







## Trust Board Report

<b>Meeting Date:</b>	28 October 2013
<b>Title:</b>	Report of the Change Programme Board
<b>Executive Summary:</b>	<p>This report provides the Board with an update of the progress of the Change Programme for Month 6.</p> <p>It provides an overall financial position, the view of the progress for schemes during September 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: 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: (with reasons if private)</b>	Public Session
<b>References: (e.g. from/to other committees)</b>	Change Programme Board
<b>Appendices/ References/ 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: (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

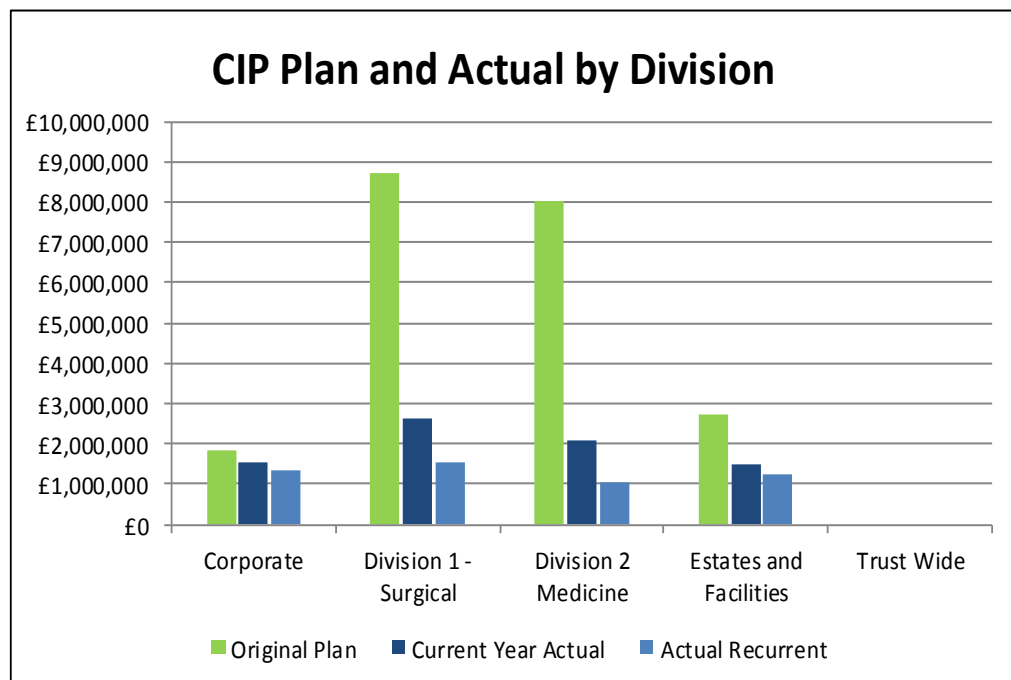
This report details the month 6 position for the Trust's cost improvement plan for 2013/14. The Trust CIP target for 2013/14 is £21.28m, comprising £14.74m for 2013/14 and £6.54m brought forward from 2012/13.

#### 1.1 2013/14 MONTH 6

As at month 6 a total of £7.77m (£0.63m in month) has been removed from budgets against the 2013/14 target of £21.28m, this represents 36% of the annual amount. The target performance was for 53% of the annual plan to have been achieved to date. The Trust has underachieved against the month 6 plan by £883k and the underperformance year to date is £3.54m.

	Original Plan	Revised Plan	Year To Date Target	Current Year Actual	YTD Variance	Actual Recurrent
Corporate	£1,818,161	£1,773,818	£1,349,870	£1,559,139	£209,269	£1,348,001
Division 1 - Surgical	£8,717,100	£8,549,920	£4,598,097	£2,627,147	(£1,970,950)	£1,540,886
Division 2 Medicine	£8,022,095	£7,867,303	£3,438,158	£2,077,031	(£1,361,127)	£1,052,465
Estates and Facilities	£2,725,938	£2,692,252	£1,928,356	£1,507,380	(£420,976)	£1,251,350
Trust Wide	£0	£400,000	£0	£0	£0	£0
	<b>£21,283,294</b>	<b>£21,283,294</b>	<b>£11,314,480</b>	<b>£7,770,697</b>	<b>(£3,543,783)</b>	<b>£5,192,702</b>

1.2 The recurrent element of the year to date achieved is £5.2m, this results in a shortfall of £6.1m against the year to date targets. The recurrent amount achieved against the annual target is 24%.



### 1.3 2013/14 Monthly Detail

Appendix A details the monthly targets and performance by Division. This shows that in month 42% of the monthly target has been achieved.

