

# Trust Board – 28 April 2011

## IMPROVEMENT PROGRAMME REPORT for 2010/11 (Month 12)

<b>EXECUTIVE RESPONSIBLE</b>	Neil Nisbet <b>Finance Director</b>
<b>AUTHOR (if different from above)</b>	Tony Holt <b>Programme Manager</b>
<b>CORPORATE OBJECTIVE(S)</b>	CO5: Ensuring a clinical and financially sustainable organisation CO6: Achieve NHS Foundation Trust status
<b>GOAL</b>	5.1 Deliver the financial plan

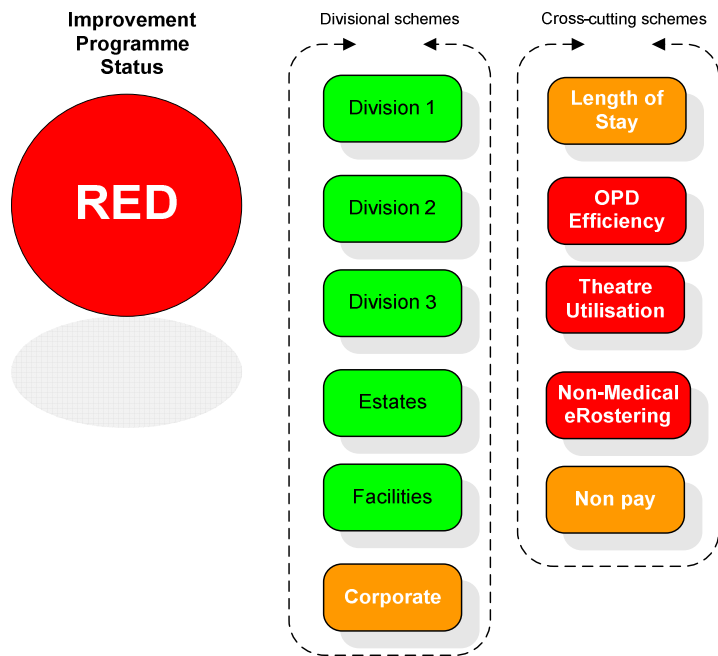
<b>KEY FACTS</b>	<p>SaTH Improvement Programme delivery for 2010/11 is below the planned savings target, and is RAG rated RED at Month 12.</p> <p>This report shows 2010/11 outturn savings of £3.732m against a planned £6.791m; a negative variance of £3.059m in total for 2010/11.</p> <p>The Improvement Programme report shows the following in-month performance for M12:</p> <ul style="list-style-type: none"> <li>•actual savings of £466k</li> <li>•a planned savings position of £917k</li> <li>•a negative variance of £451k to plan</li> </ul>
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<b>EXECUTIVE SUMMARY</b>	<p>The Executive team continues to address issues of accountability for delivery of improvement, as identified by KPMG in a recent audit of the programme. It is envisaged that Centre Chiefs will take formal accountability for 2011/12 CIP delivery after Centre management structures have been agreed/finalised</p> <p>A revised governance structure/reporting arrangement is under development, led by the Finance Director and Chief Operating Officer</p>
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<b>RECOMMENDATION</b>	<p>The Trust Board is asked to <b>NOTE</b> :</p> <ul style="list-style-type: none"> <li>•the Improvement Programme position and delivery of savings at 2010/11 outturn</li> <li>•the proposed changes to accountability arrangements for 2011/12</li> </ul>
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# Improvement Programme - Dashboard

Target (20010/11)	Executive Lead	Monthly Status	Direction of Travel	Year to Date	Forecast	Commentary
<p><b>Improvement Programme</b></p> <ul style="list-style-type: none"> <li>•The Trust's savings target (FIMS) for 20010/11 is compliant with Monitor's current implied efficiency assumptions</li> <li>• The Improvement Programme has identified and monitors a total planned savings target of <b>£6.791m</b></li> </ul>	FD	<b>RED</b>	=	<b>RED</b>	<b>RED</b>	The Trust has released 55% of planned savings at 2010/11 outturn



