

Business Plan

2005 - 2006

CONTENTS

East Kent Hospitals Mission

Executive Summary

- 1. Introduction**
- 2. Profile of East Kent Hospitals NHS Trust**
- 3. Trust Achievements 2004/05**
- 4. Strategic Objectives**
- 5. Annual Objectives 2005/06**
- 6. Services for Patients**
- 7. Human Resources**
- 8. Clinical Practice**
- 9. Information Management & Technology**
- 10. Estates & Facilities**
- 11. Operations**
- 12. Financial Framework**
- 13. Directorate Standards and Targets Matrix**
- 14. Performance Management**
- 15. Next Steps**

Appendix 1: Strategic Objectives

Appendix 2: Draft Capital Programme 2005/06

East Kent Hospitals NHS Trust

East Kent Hospitals Mission

East Kent Hospitals is an acute trust providing out patient, in patient and day case services from five hospital sites, the Buckland Hospital (Dover), Kent and Canterbury Hospital (Canterbury), Queen Elizabeth the Queen Mother Hospital (Margate), Royal Victoria Hospital (Folkestone) and William Harvey Hospital (Ashford), as well as a number of child health facilities in the community. The Trust provides these services predominantly to the residents of east Kent, however, for some specialist services the organisation provides care to the residents of Kent and Medway.

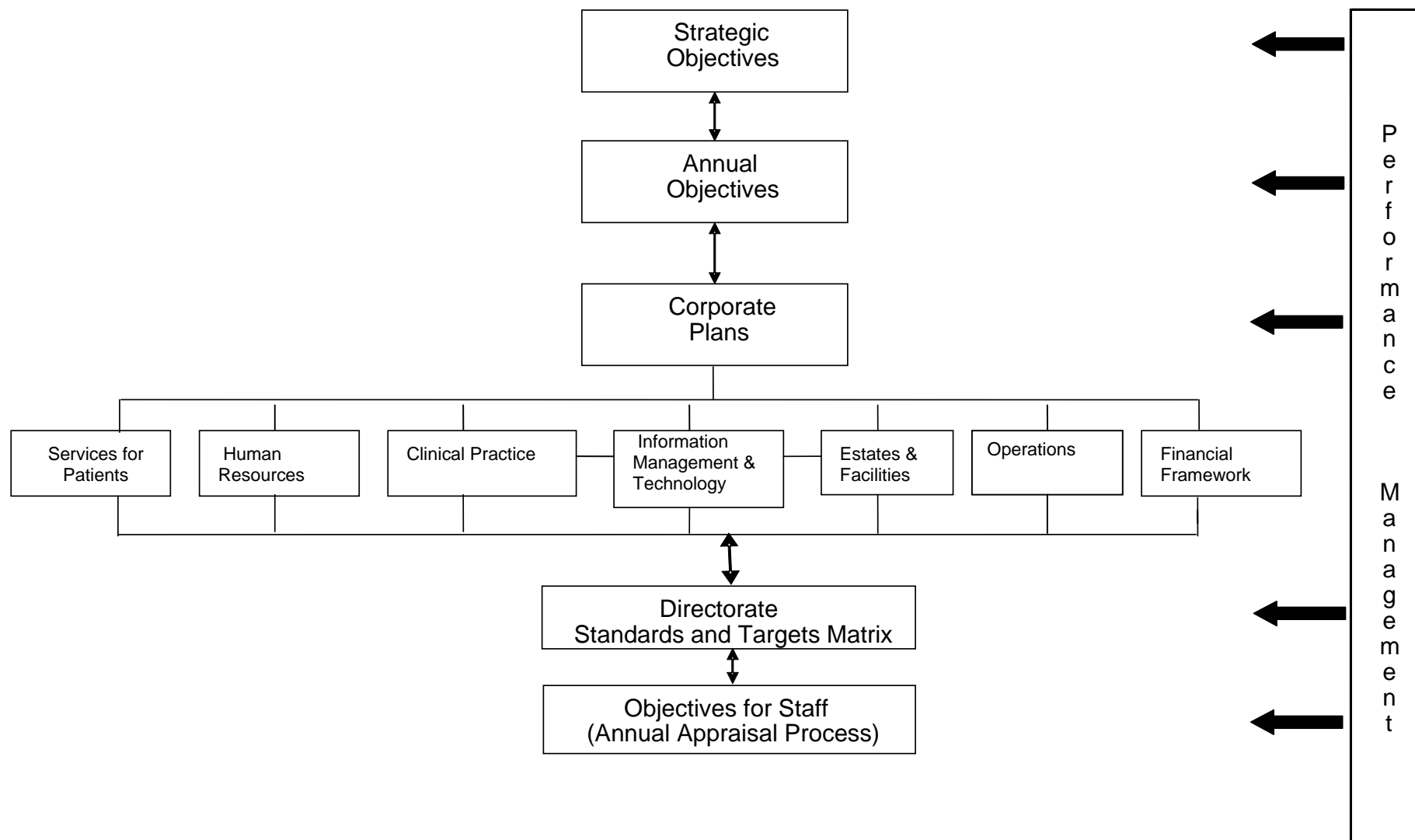
EXECUTIVE SUMMARY

- Due to the hard work and dedication of staff the Trust achieved a significant improvement in performance in 2004/05.
- Reconfiguration of services across the Trust was successfully taken forward and a wide range of core targets covering for example; timely access to patient services, hospital cleanliness standards and financial balance were achieved. The required progress was made towards the Improving Working Lives Practice Plus standard. A range of new initiatives were introduced including; an out of hours emergency advice service for cancer patients, relief of pressures ulcers, innovative surgical procedures and improved facilities for chemotherapy patients.
- The year ahead will be particularly demanding for the Trust. A range of NHS policies will be introduced during the year, some of which may impact on the Trust's income and require very close monitoring. Challenging financial recovery targets need to be tackled throughout the year against a backdrop of increasing cost pressures and other uncertainties.
- In addition a new performance assessment process 'Better Standards for Health' is being introduced by the Healthcare Commission to promote improvements to health and healthcare, leading to an annual award of performance ratings for NHS organisations.
- The process embraces all the work of NHS Trusts and is divided into seven domains that will be the subject of a draft declaration of compliance by the Trust in October 2005, with a final declaration in April 2006.
- For the year ahead the Trust aims to reduce the time people wait for our services and improve the experience people have of our services by:
 - Achieving and maintaining compliance with Healthcare Commission standards in each of the seven domains
 - Using the Improving Partnership of Hospitals Programme to underpin service improvement and change
 - Completing the Capital build programme to support the reconfiguration of services agreed by the Secretary of State and improve the environment for care
 - Improving the working environment and working lives of our staff
- A range of corporate plans incorporating Services for Patients, Human Resources, Clinical Practice, Information Management & Technology, Estates & Facilities, Operations and Finance are outlined in this Business Plan to take the Trust forward. To support the achievement of our plans a matrix of directorate standards and targets has been signed off by the Trust Board. These will be cascaded to the appropriate staff in the Trust to form their objectives and be subject to appraisal.
- Underpinning the plans is a performance management process that is led by the Chief Executive and Executive Team. Performance will be regularly monitored and remedial action agreed in a timely fashion.

