

Transformation Programme Progress Report Q1 – April to June 2011

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Transformation Programme Progress Report – Q1 2011/12

Summary:

- This report lays out the progress for Quarter 1 against the transformation programme objectives developed at the start of the year
- The programme has delivered YTD savings of £1,181k against a target of £1,212k (variance £31k). See next slides for workstream level savings. However there remains an unidentified saving of £1,547k against the full year savings plan currently set at £7.7m.
- The PMO processes are now well established with progress reviewed at project level.
- Over the coming weeks the objectives of each of the current workstreams will be reviewed with the Executive Sponsors and workstream managers, ensuring relevant KPIs are in place and being updated monthly.

Action: The Board is asked to accept this report

Trust objective:

Please list number and statement. this paper relates to.

Notes:

Legal: What are the legal considerations & implications linked to this item? Please name relevant Act

Priority 1: Deliver Safe, High Quality Care

Reduce avoidable harm

Right patient, in the right location at all times

Priority 2: Work with our whole community

Delivering emergency care pathways differently

Priority 3: Develop an effective organisation:

Deliver 2011/12 breakeven position

Deliver 4% savings target

NHS Trust financial performance is subject to Schedule 5 of the NHS Act 2006 which provides the “breakeven duty”. The Trust breached this in 2007/08 and has since received “permission to spend” by virtue of the loan settlement agreement issued by DoH in March 2008. Legal aspects impact on individual parts of spend and income according to the nature of the spend & source of income but no other material disclosures are appropriate.

Executive Summary

Introduction

- This report lays out the progress for quarter 1 against the transformation programme objectives developed at the start of the year. It should be noted that those responsible for delivery of the projects, are in most cases, also responsible for the delivery of day to day running of services and given our operational and financial challenges have prioritised delivering safe care and delivering the cash releasing savings. However we have seen in M3 a greater focus on the non-cash releasing programmes, which will lead to longer term benefits.
- Reporting for Q2 and beyond will include progress against KPIs that relate to the workstream objectives.

Savings

The programme has delivered YTD savings of £1,181k against a target of £1,212k (variance £31k). See next slides for workstream level savings. However there remains an unidentified saving of £1,547k against the full year savings plan currently set at £7.7m.

Exceptions to note YTD are:

- Nursing and Midwifery: variance of £141k against a target of £191k, savings have been delivered in some areas, however the need to balance quality and safety with finance has significantly impacted on the delivery of the savings target.
- Income and Provision: variance of £22k against a target of £29k which is being mitigated by the Divisions in other ways while revised plans are worked up.

The unidentified savings have increased from M02 as a result of the removal of depreciation saving of £600k which is to be used to reduce the £19.8m gap rather than contribute to the savings plan.

Executive Summary

Governance

The PMO processes are now well established with progress reviewed at project level. The Director of Strategy and Transformation or the Head of Transformation meet with each of the project managers on a monthly basis. Following these meetings a detailed exception report is submitted to the Transformation Delivery Group (TDG). Progress is monitored in terms of actions against the project plan, delivery against KPIs and delivery against financial savings where appropriate. Progress in month is followed up by the PMO Manager, with an updated exception report submitted to the TDG in month. A progress report is also received by management board with a quarterly report to the Trust Board.

Communication and Engagement

The programme has featured regularly in the weekly message from the Chief Executive, all staff briefings and senior leaders meetings. However, it is recognised that further communication of the objectives and results of the programme is needed. Therefore, as part of the objective reviews with each of the workstream sponsors and leaders, communication plans will be discussed to ensure wider knowledge of the programme, but also to ensure we are communicating successes as we deliver service change or improvement. There is no doubt that the programme will evolve further as the future direction of the Trust is agreed.

