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| <b>Report to Trust Board</b>       | <b>Date: 26.01.11</b>   | <b>Agenda item no 6.1</b> |
| <b>Title</b>                       | Strategic Dashboard   |                           |
| <b>Author Responsible Director</b> | Director of Finance   |                           |
| <b>Classification</b>              | Information   |                           |
| <b>Purpose</b>                     | To provide an overview of emerging strategic issues facing the Trust  |                           |
| <b>Recommendations</b>             | The Board to note the report  |                           |
| <b>Impact assessment</b>           | The report identifies the issues which potentially impact on the Trust's Strategic direction. Where appropriate these issues are developed in separate reports. |                           |

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| <b>Executive Summary</b>  |   |
| <p style="text-align: center;"><b><u>STRATEGIC POSITION</u></b></p> <p><u>PCT Provider Arm services</u></p> <p><u>Service Line Management Project</u></p> <p><u>PbR</u></p>   | <p style="text-align: center;"><b><u>STRATEGIC OPTIONS</u></b></p> <p><u>FT Pipeline</u></p>  |
| <p style="text-align: center;"><b><u>STRATEGIC IMPLEMENTATION</u></b></p> <p><u>Decontamination</u></p> <p><u>Radiology Development Plan</u></p> <p><u>Microbiology Relocation Project (GSTS)</u></p> <p><u>Theatre 9 Design</u></p> <p><u>Horseshoe Building Investment</u></p> <p><u>Risk Adjusted Backlog Maintenance</u></p> <p><u>Backlog Capital Investment</u></p> <p><u>Renal Services</u></p> <p><u>Carbon Strategy</u></p> <p><u>Electrical Infrastructure</u></p> <p><u>Control of Legionella</u></p> <p><u>Electro Bio Medical Engineering (EBME Services)</u></p> <p><u>Mobile Theatre</u></p> | <p style="text-align: center;"><b><u>STRATEGIC ISSUES &amp; RISKS</u></b></p> <p><u>NHS White Paper – Liberating the NHS – Greater Choice &amp; Control</u></p> <p><u>NHS White Paper – Liberating the NHS – An Information Revolution</u></p> <p><u>QIPP Backoffice Workforce Update</u></p> <p><u>Operating Framework</u></p> <p><u>New Accreditation Scheme for Occupational Health Services</u></p> <p><u>Code of Practice on the Control of Infections</u></p> <p><u>Developing Healthcare Workforce</u></p> <p><u>Audit Commission publishes 2011/12 fee proposals</u></p> <p><u>EWTD</u></p> <p><u>UK Border Agency Update</u></p> <p><u>Health &amp; Social Bill Imminent</u></p> |

| <b>STRATEGIC POSITION</b>                          |   |
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| <b>PCT<br/>Arm<br/>Services</b>                    | <p>Following the Project Board Meeting on 17 December it was announced that South Essex Partnership University NHS Foundation Trust (SEPT) is the preferred acquirer for Bedford Community Health Services and Cambridgeshire Community Services NHS Trust (CCS NHS Trust) is the preferred acquirer for Luton Community Services.</p> <p>A comprehensive external review process is now in progress. The NHS Cooperation and Competition Panel, Monitor (the independent regulator of NHS Foundation Trusts) and other regulators are closely examining the rigor of the process, ensuring that the PCTs' decisions are in the best interests of patients, staff and taxpayers.</p> <p>All being well, BCHS and LCS's staff and services will transfer smoothly from the PCTs to SEPT in Bedfordshire and to CCS NHS Trust in Luton on 1 April 2011.</p>   |
| <b>Service<br/>Line<br/>Management<br/>Project</b> | <p>Following the SLM project steering group meeting on 4 January 2011, the following actions were agreed;</p> <ul style="list-style-type: none"> <li>• Staff Consultation for the service line management structure (30days from week commencing 17 January 2011). This will inform the establishment of the 5 Clinical Business Units from 1<sup>st</sup> April 2011, with the transition from the existing Divisional Management structure with the appointment of Associate Medical Directors as the clinical leaders and Business Units Service Managers to manage the operational dimension of each clinical business unit,</li> <li>• Commence the procurement of service line reporting software by end January 2011 (a 30 day response and selection of future supplier by end February 2011), in order to commence implementation in March 2011.</li> <li>• Development of a Trust Performance Framework, to inform the annual business cycle, as set out in Monitors Compliance Framework 2011/12, which is currently being consulted on with existing Foundation Trusts. This framework will also establish the business rules of engagement in relation to the decision making process, from service lines, clinical business units, EMG and Trust Board and monitoring requirements and the rules for escalation and intervention.</li> <li>• From May 2011, all Trust monthly monitoring will be in accordance with the clinical business unit structure i.e. activity, operating framework standards, financial performance, etc.</li> </ul> |
| <b>PbR</b>   | <p>The Department of Health has announced its next round of Payment by Results Development site to give you the opportunity to help shape the future of Payment by Results as well as learn from others trying to develop local price per unit of activity approaches.</p> <p>Road testing of the 2011/12 tariff Operating Framework has been issued for guidance.</p> <p>More information available at:<br/> <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_119957">http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_119957</a></p>   |

