



Annual Plan 2007/2008

*"Friendly professional patient centred
care with dignity and respect for all"*

TABLE OF CONTENTS

		PAGE
	POOLE APPROACH	3
1.	INTRODUCTION	5
2.	STRATEGY	7
	Trust Vision	7
	Strategic Goals.....	7
3.	TRUST OVERVIEW	8
	Overview	8
	Clinical Services.....	8
	Demographics/Local Health Economy	9
	Finance	9
	Capital Programme	9
	Income and Expenditure 2007/08	9
	Budget.....	10
	Capital Programme	10
	Human Resources.....	11
	Workforce Plan 2007/08.....	12
	Estates	12
4.	PROGRESS AGAINST KEY CORPORATE OBJECTIVES 2006/07.....	13
5.	TRUST BUSINESS PLANS.....	17
	Foundation Trust Status.....	17
	Local Delivery Plans.....	17
	Local Delivery Plan Summary	18
	Competitor Analysis	18
	Payment by Results/Activity and Capacity Assumptions	19
	Projected Local Delivery Plan levels of Activity 2007/08.....	19
	Key Business Risks.....	21
6.	TRUST KEY CORPORATE OBJECTIVES 2007/08	22
7.	OVERVIEW OF CLINICAL CARE GROUP/ DIRECTORATE KEY WORK 2007/08	28
	Medical Clinical Care Group.....	29
	Surgical Clinical Care Group.....	31
	Women and Children's Clinical Care Group.....	33
	Diagnostic and Clinical Support Services Care Group.....	35
	Operations Directorate	37
	Nursing Directorate	39
	Strategy Directorate	41
	Facilities Management Directorate.....	43
	Finance and Information Directorate	45
	Human Resources Directorate	47
	Communications and Marketing Directorate	49
	Office of the Medical Director	50
8.	BIBLIOGRAPHY.....	53

ANNEX ONE: KEY CLINICAL CARE GROUP/ DIRECTORATE OBJECTIVES 2007/08 ...	55
Medical Clinical Care Group.....	57
Surgical Clinical Care Group	61
Women and Children’s Clinical Care Group.....	65
Diagnostic and Clinical Support Services Care Group.....	68
Operations Directorate	73
Nursing Directorate.....	75
Strategy Directorate.....	77
Facilities Management Directorate	79
Finance and Information Directorate	81
Human Resources Directorate	83
Communications and Marketing Directorate	86
Office of the Medical Director	89

THE POOLE APPROACH

“Friendly professional, patient-centred care with dignity and respect for all”

THIS MEANS THAT:

Our patients receive excellent care and treatment in a safe and clean environment and we:

- listen to our staff, patients and the public;
- give information that is relevant and accessible;
- safeguard patient privacy, confidentiality and choice;
- welcome and involve families, carers and friends to participate in care;
- treat each other with respect and consideration;
- value and benefit from diversity in beliefs, cultures and abilities;
- continually improve the quality of our services by learning from what we do;
- take responsibility and are accountable for our own actions;
- expect staff and patients to take their share of responsibility for their own health;
- work and support all organisations who are committed to promoting the health of local people.

1. INTRODUCTION

The Trust's Annual Plan for 2007/08 identifies and addresses the key issues that face the hospital during the coming year. It sets out how services will be improved and developed for the benefit of patients, whilst ensuring that both national and local standards are delivered.

The year ahead is likely to prove both challenging and rewarding for the Trust as it is planned that Poole Hospital will become a Foundation Trust Hospital in the summer 2007.

This will provide a number of benefits to both local people and our staff, in giving them a greater say in how services are provided and will strengthen existing areas of partnership working. NHS Foundation Trusts have greater freedom over the services they provide, new options to earn, borrow and spend money, and more flexibility to meet patient's expectations.

During 2006/07 the Trust has made significant progress in a number of key performance areas including:

- seeing 99.5% of patients in Accident & Emergency within 4 hours, against the 98% target (as at November 2006);
- ensuring that all initial outpatient appointments are seen within 11 weeks of referral;
- ensuring that all elective inpatients and day cases have been treated within 20 weeks of the referral being received.

Other key achievements by the Trust during 2006/07 include:

- achieving a rating of 'good' in terms of overall quality of clinical care in the Healthcare Commission Care Standards Assessment report;
- achieving a rating of 'excellent' in the quality of our Diagnostic Services in the Healthcare Commission report;
- a reduction in the number of patients with a hospital acquired MRSA bacteraemias;
- being rated 'excellent' for the quality of food and 'good' for the standard of cleanliness in Patient Environmental Action Team (PEAT) reports;
- achieving a year end financial balance after delivering a £2.4 million surplus for the benefit of the wider health community.

All the above has been possible due to the continued hard work of the Trust's staff. It is to the credit of everyone that they have responded to the challenges of 2006/07 in such a professional and dedicated manner.

Challenges for 2007/08

The coming year promises to be just as testing with ongoing work to meet the national targets as outlined within the Operating Framework for 2007/08 which focuses on improving patient experiences, the reduction of health inequalities and achieving financial health

Other key issues which will continue to influence the work of the Trust is the full roll-out of Payment by Results, the ongoing development of practice based commissioning and the patient choice agenda.

Work will commence on planning the projects to upgrade Accident & Emergency facilities (planned completion date September 2009); to centralise Day Case facilities (planned completion date February 2009), Liquid Based Cytology services which will be developed by the autumn of 2007 and the Maternity facilities (planned completion 2011/12).

A service development programme will commence in April 2007 concentrating on the following services:

- Cardiology;
- Spinal services;
- Gynaecology;
- Thorascopy;
- Brachytherapy;
- Colorectal services.

The successful achievement of these key objectives and others set out within this document will make significant progress towards meeting the Trust's strategic objectives and those of the Local Health Economy.



Sue Sutherland
Chief Executive

2. STRATEGY

- 2.1 In order to meet the requirements of the modern and transforming NHS and as part of the Trust's Foundation Trust application process the Trust has developed a five year Service Development Strategy. Additionally the Trust, using external facilitation, reappraised its philosophy of care and values as expressed in the 'Poole Approach'. The reappraisal has found that the 'Poole Approach', developed in the early 1990's, has stood the test of time and with some updating continues to express the Trust's philosophy and values.
- 2.2 The Poole Approach is described at the beginning of this document.

Trust Vision

- 2.3 Poole Hospital NHS Trust has an enviable record of delivering high quality services and excellent access times with dedicated and motivated staff as evidenced by the Healthcare Commission's 2006 Annual Health Check, access time benchmarking and the National Staff Survey 2005/06.
- 2.4 The Trust's vision is to build on this record of achievement, working with our staff, commissioners, general practitioners, patients and the local people in developing clinical services to ensure we continue to be their hospital of choice. The Trust's vision and strategic aim is expressed as:

'We will provide excellent patient centred emergency and planned care to the people we serve'.

Strategic Goals

- 2.5 Supporting the vision are five strategic goals:
1. To ensure robust management of resources and the sustainable development of clinical services.
 2. To continuously improve the patients' experience.
 3. To continue to employ a highly motivated flexible workforce delivering excellent services.
 4. To deliver strong public engagement and robust corporate and clinical governance systems.
 5. To maintain and develop successful partnership working.
- 2.6 These five goals are supported by the Trust's 11 key objectives for 2007/08 which are set out in Section Six of this plan, which identifies the key work that Care Groups and Directorates will undertake in order to deliver the Trust's vision and strategic goals.
- 2.7 Further details as to how these goals will be achieved are set out in the Trust's Service Development Strategy and Future Clinical Service Plan within the Integrated Business Plan, February 2007.

3. TRUST OVERVIEW

Overview

- 3.1 Poole Hospital NHS Trust provides a wide range of local, general and specialist acute services to the residents of the Borough of Poole and the two district councils of Purbeck and East Dorset (giving an approximate main catchment population of 268,000). The general and specialist acute services are provided to the residents of Bournemouth Borough Council and Christchurch District Council increasing the catchment population to around 477,000. In addition specialist acute services are provided to the residents of the other three Dorset district councils further increasing the catchment population to 701,000. These populations account for approximately 98% of the patient flow to the hospital, with the remaining 2% of patients coming from the neighbouring commissioning areas of Hampshire and Wiltshire as well as visitors to the area accessing emergency care.
- 3.2 There are two Primary Care Trusts (PCTs) commissioning approximately 98% of work undertaken by Poole Hospital, with the Bournemouth and Poole Primary Care Trust contracting for approximately 74% and the Dorset Primary Care Trust contracting for approximately 24% of the Trust's patient flow.
- 3.3 The Trust has a turnover of £150 million, has 789 beds (including 74 day beds) and employs approximately 4,300 staff (3,000 WTE). The Trust treats some 47,000 inpatients, 17,200 day cases, 64,500 new outpatients and 57,000 A&E attendances per year.

Clinical Services

- 3.4 The Trust provides the following range of services to its main catchment area – General Surgery, Accident & Emergency, Pain Management, General Medicine, Cardiology, Dermatology, Rheumatology, Elective Gynaecology, Medicine for the Elderly and Palliative Care as well as a comprehensive range of Diagnostic and Clinical Support Services.
- 3.5 The following services are provided to Eastern Dorset - The Trauma Centre, The Paediatric Centre, the medically led Obstetrics Centre and the Neonatal Intensive Care, ENT and the Emergency Inpatient Gynaecology Centre.
- 3.6 A number of services are provided on a Dorset-wide basis as follows: Neurology, Oral and Maxillofacial Surgery and the Cancer Centre for Dorset.
- 3.7 The Trust is organised into Care Groups of which there are four operational teams delivering the clinical services of the Trust. They are Women & Children, Surgical, Medical and Diagnostics & Clinical support.

Demographics/ Local Health Economy

3.8 The current population of Dorset is shown in the following table:

	Age of Population			TOTAL
	0-14	15 - 64	65+	
Borough of Poole Council	23,051	86,408	28,573	138,032
Bournemouth Borough Council	24,828	105,683	32,833	163,344
Sub Total	<u>47,879</u>	<u>192,091</u>	<u>61,406</u>	<u>301,376</u>
Dorset County Council*	65,180	239,927	94,772	399,879
TOTAL Dorset Population	<u>113,059</u>	<u>432,018</u>	<u>156,178</u>	<u>701,255</u>

* Comprising East Dorset, Purbeck, Christchurch, Weymouth and Portland, West Dorset and North Dorset councils.

3.9 The county of Dorset's population is predicted to rise over the coming years (forecast 3.3% over five years). The population aged over 65 is 22% and is significantly higher than the national average of 16%. The population aged over 75 is 11.2% compared with a 7.4% national average.

3.10 The Health characteristics of Dorset are detailed in section Four, Market Assessment of the Foundation Trust Integrated Business Plan.

Finance

3.11 The Trust has a turnover in 2007/08 of around £155 million of which £137 million relates to NHS agreements. The Local Delivery Plan agreement with the local commissioner amounts to £95 million.

Income and Expenditure 2007/08

Source of Income	£'000
Bournemouth and Poole Primary Care Trust	95,022
Dorset Primary Care Trust	37,929
Other Primary Care Trusts	4,304
Department of Health	9,730
Workforce Development	4,996
Harbour Hospital	1,348
Road Traffic Accident Income	800
Miscellaneous	585
Interest Receivable	150
TOTAL	154,864

Budget

	£'000
Baseline Budget	
Roll-forward budget	139,324
Specific central post pressure reserve	2,149
Inflation Uplifts	
Pay awards	2,596
Pay reform	1,170
Developments	
Agreed developments	1,283
Drugs	1,954
Dorset Breast Screening Unit	155
Financing Costs	
Depreciation	6,289
Trust Debt Remuneration	3,660
Cash releasing efficiency savings	-3,716
TOTAL	154,864

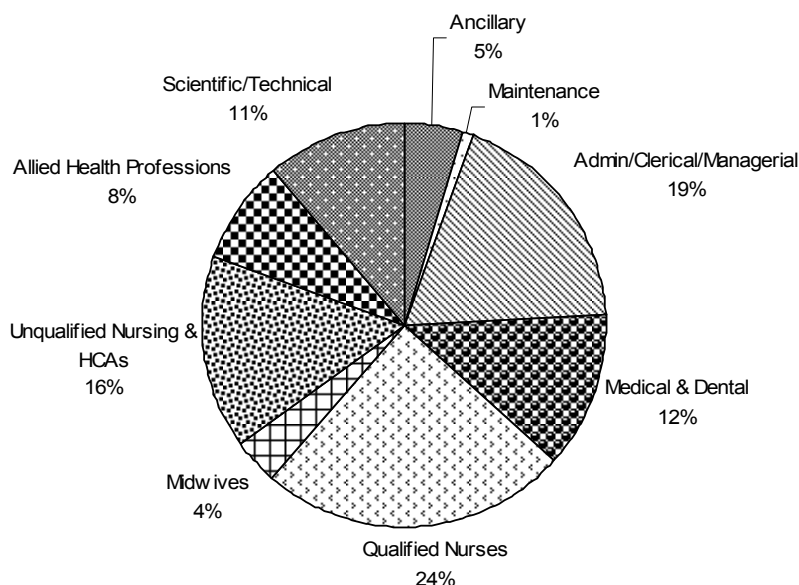
- 3.12 The Trust employs assets of £112 million. The Trust has a return on capital employed of 3.5%. As of March 2007 the Trust has a positive current asset ratio of 1.28:1.
- 3.13 The Trust has a Reference Cost Index of 84 which identifies Poole Hospital NHS Trust as a low cost provider.
- 3.14 In addition the Trust has recently been involved in a benchmarking exercise with four other "low cost" Trusts in respect of length of stay. This exercise showed that in terms of length of stay overall we were the most efficient of the five although there were areas identified where we could still show an improvement.
- 3.15 In 2007/08 the Trust has a base capital programme of £3.7 million.

Capital Programme 2007/08

	£'000
Medical and Surgical Equipment	640
Equipment over £50k	401
IMT	900
Minor Construction Schemes	50
Major Construction Schemes	1,067
Backlog Maintenance	380
Other Small Schemes	130
Prior Year Retentions	50
Contingency	82
TOTAL	3,700

Human Resources

- 3.16 At 31 December 2006 the Trust employed 2,849 whole time equivalent staff. The chart below illustrates the percentages of staff employed by staff group. In addition, 875 staff held exclusively Bank contracts.



- 3.17 The Trust will continue to proactively monitor workforce performance indicators using improved internal monitoring and NHS partnership benchmarking service.
- 3.18 Key performance indicators reported by Human Resources are staff numbers – 'headcount'; turnover; sickness absence; appraisals; training; opinion survey results; compliance with employment legislation such as Equality Schemes; implementation of national workforce initiatives including Improving Working Lives and the Electronic Staff Record. These are currently being reviewed in the light of ESR implementation and the improved reporting functionality afforded by it.
- 3.19 Key objectives for the Human Resources Directorate and for all Directorates and Care Groups will be to reduce significantly sickness absence levels with targeted action taken in specific areas in the coming year. Achievement of improvements in this area will be crucial as the Trust moves towards Foundation Trust status. Turnover rates will be monitored to ensure that the Trust's low turnover rate is maintained.
- 3.20 As the Trust moves towards Foundation Trust status a review of the HR department's structure, capacity and capability in key areas is being undertaken to align the function with the future needs of the organisation.

Workforce Plan 2007/08

- 3.21 It is planned that the Trust's workforce will be as follow as at March 2008, taking into account known changes and developments in services:

	WTE's
Medical and Dental Staff	327
Nursing and Midwifery Staff	1302
Scientific, Therapeutic and Technical Staff	497
Managers/Administration	607
Ancillary/Estates Staff	170
Total	2903

Estates

- 3.22 Poole Hospital is situated on three sites – the main site is on Longfleet Road and the St. Mary's site on St. Mary's Road. The majority of the buildings on the main site were constructed during the early 1960s and these accommodate nearly all clinical services. The site extends to approximately 11.5 acres. The 3.98 acres of the St. Mary's site, the location of the original hospital, principally consists of a Maternity unit providing the majority of Obstetrics and all Neonatal services for East Dorset. In addition Forest Holme (Hospice) is situated nearby on Seldown Road.
- 3.23 The programme of buildings maintenance to maintain the hospital estate will be continued during 2007/08.
- 3.24 Preliminary planning work will commence to develop the Accident & Emergency and Day Case facilities during 2007/08.
- 3.25 The Estates Strategy has been produced for Trust Board approval and supports the Foundation Trust Business Case activities.

4. PROGRESS AGAINST KEY CORPORATE OBJECTIVES 2006/07

To deliver a financially balanced position including delivery of 2.5% Cash Releasing Efficiency Savings (CRES)

- 4.1 At the end of February 2007 the Trust was £1,702,000 ahead of its income and expenditure target.
- 4.2 This has been achieved through the management of the following in-year financial demands:
- £2,400,000 surplus required by the NHS South West to help support the wider health community;
 - £931,000 top-slicing of central Department of Health budgets;
 - £619,000 Market forces factor adjustment;
 - £700,000 for unfunded cancer drug expenditure.

- 4.3 The Trust is currently reporting a forecast year end breakeven position.

To continue to deliver improvements to the quality of the Trust's services in line with action plans agreed with Poole Primary Care Trust and the NHS South West

- 4.4 The average length of stay, based on first finished consultant episode, across the Trust has reduced from 3.2 days per patient in December 2005 to 2.9 days per patient in December 2006. Initiatives that have assisted in achieving this have included the reconfiguration of wards and the provision of additional operating time to reduce preoperative length of stay improving surgical efficiency.
- 4.5 Across the Trust new arrangements have been put in place to facilitate more effective integrated working between the Hospital discharge liaison, Social Services, Therapists and Ward Teams, focussing on discharge planning and more accurate identification of patient discharge dates.
- 4.6 Day Case rates have improved from 53.8% (April 2006) to 61.6% (October 2006) against the Healthcare Commissions basket of 25 procedures. However the overall Day Case rate against elective activity within the Trust was 79% in January 2007 which exceeds the local annual accountability target of 75%.

To meet the national and local access targets including a 20 weeks maximum wait for inpatient treatment, 11 weeks for an initial outpatient appointment and specific waiting times for diagnostic investigations by March 2007

- 4.7 As from August 2006, the Trust has successfully achieved waiting times for patients, so that no-one has to wait more than 20 weeks for an elective inpatient procedure and 11 weeks for an initial outpatient attendance. Work is currently in progress to further reduce these.
- 4.8 The Trust is one of the best performers within the NHS South West against the target that 98% of patients in Accident & Emergency are admitted or treated within 4 hours. The rolling average for the quarter to February 2007 is 99.10%.
- 4.9 The Trust has continued to maintain its 100% record for mutually agreed booking of inpatients, day cases and outpatient appointments.

To position the Trust to formally apply for Foundation Trust status by February 2007

- 4.10 The Trust has received formal notification that its application for Foundation Trust status is part of Wave 4. The application was submitted in February 2007, with the decision from the Secretary of State being expected in March 2007.
- 4.11 A Integrated Business Plan has been produced to support the application, along with agreed strategies to take forward Human Resources, Information Management & Technology, Facilities Management and Communication issues.

To meet the Standards for Better Health requirements and comply with Assurance Framework standards, in line with agreed national and local timetables

- 4.12 The Trust successfully met the timescale for submitting evidence showing how the Standards for Better Health Care and development standards were being met. The Trust was rated 'Good' for the overall quality of its Clinical Services and 'Fair' for its use of resources.
- 4.13 The Trust's Assurance Framework has been revised as part of an overall project to update Governance arrangements across the organisation.