1. INTRODUCTION

- 1.1 The Trust's Business Plan is the result of a health economy wide planning process taken forward to deliver national and local priorities for 2005/06. It builds on the plan produced for last year and encompasses the Trust's strategic direction.
- 1.2 The Plan is presented at a time when a range of NHS policies are in train that set out important changes to how NHS policies will be delivered and managed in the future. Both the Trust's strategic and annual plans aim to ensure that services and their delivery are "fit for purpose" to successfully meet the challenges that lay ahead.
- 1.3 Partial introduction of Payment by Results (PbR) in April 2005 that will reimburse Trust's for actual activity levels – with full implementation likely in 2006/07, patient Choice at the point of GP referral from December 2005, that will add to mobility of demand, greater use of the private sector and the development of NHS Treatment Centres, are some of the new key national strategies that will impact on the Trust.
- 1.4 In addition a new performance assessment process "Better Standards for Health" is being introduced by the Healthcare Commission in 2005/06 to promote improvement to health and healthcare, leading to an annual award of performance ratings for NHS organisations.
- 1.5 The new process covers seven domains; safety, clinical and cost effectiveness, governance, patient focus, accessible and responsive care, care environment and amenities and public health.
- 1.6 All the standards and targets incorporated in the domains are set out in the Trust's Directorate Performance Matrix for 2005/06.
- 1.7 Whilst successful each year so far, the Trust enters a particularly difficult year as part of its Financial Recovery Plan. The year ahead presents even greater financial demands on the Trust, with a challenging annual savings target, an increased level of cost pressures and other uncertainties. The impact of PbR, Choice and use of the private sector will also require careful monitoring and the timely introduction of remedial action where appropriate.
- 1.8 This Business Plan sets out to provide an overview of the Trust, its achievements and key plans for the year ahead. The Directorate Performance Matrix shows the way forward for clinical and non-clinical directorates, whilst performance management arrangements are shown for the entire Trust.
- 1.9 Overleaf is a model of the Trust's Business Plan for 2005/06.

National and Local Influences



2. PROFILE OF EAST KENT HOSPITALS NHS TRUST

- 2.1 East Kent Hospitals NHS Trust, the country's sixth largest acute Trust is made up of five hospitals - Buckland Hospital Dover, Kent & Canterbury Hospital Canterbury, Queen Elizabeth the Queen Mother Hospital Margate, Royal Victoria Hospital Folkestone and William Harvey Hospital Ashford – and many teams of health professionals working in child health centres and other satellite units across Kent.
- 2.2 East Kent Hospitals employs approximately 7,500 staff and provides services to the population of east Kent (620,000 people) with an annual budget of some £330m and 1,600 general and acute beds. The Trust provides a variety of hospital and some community services including accident and emergency, general medicine, cardiology, urology, neurology, rheumatology, dermatology, general surgery, trauma & orthopaedics, child health, acute rehabilitation and women's health services.
- 2.3 Also provided are a range of specialist services including neonatal intensive care, clinical haemophilia, renal, neurophysiology and cancer services. These services are provided to patients both within and outside the east Kent Health Community.
- 2.4 Overall performance has improved when compared to the previous year and this gives the Trust the potential to become a three star organisation for 2004/05. However, this will also depend on how other organisations in the NHS have improved during 2004/05.
- 2.5 A summary of expected activity demand (all purchasers) for 2005/06 is set out below in Table 1:-

	04/05 Activity Demand (Plan)	05-06 Expected Activity Demand (Plan)*	Variance (Plan vs Plan)	04/05 Activity Outturn	Variance 04-05 Outturn to 05-06 Plan
New Outpatients	154,202	150,644	(3,558)	153,416	(2,772)
Follow Up Outpatients	324,526	311,542	(12,984)	314,589	(3,047)
Day Cases	34,200	32,511	(1,689)	34,933	(2,422)
Elective In-Patients	14,667	16,599	1,932	16,750	(151)
Emergency In-Patients	63,068	60,374	(2,694)	61,312	(938)
Total	590,663	571,670	(18,993)	581,000	(9,330)

Table 1: Expected Activity Demand (All Purchasers)

*Note: the Expected Activity Demand Plan represents the Trust's view on the anticipated level of demand.

3. TRUST ACHIEVEMENTS 2004/05

- 3.1 Overall the Trust has achieved a significant improvement in its performance during 2004/05 due to the hard work and dedication of staff. In order to maintain this position the Trust now has to work hard to ensure systems are embedded and sustainable to continue performing at a high level.
- 3.2 The reconfiguration of services will support improved service delivery. This was mainly completed in February 2005, however there are further estate changes to be delivered which will continue into 2005/06.
- 3.3 As well as receiving a Manager of the year award and commendations for a variety of new developments, the Trust also introduced a range of initiatives covering for example; an out of hours emergency advice service for cancer patients, relief of pressure ulcers, surgical procedures and improved facilities for chemotherapy patients.
- 3.4 The following core targets were achieved:
- Maintained a maximum wait of 9 months for elective inpatient and day case treatment.
 - Achieved an 80% reduction in the number of patients waiting for elective inpatient or day case treatment for more than 6 months (compared to December 2002).
 - Maintained a maximum wait of 17 weeks for outpatient routine appointments.
 - 98% of Accident and Emergency patients to spend no more than 4 hours in A&E from time of arrival to admission, transfer or discharge by March 2005.
 - All cancer patients to be seen within 2 weeks from urgent GP referral for suspected cancer to first outpatient appointment.
 - Achieved planned financial position
 - Maintained two thirds of elective inpatients and outpatients to be booked.
 - Attained the required hospital cleanliness standards (*PEAT*).
 - Make the required progress towards the Improving Working Lives Practice Plus Standard
- 3.5 In addition to the above core targets the Trust has made improvements in its delivery of the supporting targets that are monitored by the Department of Health and count towards our overall assessment for performance rating.

4. STRATEGIC OBJECTIVES

4.1 The strategic objectives set out below are enacted through achievement of the Trust Strategic Plans. An overarching framework is described in the Strategic Framework Document for the Trust, covering the period from 2004 to 2009. Further details of each strategic objective are shown at Appendix 1.

