

## Trust Board Report

<b>Meeting Date:</b>	29 October 2012
<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> <p>The report also includes a more detailed overview of the High Value schemes</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 &amp; Compliance</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 – High Value Schemes</p> <p>Appendix C - PMO Audit Executive Summary</p> <p>Appendix D – Quality Dashboard</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

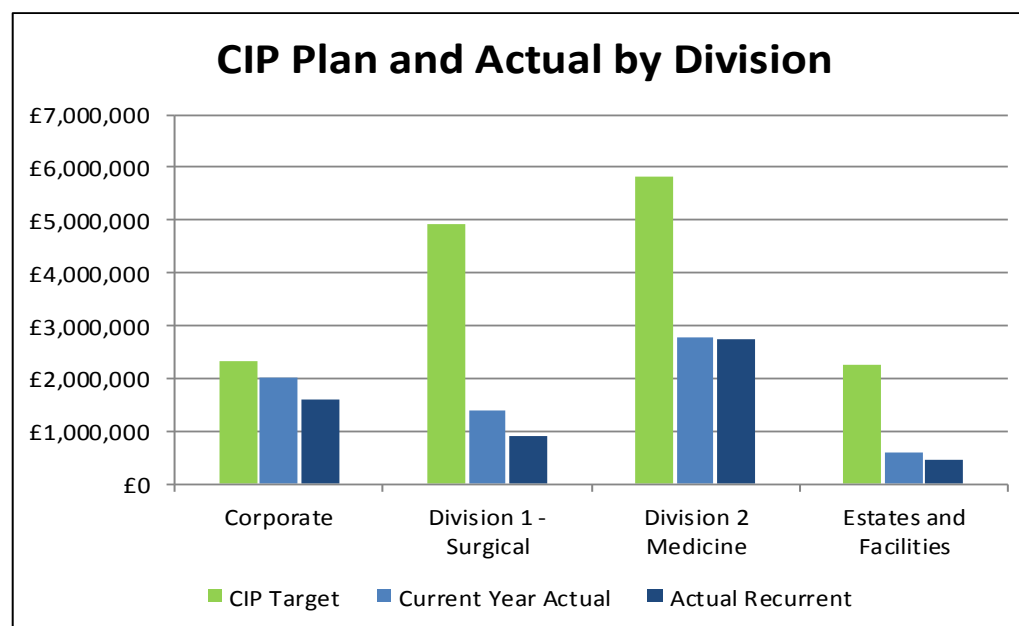
### 1 Finance Update

#### 1.1 2012/13 MONTH 6

As at month 6 a total of £6,794k has been removed from budgets against the annual 2012/13 target of £15,325k, this represents 44% of the total against the originally agreed target of 65%. The Trust has under achieved against the September plan with a cumulative under achievement of £3,440k. This is a significant deterioration from the August position which was a cumulative under achievement of £1,540k. The following table and graph highlight the position by Division.

	CIP Target	Current Year target to date	Current Year Actual	Variance to Date	Actual Recurrent
Corporate	£2,321,930	£1,674,142	£2,017,263	£343,121	£1,599,478
Division 1 - Surgical	£4,913,185	£3,116,667	£1,399,350	(£1,717,317)	£911,567
Division 2 Medicine	£5,837,865	£3,670,275	£2,786,907	(£883,368)	£2,737,431
Estates and Facilities	£2,252,020	£1,773,183	£590,548	(£1,182,635)	£462,408
	<b>£15,325,000</b>	<b>£10,234,266</b>	<b>£6,794,068</b>	<b>(£3,440,198)</b>	<b>£5,710,884</b>

1.2 The recurrent gap remains at £1m. This is due to red risk and slippage schemes being replaced by non recurrent mitigation plans. The reviews by Divisions and Directorates in relation to recurrent plans are outstanding and need to be completed.



