







# Report of the Change Programme Board



## Trust Board Report

<b>Meeting Date:</b>	25 <sup>th</sup> November 2013
<b>Title:</b>	Report of the Change Programme Group
<b>Executive Summary:</b>	<p>This report provides the Board with an update of the progress of the Change Programme for Month 7.</p> <p>It provides an overall financial position, the view of the progress for schemes during October and an assessment of the quality impact of the programme.</p>
<b>Action Requested:</b>	To note: current progress
<b>Report of:</b>	Director of Planning and Contracting
<b>Author:</b> <b>Contact Details:</b>	<p>Head of Performance</p> <p>Tel: 01902 694366 Email: <a href="mailto:simon.evans8@nhs.net">simon.evans8@nhs.net</a></p>
<b>Resource Implications:</b>	None associated with this report
<b>Public or Private:</b> <b>(with reasons if private)</b>	Public Session
<b>References:</b> <b>(e.g. from/to other committees)</b>	Change Programme Group
<b>Appendices/</b> <b>References/</b> <b>Background Reading</b>	<p>Appendix A – Financial Phasing</p> <p>Appendix B – Monthly Performance Summary</p> <p>Appendix C – Quality Impact Summary</p>
<b>NHS Constitution:</b> <b>(How it impacts on any decision-making)</b>	<p>In determining this matter, the Board should have regard to the Core principles contained in the Constitution of:</p> <ul style="list-style-type: none"> <li> Equality of treatment and access to services</li> <li> High standards of excellence and professionalism</li> <li> Service user preferences</li> <li> Cross community working</li> <li> Best Value</li> <li> Accountability through local influence and scrutiny</li> </ul>

## Detail

### 1 FINANCE UPDATE

This report details the month 7 position for the Trust's cost improvement plan for 2013/14. The CIP target is £21.28m, the level of achievement and the recurrent position is detailed below.

#### 1.1 2013/14 MONTH 7

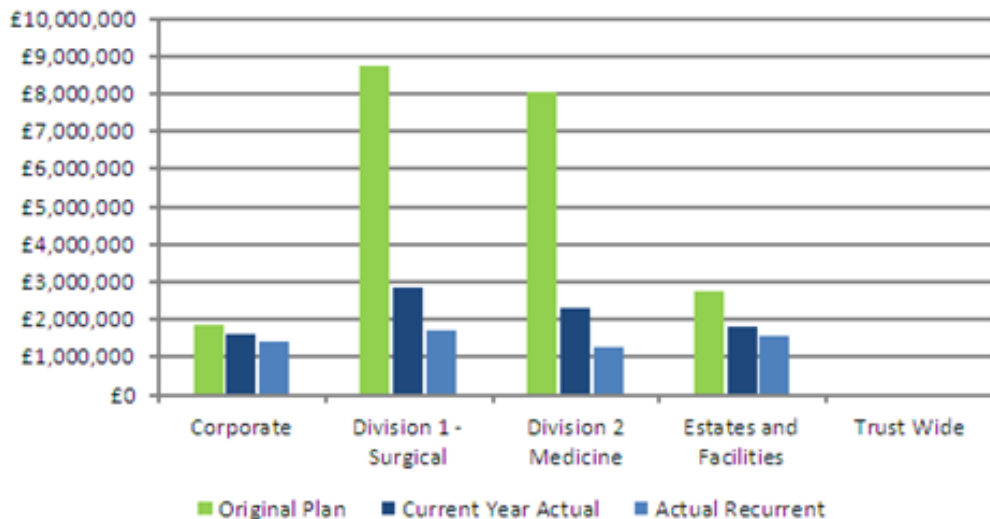
As at month 7, a total of £8.48m (£706k in month) has been removed from budgets against the 2013/14 target of £21.28m, this represents 40% of the annual amount. The target performance was for 61% of the annual plan to have been achieved to date. The Trust has underachieved against the month 7 plan by £1m and the underperformance year to date is £4.5m.