Next Steps

- Two further workstreams are in development; Quality of Care and Patient Experience, and Cancer Care. The objectives and scope of these workstreams will be developed over the next month, although it should be noted that work is already underway with regard to a number of projects eg dementia care; chemotherapy closer to home, acute oncology services.
- Over the coming weeks the objectives of each of the current workstreams will be reviewed with the Executive Sponsors and workstream managers, ensuring relevant KPIs are in place and being updated monthly.
- Service Line efficiency dashboards (eg length of stay, new to follow up ratios, day case rates, capacity utilisation) will be developed, which will identify further opportunities for 11/12 and form the basis of the transformation programme for 12/13.

Executive Summary – Savings Summary

Reporting of the savings achieved is contained within the monthly finance reports to the Trust Board and is summarised below by workstream:

	Planned Savings 11/12	FOT Savings 11/12	Variance 11/12	Planned Savings YTD	Actual Savings YTD	Variance YTD
MP - First 4 Hours	-	-	0	-	-	0
MP - Medical Care	364,902	361,515	(3,387)	91,226	100,686	9,460
MP - Surgical Care	736,321	954,025	217,704	266,230	265,127	(1,103)
MP - WaCH Care	97,050	187,050	90,000	2,250	38,402	36,152
MP - Op and Clin management	188,000	188,000	0	-	-	0
MP - Discharge and Transfer	-	-	0	-	-	0
Outpatients	-	-	0	-	-	0
CSS	694,500	641,000	(53,500)	156,775	145,275	(11,500)
E&F	232,000	232,000	0	58,000	55,875	(2,125)
Corporate	272,000	272,000	0	67,950	186,950	119,000
Medical Staffing	827,000	847,000	20,000	127,250	127,250	0
Nursing and Midwifery Staffing	771,000	331,615	(439,385)	191,359	49,878	(141,481)
Procurement	1,189,000	1,142,000	(47,000)	197,250	180,250	(17,000)
Income and Provision	214,000	169,621	(44,379)	53,500	31,254	(22,246)
KPMG	567,000	567,000	0	-	-	0
Unidentified	1,547,227	-	(1,547,227)	-	-	0
Total	7,700,000	5,892,826	(1,807,174)	1,211,790	1,180,947	(30,843)

Workstream Update

Modernising Pathways – First 4 Hours

Exec Sponsor: Bernie Bluhm

Progress Update against Objectives

Workstream Objective	Progress and next steps
To agree and implement a clinical model aligned to the new ED quality indicators	Clinical model agreed and operational framework to support delivery due for completion by 15 July. Clinical documentation being reviewed to ensure it is reflective of the new clinical model. Impact of clinical model changes not being seen in ED quality metrics due to issues highlighted in Performance report.
To fully integrate the UTC into SaSH, including a shift of activity from Majors to Minors	Nursing staff TUPE completed on 1 st July. UTC clinical model and clinical criteria now being revised to ensure that all appropriate minors included. Operational framework to be agreed by 31 st July.
To deliver the estate upgrade within the capital plan, ensuring any changes support the clinical model	ED estate upgrade design and phasing plan agreed . Initial work to commence at the beginning of September (Arrivals area and Obs Bay) with Paediatrics and Majors to follow.
To align the Nursing, medical and A&C establishments to the new clinical model.	Establishments to be revised as each stage of the new implementation but some changes will not be possible until the estate upgrade is complete.
To provide clear roles and responsibilities for all parties within the department.	Lead roles, responsibilities and professional standards defined, agreed and displayed. Ongoing audit and challenge to take place to ensure embedded.
To ensure information relating to the new quality indicators is accurate and provided to all relevant parties.	Weekly performance dashboards captured and highlighted on the intranet.

