



Royal National Orthopaedic Hospital **NHS**
NHS Trust

Healthcare Commission Annual Health Check Ratings

Action Plan 2008/09

Attachment A
2008/09 Use of Resources Action Plan

Ref	Action	Priority	Responsibility	Timescale
1.1	Ensure there are adequate arrangements in place to enable the accounts to be submitted within the required timescale.	High	Head of Finance	September 2008 – April 2009
1.1	Ensure that the draft accounts presented for audit are free from material misstatements.	High	Head of Finance	April 2009
2.1	Savings plans identified early in the year to enable the Trust to achieve the plan and address its financial position.	High	Finance Director	In place 2008/09
2.1	Progress against savings plans should be monitored throughout the year and action plans put in place to address any shortfall or identified gaps.	High	Finance Director and Head of Finance	In place 2008/09
2.2	Evidence to demonstrate how the findings from reviews of financial partnerships are shared with partners and acted upon.	Low	Finance Director	January 2009
2.2	Evidence that the objective setting process is robust and embedded across all senior managers within the Trust.	Low	Director of HR and Corporate Affairs	January 2009
2.2	Provide financial monitoring reports to all budget holders within ten working days of the month end.	Low	Head of Finance	In place 2008/09
2.3	Estates strategy to reflect the requirements of the Local Delivery Plan.	High	Director of Estates & Facilities	June 2008
2.3	The estates strategy should include an assessment of whether the Trust is providing an inclusive environment, identifying improvements where appropriate.	High	Director of Estates & Facilities	June 2008
3.1	Ensure that appropriate arrangements are in place to enable delivery of the recovery plan for 2008/09.	High	Finance Director	In place for 2008/09

Ref	Action	Priority	Responsibility	Timescale
4.1	Demonstrate that the assurance framework is fully embedded in the Trust's business processes, supported by an audit trail to show that improvements have arisen as a result.	Medium	Director of HR and Corporate Affairs	January 2009
4.2	Ensure that the business continuity plan covers all areas of the Trust's activities	Medium	Finance Director	On going from 2008/09
4.2	Ensure that standing orders and standing financial instructions are reviewed annually.	Medium	Finance Director	In place
4.2	Ensure that partnerships are reviewed and monitored by senior management. Evidence should be provided to ensure the partnerships are operating in accordance with the partnership agreement and their objectives.	Medium	Finance Director	January 2009
4.3	The Trust should demonstrate that it has adopted the Nolan principles of standards in public life.	Low	Director of HR and Corporate Affairs	January 2009
4.3	Provide evidence that staff have received training on counter fraud procedures. This should include training on the whistleblowing procedure.	Medium	Director of HR and Corporate Affairs	January 2009
5.1	Develop further a documented process for setting and agreeing business objectives that includes all parts of the organisation.	Medium	Finance Director	January 2009
5.1	Demonstrate improvement in Healthcare Commission ratings to satisfy the criteria of 'making good progress in achieving its operational and strategic plans'.	Medium	Chief Executive	On-going from 2008/09
5.2	Demonstrate that the implementation of the communications strategy has been effective and is embedded within the operations of the Trust.	Low	Director of HR and Corporate Affairs	January 2009
5.2	Provide further evidence that feedback is used in determining future service provision.	Medium	Director of Nursing	January 2009

Ref	Action	Priority	Responsibility	Timescale
5.3	Provide further evidence to demonstrate that data quality training is targeted at the most relevant people.	Medium	Director of IMT	January 2009
5.4	Provide evidence to show that annual cash releasing improvements and efficiency gains are in line with agreed plans.	Medium	Head of Finance	In place from 2008/09 plan
5.4	Provide evidence to demonstrate measurable improvements to the way care is being delivered as a result of the work on clinical service improvement.	Low	Director of Operations & Service Improvement	January 2009
5.4	Demonstrate that reviews of reference cost data or service line reporting have led to specific improvements.	Medium	Head of Finance	January 2009

Assessment Area	Action required	Lead Director	Timescale
<p>Quality – Access – Cancelled Operations All patients who have operations cancelled for non-clinical reasons to be offered another binding date within 28 days, or the patient’s treatment is to be funded at the time and hospital of the patient’s choice.</p>	See separate Action Plan attached (Attachment D)	Director of Operations & Service Development	See Action Plan (Attachment D)
<p>Quality – Access – 26 week Inpatient waits</p>	<p>Outpatients & Diagnostics already being delivered. Inpatients - 7 breaches in 2007/8 – all in spinal surgery. The key issue is constraint in specialist consultant spinal surgeons (a national issue). Actions being taken to address:-</p> <ul style="list-style-type: none"> • Engagement in DH National Spinal Surgery Task Force. • Engage with other main London providers of spinal surgery and agree and implement complementary medical staffing strategies • Continue to implement RNOH newly developed strategy for expanding the spinal surgery team, ensuring alignment with the London provider spinal surgery workforce strategy above. • Maximise available additional theatre sessions and supporting capacity being utilised (currently additional sessions at weekends and additional theatre being procured April 2009) to enable spinal surgeons to provide additional sessions and treat patients to national standards for waiting times. 	<p>Chief Executive Chief Executive Chief Executive Director of Operations & Service Development</p>	<p>On going January 2009 On going October 2008-April 2009</p>
<p>Quality – Access Targets – 18 weeks & existing inpatient, outpatient and diagnostic waiting time targets</p>	Access target action plan – see attached action plan (Attachment C)	Director of Operations & Service Development	Action plan timescales separately monitored by Trust Board (see Attachment C for latest initiatives)

