

Programme Management Office (PMO) Assurance Report: -

Month 4 July 2012

For

Shrewsbury and Telford
Hospital Board

Improvement Programme
July 2012
Assurance Report
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Final 1	23.08.2012	Steve Peak	Accountable Executive

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Purpose of the Report

The trust has agreed a programme of change and cost improvement in 2012/13 aligned to balance the long term clinical and financial strategy. The SaTH Improvement Programme Report for July 2012 month 4 looks to: -

- Provide a summary assessment of the assurance review for the projects which the Trust has asked the PMO to monitor and review
- Detail progress made to realise the savings attributed to projects which sit within the CIP plan being monitored by the PMO
- Highlight risks, issues and actions for readdress

Trust board to note action required from the HEC Programme Board, noted by F&P

To **NOTE** the programme report, in particular the issues and recommended course of action. To challenge and provide constructive guidance around the next steps which need to be communicated back to the individual projects; in order to take the appropriate action.

Trust board to note conclusion and recommendations to HEC

1. **To NOTE:** The Cost Improvement Programme overall and the change in value ¹

- 1.1 YTD there has been a negative variance against plan. Currently 8² of the schemes remain as pipeline projects which are reducing the assurance that savings will be derived during 2012/13. The PMO recommends that HEC support an approach where alternative schemes are identified to deliver the shortfall within year. Alternatively; action is taken to priorities and develop the CIP approach within the current schemes to ensure delivery of savings within this financial year.

2. **To NOTE and DETERMINE any further actions:-**

2.1 To note no schemes within month have completed the required action to demonstrate achievement of the readiness plan, to be formally assessed for exit from the pipeline process and enter the PMO. ³

2.2 HEC is to note and agree the exit of the following schemes: -

2.2.1 **Pipeline scheme Pathology⁴:** - Following the F&P meeting on the 24 July 2012, there was an agreement between the Non Executive Director's and Executives present; that Pathology would exit the PMO pipeline until such date when it was deemed that progress had been made in the context of the wider health economy. At which stage it would re enter, with a view to delivering the CIP savings associated with it. This does mean the 200k is at risk of non delivery, for no alternative scheme has been identified to offset this.

2.2.2 **Enabling Scheme Foundation Trust:** - An Executive decision has been taken to exit the Foundation Trust project from the PMO. This is due to the intensity of the rigour and discipline to monitor performance via the SHA and SaTH Trust board: coupled with strong assurance that the Foundation Trust offices have robust plans and processes in place to provide internal assurance; without additional controls through the PMO.

2.3 HEC to note and ratify the Executive decision in regards to E rostering: -

¹ See Page 6 Status of the Programme at Month 4

² See Page 10 Project Status Summary

³ See page 14 Readiness Assessment Gateway for Pipeline Schemes

⁴ See page 11

- 2.3.1 **E Rostering:** - It was due to exit the PMO in August 2012. The project has experienced difficulties due to slippages in IT resource capacity to deliver the technical infrastructure, and action required to handover the project to a corporate department to manage as an operational function. To ensure full mitigation of this can be planned for, the project end date is under review, pending Executive decision around remedial action to address project creep and operational handover. The timescales to support this are being agreed.
- 2.3.2 **Bed reconfiguration:** - The Executive Sponsor has informed the PMO that phase 3 has been placed on hold due to the slippages from phase 2; and the need for a demand and capacity exercise to be undertaken, to establish the Trusts requirements.
- 2.3.3 The PMO recommendation is HEC support the requirement of a QIA for all projects to be completed by the end of August 2012, as determined by the BDD on the 16 July⁵

Performance against Net Savings

- The Trust has agreed to deliver recurrent savings of £27.145M, of which £12.772M is to be delivered within this year
- Additional to this, two schemes from 2011/12 are due to deliver £4.146M.
- The PMO have cite of the cost reduction plan below which indicates £3.412M should have been delivered up to M4

