Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
25th February 2010

TITLE	**Business Plan 2010/2011**
EXECUTIVE SUMMARY	The draft of the Business Plan attached is shared with the Board at an early stage, to invite the comment of the Board on the substance. The Plan reflects the 5-year plan approved in January 2010.
BOARD ASSURANCE (Risk) / IMPLICATIONS	Strong business planning is important to assure the Board of the robustness of the delivery of the organisation's priorities.
STAKEHOLDER / PATIENT IMPACT AND VIEWS	Strong patient and stakeholder feedback will be sought at a planned business planning launch event in the new financial year.
EQUALITY AND DIVERSITY ISSUES	Important and incorporated
LEGAL ISSUES	None
The Trust Board is asked to:	Review and share comment upon the draft and note that, subject to the SLA, a full business plan will be shared for approval in March 2010.
Submitted by:	Paul Bentley, Director of Strategy
Date:	17 February 2010
Decision:	For comment and note

Ashford and St. Peter's Hospitals NHS
NHS Trust

TRUST BOARD
25 February 2010

Business Plan

Introduction

Attached is a first draft of the Business Plan, which is shared with the Board in the formative stages of development.

The Business Plan will be presented to the March Board for approval, subject to the completion of contractual negotiations with NHS Surrey. When the national operating framework was issued in December 2009, a timetable was published for the agreement of contracts between providers and commissioners: this timetable sought agreement on the contracts by 28 February 2010. However, at the time of writing this paper I cannot share the details of an offer of the possible activity or financial 'envelope' as this information has not been shared with the Trust by NHS Surrey, and in the absence of a proposal of the terms of a Service Level Agreement, it has not been possible to populate the sections which cover activity, finance or workforce, albeit that these will be populated in due course.

I will update the Board at the meeting of progress with the SLA.

Corporate Business Plan 2010/2011

2010/2011 will represent the first full year of execution within the 5-years of the Integrated Business Plan, approved by the Board in January 2010. Therefore, there is a consistency between the one-year plan and the 5-year plan reflecting the context in which we operate and the priorities, including delivering a cost improvement programme for the year ahead.

Subject to completion of the Service Level Agreement with NHS Surrey, I hope to be able to present to the March 2010 Board the completed Business Plan.

Submitted by: Paul Bentley, Director of Strategy

Date: 17 February 2009

Ashford and St Peter's NHS Trust

Corporate Business Plan

2010/2011

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Introduction

This document explains the plan for ASPH for the year 2010 to 2011, identifying the strategy for the Trust, covering a longer period than the immediate year ahead: it explores the national and more local environment in which the Trust operates, as part of the National Health Service and the wider health and social care economy, exploring the four strategic objectives of the Trust, explaining what they are and why they are important to the Trust

Having defined the environment in which we will operate in the year to come, the plan explains how we will achieve these priorities through a structured programme management approach, how our clinical directorates will operate and the priorities they will deliver this year and finally, reflecting the importance of delivery, by exploring the Cost Improvement Programme for 2010/2011.

Ashford and St Peter's Hospitals NHS Trust (ASPH) is the largest provider of hospital services in Surrey. 2010/11 will represent a further year of change in the Health Service both locally and nationally, and, as the last decade of significant investment the Health Service slows it will begin to operate in a manner, which improves patient care, but in an environment of less investment.

The NHS and the way we provide patient care are changing rapidly. The challenge of delivering better quality healthcare to an ageing population, with less funding, is one ASPH is well placed to respond to. The Trust has always benefited from the great locations which both Ashford and St Peter's Hospitals enjoy: both hospitals are in the most densely populated areas of Surrey and border the areas of London where there is likely to be some redefinition in the existing nature of acute hospital provision, providing opportunities for ASPH.

The requirement for closer integration with other parts of the health and social care network, enabling smoother and more responsive care pathways, coupled with the consequent reduction in the acute care sector, provides an opportunity for ASPH to work with partners in a more collaborative and integrated way than was previously possible.

This convergence of ASPH being in the 'right place at the right time', unique in having delivered a hot/cold definition between two acute hospitals, with the market opportunities reaching into London, providing work at a lower tariff than other London providers, at a time when the NHS is exploring how to do 'more for less', is the best backdrop to enable ASPH this year, and in future years, to succeed as a foundation trust.