	Original Plan	Revised Plan	Year To Date Target	Current Year Actual	YTD Variance	Actual Recurrent
Corporate	£1,818,161	£1,773,818	£1,420,529	£1,577,257	£156,728	£1,370,504
Division 1 - Surgical	£8,717,100	£8,549,920	£5,266,361	£2,826,607	(£2,439,754)	£1,689,315
Division 2 Medicine	£8,022,095	£7,867,303	£4,217,769	£2,294,440	(£1,923,329)	£1,252,359
Estates and Facilities	£2,725,938	£2,692,252	£2,074,881	£1,777,893	(£296,988)	£1,556,371
Trust Wide	£0	£400,000	£37,503	£0	(£37,503)	£0
	<b>£21,283,294</b>	<b>£21,283,294</b>	<b>£13,017,044</b>	<b>£8,476,197</b>	<b>(£4,540,847)</b>	<b>£5,868,549</b>

The recurrent element of the year to date achieved is £5.87m, this results in a shortfall of £7.1m against the year to date targets. The recurrent amount achieved against the annual target is 28%.

#### 1.2

### CIP Plan and Actual by Division



**1.3**

**2013/14 Monthly Detail**

Appendix A details the monthly targets and performance by Division. This shows that in month 41% of the monthly target has been achieved.

The monthly phasing of the plan is also detailed in Appendix A.

**1.4**

**Financial Risk**

The total of schemes identified by directorates as red risk in 2013/14 is £7.3m (34% of the total), compared to £6.4m at month 6. Amber risk schemes, at risk of not achieving, total £3.7m, 17% of the total. The level of red and amber risk totals £10.9m.

The following tables summarise the financial risk position:-

Financial Risk Summary	Red	Amber	Yellow	Green	Cleared	Total
Corporate	-£15,401	£154,867	£47,095	£10,000	£1,577,257	<b>£1,773,818</b>
Division 1 - Surgical	£2,948,125	£1,325,958	£1,449,231	£0	£2,826,607	<b>£8,549,920</b>
Division 2 Medicine	£3,292,750	£2,199,881	£0	£80,232	£2,294,440	<b>£7,867,303</b>
Estates and Facilities	£650,978	-£6,466	£134,670	£135,177	£1,777,893	<b>£2,692,252</b>
Trust Wide	£400,000	£0	£0	£0	£0	<b>£400,000</b>
<b>Totals</b>	<b>£7,276,452</b>	<b>£3,674,239</b>	<b>£1,630,996</b>	<b>£225,409</b>	<b>£8,476,197</b>	<b>£21,283,294</b>



<b>2</b>	<b>Month 5 Performance</b>												
<b>2.1</b>	<p>The cumulative position as at the end of October shows an under-achievement of £4,540,847 for the Trust as a whole. Within this, the financial position for month 7 is as follows:</p> <table border="1" data-bbox="370 427 1303 562"> <tr> <td>Totals Plan</td> <td>£1,703,962</td> <td>% of Plan Achieved (Month)</td> <td>41%</td> </tr> <tr> <td>Totals Actual</td> <td>£705,500</td> <td>% Annual Target Achieved</td> <td>40%</td> </tr> <tr> <td>Totals Variance</td> <td>(£998,462)</td> <td></td> <td></td> </tr> </table>	Totals Plan	£1,703,962	% of Plan Achieved (Month)	41%	Totals Actual	£705,500	% Annual Target Achieved	40%	Totals Variance	(£998,462)		
Totals Plan	£1,703,962	% of Plan Achieved (Month)	41%										
Totals Actual	£705,500	% Annual Target Achieved	40%										
Totals Variance	(£998,462)												
<b>2.2</b>	<p>In total 16 schemes have contributed to savings in month 7, of which 4 have delivered in full and closed. This means that 54% of schemes have been delivered to date.</p>												
<b>2.3</b>	<p>A total of 167 schemes planned to deliver a CIP value in October; of these, 18 schemes have delivered the required amount or more. A detailed analysis of the in-month performance by division, and those schemes which are outstanding, for the month, can be found in appendix B.</p>												
<b>2.4</b>	<p>No new schemes were identified and delivered in month. However, a further 2 schemes have been identified in month to mitigate against the shortfall, these are currently being validated and the full savings value should be delivered in full next month.</p>												
<b>2.5</b>	<p>Additional schemes to close the gap are currently being progressed through the PMO, this includes pulling forwards any scheme highlighted for work in 2014/15 that can be accelerated, this is currently being worked through the approval process. Supplementary details and progress on the schemes will be provided as it becomes available.</p>												