Cost Reduction planned	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total in-year savings
	£000'	£000'	£000'	£000'	£000'	£000'	£000'	£000'	£000'	£000'	£000'	£000'	£000'
Medical Consultants									125	292	292	292	1000
WLI Payments	43	43	91	91	91	91	91	91	91	91	91	91	1000
Nursing	25	25	25	25	25	25	25	25	25	25	74	75	400
Bed Reductions										0	0	0	0
Theatres							83	83	83	83	83	83	500
Admin & Outpatients												0	0
Pathology reconfiguration													0
Allied Health Professionals													0
On Call Payments	6	13	19	26	32	38	45	51	58	64	71	77	500
Estates and Corporate Services							67	67	67	67	67	67	400
Temp Staffing Reduction	0	100	420	420	420	420	420	420	420	420	420	420	4300
Diagnostic Test	0	0	0	0	0	0	0	0	0	0	0	0	0
Coding Alterations	0	0	18	36	55	73	91	109	127	145	164	182	1000
Procurement	13	26	38	51	64	77	90	103	115	128	141	154	1000
Centre identified Non Pay scherr	87	87	87	87	87	87	87	87	87	87	87	87	1047
VAT Charges - locum Doctors	0	0	30	30	30	30	30	30	30	30	30	30	300
Reduce Non Pay Month 10	110	110	110	110	110	110	110	110	110	110	110	110	1325
Sub total	284	404	838	876	914	951	1139	1176	1338	1542	1630	1668	12772
Slippage from 11/12 schemes	-253	-173	-69	-43	-17	-17	-17	-17	-17	-17	-17	-17	-670
Total CIP planned	33	231	771	835	1023	1060	1248	1285	1323	1360	1448	1485	12102

- The finance CIP plan at M4, totals £13.074M, for it includes 2 additional schemes which currently sit outside of the PMO
 - Nuffield/Professional Fees reduction – £700k
 - Mars Scheme- £700k
 - Nursing has been risk adjusted from 400k to nil delivery within year

⁵ See page 8

Revised CIP Plan	April	May	June	July	August	September	October	November	December	January	February	March	Total	REC	NREC	TOTAL
Medical Consultants					125	125	125	126	125	125	125	125	1000	1000		1000
WLI Payments	43	43	91	91	91	91	91	91	91	91	91	91	1000	1000		1000
Nursing	-87	-62	-62	-62	-62	-62	-60	92	92	92	92	92	0	1100	-1100	0
Bed Reductions										0	0	1	0	3500	-3500	0
Theatres							83	83	84	83	83	83	500	1000	-500	500
Admin and outpatients												0	0	1700	-1700	0
Pathology reconfiguration													0	1300	-1300	0
Allied Health Professionals													0	700	-700	0
On Call Payments	6	13	19	26	32	38	45	51	58	64	71	77	500	1000	-500	500
Estates and Corporate services							67	67	67	67	67	67	400	800	-400	400
Temporary staff reduction	0	-10	310	310	310	310	310	310	310	310	310	310	3088	3828	-740	3088
Temporary staff reduction - Medical		110	110	110	110	110	110	110	110	110	110	110	1212	1212		1212
Diagnostic tests													0	600	-600	0
Coding alterations	0	0	18	36	55	73	91	109	127	145	164	182	1000	1000		1000
Procurement	13	26	38	51	64	77	90	103	115	128	141	154	1000	2000	-1000	1000
Centre identified Non Pay savings			102	102	102	102	102	102	102	101	102	102	1019	1019		1019
VAT Changes - Locum Doctors			30	30	30	30	30	30	30	30	30	30	300		300	300
Reduce Non Pay to Month 10 level	110	110	110	110	110	110	110	110	110	110	110	110	1325	1325		1325
Nuffield / Prof Fees Redn	58	58	58	58	58	58	58	58	58	58	58	58	700	700		700
MARS Scheme						100	100	100	100	100	100	100	700	1200	-500	700
Slippage 2011/12 CIP	-253	-173	-69	-43	-17	-17	-17	-17	-17	-17	-17	-17	-670		-670	-670
Total	-108	116	757	820	1009	1146	1335	1526	1563	1598	1637	1675	13074	25984	-12910	13074

Status of the Programme at Month 4

PMO assurance of financial performance

- At M4 the PMO can only give assurance that at close of play on the 17.08.2012 **£1.913M** has been validated and delivered against a YTD plan of **£3.412**; resulting in a negative variances of **£1.499M**
- This is a result of schemes forecasting a later delivery than the board approved CIP plan
- The action required is for the project lead's to engage with the finance lead's to agree and finalise the trajectories or explain how it is going to be delivered. Schemes will not be considered for formal entry into the PMO until review stage 2 of the pipeline process is met