## Month 12

- Actual position £466k
- Planned position £917k
- Negative variance of £451k to plan during March 2011

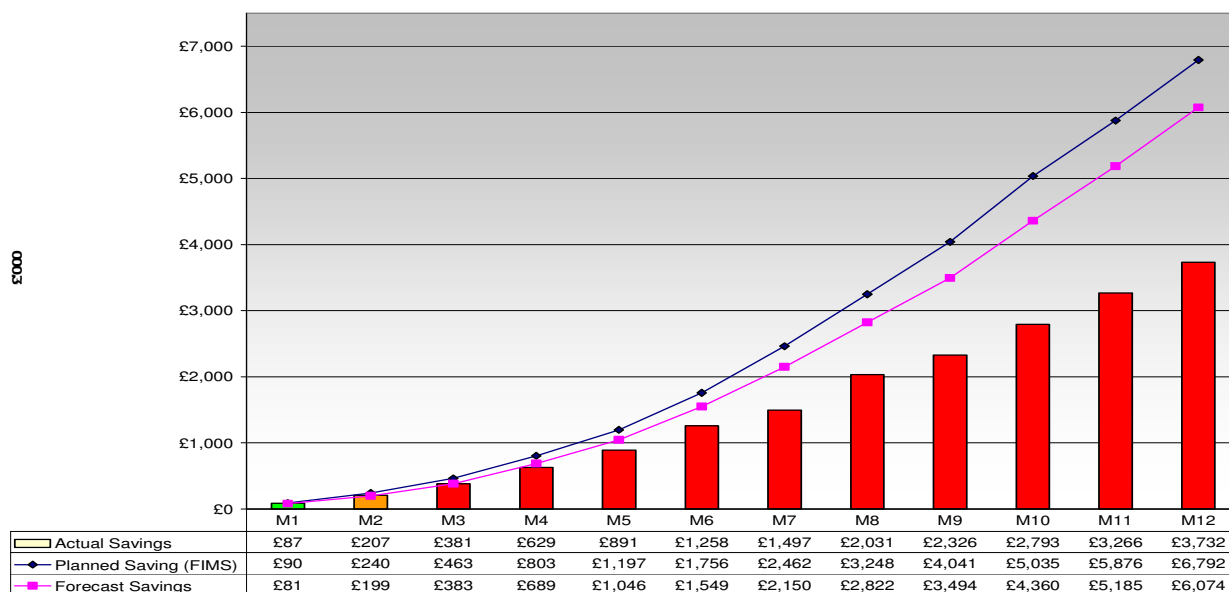
## 2010/11 outturn

- Actual position £3.732m
- Planned position £6.791m
- Negative variance of £3.059m in total for 2010/11

### Actions:

- A revised governance structure/reporting arrangement is under development, led by the Finance Director and Chief Operating Officer
- Centre Chiefs will take formal accountability for CIP delivery after Centre management structures have been agreed/finalised