1.3	<p><b>2012/13 Monthly Detail</b></p> <p>Appendix A details the monthly targets and performance by Division. This shows that only 19% of the month 6 plan has been achieved. The cumulative achievement is 66% of the agreed target for the first 6 months, £6.79m against a target of £10.2m. To date, Corporate departments are ahead of target but Divisions 1 and 2 and Estate &amp; Facilities are under achieving. The main areas of underperformance in month are Car Parking £1.2m and the monthly increase of other high value schemes of £650k.</p>																																										
2	<p><b><u>Performance Update</u></b></p> <p>2.1 The cumulative position as at the end September shows an underachievement of £3.440k for the Trust as a whole. Within this, the financial position for month 6 is as follows:</p> <table border="1" data-bbox="331 779 1262 913"> <tr> <td>Totals Plan</td> <td>£2,359,331</td> <td>% of Plan Achieved (Month)</td> <td>19%</td> </tr> <tr> <td>Totals Actual</td> <td>£458,730</td> <td>% Annual Target Achieved</td> <td>44%</td> </tr> <tr> <td>Totals Variance</td> <td>-£1,900,601</td> <td></td> <td></td> </tr> </table> <p>2.2 In total 15 of the 108 schemes contributed savings within Month 6. (98 schemes have been closed to date, and an additional 6 schemes added in month).</p> <p>2.3 This now means a total of 105 schemes have delivered their full financial savings and closed. In total 50% of all schemes are now closed with 105 still to deliver savings.</p> <p>2.4 In September 6 replacement schemes have been submitted to mitigate against a number of schemes which have been forecasted as not achievable. Of the 6 replacement schemes 5 have delivered in full and closed. Details of the replacement schemes can be found in the table below.</p> <table border="1" data-bbox="325 1391 1342 1733"> <thead> <tr> <th>Replacements</th> <th>£</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>Division One</td> <td></td> <td></td> </tr> <tr> <td>Pathology Staffing</td> <td>22,900</td> <td>Closed</td> </tr> <tr> <td>Outpatient Review</td> <td>20,000</td> <td>Closed</td> </tr> <tr> <td>Ophthalmology Non Pay &amp; Drugs Savings</td> <td>50,000</td> <td>Open</td> </tr> <tr> <td>Estates &amp; Facilities</td> <td></td> <td></td> </tr> <tr> <td>Community Clinic Income</td> <td>14,000</td> <td>Closed</td> </tr> <tr> <td>CSSD Third Party Income</td> <td>14,825</td> <td>Closed</td> </tr> <tr> <td>Division Two</td> <td></td> <td></td> </tr> <tr> <td>Cancer Services Group Additional Non Pay Savings</td> <td>83,500</td> <td>Closed</td> </tr> </tbody> </table> <p>2.6 The 29 high value schemes represent over 75% of the total value of the CIP programme and as such they represent the largest risk to the overall deliverability to the programme in financial terms. Appendix B details the full breakdown of the schemes for month 6.</p> <p>2.7 The summary position is that there is a shortfall of £1.760k for the month of September.</p>	Totals Plan	£2,359,331	% of Plan Achieved (Month)	19%	Totals Actual	£458,730	% Annual Target Achieved	44%	Totals Variance	-£1,900,601			Replacements	£	Status	Division One			Pathology Staffing	22,900	Closed	Outpatient Review	20,000	Closed	Ophthalmology Non Pay & Drugs Savings	50,000	Open	Estates & Facilities			Community Clinic Income	14,000	Closed	CSSD Third Party Income	14,825	Closed	Division Two			Cancer Services Group Additional Non Pay Savings	83,500	Closed