- To develop a clinical service implementation plan
- To become a local and national employer of choice
- To establish an estate infrastructure that is fit for purpose which facilitates integrated service delivery in hospitals and community settings and offers patients and staff a quality environment and access to continued professional development
- To ensure patients, carers, the public and staff have an increasingly significant role in the development and monitoring of the Trust's services
- To exploit information and communication technology to support and facilitate service improvement
- To build short, medium and long term education and training capacity to help Trust deliver its strategic objective to become a leading university hospital
- To co-operate with local government, PCTs and other relevant local organisations to promote, protect and improve the public health of the residents of Kent and Medway
- To influence the provision of services beyond healthcare where they directly relate to the services provided by the Trust

4.2 Key annual objectives for 2005/06 described in the following section provide the main focus for the Trust's annual plans covering the year ahead. The annual objectives have been developed to support achievement of the strategic objectives shown above.

5. ANNUAL OBJECTIVES 2005/06

5.1 For the year ahead the Trust's objectives aim to reduce the time people wait for our services and improve the experience people have of our services by:

- **Achieving and maintaining compliance with Healthcare Commission standards in each of the seven domains**

The new approach to assessing performance in healthcare is being introduced with the aim of promoting improvements in health and healthcare. The approach looks to address issues that matter to patients, the public and staff leading to improvement and better outcomes. A structure and supporting process is being taken forward in the Trust with the aim of achieving and maintaining compliance.

- **Using the Improving Partnership of Hospitals Programme to underpin service improvement and change**

During 2003 East Kent Hospitals NHS Trust became a first wave site for the National "Improvement Partnership for Hospitals" Programme (IPH). The goal of the programme is to provide "better care without delay" throughout the patient health care journey. This work will continue to benefit in the year ahead.

- **Completing the Capital build programme to support the reconfiguration of services agreed by the Secretary of State and improve the environment for care**

In 2005/06 a number of key objectives have been developed which build on the Strategic Development Plan of the Trust. Other specific projects have been established which aim to improve the patient and staff environment and increase efficacy and efficiency.

- **Improving the working environment and working lives of our staff**

In order to recruit more staff working differently and to deliver the NHS Plan objectives, the Trust will improve the working environment and working lives of our staff.

This year we will improve recruitment by: Implementing further the principles of the DDA; Continue the process of building new staff accommodation at QEQUH; Implement Agenda for Change; Develop the NHS e-recruitment site and; Implement a new recruitment plan.

In an effort to reduce turnover we will: Improve the security of our staff; maintain EWTD compliance; Gain the IWL Practice Plus standards; Improve the health of our staff; and Introduce Childcare Vouchers.

To provide staff with the skills to deliver better patient care and provide opportunities for professional development we will also; Implement the Agenda for Change Appraisal and Knowledge and Skills Framework; Provide Continuous Professional Development for all staff; and Develop a Lifelong Learning Infrastructure to release the intellectual capital of our staff.

6. SERVICES FOR PATIENTS

- 6.1. Reconfiguration and the associated development of services for patients will continue in 2005/06 as the Trust strives to provide the best health care environment for patients and staff. Set out below in an outline of developments for the year ahead.

6.2	SERVICE	CURRENT TIMETABLE
	Child Health Service Ambulatory Centre at KCH Site Reconfiguration at QEPMH Site Reconfiguration at WHH (3 storey build to be completed).	Project and build due to be completed December 2005. Project and build due to be completed July 2005. Project and build due to be completed June 2005.
	Women's Health Modernisation of maternity facilities at WHH and QEPMH and refurbish obstetric theatres at QEPMH and WHH.	Work ongoing – December 2005.
	Clinical Haematology Centralised service at KCH.	Project completion May 2005
	Urology Services Centralised refurbished facilities at KCH.	Service centralised and business case for facilities to be developed.
	Dermatology Services New inpatient service to be developed at KCH and centralisation.	Project completion October 2005.
	Pathology Services New Pathology facilities at WHH.	Project completion November 2005.
	Pharmacy Services Centralisation of aseptic service to KCH and commissioning of robotics at KCH.	Project completed May 2005.
	Renal Services Development of the KCH centre of excellence (satellite units at BHD, WHH and Maidstone).	Project underway (with Strategic Outline Case approval).
	Vascular and interventional radiology services Increase number of inpatient beds at KCH.	Strategic Outline Case approval

Cancer Services Development of new cancer unit at QEQUH and KCH	Designs underway. Project scheduled to start on completion of new OPD building at QEQUH.
Cardiology Services New Catheter Lab at QEQUH.	Project and funding approved – due to be completed in full 1 April 2007.
Day Surgery Unit New facility at KCH.	Underway, due June 2005.
Elective services New HIV/Sexual Health facility at KCH New OPD Facility at QEQUH	Due date, October 2005 Due date, December 2005
Anaesthetics Increase on the ITU beds at QEQUH	Project started no due date yet.
Intermediate Care Approve draft strategy and develop performance monitoring and risk share arrangements (in conjunction with the PCTs).	Project started, work ongoing within
Centralisation of head and neck services	Project to be scoped.
Buckland Hospital This year time will be taken to consider the services at this hospital. Renal Dialysis services will be expanded into the hospital and the future of surgical and anaesthetic services are currently being explored with staff. Some of the services maybe moved within the site in order to provide upgraded accommodation, for instance the Minor Injury Unit.	Develop plan for services at Buckland Hospital and confirm a site development plan.

7. HUMAN RESOURCES

- 7.1 The Organisational Human Resource and Workforce Plan has been developed in response to a number of drivers. At a strategic level the most important are: HR in the NHS Plan; Improving Working Lives; EWTD; Agenda for Change; National Service Frameworks; National Workforce Planning Issues; and Healthcare Commission Standards.
- 7.2 At a local level these drivers include: Staff Survey Results; Recruitment Hotspots and the Trust's Strategic Framework 2004 to 2009.
- 7.3 The Organisational HR and Workforce Plan articulates how EKHT aims to improve the working lives of staff and become an employer of choice. The document is divided into the recruitment, retention, training and new ways of working plans with each constituent objective and task aiming to make EKHT a model employer; provide a model career; improve staff morale or build people management skills.
- 7.4 All this work will then improve patient care by providing more staff working differently as required by HR in the NHS Plan.
- 7.5 The Practice and development Department is part of the clinical practice directorate and aims to improve clinical care by developing professionals (mainly) nurses.
- 7.6 This year it will be concentrating on programmes that link to the Knowledge and Skills Framework (KSF) from September this year.
- 7.7 The Preceptorship programme for newly qualified nurses will be extended to one year and a modular ward manager's programme will be introduced.
- 7.8 A Health Care Assistant programme will be introduced focusing on the fundamentals of care, and achievement of key competencies related to the health and well-being dimensions within the KSF
- 7.9 We will also progress our work on role development through:
- Further implementation of Nurse and Allied Health Professional facilitated discharge
 - Increasing the number of nurse prescribers
 - Introducing a forum and participating in the development of a Kent-wide CPD framework for nurse prescribers
 - Extending the use of Patient group directions to enable health care staff to administer drugs under agreed protocols