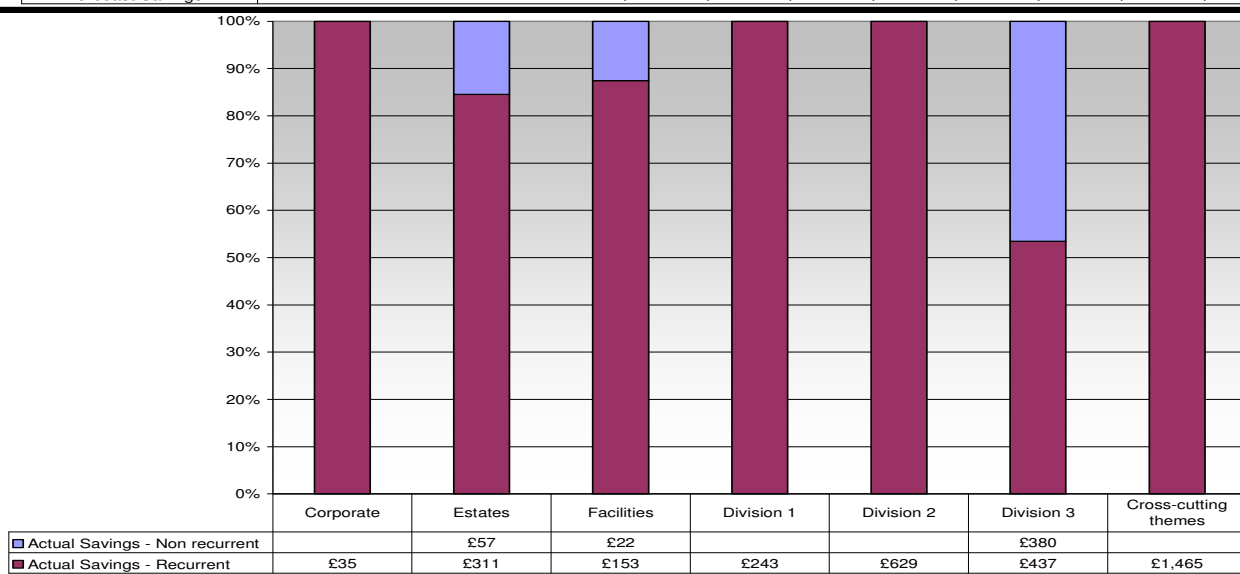
# SaTH Improvement Programme Status



Shows (left) the performance against planned and forecast positions at 2010/11 outturn.

Actual delivery:

- 55% of year-end planned figure
- 61% of year-end forecast figure

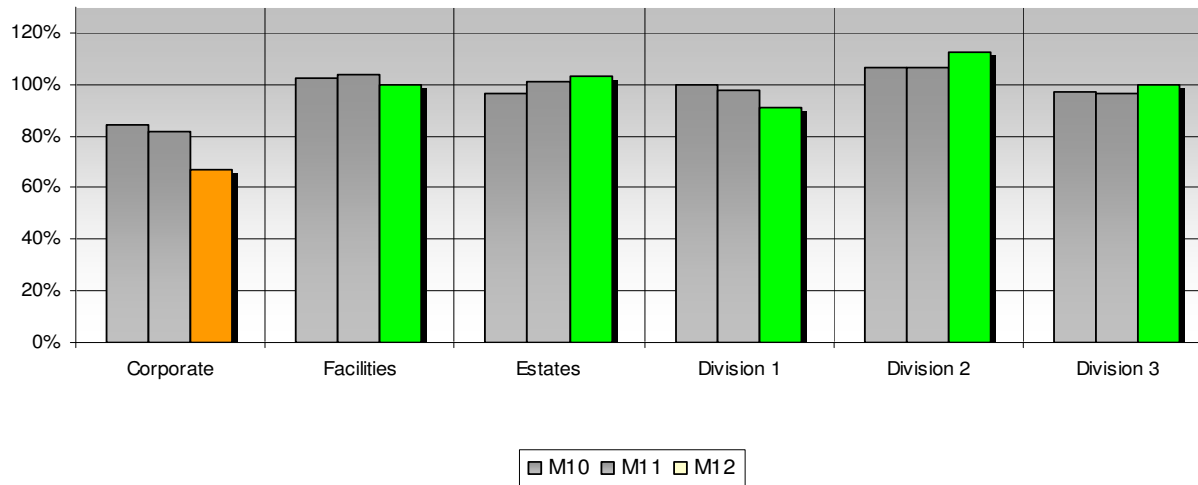


Shows (left) the percentage of recurrent and non-recurrent savings released at year-end, including a value table (£'000).

Financial modelling for the Foundation Trust application assumes 85% of savings are recurrent in-year. At 2010/11 outturn, 86% of savings released by the Trust during were recurrent.

