

Trust Board Report

Meeting Date:	24 June 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 2.</p> <p>It provides an overall financial position, the view of the progress for schemes during May and an assessment of the quality impact of the programme.</p> <p>The report also includes a more detailed overview of the Risk to Deliverability Schemes (Category 3).</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 – Risk to Deliverability Schemes</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

1.1 INTRODUCTION

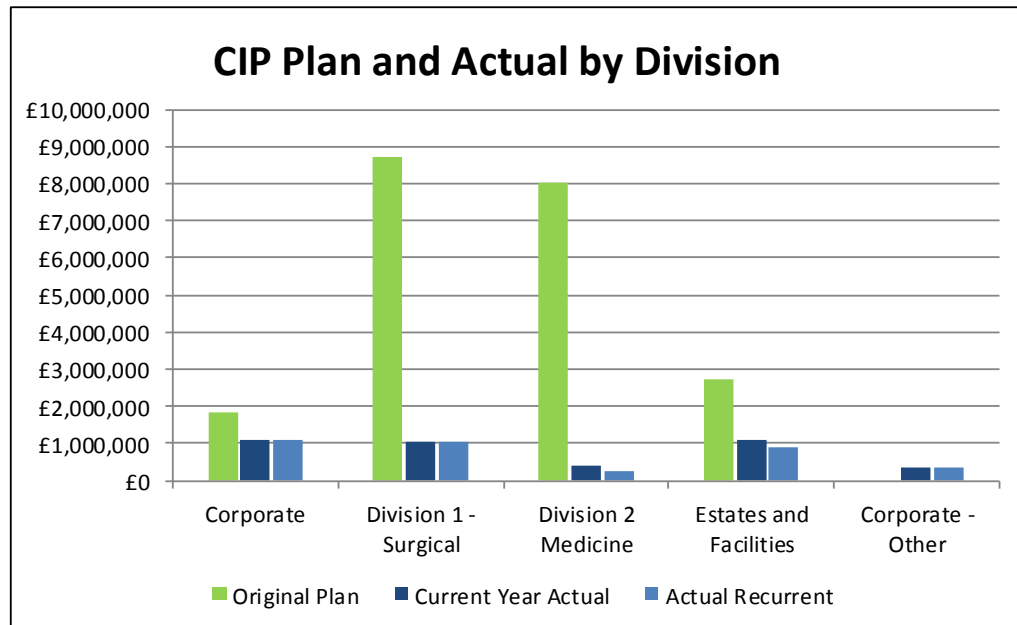
This report details the month 2 position for the Trust's cost improvement plan for 2013/14. The Trust CIP target for 2013/14 is £21.28m, comprising £14.74m for 2013/14 and £6.54m brought forward from 2012/13.

1.2 2013/14 MONTH 2

As at month 2 a total of £4.01m has been removed from budgets against the 2013/14 target of £21.28m, this represents 19% of the annual amount. The Trust has underachieved against the month 2 plan with a cumulative under performance of £1,254k. 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	£955,925	£1,104,856	£148,931	£1,087,356
Division 1 - Surgical	£8,717,100	£1,897,214	£1,042,917	(£854,297)	£1,030,791
Division 2 Medicine	£8,022,095	£1,008,813	£414,754	(£594,059)	£274,255
Estates and Facilities	£2,725,938	£1,403,866	£1,112,967	(£290,899)	£871,759
Corporate - Other	£0	£0	£336,747	£336,747	£336,747
	£21,283,294	£5,265,818	£4,012,241	(£1,253,577)	£3,600,908

1.3 The non-recurrent element of the year to date achieved total shortfall is £411k.



1.4 2013/14 Monthly Detail

Appendix A details the monthly targets and performance by Division. This shows that only 34% of the month 2 plans have been achieved. The cumulative achievement is 76% of the target for the first two months, £4.01m

against a target of £5.27m.