	Annual Target £'000	Month 4 YTD Target £'000	Month 4 YTD Actual £'000	Month 4 YTD Variance £'000	Contribution %
Total	16,918	3,412	1,913	- 1,499	
Medical Consultants	1,000		9	9	0.5%
WLI Payments	1,000	268	-	268	0.0%
Nursing	400	100	-	100	0.0%
Bed Reconfiguration				-	0.0%
Theatres	500		32	32	1.7%
Admin & Outpatients				-	0.0%
Pathology Reconfiguration				-	0.0%
Allied Health Professional				-	0.0%
On Call Payments	500	64	-	64	0.0%
Estates and Corporate Service	400		59	59	3.1%
Temp Staffing Reductions - Non Medical	3,200	573	7	566	0.4%
Temp Staffing Reductions - Medical	1,100	367	404	37	21.1%
Diagnostic Tests				-	0.0%
Coding Alterations	1,000	54	-	54	0.0%
Procurement	1,000	128	32	96	1.7%
Centre identified Non Pay schemes	1,047	348	171	177	8.9%
VAT Charges - Locum Doctors	300			-	0.0%
Reduce Non Pay Month 10	1,325	440	440	-	23.0%
					0.0%
Sub Total	12,772	2,342	1,153	- 1,189	60.3%
Bed Closures - Phase 1&2	3,396	852	437	415	22.8%
Locum Doctor Usage	750	218	323	105	16.9%
Sub Total	4,146	1,070	760	- 310	39.7%

- The PMO cannot give assurance that at the end of month 4 all CIP schemes had validated financial plans in place, which have been supported by a full QIA⁶. It is disappointing to note marginal improvements in the pipeline assurance rating which reflects the lack of progress made within month to develop and finalise the approach around how the schemes will be delivered. The PMO ask HEC to place priority on the development of the CIP programme, for further slippages will have a negative variance to the savings full year effect. A key risk to non delivery is that most schemes are back loaded for delivery, and remedial action to claw back the deficit may not then be viable until 2013/14

⁶ See Page 10

- The repetition in communication is schemes are supported by their centres/functions to meet the deadline for the end of August (slipped to September) to progress to stage 3 of the pipeline process⁷; to agree formal entry into the PMO. Without the completion of the workbooks, the action to deliver the savings is being prolonged, for the clarity in scope, milestones, and the approach is not visible: resulting in slippages to financial performance and embedding quality improvements

Assurance of CIP schemes on plan or ahead of plan

Schemes delivering ahead of plan or in line with the plan to date.	Annual	Month 4	Month 4	Month 4
	Target	YTD	YTD	YTD
	£'000	£'000	£'000	£'000
Medical Consultants	1,000		9	9
Theatres	500		32	32
Estates and Corporate Service	400		59	59
Temp Staffing Reductions - Medical	1,100	367	404	37
Reduce Non Pay Month 10	1,325	440	440	-
Sub Total	4,325	807	943	136
Locum Doctor Usage	750	218	323	105
Sub Total	5,075	1,025	1,266	241

- The common thread each of these schemes has is that, they have made good progress through the readiness process to enter the PMO over other schemes, with active financial engagement
- Medical consultants: - Early recognition is based on savings in banding
- Theatres: - Is delivering ahead of schedule and clarity has been sought around the full year positive variance from this
- Temporary Staffing Reductions: - Actual savings relate to the amount removed from budgets, validation to be in place for M5
- Reduced Non Pay Month 10: - Based on current information it appears the project is delivering the required level of savings, which will be reconsidered as part of a validation exercise during month 5
- Locum doctors: - Demonstration of savings have been recorded due to the over performance in usage of the tier 1 agencies, which would also indicate there is a higher level of expenditure than planned for

Reduced assurance of delivery where schemes have a negative variance against the budgeted plan

Schemes delivering a negative variance to the plan, including those with a re forecast projected to deliver later than originally planned.	Annual	Month 4	Month 4	Month 4
	Target	YTD	YTD	YTD
	£'000	£'000	£'000	£'000
WLI Payments	1,000	268	-	268
Nursing	400	100	-	100
On Call Payments	500	64	-	64
Temp Staffing Reductions - Non Medical	3,200	573	7	566
Coding Alterations	1,000	54	-	54
Procurement	1,000	128	32	96
Centre identified Non Pay schemes	1,047	348	171	177
Sub Total	8,147	1,535	210	1,325
Bed Closures - Phase 1&2	3,396	852	437	415
Sub Total	11,543	2,387	647	1,740