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1 Strategy of the Trust

We enter the year 2010/2011 having more tightly defined our vision, values and strategic objectives: this clarity allows us to focus on the important, rather than just the urgent.

Our vision for the next five years is **to be one of the best healthcare trusts in the country.**

Our vision is underpinned by four core values:

- Patients first
- Personal responsibility
- Passion for excellence
- Pride in our team

This vision, and our values, are key to the enable us to focus on what we wish to be, captured in the mission statement and our core values, which provides a benchmark against which we measure how we conduct ourselves.

Having defined where we want to be and the values which will underpin how we get there, we have defined four strategic objectives. The figure shown on the opposite page lists these and some of the key measures which we will achieve against these objectives and which are explored more below:

To achieve the highest possible quality standards for our patients, meeting and exceeding their expectations, in terms of outcome, safety and experience

We know that our patients' surveys reflect that our patients are not as satisfied with the service we offer them, as we would wish them to be: this is not an issue of safety but of experience. We have defined improvement in this area as key to the success of our Trust. We also know that the measure of a quality organisation is the rating applied by the Care Quality Commission.

2009/2010 returned a rating of 'good'. We will seek to improve this rating to 'excellent' and sustain it in the future: this will require further reductions, leading to the elimination of hospital acquired infections, ie Cdif and MRSA, and the elimination of any occasion when patients' dignity is compromised through sharing accommodation with patients of the opposite sex.

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To recruit, retain and develop a high-performing workforce to deliver high quality care and the wider strategy of the Trust

Quality healthcare depends upon the people who provide it, whilst technology and, more broadly, equipment, plays a part. We are dependent upon our workforce, and, to enable the continuation of this high-quality care, we must recruit, retain and develop our workforce. To do so we will increase the numbers of our fully appraised workforce and be innovative in the way we help them manage their careers and shape our workforce around the areas which care for patients, using technology to reduce the size and cost of 'back office' functions.

To deliver the Trust's clinical strategy, redefining our market position to better meet the needs of patients and commissioners and increasing market penetration

Our clinical strategy is closely aligned with our major commissioner, NHS Surrey, which seeks a reduction in the number of patients admitted to hospital for emergency care, and which seeks to deliver care previously delivered in London back within the county of Surrey, for example cardiovascular and renal inpatient care. Finally, because of our proximity to London, we believe we are well placed to provide acute care to patients who live on the outskirts of London and who may see some change in the local hospitals which they have been used to.

To improve the productivity and efficiency of the Trust in a financially sustainable manner, within an effective governance framework

To reflect the tightening position financially within all public services, we must increase our productivity, which we have already commenced, using a LEAN methology (locally called EQUIP) and, by reducing variation in performance, we will deliver 'more with less'. As a high-performing organisation, prudent financial management of our Trust requires sustained delivery of good budget management, including the delivery of Cost Improvement Programmes at 4% per annum.

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2 The Context in which we Operate

This section explores the way in which the NHS will change nationally and more locally and explores the implications for ASPH as a result of some of those changes.

The NHS is at a critical juncture, after a decade of investment and reform that has helped to drive real improvements for patients, the NHS is entering one of the toughest financial climates it has known. The NHS faces an unprecedented set of complex, interconnected challenges over the next five years.

'NHS 2010-2015; from good to great' and the NHS Operating Framework for 2010/11 sets out the response of the NHS to this challenge – describing how, in a much tighter economic climate, we will retain and build on the huge advances that have been made in terms of quality, access and patient experience. The national financial context is a 0% tariff uplift in 2010/11 and a maximum annual uplift of 0% for the following three years, which is a real terms reduction.

Sir David Nicholson, encouraging the NHS to look forward, rather than backwards, sets out the four key issues for the NHS as we plan the next five years:

- **Ensuring quality is the organising principle**

Building on the themes in the Next Stage Review we must ensure we don't lose the significant gains that we have already made. The PbR system will be strengthened to reward quality with a much stronger link between payment and patient experience, including non-payment for 'never events'. The five national priorities remain unchanged, best practice pathways and tariffs are being introduced and there will continue to be an unrelenting determination to eliminate Health Care Acquired Infections – which will be joined by new national clinical outcome priorities for avoidable Venous Thromboembolism for inpatients and avoidable pressure ulcers.