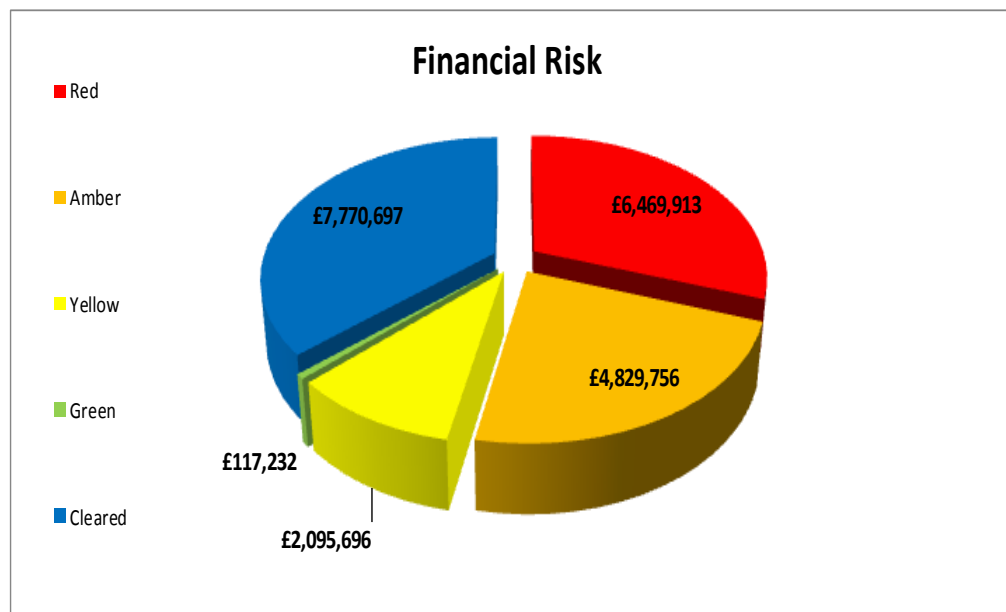
The monthly phasing of the plan is also detailed in Appendix A.

### 1.4 Financial Risk

The total of schemes identified as red risk in 2013/14 is £6.2m, 29% of the total. Amber risk schemes, at risk of not achieving, total £4.5m, 21% of the total. The level of red and amber risk is a major cause for concern, totalling £10.7m.

The following tables summarise the financial risk position:-

Financial Risk Summary	Red	Amber	Yellow	Green	Cleared	Total
Corporate	£36,825	£135,759	£42,095	£0	£1,559,139	<b>£1,773,818</b>
Division 1 - Surgical	£2,443,645	£2,029,897	£1,449,231	£0	£2,627,147	<b>£8,549,920</b>
Division 2 Medicine	£2,909,196	£2,318,892	£481,952	£80,232	£2,077,031	<b>£7,867,303</b>
Estates and Facilities	£680,246	£345,208	£122,418	£37,000	£1,507,380	<b>£2,692,252</b>
Trust Wide	£400,000	£0	£0	£0	£0	<b>£400,000</b>
<b>Totals</b>	<b>£6,469,913</b>	<b>£4,829,756</b>	<b>£2,095,696</b>	<b>£117,232</b>	<b>£7,770,697</b>	<b>£21,283,294</b>



Blue	Achieved
Green	Ready to be removed next month
Yellow	Low risk and planned to be achieved later in year
Amber	High risk to deliverability
Red	No confidence of delivery