To develop more sensitive contractual arrangements for activity through Local Delivery Plan agreements and monitoring workload levels

- 4.14 With the partial introduction of Payment by Results the Trust is in a much better position to receive payment for additional work that it undertakes over and above agreed contracted levels. The level of activity undertaken by the Trust to date in 2006/07 is in line with the agreed levels set out within Local Delivery Plans and so these new contractual arrangements have not been tested.

To increase the focus on the fundamentals of care, increasing the satisfaction of patients and the public

- 4.15 Work has commenced on a series of audits across the following fundamentals of care areas:
- privacy and dignity;
 - self care;
 - continence;
 - bladder and bowel care;
 - personal and oral hygiene;
 - communication;
 - safety;
 - record keeping;
 - infection control;
 - pressure ulcer care;
 - food and nutrition.
- 4.16 It is planned that reports on these audits will be produced over the coming months and action plans will be put into place and taken forward during 2007/08.

To continue work to increase the levels of patient and public involvement within the Trust, in line with the recommendations contained within the March 2006 Peer Review

- 4.17 Patients and the public have been involved in consultation events collaboratively with Poole Social Services, Poole Primary Care Trust, South West Ambulance Trust and Dorset Healthcare NHS Trust. This work has mainly involved carers and has included formal feedback from Care of the Elderly staff on the work of the Practice Development Unit.
- 4.18 The Trust has developed guidance for staff on arranging interpreters, both for patients whose first language is not English and for patients who are deaf or hard of hearing.

To continue to take forward the implementation of National Service Frameworks in line with national and locally agreed timetables

- 4.19 Cancer Services continue to work with the Dorset Cancer Network to implement National Institute for Clinical Excellence (NICE) improving outcomes guidance. This work has concentrated upon:
- skin tumours;
 - sarcoma;
 - brain and other Central Nervous System tumours.
- 4.20 Joint working has continued with all local agencies involved in the care of children, with active participation in local Children's Services Executive Groups and Children's Trust Boards. The Trust is also an active partner in planning groups for services for children with disabilities.
- 4.21 A respiratory nurse specialist post has been created to provide additional support to children and young people with long term respiratory conditions and to provide education and expertise to staff working with these children.

To meet the agreed workforce targets for the Trust

- 4.22 Staff sickness absence rates appear to have remained at a similar level as last year. The new reporting methods introduced in the previous financial year are now fully implemented across the Trust to enable more accurate and improved reporting.
- 4.23 Staff turnover rates are on track to meet the aim of them remaining below the lower quartile figure for South West England acute trusts of 12.3%.
- 4.24 The introduction of Knowledge and Skills Frameworking (KSF's) have been a great help in moving the Trust towards achieving the target of 95% of staff receiving an annual staff appraisal review.
- 4.25 The Trust was rated second nationally by the Health Service Journal, who analyse all the results of the most recent National Staff Survey in 2005. Nearly all aspects of the survey were extremely positive with very few areas of weakness identified. The Trust came in the top 20% of acute Trust's for a wide range of areas covered within the survey including: work life balance; team working; communications and appraisals. The results from the 2006 Staff Survey are awaited.

To achieve a year on year reduction in MRSA levels within the Poole Health Community to a maximum of 19 cases in 2006/07

- 4.26 The Trust has made significant progress in reducing the numbers of MRSA bacteraemias within the Poole Health community and is likely to only very narrowly miss the target of reducing the overall number of cases by 50% against our baseline figure for this financial year. The Trust in common with all other acute hospitals remains open to small clusters of cases within specialised areas such the Intensive Care Unit where there are highly vulnerable patients.
- 4.27 The significant reduction has been achieved through a raft of infection prevention control measures including the following:
- prioritising hand decontamination compliance;
 - targeting the saving lives campaign emphasis on preventing infections by achieving constant best practice and clinical practice audit improvement;
 - implemented single patient bed space environmental cleaning and microfibre floor cloth systems;
 - staff engagement and commitment to healthcare associated infection prevention has been strengthened through development of education and training delivery.

To maintain a safe environment for all patient, visitors and staff, by ensuring health and safety is an integral part of service provision, development and performance reviews

- 4.28 The Trust's risk register is in the process of being reviewed and updated, a report has been produced in January 2007 which shows a 20% reduction in the level of unresolved health and safety risks.
- 4.29 Monthly incident trends are reported to the Trust's Risk Management Committee covering the top 10 clinical and non clinical incidents. Reports are also produced on any red or amber incidents that occur (with action plans and outcomes) which enables any appropriate issues to be passed up to the Hospital Executive Committee and Trust Board.
- 4.30 The top two clinical incidents through the year are patients waiting more than 48 hours for surgery and staffing issues. The top two non clinical incidents through the year have been slip/trip and verbal abuse. Various action plans were implemented to reduce the number of incidents occurring this year.

5. TRUST BUSINESS PLANS

Foundation Trust Status

- 5.1 The Trust is in a strong position to take full advantage of Foundation Trust Status. It has an excellent base on which to build, including:
- high standards of care in Emergency, Elective and Outpatient care;
 - low waiting times;
 - unusual case mix;
 - excellent reputation with patients;
 - growing catchment population;
 - ability to recruit staff locally as the second best performing acute trust in the country within the 2005 “NHS National Staff Survey”;
 - positive and effective working relationships with our PCTs, local stakeholders and Primary Care Providers;
 - a track record of success.
- 5.2 Foundation Trust Status will allow freedoms which will empower the Trust to work more closely with its local population in delivering its vision. The Trust will utilise these freedoms by ensuring its governance constitution regimes are representative of the public, patient, carers and staff constituencies it serves.
- 5.3 In order to deliver its Vision the Trust will make use of its freedoms in approving business cases, sourcing capital and redesigning services This may include generating and utilising financial surpluses or exploiting the increased options for borrowing money.

Local Delivery Plans

- 5.4 The Trust is required to agree an LDP annually and the proposed agreement allows the Trust to plan its operational and financial strategy.
- 5.5 The LDP confirms the financial and activity arrangements for the bulk of the Trusts activity. Excluded areas include arrangements with Health organisations outside Dorset e.g. New Forest PCT, specific arrangements with local Trusts for the provision of services, and non-NHS income arrangements. The LDP covers approximately 86% of the Trust’s income.
- 5.6 The arrangements agreed, provide for an expected LDP income of £132.9 million in 2007/08. Of this income, 70% will be payable under the Payment by Results tariff. Actual activity will be reimbursed up to agreed limits and thereafter, 50% of tariff becomes payable for additional activity. The LDP will require close monitoring of actual activity compared to planned activity.
- 5.7 The LDP will require the Trust to deliver a Cost Improvement Programme during the year of 2.5%. This equates to £3.7million.

5.8 The Cost Improvement Programme is outlined below:

	£m
Total CIP	3.7
Plans submitted and agreed	2.2
Central initiatives	1.5

5.9 The Trust has agreed a risk sharing agreement with the Commissioning PCT in relation to the cost pressures associated with Cancer Drugs. An additional £1.25 million is being provided for cancer drugs as part of the LDP with a risk sharing agreement in place to the value of £0.4 million.

Local Delivery Plan 2007/08 Summary

	First Finished Consultant Episodes			Attendances		Values £'000's
	Elective Ordinary Admissions	Elective Day Cases	Non Elective Admissions	First Outpatient	Follow Up Outpatient	
Dorset PCTs						
Bournemouth and Poole	3,559	8,460	28,768	42,067	75,785	67,064
Dorset	1,617	2,713	9,328	14,840	26,449	25,044
Sub Total	5,176	11,173	38,096	56,907	102,234	92,108
Other PCTs						
Hampshire	191	275	905	1,335	2,447	2,499
Southampton City*	1	5	76	29	36	169
Wiltshire*	4	3	69	60	82	143
Somerset*	22	9	36	52	108	126
Sub Total	218	292	1,086	1,476	2,673	2,937
Non-contract Activity						1,949
Total	5,394	11,465	39,182	58,383	104,907	96,994

* not yet agreed

Competitor Analysis

5.10 From October 2006 there are two key Primary Care Trusts (PCTs) commissioning work from Poole Hospital, with the Bournemouth and Poole Primary Care Trust contracting for approximately 74% of the Trust's patient flow and the Dorset Primary Care Trust contracting for approximately 24% of the Trust's patient flow together giving a total of over 98%.

5.11 In terms of overall market share for elective (inpatient and day case), non elective and first outpatient work received from the two local Primary Care Trusts in 2005/06 was as follows:

	Bournemouth and Poole PCT		Dorset PCT	
	Patient numbers	Percentage	Patient numbers	Percentage
Elective	12,160	24.8	4,200	7.5
Non elective	31,708	65.6	10,202	22.4
First Outpatients	46,794	41.7	15,729	14.1

- 5.12 As part of the move towards Foundation Trust Status and in response to Payment by Results, the Trust has commenced work to monitor and identify any changes that take place within the local health care market utilising the 'Dr Foster' Hospital Marketing Manager tool.
- 5.13 Further competitor analysis information can be found in the Trust's Section Five: Service Development Plan within the Integrated Business Plan, February 2007.

Payment by Results/Activity and Capacity Assumptions

- 5.14 The Trust has identified scope for service growth and increased levels of Payments by Result income specifically in Gynaecology and Obstetrics. There is also potential for growth in Direct Access Endoscopy and Gastroenterology where neighbouring Trusts are at capacity.
- 5.15 The Trust's Transformation Programme details the requirement to review the service configuration of Rheumatology, Dermatology and Cardiology, if the Trust were to adopt a Hub and Spoke Model providing Community based services there is scope for further expansion, particularly in Rheumatology and Dermatology.
- 5.16 Proposals have been formulated to expand Cardiology Services, in the area of non-invasive diagnostics; including CT angiography and Stress Echocardiography, which is provided by very few other Trusts in the UK. Myocardial Perfusion Scintigraphy and Transoesophageal Echocardiography would also be extended.

Projected Local Delivery Plan levels of Activity 2007/08

- 5.17 The Trust has agreed local delivery plan activity levels based upon a hybrid model of 2005/06 outturn and 2006/07 forecast levels. This has then been adjusted for agreed developments and service changes, which were agreed as part of the LTFM model for FT. These comprise of developments in:
- Cardiology
 - Spinal Services
 - Thoracoscopy
 - Brachytherapy
 - Liquid Based Cytology
 - 18 week wait
- 5.18 The level of non-elective activity has been reduced by £1.5 million on the basis of actions to be taken by the Commissioning PCT to reduce demand.
- 5.19 Activity included in the block contract has been assessed and the PCT have contributed an additional £6 million. However, this does not fully fund the block but in order to reach an affordable LDP for the health community this has been accepted for 2007/08.

Local Acute Poole, Purbeck & East Dorset (pop 268,000)	General Acute Poole, Purbeck, East Dorset, Bournemouth & Christchurch (pop 477,000)	Specialist Whole of Dorset (pop 701,000)	Trust Wide Activity			
			Inpatient		D/C	O/P
			Elective FCE	Emerg. FCE	FCE	First
General Surgery			1274	2423	3855	6697
Urology (Bmth)						1116
Ophthalmology (Bmth)						774
Accident & Emergency				2788	104	
Pain Management			25		402	686
General Medicine/ Respiratory / Diabetes/ Gastroenterology			195	6547	1777	5167
Cardiology			144	166	107	3103
Dermatology			27	27	18	3035
Rheumatology			51	15	873	2345
Gynaecology (elective)			1020		1277	3899
Medicines for Elderly			58	4178	260	1810
Palliative Medicine				148		
	Trauma & Ortho		477	3338	325	11849
	ENT		1150	592	1119	4580
	Paediatrics		82	5242	103	3896
	Gynaecology (emergency)			956		
	Maternity			11364		
	Neurology		94	12	149	
	OMF		509	328	932	4366
	Clinical Haematology		84	295	13	559
	Oncology – Medical		40	251	58	274
	Oncology – Clinical		164	512	93	2322
Total			5394	39182	11465	58383

Key Business Risks

- 5.20 The Trust manages risk within the context of an overall integrated governance framework. The key corporate risks are considered by the Board of Directors who also scrutinise the risk management process operating in the Trust.
- 5.21 The Trust maintains a live Risk Register which is populated by the outcomes of risk assessments, the assessment of risk from incident reporting and the risks identified through the business planning process.
- 5.22 The key financial, strategic and operational business risks for the Trust are:
- affordability of activity levels via the Payment by Results regime;
 - financial control;
 - reduction in income especially from central top slicing;
 - sustainability of the workforce;
 - litigation costs and reputation;
 - funding high cost treatments and services;
 - delivery of key activity targets;
 - managing productivity;
 - financial control;
 - robustness of IT systems;
 - treasury management.
- 5.23 The Trust has agreed a number of initiatives and actions to address these risks. These are detailed within Section Seven (Risk) of the Foundation Trust Integrated Business Plan, February 2007.

6. TRUST KEY CORPORATE OBJECTIVES 2007/08

6.1 All the Trust's Clinical Care Groups and Directorates will be working towards achieving the Trust 2007/08 key corporate objectives below:

- achieve a financial balance including delivery of a 2.5% Cash Releasing Efficiency Savings programme, further develop systems to ensure that the Trust's contractual arrangements are both robust and equitable and maintain and increase market share and associated income flows;
- ensure effective and efficient use of resources and where appropriate evidenced by benchmarking;
- deliver agreed service developments and progress planning for major building upgrades;
- meet national and local access, quality and safety standards including meeting milestones towards achieving the 18 week target;
- develop infection control measures and reduce levels of hospital acquired MRSA and Clostridium difficile;
- meet 'Standards for Better Health' requirements;
- continue to take forward work to implement the National Service Frameworks;
- maintain a safe environment for all patients, visitors and staff and meet National Health Service Litigation Authority Level 2 requirements and plan for Level 3;
- meet agreed workforce targets, reduce use of agency staff and improve staff satisfaction rating;
- develop governance systems and processes including the assurance framework which supports requirements of Foundation Trust authorisation and ensure inclusive and active Foundation Trust membership arrangements;
- ensure reputation of the Trust and strengthen both internal and external communication systems and further develop collaborative working across the Healthcare community.

6.2 Section Seven outlines the Clinical Care Group and Directorates key work for 2007/08, with the Clinical Care Group and Directorate objectives detailed in Annex One, setting out how the Trust's Strategic Goals and Key Corporate Objectives for 2007/08 will be delivered.

6.3 The achievement of the 2007/08 objectives will contribute towards the overall achievement of the Trust's five key strategic goals as described below:

STRATEGIC GOAL ONE:

To Ensure Robust Management of Resources and the Sustainable Development of Clinical Services

6.4 Supporting objectives 2007/08:

- ***achieve a financial balance including delivery of a 2.5% Cash Releasing Efficiency Savings programme:***
 - * the Trust will work collaboratively with its two main commissioners Bournemouth and Poole and Dorset Primary Care Trusts to agree the Local Delivery Plans for 2007/08 and will produce detailed plans to produce a 2.5% cash releasing efficiency saving;
- ***further development of systems to ensure that the Trust's contractual arrangements are both robust and equitable:***
 - * work will take place to enable the Trust to properly identify and code its workload to ensure that income is collected and cost is attributed appropriately;
 - * this will include making improvements to information systems so that the Payment by Results process is properly implemented and monitored through the introduction of the National System and ensuring that quarterly income collection deadlines are met;
- ***ensure effective and efficient use of resources and where appropriate evidenced by benchmarking:***
 - * the Trust will make use of a variety of benchmarking systems and tools to assess whether resources are being used efficiently and effectively, and where necessary, review existing systems and processes;
 - * a review of Information Management and Technology Services will be undertaken. A action plan will be implemented to provide a robust IM & T Service which supports the delivery of the Trust's clinical and non clinical objectives.

STRATEGIC GOAL TWO:

To Continuously Improve the Patients Experience

6.5 Supporting objectives 2007/08:

- ***meet national and local access, quality and safety standards including meeting milestones towards achieving the 18 week target:***
 - * the NHS Improvement Plan, published in 2004 and the 2007/08 NHS Operating Framework stated that by December 2008 no patient should wait longer than 18 weeks from seeing their GP to undergoing any required procedure. The Trust has drawn up detailed performance management plans to achieve these targets by 2008;

- * by March 2008 85% of pathways where patients are admitted for hospital treatment will be completed within 18 weeks and 90% of pathways that do not end in admission will be completed in 18 weeks;
- * work will be focused on delivering the 10 High Impact Changes and to improve patient pathways and experiences across the local healthcare community. Specialty reviews are taking place and action plans developed to improve the quality of services;
- * to continue to progress Transformation Projects and redesign workforce;
- * work will continue in 2007/08 to deliver all Health Care Performance Indicators;
- * meet single sex requirements to ensure national standards are met;
- ***develop infection control measures and reduce levels of hospital acquired MRSA and Clostridium difficile:***
 - * the NHS Operating Framework for 2007/08 states that Primary Care Trusts need to agree local targets for a significant reduction in MRSA and Clostridium difficile infections. The Trust will work to deliver agreed action plans for further improved infection control;
- ***meet ‘Standards for Better Health’ requirements:***
 - * the Trust will deliver the agreed action plan to ensure that the Trust complies with the core standards and will work to implement the development standards during 2007/08;
- ***continue to take forward work to implement the National Service Frameworks:***
 - * action plans are in place for the delivery of National Service Framework requirements covering the following specialties:
 - Cancer Services;
 - Diabetes;
 - Elderly Services;
 - Children’s & Maternity Services;
 - Long Term Conditions;
 - Coronary Heart Disease;
- ***continue work on the “fundamentals of care”:***
 - * audit work will continue in the following areas to increase the focus on the fundamentals of care; privacy and dignity, self care, continence, bladder and bowel care, personal and oral hygiene, communication, safety, record keeping, infection control, pressure ulcers, food and nutrition;
 - * these audits will result in a series of action plans which will be implemented during 2007/08 with the overall aim of increasing the level of satisfaction in the quality of care received by patients;

- ***progress planning for major building upgrades:***
 - * the Trust will commence preliminary planning work as part of an overall site Development Control Plan on major capital developments in the following areas subject to Foundation Trust authorisation:
 - Day Case Unit;
 - A & E;
 - Maternity;

- ***maintain a safe environment for all patients, visitors and staff:***
 - * work will continue in 2007/08 to achieve further reductions in the number of health and safety risks and the reportable incidence of work related injuries to staff;
 - * in response to the Foundation Trust Public Consultation the Facilities Management Directorate will work with the Patient and Public Involvement Group on a range of options to improve patient access from the car park to the main hospital. This includes the use of electric buggies, providing portering assistance to patients, exploring the possibility of valet parking and the possible creation of additional drop off and short term parking near the main entrance;

- ***deliver agreed service developments:***
 - * following Local Delivery Plan discussions the Trust will be developing the following services in order to meet the requirements of the local health economy:
 - Cardiology;
 - Cancer Services;
 - Gynaecology;
 - Colorectal;
 - Spinal Services;
 - Liquid Based Cytology.