- **Sharing risk across the system**

Emergency activity undertaken by acute trusts over and above the 2008/9 baseline will only be paid at a marginal rate of 30%, in order to bring primary and secondary care health professionals together, to manage demand better and improve care for patients. The operating framework emphasises the need to share risk; not simply transfer it from one part of the system to another. One of our service development initiatives, as defined in our 5-year Integrated Business Plan (IBP), is to provide integrated and collaborative health care across North West Surrey.

- **Changing the characteristics of the new system**

The NHS will deliver more services closer to home, leading to a smaller acute sector. We will see much less variation in quality and performance between and within organisations. The market and competition will continue to be used to drive improvements and choice in elective care. Another of our service development initiatives is to transfer outpatient and diagnostic services into community settings.

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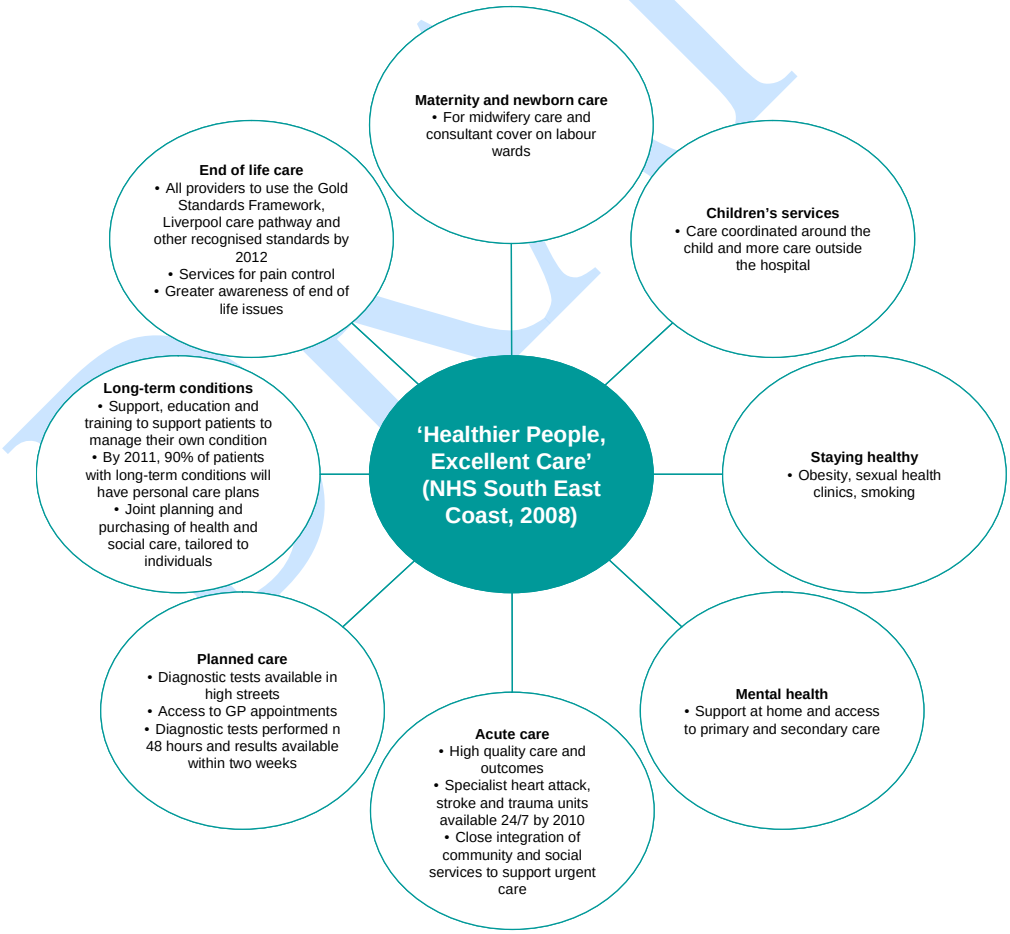
- **Increasing importance of integration**

The quality and productivity gains we need to make lie at the interface between primary and secondary care and between health and social care. We expect to see a much greater focus on working in partnership to integrate services across organisational boundaries. The future organisational form of PCT provided community services must be agreed with SHAs by the end of March 2010. A further one of our service development initiatives is to provide integrated and collaborative healthcare across North West Surrey, in a range of settings.

