

BURTON HOSPITALS NHS TRUST

Foundation Trust Application

Integrated Business Plan
April 2008

Submission to Department of Health

2.0 Profile of Burton Hospitals NHS Trust

2.1 Overview of Burton Hospitals NHS Trust

The Burton Hospitals NHS Trust is a medium sized acute hospital and was formed in 1993. The Trust provides health care services from two sites. The total land available is some 49 acres with 28 acres on the main site and 21 acres on the Outwoods Site. The facilities include:

- 420 Inpatient beds;
- an Accident and Emergency Department;
- 9 Operating theatres;
- 2 MRI Scanners;
- a CT Scanner;
- a dedicated endoscopy suite;
- a modern Breast Care Unit;
- a newly established Stroke facility;
- a nationally renowned Simulation Training facility.

In addition to its main site the Trust provides a range of services from the Geoffrey Hodges Wing on its Outwoods Site. This includes inpatient beds within a 13 bed step-down intermediate care facility.

During 2006 an Independent Sector Treatment Centre opened within the grounds of the main hospital and enabled the transfer of 7,500 day cases from the existing hospital to the new facility.

For 2007/08 the Trust employs 2,190 staff (w.t.e.) with an annual pay bill of £78.5 million. Two thirds of staff are directly involved in treating patients (medical and dental, nursing and midwifery and health care assistant) with another 13% in a technical and scientific capacity.

2.1.1 Trust Population

The Burton Hospitals NHS Trust is the principal provider of acute hospital services for the residents of Burton upon Trent and surrounding areas. The Trust serves a population of some 360,000. The key population urban areas are Burton upon Trent (population 65,430), Uttoxeter (11,730), Lichfield, Tamworth, Swadlincote and Ashby. The balance is drawn from the rural population and villages surrounding Burton upon Trent. Table 2.1 shows the total populations by council areas and the age profile breakdowns as at the 2001 Census.

By 2029 the number of people aged 80 and over is predicted to increase by 136% on 2006 population figures. In addition to this The Secretary of State for Communities and Local Government has identified the Local Health Economy area as a potential "Centre for Growth". Older people's health will be a major challenge, but especially so in South Staffordshire where the older population is predicted to increase by 157%, almost double the projection for England as a whole (83%). (*Source, ONS population projections*).

Older people have high admissions rate to hospital. On current admissions patterns, the demographic shift could mean an extra 13,350 hospital admissions by 2029 (for the South Staffordshire PCT population) unless there are substantial increases in community provision.

Table 2.1: Council Areas Served by Burton Hospitals NHS Trust

District or Borough Council Area	Population	Under 16	16-64	Over 65s
East Staffordshire	103,770	20,653	66,617	16,500
Southern Derbyshire	81,562	16,788	53,005	11,859
North West Leicestershire	88,300	17,400	54,300	16,600
Lichfield	93,232	18,143	62,223	12,866
Tamworth	74,531	16,750	47,341	10,260

Source: Based on 2001 Census data

2.1.2 Local Socio-Economic Factors

The social profile given above is based on the 2001 Census data for East Staffordshire, a similar analysis has been undertaken for the other main catchments that the Trust draws its population from the results of which are broadly similar.

Within the East Staffordshire Borough 7% of the population are from Ethnic Minorities, with 17% of the population suffering from a limiting life long illness. Average gross earnings are £21,675 per annum, with an unemployment rate of 1.9%. Within East Staffordshire: three wards rank in the 1,000 most housing deprived in England – Uxbridge (855), Victoria (561) and Broadway (600). Over 12% of the population in these areas have a limiting long term illness.

2.1.3 Workforce and Education

The majority of the Trust's non medical workforce is drawn from Burton upon Trent and the surrounding area, which means that the local labour market is a significant factor in the Trust's workforce development plans

In employment terms over 22% of the local community workforce is employed within manufacturing, with Health and Social Work being the 4th largest category of employment. Nearly 70% of this workforce is qualified at Level 2 NVQ or below. As a Foundation Trust, and as part of the rationale for inclusion on the Council of Governors, the Trust will work with Burton College to address these challenges.

