

TFA document



Supporting all NHS Trusts to achieve NHS Foundation Trust status by April 2014

Tripartite Formal Agreement between:

- Barking, Havering and Redbridge University Hospitals NHS Trust
- NHS London
- Department of Health

Introduction

This tripartite formal agreement (TFA) confirms the commitments being made by the NHS Trust, their Strategic Health Authority (SHA) and the Department of Health (DH) that will enable achievement of NHS Foundation Trust (FT) status before April 2014.

Specifically the TFA confirms the date (Part 1 of the agreement) when the NHS Trust will submit their “FT ready” application to DH to begin their formal assessment towards achievement of FT status.

The organisations signing up to this agreement are confirming their commitment to the actions required by signing in part 2a. The signatories for each organisation are as follows:

NHS Trust – Chief Executive Officer
SHA – Chief Executive Officer
DH – Managing Director of Provider Development

Prior to signing, NHS Trust CEOs should have discussed the proposed application date with their Board to confirm support.

In addition the lead commissioner for the Trust will sign to agree support of the process and timescales set out in the agreement.

The information provided in this agreement does not replace the SHA assurance processes that underpin the development of FT applicants. The agreed actions of all SHAs will be taken over by the National Health Service Trust Development Authority (NTDA)¹ when that takes over the SHA provider development functions.

The objective of the TFA is to identify the key strategic and operational issues facing each NHS Trust (Part 4) and the actions required at local, regional and national level to address these (Parts 5, 6 and 7).

Part 8 of the agreement covers the key milestones that will need to be achieved to enable the FT application to be submitted to the date set out in part 1 of the agreement.

Standards required to achieve FT status

The establishment of a TFA for each NHS Trust does not change, or reduce in any way, the requirements needed to achieve FT status.

That is, the same exacting standards around quality of services, governance and finance will continue to need to be met, at all stages of the process, to achieve FT status. The purpose of the TFA for each NHS Trust is to provide clarity and focus on the issues to be addressed to meet the standards required to achieve FT status. The TFA should align with the local QIPP agenda.

Alongside development activities being undertaken to take forward each NHS Trust to FT status by April 2014, the quality of services will be further strengthened. Achieving FT status and delivering quality services are mutually supportive. The Department of Health is improving its assessment of quality. Monitor has also been reviewing its measurement of quality in their assessment and governance risk ratings. To remove any focus from quality healthcare provision in this interim period would completely undermine the wider objectives of all NHS Trusts achieving FT status, to establish autonomous and sustainable providers best equipped and enabled to provide the best quality services for patients.

¹ NTDA previously known as the Provider Development Authority – the name change is proposed to better reflect their role with NHS Trusts only.

Part 1 - Date when NHS foundation trust application will be submitted to Department of Health




1 April 2013 subject to outcome of Board to Board on 18 October 2011
(Board to Board decision will determine route to FT)

Part 2a - Signatories to agreements

By signing this agreement the following signatories are formally confirming:


- their agreement with the issues identified;
- their agreement with the actions and milestones detailed to support achievement of the date identified in part 1;
- their agreement with the obligations they, and the other signatories, are committing to;

as covered in this agreement.

Averil Dongworth, Chief Executive Officer Barking, Havering and Redbridge University Hospitals NHS Trust	Signature  Date: 28 September 2011
Dame Ruth Carnall, DBE Chief Executive, NHS London	Signature  Date: 28 September 2011
Ian Dalton, Director General Provider Development	 Signature Date: 30 September 2011

Part 2b – Commissioner agreement

In signing, the lead commissioner for the Trust is agreeing to support the process and timescales set out in the agreement.

Heather O'Meara, Chief Executive, Outer North East London Cluster Chief Executive	Signature  Date: 28 September 2011
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Part 3 – NHS Trust summary

Short summary of services provided, geographical/demographical information, main commissioners and organisation history.

Required information

Current CQC registration (and any conditions):

In April 2010 BHRUT had 8 conditions to registration imposed by the CQC, 7 of which have now been lifted.