- **South East Coast regional context**

At a regional level within the NHS in South East Coast, significant progress has been made improving the financial and operational performance of the NHS and delivering the SHA's ambitious quality based clinical strategy 'Healthier People, Excellent Care (2008)', which is illustrated below:



The NHS in South East Coast now faces the same challenges as the rest of the NHS, building on the significant gains that have been made, in a new financial climate. The SEC SHA operating framework, now finalized and issued to the NHS across the region in February 2010, sets out how the NHS in this region will respond. The key aspects of the approach it describes are:

- **Creating a sustainable healthcare system with quality and innovation at its heart**

using the financial challenge to drive productivity and long-term sustainability, establishing a regional investment fund using growth funding.

- **Explicitly prioritising**

areas for investment and disinvestment and taking decisive action to make those priorities a reality.

- **Ensuring all parts of the system work together**

co-operating and working in an integrated way, with clearly defined roles and responsibilities of commissioners and providers.

- **Not tolerating poor performance**

NHS organisations are the preferred provider for existing services and will be supported and driven to improve where services fall short of expectations.

- **Minimising the negative impact of these changes on the workforce**

reducing the size of the workforce by 11%, using transformational leadership, clinical ownership and close collaboration to bring about greater productivity through role changes, redeployment and retraining.

- **Communicating coherently and with integrity**

so that patients, staff and local authority partners are clear about what NHS organisations are doing and why, in response to the financial challenge.

The SHA will also top-slice 2% from each PCT to create an investment fund to pump prime the change in health service delivery and reconfiguration required by the 2010/11 Operating Framework.

Local Context in Surrey

Within Surrey the impact of the funding formula means that the task of building on our quality gains within the new financial climate posing some very significant challenges. During Autumn 2009 NHS Surrey worked with Tribal Newchurch to undertake a diagnostic of the financial pressures in the county, assessing the likely growth in demand, a range of scenarios for funding growth and possible strategies and initiatives to close the significant gap between the two.

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Improvements in the efficiency of the current pattern of commissioning and service provision will only make a partial contribution to closing this gap and all the major health and social care organisations agree that fundamental transformation is required. NHS Surrey commission 87% of the services delivered by ASPH, and ASPH delivers 30% of NHS Surrey's acute services; the success of the two organisations is mutually interdependent.

The existing Surrey '**waterfall strategy'** and the clinical strategies developed through the 'Fit for the Future' programme describe the plan to deliver more specialist services in Surrey, through co-ordinated clinical networks (to reduce the need for patients to travel to London), and to deliver more services closer to home. Alongside these strategies the CEOs in Surrey have agreed that the required transformation in Surrey will be underpinned by a series of operating rules for the NHS in Surrey and will be characterised by a contraction in hospital services, the expansion of community based services, greater integration of health and social care, the development of managed care services for the highest risk patients and a redrawing of organisational boundaries.

Examples of the action planned for Surrey, as part of this programme of transformation, include:

- Using care planning tools such as the Medical Care Appropriateness Protocol (MCAP) to ensure patients are treated in the right setting, with appropriate length of stay and follow-up rates – with the potential to save up to an estimated £44m in Surrey.

- Increasing disease management (a system of co-ordinated healthcare interventional and communications for people with conditions where self-care is a significant component), particularly in diabetes, COPD, CHF and coronary heart disease – with the potential to save an estimated £9m in Surrey.

- Improving **medicines management,** leading to reduced emergency admissions, with potential to save up to £20m in Surrey.

- A strategic focus on **case management**, wellbeing and health maintenance, focussing the efforts of all components of the health and social care system on supporting and managing the care of the approximately 6,000 people in Surrey at very high risk and the 60,000 people in Surrey at high risk.

North West Surrey Locality Context

North West Surrey locality is the health economy within which ASPH operates. Increasingly the health and social care partners – ASPH, primary care, Surrey Community Health Services (the community services provider) and the locality leaders of Surrey Social Services – are now working together through a formal project infrastructure to manage the local response to the national challenge.

The local approach responds to each of the four key issues facing the NHS described in the operating framework:

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- Ensuring quality is the organising principle in NW Surrey, focussing on delivering the national priorities in this locality, reviewing pathways in a structured and whole system basis, introducing the best practice pathways and tariffs, continuing the progress made to eliminate hospital acquired infections at Ashford Hospital, St Peter's Hospital and the local community hospitals, and, crucially, increasing the focus on improving the patient experience.

