Whittington Health NHS

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The Whittington Hospital NHS Trust
Magdala Avenue
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Whittington Health Trust Board

5 February 2014

Title:	**Operational Planning for 2014-16**		
Agenda item:	**14/032**	**Paper**	**10**
Action requested:	For Information and discussion		
Executive Summary:	This paper outlines the process for setting the Annual Operating Plan for the next two years, covering the Financial Plan, Workforce Plan, CIP Plan, Contract & Activity Plan, and the Capital Plan. It sets out the planning timetable, and other requirements as outlined in the TDA guidance. It provides an overview of the current run rate and assumptions for activity and income, and then builds on the impact of plans identified above. The Board is asked to review and discuss the paper as necessary.		
Summary of recommendations:	This paper presents an early stage summary of the progress against the plan for 2014/15.		
Fit with WH strategy:	The Plan underpins the delivery of all Strategic Goals.		
Reference to related / other documents:	TDA Planning Guidance 2014-19 (23/12/13)		
Reference to areas of risk and corporate risks on the Board Assurance Framework:			
Date paper completed:	24 January 2014		

Author name and title:		**Richard Ellis Director of PMO**		**Director name and title:**		**Simon Wombwell Chief Financial Officer**	
Date paper seen by EC	**NA**	**Equality Impact Assessment complete?**	**NA**	**Risk assessment undertaken?**	**NA**	**Legal advice received?**	**NA**

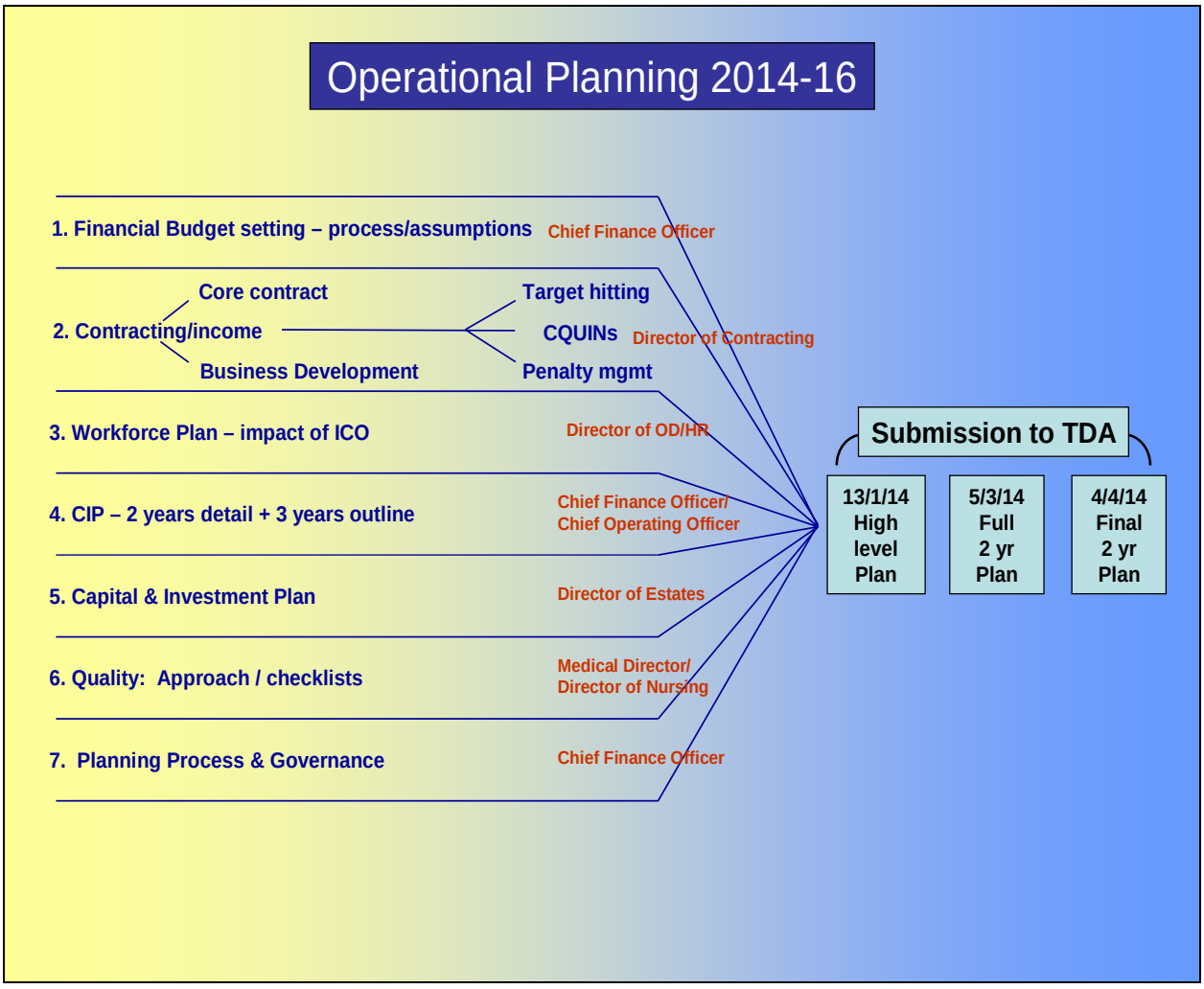
1. Introduction

This paper outlines the process for setting the detailed Operational Plan for the next two years, and dovetails into the Planning Guidance for 2014 -19, released at the end of December by the TDA.

An early draft High Level Plan was submitted to the TDA on 13th January 2014, as per the guidance, with feedback expected by the end of January.

A Final Plan for the next two years needs to be submitted to the TDA by 4th April 2014. As such, this paper is still an early iteration, which inevitably includes a number of assumptions, estimates and initial proposals, which will be worked up in greater detail as we move through the planning process.

The overall Plan comprises seven key streams of work, which are illustrated below, and covered in greater detail in subsequent sections of this paper.



This operational planning exercise will clearly need to dovetail into the Integrated Business Plan (IBP) process to ensure the activity and financial plans are aligned to support delivery of the strategic agenda and the evolving ICO model being adopted by Whittington Health.
The extended timetable issued by the TDA requires that an IBP and Long Term Financial Model (LTFM), covering the next five years, are submitted by 20 June 2014.

2. Financial Budget setting

2.1 Context

2014/15 will be a very challenging year financially. In overall terms, assuming NHS commissioners buy the same amount of activity as in the current year, we are starting with an estimated £20m financial gap as a result of tariff changes, inflation and pay increments (see Appendix 1a & 1b), of which at least £15m will have to be bridged through new savings schemes. While the DoH planning guidance requires an overall 4% efficiency to be achieved in, £20m represents an efficiency requirement of 7%.

Contract negotiations with commissioners still need to take place but using broad assumptions at the current point in time, the summary financial position for 2014/15 is as follows:-

	13/14 forecast	14/15 Budget
Income	£290m	£277m
Expenditure	£290m	£297m
Gap	£0	£20m

If it is decided that only a £15m savings target is applied then the additional £5m will need to be found through other avenues which may include:-

- Further scrutiny and reduction of the revised baseline budget
- Aim to secure further income from commissioners

If a gap remains then either the savings target will have to be increased and further schemes identified or the Trust will need to plan for a deficit.

2.2 Budgeting Process

The starting position for the 2014/15 budget will be the actual income and expenditure position for months 1-6, multiplied by two to arrive at a 12 month effect.

Budgets will then, subject to agreement, be adjusted for the full-year effects of 2013/14 cost pressures, service developments and savings plans.

All non-recurrent expenditure and income for 2013/14 will be deducted from the budget to produce baseline recurrent budgets, which will be prepared by 22nd January 2014.

These recurrent budgets will then need to be adjusted during budget-setting discussions for approved 2014/15 cost pressures, service developments, and savings plans and where appropriate, 2014/15 inflation uplifts.

Baseline recurrent budgets will need to include savings schemes that bring the overall Trust budgeted position to break-even, therefore any approved cost pressures will need to be offset though additional savings schemes.

The final budget for 2014/15 will be ready for Trust Board approval at the end of March and for uploading into the General Ledger in April.

2.3 Activity plans and Central Income

Initial baseline activity plans for 2014/15 will be based on 2013/14 actual outturn activity, adjusted for the DoH published tariff deflator and any known variations arising from coding changes and full year effects of 2013/14 service developments and known contract variations. As the contracting process is concluded, adjustments will be made to income and expenditure as appropriate.

The finance business services team will liaise with the contracts team to create draft activity plans and Finance Managers will feed in any further information relating to service changes/developments.

Only 2014/15 service developments which have evidenced commissioner funding agreements will be translated into a budget. This process of reviewing and validation will ensure activity and income (plus associated costs) targets are reflected as part of the budget setting process.

Support services will be kept informed and involved throughout this process to ensure they are aware of issues and changes proposed by the bed-holding Divisions.

Where other additional funding has been secured, income and expenditure targets will only be adjusted where the funding has been evidenced in writing.

2.4 Staffing Establishment 2014/15

<u>The baseline pay budget for 2014/15 will be the actual expenditure position for months 1-6, multiplied by two to arrive at a 12 month effect.</u>

This will provide a baseline budget for each Division for both permanent and temporary staff. This financial envelope will need to be translated into WTE's and as a result the Divisions will work with the Finance Managers to set up draft establishment levels to deliver the 2014/15 activity plan (linking financial budgets to the workforce plan). Posts not filled during the year, unachieved savings targets and non-recurrent savings in 2013/14, are included in M6 x 2 baseline. (and therefore, will be funded or not funded as appropriate).

The Pay Award for 2014/15 is assumed to be 1% which will be applied uniformly across all pay budgets once agreed and a separate reserve for incremental drift will be held centrally based on agreed uplifts for each staff group and will be devolved to pay budgets where deemed required.

2.5 Non Pay

<u>The baseline non-pay budget for 2014/15 will be the actual expenditure position for months 1-6, multiplied by two to arrive at a 12 month effect.</u>

Non pay inflation will be applied across the areas of utilities and CNST while a review of drugs inflation will also take place. It is expected that inflationary impacts within other areas of non-pay will be absorbed through budgetary management.

A small non-pay reserve will be retained to support any areas of non-pay which materially suffer an inflationary impact not recognized above.

2.6 Contingency Reserve

A contingency reserve of 0.5% will be included in the budget.

2.7 Cost Pressures

Cost pressures are defined as areas where costs are expected to vary in the following year from outturn allocations either as a result of expected activity adjustments or through anticipated increases in costs with no associated activity increases. This variation should be seen to result from external pressure (eg. changes in price, new external regulatory requirements).
General Managers are requested to identify all cost pressures resulting from both non-recurrent items from 2013/14 and all new additional pressures for 2014/15.

Cost pressures must be categorised into the following headings:-

- Specific establishment cost pressures relating to posts above the 2014/15 baseline budgeted levels
- Vacant/ frozen posts within the proposed establishment
- Activity-related non-pay pressures
- Other cost pressures

<u>There is no guarantee that items classed as cost pressures will be funded in 2013/14 unless they can be offset by equal and opposite savings within the budget.</u>

All cost pressures must be submitted and reviewed with Finance Managers before the first stage budget setting meetings on 3rd February 2014. All Trust cost pressures will be reviewed **prior** to the budget setting meeting and therefore must be supported by as much detail as possible. It is expected that:-

- Cost pressures below £5,000 will need to be absorbed by the Division/ Directorate
- Cost pressures over £5,000 need to be submitted to Finance Managers along with some supporting narrative and explanation as to why this cost is unavoidable
- Cost pressures over £50,000 need to be supported by a completed business case template, identifying the options considered

2.8 Service Developments

This section should detail any additional services that the division aims to implement in line with the Trust's strategy and for which funding has been agreed with commissioners. All transformational service changes should be accompanied by a completed business case template. Any Service Development proposals that expect to generate additional activity and income will need to be included within the Trust activity plans to Commissioners. Divisions are expected to identify all proposed service developments planned for implementation between 1 April 2014 and 31 March 2016 as part of this exercise.

2.9 Savings Targets and Plans

At this stage, it is clear that the Trust will have to deliver at least £15m (5%) of baseline budget savings, in both 2014/15 and 2015/16, in order to produce a balanced budget. A number of high level plans are being developed but it is assumed that further savings of at least 2% of Divisional and Corporate expenditure budgets will be required to balance the shortfall between expected Income and Expenditure. We should look to develop initial plans for a higher level of cost reduction to allow for projects that fail deliver in full.
A schedule of savings schemes from each Division/Corporate will be shared with Finance Managers and submitted to the Chief Operating Officer and Finance Director by 29th January 2014.