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<p><b>2.8</b></p> <p><b>3.</b></p> <p><b>3.1</b></p> <p><b>3.2</b></p>	<p>The cumulative position shows that the £3,606k representing over 30% of the total value of the schemes has been achieved to date, this is £3.655k behind plan at this stage.</p> <p><b>Programme Management Office Internal Audit</b></p> <p>In accordance with the approved Internal Audit plan for 2012/13 an audit of the Programme Management Office (PMO): Cost Improvement Plans (CIP) were undertaken during August 2012. The purpose of the audit was to evaluate the adequacy of risk management and control within the system and the extent to which controls have been applied. Appendix C details the Executive Summary from the Internal Audit Report.</p> <p>The recommendations outlined in the audit report are as follows:-</p> <table border="1" data-bbox="328 723 1347 1196"> <thead> <tr> <th data-bbox="328 723 810 763">Recommendation</th> <th data-bbox="810 723 1217 763">Action Required</th> <th data-bbox="1217 723 1347 763">Timescale</th> </tr> </thead> <tbody> <tr> <td data-bbox="328 763 810 913">The Trust should introduce, approve and implement a set of procedure notes which detail the process for the introduction of CIP proposals. These notes should then be disseminated and understood by all relevant directorate staff members.</td> <td data-bbox="810 763 1217 913">This recommendation will be developed by the PMO and agreed with the Division prior to implementation</td> <td data-bbox="1217 763 1347 913">November 2012</td> </tr> <tr> <td data-bbox="328 913 810 1016">The Quality Impact Assessment template should be fully completed to include the Clinician Completing QIA and the Date completed</td> <td data-bbox="810 913 1217 1016">This process will be covered in the new guidance document as described above.</td> <td data-bbox="1217 913 1347 1016">November 2012</td> </tr> <tr> <td data-bbox="328 1016 810 1196">The Trust should state on the contingency PIDs, the CIP scheme which is being replaced and whether or not the entire CIP saving is recovered by the contingency plan.</td> <td data-bbox="810 1016 1217 1196">This will be included on all 12/13 replacement PIDs. The process will be covered in the new guidance document as describe above. A governance check will be completed by the PMO Support Officer and PMO Management Accountant.</td> <td data-bbox="1217 1016 1347 1196">December 2012</td> </tr> </tbody> </table>	Recommendation	Action Required	Timescale	The Trust should introduce, approve and implement a set of procedure notes which detail the process for the introduction of CIP proposals. These notes should then be disseminated and understood by all relevant directorate staff members.	This recommendation will be developed by the PMO and agreed with the Division prior to implementation	November 2012	The Quality Impact Assessment template should be fully completed to include the Clinician Completing QIA and the Date completed	This process will be covered in the new guidance document as described above.	November 2012	The Trust should state on the contingency PIDs, the CIP scheme which is being replaced and whether or not the entire CIP saving is recovered by the contingency plan.	This will be included on all 12/13 replacement PIDs. The process will be covered in the new guidance document as describe above. A governance check will be completed by the PMO Support Officer and PMO Management Accountant.	December 2012
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<p><b>4</b></p> <p><b>4.1</b></p> <p><b>4.2</b></p>	<p><b><u>Quality Update</u></b></p> <p><b>Month 6 Overview</b> Six new PIDs were received all have been quality impact assessed and remain green RAG rating.</p> <p>On Site Car Parking continues to be monitored following patient feedback. An options appraisal has been considered by the Directors regarding the location of blue badge parking. From this, a number of spaces have been identified to address these concerns across the site which will be in place by end of October 2012.</p>												
<p><b>5</b></p> <p><b>5.1</b></p>	<p><b><u>Remedial Actions</u></b></p> <p>Given the shortfall in the forecast outturn; discussions have been held between each of the divisions and the Chief Finance Officer and Chief Operating Office. Following this, all Divisions have now been set a revised control total.</p>												