<p><b>3</b></p> <p><b>3.1</b></p> <p><b>3.2</b></p> <p><b>3.3</b></p>	<p><b><u>Quality Update</u></b></p> <p>The PMO reviews the QIAs and has themed the schemes to enable scrutiny and triangulation to take place more easily. The themes are as follows:</p> <ul style="list-style-type: none"> <li>• Procurement – Reviewed September</li> <li>• Patient productivity – reviewed August 2013</li> <li>• Revenue – reviewed July 2013</li> <li>• Workforce – reviewed June 2013</li> <li>• Changes to clinical practice – Reviewed This Month</li> </ul> <p><b>Month 7 Overview – Changes to Clinical Practice</b></p> <p>The changes to clinical practice schemes include; changes to how patient's pathways of care are managed, new or innovative practices that impact on the cost of care and alternative products to deliver care. A synopsis of some of the key schemes can be seen below:</p> <ul style="list-style-type: none"> <li>• Close a bay in Gynaecology at weekends, early discharge of patients</li> <li>• Reduced LoS in a number of medical and surgical specialities</li> <li>• Reduction in numbers of new to follow up rates in Head and Neck/Max Fax to bring in line with national benchmark</li> <li>• Introduce 23 hour breast pathway to reduce LoS</li> <li>• Reduce medical speciality DNA rate by providing electronic advice to GPs</li> <li>• Remove Platelet gel therapy for wound healing</li> <li>• Rationalise theatre trays reducing wastage</li> <li>• Reduce Therapy DNA through self-referral</li> <li>• Introduce improved triage in Surgical Assessment Unit to support earlier assessment</li> <li>• Develop Clinical Decision Unit to reduce need for admission in AMU</li> </ul> <p>Performance indicators impacting on quality</p> <p>A range of KPIs and quality indicators have been reviewed as part of the on-going monitoring of PIDs using the Trust's integrated performance report.</p> <p>The metrics demonstrate stability and some improvement across the targets including day case numbers which has seen an improvement from Q1 (83.5%) to Q2 (92.07%) and reducing length of stay for elective cases which has also seen an improvement from Q1 (3.34%) to Q2 (3.24%).</p>
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<p><b>3.4</b></p>	<p>There is also an improvement in emergency readmission rates within 30 days. Four of the last six months have shown reduced levels of emergency re-admissions and the other two months are in line with the baseline. Unplanned re-attendance rates within 7 days in A&amp;E (Nx only) is the only indicator to have shown a slight increase over the year Q1 (6.4%) to Q2 (7.2%), however this has reduced in October to 6.73%.</p> <p>Theatre session utilisation began the year at around 83% and has only recently begun to show improvement with the last two months being 83.3% and 87.5% respectively.</p> <p>From a safety perspective we continue to see an improved position in Safety Thermometer (new pressure ulcers, falls causing harm). Complaints continue to be less than 0.1% of the activity with no specific area highlighted as concern from the PIDs already mentioned. There has been new data from the Cancer survey this month which provides more detailed information on specific responses to our cancer services. The Friends and Family score continues to improve as does the response rate with a significant improvement in the emergency department in both score and responses.</p> <p><b>New PIDs in month</b> There are no new PIDs in month</p>
<p><b>4</b></p>	<p><b><u>Further Actions</u></b></p> <p><b>4.1</b> Each division has produced delivery action plans identifying how the CIP programme will be delivered. Progress on the action plans are presented monthly to the Change Programme Group meeting.</p> <p><b>4.2</b> A report on progress against the CIP Programme is now considered at the Finance and Performance Committee. This provides an additional opportunity for Trust Board members to discuss progress and relevant action plans.</p> <p><b>4.3</b> Details of the 2014/15 and 2015/16 CIP Programme will be presented to the Finance and Performance Committee in November.</p>