Each scheme identified will result in a reduction to the income and expenditure budget and will be monitored in year to identify progress against each scheme.

If any savings plans are dependent on investment, the net cost/saving of the proposal must be shown within the savings schedule (ie. saving less investment).

If any proposed savings plans impact on other services, it is the responsibility of the proposing division to ensure the affected service finds the plan acceptable and deliverable. Such plans cannot be accepted without this agreement.

Savings plans for 2014/15 and 2015/16 should be recurrent. If any plans are supported by non-recurrent actions in 2014/15 alternatives will need to be found for the following year.

All savings plans will be "Quality Impact Assessed" by the Medical and Nursing Directors.

2.10 Budget Authorisation "Sign Off"

Divisional Directors will be required to sign off proposed activity, income and expenditure budgets. The sign off will represent agreement of the initial budget set for the Division. It is recognised that this may, with agreement, change during the financial year to take account of changes to activity patterns such as waiting list initiatives or savings plans. Templates will need to be returned to the Head of Financial Management and Planning as per the timetable below.

2.11 Bids for Capital Funding

Capital plans for 2014/15 are approaching completion with no further bids expected. Divisional Directors must ensure that their Finance Manager is aware of the revenue implications of any capital bids submitted.

2.12 Review of Submissions

Each Division's budget proposal will be reviewed through a process of budget setting meetings (the first stage in week commencing 3rd February 2014, with a follow-up in week commencing 17th Feb 2014) by the Chief Operating Officer and Chief Finance Officer. This will ensure consistency, relevance, accuracy and completeness. These Executives will make recommendations on which items should be supported by the Trust and these proposals will form the basis of the proposed budgets for 2014/15 and 2015/16 that will be presented to the Trust Board in March.

2.13 Timetable

The following table provides a summary of the key dates for the production of the financial budget. These dates should be seen as indicative, and are subject to change. Any changes agreed will be communicated with all General Managers, Divisional Directors and departmental heads responsible for making submissions to this process.

Action	Deadline
Planning Assumptions Agreed	17/12/13
Draft of baseline budget completed by Finance	31/12/13
Activity/ Income Assumptions determined	31/12/13
FM & Divisional Operations meetings to review pay & non-pay costings	17/01/14
First cut baseline budget determined	22/01/14
FMs & Divisional Operations Directors to identify Cost Pressures and Service Developments above budget envelope	24/01/14
FMs & Divisional Operations Directors to identify savings plans	24/01/14
Submission of budget templates by Divisions/ Directorates to Chief Operating Officer and Director of Finance	29/01/14
Budget Setting meetings (First Stage - Review)	w/c 03/02/14
Update to Trust Board	05/02/14

Budget Setting meetings (Second Stage – Sign off)	w/c 17/02/14
Contracts to be agreed	28/02/14
Draft 2yr Budget & Annual Plan to the Trust Board	05/03/14
Draft Full 2 year plan to TDA	05/03/14
Final Full 2 year plan to Trust Board	02/04/14
Final Full 2 year plan to TDA	04/04/14
Upload Budgets to Ledger	15/04/14
5 year plan to TDA	20/06/14

3. Contracting / Income & Business Development

3.1 Contract form

The initial proposal from the trust was for a PbR contract with a cap and collar; the initial CCG proposal was for a continuation of the current block contract arrangements. In response the trust has proposed a hybrid contract which puts the external demand risk with the commissioners, and the internal demand risk with the trust. The commissioners are also seeking a cap and collar to provide protection for both parties.

The table below includes the detail of the hybrid contract based on the recent response from the commissioners to the original trust proposal.

Proposed Contract Form By Service Line

Service line	**Basis of payment**
Specific service lines	
TB services	To be paid for on a PbR basis, and to take account of the agreed service transfer
Maternity	To be paid for in line with PbR, including payments to and from other providers
MSK/physiotherapy	To be paid for on a cost and volume basis, including a triage function into acute outpatients and allowing for repatriation from other acutes
Direct access pathology & diagnostics	Paid for on a PbR basis using locally agreed prices

General	
A&E	Paid for on a PbR basis in line with national tariff subject to target percentage of patients to be seen in ambulatory care and urgent care centre.
Ambulatory care and hospital at home	Paid on a block basis for 2014/15 with shadow tariff to be introduced in full in 2015/16, subject to the new centre opening on time in April.
Non-elective admissions and critical care	Paid for on a flexible block basis calculated using target A&E conversion rate and average tariff, with adjustment to the total value if A&E attendances exceed plan.
First outpatient appointments	To be paid for on a PbR basis, subject to agreed consultant to consultant referral rates, and subject potentially to transformation plan targets for alternative forms of outpatient delivery.
Elective and day case admissions	Paid for on a flexible block basis, with adjustment to the total value if GP referrals exceed plan, and subject potentially to productivity metrics for day-case to outpatients
Follow up outpatient appointments	To be paid for on a PbR basis subject to agreed transformation plan initiatives to reduce follow-ups including productivity metrics and targets for alternative forms of outpatient delivery.
Drugs and devices	To be paid for on a cost and volume basis, with a gain share agreement on pass through costs including the use of bio-similar drugs; switch to generic prosthetics
Others	All other service lines to be paid for on a block basis.

The CCGs have stated that in the event that the reporting issues with EPR are not resolved before the contract is agreed, that they will insist on a block contract. The trust has responded that as soon as EPR is functional we should revert to the agreed contract form.

A final meeting to agree the contract form will take place during week commencing 27th January 2014, and will also consider the trust's income budget and the CCGs' financial envelopes.

3.2 Contract value

The CCGs and the trust are independently developing baseline positions which will then be reconciled to agree a start point for the finance and activity schedules. From this base position the trust will overlay growth and proposed service developments (see table below) and the CCGs will overlay their QIPP plans.

Service Developments and Coding Changes
• South NCL TB Hub • UCLH Endoscopy services • Increase in spinal activity volumes from Queen's Square • Ambulatory care service • Additional paediatric income associated with shift to ambulatory care centre • Community Urology • Family Nurse Partnership • Bowel Cancer Screening Service • Hospital at home service • Maternity services • Best Practice Tariffs • CAMHS Tier 4 service at Simmons House • Tier 3 obesity service • Outpatient paediatric attendances counting and coding • Outpatient coding • Physiotherapy counting and coding improvements • Development of Community Contract Currencies • Well Babies • Admission methods • Outpatient Diagnostic Imaging

3.3 CQUINs, KPIs and penalties

The CCG opening position on informatics requirements has not yet been released; once received this will be analysed and responded to by the informatics team.

The CCG opening position on KPIs has also not yet been released. Once received this will be analysed and responded to by the informatics team and also by relevant service leads and clinicians as appropriate. The trust is reviewing the KPIs for the current year to inform the potential scope for 2014/15 reporting.

The specifics of the CQUINs for 2014/15 are still subject to agreement through the contract round. The areas that the CCGs have indicated that they would like to see covered by CQUINs are as follows:-

- The national mandated CQUINs;
- Possible roll over of current year local CQUINs;

- Prevention, including alcohol and domestic violence;
- Diabetes
- Frail elderly
- Mental health (unclear whether or how this will apply to WH)

Workshops are currently taking place across North Central London to develop these themes further, which will in turn be firmed up into the CQUINs for 2014/15.

3.4 Timescales

The planning timetable requires that contracts are signed by 28th February 2014; the trust and CCGs have agreed a timetable which is consistent with this but which in practice may prove challenging to deliver. To maximise the likelihood of a contract being agreed, the trust will look to agree specific items including CQUINs and KPIs which are to be agreed after contract signature in the period up to the long stop date.

3.5 Business Development

3.5.1 Current bids

Contracts for five new services starting in April 2014 are currently being mobilised, which have a combined value of around £0.75m. Services in mobilization also includes the Camden children's service which is an existing service line which commissioners had previously intended to market test but have agreed to continue to work with the existing providers for the short term. In addition the trust is currently involved in five separate tenders for services with a combined annual value of £1.4m, all of which are due to start on 1st April 2014.

Two further bids are at the PQQ stage, which would also start during 2014/15. One of these relates to direct access diagnostics; the trust has not yet made a final decision on whether to submit a tender in response to this opportunity.

3.5.2 Known future opportunities

There are currently four further opportunities in the pipeline for services which would commence in 2014/15, which includes one major community services contract for Enfield CCG. The pipeline also includes a number of other speculative service tenders, which may come to market for service commencement during the next 12 months.

3.5.3 Potential future opportunities

In addition to the opportunities outlined above the trust is currently reviewing opportunities in primary care presented as a result of NHS England deciding to put out to tender a significant number of APMS contracts. Further opportunities in public health services (such as sexual health services) are likely to arise as

local authorities decide to market test the contracts that they have inherited from PCTs. CCGs are likely to continue to market test a range of established community services such as physiotherapy, podiatry and district nursing, and may also look to use market levers.

3.5.4 Strategic direction update

The core of the strategic direction outlined previously to the R&P committee is still largely being followed, with a focus on community services, public health services and education, to which diagnostic services has been added in response to a number of recent opportunities. Once the feedback from the recent prison tender has been received, the trust will re-consider whether to bid for further offender health contracts. The trust is also considering whether to bid for further primary care contracts, and continues to monitor tendering activity to keep abreast of other opportunities.

As previously advised, a framework for the tendering process is being developed to provide guidance on how to approach tendering. The governance and sign-off process to ensure that the trust is committing only to tenders that fit with the trust's overall strategy is also being developed in line with the principles previously outlined to the R&P committee.

In the interim all tender opportunities are screened by business development and the relevant ops director alerted to the opportunity along with a recommendation as to whether or not the trust should proceed based on the agreed governance principles.

Attached at Appendix 2 is the current pipeline of acquisitive development opportunities, including the outcome of recent tenders.

4. Workforce Plan

A separate Workforce Plan is currently in development and due to be presented to the Resources & Planning Committee and Trust Board seminar in March.

4.1 Process

The Workforce Development Plan has been developed through:-

- Ensuring that the current workforce headcount delivers the Trust's strategic objectives, maintains safe services, achieves activity levels in relation to contractual commitments and delivers key targets (RTT, CQUIN etc).
- HR Managers review of the SDP's;
- Reviewing the implications of the 2013/14 financial outturn for the Trust;
- Responding to Commissioning intentions.

- Transformation of services particularly establishing the new Ambulatory Care Centre.

- Sickness levels are maintained at current and staff turnover is reduced to the Trust median.

- Alternative ways of working particularly in Integrated Care and SCD.

4.2 Principles

In the medium and long term, the Workforce Development Plan will aim to:-

- **Reduce** the pay bill in line with the LTFM.

- **Review** provision to test whether support and other discretional services could be outsourced.

- **Support** a more productive and lean workforce through IT systems and e enabled solutions potentially resulting in staff reductions.

- I**ntroduce** new types of roles and workers needed to deliver new models of care which may include different capabilities and skills necessary to lead and deliver the Trusts' Service Development plans.

- **Ensure** business planning within the five years secures and then builds on our position as the high quality low cost provider of choice for the diverse population of North London.

- **Seven day working** will have a significant impact on the delivery of services

- **Ensure** a robust succession planning strategy that will strengthen our Leadership and management capacity to drive the change agenda and boost the apprenticeship programme to tackle an ageing workforce at the bottom end of the age profile and the succession of staff over the age of 60.

- **Review** the impact of demographic changes on people in the community living longer with more specialist health needs and the shift in the development of the ICO from acute to community based health delivery.

4.3 Headcount

- The Trust currently employs 4249 WTE staff, including permanent, staff on fixed term contracts, agency/bank workers. The current position reflects the actual

WTE usage over the first 6 months of 2014/15 which is in line with the basis for budget setting of months 1-6 multiplied by 2.

- The table below reflects the current and proposed workforce statistics, broken down by Division and Corporate services. (nb. there will be a need to revise the current establishment figures by the end of this financial year). Any increases in establishment will only occur once the Commissioning intentions are confirmed and budgets signed off by the CFO and COO.

- The 2% savings targets on all areas of the Trust as part of the Cost Improvement Programmes for 2014/15 will have further workforce implications. Clearly quality, access as well as the need to reach breakeven will feature in the considerations, supported by the quality impact assessment performed by the Medical and Nursing Directors.