In March 2011 the CQC imposed a Warning Notice on Maternity Services, 2 further notices in June, A&E; and Staffing and in July they also commenced a wide ranging investigation into care provided by the Trust. That report is expected in late September 2011.

Financial data

	2009/10 £000s	2010/11* £000s
Total income	397,400	407,107
EBITDA	9,600	2,800
Operating deficit**	22,309	32,986
CIP target	33,300	35,900
CIP achieved recurrent	22,400	16,400
CIP achieved non-recurrent	7,800	6,500

Source: DH FIMS

*Audited figures

**Excludes impairments/IFRS adjustments

The NHS Trust's Main Commissioners

- Havering 234,000 pop. 41% elective and 35% emergency
- Barking and Dagenham 176,000 pop. 24% elective and 27% emergency
- Redbridge 268,000 pop. 21% elective and 25% emergency
- South West Essex 388,300 pop. 8% elective and 6% emergency

Summary of PFI schemes (if material)

Queen's Hospital was constructed by Bovis Lend Lease under a £261m PFI agreement and opened in December 2006. Catalyst Lend Lease is responsible for managing its day to day upkeep, long term maintenance and soft FM services under a 36 year project agreement. A fully managed Equipment service is provided by Siemens plc healthcare division. The current Unitary payment for this facility is £47m which is inclusive of hard and soft FM services and Managed Equipment Services (MES).

Further Information

Barking, Havering and Redbridge University Hospitals NHS Trust (BHRUT) is one of the largest Acute Trusts in the country and the biggest provider of acute healthcare services in Outer North East London (ONEL), serving a local population of over 750,000 from a wide range of social and ethnic groups. The Trust operates two A&E departments alongside other acute services covering all the major specialties of large district general hospitals as well as a joint Cancer Centre with Barts and The London NHS Trust and a regional Neurosciences Centre with a population base of some 2.1 million.

BHRUT operates out of the state-of-the-art Queen's Hospital (QH) Romford which was opened in December 2006 (PFI hospital) and King George Hospital (KGH) (Ilford) opened in 1993.

The Trust has 1,269 inpatient beds, of which 813 are at the QH site with the remaining at KGH. In addition, there are 132 day beds (split between QH and KGH, 84 and 48 respectively). The Trust provides a wide range of outpatient services at both its main hospital sites and satellite locations.

The Trust employed 5,655 WTE permanent staff in 2010/11 and also used 565 temporary staff.

In recent years the Trust has been designated as a Hyper Acute Stroke Centre and a Stroke Unit. It has achieved Trauma Unit status (in collaboration with the Royal London).

The projected total income for 2011/12 is £407.1m. For 2010/11 the in-year deficit was £35.0m which brought the accumulated deficit to £149.9m as at 31 March 2011.

