Whittington Health NHS

The Whittington Hospital NHS Trust
Magdala Avenue
London N19 5NF

Whittington Health Trust Board
2 April 2014

Title:	**Operational Planning for 2014-16**		
Agenda item:	14/077	Paper	12
Action requested:	For agreement		
Executive Summary:	This paper outlines the Annual Operating Plan for the next two years, which will be submitted to the NHSTDA on 4 April 2014. It covers the Financial Plan, Workforce Plan, CIP Plan, Contract and Activity Plan and the Capital Plan. It builds on the draft papers previously submitted to the Board and the Resources and Planning Committee.		
Summary of recommendations:	The Trust Board is asked to agree the content of the paper and approve it for submission to the NHSTDA on 4 April 2014		
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) Trust Board Reports (January & March 2014)		
Reference to areas of risk and corporate risks on the Board Assurance Framework:			
Date paper completed:	26 March 2014		

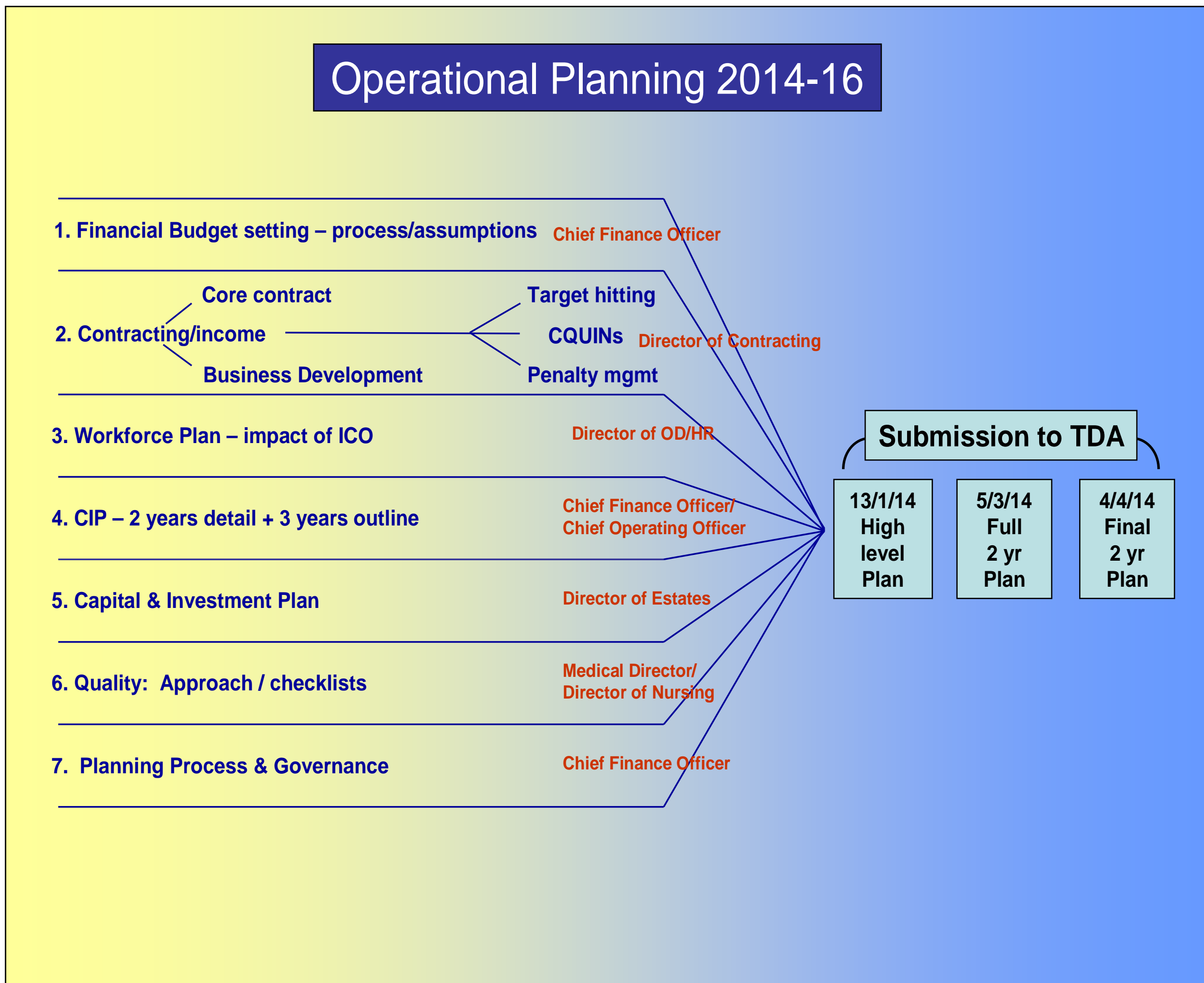
Author name and title:		Richard Ellis Director of PMO		**Director name and title:**		**Simon Wombwell** **Chief Financial Officer**	
Date paper seen by EC	**25/3/14**	**Equality Impact Assessment complete?**	**NA**	**Quality Impact assessment undertaken?**	**NA**	**Financial Impact Assessment complete?**	**NA**

1. Introduction

This the final draft of the 2 Year Operating Plan, which has been compiled in line with TDA planning guidance, and requires submission to the TDA on 4 April 2014.

The Trust Board and Resources & Planning Committee have reviewed and discussed previous drafts of the plan and enabled the refinement of the papers for final submission to the TDA.

The Trust Board is reminded of the seven workstreams being undertaken in order to produce the plan (see below), and the process we have undertaken.



The 2 Year Plan establishes the foundation against which the Trust is expected to submit a 5 Year Plan, to include an Integrated Business Plan (IBP) and a Long Term Financial Model (LTFM). This is due in June 2014, followed by a Development Support Plan in September 2014.

A detailed timetable has been compiled at Appendix 6, which illustrates the process being undertaken and how progress against the plan is being monitored.

A Programme Board has been established, and meets fortnightly to review progress and identify any risks to delivery.

2. TDA Reporting requirements

In order to comply with the reporting requirements of the TDA, the final submission of the 2 Year Operating Plan on 4 April 2014, needs to include the following:-

Requirement	**Explanation**
Two Year Plan summary	Standard template to provide a narrative against the overall plan, and to support the numbers and data within the other checklists and templates
Financial Plan	Series of templates outlining the key numbers underpinning the financial sustainability position:- • Income & Expenditure • Contracting • CIP programme • Capital & Investment
Workforce Plan	Standard template providing staffing numbers and costs across the plan period
Activity Plan and C. Diff Plan	Standard templates outlining predicted activity levels across specific services
Planning Checklists	Series of 8 checklists covering, Quality, Sustainability, Innovation and QIPP
Planning process	Outline of the process the Trust is undertaking to deliver the necessary plans, along with governance arrangements and timetable

3. Two Year Plan Summary (Appendix 1)

The 2 Year Plan summary provides a narrative of where the Trust is now, the strategic context within which it operates and it's strategy for the next two years.
It outlines how the Trust has performed over the last year, and it's carry-over impact into future years. It aligns our plans to Commissioning intentions, and explains our approach to improving Quality, whilst also demonstrating a sustainable financial plan and workforce development plan.

4. Finance – Income and Expenditure Budget

4.1 Progress

Budget setting meetings are complete and final budgets have been produced pending minor changes. A Trust-wide ward nursing model still needs to be

finalized - however a £0.5m cost pressure has been provided within the budget to deal with issues relating to activity and the Francis report. Final budget delivery and upload dates remain the same.

4.2 Assumptions

Baseline:
Actual income and expenditure in 2013/14 for months 1-6 multiplied by two and adjusted for cost pressures, service developments, inflation, tariff deflation and savings plans.

Income:
Income adjusted from months 1-6 multiplied by two where necessary following outcomes of most recent contract negotiations with CCGs, NHSE and Local Authorities.

Savings:
Trust-wide target of £15m (5%)

Reserves:
A contingency reserve of £1.4m (0.5%) is included within the budget

Inflation:
Pay inflation budget set in line with the NHS Pay Award and non-pay inflation budget set to cover main cost pressure areas of CNST, drugs and utilities.

4.3 Risks

Some cost pressures have arisen through the budget setting meetings and mitigating actions are required in some areas.
Robust CIP plans to deliver the full £15m target have not been fully identified, and this remains a potential risk until firm plans are put in place, with clear implementation timescales.
There are still some risks to contracted income amounts being agreed.

4.4 Finance schedules

Appendix 2a & 2b includes the Key financial data, I&E Account, Balance Sheet, and Cashflow forecast for 2014/15.
Also included are the analysis showing how budgets have been set and a monthly profile of I&E detailing CIP plans.

Appendix 3 is the activity plan shown in financial terms, detailing income from the main commissioning CCG's, NHSE, Local Authorities, Education and Training and others.

4.5 Contracting

Outcome for 2014/15

Contract discussions with Islington and Haringey CCGs are substantially concluded, the key principles of the agreement are as follows:-

- Contract value based on 2013/14 outturn with additional growth built in for acute services based on demand growth at c.3% and for community services at 5%
- Service developments included for ambulatory care centre and TB hub
- Impact of productivity metrics including first to follow up ratios to be deducted from the contract value
- CQUINs will be paid in line with delivery, and penalties for missed targets will be applied in full
- Commissioners take the risk on delivery of QIPP schemes, which will be monitored jointly by the trust and the CCGs
- Overall protection for all parties through “Cap and Collar” arrangement

The same principles will apply to the other CCGs, and to the local authorities that are associates to the CCG contract; these contract values are still subject to agreement. The CQUINs and the key performance indicators are in the process of being agreed, but are still likely to be outstanding at the time of contract signature.

Contract discussions with NHS England are progressing well and are likely to be concluded shortly, with contract values agreed at or above 2013/14 outturn values. Contract discussions with London Borough of Haringey for sexual health services are proving very challenging due to the significant reduction in contract value that LBH is proposing; negotiations have now been escalated to chief executive level.

Agreed contract structure

NHS England & local authorities:

- mix of block and Payment by Results(PbR)
- in line with national guidance/typical contract structures.

Clinical Commissioning Groups:-

- PbR for the majority acute services in line with typical contract structure
- Block for community services
- Subject to a cap and collar of +/- 5% for the larger CCGs, no restriction for the smaller CCGs
- Block contract for first 3 months whilst EPR issues resolved

4.6 Business Development - strategic direction

The Business Development strategy will primarily focus on community services, public health services and education, with diagnostic services potentially being added as a response to a number of recent opportunities. The loss of the Prison business has removed this from the equation, but the Trust continue to monitor tendering activity in primary care to keep abreast of other opportunities.

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 it’s overall strategy is also being developed.

