Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

TRUST BOARD
16th December 2010

TITLE	**Business Planning For 2011/12- Update**
EXECUTIVE SUMMARY	The work to develop the Trust's Business Plan for 2011/12 is now underway. This paper summarises progress with this work. The 2011/12 business plan will reflect the next stage in the delivery of the Trust's five year plan (set out in the Integrated Business Plan) as well as our response to the White Paper 'Liberating the NHS,' and to the 2011/12 Operating Framework for the NHS (due for publication by the end of December).
BOARD ASSURANCE (Risk) / IMPLICATIONS	Delivery of the Business Plan is fundamental to the Trust's success. The BAF includes Risk 1.1 National priorities and targets
STAKEHOLDER / PATIENT IMPACT AND VIEWS	The Business Plan will take into account the requirements of Monitor, the Foundation Trust regulator.
EQUALITY AND DIVERSITY ISSUES	None
The Trust Board is asked to:	Note the progress with the development of the Trust's Business Plan for 2011/12. A further report will be presented to the January 2011 Board
Submitted by:	Valerie Howell Deputy Chief Executive
Date:	8th December 2010
Decision:	For Noting

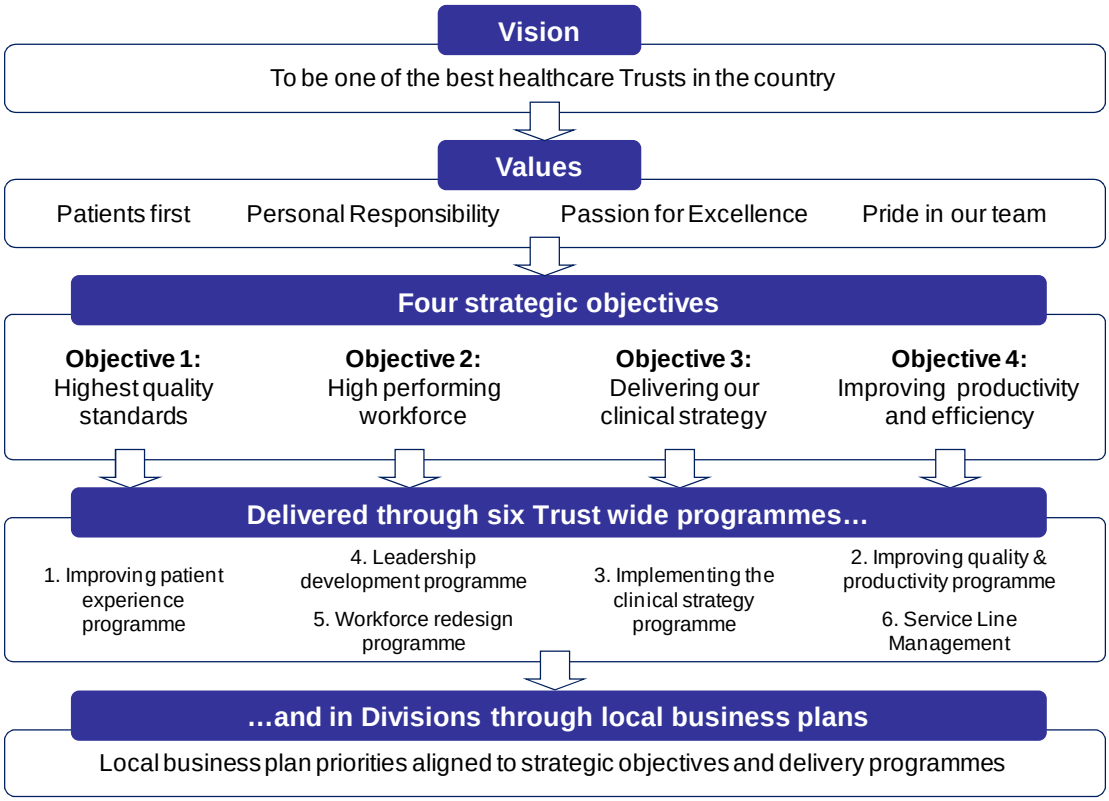
UPDATE ON BUSINESS PLANNING FOR 2011/12

1 Introduction

1.1 The Trust's Business Plan for 2010/11 sets out our objectives for the current year, the action to be taken to deliver these objectives, and the Trust's activity, capacity, workforce and financial plans.

1.2 The work to develop the Trust's Business Plan for 2011/12 is now underway. This paper summarises progress with this work. The 2011/12 business plan will reflect the next stage in the delivery of our five year plan (set out in the Integrated Business Plan) as well as our response to the White Paper 'Liberating the NHS,' and to the 2011/12 Operating Framework for the NHS (due for publication by the end of December).

1.3 The 'architecture' of plan is now well established and is summarised below.



2 Planning for 2011/12

2.1 In October 2010 the top 100 clinical and managerial leaders in the Trust came together to review progress against the 2010/11 business plan, identify priorities for 2011/12 within each of our strategic objectives and begin the process of agreeing how these objectives will be delivered. A summary of the review of progress against the 2010/11 plan is attached at Appendix A.