STRATEGIC GOAL THREE:

To Continue to Employ A Highly Motivated Flexible Workforce Delivering Excellent Services

6.6 Supporting Objectives 2007/08:

- ***meet agreed workforce targets:***
 - * the Trust will reduce its staff sickness absence levels to 4.1% in 2007/08;
 - * the Trust avoidable staff turnover rate in 2007/08 will remain at 11% or below;
 - * the Trust will also achieve a maximum unplanned vacancy rate of 5% for all Staff Groups, Care Groups and Directorates in 2007/08;
 - * 95% of staff will receive an Annual Appraisal and Knowledge and Skills Framework (KSF's) review;
- ***reduce use of agency staff:***
 - * the Trust will continue to work on reducing the use of high cost agency staff through maximising the flexibility in existing employment contracts and will develop more innovative ways of deploying bank staff;
- ***improve staff satisfaction rating:***
 - * the Trust will continue to participate in the Annual National Health Staff Survey and produce action plans to address development areas and monitor progress on a formal basis via reports to the Trust Board. The current aim is to maintain or improve our league position for key indicators within the top 20% of acute Trusts.

STRATEGIC GOAL FOUR:

To have Governance Arrangements to Deliver Strong Public Engagement and Robust Corporate and Clinical Governance Systems

6.7 Supporting Objectives 2007/08:

- ***ensure inclusive and active Foundation Trust membership arrangements:***
 - * the Trust will implement the Foundation Trust Membership and Recruitment action plan which includes refining recruitment strategies, hold membership elections for the first Council of Member Representatives and will establish support services and communication processes;

- ***develop governance systems and processes including the assurance framework which supports requirements of Foundation Trust authorisation:***
 - * the Trust will establish the governance arrangements and processes required including the establishment of the Council of Member Representatives, the appointment of a Board Secretary by July 2007 and will commence timely reporting to Monitor;
 - * existing Integrated Governance arrangements will be reviewed with the aim of ensuring that the Trust Board are provided with a comprehensive level of assurance that all standards are met;
- ***meet National Health Service Litigation Authority Level 2 requirements and plan for Level 3:***
 - * the Trust achieved a score of 49 out of 50 for Level 2 accreditation as one of the pilot sites for the new National Health Service Litigation Authority Risk management Standards and is working towards meeting Level 3 standards during 2007/08.

STRATEGIC GOAL FIVE:

To Maintain and Develop Successful Partnership Working

6.8 Supporting Objectives 2007/08:

- ***strengthen both internal and external communication systems and further develop collaborative working across the Healthcare community:***
 - * the Trust will review the way corporate information is disseminated throughout the organisation to ensure that all staff receive information that is relevant to them. Work will also be undertaken to revise feedback mechanisms, enabling staff to comment freely about issues which will impact upon them and their work;
 - * one of the key mechanisms by which this will be achieved is through the recent relaunch of the Trust's website, and the planned updating and redesign of the Trust's intranet site;
 - * work will also take place to review information sent to GPs to ensure they receive timely and relevant information about service developments and other issues of interest;
- ***maintain and increase market share and associated income flows:***
 - * work will take place to develop systems to enable GP referral flows and work patterns to be analysed and to take appropriate action where unexpected variations in workflows are identified;
- ***ensure reputation of the Trust:***
 - * a publicity campaign is planned to maintain and improve the good reputation of Poole Hospital and celebrate its successes, proactively engaging the local media in this process;
 - * a programme of 're-branding' the Trust is planned to reflect its vision and its move to become an NHS Foundation Trust.

7. OVERVIEW OF CLINICAL CARE GROUP/ DIRECTORATE KEY WORK 2007/08

- 7.1 The key areas of work for the Trust's individual Care Groups and Directorates in achieving the Trust's key corporate objectives are set out in this section. These cross reference and support the corporate objectives set out in Section Six of this plan and support the Trust's vision and strategic goals.
- 7.2 All Care Groups and Directorates are expected to achieve the Trust's key objectives in respect of:
- Finance – by delivering a financially balanced position, including achievement of agreed Cash Releasing Efficiency Savings in 2007/08;
 - Workforce – by achieving identified workforce targets for sickness of 4.1%, turnover of less than 11% and vacancy rates of less than 5%;
 - Clinical Care Groups will further develop infection prevention and control measures to achieve a further reduction in hospital acquired infections.
- 7.3 The actions to achieve specific objectives are detailed in each of the Clinical Care Group & Directorate individual objective sections (Annex One).
- 7.4 Progress in achieving all specific objectives will be monitored as part of the Trust's Performance Management Framework ensuring that national and local delivery targets are met.
- 7.5 Service redesign methodology will be integral to the achievement of all key objectives.

MEDICAL CLINICAL CARE GROUP

Associate Medical Director: Dr. Stephen Kirkham
Associate Director of Operations: Gill Christian

Comprising:

- Acute Medicine;
- Specialist Medical Services;
- Medicine for the Elderly;
- Accident & Emergency Department/ Emergency Assessment Unit/ Out of Hours;
- Oncology/ Cancer Services;
- Physiotherapy;
- Occupational Therapy;
- Speech and Language Therapy;
- Diabetes.

The Clinical Care Group will work towards achieving the Trust's key objectives for 2007/08 by:

Continuing to deliver improvements to the quality of the Trust's services

- the Care Group has undertaken a series of transformation projects to look at the way a number of services are currently provided and to examine alternative commissioning arrangements. In most cases this will include undertaking a full service review, which will need to take into account local plans, National Service Framework requirements and National Institute for Clinical Excellence (NICE) guidelines;
- the Care Group will implement the recommendations continued within the National Institute for Clinical Excellence 'Improving Outcomes Guidance for Cancer'. This will include working with the Dorset Cancer Network in taking forward peer review findings and implementing seven day working for Specialist Palliative Care Nursing Services;
- work will be undertaken to ensure that all under nourished or patients at risk of under nourishment are identified at admission and ensure that they have an agreed nutrition plan to comply with National Institute for Clinical Excellence Guidelines;
- a review of current staffing and process arrangements within Therapy Services to ensure that these services are working in the most efficient manner and that workload requirements are being met. Additionally the possibility of extending these services so they are available over a 7 day week will be considered;
- will lead on a full review of Elderly Care services, in conjunction with Bournemouth and Poole PCT. This will concentrate on examining the services currently provided in the community and how more patients can be supported in their own homes;

Meeting National and local access and quality targets

- achieve key milestones towards attainment of the 18 week referral and treatment target. These will be agreed with the Trust's commissioners via Local Delivery Plans;
- make a reduction in the number of emergency occupied bed days. The Care Group will be at the forefront of this work and will be looking, in conjunction with partner organisations, at how GP requests for admissions are handled, avoiding admissions through the treatment of long term conditions in the community, the appropriateness of current admission and discharge times and reducing the number of delays in discharging patients to community hospitals and Social Services;
- will review the existing provision of stroke services within the Trust in conjunction with the Bournemouth and Poole PCT, linking to the recent Department of Health publications 'Mending Hearts & Brains' and 'Delivery Quality and Value: Focus on Acute Stroke' and the recommendations of the Royal College of Physicians guidelines (second edition), with the aim of improving access to scans and thrombolysis;

Continuing work on the fundamentals of care increasing the satisfaction levels of patients

- the Care Group's Elderly Services achieved Practice Development Unit (PDU) status in 2005 work will be taking place to achieve PDU accreditation in Emergency Services, Cardiology and Medical Services during 2007/08;

Continuing to take forward the implementation of the National Service Frameworks

- work will continue to implement National Services Frameworks in Cancer Services, Diabetes, Cardiology, Older People and Long Term Neurological Conditions. This will include working in conjunction with local Primary Care Trusts and the Cancer Network in identifying areas for development in the current service provision, and ensuring that services meet national and local requirements;

Improving facilities available for the treatment of patients

- work will take place on improving the facilities available for the treatment of cancer patients, including the installation and commissioning of a CT scanner, development of Brachytherapy services, planned refurbishment of Tyneham Ward and replacement of the Trust's oldest Linear Accelerator;
- will commence planning to develop Accident & Emergency Services and facilities in order to provide an appropriate environment for patients, thereby ensuring it meets the requirements of the modernisation agenda for Emergency Care.

SURGICAL CLINICAL CARE GROUP

Associate Medical Director: Mr. John Edwards
Associate Director of Operations: Mr. Clive Thorp

Comprising:

- Surgery;
- Oral & Maxillofacial surgery;
- Anaesthetics;
- Trauma;
- Theatres;
- Endoscopy;
- Critical Care;
- Resuscitation services;
- Pain Management services;
- Medical Photography.

The Clinical Care Group will work towards achieving the Trust's key objectives for 2007/08 by:

Continuing to deliver improvements to the quality of the Trust's services

- the Care Group has recently undergone a restructuring exercise designed to implement a structure which will meet the demands of the workload facing the Care Group. This will enable a fully integrated governance structure, revised Risk Management systems and robust financial control systems to be put in place within the Care Group;
- a review of surgical and theatre utilisation has recently taken place with the aim of reducing cancellation rates, improving utilisation performance and maximising the use of resources. Action plans have been produced and these will be put in place over the coming months;
- a review of the arrangements for CEPOD (Emergency Operating) will be undertaken to identify the optimum solution;
- a review of the equipment needs in Theatres will be undertaken and production of an agreed priority list to acquire the necessary equipment, to avoid cancellations in both Main and Day Theatres;
- further review of current day case performance, benchmarking against national comparatives and where necessary drawing up action plans to improve performance and ensure that the Trust meets national targets for the basket of 25 procedures. This will assist in the achievement of the 10 High Impact Change recommendations relating to Day Surgery provision;

Meeting National and local access and quality targets

- key milestones towards achievement of the 18 week referral and treatment target will be achieved. These will be agreed with the Trust's commissioners via Local Delivery Plans;
- as the Major Trauma Centre for East Dorset, the Trust treats patients who have been admitted with a fractured neck of femur. There is a need to reduce the length of time these patients wait from their admission to the performance of their operation. Work will take place to identify the capacity constraints within the current system that prevent all patients from being treated within 24 hours, and put in place actions to rectify any identified problems;
- Royal College and national guidelines for ITU/HDU staffing have identified that nurse staffing levels for critically ill patients' falls below recommended levels of 7.00 whole time equivalent nursing staff per bed. A business case will be developed to identify the required compliance;
- patient dependency and complexity levels for surgical patients on wards B4 and C2 treatment room (ENT) are increasing following the redesign of ward B5. In order to respond to this, staffing levels and the skill mix will be reviewed in order to maintain the high quality of care available to patients;
- the Care Group has recently agreed a reconfiguration of Trauma wards and beds in order to provide the appropriate facilities and environment for patients. The success of this must be carefully evaluated over the coming year via audits. The Care Group has submitted proposals to reconfigure surgical beds and this will be addressed via the production of an Estates Strategy;
- look to develop a one-tier pre-operative assessment service across all surgical specialities. This will enable an increased level of same day admission for surgery and will also ensure that patients are then prepared for surgery, thereby reducing the number of operations that have to be cancelled;
- the Trisoft Theatre Management System has had difficulties in producing all the reports that the Care Group requires. Work is ongoing in conjunction with the company to rectify these problems and enable the Theatre team to have access to timely and accurate information;
- look to develop the range of specialist services it provides in order that these are available locally to patients, giving patients increased choice and potentially generating additional income for the Trust. Specific areas which will be taken forward include implementing the Dorset Bowel Cancer Screening Programme, expansion of laproscopic surgical procedures, the implementation of a dedicated Dorset wide Spinal Injury Service and establishment of a head and neck lump clinic.

WOMENS AND CHILDRENS CLINICAL CARE GROUP

Associate Medical Director: Mr Tim Hillard
Associate Director of Operations: Penny Jarvis

Comprising:

- Child Health;
- Obstetrics;
- Gynaecology;
- Neonatal Intensive Care;
- Paediatric Therapies.

The Clinical Care Group will work towards achieving the Trust's key objectives for 2007/08 by:

Continuing to deliver improvements to the quality of the Trust's services

- the Child Health Department has been progressing work towards achieving the Department of Health consultant staffing requirements for a Level 2+ Neonatal Unit. Substantive appointments are planned for the Lead Consultant post and the two further consultant posts for which funding has been agreed;
- continue to develop closer working with maternity services at the Royal Bournemouth Hospital to ensure the highest possible standards of care for women across East Dorset;
- the demand for physiotherapy and occupational therapy for children with disabilities has increased as the number of these children has risen with increased survival rates of very premature children and those with complex healthcare needs. The ability to provide this by amalgamating the health and Local Authority therapy teams to streamline services will be assessed;

Meeting national and local access and quality targets

- the Care Group is working to address issues around midwifery staffing levels to meet the 'Towards Safer Childbirth' report recommendations and increases in Maternity workload. The Maternity service is participating in a national pilot for the development of maternity assistants into extended roles as Maternity Support Workers;
- work in conjunction with the Surgical Care Group, to reduce the length of stay for gynaecology patients through service redesign and introduction of new laparoscopic equipment. As part of this work, the Care Group plans to establish nurse-led support for early discharge into the community;
- to improve the emergency gynaecology service for Dorset patients by introducing a daily registrar-led clinic with access to ultrasound equipment in a dedicated area;
- continue ongoing work to improve the patient journey within the Early Pregnancy Unit by increasing capacity within the unit and improving access to ultrasound equipment;
- provide additional HCA support to the new Consultant and extra room capacity to improve access times as part of the work to meet the 18-week target for all patients;

Continuing to take forward the implementation of the National Service Frameworks

- develop plans to provide a Young People's Unit (for patients aged 13 – 19 years) within the Child Health Department. A trial of a dedicated young peoples ward for 13 – 15 year olds (inclusive) will be run in the spring of 2007;
- in order to meet the recommendations of the Healthcare Commission Review of Acute Paediatric Units we will develop the play therapy service currently provided to children and young people;
- update the information available to children, young people and their parents. To facilitate access by parents and children to information about paediatric medical conditions, it is planned to develop a Resource Room on one of the Children's Wards (Bearwood) by reconfiguring existing facilities;
- key milestones towards achievement of the 18 week referral and treatment target will be achieved. These will be agreed with the Trust's commissioners via Local Delivery Plans;
- the Care Group is in discussions with Dorset Healthcare NHS Trust regarding the reprovision of psychiatric support to the Children's Unit at weekends and develop the level of psychological support available;
- training in safeguarding children, advance paediatric life support and communication with children will be extended to a wider audience as part of the action plan arising from the Healthcare commission Review of Acute Paediatric Units in 2006;

Improving facilities available for the treatment of patients

- discussions will continue through 2007/08 to examine the timing and costs of the planned redevelopment of Maternity services to achieve the Trust's strategic aim of increasing the number of deliveries once sufficient capacity is created;
- identify funding for Paediatric Therapy equipment for children with disabilities to ensure equity of access for children across Dorset and therefore reduce the long-term therapeutic care input from secondary care.

DIAGNOSTIC AND CLINICAL SUPPORT SERVICES CARE GROUP

Associate Medical Director: Dr. Andrew Bell
Associate Director of Operations: Barbara Peddie

Comprising:

- Radiology (including Dorset Breast Screening Unit, Nuclear Medicine & IRIS);
- Outpatients;
- Pathology;
- Pharmacy.

The Clinical Care Group will work towards achieving the Trust's key objectives for 2007/08 by:

Continuing to deliver improvements to the quality of the Trust's services

- develop the range of services it provides to patients in 2007/08. These will either be in support of initiatives developed by other services, for example Cancer services and Cardiology or will be led by the Care Group, discussions will take place with local commissioners and via internal budget setting to determine whether these services can be developed;
- the Trust Board have recently approved a Business Case to strengthen Pharmacy staffing levels through the appointment of additional Pharmacists and Technicians. These appointments will enable the development and implementation of extended weekend working, thereby facilitating the speedier discharge of patients, a reduction in the number of patient re-admissions to hospital through a reduction in medication failures and maximising the utilisation of patients own medication;
- the development of independent sector diagnostics will be progressed in 2007/08. The Trust will work with the local Primary Care Trusts to ensure that it remains the provider of choice for diagnostic services and that where work is moved to private providers' joint protocols and systems of work are agreed and implemented;
- a business case has been written to develop the services provided by the Dorset Breast Screening Unit. This is to ensure that national targets for the number of women screened continue to be met, in the light of the increased age range of women who will now be eligible for screening. The department will investigate the potential benefits of introducing digital mammography and, if applicable, look to become a pilot site for the introduction of this new technology;
- agreement has been reached with local commissioners to introduce local liquid based cytology services. The Care Group will work with the Facilities Management Directorate to enable this service to commence in October 2007;
- the IRIS department will assess the feasibility of establishing a Research and Development fund to enable the department to respond in a timely manner to local demand for the design of and construction of clinical measurement equipment;

Meeting National and local access and quality targets

- the Trust is working towards the achievement of the overall 18 week wait target, diagnostic services are a key component in achieving this. Work will take place throughout the year towards achieving a maximum wait of 4 weeks for diagnostic radiology procedures;
- the outpatients department will lead on work within the Trust to ensure that local targets that all initial outpatients will be seen within 5 weeks of referral will be achieved by March 2008. This will necessitate underlining a specific departmental review to ascertain ways of speeding up the patient journey;

To meet 'Standards for Better Health' and comply with Assurance Framework Standards

- the Healthcare Commissions Audit on Medicines Management within the Trust reported that the service currently provided by the Trust was 'fair'. A number of recommendations were made by the Health Care Commission, which have been turned into an action plan which has been agreed with local stakeholders and will be implemented over the coming months;
- the Trust is scheduled to have the Pathology Departments, Clinical Pathology Accreditation (CPA) take place in late 2007. This independent inspection demonstrates to patients the quality of services provided. The department will need to draw up and implement multidisciplinary action plans and quality management systems to assist in achieving full accreditation against the national standard;

Improving facilities available for the treatment of patients

- we will oversee the purchase (lease) of a SPECT/CT Gamma Camera for the nuclear medicine department following the approval of a business case the replacement camera will provide up to date technology to assist in the ongoing diagnosis and treatment of patients including the increased number of patients that are expected as a result of the expansion of non invasive cardiology services at Poole;
- the Care Group is dependent upon having up to date and reliable equipment. There is a need to establish a long term capital equipment replacement programme, so that the risk of potential failure of old equipment and service loss is minimised.

DIRECTORATE OF OPERATIONS

Director of Operations: Heather Hauschild

The Operations Directorate has responsibility for the capacity management for the Trust and the delivery of key performance indicators, as well as quality of clinical care, working closely with other Corporate Directorates to ensure that the Trust is fit for purpose under the Foundation Trust regime.