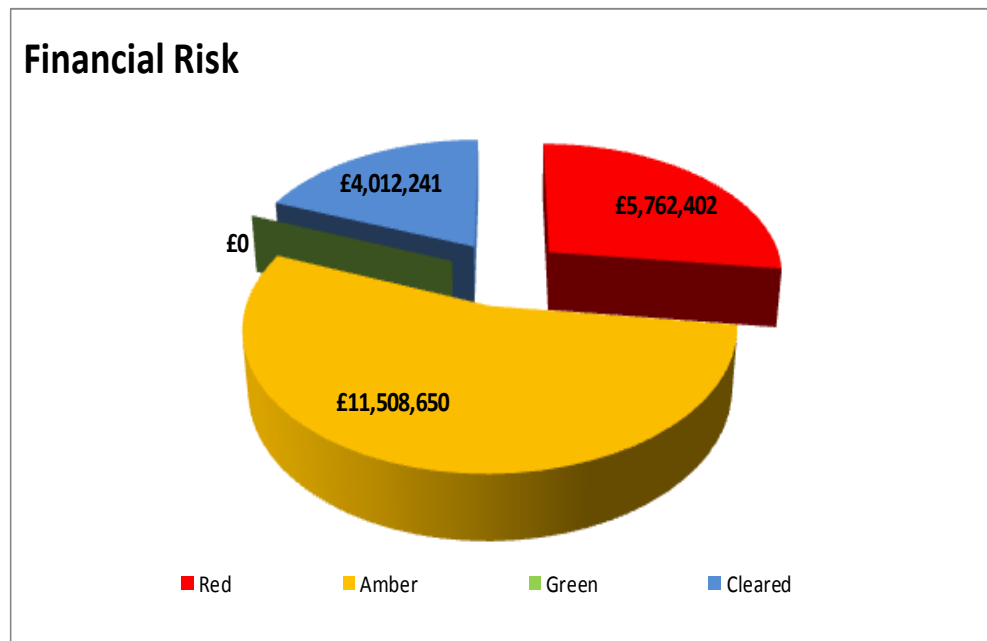
The monthly phasing of the plan is also detailed in Appendix A. Following last month's Change Programme Board meeting the phasing of the plan has been discussed with Divisional managers and up-dated accordingly. Targets where no scheme has yet been identified are now phased in twelfths, rather than into the last six months of the year. The phasing now has 48% of the target being found in the last 6 months rather than the previous 65%.

1.5 Financial Risk

The total of schemes not yet identified in 2013/14 is £5.8m, 27% of the total; this is being reported as a red risk. Divisions continue to work to identify schemes to mitigate this.

The following tables summarise the financial risk position:-
(some identified schemes are currently classified corporately within Chief Operating Officer, but will ultimately be transferred to Divisions)

Financial Risk Summary	Red	Amber	Green	Cleared	Total
Corporate	-£879,645	£1,592,950	£0	£1,104,856	£1,818,161
Division 1 - Surgical	£3,339,706	£4,334,477	£0	£1,042,917	£8,717,100
Division 2 Medicine	£2,382,480	£5,224,861	£0	£414,754	£8,022,095
Estates and Facilities	£1,256,608	£356,362	£0	£1,112,967	£2,725,937
Corporate - Other	-£336,747	£0	£0	£336,747	£0
Totals	£5,762,402	£11,508,650	£0	£4,012,241	£21,283,293