4.7 Cost Improvement Plans (Appendix 4)

CIP Programme	2014/15 £000	2015/16 £000
CIP Target	**15000**	**15000**
Transformational Projects	3088	1846
High level efficiencies	2650	700
Service low level efficiencies	3821	441
Low level efficiency opportunities	1522	5300
Total CIP Plan reduction	**11081**	**8287**
Variance	**3919**	**6713**

The table above summarises the Trust CIP plan for 2014/15 and 2015/16, and a more detailed plan is available at Appendix 4.
Much of the work of the Transformational Projects is focussed on the Patient Pathways, and require significant lead-in and implementation timescales. This means that some savings will be spread over the two financial years 2014/15 and 2015/16. An example of which is the Ambulatory care pathway project which will be fully implemented during quarter 2 (July to September 2014) showing a saving of £452,000 in 2014/15 and a further £192,000 in 2015/16. The high level efficiency projects relate to mainly corporate areas, such as procurement. The service low level efficiencies represent a 2% budget reduction for each division and corporate function. In the 2014/15, this target is £5.3 million, of which £3.8 million has been identified, with a further £1.5 million of opportunities which are in development.
In summary, against a £15 million target we have developed detailed plans to deliver £11million of savings, with a further £4 million worth of schemes currently in development.

4.8 Capital & Investment Plan (Appendix 5)

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.

5. Workforce Plan

Item below		Pay-bill £'000	WTE (worked, substantive and temporary)
	Baseline : 2013/14 Forecast recurrent pay-bill	**205,711**	**4259**
1	Staff to TUPE out of WH	(3,483)	(66)
2	Residual impact of 2013/14 CIP programme on baseline costs and numbers	(993)	(37)
3	2014/15 Service growth and developments	8,419	188
4	2014/15 Pay CIPs: where workforce implications have been identified	(6,018)	(172)
5	2014/15 Pay CIPs: where workforce implications have yet to be identified delivered through reduced agency costs and redeployment to new services	(4,482)	(51)
	Contingency reserve and Inflation	3,097	-
	2014/15 Budget	**202,251**	**4,121**

The table above shows the impact on the workforce and the effect on the numbers of whole time equivalent (WTE) posts covering the period 2013/14 and 2014/15.
These changes include:-

1. The numbers of staff transferring to other organisations under the TUPE regulations (catering and the prison service some 66 WTE);
2. The full year impact of the CIP programme of 2013/14, resulting in a reduction of 37 WTE posts;
3. The planned service growth and developments include the full year impact from 2013/14 (increase of 16 WTE in Community Development) and the remaining increases relate to transformational changes namely in the Ambulatory Care Centre, cost pressures from community developments, nursing recruitment, and an increase from SLA's of 110 WTE;
4. The reductions in the pay bill from 70 % to 67% are set out in both the CIP programme and 2% savings targets which have identified the equivalent of 172 WTE post reductions across the Trust.
5. The remaining gap in the overall savings target equates to 51 WTE post reductions, which have yet to be identified and are currently being worked up, and will be available in due course.
6. The overall net effect of the reductions in staffing levels to be achieved in 2014/15 from a baseline starting figure of 4259 WTE will be 138 WTE posts.

The key risk to the delivery of the Workforce Development Plan, is that the CIP proposals and 2% reduction schemes are not sufficiently specific about workforce implications.
As a result, consultation on Organisational Changes that impact on the workforce will be phased. Given the potential scale of the challenge, the statutory minimum consultation period will be 45 days. Prior to that clear proposals in writing need to form part of meaningful consultation. Therefore, realistically, implementation of any changes will only take effect well after 1 April 2014, realising only part year effect of any projected savings.

6. Planning checklists

The planning checklists are a series of templates, which outline our level of compliance against a range of requirements, spanning Quality, Innovation, QIPP, Sustainability and Planning.
These were originally completed in January, after which feedback was provided and further information sought. The final checklists have been refined over the last three months, taking account of the feedback and subsequent meetings with the TDA.
The detail within these checklists is effectively summarised in the 2 Year Plan Summary.

7. Risks

Pressure/Risk	**Impact**	**Mitigation**
EPR reporting is further delayed	Unable to invoice CCGs & NHSE for PbR activity Reputational risk	Block contract for first 3 months of 2014/15 Reporting from the test environment being investigated as an alternative
Implementation of 7 day working	C£1m cost pressure	Seek funding from CCGs Staged implementation
ED/RTT performance	Reputational risk Financial penalties Loss of performance bonus from CCGs	Tight planning Capacity modelling Seek access to Winter monies to invest in additional capacity
Loss of Commissioner support for development	Strategy harder to implement	Joint working to Transformation Board to develop plans
Ensure staff engagement with planned changes	Slower pace of change Lower staff morale	Communications Plan Organisational Development Plan Staff involved in change planning
Contracted income is less than expected	Increased savings requirement	Reduce capacity in line with activity New CIP savings to be identified. Further new business opportunities to be explored
Inability to identify CIP programme to deliver required savings	Reported deficit	Exec to agree further work including some projects which were previously ruled out. Identify non-recurrent measures

Inability to execute CIP plans	Reduced in-year savings	Realistic timescales need to be set for implementation of these schemes through planning documentation and project sign-off. Additional schemes will need to be identified to make up any shortfall due to late implementation.
Manage Quality impact of CIP programme	Reputational risk	Quality Impact Assessments for all CIP schemes reviewed by Medical and Nursing Directors
Cashflow shortfall	Failure to pay creditors	Seek short term loan

List of Appendices:-

a. Appendix 1 - Two Year Plan summary
b. Appendix 2 - Extract of Financial Plan
c. Appendix 3 - Activity/Income Plan
d. Appendix 4 - CIP programme
e. Appendix 5 - Extract of Capital & Investment Plan
f. Appendix 6 - Operational Planning timetable

Trust Development Authority — Quality. Delivery. Sustainability.

Whittington Health NHS

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

1) STRATEGIC CONTEXT AND DIRECTION

Whittington Health has made good progress over the last year, with numerous successes and achievements laying a foundation for the next two years, despite some challenging circumstances and financial constraints. We have engaged widely with clinicians, staff, customers and partners in formulating our plans, and believe we have a base for achieving foundation status (FT) status in future.
In order to build our case to achieve FT status, our strategy is to grow market share by expanding our community services across North Central London, through a continuation and further development of our integrated care model. We also see further opportunities in developing the model to deliver services in primary, secondary, community and local authority-based services, and potentially some development into private services in relation to integrated care.

a) Achievements in 2013/14 and implications for next two years

- Delivery of financial break-even in 2013/14 without external support. This did include £8.5m of Trust reserves, which increases our savings target for 2014/15
- Strong relationships with commissioners, evidenced by an additional £5m investment into integrated care organisation (ICO) development, and a recognition of increased level of activity in excess of the block contract
- Strong performance on quality measures, evidenced by the Trust achieving among the lowest mortality rates in London (see below)
- Trust responded to failing performance on referral to treatment (RTT) and Emergency Department (ED) four hour targets with a strong recovery in the second half of 2013/14
- Key performance and achievements in 2013/14:-
  - Enhanced recovery and redesign programme including:
    - Absorbing 4.3 per cent growth in ED attendances
    - Improvements in length of stay, absorbing 4.9 per cent growth on the same period in 2012/13.
    - Greater profile of community services with integration into primary care and the expansion of ambulatory care, delivered a 14.6 per cent reduction in attended outpatient appointments
    - Improvements in our Outpatient Department (OPD), delivered 5.4 per cent reduction in ‘did not attends’ (DNAs)
  - Business development in Ambulatory Care, Endoscopy, TB and Dentistry.
  - Whittington Health was a key player in the successful bid for integrated care pioneer status with Islington CCG and the London Borough of Islington
  - Implementation of new electronic patient records (EPR) system, providing a platform for a combined acute and community electronic patient record
  - Lowest mortality nationally against the Summary Hospital-Level Mortality Indicator (SHMI), a nationally adopted indicator of hospital mortality
  - Recognised in Dr Foster Hospital Guide as one of the top trusts nationally, showing lower than expected mortality rates against a range of indicators (SHMI and HSMR)
  - CHKS Top Hospitals Patient Safety Award 2013 for best performance nationally on a range of patient safety metrics
  - Whittington Health voted the best teaching site in UCL Medical School, which was voted the best Medical School in London and ranked in the top four in England
  - Health Education North Central and East London 2013 Quality Awards – 2 awards and 3 commendations
  - Partner and host organisation for the new Islington Community Provider Education Network

b) Commissioning intentions

The Trust and its primary commissioners (Islington and Haringey CCGs) continue to maintain excellent relations, evidenced by investments of £5m to support the ICO model, joint working through the Transformation Board, and recognition of contract overperformance, despite block contract in 2013/14.

The CCG's six month contract notice letter was received in October 2013, outlining commissioning intentions, the key points being:-

- A commitment to develop value-based commissioning over coming years:-
  - To ensure that clinicians working across care pathways and patients are involved in redesigning care pathways
  - Relationship between commissioners and providers to be based on the following approaches: Principled negotiation, open book – transparency between commissioners and providers, clinician driven contract negotiations
  - Agree contractual and payment methods that incentivise change for the delivery of the agreed patient outcomes and adherence to the care pathway by all who have a part in its delivery
- Specific areas of focus under collaborative commissioning intentions and individual CCG commissioning intentions have been factored into Trust planning
- Contract form - objectives
  - Responds to CCGs allocation from CSR
  - Incentivises faster pace of change for ICO
  - Incentivises improvements to service quality and performance standards
  - Sustainable for all parties – supports CCGs' commissioning strategy and Trust's IBP
  - ICO model supports introduction of value-based commissioning and shift towards payment for outcomes through bundled packages of care
  - Allows certainty for all parties whilst incentivising service transformation
- CCGs are committed, whilst ensuring value for money for patients and taxpayers, to enable an environment in which the Trust can mature and reach FT status

c) Clinical Strategy

- We are targeting improved health outcomes, contained total healthcare system costs and enhanced patient experience.
- Three key pillars (priority themes) to the clinical strategy:-
  - Integrated Care
  - Enhanced Recovery
  - Ambulatory Care
- Five strategic goals:-
  - Integrate models of care and pathways to meet patient needs
  - Deliver efficient, affordable and effective services and pathways that improve outcomes
  - Ensure "no decision about me without me" through excellent patient and community engagement
  - Improving the health and well-being of local people
  - Change the way we work by building a culture of education, innovation, partnership and continuous improvement
- All service development plans aligned to strategic goals
- Value Improvement Programme aiming for improved outcomes per use of healthcare resource, to align with our Cost Improvement Programme, Value Improvement and Enhanced Recovery Projects
- Develop innovative model of integrated care, which will enable the Trust to grow its share in both the hospital and community markets, in line with commissioner objectives.
- Significant investment in maternity services in line with planned growth in this area

2) APPROACH TO QUALITY AND SAFETY

a) Quality Improvements in 2013/14

For the 2013-2014 Quality Account, each of the divisions were asked to nominate five areas that they felt had particularly showcased quality improvement that year. These areas are:

1. ***Integrated Care and Acute Medicine:-***
   - Ambulatory care
   - Networked outpatient TB service
   - Learning disability
   - Community care of the elderly service
   - Multidisciplinary integrated care in community
2. ***Surgery, Cancer and Diagnostics:-***
   - Acute oncology service
   - Community urology service
   - Fractured neck of femur pathway
   - Pioneering breast treatment, TARGIT
   - Theatre productivity
3. ***Women, Children, and Families:-***
   - Improving facilities for maternity and neonatology
   - Consultant delivered care (paediatrics)
   - Children's epilepsy treatment
   - Teaching and training (paediatrics)
   - Patient experience in the sexual health service

b) Approach to Quality

Quality of care – safety, effectiveness and patient experience – is at the forefront of everything we do. Our quality account priorities for this coming year were selected following consultations with external stakeholders, including our commissioners, patient representatives, shadow governors, and GPs, as well as our staff. We have also reviewed complaints received, incidents that have occurred this year and improvements still to be made.