- Coding alterations: - after review of the approach the project team, have adjusted their forecast, to deliver later in the year. The assurance is the approach and methodologies will deliver savings, in line with the forecast target
- Procurement: - has reported a saving greater than this, however colleagues in finance have risk adjusted this to report 32k due to the pacemaker product being a past through cost⁸
- WLI: - Based on current expenditure trends the assurance has dropped and savings are unlikely in 2012/13

⁷ See Page 14

⁸ The expenditure incurred is past on to the PCT

- Nursing: - Wards Based on current levels of expenditure no savings are being delivered

Schemes where the financial plan has been risk adjusted to a nil delivery during 2012/13

Schemes budgeted not to deliver during 2012/13.	Annual	Proposed savings	Month 4	Month 4	Month 4
	Target £'000	in year £'000	YTD Target £'000	YTD Actual £'000	YTD Variance £'000
Bed Reconfiguration	-				-
Admin & Outpatients	-	£ 94,000.00	10,000	10,000	-
Pathology Reconfiguration					-
Allied Health Professional					-
Diagnostic Tests					-
Sub Total	-		10,000	10,000	-

- Admin & Outpatients: - The financial trajectory within the workbook would indicate a CIP within year, However the financial validation indicates the 10k to date in an under spend and not a saving associated with this project. The action is for this to be resolved within month and adjustments made where appropriate
- Bed Reconfiguration: - Phase 3 is on hold and there are no plans in place for delivery in 2012
- Allied Health Professional: -No plans in place for delivery in 2012/13
- Diagnostic Tests: - No Plans in place for delivery in 2012/13
- Pathology reconfiguration: - No plans in place for delivery in 2012/13

The PMO assurance would indicate that the financial trajectories for the Workforce schemes are most at risks of under performance and delivery. This is due to the lack of visibility or understanding around how the schemes will deliver. The Executives have given reassurance through the weekly CIP meetings that progress is in hand, the outputs from the scrutiny of the detail is causing delays to finalisation. The PMO have assurance from the Executive Sponsor that a paper is in draft around next steps and approach

The same can be said for the workforce elements of Bed reconfiguration, however the PMO have analysis of the WTE used on the wards affected by the Bed Reconfiguration. The information would indicate that there has been the following reduction in the WTE reported against the wards closed under the bed reconfiguration project.

This information would suggest that while there may have been some slippage in the Bed Reconfiguration Project however if no reduction in nursing is being seen across the Trust it would appear that it would be due to a growth in departments not covered by this project. Thereby even though WTE equivalents savings have not been reported as a saving for this project, this is due to controls outside of the scope of this project.

Quality

Regardless of whether the scheme in the PMO is an enabling project, saving schemes or an over arching programme of activity, the recommendation is a QIA is undertaken to ensure there is no adverse detrimental impact to quality.

Since last month, the following 2012/13 schemes has completed the QIA up to phase 2, of the PMO QIA process ratified by the Board on the 16.07.2012.

Progress has been slow, however improvements can be seen.

July -



June -



1) QIA's signed by Clinical Lead and Ops Director and sent to the Chief Nurse for review:

- (CIP) Booking and Scheduling
- (CIP) Procurement
- (CIP) Diagnostics (QIA rejected theCIP)
- (CIP) Reducing Medical Spend
- (CIP) Income Recovery
- (CIP) Bed Reconfiguration Head and Neck

The Diagnostic Scheme QIA was presented at the Risk Management Executive and HEC are asked to note the outcome, which resulted in the CIP being rejected on the grounds of the negative impact to quality. The action is for the project team to modify the scope to deliver the savings.

2) QIA's signed by the Operation's Director and Project Lead and sent to the Chief Nurse for review.

- (CIP) Centre Non Pay (the CIPS were identified by Centre Managers and Chiefs, during this process no clinical concerns were raised by them, and the CIP schemes have been signed off and budgets adjusted.)

3) QIA's received but not signed and awaiting confirmation of the signatures

The following schemes have shown evidence of a QIA carried out in full; however a signed copy is pending return to the PMO.