# %age of savings released against forecast for 2010/11

%age of savings released against forecast (Q4)



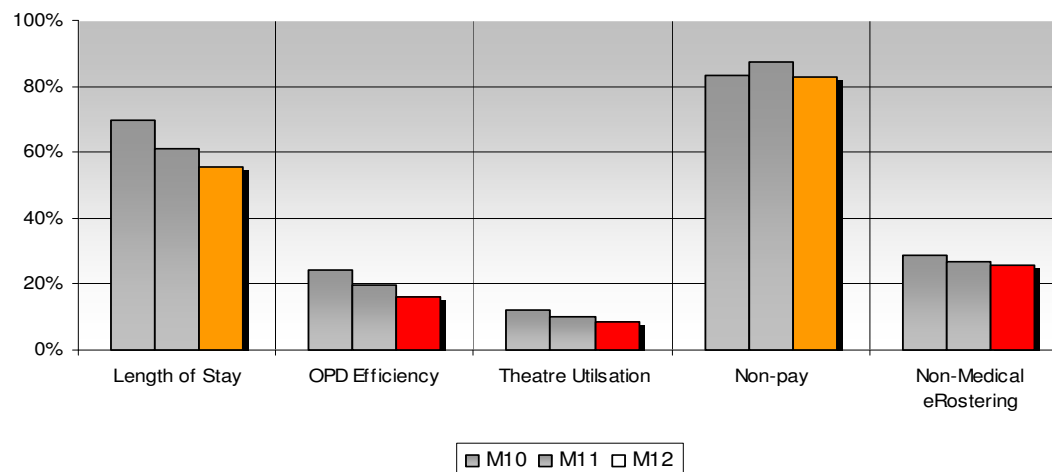
Illustrates year-end performance, expressed as the percentage of savings achieved at M12 against forecast.

## Divisional

Overall contribution from Divisional schemes:

•£2.267m against a forecast of £2.227m (102%)

%age of savings released against forecast (Q4)

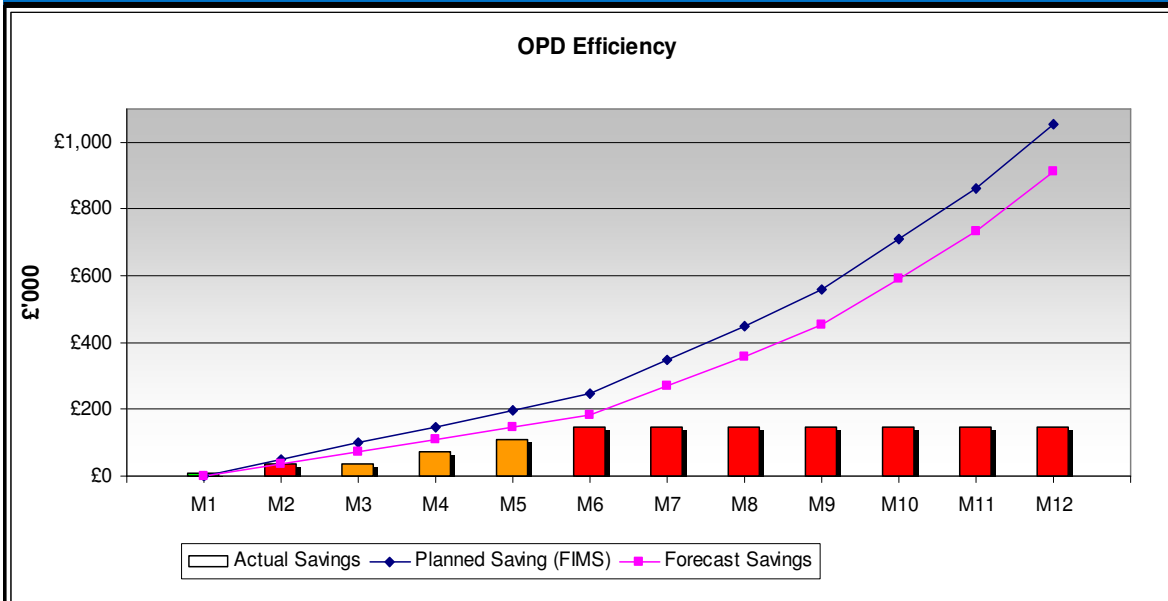


## Cross-cutting

Overall contribution from cross-cutting schemes:

•£1.465m against a forecast of £3.847m (38%)

# Exceptions - RED

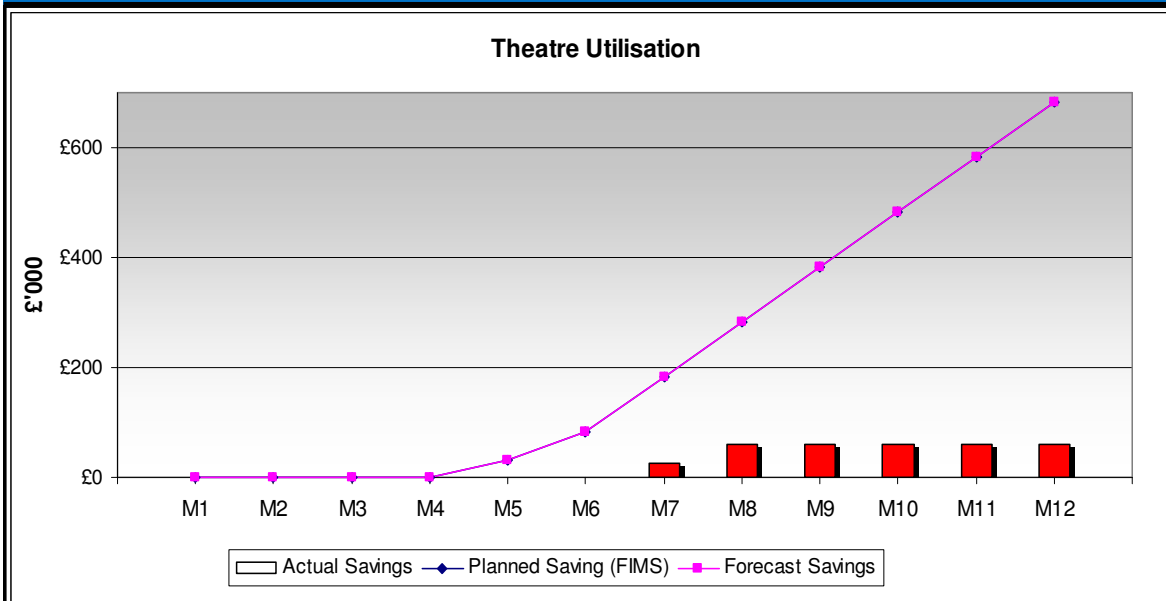


Monthly Status	Direction of Travel	2010/11 outturn
RED	=	RED
Commentary		
<p><b>OPD EFFICIENCY</b></p> <ul style="list-style-type: none"> <li>£145k delivered against 10/11 forecast of £910k (16%)</li> </ul>		

## Exception report – Andrew Kent, Delivery Lead

- Work continues in improving OPD effectiveness and efficiency. A task force continued in April to work on the pending validation and the critical to quality criteria for the administration function of pending. The task group will have been effective for a two week period in April
- Clinical outcome forms have now been revised and reintroduced-in April- with all backlogs currently being cleared. This improvement will also assist in the accuracy of the pending list
- Work with I.T. on validating the OPD utilisation data based on the SQL spreadsheet will lead to accurate reporting of clinic utilisation. To assist in this process an OPD utilisation meeting has now been launched on a weekly basis which looks at the coming four weeks to ensure synchronisation of all clinics across multiple sites
- This group has agreed that no WLI can be booked without four weeks notice. This will improve the routine booking as the clerks can focus on the normal routine work and not be distracted by urgent non urgent work
- This improvement work continues in the background of seeing 2,500 more patients than in the same period last year, with an extra 91 OPD clinics booked in March with short notice. This has been conducted with the same amount of staff illustrating an efficiency in OPD

# Exceptions - RED



Monthly Status	Direction of Travel	2010/11 outturn
RED	=	RED
Commentary		
<p><b>THEATRE UTILISATION</b></p> <ul style="list-style-type: none"> <li>£59k delivered against 10/11 forecast of £681k (9%)</li> </ul>		

