Central and Eastern Cheshire NHS
Primary Care Trust

HEALTHCARE SUSTAINABILITY PLAN

2009/10

Previously known as the "Financial Recovery Plan"

As presented to the Trust Board
on
Tuesday 30 June 2009

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Central and Eastern Cheshire PCT

Healthcare Sustainability Plan 2009/10

Overview

Whilst the PCT is really pleased with the progress recently made to improve the health of the people of Central & Eastern Cheshire, together with improvements to the healthcare systems, there are some significant financial challenges that we face for the coming financial year (2009/10).

This is because we have significantly overperformed during the previous financial year (2008/09) on both the levels of acute hospital activity purchased (circa £13m additional), and also on the amount of NHS Continuing Care provided (circa £5m additional).

However, during 2008/09 we were able to deliver a number of one off, non recurrent, savings through either the sale (re-use) of assets or by delaying planned expenditure.

As you will appreciate, this level of overperformance is forecast to continue with little, or no, room left for any further non recurrent savings during 2009/10.

Therefore, this year (2009/10) is looking really difficult, and will involve us all questioning every pound we spend.

In addition, the emerging public sector funding position is also not likely to resolve these pressures.

What is therefore required, is not another “quick fix”, but a sustained focus upon our finances, with all staff, and contractors, questioning every pound we spend, or commit to spend.

Accordingly, it is suggested that in order to get back into financial balance, and to avoid the inevitable “knee jerk” cuts in our expenditure, we all focus on improving quality whilst reducing our costs, and looking to deliver innovative solutions in all areas of healthcare.

I therefore look forward to your support in delivering this ambitious, yet achievable, Healthcare Sustainability Plan.

Mike Pyrah
Chief Executive

1.0 Executive Summary

1.1 Introduction

Central and Eastern Cheshire Primary Care Trust is proud of its achievements in improving health and healthcare, we also appreciate the significant developments that our three local NHS Trusts have made in improving the quality of services. Our aim is to utilise the resources allocated to us (approximately £633m) to ensure that the health services provided for the population served by the PCT are the best in the country. This ambition is achievable; however we do recognise that financial stability is the key to the sustainable delivery and development of services.

In 2007/08 the PCT and our Trusts achieved financial stability, allowing Mid Cheshire Hospital Trust to secure Foundation Trust status and East Cheshire Trust to achieve a trading surplus. However, during 2008/09 some costs have risen dramatically, in particular the cost of Acute Hospital Care rose by £13m and the cost of NHS Continuing Care rose by £5m. The PCT managed to offset these cost increases by achieving reductions elsewhere, and by securing some non-recurrent income. We now, however, face a significant challenge to stabilize the position for 2009/10.

In setting the budgets for 2009/10 the PCT has identified a potential shortfall in the region of £20m. In order to achieve this, the PCT Board has agreed a detailed plan, this plan is traditionally known in the NHS as a Financial Recovery Plan. However given that the action we need to take will effect all elements of the Healthcare system, and that it is crucial to the longer-term sustainability of our local NHS we are calling our plan the Central and Eastern Cheshire Healthcare Sustainability Plan.

Whilst the plan is focused on the challenge for 2009/10 it is also important that we plan for the impact of any possible recession on NHS funding.

The detailed plan will be presented to the Trust Board on 30 June 2009, (this has already been accepted in principle by Board Members in May 2009), and will therefore be in “the public domain” in mid-June when the Board papers are formally published.

This summary, therefore, sets out the component parts of the Healthcare Sustainability Plan, and highlights the action being taken to achieve a sustainable future. We hope these plans will be endorsed by all of our partner organisations.

1.2 Setting the PCT Budget for 2009/10

Our estimate is that if we did not take any action the PCT budget (£663m) would overspend by approximately £20m. In order to reduce expenditure, we have therefore produced a detailed plan. The savings driven by this plan have been deducted from the appropriate budget lines, however, it is important to note that a series of principles have been adopted in setting the 2009/10 budgets, namely:

1.2.1 the budget is set at a balanced position (delivering a small surplus as required by the NHS) without the inclusion of an “unallocated Cost Improvement”. This is important given the need for long-term sustainability;

1.2.2 all Contracts with our key providers have been agreed, and signed off;

1.2.3 for all Contracts, activity has been agreed at the "outturn" (ie, end of last year position). There is always a temptation to try and agree contracts which make heroic assumptions of reducing activity, we have avoided this temptation;

1.2.4 we have, however, assumed that there will be no further growth in activity above the 2008/09 level, this represents the key risk to the plan;

1.2.5 we have included the full (estimated) impact of the latest changes to the Payment by Results system, using the new Healthcare Resource Group (HRG) version 4;

1.2.6 we have added inflation to all our contracts – NHS inflation is set at 1.7% and for some NHS contracts there is a 0.5% Commissioning for Quality and Innovation (CQUIN) allowance (an additional payment for the achievement of agreed quality indicators);

1.2.7 we have limited the funding of new developments to an absolute minimum, only including:

- the costs of the Elmhurst development;
- the national specified increases to Specialised Services; and
- the costs of the new Leighton Hospital Urgent Care Centre.

1.2.8 we have made a positive decision to reduce some budgets. A small number of budget lines have not been funded at outturn plus inflation, but have been set a real-term reduction target, these include:

- Prescribing – our plan is to significantly reduce expenditure below the 2008/09 level; and
- PCT infrastructure – we are planning to reduce our infra-structure costs by £1m compared to 2008/09 levels of spend.

1.3 Key Proposed Cost Reductions

Each Budget Holder has produced a detailed action plan setting out the action that is being taken to deliver a balanced budget and to ensure that activity is maintained at the 2008/09 level. Set out below are some of the key plans:

1.3.1 Commissioning – Acute Services.

- implement the Orthopaedic Referral Management System;
- implement the integrated Chronic Obstructive Pulmonary Disease (COPD) service;
- commission the Crewe Urgent Care Centre;
- implement action plans to reduce admissions for a range of conditions which could be managed in the community;
- review the systems, and processes, for managing patients who use Accident & Emergency (A&E) and urgent medical services in our hospitals;
- support GPs to manage more care in Primary Care and ensure that only patients who need hospital services are referred for them;
- ensure that Hospital Consultants are prescribing according to agreed prescribing protocols;
- complete the implementation of the new Stroke pathway, enabling more care to be provided in intermediate care and sooner in patients' homes; and

- implement the Glaucoma monitoring and referral service in Primary Care.

1.3.2 Contract Management

- commence a review of service redesign to look to reduce the level of first to follow up outpatient referral rates;
- implement maternity costing review;
- implement Better Care/Better Value indicators where the PCT is not in the upper indicator for benchmarked efficiency; and
- implement more robust system for practices, and the PCT, to check that the correct charges are being made for patient care.

1.3.3 Joint Commissioning of Non Acute Services (inc NHS Continuing Care)

- review all out-of area Mental Health/Learning Disability placements to implement better care/better efficiency proposals;
- review/deliver solutions for the sustainability of several community schemes (eg, the Falls Service);
- review all aspects of NHS Continuing Care (ie, costs and process); and
- serve notice on some existing Care in the Community Contracts and seek Preferred Provider status for the allocation of new contracts.

1.3.4 Primary Care Services (inc Prescribing)

- maximising the use, and income, of the new Medical/Health Centre developments;
- setting of individual practice based prescribing challenges, our aim is to be amongst the best performing PCTs as measured in the Better Care, Better Value indicators (BCBV);
- reduction of inappropriate referrals;
- development of community based services to replace services currently provided in a hospital setting;
- introduction of new “efficiency based” practice incentive system; and
- implement practice based minor surgery plan.

1.3.5 Bespoke Care – Services Not Covered by Standard NHS Contracts

- implementation of a more effective process for the management of morbid obesity;
- implementation of the new system for the reduction in treatments of limited clinical value;
- review appropriateness of high cost drug recharges; and
- implementation of a prior approvals process for treatments that are not covered by a standard contract.

1.3.6 Corporate Services – PCT infrastructure

- implement vacancy control/vacancy freeze programme. This to also include the suspension of the use of outside consultants; and
- implement an agreed rigorous non-pay cost reduction programme.

1.4 Escalation Plan

We are confident that this plan will ensure that the Central and Eastern Cheshire Health system is able to continue to improve services within the allocated resources. However, it is also important that we have a Contingency Plan should the measures set out above fail. The success of the plan will be reviewed as soon as we have reliable financial data for the first quarter (April to June 2009). This review will produce recommendations for the Board meeting on 28 July 2009. Should we need to escalate the plan the following may be implemented, we recognise that some of these changes will require a notice period and also many will require formal consultation.

1.4.1 Primary Care

- serve notice to withdraw local enhanced services;
- review future of current PMS contracts;
- review funding of current clinical engagement arrangements;
- reduce overall Dental expenditure by 5%; and
- terminate/suspend work on all planned premises developments;

1.4.2 Prescribing Medicine Management

- serve notice to withdraw Minor Ailments Scheme;
- introduce charging for Nicotine Replacement Therapy; and
- serve notice to withdraw other Pharmacy enhanced services.