The Directorate will work towards achieving the Trust's key objectives for 2007/08 by:

Continuing to deliver improvements to the quality of the Trust's services

- leading on the comprehensive operational redesign Transformation Programme work, the directorate will continue to performance manage the redesign work to deliver:
 - * service review action plans;
 - * reductions in length of stay;
 - * implement patient discharge planning through more effective integrated working across the healthcare community;
 - * increased day surgical rates;
 - * improved theatre efficiency;
 - * providing effective benchmarking and efficient use of resources;
 - * delivery of 18 week referral to treatment agenda;
- the Trust Strategy includes the redevelopment of the Day Case facilities in order to increase the range and scope of day surgery. The Directorate will take the lead in ensuring that plans are appropriately developed, supporting the Surgical Care Group;
- the development of the Poole Older Peoples Partnership Project sponsored by the Department of Health requires collaborative working to reduce unnecessary admissions and hospital stays. The Directorate will provide the focus for the Trust contribution to the project, supporting the Medical Care Group;
- the provision of Electronic Discharge Summaries has been long awaited by primary care and will be delivered in 2007/08. The Directorate will coordinate and manage the project to ensure close cooperation with primary care;
- the Operations Directorate is responsible for the management of the four Clinical Care Groups and supports the Care Groups to achieve their stated objectives reflected elsewhere in the Annual Plan. The Directorate is responsible for the overall key performance indicators related to clinical services and ensures that the Trust Board is informed about progress;
- the delivery of Health Commission action plans, while focussing on specific Care Groups is also the responsibility of the Operations Directorate;

Meeting national and local access and quality targets

- the National Improvement Plan, published in 2004, included a target that by December 2008, patients should wait no more than 18 weeks from referral to treatment. The work that has begun in 2006/07 will be further developed in order to meet this target, including close cooperation with our commissioning Primary Care Trust's and a clear understanding about the impact of Independent Sector Provision particularly in Diagnostics;
- the Performance and Redesign Team will be responsible for facilitating and monitoring all redesign programmes across Clinical Care Groups in order to meet this objective and will report to the Service Redesign Board chaired by the Chief Executive;
- further work is required to reduce length of stay and particularly delayed discharges the causes of which are complex and require extensive multi-agency collaboration. The development of Care Pathways will be the focus of work during 2007/08 especially around the care of older people, reflecting the objectives set out in 'A New Ambition for Old Age', building on the National Service Framework for Older People;

To meet agreed workforce targets for the Trust

- the Hospital at Night programme (H@N) was implemented within Care of the Elderly on 19 March 2007. The Clinical Management Team will be central to the development of H@N throughout the Trust, and will make a major contribution to the success of the project plan.

NURSING DIRECTORATE

Director of Nursing: Martin Smits

Comprising:

- Nursing Services;
- Training, Education and Development;
- Governance.

The Directorate will work towards achieving the Trust's key objectives for 2007/08 by:

Continuing to deliver improvements to the quality of the Trust's services

- work will continue to ensure that Nursing/Midwifery staff employed throughout the Trust are equipped with the necessary skills and expertise to meet the needs of patients;
- ongoing work will focus on the creation of a flexible nursing and midwifery workforce which is able to fully meet the needs of the organisation. This work, which will be undertaken in conjunction with the Director of Staffing, will look at the way staff are currently employed and how flexible employment opportunities can be provided;
- a review of nursing and maternity roles will be undertaken in order to determine their contribution towards the delivery of the Trust's objectives. This will include looking to redesign and expand roles in order to increase efficiency and effectiveness;
- work will continue to take place in order to provide the necessary professional guidance on clinical work that will be taking place throughout the Trust;

Continuing work on the fundamentals of care increasing the satisfaction levels of patients

- work has been taking place throughout the year to look at the "Fundamentals of Care" across the Trust. This has included an ongoing programme of ward and departmental audits. A series of action plans will be produced and issued identifying areas of potential improvement;
- the Trust will also pilot a quantitative "Fundamentals of Care" performance management system to examine the Trust's performance and add value;

To continue work to increase the levels of Patient and Public Involvement within the Trust

- the Directorate will continue to lead on Public and Patient involvement work, taking forward several actions identified within the agreed work plan. Consideration will also need to be given to the best method of facilitating liaison between the Trust's existing PPI Forums and the Council of Members who will be in place when the Trust achieves Foundation Trust status;

To meet 'Standards for Better Health' and comply with Assurance Framework Standards

- the Directorate will continue to lead on the declaration process for "Standards for Better Health" which reports on the current position of the Trust against both core and developmental standards. The overall aim is to maintain the Trust's "good" rating and improve the areas rated "fair" to "good";
- in 2006/07 the Trust introduced integrated governance arrangements with the aim of ensuring that the Trust Board were provided with a greater level of assurance that all standards are being met. The progress made resulting from this change will be reviewed following one year of working to the new arrangements;
- the Trust's Risk Register will continue to be updated and the Directorate will lead in undertaking work with care groups and Directorates to address areas of resolvable risk;
- following the Trust's successful achievement of Clinical Negligence Scheme for Trusts Level 2 the Trust will be looking to achieve Level 3 accreditation both for Maternity Services and general Trust NHS Litigation Authority Risk Management Standards;
- the Directorate will continue to review and update the systems and processes to ensure that the Trust complies with the Freedom of Information Act and Data Protection Act;
- the Directorate will lead the Trust's work on promoting innovation within the hospital. This aims to enhance the reputation of the Trust, improving clinical practice, supporting incentives and generating income;

To meet agreed workforce targets for the Trust

- the Directorate is in the process of producing a Trust-wide Education and Development strategy document, with the aim of identifying the means by which staff will be provided with the opportunity to possess the skills and knowledge required to meet the Trust's objectives;
- a review will take place to examine the current arrangements for mandatory training (Health & Safety, Fire etc) with a view to streamlining the existing systems and looking to explore the possibility of expanding the methods by which training is delivered.

STRATEGY DIRECTORATE

Director of Strategy: Michael Beswick
Deputy Medical Director: Dr Richard Day

Comprising:

- Strategic and Annual Planning;
- Market Analysis;
- GP Liaison.

The Directorate will work towards achieving the Trust's key objectives for 2007/08 by:

Continuing to deliver improvements to the quality of the Trust's services

- the Directorate will lead in proactively, managing, reviewing and supporting the delivery of the Strategic Plans and Goals of the Trust;
- the Directorate will provide the framework for the Trust's business case submissions for service development;
- the Directorate will develop strategic reporting to the Board which reflects the standards expected by a Foundation Trust and described in the publication "the intelligent board";
- the Trust has a well established programme of regular meetings with local GP Practices. This allows the Trust to gain the views of GPs on the services the Hospital provides and service changes and address their concerns especially those which may influence referral decisions. This work is led by the Trust's Deputy Medical Director. The focus of the Deputy Medical Director, in relation to primary care liaison will be to maintain and develop the links between Primary Care and Secondary Care clinicians ensuring good communication routes and enhancing the reputation of the Trust;
- the Directorate also will need to review the requirement for and its programme of development evenings which have been running for several years with the aim of improving communications between primary and secondary care. The level of attendance at recent events has dropped and ways of re-invigorating these meetings will be explored;

Establishing arrangements to ensure the Foundation Trust meets the obligations of its license to operate

- the Directorate will lead the Foundation Trust Application project. By April 2007 the Trust should have received notification from the Secretary of State on whether its application has received approval to go forward to Monitor. Further Due Diligence work will then need to take place with Monitor, prior to the Trust being formally granted Foundation Trust status in Summer 2007;
- on behalf of the Board the Directorate will continue to manage the Foundation Trust Application process ensuring the management and monitoring of appropriate project plans;
- the Directorate will review and update existing strategic and annual planning processes to ensure that they meet the requirements of the Hospital as a Foundation Trust;

Developing systems to ensure that the Trust's contractual arrangements are both robust and equitable

- the Directorate will build on the initial market intelligence work to ensure that the Trust has an accurate picture of how patient activity flows within the health community and, inform the Board and service managers to enable a strategic response to changes in referral patterns. This intelligence is essential given; payment by results, practice based commissioning and the patient choice agenda becoming more influential.

FACILITIES MANAGEMENT DIRECTORATE

Director of Facilities Management: Derek Morgan

Comprising:

- Estates, Maintenance, Hotel, Commercial and Sterile Services;
- Capital Developments;
- Medical Records;
- Hospital Transport.

The Directorate will work towards achieving the Trust's key objectives for 2007/08 by:

Delivering a financially balanced position in 2007/08

- the Trust is hoping to achieve Foundation Trust Status in July 2007, which will give greater financial freedom in the organisation. In order to develop new services the Trust will need to generate financial surpluses. As part of this, work will take place to identify products and services that could be competitively tendered during 2007/08 to generate cash savings;
- the Trust is required to reduce its level of carbon emissions to meet both NHS and government targets in line with the Kyoto protocol. Achieving this via a wide variety of schemes including the introduction of lighting controls, provision of windows with solar controls and improved natural ventilation to reduce wasted energy and overall consumption will also assist in reducing the Trust's overall expenditure;

Continuing to deliver improvements to the quality of the Trust's services

- the Trust has a long standing good reputation for the quality of food that is available for patients, but, on occasion the presentation, consumption and benefits it can bring to a patient's recovery are lost because meals fail to be delivered to patients within a reasonable period of time when they reach the wards, or frail patients are not given the appropriate nursing assistance with feeding. The implementation of Protected Meal Times for all patients will assist in reducing these problems;

To meet 'Standards for Better Health' and comply with Assurance Framework Standards

- all Trusts are subject to regular inspection and assessments from Patient Environmental Action Teams (PEAT). These look at environmental catering and cleaning standards, and, where necessary, make recommendations based on their findings. The Trust currently has a green rating, which indicates that cleaning, catering and environmental services meet all PEAT standards;

Continuing work to increase the levels of patient and public involvement within the Trust

- recent patient surveys and consultation that has taken place as part of the Trust's Foundation Trust exercise has identified access to car parking as one of the key issues. Work will take place to establish specific areas where improvements can be made, for example, in access for the disabled and the creation of additional drop off arrangements for patients;

Improving facilities available for the treatment of patients

- work is progressing on a Dorset, Somerset and North Devon-wide tender exercise for the provision of decontamination services. It is anticipated that a full business case will be presented to the Trust Board shortly to enable the scheme's affordability, benefits and disadvantages to be assessed and a decision made about whether to develop the proposals with a preferred partner or to retain the in-house service;
- the Trust's Estates Strategy has been updated and was submitted to the Trust Board for approval in March. This Strategy sets out the agreed capital investment programme that the Trust will be looking to implement over the coming years;
- a site Development Control Plan will be produced in conjunction with a firm of architects and planners in order to achieve:
 - * optimum and efficient use of space throughout the Trust;
 - * good departmental relationships in order to meet current and future predicted service demands;
 - * the most appropriate locations for the Maternity, Accident and Emergency and Day Case development;
 - * implements to structure and the environment for patients and staff.

FINANCE AND INFORMATION DIRECTORATE

Director of Finance and Information: David Taylor

Comprising:

- Finance (including Payment by Results);
- Information (including clinical coding);
- Information Technology.

The Directorate will work towards achieving the Trust's key objectives for 2007/08 by

Delivering a financially balanced position in 2007/08

- the Trust is hoping to be granted Foundation Trust status in July 2007. The achievement of key financial targets, including the delivery of a balanced financial position and achievement of Cash Releasing Efficiency Savings of 2.5% of the Trust budget will be essential elements towards ensuring a smooth transition to Foundation Trust status;

Continuing to deliver improvements to the quality of the Trust's services

- the Information Technology Department is under pressure from increasing demands both nationally, to implement the National Programme for IT, and locally in meeting the requirements of internal users in implementing new systems and providing day-to-day support. The current (March 2006) I M & T Strategy will be updated and a review of the department will take place to identify the resource requirements of the department, to examine existing working practices and to consider the most appropriate way of introducing a performance management system so that improvements in performance can be accurately measured;
- the Trust will undertake a feasibility study to determine whether to introduce Shared Business Services;

Meeting National and local access and quality targets

- the department will provide support to the Trust in the achievement of national targets i.e., moving towards meeting the 18 week patient journey experience. This may include the development of systems to enable the accurate measurement of patients' progress through the system to the costing of initiatives that may be required to be put in place to achieve the specific targets;

Establishing arrangements to ensure the Foundation Trust meets the obligations of its license to operate

- new national timetables for the production of required information returns are to be issued, the Trust will ensure that these timetables are adhered to and that the monthly reports that are produced for the Trust Board meet the requirements of the 'Intelligent Board' to enable effective and rapid decision making to take place;
- the Trust has produced a Long Term Financial Model (LTFM), which demonstrates the steps required to secure the long term financial viability of the organisation. This document will be reviewed following the agreement of 2007/08 Local Delivery Plans with the Bournemouth and Poole and Dorset Primary Care Trusts;

- when the Trust is formally granted Foundation Trust Status a number of new accounting methodologies will need to be introduced to ensure the Trust delivers sound financial performance. This will include the production of a monthly profits and loss account, and improvements to current treasury management reporting systems;
- following recent changes to the structure of the Trust's Audit Committee, the Trust will ensure that the committee is able to meet the requirements of Foundation Trust Status, in particular around issues of Governance;

Developing systems to ensure the Trust's contractual arrangements are both robust and equitable

- under payment by results it is essential that the Trust's information systems and processes are robust enough to enable all income due to the Trust be accurately identified and coded. There have been improvements in the percentage of episodes that are accurately coded, this work needs to be built upon and further improved during 2007/08. An action plan will be produced in April 2007, these plans will include raising awareness amongst junior doctors of the importance of clear patient notes;
- the Trust has a number of Service Level Agreements in place for non Dorset Commissioners These agreements need to be updated and agreed, revised monitoring systems need to be implemented to ensure that the Trust recovers all the income that it is due;
- the Trust will also need to agree a number of formal Service Level Agreements for services provided to other NHS organisations.

HUMAN RESOURCES DIRECTORATE

Director of Staffing: Sue Donaldson

Comprising:

- Human Resources;
- Medical Staffing
- Occupational Health;
- Library;
- Chaplaincy Service;
- Staff Counselling Service.

The Directorate will work towards achieving the Trusts key objectives for 2007/08 by:

Establishing arrangements to ensure the Foundation Trust meets the obligations of its license to operate

- the Directorate will undertake work to maximise the opportunities afforded by Foundation Trust status in the devising of staff reward and benefits packages. This will enable the Trust to attract, recruit and retain high quality staff;
- a key strand of work will be strengthening the Directorate's workforce planning capacity and capability. In this way the Directorate will contribute towards the creation of a flexible, responsive workforce which will improve the quality of services to patients. Work will also be undertaken to produce a Workforce Balanced Scorecard for the assessment of the workforce's productivity;

Continuing to deliver improvements to the quality of the Trust's services

- a review of the structure of the Human Resources Department has begun with the aim of providing the Trust, its managers and staff with expert HR support, focussed on the needs of the Foundation Trust;
- work will be undertaken to enhance individual employees' involvement in the life of the Trust, including a review of the Staff Charter. The Trust will continue to participate in the National Staff Survey and action plans will be developed in response to the results;
- work will be undertaken with key partner organisations in the NHS and beyond to develop recruitment and employment processes aimed at ensuring the Trust maintains a high quality workforce;
- the strong foundation of employee relations that exists in the Trust will continue to be built on. Current partnership arrangements will be reviewed and updated as required. Staff side organisations will be engaged in the development of services;

Meeting agreed workforce targets for the Trust

- work will continue with Care Group and Directorate managers towards the achievement of workforce targets aimed at reducing sickness absence, turnover and unplanned vacancy rates and thereby securing the stability of the workforce;
- work will take place to achieve required targets and outcomes during the coming year in the following key areas relating to Medical staff : Consultants' Contract, Modernising Medical Careers and European Working Time Directive;
- the implementation of the Electronic Staff Record will be achieved at the start of 2007/08. Work will be undertaken to enable high quality workforce data to be provided to managers to assist with staff management and planning. The possibility of introducing the management and employee self-service options within ESR to further empower managers and staff and to streamline processes will be explored;
- a review of all Human Resources policies and procedures will be undertaken and a prioritised register will be produced scheduling the review of existing documents and the drafting of new ones. This work is required to ensure that the Trust maintains compliance with legislation and adopts HR best practice, and that managers have more effective tools to assist them in their management of staff;
- the enhancement of workplace health is an important strand of work which will continue in 2007/08. Managing Attendance training to line managers will continue to be delivered; a review the Trust's stress policy will take place and, together with the Directorate of Nursing, a review the delivery of mandatory training will be carried out;
- together with Training and Development colleagues, work will take place towards equipping line managers with the skills and competencies required for the effective management and leadership of their staff.

COMMUNICATIONS AND MARKETING DIRECTORATE

Director of Communications and Marketing: Pauline Malins

Comprising:

- Communications;
- Fundraising;
- Marketing.

The Directorate will work towards achieving the Trust's key objectives for 2007/08 by

Continuing to deliver improvements to the quality of the Trust's services

- the Trust's communications strategy is in the process of being reviewed, the finalised document will contain policies and procedures designed to encourage improved stakeholder understanding and engagement with the Trust, ensuring that all information issued by the Trust is timely, accurate and relevant;

Establishing arrangements to ensure the Foundation Trust meets the obligations of its license to operate

- the Trust is aiming to secure Foundation Trust status in July 2007. An essential part of the process is to recruit members to the Foundation Trust from the public. Hospital staff will automatically become members. Membership elections will also need to be held to enable the formation of the Council of Member Representatives;
- the Trust will continue to inform, engage and involve its patients, staff, stakeholders and public so that they understand better the work of the hospital and its decision making processes;
- this process of engagement and involvement will include actively increasing membership of the Foundation Trust and ensuring that the membership is representative and up to date. Members will receive regular information about the Foundation Trust and will be invited to at least one open meeting per year;
- active and successful Fundraising will become an integral part of the Trust's operations. A Fundraising Strategy will be developed with the aim of gaining increased levels of community involvement in fundraising activities and an increase in the level of income received;
- as the Trust moves towards becoming a Foundation Trust, it will become more important to understand the local healthcare market. A key component of this will be ensuring that General Practitioners are kept aware of services at Poole Hospital, and new developments as part of developing the Trust as the hospital of choice for both GP's and their patients;
- this work will be underpinned by a more proactive approach to working with the local media to increase positive publicity for the work that the Trust undertakes and ensure that the Trust's many successes are celebrated and recognised.

OFFICE OF THE MEDICAL DIRECTOR

Medical Director: Dr Roger Packham

Deputy Medical Director: Dr Richard Day

Comprising:

- Medical Staffing Issues;
- Infection Prevention & Control;
- Claims and Complaints.

The Office of the Medical Director will work towards achieving the Trust's key objectives for 2007/08 by:

Continuing to deliver improvements to the quality of the Trust's services

- continue to provide support to the Executive Team and Trust Board. The role of the Deputy Medical Director will continue to focus upon developing areas of collaboration, working across the healthcare community, especially GPs and supporting the Medical Director in dealing with complex clinical complaints.

Meeting 'Standards for Better Health' and complying with Assurance Framework standards

- the Medical Director acts as overall Clinical Governance Lead for the Trust, working closely with the Nursing Directorate in ensuring that the Trust meets the Healthcare Commission's 'Standards for Better Health';
- the handling of claims and complaints against the Trust remains an important part of the role. The Claims and Complaints Department will continue to work towards achieving the national target that 80% of complaints are responded to within 25 working days of them being received. The level of complaints received by the Trust has remained stable at around 400 per annum, unlike the national trends, which shows an increase in the number of complaints received by other Trusts across the country;
- the Trust will implement the national initiative of H@N in Medicine, Medicine for the Elderly, Oncology on 19 March 2007. Work will progress within the Surgical specialities for phased implementation of H@N later in 2007 within Surgery and Trauma. This work will be led by the Medical Director in conjunction with the CMT to improve the quality of patient care over the 24 hour period;

Developing infection control measures and achieving a year on year reduction in hospital acquired infection rates

- one of the four national priorities included within the NHS Operating Framework for 2007/08 is to continue to reduce hospital acquired infections, including a new drive on Clostridium difficile. The Trust is currently on track to reduce hospital acquired MRSA bacteraemias by its target of 50% during 2006/07. Clostridium difficile numbers have remained consistently low at under ten cases per month within the Trust the Infection Control Team will continue to work to maintain this low level. Targets for further reducing infection rates will be agreed as part of Local Delivery Plan discussions with Commissioners;

Meeting agreed workforce targets for the Trust

- the taking forward of Medical Staffing issues across the Trust, including the provision of high level medical advice. The implementation of modernising medical careers, working in conjunction with the Trust's Postgraduate Tutor and the Medical Staffing Department will be a key task during 2007/08 in order to meet the national deadline for full implementation.