The priorities support our strategic objectives which underpin our vision. Our Quality Strategy also aligns our priorities with the NHS Outcomes Framework.

As an organisation intent on joining up hospital and community services, we are looking to strengthen our role in health promotion and the prevention of illness, as well as caring for people when they are unwell. Our priorities this year reflect this aspiration as we strengthen the integration of our services.

c) **Quality improvements for 2014-16**

Our quality priorities (as set out in our Quality Accounts) going forward will be mapped against our Trust's strategic objectives, as this acts as a powerful reminder of the inherent emphasis on quality within the Trust's strategy. Priorities for 2014/15 have not yet been agreed with all stakeholders but are in draft format as follows:-

Trust Strategic Objective	Quality Priorities
Integrate models of care and pathways to meet patient needs.	Develop a localities-based model of care with our commissioners.
Deliver efficient, affordable and effective services and pathways that improve outcomes.	Improve patient experience in Outpatients.
Ensure "no decision about me without me" through excellent patient and community engagement.	Further develop co-creation of healthcare with patients as active partners
Improving the health and well-being of local people.	Improve success rate in helping people stop smoking and to reduce the harm caused by alcohol.
Change the way we work by building a culture of education, innovation, partnership and continuous improvement.	Work with other Islington stakeholders to develop our pilot Community Education Provider Network

We will consider and map these priorities against the five indicators developed by the CQC, to ensure that they demonstrate safe, effective, caring, responsive and well-led improvements. Additional priorities for driving improvements in quality arise from the planning checklists, as follows:-

Safe: - Workforce Plan
- Address high temporary staffing levels through permanent recruitment
- Response to Francis Report (Nursing establishment)
- Quality Impact Assessment of CIP schemes

Effective: - Implementation of seven day working

Caring: - Named doctors and nurses
- Friends and Family Test (FFT) performance improvement
- Listening to patients

Responsive: - Sustained primary target delivery
- Development of community EPR
- Improved complaints service

Well-led organisation: - Joint assessment framework
- Responding to staff surveys
- Improving appraisal process
- Development of Board reporting and Quality information

d) CQUINs

CQUINs for 2014/15 have been outlined by commissioners and will largely be rolled over from 2013/14. National CQUINs will include: Friends and Family Test, Safety Thermometer and Dementia. Local CQUINs will include: Integrated Care, Prevention (alcohol, smoking & domestic violence) and the introduction of outcome-based commissioning.

We have an excellent track record in delivery of our CQUIN targets, but recognise some risks to future performance (eg. alcohol mis-use, smoking), where mitigation plans are in place.

3) SERVICE CAPACITY AND DEVELOPMENTS

In 2013, the Trust recognised the requirement to increase service capacity to meet growing demand for services and is achieving this through two key areas, namely: treating patients in the most appropriate setting through development of the ICO model, and improving productivity in existing service areas (e.g. Enhanced Recovery).

In delivering our service capacity requirements, we have the following significant developments:

a) Ambulatory Care Centre
b) Business case to modernise the maternity estate
c) Future plans include development of locality-based teams, and greater use of IT

The following risks to our service delivery model have been identified:-

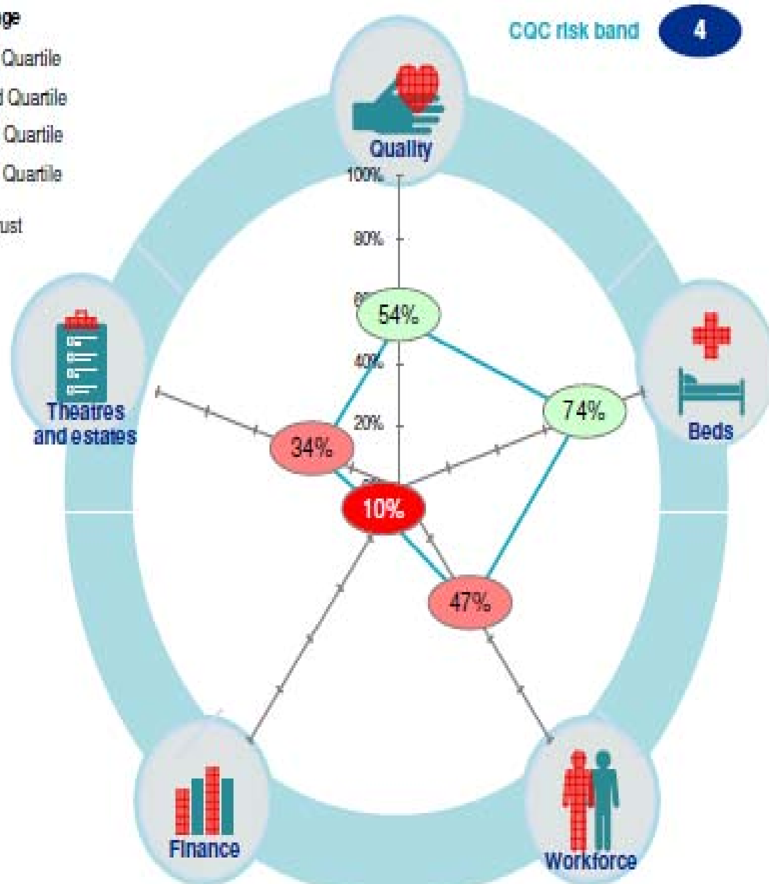
Pressure/Risk	Impact	Mitigation
Implementation of seven day working	C£1m cost pressure	Seek funding from CCGs Staged implementation
ED/RTT performance	Reputational risk Financial penalties	Tight planning Capacity modelling Seek access to Winter monies to invest in additional capacity
Loss of commissioner support for development	Strategy harder to implement	Joint working with the Transformation Board to develop plans
Manage Quality impact of CIP programme	Reputational risk	Quality Impact Assessments for all CIP schemes reviewed by Medical and Nursing Directors
Ensure staff engagement with planned changes	Slower pace of change Lower staff morale	Communications Plan Organisational Development Plan Staff involved in change planning

4) DELIVERY OF OPERATIONAL PERFORMANCE STANDARDS

Whittington Health's performance was benchmarked by NHS England on important NHS Outcomes Framework indicators, as well as cost and operational metrics against London and non-London trusts of similar size (income), teaching status and number of sites. Major findings included:-

- Whittington Health appears top-performing on mortality indicators, but also appears to have higher costs than top-performing peers compared to total income generated
  - SHMI scores are mostly top quartile, though 28-day readmission rate is below median; the Trust is above median when it comes to incident and infection rates (except MRSA), though lags peers on key waiting times
  - Trust is bottom quartile on staff turnover and proportion of temporary staff, though top quartile on sickness/absence rate
  - Trust has a cost gap to its top-quartile peer of £5m, due to higher pay costs; detailed benchmarking highlights nursing, Scientific,Therapeutic and Technical, and non-clinical pay
- Though medical staff appear productive versus peers when medical spend is compared to total income, performance on ground seems below median (some adjustment required for Medical Education income to reveal true opportunities)
  - Tariff income and inpatient spells per consultant WTE are below median, though there is considerable variation between specialties.
  - Interestingly, nursing productivity on the ground (e.g., spells per qualified nurse WTE) seems above-median, despite cost gap to peers on nursing pay
- Whittington Health generally outperforms peers on average length of stay and day case rates, with median or above-median performance on excess bed days as well

Performance pentagram



Components of scores[1]

Quality
- Indicators related to NHS Outcomes Framework categories
- Access metrics integral to NHS Constitution

Beds
- Bed occupancy
- Average length of stay
- Excess bed days
- Daycase rate

Workforce
- Tariff income, inpatient spells, and outpatient attendances per consultant WTE
- Clinical income, bed days, and outpatient attendances per qualified nurse FTE

Finance
- Total productivity (cost) gap ranking in peer group

Theatres and estates
- Surgical/daycase procedures per operating/daycase theatre
- Theatres per surgical consultant FTE
- Establishment/premises cost per total income
- Percent non-utilised space

Summary of performance against key national indicators

Theme	Key indicator	Threshold %	Data period	Perf'nce %
Cancer	14 days to first seen	93.0	Q4	93.0
	14 days to first seen - Breast symptomatic	93.0	Q4	88.0
	31 days to first treatment	96.0	Q4	98.0
	31 days to subsequent treatment - Surgery	94.0	Q4	100.0
	31 days to subsequent treatment - Drugs	98.0	Q4	100.0
	62 days from referral to treatment	85.0	Q4	85.0
	62 days from consultant upgrade	-	Q4	-
Referral to Treatment	Admitted	90.0	Q4	90
	Non Admitted	95.0	Q4	95
	Incompletes	93.0	Q4	*
ED	4 hour waits	95.0	Q4	95.1
Mixed-Sex Accom	Non-Clinically Justified breaches	0	Q4	100
MRSA	Number of bacteraemia	0	Q4	2
C. Difficile	Number of infections	10	Q4	19

5) WORKFORCE PLANS

The workforce plan is being designed to take account of transformational change, already underway across the organisation through innovations such as ambulatory care. Skill mix and grade changes will flex in some areas due to internal developments and changes to commissioned services.

5.1 Key principles in the development of the Trust's Workforce Plan are:-

- Set a staffing establishment that meets operational needs within the cash envelope through substantive recruitment and significant reduction on agency staff in 2014/15;
- Review the pay bill against other peer trusts. Best practice could suggest that the pay bill should be between 65 – 67 per cent of the cost base, not 70 per cent as is current;
- Support a more productive workforce through IT systems and e-enabled solutions;
- Improve recruitment and temporary staffing to ensure a fast moving, proactive service with clear service level agreements and reduce reliance upon agency staffing;
- Review whether support and other non-patient care services could be improved through specialist outsourcing providers;
- New types of roles and workers are needed to deliver new models of care and the Trust's service development plans. This will also require different capabilities and skills than those currently in the organisation. Integration of therapy, social services and district nursing – following examples in Greenwich and current N19 pilot being run by Islington/Whittington Health core community services, will be more integrated in wider virtual or actual teams, wrapped around GP clusters.
- Incorporate seven day working to deliver consistent service levels into weekends;
- Ensure robust succession planning to strengthen our leadership and management capacity to drive the change agenda, and boost the apprenticeship programme.
- 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 integrated care organisation from acute to community-based health delivery. According to demographic projections, the local population in both Haringey and Islington is expected to increase by 6 per cent every year.