1.4.3 Community Services

- suspend the procurement of “beds outside hospital”;
- suspend the new Community Hospitals developments in Congleton, Knutsford and Northwich;
- reduce overall Cheshire East Community Health (CECH) expenditure by 5%;
- identify list of community services for Tendering; and
- review all current expenditure with the 3rd Sector.

1.4.4 Acute Services

- withdraw approval for all Consultant to Consultant referrals;
- introduce central Referral Management System including centralised Choose and Book;
- reduce non-Payment by Results (PbR) expenditure by 5%;
- identify acute services to Tender; and
- implement decommissioning programme (detailed programme being prepared).

1.4.5 Infrastructure

- reduce PCT costs by a further 10%;
- reduce shared services cost by 10%;
- delay implementation of “Connecting for Health”; and
- reduce the cost of IT “Network” expenditure by 10%.

1.5 Delivering the Plan

1.5.1 Communication

It is vital that this plan is accepted as a health community plan, and therefore the following action will be undertaken:

- the development of regular and comprehensive briefing documents. It is proposed that the plan is presented to each Partner organisation;
- the presentation of the plan to each GP practice and Practice Based Commissioning Consortia;
- the delivery of a formal consultation exercise focused on the Plan and the Escalation Plan involving members of the existing Health Economy Recovery Team (HERT); and
- the production of service specific "what does the plan mean for us" briefing packs.

1.5.2 Information to Manage

In order to be able to effectively manage the performance against this Plan, and the targets set, it is critical to have both accurate and timely information. Accordingly, it is proposed to:

- develop a daily/weekly/monthly corporate activity dashboard;
- improve the monthly PCT/Provider Performance Management report;
- develop a monthly urgent care and elective core performance report; and
- develop accurate and timely activity and financial reporting to individual practices and Practice based Commissioning clusters.

1.5.3 Performance Management of the Plan

The performance management of this Plan can be split into two distinct elements, namely the governance of the overall process and also the responsibility for management of the actual delivery of the Plan, within the agreed timescales and financial targets.

- Governance

The governance is provided by the monthly Trust Board, supported by the associated financial reporting.

In addition, more detailed scrutiny will be provided via the monthly Performance Committee, being a formal sub committee of the Trust Board, again supported by a regular report.

- Management/Reporting

The Chief Executive will personally lead the delivery of this Plan on behalf of the Trust Board.

He will be supported on a day to day basis by a small Project Office, led by the Associate Director of Finance.

The management will be carried out via regular fortnightly Leadership Team meetings, supplemented by three distinct monthly Program Boards. Namely:

- **Secondary Care (inc Commissioning, Acute Services and Contract Management);**
- **Joint Commissioning (inc NHS Continuing Care); and**
- **Primary Care Services (inc Prescribing).**

Each of these Program boards being chaired by either the Chief Executive, or an Executive Director, and reporting directly into the Leadership Team.

In addition to these Program Boards, all other areas will also be led by a nominated Director, who will be held accountable.

A number of these "Key" Projects, are also supported by a further detailed Project Plan, outlining the milestones and targets, to further aid the management of the process.

2.0 Financial Analysis

- the need for a Healthcare Sustainability Plan

2.1 Introduction

The PCT's Budget Book has now been finalised for 2009/10, following agreement of the Contracts with Secondary Care Providers.

This Budgetary position has largely been built upon the previous iterations of the financial position, and also now reflects the audited outturn position from 2008/09.

2.2 Process

- Purchase of Outturn

The first call on the PCT's additional allocation of £32.6m (5.33%) has been to effectively fund the overperformance, on both Secondary Care Contracts (circa £13m) and NHS Continuing Care (circa £5m), in order to buy the outturn position.

- Assumption of No Growth in Activity for 2009/10

It should be noted, however, that no budgetary provision has been made to fund any further anticipated growth in activity during 2009/10.

This represents a significant risk to the PCT, as Secondary Care activity has traditionally grown by circa 2% per annum, which would account for a further £9m. In addition, the forecast growth for NHS Continuing Care, if left unabated, is for an additional circa £3m (ie 15%), of which, it is proposed, only £1m is funded within this Plan.

- The Impact of HRG

The migration to Healthcare Resource Group (HRG) 4 tariffs, has also necessitated a substantial investment in order to essentially buy the same level of activity (ie the removal of the 50% abatement for emergency activity, and the transfer of the obligation to fund patient transport services from Secondary Care to PCTs).

- Inflation on Outturn (2008/09)

The final piece of the jigsaw has been to fund an additional 2.2% (ie 1.7% inflation plus 0.5% CQUIN) on all Secondary Care budgets, and 1.7% on all other budgets, on the 2008/09 outturn position.

This principal of funding an uplift on 2008/09 outturn position, has been rigorously enforced, with only a number of limited exceptions, both of positive and negative impact, namely:

- Elmhurst part year impact 2008/09;
- a differential budget reduction for Medicines Management of £4m due to Prescription Pricing Regulation Scheme (PPRS) national price reductions and the NHS Better Care Better Value indicators;
- the investment of an additional £1m in NHS Continuing Care, in recognition of the inherent pressures, over and above inflation;
- income from sale of Legal Charges in 2008/09 likely to be non recurrent;
- National Specialist Commissioning Advisory Group (NSCAG) substantial increase for 2009/10 agreed nationally;
- additional costs likely to follow from the implementation of International Financial Reporting Standards in 2009/10; and
- the already agreed plans to open the MCHFT Urgent Care Centre part way through 2009/10.

Therefore, for all other areas, the budget for 2009/10 has been based on the 2008/09 outturn position, plus a small amount of inflation, which has the impact of making non recurrent savings delivered in 2008/09 recurrent.

Again, this is a considerable risk to the PCT in that a number of budgets have already committed expenditure to their previous implied Recurrent level, and subsequently they will now have a savings target to be delivered, possibly through the in year renegotiation of Contracts.

- Areas of Pressure

In adopting such an approach, of only funding outturn plus inflation, it has effectively resulted in creating a "savings target" on a number of budgets.

The main areas being:

RECOVERY PLAN (BUDGETS RESET OUTTURN +1.7%/2.2%) - DISTRIBUTION OF UNIDENTIFIED SAVINGS USING AGREED METHODOLOGY	£000's	£000's	NOTE
COMMISSIONED HEALTHCARE	**14,879**		
CONTINUING CARE	**1,678**		
LEARNING DISABILITIES POOL	**700**		
PRESCRIBING	**0**		(1)
GENERAL MEDICAL SERVICES – Savings already offered	**-538**		(2)
EARMARKED BUDGETS	**679**		
CORPORATE FUNCTIONS – Savings targets already set	**-527**		(3)
		16,872	

(1) Prescribing – As outlined previously, Medicines Management has already generated a £4m saving, and therefore has not been allocated a share of the outstanding £16m balance. A further £2m efficiency target is being targeted around Statins which is reflected in budgets being allocated to practices;

(2) General Medical Services – Setting the budget based on the 2008/09 outturn position, this results in a reduction in the anticipated budget of £1.7m, which combined with this methodology, (ie, offset by savings previously offered up of £538,000) results in a net budget reduction of £1.2m over, and above, the position previously planned for; and

(3) Corporate Functions – The budget for corporate functions has been reduced by a further 2%, over and above the outturn position (circa £0.5m). This entry simply reflects savings of £527,000 previously accounted for in earlier versions of this plan.

2.3 Rationale

The rationale for this process has been based upon the PCT having an allocation of circa £663m in 2009/10 and in only spending up to, but not beyond, this level (ie to cut the cloth accordingly).

An alternative approach would have been to fund known areas of growth, and then simply apportion a savings target (which was one possible option discussed). However, this methodology appeared to lead to some exaggerated growth assumptions, which were unjustifiable.

2.4 Recovery Plan

With the substantial inherent risks behind this financial strategy, it has been necessary to outline the measures that need to be taken; namely

- to effectively control current costs;
- to stop any in year growth within the system; and
- to deliver the required level of identified "cost savings" to break even.

It is further proposed that this program is actively managed with each Section of this Recovery Plan being led by an identified Director, who is also held to account.

In addition, the enclosed Recovery Program also contains an Escalation Plan, of measures that can be introduced at relatively short notice, in order to quickly reduce expenditure to a more manageable level should the situation worsen, or not be brought under control.

It is proposed that both the Budget Book and this Recovery Program is shared with partners, in both Primary and Secondary Care, and that the formal Consultation Process is commenced immediately in order that, should these measures be required, no time is lost.

2.5 Proposal

The Board is therefore asked to support the adoption of this Budget Book, together with the Recovery Plan, and to note the risks underlying delivering this substantial program.