8. CLINICAL PRACTICE

- 8.1 **Provide Board Assurance on Assessment framework** - As we move into a different way of measuring our performance – in terms of compliance with standards (some of which include targets like reducing waiting times and decreasing incidence of MRSA infections) part of the role of the Trust is being able to evidence or assure the Board of progress against our objectives. A framework of objectives has been developed so that executive leadership is accountable to the Board, and the Board can be assured of who is responsible for what. This process is called governance and we will continuously review how we do this to make sure it is meaningful and effective.
- 8.2 **Make specific improvements in clinical care** - There are a number of pieces of work that aim to improve clinical care. Of those supported by staff in the clinical practice directorate, nursing and medical practice are the focus of changes. There are several Trust wide projects which look specifically at the quality of nursing care which we have called our nursing and midwifery focus areas. Each of these may impinge on the practice of other professionals and a multi-disciplinary approach is encouraged.
- 8.3 The specific areas of focus are;
- Falls prevention
 - Improving discharge
 - Nutrition
 - Observation and communication
 - Reducing infection
 - Preventing pressure ulcers
 - Care of patients with mental health needs
 - Fundamental care including mouth care, hygiene
- 8.4 The role of the matron will be reviewed as it is currently being delivered. This review will include the different roles of matrons, and where, or if necessary recommend how the ability to impact directly on quality of care issues can be enhanced.
- 8.5 Our Tissue Viability Service will continue to develop across the Trust with the support of the Tissue Viability Nurse and Co-ordinator. The aim will be to ensure a safe, quality and cost effective service which reduces the risk to patients of developing pressure ulcers and saves money by putting robust systems in place for managing the equipment and training for staff.
- 8.6 **Clinical Governance** - The Trust's Clinical Governance plan links the component parts of clinical governance together to inform the Trust's strategic activity and has been developed with reference to other Trust strategic plans.
- 8.7 Produced annually, the plan reflects both national and local priorities for the year ahead. For 2005/2006 the plan incorporates the 'Better Standards for Health' as set out by the Healthcare Commission, against which the Trust will be performance managed.

- 8.8 **Domain 1: Safety** - The Trust's Risk Management strategy sets out the systems and processes with which the Trust will prevent or reduce the risk of harm to patients. Work will continue to meet the external performance standards required by the Clinical Negligence Scheme for Trusts and the Risk Pooling Scheme for Trusts.
- 8.9 Our priority of ensuring the safe provision of care through clinical governance mechanisms and taking the Board lead on child protection and adult protection issues will be maintained. We take very seriously our responsibility to care for vulnerable client groups and will continue to review our policies and practice in relation to child protection issues and vulnerable adult issues. Training will continue to focus on all staff who deal with such patients, in how to recognise abuse and how to deal with it.
- 8.10 **Domain 2: Clinical and Cost Effectiveness** – Throughout the Trust we will aim to ensure quality improvements and the clinical effectiveness of our services by complying with guidance from the National Institute of Health and Clinical Excellence (NICE), National Services Frameworks and other national guidance, encouraging the use of clinical audit to monitor performance.
- 8.11 East Kent Hospitals NHS Trust hosts the clinical audit services for all the NHS trusts in east Kent. Clinical audit will remain focused on the key quality issues relating to patient care within east Kent. This will be progressed through the clinical audit process facilitated in collaboration with healthcare professionals, leading to real improvements in patient care and at the same time helping to reinforce existing good practice.
- 8.12 Since the East Kent Clinical Audit Service is a pan east Kent service, projects are able to follow the patient's journey in order to facilitate the examination of key clinical issues affecting our patients as they move through and between local healthcare organizations. In essence these projects assist in objectively measuring the care we give against agreed criteria and improving the clinical and cost effectiveness of the services we give.
- 8.13 **Domain 3: Governance** - Sound governance systems, including corporate, clinical, research and information, managerial and clinical leadership and accountability, will be enhanced, together with the organisational culture and working practices that will ensure probity, quality assurance and patient safety that are central components of all the activities of healthcare.
- 8.14 The Trust will continue to improve the work experience of staff, support them and demonstrate that they are valued as individuals and professional. Effective workforce development, training, leadership and performance appraisal will minimise risk to, and improve the experience of both staff and patients.
- 8.15 **Domain 4: Patient Focus** – We are committed to working in partnership with patients and the local community in an inclusive and meaningful way to ensure users influence the shape and mix of the services we offer. This work will play an increasingly important role in business planning and service developments.
- 8.16 The Strategic Implementation Plan for Patient and Public Involvement (PPI) has been revised in partnership with users to reflect the requirements of the PPI agenda. Minority and hard to reach groups will be positively targeted to ensure fair

representation of views. The Trust is committed to building links with black, minority and ethnic groups and those with disabilities, to ensure their needs are considered in service provision and developments, so that the quality of care these groups and individuals receive is not compromised.

- 8.17 Effective working relationships with the Patient and Public Involvement Forum will be developed further. Participation in the National survey Programme will continue, and the results of these will be used to identify areas for change and improvement.
- 8.18 A rolling local programme to seek the views of, and use feedback from, service users will be delivered ensuring a variety of methods are employed. Particular energy will be directed towards obtaining feedback that reflects the diversity of cultures, races and minority groups within east Kent. The Patient Advice and Liaison Service will continue to be developed to meet the needs of our local population and meet the national performance standards.
- 8.19 In conjunction with the complaints team both national and local recommendations and initiatives will continue to be implemented to improve complaints management. This year we are focussing on how we evidence the changes that we promise and make as a result of complaints issues.
- 8.20 **Domain 5: Accessible and Responsive Care** – Choose and Book initiatives will continue to be delivered, together with reduced waiting times and improvement to access in line with existing commitments.
- 8.21 **Domain 6: Care Environment and Amenities** - A safe and secure environment will be provided which protects patients, staff, visitors and their property and that is supportive of patient privacy and confidentiality. Results from Patient Forum visits, patients and staff surveys will be used to inform developments.
- 8.22 **Domain 7: Public Health** - Collaboration will continue in local strategic partnerships and other joint boards, working with Primary Care to identify and support public health initiatives.
- 8.23 **Risk Management** - The 2005/6 Risk Management objectives may be divided into three main areas:
 - Achieving external standards
 - Meeting the requirements of the National Patient Safety Agency (NPSA)
 - Moving forward on a number of internal initiatives
- 8.24 The requirements of the new Healthcare Standards in relation to Risk Management will be explored to ensure that these are met so as to be able to make a positive declaration in April 2006. It is noteworthy that there is still a requirement to meet the Controls Assurance Standards, and the Trust will agree with its Internal Auditors precisely how to take things forward by July 2005.
- 8.25 In addition the Trust expects to be assessed for Level 2 of the Maternity Standards of the Clinical Negligence Scheme Trusts (CNST) in July 2005. It will also move forward the CNST General Standards in order to prepare the Trust for a Level 3 Assessment in 2006/07.
- 8.26 The Trust intends to review its Compliance with the NPSA's "7 Steps to Patient Safety" to ensure that the organisation meets the expectations set out in this document by October 2005.