To deliver the needs of the diverse population identified above, and to support clinicians in providing seamless healthcare, the Trust has strong links to specialist services in Leicester, Birmingham, South Staffordshire Healthcare Foundation Trust and Derby Hospitals NHS Foundation Trust. These are summarised later in this section.

2.2 Range of Services

Burton Hospitals provides a wide range of general hospital services and acts as entry point to specialist tertiary centres and key clinical networks. Table 2.2 below indicates the 2007/08 levels of activity for each specialty:

Table 2.2: Activity Levels 2007/08*

	Elective	Non Elective	New Outpatient Attendances
Surgical Care			
Trauma & Orthopaedics	1,424	1,419	7,391
General Surgery	4,020	2,041	5,781
ENT	1,353	381	3,884
Ophthalmology	380	112	3,392
Urology	1,309	460	1,381
Clinical Oncology	3,222	1	899
Oral Surgery	59	-	1,635
Plastic Surgery	43	-	126
Neurosurgery	-	-	12
Orthodontics	-	-	1,270
Pain Management			585
Medicine			
A&E	-	1,068	1,692
Cardiology	148	-	1,485
Care of the Elderly	7	1,620	1,151
Dermatology	53	20	3,489
General Medicine	1,792	6,109	2,765
Haematology	799	380	320
Rheumatology	224	24	957
Neurology	12	-	771
Chemical Pathology	-	-	225
GUM	-	-	2,910
Nephrology			47
Women & Children's			
Obstetrics	-	6,813	1,505
Paediatrics	163	2,285	1,209
Gynaecology	985	1,301	3,124
Trust Total	15,995	24,034	48,006

Source: Burton Hospitals Management Information System

* Based on 10 months data extrapolated

In addition to services provided on its main site, the Trust provides a range of consultant outreach services into local community settings. Predominantly for the South Staffordshire PCT Community Hospitals the Trust provides its consultants for a range of specialties including dermatology, obstetrics, gynaecology, ENT, ophthalmology, general surgery and urology. In addition to this the Trust also outreaches its Consultants into Ashby.

The Trust is currently in discussion with local PCTs to increase the range of services that it covers as well as the number of premises that they visit. The rationale for this is detailed in the market and portfolio assessments in sections 4 and 5.

The activity during the period 2004/05 to 2012/13 projected is shown in Figure 2.1 below. Elective inpatient levels have remained broadly constant whilst emergency levels have risen in each of the last three years. In contrast though A&E activity growth has begun to slow down.

In 2006/07 the number of day cases and ophthalmology outpatients fell significantly as activity transferred from the Trust to the Midlands Treatment Centre run by Nations Healthcare.

2.3 Activity

Table 2.3: Activity Levels 2004/05 – 2007/08

Activity	2004/05	2005/06	2006/07	2007/08 Out-turn*
Inpatient Elective Spells	5,558	5,609	5,447	5,562
Day Case Spells	14,188	15,613	12,458	10,433
Inpatient Non Elective Spells	22,265	22,468	22,736	24,034
Outpatient Attendances	152,626	160,123	146,169	141,105
Emergency Dept Attendances	54,205	57,181	57,384	56,141

Source: *Burton Hospitals Management Information System*

* Based on 10 months data extrapolated

Figure 2.1: Activity Graphs – redacted as ‘Commercial In Confidence’

The Trust has still retained a significant proportion of day cases mainly in respect of endoscopy and oncology cases, but also those patients who do not meet the Treatment Centre criteria.

2.4 Protected Assets

A register of protected property and assets has been prepared by the Trust and is available at Annex 3, as part of the Governance rationale. In accordance with the terms of authorisation of a Foundation Trust arrangements will be made to make this register publicly available.

Through the identification of its protected assets the Trust has sought to secure the main areas in which it delivers its clinical care – i.e. Phase 1 and Phase 2 of the main hospital. Other areas where clinical care is currently delivered in peripheral buildings away from the main site are to remain unprotected in order to facilitate the ongoing rationalisation of the site.

2.5 Financial Performance

Performance against the main financial indicators for 2004/05, 2005/06 and 2006/07 (forecast) are shown in Table 2.4. The Trust’s finances are discussed further in Section 6.