	Current and proposed WTE 2014/15					
Division	**Current***	**Adjustment**	**Revised Current**	**Increase**	**CIP/ Reduction**	**Proposed**
ICAM	1413	(46)	1367	69	TBC	-
SCD	837	-	837	-	TBC	-
WCF	1199	-	1199	-	TBC	-
Corporate	800	-	800	2	TBC	-
Total	**4249**	**(46)**	**4203**	**71**	**TBC**	**-**

* The current position reflects the actual WTE usage over the first 6 months of 2014/15 which is in line with the basis for budget setting of months 1-6 multiplied by 2.

Current Workforce breakdown:-

Permanent:	3516
Bank:	449
Locum:	12
Agency:	272
Total:	**4249**

4.3 Summary of Workforce Implications

Outlined below, is a summary of the workforce implications that have been factored into the budget setting process for 2014/15:-

4.3.1 Increase in establishment:-

Ambulatory Care:	26 WTE
TB:	WTE(TBC)
Endoscopy:	13 WTE
Education:	2 WTE
Total:	**71 WTE**

- Ambulatory Care Centre
  The transition to the ACC will move a significant number of patients being treated in the Emergency department and impact on staffing levels to reflect the balance of provision. This means that resourcing of the ACC will be drawn essentially from ED and ISIS. Currently shown as growth, there will be further adjustments to the overall impact on ED and ISIS establishment as the transition to a fully functioning ACC is developed. Therefore corresponding costs moving from ED should not be a cost pressure. This, however, still needs to be worked through in further detail.

- TB for North London
  1st April 2014, staff transfer under TUPE (Under discussion with Royal Free Trust).

- Endoscopy
  To meet Bowel Scope screening project as well as potential organisational change to deliver a 6 day service delivery model. These posts will all be funded as part of our partnership through UCLH as main lead (business case currently being amended).The costs of both the increases in TB and Endoscopy will be offset by additional income and therefore do not represent a cost pressure to the Trust

- Education
  Integrated Care Education Manager
  Director of Integrated Care Education / Professor

4.3.2 Adjustments – refer to table above

- Prison Healthcare - decommissioning will impact on 46 WTE staff being TUPE'd.

4.4 Future plans requiring Trust Board agreement and Commissioning confirmation

4.4.1 Review of nursing staffing levels on adult wards (ICAM & SCD)
The high spend on agency and bank staffing has required radical action to

address the recruitment of nurses. The strategy is to recruit Registered nurses and Health Care Assistants to permanent roles. Savings will be realised in the medium to long term through zero tolerance in the use of agency workers and phasing out bank staff on wards. Careful rostering will manage sickness and holiday periods**.** Once the staffing budgets have been set for the wards and permanent staff recruited, no further staff agency/bank staff will be necessary.
(NB. Funding: this is expected to be included in the M6 x 2 baseline).

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4.4.2 Sexual health and gynaecological services

Integrating community and hospital sexual health services to provide a one stop shop on the hospital site, as well as expanding consultant activity at community sites and building on collaborations with GP practices' funding. In the main this will not result in an increase in workforce numbers, rather existing staff working in different ways from new community locations, hence, no new funding required.

4.4.3 Expansion of the health visiting service

Contribution to the national programme for increasing health visitor numbers in deprived communities as well as continued development of FNP including bids for additional contracts.
Funding: investment will need to be supported by additional income.

4.4.4 Paediatrics

Smooth transitions for children and young people between services across the organization and ensuring that wherever practicable services are provided from a community setting. Therefore a potential expansion of community children's nursing may be required.
Funding: investment will need to be supported by additional income.

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4.4.5 Other Service areas:-

- Further increases projected in response to commissioning intentions.
- CAMHS supporting additional beds
- Paediatric OT & Physiotherapy
- Islington Speech therapy
- Audiology
- Parent Infant Psychology service

NB. All require funding support from Commissioners before proceeding.

4.5 Alternative ways of working includes:-

4.5.1 Pathology:

It is anticipated that for histopathology and cytology medical staff, rotation is expected between the Whittington and the new centralised laboratory for some laboratory staff.

4.5.2 Delivering the Cancer Strategy

This project is intended to bring together all the strands of "Improving Outcomes" for Whittington Health and its position in London Cancer and within the local community to deliver best outcomes for patients

4.5.3 Integrated Care and Acute Medicine:

- Trial of Emergency Practitioner underway (should reduce medical and nursing tasks)
- Integration of therapy, social services and district nursing – following examples in Greenwich and current N19 pilot being run by Islington/WH. Core community services will be more integrated in wider virtual or actual teams, wrapped around GP clusters.
- Team / clinical leads will be leading more integrated team and possibly more examples of matrix management.
- Mental health -WH consultants possibly provide acute support /vice versa (building on the new RAID model)
- The predicted increase in older people with dementia will necessitate the type of joint working around patient pathways.

4.5.4 Seven Day Services

Moving Diagnostics and Emergency services to include appropriate clinical cover over 7 days requires additional funding from Commissioners.

4.6 Organisational Development Strategy Commitments

The Board will note the key priorities set out in the Passionate about People strategy, underpin and impact upon the Trust Workforce Plan. HR's contribution in meeting the CIP targets in terms of downsizing the workforce through Organisational change processes will also require effective co-ordination and implementation of other OD initiatives to improve productivity and efficiency including:-

- Succession Planning Strategy

- Leadership and Management – linked to the current and extensive programme of increasing leadership capability, quality improvement.

- Attendance Management – addressing sickness hot spots, return to work interviews to maintain the overall sickness rate of 3% and below.

- Modernising Terms and Conditions

- Performance management – focus on a single and performance rated appraisal scheme which is intended to improve reporting and increase accountability. It is proposed to phase targets over the duration of 18 -24 months to meet the overall Trust target of 90%.

- A renewed focus on recruitment services both in terms of permanent and temporary staffing which is intended to address fill rates and ensure that permanent appointments are made reducing the high costs of agency and bank staff

- Staff turnover – plans to meet the 13% threshold will reduce the pressure on recruitment and retain skills and competencies.

- Mandatory training up year on year.

- London Living Wage – the Board are asked to note that work is progressing to identify bank employees who are paid below the LLW. (No directly appointed employees are paid below the LLW). An options appraisal with financial implications will be presented to the Resources & Planning Committee ahead of the previously agreed timetable to uplift all staff onto a minimum threshold of the LLW by 1 April 2014.

5. Cost Improvement Plans (CIP)

As outlined in section 2 above, the provisional CIP target for 2014/15, as identified in the LTFM, has been calculated at £15m, based upon assumptions around tariff changes, inflation and pay increments. However, given other pressures as outlined above, the gap could increase to c£20m. Similarly, it would be expedient to identify savings initiatives over and above this level to take account of likely slippage and later implementation of some schemes.

5.1 Process

The process of developing the CIP plans for 2014-2016 has involved a number of different workstreams:-

5.1.1 FYE of 2013/14 schemes – a number of schemes in 2013/14 were delayed, impacting on 2013/14 out-turn, as previously reported, but having a carry-over impact in 2014/15.

5.1.2 In planning 2013/14, a number of schemes were identified that would only commence in 2014/15 – these have been reviewed and validated as still deliverable

5.1.3 Similarly, some schemes identified for 2013/14 were not progressed due to circumstances at the time. A number of these proposals will be reconsidered in light of increasingly challenging financial climate and changing dynamics within the Trust.

5.1.4 Action on a number of CIPs has already commenced to ensure the full year benefit will be achieved in 2014/15.

5.1.5 The Service Development Plans have primarily been focused on service quality improvements, and in the short term, are a net cost to the Trust. However, some CIP savings have been identified which deliver in years 2015/16 and onwards

5.1.6 The work commissioned from Ernst and Young in Summer 2013 identified a number of opportunities, based on a desk-top benchmarking exercise, where WH seemed to be significantly adrift from a comparative set of Trusts. These areas are further being investigated by operational teams.

5.1.7 Further CIP opportunities have been identified through the "2013/14 Recovery Plan" work, but in some cases have not been deliverable within the current year. These will be added to the forward plans.

5.1.8 It is recognised that much of the "low hanging fruit" has already been taken, and efficiency and productivity gains are becoming increasingly difficult to identify. Therefore, a more strategic assessment of models of delivery and fundamental service reviews are being considered. This has identified a number of areas, which potentially carry significant risk and disruption to the current organisation, but which could generate a substantial shift in the cost, and income, base.

5.1.9 Further benchmarking data is being analysed, including Reference Costs and other nationally available comparators (eg Better care, Better value indicators), and the development of Service Line Reporting should start to identify additional areas where either our costs are too high or margins and contribution not at the required level. This may well highlight areas where alternative options for future delivery need to be worked up.

5.1.10 A balancing percentage budget reduction will then be levied on all divisions in order to get to the desired level of savings

5.1.11 The list of outline scheme proposals has been discussed and debated at CIP Steering Group(previously CIP Board) and the Trust Operations Board, and agreed to be worked up into Project Briefs for initial agreement at CIP Steering Group(CIPSG) in January.

5.2 CIP Timetable

Activity	**By when**
Longlist of CIP schemes agreed by CIPSG and TOB	16/12/13
Summary position presented to Exec Committee	17/12/13
Summary position presented to R & P Committee	13/01/14
Discussion of CIP programme at Trust Board Seminar 15/1/14	15/01/14
Project Briefs developed and agreed at CIPSG	w/c 20/01/14
Draft CIP programme incorporated into overall Financial Plan	31/01/14
Full PIDs developed for key CIP schemes	28/02/14

5.3 Summary position

The summary position for CIP plans for 2014-16 is outlined in the table below:-

CIP Programme	2014/15 £000	2015/16 £000
CIP Target	**15,000**	**15,000**
New CIP scheme proposals	5,600	7,730
Balancing budget reduction @ 2%	5,411	5,303
Total CIP Plan reduction	**11,011**	**13,033**
Variance	**3,989**	**1,967**

5.4 New CIP proposals

The new CIP scheme proposals fall into three different categories:-

5.4.1 **Transformation –** these schemes relate to frontline service improvements, often requiring a fundamental review of patient pathways, and the ways in which services are provided. They clearly need to balance off Cost, Quality and Access in any proposals, and a number of these proposals dovetail into the Improvement Plan

5.4.2 **Productivity/Efficiency –** the majority of these schemes relate to Corporate or Support services, identifying where and how we can provide these services more efficiently

5.4.3 **Enabling schemes –** these are areas which may not deliver any savings in their own right, but enable savings in other areas (eg. Service Line Reporting, Bank & Agency usage)

For the detailed schedule of draft CIP proposals, see Appendix 3.

5.5 CIP Governance

It is imperative that a rigorous governance framework is established around the development and delivery of the CIP programme, to not only ensure delivery of the financial savings, but also to manage any risk associated with the individual schemes and ensure that quality is not compromised in any way.

5.5.1 Standardised documentation - a suite of standardised templates have been created to ensure effective project management and delivery of CIP schemes. These have been tailored to recognise both major

programmes of work, having cross organizational impact, and more specific service related projects.

5.5.2 Quality Management – each CIP planning template requires an assessment of any impact the proposed scheme may have on service quality. Similarly, at each approval stage, the responsible group/committee will include clinical representation, whose role is to scrutinise schemes for any quality implications. In addition, all CIP schemes that are deemed to potentially have quality implications, will be reviewed by the Clinical Advisory Panel (CAP), chaired jointly by the Medical Director and the Director of Nursing. Those schemes considered to represent a significant risk to quality will be rejected, or required to address the quality issues.