Part 4 – Key issues to be addressed by NHS Trust

Key issues affecting NHS Trust achieving FT	
<p>Strategic and local health economy issues</p> <ul style="list-style-type: none"> Service reconfigurations <input checked="" type="checkbox"/> Site reconfigurations and closures <input checked="" type="checkbox"/> Integration of community services <input checked="" type="checkbox"/> Not clinically or financially viable in current form <input checked="" type="checkbox"/> Local health economy sustainability issues <input checked="" type="checkbox"/> Contracting arrangements <input checked="" type="checkbox"/> <p>Financial</p> <ul style="list-style-type: none"> Current financial position <input checked="" type="checkbox"/> Level of efficiencies <input checked="" type="checkbox"/> PFI plans and affordability <input checked="" type="checkbox"/> Other Capital Plans and Estate issues <input checked="" type="checkbox"/> Loan Debt <input checked="" type="checkbox"/> Working Capital and Liquidity <input checked="" type="checkbox"/> <p>Quality and Performance</p> <ul style="list-style-type: none"> QIPP <input checked="" type="checkbox"/> Quality and clinical governance issues <input checked="" type="checkbox"/> Service performance issues <input checked="" type="checkbox"/> <p>Governance and Leadership</p> <ul style="list-style-type: none"> Board capacity and capability, and non-executive support <input checked="" type="checkbox"/> 	
<p>Please provide any further relevant local information in relation to the key issues to be addressed by the NHS Trust:</p> <p><u>STRATEGIC AND LOCAL HEALTH ECONOMY ISSUES</u></p> <p>In relation to service reconfiguration BHRUT is significantly impacted by the proposed Health4NEL proposals which are subject to an Independent Review Panel with resulting uncertainty on both timescales and content of any changes.</p> <p>Service reconfiguration- major changes envisaged for KGH, with significant knock on impact on Queen's and estate owned by PCTs.</p> <p>Integration of community services- BHRUT are actively exploring with ONEL opportunities to integrate with community services via leadership of integrated pathways.</p> <p>Not clinically or financially viable in current form- relates to financial position (see below) but H4NEL also made recommendations based on appraisal of changes required within North East London to deliver long term clinical sustainability.</p> <p>Local health economy sustainability issues- see comments on H4NEL above.</p> <p>Contracting arrangements- history of arbitrations, especially with regard to non-PbR elements of the contract.</p> <p><u>FINANCIAL</u></p> <p>Current financial position- BHRUT has failed to breakeven since its creation and 2011/12 marks six years of financial imbalance and has been subject to a public interest report from External Audit. The total accumulated deficit will be c£185m by end of 2011/12. Against this figure, the London Challenge Trust Board (CTB) to date has only earmarked £84m for debt repayment. Level of efficiencies- Very large CIP Programme (£28.2m). Currently clinical performance generally around national average (but in 2010/11 average length of stay (LoS) generally above national average).</p> <p>PFI plans and affordability- Queen's is a new PFI funded hospital (December 2006) with a unitary payment of £47m. The scale of the scheme and the payment arrangements significantly contribute to BHRUTs financial difficulties and are currently a major obstacle to ultimately achieving FT status.</p>	

Other Capital Plans and Estate Issues- H4NEL implementation requires significant capital expenditure. There are opportunities to rationalise the local health economy estate if planned across the whole economy and not looked at in isolation.

Loan Debt- see above.

Working Capital and Liquidity- BHRUT has historically had significant problems making payments within time to creditors due to its deficit position.

QUALITY AND PERFORMANCE

QIPP- there is a significant QIPP requirement as reflected in the CIP Programme and in the transfer of activity to polysystems.

Quality and clinical governance issues - The Trust received a weak rating from the Care Quality Commission (CQC) for quality of services in 2009/10 and at the time 8 conditions to registration were imposed by the CQC, 7 of which have now been lifted. However, in March 2011 the CQC imposed a warning notice on Maternity services relating to staffing, safety of care and equipment with 2 further conditions for A&E and Staffing in June. The CQC are also undertaking a wide ranging investigation into the Trust's performance.

Service performance issues- The Trust has historically struggled to maintain performance against the A&E 4 hour standard. Performance during 2010/11 and the first quarter of 2011/12 were often below profile. The Trust has recently improved and the Trust wide performance has been at 95% or better since 19 June 2011. Elective performance is satisfactory and BHRUT is currently achieving the cancer wait time's targets.

GOVERNANCE AND LEADERSHIP

A new Chief Executive Officer has been appointed and an interim Chairman is in place. In May a permanent Medical Director was appointed and all other Executive and Non Executive Director positions are in place.

Board capability and non-executive support- BHRUT successfully applied for NHSL funding to assist in Board development. The Board has a clear focus on tackling long standing performance issues and ultimately attaining FT status and has a good mix of Executives and Non-Executives of public and private enterprise backgrounds.

