







Trust Board Report

Meeting Date:	22 July 2013
Title:	Report of the Change Programme Board
Executive Summary:	<p>This report provides the Board with an update of the progress of the Change Programme for Month 3.</p> <p>It provides an overall financial position, the view of the progress for schemes during June and an assessment of the quality impact of the programme.</p>
Action Requested:	To note: current progress
Report of:	Director of Planning and Contracting
Author: Contact Details:	<p>Head of Performance</p> <p>Tel: 01902 694366 Email: simon.evans8@nhs.net</p>
Resource Implications:	None associated with this report
Public or Private: (with reasons if private)	Public Session
References: (e.g. from/to other committees)	Change Programme Board
Appendices/ References/ Background Reading	<p>Appendix A – Financial Phasing</p> <p>Appendix B – Monthly Performance Summary</p> <p>Appendix C – Quality Impact Summary</p>
NHS Constitution: (How it impacts on any decision-making)	<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">  Equality of treatment and access to services  High standards of excellence and professionalism  Service user preferences  Cross community working  Best Value  Accountability through local influence and scrutiny

Detail

1 FINANCE UPDATE

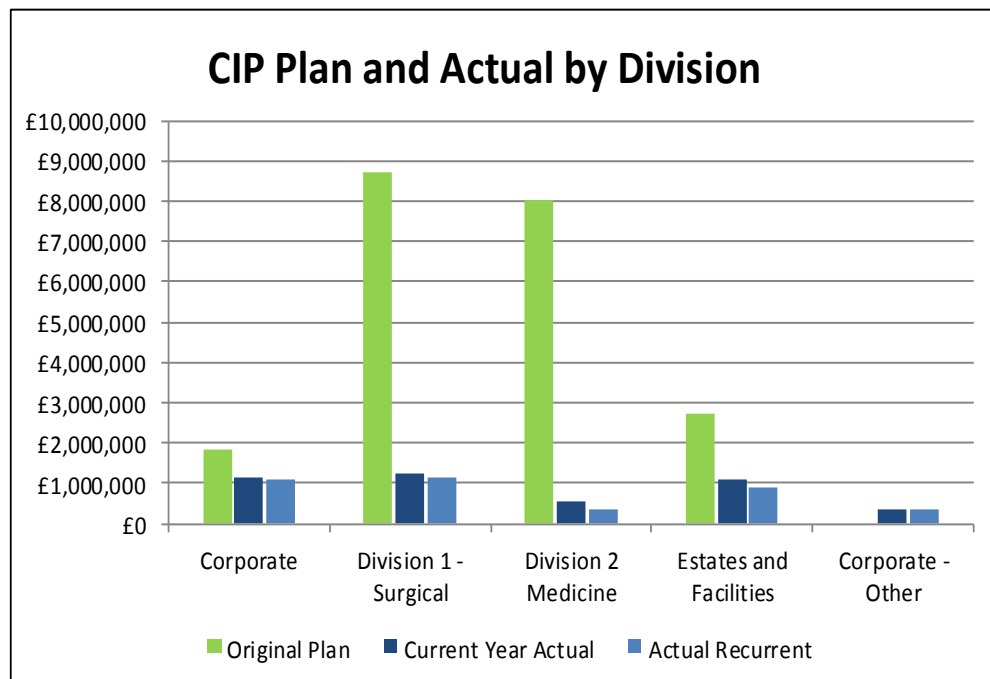
This report details the month 3 position for the Trust's cost improvement plan for 2013/14. The Trust CIP target for 2013/14 is £21.28m, comprising £14.74m for 2013/14 and £6.54m brought forward from 2012/13.

1.1 2013/14 MONTH 3

As at month 3 a total of £4.37m has been removed from budgets against the 2013/14 target of £21.28m, this represents 20.5% of the annual amount. The target performance was for 32% of the annual plan to have been achieved to date. The Trust has underachieved against the month 3 plan and the cumulative under performance is £2.4m. The following table and graph highlight the position by Division.