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ANNEX ONE

This annex to the Trust's Annual Business Plan details the specific objectives that each of the Trust's Clinical Care Groups and Directorates undertake in order to achieve the Trust key corporate objectives, business plans and strategic goals in 2007/08.

The objective proformas set out the specific work that will be achieved, the particular benefit to the Trust that will accrue from successful achievement of the objective and the individual actions that are required.

The proformas also contain detail on how progress against the objective is to be measured, by which mechanisms this will be reported and the timescale by which each objective will be achieved.

KEY OBJECTIVES 2007/08
MEDICAL CLINICAL CARE GROUP

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Achieve a financial balance including delivery of a 2.5% Cash Releasing Efficiency Savings Programme.	Contributes towards achieving the overall financial targets of the Trust	Proactive management of the financial position with Finance Managers, Specialty Managers and Clinicians. Identify corporate cash releasing efficiency savings of 2.5%	Monthly budget breakeven at year end 2.5% CRES saving achieved	Monthly and quarterly performance meetings Budgetary position at year end	Ongoing throughout the year- March 2008
To meet national and local access, quality and safety standards including meeting milestones towards achieving the 18 week target	Provides revised services arrangements to ensure improved access for Neurology, Rheumatology, Diabetes and Acute Brain Injury patients	Full service review to be undertaken of Neurology, Rheumatology, Diabetes and Acute Brain Injury services (taking into account NSF group work, White Paper and Foundation Trust requirements)	Completion of service reviews Development of Action Plans	Documents completed and circulated On-going action plans developed	Neurology - July 2007 Rheumatology – May 2007 Diabetes – April 2007 Acute Brain Injury – October 2007
	Provides optimum treatment and rehabilitation in elderly and vulnerable patients through improved nutrition assessment	To ensure that the Nutrition screening tool (MUST) is used correctly and accurately on all wards except maternity and paediatric areas, in line with the Trust's Nutrition Screening Policy.	To improve PEAT scores at least 50% of patients should be screened	Essence of Care audits Re-audit use of screening tool August 2007	December 2007
	Establishes the need and usage of Occupational Therapy, Physiotherapy and Cardiac diagnostic extended services (e.g. over a seven day week)	Evaluate potential savings and costs of seven day therapy support services. Undertake pilot if cost viable and produce recommendations.	Production of service baseline costs review paper and implementation of pilot study if viable Production and submission of Business Case and proposed project implementation plans	Business Cases submitted to HEC/Trust Board	November 2007
	Provides improved support to older people in their own homes and avoidance of hospital admission	Work with the PCT to undertake a full review of existing Elderly Care services. The review is to focus on the services currently provided in the community and identify how the Department of Elderly Services works in collaboration with the Bourne mouth and Poole PCT.	A reduction in emergency admissions	Review paper to be agreed by HEC and Trust Board	Summer 2007 in conjunction with PCT
	Improve cancer services provision and enable achievement of National Cancer Standards.	Continue with the implement of recommendations of NICE Improving Outcomes Guidance for cancer Compile an action plan in conjunction with the Dorset Cancer Network following the national peer review for Haematology and implement appropriate actions. Implement seven day working for Specialist Palliative Care Nursing Service. Prepare for Peer Review for Head and Neck, Colorectal intrathecal chemotherapy.	Standards met. Action plans reviewed and implemented at the Poole Cancer Committee and implemented to agreed timescales and with agreed resources.	Required resources identified. Quarterly performance reviews	March 2008 December 2007

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
	<p>Avoids unnecessary patient admissions.</p> <p>Reduces patient's Length of Stay.</p>	<p>Review current cellulitis and rapid access medical clinic services including seeking opportunities for collaboration with primary care on management of patients.</p> <p>Develop investment proposal.</p>	<p>Proposal agreed at HEC and with PCT</p>	<p>Clinical Care Group Performance Reports</p>	<p>September 2007</p>
	<p>Contributes towards reducing overall emergency occupied bed at the Trust days by 9,900 by 2008.</p>	<p>Continue existing initiatives including altering how we handle GP requests for admission; case mix analysis; avoidable admissions; care of long term conditions in community; use of Emergency Assessment Unit in order to achieve:</p> <ul style="list-style-type: none"> • a reduction in number of Medical outlier bed days; • a reduction in loss of bed days due to community Hospital and Social Services avoidable delays; • establish specialty manager posts into specific responsibility for discharge. 	<p>Reduction of outpatient clinic waits</p> <p>Reduction in delayed discharges to no more than 1%</p> <p>Reduction in excess bed days to the equivalent of 3 beds per day</p>	<p>Quarterly performance review</p> <p>Delayed Discharges also part of a monthly Trust report and information is available on a daily basis.</p>	<p>March 2008</p>
	<p>Ensures agreement of future Dermatology Service provision in conjunction with local commissioners.</p>	<ul style="list-style-type: none"> • work with Bournemouth and Poole PCT to develop plans to become a specialist centre for surgery as part of Skin Cancer Improving Health Outcomes Guidance work programme; • negotiate with PCT plans for minor surgery. 	<p>Reduction in Dermatology referrals by 3% to main outpatients.</p>	<p>Agreed referral protocols will be in place.</p> <p>Commissioning arrangements secured.</p>	<p>September 2007</p>
	<p>Ensures National Waiting Time Targets will be met for:</p> <ul style="list-style-type: none"> • Medical Outpatients; • A & E 4 hour wait; • Cancer Services; • 18 week wait. 	<p>Ensure processes and mechanisms are in place to ensure that all targets are met including the milestones to achieve 18 weeks.</p> <p>Continue to further develop monitoring arrangements.</p> <p>Undertake service redesign where required, producing and implementing action plans to ensure targets are achieved.</p>	<p>Targets achieved</p> <p>No patients waiting over 6 weeks for diagnostics by March 2008.</p> <p>No patients waiting over 5 weeks for outpatient services by March 2008.</p> <p>No patients waiting over 112 weeks for planned elective services.</p>	<p>Quarterly performance meetings</p> <p>Director of Operations performance report to Trust Board and HEC</p>	<p>Ongoing</p>
	<p>Improves access times for Stroke Services scanning from 48 hours to 24 hours.</p>	<p>In partnership with the PCT undertake full review of existing Stroke services for inpatients and outpatients in order to meet new Royal College Guidelines. The review will include referral routes and access times.</p> <p>Produce Service Development Plans in association with the PCT.</p>	<p>Service Development Plan agreed by HEC/ Trust Board. Improved scan access and thrombolysis.</p> <p>Service Development agreed by PCT.</p> <p>Royal College Guidelines met.</p>	<p>Targets achieved</p> <p>Performance reports.</p> <p>Development Plan agreed by HEC/Trust Board and agreement with PCT</p>	<p>To October 2007</p>

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
	<p>Recognises excellence in practice within Emergency Services, Cardiology and Medical Services.</p> <p>Improves staff recruitment and retention.</p>	<p>Explore opportunities working with outside agencies for example Bournemouth University and the Department of Health to achieve Practice Development Unit Accreditation for Emergency Services, Cardiology and Medical services.</p> <p>Set up project steering groups involving and engaging all staff with planning and implementation.</p>	<p>Accreditation received via external verification</p>	<p>Practice Development Unit Accreditation attained</p>	<p>March 2008</p>
<p>Continue to take forward work to the implement the National Service Frameworks</p>	<p>Delivers of National Service Framework requirements.</p> <p>Provides improved outcomes for patients.</p> <p>Co-ordinates services across primary and secondary care.</p>	<p>To work with Primary Care and Cancer Network on appropriate working groups across the following services, to develop as appropriate:</p> <ul style="list-style-type: none"> • Long Term Conditions; • Cancer; • Diabetes; • Cardiology; • Older People. 	<p>Achievement of individual NSF action plans</p>	<p>Quarterly performance meetings.</p> <p>Peer Reviews</p>	<p>Ongoing and to meet individual action plans.</p>
<p>Develop infection control measures and reduce levels of hospital acquired MRSA & Clostridium difficile</p>	<p>Improves the quality of patient care through reduction in the levels of hospital acquired infections</p>	<p>Continued implementation of the Trust's 'Hand Hygiene' compliance policy.</p> <p>Establishment of hand hygiene compliance levels as part of the national 'Feedback intervention' trial.</p> <p>All wards to complete the rolling programme of nationally recognised audits and implement agreed individual action plans for improved infection control.</p> <p>Staff to attend mandatory education sessions on the key issues in respect of infection control.</p> <p>Identify 'Chain Link' staff members to attend monthly infection control meetings.</p>	<p>Increase in overall hospital hand hygiene rates from 91 to 100 %</p> <p>Establish baseline</p> <p>Agreed ward action plans</p> <p>Datex records</p> <p>Completion of first module of infection control learning package</p> <ul style="list-style-type: none"> • sickness absence rate 4.1% or lower; • unplanned vacancies under 5%; • overall staff turnover under 11%; • lower than 3% turnover for staff leaving the Trust within 12 months of employment. 	<p>Quarterly performance reviews</p> <p>Infection control committee</p>	<p>July 2007</p> <p>March 2008</p>
<p>Meet agreed workforce targets, reduce use of agency staff and improve staff satisfaction rating</p>	<p>Decreases levels of staff sickness.</p> <p>Reduces levels of staff turnover.</p> <p>Increase quality of service and reduces costs.</p>	<p>To work in conjunction with HR Directorate to ensure that Trust targets for sickness/turnover/vacancies are achieved, appraisals undertaken and staff development needs identified.</p>	<p>Quarterly performance review.</p> <p>Trust Board/HEC reports</p>		<p>March 2008</p>

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Deliver agreed service developments and progress planning for major building upgrades	Improves patient care, increases choice for patients/clinicians and provision of services at a local level.	Fully implement agreed developments in: <ul style="list-style-type: none"> • Non invasive Cardiology; • Thoracoscopy; • Brachytherapy. 	Introduction of new services to agreed timetable	Clinical Care Group Performance reports.	December 2007 July 2007 July 2007
	Improves cancer care facilities	To commission and implement dedicated CT scanning within the Dorset Cancer centre. To commence work on the refurbishment of Tynemouth ward. To replace and commission the SL15 Linear Accelerator.	CT scanner commissioned and in service Improved facilities available New Linear Accelerator in service	Audit Participate in audit in line with Department of Health guidelines	April 2007 To be determined November 2007
	Provides appropriate Accident & Emergency services for patients in line with current guidance	Explore future delivery of A & E services at Poole in light of Department of Health guidance documents, future clinical services plans and Foundation Trust Status.	Establish preferred way forward and produce Business Case	Agreement within Trust and PCT of Poole services	October 2007

KEY OBJECTIVES 2007/08

SURGICAL CLINICAL CARE GROUP

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE & REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Achieve financial balance including delivery of a 2.5% Cash Releasing Efficiency Savings Programme	Contributes towards achieving the overall financial targets of the Trust. Ensuring CEPOD lists are protected. Ensures patients are operated on as soon as possible	Proactive management of the financial position with Finance Managers, Specialty Managers and clinicians. Identify corporate cash releasing efficiency savings. To agree funding to implement robust dedicated CEPOD lists in addition to the extra Trauma lists.	Budget breakeven at year end. CRES saving achieved. No lists cancelled for CEPOD. Dedicated funding obtained. Reduction in WLI sessions to zero. Not exceeding cancelled operations target within Annual Accountability Agreement.	Monthly and quarterly performance review meetings Budgetary position at year end Monthly performance reports Quarterly performance reviews	March 2008 March 2008
Ensure effective and efficient use of resources and where appropriate evidenced by benchmarking	Ensures Theatre capacity is used effectively. Maximises the resources available to theatres. Reduces the cancellation rate within main and day theatres.	Produce action plans to implement findings of the surgical and theatre utilisation review and Healthcare Commission audit (February 2007) To undertake a capacity and demand study across all Care Group specialities. To review theatre session lengths on a speciality by speciality basis to reflect the changing case mix. Production of full range of reports from Trisoft system including theatre utilisation rates, cancelled operations and DNA rates.	Improved theatre session utilisation to 92% from the current 85%. Improved end user utilisation of individual lists to 85% from the current 80%. Number of patients cancelled at the last minute does not exceed an average of 11 each month. To further reduce the number of late starting theatre sessions to 10%.	Performance reported within quarterly performance review report. Theatre Management Group	March 2008 September 2007 September 2007
To meet national and local access, quality and safety standards including meeting milestones towards achieving the 18 week target.	Achieves the 10 High Impact Changes recommendation for Trusts to perform an increased level of day surgery. More inpatient procedures converted to day cases resulting in improved patient outcomes and improved capacity and efficiency.	To enhance pre-operative screening and consider the introduction of pre-operative assessment, through the training and development of staff. To increase the level of Consultant Anaesthetist input within the Day Surgery unit. To provide a designated Anaesthetic lead. Review day surgery rates at speciality level and compare against national benchmark. Ensure processes are in place to ensure all targets are met including the milestones towards achieving 18 weeks. Develop action plans to improve performance.	Pre-operative screening implemented Lead DSU Consultant appointed Improve overall level of day surgery performed from 64 % to 75% for basket of 25 procedures and 77% for all day case procedures	Monthly performance reports Quarterly performance review	May 2007 March 2008

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE & REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
	Optimises patient care through the provision of appropriate workforce, in response to the increasing complexity of surgical patients on wards B4 and C2 treatment room (ENT).	To review patient dependency levels of ward B5. Review staffing levels and skill mix on wards B4 and C2 treatment room.	Required staffing levels identified and agreed. Recruitment plans developed and implemented	Monthly performance reports Quarterly performance reviews	March 2008
	Ensures that recommended Royal College of Nursing staffing levels within ITU/HDU of 7.00 Whole Time Equivalent staff per bed are achieved.	To review staffing levels within ITU/HDU to ensure establishment reflects recommended staffing levels and if required production of a business case.	Compliance with recommended staffing levels	Quarterly performance review Monthly performance reports	May 07
	Ensures that there is sufficient equipment within theatres to meet the demands of the service.	To identify equipment needs as part of the surgical review process. Identification of funding source via the capital medical equipment committee. Introduction of a systematic review on a regular basis of equipment requirements in both main and day theatres.	Reduce cancellations of operations to zero Production of a capital equipment requirement priority plan	Review process established via Theatre Management Group Reported via quarterly review meetings	April 2007
	Contributes towards reducing overall emergency occupied bed days at the Trust by 9,900 by 2008.	Continue existing initiatives including how we handle GP requests for admission; Case Mix analysis; Avoidable admissions; Care of Long term conditions in the community in order to achieve a: <ul style="list-style-type: none"> reduction in Length of Stay; reduction of Outpatient Clinic waits; reduction of Bed days lost due to theatre cancellations. 	Maintain Length of Stay below national expected Length of Stay based on case mix treated Reduction of outpatient clinic waits from 11 to 6 weeks.	Quarterly performance review	March 2008
	Reduces the length of time fractured neck of femur patients wait for their operation.	To identify capacity constraints in achieving the 24 hour target and ensure appropriate utilisation of theatre capacity. Introduce Day Surgery theatre for trauma.	Theatre Utilisation rate increase to 92% from current 80% 100% of medically fit trauma patients treated within 24 hours	Weekly reporting Monthly performance reports Quarterly performance reviews	March 2008
Meet 'Standards for Better Health' requirements	Ensures that the action plans produced as part of the Surgical Services Efficiency Review and Healthcare commission Action Plan are implemented, thereby providing improved patient care.	Implementation of Surgical Review action plans in respect of OMF; ENT; General Surgery; Orthopaedics and Theatres. Implementation of Healthcare commission Action Plans in Endoscopy and Admissions Management.	To increase day surgical rates and theatre efficiency	Surgical services efficiency review group Quarterly performance review meetings	March 2008

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE & REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Develop infection control measures and reduce levels of hospital acquired MRSA and Clostridium difficile	Improves the quality of patient care through reduction in the levels of hospital acquired infections.	Continued implementation of the Trust's 'Hand Hygiene' compliance policy. Establishment of hand hygiene compliance levels as part of the national ' Feedback Intervention' trial. All wards to complete the rolling programme of nationally recognised audits and implement agreed individual action plans for improved infection control. Staff to attend mandatory education sessions on the key issues in respect of infection control. Identify 'Chain Link' staff members to attend monthly infection control meetings.	Increase in overall hospital hand hygiene rates from 91 to 100 % Establish baseline Agreed ward action plans Datex records Completion of first module of infection control learning package	Quarterly performance reviews Infection control committee	July 2007 March 2008
Meet agreed workforce targets, reduce use of agency staff and improve staff satisfaction rating.	Decreases levels of staff sickness. Reduces levels of staff turnover. Increase quality of service and reduces costs.	To work in conjunction with the Human Resources Directorate to ensure that Trust targets for sickness / absence, staff vacancies and turnover are achieved and staff development needs are identified.	<ul style="list-style-type: none"> sickness absence rate 4.1.% or lower unplanned vacancies under 5%. overall staff turnover under 11%. lower than 3% turnover for staff leaving the Trust within 12 months of employment. 	Monthly performance reports Quarterly performance reviews	March 2008
	Ensures compliance with Modernising Medical Careers/ Junior Doctor Hours and Hospital at Night standards.	Identification of medical staffing requirements to fulfil training and service functions for all specialities	Plans approved by HEC	HEC minutes Quarterly performance review meetings	April 2007
Deliver agreed service developments and progress planning for major building upgrades.	Develops the range of services available at Poole Hospital for patients including: Nurse Practitioner-delivered Pre Operative Assessment Service ENT Nurse Practitioner Service Dorset Bowel Cancer Screening Programme Expansion of laparoscopic surgery	Production of Business Cases to identify requirements in order to: To provide an efficient and patient focused service to improve quality and outcomes To provide an efficient and patient focused service to improve quality and outcomes Provision of a local service for local patients as part of agreed national programme Support surgical developments in colorectal surgery and arthroscopic orthopaedics to introduce less invasive procedures reducing risk to patients.	Reduced cancelled operations to below 11 per month Appointment of Nurse Practitioner Approval to implement service received from HEC & NHS South West New procedures and treatment plans introduced	HEC approval of Business Cases Quarterly performance reviews	June 2007 June 2007 May 2007 October 2007 April 2007

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE & REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
	Implementation of a dedicated Dorset wide Spinal Injury service	Provide outpatient spinal clinics twice weekly with ward rounds on the same day	Funding Secured		April 2007
	Establishment of a Head and Neck Lump Clinic	Provide access to timely urgent spinal opinion with inclusion of PACs Introduction of improved care pathway providing more appropriate care.	Reduction in delay for ward based referrals to a spinal opinion		March 2008 March 2008
	Enables patients to be located in the most appropriate environment following Trauma and Surgical wards reconfiguration.	Evaluation of current configuration and review of alternatives including the creation of supported discharge ward Development of business case	Audit results. Maintain Length of Stay below national expected Length of Stay for case mix treated	Quarterly reviews HEC approval of Business Case	April 2007 October 2007
	Upgrades facilities and environment for the Oral & Maxillo-facial outpatient clinic area. Enables potential transfer of activity from outpatients to a day surgery environment	Development of a Business case to improve the current facilities	HEC approval of business case Facilities commissioned & opened Transfer of 200 patients per annum from outpatients to day surgery	HEC minutes Quarterly performance review meetings	April 2007
	Ensures Resuscitation Services Department facilities meet required national standards	Development of a Business case to improve the current facilities in line with national standards and guidance.	Approval of Business Case by HEC Provision of new dedicated training facility	Quarterly performance reports	October 2007
	Provides improved and more appropriate facilities for day case patients	To establish future activity projections including improved day case rates and evaluation of what services can be included in the scheme Development of a business case to increase the level of day case facilities	Submission of business case Trust Board and HEC approval	Quarterly performance review meetings Capital Investment monitoring Group	April 2007

