

# Item 11 Appendix 1

## EAST & NORTH HERTFORDSHIRE NHS TRUST

### Strategic Direction:

Our vision is to be Amongst the Best – we assess this in relation to patient experience, financial sustainability, clinical outcomes and patient safety.

### Key priorities and programmes include:

- Improve patient outcomes – implement e-Obs and the Trust Lorenzo PAS system
- Deliver agreed control totals, deliver underpinning CIPs and improve financial and operational decision making
- Deliver Flexible Working Project as part of Retention Strategy, revise job planning policy and deliver e-job planning for senior medical staff
- Develop and deploy a fit for purpose Business Intelligence Framework and a programme to support improved accuracy of Trust data capture and coding
- Improve productivity and efficiency focussing on Theatres, Outpatients and Inpatient Flow
- Deliver 4 hour performance trajectory, sustain improved performance and transform secondary and tertiary pathways to consistency achieve 31 & 62 day standards
- Work with partners to redesign patient-centred pathways to facilitate keeping patients out of hospital and harness benefits from developing back office & support services at scale across ENHT and PAH
- Relocate Luton Dialysis Unit and develop a vascular surgery network across Hertfordshire and W Essex with a Vascular Centre at the Lister , subject to agreement with NHSE
- Commence delivery of clinical service strategy for MVCC and identify preferred academic and clinical partner

### Key services provided:

- Acute hospital care for a population of around 600,000 people primarily in south, east and north Hertfordshire, as well as parts of Bedfordshire.
- Specialist cancer services to some two million people from across Hertfordshire, Bedfordshire, north-west London and parts of the Thames Valley through the Mount Vernon Cancer Centre (MVCC).
- Specialist sub regional services including renal care and specialist urological cancer surgery.

### Key risks in achieving budget include:

- Lost income associated with the Cyber attack in May 2017, and ongoing data validation and IT costs post Lorenzo implementation.
- Slippage against agreed SLA income and activity plans
- TPP exit costs and post transfer costs have proved significantly higher than anticipated.
- Timely delivery of CIP schemes
- Effective activity capture and recording systems post Lorenzo implementation.

# East & North Hertfordshire NHS Trust

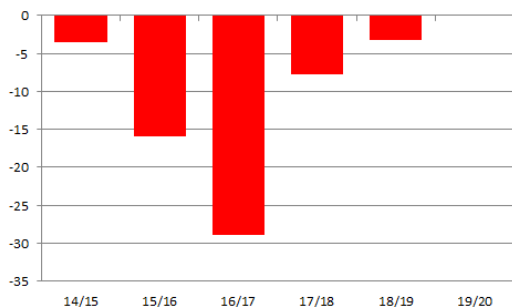
## Summary Trust Position :

The Trust reported an outturn deficit of £29.0m for 2016/17.

In 2017/18 the Trust aims to deliver against its agreed Control Total deficit plan of £7.7m. The achievement of this plan requires the delivery of savings of £23.3m.

The Trust Control Total deficit target for 2018/19 has been set at £3.3m. The achievement of this target would require the delivery of savings of £12.9m.

The targets a return to financial balance in 2019/20. Savings delivery of £12.6m would be required



## Key Revenue Pressures:

- Improved Control Total target
- Pay and Non Pay Inflation
- Delivery of efficiency target requirements
- Impact of rate of demand growth
- Impact of CCG QIPP targets

## Key Revenue Savings Proposals:

- Improved theatre and outpatient clinic productivity and efficiency
- Reductions in patient length of stay and occupancy rates
- Demand management of support service costs eg. Pathology, Pharmacy, Radiology
- Procurement savings
- Reduced clinical admin and back off service costs

	2017/18 £m	2018/19 £m	2019/20 £m
<b>Capital Programme</b>	9.8	4.3	4.3

## Key Capital Schemes:

- Backlog maintenance of estates infrastructure
- Medical Equipment lifecycle replacement
- Cyber security infrastructure
- Strategic schemes eg. Vascular / Satellite Radiotherapy