## Appendix A - CIP Monthly Analysis

		Plan												
P/A/V	Directorate	April	May	June	July	August	September	October	November	December	January	February	March	Total
Plan	Corporate	816,943	197,997	43,108	148,107	71,856	71,857	70,659	75,657	75,656	75,657	75,657	50,657	1,773,815
Actual	Corporate	1,403,129	38,474	35,911	(118,094)	57,833	141,886	18,118	0	0	0	0	0	1,577,257
Variance	Corporate	586,186	(159,523)	(7,197)	(266,201)	(14,023)	70,029	(52,541)	(75,657)	(75,656)	(75,657)	(75,657)	(50,657)	(196,558)
Plan	Division 1 - Surgical	973,271	896,081	830,271	645,901	624,445	628,127	668,265	625,407	665,753	662,905	662,905	666,593	8,549,924
Actual	Division 1 - Surgical	806,121	236,796	178,022	1,058,484	280,805	66,919	199,460	0	0	0	0	0	2,826,607
Variance	Division 1 - Surgical	(167,150)	(659,285)	(652,249)	412,583	(343,640)	(561,208)	(468,805)	(625,407)	(666,590)	(662,905)	(662,905)	(666,593)	(5,724,154)
Plan	Division 2 Medicine	234,163	748,850	509,026	612,843	637,709	695,567	779,611	717,969	726,302	734,636	734,640	735,987	7,867,303
Actual	Division 2 Medicine	154,543	260,211	142,120	540,682	616,134	363,341	217,409	0	0	0	0	0	2,294,440
Variance	Division 2 Medicine	(79,620)	(488,639)	(366,906)	(72,161)	(21,575)	(332,226)	(562,202)	(717,969)	(726,302)	(734,636)	(734,640)	(735,987)	(5,572,863)
Plan	Estates and Facilities	729,528	668,724	118,526	174,526	118,526	118,526	146,525	118,525	118,524	118,523	118,523	143,276	2,692,252
Actual	Estates and Facilities	804,034	308,967	4,403	233,862	97,741	58,373	270,513	0	0	0	0	0	1,777,893
Variance	Estates and Facilities	74,506	(359,757)	(114,123)	59,336	(20,785)	(60,153)	123,988	(118,525)	(118,524)	(118,523)	(118,523)	(143,276)	(914,359)
Plan	Corporate - Other	0	260	(416)	(415)	(414)	(414)	38,902	94,901	66,900	66,901	66,900	66,895	400,000
Actual	Corporate - Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Variance	Corporate - Other	0	(260)	416	415	414	414	(38,902)	(94,901)	(66,900)	(66,901)	(66,900)	(66,895)	(400,000)
Totals Plan		2,753,905	2,511,913	1,500,515	1,580,962	1,452,123	1,513,663	1,703,962	1,632,459	1,653,135	1,658,622	1,658,625	1,663,408	21,283,294
Totals Actual		3,167,827	844,448	360,456	1,714,934	1,052,513	630,519	705,500	0	0	0	0	0	8,476,197
Totals Variance		413,922	(1,667,465)	(1,140,059)	133,972	(399,610)	(883,144)	(998,462)	(1,632,459)	(1,653,972)	(1,658,622)	(1,658,625)	(1,663,408)	(12,807,933)