Simon Holden
Director of Finance

Section 2.6

CENTRAL AND EASTERN CHESHIRE PRIMARY CARE TRUST
Finance Spreadsheet to Support Need for Recovery Plan

BUDGET HEADINGS		£000's	£000's
GROWTH FUNDING RECEIVED (5.33%)			32,656
AVAILABLE RESOURCE			**32,656**
UNDERLYING POSITION2008/9 - RECURRENT DEFICIT FUNDED NON RECURRENTLY			
COMMISSIONING -CONSOLIDATION OF FORECAST OUTTURN		-13,000	
CONTINUING CARE		-6,000	
PRESCRIBING		2,000	
CORPORATE FUNCTIONS + IT		1,250	
NHS FUNDED CARE		1,000	
DENTAL		750	**-14,000**
INFLATIONARY UPLIFTS			
TARIFF(NHS) RELATED -GROSS BUDGET NOW INCLUDES 1.7% UPLIFT/MFF/ HRG4/PTS		-5,637	
OTHER BUDGET UPLIFTS		-2,667	
QUALITY (ASSUMES 0.5% PAID TO ACUTE/MH/AMBULANCE TRUSTS ONLY)		-1,658	
PRESCRIBING-UPLIFT REDUCED TO 1.7% ON OUTTURN		-1,382	
CECH		-712	-12,056
OTHER "INEVIATABLE" BUDGET INCREASES			
SECONDARY CARE (HRG4)		-3,752	
SPECIALIST COMMISSIONING GROWTH		-7,841	
CONTINUING CARE GROWTH		-3,000	
COST OF MADEL PICK UP		-2,000	
NATIONAL SPECIALIST COMMISSIONING ADVISORY GROUP(NSCAG) TOPSLICE		-1,800	
LD POOL GROWTH		-700	
INTERNATIONAL FINANCIAL REPORTING STANDARDS (IFRS)		-660	
EWTD " £50M INCLUDED IN BASELINES" -PER DAVID FLORY LETTER		-400	
CARERS ADDITIONAL INVESTMENT "INCLUDED IN BASELINES"		-400	
OTHER MISC BUDGETS		-171	
IMHA ADVOCACY LEGAL REQUIREMENT FUNDING "INCLUDED IN BASELINES"		-45	
		0	-20,769
WORLD CLASS COMMISSIONING SCHEMES:-			
URGENT CARE CENTRES		-1,180	
DIGNITY AND RESPECT	} Not funded	0	
INEQUALITIES (SOCIAL MARKETING)	} Not funded	0	
ALCOHOL (INCL £120K SOCIAL MARKETING)	} Not funded	0	
BREAST FEEDING - MATCHED FUNDING RE DOH ALLOCATION FOR THREE YEARS		-100	
CANCER TREATMENT(SOCIAL MARKETING)	} Not funded	0	
STROKE(PHYSIOTHERAPY)	} Not funded	0	
MENTAL HEALTH (DEMENTIA)	} Not funded	0	
CHD (TO BE MET FROM PRESCRIBING UNDERSPEND?)	} Not funded	0	-1,280

OTHER POTENTIAL INVESTMENTS		
ADDITIONAL COST OF SECONDARY CARE CONTRACT OFFERS	-8,000	
ACTIVITY GROWTH /PBC COMMISSIONING RESERVE	0	
COMMUNITY SERVICES(CECH)	-300	
MFF ADDITIONAL	-275	
HEALTH TRAINERS OR OTHER PUBLIC HEALTH INITIATIVES	-155	
DECONTAMINATION (CECH)	-73	
SEXUAL ASSAULT REFERRAL CENTRE (Potential in year savings of £46,000 to be confirmed)	-60	
INDEPENDENT SECTOR CAPACITY	-60	
NEW PREMISES – GROSVENOR (Application for Capital submitted which may provide funding)	-52	
NEW PREMISES - SCHOLAR GREEN	**0**	-8,975
BEDS OUTSIDE HOSPITAL - NEEDS TO BE COST NEUTRAL		**0**
RECOVERY PLAN AGREED TARGET SAVINGS ALREADY DELIVERED		**7,552**
TOTAL FORECAST EXPENDITURE COMMITMENTS		**-49,528**
BALANCE OF 2009/20 GROWTH FUNDING DEFICIT BEFORE RECOVERY PLAN		**-16,872**
RECOVERY PLAN (BUDGETS RESET OUTTURN +1.7%/2.2%) -DISTRIBUTION OF UNIDENTIFIED SAVINGS USING AGREED METHODOLOGY		
COMMISSIONED HEALTHCARE	**14,879**	
CONTINUING CARE	**1,678**	
LEARNING DISABILITIES POOL	**700**	
PRESCRIBING	**0**	
GENERAL MEDICAL SERVICES	**-538**	
EARMARKED BUDGETS	**679**	
CORPORATE FUNCTIONS	**-527**	
		16,872

Section 2.7

Summary of 2009/10 Savings Targets by Section

	Section		£m
3.0	Commissioning Acute Services		5.0
4.0	Contract Management		5.0
5.0	Joint Commissioning (inc Continuing Care)		3.2
6.0	Primary Care Services (inc Prescribing)		3.3
7.0	Bespoke Care		2.5
8.0	Corporate Functions	- Running Costs	1.0
		- IFRS	0.6
	Total Savings Target		20.6

3.0 Commissioning – Acute Services
Responsible Director/Director – Clare Fisher/Jerry Hawker

Overall aim – to ensure that the overall cost of Acute services is at or below the budget forecast for the year by delivering change to demand through service and pathway change. Twenty three service areas have been identified for review in the attached schedules, with priority action plans focused on the following reference numbers/areas:

3.1 Development of Primary Care based Minor Surgery.

3.3 Development of new Carpal Tunnel pathways.

3.5 Implementation of a new Orthopaedics referral management scheme.

3.6 Introduction of the Integrated respiratory team (COPD).

3.7 Development of the Urgent Care Centres.

3.8 Implementation of an Action Plan to prevent admissions for all ACS services.

3.9 Further development of AMD pathways.

3.10 Review of Emergency Care floor and implementation of five high Impact pathway changes.

3.11 Project to improve the community management of very high intensity users of care.

3.12 Develop pathways to support better healthcare management of patients in care homes.

3.15 Implementation of new Stroke pathways.

3.16 Complete Paediatric emergency care review.

3.17 Implementation of cataract referral management programme.

3.18 Ophthalmology – review and implementation of a new Glaucoma care pathway.

3.19 Development of appropriate patient transport usage plan.

3.21 Review of first to follow up rates and implementation of new pathways.

3.22 Review of appropriateness/Pathway redesign of Endoscopies/Arthroscopies.

Healthcare Sustainability Plan Financial amount to "Recover", already posted to budget (ie monitoring of achievement via the monthly financial reporting process). Target: £5,000,000

Responsible Director: _____ _____
Name Signature

Associate Director: _____ _____
Name Signature

Healthcare Sustainability Plan 2009/10
- Commissioning Intentions (Section 3)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
3.1	Minor Surgery	JH	SM/JB	1	Develop list of all minor surgery undertaken by practice Review list against HRG 4 / contract implications and agree priorities Set up inter-practice referral arrangements	Jun 09 Jul 09 End of Jul	To ensure that patients receive the right care, in the right place, and at the right time and that this is delivered in the most cost effective manner.		TBC	Paper taken to CCAG 29/04/09. Agreed 2 phase process – Phase 1 = Maximise inter GP referrals for existing services. Phase 2 = explore AWP options for new MS.
3.2	Joint Injections	JH	JW	2	Implement protocol to ensure joint injections is prioritized in Practices / Inter-practice referral arrangements	End of Sept 09	To ensure that patients receive the right care, in the right place, and at the right time and that this is delivered in the most cost effective manner.		TBC	Amber
3.3	Carpal tunnel	JH	JW	2	Review and agree clinical pathway and specification Set up C&B process to allow increased GP to existing primary care providers Work with PBC Clusters to expand range of AWP Action plan completed	 Aug 09	To ensure that patients receive the right care, in the right place, and at the right time and that this is delivered in the most cost effective manner.	£250,000	10% saving on a FYE	Amber
3.4	Vasectomy services	JH	AG	1	Provide practices with detailed info on their current use of services Refresh info on how to refer / patient information Provide data on potential savings to all practices Develop business case for Vasectomy service in the East	Jun 09 Aug 09	To ensure that patients receive the right care, in the right place, and at the right time and that this is delivered in the most cost effective manner.		Minimum 10-15% savings on current Tariff costs	Amber
3.5	Orthopaedics	JH	MT	1	PID/Action Plan completed	May 09	All Providers managed to capacity	£19,000,000	Maintain 2008/09	Green: Service to start ahead of