Savings Summary

Year To Date	£'000
Plan	-
Actual	-
Variance	-
Forecast Out Turn for 11/12	
	£'000
Plan	-
Actual	-
Variance	-

Workstream Update

Modernising Pathways – Medical Care

Exec Sponsor: Bernie Bluhm

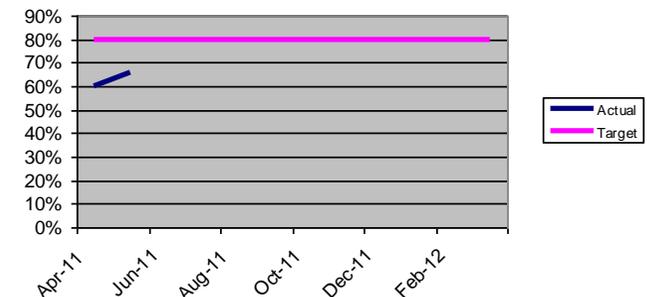
Progress Update against Objectives

Workstream Objective	Progress and next steps
Achieve all key stroke quality indicators and maximise quality of care and best practice tariff income	Stroke performance has improved but remains below target and is unlikely to achieve the target until the ring fencing of beds is delivered consistently, an issue under consideration at present.
Implement 24/7 stroke thrombolysis service	Implementation was delayed from original target date, however now on target to commence on agreed network go live date of 6 th September 2011.
Deliver a TIA service which meets best practice criteria	While the TIA service offered at SaSH is as expected, it is currently only offered 5 days a week while Best Practice Criteria requires a 7 day a week service (even if provided through a network approach). The Division are still reviewing how best to provide such a service although this is not clinically necessary to achieve good clinical outcomes.
Implement the Medical pathways within the Directory of Emergency Ambulatory Care.	In line with other local trusts, SaSH has committed to implementing 13 Ambulatory pathways during the year. The TIA pathway is well established and admission is no longer the standard course of action. A workplan of pathway review over the coming months is in place and being followed.
Deliver medical division savings plans as agreed in Business Planning that are not in other workstreams	As detailed in the table opposite, the workstream is £10k ahead of plan year to date and forecasting to be only £3k below plan by year end.

Savings Summary

Year To Date	£'000
Plan	91
Actual	101
Variance	10
Forecast Out Turn for 11/12	
Plan	£'000
Actual	365
Variance	362
	(3)

Stroke - %age of patients spending 90% of stay on Acute Stroke Unit



Workstream Update

Modernising Pathways – Surgical Care

Exec Sponsor: Bernie Bluhm

Progress Update against Objectives

Workstream Objective	Progress and next steps
Complete roll out of National Productive Theatres Programme to achieve all expected outcomes in relation to patient safety and experience and service efficiency	<p>The Division has been progressing the Productive Theatre programme over the past two years but has followed an in house delivery approach with an aim of achieving the expected outcomes. A process mapping exercise was undertaken in 2010 and some changes have been made, including the roll out of the WHO checklist.</p> <p>However, due to data availability and the level of cancellations over the past 6 months, it has been hard to drive the programme forward. In line with the Productive Wards project, the Chief Nurse has taken over the sponsorship of this programme and a detailed review of outcomes achieved and the next steps required is to be undertaken.</p>
Deliver the theatres estate upgrade within capital and revenue budgets	<p>The theatre upgrade has experienced a number of issues during the various surveys that have been carried out as the project has progressed. The most significant of these has been the level of additional works required to the mechanical ventilation and electrics system as a precursor to other works.</p> <p>The project scope is currently being re-engineered and is likely to limit the number of theatres upgraded during this financial year.</p>

Savings Summary

Year To Date	£'000
Plan	266
Actual	265
Variance	(1)
Forecast Out Turn for 11/12	
	£'000
Plan	736
Actual	954
Variance	218