Table 2.4: Summary of Financial Indicators £'000s

Indicator	2004/05	2005/06	2006/07	2007/08*
Turnover	98,527	109,514	113,424	124,269
Fixed Assets	106,048	108,614	118,128	121,264
Net Current Assets	-1,955	629	4,561	10,579
Reference Cost Index	104	99	98	TBD
I&E Surplus (Deficit)	-2,507	100	938	0
Capital Expenditure	3,425	5,492	6,940	6,407
Staff in post (WTE)	2190	2161	2177	2190
CRL	4,327	7,361	10,205	6,466
EFL	-364	3,619	4,427	843
CIP Achieved	2,081	3,766	4,328	6,150

Source: *Burton Hospitals Annual Accounts 2004/05 -2006/07*

**projected using 10 months data*

2.5.1 Future Activity Projections

The Trust has taken a conservative approach to its future activity projections as set out in the table below (a more detailed analysis is provided in Section 5). This is a departure from the historic methods of activity projection which tended to be based on year end outturn plus an extrapolation of the historic activity patterns. Projections now reflect commissioner plans and health policy direction of travel with a flattening in non elective and outpatient activity, despite upward demographic trends.

The Trust has taken into account projected population growth for the East Staffordshire Borough Council area, anticipated shifts of activity into primary care, the changing needs of an ageing population and loss of referrals to surrounding Trusts.

Growth rates have been differentially applied over the 5 year period to reflect the above assumptions and summarised below, and agreed with Commissioners. The net impact of these growth rates and adjustments is given below.

Table 2.5: Future Activity Projections – redacted as ‘Commercial In Confidence’

2.5.2 Activity and Income

The planned activity and income by Commissioner for 2007/08 are given below in Table 2.6. The Trust's income for 2007/08 is estimated to be £124 million with the remaining income coming from education and training, services sold to other provider organisations and central funding.

70% of the Trust's activity is for the population of the South Staffordshire PCT with another 19% to the Derbyshire County PCT, mainly in the area previously under the South Derbyshire and Derby Dales PCT. A further 9% is provided to the population of Leicestershire County & Rutland PCT.

Table 2.6: Activity and Value of Contracts with PCTs 2007/08

PCT 2007/08	Value £'000	%	Activity		
			Elective	Emergency	Outpatient
South Staffordshire	61,597	70	12,027	15,122	96,762
Derbyshire County	16,314	19	3,093	4,823	26,609
Leicestershire & Rutland	7,889	9	1,537	2,525	10,998
Other	2,174	2	181	372	1,643
Total	87,974	100	16,838	22,842	137,012

Source: Burton Hospitals Management Information System

2.6 Target Performance

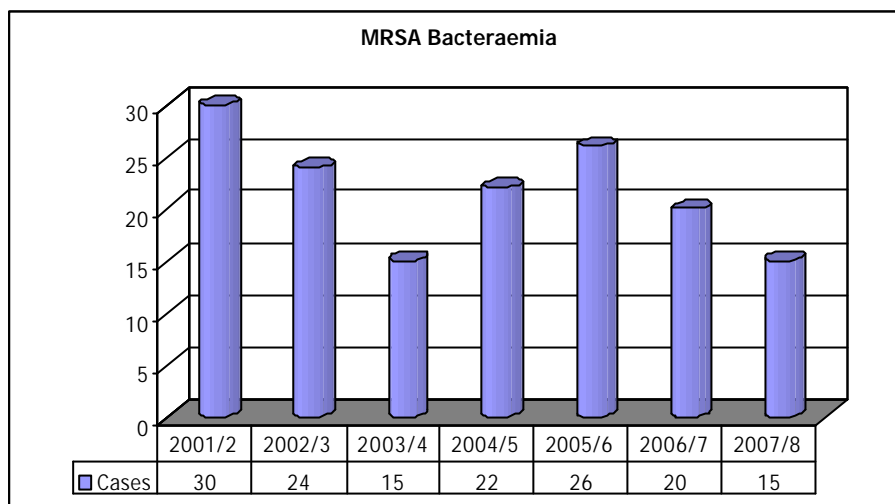
During 2007/08 the Trust achieved, and in some areas exceeded, national performance targets. The Trust is projecting that by 31st March 2008 it will have achieved the following key targets:

- Cancer 2 week
- Cancer 31 days
- Cancer 62 days
- O/P waiting longer than the standard
- I/P waiting longer than the standard
- Diagnostics
- Access to GUM in 48 hours
- A&E max 4 hour wait – 98%
- Cancelled operations not re-provided within 28 days
- 18 Week Referral to Treatment times

2.6.1 Healthcare Acquired Infections – MRSA and Clostridium Difficile

Performance for 2006/07 showed significant reductions in MRSA bacteraemia rates (23%) and all other acquisition of MRSA (26%) from the previous year. The target for 50% reduction was set on the basis of 2003/04 which was an unusually low year for cases of MRSA. However the Trust has continued its improvement into 2007/08. In addition to the above the Trust has been successful in attracting £950,000 of funding from the SHA/PCT to undertake a major Deep Cleaning Programme using the latest technologies.

Figure 2.2: MRSA Bacteraemia Rates



In common with many other Trusts, Burton Hospitals has also been hit by the new virulent strain of Clostridium Difficile. The Trust has worked tirelessly to learn more about dealing with the bacteria and implementing best practice from the Health Protection Agency recommendations.

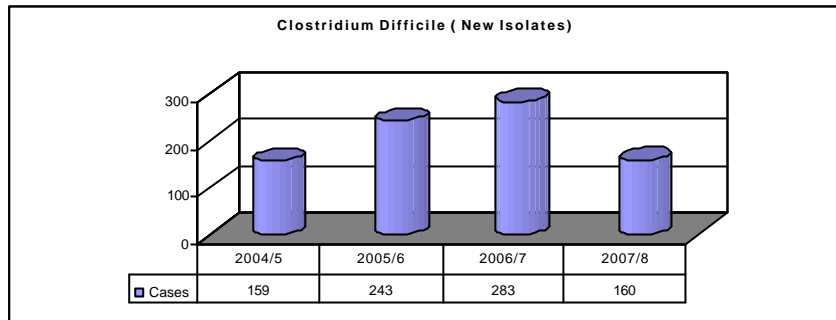
During 2007/08 the Trust has:

- Introduced a new antibiotic prescribing policy;
- Invested in additional cleaning capacity and new techniques;
- Completed its Deep Cleaning Programme;
- Reviewed infection control policies and procedures and implemented improvements;
- Introduced the use of probiotics.

As a result of these changes the increase in cases has slowed down and the rate is showing significant improvement during 2007/08.

In addition to these measures, additional isolation facilities have been brought into use.

Figure 2.3: Clostridium Difficile (New Isolates)



2.7 Contractual Relationships and Partnership Working

Contractual relationships are very positive and these have served the Trust well when potential for disputes have arisen. Foundation Trust status will strengthen contractual relationships by the legally binding nature of FT contracts but the Trust intends to continue with its current practice of negotiation and "win-win" outcomes wherever possible in circumstances when there is no detriment to the Trust. South Staffordshire PCT has the role of co-ordinating commissioner, though both Leicestershire and Derbyshire County have an active role in discussions and developments within the Trust

Partnerships with local organisations will be further strengthened by FT status and this is one of the key reasons for partners' support for the application. Partners have raised concerns about what would happen should another provider take control of services in Burton. This is particularly important for education providers in Wolverhampton University, Leicester University Medical School and the West Midlands Deanery but also for those specialist Trusts for whom Burton Hospitals acts as the portal for referrals.