Part 5 – NHS Trust actions required

Key actions to be taken by NHS Trust to support delivery of date in part 1 of agreement	
Strategic and local health economy issues	
Integration of community services	<input checked="" type="checkbox"/>
Financial	
Current financial position	<input checked="" type="checkbox"/>
CIPs	<input checked="" type="checkbox"/>
Other capital and estate plans	<input checked="" type="checkbox"/>
Quality and Performance	
Local / regional QIPP	<input checked="" type="checkbox"/>
Service Performance	<input checked="" type="checkbox"/>
Quality and clinical governance	<input checked="" type="checkbox"/>
Governance and Leadership	
Board Development	<input checked="" type="checkbox"/>
Other key actions to be taken (please provide detail below)	<input type="checkbox"/>
<p>Describe what actions the Board is taking to assure themselves that they are maintaining and improving quality of care for patients.</p> <p>Standard item on Trust Board Agenda. Quality and Strategy sub committee of the Trust Board established and Chaired by Edwin Doyle (BHRUT Interim Chair).</p> <p>Visible Leadership Programme headed by Director of Nursing.</p> <p>Regular patient surveying introduced via handheld devices.</p> <p>Please provide any further relevant local information in relation to the key actions to be taken by the NHS Trust with an identified lead and delivery dates:</p> <p>Strategic and local health economy issues Sector support for the Integrated Business Plan (IBP) and transition to FT status is predicated on the following improvements to service quality and performance:</p> <ul style="list-style-type: none"> • The removal of all conditions to registration by the CQC and any recommendations arising from the current CQC investigation. • Delivery of the Operating Framework priorities for 2011/12 in preparation for delivery of the NHS Outcomes Framework in 2012/13 onwards. Areas requiring specific performance improvement are listed below: <ul style="list-style-type: none"> ○ Sustainable delivery of all A&E indicators set out in the 2011/12 Operating Framework; ○ Maintaining delivery of Cancer targets; ○ Demonstrable improvements in patient experience as measured from local and national surveys <p>Lead: Averil Dongworth, Chief Executive Timescale: see milestones</p> <p>Integration of community services and current financial position The scale of the financial challenge facing BHRUT coupled with the proposed changes to North East London's service configuration makes it vital that BHRUT not only engages in a</p>	

systematic process of improving operational efficiency but also increases its income base by taking on additional elective work and pursuing integration of pathways with community services. These income opportunities are being taken forward with the ONEL Sector. A conservative view has been taken as to their contribution to the financial position in 2011/12 (not least because they will have various lead in times) but they are seen as integral to the longer term financial viability of BHRUT including making a major contribution in 2012/13 and beyond.

Leads: Neill Moloney, Director of Planning & Performance, David Wragg, Director of Finance and Robert Royce, Director of Strategy Timescale: December 2011

Financial

Current Financial Position

The size of the saving required to obtain breakeven is such that alternative/ innovative service approaches must be found to create any realistic chance of achieving a breakeven position in a reasonable timeframe. This has included the Trust responding to tender advertisements for additional activity, such as the North East London Treatment Centre contract which is out to tender (North East London Treatment Centre /Independent Sector Treatment Centre contract expires December 2011).

Lead: Robert Royce, Director of Strategy Timescale: Quarter 2 – 2011/12

CIP- BHRUT has a £28.2m CIP Programme for 2011/12. **Lead: David Wragg, Director of Finance Timescale: By end of 2011/12**

An assessment of the financial challenges and productivity opportunities by provider, incorporating the impact of commissioner QIPP plans has been undertaken for London's acute NHS Trusts. With the analysis, as it applies to BHRUT the trust is in the process of revamping its cost improvement programme into a larger clinical productivity programme with strengthened governance arrangements. The clinical productivity programme is to be aligned with a wider review of the service configuration and use of the estate which will have implications for the FT pipeline, including the need for Capital and pump priming funding to promote rapid service change.

Lead: Averil Dongworth, Chief Executive

Other capital and estate plans

Working with the Sector to review opportunities to utilise entire local health economy estate via integrated pathways.

