transferred / discontinued activity:				

Template 5: Workforce strategy

Key workforce priorities	Contribution to the plan	Key actions and delivery risk	Key resource requirements	Measures of progress 2010/11 2011/12 2012/13
Deliver nursing workforce plan (PCIP1)	This will support all four core purposes of the Trust's strategic vision.	Key Actions: Complete consultation process. Provide update management	None	Consultation completed. Training undertaken and competencies completed.

		<p>training to enable competencies to be completed for new aspects of roles. Deliver reductions in identified groups through natural wastage and redeployment opportunities. Deliver skill mix change.</p> <p>Risk: Dispute with staffside. Workforce not delivering required objectives.</p>		Reduction in numbers delivered.
<p>Deliver medical workforce plan (PCIP3/4) (SD1-6)</p>	This will support all four core purposes of the Trust's strategic vision.	<p>Key Actions: Deliver changes in consultant numbers through the approval of business cases for new service needs. Review rota arrangements for junior doctors.</p> <p>Risk: Workforce not delivering required objectives.</p>	Dependent on consultant business cases approved	<p>Subject to business cases approved.</p> <p>Efficiency savings delivered through revision of rotas.</p>
<p>Deliver clinical support services workforce plan(PCIP2)</p>	This will support all four core purposes of the Trust's strategic vision.	<p>Key Actions: Deliver efficiency savings through move to single site, new ways of working, automation, and changes to service delivery.Deliver reductions in identified groups through natural wastage and redeployment opportunities.Deliver revised on-call and stand-by arrangements.Deliver accompanying automation</p>	None	<p>Single site efficiency savings delivered.Reduction in numbers delivered.Efficiency savings delivered through revision of on-call and stand-by arrangements.Skill mix requirements delivered associated with automation.</p>

		workforce plans subject to outcome of tendering process.Risk: Dispute with staffside.Workforce not delivering required objectives.		
Deliver non-clinical support services workforce plan(PCIP2)	This will support all four core purposes of the Trust's strategic vision.	Key Actions: Deliver reductions in A&C staff due to single site efficiency savings and changes in roles through natural wastage and redeployment opportunities.Deliver reductions in catering staff following changes in food preparation and serving processes through natural wastage, redeployment opportunities, and fixed term contract agreements.Reduce number of Portering posts through transfer to Logistics department.Deliver any growth in Housekeeping staff as a consequence of 2007 National Cleaning Standards as required via business cases.Risk: Dispute with staffside.Workforce not delivering required objectives.	None	Reduction in numbers delivered.
Deliver New Hospital project management workforce plan(PCIP2)	This will support all four core purposes of the Trust's strategic vision.	Deliver reduction in NH project management posts through fixed term contracts coming to an end and redeployment opportunities.Risk: Dispute with staffside.Workforce not delivering required objectives.	None	Reduction in numbers delivered.

Template 5: Workforce strategy (cont.)

Key workforce priorities	Contribution to the plan	Key actions and delivery risk	Key resource requirements	Measures of progress 2010/11 2011/12 2012/13

Template 6: Capital programmes (including estates strategy)

Key capital expenditure priorities	Amounts and timing	Contribution to the plan (including service delivery)	Key actions and delivery risk
Development:			
Ophthalmology Vitreoretinal Service (SD3 / Capex5)	£0.4m orders to be placed in Q1. Delivery Q1 and Q2.	Development of new service which generates a recurrent contribution in line with Ophthalmology Service Strategy.	Raise Purchase Order for Vitreoretinal machine, microscope, surgical sets and associated equipment. Install new equipment and undertake training. Risk of non-delivery of programme
Major Medical Equipment Programme purchase of new MRI scanners / CT Scanners / Angiography Rooms and all major digital x-ray equipment for new hospital. (Capex1)	£8.0m in 2010/11 - timing to match phased handover of new buildings	Provision of enhanced, expanded scanning facilities in New Hospital in line with FBC.	Orders raised, delivery dates and installation agreed. Commissioning & training time built into programme. Also contingency built into programme in case of installation delays. Risk of non-delivery of programme
Maintenance:			
Equipment Replacement (Capex7 / Capex8)	£3.6m of equipment identified for replacement. Procurement process	Rolling replacement and other targeted replacement / upgrades to ensure that	Approve list of old assets to be replaced. Place Orders, Approve