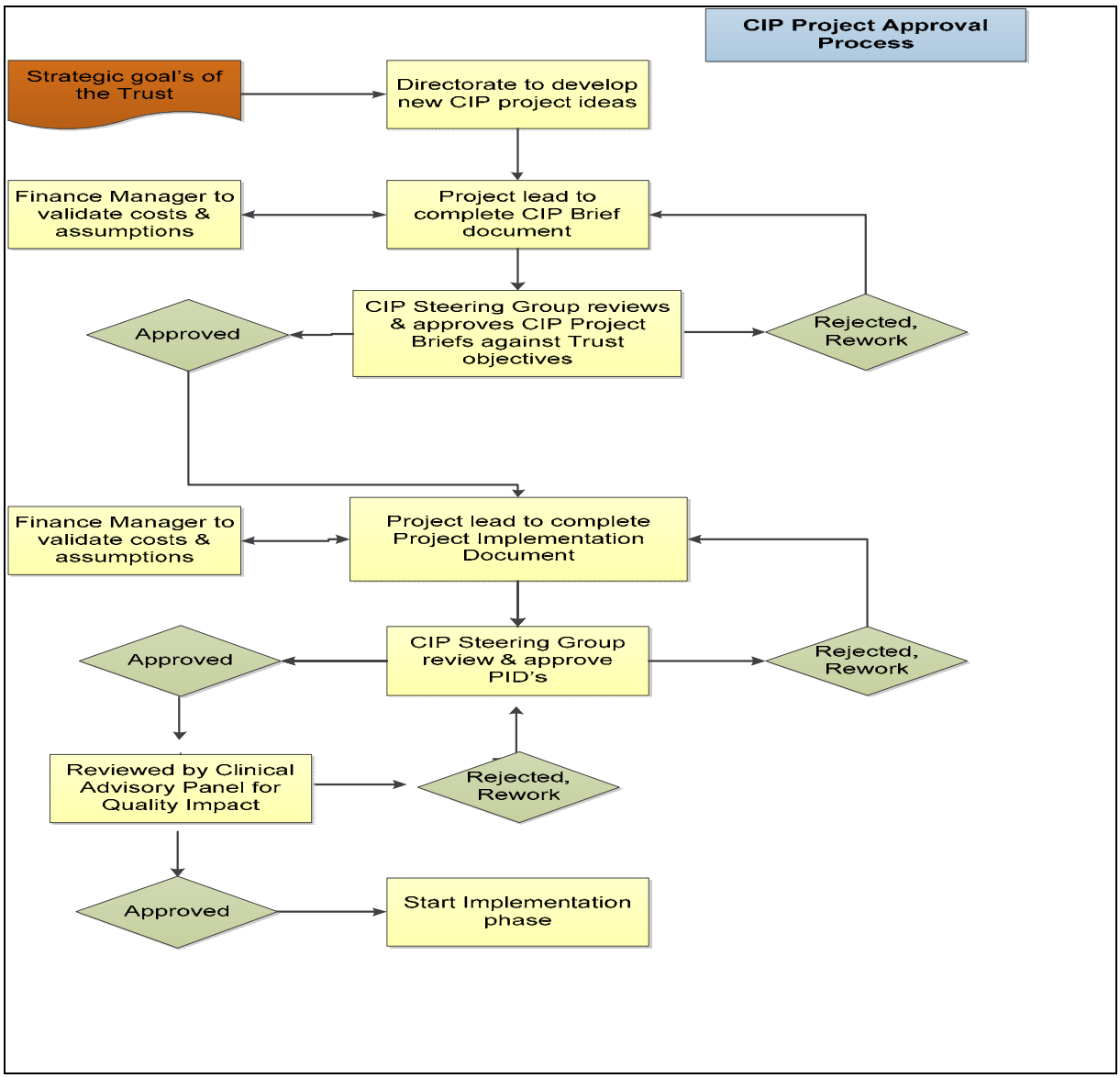
5.5.3 Risk management – an overall risk register will be compiled for the CIP programme and reviewed by the CIPSG on a periodic basis. In addition, each CIP planning template requires an assessment of the risks associated with project. These may be risks to performance or service delivery, or they may be risks to the implementation of the project.

5.5.4 Reporting / performance management – a Highlight Report will be produced for each of the major CIP schemes and reviewed by the CIPSG on a monthly basis. Any departure from the agreed milestone plan will require an exception report, with remedial action needing to be agreed. Performance against CIP savings targets and the delivery plan will be reported to the Resources Committee on a regular basis.

5.5.5 Co-ordination of CIP programme – the Programme Management Office (PMO) will co-ordinate the development, management and reporting of the CIP programme, working closely with colleagues in Finance and Operations. The PMO will clerk the CIPSG meetings, and ensure documentation for each of the projects and meetings is completed. In addition, the PMO will maintain an oversight of the overall programme.

5.5.6 Accountability – whilst the PMO and Finance will support and co-ordinate the CIP programme, accountability for delivery of the outcomes and savings rests with the lead Director for each scheme. Each scheme will have been agreed and signed off by an Executive Director, who is ultimately responsible for it's delivery.

5.5.7 Planning & Approval process - Divisional management teams initially agree outline CIP proposals, via a CIP Project Brief. Where appropriate the Trust Operations Board (TOB) will also consider those schemes with potentially wider impact, before all schemes are submitted to the CIP Steering Group (previously CIP Board). The CIPSG will assess the viability, deliverability, risk and implications for quality, for each of the schemes. Those schemes that are approved will be worked up into a full Project Initiation Document (PID), to include a detailed implementation plan, which will again be approved via the CIPSG. The CIPSG includes a number of Executive Directors, and will meet fortnightly over the next 3 months in order to manage an intensive process to deliver the overall CIP programme. This process is illustrated in the flowchart below.



6. Capital & Investment Plan

6.1 Introduction

This section summarises the current iteration of the five-year capital investment plan. The plan has been developed in consultation with the operations directorate to ensure that the schemes identified for the coming financial year are congruent with their thinking regarding service delivery.

The plan focuses upon the investment needs of the estate, the need to replace life expired medical equipment, and the need to replace legacy IT infrastructure. In addition, where the trust has been able to identify the need to invest in new services or equipment, these have been included under business case investment. The plan is ready for approval, and has been reviewed informally by TOB and formally by the Estates Strategy Delivery Board, but is subject to further development as business case investment needs are identified and requests for capital investment are made.

The trust has an identified premises backlog estimated to be approximately £20 million, and we are investing approximately £4 million per annum (c40% of our Capital Resource Limit) in addressing this backlog. The recent acquisition of community premises has increased the are freehold floor space by approximately 50%, but only increased are CRL by approximately 7%.

In general, Medical Device replacement is keeping pace with expiry of legacy equipment and the same can be said of IT systems and equipment.

6.2 Process

6.2.1 With reference to the Capital Investment Programme at Appendix 4:-

- Tabs two, three and four summarise schemes identified through examination of the estate six-facet survey, and the medical device asset register. Plant and backlog schemes are focused upon those areas of the trust where the residual life of any particular building element is at or beyond life expiry. Likewise medical and laboratory equipment have been identified on the asset register as being within 12 months of life expiration.

- Tab 5 summarises schemes that have been identified by the Service Development Plan review process. Where a scheme has a financial allocation identified within any particular year, a business case has been approved for the expenditure by the Executive Committee. Where this is not the case then the need has been identified through the SDP process, but no business case has been submitted.

6.2.2 The five-year investment plan undergoes a process of continual review and updating as schemes are undertaken and investment completed. Upon completion of each scheme, the six-facet survey and asset registers are reviewed and updated to reflect the investment made. Approximately every five years the six facet survey is "baselined" to ensure that the annual amendments have been properly recorded and assessed. Within the six-facet survey adjustment is made to identify critical backlog items. These items are separately identified and are prioritised in year to ensure that they are addressed without undue delay.

6.2.3 To create "headroom" in the plan to allow for business case investment the backlog program has been further adjusted. Investment relating to legal statutory compliance in premises has been maintained within each investment year over the next five years. However, the historical allocation to each of the backlog elements in each of the individual plans has been reduced by approximately 10% in each of the five years. Estate KPI's are used to guide this process to ensure that trust backlog does not rise against the average backlog reported by the NHS for similar London trusts. This 10% reduction creates approximately £500,000 "surplus". The exception to this is investment in medical devices where the sums identified are based upon anticipated replacement costs.

6.2.4 To increase this surplus further decisions are made to reduce backlog investment in alternate years for Premises and Information Technology investment. In the next financial year full investment will take place across all categories, but then in alternating years from 2015 onwards, first premises investment, and then IT investment is reduced. Managers responsible for programme delivery will know in advance that in any particular year they will need to manage investment across a 24 month period rather than the 12 month period currently.
If business case investment needs are not forthcoming or identified, the surplus generated for investment can be fed back into backlog reduction.

6.3 Summary plan

Sources	2014-15	2015-16	2016/17	2017-18	2018-19
Available CRL (Estimated by year)	9,067,656	9,239,328	9,417,390	9,191,762	9,428,617
CRL (Estimate based upon community properties)	732,052	708,742	704,005	703,535	703,535
Totals	9,799,708	9,948,070	10,121,395	9,895,297	10,132,152
Applications	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2017-18**
Main Programme					
Premises, Health and Safety, Backlog and DDA	3,845,678	4,685,000	4,790,000	4,305,000	5,240,000
Medical Equipment	1,756,817	1,691,000	1,064,400	1,055,000	693,000
IT	550,000	640,000	-	730,000	-
Project Management Costs	500,000	500,000	500,000	500,000	500,000
WFL lifecycle costs	324,303	473,041	717,449	917,914	981,844
Asteral life cycle costs	1,597,857	553,364	1,947,858	1,655,493	2,104,790
Cumulative Total (Backlog)	8,574,655	8,542,405	9,019,707	9,163,407	9,519,634
Over / under commitment	1,225,053	1,405,665	1,101,688	731,890	612,518
Business Case Investment	1,060,000	-	-	-	-

6.4 Commentary

The summary plan presented in section 6.3 above identifies the key elements of the capital plan going forward for five years.

6.4.1 Total Capital Resource Limit(CRL) - this is the total amount of capital available to invest in all backlog, equipment, plant replacement and business case investment schemes.

6.4.2 Premises, health and safety, backlog and DDA - this is the total sum to be invested in schemes relating to premises management and occupation. The sums have been identified by analysis of the six facet survey, and use of estate key performance indicators submitted as part of the Estates Returns Information Collection (ERIC) process. Investment is needed to ensure that the trust maintains legal statutory compliance in its role as an employer, and the provider of an undertaking. It is also needed to ensure that it manages premises backlog to eliminate high-risk elements and reduce life expired and near life expired elements to a lower level.

6.4.3 Medical equipment - this is the total sum to be invested in equipment replacement as identified on the medical physics equipment register. Replacement is based upon the anticipated life of a device projected forward from its original purchase date. Investment is necessary to ensure that devices are replaced before they become a liability, which could have an adverse impact upon patient safety or service delivery.

6.4.4 IT (Information Technology) - this is the total sum to be invested in infrastructure renewals including replacement hardware, switches, and cabling. Investment is necessary to ensure that IT services continue to operate optimally. Failure to invest could have an inverse impact upon services if there are infrastructure failures.

6.4.5 Project management costs - this is a sum identified to ensure that staff costs associated with delivery of capital projects are capitalised and do not become a cost pressure on revenue budgets.

6.4.6 WFL life-cycle costs - this is the sum identified by our PFI partner as being the in-year investment they will be making on our behalf on infrastructure renewal within the buildings under their control. This is an accounting treatment of sums that previously used to be off-balance-sheet and must be included in the capital plan.

6.4.7 Astral life-cycle costs - this is the sum identified by our Managed Equipment Service provider as being the in-year investment they will be making on our behalf on equipment replacement on imaging equipment contained within the managed equipment service

6.5 Risks to the Capital & Investment Plan

The trust has managed the capital plan by adopting a broad category approach to investment. As an example if the amount needed for roof repairs exceeds the allocation in any particular year, a judgement call will be made upon the need to invest in other categories and adjustments made, or investment years would be pushed together so that in effect the allocation on one-year could be added to the allocation for the following year in effect doubling the amount of investment.
Likewise if there is unexpected plant or equipment failure this would be managed in the same way.
Although the identified backlog is relatively low in community freehold properties, there is a need to invest to improve patient and staff experience. The increase in the CRL created by the addition of Freehold properties is insufficient to make significant short term investment.
Although not yet identified, it is inevitable that there will be requests for capital to invest in improvements identified through the service development review process. These investments although outlined in the main plan have not been fully formed, and therefore there is no assessment of the financial impact. If no case is made then the sums identified through developing the plan outlined above can be released back into elimination of backlog. If however schemes are identified that exceeds the capital available for investment further decisions will need to be made about reducing investment in backlog.

7. Planning Process & Governance

As indicated in the introduction to this paper, WH's annual planning process needs to dovetail into the requirements outlined in the TDA's Operational Planning guidance, which the Trust received on 23 December 2013.

This stipulates a timetable for submission of the respective plans under five key dates, as follows:-

1) 13 January 2014: First draft submission of Operating Plan

2) 5 March 2014: Draft Full two-year plan submission

3) 4 April 2014: Final two year plan submission

4) 20 June 2014: Providers submit five year Board-signed off and commissioner-aligned IBP and LTFM

5) 30 September 2014: Development support plans submission

7.1 Process

A detailed timetable has been developed identifying key activities, dates and responsibilities to ensure the key requirements of the Trust's annual planning process, aswell as the TDA's guidance are met.