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
					Set up referral management scheme Review demand and capacity in current provider market Set up orthopaedics service development group Ensure full utilisation of Halton contract Review impact of MCATs service	End of Jul 09	and Halton ISTC contract managed to maximise "tariff free" opportunities.		budget costs.	schedule on 18 Jun 09.
3.6	Integrated respiratory team (COPD)	JH	MI	1	Business case completed Implement service by September 2009 Ensure Oxygen services are reviewed and savings identified Implement robust service monitoring arrangements	May 09 Sep 09	To ensure that patients receive the right care, in the right place, and at the right time and that this is delivered in the most cost effective manner. Reduction in non elective admissions for COPD. Reduction in out patient appointments	£2,000,000	To achieve a 10% efficiency (FYE) gain on planned budget	Amber
3.7	Urgent Care Centre	JH	CL	1	Commission Crewe UCC Implement Care Co-ordination Centre Set-up activity and performance monitoring system	Sept 09 Sept 09 Sept 09	A&E reductions. Reduction in inappropriate non-elective admissions.	£9,500,000	15% reduction in A&E attends at MCHFT £750,000 /annum	Green
3.8	Admissions for Ambulatory Care Sensitive (ACS) conditions	JH	SE/MI/ PBC Managers	1	Need to develop PID/Action plan. Develop action plan with PbC clusters.	Jun 09 Aug 09	Reduction in ACS condition		See 3.10 Emergency Pathway review	Green
3.9	AMD service	JH	KB/BF	1	Business case completed Take paper to PEC on Options appraisal Develop new service specification Recommission AMD Service	 Done Mid May End of July	Control of AMD services.	£2,500,000	£1,410,000	Amber
3.10	Review of emergency care floor	JH	SE	1	PID completed Action plan as per PID	Start May 09 Complete Oct 09	Identify and implement changes to patient pathways in 5 high impact areas	£56,000,000	Target 5% reduction on a FYE	Green

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
3.11	Very high intensity user project	CF	JW/MI	1	Audit of Community Matron activity via contract mtg Implementation of a VHIU pilot		Better management of complex patients in the community.		See 3.10 Emergency pathway review	Green
3.12	Care Homes	CF	JP/AK	1	Develop an action plan for the improved health and social care management of care residents		Reduction in urgent and emergency admissions to Hospital		See 3.10 Emergency pathway review	Amber
3.13	Diagnostics	JH	NE	3	Full Review of current provision of Diagnostic provision Develop action plan for priority commissioning initiatives linked to financial recovery Rapid access out of hours	To commence from Aug 09	To ensure that patients receive the right care, in the right place, and at the right time and that this is delivered in the most cost effective manner			Amber
3.14	Intermediate care beds	CF	SN/BB	2	See CP – Business case completed		Shift of service from Acute to community care provision			
3.15	Stroke	JH	MI/MD/LK	1	Briefing document for board Contract action plan based on Sentinal report Unbundling of Stroke tariff – linked to service spec and activity monitoring Stroke strategy	Jun 09 Sept 09	Improve quality of patient care delivered in the most cost effective manner		High quality care closer to home at zero cost impact	Amber Negotiations ongoing with Trusts
3.16	Paediatric Emergency Pathway Review	CF	ST	1	Develop PID and Action Plan Review Zero Lengths of stay Identify data set for monitoring levels of under 19's with zero length of stay analyse by HRGs.		To ensure that patients receive the right care, in the right place, and at the right time and that this is delivered in the most cost effective manner	£650,000	See 3.10 Emergency pathway review	
3.17	Cataract Referral Management	JH	SW/SL/ MP	1	Sign off business case Develop action plan for commissioning new service Decommission NHS Choices Business case agreed by SW/JH/MP Implementation on plan agreed.	Sept 09	To ensure that patients receive the right care, in the right place, and at the right time and that this is delivered in the most cost effective manner			Green
3.18	Ophthalmology	JH	KB/SL/ PBC Managers	3	Implementation of Glaucoma Referral service Business Case approved by CCAG – need implementation plan	Jun 09 Dec 09	Shift of service from Acute to Primary care provision			Paper taken to CCAG 29/4/09 – Agreement to proceed with Glaucoma "screening" service = targeted

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
					Redesign of Glycoma Pathway. – Commission revised service					at reducing acute referrals by 40%.
3.19	PTS Services	JH	KB	2	Review costs of MCHFT/ECT NWAS/Red Cross PTS contracts➔ switch to Intercare??	Oct 09	To ensure that patients receive the right care, in the right place, and at the right time and that this is delivered in the most cost effective manner	£900,000		
3.20	Audiology Services	JH/BF	AG/CL	2	Business case completed Review available capacity in Primary Care Centres Review need for additional booths/type of booths Commission new service	 End of Jun 09 Jul 09	 Shift of Acute Services into Primary Care. Reduction in elective costs.			Amber
3.21	First to Follow up ratios	LR/ JH	JC/SE/ PBC analysts	1	Develop PID/Action plan Develop data pack Identify priority areas Develop process for working with PBC Draft paper completed. JH/BF/JC to agree roll out plan	By Jul 09	Reduce costs of outpatient appointments.	£4,500,000	To achieve a 10% efficiency (FYE) gain on planned budget	Amber
3.22	Arthroscopies	JH	JW	2	Review of appropriateness/Pathway redesign of Endoscopies/Arthroscopies	Sept 09	To ensure that patients receive the right care, in the right place, and at the right time and that this is delivered in the most cost effective manner.			Amber
3.23	NHS Choices	JH	MP	1	Decommission existing NHS Choices service. Completed – annual contract to be terminated saving £33k	Aug 09	Replacement of existing contract with new more cost effective services	£76,000	Release funding to pay for Cataract and Orthopaedic referral services	Green - Action completed and achieved

4.0 Contract Management
Responsible Director/Associate Director – Clare Fisher/Lynda Risk

Overall aim – to ensure that the PCT has appropriate and effective mechanisms for managing all acute contracts. The action plans to focus on the following areas:

4.1 Ensure delivery of agreed contract variations within agreed timescales.

4.2 Ensure monitoring of contract changes developments – system to ensure no payment for conditions of limited clinical value.

4.3 MH and Alcohol admissions – review of use of T codes.

4.4 Review with practices use of Consultant to Consultant referrals – ensure full understanding of use of Emergency clinics etc.

4.5 Rehabilitation block contract changes

4.6 Unbundling of FNoF.

4.7 Deliver review of Maternity funding arrangements.

4.8 Develop the system for individual 'case' reviews (i.e. appropriateness of admissions for less than 24 hours. Including process for PbC identification of cases.

4.9 Unbundling of Hip replacements.

4.10 S22 planned procedures not carried out.

4.11 Programme for comprehensive coding audit.

4.12 Same day – same speciality Out-Patients.

4.13 Data – validation. In addition to schemes listed above, further validation of high cost patients carried out in conjunction with Primary Care.

4.14 Complex HRGs with zero length of stay (LOS).

4.15 Management of Patients with LOS less than 28 days

4.16 Review of Day Cases that should be OP procedures or minor surgery in Primary Care

4.17 Review all Service Specifications for changes in 10/11.

4.18 Agree, implement and monitor/manage the quality contract elements including Cquins.

4.19 Control of Christie Chemotherapy Service redesign.

4.20 Develop plan to ensure effective contract management for non –lead contracts.

4.21 14 day readmission rates plan.

Healthcare Sustainability Plan
Financial amount to "Recover", already posted to budget (ie monitoring of achievement via the monthly financial reporting process).

Target: £5,000,000

Responsible Director: _____ _____
Name Signature

Associate Director: _____ _____
Name Signature

Healthcare Sustainability Plan 2009/10
- Contract Management (Section 4)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
4.1.1	Develop agreed process for communication of contract variances and service changes	JH/ LR	LR/ JH/ SOS	1	Produce a process for the identification and amendment of contract values and monthly payments.	End of May	Improved quality of contract communications including robust assessment of service variances/changes of contract planned activity and finance	N/A	N/A	Green
4.1.2	Development of an active list of all contract clauses that include provision for imposing financial penalties	LR	IC	1	IC to review main contracts to identify those areas where the Trusts have obligations under the contract, and also to share contract penalties and incentives associated with quality and activity schedules. Review the contract schedules to identify any further incentives/penalties associated with the new contract.	End of Apr Completed	Improved robustness of contract management	N/A	N/A	Green
4.1.3	Consultant to consultant referrals	LR	SE/ PBC Analysts	1	Develop process for the Enforcement of C2C referral policy Development of data collection to support audit	End of Jun Completed	Enforcement of C2C referral policy			Green
4.1.4	Rehabilitation Block Contract (Intermediate Bed based services)	LR/ JH	BB/SN	1	New coding, and recording to be implemented as agreed across the Cheshire and Merseyside Trusts.	From 1 Oct 09	Improved quality of care. More effective use of resource.	Reduced 'double paying'	Reduced 'double paying'	Amber
4.1.5	Unbundling fractured neck of femur	LR/ JH	BB	1	New pathway, coding and costing model to be implemented via the PBR Guidance	From Oct 09	Lower Acute Costs			
4.1.6	Unbundling of Hip replacements	LR/ JH	BB / MT	3	New pathway, coding and costing model to be implemented via the PBR Guidance	From Apr 10	Lower Acute Costs	Better VFM	Better VFM	
4.1.7	Maternity funding	LR	ST	2	Funding review to include midwifery and N12s Identify all current Expenditure in respect of Maternity funding and benchmark across the C&M PCTs to identify if the funding for a normal birth is equitable.	By end of 09	Better transparency and value for money across whole pathway.			