Workstream Update

Modernising Pathways – Surgical Care

Workstream Objective	Progress and next steps
Implement new Theatres management system	<p>As part of the recent Cerner upgrade, the Theatre Management Module, Surginet, was implemented.</p> <p>The system is now in use and with several months of data available will allow improved monitoring of theatre productivity (and aid the roll out of Productive Theatres), as well as improved planning capability.</p>
Implement enhanced recovery practices across Surgery	<p>As well as being a National Programme, the roll out of Enhanced Recovery practice across 8 pathways is part of the Trust's CQUIN scheme.</p> <p>While elements of the ER practices have been implemented in prior years, no further developments have been made this year. The Division are reviewing the exact status of each pathway and the next steps required and are sourcing a project manager to drive forward any further actions required, develop new pathways for the procedures and submit a detailed action plan.</p>
Implement the Surgical pathways within the Directory of Emergency Ambulatory Care.	<p>The Surgical element of the Ambulatory Care directory is far smaller than that for medicine and the division are implementing the Abscess pathway with direct access to Crawley Day surgery (patients being listed on a General Surgical list within 24 -48 hours) from SAU in order to prevent an admission on the acute site.</p>
Deliver surgical division savings plans as agreed in Business Planning that are not in other workstreams	<p>With the exception of two projects, all savings are on plan. The change in role of the Orthotech post has proved not possible, however savings are being delivered through a different method by the team.</p> <p>The centralisation of the waiting list management team is due to close on 12 August 2011 with a planned implementation date of the 1st October.</p> <p>Forecast outturn savings are higher than plan and reflect non-recurrent actions taken to mitigate non delivery of other savings within the Division but in other transformation workstreams.</p>

Workstream Update

Modernising Pathways – WaCH Care

Exec Sponsor: Bernie Bluhm

Progress Update against Objectives

Workstream Objective	Progress and next steps
Deliver WaCH division savings plans as agreed in Business Planning that are not in other workstreams	With a number of savings plans no longer viable, the division currently has an unidentified savings target of £54k. The division are identifying mitigating actions to include Community Midwife Productivity, Private Maternity Services and Maternity Income (more births). While these schemes are being reviewed, the division is taking non-recurrent actions to mitigate this gap and any other non-delivery of schemes in other workstreams.

Savings Summary

Year To Date	£'000
Plan	2
Actual	38
Variance	36
Forecast Out Turn for 11/12	£'000
Plan	97
Actual	187
Variance	90

Workstream Update

Modernising Pathways – Discharge and Transfer

Exec Sponsor: Bernie Bluhm

Progress Update against Objectives

Workstream Objective	Progress and next steps
Change the balance of discharges from afternoon to morning and improve the rate of discharges at weekends.	Through the job planning exercise undertaken over the past 6 months, there is now a consistent approach to early morning, consultant led ward rounds. Measurement mechanisms now need to be put in place and performance tracked through the Divisional level performance framework.
Improve the quality of information provision relating to Delayed discharges	Through review of processes, the Trust now has accurate data on delayed discharges, thereby allowing improved management of patients in this category.
Provide training to all ward staff in relation to complex discharge planning	A training programme has been developed, however the original delivery mechanism of classroom based training was not giving expected uptake due to the inability for staff to come off the wards. A revised process of on the ward training is now underway.
Ensure consistent, embedded practice across the trust for EDD and management plan use.	This workstream initially focussed on issues around complex discharges but has not moved to Phase 2 of driving Trust wide changes in discharge practice.
Improve patient communication in relation to discharge	The new Deputy Chief Operating Officer will now take over the workstream manger role and help develop a workplan for the remainder of the year in order to meet the expected objectives.
Implement Criteria Led Discharge protocols	

Savings Summary

Year To Date	£'000
Plan	-
Actual	-
Variance	-
Forecast Out Turn for 11/12	
	£'000
Plan	-
Actual	-
Variance	-