% of Plan(Month)	115%	34%	24%	108%	72%	42%	41%	0%	0%	0%	0%	0%	0%
% of Plan(Cumulative)	115%	161%	125%	102%	86%	75%	65%	58%	52%	47%	43%	40%	40%
% Annual Target Achieved	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%	40%
Monthly Plan as % of Target	13%	12%	7%	7%	7%	7%	8%	8%	8%	8%	8%	8%	8%
Cumulative Plan as % of Target	13%	25%	32%	39%	46%	53%	61%	69%	77%	84%	92%	100%	100%

## Appendix B - Month 7 Schemes Not Delivered in Month

### Division One - Schemes Not Delivered in Month

Title	Total in Year Value	Period Target	Period Shortfall	Comment
Staffing Project	£ 1,000,000	£ 90,909	£ 90,909	Significant reduction in staffing overspend. Methodology for CIP calculation being worked through.
Patient Productivity Programme	£ 600,000	£ 40,909	£ 23,077	Year to date savings to the value of £269,147 have been removed. Validation of the enabling projects is ongoing with further savings expected.
2013/14 Procurement Savings - Divisional Management	£ 212,649	£ 17,721	£ 17,721	Procurement are continuing to work closely with Divisional Management in the production of savings plans for the balance of the financial year.
VAT Reclaim opportunities	£ 200,000	£ 16,667	£ 16,667	Meetings have taken place to plan the next steps. This project is at a very early stage and savings profile is being reviewed.
2013/14 Procurement Savings - Critical Care	£ 271,494	£ 22,624	£ 14,305	Procurement are continuing to work closely with Divisional Management in the production of savings plans for the balance of the financial year.

**A total of 32 schemes failed to meet plan in month. Only 1 scheme exceeded plan resulting in a month 7 shortfall of £468,805**

### Division Two - Schemes Not Delivered in Month

Title	Total in Year Value	Period Target	Period Shortfall	Comment
Staffing Project	£ 1,000,000	£ 90,909	£ 90,909	Significant reduction in staffing overspend. Methodology for CIP calculation being worked through.
Introduction of Flexible Sigmoidoscopy Screening	£ 700,000	£ 77,778	£ 77,778	Activity has commenced, however, a piece of work is being undertaken looking at the costs of providing this service.
Incremental Activity Migration - Staffordshire	£ 540,000	£ 45,000	£ 45,000	Forecast over performance has not materialised, will continue to monitor.
Outsourcing Outpatient Pharmacy	£ 285,000	£ 40,714	£ 40,714	Tender delays causing slippage - may not achieve in 2013/2014
Reduction in DNA rate for Diabetic patients	£ 35,000	£ 35,000	£ 35,000	Underperformance within department has prohibited progression of the scheme

**A total of 55 schemes failed to meet plan in month although 5 other schemes exceeded plan resulting in a month 7 shortfall of £562,202**

### Corporate - Schemes Not Delivered in Month

Title	Total in Year Value	Period Target	Period Shortfall	Comment
Advertising Revenue	£ 150,000	£ 18,750	£ 18,750	Continue to explore opportunities with partners
Health Records Reorganisation/Noteless OPD	£ 200,000	£ 20,000	£ 11,882	Due to delays on this project its has been forecast that this scheme will only achieve £59,000 against a target of £200,000.
Salary Sacrifice	£ 100,000	£ 8,333	£ 8,333	This scheme is scheduled to be launched in September and will be announce on the All User Bulletin imminently. Payroll system is in place.
Clinical Coding and Data Quality	£ 59,191	£ 4,933	£ 4,933	£31,500 achieved year to date.
Information dept - Pay Saving - Restructure of workforce to	£ 46,691	£ 3,891	£ 3,891	Restructure currently being progressed

**A total of 20 schemes under-achieved in month with no schemes over-achieving to mitigate those. Giving a total in month shortfall of £52,541**