- Sharing risk between partners in NW Surrey, and, specifically, taking action together to reduce emergency admissions to St Peter's Hospital to no more than 2008/09 levels and maintaining this, against a trend of year-on-year rises in emergency admissions.

- Delivering more services in community settings in NW Surrey (leading to a smaller ASPH), reducing variation in performance and quality across the locality.

- Integrating service delivery across the boundaries of primary, community and secondary care, and across health and social care. Working together to manage the care and pathways for the 2,000 patients at very high risk in this locality, and transforming the lives of patients with Long Term Conditions.

Implications for Ashford and St Peter's Hospitals

It is within this national, regional, Surrey wide and North West Surrey locality context that ASPH has developed its business plan and its wider five-year integrated business plan – both of which describe how ASPH will continue to build on the gains we have made for patients and mature into one of the best healthcare trusts in the country, within a very challenging financial environment.

Specifically the implications of this context for ASPH are:

a) Within our hospitals we will:

- Continue to focus on improving quality – driving improvements in patient experience, reducing HCAIs, delivering best practice pathways, maintaining our very high standards of outcomes and safety, and continuing to drive up our operational performance to deliver on each of the national service priorities.

- Plan and implement a reduction in the bed capacity of our hospitals and manage the associated reduction in our workforce.

- Drive up productivity and efficiency, and reduce variation in performance between ASPH and other trusts, and between teams and individuals within ASPH. Our EQUIP programme is a key component of our approach.

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b) With our partners in the health and social care system we will:

- Increasingly work in partnership to integrate services, focussing initially on reducing emergency admissions to St Peter's Hospital, facilitating earlier discharge from hospital, put in place alternative services in community settings and case manage the patients most at risk in North West Surrey.

- Collaborate with our acute trust partners to deliver better care in Surrey, for example in renal, cancer, cardiology and pathology services, the repatriation of tertiary and specialist secondary care services from London inline with the 'waterfall strategy', and strengthen our relationship with Epsom and St Helier Trust

- Compete with other providers within our natural catchment to increase our market share for planned care, with an emphasis on our London catchment. We will also respond to the opportunity to expand our services from the London sector reviews and reconfiguration of services; particularly affecting the West Middlesex and Kingston Hospitals.

c) The resulting configuration of ASPH will be different in the following ways:

- A contraction in the acute care currently delivered by the organisation

- A growth in the scope of the organisation – with responsibility for some pathways extending into community settings.

- Through the PCT waterfall strategy, delivering more specialist services previously provided for Surrey patients in London.

- The geographical reach of the organisation increasingly extending into West London, and potentially into the Epsom area.

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3 Quality

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4 High Performing Workforce

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5 Clinical Strategy

The delivery of our clinical strategy is based upon meeting the needs of our commissioners to deliver high quality care as close to home as possible within the affordability envelope available.

Our strategy is summarised in the box below:

Our clinical strategy

- To work with our partners to create an integrated health and social care system in North West Surrey, redesigning services to reduce healthcare demand by increasing services within the community, thereby allowing remodelling, modernisation and reduction of the acute sector.
- To develop and deliver specialist secondary and tertiary services at the Trust, in agreement with NHS Surrey, repatriating work currently undertaken in London.
- To further develop Ashford Hospital as a base for planned elective, diagnostic and rehabilitation care, increasing services provided by the Trust to West London and Berkshire.
- To ensure that all services are delivered at the highest and best practice standard, eliminating variation and achieving quality/efficiency benchmarks.

The definition and the delivery of the Clinical Strategy are being delivered by a dedicated workstream group, chaired by an executive director, and with strong clinical leadership.

The approach to programme management of six major streams of work is explored in section 7 of this plan: however, work is already taking place to drive forward the component parts of the strategy. In addition to the defined clinical strategy, there are some elements explored in more detail below:

- Emergency services and services for people with long-term conditions in the North West Surrey population
- Planned care in North West Surrey
- Specialist Services for wider Surrey and SW London
- Impact of reconfiguration in South and West London

Emergency Services in North West Surrey

ASPH has experienced year-on-year growth in the number of patients being admitted as emergencies to St Peter's Hospital. A key challenge for North West Surrey is to develop a new health system in the locality, which ensures that patients are treated with very high-quality care, in appropriate clinical settings. We have the potential, not just to reduce emergency admissions to 2008/9 levels, but to go further, making substantial reductions in acute bed days for older people.