Workstream Update

Modernising Pathways – Operational and Clinical Management

Exec Sponsor: Bernie Bluhm

Progress Update against Objectives

Workstream Objective	Progress and next steps
Complete development of Inpatient Tracking System and roll out to whole Trust (allows Electronic Discharge Summaries)	The final development of the system to meet internal and CQUIN expectations, has not yet been completed. While the system has been taken up by the Medical Division, roll out across Surgery and WaCH is not yet complete. This is partly driven by the need for agreement of exactly what the system will deliver and therefore how it will feature in Trust wide working practices.
Implement digital dictation system to improve turnaround time and quality of outpatient communications (CQUIN target for all within 5 days)	The digital dictation system has been procured and the IT infrastructure is in place. Over the past weeks the system has been rolled out to the first specialty, Acute Medicine. There have been a number of teething issues experienced during the first roll out and these are being resolved as they arise. Until the system is operating as expected, the roll out plan cannot be finalised, however there is still the expectation to have a roll out across all Consultants by the end of the financial year, with a subsequent roll out of Voice Recognition next year There is a risk to delivery of expected financial savings which is currently being reviewed.

Savings Summary

Year To Date	£'000
Plan	-
Actual	-
Variance	-
Forecast Out Turn for 11/12	
	£'000
Plan	188
Actual	188
Variance	0

Workstream Update

Modernising Pathways – Operational and Clinical Management

Workstream Objective	Progress and next steps
<p>Review and implement any agreed changes to the hospital's emergency response teams</p> <p>Review and implement any changes to the hospital at night / weekend staffing model and processes.</p>	<p>The set up of the Hospital 24/7 project which was expected to deliver these objectives suffered from a number of delays.</p> <p>The project group has now met a number of times and now has clarity over how it will achieve its objectives. The Deputy Chief Operating Officer has taken over the management of the project and significant progress is expected over the upcoming period.</p>
<p>Review and implement and changes to the staffing model and processes for daily site management.</p>	<p>Following the appointment of the Deputy Chief Operating Role and transfer of accountability for this team, the review of the site management practices will be carried out over the upcoming period.</p>

Exec Sponsor: Bernie Bluhm

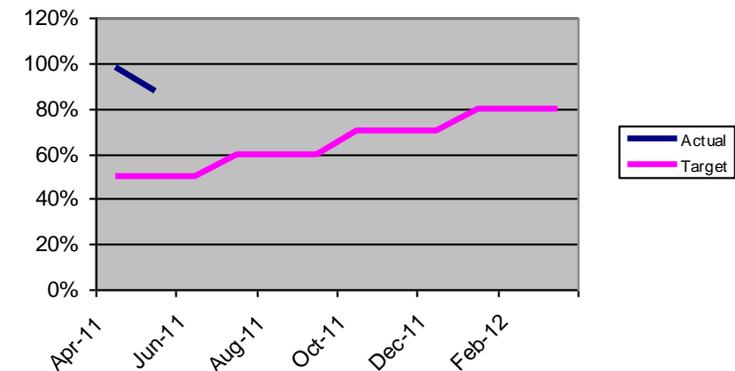
Progress Update against Objectives

Workstream Objective	Progress and next steps
Deliver CSS division savings plans as agreed in Business Planning that are not in other workstreams	YTD the workstream is £11k behind plan due to delays in implementing service changes to reduce locum pharmacy use at Crawley. This and a delay in the renegotiation of shift payments in Pathology result in a forecast under delivery of £54k. The non-award of a tender has resulted in a £51k reduction of the savings plan, however this is being mitigated on a non-recurrent basis.
Deliver CQUIN targets in relation to GP Direct Access Radiology	Both the CQUIN targets for turnaround times for GP Direct access are being met, well in advance of the timeline set in the CQUIN scheme. However, due to internal capacity issues, this is having to be achieved through outsourcing of reporting, placing a cost pressure on the service.
Implement processes and information support to control diagnostic demand.	Diagnostic information is now routinely shared with the clinical divisions and the radiology team are going to look at how this can be developed to include the ability for Radiologists to explain and challenge the data to try and control demand.
Implement processes and information support to control prescribing and dispensing activity.	With the support of KPMG, a trial across three specialties has been put in place with meetings between senior pharmacists and the clinical leads for the speciality. This has yielded significant results and will be rolled out across the rest of the Trust over the upcoming period.