2	<u>Performance</u>																																				
2.1	<p>The cumulative position as at the end of May shows an under-achievement of £1,253,577 for the Trust as a whole. Within this, the financial position for month 2 is as follows:</p> <table border="1" data-bbox="331 383 1262 517"> <tr> <td>Totals Plan</td> <td>£2,511,913</td> <td>% of Plan Achieved (Month)</td> <td>34%</td> </tr> <tr> <td>Totals Actual</td> <td>£844,414</td> <td>% Annual Target Achieved</td> <td>19%</td> </tr> <tr> <td>Totals Variance</td> <td>(£1,667,499)</td> <td></td> <td></td> </tr> </table>	Totals Plan	£2,511,913	% of Plan Achieved (Month)	34%	Totals Actual	£844,414	% Annual Target Achieved	19%	Totals Variance	(£1,667,499)																										
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2.2	<p>In total 21 schemes have contributed to savings in month 2, of which 17 have delivered in full and closed. This means that 40% of schemes have been delivered to date with 88 schemes outstanding.</p>																																				
2.3	<p>During May 7 schemes have been submitted to mitigate against the gap or against schemes which have a high risk to deliverability. Details of these schemes can be found in the table below.</p> <table border="1" data-bbox="331 846 1315 1294"> <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>Rebate against Gas Charges via Governance Procurement Services (Corona Energy)</td> <td>101,208</td> <td>Closed</td> </tr> <tr> <td>Non Pay Efficiency Schemes Associated with the delivery of 12/13 patient activity - Division Wide</td> <td>100,000</td> <td>Closed</td> </tr> <tr> <td>Division Two</td> <td></td> <td></td> </tr> <tr> <td>Reduced Hours in Diabetes Secretaries</td> <td>4,300</td> <td>Open</td> </tr> <tr> <td>Restructure of Renal Secretarial Team</td> <td>13,000</td> <td>Open</td> </tr> <tr> <td>Dietetic Staffing Team</td> <td>12,932</td> <td>Open</td> </tr> <tr> <td>Division One</td> <td></td> <td></td> </tr> <tr> <td>Ophthalmology Drug Savings</td> <td>20,000</td> <td>Closed</td> </tr> <tr> <td>Corporate</td> <td></td> <td></td> </tr> <tr> <td>Rationalisation of Continence Products</td> <td>20,007</td> <td>Open</td> </tr> </tbody> </table>	Scheme Title	Value (£)	Status	Estates & Facilities			Rebate against Gas Charges via Governance Procurement Services (Corona Energy)	101,208	Closed	Non Pay Efficiency Schemes Associated with the delivery of 12/13 patient activity - Division Wide	100,000	Closed	Division Two			Reduced Hours in Diabetes Secretaries	4,300	Open	Restructure of Renal Secretarial Team	13,000	Open	Dietetic Staffing Team	12,932	Open	Division One			Ophthalmology Drug Savings	20,000	Closed	Corporate			Rationalisation of Continence Products	20,007	Open
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2.4	<p>Risk to Deliverability Schemes (Category 3) - Month 2 Overview</p> <p>Following a discussion at the last Change Programme Board a decision was taken to revise the criteria used to categorise each of the schemes. It was concluded that quality should remain as the overarching principle for any high risk; with financial delivery as the second criterion. This replaces the project leads <i>confidence factor</i> rating as it was felt the financial risk was of more significance and warranted greater priority. However, the financial risk will be refined further to recognise those schemes that have plans in place and will deliver later in the year by introducing a yellow RAG rating to sit between amber and green schemes.</p> <p>The revised reporting methodology will be in place from month 3 onwards.</p> <p>As at month 2, the current category 3 summary contains a total number of 33 schemes with a total value of £5.787m. Appendix B details the full breakdown of the schemes for month 2.</p>																																				
3	<u>Quality Update</u>																																				
3.1	All PIDs submitted for 2013/14 have been quality impact assessed, a																																				

summary of all PIDs that have a QIA score of yellow, amber or red, along with the mitigations, is attached as Appendix C.

3.2 In April 2013 Monitor published further guidance, *Quality governance: How does a board know that its organisation is working effectively to improve patient care?* This highlights the need to consider the impact of the Cost Improvement Programme from a quality perspective, using metrics to triangulate and ensure it is not purely financially focused.

3.3 Whilst the current process ensures that all schemes have a complete QIA in place, which is reported to Trust Board, the quality review of the programme will now have an additional categorisation process. This will see individual projects grouped into themes, which will provide a better view of the cumulative impact of schemes in addition to the individual assessments. As per the guidance, where possible, this will be supported by additional metrics that seek to provide assurance around the quality impact assessments. The programme has been grouped into the following themes:-

- Workforce
- Procurement
- Changes to clinical practice
- Patient productivity
- Additional income

This month all PIDs relating to **workforce** have been detailed.

3.4 There are 20 schemes that have workforce implications. The schemes total changes to 47.12wte including management of vacancies and skill mix review. The table categorizes those staff groups affected by percentage. The largest staff group affected by relates to non-clinical staff.