2.2 The initial assessment of the priorities of the organisation for 2011/12 associated with each of the four strategic objectives in order to support delivery of the five year plan are summarised below:

5 year objective	DRAFT Priorities for 11/12
To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations, in terms of outcome, safety and experience	• Changing our behaviours & culture so that everyone is working to improving each patient's experience in the Trust • Delivering the outcome goals within the NHS Outcomes Framework; eliminating HCAI • "Sorting out" discharge from hospital • Navigating the 'information revolution', publishing outcome information
To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust	• Develop new roles and more efficient & effective ways of working through employee led service improvement • Develop our capability to improve services, through enhanced appraisal, team-working, personal & organisational development • Enabling and supporting staff through health & well-being programmes, recognition schemes and listening opportunities
To deliver the Trust's clinical strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration	• Redesign emergency pathways leading to lower levels of emergency admissions to ASPH • Increasing elective market share - focus on borders and London. Increase utilisation of Ashford for day surgery and outpatients • Putting in place arrangements to manage our GP relationships • Service redesign agreed through model of care work
To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework	• Delivering a CIP programme of £11m • Scaling up EQUIP to deliver change across the whole Trust • Appointing & developing clinical specialty leads • Embed the use of SLR information to drive improvement • Delivering a major programme of change & efficiency in outpatients

2.3 Work is now underway to translate these priorities into clear, measurable objectives for 2011/12. The initial planning assumptions for 2011/12 have also been agreed and are summarised in the table below:

	2010/11 Plan	2011/12 Planning Assumptions
Financials		
FRR	4	4
Income	£219m	static
CIP	£9.0m	plans for £11m
Activity		
Elective (IP+DC)	35,180	1.4% more than 2010/11 actual
Proportion DC at AH	52%	55%
Non elective	30,351	only paid at 08/9 levels
Outpatients	329,612 (7% in community)	1.4% growth (8% in community)
A&E	86,653	1.4% growth
Headcount	3,261	2.5% reduction
Beds	571	541

2.4 Each clinical division and corporate service is now developing their local business plan in line with these assumptions and priorities. Initial drafts of these plans are being tested by the Executive Team with Divisions during December with further drafts of local plans due in January.

2.5 It is our intention that for 2011/12 the delivery programmes are more focused on driving a smaller number of the highest priority changes that need to be made across the organisation – specifically those which will have the greatest impact on achievement of the Trust's key results.

2.6 A draft of the Corporate Business Plan will be prepared during December and January, and shared with the Board (including an initial assessment of the key risks and mitigating actions for 2011/12) in the new year.

3 Recommendation

3.1 The Trust Board is asked to note the progress with the development of the Trust's Business Plan for 2011/12.

Valerie Howell
Deputy Chief Executive
2 December 2010

5 year objective	Our priorities for 2010/11	Where are we at end Sept?
To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations, in terms of outcome, safety and experience	• Improving the patient experience • Ensure we meet Monitor's Quality Governance Assessment • Maintain our registration with the CQC – focus on quality and safety • ***Preparing for the NHS Outcomes framework and for an explosion in the availability of information for patients and the public***	• Amber rated by Monitor, MRSA key risk for rest of year. Monitor Quality Governance Assessment – feedback due next week • We have made some progress addressing issues raised by patients in surveys but haven't yet cracked the underlying cultural issues at Trust wide or divisional level • We are assessing the impact of quality related white paper issues
To recruit, retain and develop a high performing workforce to deliver high quality care and the wider strategy of the Trust	• Robust workforce planning (inc job planning, rostering) & medical revalidation • 'Good to Great' leadership programme • Supporting & enabling staff through appraisal and health/wellbeing programmes - 95% of staff appraised & making sure it's meaningful • Addressing key issues from staff survey • **Co-ordinate staff led improvement activity**	• Progress improving workforce & job planning • Good progress in improving engagement in staff survey and in scores, more to do to be top quartile for all KPIs • Much higher appraisal rates but not yet at 90%. More to do on quality of appraisal • 'Good to Great' going well but more focus needed to address the skills gaps identified by the delivery programmes
To deliver the Trust's clinical strategy; redefining our market position to better meet the needs of patients and commissioners, and increasing market penetration	• Reducing emergency admissions and redesigning elective care through partnership working in NW Surrey • Developing speciality level clinical strategies • Developing renal, cardiology and pathology services • Make better use of Ashford Hospital and undertake more clinics in the community • ***Develop our relationships with GPs***	• Work to reduce emergency admissions & increase elective market share not yet delivering the level of change we need • Some progress on clinical strategies and Model of Care work about to begin in earnest • Much more to do to shift work to Ashford & community locations • Starting work to build relationships/put process in place to work with GPs – but early days
To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework	• Delivering £9m cost improvements, achieve a surplus of £3.3m and secure a Monitor FRR 4 • Improving quality and efficiency through EQUIP • Building stronger clinical directorates • Delivering all elements of our contracts with PCTs • ***Increase our commercial capability and processes***	• CIPs behind plan but being turned around • EQUIP working well but not yet in place across/fully embedded in the organisation • Divisions restructured and strengthened – on a journey to increase capability • Beginning to increase commercial capability • Expect to become an FT by end 2010