## Exception report – Sara Biffen, Delivery Lead

The **Productive Theatre visioning and measures** workshop took place 1 April 2011, led by the Executive Sponsor. 5 key measures have been agreed:

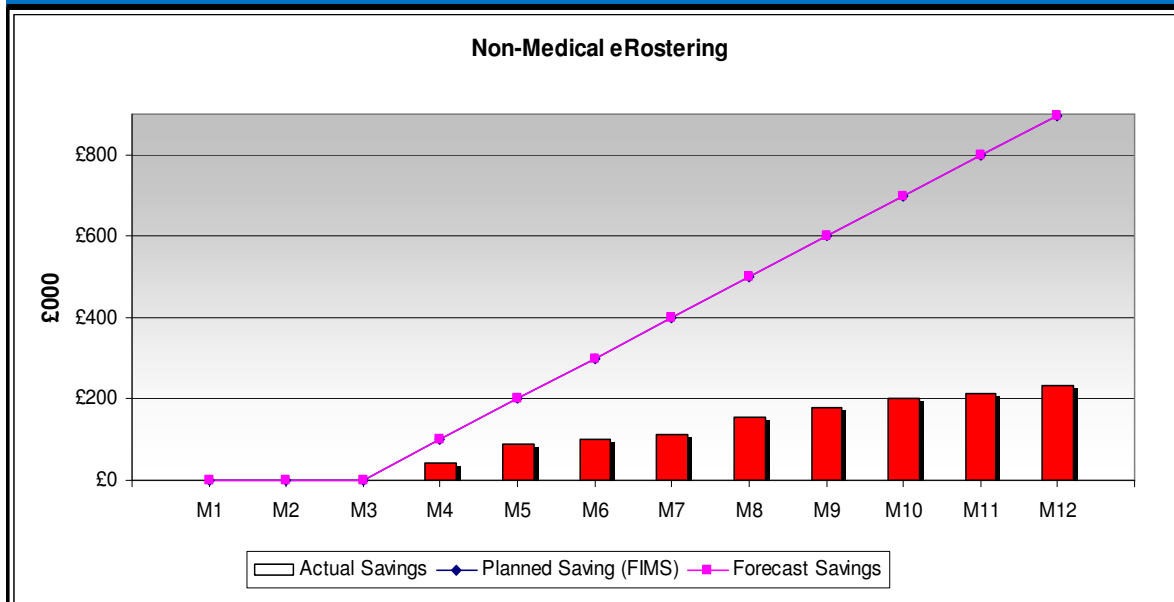
- Number of patients per day where 'time out' does not take place
- Start times of all elective theatre lists - time when anaesthetic starts or surgery if LA list
- Number of patients who are admitted to the DS ward for elective surgery before 08:30 and are not operated upon until after 1pm
- Brief and debrief for all elective theatre sessions
- Staff satisfaction survey.

Measures will be visible within theatres on 'Knowing How We're Doing' boards with a weekly review by theatre team members. Mark Cheetham (Value Stream Chief) is leading theatre improvement work and a theatre improvement plan is in the place for RSH: both sites will have a dedicated improvement manager

Next steps include:

- A decision to confirm theatre start times
- Review and update of operation names and times
- Initiation of a live 'Operational Status at A Glance'
- Automation of theatre utilisation times