Assessment Area	Action required	Lead Director	Timescale
Quality - Core Standard C13b Healthcare organisations have systems in place to ensure that appropriate consent is obtained when required, for all contacts with patients and for the use of any confidential patient information (not met)	To provide a comprehensive consent framework including policies, training and patient information. Audit of compliance with consent framework to provide assurance to Trust Board that compliance is embedded.	Director of Nursing/Joint Medical Director	Policies put in place by January 2008 but remain subject to further audits to ensure compliance – audit assurance to be completed by October 2008.
Quality - Core Standard C16 Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients of what to expect during treatment, care and after care (not met)	To improve patient/carer information, in particular by ensuring patients/carers understand their rights to ask questions	Director of Nursing/Joint Medical Director	Completed January 2008
Quality - Core Standard C20a Healthcare services are provided in environments which promote effective care and optimise health outcomes by being: a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation (not met)	The action plan to meet compliance with this standard is the redevelopment of the Trust.	Director of Estates and Facilities	OBC Approved by NHS London July 2008. Capital financing options being reviewed with NHS London & Department of Health
Quality - Core Standard C21 Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises (not met)	The action plan to meet compliance with this standard is the redevelopment of the Trust.	Director of Estates and Facilities	Ongoing
Quality - Addressing Health Inequalities – data quality on ethnic group	<ul style="list-style-type: none"> Overall target 90% data collected (Current rate 87% collected) Display posters in OPD/CBU/Bolsover Street (Achieved) Incorporate collection processes into local induction (Achieved) 	Director of Operations & Service Development / Director of Human Resources & Corporate Affairs	Originally targeted 90% by March 2008 New target of 90% to be achieved by March 2009. April-September 2008 87% collected.

Assessment Area	Action required	Lead Director	Timescale
	<ul style="list-style-type: none"> • Organise training and awareness sessions (December 2008) • OPD to receive regular feedback on data collection from Information department (Achieved) • Ensure areas not captured by OPD are also informed and monitored – for eg ward clerks (November 2008) 		
Quality – Access Targets – Guarantee to admit within 28 days of cancelled operation	<p>15 breaches in 2007/08 year compared to a total of 31 in 2006/07 – early warning & communication systems have been strengthened and regular proactive monitoring taking place. See Action Plan attached (Attachment D).</p> <p>Where the initiatives identified in the action plan are unsuccessful, and an alternative NHS date cannot be arranged within 28 days, private treatment will be arranged.</p>	Director of Operations & Service Development	Originally targeted zero by March 2008 but this was not achieved – quarter 4 2007/08 was down to 4 breaches. Monitored monthly by Trust Board.

Attachment C
2008/09 18 week Action Plan
Summary Update - October 2008

Ref	Action	Responsibility	Timescale
1	<p>Address non-spinal surgery backlog of patients with decision to admit who have already breached 18 weeks or will breach before 1 December 2008:</p> <ul style="list-style-type: none"> • Ongoing validation of inpatient waiting list. • Agreement of capacity to treat validated patients (including in the independent sector). • Offer all patients a reasonable date before 1 December 2008. 	Director of Operations & Service Development	31 st October
2	Complete updated validation of all patients without decision to treat	Director of Operations & Service Development	17 th October
3	<p>Establish numbers of validated patients at different stages of clinical pathway.</p> <ul style="list-style-type: none"> • Establish potential numbers likely to require inpatient treatment who have already breached 18 weeks. Put capacity in place for treatment. • Establish if any additional capacity in diagnostics or outpatient clinics required to enable decision making about clinical care and put any required capacity in place. • Date patients appropriately. • Ongoing: ensure appropriate systems and processes and sufficient capacity available on ongoing basis to enable patients who are within 18 week breach dates to be treated in line with 18 week RTT performance. 	Director of Operations & Service Development	20 th October onwards
4	Complete the implementation of routine operational use of 18 week PTL to prospectively manage patients to 18 week pathways.	Director of Operations & Service Development	22 nd October onwards
5	Continue to drive up good data quality through completion of clinic outcome forms. Achieve at least 95% compliance from current base of 80%.	Director of Operations & Service Development	30 th November 2008

Ref	Action	Responsibility	Timescale
6	<p>Unknown clock starts/interprovider transfers Continue with current process for requesting and escalating minimum data set from referring trusts as referrals are received. Monitor compliance and escalate to Chief Executives and PCTs according to RNOH published policy.</p> <p>Outstanding legacy of unknown clock starts dating from 1 January 2008 will be targeted as one off exercise to referring Trusts 20 – 24 October and escalated if necessary.</p>	Director of Operations & Service Development & Chief Executive	On-going 24th October 2008
7	<p>Spinal patients: 18 week targets and inpatient 26 week stage of treatment action plan</p> <ul style="list-style-type: none"> • Engagement in DH National Spinal Surgery Task Force in order to both develop national capacity further and to facilitate treatment of patients through any currently available capacity. • Engage with other main London providers of spinal surgery and agree and implement complementary medical staffing strategies • Continue to implement RNOH strategy for recruiting and retaining appropriately skilled spinal surgeons. • Implement additional theatre sessions and supporting capacity (currently at weekends, additional theatre being procured April 2009) to enable spinal surgeons to provide additional sessions and treat patients to national standards for waiting times. 	<p>Chief Executive</p> <p>Chief Executive</p> <p>Chief Executive Director of Operations & Service Development</p>	<p>On going</p> <p>January 2009</p> <p>On going October 2008-April 2009</p>