WH submitted a very early draft on 13 January 2014, comprising a number of financial templates, workforce data and planning checklists. The TDA have committed to providing feedback on the early draft by 31 January 2014.

The next key stage in the process is the submission of the Draft Full two-year Plan, requiring the following:-

- Two year Plan summary (see Appendix 5) – this should provide a six-page narrative to support the data provided in the templates

- Financial Plans – detailed templates covering: Financial Budget setting, Contracting/Income, Workforce Plans, CIP/Savings Plans, Capital & Investment Plans

- Planning Checklists – the checklists cover Quality (covering CQC's 5 themes: Safe, Caring, Responsive, Well-led & Effective), Innovation, QIPP, Sustainability and the Planning Process

7.2 Governance

The Chief Financial Officer is the Executive Lead for this programme of work, supported by the PMO.

A Programme Board (see Appendix 6) has been established, and will meet fortnightly, to oversee the delivery of the programme of work.

The involvement (information, discussion, approval) of the Executive Team, the Resources & Planning Committee and the Trust Board (and Trust Board Seminar), has been built into the planning timetable at key stages.

The Plans will also require involvement of, and alignment with Commissioning Plans and intentions, and again, the timetable has factored in engagement with our Commissioners at the appropriate stages.

Conclusion

This paper has sought to update the Trust Board on progress against the Operational Planning process, which not only seeks to deliver the Trust's key Annual Financial and Workforce Plans for the next two years, but also meet with the requirements of the TDA's Operational Planning guidelines.

We are in an ongoing process, and focus to date has been upon the delivery of the Annual Plans for the next two years. Increasingly, this will need to extend into planning for the subsequent three years, and align the resource plans with the strategic intentions within the Integrated Business Plan (IBP) and the Long Term Financial Model (LTFM).

List of Appendices:-

Appendix 1a: Budget setting summary (separate attachment)

Appendix 1b: Bridge to 2014/15 Draft Financial Budget position

Appendix 2: New Business bid pipeline

Appendix 3: CIP Programme (separate attachment)

Appendix 4: Capital & Investment Plan (separate attachment)

Appendix 5: Two Year Plan summary

Appendix 6: Operational Planning Programme Governance

Appendix 1b – "Bridge" to 2014/15 Draft Financial Budget position

	£'000
Trust Position Based on Months 1-6 * 2	**-272**

Ambulatory Care Income	1,000
Additional income through increased activity	2,000
Winter Pressure Funding	2,800
Winter Pressure Costs	-1,700
Nursing paper cost pressure	-500
14/15 effect of 13/14 CIP schemes	1,275
14/15 effect of 13/14 Run Rate Reduction schemes	690
Remove non-recurrent I&E movements - Acute	-7,800
Remove non-recurrent I&E movements - Community	-4,061
Pentonville Healthcare De-commissioned - Income	-6,530
Pentonville Healthcare De-commissioned- Costs	5,793
Financing Adjustments	-3,026
Tariff Deflator	-3,785
Pay Inflation	-2,020
Non Pay Inflation	-1,763
Incremental Drift	-1,000
Pay Reserve Contingency	-1,000
Non Pay Reserve Contingency	-400
2014/15 Draft Budget Position	**-20,299**

Appendix 2 - New Business bid pipeline

				Commissioner			Financials	
Description	Pipeline Stage (1-5)	New or Existing contract	Delivery risk assessment	Organisation	Bid Partner (if approp)	Service start date	Annual value (£'000)	Exec Lead
Community Urology	5. Mobilising	New	Low	E&H CCGs	n/a	01/10/2013	£216	Lee Martin
TB Services	5. Mobilising	New	Medium	NCL CCGs	n/a	01/04/2014	TBC	Carol Gillen
Camden Spec. Childrens Services	5. Mobilising	Existing	Low	Camden CCG	n/a	01/04/2014	£2,000	
Family Nurse Partnership	5. Mobilising	New	Low	C&H CCG	n/a	01/04/2014	£350	
Endoscopy	5. Mobilising	New	Low		n/a	01/04/2014	TBC	
Bowel Cancer Screening Service	5. Mobilising	New		UCL Hospitals	n/a	01/04/2014	TBC	
North Central London Direct Access Diagnostics	3. Tender	New	Low	NHS North and East London CSU	Royal Free	01/04/2014	£500	Mary Jamal
Fit 4 Life Specialist Adult Weight Management	3. Tender	New	Low	London Borough of Tower Hamlets	n/a	01/04/2014	£190	Carol Gillen
Community Outreach based Health Checks	3. Tender	New	Low	London Borough of Islington	Aqua Terra	01/04/2014	£93	Carol Gillen
AQP for MRI Scans for City & Hackney	3. Tender	New	Low	London Borough of City and Hackney	n/a	01/04/2014	£50	Carol Gillen
Out of Hours Urgent Dental Service	3. Tender	New	Low	NHS England	n/a	01/04/2014	£600	Fiona Isacsson
Sensible Drinking Awareness Advice	1. Opportunity	New	Low	LB Islington	n/a	01/04/2014	£40	Carol Gillen
Barnet IAPT	0. Speculative	New	Medium	Barnet CCG	n/a	01/04/2014		Carol Gillen
COPD self-management programme	2. PQQ	New	Low	London Borough of Islington	UCLH and British Lung Foundation	01/09/2014	£380	Carol Gillen
IVF	0. Speculative	New	Low	Haringey and Islington	n/a	01/09/2014	£500	Fiona Isacsson
Ealing GP Direct Access Pathology Service	2. PQQ	New	Medium	Ealing CCG	n/a	01/11/2014	£7,000	Fiona Isacsson
Hanley Road Medical Practice	1. Opportunity	Existing	Low	NHS England	n/a	01/04/2015	£744	Carol Gillen
APMS other	1. Opportunity	New	Medium	NHS England	n/a	01/04/2015	TBC	Carol Gillen
Enfield Community Services	1. Opportunity	New	Medium	Enfield CCG	n/a	01/04/2015	£30,000	Carol Gillen
Camden HIV/GUM Service	0. Speculative	New		NHS England/LB Camden	n/a	01/04/2015	£6,000	Sam Paige
Barnet Community Services	0. Speculative	New	Medium	Barnet CCG	n/a	01/04/2015	£30,000	Carol Gillen
Sexual Health Service	1. Opportunity	New		LB Haringey	n/a	TBC	£50	Claire O'Connor
Comm. Dental Services (Har, Enf, C&I)	0. Speculative	Existing	Low	NHS England	n/a	TBC	£4,800	Carol Gillen
Islington Community Gynae	0. Speculative	New	Low	Camden CCG	Margaret Pyke	TBC	NK	
MSK	0. Speculative	New	Medium	Tower Hamlets CCG	n/a	TBC	£500	Carol Gillen

Appendix 5: Two Year Plan Summary

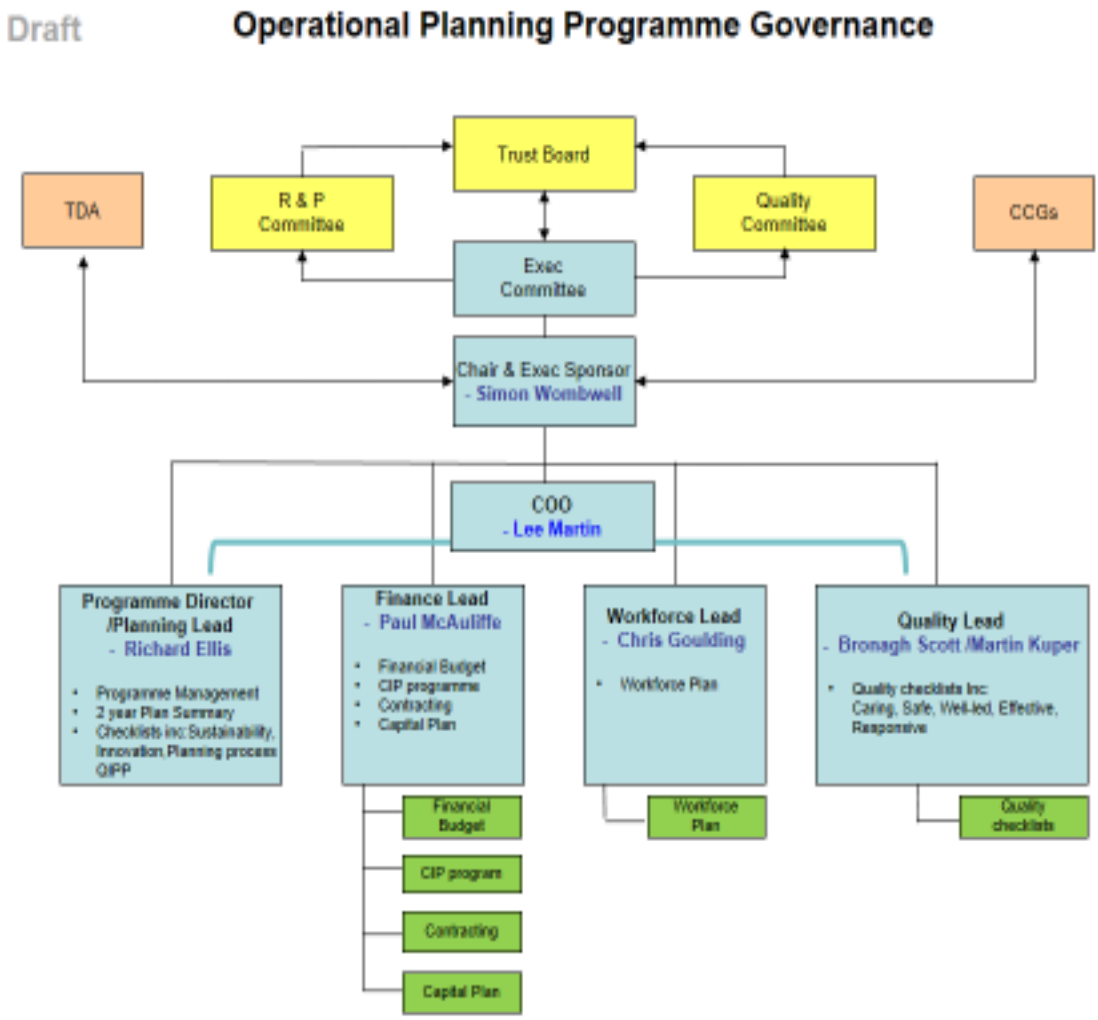
Summary of Two Year Plan 2014/15 to 2015/16

NHS Trust……

Section		Owner
Strategic context and direction To include: Context of plan delivery in 2013/14 and narrative on the two years ahead in 2014/15 and 2015/16 including impact of strategic commissioning intentions and service changes	• Out-turn for 2013/14 and implications for 2014/15 and 2015/16 • Commissioning intentions – value-based commissioning, key priorities, shift to community/self-serve/public health, provider strategy, tariff intentions (Block/PBR) • Market assessment – ageing popn, rising birth rates, higher costs of treatment, increasing LTC, rising A&E attendances, increased competition, increasing customer expectations, reduced funding • Service changes/developments • Clinical Strategy o Vision o Strategic Goals o Priority actions	MC SC SB LM MK/GB

Approach taken to improve quality and safety Including the approach to quality improvement, the methodology used and the key improvements to be delivered over the next two years across the five CQC domains of quality: safe, caring, effective, responsive and well-led. Consistent with information contained within the Trust's published Quality Account	• Quality improvements in 2013/14 • Priorities for 2014-16 o Safe o Caring o Effective o Responsive o Well-led • Methodology • Governance	BS/MK
Service capacity and developments If a deficit is predicted in any year of the plan, identify additional and feasible mitigations that the Board would realistically enact, assuming no transitional, transformational support from commissioners is available, and for each mitigation identify and quantify the service impact	• Improvement Plan • Estates Plan • Business Development Plan	LM/SB PI SC
Delivery of operational performance standards Including contractual and national targets and standards	• Performance pack	SB
Workforce plans Including proposed changes, quality impact, staff engagement and support	• Narrative to support workforce planning template	CG
Financial and investment strategy To include: Two year financial plans, financial sustainability, cost improvement programme, QIPP, capital and key risks and risk mitigation.	• Narrative to support financial planning templates	PMc