- (CIP) Theatres
- (Enabler) HSAG (Previous submission forwarded to CN, 2nd submission awaiting signatures)
- (CIP) Catering
- (CIP) Telecoms
- (Enabler) Non Medical E-Rostering (Submitted in February to the Chief Nurse, In line with the previous process flow, an update is being reviewed)

4) QIA's not received (all projects have been informed of the revised timescales to submit prior to the end of August 2012)

- (Enabler) Unscheduled Care
- (Enabler) FT
- (CIP) Shaping nursing workforce
- (CIP) AHP's
- (CIP) Non Contractual pay
- CCIP) Pathology
- (CIP) Temporary Staffing

Foundation Trust: - The project has been identified as exiting the PMO due to the independent rigorous approach and review at Trust board and SHA. The QIA will not be required from this scheme for this purpose, for Quality impact is under review through additional reporting mechanisms laid out by the SHA reporting timeline

Shaping the Nursing Workforce: - the PMO had assurance from the Chief Nurse that a QIA had been done however the PMO has yet to be cited to it

AHP: - The project has not entered the PMO for it is at stage 0, therefore it is unlikely to receive a QIA by the 31.08.2012

Pathology: - The project has not entered the PMO for it is at stage 0, therefore it is unlikely to receive a QIA by the 31.08.2012

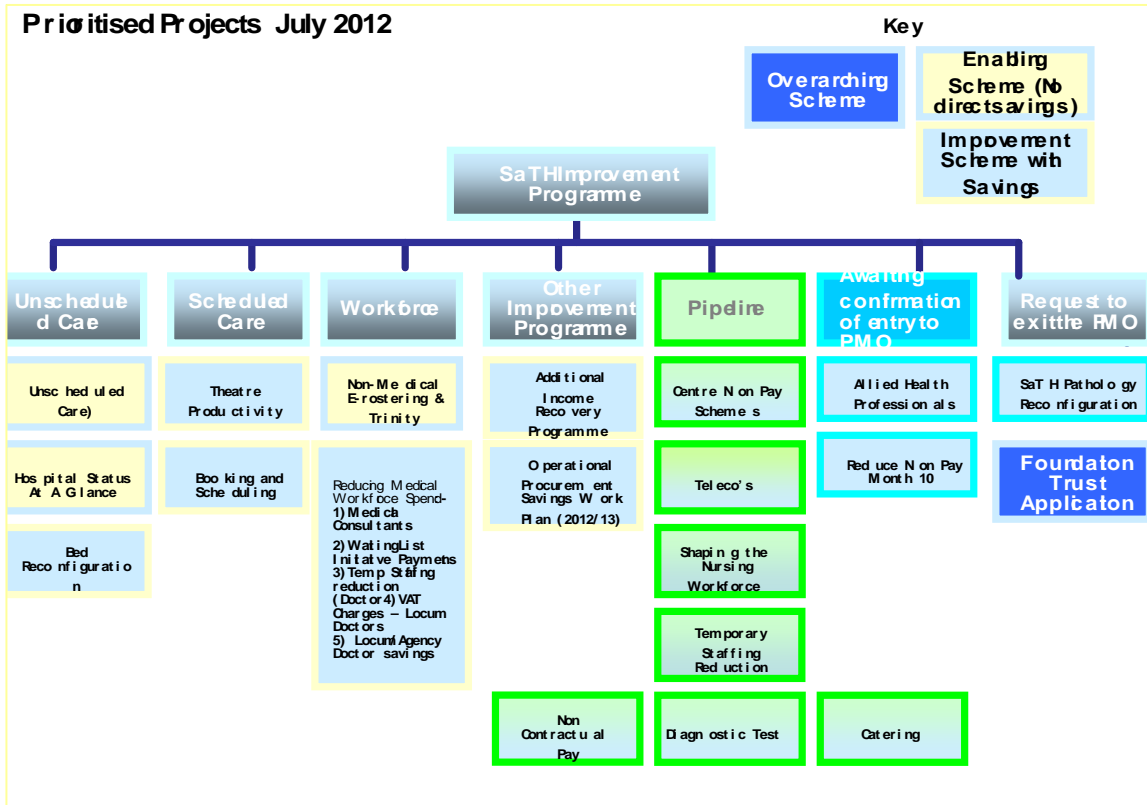
Non Contractual Pay: The PMO has no assurance that this has been initiated

Temporary Staffing Non Medical: - The PMO has no assurance the QIA has been documented. However the weekly CIP meetings indicate that no post was removed if it was deemed a risk to clinical services or quality. The action is this is documented to provide visibility of the robustness applied to the methodology

HEC are asked to support and note that all schemes have been asked to comply with the improved process ratified by the board on the 16 July 2012, with a requirement for submission to the Chief Nurse and Medical Director by the end of August 2012. Please note the approved process is available from the PMO for review and it was communicated through the July Quality report in the private board session.