<b>2</b>	<b>Month 6 Performance</b>																						
<b>2.1</b>	<p>The cumulative position as at the end of September shows an under-achievement of £3,542,384 for the Trust as a whole. Within this, the financial position for month 6 is as follows:</p> <table border="1" data-bbox="370 427 1303 562"> <tr> <td>Totals Plan</td> <td>£1,513,663</td> <td>% of Plan Achieved (Month)</td> <td>42%</td> </tr> <tr> <td>Totals Actual</td> <td>£630,519</td> <td>% Annual Target Achieved</td> <td>37%</td> </tr> <tr> <td>Totals Variance</td> <td>(£883,144)</td> <td></td> <td></td> </tr> </table>	Totals Plan	£1,513,663	% of Plan Achieved (Month)	42%	Totals Actual	£630,519	% Annual Target Achieved	37%	Totals Variance	(£883,144)												
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<b>2.2</b>	<p>In total 17 schemes have contributed to savings in month 6, of which 7 have delivered in full and closed. This means that 53% of schemes have been delivered to date.</p>																						
<b>2.3</b>	<p>A total of 90 schemes planned to deliver a CIP value in September; of these, 10 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>During September, 6 schemes have been submitted, and approved, to mitigate against the gap, details of the total number of schemes and breakdown by Division can be found in the table below. A brief definition of each scheme has also been provided.</p>																						
<b>2.5</b>	<table border="1" data-bbox="330 1131 1345 1697"> <thead> <tr> <th>Scheme Title</th> <th>Value (£)</th> </tr> </thead> <tbody> <tr> <td colspan="2"><b>Division Two</b></td> </tr> <tr> <td>Rehabilitation Group - Non Recurrent Vacancy and Sickness Savings from Nursing Staff</td> <td>114,985</td> </tr> <tr> <td>Rehabilitation Group - Non Recurrent Pay Savings in Medical Vacancies</td> <td>42,000</td> </tr> <tr> <td>Rehabilitation Group - Dermatology Drugs Budget</td> <td>15,000</td> </tr> <tr> <td>Rehabilitation Group - Non Recurrent Administration Vacancy</td> <td>4,000</td> </tr> <tr> <td colspan="2"><b>Division One</b></td> </tr> <tr> <td>Non Recurrent Pay Savings in OPD</td> <td>6,000</td> </tr> <tr> <td colspan="2"><b>Human Resources</b></td> </tr> <tr> <td>Non Recurrent Non Pay Savings</td> <td>10,000</td> </tr> <tr> <td><b>TOTAL</b></td> <td><b>191,985</b></td> </tr> </tbody> </table>	Scheme Title	Value (£)	<b>Division Two</b>		Rehabilitation Group - Non Recurrent Vacancy and Sickness Savings from Nursing Staff	114,985	Rehabilitation Group - Non Recurrent Pay Savings in Medical Vacancies	42,000	Rehabilitation Group - Dermatology Drugs Budget	15,000	Rehabilitation Group - Non Recurrent Administration Vacancy	4,000	<b>Division One</b>		Non Recurrent Pay Savings in OPD	6,000	<b>Human Resources</b>		Non Recurrent Non Pay Savings	10,000	<b>TOTAL</b>	<b>191,985</b>
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<b>2.6</b>	<p>Additional schemes to close the gap are currently being progressed through the PMO and worked through the approval process. Supplementary details and progress on the schemes will be provided next month.</p>																						

<p><b>3</b></p>	<p><b><u>Quality Update</u></b></p>
<p><b>3.1</b></p>	<p>The Change Programme Board has the responsibility for overseeing the delivery of the CIP programme, part of this responsibility is to be able to assure the Board of the impact each PID will have on the quality of care provided to patients.</p>
<p><b>3.2</b></p>	<p>The divisions and corporate heads have a responsibility to review the progress and any impact on quality on a regular basis. Assurance is received from the deputy COO and Heads of Nursing in reviewing each QIA as part of the regular review of the cost improvement programme.</p>
<p><b>3.3</b></p>	<p><b>Month 6 Overview</b></p>
<p></p>	<p>Six new PIDs have been received in month; all have been through the approval process. All of the Quality Impact Assessments have been rated a E1 Green. A brief description of each scheme with the QIA details has also been provided below.</p>
<p><b>3.4</b></p>	<ul style="list-style-type: none"> <li>• Rehabilitation Group - Non Recurrent Vacancy and Sickness Savings from Nursing Staff - A number of nursing posts are either vacant or staff have moved into 1/2 pay sickness where methods other than bank are being used for cover resulting in an opportunity for in year non recurrent savings.</li> </ul>
<p><b>3.5</b></p>	<ul style="list-style-type: none"> <li>• Rehabilitation Group - Non Recurrent Pay Savings in Medical Vacancies - There have been two posts within the group for Junior Medical staff in Neurology and Rheumatology that were vacant from Months 1 to 5 result in non-recurrent savings. The posts are filled from Month 6.</li> </ul>
<p><b>3.6</b></p>	<ul style="list-style-type: none"> <li>• Rehabilitation Group - Dermatology Drugs Budget - At month 6 there is an underspend of £15k in the Dermatology drugs budget and this has been given a CIP non-recurrently.</li> </ul>
<p><b>3.7</b></p>	<ul style="list-style-type: none"> <li>• Rehabilitation Group - Non Recurrent Administration Vacancy - Band 2 Team Assistant vacant hours months 1 – 5 non-recurrently.</li> </ul>
<p><b>3.8</b></p>	<ul style="list-style-type: none"> <li>• Ophthalmology - Non Recurrent Pay Savings in OPD - Pay savings accrued from 2 x long term sick staff and newly appointed band 5s being paid at band 3 until registration is received.</li> </ul>
<p><b>3.9</b></p>	<ul style="list-style-type: none"> <li>• Human Resources - Non Recurrent Non Pay Savings - CRB spend tracking below budget underspend released non-recurrently.</li> </ul>
<p><b>3.10</b></p>	<p>There are no new amber risks identified within the QIAs.</p>
<p><b>3.11</b></p>	<p>The details of the remaining amber risk can be found in Appendix C.</p>
<p><b>4</b></p>	<p><b><u>Further Actions</u></b></p>
<p><b>4.1</b></p>	<p>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 Board meeting.</p>