Appendix 6: Operational Planning Programme Governance



Whittington Health
Budget Setting Summary - 2014/15

Subjective description	2013/14 Budget	2013/14 Forecast Outturn	2013/14 Variance	2013/14 FYE of I&E run-rate reduction schemes	2013/14 Non-Recurrent Other I&E	FYE 2013/14 Recurrent CIP	2014/15 FY Baseline	Nursing Paper	2014/15 Service Develops	2014/15 NHS Contract Adjusts	2014/15 Other Adjusts	2014/15 Budget Before Infation	2014/15 Inflation	2014/15 Final Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Income														
Nhs Clinical Income	(243,777)	(247,460)	3,683	(138)	8,678	92	(238,828)	-	(2,800)	(3,000)	-	(244,628)	3,669	(240,958)
Other Income For Pat Care	(8,177)	(7,794)	(383)	-	137	51	(7,606)	-	-	-	-	(7,606)	114	(7,492)
Sub-Total Clinical Income	(251,954)	(255,254)	3,300	(138)	8,815	144	(246,434)	-	(2,800)	(3,000)	-	(252,234)	3,784	(248,450)
Non Clinical Income														
Other Non-Patient-Devolved	(11,556)	(11,252)	(304)	(107)	632	93	(10,634)	-	-	-	-	(10,634)	-	(10,634)
Other Non-Patient Non-Dev	(17,768)	(20,576)	2,807	-	2,454	-	(18,121)	-	-	-	-	(18,121)	-	(18,121)
Sub-Total Non Clinical Income	(29,324)	(31,828)	2,503	(107)	3,086	93	(28,756)	-	-	-	-	(28,756)	-	(28,756)
Total Income	(281,278)	(287,082)	5,803	(245)	11,901	237	(275,190)	-	(2,800)	(3,000)	-	(280,990)	3,784	(277,206)
Pay Costs														
A/C	25,354	29,735	(4,381)	(156)	488	(17)	30,050	-	-	-	-	30,050	300	30,350
Chairman & Non-Executives	74	64	10	-	-	-	64	-	-	-	-	64	1	65
Executive Board & Sen Mgmt	8,868	8,135	733	-	(96)	-	8,040	-	-	-	-	8,040	80	8,120
Medical	38,979	40,909	(1,930)	-	(621)	-	40,288	167	-	-	-	40,455	405	40,859
Nurses & Midwives	72,285	75,989	(3,704)	(78)	(1,025)	(719)	74,167	333	-	-	-	74,500	745	75,245
Pay Reserve	(4,187)	(2,442)	(1,745)	-	2,442	101	101	-	1,700	-	2,000	3,801	1	3,802
Scientific, Ther & Tech	40,754	39,690	1,064	-	(704)	(242)	38,744	-	-	-	-	38,744	387	39,132
Other Support Workers	10,135	10,349	(215)	-	201	-	10,551	-	-	-	-	10,551	106	10,656
Sub-Total Pay Costs	192,262	202,430	(10,168)	(234)	685	(877)	202,005	500	1,700	-	2,000	206,205	2,025	208,230
Non Pay Costs														
Establishment	3,165	3,581	(416)	(136)	108	(339)	3,213	-	-	-	-	3,213	80	3,294
Ext Cont Staffing & Cons	3,220	4,077	(857)	-	(438)	-	3,639	-	-	-	-	3,639	91	3,730
Healthcare From Non Nhs	500	523	(23)	-	-	-	523	-	-	-	-	523	13	536
Miscellaneous	9,341	8,224	1,117	-	1,148	-	9,372	-	-	-	-	9,372	234	9,606
Non-Pay Reserve	4,378	-	4,378	-	-	(10)	(10)	-	-	-	400	390	-	390
Premises & Fixed Plant	16,660	16,909	(249)	-	803	(218)	17,494	-	-	-	-	17,494	437	17,931
Supplies & Servs - Clin	31,357	33,756	(2,399)	(75)	(1,719)	-	31,962	-	-	-	-	31,962	799	32,761
Supplies & Servs - Gen	4,164	3,907	257	-	244	(68)	4,084	-	-	-	-	4,084	102	4,186
Sub-Total Non Pay Costs	72,785	70,977	1,807	(211)	146	(635)	70,277	-	-	-	400	70,677	1,757	72,435
Total Expenditure	265,047	273,408	(8,361)	(445)	831	(1,512)	272,282	500	1,700	-	2,400	276,882	3,782	280,664
EBITDA	**(16,232)**	**(13,674)**	**(2,558)**	**(690)**	**12,732**	**(1,275)**	**(2,907)**	**500**	**(1,100)**	**(3,000)**	**2,400**	**(4,107)**	**7,566**	**3,458**
EBITDA margin %	5.8%	4.8%	-44.1%	281.6%	107.0%	-538.8%	1.1%	0.0%	39.3%	100.0%	0.0%	1.5%	200.0%	-1.2%
Central Costs														
Depreciation	10,899	8,612	2,287	-	1,112	-	9,724	-	-	-	-	9,724	-	9,724
Interest Payable	2,808	2,775	33	-	45	-	2,820	-	-	-	-	2,820	-	2,820
Interest Receivable	(71)	(37)	(34)	-	7	-	(30)	-	-	-	-	(30)	-	(30)
PDC Dividend	2,596	2,596	-	-	1,730	-	4,326	-	-	-	-	4,326	-	4,326
Sub-Total Central Costs	16,232	13,946	2,285	-	2,894	-	16,841	-	-	-	-	16,841	-	16,841
Net Surplus/ (Deficit)	0	(272)	272	690	(15,626)	1,275	(13,933)	(500)	1,100	3,000	(2,400)	(12,733)	(7,566)	(20,299)

Draft														
	CIP Plan 2014/18	**Version: 24-01-2014 v2**												
Ref number	**CIP Scheme**	**Director**	**Service Lead**	**Support resources**	**Project Brief completed**	**PID completed**	**Savings 2014/15**	**Savings 15/16**	**Savings 16/17**	**Savings 17/18**	**Savings 18/19**	**Total Savings**	**Implement'n Start**	**Implement'n Finish**
	Transformation													
	Emergency Care pathway	Lee Martin	Paula Mattin				500	500	500	500	500	2500		
	Ambulatory Care pathway	Lee Martin	Carol Gillen				tbc	tbc	tbc	tbc	tbc	tbc		
	Planned Care pathway	Lee Martin	Fiona Isaacsson				tbc	tbc	tbc	tbc	tbc	tbc		
	Outpatients pathway	Lee Martin	Fiona Isaacsson				700	tbc	tbc	tbc	tbc	700		
	Radiology	Lee Martin	Fiona Isaacsson				500	tbc	tbc	tbc	tbc	500		
	Theatre productivity	Lee Martin	Fiona Isaacsson				600	tbc	tbc	tbc	tbc	600		
	Consultant job planning	Lee Martin	Divisional Directors				tbc	tbc	tbc	tbc	tbc	tbc		
	Intermediate Care Pathway	Lee Martin	Carol Gillen				tbc	tbc	tbc	tbc	tbc			
	Productivity / Efficiency													
	Community Servers - in-source data centre	Simon Wombwell	Glenn Winteringham				50	50	tbc	tbc	tbc	100		
	Rationalisation of mobile IT	Simon Wombwell	Glenn Winteringham				50	tbc	tbc	tbc	tbc	50		
	Audiology - hearing aid procurement	Lee Martin	Sam Page				0	80	tbc	tbc	tbc	80		
	Generator use	Simon Wombwell	Phil Ient				50	tbc	tbc	tbc	tbc	50		
	Pharmacy - Medicine Procurement	Lee Martin	Carol Gillen				500	tbc	tbc	tbc	tbc	500		
	Procurement Shared Service + process efficiencies	Simon Wombwell	Alan Farnsworth				1000	1000	1000	1000	1000	5000		
	Staff & Patient catering market testing	Simon Wombwell	Phil Ient				300	400	300	tbc	tbc	1000		
	Medical Physics market testing	Simon Wombwell	Phil Ient				0	100	tbc	tbc	tbc	100		
	Other outsourcing opportunities	Simon Wombwell	Alan Farnsworth				0	500	1000	tbc	tbc	1500		
	Review of T&Cs	Jo Ridgway	Chris Goulding				250	750	tbc	tbc	tbc	1000		
	Reduce impact of inflationary pressures	Simon Wombwell					tbc	tbc	tbc	tbc	tbc	0		
	Non-clinical Admin review	Simon Wombwell	Richard Ellis				500	tbc	tbc	tbc	tbc	500		
	Estates / Facilities strategy	Simon Wombwell	Phil Ient				150	tbc	tbc	tbc	tbc	150		
	IT	Simon Wombwell	Glenn Winteringham				250	250	250	250	250	1250		
	New income / contracts	Simon Wombwell	Simon Currie				200	200	200	200	200	1000		
	HCAs - harmonisation of London weighting	Jo Ridgway	Chris Goulding				0	3900	tbc	tbc	tbc	3900		
	Community Services integration (Hub and Spoke)	Lee Martin	Carol Gillen				0	tbc	tbc	tbc	tbc	0		
	Lead provider status (Dermotology, Ortho)	Lee Martin	Fiona Isaacsson				tbc	tbc	tbc	tbc	tbc	0		
	Mental Health Raid implementation	Lee Martin	Carol Gillen				tbc	tbc	tbc	tbc	tbc	0		
	Scheme Subtotal						**5600**	**7730**	**3250**	**1950**	**1950**	**20480**		

	Initial Draft Divisional Targets @ 2%													
	ICAM 2%	Lee Martin	Carol Gillen				1,768	1733	1698	1664	1631	8493		
	SCD 2%	Lee Martin	Fiona Isaacsson				1179	1155	1132	1110	1087	5664		
	WCF 2%	Lee Martin	Sam Page				1298	1272	1247	1222	1197	6236		
	Finance 2%	Simon Wombwell	Paul MacAuliffe				88	86	85	83	81	423		
	IT 2%	Simon Wombwell	Glenn Winteringham				136	133	131	128	125	653		
	HR 2%	Jo Ridgway	Chris Goulding				74	73	71	70	68	355		
	Estates & Facilities 2%	Simon Wombwell	Phil Ient				587	575	564	552	541	2820		
	Nurse Director 2%	Bronagh Scott	Alison Kett				78	76	75	73	72	375		
	Procurement 2%	Simon Wombwell	Alan Farnsworth				89	87	85	84	82	428		
	Planning and Programmes 2%	Simon Wombwell					41	40	39	39	38	197		
	Medical Director 2%	Martin Kuper					33	32	32	31	30	159		
	COO	Lee Martin					40	39	38	38	37	192		
	2% Subtotal						**5,411**	**5303**	**5197**	**5093**	**4991**	**25994**		
	Enabling schemes/Dependencies													
	Bank & Agency usage reduction	Bronagh Scott					0	0	0	0	0	0		
	Service Reviews - re SLR	Simon Wombwell					0	0	0	0	0	0		
	Totals						**11011**	**13032.78**	**8446.7244**	**7042.79**	**6940.934**	**46474.23**		

Financial Summary

Sources	2014-15	2015-16	2016/17	2017-18	2018-19
Available CRL (Estimated by year)	**£ 9,067,656**	**£ 9,239,328**	**£ 9,417,390**	**£ 9,191,762**	**£ 9,428,617**
CRL (Estimate based upon community properties)	**£ 732,052**	**£ 708,742**	**£ 704,005**	**£ 703,535**	**£ 703,535**
Totals	**£ 9,799,708**	**£ 9,948,070**	**£ 10,121,395**	**£ 9,895,297**	**£ 10,132,152**

Applications	2014-15	2015-16	2016-17	2017-18	2017-18
Main Programme					
Premises, Health and Safety, Backlog and DDA	£ 3,845,678	£ 4,685,000	£ 4,790,000	£ 4,305,000	£ 5,240,000
Medical Equipment	£ 1,756,817	£ 1,691,000	£ 1,064,400	£ 1,055,000	£ 693,000
IM&T	£ 550,000	£ 640,000	£ -	£ 730,000	£ -
Project Management Costs	£ 500,000	£ 500,000	£ 500,000	£ 500,000	£ 500,000
WFL lifecycle costs	£ 324,303	£ 473,041	£ 717,449	£ 917,914	£ 981,844
Asteral life cycle costs	£ 1,597,857	£ 553,364	£ 1,947,858	£ 1,655,493	£ 2,104,790
Cumulative Total (Backlog)	**£ 8,574,655**	**£ 8,542,405**	**£ 9,019,707**	**£ 9,163,407**	**£ 9,519,634**
Over / under commitment	1,225,053	1,405,665	1,101,688	731,890	612,518
Business Case Investment	£ 1,060,000	£ -	£ -	£ -	£ -