5.2 Establishment causal track

	Pay-bill £'000	WTE (worked, substantive and temporary)
Baseline : 2013/14 Forecast recurrent pay-bill	**205,711**	**4259**
Staff to TUPE out of WH	(3,483)	(66)
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Contingency reserve and Inflation	3,097	-
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5.3 Mechanisms for achieving transformational change

With a savings target in 2014/15 of £15m and a pay cost (as a proportion of total costs) of 70 per cent we are likely to identify savings of similar proportions from the pay costs (i.e. £10.5m). Both corporate and divisional resourcing strategies will be necessary to support the overall savings plans. This will be achieved through a range of measures including the following:-

- Reductions in the use of agency workers from quarter two, 2014/15.
- Natural turnover and vacancy rates. The current rate of turnover is circa 13 per cent which could assist in managing the workforce changes.
- Organisational changes in relation to transformation will create new opportunities;
- Tighter controls for the recruitment for all posts that are not front line.
- Where appropriate, consider the use of a Mutually Agreed Resignation Scheme (MARS), subject to funds being identified.
- Attendance management is a key priority in tackling short term absence.

In line with previous commitments, it is not anticipated that any compulsory redundancies will be necessary.

6) FINANCIAL AND INVESTMENT STRATEGY

6.1 Context

The Trust recognises that without significant change to the service delivery model, future financial sustainability will be challenging. Our financial plans assume a shift to PBR-based contracts, with recognition of growth and 2013/14 over performance. However, this still requires the Trust to deliver a savings programme of £15m (5 per cent), compared to the national target of 4 per cent.

6.2 Budgeting Process

The baseline for the 2014/15 budget (and beyond) is the forecast outturn for both income and expenditure in 2013/14.

Budgets will be adjusted for the full-year effects of 2013/14 impacts, cost pressures, inflation, commissioner agreed 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.
The budgeting process has been negotiated with each division (involving clinical and management staff), jointly led by the Chief Finance Officer and Chief Operating Officer.

6.3 Activity plans and central income

Initial baseline activity plans for 2014/15 will be based on 2013/14 actual outturn activity, adjusted for the DH published tariff deflator and any known variations arising from coding changes and full- year effects of 2013/14 service developments and known contract variations.
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) are aligned.
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.

6.4 Contracting - Outcome for 2014/15

Contract discussions with Islington and Haringey CCGs are substantially concluded, the key principles of the agreement are as follows:-

- Contract value based on 2013/14 outturn with additional growth built in for acute services based on demand growth at around three per cent and for community services at five per cent
- Service developments included for ambulatory care centre and for TB hub
- Impact of productivity metrics including first to follow-up ratios to be deducted from the contract value
- CQUINs will be paid in line with delivery, and penalties for missed targets will be applied in full
- Commissioners take the risk on delivery of QIPP schemes, which will be monitored jointly by the Trust and the CCGs
- Overall protection for all parties through “cap and collar” arrangement

The same principles will apply to the other CCGs, and to the local authorities that are associates to the CCG contract; these contract values are still subject to agreement. The CQUINs and the key performance indicators are in the process of being agreed, but are still likely to be outstanding at the time of contract signature.
Contract discussions with NHS England are progressing well and are likely to be concluded shortly, with contract values agreed at or above 2013/14 outturn values.
Contract discussions with London Borough of Haringey (LBH) for sexual health services are proving very challenging due to the significant reduction in contract value that LBH is proposing; negotiations have now been escalated to chief executive level.

Agreed contract structure

NHS England and local authorities:

- mix of block and Payment by Results(PbR)
- in line with national guidance/typical contract structures.

Clinical Commissioning Groups:-

- PbR for the majority acute services in line with typical contract structure
- Block for community services
- Subject to a cap and collar of +/- 5% for the larger CCGs, no restriction for the smaller CCGs
- Block contract for first 3 months whilst EPR issues resolved

6.5 Business Development - strategic direction

The Business Development strategy will primarily focus on community services, public health services and education, with diagnostic services potentially being added as a response to a number of recent opportunities. The loss of the prison business has removed this from the equation but the Trust continues to monitor tendering activity in primary care to keep abreast of other opportunities.

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 its overall strategy is also being developed.

6.6 Staffing Establishment 2014/15

The baseline pay budget for 2014/15 will be the forecast outturn for 2013/14, with WTE applied. This will provide a baseline budget for each division for both permanent and temporary staff. 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).

Pay inflation budget set in line with the NHS Pay Award and non-pay inflation budget set to cover main cost pressure areas of clinical negligence scheme for trusts (CNST), drugs and utilities.

In 2013/14, some areas (e.g. ED, theatres, wards) experienced significant change. These areas have been subjected to a zero-based analysis to establish baseline budgets for the future.

6.7 Non Pay

The baseline non-pay budget for 2014/15 will be the forecast outturn for 2013/14.
Non pay inflation is applied across the areas of utilities, drugs and CNST.

6.8 Contingency Reserve

A contingency reserve of 0.5 per cent will be included in the budget. (£1.4m)

6.9 Cost Improvement Programme (CIP)

All divisions have been developing their CIP projects to contribute to the forecast £15m cost reduction target in 2014/15, split into three categories:-

- Transformational projects
- High financial impact, Trust-wide efficiency and productivity projects
- Two per cent cost reductions, service led low scale projects.

Each project has been developed by operations teams with support from Finance and the PMO. Quality Impact Assessments (QIAs) are being completed for each project.

Progress against the financial target (£15m)

CIP Programme	2014/15 £000	2015/16 £000
CIP Target	**15000**	**15000**
Transformational Projects	3088	1846
High level efficiencies	2650	700
Service low level efficiencies	3821	441
Low level efficiency opportunities	1522	5300
Total CIP Plan reduction	**11081**	**8287**
Variance	**3919**	**6713**

6.10 Capital and Investment Plan

The Capital and Investment 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 backlog 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.

6.11 Financial Risk Management

Risk	Impact	Mitigation
Contracted income is less than expected	Increased savings requirement	Reduce capacity in line with activity New CIP savings to be identified. Further new business opportunities to be explored
Inability to identify CIP programme to deliver required savings	Reported deficit	Exec to agree further work including some projects which were previously ruled out. Identify non-recurrent measures
Inability to execute CIP plans	Reduced in-year savings	Realistic timescales need to be set for implementation of these schemes through planning documentation and project sign-off. Additional schemes will need to be identified to make up any shortfall due to late implementation.
Cashflow shortfall	Failure to pay creditors	Seek short term loan

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The Whittington Hospital NHS Trust

2014/15 Financial Monitoring - Full Plan

Key Data Summary

Key Data Item	2013/14 Full Year FOT	2014/15 Full Year	2015/16 Full Year
	£000s	£000s	£000s
Statement of Comprehensive Income			
Total Turnover used in Financial Risk Ratings (Operating Revenue less Donated & Gov Grant Income)	293,618	288,090	288,344
Retained Surplus /(Deficit) for the Year per the Accounts	346	0	0
Retained Surplus /(Deficit) as a percentage of Turnover (%)	0.1	0.0	0.0
Reported Financial Performance			
Retained Surplus /(Deficit) for the Year (as above)	346	0	0
Adjustments for impairments, Donated and Government Granted assets, IFRIC 12 and Transfers by Absorption	767	287	214
Adjusted Financial Performance Retained Surplus/(Deficit)	1,113	287	214
Adjusted Financial Performance Retained Surplus/(Deficit) as a percentage of Turnover (%)	0.4	0.1	0.1
Key Metric P1 - Planned Financial Performance	**AMBER**	**AMBER**	**AMBER**
Capital Position			
Gross Capital Expenditure		9,814	18,539
Capital Receipts / Losses		0	0
Other adjustments relating to grants, losses on disposal of donated assets and Donations		0	0
Charge against Capital Resource Limit		9,814	18,539
Capital Resource Limit (CRL)		9,814	18,539
Under / (Over) spend against CRL		**0**	**0**
Cash, Funding and Loans			
Cash Balance	876	876	876
New PDC Issued in year / (repaid) - Capital	923	210	0
New PDC Issued in year / (repaid) - Revenue	0	0	0
New Capital Loans	0	0	9,997
New Working Capital Loans - (FT liquidity)	0	0	0
New Working Capital Loans - (Revenue Support)	0	0	0
Other Loans	0	0	0
Key Metric P2 - Is the Trust planning to access permanent PDC Other funding?	**GREEN**	**GREEN**	**GREEN**
Key Metric P3 - Is the Trust anticipating a Working Capital Revenue Support loan?	**GREEN**	**GREEN**	**GREEN**
CIPs / Efficiencies			
High Risk Efficiencies		6,995	8,290
Medium Risk Efficiencies		5,313	500
Low Risk Efficiencies		2,692	210
Total Efficiencies	**13,400**	**15,000**	**9,000**
Key Metric P4 - Percentage of High Risk Efficiencies		**RED**	**RED**
Unidentified Efficiencies		5,391	8,290
Key Metric P5 - Percentage of Unidentified Efficiencies		**RED**	**RED**
Recurrent Efficiencies		15,000	9,000
Non-Recurrent Efficiencies		0	0
Efficiencies as a percentage of planned expenditure (%)	(4.4)	(5.0)	(3.0)
Key Metric P6 - Efficiencies as a % of Planned Spend	**GREEN**	**GREEN**	**RED**
Other key metrics			
Key Metrics Overall RAG Rating	**AMBER**	**AMBER**	**RED**
Continuity of Service Risk Ratings			
Liquidity Ratio (days)	1	1	1
Capital Servicing Capacity (times)	3	2	2
Overall Continuity of Service Finance Risk Rating	2	2	2
RAG Rating for Continuity of Service Finance Risk Rating	**RED**	**RED**	**RED**

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The Whittington Hospital NHS Trust
2014/15 Financial Monitoring - Full Plan

Statement of Comprehensive Income	**2013/14 Full Year FOT**	**2014/15 Full Year**	**2015/16 Full Year**
	£000s	**£000s**	**£000s**
Gross Employee Benefits	(206,910)	(202,773)	(202,489)
Other Operating Costs	(80,899)	(78,285)	(78,737)
Revenue from Patient Care Activities	259,154	260,924	261,378
Other Operating Revenue	34,556	27,166	26,966
OPERATING SURPLUS/(DEFICIT)	**5,901**	**7,032**	**7,118**
Investment Revenue	31	30	30
Other Gains and Losses	0	0	0
Finance Costs (including interest on PFIs and Finance Leases)	(2,783)	(2,868)	(2,943)
Interest on PFIs / Finance leases			
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR	**3,149**	**4,194**	**4,205**
Dividends Payable on Public Dividend Capital (PDC)	(2,803)	(4,194)	(4,205)
Net gains/ (loss) on transfers by absorption	0	0	0
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR	**346**	**0**	**0**
Prior Period Adjustment	0		
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR PER ACCOUNTS	**346**	**0**	**0**