- 8.27 We also intend to link up with the NPSA's National Reporting and Learning System (NRLS), which will mean that patient safety incidents are reported on an anonymised basis to the NPSA's National Database. This will be achieved by September 2005.
- 8.28 Dynamic corporate and directorate risk registers will be monitored based on a robust risk assessment process. These will be monitored at the Board's Governance Committee on a regular basis. It is also intended to review the Trust's approach to incident investigation and root cause analysis by December 2005.
- 8.29 A key objective for the year is to build up the risk management process at directorate level. This will be achieved by making the risk management element of the Directorate Performance Review process more focused, commencing in June 2005. Training for Risk Leads is planned for the Autumn of 2005. Risk Management standards for directorates will be produced in December 2005. These will be designed to clarify expectations of clinical directorates in terms of patient safety.
- 8.30 The Legal Services Department will continue to manage medico-legal and other claims effectively and efficiently and ensure that legal advice when required is provided to staff.
- 8.31 It is planned to update a number of policies and guidelines by December 2005 including those relating to the management of Jehovah's Witness patients, and to the requirement of Coroners with regard to inquests. It is also intended to provide training in relation to medico-legal issues which will cover, for example, good note keeping, consent, and inquests.
- 8.32 In the light of changing legislation, for example The Mental Capacity Act, the department will take steps to ensure that the Trust is compliant with all legal requirements.

9. INFORMATION MANAGEMENT & TECHNOLOGY

- 9.1 The Trust will harness the technological advances available to us to provide better accessibility for patients (to services and information). This will be done by participating in the national information technology programme which has five streams of work.
- 9.2 Firstly we are putting in place the arrangements so that patients visiting their GP can be booked straight into our clinics or for treatment. This initiative is called Choose and Book and means that we first have to develop a directory of services that patients can book. By March 2006 we anticipate that all GP surgeries will be able to use this service which means more choice for patients about where and when they come to see us.
- 9.3 Secondly we will be installing digital x-ray systems later this year so that radiological images will be able to be viewed across the Trust (indeed across Kent and Medway) meaning that we can get the best clinical opinion without the doctor necessarily being at the bed side.
- 9.4 Thirdly we have put in place the extra technology to allow the transmission of information quickly and securely around all the places we provide health care in preparation for moving to an electronic patient record in the next two to three years.
- 9.5 The other two streams of work comprise the electronic patient record and electronic prescribing where we are contributing to the planning of these technologies.
- 9.6 Local Trust IM&T projects; within the Trust we will take this year to review our information needs from reporting to those who fund our care right through to the information needs of the patient. We intend to use the process of developing this plan or strategy to improve staff understanding and trust in the information that is collected.
- 9.7 There are also a number of local projects funded by the Trust which focus on supporting our clinical systems. These fall into two groups - those projects that safeguard the information and the functionality of our information technology that we currently have. These projects include putting in place some disaster recovery arrangements so that data is not irretrievably lost. The projects in this group include:
- Putting in place a more robust disaster recovery system so that data is not irretrievably lost or adversely impacts on the effective delivery of services to patients
 - Implementing an upgraded medical records library service, including web-based technology to scan and retrieve old notes
 - Developing a programme for electronic data management of administration records to improve accessibility and to standardise the administrative filing for the organisation.

- 9.8 The second group concerns projects that try to meet the need for collecting information about disease processes and treatment regimes. As our care becomes more complex we rely more heavily on technology to help us manage the information needed to deliver complex care. These projects include:
- Drug monitoring and management systems for Haematology and Rheumatology
 - Diabetes clinical system (Diabeta 3) in support of the Diabetes NSF
 - Theatre tracing system for management of operating equipment
 - Rollout of audiology system into the community
- 9.9 Our Information technology services are managed on our behalf on a consortium basis by Maidstone and Tunbridge Wells Trust. This means we can capitalise on the consistency of what we buy and how the technology we use is supported. However it also means we have a responsibility to ensure that our staff and therefore our patients get a fast service when computers or technical systems go wrong. This year we are working towards a faster turnaround on solving such issues and ensuring the integrity of the service.

10 ESTATES & FACILITIES

- 10.1 The Facilities Directorate is responsible for providing the many services within the hospital built environment that enable the healthcare of our patients to take place. Principally these are the maintenance and development of the Trust Estate and its buildings/engineering services. The Directorate is also responsible for the provision of hotel services, transport services, non-clinical risk management and the procurement of supplies and medical equipment.
- 10.2 In 2005/6, the Directorate has developed a number of key objectives which build on the Strategic Development Plan of the Trust. Other specific projects have been established which aim to improve the patient and staff environment and increase efficacy and efficiency.
- 10.3 The key objectives, in no particular order, are described below:
- Complete the Capital Estates Programme on time, to budget and to the specified quality standards in order that the Strategic Development Programme and annual capital investment plan is completed.
 - Move forward with the Procure 21 process to provide better facilities for the vascular and renal services both in the Trust and across the StHA.
 - Provide successful and innovative estate solutions which draw on good design quality within the affordability envelope.
 - Ensure that building and engineering designs meet statutory and non-mandatory standards as a minimum.
 - Re-draft the Estate Strategy for the Trust, incorporating new Development Control Plans for each site which recognise existing service and financial pressures and describes the appropriate built environment for planned healthcare developments, as detailed in the Strategic Development Plan of the Trust.
 - Put in place Action Plans that deliver against the new Healthcare Standards in relation to the patient environment and health and safety standards.
 - Complete a thorough review of the patient transport service and to put in place actions to deliver against the review recommendations within this financial year. Tendering of the staff lease car service will also take place.
 - Through a consortium project management arrangement, tender for the safe disposal of all waste streams across all NHS properties in Kent & Medway StHA.
 - Work with Medirest, our hotel service providers, to maintain the high standards achieved for the portering, food service and domestic services, focussing particularly on ward cleanliness and issues of cross infection.
 - Gain ISO 14001 Environmental Management standard for the Facilities Directorate.
 - Through a Public Private Partnership arrangement with Accent Housing association, provide 84 new units of staff accommodation on the QEOMH site, anticipated start on site is Autumn 2005.
 - Draw up a strategic plan which addresses the need for additional staff accommodation at the WHH site.
 - Building on successful work in 2004/05, seek additional commercial contracts for the East Kent Linen Service.
 - Fully implement the Directorate information system MICAD.

- 10.4 Many of these projects are underway within the Directorate. Of particular note is the continuing partnership work with the Directorate of Strategic Development to determine the future service and hence estate needs, at QEQMH and WHH. This work will inform the second edition of the Trust Estate Strategy.
- 10.5 The Directorate is also focussing on the identification and implementation of the Healthcare Commission Core and Developmental Standards.