WHITTINGTON HOSPITAL

CAPITAL PROGRAMME

2008-2014

Estate and Premises Backlog and Replacement Programme

	Scheme		Current Year Programme Summary	2014-15	2015-16	2016-17	2017-18	2018-19
	Acute - Legal and Statutory							
R	Fixed wiring backlog		Distribution board replacement	45,000	45,000	45,000	50,000	£ 50,000
L	Water Systems Management		K' block, removal of dead legs, install valves, improve insulation	90,000	40,000	40,000	40,000	£ 40,000
L	H&S miscellaneous arising from risk assessments		Schemes prioritised by the Trust H&S advisor	45,000	45,000	45,000	50,000	£ 50,000
L	RRO 2005 regulations/ fire risk assessments		Replacement of fire doors and improvement to compartmentalisation C, D and E block	45,000	45,000	45,000	50,000	£ 50,000
L	Medical Gas Compliance work			b/f 14/15	45,000	45,000	50,000	£ 50,000
L	Working at Height Compliance			45,000		10,000		£ 10,000
L	Various schemes to help comply with DDA		Remaining DDA issues to be incorporated into main scheme refurbs	20,000		20,000		£ 20,000
R	AHU Replacement programme		Annual programme to replace obsolete AHUs in K and D and E block			400,000	400,000	£ 400,000
L	Laboratory compliance works			45,000		45,000		£ 50,000
L	Asbestos management programme			45,000	10,000	10,000	10,000	£ 10,000
L	Schemes to address significant and high risk adjusted backlog		See six facet survey	362,678				
	Acute - Backlog and Plant Replacement							
R	Roofing		Trust wide roof replacement programme; C block,	72,000		80,000		£ 80,000
R	Back-log + refurbishemnt to WEC					50,000	50,000	£ 50,000
L	Security equipment		Upgrades to intruder alarms and panic alarms, replacement of analogue cameras with digital cameras, replacement door access controllers	45,000	40,000	40,000	40,000	£ 40,000
R	Flooring replacement		Flooring replacement trust wide	45,000		40,000		£ 40,000
R	External roadway repairs and resurfacing		Rolling programme to replace worn and damaged paving and road surfaces	45,000		50,000		£ 50,000
R	Soil and Vent Stack Replacement		K Block - continuance of plan started in 2010/11	20,000	20,000	20,000	20,000	£ 20,000
R	K' rolling refurbishment		Space to be determined by operations	90,000		100,000		£ 100,000
R	Split System Replacement Programme + backlog works		Annual programme to renew/replace air conditioning units	25,000		25,000		£ 25,000
R	Wayfinding			10,000		10,000		£ 10,000
R	Pest proofing			20,000		20,000		£ 20,000
R	Nurse Call ward by ward replacement		Rolling replacement of Nurse call system;	20,000		20,000		£ 20,000
R	Lift replacement programme		Programme of lift replacement, K, D and E block				400,000	£ 300,000
R	ED refurbishment		Rolling refurbishment ED.	45,000		50,000		£ 50,000

WHITTINGTON HOSPITAL

CAPITAL PROGRAMME

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	Scheme	Current Year Programme Summary	2014-15	2015-16	2016-17	2017-18	2018-19
R	Theatres	Temporary theatre for cyclical refurbishment [see Theatre improvements project under business case and strategy]					
R	Generator Replacement	Final replacement 3 of 3		250,000			
R	Maternity backlog and condition		2,000,000	2,000,000	2,000,000	2,000,000	£ 2,000,000
R	On site residences	Rolling refurbishment to flats (5 year cycle)	90,000		100,000		£ 100,000
R	External façade; K Block and C, D, and E block				1,000,000	1,000,000	£ 1,000,000
R	Endoscopy unit replacement	£95k b/f from approved business case; £2m expansion of unit and replacment of obsolete washers		2,000,000			
R	CBRN equipment replacement		b/f 2013/14				
	Community						
	Acute - Legal and Statutory						
	Fixed wiring backlog		45,000	50,000	50,000	50,000	
	Water Systems Management		45,000	50,000	50,000	50,000	
	H&S miscellaneous arising from risk assessments		45,000				
	RRO 2005 regulations/ fire risk assessments		45,000				
	Working at Height Compliance		10,000				
	Various schemes to help comply with DDA		20,000	20,000	20,000	20,000	£ 20,000
	Management of Transport Regs		25,000				
	Asbestos management programme		25,000	25,000	25,000	25,000	£ 25,000
	Schemes to address significant and high risk adjusted backlog	See six facet survey	10,000				
	Community Backlog and Plant Replacement						
R	Roofing	Trust wide roof replacement programme	30,000		30,000		£ 30,000
R	Rolling refurbishment to Health Centres		125,000		150,000		£ 150,000
R	Boiler Plant Replacement		45,000		50,000		50,000
R	Replacement lighting		45,000		50,000		£ 50,000
L	Security equipment	Upgrades to intruder alarms and panic alarms; replacement of analogue cameras with digital cameras, replacement door access controllers	25,000		25,000		£ 250,000
R	Flooring replacement	Flooring replacement trust wide	25,000		25,000		£ 25,000
R	Outside storage provision at Michael Palin Centre		6,000				
R	External paving replacement	Rolling programme to replace worn and damaged paving and road surfaces	5,000		5,000		£ 5,000
			£ 3,845,678	£ 4,685,000	£ 4,790,000	£ 4,305,000	£ 5,240,000

Medical Equipment

	Scheme	Location	Current Year Programme Detail	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
	Trust wide									
	Rolling replacement programme									
L	Moving and handling equipment	Various	Rolling allocation for manual handling includes bariatric equipment	20,000	20,000	20,000	20,000	20,000	20,000	20,000
R	Plinths	Various	Replacement of 5 general purpose plinths for physiotherapy		10,000	10,000	10,000	10,000	10,000	10,000
	Whittington Physio Department		1 Stepper - £4314 S3X Stepper Source: EME Services 1 treadmill - £6594.00 inc VAT Matrix T3x Treadmill Source: EME Services 1 upright bike - Matrix U1 Upright cycle £2154.00 Source: EME Services x 1 recumberant bike - Matrix R1X £2514, Source: EME Services x1 plinth - Seers 3 Section Therapy Drop End couch £990, Source: EME Services	20,000						
R	Suction pumps/Regs	Various	Suction Regs ward by ward replacement 62@£6000	6,000	10,000	10,000				
R	O2/Air Flowmeters		Trustwide	5,000	5,000	5,000				
R	Weighing scales	Various	Replacement of 8 weighing scales - general locations	5,000	5,000	5,000	5,000	5,000	5,000	5,000
R	Medical equipment library stock replacement	Various	Infusion devices, bariatric equipment, patient monitors, vacuum pumps etc - Critical shortage of volumetric pumps (£1.2k ea). Replacement equipment due to possible washer damage : - commodes, drip stands, trolleys, etc).	b/f 2013/14	50,000	50,000	50,000	50,000	50,000	50,000
R	Respiratory equipment	Various	Bird ventilators, lung function analyser, BiPap machines, sleep apnoea (adult) 2 x Bird Vents required	20,000	20,000	20,000	20,000	20,000	20,000	20,000
R	Endoscopes	Various	Rolling replacement programme c30 scopes@5 year replacement all specialties = £150K, 2 x Bronchoscopes @£50000 for 15/14	50,000	150,000	150,000	150,000	150,000	150,000	150,000
R	Diathermy machines (general)	Various	Replacement c15 machines at £15k = £35k per year - 3 machines for 14/15	35,000	35,000	35,000	35,000	35,000	35,000	35,000
R	Dinamaps*10	Various	General replacement programme across the Trust	17,000	10,000	10,000	10,000	10,000	10,000	10,000
	Surgery and Cancer and Diagnostics									
R	Ophthalmology slit lamps	Ophthalmology	Replacement of obsolete slit lamp and chair		20,000	20,000	20,000	20,000	20,000	20,000
	Replacement monitors	Critical Care	replacement of 16 monitors	192,000						
R	Camera stack replacements	Various	Replacement c10 stacks at £75k each with a 5 year life = 2 per year		150,000	150,000	150,000	150,000	150,000	150,000
R	Surgical Microscopes	DTC & Main Theatres	2 x Surgical Microscopes	200,000						

	Scheme	Location	Current Year Programme Detail	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
	Heamofiltration unit	Critical Care	Replacement of 5 units		100,000					
R	Fundus Camera	Ophthalmology	Completed 11/12. Camera now leased					30,000	30,000	30,000
R	Ventilators	Critical Care	Replacement £40k each. Upgrade carried out 11/12 - Review 15/16		200,000	100,000	100,000	100,000	100,000	100,000
N	Electric bed/chair	CCU	new equipment business case required							
R	Opthalmic laser	Ophthalmology, Clinic 3C	Replacement, Retinal/Selective Laser	100,000						
R	Theatre Trolley Replacmement	Theatres	Annual rolling replacmement plan	10,000	10,000	10,000	10,000	10,000	10,000	10,000
R	Theatre tables	Theatres	Annual rolling replacmement plan completed 2012 (7 year life approx) 1 x Op table@£40000ea	40,000	40,000	40,000	40,000	40,000	40,000	40,000
R	Field Analyser	Ophthalmology	Review 15/16		15,000					
R	Anaesthetic Machines	Theatres	Machine purchased in 2011@£23k each [23 required)				230,000			
R	Suction controllers	Theatres	15 x Suction Contollers	7,000						
R	Surgical Laser	Theatres	Upgrade to laser tube - last completed 10/11 - review 15/16		20,000	20,000				
R	Ambulatory Syringe Pumps	Pallitive Care	Annual rolling replacmement plan completed 2012 (7 year life approx)							
	Womens and Childrens									
R	CTG monitors	Maternity	Replacement 5 per year - completed 12/13 - review 15/16		35,000					
R	Baby Warmer/Incubator	Ifor Ward	Replacement BabyTherm @£10000	10,000						
R	NCPAP and Incubator	NICU	NICU equipment general replacement programme 14/15 2 x NCPAP@£18000, 1 x Incubator@£28000	46,000						
R	Infusion pumps		Review 19/20						20,000	
R	Colposcope	Women's Health Clinic	Clinic 4C - women's health clinic - completed 12/13 - review 16/17			15,000				
R	Transcranial Doppler probe	Paediatrics'	Review 15/16			10,000				
N	Neonatal monitors	NICU	Replacement of existing x 10		120,000					
R	Nasal CPAP drivers	NICU	2 x SIPAP's required for 15/16 (1@approx.£10000)	20,000						
R	EPDU Scanner, General Scanners		Replaced 09/10 - now under Asteral							
R	Paediatric Infusion Pumps	Paediatrics	3 pumps 16/17, 1 Pump@£2500	7,500	7,500					
R	Retinal Camera	Peads ophthalmology	Retinal Camera transferred/ownership to North Middlesex Hospital.							
R	Colposcope	WH Theatre	Replacement for obsolete unit - completed 10/11 - review 15/16		15,000					
N	ECG Machine	Maternity	Dedicated machine required. Completed 10/11, review 15/16		8,500					
N	Dinamap BP momitors	Maternity	Insufficient monitors - completed 10/11 [x 5]				10,000			
N	syringe pumps	Maternity	Insufficient pumps completed 12/13 review 16/17 [x10]			20,000				
R	Volumetric infusion pumps	Maternity	replacement for obsolete unit completed 12/13 [x8]						15,000	

