



Improvement

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Nicola Scrivings
Chair
Cambridge Community Services NHS Trust
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08 June 2018

Dear Nicola,

2018/19 Operational Plan Feedback

I am writing to acknowledge receipt of your Board approved operational plan for 2018/19 and to highlight next steps. I would also like to take this opportunity to formally congratulate the Board on delivery of its 2017/18 Plan.

NHS Improvement (NHSI) will use the details contained within your 2018/19 (Year 2) Board assured activity, finance, workforce and triangulation submissions to monitor and the Trust's delivery against the commitments you and the Board have made to the patients and communities that we serve.

Your final 2018/19 operating plans have been developed against a back-drop of strategic discussions on how to develop a sustainable, transformed health service. This highlights the importance of your work to create a sustainable organisation as part of a strong local health care system across the geographies the Trust serves. In the case of CCS you have a key role to play within three Sustainability and Transformation Partnerships.

Our expectation is that the Trust will continue to build upon its strong track record of meeting the commitments within its annual plan, delivering safe, high quality services and the agreed access standards for patients within the resources available. This will mean maintaining an effective balance between demand and capacity and continuing to develop the workforce needed for local services.

NHSI has reviewed your plan submission and has given the Trust's Plan a green RAG rating. This rating reflects the relatively low level of risk within the plan, the positive triangulation of finance, activity and workforce assumptions and the Board's track record of delivery.

The review identified some areas that we will be monitoring via our single oversight framework during 2018/19.

Activity, capacity and performance

We note the Trust's commitment to be compliant with the planning guidance for the year ahead with one exception, the Diagnostics standard. Failure of this standard across the past year has been driven by increased demand and staffing challenges within a single service – Audiology. We appreciate the actions that the Trust has taken across 2017/18 to maintain provision of the Audiology service whilst seeking to minimise growth in the backlog. Finding a sustainable solution for the service must be a Board priority. We would expect a networked solution to be identified in Q1, or early in Q2, and would hope to see the standard recovered later in the year once this strategic solution has been implemented.

Workforce

The Trust has given notice on the Paediatric contract at Hinchingsbrooke. This explains the planned staffing reduction in your plan from October 2018. We will seek ongoing updates on the progress being made to ensure safe transfer of the current contract to a new provider and support where we can.

We recognise the potential risks that come with the Trust operationalising the two large block contracts the Trust has recently won (to provide community services for children and young people in Bedfordshire £13m and additional community services in Luton). The Trust has proven that it can effectively plan for, and deliver, large scale strategic programmes, including the transition of both staff and services for out of area contracts. TUPE transfer has previously been well-managed with strong and effective staff engagement and investment in locality leadership and development demonstrating positive returns.

Agency

The Trust has set itself a stretch target of £2.6m (below the £3m ACT) after strong performance in reducing agency usage and spend last year. The assurance that strong and effective controls in 2017/18 will continue is positive and we welcome the Board's ambition in this area.

Finance

You have submitted a control total compliant financial Plan and we will monitor the Trust's performance against this throughout the year.

Key areas for our focus will be the delivery of your Cost Improvement Programme Plan and management of agency spend in light of the Trust taking on a new significant contract for the provision of community services in Bedfordshire.

We will be seeking further assurance on plan delivery in July, based on Quarter 1 returns. This will incorporate an alignment exercise with commissioners, which will include contract, plan and forecast delivery, including any outstanding contractual disputes.

We will also be undertaking a Quarter 1 review process on financial performance, which will focus on delivery against plan (including CIP performance), income and expenditure run-rates (historic and projected), a balance sheet and cash flow review (including provisions and accruals) and progress against capital expenditure plans.

High risk providers, including those with a variance to plan at Month 2, may be invited to a regional performance review session with NHSI executives.

Operational productivity

CIP planning needs to be based on robust analysis of the existing operating base to identify where efficiency savings can be delivered without compromising on quality. The Model Hospital is a tool that might be used as a guide to where opportunities for productivity improvements may exist based on benchmarking with national benchmarks and selected peers. In the event that you choose to make a resubmission of your Plan, we would encourage the Trust to consider these areas to shape their plan. We also ask you to categorise your CIPs as outlined in the published planning guidance. This will enable us to more readily interpret your CIP plans and support you in the delivery of your plans during the year.

Quality

Assurance has been provided that there is a robust and embedded process for reviewing cost improvement plans via Quality Impact Assessments. We understand that, as a further check on the robustness of this process, the Board, and sub-committees of the Board, have sight of schemes that have been rejected on quality grounds. It is particularly important that the Trust can identify that learning has been incorporated into this year's CIP based on a post-implementation review process of previous schemes.

It would be helpful when we next meet to discuss the quality priorities you have agreed for Year 2 of your operational plan.

Next Steps

NHSI have put in place the facility for Trusts to update all of their final 2018/19 operating plan submissions in a timely manner such that the outcome of the revised plan can be used in national reporting from month 3 onwards and will be the plan on which the Trust Board is assessed for 2018/19. We have not identified any material concerns within our plan review that would require the Trust to make a re-submission but, if you wish to take up this opportunity to resubmit by 18 June, please inform Sara Howlett of the Board's decision.

We will continue to work with you to ensure that you are able to access the necessary development support required to strengthen the Trust's capability and capacity for delivery. In return, our expectation is a simple one - that the commitments you make through this planning round and through locally agreed contracts are delivered in full.

If you wish to discuss the above or any related issues further, please let me or your regional director know.

Yours sincerely



Ian Dalton CBE

Chief Executive, NHS Improvement

cc Matthew Winn, Chief Executive, CCS NHS Trust
Mark Robbins, Director of Finance, CCS NHS Trust
Dale Bywater, Executive Regional Managing Director (Midlands and East), NHS Improvement

Jeffrey Worrall, Delivery & Improvement Director, NHSI (Midlands and East)
Mark Mansfield, Regional Director of Finance, NHSI (Midlands and East)
Elizabeth O'Mahony, Chief Financial Officer, NHSI