Reported NHS Financial Performance	**2013/14 Full Year FOT**	**2014/15 Full Year**	**2015/16 Full Year**
	(mc 01)	(mc 02)	(mc 15)
	£000s	**£000s**	**£000s**
Retained surplus/(deficit) for the year	346	0	0
Prior Period adjustment to correct errors and other performance adjustments	0		
Impairments IFRIC12	0	0	0
Other: IFRIC12	32	83	10
IFRIC 12 adjustment including impairments	**32**	**83**	**10**
Impairments excluding IFRIC12 impairments	641	0	0
Donated/Government grant assets adjustment (include donation/grant receipts and depreciation of donated/grant funded assets)	94	204	204
Adjustments - other Net gains / (losses) on transfers by absorption	0	0	0
Adjusted Financial Performance Retained Surplus/(Deficit)	**1,113**	**287**	**214**

Earnings Before Interest, Taxation, Depreciation and Amortisation (EBITDA)	**2013/14 Full Year FOT**	**2014/15 Full Year**	**2015/16 Full Year**
	(mc 01)	(mc 02)	(mc 15)
	£000s	**£000s**	**£000s**
Retained Surplus / (Deficit) for the Year per Accounts	346	0	0
Prior Period adjustment to correct errors			
Depreciation	8,024	8,592	8,670
Amortisation	1,078	1,140	1,151
Impairments (including IFRIC 12 impairments)	641	0	0
Interest Receivable	(31)	(30)	(30)
Finance Costs (including interest on PFIs and Finance Leases)	2,783	2,868	2,943
Interest on PFIs / Finance leases			
Dividends	2,803	4,194	4,205
Donated/Government grant assets adjustment (donation income element of SC 380)	(92)	0	0
(Gains) / Losses on disposal of assets	0	0	0
(Gains) / Losses on disposal of other	0	0	0
Adjustments - other Net gains / (Losses) on transfers by absorption	0	0	0
EBITDA Sub Total	**15,552**	**16,764**	**16,939**
Restructuring costs	0	0	0
Other exceptional items			
Normalised EBITDA	**15,552**	**16,764**	**16,939**

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The Whittington Hospital NHS Trust

2014/15 Financial Monitoring - Full Plan

Statement of Financial Position	Opening Balance at 01/04/2014 £000s	Plan Year ending 31/03/2015 £000s	Plan Year ending 31/03/2016 £000s
NON-CURRENT ASSETS:			
Property, Plant and Equipment	178,539	179,424	189,166
Intangible Assets	5,435	4,031	2,880
Investment Property	0	0	0
Other Financial Assets	0	0	0
Trade and Other Receivables	610	610	610
TOTAL Non Current Assets	**184,584**	**184,065**	**192,656**
CURRENT ASSETS:			
Inventories	1,290	1,290	1,290
Trade and Other Receivables	21,924	10,366	10,366
Other Financial Assets	0	0	0
Other Current Assets	0	0	0
Cash and Cash Equivalents	876	876	876
Sub Total Current Assets	**24,090**	**12,532**	**12,532**
Non-Current Assets Held For Sale	0	0	0
TOTAL Current Assets	**24,090**	**12,532**	**12,532**
TOTAL ASSETS	**208,674**	**196,597**	**205,188**
CURRENT LIABILITIES			
Trade and Other Payables	(36,926)	(26,545)	(27,280)
Other Liabilities	0	0	0
Provisions	(580)	(200)	(200)
Borrowings	(16)	0	0
Other Financial Liabilities	0	0	0
Liabilities arising from PFIs / LIFT / Finance Leases	(2,792)	(2,178)	(2,001)
DH Working Capital Loan - FT Liquidity	0	0	0
DH Working Capital Loan - Revenue Support	0	0	0
DH Capital Loan	(164)	(164)	(564)
Total Current Liabilities	**(40,478)**	**(29,087)**	**(30,045)**
NET CURRENT ASSETS/(LIABILITIES)	**(16,388)**	**(16,555)**	**(17,513)**
TOTAL ASSETS LESS CURRENT LIABILITIES	**168,196**	**167,510**	**175,143**
NON-CURRENT LIABILITIES:			
Trade and Other Payables	0	0	0
Other Liabilities	0	0	0
Provisions	(2,340)	(2,188)	(2,036)
Borrowings	0	0	0
Other Financial Liabilities	0	0	0
Liabilities arising from PFIs / LIFT / Finance Leases	(32,024)	(31,444)	(29,996)
DH Working Capital Loan - FT Liquidity	0	0	0
DH Working Capital Loan - Revenue Support	0	0	0
DH Capital Loan	(2,948)	(2,784)	(12,017)
Total Non-Current Liabilities	**(37,312)**	**(36,416)**	**(44,049)**
ASSETS LESS LIABILITIES (Total Assets Employed)	**130,884**	**131,094**	**131,094**
TAXPAYERS EQUITY			
Public Dividend Capital	56,461	56,671	56,671
Retained Earnings reserve	18,918	18,918	18,918
Revaluation Reserve	55,505	55,505	55,505
Other Reserves	0	0	0
Total Taxpayers Equity	**130,884**	**131,094**	**131,094**

Cash Balance held on deposit with National Loans Fund (NLF)	0
Cash Balance held in commercial accounts	45
Other Balances	11
Total	**876**
No. of Commercial Bank Accounts Held	4

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The Whittington Hospital NHS Trust

2014/15 Financial Monitoring - Full Plan

Statement of Cash Flows (CF)	**2013/14 Full Year FOT £000s**	**2014/15 Full Year £000s**
Cash Flows from Operating Activities		
Operating Surplus/(Deficit)	5,901	7,032
Depreciation and Amortisation	9,102	9,732
Impairments and Reversals	181	0
Other Gains / (Losses) on foreign exchange	0	0
Donated Assets received credited to revenue but non-cash	(92)	0
Government Granted Assets received credited to revenue but non-cash	0	0
PFI / Finance Lease Interest paid		
Interest Paid	(2,734)	(2,820)
Dividend (Paid)/Refunded	(2,656)	(4,194)
Release of PFI/deferred credit	0	0
(Increase)/Decrease in Inventories	0	0
(Increase)/Decrease in Trade and Other Receivables	(9,363)	11,558
(Increase)/Decrease in Other Current Assets	0	0
Increase/(Decrease) in Trade and Other Payables	5,607	(10,381)
Increase/(Decrease) in Other Current Liabilities	0	0
Provisions Utilised	(1,628)	(580)
Increase/(Decrease) in Movement in non Cash Provisions	(3,475)	391
Net Cash Inflow/(Outflow) from Operating Activities	**843**	**10,738**
CASH FLOWS FROM INVESTING ACTIVITIES		
Interest Received	32	30
(Payments) for Property, Plant and Equipment	(12,299)	(7,682)
(Payments) for Intangible Assets	(830)	0
(Payments) for Investments with DH	0	0
(Payments) for Other Financial Assets	0	0
(Payments) for Financial Assets (LIFT)	0	0
Proceeds of disposal of assets held for sale (PPE)	0	0
Proceeds of disposal of assets held for sale (Intangible)	0	0
Proceeds from Disposal of Investment with DH	0	0
Proceeds from Disposal of Other Financial Assets	0	0
Proceeds from the disposal of Financial Assets (LIFT)	0	0
Loans Made in Respect of LIFT		
Loans Repaid in Respect of LIFT		
Rental Revenue	0	0
Net Cash Inflow/(Outflow) from Investing Activities	**(13,097)**	**(7,652)**
NET CASH INFLOW/(OUTFLOW) BEFORE FINANCING	**(12,254)**	**3,086**
CASH FLOWS FROM FINANCING ACTIVITIES		
New Public Dividend Capital received in year: PDC Capital	923	210
New Public Dividend Capital received in year: PDC Revenue	0	0
Public Dividend Capital repaid in year: PDC Capital	0	0
Public Dividend Capital repaid in year: PDC Revenue	0	0
Loans received from DH - New Capital Investment Loans	0	0
Loans received from DH - FT Liquidity Loans	0	0
Loans received from DH - Revenue Support Loans	0	0
Loans received - London RE:FIT loans (London Trusts only)	0	0
Other Loans Received	0	0
Loans repaid to DH - Capital Investment Loans Repayment of Principal	(164)	(164)
Loans repaid to DH - FT Liquidity Loans Repayment of Principal	0	0
Loans repaid to DH - Revenue Support Loans Repayment of Principal	0	0
NET INCREASE/(DECREASE) IN CASH AND CASH EQUIVALENTS	**(14,212)**	**0**
Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	**15,088**	**876**
Opening Balance Adjustment		0
Restated Cash and Cash Equivalents (and Bank Overdraft) at Beginning of the Period	**15,088**	**876**
Effect of Exchange Rate Changes in the Balance of Cash Held in Foreign Currencies	0	0
Cash and Cash Equivalents (and Bank Overdraft) at the end of the period	**876**	**876**

Memorandum Items		**2014/15 Full Year**
	(mc 01)	(mc 02)
Other Loans Received	**£000s**	**£000s**
		0
		0
		0
Total Other Loans Received (reported on sc 470)	**0**	**0**
Other Loans Repaid	**£000s**	**£000s**
Salix	(32)	(16)
		0
		0
Total Other Loans Repaid (reported on sc 500)	**(32)**	**(16)**

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Whittington Health
Budget Setting Summary - 2014/15