Project Status Summary

Improvement Programme Prioritised projects



Status update around the adherence to process at 20.08.2012

Projects	QIA	Workbook initiated	PID Signed	KPI's	Financial Benefits & Costs
Hospital Status at a Glance	Partially	Partially	No	Partially	No
Bed Reconfiguration	Partially	Yes	No	Partially	Yes
Unscheduled Care	No	Partially	No	Partially	N/A
Non-medical E-Rostering	Partially	Yes	No	Yes	N/A
Additional Income Recovery	Yes	Yes	Partially	Yes	Yes
Foundation Trust Application	No	Yes	Partially	Yes	Yes
Theatre Productivity	Partially	Yes	Yes	Partially	Yes
Reducing Medical Spend	Yes	Yes	No	Partially	Partially
SaTH Pathology Reconfiguration	No	No	No	No	No
Operational Procurement	Yes	Yes	Yes	Yes	Yes

Projects	QIA	Workbook initiated	PID Signed	KPI's	Financial Benefits & Costs
Shaping the Nursing Workforce	No	Partially	No	Partially	Partially
Booking & Scheduling	Yes	Yes	Yes	Partially	Yes
Diagnostic Test	Yes	Partially	No	No	No
Centre Non Pay	No	Partially	No	Yes	Partially
Temporary Staffing Reduction	No	Partially	No	No	No
AHP: - Allied Health Professionals	No	No	No	No	No
Telecoms	Partially	Partially	No	Yes	Yes
Reduced non pay month 10	No	No	No	No	No
Catering	Partially	Partially	No	Yes	Yes
Non Contracted Pay	No	Partially	No	No	No

During July there was a potential of 20 schemes being overseen through the PMO assurance process

Of these: -

- 1 have been identified for exit as noted below
- Pathology Reconfiguration. HEC has been asked to note the decision made by the F&P committee on the 24 July 2012 to exit the scheme from the PMO pipeline due to the wider health economy plan. Until such date it can be re-entered to assure delivery of the CIP plan for 2013/14
- There are currently 10 projects within the PMO. Of which 6 have savings attached
- 7 Savings projects are currently in pipeline, with a view to entering the PMO

HEC is asked to note that no projects within month, took sufficient action identified for them to make the required progress for formal entry into the PMO. However the PMO can give an indication that if the

following projects deliver on the recommendations for readiness during August the following 3 schemes may be presented at the September HEC for formal entry into the PMO.

- Catering
- Telecoms

AHP: - remains to submit a workbook for review at lockdown in preparation of the readiness plan to support the delivery of the CIP. Assurance can be given that work has been initiated to draft this.

Reduce Non Pay Month 10: - 1 additional scheme is tracking of financials, with information fed into the PMO CIP report monthly. This has validated savings of 440k to date. Contributing to, approximately 47% of the savings to date

The PMO continues to have concerns over the effectiveness of resources identified to support project having the right skills or capacity to deliver the outcomes. Without robust input from the financial colleagues and clinical leads the projects are less likely to demonstrate that they have met the criteria in line with the pipeline readiness plan, which in turn hinders progress made to date. Where teams evidence good or excellent internal stakeholder engagement, the visibility of delivery is greater.

Summary: Assurance Dashboard for PMO Projects

The table below sets out the level of assurance at the work stream level, assessed by the PMO at the end of July.

Workstream	Average Assurance Score June	Average Assurance Score July
Other Improvement Programme	0.70	0.70
Scheduled Care	.	0.61
Unscheduled Care	0.44	0.37
Workforce	0.40	0.36
Pipeline	0.22	0.24
Total (excluding pipeline)	0.51	0.51

- The PMO has been unable to give improved assurance based on the progress cited at July lockdown
- Marginal improvements were cited to develop the CIP schemes against the pipeline readiness plan, this could be due to the seasonality of the holiday peak, or conflicting priorities
- The PMO has noted reduced assurance for the workforce projects with slippages across most schemes primarily due to the failure to take action against the previous months recommendations and visibility of the tracking and monitoring of KPI's identified for the schemes. Without understanding how the project is performing against the benefits to be realised, the questions remains how does the Trust know that the action it is taking can be sustained, is the right course of action, or what issues need to be mitigated as the project implementation is mobilised