Lead: Averil Dongworth, Chief Executive Timescale: Quarter 4 2011/12

Quality and Performance

Service Performance

The Trust has improved performance and achieved the 95% standard since 19 June 2011 and is on course to maintain the standard though the rest of 2011/12. However, achievement of the A&E 4 hour target is still not felt to be totally robust and a series of actions are in place to support achievement of the standard on an ongoing basis.

Lead: Averil Dongworth, Chief Executive Timescale: August 2011

Quality and Clinical Governance

Trust actively working to remove all CQC conditions/ warning notices, to address adverse patient survey results and improve its national position on avoidable deaths.

Leads: Deborah Wheeler, Director of Nursing and Stephen Burgess, Medical Director Timescale: November 2011

Governance & Leadership

Board Development

The Trust has appointed a permanent Medical Director to support delivery of the Health4NEL service reconfigurations and is engaging in an extended process of clinical engagement to facilitate performance improvement, particularly for the emergency pathway.

The Trust is undertaking a series of Board development sessions.

Lead: Averil Dongworth, Chief Executive

Part 6 – SHA actions required

Key actions to be taken by SHA to support delivery of date in part 1 of agreement	
Strategic and local health economy issues Local health economy sustainability issues (including reconfigurations)	<input checked="" type="checkbox"/>
Contracting arrangements	<input checked="" type="checkbox"/>
Transforming Community Services	<input checked="" type="checkbox"/>
Financial CIPs\efficiency	<input checked="" type="checkbox"/>
Quality and Performance Regional and local QIPP	<input checked="" type="checkbox"/>
Quality and clinical governance	<input checked="" type="checkbox"/>
Service Performance	<input checked="" type="checkbox"/>
Governance and Leadership Board development activities	<input checked="" type="checkbox"/>
Other key actions to be taken (please provide detail below)	<input checked="" type="checkbox"/>
<p>Please provide any further relevant local information in relation to the key actions to be taken by the SHA with an identified lead and delivery dates.</p> <p>Strategic & Local Health Economy Issues ONEL Cluster support for the BHRUT Integrated Business Plan (IBP) is predicated on the plan being consistent with delivery of the Health4NEL Strategic Business Case.</p> <p>Delivery of the service changes and productivity improvements are currently not sufficient to deliver sustainable financial balance. ONEL Cluster is therefore working with the Trust to identify additional service changes to deliver financial balance that are consistent with the ONEL QIPP and can be made within procurement and competition rules with the identified opportunities including:</p> <ul style="list-style-type: none"> • Procurement process for the North East London Treatment Centre (NELTC) (contract due to end in December 2011) to provide an integrated elective offering across KGH campus including NELTC with the procurement carried out in accordance with competition rules; • Integration of some community services providing opportunities for service efficiency and income growth. <p>Lead: Heather Mullin, ONEL Cluster Chief Executive – 31 December 2011</p> <p>Financial The Trust has a historic deficit of £149.9m as at the end of 2010/11, with an offset of £84m earmarked from the London Challenged Trust Board. In 2010/11 the Trust reported a deficit of £33m missing the control total by £19m. The current IBP does not demonstrate financial breakeven to the timescales required to attain FT status by April 2014.</p>	

The IBP assumes a cost improvement programme of 8% in 2011/12. The Trust will need to demonstrate ongoing delivery of the CIP for the Sector and NHSL to support the FT application. NHS London's CTB has an earmarked budget of £84m to match the historic deficit of BHRUT. The Trust has to achieve the CTB's criteria to receive the funding in full (e.g. positive run rate on income and expenditure account). The Trust's accumulated deficit (actual to date and forecast to 31/3/2012) exceeds the earmarked budget of the London CTB.

Lead: NHSL Director of Finance

The SHA is contributing to the national work on PFI and will work with the Trust in resolving the outstanding PFI issues as a result of the national financial review.