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
4.1.8	S22 Planned Procedures not carried out	LR	CISSU / PBC Analysts	2	Develop system to develop data Develop process to analysis, audit and action	Jun 09	Ensure robustness of data and effective patient care.	£780,290		
4.1.9	XBDs S22 Planned Procedures not carried out	LR	CISSU /PBC Analysts	2	Develop system to develop data Develop process to analysis, audit and action	Jun 09	Ensure robustness of data and effective patient care.	£29,766		
4.1.10	Same Day – Same Specialty Out-patients	LR	CISSU /PBC Analysts	2	Develop system to develop data Develop process to analysis, audit and action	Jun 09	Reduce double counting at the Trusts	£296,063		
4.1.11	Data Validation	LR	As per Action Plan	1	Produce detailed list of data validation to be carried out monthly Ensure validation is consistent with work being carried out in primary care re High Cost patients. Develop process for challenging the trusts with inaccurate data.	Jul 09	Per Action Plan	£300,000		Green
4.1.12	Complex HRGs with zero LOS	LR	LD	1	Complete review of 2008/09 data Develop system to develop data for 2009/10 Develop process to analysis, audit and action	Jun 09	Ensure robustness of coding and charging mechanisms.			Sue Evans reviewing progress with Lana – Report by 1/5/09
4.1.13	Management of patients with LOS >28 days	LR	BB/JP/SN	2	Develop system to develop data Link analysis to Intermediate Tier CP / Healthcare in the Community CP Develop process to analysis, audit and action	Jun 09	Ensure effective patient care.			
4.1.14	Review of Day Cases that should be OP Procs or Minor Surgery in Primary care	LR	JC / CISSU	2	Review South East SHA hit list. Ensure that there is full compliance with the CISSU guidance on recording OPPs as per guidance issued.	Sept 09	Ensure robustness of coding and charging.			

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
4.1.15	Review all Acute Service Specifications	LR/ JH	JC/MD	2	Complete SS review. Identify service elements potentially for decommissioning Target hit list of acute under-performance against service specification	Jun 09 Sept 09 09/10	Hold Providers to contract obligations.			
4.1.16	Control of Christie Chemotherapy Service Redesign	LR/ JH	TW	1	Recover double payment from 2008/09 contract Strengthen commissioning links with NWSCT/Oldham PCT Implement audit of Christie activity vs plan	Jun 09 Completed Jul 09 Jul 09	Ensure all service transfers are correctly administered to ensure there is no double counting or omissions. Ensure clear patient pathways and clarity in service provision.			
4.1.17	Emergency Re-admission rates	LR	SE/JW	2	Introduce process as part of contract monitoring	Jun 09	Ensure patients are being given the appropriate care in the appropriate environment.			
4.1.18	Better care better value indicators	SJ	LR	2	Complete own local benchmarking and performance data against the indicator set to give live data Introduce process as part of contract monitoring	Jul 09 Already used as part of contract monitoring	Ensure improvement in national position, giving better care and better value.			

5.0 Joint Commissioning of Non Acute Services (inc NHS Continuing Care)
Responsible Director/Associate Director – Simon Holden/Mike O'Regan & John Pye

Overall aim – to ensure that jointly commissioned services, and NHS Continuing Care, are delivered in an efficient and cost effective manner. The action plans will focus on the following areas:

5.1 Review all out of area Mental Health/Learning Disability placements to implement better care/better efficiency proposals;

5.2 Review/deliver solutions for the sustainability of several community schemes (eg the Falls Service);

5.3 Review all aspects of NHS Continuing Care (ie costs and process); and

5.4 Review of Section 28A Grants to Local Authorities.

Healthcare Sustainability Plan Financial amount to "Recover", already posted to budget (ie monitoring of achievement via the monthly financial reporting process). Target: £3,200,000

Responsible Director: _____ _____
Name Signature

Associate Director: _____ _____
Name Signature

Healthcare Sustainability Plan 2009/10
- Joint Commissioning (Section 5)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
5.1.1	Mental Health out of Area Treatments (OATs)/Bespoke Care review	MOR	JN, SL	1	Review child and adult out of area mental health placements along with bespoke care mental health.	End Jun	Reduce the cost of high cost out of area individual placements, in order to treat patients closer to their home.			Red
5.1.2	Falls Service	JH	BB	1	Business case completed but not approved – therefore new plan for falls prevention to be developed with PbC.		Patients receive high quality care within existing primary & Community Care services			Amber
5.1.3	With regard to the Improving Access to Psychological Therapies (IAPT) service, aim to reduce the overall cost by £150k due to shortfall of SHA funding	MOR	TOB	1	SHA funding has been reduced by £150k and we need to negotiate a corresponding reduction for this out of the contract with CWP	End Jun	Deliver £150k of cost savings to cover the SHA funding shortfall	0	15,000	Amber
5.1.4	Review Mental Health and Alcohol "T" code usage in acute Trusts	MOR	CK	1	Clinic and coding review of a sample of patient notes who have been given a "T" code, to ensure the PCT is funding appropriate care.	End May	Find out if the coding is correct and the implications of any miscoding.			Green
5.1.5	Review MH and alcohol admissions	MOR	SOS	2	Audit of "T" code admissions with Cheshire & Wirral Partnership (CWP) Trust Reduce alcohol related admissions.	End of May	Management of Financial risk of inappropriate coding of mental health patients. Risk of paying two providers for the same service	£544,000		Red
5.1.6	Grants to Cheshire East Local Authority (Section 28A)	CF	HY/JP/ MOR	1	To introduce a process to ensure that all expenditure via Grants, provides maximum value for money coupled with high quality services.	Jun 09	To ensure that patients receive the right service in line with the NICE guidance.	850,000	200,000	Red

Healthcare Sustainability Plan 2009/10
- Continuing Care

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
5.2.1	NHS Funded Care – Community Packages (Homecare)	JP	AC	1	Board to adopt Policy similar to SW StHA limiting expenditure to maximum of 120% of alternative (ie meeting reasonable test).	Jun 09	To ensure the right care is delivered, at the right place and in the right time, whilst ensuring quality in the treatment delivered.	Total spend £30.1m	£3.0m	Red
5.2.2	NHS Funded Care – Transfers in at excess rate	JP	AC	1	Board to adopt Policy specifying maximum NHS contribution payable for contracted beds where transfer requested (ie suggest 120% of alternative meets reasonable test).	Jun 09	To ensure the right care is delivered, at the right place and in the right time, whilst ensuring quality in the treatment delivered.			Red
5.2.3	NHS Funded Care – Cessation of payment once declined	JP	AC	1	Board to adopt Policy outlining NHS Payment should cease once a funding decision has been reached, that it is not appropriate for the NHS to fund such care. Need to agree joint policy with Local Authorities.	Jul 09	To ensure the right care is delivered, at the right place and in the right time, whilst ensuring quality in the treatment delivered.			Red
5.2.4	NHS Funded Care – S.117 Mental Health	JP	AC	2	Board to adopt Policy rebutting assertion that all clients, discharged from Care whilst held against their will, are automatically eligible to NHS Funded Care. Need to agree joint policy with Local Authorities.	Sept 09	To ensure the right care is delivered, at the right place and in the right time, whilst ensuring quality in the treatment delivered.			Red
5.2.5	NHS Funded Care - Assessment Setting	JP	AC	2	Agreement to be reached, and process determined, with Cheshire East Unitary Authority that assessments for NHS Funded Care must not take place in an acute setting, as contrary to the national guidance.	Sept 09	To ensure the right care is delivered, at the right place and in the right time, whilst ensuring quality in the treatment delivered.			Red

6.0 Primary Care Services (inc Prescribing)

Responsible Director/Associate Director - Clare Fisher/Simon Whitehouse and Mark Dickinson

Overall aim – to ensure that Primary Care Services, and Prescribing costs, are delivered in an efficient and cost effective manner. The action plans will focus on the following areas:

6.1 Maximising the use, and income, of the new Medical/Health Centre developments;

6.2 Setting of individual practice based prescribing challenges, our aim is to be is to be amongst the best performing PCTs as measured in the Better Care, Better Value (BCBV) indicators;

6.3 Reduction of inappropriate referrals;

6.4 Development of community based services to replace services currently provided in a hospital setting;

6.5 Introduction of new "efficiency based" practice incentive system; and

6.6 Implement practice based minor surgery plan.

Healthcare Sustainability Plan

Financial amount to "Recover", already posted to budget (ie monitoring of achievement via the monthly financial reporting process).

Target: GMS/PMS £1,365,000
Further Prescribing Efficiencies £2,000,000

Responsible Director: _____ _____
Name Signature

Associate Director: _____ _____
Name Signature

Healthcare Sustainability Plan 2009/10
- Primary Care Services (Section 6.1)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
6.1.1	GMS/PMS	SW	NK	1	Space utilisation review of new primary care centres		To ensure that the PCT makes the best, and most cost efficient use, of all of its buildings.	4,500,000	See point 6.1.8.	
6.1.2	GMS/PMS	SW	NK/RM	1	Review all expenditure in respect to premises (ie rent, service charge etc). Requires an estates management review with an identified lead		This would be a detailed piece of work to audit all expenditure on primary care premises to ensure that current expenditure is robust and is delivering value for money.	7,348,000	See point 6.1.8.	
6.1.3	GMS/PMS	SW	BF/CH/ SE	2	Review of clinical engagement expenditure		Detailed review of all clinical engagement expenditure, clinical champion, Locally Enhanced Services (LES) and review impact. This would include a review of GP Leads and Eastern Locality meeting expenditure. This should also include the Professional Executive Committee (PEC) and Practice based Commissioning (PbC).	76,000	See point 6.1.8.	
6.1.4	GMS/PMS	SW	JB/CH/ FW	2	Quality & Outcomes Framework (QOF) achievement verification and assessment, in order to maximise benefits to patients.		Assessment and audit of quality achievement and payment to Practices. Consider use of external auditors	9,863,000	See point 6.1.8.	
6.1.5	GMS/PMS	SW	SE/CH	2	Review of GP Locum/trainee expenditure, in order to ensure that this is targeted in areas of greatest need.		PCT is liable for a % of locum /trainee costs. Undertake review of performers list to identify main area of work and ensure within CECPCT boundary	150,000	See point 6.1.8.	
6.1.6	PMS	SW	JB/CH	2	Review of PMS Practices to ensure that benefits are being maximised for their patients.		Undertake detailed assessment of PMS Practices in terms of cost and clinical services provided.	13,873,000	See point 6.1.8.	