Assurance review of Schemes/Projects

The rating scale used to determine the project outcome is detailed below

Rating		Scale	Position
Red		0 - 0.2	The project is in difficulty and needs to be relooked at. Objectives, scope are not aligned or being met. Significant risks/issues have arisen and urgent corrective action is required immediately Or the workbook is in its infancy
Red Amber		0.21 - 0.49	The Project has slipped considerably, and needs additional support in order to deliver on time within plan. significant risks/issues are emerging which will require corrective action Or the workbook needs considerable work before it can be signed off.
Amber		0.5 - 0.65	The Project is behind plan and may not achieve its key objectives. The project has made progress, however some slippage have occurred which need addressing or support from Senior decision makers. Or the workbook has made progress but additional input is required.
Amber Green		0.66 - 0.89	The Project has experienced slight slippages, but it is not envisioned the impact will detrimental to the project objectives. Or the workbook requires minor tweaks in order to be signed off.
Green		0.9 - 1	The Project is on plan and expected to deliver on time and within budget. Or the workbook is ready for sign off.

A detailed assurance dashboard can be viewed in order to understand what was taken into consideration for each project referenced below. This can be made available through a 121 review with the PMO.

The table below illustrates the detailed project assurance rating for savings projects, as at the end of July compared with the June rating.

Projects	Executive Sponsor	Project Lead	Resource	Scope	Plan	KPI's	Financial Benefits & Costs	Risk & Issues	Stake Holders	Strategy	June Assurance score	July Assurance score	Direction of Travel
Bed Reconfiguration	Maureen O'Neil	Peter Skitt	RA	R	R	RA	R	RA	RA	AG	0.39	0.31	↓
Reducing Medical Spend (includes: 1- Medical consultants 2- MRI Payments 3- Temp staffing 4- X-ray imaging 5- Insom doctors)	TBC	Justin Barnes	RA	RA	A	RA	R	A	RA	A	0.52	0.40	↔
Theatre Productivity	Gerald O'Hara	Sara Biffen	A	AG	AG	A	R	AG	RA	RA	0.57	0.56	↔
Additional Income Recovery Programme	Samantha Cook	Jill Price	A	A	AG	AG	AG	AG	A	RA	0.64	0.64	↔
Booking & Scheduling	Tom Jones & David Heath	Jannine Harrison/Sara Biffen	AG	AG	AG	AG	R	AG	AG	A	0.65	0.66	↑
Operational Procurement Savings Work Plan	Paula Davies	Chris Benham	AG	AG	G	AG	AG	A	G	AG	0.79	0.83	↔

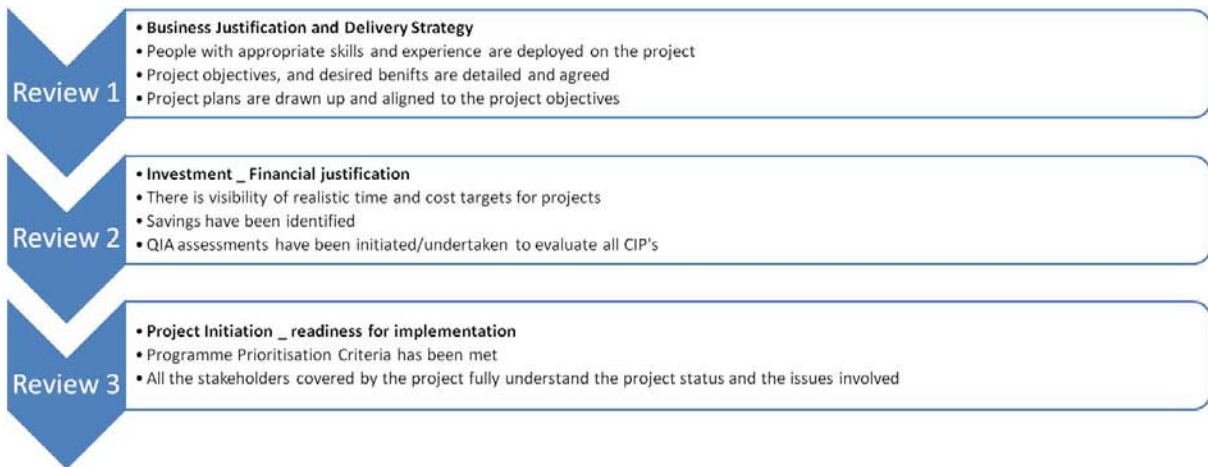
The Table below illustrates the detailed project assurance rating for enabling projects, as at the end of July compared with the June rating.