	started to select suppliers. Expenditure incurred across the financial year	equipment stock is fit for purpose going forward.	delivery and decommission old items. Risk of non-delivery of programme
Breast Screening Equipment (Capex4)	£0.5m of replacement Mammography equipment. Purchase subject to final approval of revenue funding by SBPCT.	Expansion of breast screening service and upgrade to digital equipment.	Finalise procurement process. Confirm delivery, install and commission new equipment. Risk of non-delivery of programme
Catering Equipment (Capex3)	£1.0m of replacement equipment to be installed into the new hospital (2010/11 Q1/Q2/Q3) and final balance next financial year.	New regeneration ovens / trolleys necessary to implement cook -chill food service in the New Hospital.	Orders raised. Delivery and installation being programmed along with contingency.Risk of non-delivery of programme
Other capital expenditure:			
IMT (Capex11)	£1.5m - expenditure primarily forecast for Q3 /Q4	Range of infrastructure projects inc. upgrading connectivity of existing buildings to new IT hubs to maintain / improve current ICT capacity / capability.	Full requirements still being finalised prior to commencement of ordering process. Risk of non-delivery of programme
Other Schemes (Capex12)	£2.0m across the financial year	Modernisation and ad-hoc equipment replacement as required including scopes £0.8m	Risk of non delivery of programme
PACS upgrade and replacement (Capex6)	Up to £0.5m subject to assessment of requirements	Maintain PACS in line with national requirements	Agree timing and elements of PACS requiring refresh / upgrade. Risk of non-delivery of programme
Other estates strategy:			
Retained Estate Works (Capex2)	£4.8m during 10/11 includes refurbishment of Wolfson Block, redevelopment of plaza area in front of new hospital, upgrading Nuffield House plus ad hoc works to retained buildings	Ensure sufficient office accommodation available to house staff from SOH, QEH and RCDM	Wolfson - complete planned schedule of works. Plaza - agree schedule of works with Local Council as per new hospital planning condition. Other - finalise specification of work required. Risk of non-delivery of programme
Pharmacy Automation & Works (Capex9)	£1.6m subject to business case completion / approval	Upgrade of pharmacy facilities including potential installation of dispensing robots	Agree specification of work and timing Risk of non-delivery of programme
Lab Automation	£1.0m subject to business case.	Installation of automated laboratories	Agree specification of work and timing

(Capex10)	Expected in Q3/Q4 2010/11	in new hospital to meet increased demand and gain efficiencies	Risk of non-delivery of programme
-----------	---------------------------	----------------------------------------------------------------	-----------------------------------

Template 6: Capital programmes (including estates strategy) (cont.)

Key capital expenditure priorities	Amounts and timing	Contribution to the plan (including service delivery)	Key actions and delivery risk
Development:			
Maintenance:			
Other capital expenditure:			
Other estates strategy:			

Template 7: Operational / financial effectiveness

Key operating efficiency programmes	Amounts and timing	Contribution to the plan	Key actions and delivery risk	Resource requirements	Milestones 2010/11 2011/12 2012/13
Improve pre-operative assessment practice.	Specialty level trajectories to be	This objective will support the Trust to	Actions: Increase the proportion	N/A Resources have been	Year on year achievement of day of surgery admission rates.

	identified using 2009/10 outturn as a baseline.	improve efficiency, improve quality outcomes, and improve the patient experience.	of patients pre-admitted. Extend the proportion of pre-assessment that includes anaesthetic assessment. Ensure a standardised approach to pre-assessment across medical and surgical specialties. Risk: Non-delivery against targets/objectives.	embedded within Divisional Teams. Additional resource requirements will be assessed via the business case development and approval process.	
Improve discharge planning.	Annual achievement of national target.	This objective will support the Trust to improve efficiency, improve quality outcomes, and improve the patient experience.	Actions: Ensure discharge planning takes place early along the patient pathway. Provide education and training around good discharge planning practice. Work collaboratively with partners to ensure there is sufficient capacity in the community in order to prevent bed blockages. Risk: Non-delivery against targets/objectives.	As above	Year on year reduction in delayed discharges.
Increase in ambulatory care and assessment.	Specialty level trajectories to be identified using 2009/10 outturn as a baseline.	This objective will support the Trust to improve efficiency, improve quality outcomes, and	Actions: Implement Ambulatory Care dashboard to allow capacity management and performance	As above	Year on year increases in ambulatory care activity.