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
6.1.7	GMS/PMS	SW	JB/CH	2	Review of all commissioned enhanced services, including achievement payments, to ensure that this does stimulate improved patient care.		Identify commissioning intentions for primary care and review enhanced services. Consider decommissioning where appropriate and ensure financial achievement is audited	7,977,000	See point 61.8.	
6.1.8	GMS/PMS/Dental	SW	SE/RM/ JP/CH/ JB	1	Monthly meetings to review expenditure and agree financial report for Trust Board against the agreed annual budget.		To ensure that measures taken to meet the agreed budget, are rational and do not detract from the provision of high quality care.	77,500,000	1,365,000	
6.1.9	GMS/PMS	SW	CH/SE	2	Review of In House Provider budget		To ensure that measures taken to meet the agreed budget, are rational and do not detract from the provision of high quality care.	795,000	See 6.1.8	
6.1.10	GMS/PMS	SW	CL /SE	2	Review of the Phlebotomy services provided throughout the PCT.		To ensure that changes made to make services more local, and cost effective, are realised.	84,000	See 6.1.8	

Healthcare Sustainability Plan 2009/10
- Primary Care Interventions (Section 6.2)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
6.2.1	Le Qof	SW	JB	2	Referral triage in practice – second opinion in training practices and monthly review of referrals. Downloads of referral information from practices Validation of hospital activity Provision of monthly referral data to PBC groups and practices Audit of discharge letters		Requires e-solution – asap Requires support from new analysts and contracting team Requires 'recent' data to be meaningful Incomplete or unsatisfactory info = no charge – need to check contractual position	See 6.1.8	See 6.1.8	
6.2.2	PMS Practices	CF	SW/BF	2	2009/2010 objectives to include referral management/ visits in the morning etc etc			See 6.1.8	See 6.1.8	
6.2.3	EMIS Qute	SL/ SJ	SW/ PbC Mgrs	2	Ensure all practices have access Roll out training program to practices Train core team in PCT	May 09 From May 09		See 6.1.8	See 6.1.8	

Healthcare Sustainability Plan 2009/10
- Medicines Management (Section 6.3)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
6.3.1	Statin Prescribing	JK	Carolyn Craven/ GPs	1	Review statin prescribing in practices as per indicator Better Care/Better Value (BCBV)	By Oct 09	Cost efficiency target – QoF target 70% Le QoF target up to 80%	GP Prescribing total spend £72.4m.	£1m saving	Amber
6.3.2	PPI prescribing	JK	GPs	2	Review PPI prescribing as per BCBV indicator	By Dec 09	Cost efficiency target – target 85% Le QoF target up to 91%	Prescribing as above.	£0.5M saving	Amber
6.3.3	RAS prescribing	JK	Carolyn Craven/ GPs	2	Review RAS prescribing as per BCBV indicator	By Dec 09	Cost efficiency target – target 72%	Prescribing as above.	£0.25M saving	Amber
6.3.4	Generic prescribing	JK	GPs	2	Optimise generic prescribing, as per prescribing toolkit, to ensure best use of limited resources.	By Mar 10	Cost efficiency target – target 82%	Prescribing as above.	£0.25 M saving	Amber
6.3.5	Generic back to Brand	JK	GPs	2	Changing generic Salbutamol inhalers back to Ventolin	By Mar 10	Cost efficiency target	Prescribing as above.	£85,000	Amber
6.3.6	Minor Ailment Service	GC	MK	3	Removal of chemical head lice treatment from the service, would generate savings without adversely affecting delivery of an effective intervention.	By Aug 09	Knock on effects for GP appointments unknown	Community Pharmacy Enhanced Services £170,000	£25,000	Amber
6.3.7	HealthCare at Home	Colin Gidman	JMoore	2	Review of Homecare package	Mar 10	Cost efficiency		unknown	Amber
6.3.8	Home Oxygen Services	Colin Gidman	MK	2	Review emergency supplies (HOOF), to ensure current service is delivered efficiently and waste minimised.	Sept 09	Cost efficiency	£1,065,000	£100,000	Amber

7.0 Bespoke Care - Services not Covered by Standard NHS Contracts

Responsible Director/Associate Director – Heather Grimbaldeston/Mark Dickinson

Overall aim – to ensure that any "bespoke" care (ie services not covered by standard NHS Contracts) are commissioned in an efficient and cost effective manner. The action plans will focus on the following areas:

7.1 Implementation of a more effective process for the management of morbid obesity;

7.2 Implementation of a new system for the reduction in treatments of limited clinical value; and

7.3 A review of the appropriateness of high cost drug recharges.

Healthcare Sustainability Plan Financial amount to "Recover", already posted to budget (ie monitoring of achievement via the monthly financial reporting process). Target: £2,500,000

Responsible Director: _____ _____
Name Signature

Associate Director: _____ _____
Name Signature

Healthcare Sustainability Plan 2009/10
- Bespoke Care (Section 7)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
7.1.1	Weight Management Services	MD	LK/MC	1	Board to adopt Policy, similar to Swindon PCT, outlining requirement to have completed a recognised PCT Weight Management Program (circa 3 years duration), in compliance with NICE guidance, prior to undertaking any surgery.	Jun 09	To ensure that patients receive the right service in line with the NICE guidance.	1,500,000	1,000,000	Amber
7.1.2	To review the current system for the prior approval of Clinical Care, to ensure that it is both effective and efficient.	LR	JC/SL	2	Evaluate the current system for prior approvals.	Jun 09	To ensure that patients receive the right service in line with the NICE guidance.			
7.1.3	High Cost Drugs	CK	MD	1	Review of all high cost drugs recharged from Secondary Care in line with the agreed contract.					
7.1.4	Procedures of limited clinical value	JH	JC/SL/ CISSU	1	Communication to all GPs (Via GP Leads/ Localities and PBC consortia) Set-up system to audit monthly acute activity Set-up policy to inform PBC clusters of referrals Review PoLCV implemented with other PCTs Establish Prior approvals process for procedures of limited clinical value, inform Trusts of the process and publicise at trust level	End of Jun	Reduction in procedures of limited clinical value	£0	1,500,000	Red

8.0 Corporate Services – PCT Infrastructure
Responsible Director/Associate Director – Fiona Field/Phil Wood

Overall aim – to ensure that the PCT delivers challenging savings targets within its broader infrastructure in order to deliver services in an efficient and cost effective manner. The action plans will focus on the following areas:

8.1 Implementation of vacancy control/vacancy freeze program. This to also include the suspension of outside consultants; and

8.2 Implementation of an agreed rigorous non-pay cost reduction program.

Healthcare Sustainability Plan Financial amount to "Recover", already posted to budget (ie monitoring of achievement via the monthly financial reporting process). Target: IFRS Reviews £600,000 Corporate Function Cost Improvement Target £1,000,000

Responsible Director: _____ _____
Name Signature

Associate Director: _____ _____
Name Signature

Healthcare Sustainability Plan 2009/10
- Corporate Services (Section 8.1)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
8.1.1	Use of external consultants (not ICT)	FF	C Fisher/SH/ PW	1	To reduce all external consultancy to minimum and charge to Capital Projects where appropriate.	Sept 09	Risk of lead manager on high profile tasks	1,000,000	40,000	Red
8.1.2	Postages	FF	C Jones	1	All postage second class standard	Implemented	Little impact	50,000	10,000	Amber
8.1.3	Telephone usage – reduction	FF	S Tew/ I Hart	1	Check that all PCT staff pay an appropriate sum for private usage, and that no member of staff has more than one mobile/blackberry.	Jul 09	Dissatisfied staff	100,000	30,000	Amber
8.1.4	Drinks machines	FF	C Jones	1	Reduce choice of options	Implemented		8,000	2,000	Amber
8.1.5	Plants	FF	J Vitta	1	Stop annual horticultural contract.	Implemented	Minimal	800	800	Amber
8.1.6	Room hire	FF	All PAs	1	Reduce use of hiring external venues	Jun 09	Minimal	40,000	5,000	Amber
8.1.7	Furniture purchasing	FF	P Wood	1	Reduce purchasing of additional equipment.	Implemented			10,000	Amber
8.1.8	Intercare	FF	A Fitzpatrick /J Moore/ P Wood	1	Reduce Intercare contract re volume of ad hoc deliveries over and above contract.	Jun 09	Disruption of information flows	450,000	40,000	Red
8.1.9	Travel expenses	FF	J Watson	1	Reduce car journeys, in order to both work more efficiently and also contribute to reducing the PCT's carbon footprint.	Jun 09	Change to travel claims is increasing costs	230,000	10,000	Red
8.1.10	Legal fees	FF	S Holden	1	Reduce usage	Jun 09	Risk if not having correct advice		40,000	Red
8.1.11	Domestic	FF	J Vitta	1	Reduce contract cleaning hours	Implemented		25,000	5,000	Amber
8.1.12	Miscellaneous expenditure	FF	P Wood	1	Track all miscellaneous expenditure or reduce	Jun 09	Unknown		20,000	Red