	Annual Plan	Year To Date Target	Current Year Actual	YTD Variance	Actual Recurrent
Corporate	£1,818,161	£968,977	£1,140,767	£171,790	£1,106,939
Division 1 - Surgical	£8,717,100	£2,741,418	£1,220,939	(£1,520,479)	£1,119,175
Division 2 Medicine	£8,022,095	£1,530,740	£556,874	(£973,866)	£331,123
Estates and Facilities	£2,725,938	£1,525,199	£1,117,370	(£407,829)	£876,162
Corporate - Other	£0	£0	£336,747	£336,747	£336,747
	£21,283,294	£6,766,334	£4,372,697	(£2,393,637)	£3,770,146

1.2 There is a non-recurrent shortfall in the year to date actual of £602k.



1.3 2013/14 Monthly Detail

Appendix A details the monthly targets and performance by Division. This shows that in month only 24% of the plan has been achieved. The cumulative achievement is 65% of the target for the first three months, £4.37m against a target of £6.77m

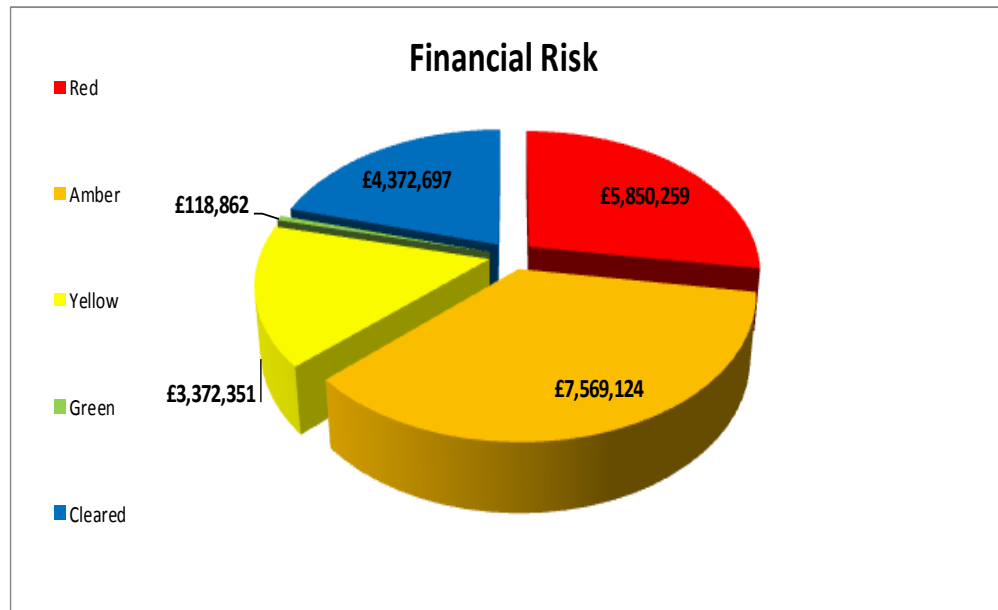
The monthly phasing of the plan is also detailed in Appendix A.

1.4 Financial Risk

The total identified as red risk (without a plan identified) in 2013/14 is £5.8m, 27% of the total. Amber risk schemes, at risk of not achieving, total £7.6m, 35% of the total.

The following tables summarise the financial risk position:-

Financial Risk Summary	Red	Amber	Yellow	Green	Cleared
Corporate	-£879,645	£1,359,020	£198,019	£0	£1,140,767
Division 1 - Surgical	£3,427,563	£1,944,684	£2,123,914	£0	£1,220,939
Division 2 Medicine	£2,382,480	£4,252,509	£800,000	£30,232	£556,874
Estates and Facilities	£1,256,608	£12,911	£250,418	£88,630	£1,117,370
Corporate - Other	-£336,747	£0	£0	£0	£336,747
Totals	£5,850,259	£7,569,124	£3,372,351	£118,862	£4,372,697