## Appendix A - CIP Monthly Phasing

		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	0	0	0	0	0	0	1,559,139
Variance	Corporate	586,186	(159,523)	(7,197)	(266,201)	(14,023)	70,029	(70,659)	(75,657)	(75,656)	(75,657)	(75,657)	(50,657)	(214,676)
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	0	0	0	0	0	0	2,627,147
Variance	Division 1 - Surgical	(167,150)	(659,285)	(652,249)	412,583	(343,640)	(561,208)	(668,265)	(625,407)	(666,590)	(662,905)	(662,905)	(666,593)	(5,923,614)
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	0	0	0	0	0	0	2,077,031
Variance	Division 2 Medicine	(79,620)	(488,639)	(366,906)	(72,161)	(21,575)	(332,226)	(779,611)	(717,969)	(726,302)	(734,636)	(734,640)	(735,987)	(5,790,272)
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	0	0	0	0	0	0	1,507,380
Variance	Estates and Facilities	74,506	(359,757)	(114,123)	59,336	(20,785)	(60,153)	(146,525)	(118,525)	(118,524)	(118,523)	(118,523)	(143,276)	(1,184,872)
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	0	0	0	0	0	0	7,770,697
Totals Variance		413,922	(1,667,465)	(1,140,059)	133,972	(399,610)	(883,144)	(1,703,962)	(1,632,459)	(1,653,972)	(1,658,622)	(1,658,625)	(1,663,408)	(13,513,433)

% of Plan(Month)	115%	34%	24%	108%	72%	42%	0%	0%	0%	0%	0%	0%	0%
% of Plan(Cumulative)	115%	148%	115%	93%	79%	69%	60%	53%	48%	43%	40%	37%	
% Annual Target Achieved	37%	37%	37%	37%	37%	37%	37%	37%	37%	37%	37%	37%	37%
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%	

## Appendix B - Month 6 Schemes not Delivered in Month

### Division One - Schemes not Delivered in Month

Title	Total in Year Value	Period Target	Comment
Robotic Surgery - Private Patients	£75,000	£6,250	£30k achieved year to date, however, the remaining balance is a red risk.
Workforce Productivity	£50,000	£4,167	Review of posts ongoing.
Patient Productivity Programme	£600,000	£40,909	Year to date savings to the value of £251,315 have been removed. Validation of the enabling projects is ongoing with further savings expected.
Private patients - Procedures of Limited Clinical Value	£50,000	£4,167	Savings not realisable at forecast value. £45,512 is a red risk.
Incremental Activity Migration	£456,000	£38,000	The activity linked to this scheme is reviewed on a monthly basis. £124,423 has been delivered year to date. The remaining balance of £331,577 is an amber risk.
Pressure Care	£78,000	£9,750	A Business Case has been produced for a further 6 wards to be included in the trial of the pressure care materesses. This Business Case was approved at Contracting and Commissioning Forum and will be presented to TMC this month.
VAT Reclaim Opportunities	£200,000	£16,667	Discussing are taking place with Synergy to enable the ordering of appropriate consumables (gloves, paper towels, drapes & gowns) through Synergy in order to gain VAT benefits.
Post Review	£83,000	£6,917	£4,333 has been delivered year to date. All posts are under review at vacancy panel, savings are only realisable as vacancies arise.
Staffing Project	£1,000,000	£90,909	Significant reduction in staffing overspend. Methodology for CIP calculation being worked through. £865,470 is a red risk and £134,530 is an amber risk.
2013/14 Procurement Savings	£1,565,277	£130,441	Procurement are continuing to work closely with Divisional Management in the production of savings plans for the balance of the financial year.

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

Title	Total in Year Value	Period Target	Comment
E- Attendance Management System	£30,000	£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 prepared a position paper to determine whether there is corporate support to proceed.
VAT Reclaim opportunities	£75,000	£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.
MPCE Vacancy Savings	£98,177	£13,503	Savings have not been realised as per original plan, however, it is forecast that this scheme will achieve its full benefit by year end.
Post Review	£17,000	£1,417	All posts are under review at vacancy panel, savings are only realisable as vacancies arise.