<b>5.2</b>	Each division has been tasked with producing a recovery plan identifying how this control total will be delivered. This will be presented to the next meeting of the Change Programme Board on Tuesday 30 <sup>th</sup> October.
<b>5.3</b>	The recovery action plan will be monitored through the PMO and progress will be reported monthly via the Change Programme Board.

## Appendix A CIP Monthly Analysis

		Month												
P/A/V	Division	April	May	June	July	August	September	October	November	December	January	February	March	Total
Plan	Corporate	£1,185,705	£16,764	£139,839	£103,706	£62,204	£165,924	£105,484	£75,484	£75,483	£79,481	£79,480	£232,377	£2,321,930
Actual	Corporate	£1,258,165	£93,014	£119,327	£44,607	£404,513	£97,637	£0	£0	£0	£0	£0	£0	£2,017,263
Variance	Corporate	(£72,460)	(£76,250)	£20,512	£59,099	(£342,309)	£68,287	£105,484	£75,484	£75,483	£79,481	£79,480	£232,377	£304,667
Plan	Division 1 - Surgical	£652,468	£261,614	£476,222	£599,403	£839,047	£287,913	£619,192	£316,190	£184,685	£268,885	£184,684	£222,883	£4,913,186
Actual	Division 1 - Surgical	£485,014	£60,636	£417,131	£274,044	£61,518	£101,007	£0	£0	£0	£0	£0	£0	£1,399,350
Variance	Division 1 - Surgical	£167,454	£200,978	£59,091	£325,359	£777,529	£186,906	£619,192	£316,190	£184,685	£268,885	£184,684	£222,883	£3,513,836
Plan	Division 2 Medicine	£1,203,698	£268,122	£438,766	£626,063	£645,719	£487,907	£601,597	£333,025	£331,987	£319,392	£319,391	£262,199	£5,837,865
Actual	Division 2 Medicine	£1,092,812	£581,813	£74,743	£628,649	£223,754	£185,136	£0	£0	£0	£0	£0	£0	£2,786,907
Variance	Division 2 Medicine	£110,886	(£313,691)	£364,023	(£2,586)	£421,965	£302,771	£601,597	£333,025	£331,987	£319,392	£319,391	£262,199	£3,050,958
Plan	Estates and Facilities	£102,507	£53,716	£87,961	£92,206	£19,205	£1,417,588	£48,976	£48,975	£48,972	£48,972	£48,972	£233,972	£2,252,020
Actual	Estates and Facilities	£210,019	£73,838	£34,673	£58,428	£138,640	£74,950	£0	£0	£0	£0	£0	£0	£590,548
Variance	Estates and Facilities	(£107,512)	(£20,122)	£53,288	£33,778	(£119,435)	£1,342,638	£48,976	£48,975	£48,972	£48,972	£48,972	£233,972	£1,661,472
	<b>Total Plan</b>	£3,144,378	£600,216	£1,142,788	£1,421,378	£1,566,175	£2,359,331	£1,375,248	£773,673	£641,126	£716,729	£632,526	£951,430	£15,325,001
	<b>Total Actuals</b>	£3,046,010	£809,301	£645,874	£1,005,728	£828,425	£458,730	£0	£0	£0	£0	£0	£0	£6,794,068
	<b>Total Variance</b>	£98,368	(£209,086)	£496,914	£415,650	£737,750	£1,900,601	£1,375,248	£773,673	£641,126	£716,729	£632,526	£951,430	£8,530,933

<b>% of Plan Achieved (Month)</b>	97%	135%	57%	71%	53%	19%	0%	0%	0%	0%	0%	0%	0%
<b>% of Plan Achieved(Cumulative)</b>	97%	103%	92%	87%	80%	66%	59%	55%	52%	49%	47%	44%	44%
<b>% Annual Target Achieved</b>	20%	25%	29%	36%	41%	44%	44%	44%	44%	44%	44%	44%	44%
<b>Monthly Plan as a % of Target</b>	21%	4%	7%	8%	10%	16%	9%	5%	5%	5%	5%	5%	6%
<b>Cumulative Plan as a % of Target</b>	21%	24%	32%	40%	49%	65%	74%	80%	85%	90%	94%	100%	100%