		improve the patient experience.	reporting.Deliver increases in ambulatory care activity.Provide consultant-led assessment services at the 'front door' and ensure the appropriate infrastructure is in place.Undertake senior review of patients on the unselected pathway so that the appropriate specialist input is delivered at the appropriate time.Ensure timely diagnostics and interventions and reduce the need for unnecessary admissions to an inpatient bed.Deliver an increase in the physical availability of 'hot' clinics so that patients are discharged with a definite appointment date for subsequent review.Risk: Non-delivery against targets/objectives.		
Improved resource utilisation	Resource baselines have been identified at specialty level.	This objective will support the Trust to improve efficiency, improve quality outcomes, and improve the patient experience.	Actions: Implement theatre utilisation dashboard to allow prospective planning and performance reporting.Reduce cancellation rate.Risk:	As above	Year on year achievement of resource utilisation trajectories.

			Non-delivery against targets/objectives.		
Improved efficiency within back-office functions.	Local targets and timescales have been identified where appropriate against corporate performance indicators.	This objective will ensure that efficiency savings and quality improvements are delivered by corporate areas and back office functions that provide support and infrastructure to the delivery of front line services.	<p>Actions:</p> <p>Develop and implement quality and efficiency metrics for all corporate areas and back office functions.</p> <p>Deliver improvements against metrics.</p> <p>Streamline and automate services such as recruitment.</p> <p>Risk: Non-delivery against targets/objectives.</p>	As above	Year on year achievement of quality and efficiency metrics.

Template 7: Operational / financial effectiveness (cont.)

Key operating efficiency programmes	Amounts and timing	Contribution to the plan	Key actions and delivery risk	Resource requirements	Milestones 2010/11 2011/12 2012/13

Template 8: Leadership and governance

Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones 2010/11 2011/12 2012/13
Continuous review of effectiveness and development of the Board	Lack of objective, independent assessment. Lack of follow up on issues identified. Unstructured development not linked to needs of the Trust.	Annual review of performance of the Board included in annual cycle. Sessions scheduled to undertake Board development, with external input. Monthly meetings between Chairman and DCA Programme of Board seminars agreed with Chairman to focus on critical areas.	Annual Cycle approved April 2010. Scheduled for 13 July 2010, programme for future years TBC. To commence May 2010. Monthly dates reserved in January of each calendar year. Details of Programme to be determined following Board development and appraisals.
Development for individual directors, particularly those new to the post	Development not prioritised or focussed on needs. New directors unequipped to fulfil role.	Individual objectives agreed with each director, including personal developmental objectives. Induction programme for new directors, including use of external courses.	Appraisals scheduled for February each year. Basic Induction programme to be agreed with Chairman and NEDs by Sept 2010.
Succession planning for non-executive and executive team directors	Vacancies remain unfilled for excessive periods.	Forward look for non-executive directors and engagement with recruitment consultants.	To commence Oct 2010.
Developing leaders of the future	Insufficient leadership capability amongst managers.	Bid submitted to Locality Board for Leadership Development Programme. Trust participating in Top Leaders Programme. Aspiring Group Managers Programme developed and piloted.	Dependent on outcome of bid submissions. Develop and implement Trust Leadership Strategy to encompass development of leadership at all levels of the organisation in partnership with other organisations. Identify new cohort of staff to participate in programme.
Succession planning amongst clinical staff	Gaps within the clinical workforce.	Senior clinical staff identified via the Associate Divisional Development and Clinical Redesign Programmes are	Development and implementation of Talent Management Strategy.

		receiving further development support to ensure their full leadership potential is achieved.	
--	--	----------------------------------------------------------------------------------------------	--

Template 8: Leadership and governance (cont.)