Lead: Regional Director of Provider Development

ONEL Cluster has identified strategic opportunities for commissioning intentions to support financial recovery, and these were included in the Cluster's response to the IBP in January 2011:

- Repatriation of tertiary or specialist work to BHRUT;
- Realignment of elective work across the Sector subject to procurement rules;
- Vertical integration along emergency care pathways;
- Alignment of UCC and A&E provision at QH;
- BHRUT provision of outpatient shifts to community at reduced tariff;
- Supporting the Trust to increase Category C income;
- Utilisation of KGH capacity for renal satellite unit and rehab to support acute ward closure program.

Lead- Heather Mullin, Cluster Chief Executive Timescale: 31 December 2011

Actions the Cluster will take to support improvements in service quality will be:

- The Cluster has commissioned an independent review of Maternity services to support delivery of quality improvements and Health4NEL service models;
- Alignment of UCC and A&E provision at QH;
- Options for vertical integration along elective and non-elective pathways;
- Joint appointment for Community Support Programme to improve A&E performance;
- Use of contract schedules as a lever to improve service quality and performance;
- Establishing a performance framework setting out standards required for Sector support of FT status.

Lead: ONEL Medical Director/ Performance Director. CEO Timescale: To be determined

Part 7 – Supporting activities led by DH

Actions led by DH to support delivery of date in part 1 of agreement	
Strategic and local health economy issues Alternative organisational form options	<input type="checkbox"/>
Financial NHS Trusts with debt	<input checked="" type="checkbox"/>
Short/medium term liquidity issues	<input type="checkbox"/>
Current/future PFI schemes	<input checked="" type="checkbox"/>
National QIPP work streams	<input type="checkbox"/>
Governance and Leadership Board development activities	<input type="checkbox"/>
Other key actions to be taken (please provide detail below)	<input type="checkbox"/>
<p>Please provide any further relevant local information in relation to the key actions to be taken by DH with an identified lead and delivery dates:</p> <p>Financial NHS Trusts with debt The Trust's accumulated deficit (actual to date and forecast to 31/3/2012) exceeds the potential earmarked budget of the London CTB. NHSL is in discussion with DH re potential solutions. <i>Lead: NHSL Director of Finance & DH</i></p> <p>A national financial review of Trusts with a PFI hospital is taking place to gain a common understanding of any issues that might be an obstacle to passing the financial elements of the FT assessment process. Some elements contained within the TFA will be subject to the outcome of this review in enabling any issues outlined in this agreement to be resolved. This will be confirmed on a case by case as the PFI work is completed and communicated. Lead; DH Director of Provider Delivery</p>	

Part 8 – Key milestones to achieve actions identified in parts 5 and 6 to achieve date agreed in part 1

Date	Milestone
30 June 2011	Agreement reached on BHRUT assuming reasonability for integrated elderly pathway with transfer of staffing and assets during 2011/12
30 June 2011	BHRUT achieving 95 th percentile standard for all A&E departments- then sustained to year end.
30 June 2011	BHRUT achieving all Cancer targets- then sustained to year end
30 June 2011	Agreement of volumes and value of transfer of elective work from Whipps Cross and tertiary providers during 2011/12 and 2012/13
30 June 2011	Financial return at month 2 on target against plan YTD and year-end projection in control
31 July 2011	SHA financial challenges and productivity opportunities assessment
20 September	Board to Board on financial challenge and productivity opportunity
30 September 2011	Financial return at month 5 on target to meet £28.8m (including IFRS) control total
18 October 2011	Board to Board. Trust will have prepared in advance a plan for delivery of FT Trajectory that takes into account the SaFE review.
	The following timetable is subject to review following Board to Board on 18 th October 2011. If alternative approach is required it will be decided at this time.
31 October 2011	Review and refresh of IBP and LTFM ideally informed by Independent Reconfiguration Panel decision Review of Q1 and Q2 quality, service and financial performance (including achievement and trajectory of CIPs)
30 November 2011	Financial return at month 7 on target to meet £35.6m (including IFRS) control total
30 November 2011	Application to CQC for removal of conditions
30 November 2011	Establishment of Clinical Productivity Programme – year 1 of full delivery 2012/13
July, Oct, Dec, April 2011-2013	Quarterly reviews of finance (including achievement and trajectory on CIPs (11/12); clinical productivity programme from 12/13), quality and performance, including waiting list/18 weeks actions and milestones will be undertaken with the Trust
31 December 2011	Financial return at month 8 on target to meet £28.8m (including IFRS) control total.