KEY OBJECTIVES 2007/08

WOMEN & CHILDREN CLINICAL CARE GROUP

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Achieve financial balance including delivery of a 2.5% Cash Releasing Efficiency Savings Programme	Contributes towards achieving the overall financial targets of the Trust.	Proactive management of the financial position with Finance Managers, Specialty Managers and clinicians. Identify corporate cash releasing efficiency savings of 2.5%.	Care Group budget breakeven at year end 2.5% CRES saving achieved	Monthly and Quarterly performance meetings Budgetary position at year end	Ongoing throughout the year to March 2008
To meet national and local access, quality and safety standards including meeting milestones towards achieving the 18 week target	Achieves 'Towards Safer Childbirth' standards in respect of midwifery staffing levels, thereby improving patient care.	Development of a business case to take account of increased workload, the requirements of 'Towards Safer Childbirth' and the Maternity National Service Framework. Assessment of pilot programme of Maternity Support Worker (MSW) role to measure potential opportunity to release midwifery time.	Recommended staffing levels achieved	Additional midwives employed Quarterly performance review meetings. Patient satisfaction surveys.	September 2007
	Explores the possible development of the Maternity Support Worker role to enable more appropriate allocation of duties to staff.	Continue ongoing work as part of with national pilot programme, evaluating the success of the role and the amount of midwifery time released. Develop a programme of Maternity Support Worker development, identifying additional training needs.	Complete evaluation as part of national pilot programme. Evaluate impact on midwifery requirements.	Quarterly performance review reports.	December 2007
	Creates a dedicated theatre team for elective Caesarean sections to meet standards within 'Towards Safer Childbirth' and Maternity National Service Framework.	Develop business case for the appointment of a scrub nurse to enable the creation of dedicated elective Caesarean theatre team.	Formation of elective team.	Quarterly performance review reports.	September 2007
	Increases the levels of psychological support available to Child Health services at weekends to enable the avoidance of inappropriate admissions.	To negotiate improved psychiatry support at weekends with Dorset Healthcare Trust. To develop the mental health training of selected senior nursing staff. To develop a business case for psychology input to the Child Health Unit.	Business case submitted to HEC. Improved psychiatric support at weekends. Senior nursing staff completing training. Obtain funding for additional staffing.	Quarterly performance review meetings.	March 2008
	Improves outcomes for children with disabilities in line with 'Every Child Matters'.	Further discussions with the Children's Lead for Bournemouth and Poole PCT to encourage negotiation with the Local Authorities to increase therapy input and funding for specialised equipment for children with disabilities.	Reduction in access times from 18 to 11 weeks by March 2008.	Quarterly performance review meetings	Ongoing through 2007/08
	Maintains a Level 2+ NICU service to support plans to expand Maternity Services. Increases levels of provision of neonatal care close to home, in line with Department of Health guidance.	Submit and agree a business case for a further member of senior medical staff in Neonatal Care to allow a separate senior medical staff rota in line with the Department of Health requirements for providing long-term intensive care.	Business Case produced and agreed by HEC. Additional medical staff employed. Agreement reached with Central South Coast Clinical Network regarding level of NICU to be provided at Poole.	Quarterly performance review meetings	March 2008

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
	Reduces lengths of stay within Gynaecology resulting in improved efficiency and a better service for patients.	Service redesign in conjunction with Surgical Care Group including pre-operative assessment and same day admission for appropriate patients. Introduction of new laparoscopic equipment. Establish nurse-led support for early discharge to the community.	Proposed changes implemented. Reduce average length of stay for elective patients from 2 to 1.9 days.	Quarterly performance review meetings. Length of stay reports produced.	Ongoing through 2007/08
	Provides an emergency Gynaecology service for Dorset patients resulting in improved care for women in Dorset. Reduced numbers of unnecessary admissions.	To introduce a daily registrar-led emergency Gynaecology clinic with access to ultrasound equipment in a dedicated area.	Emergency Gynaecology Service introduced.	Quarterly performance review meetings	December 2007
	Improves services for patients – national targets for outpatients and elective inpatient care achieved	Work in conjunction with the Performance team, Outpatients and the Surgical Care Group to ensure that use of existing capacity is maximised and that waiting time targets are met, including meeting the milestones towards the achievement of the 18 week target.	Reduce maximum Outpatient waiting times from 11 weeks to 5 weeks. Reduce maximum elective waiting times from 20 weeks to 11 weeks.	Monthly and quarterly performance reviews meetings.	March 2008
	Improved provision of care Meeting national and Children's National Service Framework waiting time targets.	Undertake review of Community Paediatric services. Work with Performance Team to reconfigure services to maximise efficiency and meet waiting times. Implement computerised clinics for community paediatric staff.	Review completed by April 2007. Clinics computerised by March 2008.	Quarterly performance review meetings	March 2008
To meet 'Standards for Better Health' requirements	Reduction in premiums payable to NHS Litigation Authority. Improved safety for patients and staff.	Ensure all standards required for CNST Level 2 are in place. To achieve Level 2 CNST Maternity Accreditation.	Accreditation achieved.	Quarterly performance review meetings. Pre-assessment documentation submitted and approved.	Quarterly through 2007/08 September 2007 (date to be advised) November/December 2007 (date to be advised)
Continue to take forward work to implement the National Service Frameworks	Provides appropriate facilities to meet the needs of young people aged 13 – 19	Start developing plans for a specialist young people's unit within the Child Health Department in order to meet 'Change for Children' and Children's NSF requirements for young people. Implement a trial of a young peoples area on Bearwood for 13 – 15 year olds.	Plans and a business case developed Audit of patient and staff views	Quarterly performance review meetings	Ongoing through 2007/08
	Improves services for children to meet the requirements of Children's National Service Framework and Healthcare Commission Review.	Develop the present role and scope of Play Therapy Services, to include development of a business case for additional play therapists. Implement the Healthcare Commission Acute Review of Paediatric Units action plan. Develop a Resource Room on Bearwood Ward.	Plans and a business case developed. Healthcare Commission plan implemented. Resource Room Developed.	Quarterly performance review meetings	March 2008

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Develop infection control measures and reduce levels of hospital acquired MRSA & Clostridium difficile	Improves the quality of patient care through reduction in the levels of hospital acquired infections.	Continued implementation of the Trust's 'Hand Hygiene' compliance policy. Establishment of hand hygiene compliance levels as part of the national 'Feedback intervention' trial. All wards to complete the rolling programme of nationally recognised audits and implement agreed individual action plans for improved infection control. Staff to attend mandatory education sessions on the key issues in respect of infection control. Identify 'Chain Link' staff members to attend monthly infection control meetings.	Increase in overall hospital hand hygiene rates from 91 to 100 % Establish baseline Agreed ward action plans Datex records Completion of first module of infection control learning package	Quarterly performance reviews Infection control committee	July 2007 March 2008
Meet agreed workforce targets, reduce use of agency staff and improve staff satisfaction rating.	Decreases levels of staff sickness. Reduces levels of staff turnover. Increase quality of service and reduces costs.	To work proactively with the Human Resources Department to ensure that Trust targets for sickness and absence, staff vacancies turnover rates appraisals undertaken and staff development needs are achieved.	<ul style="list-style-type: none"> Sickness absence rate 4.1% or lower Unplanned vacancies under 5%. Overall staff turnover under 11%. Lower than 3% turnover for staff leaving the Trust within 12 months of employment. 	Monthly directorate sickness and turnover reports. Monthly and quarterly performance meetings.	Ongoing to March 2008
Deliver agreed service developments and progress planning for major building upgrades	Progresses plans to provide a new Maternity Unit to improve facilities & standards of care. Potential to increase number of deliveries in line with Trust strategy. To improve standards of care for women across East Dorset.	In conjunction with Director of Finance, evaluate Payment by Results income to determine affordability. In conjunction with Director of Estates, evaluate options for location of new unit and requirements.	Progress on development of plans.	Quarterly performance review meetings	Ongoing through 2007/08
	To improve standards of care for women across East Dorset.	To work in close conjunction with other Maternity services across East Dorset to ensure the highest possible standards of care for women throughout pregnancy, childbirth and the post-natal period.	Development of joint guidelines	Quarterly performance review reports.	Ongoing
	Greater continuity of care for women throughout pregnancy, childbirth and post natal care.	To implement a new model of care within Maternity Services at Poole hospital. To develop a project plan. To consult fully with staff and stakeholders on the proposed plans. To revise plans in the light of consultation and implement including full training and support to staff.	Proposal for Management restructuring within Maternity Development of project plan Report on consultation exercise Production and implementation of plan	Quarterly performance review reports Proposal and reported submitted to HEC	May 2007 June 2007 April 2008

KEY OBJECTIVES 2007/08

DIAGNOSTIC & CLINICAL SUPPORT SERVICES CARE GROUP

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Achieve financial balance including delivery of a 2.5% Cash Releasing Efficiency Savings Programme	Contributes towards achieving the overall financial targets of the Trust. Contributes towards achieving the overall financial targets of the Trust. Ensures that the Care Group receives commensurate income for the work it undertakes.	Proactive management of the financial position with Finance Managers, Specialty Managers and Clinicians. Identify corporate cash releasing efficiency savings of 2.5%. To support the finance department in reviewing and updating Service Level Agreements across the Care Group for all services provided to other Trusts and organisations.	Care Group budget breakeven at year end 2.5% CRES saving achieved Review of Service Level Agreements completed and revised documents agreed	Monthly and quarterly performance meetings Budgetary position at year end Quarterly Performance Reviews	Ongoing throughout the year to March 2008 June 2007
Further development of systems to ensure that the Trust's contractual arrangements are both robust and equitable and maintain and increase market share and associated income flows	Reduces patient waiting times and provides opportunities to explore the development of new services.	To assess and respond to the impact that the Independent Sector will have on the provision of Radiology services. Ensure that the Trust continues to be the preferred provider of radiology services. Production of joint protocols and systems with Primary Care Trust's and private providers.	Production and agreement of contract. Monitoring of protocols and systems via the joint radiology services group.	As per PCT/ATOS contract Regular meeting with ATOS (Independent sector provider)	Commence April 2007
	Establishes PET scanning services at Poole Hospital in order to provide an increased range of scanning services for patients.	To reach agreement with M.I.S to enable the establishment of fortnightly PET scanning sessions at the Trust. To reach agreement as to the reporting arrangements for PET scanning.	Production and agreement of contract	Regular meeting with M.I.S	April 2007
	Potentially increases income generation for the radiology department and Trust. Provides a timely and flexible service for local private patients.	Seek to increase private patient revenue for Radiology services through extending current and exploring new business opportunities in conjunction with local private hospitals e.g. the Harbour. To establish and maintain partnership working and planning with local private hospitals.	Increased Private Patient Income to contribute towards CRES programme	Monthly Budget Monitoring	April 2007 and ongoing
	Assists in maximising Income for Medical Physics support. Improved patient care and experience.	Establish the potential demand for the provision of a local PH measurement service for neonates and if viable production of Business Case.	Establishment of resources required to provide local service Business Case produced	Quarterly performance review	April 2007
	Enables quicker responses to local demand for design / construction of clinical measurement equipment.	Assess the feasibility of establishing a Research and Development Fund. Canvas local charities, including Poole Cancer Treatment Trust, League of Friends and Wish List in order to set up Research & Development Start-Up Fund. Use NHS Innovations to promote Research & Development activities.	Local charities will have been identified	Quarterly performance review Research Governance reports.	September 2007

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
To meet national and local access, quality and safety standards including meeting milestones towards achieving the 18 week target	Facilitates the speedier discharging of patients through the extension of Pharmacy hours. Maximises utilisation of patients' own medication.	To develop and implement an action plan to explore the possibility of extending weekend and out-of-hours pharmacy services.	Establish baseline for patient numbers discharged by pharmaceutical controlled processes	Successful recruitment of agreed additional pharmacy staff	December 2007
	Contributes to reducing length of stay and unnecessary readmissions through the better provision of patient compliant drug packs.	Consult with stakeholder to identify any areas of unmet need and secure agreement on service provision. Develop a business case for service enhancement to meet the needs of this patient group.	Audit of re-admissions Production and submission of business case	Quarterly Performance Reviews	October 2007
	Achieves best practice in the usage of PACS within Radiology to ensure quicker and more accurate reporting.	To work with connecting for health in refining the national framework for PACS benefits realisation. Keep up to date with developments in technology to ensure that PACS is providing accurate and prompt results.	Plain film reporting currently 82% Increase in reports seen from 52% to more than 90%	National Pilot Local users surveys Quarterly Performance Reviews	March 2008
	Shortens patient journeys within Radiology through allowing direct referrals. Improved relationships with local GPs.	Explore the opportunities for allowing greater GP access to Radiology assessing likely patient flows through discussions with local GP's and Primary Care Trusts.	Increased number of direct referrals	Quarterly Performance Reviews	March 2008
	Reduces patients length of stay. Improves provision to out-patients.	To explore the feasibility of increasing working hours in Radiology through the provision of Saturday working and if viable to produce a Business Case.	Maintain Length of Stay below national expected Length of Stay for case mix treated	Quarterly Performance Reviews	September 2007
	Provides more efficient workflow within the Dorset Breast Screening office with quicker results being available to women who have been scanned.	Implementation of Direct Entry of Results (through bar coding) as part of the Dorset Breast Screening programme.	100% of film reading reported by direct entry of results.	Quarterly Performance Reviews	March 2008
	Provides more timely reporting of scans through the achievement of British Nuclear Medicine Society quality Standards.	Review current radiological input in Nuclear Medicine and seek agreement for an increase. Produce an action plan dependent on the outcome of the review and possible production of business case.	Production and submission of business case	Quarterly Performance Reviews Successful appointment of staff	July 2007
	Assists the Trust in achieving the overall patient journey 18-week wait target by 2008. Ensure a timely and quality radiology service to the patient.	To introduce and implement systems to ensure all routine radiology outpatients are seen within four weeks from the date of receipt of the referral in Radiology. Maintenance of the 2-week cancer waits targets.	No Patient waiting over 6 weeks by March 2008	Monthly Monitoring National diagnostic returns Weekly/Monthly Performance Meetings Quarterly performance review	March 2008

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
	Increases the number of women screened within the Dorset Breast Screening Unit as a result of extending the age range of women eligible to be scanned.	To continue to meet the NHS Breast Screening targets, including the increased population due to the age expansion programme.	90% of the Dorset Breast Screening population to be screened within 34-36 months (50-64 yrs)	Monthly reports sent to the NHBSP Quality Assurance Regional Centre, Quarterly performance review	March 2008
	Reduces the length of time patients have to wait for an initial outpatient appointment.	To support Care Groups in meeting local targets for undertaking initial outpatient appointments including working with & implementing actions identified in specialty reviews. Undertake an outpatient specific departmental review.	Outpatient Waiting times no more than 5 weeks 100% mutually agreed appointments	Speciality reviews Quarterly performance review	March 2008
	Provides greater patient choice & improved patient outpatient experience.	Support Primary Care Trusts in implementing Choose & Book systems and achieving targets.	90% of patients booked electronically currently 60% is being achieved	Monthly reporting Quarterly performance review	March 2008
To meet 'Standards for Better Health' requirements	Ensures progress against actions to achieve a 'good' rating on next audit.	To act upon the findings of the National Healthcare Commission Audit on Medicines Management through the implementation of the agreed action plan.	Completion of action plan and recommendations implemented	Drugs & Therapeutic Committee Quarterly performance review	October 2007
	Ensures progress against agreed actions to maintain an 'excellent' rating on next audit.	To act upon the findings of the National Healthcare Commission Audit on Diagnostic Services through the implementation of the agreed action plan.	Completion of action plan and recommendations implemented	Quarterly performance review	October 2007
	Demonstrates to patients that the Trust provides a quality service recognised by independent assessment.	To prepare for the Pathology Departments Clinical Pathology Accreditation (CPA) visit scheduled for late 2007 through undertaking monitoring processes against CPA standards and producing and implementing multidisciplinary action plans to ensure standard attainment.	Result of the accreditation visit by individual discipline	Implementation progress reported in Quarterly performance review CPA report	November 2007 to March 2008
	Minimises the risk of incorrect blood transfusion occurring within Poole Hospital.	To implement a system to enable full traceability of blood donations from donor to recipient in order to meet European Blood Safety Directive requirements. To continue and complete the pilot study to assess the feasibility and cost of implementing an electronic fail safe system. Implement an action plan for competency-based training and assessment for all staff involved in blood transfusions.	European Blood Safety standards met 50% of all staff involved in blood transfusions are trained by March 2008	Progress reported in Quarterly performance review Annual Training programme in place	November 2007 March 2008
Continue to take forward work to implement the National Service Frameworks	Improves patient services for children by providing a safer environment for reconstitution of drugs.	Review Pharmacy service provision for Paediatrics as described in National Service Framework for Children and develop business case for investment. Status report/business case for investment as required.	Cost savings identified in medicines avoidance and improvements in quality of clinical service	Quarterly performance review	September 2007

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Develop infection control measures and reduce levels of hospital acquired MRSA & Clostridium difficile	Improves the quality of patient care through reduction in the levels of hospital acquired infections.	Continued implementation of the Trust's 'Hand Hygiene' compliance policy. Establishment of hand hygiene compliance levels as part of the national 'Feedback intervention' trial. All wards to complete the rolling programme of nationally recognised audits and implement agreed individual action plans for improved infection control. Staff to attend mandatory education sessions on the key issues in respect of infection control. Identify 'Chain Link' staff members to attend monthly infection control meetings.	Increase in overall hospital hand hygiene rates from 91 to 100 % Establish baseline Agreed ward action plans Datex records Completion of first module of infection control learning package	Quarterly performance reviews Infection control committee	July 2007 March 2008
Meet agreed workforce targets, reduce use of agency staff and improve staff satisfaction rating.	Provides an environment within the Main Outpatients Department which minimises risk of infection to patients & staff. Decreases levels of staff sickness. Reduces levels of staff turnover. Increase quality of service and reduces costs.	To prevent the possibility of cross-infection through transferring infecting agents from one patient to another and from patient to clinician through the provision of additional washer/disinfectors and nasendoscopes. To work in conjunction with the Human Resources Directorate to ensure that Trust targets for sickness / absence, staff vacancies and turnover are achieved and staff development needs are identified.	Purchase and install of equipment Regular audits demonstrating improvements <ul style="list-style-type: none"> Sickness absence rate 4.1% or lower. Unplanned vacancies under 5%. Overall staff turnover under 11%. Lower than 3% turnover for staff leaving the Trust within 12 months of employment. 	Quarterly performance review Infection control audits Monthly performance reports Quarterly performance reviews	June 2007 March 2008
Deliver agreed service developments and progress planning for major building upgrades	Provides digital storage of images within the Dorset Breast Screening Unit resulting in greater clarity of images for reporting. Enables the Nuclear Medicine department to support service developments, reduce waiting times in accordance with National targets and increase the accuracy of procedures and results.	To investigate benefits & identify options for digital mammography. Investigate potential trial site option, in conjunction with National guidelines on digital mammography. To commission and install the replacement for the department's aging Gamma camera with a SPECT-CT camera.	Production of business case Implementation of digital mammography	HEC/Trust Board	September 2007 April 2007