Subjective description	2013/14 Budget	2013/14 Forecast Outturn	2013/14 Variance	Adjustments within FOT	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 Cost Pressures	2014/15 Service Develops	2014/15 CIPs	Community Investments	2014/15 NHS Contract Adjusts	2014/15 Other Adjusts	2014/15 Budget Before Infation	2014/15 Inflation	2014/15 Final Budget
	A	B	C	F	G	H	J	K	L	L	M	N		O	P	Q	R	S
Notes	As at M8	M6 Actual * 2	C = A - B	Adjustments within FOT	14/15 fye of 13/14 Run Rate Rduction Schemes	Removal of other non-recurrent I&E adjustments	+ / - FYE of 2013/14 CIP plans	= B + D + E + F + G + H + I + J	Adjustment for Nursing Paper	New cost pressures planned for 2014/15 e.g. Tableau	New service developments planned for 2014/15 e.g. SDP's	Subtract new 2014/15 CIP plans	Community Investments	Expected contract adj e.g. ambulatory care BPT	Reserves	= SUM (K - P)	Inflation applied consistent with budget setting principles document	= Q + R
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000	£'000
Income																		
Nhs Clinical Income	(243,777)	(247,460)	3,683	-	(80)	7,994	200	(239,346)	-	-	(2,683)	(440)	-	(14,572)	-	(257,041)	3,852	(253,189)
Other Income For Pat Care	(8,177)	(7,794)	(383)	-	(76)	12	-	(7,858)	-	-	-	(14)	(136)	-	-	(8,008)	122	(7,886)
Sub-Total Patient Care Income	(251,954)	(255,254)	3,300	-	(156)	8,006	200	(247,203)	-	-	(2,683)	(454)	(136)	(14,572)	-	(265,048)	3,973	(261,075)
Non Clinical Income																		
Other Non-Patient-Devolved	(11,556)	(11,252)	(304)	-	(95)	1,014	-	(10,333)	-	(97)	-	(19)	-	-	-	(10,449)	-	(10,449)
Other_Non-Patient_Non-Dev	(17,768)	(20,576)	2,807	-	-	3,890	-	(16,685)	-	150	-	(31)	-	-	-	(16,566)	-	(16,566)
Sub-Total Non Clinical Income	(29,324)	(31,828)	2,503	-	(95)	4,904	-	(27,018)	-	53	-	(50)	-	-	-	(27,015)	-	(27,015)
Total Income	(281,278)	(287,082)	5,803	-	(251)	12,910	200	(274,222)	-	53	(2,683)	(504)	(136)	(14,572)	-	(292,063)	3,973	(288,090)
Pay Costs																		
A/C	25,354	29,735	(4,381)	(159)	-	477	(362)	29,691	-	191	427	(1,549)	-	11	-	28,771	301	29,072
Chairman & Non-Executives	74	64	10	-	-	-	-	64	-	15	-	(3)	-	-	-	76	1	77
Executive Board & Sen Mgmt	8,868	8,135	733	-	-	(72)	-	8,063	-	193	(38)	(421)	-	-	-	7,798	84	7,882
Medical	38,979	40,909	(1,930)	(11)	(100)	(633)	-	40,165	-	75	466	(2,095)	140	847	-	39,599	414	40,013
Nurses & Midwives	72,285	75,989	(3,704)	107	-	(1,025)	(287)	74,784	500	185	635	(3,901)	302	3,787	-	76,292	796	77,088
Pay Reserve	(4,187)	(2,442)	(1,745)	-	-	2,442	-	-	-	-	-	-	-	-	1,000	1,000	(0)	1,000
Scientific, Ther & Tech	40,754	39,690	1,064	74	(3)	(1,443)	(49)	38,267	-	189	-	(1,996)	401	79	-	36,940	387	37,327
Other Support Workers	10,135	10,349	(215)	-	-	201	(294)	10,256	-	-	13	(535)	-	-	-	9,734	104	9,838
Sub-Total Pay Costs	192,262	202,430	(10,168)	11	(103)	(54)	(993)	201,292	500	847	1,504	(10,500)	844	4,724	1,000	200,210	2,087	202,297
Non Pay Costs																		
Establishment	3,165	3,581	(416)	-	-	105	-	3,686	-	-	-	(209)	2	-	-	3,479	-	3,479
Ext Cont Staffing & Cons	3,220	4,077	(857)	-	(7)	(443)	-	3,628	-	-	-	(206)	-	-	-	3,422	-	3,422
Healthcare From Non Nhs	500	523	(23)	-	-	-	-	523	-	-	-	(30)	-	-	-	493	-	493
Miscellaneous	9,341	8,224	1,117	-	-	1,113	-	9,337	-	841	-	(530)	30	-	-	9,678	-	9,678
Non-Pay Reserve	4,378	-	4,378	-	-	-	-	-	-	-	-	-	-	-	400	400	-	400
Premises & Fixed Plant	16,660	16,909	(249)	-	-	794	-	17,704	-	206	-	(1,006)	-	-	-	16,904	-	16,904
Supplies & Servs - Clin	31,357	33,756	(2,399)	99	(71)	(2,077)	(390)	31,317	-	609	372	(1,779)	-	146	-	30,665	-	30,665
Supplies & Servs - Gen	4,164	3,907	257	-	-	244	(3)	4,149	-	-	-	(236)	-	-	-	3,913	-	3,913
Sub-Total Non Pay Costs	72,785	70,977	1,807	99	(78)	(264)	(393)	70,342	-	1,655	372	(3,996)	32	146	400	68,952	-	68,952
Total Expenditure	265,047	273,408	(8,361)	111	(181)	(317)	(1,386)	271,634	500	2,502	1,876	(14,496)	876	4,870	1,400	269,162	2,087	271,249
EBITDA	**(16,232)**	**(13,674)**	**(2,558)**	**111**	**(432)**	**12,593**	**(1,186)**	**(2,588)**	**500**	**2,555**	**(807)**	**(15,000)**	**740**	**(9,702)**	**1,400**	**(22,901)**	**6,061**	**(16,841)**
EBITDA margin %	5.8%	4.8%	-44.1%		172.3%	97.5%	-592.9%	0.9%		4821.4%	30.1%	2976.2%	-545.9%	66.6%		7.8%		5.8%
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)	111	(432)	15,487	(1,186)	14,253	500	2,555	(807)	(15,000)	740	(9,702)	1,400	(6,061)	6,061	(0)

Whittington Health
Budget Setting Summary - 2014/15

Budget before CIPs

Subjective description	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	2014/15 Final Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Sub-Total Patient Care Income	(21,718)	(21,718)	(21,718)	(21,718)	(21,718)	(21,718)	(21,718)	(21,718)	(21,718)	(21,718)	(21,718)	(21,718)	(260,620)
Sub-Total Non Clinical Income	(2,247)	(2,247)	(2,247)	(2,247)	(2,247)	(2,247)	(2,247)	(2,247)	(2,247)	(2,247)	(2,247)	(2,247)	(26,965)
Sub-Total Pay Costs	17,733	17,733	17,733	17,733	17,733	17,733	17,733	17,733	17,733	17,733	17,733	17,733	212,797
Sub-Total Non Pay Costs	6,079	6,079	6,079	6,079	6,079	6,079	6,079	6,079	6,079	6,079	6,079	6,079	72,948
Sub-Total Central Costs	1,403	1,403	1,403	1,403	1,403	1,403	1,403	1,403	1,403	1,403	1,403	1,403	16,841
Net Surplus/Deficit	**1,250**	**1,250**	**1,250**	**1,250**	**1,250**	**1,250**	**1,250**	**1,250**	**1,250**	**1,250**	**1,250**	**1,250**	**15,000**

CIPs

Subjective description	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	2014/15 Final Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Sub-Total Patient Care Income	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(38)	(454)
Sub-Total Non Clinical Income	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(50)
Sub-Total Pay Costs	561	561	571	748	767	770	1,043	1,043	1,045	1,130	1,130	1,130	10,500
Sub-Total Non Pay Costs	316	316	316	330	330	330	343	343	343	343	343	343	3,995
Sub-Total Central Costs	-	-	-	-	-	-	-	-	-	-	-	-	-
Total CIPs	**919**	**919**	**929**	**1,121**	**1,140**	**1,142**	**1,428**	**1,428**	**1,430**	**1,515**	**1,515**	**1,515**	**15,000**

Revised Budget

Subjective description	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	2014/15 Final Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Sub-Total Patient Care Income	(21,756)	(21,756)	(21,756)	(21,756)	(21,756)	(21,756)	(21,756)	(21,756)	(21,756)	(21,756)	(21,756)	(21,756)	(261,074)
Sub-Total Non Clinical Income	(2,251)	(2,251)	(2,251)	(2,251)	(2,251)	(2,251)	(2,251)	(2,251)	(2,251)	(2,251)	(2,251)	(2,251)	(27,015)
Sub-Total Pay Costs	17,172	17,172	17,162	16,985	16,966	16,963	16,690	16,690	16,688	16,603	16,603	16,603	202,297
Sub-Total Non Pay Costs	5,763	5,763	5,763	5,749	5,749	5,749	5,736	5,736	5,736	5,736	5,736	5,736	68,953
Sub-Total Central Costs	1,403	1,403	1,403	1,403	1,403	1,403	1,403	1,403	1,403	1,403	1,403	1,403	16,841
Net Surplus/Deficit	**331**	**331**	**321**	**129**	**110**	**108**	**(178)**	**(178)**	**(180)**	**(265)**	**(265)**	**(265)**	**0**

Appendix 3

Activity Plan - £000's	2013/14	2014/15
NHS ISLINGTON CCG	90,836	95,431
NHS HARINGEY CCG	78,719	76,145
NHS BARNET CCG	8,900	9,515
NHS CAMDEN CCG	9,110	9,807
NHS ENFIELD CCG	4,556	3,898
NHS CITY AND HACKNEY CCG	5,852	5,515
Other NECL CCG's	1,362	1,230
NECL CCG Income	**199,335**	**201,540**
Local Authority Income	**6,104**	**14,472**
NHSE Income	**31,950**	**30,950**
NCAs	**1,830**	**1,830**
Community Estates & Facilities	8,300	8,300
Prior Year Income from PCT's	2,309	0
Other NHS income	3,104	2,018
Other NHS Income	**13,713**	**10,318**
Non NHS income incl 3rd Sector Income, RTA's	**2,322**	**2,309**
Sub Total - Patient Care Income	**255,254**	**261,419**
Education and Training Income	**16,244**	**16,191**
Other Non Patient Care Income	**15,584**	**9,976**
Total Income	**287,082**	**287,586**
Adjustment for CIP's		504
Total Income per Appendices 1 & 2		**288,090**