### Estates & Facilities - Schemes Not Delivered in Month

Title	Total in Year Value	Period Target	Period Shortfall	Comment
2013/14 Procurement Savings - Site Services	£ 177,330	£ 14,777	£ 14,777	Procurement are continuing to work closely with Divisional Management in the production of savings plans for the balance of the financial year. There is a high level of confidence that the annual savings target will be achieved. The Head of Procurement has indicated that they have a high degree of confidence (90%+) of delivering in year.
Slippage of vacancies and maternity leave, MPCE.	£ 98,177	£ 10,902	£ 10,902	Savings have not been realised as per original plan, however, it is forecast that this scheme will achieve its full benefit by year end.
VAT Reclaim opportunities	£ 75,000	£ 6,250	£ 6,250	Meetings have taken place to plan the next steps. This project is at a very early stage and savings profile is being reviewed. The Head of Procurement has indicated that he has 80% confidence of achieving this savings target.
Smart Water Sourcing of Trust Water	£ 18,675	£ 3,112	£ 3,112	Delayed start - more information to be provided
E- Attendance Management System	£ 30,000	£ 2,500	£ 2,500	Project Group has met and believe that the scheme will yield savings although the mechanism to withdrawn costs is complex. the initial finding of the project group indicate a sizable investment is required in IT at circa £100k. The Head of Hotel Services will prepare a position paper to determine whether there is corporate support to proceed.

**Despite shortfalls on 15 schemes the performance of the CHP scheme more than outweighed those producing an in-month over-achievement of £123,988**

## Appendix C – Quality Impact Summary

### Corporate PIDs – Summary of yellow/amber/red PIDs

Directorate/PID number	Clinician sign off	Project background	Saving	Quality Impact Assessment				PMO	
				Patient Safety	Clinical Effectiveness	Patient Experience	Overall Risk Score		Mitigation
Staffing project	Rose Baker	Reduce discretionary spend across operational areas implementing series of projects enabling savings to be made. Move from overtime spend to bank usage	£2M	C2	C2	C2		Individual risk assessments for each scheme completed On-going audit of waiting list work if unable to get staff	Each individual scheme for the £2M needs to have a separate PID and QIA. Consistency across all clinical divisions needs to be applied to ensure some staff are not disadvantaged. Individual schemes for £2M PID need to be coordinated  Risks are that staff will refuse to work bank as opposed to overtime however in the absence of overtime being offered staff will quickly move to bank rather than not work any extra duties at all  Risks in operating theatres higher because of mismatch of consultant PAs to nursing shifts
Staffing Project E Rostering	Charlotte Hall	E rostering to be used consistently across all nursing staff on in patient wards reducing numbers of lost hours, improving efficiency of planned leave.	This part of the above PID to be confirmed. Scoping of 2 wards will be known by 21 May	C3	E1	E1		Individual analysis of ward efficiency needs to be completed with enabling costs to carry out this work and re teach push forward the benefits of E Rostering	Need to consider how much efficiency is available through the use of the e roster as a management tool. This needs dedicated support and additional training for ward sisters then accountability meetings to ensure appropriate rostering takes place. Combined with no overtime and a move to 100% bank usage will yield savings in discretionary spending
Reduce face to face interpreting 29	Charlotte Hall	Increase use of telephone interpreting	£91,000	D3	C3	D3		Risk assessment for each interpreting request introduced as per policy	Adhere to policy and withdraw face to face interpreting as first line choice. Pilot successfully reduced expenditure by 50%.
IT 19	Chris Wanley	Shared Services	£114,000	C4	E1	C2		Extending the response time for support to non-	