Savings Summary

Year To Date	£'000
Plan	157
Actual	145
Variance	(12)
Forecast Out Turn for 11/12	
Plan	£'000
Actual	695
Variance	641
	(54)

Radiology - Non Urgent GP Direct Access within 4 days



Workstream Update

Modernising Pathways – CSS

Workstream Objective	Progress and next steps
Carry out baseline review of Pharmacy service and agree future strategic pathway.	A wider review of the Pharmacy service to include how Pharmacy will interact with a future Pharmacy tenant within the West Entrances project is yet to take place. However the decision has been made during Q1 to close the Pharmacy at Crawley hospital and this is progressing with closure due to take place later in the year.
Implement Health records improvement programme with ultimate objective of move to Electronic Document management.	<p>Significant progress has been made on the Health records improvement programme. Capital bids have been approved for the destruction of records at the outsourced provider and a significant number of records at ESH will be moved off site allowing the centralisation of all Medical records into one library to proceed.</p> <p>Capital bids were also approved for the roll out of a new bar coding and file tracking system to further increase the efficiency within the Medical Records Library.</p>
Implement process for sharing medical records with external providers	No progress has been made on this objective and this will be picked up over the upcoming period.

Workstream Update

Modernising Pathways – Outpatients

Exec Sponsor: Joe Chadwick Bell

Progress Update against Objectives

Workstream Objective	Progress and next steps
Complete the centralisation of all bookings into the Central Booking Office and review the processes within the CBO to ensure waste is minimised.	All first outpatients bookings are now centralised with the expectation of Paediatrics which is due to be resolved in July. Process mapping of CBO processes (including patient feedback on all stages of contact) is yet to be carried out. However, as part of the capital bid for Health records bar-coding, it has been agreed to develop an electronic /scanning system for processing referral letters.
Carry out a full demand and capacity review to ensure the two are matched, under-utilised clinics are reconfigured, consistent and appropriate lengths of clinic slots.	KPMG have mapped actual activity levels against templated clinic slots, showing utilisation against the planned capacity. A process has now been agreed which will result in the development of a Trustwide model for outpatient demand and capacity planning as well a complete review of all templates with challenge of slot lengths to ensure appropriate to provide a high quality yet efficient service, agreement to job plans and mapping of all resources required for each clinic.
Review and implement revised OP Nursing and support staff structure and skill mix	The main review of staff skill mix will be carried out following the demand and capacity review above. However, over the upcoming period, the management structure of Nursing and support staff will be reviewed.

Savings Summary

Year To Date	£'000
Plan	-
Actual	-
Variance	-
Forecast Out Turn for 11/12	£'000
Plan	-
Actual	-
Variance	-

Workstream Update

Modernising Pathways – Outpatients

Workstream Objective	Progress and next steps
<p>Implement a robust process for booking and charging for OP Rooms</p>	<p>Work has commenced on understanding the other users of SaSH owned / rented space and implementation of appropriate charging for non SaSH users. Horsham was initially reviewed, however lack of clarity over exact space rented has limited progress. Over the upcoming period focus is going to be diverted to East Surrey Hospital users where there is no such issue. A review of the room booking process and room management will also be carried out in the upcoming period.</p>
<p>Improve internal information in relation to OP services to ensure day to day management is optimised and productivity maximised.</p>	<p>Initial scoping of information requirements has been carried out and the scope of this objective has been increased to look at all aspects of day to day outpatient management and the interactions between the clinical divisions and the outpatients team. An upcoming steering group will be dedicated to understanding the current issues and what actions are required to provide resolutions.</p>