11. OPERATIONS

- 11.1 Although the Improvement Partnership for Hospitals (IPH) Programme was to be focused over an 18 month period, the Trust recognised the importance of sustaining good practice and ensuring that it is part of “core business” across the Organisation amongst all levels of staff.
- 11.2 In addition, the Trust also acknowledge the significance of creating a culture where staff continually review and evaluate systems and processes as a matter of course, to ensure that they are in line or leading with best practice.
- 11.3 Once optimal systems are agreed these are supported by the Trust's Administrative Guidance Notes (AGN's) which are nationally acclaimed as a best practice approach to support staff in their working practices.
- 11.4 The Trust recognises that there has been considerable learning and systems reform which are transferable to other Directorates and Services. As such, during 2005/06 the Trust will build upon the sterling work undertaken to date and will focus on priority areas which will have the maximum benefit in further improving and enhancing patient care.
- 11.5 Whilst the original projects for the IPH Programme were linked to the Raising Standards Document, the learning from this programme will now be utilised to assist with the delivery of the 10 High Impact Changes for Service Improvement and Delivery. Examples of specific projects include:
- Treat Day Surgery rather than Inpatient Surgery as the norm for elective surgery.
 - Patient Initiated Follow Ups
 - Demand, Capacity and Variation Analysis and Management using Statistical Process Control (SPC) as a tool to facilitate Service Improvement.
- 11.6 All Service Improvement Schemes will be supported by a Project Initiation Document, and from the onset will have clearly defined aims and objectives supported by agreed outcome measurements. Regular reports will be provided to the Clinical Management Board, the Trust Board and the Strategic Development Committee as required.

12. FINANCIAL FRAMEWORK

- 12.1 The 2005/06 year will be the third year of the Trust's formal Financial Recovery Plan and the fourth, of the permitted maximum 5 years, for achieving its Statutory Break-even Duty.
- 12.2 Whilst progress against the financial targets set within the Financial Recovery Plan for the 2003/04 and 2004/05 years has been excellent, the 2005/06 year will be a more significant challenge than that faced previously. In addition, there will be a marked change in the way that Primary Care Trusts commission the patient activity that is provided by East Kent Hospitals Trust.
- 12.3 **Service Agreements and Payment by Results** - The majority of the work undertaken by the Trust will be incorporated into service agreements on a cost per case/attendance/test basis in 2005/06. We will therefore be moving into a more commercially based environment where we will be paid based on the activity that we perform.
- 12.4 This will present both risks and opportunities to the Trust but fundamentally the Trust must ensure that it is efficient in the way it provides its services to patients so that its expenditures are managed within the overall income earned.
- 12.5 This service agreement structure closely reflects the full Payment by Results process that is being introduced by the Department of Health. Reimbursement for work undertaken will be based upon (although not exactly equal to) the National NHS Tariff which splits our patient treatments into groups of procedures for pricing purposes. A copy of the NHS Tariff will be available on the Trust Intranet.
- 12.6 **Planning Assumptions** - The planning assumptions for 2005/06 are extremely demanding. They represent a significant shift from those envisaged within the original Financial Recovery Plan.
- 12.7 Whilst inflationary uplifts have been made to the level of 5.3% this will need to cover the increase in costs of pay awards, workforce reform (including Agenda for Change and the Consultant Contract), non pay inflation, the introduction of new technologies, an increase in the cost of medicines and the cost of 5 yearly revaluation of our estate using the District Valuer.
- 12.8 For the 2005/06 year there has also been a revision to the National Funding Formula for Market Forces (regional variations in the cost of land, buildings and employment costs). This has reduced the level of funding to East Kent and must also be managed during the year. Within individual Directorates there are unprecedented levels of financial pressure that will need to be managed within existing budgets. Also built into the funding uplifts are assumptions around the levels of saving that will need to be achieved. This is set at 1.7%. Therefore, in the 2005/06 financial year the Trust will need to:-
- Address its recurrent financial imbalance that was supported in prior years through non recurrent measures.
 - Manage the increase in costs within very tight constraints.

- Achieve the national 1.7% cost improvement target in the Trust's financial plans.
- Cover for a loss in financial support that was previously incorporated from both PCT's and Strategic Health Authority.
- Manage the impact of funding reductions as a result of the MFF.

12.9 **Projected Income & Expenditure for 2005/06** - Due to the uncertainty around levels of income for 2005/06 a number of scenarios have been modelled reflecting different levels of demand for the Trust's services. Table 2 below shows three scenarios from worst case through expected to best case.

	Worst Case £m	Expected Case £m	Best Case £m
<u>Income</u>			
SLA Income – East Kent PCTs	283.1	287.6	288.4
SLA Income – Other PCT	7.5	7.7	7.7
Specialist Service Income	11.8	11.8	11.8
Other Income	34.3	34.3	34.3
Total Income	336.7	341.4	342.2
<u>Expenditure</u>			
Pay	226.9	226.9	226.9
Non Pay	105.6	106.3	106.4
Depreciation	12.9	12.9	12.9
Trust-wide Savings Target	(1.9)	(2.9)	(3.9)
Total Expenditure	343.5	343.2	342.3
Income less Expenditure	(6.8)	(1.8)	(0.1)
Interest and Dividends	(8.4)	(8.4)	(8.4)
Deficit (further savings requirement)	(15.2)	(10.2)	(8.5)

Table 2 Projected Income & Expenditure 2005/06

- 12.10 The projected income is based on the activity plan shown in section 2.5, Table 1. The table above demonstrates that, under each of the scenarios the Trust is facing a significant increase to its original savings target ranging from £8.5m to £15.2m.
- 12.11 **Budget Setting 2005/06** - Budgets for 2005/06 cannot be finalised until the LDP has been agreed. Directorate budgets have been issued based on 2004/05 final baseline uplifted for known adjustments, such as savings targets, full year effects, cost pressures and inflation. Certain elements of expenditure, including Agenda for Change funding have been held centrally and will be released as required. Further adjustments will be made in year, including agreed funding for new investments. Table 3 below summarises the current status of Budgets.

	Income	Pay	Non Pay	Savings	Cost Pressures	Business Case Funding	Total
	£m	£m	£m	£m	£m	£m	£m
Central Income	(322.5)						(322.5)
PGME/Library	(9.3)	0.5	1.0				(7.8)
Other Central Budgets	(1.3)	0.3	0.2				(0.8)
Directorate Budgets	(20.6)	215.0	90.5	(5.8)	0.9	1.3	281.3
Central Budgets and Reserves		19.7	20.6	(10.3)	1.5	0.7	32.2
Capital Charges			13.2				13.2
Public Dividend Capital			8.8				8.8
Trust-wide savings				(4.4)			(4.4)
Net Budget 2005/06	(353.7)	235.5	134.3	(20.5)	2.4	2.0	NIL

Table 3 Budget Summary 2005/06

12.12 **Strategy for Managing the Savings Target** - The Trust has set a savings target for directorates of two per cent for 2005/06. In addition a number of Trustwide initiatives have been identified that will supplement the savings programme. However, savings identified to date are insufficient to meet the full extent of the projected financial gap. The balance of savings will need to be met through a combination of the following factors:-

- Increases in income
- Efficiency improvements
- Non-recurrent flexibilities
- Health Economy support
- Service redesign and reconfiguration

12.13 The Trust will need to invest in external support to assist in identifying opportunities to close the financial gap under each of the above headings.