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

<p>2</p> <p>2.1</p> <p>2.2</p> <p>2.3</p> <p>2.4</p> <p>2.5</p>	<p>Month 3 Performance</p> <p>The cumulative position as at the end of June shows an under-achievement of £2,393,637 for the Trust as a whole. Within this, the financial position for month 3 is as follows:</p> <table border="1" data-bbox="371 387 1305 517"> <tr> <td>Totals Plan</td> <td>£1,500,516</td> <td>% of Plan Achieved (Month)</td> <td>24%</td> </tr> <tr> <td>Totals Actual</td> <td>£360,456</td> <td>% Annual Target Achieved</td> <td>21%</td> </tr> <tr> <td>Totals Variance</td> <td>(£1,140,060)</td> <td></td> <td></td> </tr> </table> <p>In total 12 schemes have contributed to savings in month 3, of which 4 have delivered in full and closed. This means that 45% of schemes have been delivered to date with 85 schemes outstanding.</p> <p>Of the 63 schemes planned to deliver in June, 11 schemes have delivered the required amount. 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> <p>During June one scheme has been submitted, and approved, to mitigate against the gap, the detail of which can be found in the table below.</p> <table border="1" data-bbox="352 987 1323 1144"> <thead> <tr> <th>Scheme Title</th> <th>Value (£)</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>Estates & Facilities</td> <td></td> <td></td> </tr> <tr> <td>Building Team Restructure</td> <td>32,630</td> <td>Open – Savings expected Month 4</td> </tr> </tbody> </table> <p>In additional to this a further 12 schemes to close the gap are currently being progressed and worked through the approval process. If successful they will contribute a further £422k to the Cost Improvement Programme. Supplementary details and progress on the schemes will be provided next month.</p>	Totals Plan	£1,500,516	% of Plan Achieved (Month)	24%	Totals Actual	£360,456	% Annual Target Achieved	21%	Totals Variance	(£1,140,060)			Scheme Title	Value (£)	Status	Estates & Facilities			Building Team Restructure	32,630	Open – Savings expected Month 4
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<p>3</p> <p>3.1</p> <p>3.2</p> <p>3.3</p>	<p><u>Quality Update</u></p> <p>The PMO has reviewed the QIAs and has themed the schemes to enable scrutiny and triangulation to take place more easily on their impact on the patient experience, patient safety and clinical effectiveness. The themes are as follows:</p> <ul style="list-style-type: none"> • Workforce – reviewed June 2013 • Revenue • Procurement • Change to clinical practice • Patient productivity <p>This paper provides an overview of the impact of QIAs relating to additional revenue, irrespective of that source of revenue.</p> <p>A summary of any PID, other than a green rating, is attached in appendix 1. Mitigation of the risk is also included. (To note- the overall risk score defaults to the highest rating category from patient safety, clinical effectiveness or patient experience.)</p>																					

3.4 Month 3 Overview - revenue

In total there are 38 CIP schemes relating to revenue with a total value of circa £3.5 million. To date 13 schemes have delivered a total of 8% of this overall saving. Revenue PIDs identify additional income through a number of sources, which may include provision of additional services, increasing activity through improved productivity, maximising new facilities e.g. pathology new building, income derived from educational activities, new screening services, private patient services, advertising opportunities, improved clinical effectiveness and improved clinical coding. The Change Programme Board need to be able to understand the impact of the source of the additional income to ensure minimal impact on the quality of patient care. Some income sources will have little or no impact on the quality of patient care e.g. advertising opportunities or improvements in clinical coding. These are clearly more advantageous than unplanned increases in emergency activity (surge pressures), which have more potential to impact on the quality of patient care.

3.5 In reviewing the impact of this group of schemes a number of metrics have been considered. These include:

- Number of inpatient waits
- RTT
- DNAs
- Cancelled operations

3.6 Reviewing the metrics listed in 3.5 the following are noted:

Patient waits

The trend of increased patients waiting 26 to 50 weeks from the end of May 2013 has started to show a decrease from middle of June 2013, during the same period of time the trend for patients waiting 18 to 25 weeks has seen the opposite effect with an increase in patients waiting 18 to 25 weeks. As surge pressure reduces this is an anticipated movement. The overall difference in patients waiting for inpatient surgery has shown a very slight increase of 0.6%. The total number of patients waiting on an incomplete pathway has shown an increase of 3.5%. However, this is identical to the increase in the corresponding quarter for 2012/13.

RTT

Since January 2013 there has been a 2.7% reduction in the 18 weeks admitted performance. This is mainly due to the number of cancelled operations as a direct result of surge capacity experienced between Q4 and Q1 to date.

DNAs

There has been a slight increase in the DNA rate, which is unlikely to have any statistical significance.

Cancelled operations

The number of cancelled operations has consistently been higher than the corresponding period of 2012; again this is directly related to the surge capacity experienced, which is proportionally more significant than last year.