CIP Plan 2014/18		Version: 25-03-2014 v1																
Ref number	**CIP Scheme**	**Director**	**Service Lead**	**How savings are achieved**	**Status Definition (as per TDA)**	**Risk (as per TDA)**	**Project Brief completed**	**PID completed**	**QIA completed**	**Savings 2014/15**	**Savings 15/16**	**Savings 16/17**	**Savings 17/18**	**Savings 18/19**	**Total Savings**	**WTE Reduction**	**Implement'n Start**	**Implement'n Finish**
	Transformation																	
CIP/T1	Emergency Care pathway	Lee Martin	Paula Mattin	Reducing the number of follow up appointments; a reduction in the need for agancy staff; Supporting a reduction in the amount of in hospital beds that wil be required.	Plan in Progress	Medium risk	✔	✔	✔	194	0	0	0	0	194	-1.5	02/01/2014	01/04/2014
CIP/T2	Ambulatory Care pathway	Lee Martin	Carol Gillen	Removal of the ISIS supporting a reduction in Length of Stay and reduction in hospital admission using community provision as the support to care.	Plan in Progress	Medium risk	✔	✔	✔	452	192	0	0	0	644	-11.0	01/04/2014	01/10/2014
CIP/T3	Planned Care pathway (Inc Theatres)	Lee Martin	Fiona Isacsson	Reduceing the bed provision through Length of stay improvements and increasing the number of day cases.	Opportunity	High risk	✔	✔	✔	721	721	0	0	0	1442	-34.0	01/04/2014	01/01/2015
CIP/T4	Outpatients pathway	Lee Martin	Fiona Isacsson	Increasing the shift from a hospital based service to a community based service. Ensuring more patiants are treated and supported in the community.	Opportunity	Medium risk	✔	✔	✔	487	0	0	0	0	487	-24.0	01/04/2014	01/01/2015
CIP/T5	Diagnostics (Pharmacy)	Lee Martin	Nick Harper and Sam Page	Two work streams: Work stream 1 is to make improvements to increase operating hours and reduce overtime use. Work stream 2 to reduce the spend on pharmacy drugs through better control and contracts.	Plan in Progress	High risk	✔	✔	✔	500	13	0	0	0	513	0.0	01/04/2014	31/03/2015
CIP/T6	Locality Based Teams	Lee Martin	Carol Gillen	Reduce the number of bases the community team use to 7 and to create better working and efficiencies through mobile technology. 20% reduction in community based nurses.	Opportunity	High risk	✔	✔	✔	710	710	0	0	0	1,420	-37.0	01/04/2014	01/10/2014
CIP/T7	Community Integration (Hub and Spoke)	Lee Martin	Carol Gillen	Reduce the number of follow up appointments as a result of greater access in community based care.	Opportunity	Low risk	✔	✔	✔	0	0	0	0	0	0	0.0		
CIP/T8	Mental Health Raid implementation	Lee Martin	Carol Gillen	To reduce the number of admissions from patients that present Mental Heath and Substance Abuse problems through interventions in the community. Bed savings included in planned care figure.	Plan in Progress	Low risk	✔	✔	✔	24	0	0	0	0	24	-0.5	01/04/2014	01/04/2014
CIP/T9	Primary Care	Lee Martin	Greg Battle	To enter the Primary Care market.	Opportunity	High risk	✔			0	0	0	0	0	0	0.0		
CIP/T10	Intermediate Care Pathway	Lee Martin	Carol Gillen	To reduce the dependency on bed based provision of intermediate care. Upscale the inpatient rehab model through GP's and build on the existing pathways to achieve this.	Plan in Progress	High risk	✔	✔	✔	0	210	0	0	0	210	0.0	02/01/2014	01/04/2014
CIP/T11	Private Provision	Lee Martin	Lee Martin	Develop the Private provision and increase the income in to the hospital from this source.	Opportunity	High risk				0	0	0	0	0	0	0.0		
CIP/T12	Enfield Community Contract	Simon Wombwell	Simon Currie	A Strategy to submit a tender and achieve one of the big local contracts that is coming up in 2015/16	Opportunity	High risk				0	0	0	0	0	0	0.0		
	Transformation Subtotal									**3,088**	**1,846**	**0**	**0**	**0**	**4,934**	**-108.0**		
	Productivity / Efficiency																	
CIP/E1	Procurement Shared Service + process efficiencies	Simon Wombwell	Alan Farnsworth	The Benefits plan from Procurement.	Plans in progress	Medium risk		Benefits Plan		1,000	0	0	0	0	1,000	0.0	01/04/2014	31/03/2015
CIP/E2	Staff & Patient catering market testing	Simon Wombwell	Phil Ient	Completion of the Contract for the provision of the service.	Fully Developed	Medium risk	✔	✔		300	100	0	0	0	400	-25.0	02/04/2014	01/07/2014
CIP/E3	Medical Physics Service Development	Simon Wombwell	Phil Ient	Develop the Medical Physics contract.	Plans in progress	Medium risk				0	100	0	0	0	100	0.0		
CIP/E4	Other Service Partnership Opportunities	Simon Wombwell	Alan Farnsworth	Develop further the opportunities for partnerships for the provision of support functions with other Trusts and private providers.	Opportunity	Medium risk				0	500	0	0	0	500	0.0	01/04/2015	31/03/2016
CIP/E5	Review of T&Cs	Jo Ridgway	Chris Goulding	Review the T&C's of the organisation.	Plans in progress	High risk	✔			250	0	0	0	0	250	0.0	02/01/2015	01/07/2015
CIP/E6	Non-clinical Admin review	Simon Wombwell	Richard Ellis	Review of Band 8 posts and above.	Opportunity	Medium risk				500	0	0	0	0	500	-10.0	01/08/2014	31/03/2015
CIP/E7	Estates / Facilities strategy	Simon Wombwell	Phil Ient	Property rationalisation	Plans in progress	Medium risk				150	0	0	0	0	150	0.0	01/04/2014	31/03/2015
CIP/E8	IT	Simon Wombwell	Glenn Winteringham		Opportunity	Medium risk				250	0	0	0	0	250	0.0		
CIP/E9	New income / contracts	Simon Wombwell	Simon Currie	Negotiating income through contracts with the CCG's	Plans in progress	Low risk		Pipeline		200	0	0	0	0	200	0.0	02/01/2014	01/04/2014
	Efficiency Subtotal									**2,650**	**700**	**0**	**0**	**0**	**3,350**	**-35.0**		
	Initial Draft Divisional Targets @ 2%							**Proj Summ**										
	ICAM 2%	Lee Martin	Carol Gillen	Various projects in ICAM services	Opportunity	Medium risk		✔		1,036	208	0	0	0	1,244	-5.1	Various small projects	
	SCD 2%	Lee Martin	Fiona Isacsson	Various projects in SCD services	Opportunity	Medium risk		✔		812	20	0	0	0	832	-1.6	Various small projects	

	WCF 2%	Lee Martin	Sam Page	Various projects in WCF services	Opportunity	Medium risk		✓		1,023	153	0	0	0	1,176	-15.8	Various small projects	
	Finance 2%	Simon Wombwell	Paul MacAuliffe	Various projects in Finance	Plan in Progress	Medium risk				88	0	0	0	0	88	0.0	Various small projects	
	IT 2%	Simon Wombwell	Glenn Winteringham	Community Servers in-house and Mobile IT rationalisation.	Plan in Progress	Medium risk				110	60	0	0	0	170	0.0	Various small projects	
	HR 2%	Jo Ridgway	Chris Goulding	Non replacement of a Band 8B.	Plan in Progress	Medium risk		✓		72	0	0	0	0	72	-1.0	01/04/2014	01/04/2014
	Estates & Facilities 2%	Simon Wombwell	Phil Ient	Generator use, decontam, Medical Physics oncall, Accommodation income & Transport B3	Plan in Progress	Medium risk				369	0	0	0	0	369	-2.5	Various small projects	
	Nurse Director 2%	Jill Foster	Alison Kett	to be clarified	Plan in Progress	Medium risk				36	0	0	0	0	36	0.0	Various small projects	
	Procurement 2%	Simon Wombwell	Alan Farnsworth	Non replacement of a post.	Plan in Progress	Medium risk				16	0	0	0	0	16	-0.5	01/04/2014	01/04/2014
	Planning and Programmes 2%	Simon Wombwell		Establishment reduced	Plan in Progress	Medium risk				50	0	0	0	0	50	0.0	01/04/2014	01/04/2014
	Medical Director 2% LETB	Martin Kuper		Funded from LETB	Plan in Progress	Medium risk				75	0	0	0	0	75	0.0	01/04/2014	01/04/2014
	COO	Lee Martin		Establishment reduced	Plan in Progress	Medium risk				135	0	0	0	0	135	-2.0	01/04/2014	01/04/2014
HOLD	Opportunity 2%				Opportunity					1,522	5,300	0	0	0	6,822			
	2% Subtotal			**Excluding Opportunity**						**3,821**	**441**	**0**	**0**	**0**	**4,262**	**-28.5**		
	2% Subtotal			**Including Opportunity**						**5,343**	**5,741**	**0**	**0**	**0**	**11,084**			
	Enabling schemes/Dependencies																	
	Bank & Agency usage reduction	Jill Foster								0	0	0	0	0	0			
	Service Reviews - re SLR	Simon Wombwell								0	0	0	0	0	0			
	Totals			**Transformation, Productivity & 2% excluding Opportunity**						**9,559**	**2,987**	**0**	**0**	**0**	**12,546**	**-171.5**		
	Totals			**Transformation, Productivity & 2% Including Opportunity**						**11,081**	**8,287**	**0**	**0**	**0**	**19,368**			

Appendix 5

The Whittington Hospital NHS Trust

2014/15 Financial Monitoring - Full Plan

Capital Analysis of Projects

Capital Project	Type of Expenditure	Programme	2014/15 Plan £000s	2015/16 Plan £000s
Capital Schemes: Trust Approved Schemes				
(A) Identified at Plan:				
Health and safety and fire risk assessment	Backlog	Maintenance	90	90
Lab compliance works	Backlog	Maintenance	0	
AHU replacement programme in K, D and E blocks	Backlog	Maintenance	0	
Roofing	Backlog	Maintenance	72	
Security upgrades	Backlog	Maintenance	45	40
Lift Replacement programme	Backlog	Maintenance	1,200	
Maternity backlog and condition	Backlog	Maintenance	1,000	1,000
Materniy Lift	Backlog	Maintenance	1,000	1,000
External façade: Blocks C D E and K	Backlog	Maintenance	0	
Endoscopy unit replacement	Backlog	Maintenance	0	2,000
Residences	Backlog	Maintenance	90	
Other Acute works	Backlog	Maintenance	1,655	810
Community replacement works	Backlog	Maintenance	602	145
Endoscopes	Backlog	Maintenance	50	150
Ventilators	Backlog	Maintenance	26	200
Community Equipment	Backlog	Maintenance	166	0
Camera Stack replacement	Backlog	Maintenance	0	150
Laboratory Equipment	Backlog	Maintenance	0	78
Theatre Equipment	Backlog	Maintenance	40	70
Other Medical Equipment	Backlog	Maintenance	1,232	1,043
Core IT infrastructure - servers and network resilience and security equipment	Backlog	Maintenance	325	325
Replacement of PCs and Ipads	Backlog	Maintenance	135	225
Other IT schemes	Backlog	Maintenance	90	190
PFI Life Cycle	New Build	Non central	324	473
MES	New Build	Non central	1,598	553
Safer Ward Technology	IT	Safer Hospital	210	
Various	New assets	Business Cases	200	
Capital Schemes: Business Cases for NTDA approval				
Maternity Redevelopment	Other	Non central	0	9,997
Gross Capital Expenditure			**10,150**	**18,539**