## APPENDIX B – HIGH VALUE SCHEMES

Scheme	Scheme Name	In Year Benefit	Planned In Month	Achieved In Month	Planned to Date	Achieved to Date	Achieved To Date	Patient Experience	Clinical Effectiveness	Patient Safety	Confidence Factor (%)	Financial Confidence RED	Financial Confidence AMBER	Financial Confidence GREEN	Financial Confidence CLEARED
2	Improved Coding T & O	400,000	0	0	0	300,000	75.00%				65.00%	0	100,000	0	300,000
6	Back pay from correction of an error in PFI Agreement - Radiology	200,000	0	0	200,000	100,000	50.00%				65.00%	0	100,000	0	100,000
18	Cardiothoracic ITU beds occupancy	96,751	-43,499	0	96,751	0	0.00%				0.00%	96,751	0	0	0
19	Changes to consumables contracts - Theatres	150,000	0	0	75,000	0	0.00%				70.00%	0	150,000	0	0
23	Pathology - Workforce Savings	262,862	0	0	262,862	262,914	100.02%				Complete	0	-52	0	262,914
91	West Park reconfiguration of beds	361,338	21,093	31,537	234,776	232,680	64.39%				100.00%	0	128,658	0	232,680
95	Increased income through revised SLAs - Haematology	87,600	0	0	0	0	0.00%				40.00%	0	87,600	0	0
100	Non recruitment to current vacancies - Haematology	121,870	0	0	60,729	85,729	70.34%				100.00%	0	36,141	0	85,729
108	Income from medicines savings - Patient Access Schemes and Vial Sharing of Trastuz	139,000	0	0	139,000	139,000	100.00%				Complete	0	0	0	139,000
116	Reduction in the hours that PAU will be open	100,000	0	0	100,000	61,019	61.02%				0.00%	0	38,981	0	61,019
123	Service and skill mix reviews to release funds from pay budget. - Therapy Services	118,156	0	0	118,156	120,249	101.77%				Complete	0	-2,093	0	120,249
125	Removal of vacancies /Review of structure - Therapy Services	248,386	20,918	0	174,479	120,866	48.66%				65.00%	0	127,520	0	120,866
205	Finance Efficiency Savings with TCS Merger (Benefits Realisation 10% Target 2012/13)	165,400	0	0	165,400	165,400	100.00%				Complete	0	0	0	165,400
212	Health Records Reorganisation / Noteless OPD	182,500	15,000	0	50,500	48,098	26.36%				75.00%	0	134,402	0	48,098
213	IT Services Consolidation	430,000	34,444	70,000	223,332	301,606	70.14%				90.00%	0	128,394	0	301,606
240	Adult community services CIP	697,710	32,595	0	539,927	571,321	81.89%				65.00%	0	126,389	0	571,321
241	TCS Phase 2 - Management Re-structure	1,000,000	57,035	0	657,790	221,397	22.14%				100.00%	0	778,603	0	221,397
247	Div1 Patient Productivity Programme - LOS efficiency	750,000	62,500	0	375,000	0	0.00%				60.00%	0	750,000	0	0
248	Div2 Patient Productivity Programme - LOS efficiency	750,000	62,500	0	375,000	0	0.00%				60.00%	0	750,000	0	0
249	Div2 - Implement e-rostering across nursing.	138,000	15,300	0	46,100	0	0.00%				60.00%	0	138,000	0	0
251	Additional income and activity from the provision of community dermatology services	250,000	25,000	0	100,000	0	0.00%				40.00%	103,000	147,000	0	0
252	Div1 - Sickness absence project	560,322	55,000	0	330,000	0	0.00%				60.00%	0	560,322	0	0
253	Div1 - Reduction in Locum Agency Spend (SpR/STR/SHO/FY1 Only)	107,193	8,933	0	53,595	0	0.00%				60.00%	0	107,193	0	0
258	Procurement 12/13 Savings Delivery	1,347,027	112,255	64,239	673,547	695,783	51.65%				75.00%	0	651,243	0	695,783
264	Div2 - Reduction in Locum Agency Spend (SpR/STR/SHO/FY1 Only)	136,428	11,369	0	68,214	24,300	17.81%				80.00%	0	112,128	0	24,300
265	Div2 - Sickness absence project	681,443	70,000	0	420,000	0	0.00%				75.00%	0	681,443	0	0
266	Div1 - Implement e-rostering across nursing	112,000	12,400	0	37,400	0	0.00%				60.00%	0	112,000	0	0
301	On Site Car parking – Increased Income	1,450,000	1,238,838	34,349	1,350,772	98,372	6.78%				60.00%	864,000	487,628	0	98,372
250	Profile of Working Hours (cumulative impact of schemes)	300,000	25,000	-	150,013	41,251	13.75%				40.00%	50,000	208,749	0	41,251
302	Temporary Staffing Project - Estates	158,793	79,397	-	79,397	0	0.00%				40.00%	0	158,793	0	0
303	Temporary Staffing Project - Corporate	99,442	49,721	14,441	49,721	14,441	14.52%				40.00%	0	85,001	0	14,441
259	Proactive Gateway Management (cumulative impact of schemes)	110,000	9,170	-	55,044	2,406	2.19%				40.00%	0	107,594	0	2,406
<b>Total for high value schemes</b>		<b>£ 11,712,221</b>	<b>£ 1,974,969</b>	<b>£ 214,566</b>	<b>£ 7,262,504</b>	<b>£ 3,606,832</b>	<b>30.80%</b>					<b>£ 1,113,751</b>	<b>£ 6,991,637</b>	<b>£ -</b>	<b>£ 3,606,832</b>
<b>Other Schemes Risk Rating by Category</b>												<b>£ 606,405</b>	<b>-£ 318,968</b>	<b>£ 138,107</b>	<b>£ 3,187,236</b>
<b>Grand Total by Risk Category</b>												<b>£ 1,720,156</b>	<b>£ 6,672,669</b>	<b>£ 138,107</b>	<b>£ 6,794,068</b>