3.7 New PIDs in Month 3

In month there has been one new PID reviewed, which has a QIA rating of

<p>3.8</p>	<p>green. This has been received from the Estates Department regarding a restructure of the Building team, resulting in a saving of £32,600.</p> <p>Summary In reviewing the metrics related to patient experience, there appears to be no evidence to suggest that any of the schemes are impacting adversely on the metrics, suggesting that the PIDs which have been delivered to date have delivered within their QIA rating.</p>
<p>4</p> <p>4.1</p> <p>4.2</p> <p>4.3</p> <p>4.5</p> <p>4.6</p> <p>4.7</p>	<p><u>Summary and Next Steps</u></p> <p>A financial shortfall remains in relation to the carry forward elements of the CIP programme that were identified non-recurrently during 2012/13. All divisions and corporate areas across the Trust have been tasked with identifying additional schemes to recover this position.</p> <p>All live CIP projects are monitored and reported via the PMO through to the Trust Board. Project leads are required to manage the projects in accordance with the milestones, providing monthly updates via the regular challenge and support meetings held between the Operational Divisions and the PMO.</p> <p>The PMO chases progress for all projects, ensuring project leads have provided the appropriate update and identified mitigating actions for any scheme that is behind schedule. A detailed profile is maintained for all schemes which is reported monthly to the Change Programme Board</p> <p>In order to address the current shortfall, a series of CIP planning workshops have taken place between senior managers and Directors. The purpose of this exercise is to provide the opportunity, in a supportive environment, to discuss options and possibilities for additional CIP schemes. This includes every aspect of operational and corporate activity across the Trust. Once these schemes have been through the CIP approval process and have Director sign off, they will be presented to the Trust Board.</p> <p>In addition to this, the Directors have sought external support to undertake a review of other CIP opportunities. This review includes a bench mark of statistics from relevant data sources, evidence of effective change programmes in operation in other trusts and discussions with representatives from across the Trust to consider other opportunities that may exist.</p> <p>Initial feedback has been received and this will be considered alongside the planning workshop outcomes. Ideas for consideration will be worked up and progressed through the CIP approval process for inclusion in the programme.</p>
<p>5</p> <p>5.1</p>	<p><u>Further Actions</u></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 - Monthly Phasing

P/A/V	Directorate	Plan												
		April	May	June	July	August	September	October	November	December	January	February	March	Total
Plan	Corporate	861,004	94,921	13,052	118,053	41,803	41,802	107,920	112,919	112,918	112,919	112,918	87,925	1,818,157
Actual	Corporate	1,066,382	38,474	35,911	0	0	0	0	0	0	0	0	0	1,140,767
Variance	Corporate	205,378	(56,447)	22,859	(118,053)	(41,803)	(41,802)	(107,920)	(112,919)	(112,918)	(112,919)	(112,918)	(87,925)	(677,390)
Plan	Division 1 - Surgical	951,075	946,139	844,203	659,833	638,377	642,059	682,197	639,339	679,684	676,837	676,837	680,524	8,717,104
Actual	Division 1 - Surgical	806,121	236,796	178,022	0	0	0	0	0	0	0	0	0	1,220,939
Variance	Division 1 - Surgical	(144,954)	(709,343)	(666,181)	(659,833)	(638,377)	(642,059)	(682,197)	(639,339)	(680,521)	(676,837)	(676,837)	(680,524)	(7,497,002)
Plan	Division 2 Medicine	212,298	796,515	521,927	625,744	650,611	708,469	792,512	730,869	739,201	747,535	747,539	748,875	8,022,095
Actual	Division 2 Medicine	154,577	260,177	142,120	0	0	0	0	0	0	0	0	0	556,874
Variance	Division 2 Medicine	(57,721)	(536,338)	(379,807)	(625,744)	(650,611)	(708,469)	(792,512)	(730,869)	(739,201)	(747,535)	(747,539)	(748,875)	(7,465,221)
Plan	Estates and Facilities	729,528	674,338	121,333	177,333	121,333	121,333	149,332	121,332	121,331	121,331	121,331	146,082	2,725,937
Actual	Estates and Facilities	804,000	308,967	4,403	0	0	0	0	0	0	0	0	0	1,117,370
Variance	Estates and Facilities	74,472	(365,371)	(116,930)	(177,333)	(121,333)	(121,333)	(149,332)	(121,332)	(121,331)	(121,331)	(121,331)	(146,082)	(1,608,567)
Plan	Corporate - Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Actual	Corporate - Other	336,747	0	0	0	0	0	0	0	0	0	0	0	336,747
Variance	Corporate - Other	336,747	0	0	0	0	0	0	0	0	0	0	0	336,747
Totals Plan		2,753,905	2,511,913	1,500,516	1,580,963	1,452,124	1,513,663	1,731,961	1,604,459	1,653,134	1,658,622	1,658,625	1,663,406	21,283,293
Totals Actual		3,167,827	844,414	360,456	0	0	0	0	0	0	0	0	0	4,372,697
Totals Variance		413,922	(1,667,499)	(1,140,060)	(1,580,963)	(1,452,124)	(1,513,663)	(1,731,961)	(1,604,459)	(1,653,971)	(1,658,622)	(1,658,625)	(1,663,406)	(16,911,433)
% of Plan(Month)		115%	34%	24%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
% of Plan(Cumulative)		115%	76%	65%	52%	45%	39%	34%	30%	27%	24%	22%	21%	
% Annual Target		15%	19%	21%	21%	21%	21%	21%	21%	21%	21%	21%	21%	