# Exceptions - RED



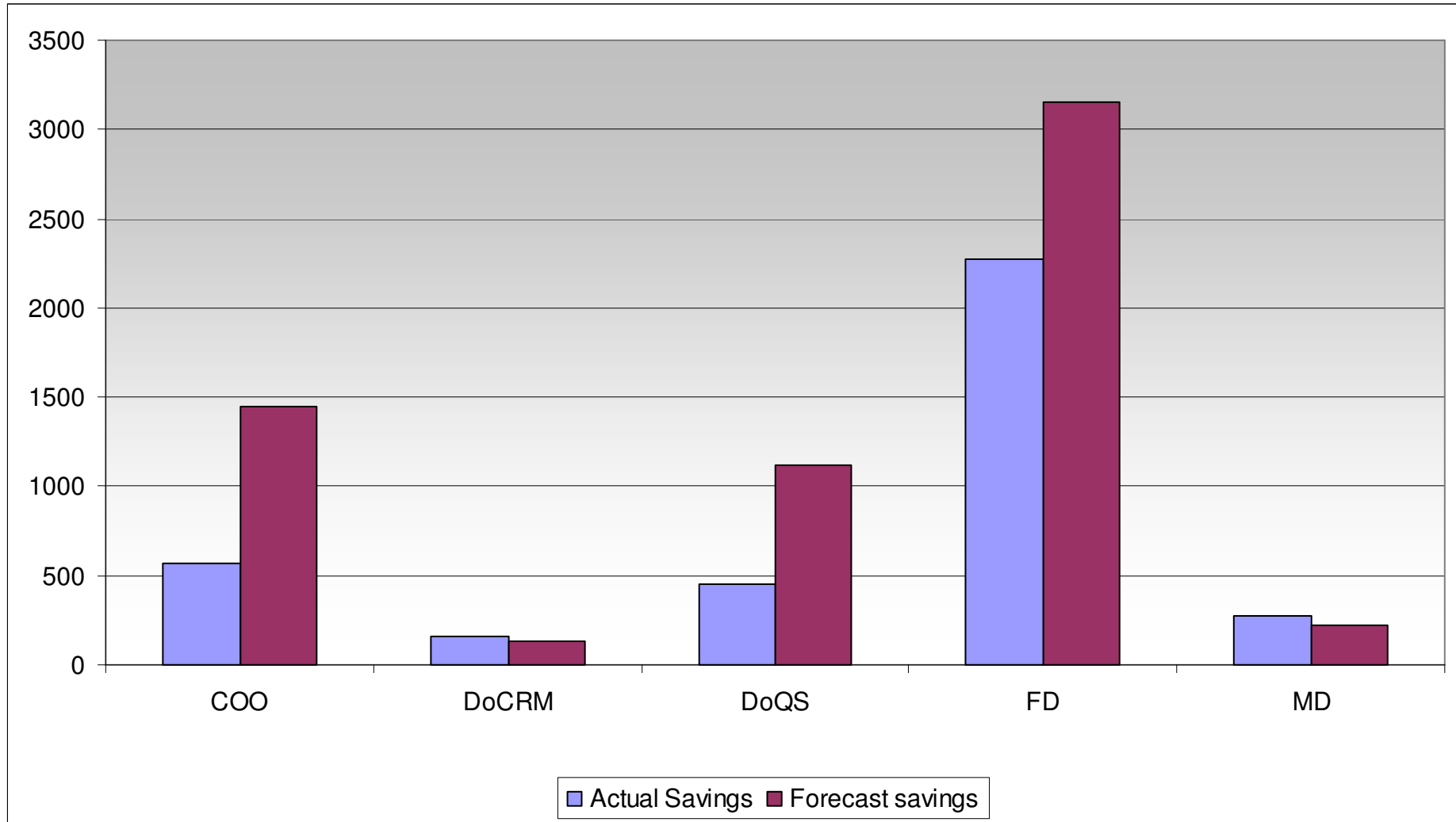
Monthly Status	Direction of Travel	2010/11 outturn
RED	=	RED
Commentary		
<p><b>NON-MEDICAL eROSTERING</b></p> <ul style="list-style-type: none"> <li>• £232k delivered against a 10/11 forecast of £895k (26%)</li> </ul>		

## Exception report – Pete Gordon, Delivery Lead

1862 members of staff within 52 areas are now eRostered (36% of the non medical SaTH population) with 47 areas now feeding into Payroll Services and to ESR; increasing to 52 in April. The project team provides comprehensive training to all areas (on average 6 training sessions per area) and continues to provide support to each area through additional workshops, drop-in sessions, e-mail and telephone support. The current focus of the project team is to ensure each area is ready to feed their roster to Payroll Services and ESR. Although each roster is reviewed for accuracy by the project team before being sent to payroll (with feedback being provided to ward managers where appropriate, it is anticipated that this will not be required as managers become more proficient with maintaining their rosters. The project team has started to prepare for achieving Trinity Bank integration this summer.