## APPENDIX C – PMO AUDIT EXECUTIVE SUMMARY

### 1 EXECUTIVE SUMMARY

#### 1.1 INTRODUCTION

In accordance with the approved Internal Audit periodic plan for 2012/13 an audit of the Programme Management Office (PMO): Cost Improvement Plans (CIP) has been undertaken.

CIPs play an increasingly important part in the Trust's operations, as the Trust uses these not only to make on-going cost savings but also to identify and implement transformation programmes.

The CIP target for the current financial year is £15,325,000, which is a £3,127,000 increase on the target set in the previous year. The monitoring of CIPs is based on the delivery of the financial savings, the achievement of key milestones and whether these have been achieved by the dates included within the CIP Project Initiation Document (PID).

The detailed monitoring of the implementation of the CIP is undertaken on a monthly basis at the Change Programme Board. In addition, the achievement of each plan is reported by the Director of Planning and Contracting to the CIP Board and the Board of Directors and is given the following RAG status to distinguish those that have been achieved as opposed to those where further attention is required:

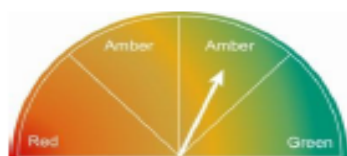
- Blue: Project achieved;
- Green: Project on track to achieve;
- Amber: Some delay in achieving; and
- Red: Significant delay / risk / detail plan to be drawn up.

The financial outcome of the CIP is reported to the Board of Directors as part of the Chief Financial Officer's monthly finance report.

The audit was designed to assess the controls in place to manage the following objectives and risk:

Objective	<b>Trust Objective:-</b> Deliver services within financial allocations. <b>Project Management Office Objective:-</b> To manage the coordination and development of the Cost Improvement Programme (CIP) schemes and to ensure that the Trust has considered the impact of the CIP projects on the quality of service delivered. In addition the PMO is responsible for seeking assurance from the Divisions and continual monitoring of CIP projects to ensure service quality is not affected during the implementation of the projects.
	<b>Risk</b> Failure to deliver recurrent efficiency gains and CIPs

#### 1.2 CONCLUSION



Taking account of the issues identified, the Board can take reasonable assurance that the controls upon which the organisation relies to manage this risk are suitably designed, consistently applied and effective.

However we have identified issues that, if not addressed, increase the likelihood of the risk materialising.