Key leadership and governance priorities	Key risks (and gaps)	Actions to rectify / mitigate	Milestones 2010/11 2011/12 2012/13

Template 9: Regulatory

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2010/11 2011/12 2012/13
Cancer 62 day first	As a tertiary cancer centre the Trust continues to receive late referrals from other Trusts, including referrals after 62 days. Under the existing indicator construction the Trust is required to share these breaches with the referring Trust despite the breach being not within UHB's control.	<p>Cancer Information Specialist recently appointed to develop performance reporting systems from the Trust's Somerset Cancer Register system to ensure clinical teams receive timely and accurate information on performance.</p> <p>Business case developed to employ an additional cancer Patient Pathway Co-ordinator and 5.5 WTE additional Cancer Pathway Support Co-ordinators to increase the Trust's capacity to track patients along their pathway and carry out data validation.</p>	Achievement of national target.

		<p>Care Quality Commission has recently broadened the circumstances under which a breach of the cancer targets can be completely reallocated.</p> <p>The Trust ensures that information on late referrals is fed back to referring Trusts through Pan-Birmingham Cancer Network Performance Manager Meetings for action to be taken.</p>	
Financial Risk	<p>Numerous financial risks including: External Risks- General economic environment- Public spending cuts- National pay settlements- New government policy Internal Risks- Delivery of CIP targets- Management of cost pressures- Achievement of activity targets- Delivery of quality targets New Hospital Specific Risks- Management of transition costs- Delivery of single site savings- Changes to PFI accounting rules- Valuation of the New Hospital All of the above could impact adversely on the Trust's I&E and cash position and therefore the FRR</p>	<p>Numerous mitigating actions including:- Robust financial planning and regular monitoring of performance including CIP delivery- Identification of additional contingency savings to be implemented at short notice- Identification of additional single site savings through exploiting opportunities for productivity and efficiency gains afforded by the New Hospital- Impact of new hospital as an 'activity magnet'- Development of new commercial income streams e.g. Healthcare informatics products, e-prescribing (PICS)- Development of non NHS clinical income sources- Proceeds of Selly Oak land sale- Utilisation of PFI transition support to provide headroom</p>	Achievement of Financial Plan and minimum FRR of 3

Template 9: Regulatory (cont.)

Key regulatory risks	Nature of risk	Actions to rectify / mitigate and responsibilities	Measures 2010/11 2011/12 2012/13

Financial Summary

Financial Summary		2009-10	2010-11	2011-12	2012-13
£m		Actuals	Plan	Plan	Plan
Revenue (Total)		496.2	511.0	526.0	536.6
Employee Expenses		(275.5)	(277.9)	(280.2)	(284.7)
Drugs		(50.0)	(48.8)	(49.3)	(50.5)
PFI operating expenses		(4.8)	(14.5)	(18.8)	(19.5)
Other costs		(138.2)	(141.0)	(141.4)	(143.3)
EBITDA		27.7	28.8	36.3	38.6
Depreciation and amortisation		(10.8)	(17.3)	(18.7)	(19.3)
Net interest		0.6	(10.7)	(16.0)	(16.9)
Other		(3.7)	(268.5)	(57.8)	(1.5)
Net Surplus / (Deficit)		13.8	(267.7)	(56.2)	0.9
<i>EBITDA % Income</i>	%	5.6%	5.6%	6.9%	7.2%
<i>CIP % of costs</i>	%		3.2%	4.3%	3.5%
Net Surplus / (Deficit)		13.8	(267.7)	(56.2)	0.9
Change in working capital		2.1	(5.8)	(0.8)	(5.4)
Non cash I&E items		13.0	288.5	90.0	37.7
Cashflow from operations		28.9	15.0	33.0	33.2
Cashflow from investing activities		(28.7)	(26.8)	(14.9)	(10.4)
Cashflow before financing		0.2	(11.8)	18.1	22.8
Cashflow from financing activities		(1.7)	(14.6)	(29.4)	(40.3)
Net increase/(decrease) in cash		(1.5)	(26.4)	(11.3)	(17.5)
Cash at period end		96.3	69.9	58.6	41.1
Cash and Cash equivalents at PE		96.3	69.9	58.6	41.1