As described earlier in this section, ASPH is working in partnership with partner organisations to **integrate** service delivery and patient pathways, focussing initially on reducing emergency admissions to St Peter's Hospital, facilitating earlier discharge from hospital, putting in place alternative services in community settings and case managing the patients most at risk in North West Surrey.

Planned Care in North West Surrey

Our elective market share in our natural catchment is 69%. Our main competitors for elective care within our natural catchment are Royal Surrey County Hospital, West Middlesex University Hospitals and Heatherwood and Wexham Park.

Our aim is to increase our market share for elective care in our natural catchment and our strategy in this market segment is to **compete** with other providers in this market. Our aim is that patients who live closer to our hospitals than other providers will choose to have their planned outpatient and elective care in our organisation. Our intent to improve our patient survey, coupled with the transfer of outpatient services into community locations, particularly into SW London (linked to our base at Ashford), underpins our plan to increase our market share over the next five years.

Specialist Services for Surrey and South West London

There are a number of opportunities where ASPH will **collaborate** with other NHS providers to improve healthcare provision in Surrey

- In response to the NHS Surrey 'Waterfall Strategy', developing a very strong bid with St George's Healthcare NHS Trust and Epsom and St Helier NHS Trust (EStH) to deliver renal services in Surrey.
- Working with EStH to extend the range and scope of cardiology services delivered at St Peter's Hospital, and exploring with EStH the benefits and opportunities that could arise through ASPH involvement in service delivery at Epsom.
- Working closely with Royal Surrey County Hospital (RSCH) to ensure the delivery of strong and safe networked cancer, ENT and ophthalmology services to the Surrey population
- Exploring the opportunity to extend the existing Pathology Partnership arrangements that operate between Frimley Park and RSCH, to include all four acute trusts in Surrey.

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Impact of Reconfiguration in South and West London

A strategic plan for South West London is being developed, with the aim of identifying a sustainable service, financial and organisational configuration in the PCT areas of Sutton & Merton, Richmond, Wandsworth, Croydon and Kingston. The review impacts on the services delivered by four acute hospital trusts – St George's Healthcare NHS Trust, Kingston Hospital NHS Trust, Mayday Healthcare NHS Trust and Epsom and St Helier University Hospitals NHS Trust

Our understanding is that clinical groups have developed a clinical model for South West London which envisages the transfer of outpatient, diagnostic, planned and urgent care away from the four main acute hospital sites into a network of local hospitals and polysystems, and have recommended that, in terms of acute hospital provision that there should be:

- No more than three obstetric units, given the RCOG recommendations on consultant presence, available consultant workforce and future birth projections.
- Two paediatric inpatient units, due to a reduced need for secondary paediatric inpatient beds
- Consolidation of all elective surgery activity into one or two elective surgery centres to improve clinical outcomes, patient satisfaction and productivity.

If accepted, these proposals are likely to be developed into a pre-consultation business case for summer 2010 with consultation following in autumn 2010. With St George's Healthcare Trust as a fixed point (designated as a Major Trauma Centre), the implication is that there is potential in some scenarios for provision of obstetric services, paediatric services and/or elective surgery to cease at Kingston Hospital: this would provide opportunities for ASPH to the east of our natural catchment.

Local Needs, Local Health

Alongside the South West London Review, a review is being undertaken of the future organisational configuration for Epsom and St Helier Trust options in the review (known as Local Needs, Local Health) including:

- The current organisational model with Epsom and St Helier Hospitals remaining as one merged trust
- A demerger with Epsom and St Helier becoming standalone entities.
- A divestment of part of or all of the Trust

Our understanding is that the demerger of Epsom and St Helier is a likely outcome of this review, with timescales likely to be similar to those of the SW London review.