31 March 2012	£35.6m deficit control total for 2011/12 projected to be met
31 March 2012	No CQC conditions
The following timetable is subject to review following Board to Board on 18 October 2011	
June 2012	Submit IBP & LTFM
June/ July 2012	Historical Due Diligence part one
July - October 2012	Undertake public consultation
August 2012	Safety and Quality Assurance Gateway Review
October 2012	Historical Due Diligence part two
December 2012	Final IBP & LTFM
January 2013	Board to Board meeting
February 2013	Trust Board formal approval of FT application
March 2013	SHA Board approval
April 2013	Submission of FT application to DH

Provide detail of what the milestones will achieve\solve where this is not immediately obvious. For example, Resolves underlying financial problems – explain what the issue is, the proposed solution and persons\organisations responsible for delivery.

Describe what actions\sanctions the SHA will take where a milestone is likely to be, or has been missed.

NHS London's monthly performance monitoring process will highlight challenges to FT pipeline milestones with regard to quality, service performance & finance and address these in monthly performance improvement meetings with the trust (and include the Cluster). In addition, NHSL's Provider Development Directorate will link this to a NHSL TFA tracker and where a milestone not related to in year performance is likely to be missed, the Regional Director of Provider Development will hold a review meeting with the Trust Chief Executive. Where required, these meetings will include relevant SHA Directors and be chaired by the SHA Chief Executive. These meetings may also involve the SHA Chair, the Trust Chair or a Board to Board meeting. The outcome of the milestone review meeting will be a recovery plan with escalation to DH where necessary.

<p>Failure to meet required clinical, quality and access targets. In particular that delivery of required quality and patient experience improvements occurs over a longer time period than planned such that insufficient track record on clinical outcomes and patient satisfaction rating is available for Monitor assessment</p>	<ol style="list-style-type: none"> 1. Senior Clinical leadership team devoted to further improving outcomes and patient experience 2011/12. 2. Revamped focus of the Clinical Governance Committee to be a quality/ outcome focused Trust Board sub committee. 3. Active assessment of systems and pathways in place by high performing Trusts with a view to rapid implementation at BHRUT. <p>Stroke services- RCP latest stroke audit shows BHRUT stroke services in the top quartile nationally. 3 years ago the Trust was in the bottom quartile. Trauma access to theatres within 24 hours as 24% in 2008 and now stands at 80%. This illustrates the Trust's determination to radically improve services</p>	<p>Stephen Burgess, Medical Director/ Deborah Wheeler, Director of Nursing</p> <p>Stephen Burgess, Medical Director/ Deborah Wheeler, Director of Nursing</p> <p>Averil Dongworth, Chief Executive</p>
<p>Challenging multiple performance (quality, financial & workforce) improvements which the organisation has to manage within FT trajectory timescale</p>	<ol style="list-style-type: none"> 1. FT trajectory will be a standing item on Trust Board agenda with Board giving clear leadership on priorities and close scrutiny on progress via programme management reporting. Establishment of sub committees to the Trust Board covering key elements of FT trajectory e.g. HR 2. BHRUT looking to obtain early agreement to the enabling elements of its FT 	<p>Averil Dongworth, Chief Executive</p>

	<p>trajectory plan. These will need to include agreement on BHRUT management of selected acute and community pathways such as frail elderly care, an agreed health system wide Estates Strategy, resolution of DTOC issues to 1% target and a funding envelope that takes account of the service configuration that will be in place at the time of BHRUT's FT submission.</p>	
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