| STRATEGIC OPTIONS                             |   |
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| <b>Foundation Trust pipeline</b>              | <p>The 2011/12 Operating Framework from DH sets out a clear requirement for all NHS trusts to become Foundation Trusts by the end of 2013/14. This includes newly established NHS trusts formed out of PCT provider arms. It will not be an option for organisations to decide to remain as an NHS trust, rather than become, or be part of an NHS FT. Subject to legislation; by 1 April 2014 all NHS trusts will cease to exist.</p> <p>The National Managing Director of Provider Development will assist SHA to support the development of the FT pipeline and help NHS trusts make the transition to their future organisation, whether as a standalone NHS FT or as part of a pre-existing NHS FT. Guidance on the key issues and the steps required to address these will be provided to organisations in early 2011, following the ratification of organisations' own plans.</p>  |
| STRATEGIC IMPLEMENTATION                      |   |
| <b>Decontamination</b>                        | <p>The building was handed over to the Trust on Friday 26<sup>th</sup> November 2010. BREEAM Excellent rating remains a key objective, and to this end the Trust has installed Photo Voltaic Panels (PV) on the main ward block.</p> <p>The delivery area for the instrumentation store within theatres has been completed and is in use. The final phase to remove the current Sterilisers will be undertaken once the service has transferred to the new unit.</p> <p>It has been agreed that facilities in both the old and new locations will be maintained until the Trust is satisfied that the new facility is running as required. This phase is still to be completed due to operational issues with the track and trace software and to issues with equipment within the new unit.</p> <p>The accreditation process continues, although the expected date of 31<sup>st</sup> March 2011 is not likely to be achieved. However the Trust does now have a compliant unit and accreditation is expected to complete by May 2011.</p> |
| <b>Radiology Development Plan</b>             | <p>The Estates team have commenced a study of the Radiology Department in order to understand how it can be developed to meet the needs of the organisation, whilst reflecting the equipment replacement programme. EMG and the Trust Board will be informed of investment and time scales required to maintain and develop Radiology services over the next 5 to 10 years. The Medical Division are in the process of developing a business case. The project team provided the first draft development plans for the area during the week of 7 January. These have been tabled and discussed to allow final changes to be made by the design team. Once completed this will allow QS to provide Outline Business case forms, including equipment costs.</p>   |
| <b>Microbiology Relocation Project (GSTS)</b> | <p>A Contract progress meeting took place during the week of 7<sup>th</sup> January 2011 to allow all parties to progress the programme of works.</p> <p>The Trust has concluded discussions with GSTS with regards to current budget estimates and the cost plan in place identifies investment required for the facility, together with the funding allocation proposed from GSTS. The current estimate is that GSTS will contribute in the region of £230k. This figure is to be confirmed.</p> <p>Work continues on site with good progress being made to the 3<sup>rd</sup> floor. The current forecast completion date is late February 2011, this being three weeks later than expected.</p> <p>GSTS have been made aware of the time scales for completion and will confirm their own plans for the transfer of the service to the new unit. This is expected to take place during the first or second weekend of March 2011.</p>   |

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| <b>Theatre 9 design</b>                                   | <p>The design process for the proposed theatre development is now well underway. The process will establish user requirements for the area and the type of surgical procedures to be undertaken. The process is to conclude with the project being sent for competitive tender for the works to commence in the year 2011/12.</p> <p>Meetings are taking place with surgical leads and it has been agreed that the Project Initiation Document (PID) will be taken to EMG to confirm the project scope and the future use of the new theatre.</p>  |
| <b>Horseshoe Building Investment</b>                      | <p>Refurbishment of the Horseshoe Building is underway and is due for completion in March 2011. A schedule of work has been agreed with the accommodation management team. This will enable the planned evacuation of Endsleigh House to commence and will enable Support Services to meet a key CIP in the year 2011/12.</p>  |
| <b>Risk Adjusted Backlog Maintenance</b>                  | <p>The Trust is currently updating the Six-Facet Survey, including its risk-adjusted backlog. This survey will provide the basis of work required to reduce the backlog whilst addressing areas of the Estate which are below condition and provide a structure which will demonstrate to Monitor that the plan has been taken into account when the Trust LTFM and IBP are placed together.</p>   |