Projects	Executive Sponsor	Project Lead	Resource	Scope	Plan	KPI's	Financial Benefits & Costs	Risk & Issues	Stake Holders	Strategy	June Assurance score	July Assurance score	Direction of Travel
Unscheduled Care	David Ladd	Elaine Hodson	RA	R	RA	A	R		R	R	0.43	0.24	↓
Non-medical E-Rostering	Steve Mineyko Ruth Smith	Pete Gordon	RA	R	R	A	RA		R	A	0.44	0.32	↓
Hospital Status at a Glance Phase II	Julie Lloyd	Pete Gordon	A	RA	A	AG	R	R	A	AG	0.51	0.55	↔
Foundation Trust Application	Tony Holt	Julia Clarke	A	G	AG	AG	RA	RA	RA	G	0.55	0.63	↔

Readiness Assessment Gateway for Pipeline Schemes

An assessment has only been made where a workbook was submitted. These projects have been allocated a review stage within the pipeline process dependent on the following criteria.

The table below details the review stages of the pipeline process.



The table below illustrates the detailed project assurance rating for pipeline projects, as at the end of July compared with the June rating.

The pipeline, assessment of readiness identifies these projects at Stage 0 or 1 of the gateway process. Initially some of the projects struggled to identify resource to support delivery of the projects, in turn this has held up the scoping and defining of project objectives. The issues have been mitigated over the course of the month for the Executive Sponsors and Leads identified operational resource who undertook the role.

Type	Projects	Executive Sponsor	Project Lead	Resource	Scope	Plan	KPI's	Financial Benefits & Costs	Risk & Issues	Stake Holders	Strategy	June Assurance score	July Assurance score	Direction of Travel
Pipeline Savings Stage 0	SaTH Pathology Reconfiguration	TBC	Sheila Fryer	R	R	R	R	R	R	R	R	0.00	0.00	↔
Pipeline Savings Stage 1	Diagnostic Test	Debbie Jones	Debbie Jones	R	R	R	R	R	R	R	R	0.00	0.00	↔
Pipeline Savings Stage 0	AHP- Allied Health Professionals	TBC	Dianne Lloyd	R	R	R	R	R	R	R	R	0.00	0.00	↔
Pipeline Savings Stage 1	Shaping the Nursing Workforce	Sarah Bloomfield	Sarah Bloomfield	RA	RA	A	RA	R	R	R	RA	0.00	0.23	↔
Pipeline Savings Stage 1	Temporary Staffing Reduction	Liz Walton	Liz Walton	RA	RA	RA	A	R	R	R	RA	0.27	0.23	↓
Pipeline Savings Stage 1	Non Contracted Pay	Liz Walton	Liz Walton	RA	RA	RA	A	R	R	R	R	0.27	0.23	↑

The Pipeline, assessment of readiness identifies these projects at Stage 2 or 3 of the gateway process

Stage 2:- The schemes have made progress, however prior to moving to stage 3 personalised feedback has been sent to the project teams for consideration.

Type	Projects	Executive Sponsor	Project Lead	Resource	Scope	Plan	KPI's	Financial Benefits & Costs	Risk & Issues	Stake Holders	Strategy	June Assurance score	July Assurance score	Direction of Travel
Pipeline Savings Stage 2	Centre Non Pay	Centre and Corporate Managers	Tony Brown	RA	RA	A	A	R	RA	AG	A	0.51	0.46	↓
Pipeline Savings Stage 2	Telecoms	Sue Hambleton/Paul Corbett	Joanne Yale	A	RA	AG	AG	R	RA	A	AG	0.38	0.53	↑
Pipeline Savings Stage 2	Catering	Chris Fisher/Sue Hambleton	Joanne Yale	AG	RA	AG	G	R	A	AG	AG	0.51	0.68	↑

Review Stage 3 Permission to enter the PMO: - There are no projects at review stage 3 which can be considered for formal entry into the PMO.

In summary the PMO recommends all enabling projects are linked and managed to support delivery of the CIP schemes for failure to embed these weakens the trust position to maximise the potential CIP savings. Furthermore, the PMO recommends lessons are learnt from the planning and execution of the CIPS for 2012/13. the recommendation is these are consider earlier in the process and enter the PMO pipeline process in November 2012, with a view to hold each scheme to account and develop progress on a month by month basis in line with the pipeline stages 1,2,3. This should give improved assurance prior to April 2013 that the CIP methodology is robust, well thought out and the full year effect of the savings are then managed from April 2013.