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
	Introduces new technology which will enable a reduction in inadequate smears and more efficient laboratory practice.	Continue work with local commissioners to install Liquid based Cytology facilities at Poole and to finalise location with Facilities Management.	Establishment of full Liquid based Cytology service Reduction in inadequate smears from 7% to less than 2%	Regular Evaluation and Progress reports	October 2007
	Provides equipment replacement programme for medical imaging in order to minimise risk of old equipment failure/loss of service.	To agree a long term capital equipment replacement programme for the Care Group.	Production of required capital replacement programme	Quarterly performance reviews	Ongoing

KEY OBJECTIVES PROFORMA 2007/08

OPERATIONS DIRECTORATE

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Achieve financial balance including delivery of a 2.5% Cash Releasing Efficiency Savings Programme	Contributes towards achieving the overall financial targets of the Trust.	Proactive management of the financial position with Finance Managers, Speciality Managers and Clinicians.	Budget breakeven at year end 2.5% CRES saving achieved	Monthly and quarterly performance review meetings Budgetary position at year end	March 2008
To meet national and local access, quality and safety standards including meeting milestones towards achieving the 18 week target	Delivers key operational transformation programmes in order to improve efficiency.	To work with Surgical Care Group to improve day care rates and theatre efficiency. To work across the Trust to further reduce length of stay.	Day case rates to achieve national targets of 77% Length of stay to reduce further in Trauma, Department of Medicine for the elderly by 0.5 days	Quarterly performance reviews	March 2008
	Ensures that the Clinical Care Groups objectives are achieved.	To support Clinical Care Groups in key areas where action required. To manage the performance review process to ensure focus on objectives.	Achievement of Objectives by Care Groups	Monthly and quarterly performance reviews	March 2008
	Delivers the 18 Week Referral to Treatment Programme, meeting key timescales agreed in the Annual Accountability Agreement.	To work with the PCT and represent the Trust on the Local Steering Board. Lead improvement teams across Trust to deliver the agreed 18 week referral to treatment programme.	Achievement of agreed wait targets	Targets met, measured monthly.	March 2008
	Achieves key performance indicators agreed with Primary Care Trusts/NHS South West.	To work with Clinical Care Groups to ensure targets achieved through redesign, proactive management and benchmarking.	Achievement of agreed performance targets	Monthly and Quarterly Performance Reviews.	March 2008
	Manages bed capacity to ensure access for emergency and elective admissions.	Work with Primary Care and Social Services to progress demand management initiatives. To represent the Trust on strategic working group seeking to resolve issues related to delayed transfers of care and inappropriate admissions. Progress integrated team working with disciplines involved in patient discharge.	Action Plans produced Agreed Initiatives implemented Delayed discharge no more than 3% (national target).	Monthly and quarterly Performance Reviews.	March 2008
Develop governance systems and processes, including the assurance framework, which supports the requirements of Foundation Trust Foundation Trust authorisation and ensure inclusive and active Foundation Trust membership arrangements	Supports the successful achievement of the Trust's Foundation Trust Application.	To deliver key information to agreed timescales. To undertake required actions as defined as part of the Foundation Trust project plan.	Key information provided.	Successful application for Foundation Trust status	June 2007

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
To meet 'Standards for Better Health' requirements	Ensures the achievement of Health Commission Action Plans.	Work with Clinical Care Groups to ensure key actions achieved. <ul style="list-style-type: none"> Medicines Management; Admissions Management; Diagnostics; Children's Health. 	Defined in Action Plans.	Progress reports monthly	
Meet agreed workforce targets, reduce use of agency staff and improve staff satisfaction rating	Decreases levels of staff sickness. Reduces levels of staff turnover. Increase quality of service and reduces costs.	To work in conjunction with HR Directorate to ensure that Trust targets for sickness/turnover/vacancies are achieved, appraisals undertaken and staff development needs identified.	<ul style="list-style-type: none"> Sickness absence rate 4.1% or lower. Unplanned vacancies under 5%. Overall staff turnover under 11%; Lower than 3% turnover for staff leaving the Trust within 12 months of employment. 	Quarterly performance review. Trust Board/HEC reports	March 2008
	Development of skills and competencies of managers within Clinical Care Groups	The development and provision of a training programme for managers within the Clinical Care Groups.	Establishment of Training Programme	Quarterly Performance Reviews	June 2007
	Assists in the roll out of Hospital at Night across the Trust.	To support the Clinical Management Team in delivering the coordination of Hospital at Night.	Hospital at Night rolled out to agreed timescale.	Quarterly Performance Reviews	March 2008

KEY OBJECTIVES 2007/08

NURSING DIRECTORATE

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Achieve financial balance including delivery of a 2.5% Cash Releasing Efficiency Savings Programme	Contributes to achieving the overall financial targets of the Trust.	Proactive management of the financial position with Finance Managers, Specialty Managers & Clinicians. Identify corporate cash releasing efficiency savings of 2.5%.	Budget breakeven at year end	Monthly and quarterly performance review meetings	March 2008
To meet national and local access, quality and safety standards including meeting milestones towards achieving the 18 week target	Provides improvements to patient care through ensuring that there are the "right staff at the right level, at the right time".	To undertake review of current Nursing and Midwifery roles and identify two key targets areas for change.	To introduce changes with the agreed two target areas	H.E.C Trust Board reports	January 2008
	Enables all staff to be equipped with the skills and expertise to deliver improved patient care.	To produce the Trust's Education and Development Strategy. To implement the agreed Trust-wide Action Plan for Education & Development.	Staff survey results show improvements in agreed areas	Strategy approved by Trust Board	July 2007
	Ensures that all staff receive the required level of mandatory training and that resources are effectively utilised.	To undertake a review of the current arrangements and look at alternatives for the provision of mandatory training, i.e., use of web based learning tools.	The introduction of different learning opportunities as per the Education & Development prospectus	Education & Development prospectus H.E.C.	March 2008
	Provides improvements to patient care.	To continue to produce ongoing programmes to provide professional nursing guidance on all aspects of clinical work undertaken within the Trust.	Audits of specific programmes to show measurable improvements	Nursing Audits	March 2008
	Provides improvement to patient care and clinical practice. Additional income generation.	Implementation of agreed action plan for the promotion of innovation within the organisation.	One major innovation progressed, all potential innovations listed Income generation identified	H.E.C. & Trust board report	March 2008
To meet 'Standards for Better Health' requirements	Provides improvements to patient care.	To complete work on the eleven "Fundamentals of Care" audits, and to produce and agree an action plan to take forward findings.	Achievement of objectives set out in action plan	Production of Audits and Action Plans Summary report to H.E.C.	September 2007
	Enables the "Fundamentals of Care" issues to be effectively performance managed.	To undertake the 'Vital Aspects of Nursing' pilot scheme and assess the findings to determine whether the system is suitable to be rolled out across the Trust.	Assessment report, including validity, accuracy, testing and user evaluations	Report to Care Groups Recommendation to H.E.C.	March 2008
	Develops the profile of patient and public involvement within the local health community.	To take forward the agreed Patient & Public Involvement Strategy & Work plan and explore ways of facilitating liaison between existing forums and Foundation Trust membership panels.	Agreement of Strategy Implementation of work plan and agreed liaison arrangements	H.E.C. notes of PPI Forum Public meetings	December 2007

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
	Provides improved patient care, improves the reputation of Trust for providing quality care.	To lead on the preparation of the Trust's 2007/08 declaration of achievement against 'Standards for Better Health'. To ensure that the Trust has "sign up" to the declaration from partner organisations. Implement agreed action plan from 2006/07.	Maintain overall "good" rating for clinical care. Improve areas rated "fair" to "good"	Compliance declaration submitted "Standards for Better Health" reports received	March 2008
	Ensures that the Trust's existing governance arrangements meet the needs of the organisation.	To undertake a formal review of the processes and structures currently in place to ensure national and local governance arrangements are met.	Actions arising from review	H.E.C. Trust Board report	November 2007
	Identifies potential risk areas and take appropriate actions to minimise risks.	To work with the Trust's Clinical Care Groups and Directorates to update their respective risk registers.	All 'red' risks to have agreed action plans in place to mitigate risk	Quarterly performance reviews Trust Board	March 2008
Maintain a safe environment for all patients, visitors and staff and meet NHSLA Level 2 requirements and plan for Level 3	Improves patient care. Reduces the level of the Trust's premium.	To produce the required level of evidence to support the Trust's Clinical Negligence Scheme for Trusts Level 3 accreditation bids in both Maternity Services and the NHS litigation Authority Risk Management Standards.	Achievement of level 3 standards	Quarterly performance reviews – Portfolio of evidence	December 2007
Develop governance systems and processes, including the assurance framework, which supports the requirements of Foundation Trust authorisation and ensure inclusive and active Foundation Trust membership arrangements	Meets national legislative requirements.	To continue work to ensure that Freedom of Information requests are dealt with within the 20 working day limit.	Improved overall score on National Information Governance toolkit	National Information Governance Toolkit report	March 2008
Meet agreed workforce targets, reduce use of agency staff and improve staff satisfaction rating	Decreases levels of staff sickness. Reduces levels of staff turnover. Increase quality of service and reduces costs.	To work in conjunction with HR Directorate to ensure that Trust targets for sickness/turnover/vacancies are achieved, appraisals undertaken and staff development needs identified.	<ul style="list-style-type: none"> sickness absence rate 4.1% or lower. unplanned vacancies under 5%. overall staff turnover under 11%. lower than 3% turnover for staff leaving the Trust within 12 months of employment. 	Quarterly performance review. Trust Board/HEC reports	March 2008
	Achieves improved staff availability, to improve recruitment and retention rates within nursing.	To review current nurses bank arrangements and examine current contracts of employment with a view towards instructing more flexible options.	Establish baseline. Set target for improvements	H.E.C. Trust Board reports	October 2007

KEY OBJECTIVES 2007/08

STRATEGY DIRECTORATE

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Achieve financial balance including delivery of a 2.5% Cash Releasing Efficiency Savings Programme	Contributes towards achieving the overall financial targets of the Trust.	Proactive management of the financial position with Finance Managers, Specialty Managers & Clinicians. Identify corporate cash releasing efficiency savings of 2.5%.	Budget breakeven at year end	Monthly budget statements	March 2008
Further development of systems to ensure that the Trust's contractual arrangements are both robust and equitable and maintain and increase market share and associated income flows	Attracts additional patients to the Trust. Avoid patient referrals being shifted to other Trusts.	To continue to develop systems to enable GP referral flows and work patterns to be analysed and to take appropriate action where unexpected variations in workflows are identified. To produce market share baseline 2006/07 data for use in 2007/08. To provide projected activity and income data to inform business case development.	Significant shifts in referral patterns are identified through appropriate and timely market intelligence and key issues brought to the Trust for resolution Service market share will be, at minimum, retained at planned levels	H.E.C. – Quarterly Reports	Ongoing
Develop governance systems and processes, including the assurance framework, which supports the requirements of Foundation Trust Foundation Trust authorisation and ensure inclusive and active Foundation Trust membership arrangements	Ensures the achievement of Foundation Trust status.	To successfully manage the Trust's Foundation status application project through work with Monitor, the independent review organisation, to undertake Due Diligence work on the Trust's application, and respond to any queries that are raised.	Foundation Trust Submission and project plans Achievement of Foundation Trust status	Receipt of authorisation from Monitor	July 2007
	Enables the Trust to function successfully as a Foundation Trust organisation.	Review the existing planning processes and revise them as required to ensure that all the planning requirements of Foundation Trust status are met.	Production of revised agreed planning guidance in line with Foundation Trust operating requirements	Issuing of revised planning guidance	September 2007
	Ensures successful planning for the future development of the hospital's services and meeting national and local targets.	Engagement with the Trust's Clinical Care Groups and Directorate to determine the most appropriate methods to meet local and national targets, standards and Trust Strategic Goals. To produce the 2008/09 Trust Annual Plan detailing how targets and standards will be met.	Plan reflects requirement of Foundation Trust status	Plan agreed by H.E.C. and Trust Board	March 2008

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Meet agreed workforce targets, reduce use of agency staff and improve staff satisfaction rating	Decreases levels of staff sickness. Reduces levels of staff turnover. Increase quality of service and reduces costs.	To work in conjunction with HR Directorate to ensure that Trust targets for sickness/turnover/vacancies are achieved, appraisals undertaken and staff development needs identified.	<ul style="list-style-type: none"> sickness absence rate 4.1% or lower. unplanned vacancies under 5%. overall staff turnover under 11%. lower than 3% turnover for staff leaving the Trust within 12 months of employment. 	Quarterly performance review. Trust Board/HEC reports	March 2008
Ensure reputation of the Trust and strengthen both internal and external communications systems and further develop collaborative working across the health care community	Attracts additional patients to the Trust. Ensures that services provided meet patient and commissioner requirements.	To establish the views of GPs on the services the Trust provides and to address any concerns that are raised with the aim of encouraging local GPs to refer patients to Poole Hospital. To work with the Deputy Medical Director to review the current liaison arrangements to ensure that they reflect the requirement of both the Trust and GP Practices. To work with the Director of Communications & Marketing to undertake service specific intelligence which informs service evaluation, development and improvement.	Primary Care feedback is received and reported Positive evaluation of events	H.E.C. report	Ongoing

KEY OBJECTIVES 2007/08

FACILITIES MANAGEMENT DIRECTORATE

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Achieve financial balance including delivery of a 2.5% Cash Releasing Efficiency Savings Programme	Contributes towards achieving the overall financial targets of the Trust.	Proactive management of the financial position with Finance Managers, Specialty Managers & Clinicians. Identify corporate cash releasing efficiency savings of 2.5%.	Budget breakeven at year end 2.5% CRES saving achieved	Monthly and quarterly performance review meetings	March 2008
	Helps the Trust to achieve a breakeven position or surplus to support the Foundation Trust business plan.	Achieve purchasing savings to assist with the Trust's CRES programme by producing an agreed work plan by detailing products and services that could be tendered and contracts implemented in 2007/08 to achieve cash savings.	Achieve a minimum of £900,000 overall purchasing savings	Quarterly performance review report.	March 2008
	Reduces the Trust's carbon emissions to meet NHS and Government targets under the Kyoto Agreement and to reduce its costs to comply with the EU carbon tax levy system.	Mount a Trust wide campaign to encourage staff to reduce wasted energy (turning off lights and radiators etc). Implement schemes to reduce heating, lighting and air conditioning usage thereby decreasing consumption and costs.	Reduction in Trust overall energy consumption by 3%, and overall costs by £75,000	Estates Return Information Consortium returns and the Carbon Tax accreditation process. HEC and Trust Board reports	Ongoing – March 2008.
To meet national and local access, quality and safety standards including meeting milestones towards achieving the 18 week target	Improves the patient experience, clinical care outcomes and reduce the levels of wasted food.	To complete full implementation of protected meal times in all ward areas, ensuring that meals are delivered on time, at the correct temperature and with the appropriate nutritional value.	Establish baseline for current number of protected meals and meals not eaten or wasted.	Meal wastage checks. Ward audits and surveys. PPI Forum surveys. Quarterly performance review report.	July 2007
	Provides improved patient access to the Trust's services and facilities. Reduction in levels of patient and carer anxiety.	To establish the requirements for improving drop-off facilities for patients and carers. Obtain survey information utilising Foundation Trust consultation feedback, PPI Forum and car park staff. Produce Action Plan and implement recommendations.	Action Plan agreed Timescales for implementation identified	Post survey evaluation Action Plan produced	July 2007
Develop infection control measures and reduce levels of hospital acquired MRSA & Clostridium difficile	Ensures that hospital acquired infection i.e. MRSA is minimised.	Ensure that cleaning regimes support the control of infection policies and programmes, equipment is duly documented and processed, installations and services comply with the Health and Safety at Work Act.	NHSLA health and safety inspections, AIRS forms	Monthly operational director and infection rates report	Ongoing

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Meet agreed workforce targets, reduce use of agency staff and improve staff satisfaction rating	Decreases levels of staff sickness. Reduces levels of staff turnover. Increase quality of service and reduces costs.	To work in conjunction with HR Directorate to ensure that Trust targets for sickness/turnover/vacancies are achieved, appraisals undertaken and staff development needs identified.	<ul style="list-style-type: none"> sickness absence rate 4.1% or lower. unplanned vacancies under 5%. overall staff turnover under 11%. lower than 3% turnover for staff leaving the Trust within 12 months of employment. 	Quarterly performance review. Trust Board/HEC reports	March 2008
	Improves levels of patient care and patient satisfaction.	FM staff customer care training, joint working with FM and care group managers and engagement with ward staff and modern matrons.	Improved performance demonstrated via patient surveys regarding the quality of care.	Quarterly performance review report.	Ongoing – March 2008.
To maintain a safe environment for all patients, visitors and staff and meet Nation Health Service Litigation Authority Level 2 requirements and plan for Level 3	Ensures a top quality environment and services are provided to patients as assessed by the Patient Environment Action Team (PEAT).	Continued monitoring of cleaning and drive to improve standards with joint initiatives and working with ISS Mediclean and the ward staff in order to retain the Trust's green PEAT rating. Continue environmental inspections and joint working between FM and modern matrons to improve standards.	Green PEAT rating awarded	PEAT scores, national ratings and quarterly performance review report.	Ongoing – March 2008.
	Provides possible savings or long-term price stability for the provision of decontamination services for the Trust to be provided by an external joint venture organisation.	Progress the Dorset, Somerset and North Devon decontamination project through reviewing the proposals being put forward as part of the business case and advise the Trust Board as to the benefits, disadvantages and risks.	Full Business Case approval by Trust Board	Trust Board reports/seminars. Quarterly performance review reports.	June 2007.
Deliver agreed service developments and progress planning for major building upgrades	Supports the Foundation Trust business plan with suitable accommodation to meet the Trust's clinical activity.	To secure funding to enable work to commence on the first two major capital projects agreed as part of the Estates Strategy – A&E department and Day Case and Ambulatory Care development	Signed-off brief and planning permission to enable tenders to be sought for both schemes.	Progress report to Capital Investment Monitoring Group and quarterly performance reviews. Trust Board approval obtained	April 2007.
	To optimise the efficient use of space throughout the Trust.	To establish a project group, in conjunction with RTKL Architects and Town and Healthcare Planners in order to agree and implement a site development control plan.	Establishment of project group. Production of site Development Control Plan	HEC Committee/Trust Board HEC Committee/Trust Board	April 2007 July 2007

