

# Report to the Joint Health Scrutiny Committee 11<sup>th</sup> December 2007

# Progress to date on the development of a 5-Year Plan for Nottingham University Hospitals NHS Trust

## 1. Introduction

Further to the September Joint Health Scrutiny Committee meeting, Nottingham University Hospitals NHS Trust (NUH) has now embarked on a programme of work to develop its 5-Year Business Plan.

This paper outlines:

- The planning context
- · Progress to date
- Stakeholder engagement
- Proposed next steps

## 2. The Planning Context

NUH is aspiring to be the country's best acute teaching trust by 2016. We will realise this ambitious vision for our patients and the public we serve, if we achieve excellence in:

- Clinical outcomes
- Patient experience
- Teaching and training
- Research
- Value for money

A considerable amount of planning has already taken place since NUH was established on 1<sup>st</sup> April 2006. We are now building on and refreshing this work to ensure that we have robust plans in place to guide our journey to 'NUH 2016.'

Our planning work is being progressed in a manner which:

- Will support our application to become an NHS Foundation Trust. A robust 5-Year Integrated Business Plan is a key requirement of the Foundation Trust application process.
- Is in keeping with national policy and local commissioning intentions as set out in a range of documents. These documents are all signalling the need for:
  - Internationally comparable outcomes of care for our patients
  - An increased focus on networks of care
  - Increased service provision within primary care and the community wherever possible
  - Support for patients receiving specialist expertise where required.

# 3. Progress to date

In the first instance our clinical teams have been asked to provide a range of information on:

- The services that they provide and how they expect these services to change in relation to the new models of care that are being advocated
- Their current performance on clinical outcomes, patient experience, teaching / training, research as well as value for money. In addition information on how the clinical teams will continually seek to improve their performance in these areas is also being sought.

The initial outputs from stage 1 of our planning process are expected towards the end of January 2008.

# 4. Stakeholder engagement

Stakeholder engagement is being progressed via a number of means:

## Patient involvement

- Each clinical specialty is undertaking a patient engagement exercise to determine patient experience (i.e. what matters most to patients and what matters least to patients) accessing their services. This is being undertaken during stage 1 of the planning process. Many of our clinical services already have established 'patient reference groups' with whom they are undertaking this work
- Representatives of our Patient and Public Involvement Forum are members on both our Internal and External Reference Groups. These groups have been established to oversee the development of our Plan.

# External Reference Group

We have established this Group to ensure that our emerging plan is coherent and consistent with other partner plans; has the support of our key stakeholders and can be implemented from a whole health community, local authority and wider stakeholder perspective. Annex A details the membership of this Group.

#### Time out session

Plans are being developed for a time out session at the end of January, in order for us to be able to share the outputs of our Stage 1 planning process. Our intention is to invite a wider range of partners including PCT Chief Executives, Directors of Public Health and Practice Based Commissioners to this event.

# Staff, public and partners

In addition to the above we are also developing proposals on how we might further engage our staff, the population that we serve and our partners as our planning process progresses.

# 5. Next steps

The next steps are for the Trust to complete stage 1 of its planning process and to share the outputs of this work with our partners in order to allow for confirm and challenge. Following on from this we will then move on to stage 2 of the planning process which will include forecasting activity, income and expenditure for the next 5-years. The final part of our planning process will be to determine how we can best configure our services in the future.

We will seek to actively engage our partners at each stage of our planning process.

## 6. Timeline

An iterative process will be developed to refine and update based on outputs from our planning process on a quarterly basis:

April 08 – 1<sup>st</sup> draft

July 08 – More detail

Autumn 08 - Further detail

# Annex A NUH External Reference Group

## Members:

Director of Strategy Nottingham University Hospitals NHS Trust

Deputy Director of Strategy Nottingham University Hospitals NHS Trust

Director of Commissioning and Performance Nottingham City PCT

Director of Commissioning and Performance Nottinghamshire County tPCT

Director of Commissioning Derbyshire County PCT

Director of Commissioning Lincolnshire tPCT

Director of Commissioning East Midlands Specialist Commissioning Group

Patient and Public Involvement Forum representative

SHA representative

Nottinghamshire Darzi Project Director

Nottingham University representative

Team Leader Projects - Local Authority Planning Department

Head of Business Service for Older People - Nottingham City Council

## In attendance:

Officer from the Joint Health Scrutiny Committee PA to the Strategy team Nottingham University Hospitals NHS Trust