

SPONSORED COMMENT

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NHS trusts' gargantuan task of reducing their deficits is not being helped by the slew of piecemeal initiatives fired from the centre

Initiative is a good thing. Every employer would or should encourage it. It helps to ensure organisations develop new ideas, put good ideas into practice and move forward. So initiatives must be a good thing, too, surely? Well, yes, but with the NHS in England of late, the saying "less is more" increasingly comes to mind.

The challenge faced by NHS senior management is huge and nobody would envy them their task but any business facing such challenges will only do so successfully if initiatives form part of a thoughtfully constructed, coordinated, deliverable plan aimed at achieving realistic objectives. Admittedly, I am not privy to NHS plans beyond what is published but what appears doesn't meet that criteria.

Firstly, there is the obsession with deficits and making them appear smaller than they really are; by moving capital funding to revenue funding, as a perfect example. No money is actually saved and investment to create future savings is lost. This "reduced" deficit is then portrayed as the figure on which the service must improve, concealing the true

savings that need to be made to meet the new target, hence distorting 'realistic' objectives.

In addition to the 25 pioneers which have received mixed reports and the 29 vanguards, we now have 44 areas preparing sustainable transformation plans, with quarterly targets set against control totals that will enable access to £1.8bn funding.

Then, before these STPs are finalised, instructions are sent out to trusts to devise plans within 30 days for back office integration with neighbours. Coordinated and deliverable?

Carter identified £5bn of available savings. Whilst the figures attached to individual trusts may be disputed and whilst the amount only goes part way to tackling the anticipated shortfall in NHS funds, the potential to make a substantial dint in the savings challenge is unquestionable.

Given the scope of areas to tackle, the logical approach would be to set a challenge for every trust's senior team to construct – in a sensible timeframe – a thoughtfully constructed, robust plan to address each and all of those areas, making them ambitious and demanding but realistic and deliverable. Then attach transformation funds to the initiation and to the successful conclusion of those plans. Yet no such response to Carter has appeared, just piecemeal initiatives.

Some of the challenges the NHS faces are unique but the principles of business management are not.

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