| <b>Backlog capital investment</b>                         | <p>The Estates Team continue to undertake a range of projects to further reduce Trust backlog maintenance, including engineering plant upgrades, fire protection and compartment upgrades, flooring upgrades, roadway improvements and more recently minor refurbishment of Elizabeth Ward.</p> <p>Work has also commenced to plan for Capital Backlog investment for 2011/12. Key items included are the upgrade to flat roof areas of Pharmacy and OPD.</p> <p>Other investment decisions will follow the receipt of the updated six facet survey currently being undertaken across the Trust.</p> |
| <b>Renal Services</b>                                     | <p>The Trust is in the early stages of evaluating the potential for Renal Services. The SHA are currently scoping requirements within the region and Bedford has been identified as a locality with a high need for this service. Patients from the Bedford area currently travel to Lister Hospital in Stevenage or Luton and Dunstable for renal treatment.</p>  |
| <b>Carbon Strategy</b>                                    | <p>The Trust continues to undertake much good work in areas of sustainability including.</p> <ul style="list-style-type: none"> <li>• Energy Efficiency.</li> <li>• Travel Planning.</li> <li>• Waste Reduction/ Management.</li> <li>• Procurement.</li> <li>• Food Waste Management/ Procurement.</li> <li>• Work Force Planning.</li> </ul>   |
| <b>Electrical Infrastructure</b>                          | <p>The electrical infrastructure remains under constant review as the site develops and changes.</p>   |
| <b>Control of Legionella</b>                              | <p>the Estates team continue to monitor and review its systems to minimise the risk of Legionella to patients and staff across the Trust</p>   |
| <b>Electrical Bio Medical Engineering (EBME) Services</b> | <p>With immediate effect, the management of maintenance to hospital beds will be the responsibility of the EBME department. This will also include trolleys, plinths and couches and will form part of the Trust's equipment library function. The service provision will include:</p> <ul style="list-style-type: none"> <li>• Planned preventive maintenance.</li> <li>• Remedial maintenance.</li> <li>• Loler tests for hoists.</li> </ul>   |
| <b>Mobile Theatre</b>                                     | <p>In conjunction with the surgical division, the Estates team are working to provide facilities to allow the delivery of a Mobile Theatre on the main site in Jan 2011. As part of the enabling works, the Mobile MRI Scanner has been relocated to the rear of the Radiology department. The Mobile Theatre is due on site on Monday 17 Jan and will be in use week commencing 31 Jan. The Theatre will be positioned adjacent to AAU and work to provide the infrastructure and link corridor will commence on Thursday 6 Jan.</p>  |

| STRATEGIC ISSUES & RISKS  |  |
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| NHS White Paper – Liberating the NHS – Greater choice and control | <p><b>Liberating the NHS: greater choice and control</b></p> <p>This consultation seeks people’s views on the Government’s proposals to help greater choice and control to become a reality in the vast majority of NHS-funded services by no later than 2013/14. The paper sets specific commitments in relation to extending choice of provider, consultant-led team, diagnostics and treatment in planned hospital care and specifically in maternity, mental health, end of life and long term conditions, including the extension of personal budgets to health; the paper promotes the integration of health and social care. Proposals places shared decision making as fundamental to patient choices. Individuals will be able to choose their health care team, led by a named consultant, although it will be for the referring clinician to ensure the choice is clinically appropriate. The paper proposes that choice will have a broad meaning to include assessments, and procedures as well as specific treatments. It also states that people will be able to change their choices at any stage. A number of mechanisms for facilitating increased choice are outlined, including changes to standard and GMS/PMS contracts, introduction of pricing and currencies for any willing providers and duties placed on the NHS Commissioning Board, Health Watch and Local Government.</p> |
| NHS White Paper - Liberating the NHS – An Information Revolution  | <p><b>Liberating the NHS: An Information Revolution</b></p> <p>This consultation seeks people’s views on the Government’s proposals to reform the collection, publication and use of NHS information to support various other elements of the White Paper reforms, in particular Choice and Any Willing Provider. The consultation is heavy on vision but light on detailed proposals.</p> <p><b>Overview</b></p> <p>The government believe that the current information systems and availability will hold back the NHS in making the necessary changes. The key changes they would like to see are :</p> <ul style="list-style-type: none"> <li>More information provided to patients to support choice and decision making</li> <li>Most information collected and derived from clinical activity at the point of care</li> <li>Much greater assumption of openness and sharing of aggregated NHS datasets</li> <li>Move away from the government being the main provider of information to a range of organisations offering service information to a variety of organisations</li> <li>Move away from single IT systems for everyone to multiple systems that can connect and join up.</li> </ul>   |