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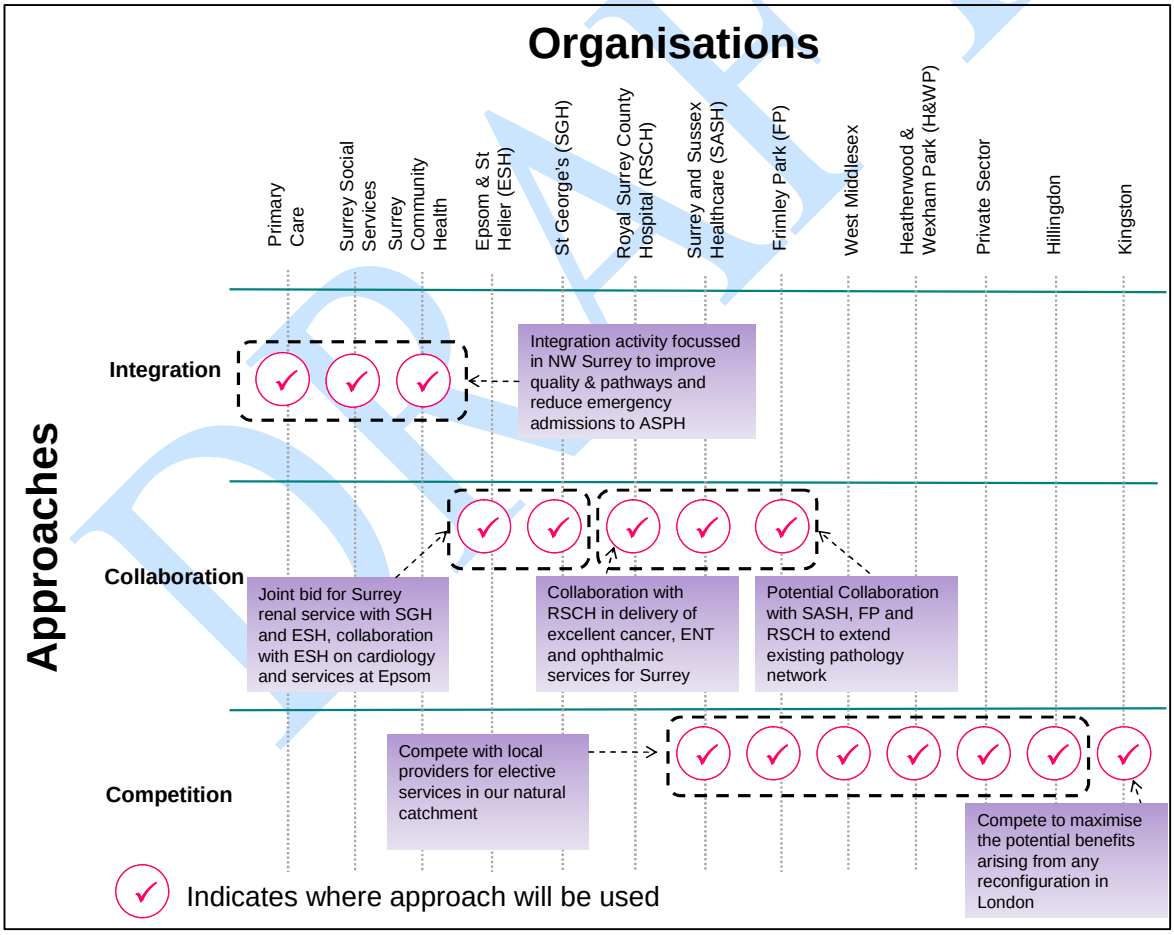
We have a strong collaborative relationship with Epsom and St Helier Trust that is delivering mutual benefits, for example in cardiology and renal services. We could be well placed to play a bigger role in the future of Epsom and, should our assessment at the appropriate time conclude, there would be sufficient benefit to our Trust, to service delivery and to patients.

In summary, we have a defined clinical strategy which will be driven forward during the 2010/2011 year. We see the opportunities which present themselves as strengthening the position of ASPH in our role as the largest in Surrey and increasingly a major player in the outskirts of London provision of healthcare. The figure below shows how we operate in integration, collaboration and competition with organisations, depending upon the situation:



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6 How will we Achieve our Goals this Year and into the Future?

Having defined our mission, values and strategic aims for the period covered by this business plan, we are seeking to deliver the major themes of work through a programme management approach to delivery areas which cover the major areas of work for the period ahead.

Each programme is led by an executive director of the Trust, with strong clinical leadership on each group: each programme has a programme manager and there is a monthly programme board, which systematically reviews each programme: regular reporting is provided to the TEC and the Board.

