Ashford and St. Peter's Hospitals NHS Foundation Trust

Report title:	Overview of 2026/27 Planning Submission		
Report to:	**Public Council of Governors**		
Date of meeting:	Tuesday, 03 March 2026	**Agenda item:**	8.2
Report summary:	The final plan submission on 12th February set out to the extent to which we will meet the national performance and finance objectives and the risks associated with delivery. This paper sets out the process we have undertaken and the core submission metrics. Please note that the plan has not yet been assessed and accepted by NHSE and as such has not been to public Board.		
Recommendation:	The Council is asked to **note** the summary of the planning submission and recognise that there could be further changes post review by NHSE.		
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Purpose of report:	**For Noting** ☐	**For Decision** ☐	**For Assurance** ☒

Assurance level:	**Significant** ☐ High level of confidence / evidence in delivery	**Acceptable** ☒ General confidence / evidence in delivery	**Partial** ☐ Some confidence / evidence in delivery	**No Assurance** ☐ No confidence / evidence in delivery

Link to Strategic Objectives:	All strategic objectives
Link to CQC Domains:	WELL LED
Link to BAF risk:	All BAF risks
Potential impact on stakeholders:	The plan delivery will require effective working with all our stakeholders across the health economy.
Next steps	Review by NHSE and detailed planning continues
Appendices:	

Ashford and St. Peter's Hospitals
NHS Foundation Trust

Overview of 2026/27 planning submission

1.0 Introduction

The NHS Planning Framework was published by NHSE in September 2025 and the Medium-Term Planning Framework was published on 27th October 2025. These provided the scope and timeframes for plan submissions and the specific targets to be achieved in 2026/27, 2027/28 and 2028/29.

The final submission of our plan submitted on 12th February included:

- 3-year revenue and 4-year capital plan return.
- 3-year workforce return.
- 3-year operational performance and activity return.
- Integrated planning template showing triangulation and alignment of plans.
- Board assurance statements confirming oversight of process.
- 5-year narrative of our 'integrated transformation plans' to deliver the 10YFP with local partners.

This paper sets out a high-level summary of the final plan submission. It should be noted that the plan has not yet been assessed and accepted by NHSE and as such has not been endorsed as finalised.

2.0 The planning process

The Trust process to create the plan has been as inclusive as possible across the organisation. In addition the planning team has collaborated with partner organisations, particularly Surrey & Sussex ICB, to ensure plan alignment.

a. Activity and capacity – Demand requirements were identified by the Performance team from national performance metrics and referral growth; they reviewed implications of population changes in the short term from local population data and shared with Operations team for capacity review. Individual speciality meetings were held with the clinical divisions to establish the mechanism to deliver the additional activity required, with a primary focus on delivering it within existing capacity through efficiency measures.
b. People - This initial indicative plan has been based on a combination of long-run and short-run modelling of counterfactual workforce movements, and the modelling of known interventions and targets set through the planning framework. This plan has been produced at the highest level of granularity.
c. Revenue Finance – the Finance plan is a high-level plan which starts from 2025/26 forecast outturn, adjusting for recurrent and non-recurrent impacts and then includes the national financial framework assumptions and commissioner offers. It then takes account of the additional activity and costs required to deliver the performance standards and income has been assumed for this activity.

d. Efficiency – Efficiency packs were shared with Divisions, discussed with them and the Board members to develop a high-level plan, which meets the requirements of this second submission. It sets the framework within which detailed delivery plans will be created.
e. Capital proposals have been received from each Division, Estates and Digital. The capital plan will be constructed from these submissions and presented to the Board in March.
f. Development of five-year written narrative plan document as a national requirement

Following the submission the Trust will focus on the following deliverables:

- Trust strategy true north objectives
- Detailed transformation plans
- A detailed CIP and efficiency programme
- Within the governance of the transformation programme a detailed patient flow programme to support the delivery of emergency standards
- Specialty level efficiency delivery plans to meet the activity requirements to achieve the cancer, RTT and diagnostic national metrics.
- Integration of group, provider collaborative, and network plans into our own.
- Development of supporting plans e.g. education, research, estates, capital, and digital.

3.0 Activity & Performance

The approach to activity planning has been based on several assumptions, the key amongst them being that the activity delivered in 2025/26 is deliverable again within 2026/27. It is from this base assumption that all activity planning has occurred. To develop the activity levels the Trust has taken the national activity growth assumptions, which are set out below and added them to the base level.