12.14 Achievement of the challenging financial targets will be managed through the relevant Trust Committees, Boards and performance management processes.

12.15 **Revised Financial Recovery Plan** - As a result of the significant changes to planning assumptions from the original Financial Recovery Plan, including an extension of the recovery period, it will be necessary to substantially revise the original Plan.

12.16 **Capital** – Appendix 2 summarises the Capital Programme for 2005/06 that is presented to the Trust Board for approval.

13. DIRECTORATE STANDARDS AND TARGETS MATRIX

- 13.1 To support the achievement of corporate plans, annual and strategic objectives a range of standards and targets are described in the directorate matrix which has been considered through Trust Board. The package is available as a separate document.
- 13.2 The matrix sets out standards and targets (many as part of national planning documents) from the Healthcare Commission's performance assessment framework and local priorities. A director has been allocated responsibility for achieving each standard/ target and a Trust Board committee will assist with the monitoring process. All the standards/targets have been allocated to appropriate clinical and non clinical directorates that will participate in their achievement.
- 13.3 Traffic light parameters are shown on the matrix and these will be reflected in the monthly Corporate Performance and Quality Report to Clinical Management and Trust Boards. Executive Performance Reviews will take place with directorates on three occasions per year.
- 13.4 Details of the Trust's performance management process are shown in the next section.

14. PERFORMANCE MANAGEMENT

- 14.1 A new approach to assessing the performance of healthcare organisations is being introduced this year by the healthcare Commission, with the aim of promoting improvements in health and healthcare. The approach looks to address issues that matter to patients, the public and staff leading to improvement and better outcomes.
- 14.2 Replacing the performance star rating system, the new initiative provides a broad base of standards that should provide a rich picture of how healthcare organisations are performing. In 2005/06 the focus is on whether organisations are getting the basics right, with more emphasis on development and improvement in following years.
- 14.3 The standards, 24 in number are grouped around seven domains:
- Safety
 - Clinical and cost effectiveness
 - Governance
 - Patient focus
 - Accessible and responsive care
 - Care environment and amenities
 - Public health
- 14.4 Each domain is divided into core and developmental standards. Trusts must meet core standards which describe services of a safe and acceptable quality. The standards also require trusts to meet developmental standards, to work towards continuous improvement in the overall quality of care.
- 14.5 The Trust is working to return its draft declaration of compliance to the Healthcare Commission in October 2005. The declaration will set out how far we are meeting core standards, identify areas of concern where standards may not be being met or at risk, the action being taken to address the risk and the progress expected by the end of March 2006.
- 14.6 A final declaration on how well we have met our core standards, together with progress on areas of risk declared earlier will be reported in April 2006. Areas of continuing risk will also be covered along with remedial action to be taken over the next year. In September 2006 the results of the performance ratings will be published by the Healthcare Commission.
- 14.7 The Directorate Standards and Targets Performance Matrix described earlier sets out all the standards and targets in the Healthcare Commission package together with local targets. These will be cascaded to the appropriate staff throughout the Trust to form their objectives and be subject to regular appraisal.
- 14.8 Executive Performance Reviews, led by the Chief Executive, will be undertaken with each directorate on three occasions during the year. Operational Performance views will be carried out by the Deputy Chief Executive/ Director of Finance as required. Support will be made available should performance vary outside of the agreed parameters.

14.9 In terms of medical staff, a framework to improve working lives, ensure full implementation of national guidance and maintain high professional standards for medical staff in the modern NHS, will be taken forward and monitored by:

- Quarterly performance management sessions with Clinical Directors, Lead Clinicians and Senior Managers, led by the Medical Director covering, for example,
 - Clinical Governance
 - Deanery and College reports
 - Appraisals
 - New Deal
 - EWTD
 - Job Plan Reviews
 - Sickness absence levels
 - Workforce planning
 - New SAS contract
 - Contract locum expenditure

15. NEXT STEPS

15.1 This Business Plan sets out the key ingredients for taking the Trust forward in 2005/06. Seven corporate plans each led by an Executive Director are outlined together with a matrix of directorate standards and targets. Plans will be integrated with each other where appropriate to ensure a common flow throughout the Trust. Performance management arrangements are also described.

15.2 It is now important that the package is 'operationalised' to ensure that:

- tasks are defined
- responsibilities are allocated
- milestones are agreed and
- success criteria is specified

A performance monitoring process will overarch the plans.

15.3 This work, most of which is underway at different stages, will lead to the appropriate member of staff understanding their role and responsibilities in the process and how their work fits into the wider picture.

15.4 With this essential platform in place, performance management systems will be used both by the responsible managers and within Executive and Operational Performance Reviews.

15.5 Throughout the year note will be taken of 'lessons learnt' to enhance future performance.

Appendix 1

STRATEGIC OBJECTIVES

- **To develop a clinical service implementation plan.** In order to continue to offer the highest quality, sustainable clinical services and provide timely access within a balanced portfolio of diagnostic, ambulatory, in-patient and specialist services the Trust needs to establish a clinical service implementation plan. This plan will determine a programme for service development and integration beyond the end of 2006.

It is likely that in the first instances this will be framed against a wider debate on the strategy for service delivery across the whole of east Kent and then wider Kent and Medway health community. Some key principles that underpin the development of the clinical service implementation plan are that it will:

- be patient centred;
 - be effective and efficient;
 - prioritise safe care that can demonstrate measurable quality standards;
 - balance local access with need for service concentration across three hospitals;
 - make the best use of all professional skills;
 - make the best use of all facilities;
 - balance demand and capacity in clear and accountable ways;
 - improve integration of services within the Trust at each site and across sites;
 - improve integration of services with other providers;
 - adapt to change and be forward looking, whilst delivering in the here and now; and
 - enhance local access wherever possible.
- **To become a local and national employer of choice.** Realising our potential will hinge on the capacity to get more staff working together in modern ways, for the benefits of all patients in east Kent. The Trust believes that the workforce is its most valuable asset and that within this, diversity is welcomed. Investing in the workforce is a key strategic priority and is fundamental to national and local service delivery and capacity requirements, to achieving higher standards of clinical governance and the need to ensure value for money and financial stability. Our aim is to develop an organisation with the following characteristics and standards:
- an innovative, flexible, motivated and valued workforce with high morale;
 - career progression, through a lifelong skills escalator based on skills and competencies and the application of transparent and fair employment policies so that staff have the opportunity to develop to their full potential;
 - integration of Equality and Diversity principles into all aspects of employment;
 - mature and productive relationships with all staff and their representatives based upon effective involvement, consultation and partnership working;
 - responsive and effective organisation structures that support staff to understand their jobs and to then deliver these jobs to the best of their ability; and
 - build people management skills within the workforce.