Total WTE Impact 47.12	
Consultants	0.4%
Dental Staff	1%
Nursing	8%
Scientific/Professional/Technical	11%
Non Clinical Staff	52%
Other Staff	27%

Highest value PIDs by staff group

PID No.	Value of PID	Staff Group WTE	Quality RAG	Details
16	£119,941	Non-Clinical		Review of finance posts
17	£200,000	Non-Clinical		Health records reorganisation
75	£200,000	Other		Community service A&C review
58	£192,086	Scientific/Prof/Tech		Pathology new build workforce review

3.5 As can be seen by the analysis above the largest impact on workforce comes from schemes relating to improved ways of working in non clinical areas such as noteless working. This is giving significant qualitative improvements to

<p>3.6</p> <p>3.7</p> <p>3.8</p>	<p>clinical staff who can now see electronic records for patients whilst delivering the financial benefits. The second largest area has come from Pathology new build which has again reduced the need for significant numbers of lower grade staff, this saving is the final element of the phased work plan.</p> <p>A skill mix review for all community staff has also been undertaken; this will see the introduction of more technology and streamlining documentation. A review of district nursing staffing will maximize the roles of band 3 health care assistants and will also release trained staff to take on more complex care assessments.</p> <p>Overall the impact of these schemes on the workforce theme has not had a negative impact on some of the key metrics for workforce, staff sickness or turnover. Staff sickness for the Trust is running at 3.46% (April), 3.55% (May) compared to 4.32% average for 2012/13. Turnover is running at 10.5% for May compared to 9.1% for 2012/13, however, this is below the national average.</p> <p>New PIDs in Month 2</p> <p>There have been 7 new PIDs accepted; one is QIA rated Amber.</p> <p>PID 219: Dietetic removal of posts vacant for over 9 months and used to support backfill.</p> <p>Mitigation includes:</p> <ul style="list-style-type: none"> • 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.
<p>4</p> <p>4.1</p> <p>4.2</p>	<p><u>2013/14 CIP Programme</u></p> <p>Following a series of challenge and confirm sessions, a full CIP Programme that delivers the target amount for 2013/14 is now in place.</p> <p>However, there still remains a financial shortfall 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>

5	<u>Further Actions</u>
5.1	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 meetings.

Appendix A - Monthly Phasing

		Plan												
P/A/V	Directorate	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	0	0	0	0	0	0	0	0	0	0	1,104,856
Variance	Corporate	205,378	(56,447)	(13,052)	(118,053)	(41,803)	(41,802)	(107,920)	(112,919)	(112,918)	(112,919)	(112,918)	(87,925)	(713,301)
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	0	0	0	0	0	0	0	0	0	0	1,042,917
Variance	Division 1 - Surgical	(144,954)	(709,343)	(844,203)	(659,833)	(638,377)	(642,059)	(682,197)	(639,339)	(680,521)	(676,837)	(676,837)	(680,524)	(7,675,024)
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	0	0	0	0	0	0	0	0	0	0	414,754
Variance	Division 2 Medicine	(57,721)	(536,338)	(521,927)	(625,744)	(650,611)	(708,469)	(792,512)	(730,869)	(739,201)	(747,535)	(747,539)	(748,875)	(7,607,341)
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	0	0	0	0	0	0	0	0	0	0	1,112,967
Variance	Estates and Facilities	74,472	(365,371)	(121,333)	(177,333)	(121,333)	(121,333)	(149,332)	(121,332)	(121,331)	(121,331)	(121,331)	(146,082)	(1,612,970)
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	0	0	0	0	0	0	0	0	0	0	4,012,241
Totals Variance		413,922	(1,667,499)	(1,500,516)	(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)	(17,271,889)

% of Plan(Month)	115%	34%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
% of Plan(Cumulative)	115%	76%	59%	48%	41%	35%	31%	27%	25%	22%	20%	19%	
% Annual Target Achieved	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	
Monthly Plan as % of Target	13%	12%	7%	7%	7%	7%	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 – Risk to Deliverability Schemes