Delivery Area	2026/27	2027/28	2028/29
Elective	2%	2%	2%
Non- Elective	2.4%	1.7%	3.1%
A&E	1.8%	1.7%	1.8%
Maternity	2.0%	2.0%	2.0%

Further additions were made to identify the amount of additional activity required to meet the national targets (e.g. RTT). Following the first submission we have worked with the divisions to evaluate the deliverability of the activity levels. Those discussions have indicated that there is the capability within the organisation, with some limited targeted investments, to deliver the activity if efficiency plans are implemented.

In summary

- UEC: The Trust is forecasting it will achieve the targets.
- Cancer: We are planning to meet the national standards
- Diagnostics: We are planning to meet the national standards
- Elective: The Trust has established it has the capacity to meet the 7% national target growth for 2026/27, but we are indicating that:

- The Trust will have insufficient funding from associate commissioners and NHSE.
- The Trust is having constructive conversations over funding of the targets with Surrey/Sussex ICB, but this has not concluded.

4.0 Workforce

The initial workforce plan has been developed to support the trust activity plan and deliver on the Trust's financial objectives while considering the 10-year plan and NHS Workforce Plan. The plan is high level and is compliant with the objectives set out within the "Medium Term Planning Framework," principally to reduce the expenditure on temporary staffing, Agency by at least 80% and Bank by at least 38%, and maintain sickness absence within the national target of 4.1%.

To balance the expansion of activity and control of finance with these objectives requires considerable assumptions:

a. That the actions already in place in 2025/26 will deliver a less than 6% variance from the 2025/26 workforce plan at the March 2026 out-turn.
b. That there are considerable opportunities for productivity and efficiency across the entire workforce, and that the opportunities within the NHS England Productivity Improvement Pack in relation to temporary staffing and corporate services reductions are deliverable.
c. That a substantial portion of the temporary staffing reductions will need to be made in year 1 to support the trusts financial position.
d. We will continue to make safety critical investments in our workforce to maintain services and will invest in our workforce to deliver the required expansion in activity.

5.0 Finance and Efficiency

The financial plan submitted is a breakeven plan for all 3 years of the medium-term plan period. However to reach breakeven requires delivery of a challenging efficiency, productivity and cost improvement plan.

The plan has been put together with the following assumptions:

a. Our income plans are aligned with the expected increase in activity that is needed to meet the national targets.
b. The model considers the risk within our current financial position for 2025/26, and we start the year 2026/27 from a requirement to close an underlying deficit position.
c. The national cost inflation assumptions have been used.
d. The plan has assumed that there is no Industrial action in 2026/27.

The plan proposes a challenging productivity and efficiency CIP target of £36.7m (6.8%) in 2026/27 and £19.5m (3.8%) in 2027/28 and £16.7m in 2028/29. The CIP and efficiency objectives are created from what is required to deliver a breakeven plan.

The CIP programme has been developed in draft. The programme includes:

- The full year effect of schemes that commenced in 2025/26
- Opportunities highlighted through the national efficiency packs and national benchmarking where our costs benchmark higher than other hospitals to deliver the same service
- Schemes identified by Divisions
- Benefits from key transformation projects that can achieve significant patient pathway and quality of care benefits as well as delivering efficiency and cost saving aims e.g. outpatient transformation through innovative technologies, patient flow for emergency care.
- Benefits of Provider and clinical network system transformation plans including the potential of Neighbourhood health schemes to deliver benefits over the next two years.

The financial plan identifies significant risks which will impact our ability to deliver the breakeven plan. We will seek to mitigate risks where possible. These risks are primarily:

- Risk of not delivering a stretching CIP plan. This can arise due to operational pressures diverting focus on to day-to-day performance instead of transformation and efficiency delivery.
- Risk of not delivering the activity plan and thus earning the income from the Trust. This could result from estates, workforce, and resource challenges.
- Risk of industrial action which will add unplanned cost and in addition contribute to causing the risks above.
- Risk that cost inflation is higher than planned.
- Risk that unplanned cost pressures arise during the year.
- Risk that partner actions, such as a change in their service offer, impact our activity, demand for services, costs, or workforce.

Please note that the Capital plan is not covered in this paper as it is the subject of a separate paper to the Council of governors.

6.0 Summary

The planning timescales were brought forward by NHSE compared to previous years such that we can start the year with an approved and agreed plan. The Trust has worked collaboratively with partners to develop the plan. It has been built from granular activity modelling and the finance and workforce plans built alongside the activity plans to ensure alignment. The plan will be challenging to deliver but we have built solid foundations and have a clear work plan to build the detailed actions to deliver the plan.