| QIPP Back Office Workstream – update                              | <p>See NHS Confederation press release “The operating framework for the NHS in England 2011/12.</p> <p><b>Link:</b> <a href="http://www.nhsconfed.org/Publications/briefings/Pages/Operating-Framework-NHS-England-2010-11.aspx">http://www.nhsconfed.org/Publications/briefings/Pages/Operating-Framework-NHS-England-2010-11.aspx</a></p>  |
| Operating Framework   | <p>A new NHS Confederation briefing is now available with the key points of the 2011/12 Operating Framework for the NHS in England. The briefing contains useful pull-out diagrams of what both the operating and outcomes frameworks mean in practice.</p> <p>Download <a href="#">publications library</a></p>   |
| New accreditation scheme for occupational health services         | <p>A new accreditation scheme for occupational health services has been launched. The SEQOHS (Safe Effective Quality Occupational Health Service) accreditation scheme is the first time the UK will have a system which establishes national standards for occupational health services and which accredits services against those standards. SEQOHS is a voluntary accreditation scheme which applies to both NHS and private occupational health services. The project has been led by the Faculty of Occupational Medicine, and the Royal College of Physicians of London has been appointed to develop and operate the accreditation scheme.</p> <p>&gt; <a href="#">Faculty of Occupational Medicine</a></p>   |

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| <b>Code of practice on the prevention and control of infections</b> | The DH has published <i>The Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections and Related Guidance</i> . The Code of Practice comes into force on 1 April 2011 for existing registered providers and primary dental care and independent sector ambulance providers, and 1 April 2012 for primary medical care providers. It sets out the criteria against which a registered provider's compliance with the requirements relating to cleanliness and infection control will be assessed by the Care Quality Commission. It also provides guidance on how the provider can interpret and meet the registration requirement and comply with the law. The December 2009 version of the Code will remain in force until April 2011.  |
| <b>Developing Healthcare Workforce</b>                              | The DoH issued its proposals for Developing the Healthcare Workforce on 20 December. The consultation closes on 31 March 2011. The key issues include ensuring appropriate levels of employer representation and input into the governance of the new arrangements; ensuring that employers have control over funding flows; and making sure that the duties to report and consult on workforce plans are proportionate and add value.  |
| <b>Audit Commission publishes 2011/12 fee proposals</b>             | <p>The Audit Commission is proposing reductions in audit fees for 2011/12, on the basis of the assurances it has received from government about the costs of the winding up of the Commission being met by government to the extent that they cannot be met from the Commission's own resources. The Commission's proposals include rebates for 2010/11 and lower fees for 2011/12. The fees document sets out the details of the proposals, but in summary they include:</p> <ul style="list-style-type: none"> <li>• A reduction in scale fees of between 5 and 20 per cent for 2011/12 for bodies other than large PCTs;</li> <li>• A reduction of 10 per cent in the Payment by Results (PbR) fees.</li> <li>• The Commission setting the scale fee for each individual body for 2011/12 (rather than a scale fee set using a formula combining fixed and variable elements) based on the proposed 2010/11 fee, adjusted for the Commission's proposals set out above. For Bedford Hospital NHS Trust, the reduction will be 5 per cent (as set out in Table 1 on page 8 of the fees document).</li> </ul> <p>The link in the fees document to the individual scale fees is set out below:<br/> <a href="http://www.audit-commission.gov.uk/health/audit/methodology/fees/pages/201112fees.aspx">http://www.audit-commission.gov.uk/health/audit/methodology/fees/pages/201112fees.aspx</a></p> |
| <b>EWTD</b>   | The NHS European Office is seeking to ensure that NHS views are taken into account in the European Commission's consultation to amend the European Working Time Directive (EWTD), released in late December. The consultation document acknowledges that laws limiting working hours need to be changed to address problems they cause for sectors such as healthcare.  |
| <b>UK Border Agency update</b>                                      | The UK Border Agency has announced the closure of Tier 1 (General) applications made overseas and a new interim limit for Tier 2, with immediate effect. It has also introduced Biometric Residence Permits (formerly ID cards) for individuals and their dependants who apply to extend their stay under Tiers 1 and 5.  |
| <b>Health &amp; Social Bill Imminent</b>                            | The Government is shortly expected to announce publication of its Health and Social Care Bill.  |