APPENDIX B – Monthly Performance Summary

Month 3 Performance Summary

	No. of Schemes Planned in Month	Planned Value	Actual Value	Variance
Division One	17	844,203	178,022	666,181
Division Two	29	521,927	142,120	379,807
Estates & Facilities	4	121,333	4,403	116,930
Corporate	13	13,052	35,911	- 22,859
TOTALS	63	1,500,515	360,456	1,140,059

Month 3 Division One Performance	
Planned	844,203
Actual Achieved	178,022
Variance	666,181
Shortfall/Schemes to be identified	277,892
Plan minus Shortfall	388,289
Schemes not Delivered in Month	
Procurement	112,060
Staffing	90,909
Patient Productivity	40,909
Additional Activity	38,000
Appleby Expansion	169,000
Various Small Schemes	64,966
Sub Total	515,844
Overachievement of Schemes in Month	127,555
Total	388,289

		<u>Comments</u>
Procurement	112,060	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.
Staffing	90,909	Significant reduction in staffing overspend. Methodology for CIP calculation being worked through.
Patient Productivity	40,909	Year to date savings to the value of £191,088 have been removed. Validation of the enabling projects is ongoing with
Additional Activity	38,000	Forecast over performance has not materialised, will continue to monitor.
Appleby Expansion	169,000	Delayed due to building works not being complete. Savings are expected September.
Various Small Schemes	64,966	These projects will continue to be monitored through the PMO and reported to the Change Programme Board.

Month 3 Division Two Performance	
Planned	521,927
Actual Achieved	142,120
Variance	379,807
Shortfall/Schemes to be identified	198,197
Plan minus Shortfall	181,610
Schemes not Delivered in Month	
Procurement	10,051
Staffing	90,909
Additional Activity	45,000
East Midlands Buying Consortium for Drugs	25,000
Various Small Schemes	97,834
Sub Total	268,794
Overachievement of Schemes in Month	87,184
Total	181,610

Schemes not Delivered in Month		Comments
Procurement	10,051	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.
Staffing	90,909	Significant reduction in staffing overspend. Methodology for CIP calculation being worked through.
Additional Activity	45,000	Forecast over performance has not materialised, will continue to monitor.
East Midlands Buying Consortium for Drugs	25,000	Project has been delayed, savings to be delivered later in year.
Various Small Schemes	97,834	These projects will continue to be monitored through the PMO and reported to the Change Programme Board.
Sub Total	268,794	
Overachievement of Schemes in Month	87,184	
Total	181,610	

Month 3 Estates & Facilities Performance	
Planned	121,333
Actual Achieved	4,403
Variance	116,930
Shortfall/Schemes to be identified	96,388
Plan minus Shortfall	20,542
Schemes not Delivered in Month	
Procurement	10,375
VAT Reclaim	6,250
Post Review	1,417
E-Attendance System	2,500
Total	20,542

Schemes not Delivered in Month		Comments
Procurement	10,375	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.
VAT Reclaim	6,250	A meeting is scheduled with HTE w/c 8th July to plan the next steps. This project is at a very early stage and savings profile is being reviewed.
Post Review	1,417	All posts are under review at vacancy panel, savings are only realisable as vacancies arise.
E-Attendance System	2,500	Meeting with Company taken place and a small project group established. A further meeting required to look at the benefits of investment which is currently estimated as £100k for 800 staff.
Total	20,542	

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.

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.

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.