### Division Two - Schemes not Delivered in Month

Title	Total in Year Value	Period Target	Comment
Adult Community efficiency savings 2013/14	£320,000	£21,667	Workforce changes has begun and efficiency savings removed from budget. Implementation of revised paper documentation completed. Significant slippage on project due to IT issues.
Development of CDU	£100,000	£8,334	Awaiting outcome of discussions with commissioner
Efficiency Savings	£130,000	£10,834	Project underway, delays waiting for clinical and commissioner agreement.
Additional activity aligned to business case for 8th consultant	£100,000	£8,333	There will be slippage on this scheme due to the delayed appointment of a Consultant. The forecast delivery for this scheme is £51,000.
Reduce LOS on COE Wards by 1 day.	£110,250	£9,187	Meetings are taking place to move this project forward.
Reduction in LOS at West Park Elderly Rehabilitation wards	£162,600	£13,550	Clinical engagement from Consultant at West Park is in place. Assessment in place with Bed Manager to reduce inappropriate admissions. Discharge Liaison Team implemented jointly with Social
Introduction of Flexible Sigmoidoscopy Screening	£700,000	£77,777	Following a review of the original business case and expected activity levels the forecast in year benefits of this scheme is £316,448.
Outsourcing Outpatient Pharmacy	£285,000	£40,714	Slippage on this scheme has resulted in a quarters worth of savings expected by year end this equates to £71,250.
Incremental Activity Migration	£540,000	£45,000	Forecast over performance has not materialised, will continue to monitor.
Staffing Project	£1,000,000	£90,909	Significant reduction in staffing overspend. Methodology for CIP calculation being worked through. £200k has been achieved year to date against this scheme.
East Midlands Buying Consortium for Drugs	£300,000	£25,000	Project has been delayed, savings to be delivered later in year.
2013/14 Procurement Savings	£479,832	£3,678	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.
Pressure Care	£78,000	£9,750	A Business Case has been produced for a further 6 wards to be included in the trial of the pressure care materesses. This Business Case was approved at Contracting and Commissioning Forum and will be presented to TMC this month.
VAT Reclaim Opportunities	£100,000	£12,500	Discussing are taking place with Synergy to enable the ordering of appropriate consumables (gloves, paper towels, drapes & gowns) through Synergy in order to gain VAT benefits.
Post Review	£100,000	£8,334	All posts are under review at vacancy panel, savings are only realisable as vacancies arise.

### Corporate - Schemes not Delivered in Month

Title	Total in Year Value	Period Target	Comment
2013/14 Procurement Savings	£35,124	£2,927	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.
Salary Sacrifice - IT scheme/increasing uptake in childcare vouchers	£100,000	£8,333	Following the launch of this scheme in September, 290 orders have been received. A full report will be produced following the receipt of final numbers week commencing 21st October 2013.
Advertising Revenue	£150,000	£18,750	We have had great difficulty in establishing channels for advertising revenue whilst we are still in potential legal issues with the provider. We may not be able to deliver any revenue for the balance of 13/14 and therefore this scheme is a red risk for the Trust. There will be opportunities to look at revenue generating opportunities for 14/15 but low expectation of benefit in 13/14.

## 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				
				Patient Safety	Clinical Effectiveness	Patient Experience	Overall Risk Score	Mitigation
Staffing project	Rose Baker/Zena Young	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 a shortfall in staff is highlighted.
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
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.

### Division 1 PIDs - Summary of yellow/amber/red PIDs

Directorate/PID number	Clinician sign off	Project background	Saving	Quality Impact Assessment				
				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.
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.

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

Directorate/PID number	Clinician sign off	Project background	Saving	Quality Impact Assessment				
				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				
				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 patients; consider travel and ability to attend alternative venues.
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		Standard Operating Procedures for Clinical Decision Unit.
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.
Dietetics 219	Kathryn Robinson	Dietetic Staff Savings	£12,932	C3	C4	C2		Booking planned dietetic clinics rather than ad hoc assessments when patients attend for radiotherapy. Ensure that all radiotherapy staff are aware of new system. Prioritise patients requiring enteral feeding to meet their nutritional needs, particularly those whose discharge is being planned to minimize delays. Monitor referral patterns of patients at high risk from under nutrition and the effect of MUST on vitalPAC. Prioritise those with very high MUST scores ie 4 or more.