## APPENDIX D – QUALITY DASHBOARD

### QUALITY IMPACT ASSESSMENT STATUS REPORT

**Report Summary**

**Report Date**

**18/10/2012**

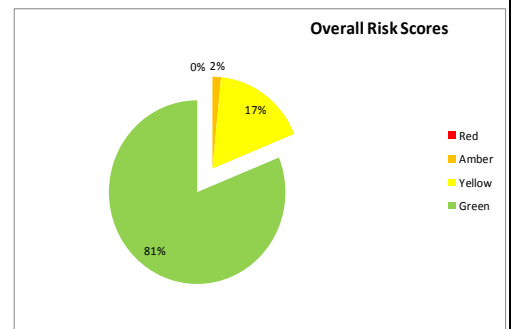
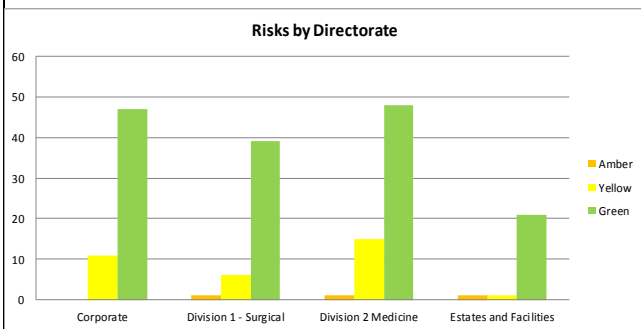
The Quality Impact Assessment report highlights the top high risk schemes rated amber as assessed by risk to quality. Each PID has been assessed for quality by using the Trust's Categorisation Matrix (October 2010) looking at likely impact on patient safety, clinical effectiveness and patient experience. Mitigation has been included in the right hand column as taken from each PID.

Division	Status - Has QIA been completed			
	Red	Amber	Yellow	Green
Corporate	0	0	0	57
Division 1 - Surgical	0	0	0	47
Division 2 Medicine	0	0	0	64
Estates and Facilities	0	0	0	24
<b>Totals</b>	<b>0.00%</b>	<b>0.00%</b>	<b>0.00%</b>	<b>100.00%</b>

Rating Key	
Red	QIA Not Reviewed
Amber	QIA Under Review
Yellow	More Info Requested
Green	Signed Off

Division	Overall Risk Score for each PID			
	Red	Amber	Yellow	Green
Corporate	0	0	11	47
Division 1 - Surgical	0	1	6	39
Division 2 Medicine	0	1	15	48
Estates and Facilities	0	1	1	21
<b>Totals</b>	<b>0.00%</b>	<b>1.57%</b>	<b>17.28%</b>	<b>81.15%</b>

Rating Key - Level of Risk	
Red	Serious
Amber	Major
Yellow	Moderate
Green	Low



**Top 3 Schemes by Risk Score**

Scheme Title	Project Lead	Actual Risk	Risk Rating and mitigation
Transitional Care	Head of Midwifery/Matron - Womens and Children's Services	Identified 4 cots in one bay, to enable mothers who are fit for occupying recliners rather than using a bed. Risks are that mums may choose to go home rather than stay with baby, this would not be in line with rooming in as advocated by UNICEF Baby Friendly policy, however work is in progress to transfer babies out asap to the neonatal community support team.	This allows women who are medically fit for discharge to remain with their babies while receiving care from the NNU team, this alongside integrated NN community pathways will provide consistency of care and therefore expedite transfers to community in a more timely and appropriate manner.
Adult Community Services (including Virtual Ward)	Group Manager - Adult Community Services	The change of use of digipens to include digipaper will improve this system and support better communication, the risks of not changing to this system will mean that the digipen system may fail. The continued expansion of telehealth will continue to help support people in their own homes, without this there may be more admissions and more visits required. Productive series is currently looking at specific roles of registered and un registered staff to look at introducing a more balanced skill mix within the community workforce	The use of technology will enhance the project and reduce risks to safety and communication with patients. The use of productive community service will support mitigation and reduce risks
On Site Car Parking - Increase Income	Head of Commercial Services	Changes in the parking arrangements resulting in negative publicity and increased complaints.	Reviewed complaints. An options appraisal has been considered to improve location of blue badge parking. Number of complaints received in last 4 weeks has reduced.