As noted above relationships with Commissioners are good, based on a consistent record of achievement of national and local targets and regular communication. The Trust receives a small number of services from University Hospital of Birmingham NHS Foundation Trust and Derby Hospitals NHS Foundation Trust, and at the same time delivers a range of outreach services to local hospitals and clinics. All of these arrangements are subject to agreed Service Level Agreements. Detailed below are the Trust's significant contracts for 2007/08:

Table 2.7: Summary of Contracts 2007/08

Organisation	Purpose of Contract	Cost/Value 'M
South Staffordshire PCT	Provision of Healthcare	£50.1
Derbyshire County PCT	Provision of Healthcare	£14.7
Leicestershire County and Rutland PCT	Provision of Healthcare	£7.5
South Staffordshire and Shropshire Healthcare NHS FT	Purchase of Healthcare related services (IM&T)	£1.6
South Staffordshire PCT	Provision of Healthcare related services	£2.1
Nations Healthcare Ltd	Provision of Healthcare related services	£3.7

Source: *Burton Hospitals Financial Information System*

The Trust holds a contract with Nations Healthcare (Burton) Ltd who provide healthcare services from the Independent Sector Day Treatment Centre within the grounds of the Trust.

The contract covers the secondment of both medical and nursing staff as well as the provision of support services such as Estates and Facilities, Diagnostics and Sterile Services. The contract is for a five year term to June 2011 mirroring the PCT service contract, is legally binding and monitored by the Trust through a Business Manager.

In addition to the contractual nature of this relationship the Trust is also looking at ways in which it can work in partnership to develop new and existing services and referral pathways with the owners of the Treatment Centre, in a way that is mutually beneficial to both parties.

2.8 Procurement Arrangements

The supplies service is provided to the Trust by HPC Collaborative Procurement Hub (HPC) which subsumed Lifesource Collaborative Procurement Hub in October 2006. The core function of HPC is to co-ordinate contracting across large areas of spend, (generally the geographical area of a Strategic Health Authority) to deliver savings to the NHS. This is part of the Department of Health's Commercial Directorate's Supply Chain Excellence Plan.

HPC's functions are to provide local supplies operational staff that carry out local Trust specific contracting, place orders for goods and services to the value of approximately £21.5 million per year, manage ward stocks and carry out the receipt and distribution of goods into the Trust.

HPC supports the Trust in identifying and delivering non-pay savings to improve the efficiency of services provided. Savings identified in 2007/08 are approximately £470K including carry over of full year effect from the previous year from products and services and a £60K reduction in the local fee paid to HPC by the Trust.

2.9 Partnership Arrangements

As part of the commitment to improve patient services, the Trust actively encourages feedback on its performance and this is sought from both patients and the general public providing comments by completing questionnaires, comment cards (available throughout the Trust) and through the Patient Advisory and Liaison Service (PALS) service.

Government initiatives such as Essence of Care are delivered with the support and involvement of focus groups highlighting areas of concern and working to resolve current issues. Links exist with a number of local and national groups e.g. Alzheimer's Society where there is a joint project underway to develop a training video for use across the Trust to improve the level of understanding of the specific needs of these patients.

An active "public membership" has been retained from the previous FT application in 2004 to sit on several of the Trust's groups and committees, including the Patient and Public Committee, Health and Safety Group, Risk, Quality & Practice Development Group, the Research & Development Committee and the Cancer Steering Group.

The PALS is complementary to the Complaints System, providing an informal route to sorting out concerns 'on the spot' before they become more serious and turn into complaints. One example of this is their work with the Asian Ladies Refuge, who provides help and support for South Asian women and children experiencing domestic violence. PALS have facilitated links with relevant staff within Directorates.

Data relating to 2007/08 Complaints and Compliments as well as the service offered by PALS are included at Annex 1.

The National Survey of PALS in England: children, young people and parents' access to and use of PALS (January 2003 to June 2005) revealed the need to increase awareness of PALS in parents and younger people. Strong links have been developed with Connexions, the Child & Adolescent Mental Health Service, and the hospital's Parent Focus Group. The possibility of producing children's appointment cards is being looked into. 'Child friendly' comment sheets have also been introduced.

The Trust is developing more innovative ways of obtaining user feedback and involving all ages and sections of the community. Use of Arts Initiatives has been one successful route, which has been delivered in conjunction with East Staffordshire Borough Council and the Arts Council (West Midlands). Local schools, voluntary groups, patients, staff, visitors and volunteers have been encouraged to contribute through storytelling, music, photography as well as more recognised art media.

Becoming a Foundation Trust provides the organisation with the opportunity to develop greater patient and public involvement through its proposed membership. In the first instance this will mean strengthening the active participation of patients and the public in the future development of the organisation. The Trust has developed a membership strategy, alongside which will run a programme of events to support and grow the membership.