The Trust's change activity is being delivered through six trust-wide programmes, which provide the focus and a disciplined project methodology and programme environment to deliver the Trust's ambitions. The programmes align and prioritise the Trust's existing activity to the actions most critical to achieve our objectives. The programmes are summarised in the table below:

	Programme	Programme aim
1.	**Improving our patient experience**	Although patient experience has improved, this programme aims to improve the poor experience some patients have in our hospitals – as reported through the patient surveys and other feedback mechanisms. The purpose of this programme is to develop and oversee implementation of the programme of Trust-wide activity, to improve patient experience in the Trust, addressing the key issues raised by patients through recent surveys, complaints and patient groups.
2.	**Improving service quality, productivity and efficiency**	To systematically improve the way we work, so that our services provide higher quality at lower cost. As a key component of this programme, we have commenced a long-term LEAN based programme of improvement and organisational development – to reduce waste and increase efficiency in a patient focussed manner. The programme will increase the redesign capability of the organisation and focus attention on a set of specific redesign activities.

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	Programme	Programme aim
3.	**Implementation of our clinical strategy**	To change the configuration of our clinical services so that they better meet the needs of patients, align the needs and expectations of our commissioners, make better use of our sites and resources, and increase our market share by 1% per annum in our catchment. We will develop emergency and specialist services at St Peter's, serving patients who would otherwise have had to travel to London for treatment, where this makes a service and financial contribution to the Trust, and we will increase utilisation and efficiency of our services at Ashford Hospital.
4.	**Leadership development**	To develop the leadership capability and capacity we need to deliver our vision; to be a cornerstone of acute health care provision in Surrey and beyond.
5.	**Workforce redesign**	To redesign our workforce so that we have fewer staff but of a higher calibre, with the right skills for the services we deliver currently and in the future – and to do so without reducing quality, patient or staff experience.
6.	**Introduction of Service Line Management**	To devolve to frontline services the ownership of the integrated clinical, operational and financial objectives of the organisation – ensuring that clinicians and managers in the Trust have the information and the appropriate levels of authority and responsibility to manage and improve the quality, operational performance and financial aspects of their service.

The discipline of programme management provides the assurance that each major area of work is being undertaken and the benefits are delivered.

In addition to the programme management, a more robust performance management approach is being adopted which will enable clinical directorates to gain earned autonomy, having demonstrated that they are able to deliver quality services within the performance criteria required. This addition to the present system is being introduced to coincide with the beginning of the fiscal year 2010/2011, lead by the Chief Operating Officer and the Director of Finance and Information.

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7 What we will Deliver this Year/Directorate Plans

To be inserted

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8 Cost Improvement Programme

The sustained delivery of a cost improvement programme is key to the delivery of the sound financial management which is why it warrants a section in this plan. ASPH will continue to focus on the delivery of the full programme of CIP's, to deliver recurrent savings at 4% per annum: the programme is supported through dedicated project management support, with external challenge, and is the subject of regular scrutiny with each directorate.

The programme for 2010/11 and 2011/12 is shown below:

- Corporate CIPs are also identified during the budget setting process. The Trust Efficiency Group which reports to the ISPQ Working Group (workstream 6) oversees these.
- CIPs are risk rated on a monthly basis (both externally, as well as internally, during the planning stage) and a governance regime is determined based on each scheme's value and risk rating.
- Each CIP is reviewed with the accountable General Manager at monthly performance meetings. In addition, higher value and higher risk schemes are monitored through the Trust Efficiency Group.
- A monthly CIP tracking report is discussed at Trust Executive Committee, Finance Committee and Trust Board.
- Directorates that are falling behind on their agreed CIPs are expected to propose replacement CIPs to make up the gap.
- Against the backdrop of an end to real growth in NHS spending, our CIP programme has important implications for workforce strategy: as the organisation becomes more efficient, employee numbers decline throughout the plan period.
- There is also a key link with Service Line Reporting: as clinicians become used to working with 'full picture' profit and loss statements, this will facilitate changes in behaviour, e.g. we expect clinical directors to be more challenging about the indiscriminate use of diagnostic tests. The Trust has identified a specific programme of work in order to ensure that Service Line reporting translates into Service Line Management, with the associated benefits that this regime is expected to deliver. Within 2010/11, Service Line reports will be produced on a quarterly basis.
- Corporate CIPs are also identified during the budget setting process: the Trust Efficiency Group oversees these, and reports to the ISPQ Working Group.

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Against the backdrop of an end to real growth in NHS spending, our CIP programme has important implications for workforce strategy: as the organisation becomes more efficient, employee numbers decline throughout 2010/2011.

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9 Conclusion

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