Scheme	Scheme Name	In Year Benefit	Planned In Month	Achieved In Month	Achieved To Date	Patient Safety	Clinical Effectiveness	Patient Experience	Confidence Factor (%)
QUALITY									
6	Increase in Public and Staff Car Parking Charges	56,000		56,000	0.00%	E1	E1	A2	65.00%
17	Staff Savings Associated with the Development of the Health Records Department	200,000	10,000	-	0.00%	D3	D3	E1	50.00%
19	IT Shared Service	114,000	0		28.95%	C4	E1	C2	80.00%
29	Reduction in the Use of Face to Face Interpreting	91,000			100.00%	D3	C3	D3	70.00%
34	Savings Associated to Changes to AfC	300,000	25,000		0.00%	D3	D3	D3	75.00%
42	Reduction in Band 2 Administration in Heart Failure	6,205	-	6,205	100.00%	E1	B3	E1	100.00%
67	Obs & Gynae - Close Bay at Weekends	18,116	-		0.00%	E3	E3	E3	75.00%
71	Adult Community Services - Paper Light System	15,000	1,250		100.00%	C3	E1	E1	85.00%
79	Development of CDU	100,000	16,667	-	0.00%	E1	D2	C2	40.00%
97	Reduce LoS on CoE Wards by 1 Day	110,250	9,187	-	0.00%	E3	E1	E1	60.00%
105	Review of Therapy Input to Resource Centres	43,893	-		0.00%	D2	E1	C2	85.00%
127	Non Clinical Post Reconfiguration	20,000	1,667	-	0.00%	D3	D3	C3	80.00%
135	Staffing Project	2,000,000	181,820	-	0.00%	C2	C2	C2	50.00%
219	Dietetic Staffing	12,932	2,156	-	0.00%	C3	C4	C2	50.00%
CONFIDENCE FACTOR									
47	General Surgery (Breast Surgery) Better Care Better Value Saving Opportunities	32,883	2,989	-	0.00%	D2	E1	E1	60.00%
48	General Surgery Better Care Better Value Saving Opportunities	33,469	-	-	0.00%	E1	E1	E1	60.00%
49	General Surgery (LoS) Better Care Better Value Saving Opportunities	11,766	1,070	-	0.00%	E1	E1	E1	60.00%
50	Head & Neck Better Care Better Value Saving Opportunities	9,450	-	-	0.00%	E1	E1	E1	40.00%
51	Head & Neck (MaxFac) Better Care Better Value Saving Opportunities	16,500	-	-	0.00%	E1	E1	E1	40.00%
52	Head & Neck (LoS) Better Care Better Value Saving Opportunities	11,049	-	-	0.00%	E1	E1	E1	60.00%
53	Urology Better Care Better Value Saving Opportunities	5,800	-	-	0.00%	E1	E1	E1	60.00%
68	Appleby Suite Expansion	169,000	-	-	0.00%	E1	E1	E1	60.00%
75	Adult Community Services Efficiency Savings	320,000	1,667	132,980	50.77%	E1	E1	E1	60.00%
76	Adult Community Services - Access Clinics	62,901	10,484	-	0.00%	E1	E1	E1	50.00%
82	Reduction in DNA Rate for Diabetes Patients	35,000	-	-	0.00%	E1	E1	E1	60.00%
83	Restructuring of Respiratory	75,000	-	-	0.00%	E1	E1	E1	65.00%
84	Efficiency Savings Gastro	130,000	21,668	-	0.00%	E1	E1	E1	60.00%
85	Additional Activity aligned to Business Case for 8th Consultant	100,000	8,333	-	0.00%	E1	E1	E1	60.00%
99	Reduction in LoS at West Park Elderly Rehabilitation Wards	162,600	13,550	-	0.00%	E1	E1	E1	60.00%
100	Provide Neuro Physiology	25,000	4,166	-	0.00%	E1	E1	E1	50.00%
113 & 114	Patient Productivity Programme	900,000	65,910	-	21.23%				50.00%
30/203/20	Post Review - Following Evaluation of Management Model	200,000	16,668	-	0.00%	E1	E1	E1	25.00%
137	Further Estates Rationalisation	400,000	0	-	0.00%	E1	E1	E1	50.00%
	Total for Risk to Deliverability Schemes	£ 5,787,814	£ 394,252	£ 83,185	8.05%				

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	£43,893	E1	E1	C2		Communicate with patients; consider travel and ability to attend alternative venues.

		centres and across 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		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.