2.9.1 Clinical Networks and Clinical Viability

As a medium sized organisation the Trust recognises the need to consider the sustainability of its service portfolio in relation to some of the smaller services, and some specialist elements of larger services, that are provided on site. The Trust continues to be committed to providing a comprehensive range of services to the local population with strong links to other neighbouring and larger Trusts to ensure viability and sustainability.

The Trust has a number of partnership agreements and contracts with other healthcare providers, this enables the Trust to act as a portal to a variety of specialist centres, best suited to the needs of the patient.

These include:

Table 2.8: Tertiary Centres Linked to the Trust

Specialty	Supported by Visiting Consultant	Link to Tertiary Provider
Paediatrics	-	Birmingham Children's
Cardiac Surgery	-	University Hospitals Leicester
Plastic Surgery	University Hospitals Birmingham	University Hospitals Birmingham
Oral Surgery	Derby Hospitals	University Hospitals Birmingham
Neurosurgery	-	Nottingham University Hospitals
Oncology	Derby Hospitals	University Hospitals Birmingham Nottingham University Hospitals
Nephrology	Derby Hospitals	Nottingham University Hospitals
Vascular	-	University Hospitals Leicester

In addition to formal contractual relationships the Trust has well established links with clinical networks to enable best practice to be shared and seamless transfer of patients to tertiary centres. This ensures that Trust clinicians and other key staff are kept up to date with new research and developments, which in turn benefit the health community. Networks are also effective in sharing capacity and agreeing future service delivery across the environment it serves.

Table 2.9: Clinical Networks

Specialty	Network	Covering
Neonatology	Central Newborn Network	Central Midlands
Cancer	Derby/ Burton Cancer Network	Burton/Derby
Renal	Mid Trent Renal Network	Derby/Nottingham/Burton
Cardiac	West Midlands Cardiac Network	West Midlands
Pathology	Trent Pathology Network	"old" Trent and Burton
Critical Care Network	"old" Trent Region	Trent plus Sheffield
Breast	Breast Screening	Burton and Stafford

An analysis has been carried out into the clinical viability of the Trust's services. This analysis has shown that there is one service, paediatrics, where the population base could be considered low. The Trust has considered how this will be secured in the future by working with South Staffs PCT on bringing in the community paediatrics service thereby creating more critical mass and alternative service models.

Using the review carried out across the West Midlands the commissioners are now working with the Trust to shape the future of the paediatric service with the hospital and community.

2.9.2 The Wider Community

The Trust plays a major role in the local community. As the largest employers in Burton, the Trust works closely with voluntary groups, the local authorities and the private sector.

The hospital is extremely proud of its dedicated and reliable army of volunteers including the WRVS, League of Friends and Phoenix Radio on site. Volunteers meet and greet patients and visitors, transport notes between clinics, provide refreshments, assist with the bereavement service, guide patients between areas of the hospital, chat to patients who may be in hospital and without visitors, photocopying, arrange flowers and generally make life that bit easier for those around them.

Each local authority has established the Local Safeguarding Children's Board (LSCB) to co-ordinate and monitor agencies' efforts to safeguard and promote the welfare of children. The Trust is represented on the LSCB by the Director of Nursing.

The Trust is represented on the town's Joint Operations Group which is a police initiative on crime prevention and detection focussing on Anti Social Behaviour. The group discusses the relevant crime hot spot areas and the action that will be taken to tackle this. This relationship has successfully led to more Police involvement in security at the Trust.

The government has placed strong emphasis on the importance of service delivery through local multi-agency partnerships known as Local Strategic Partnerships or LSPs. To make LSPs more effective, Local Area Agreements (LAAs) have been introduced to focus agencies on a range of agreed targets and outcomes. This agreement should simplify the number of funding streams from central government going into an area and help develop joined up public services while allowing for the flexibility of local solutions.

The Trust is represented by the Chairman on the Executive Board of the LSP in East Staffordshire where the agreement is grouped in 5 blocks of work – safer communities, sustainable communities, economic development, healthy communities and older people and children and young people.