The key area of focus remains rosters being *fully approved a minimum of 4 weeks in advance* of the first day of the roster (3 areas achieved this target for the roster being worked on the 10th April). It is strongly recommended that Nurse Managers meet with their managers when the roster is being reviewed and approved. More managers are now finalising their rosters on a regular basis e.g. twice a week to avoid batch loading data at month end and more employees are using *Employee on Line* to request annual leave, duty requests, viewing planned and worked rosters and reviewing finalised time sheets. Nurse Managers have been advised to review completed rosters to understand and address the causes for poor performance being recorded against actual rosters worked and to ensure that rosters are ready for submission to payroll services and ESR by the 5<sup>th</sup> working day of the month. The project lead presented the recommendations / required managerial improvements to the Nursing & Midwifery Forum in April 2011.

# 2010/11 summary by Exec Sponsor - forecast vs actual





# Performance of individual schemes ≥£100k

Area	Exec Sponsor	Delivery Lead	Scheme- Expected outcome	Delivery RAG status	Forecast outturn	Actual outturn	% delivery
Estates	FD	Chris Needham	Energy Consumption Savings	Green	120	234	195%
Cross-cutting	COO	Bruce McElroy	High Cost Drug Recovery	Green	350	389	111%
Cross-cutting	MD	Bruce McElroy	Out-Patient Prescribing	Green	150	164	109%
Division 1	FD	Kerry Malpass	Renal Non Pay	Green	120	120	100%
Division 2	DoQS	Cathy Smith	CDC Staffing	Green	168	168	100%
Division 2	FD	Sara Biffen	5% reduction in Clinical Supplies	Green	120	120	100%
Division 3	FD	Andrew Kent	Centralise stores within Division	Amber	300	277	92%
Cross-cutting	FD	Tony Brown	Procurement Savings (HPC)	Amber	225	187	83%
Division 3	FD	Andrew Kent	Bring radiology outsourcing in house	Amber	100	80	80%
Cross-cutting	MD	Sara Biffen	Elective Length of Stay	Amber	360	200	56%
Cross-cutting	COO	Andrew Kent	OPD Efficiency (Ophthalmology)	Red	400	145	36%
Cross-cutting	FD	Andrew Kent	Supply Chain Efficiencies	Red	275	90	33%
Cross-cutting	DoQS	Pete Gordon	Non-Medical eRostering	Red	895	232	26%
Cross-cutting	FD	Sara Biffen	Theatre Utilisation	Red	682	59	9%
Cross-cutting	COO	Andrew Kent	OPD Efficiency (other challenged specialties)	Red	510	0	0%
<b>Totals</b>					<b>4775</b>	<b>2464</b>	<b>52%</b>

# Glossary

<b>Plan</b>	The planned savings target set at the beginning of the financial year and reported against in the monthly FIMs return to the SHA
<b>The forecast</b>	The 'living register' of Improvement Programme schemes: it is acknowledged that plans can change and the forecast figure reflects in-year variability
<b>Not forecasted</b>	Schemes that appear in the register with savings delivered against them, but do not appear in the forecast position
<b>Actual Savings</b>	The savings achieved and released from schemes (may be RAG rated RED, AMBER or GREEN)
	<u>RAG Status</u>
<b>RED</b>	The scheme has not delivered on time and/or is unlikely to deliver at least 97% of planned financial benefits - significant risks/issues have arisen and urgent corrective action is required immediately
<b>AMBER</b>	The scheme is at risk of not delivering on time and/or of not delivering at least 97% of planned benefits - significant risks/issues are emerging which will require corrective action in the near future
<b>GREEN</b>	The scheme is on track - progressing according to plan (or over-performing) and has delivered at least 97% of the planned benefits