- **To establish an estate infrastructure that is fit for purpose which facilitates integrated service delivery in hospital and community settings and offers patients and staff a quality environment and access to continued professional development.** Key targets include:
 - to develop a capital and estates implementation plan which supports the clinical service implementation plan;
 - to ensure the Trust meets its requirements to implement green policies;
 - to ensure that the estate meets the requirements of all relevant external accreditation bodies; and
 - to maintain constant improvements in the estate related Controls Assurance standards.
- **Ensuring patients, carers, the public and staff have an increasingly significant role in the development and monitoring of the Trust's services.** The Trust is committed to patients, carers, the public and staff having greater say over the nature, style, management and quality of the services it offers. East Kent Hospitals therefore seeks to empower patients and communities; improve patient choice; improve decision making and accountability; design services around the patient; and be responsive to feedback and comment on our work.

As such, the Trust will ensure the systems designed to achieve Patient and Public Involvement are:

- effective, in representing and strengthening the voice of patients and communities;
 - accessible, at a local level to help people using health services;
 - accountable and transparent;
 - integrated, to match the structures of the Trust;
 - independent, to be able to comment on health services; and
 - adaptable, building on the best local practice and ensuring high quality.
- **To exploit information and communication technology to support and facilitate service improvement.** East Kent Hospitals is committed to making full use of information technology in order to support safe, effective and timely care for patients, as well as in support of staff in the delivery of their jobs. The core of the Trust's strategy for IM&T is to be an early implementer of the national programme for Information Technology (NpflIT) supported by the use of modern communications and data management. These are necessary tools to support the effective management of the Trust that covers a wide geographical area with a wider catchment. In addition the strategy aims to deliver the tools in support of the management of the Trust that facilitate timely, accurate and relevant performance information that leads to consistent analysis and good decision making.
 - **To build short, medium and long-term education and training capacity to help the Trust deliver its strategic objective to become a leading university hospital.** Effective programmes of education and training support the delivery of care in the hospital. They also are proven factors in organisations being able to recruit and retain staff and as such, are critical to East Kent Hospitals. Becoming a leading university hospital adds to this and is an important objective for the Trust to achieve.

- **To co-operate with local government, PCTs and other relevant local organisations to promote, protect and improve the public health of the residents of Kent and Medway.** Improving the health of the public is a core standard for the NHS. It is important that the Trust provides leadership and collaborates with other organisations and communities to ensure that it provides services which promote, protect and improve the health of the population of east Kent.
- **To influence the provision of services beyond healthcare, where they directly relate to the services provided by the Trust.** East Kent Hospitals is one of the largest employers in east Kent and as such should play an active role in the community. This is particularly the case in relation to the provision of services that impact on the delivery of healthcare from the Trust's premises, for example transport and community safety.

EAST KENT HOSPITALS NHS TRUST – DRAFT CAPITAL PROGRAMME 2005/06

Scheme Description	Approved Schemes £'000	Approved Slippage 2004/05 £'000	Brokered Schemes £'000	Business Cases awaiting approval £'000	Underspends at year end £'000	Bids for Capital not Approved £'000	Total £'000
<u>Reconfiguration Schemes</u>							
Early Moves QEQM	30.0		-				30.0
Refurbishment Contract QEQM	2,245.0		-			76.2	2,321.2
New Storey Build QEQM	1,454.0		-				1,454.0
3 Storey Extension WHH	1,025.0		1,807.0				2,832.0
New Day Surgery Unit	1,697.0		-				1,697.0
Child Ambulatory Centre KCH	689.5		2,520.5				3,210.0
Refurb Children's Wards KCH	-		193.0				193.0
Refurb Old Endoscopy KCH	99.0		-				99.0
Kent/Clarke Minor Works	4.0		-				4.0
Architects	545.0		-				545.0
Structural Engineers	3.0		-				3.0
M & E Engineers	12.0		-				12.0
Quantity Surveyors	74.0		-				74.0
Other Fees & Surveys	147.0		-				147.0
Equipment	378.2		921.8				1,300.0
Payments in Advance 2004/05					200.0	-	200.0
Total	8,402.7	-	5,442.3	-	200.0	76.2	13,721.2

Scheme Description	Approved Schemes £'000	Approved Slippage 2004/05 £'000	Brokered Schemes £'000	Business Cases awaiting approval £'000	Underspends at year end £'000	Bids for Capital not Approved £'000	Total £'000
<u>Block Capital/Other</u>							
Satellite Renal Unit (b/fwd)	-		178.0				178.0
A & E Schemes (b/fwd)	300.0		100.0		-		400.0
Cardiac Catheter Lab	-	67.0	40.0				107.0
Mortuary Upgrade - WHH & QEQM	359.0		112.0		-		471.0
Action on ENT	-		81.0				81.0
Critical Care QEQM	344.3		155.7			-	500.0
Pathology Modernisation	280.0					-	280.0
Replacement Medical Equipment	1,000.0		-				1,000.0
I.T Schemes	500.0		83.0			-	583.0
Estates Schemes	1,000.0		-			-	1,000.0
Radiology- Digital X-Ray Rooms	-		-			900.0	900.0
Radiology-Gamma Camera WHH	-		-			350.0	350.0
Radiology-Screening Rooms QEQM,WHH	-		-			1,000.0	1,000.0
Osteoporosis Scanner	-		-			90.0	90.0
Computed Radiology For Existing Digital Rms	-		-			55.0	55.0
Sick Childrens Trust	150.0		-			-	150.0
Dermatology	200.0						200.0
Critical Care QEQM						489.3	489.3

Scheme Description	Approved Schemes £'000	Approved Slippage 2004/05 £'000	Brokered Schemes £'000	Business Cases awaiting approval £'000	Underspend at year end £'000	Bids for Capital not Approved £'000	Total £'000
Blood Gas Analyser - respiratory Medicine						5.0	5.0
Glaucoma Services						175.0	175.0
WHH VR Microscope	58.0						58.0
T&O Monies	20.0		-			-	20.0
Upgrade Intera & LCD (0304 Scheme)		35.0					35.0
PTS Transport System		5.0					5.0
Replacement Autoclave		11.0					11.0
Endoscopy Unit - Building		161.0					161.0
Endoscopy Unit - Equipment		14.0					14.0
Chairs In Haematology		31.0					31.0
Dialysis Machines		10.0					10.0
QEQM Endoscopes		5.0					5.0
Ultrasound Scanner		22.0					22.0
New X-Ray Air Humidification Plant		10.0					10.0
Other		50.0					50.0
Sub total	4,211.3	421.0	749.7	-	-	3,064.3	8,446.3