Whittington Health NHS

On Plan | Needs attention/action | Major problem | Completed

Operational Planning Timetable - 2014 - 16

Version: 20140325 v1

	Activity	Detail	By when	Owner	RAG
1	**Planning Process**		**31-Jan-14**	**RE**	
1.1	**Identify Project Structure**	Operational Planning Programme Board (OPPB)	21-Jan-14	RE	
		Project teams for key workstreams	21-Jan-14	RE	
1.2	**Identify Project Resources**	Exec Sponsor	21-Jan-14	SW	
		Programme Director	21-Jan-14	SW	
		Project Leads	21-Jan-14	RE	
1.3	**Governance - Internal**	OPPB - ToRs / meeting schedule	24-Jan-14	RE	
		Agree overall programme governance	31-Jan-14	RE	
		Agree Reporting mechanisms	31-Jan-14	RE	
1.4	**Governance - External**	Commissioners - identify requirements, timetable, key contacts, key meetings	24-Jan-14	RE	
		TDA - identify requirements, timetable, key contacts, key meetings	24-Jan-14	RE	
1.5	**Programme Management**	OPPB agree overall Programme Plan/timetable	31-Jan-14	RE	
		Workstream Plans agreed by OPPB	31-Jan-14	OPPB	
		Identify Project documentation requirements	31-Jan-14	RE/PMs	
2	**Operational Planning timetable**				
2.1	**1st cut High Level One Year Plans**		**13-Jan-14**	**RE/PM**	
		Planning guidance received from TDA	23-Dec-13	TDA	
		Project team identified	24-Dec-13	SW	
		Workstreams allocated	24-Dec-13	SW	
		Templates/checklists completed	10-Jan-14	Leads	
		Templates/checklists submitted	13-Jan-14	RE/PM	
		Feedback from TDA	31-Jan-14	SW	
2.2	**Full 2 Year Plans - 1st Draft**		**05-Mar-14**	**RE/PM**	
2.2.1	**2 year Plan summary**	Agree owner	21-Jan-14	SW/RE	
		Agree Leads to specific sections	21-Jan-14	RE	
		RE to produce initail draft for review at EC	11-Feb-14	RE	
		Section leads to review draft and feedback any amendments to RE	14-Feb-14	Leads	
		Draft 2 year Plan Summary reviewed by OPPB	17-Feb-14	RE	
		Draft 2 year Plan Summary sent to ICCG for review	21-Feb-14	RE	N/A
2.2.2	**Activity Plan**	Agree Lead	21-Jan-14	SW/RE	
		Brief Lead on outline timetable/requirements	31-Jan-14	RE	
		Draft Activity Plan submitted to RE	14-Feb-14	SC	
		Draft Activity Plan reviewed by Programme Board	17-Feb-14	RE	
2.2.3	**Clostridium Difficile Plan**	Agree Lead	21-Jan-14	SW/RE	
		Brief Lead on outline timetable/requirements	31-Jan-14	RE	
		Draft C. Diff Plan submitted to RE	14-Feb-14	BS	
		Draft C. Diff Plan reviewed by Programme Board	17-Feb-14	RE	
2.2.4	**Financial Plan**	Agree owner	21-Jan-14	SW/RE	
		Agree timetable	31-Jan-14	PM	
		FM & Divisional Ops meetings to review pay and non-pay costings	17-Jan-14	ODs/FMs	
		First cut baseline budget determined	22-Jan-14	PM	
		FMs & ODs to identify cost pressures and service devs above budget	24-Jan-14	ODs/FMs	
		FMs and ODs to identify savings plans (2%)	24-Jan-14	ODs/FMs	
		Submission of budget templates to COO/CFO	29-Jan-14	ODs/FMs	
		Budget setting meetings (1st stage review)	w/c 3/2/14	PM	
		Weekly submission of CIP/Contracting templates	4/2/14 - ongoing	PM	
		Update to Trust Board	05-Feb-14	RE	
		Response to Financial Planning feedback to TDA	07-Feb-14	PM	
		Budget setting meetings (2nd stage - sign off)	w/c 17/2/14	PM	
		Contracts to be signed	28-Feb-14	SC	
		Draft 2yr Budget & Annual Plan to Trust Board	05-Mar-14	PM	
		Draft full 2 yr plan to TDA	05-Mar-14	PM	
		Final full 2 yr plan to Trust Board	02-Apr-14	PM	
		Final full 2 yr plan to TDA	04-Apr-14	PM	
		Upload budgets to ledger	15-Apr-14	PM	
		5 yr plan to TDA	20-Jun-14	PM	
2.2.4.1	**CIP Plan for 2014-16**	Provisional CIP Plan developed and scheme leads identified	15-Jan-14	RE	
		Project planning requirements communicated to scheme leads	16-Jan-14	RE	
		Project Briefs for CIP schemes approved at CIPSG	21-Jan-14	CIPSG	
		Compile 1st cut summary of CIP plans vs £15m target	24-Jan-14	EH	
		Develop further ideas to close gap vs £15m	03-Feb-14	SW/RE	
		Additional Project Briefs approved at CIPSG	20-Feb-14	CPG	
		Compile 2nd cut summary of CIP plans vs £15m	17-Feb-14	EH	
		Quality Impacts assessed at Divisional Board meetings	w/c 10/2/14	Ops Directors	
		Full PIDs for CIP schemes approved at CIPSG	04-Mar-14	CIPSG	
		Quality Impacts assessed at Clinical Advisory Panel	26-Mar-14	CPG	

March																				
3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	31

April																					
1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30

May																					
1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30

	Activity	Detail	By when	Owner	RAG
2.2.4.2	Contracting / Business Dev Plan	Agreement of contract form including risk share mechanism	24-Jan-14	SC	
		Agreement of contract baseline	03-Feb-14	SC	
		Contracts to be signed	28-Feb-14	SC	
2.2.4.3	Capital & Investment Plan	Agree requirements for inclusion in 2 year plan submission	31-Jan-14	PI	
2.2.5	Workforce Plan	Agree requirements for inclusion in 2 year plan submission	31-Jan-14	CGou	
2.2.6	Planning Checklists- Quality	Agree owners for each checklist	21-Jan-14	RE	
		Feedback from TDA	31-Jan-14	RE	
		Feedback disseminated to checklist owners	03-Feb-14	RE	
		Owners to update checklists and return to RE	10-Feb-14	Owners	
		RE to collate and QA/proof checklists	17-Feb-14	RE	
		Checklists submitted to TDA	05-Mar-14	RE	
2.2.7	Planning checklist - Innovation	Agree owner	21-Jan-14	RE	
		Feedback from TDA	31-Jan-14	RE	
		Owner to update checklists and return to RE	10-Feb-14	MK	
		RE to collate and QA/proof checklists	17-Feb-14	RE	
		Checklists submitted to TDA	05-Mar-14	RE	
2.2.8	Planning checklist - QIPP	Agree owner	21-Jan-14	RE	
		Feedback from TDA	31-Jan-14	RE	
		Owner to update checklists and return to RE	10-Feb-14	SC	
		RE to collate and QA/proof checklists	17-Feb-14	RE	
		Checklists submitted to TDA	05-Mar-14	RE	
2.2.9	Planning checklist - Sustainability	Agree owner	21-Jan-14	RE	
		Feedback from TDA	31-Jan-14	RE	
		Owner to update checklists and return to RE	10-Feb-14	SW	
		RE to collate and QA/proof checklists	17-Feb-14	RE	
		Checklists submitted to TDA	05-Mar-14	RE	
2.2.10	Planning Process/timetable	Agree owner	21-Jan-14	RE	
		Feedback from TDA	31-Jan-14	RE	
		Owner to update checklists	10-Feb-14	RE	
		Checklists submitted to TDA	05-Mar-14	RE	
2.3	Full 2 Year Plans - Final		04-Apr-14	RE/PM	
		Feedback from TDA on 1st draft	13-Mar-14	RE	
		Owners to update submission in response to feedback	17-Mar-14	Owners	
		Final 2 year plan to Trust Board (paper deadline)	26-Mar-14	RE	
		Final 2 year plan to Trust Board (discussion) for Approval	02-Apr-14	RE	
		Final 2 Year Plans and checklists submitted to TDA	04-Apr-14	RE/PM	
2.4	5 Year Plan submission, IBP and LTFM		20-Jun-14	RE/PM	
2.4.1	Integrated Business Plan	Agree governance for delivery of IBP	11-Mar-14	Exec	
		Identify owners for each section of IBP	11-Mar-14	Exec	
		Outline requirements for each section	11-Mar-14	RE	
		Outline timetable for delivery of IBP	11-Mar-14	RE	
		Strategic Planning workshop (Board/Exec)	07-Apr-14	SW	
		1st Draft of each section of IBP to RE	11-Apr-14	Owners	
		1st Draft of IBP collated and reviewed	22-Apr-14	Exec	
		Feedback to owners	25-Apr-14	RE	
		2nd Draft of each section of IBP to RE	02-May-14	Owners	
		2nd Draft of IBP collated	09-May-14	RE	
		Draft IBP sent to Commissioners for review	12-May-14	RE	
		Deadline for TB report	26-May-14	RE	
		IBP to Trust Board	04-Jun-14	RE	
2.4.1.1	Section 1 - Exec Summary			RE	
2.4.1.2	Section 2 - Trust profile			RE	
2.4.1.3	Section 3 - Strategy			RE	
2.4.1.4	Section 4 - Market Assessment			LM	
2.4.1.5	Section 5 - Service Development Plans			LM	
2.4.1.6	Section 6 - Financial Plans			SW	
2.4.1.7	Section 7 - Risks			RE	
2.4.1.8	Section 8 - Leadership & Workforce			JR	
2.4.1.9	Section 9 - Governance			RE	
2.4.2	Long Term Financial Model	Agree governance for delivery of LTFM	11-Mar-14	Exec	
		Identify owners for each section of LTFM	11-Mar-14	Exec	
		Outline requirements for each section	11-Mar-14	PM	
		Outline timetable for delivery of LTFM	11-Mar-14	PM	

3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	31	1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30

	Activity	Detail	By when	Owner	RAG	3	4	5	6	7	10	11	12	13	14	17	18	19	20	21	24	25	26	27	28	31	1	2	3	4	7	8	9	10	11	14	15	16	17	18	21	22	23	24	25	28	29	30	1	2	5	6	7	8	9	12	13	14	15	16	19	20	21	22	23	26	27	28	29	30
		1st Draft of each section of LTFM to PM	11-Apr-14	Owners																																																														
		1st Draft of LTFM collated and reviewed	22-Apr-14	Exec																																																														
		Feedback to owners	25-Apr-14	PM																																																														
		2nd Draft of each section of LTFM to PM	02-May-14	Owners																																																														
		2nd Draft of LTFM collated	09-May-14	PM																																																														
		Draft LTFM sent to Commissioners for review	12-May-14	PM																																																														
		Deadline for TB report	26-May-14	PM																																																														
		IBP to Trust Board	04-Jun-14	PM																																																														
2.4.3	5 Year Plan submission	Agree owners for additional sections within 5 year plan summary	11-Mar-14	RE																																																													
		Section leads to produce initial draft and submit to RE	28-Mar-14	Leads																																																														
		RE to collate Draft 5 year plan summary for review by OPPB	14-Apr-14	RE																																																														
		Final draft of 5 year plan summary sent to commissioners for review	12-May-14	RE																																																														
		Deadline for TB report	26-May-14	RE																																																														
		5 Year Plan Summary to Trust Board	04-Jun-14	RE																																																														
2.5	Development Support Plans		30-Sep-14	RE																																																														
		Facilitated Board seminar session to identify organisational weaknesses and challenges	14-May-14	RE																																																														
		Outputs incorporated into draft Development Support Plan template	30-May-14	RE																																																														
		Draft Development Support Plan reveiwed at OPPB	09-Jun-14	RE																																																														
		Draft Development Support Plan reviewed at EC	17-Jun-14	RE																																																														
		Deadline for TB report on Draft Development Support Plan	23-Jun-14	RE																																																														
		Draft Development Support Plan reviewed at TB	02-Jul-14	RE																																																														
		Draft Development Support Plan discussed with TDA	11-Jul-14	RE																																																														
		Development Support Plans submitted to TDA	30-Sep-14	RE																																																														
3	Meeting schedule																																																																		
	Programme Board	Papers due		RE																																																														
		Meeting		RE																																																														
	Exec Committee	Papers due		RE																																																														
		Meeting		RE																																																														
	Resources & Planning Committee	Papers due		RE																																																														
		Meeting		RE																																																														
	Trust Board Seminar	Meeting		RE																																																														
	Trust Board	Papers due		RE																																																														
		Meeting		RE																																																														
	Commissioner meetings - TBC			RE																																																														