Healthcare Sustainability Plan 2009/10
- Financial Services (Section 8.2)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
8.2.1	Review of funding streams for the Elmhurst Project, to ensure the most advantageous financial planning approach is adopted, following new guidance (ie IFRS).	SH	RM	1	Produce a detailed evaluation of the various options available to the PCT, and seek formal agreement.	Jun 09	To deliver a cost effective service.	2,500,000	100,000	Amber
8.2.2	Review of approach to implementation, and full compliance with, International Financial Reporting Standards (IFRS) to ensure a balanced approach	SH	SL	1	Critically challenge assumptions to date, in order to maximise use of PCT resources.	Jun 09	To deliver a cost effective service.	1,000,000	500,000	Amber
8.2.3	To investigate the further possible disposal, (dependant upon the NHS wide approach adopted, with regards to the recognition of Legal Charges) of PCT surplus premises.	SH	SH	2	To restate the PCT's Balance Sheet in line with IFRS. To liaise with External Audit with regards to the proposed treatment.	Jun 09	To deliver a cost effective service.			Red
8.2.4	To dispose of the remaining lease on the old Shavington Doctor's Surgery, in Crewe, to reduce the PCT's financial commitment	SH	SH	1	To actively market the property or re-utilise within the wider health economy.	Jul 09	To deliver a cost effective service.	50,000	20,000	
8.2.5	To review the PCT's Lease Car Scheme to ensure that tax opportunities are maximised, in order to deliver a "win/win" approach (ie, Salary Sacrifice).	SH	JB	1	To develop a scheme which is mutually advantageous to both the staff and the PCT, and to agree with Staffside.	Jul 09	To deliver a cost effective service.	152,000	20,000	Red

9.0 Escalation Plan

Responsible Director/Associate Director – Mike Pyrah/Dave Rowson

Overall aim – to ensure that the PCT has a deliverable Healthcare Sustainability Plan. The decision on whether to escalate the Plan will be taken in July on the analysis of the financial position (Quarter 1, 2009/10). In particular, the action plan will ensure action is taken in the following areas:

- The consultation on, and communication of, the plan (see above), and in particular the need to undertake the formal consultation processes.
- Staff side/ representative bodies (LMC etc)/ overview and scrutiny committees etc.

NB It should be noted that, there is a need to commence formal consultation on this Plan (ie, Staff Side, Representative Bodies (LMC etc), Overview and Scrutiny Committee plus partners/stakeholders etc).

9.1 Primary Care

9.2 Prescribing/Pharmacy Contract

9.3 HCHC/CITC and Community Services

9.4 Secondary Care

9.5 Infrastructure

9.6 Decommissioned Services

Healthcare Sustainability Plan Financial amount to "Recover", already posted to budget (ie monitoring of achievement via the monthly financial reporting process). Target: N/A

Responsible Director: _____ _____

Name Signature

Associate Director: _____ _____

Name Signature

Healthcare Sustainability Plan 2009/10
Escalation Plan (Section 9.1)
- Primary Care
(Responsible Director/Associate Director - Simon Holden)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
9.1.1	Serve notice to remove the local Quality and Outcomes Framework	SW	SW	1			The current Local QOF and Financial Services are seen are a Key Measure by which the qualities of public care could be improved. The termination of these schemes will impact on relationships and clinical engagement with Primary Care.	1,700,000		
9.1.2	Review/ Terminate all other local Enhanced Schemes	SH	SW	1	ie, Extended Hours, Choose and Book		The current Local QOF and Financial Services are seen are a Key Measure by which the qualities of public care could be improved. The termination of these schemes will impact on relationships and clinical engagement with Primary Care.	2,000,000		
9.1.3	Serve notice to transfer all PMS Practices to GMS	SH	SW	1				1,800,000		
9.1.4	Terminate/suspend work on all unsigned Premises developments	SH	SW	1	ie, Congleton, Knutsford, Northwich, Middlewich, Alderley Edge, Bollington, Scholar Green					
9.1.5	Terminate all Clinical Engagement payments overall	SH	SW	1	ie, GP Leads		Currently fund monitoring meetings in the three clusters. This is seen as a key element to communication with Primary Care.	85,000		

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
9.1.6	Reduce overall Dentistry expenditure by 5%	SH	RM	1			Currently fund monitoring meetings in the three clusters. This is seen as a key element to communication with Primary Care.	1,000,000		
							Sub Total	6,585,000		

Healthcare Sustainability Plan 2009/10
Escalation Plan (Section 9.2)
- Prescribing/Pharmacy Contract
(Responsible Director/Associate Director - Simon Holden)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
9.2.1	Withdraw the Minor Ailments Scheme (MAS)	SH	GC	1	Give notice that current MAS funding paid to pharmacists is to cease.		Current scheme prevents both GP and hospital attendance for minor ailments that are dealt with by Pharmacists.	170,000		
9.2.2	Introduce charging for Nicotine Replacement Therapy	SH	GC	1			This is a major contributor to delivering the Smoking Quitters targets.	300,000		
9.2.3	Introduce mandatory prescribing guidelines	SH	GC	1				1,000,000		
9.2.4	Cancel all other Enhanced Services in Pharmacies	SH	GC	1	Includes payments for dispensing emergency oral contraception.		Will impact on teenage pregnancy numbers/targets.	250,000		
							Sub Total	1,720,000		

Healthcare Sustainability Plan 2009/10
Escalation Plan (Section 9.3)
- HCHC, CITC and Community Services
(Responsible Director/Associate Director - Simon Holden)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
9.3.1	Suspend the development of Beds Outside Hospital	SH	CF	1				TBC		
9.3.2	Review the use of Section 28A Grants	SH		1			Current funding is to the new Councils. Cessation of funding will impact on joint working arrangements.	800,000		
9.3.3	Reduce overall CECH expenditure by 5%	MP	SH	1	Service changes to be agreed with CECH Management			2,200,000		
9.3.4	Suspend Transforming Community Services (TCS) work	MP	SH	1	Revert to directly managed services model		This will save the cost of project management staff input into the TCS process.	TBC		
9.3.5	Identify list of services for tender (ie Community & Hospital Services)	SH		2				N/A		
							Sub Total	3,000,000		

Healthcare Sustainability Plan 2009/10
Escalation Plan (Section 9.4)
- Secondary Care
(Responsible Director/Associate Director - Simon Holden)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
9.4.1	Review Community Hospital Provision	CF	JH/LR	1	Tender provision of Secondary Care outside hospital			TBC		
9.4.2	Terminate right of provider to undertake Consultant to Consultant referrals without GP permission	CF	JH/LR	1				TBC		
9.4.3	Introduce Referral Management Systems	CF	JH/LR	1				TBC		
9.4.4	Reduce overall non PbR expenditure by 5%	CF		1	Service changes to be agreed with Trusts			Circa £200m		
9.4.5	Identify acute services for Tendering	CF		1				TBC		
9.4.6	Draw up list of services to be decommissioned	CF		1	See Section 9.6			TBC		
						Sub Total		Circa £200m		

Healthcare Sustainability Plan 2009/10
Escalation Plan (Section 9.5)
- Infrastructure
(Responsible Director/Associate Director - Simon Holden)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
9.5.1	Review use of buildings (inc Universal House and CECH accommodation)	SH	RM	2				TBC		
9.5.2	Reduce overall PCT direct expenditure by 10%			1	i) Hold vacancies ii) Voluntary redundancy			£19m		
9.5.3	Reduce overall Shared Service expenditure by 10%			1				£6m		
9.5.4	Delay National Program for IT implementation			1			This is the budget held on behalf of the LHC for the implementation of the NPFIT programme.	896,000		
9.5.5	Reduce overall Network expenditure by 10%			1				TBC		
9.5.6	Develop further range of Shared Services			2				TBC		
							Sub Total	£25,896,000		