								clinical areas to ensure adequate support for clinical areas.	
Health Records 17	Lisa Myatt	Staff Savings Associated with the Development of the Health Records Department	£200,000	D3	D3	E1		The Clinician will have a more complete, detailed patient record available in a single place. The likelihood of having missing or misfiled information is reduced. By having access to a number of different systems, presenting information on patients, the Clinicians will be able to see more clinical history	
Trust Wide	Caroline Marshall	Savings Associated to Changes to AfC	£300,000	D3	D3	D3		Ensure Health and Wellbeing strategy enables maximum attendance levels – routinely monitored through workforce assurance committee. Ensure pay progression policy is fairly applied and decisions to freeze pay are reviewed against appropriate evidence base – HRM involvement in each case will oversee decision making. Monitor turnover rates, reasons for leaving and exit interview responses to see if trends emerge.	
Nursing	Maria Arthur	Non Clinical Post Reconfiguration	£20,000	D3	D3	C3		The expansion of the Governance deliverables and the work remit following TCS has shown the need for additional support to the Divisions. The reconfiguration Band 7 post in addition to an existing Band 8a Governance Manager position will provide additional support to the	

								larger clinical Division. The function of the new role will be evaluated 3 – 6 months post commencement.	
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### Division 1 PIDs - Summary of yellow/amber/red PIDs

Directorate/PID number	Clinician sign off	Project background	Saving	Quality Impact Assessment					PMO
				Patient Safety	Clinical Effectiveness	Patient Experience	Overall Risk Score	Mitigation	
Gynaecology 67	Damian Murphy	Close bay on Gynae ward at weekend	£18,116	E3	E1	E3		Monitor KPIs. Skill mix review supports new staffing model.	Consider effect on safety to patients who are outlied to gynae in the absence of staff available
Cardiology 42	Jenny Borley	Reduction in 0.5 WTE Band 2 in heart failure team	£8,270	E1	B3	E1		Due to pressures elsewhere in the directorate the Band 2 post has been supporting another area and the Heart Failure team has been able to manage within this period without any noticeable increase in their own workloads. With the advent of the database therefore, the remaining hours should be released because of this without any impact.	Consider risks to nursing staff having to undertake database entries in absence of admin staff and detracting from clinical cardiac rehab duties
Appleby Suite 68	Marion Washer	Increase capacity in Appleby Suite to facilitate more day case surgery removing costs from base wards (8.4 WTE Nursing posts)	£169,000	E1	C3	E1		No negative impact anticipated. Income stream identified however the reduction in 8.4 WTE nursing posts needs to be realised on the base wards	To agree if and where removal of 8.4 WTE Nursing Posts to be removed from, not clear in PID

### Estates and Facilities PIDs - Summary of yellow/amber/red PIDs

Directorate/PID number	Clinician sign off	Project background	Saving	Quality Impact Assessment					PMO
				Patient Safety	Clinical Effectiveness	Patient Experience	Overall Risk Score	Mitigation	
Commercial Services	Pete Gibbons	Car Park Income	£84,000	E1	E1	A2		Wide communication with Stakeholders. Advertise changes in advance.	

### Division 2 PIDs - Summary of yellow/amber/red PIDs

Directorate/PID number	Clinician sign off	Project background	Saving	Quality Impact Assessment					PMO
				Patient Safety	Clinical Effectiveness	Patient Experience	Overall Risk Score	Mitigation	
Therapies 105	Sheila Stringer	Review of therapy to resource centres and across the community	£43,893	E1	E1	C2		Communicate with pts, consider travel and ability to attend alternative venues	Part of a city wide review of therapy services provided in the community
Care of Older people 97	Karen Bowley	Reduce length of stay on C22 and D7	£110,250	E3	E1	E1		Monitor re admission rates for elderly care	
Emergency Services 79	Dr A Morgan	Creating a clinical decision unit	£100,000	D2	D2	C2		SOP for CDU.	2 WTE nursing posts encompassed in the savings = £64000 needs to be clarified where these will be removed from
Adult Community 71	Rose Baker	Paper Light System	£15,000	C3	E1	E1		A Business Continuity Plan is in place should there be an IT failure.	