KEY OBJECTIVES 2007/08

FINANCE AND INFORMATION DIRECTORATE

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Achieve financial balance including delivery of a 2.5% Cash Releasing Efficiency Savings Programme	Assists the Trust in delivering on all its Patient Care targets and ensuring a smooth transition to Foundation Trust status.	Ensure effective Payment by Results process. Ensure appropriate Local Delivery Plan is delivered. Produce effective budgets including robust CRES programme.	Monthly income collection Report to Board Monthly Budget Report to Board, measuring actual, to plan showing no overall overspending	Annual Budget paper to Board, and monthly Board monitoring report	September 2007 March 2008
Ensure effective use of resources and where appropriate evidenced by benchmarking	Ensures the Trust can deliver its Clinical and non-Clinical objectives.	To review IT Strategy To make sustainable improvements to the delivery of IT services by the production of an annual work plan and a review of the current staffing structure making modifications as appropriate. The introduction of a full performance management system. To review, agree and implement internal IT Department processes and external communication processes. The Trust will look to undertake a feasibility study to determine whether to introduce Shared Business Services.	IT Strategy reviewed completed Performance targets to be identified and agreed following review. New structure introduced and Action Plan implemented. System in place. Review completed	Board Report Quarterly Performance Reports. Quarterly Performance Report Trust Information Committee Meeting reports	September 2007 April 2007 June 2007 June 2007
Further development of systems to ensure the Trust's contractual arrangements are both robust and equitable.	Enables the Trust to properly identify workload and to ensure that income is collected and cost is attributed appropriately.	Produce an action plan to: <ul style="list-style-type: none"> Ensure clinical engagement throughout the Trust to provide clear patient documentation Improve information systems so that the Payment By Results process is properly implemented and monitored through: <ul style="list-style-type: none"> Implementation of the National System; Compliance with monthly national and Primary Care Trust timetables; Production of monthly profit and loss accounts. 	Report to Board Income is collected effectively Percentage of episodes accurately coded improves from current 98.5% to 99.7% Monthly timetable adhered to Quarterly income collection deadlines are met.	Monthly Board Reports	April 2007 April 2007

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Develop governance systems and processes, including the assurance framework, which supports the requirements of Foundation Trust authorisation and ensure inclusive and active Foundation Trust membership arrangements	Ensures effective monitoring and management systems are in place for the Local Delivery Plan and Service Level Agreements and income is collected. Enables the delivery of sound financial performance as a Foundation Trust.	To improve monitoring of the Local Delivery Plan and Service Level Agreement contracts through the introduction of improved monitoring systems.	Service Level Agreements signed and monitoring system in place. Variation of activity and income identified. Monthly monitoring will demonstrate achievement against plans. Report on cash investments during the period.	Monthly Board Report. Monthly Monitoring Board Report Monthly reporting. Board Reports. Performance targets to be agreed at first Foundation Trust Board meeting.	April 2007 31/07/07
	Ensures the long term financial viability of the Trust.	To review the Medium Term Financial Strategy and revisit existing long term financial model and update it in the light of Local Delivery Plan for 2007/08, Commissioning plans and the Trust Business Plan.	New five year financial plan produced and agreed.	Annual Report to Board	February 2008
	Ensures that Foundation Trust Governance requirements are met.	To assist with ensuring the Audit Committee is Fit for Purpose by reviewing Monitor requirements; supporting the implementation by the Chair of the Audit Committee and agreeing and implement actions arising from the review.	Reports produced in line with new requirements	External and Internal Auditors reports will demonstrate requirements met at each Audit Committee.	May 2007
Meet agreed workforce targets, reduce use of agency staff and improve staff satisfaction rating	Decreases levels of staff sickness. Reduces levels of staff turnover. Increase quality of service and reduces costs.	To work in conjunction with HR Directorate to ensure that Trust targets for sickness/turnover/vacancies are achieved, appraisals undertaken and staff development needs identified.	<ul style="list-style-type: none"> Sickness absence rate 4.1% or lower. Unplanned vacancies under 5%. Overall staff turnover under 11%. Lower than 3% turnover for staff leaving the Trust within 12 months of employment. 	Quarterly performance review. Trust Board/HEC reports	March 2008

KEY OBJECTIVES 2007/08

CARE GROUP / DIRECTORATE: HUMAN RESOURCES

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Achieve financial balance including delivery of a 2.5% Cash Releasing Efficiency Savings Programme	Contributes towards achieving the overall financial targets of the Trust. Ensures that the benefits and costs of Agenda for change are effectively managed.	Proactive management of the financial position with Finance Managers, Specialty Managers & Clinicians. Identify corporate cash releasing efficiency savings of 2.5%. Review Agenda for Change bandings to ensure consistency with: <ul style="list-style-type: none"> Service Requirements; Roles defined; Knowledge and Skills Framework competencies. 	Budget breakeven at year end 2.5% CRES saving achieved Review completed and report produced	Monthly and quarterly performance review meetings Report on the conclusions of the review to the Trust Board Evidence of AfC / KSF considerations in planning processes	March 2008 Review complete April 2007. Recommendations for action June 2007
To meet national and local access, quality and safety standards including meeting milestones towards achieving the 18 week target	Provides greater proactivity in the planning of the Trust's workforce. Enables the development of a more flexible workforce. Improves quality of data available for managers and planners.	Identify and implement improvements to Human Resources Department working processes resulting from Electronic Staff Record (ESR) implementation. Develop and implement proposals for using Manager and Employee Self-Service modules.	System implemented and operational	System implemented and reported to the Trust Board	Implemented April 2007, reviews at 6 monthly intervals
	Maintains and enhances the quality of care delivered to patients. Reduces costs associated with poor recruitment and high turnover levels.	Review and develop processes for the attraction, recruitment and retention of high quality staff to deliver care to the Trust's patients. Devise and propose flexible reward packages for identified staff groups. Work with partner organisations in the NHS and the local council to review and devise processes and packages for the attraction and retention of staff.	Recruitment and Retention Strategy reviewed, agreed and implemented	Proposals agreed by Trust Board	Review complete by August 2007 and new agreements in place by October 2007
	Enables the Trust to respond quickly and flexibly to changes in activity.	To review current bank and agency arrangements and produce a strategy for the future development of flexible working in the Trust.	Strategy developed and agreed with all parties	Strategy document presented to the Trust Board	October 2007
	Provides enhanced levels of employees' identification with the Trust.	Develop managers at all levels to ensure they have the competencies to support staff involvement. Introduce a question time event for Executive Directors and other opportunities to enable staff to share their ideas. Continue to participate in the annual National Health Staff Survey and develop action plans to address development areas and monitor the progress on a formal basis via reports to the Trust Board.	Staff Involvement mechanisms reviewed, agreed and implemented.	Agreements approved by Trust Board	Review complete by July 2007 and new arrangements in place by October 2007

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Develop governance systems and processes, including the assurance framework, which supports the requirements of Foundation Trust authorisation and ensure inclusive and active Foundation Trust membership arrangements	Provides the Trust, its managers and staff with expert HR support, focussed on the needs of the Foundation Trust.	Enhance the capacity and capability of the Human Resources function by reviewing the existing structure of the HR department and implement changes in line with the needs of the organisation.	Review of revised structure six months after implementation	New structure in place, with review after six months.	New structure in place by April 2007
	Ensures the Trust possesses a suitably balanced, cost effective workforce to deliver its clinical and non-clinical objectives.	Strengthen capability and capacity in workforce planning and integrate it into service delivery processes, through developing effective workforce planning and redesign processes. Utilise the Knowledge and Skills Framework (KSF) as the vehicle for developing staff in their current and future roles and to aid with the development of new roles based on role competencies and patient needs.	Appropriate development activities undertaken and plans / reviews produced.	Workforce plans produced. Revised KSF outlines produced and in use for new/reviewed roles.	March 2008 FT status July 2007
Meet agreed workforce targets, reduce use of agency staff and improve staff satisfaction rating	Decreases levels of staff sickness. Reduces levels of staff turnover. Increase quality of service and reduces costs.	To work in conjunction with Clinical Care Groups and Directorates to ensure that Trust targets for sickness/turnover/vacancies are achieved, appraisals undertaken and staff development needs identified.	<ul style="list-style-type: none"> sickness absence rate 4.1% or lower. unplanned vacancies under 5%. overall staff turnover under 11%. lower than 3% turnover for staff leaving the Trust within 12 months of employment. 	Quarterly performance review. Trust Board/HEC reports	March 2008
	Ensures medical workforce targets are met and quality of care and clinical outcomes are improved.	Implement Modernising Medical Careers (MMC). Carry forward trial undertaken on Hospital at Night in Medicine, DME and Oncology into the Surgical Clinical Care Group.	New recruitment systems in operation Hospital at Night trials evaluated and rolled out to Surgery	Reports to the Trust Board and HEC	MMC operating by August 2007 Hospital at Night trial rolled out by August 2007
	Ensures compliance with legislation, and provision of best HR practice.	To ensure that employment policies are up to date, robust and constitute usable management tools through the production of a prioritised register of policies for review and the production of new / revised policies as identified.	Register produced and identified policies agreed and implemented.	Policies produced and implemented and reported to the Trust Board	Register produced, with agreed priorities, by May 2007.
	Ensures that managers are equipped to deal appropriately with sickness/absence. Ensures compliance with Health & Safety Executive guidance.	To continue the ongoing programme of Managing Attendance Training to ensure all managers conduct this aspect of their role proactively, support staff appropriately and achieve reduced rates of absence. Review the existing stress policy in accordance with the Health and Safety Executive's Guidance and develop an organisational strategy that supports the prevention and management of stress.	95% of target management group to have attended Managing Attendance course Stress policy reviewed, revised and implemented	Reports to Trust Board and line managers	Managing Attendance training target at March 2008 Stress Policy review complete by June 2007

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
	<p>Develops staff support services.</p> <p>Potential source of income to the Trust.</p>	<p>Review and raise the profile of employee support services (Occupational Health and Counselling) and look at ways of raising income from sources outside the Trust – either within or beyond the NHS.</p>	<p>Results of Staff Attitude Survey</p> <p>Review of income streams</p>	<p>Quarterly performance reviews</p> <p>Financial position at year end</p>	<p>Staff Survey results March 2008</p> <p>Year end financial position March 2008</p>
	<p>Continues the involvement of staff representatives in the development and success of the Trust.</p>	<p>To review with Staff Side and Management existing partnership agreements and identify areas for change or where new arrangements are required. To agree a review schedule.</p> <p>Engagement of staff organisations in service modernisation and workforce planning through participation in development activities and effective consultation.</p>	<p>Partnership agreements reviewed, agreed and implemented</p> <p>Staff representatives undertaking appropriate development activities and actively involved on working groups</p>	<p>Agreements approved by Trust Board</p>	<p>Review complete by July 2007 and new agreements in place by October 2007</p>

**KEY OBJECTIVES 2007/08
COMMUNICATIONS & MARKETING**

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Achieve financial balance including delivery of a 2.5% Cash Releasing Efficiency Savings Programme	Contributes towards achieving the overall financial targets of the Trust. Maximises the potential for raising funds and community engagement.	Proactive management of the financial position with Finance Managers, Specialty Managers & Clinicians. Identify corporate cash releasing efficiency savings of 2.5%. Produce a strategy for developing fundraising. Combine and co-locate fundraising and membership within one office. Review the Wish List. Produce protocols for fundraising events, openings and cheque presentations.	Budget breakeven at year end 2.5% CRES saving achieved	Monthly and quarterly performance review meetings	March 2008
			Increase the scope for generating income from fundraising. Increased community engagement	Trust Board/ HEC reports	March 2008 May 2007 May 2007
Develop governance systems and processes, including the assurance framework, which supports the requirements of Foundation Trust authorisation and ensure inclusive and active Foundation trust membership arrangements	Maximises the number of members of the Foundation Trust. Provides better stakeholder engagement and understanding. Ensures that patients, stakeholders and the local community receive timely, relevant and accurate information about the Trust, and that the Trust listens to and responds to their views.	Support Poole Hospital's application and transition towards becoming an NHS Foundation Trust by managing membership recruitment and elections. Refine and develop a detailed strategy for recruiting members. Set up a membership office and support services, including a live database and regular communications. Prepare for and hold membership elections. Review, revise and update, if necessary, Trust communications strategy and publications. Further develop Poole Hospital website, in the light of public feedback, and re launch the intranet. Introduce content management software and training for key staff to enable Directorates and Care Groups to update their own sections of the intranet. Produce a Trust Annual Report suitable for dissemination to a wide audience. Ensure that arrangements are in place to regularly brief key NHS and non-NHS stakeholders on Trust developments and seek their views. Review the use of notice boards and use of notices in public spaces.	Year on year increase in the number of new members joining the Foundation Trust Successful election of first Council of Member Representatives	Reports to HEC and Trust Board Inception of Trust council of members	July 2007 May 2007
			Patient and public satisfaction surveys/questionnaires Test with pilot group of users & seek views of PPI Forum and other stakeholders Increased levels of intranet usage Improved Auditor local evaluation score for Annual Report from 2 to 3	Trust Board/ HEC reports Consultation undertaken any necessary changes implemented	July 2007 September 2007 September 2007 July 2007

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Meet agreed workforce targets, reduce use of agency staff and improve staff satisfaction rating	Decreases levels of staff sickness. Reduces levels of staff turnover. Increase quality of service and reduces costs.	To work in conjunction with HR Directorate to ensure that Trust targets for sickness/turnover/vacancies are achieved, appraisals undertaken and staff development needs identified.	<ul style="list-style-type: none"> sickness absence rate 4.1% or lower. unplanned vacancies under 5%. overall staff turnover under 11%. lower than 3% turnover for staff leaving the Trust within 12 months of employment. 	Quarterly performance review. Trust Board/HEC reports	March 2008
Ensure reputation of the Trust and strengthening both internal and external communication systems and further develop collaborative working across the Healthcare community	Provides better staff engagement and understanding.	Review internal communications to ensure that there is a system for cascading corporate information to staff; that the information is timely and relevant; and there is a mechanism built in that allows staff to freely feedback their views. Gather information from Directorates and Care Groups about current communication channels. Staff questionnaire to test perceptions of effectiveness of communications.	Regular review with staff groups Staff Survey - increase in % of staff rating communications as good	Questionnaire of staff Annual Staff survey	September 2007
	Improves the reputation of Poole Hospital.	Review and strengthen the Trust's media handling policy Arrange media training for identified clinicians, professional staff and managers Strengthen relationships with the local media through regular contacts and briefing sessions Put in place arrangements for quickly responding to and rebutting inaccurate or unfair media coverage Work with Clinical Governance, PALS and Trust Risk Managers to introduce systems to ensure that the Communications Directorate receives early warnings of serious incidents that may lead to adverse publicity.	Increased positive media coverage Establishment of monthly meetings		Ongoing July 2007 July 2007
	Plan a publicity campaign to maintain and improve the good reputation of Poole Hospital and celebrate its successes, proactively engaging the local media in this process. Maintain a diary of forthcoming events to help plan proactive publicity around national and local awareness campaigns. Complete a programme of 're-branding' the Trust to reflect its vision and its move to become an NHS Foundation Trust. Ensure all publications and printed material conforms to the new identity.		Increased positive media coverage and more balanced reporting Enhanced quality of publications and better 'brand' recognition for Poole Hospital	Agreed corporate templates are implemented	Ongoing Ongoing July 2007 Ongoing

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
		<p>Work with the Health Information Manager to review and re-brand all patient information leaflets.</p> <p>Set up templates for to ensure consistent standards and styles are applied to all letters to patients and key stakeholders.</p>			
	<p>Promotes service developments helping to make Poole the hospital of choice for GPs and their patients.</p>	<p>Develop a marketing strategy for the Trust by working closely with the Directorate of Strategic Development to gather market intelligence and identify key markets.</p> <p>Review information sent to GPs to ensure they receive timely information about service developments.</p> <p>Produce a policy that takes account of new guidance on advertising and sponsorship.</p>	<p>Increasing the profile of Poole Hospital among GPs and members of the public</p>	<p>Marketing Strategy agreed by the Trust</p>	<p>July 2007</p>

KEY OBJECTIVES 2007/08

OFFICE OF THE MEDICAL DIRECTOR

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Achieve financial balance including delivery of a 2.5% Cash Releasing Efficiency Savings Programme	Contributes towards achieving the overall financial targets of the Trust.	Proactive management of the financial position with Finance Managers	Budget breakeven position at year end 2.5% CRES saving achieved	Monthly budget statements Budgetary position at year end	March 2008
To meet national and local access, quality and safety standards including meeting milestones towards achieving the 18 week target	Attracts additional patients to the Trust. Ensures that services provided meet patient and commissioner requirements.	To establish the views of GPs on the services the Trust provides and to address any concerns that are raised with the aim of encouraging local GPs to refer patients to Poole Hospital. To work with the Strategy Directorate to review the current liaison arrangements to ensure that they reflect the requirement of both the Trust and GP Practices	Primary Care feedback is received and reported Positive evaluation of events	H.E.C. report	Ongoing
	Provides appropriate and timely patient care with improved clinical outcomes.	Evaluate Medicine/DME/Oncology Hospital @ Night pilot implementation. Hospital @ Night rolled out to Surgical and Trauma and additional specialities identified following audit.	Evaluate pilot implementation through Audit All specialities identified H@N trials rolled out to identified specialities following audit	H@N audit reports HEC/Trust Board reports	Implement: 19 March 2007 and audit: May 2007 June 2007 Date to be agreed.
To meet 'Standards for Better Health' requirements	Provides improved patient care. Improves the reputation of the Trust for providing quality care.	To work with the Nursing Directorate on the preparation of the Trust's 2007/08 declaration of achievement against 'Standards for Better Health'. To assist in the implementation of the agreed action plan from 2006/07's Standards for Better Health report	Maintain overall "good" rating for clinical care. Improve areas rated "fair" to "good"	"Standards for Better Health" reports received	March 2008
	Improves the reputation of the Trust for providing quality care.	To ensure that any claims or complaints against the Trust are handled in a prompt and professional manner in line with National standards and targets.	80% of claims or complaints responded to within 25 working days Level of complaints received remains stable and below national trends.	HEC and Trust Board reports	March 2008
Develop infection control measures and reduce levels of hospital acquired MRSA & Clostridium difficile	Improves the quality of patient care through reduction in the levels of hospital acquired infections.	Continued implementation of the Trust's 'Hand Hygiene' compliance policy Establishment of hand hygiene compliance levels as part of the national 'Feedback Intervention' trial All wards to complete the rolling programme of nationally recognised audits and implement agreed individual action plans for improved infection control.	Increase in overall hospital hand hygiene rates from 91 to 100 % Establish baseline Agreed ward action plans	Quarterly performance reviews Infection control committee	July 2007 March 2008

OBJECTIVE	BENEFIT	ACTION(S) REQUIRED	EVALUATION	EVIDENCE AND REPORTING METHODS	TIMESCALE FOR IMPLEMENTATION
Meet agreed workforce targets, reduce use of agency staff and improve staff satisfaction rating	Decreases levels of staff sickness. Reduces levels of staff turnover. Increase quality of service and reduces costs.	Staff to attend mandatory education sessions on the key issues in respect of infection control Identify 'Chain Link' staff members to attend monthly infection control meetings To work in conjunction with HR Directorate to ensure that Trust targets for sickness/ turnover/ vacancies are achieved, appraisals undertaken and staff development needs identified.	Datex records Completion of first module of infection control learning package <ul style="list-style-type: none"> • sickness absence rate 4.1% or lower. • unplanned vacancies under 5%. • overall staff turnover under 11%. • lower than 3% turnover for staff leaving the Trust within 12 months of employment. 	Quarterly performance review. Trust Board/HEC reports	March 2008
	Provides an appropriately skilled and qualified Medical workforce.	To fully implement Modernising Medical Careers and Hospital at Night initiatives in order to assist in developing an appropriately qualified Medical Workforce and ensure progress towards meeting European Working Time Directive for 2009.	Implementation of Modernising Medical Careers by agreed deadline.	Trust Board/HEC reports	March 2008

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