Healthcare Sustainability Plan 2009/10
Escalation Plan (Section 9.6)
- Services to be Decommissioned
(Responsible Director/Associate Director – Jerry Hawker)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
9.6.1	Arthroscopies	JH	JW	2	Cost implications of decommissioning Establish clinical risk analysis from decommissioning			TBC		
9.6.2	Sleep apnoea	JH	MI	2	Cost implications of decommissioning			TBC		
9.6.3	VIC/Congleton MIU	JH	JH/SE	2	Establish clinical risk analysis from decommissioning			TBC		
9.6.4	Diagnostics at RJH (Dexa)	JH	CL	2	Cost implications of decommissioning			TBC		
9.6.5	Reduce IVF Cycles commissioned	JH	MT	2				TBC		
9.6.6	Orthotic service	JH	MT	2	Establish financial risk given different funding models Establish clinical risk analysis from decommissioning			TBC		
9.6.7	Suspend/ reduce payment for services which are not operating at full commissioned capacity (eg not fully staffed)			2	Only pay for fully commissioned services – place financial risk on provider not commissioner			TBC		
9.6.8	Endoscopes	JH	CL	2	Cost implications of decommissioning			TBC		
9.6.9	Other services currently included in service specifications which may be of limited value	JH	JC/MD	2				TBC		
9.6.10	Terminate funding for Pain Management Clinics			2				350,000	100,000	

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line Cost	Financial Target	RAG Status
9.6.11	Terminate funding for Falls Service			2	Already served notice			250,000		
9.6.12	Terminate funding for all Single Clinician Services			2				TBC		
9.6.13	Move away from pilot Joint Equipment Retail Model, to a more traditional approach			2				845,000		

10.0 Communications Action Plan
Responsible Director/Associate Director - Fiona Field/Dave Rowson

Overall aim – to ensure that all stakeholders/partners and staff understand the reasons why the PCT has a Healthcare Sustainability Plan, the actions being taken to address the "problem" and the consequences of success or failure. In particular, the action plan will ensure action is taken in the following:

10.1 The development of regular and comprehensive briefing documents;

10.2 The organization and delivery of a comprehensive programme of GP practice visits;

10.3 The delivery of a comprehensive "consultation programme" focused on the Healthcare Sustainability Plan, Escalation Plan;

10.4 The production of service specific "what does it mean for us" briefing packs, (e.g. GP practice pack – Pharmacy contractor pack etc, etc); and

10.5 The delivery of a comprehensive Learning Programme for PCT staff in respect of the PbR system and the implications of HRG4.

Healthcare Sustainability Plan
Financial amount to "Recover", already posted to budget (ie monitoring of achievement via the monthly financial reporting process).

Target: N/A

Responsible Director: _____ _____
Name Signature

Associate Director: _____ _____
Name Signature

Healthcare Sustainability Plan 2009/10
- Communications (Section 10 Plan)
(Responsible Director/Associate Director: Fiona Field/Dave Rowson)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line cost	Financial Target	RAG Status
10.1.1	Development of regular and comprehensive briefing documents	DR	DR	1	Information to made available through: • In the Picture stakeholder bulletin issued monthly • Updates on progress on the PCT website • GP bulletin • Presentations • Internal briefings to staff	From June – Board meeting onwards	The aim being to ensure that all stakeholders (ie staff and partners) are fully briefed in order to enable them to make informed decisions.	N/A intention is to deliver within current resources	N/A	
10.1.2	To undertake to visit all GP Practices	MP/ PO/ BF	CJ	1	To arrange visits to all Practices in order to explain the current PCT situation, and to review Practice specific issues.			N/A intention is to deliver within current resources	N/A	
10.1.3	To co-ordinate a list of key messages to Practices	DR	SH/CF	1	To summarise the PCT's key issues with regards to the ability of Practices to assist with the Recovery process (ie Top 5 messages). Healthcare Sustainability Bulletin circulated to practices 13 Jun 09.		To enable GPs to provide the right care, in the right place at the right time and in the most cost efficient manner.	N/A intention is to deliver within current resources	N/A	Green
10.1.4	Consultation on areas for disinvestment/ decommissioning	DR	SH/CF	1	To undertake the preparatory work required, with regards to compliance with the current guidance in regards to disinvestment/ decommissioning of services.	Work commenced – discussion with OSC 29/6/09 on possible process re legal requirements	To ensure that the PCT fully engages with local leaders in order to influence any decision on the decommissioning of services.	N/A intention is to deliver within current resources	N/A	
10.1.5	Production of GP Practice briefing packs	DR	SH/CF	1	Link to 5.2	May 09		N/A intention is to deliver within current resources	N/A	Green
10.1.6	Training Program to be developed to facilitate the dissemination of knowledge in respect of PBR and HRG4	LR	DR	1	LR to identify draft Training program LR to discuss implementation of plan with D Rowson LR to contact other potential presenters in respect of training program to widen and	11 May 09 w/c 11 May 09 w/c 11 May 09	The process is to make the PCT system aware of the costs in respect of PBR, how the system works, what HRG4 means and the related cost impact of referrals	N/A intention is to deliver within current resources	Not identifiable	Amber

					make the training program more interesting. Train the Trainer approach to be taken if possible to speed impact Training to be delivered ASAP with courses on a weekly basis wherever possible	w/c 25 May 09 to run for period of 5 weeks	made, with regards to delivering high quality, effective care.			

11.0 Information to Manage
Responsible Director/Associate Director – Stuart Jackson

Overall aim - to improve the quality of information, to enable appropriate and timely decision making. In particular the action plan will ensure action is taken in the following areas:

11.1 The development and introduction of a daily/weekly/ monthly corporate activity dashboard. This dashboard to be focused on the production of activity data rather than performance data (e.g. A+E attendances/ Emergency admissions as opposed to four hour breaches);

11.2 The development of an agreed PCT / Provider monthly information management report;

11.3 The development of urgent-care and elective care monthly whole system dash boards;

11.4 The development of potential 'information systems' to provide accurate and timely data (ie, Emis qute); and

11.5 Review the 'Better care / better value indicators' – produce action plans.

Healthcare Sustainability Plan Financial amount to "Recover", already posted to budget (ie monitoring of achievement via the monthly financial reporting process). Target: N/A

Responsible Director: _____ _____
Name Signature

Associate Director: _____ _____
Name Signature

Healthcare Sustainability Plan 2009/10
- Information to Manage (Section 11 Plan)
(Responsible Director/Associate Director: Stuart Jackson)

Ref	Area	Lead	Enabler	Priority Level 1 - 3 (1=high)	Detailed Actions	Time Scales	Impact Descriptor	2009/10 Budget Line cost	Financial Target	RAG Status
11.1.1	Development of a Corporate Daily/Weekly Dashboard	SJ	MR	1		End of Aug 09	Early warning system regarding Secondary Care Activity	N/A intention is to deliver within current resources	N/A	Green
11.1.2	Development of agreed PCT – Acute Provider Monthly Information Management Report	LR	CF/CISSU & JWa	1	1. JH/LR to meet SJ to agree process/resources 2. Performance reporting of Actual vs Plan. 3. Reporting of activity against commissioning intentions. 4. Performance reporting. 5. Quality & CQUINS reporting.	End of Apr End of May	To enable closer, more in depth, monitoring of agreed contracts.	N/A intention is to deliver within current resources	N/A	Green
11.1.3	Introduction of Urgent care and Elective care monthly whole system Dash boards	JH	SE/MT/ JWa/CF	2	Urgent Care and Planned Care teams working on Dashboards and will be available within agreed timeframes. Urgent care Dashboard ahead of schedule and should be available by Jul 09.	End of May 09	To enable the provision of appropriate care, in the right place and at the right time. Improved monitoring of activity and performance against plans.	N/A intention is to deliver within current resources	N/A	Amber
11.1.4	Development of Referral Management Information	JH	JB/SE & PbC Mgr	1	Establish Project Group Action Group	End of June End of July	To ensure that patients receive the right care, in the right place and at the right time and that this is delivered in the most cost effective manner.	N/A intention is to deliver within current resources	N/A	Red

12.0 Performance Management of the Plan
Responsible Director/Associate Director – Mike Pyrah/Phil Wood

The performance management of this Plan can be split into two distinct elements, namely the governance of the overall process and also the responsibility for management of the actual delivery of the Plan, within the agreed timescales and financial targets.

- Governance

The governance is provided by the monthly Trust Board, supported by the associated financial reporting.

In addition, more detailed scrutiny will be provided via the monthly Performance Committee, being a formal sub committee of the Trust Board, again supported by a regular report.

- Management/Reporting

The Chief Executive will personally lead the delivery of this Plan on behalf of the Trust Board.

He will be supported on a day to day basis by a small Project Office, led by the Associate Director of Finance.

The management will be carried out via regular fortnightly Leadership Team meetings, supplemented by three distinct monthly Program Boards. Namely:
- **Secondary Care (inc Commissioning, Acute Services and Contract Management);**
- **Joint Commissioning (inc NHS Continuing Care); and**
- **Primary Care Services (inc Prescribing).**

Each of these Program boards being chaired by an Executive Director and reporting directly into the Leadership Team.

In addition to these Program Boards, all other areas will also be led by a nominated Director, who will be held accountable.

A number of these "Key" Projects, are also supported by a further detailed Project Plan, outlining the milestones and targets, to further aid the management of the process.

Healthcare Sustainability Plan Financial amount to "Recover", already posted to budget (ie monitoring of achievement via the monthly financial reporting process). Target: N/A

Responsible Director: _____ _____
Name Signature

Associate Director: _____ _____
Name Signature