	Scheme	Location	Current Year Programme Detail	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
R	Bladder scanner	Betty Mansell	Replacement for obsolete unit completed 10/11. Review 15/16		7,000					
R	Microscope(Fertility Lab)	Women's Health Clinic	Replacement for obsolete unit - completed 12/13						10,000	
	Integrated Care and Medicine (ICAM)									
	Wheelchairs	Trust wide	Rolling replacement plan (12 per year = 72 total over 5 years) Occupational Therapy & Portering	30,000	20,000	15,000	15,000	15,000	15,000	15,000
	Whittington Ultrasound Systems		Emergency Dept., Theatres Ultrasound Systems		70,000					
R	Raymond Lamb Carousel	Histopathology	Replacement							
R	Osmometer									
R	Trans-rectal Ultrasound Scanner	Urology - 4B	Replacement for obsolete unit. Completed 10/11, review 15/16		80,000					
R	Microscope	ENT	Replacement for 2 x obsolete units	100,000	100,000					
N	Nasoscopes	ENT	Additional - requires BC [x7]							
R	Camera	Med ical Photography	Replacement. Completed 11/12							
		Urology Clinic	Replacement for obsolete unit							
R	Retinal Camera(Diabetic Screening)	Clinic 3B	Replacement for obsolete unit							
R	ECG writers	Various	replacement of obsolete machines Trust wide x5 @ £8,200ea	60,000						
	Replacement monitors	Montuschi	replacement of 10@£7,500	90,000						
R	Treadmill and associated monitor	Cardiology	Replacement of obsolete equipment. Completed 11/12.				10,000			
R	Patient Trolleys	ED	General replacement for obsolete devices	20,000	20,000	20,000	20,000	20,000	20,000	20,000
R	Echo machines	Cardiology	1 of 2 replacement machines (first one purchased 09/10). Review 15/16		200,000	200,000				
R	Mobile echo machines	Cardiology	Mobile machine replacement for big less mobile devices. Completed 09/10. Review 15/16		60,000					
R	Portable and transportable EMG machine	Neurophysiology	Machine currently under lease and so purchase will be a cost saving, the other is obsolete and needs replacing [x1 transportable, x1 portable]	48,000						
R	Ventilator	Critical Care	To replace obsolete transport vent - unable to upgrade software to use disposable patient circuits. 2 x Oxylog vents@£12748.44ea	25,500						
R	Blood Gas Analyser	ED	Replacement for obsolete analyser. POCT looking at lease option.							
R	Blood Gas Analyser	Critical Care	Replacement for obsolete analyser. POCT looking at lease option.							
	Audiology Equipment Replacement	Audiology	7 Auricals, fully specified@£8211ea.	70,000						
R	Urodynamic Monitor	Diabetes and Endocrinology	Replacement for obsolete machine. Completed 10/11. Review 17/18.				21,000			
	Laboratory Equipment									
R	Laboratory Centrifuge	Biochemistry	Replacement x 2		10,000					

	Scheme	Location	Current Year Programme Detail	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
R	Teaching microscope	Haematology	3 headed teaching microscope with Digital camera. Review 18/19					8,000		
R	Automatic cell washer		Review 15/16			8,000				
R	Haematic Staining Machine	Haematology	Replacement, review 16/17			10,000				
R	Ultrospec Spectrophotometer	Haematology	Replacement. Review 14/15		10,000					
R	Laboratory Centrifuge	Haematology	Replacement. Review 14/15	20,000						
R	Various Foster fridge	Haematology	2 x Fridges replaced 2012, review 15/16		7,000					
R	Anaerobic Cabinet	Microbiology	Replacement 12/13 @£11000. Review 19/20						11,000	
R	Microscope	Haematology	Inverted Microscope required 14/15 @£11000	11,000						
R	Centrifuge	Microbiology	On-going replacement - review every year x 2	20,000						
R	Sysmex Coagulation Analyser	Haematology	Replacement. Completed now leased							
R	Drew Hb Gold HPLC 1	Haematology	Replacement. Defunt kit, not used.							
R	Vitech ESR instrument	Haematology	Replacement. Review 16/17			10,000				
R	CO2 incubator	Microbiology	Replacement. Completed @£6000 12/13, review 19/20						6,000	
R	Exhaust protective cabinet	Microbiology	Replacement							
R	Cryostat	Histopathology	Replacement							
R	Microtome	Histopathology	Replacement	9,000						
R	Exhaust protective system	Histopathology	Replacement							
N	Immuno stainer	Histopathology	Now leased							
R	Tissue processor	Histopathology	Replacement							
R	Plasma freezer, Plasma thawer	Blood Bank	Plasma thawer@£4800 Plasma freezer@£4800	9,600						
R	Plasma thawer	Blood Bank	Plasma Thawer No. 2				5,000			
R	Stock fridge	Blood Bank	Blood bank stock@£12000 for 14/15	12,000		13,200				
R	Blood bank Issues	Blood Bank	Blood bank Issues? More details required.			13,200				
R	Blood bank Mercers	Blood Bank	Blood Bank@13200	13,200						
R	Blood bank Obstetrics	Blood Bank	Blood Bank@£7200		7,200					
	Blood bank Obstetrics	Blood Bank	Blood Bank@£7200. Review 17/18				7,200			
R	Platelet incubator	Blood Bank	Platelet incubator	6,000						
R	Plasma freezer	Blood Bank	Plasma freezer			5,000				
R	Blood Grouping	Blood Bank	Now leased							
R	Plate Centrifuge (priority 2)	Blood Bank	Replacement. Review 15/16		5,000					

	Scheme	Location	Current Year Programme Detail	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
R	Sample Centrifuge (priority 3)	Blood Bank	Replacement. Review 15/16		5,000					
R	Waterbath	Blood Bank	x2 Replacement. Last purchased 2011 review 17/18				6,000			
R	Tissue Processor	Histopathology	Replacement.Completed review 16/17			50,000				
R	O2 Cabinet		?	20,000						
R	Cell Washer (priority 1)	Blood Bank	Completed, review 16/17			20,000				
R	Coag Analyser 2	Haematology	Replacement. Now leased							
R	CL3 Centrifuge	Microbiology	Replacement. Review 14/15		6,000					
R	Centrifuge	Biochemistry	x 2 Replacement	12,000						
R	Microscopes	Haematology	Replacement. Review 15/16		17,000					
R	Spectrophotometer	Biochemistry	Replacement. Review 14/15	6,000						
R	Laboratory Equipment General	Labs General	Benchtop incubator@£2000, Centrifuge@£1500, Benchtop Sealer@£3000, Waterbath routine@£3000	11,500						
R	Laboratory Equipment General	Labs General	1 x Sorvall ACW 1		10,800					
R	Histology Instrument	Histology								37,000
R	Laboratory Equipment General	Labs General	1 x Sorvall ACW2				10,800			
R	Laboratory Equipment General	Labs General	2 x ECHO@£100000. Review 17/18				100,000			
	Pharmacy									
	Replacement dispensing robot									250,000
	Community Equipment									
	Exercise Bikes, Cross trainers, Treadmill	Physio MSK	Replacement of 13 @ £1000, Replacement of 2 @ £1600, Replacement of 1 @ £2600	18,800						
	Ultrasound Therapy Machines	Physio MSK	Replacement of 3 x £1350	4,065						
	Two Section Plinths, Three Section Plinths, Neuro Plinth (Wide)	Physio MSK	Replacement of 9 @ £940, Replacement of 16 @ £995 Replacement of 1 @ £1400	25,780						
	Podiatry Plinths	Podiatry	Replacement of 16 @ £1745	28,000						
	Podiatry Drills, Podiatry Trolleys	Podiatry	Replacement of 9 @ 1200, Replacement of 14 x £1038	25,332						
	Audiometers	School Nursing	Replacement of 21 @ £1000	21,000						

	Scheme	Location	Current Year Programme Detail	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
	Pulse Oximeters, Humidifiers, Nebulizers, syringe pump, Suction Pumps	Children's Community Nursing	Replacement of 16 Pulse Oximeters @ £800, Replacement of 2 Humidifiers @ £1000, 2 x Nebulizers @ £300, Replacement of 17 Suction Pumps @ £340	24,380						
	microscopes, Hotplate & Staining Rack, Gynae Plinth	Sexual Health	Replacement of 1 Hotplate @ £800, 1 microscope @ £3500, 1 microscope @ £10000 & 1 Plinth @ £4100	21,600						
	AED Defibrillators	Dental & HMP Pentonville	Replacement of 13 x £1600	20,800						
	ECG Machine	Cavell/St Ann's	Replacement of 1 x £8200	8,200						
	Syringe Pumps	HMP Pentonville	Replacement of 2 x £1900	3,800						
	Plinths	Leg Ulcer Clinic	Replacement of 2 x £2800	5,600						
	1 x Otoport Hand Held TE & DP OAE, 1 x Laptop 2 Probe TE & DP OAE, 1 x ABR Nav Pro, 1 x VNG & Calorics, 1 x Balance Master, 1 x Aurical With HIT, REM & Hipro, 1 x Screening Audiometer, 1 x Sound Level Meter KM6, 2 x Otoscope Fibreoptic, 2 x Tympanometer GSI Tympstar, 1 x Speech Testing Parrot, 2 x Diagnostic Audiometers, 2 x MEG Free Field Audiometers, 2 x Screening Audiometers, 3 x Kamplex KM4 Sound Level Meters, 3 x Kamplex Paediatric Audiometers, 3 x Kamplex Hand Held Tympanometers, 3 x Otoscopes.	Audiology	Replacement of 1 x Otoport Hand Held TE & DP OAE @ £4500, Replacement of 1x Laptop 2 Probe TE & DP OAE @ £10,000, Replacement of 1 x ABR Nav Pro @ £25,000, Replacement of 1 x VNG & Calorics @ £25,000, Replacement of 1 x Balance Master @ £11,000, Replacement of 1 x Aurical With HIT, REM & Hipro @ £10,000, Replacement of 1 x Screening Audiometer @ £850, Replacement of 1 x Sound level Meter KM6 @ £200, Replacement of 2 x Otoscope Fibreoptic @ £150, Replacement of 2 x Tympanometer GSI Tympstar @ £10,000, Replacement of 1 x Speech Testing Parrot @ £3,100, Replacement of 2 x Diagnostic Audiometers @ £2500, Replacement of 2 x MEG Free Field Audiometers @ £895, Replacement of 2 x Screening Audiometers @ £1000, Replacement of 3 x Kamplex KM4 Sound Level Meters @ £190, Replacement of 3 x Kamplex Paediatric Audiometers @ £2500, Replacement of 3 x Kamplex Hand Held Tympanometers @ £6000, Replacement of 3 x Otoscopes @ £100.	145,160						
R				1,756,817	1,691,000	1,064,400	1,055,000	693,000	747,000	972,000

Information Technology

Scheme	Location	Detail	2014-15	2015-16	2016-17	2017-18	2018-19
Rolling replacement project							
Infrastructure renewals (network and servers)	Trust-wide	Core IT Infrastructure renewal for servers\network resilience and security as equipment goes out of warranty\end of life	325,000	325,000		325,000	
Purchase of PCs & Infection Control keyboards\mice	Trust-wide	Replace 300-350 PC's per annum to optimise PC environment with 4 year re-fresh cycle / purchase of new iPads to continue roll out to trust	135,000	135,000		225,000	
Purchase of replacement of PACS/RICS system	Trust-wide	iPad replacement **NEW**		90,000		90,000	
Telecommunications upgrade and resilience	Trust-wide	Core Telephony infrastructure renewal for switchboard components, contact portal, voice recognition etc	90,000	90,000		90,000	
			550,000	640,000	-	730,000	-

Business Case and Strategy

SDP ref	Project	2014-15	2015-16	2016-17	2017-18	2018-19
	SDP led developments					
5.11	Goswell closure and relocation to Archway					
	Jenner Smart Working					
	St Pancras Hospital Rehab					
	St Anns [Strategy under development]					
	Community Clinic Hub and Spoke[Details awaited]					
	Physio/Social workers [dependent upon EPR]					
2.8	Bowel screening [£150k RAP pending)					
1.3 & 4.1	Maternity DCP (£10m over two years)					
1.3 & 4.1	Chapel and locker project [to come from trust CRL]					
1.7 et al	MALS (Ambulatory Care Centre South Entrance)	£ 900,000				
1.1, 2.1.1, 2.1.2	Dementia [£500k block bid RAP awaited]					
	IT Strategy					
	E-document management (Mobius) [£500,000]					
	EPR additional investment (original business case £250,000)[£500,000]					
	Telehealth [£150,000]					
	ITU IT system (source Sarah Gillis e-mail October)					
	Trust Business Intelligence Tool (£98k+VAT)					
	e-rostering (£343,000 Lisa Smith)					

	Carbon Reduction Strategy					
	Window replacement programme [£450,000 subject to ReFit project]					
	K' block decentralisation[£450,000 subject to a ReFit project]					
	Control system improvements[£50,000 subject to a ReFit bid]					
	Lighting[£150,000 subject to a ReFit bid]					
	Automatic meter reading [£10,000 subject to a ReFit bid]					
	Waste management Systems [£25,000 subject to a ReFit bid]					
	Business Case Development					
1.5 & 4.3	Sexual Health Bus (case submitted approval awaited)	£ 160,000				
	Room vapouriser (IPCT business case required £80,000)					
	New decontamination centre for re-usable fabrics (IPCT/Decon business case required £30,000)					
	MALDITOF instrument for rapid identification of organisms (business case required £75,000+VAT)					
	Theatre Improvements to updated HBN [£500,000 RAP pending]					
		£ 1,060,000	£ -	£ -	£ -	£ -