Workstream Update

Modernising Pathways – Medical Staffing

Exec Sponsor: Des Holden

Progress Update against Objectives

Workstream Objective	Progress and next steps
Review and update all jobs plans for consultants and associate specialists, ensuring they are fit for purpose and aligned with Trust objectives.	Medical Division Job plans are now almost complete, as are a large portion of Surgery and WaCH. The job planning process has taken longer than originally hoped and over the coming period a review of issues experienced will be undertaken to inform further development of internal skills, policy and process to ensure job plans are of the quality expected.
Implement revised process and rates for the use of temporary medical staff.	The policy for use and employment of temporary medical staff has been developed and will go to Management Board for sign off by Mid August. Rates have been reviewed and are being cross checked with the work on agency rates in the procurement workstream. The new processes, monitoring and rates will be in place by end of August. Interim measures were introduced prior to the start of the financial year.
Deliver any Medical staffing related Divisional savings plans as agreed in Business Planning (note that divisions are remain accountable for delivery)	Year to date performance is £45k adverse to plan due to the Medical staffing central target, part of which does not yet have confirmed scheme to deliver (plans are being worked up). This, and the non delivery of a WaCH saving in relation to job planning, negatively impact the forecast outturn which is offset by over delivery by a Medical Division saving.

Savings Summary

Year To Date	£'000
Plan	127
Actual	127
Variance	0
Forecast Out Turn for 11/12	
	£'000
Plan	827
Actual	847
Variance	20

Workstream Update

Modernising Pathways – Nursing and Midwifery Staffing

Exec Sponsor: Jo Thomas

Progress Update against Objectives

Workstream Objective	Progress and next steps
To embed process for reviewing ward Establishments to ensure they are appropriate for delivering safe, high quality care	During Business Planning for 2011/12 a full inpatient establishment review was undertaken using an approach that was widely accepted and understood in the Trust and can be replicated for future years.
To reduce cost and improve patient care through maximising use of permanent rather than temporary staff	Recruitment remains a key focus for all ward managers and SaSH now has some of its lowest levels of vacancies in recent years. However, ED and AMU remain issue areas and the use of escalation beds has resulted in increased levels of temporary staff usage.
To implement daily ward acuity / dependency and patient safety / quality monitoring to improve visibility of potential issues and allow resolution.	All wards are now collecting daily acuity data using the AUKUH scoring system (allows comparability nationally). However, work has yet to be completed to link this data with quality indicators to provide a daily dashboard in for use by Nursing staff.
To re-launch the National Productive Ward programme (as well as other initiatives) to increase Nurse efficiency to allow more time with patients	While the Trust had partially rolled out the programme in prior years, a vacancy in the facilitator / project manager role caused the roll out to stall. Following two rounds of recruitment a new facilitator is now in place and will be taking forward an accelerated roll out.

Savings Summary

Year To Date	£'000
Plan	191
Actual	50
Variance	(141)
Forecast Out Turn for 11/12	
	£'000
Plan	771
Actual	332
Variance	(439)

Workstream Update

Modernising Pathways – Nursing and Midwifery Staffing

Workstream Objective	Progress and next steps
To review all elements of the specialist Nurse role including job planning, activity capture, income recovery.	Resource availability has limited the ability to carry out this review. External support to accelerate this work is now being considered.
To review the bank rates and processes to ensure they are fit for purpose and support the avoidance of use of agency staff.	Process and communication issues have been identified in relation to payments to substantive staff working bank shifts. These are now being resolved and a full review of bank rates will follow later in the year.
Deliver any N&M staffing related Divisional savings plans as agreed in Business Planning (note that divisions are remain accountable for delivery)	The adverse savings position of £141k YTD and £439k FOT, are driven by non delivery of savings on the inpatient wards in Surgery and Medicine. Weekly financial planning tools have been implemented and improved budget management is being seen, however high bed occupancy and patient acuity pressure on the ability to deliver savings.

Workstream Update

Modernising Pathways – Estates and Facilities

Exec Sponsor: Ian Mackenzie

Progress Update against Objectives

Workstream Objective	Progress and next steps
Deliver E&F division savings plans as agreed in Business Planning	At Month three no issues are being experienced with delivery of the E&F savings plans.
Conclude staff car parking scheme proposal	The Trust has decided to undergo a staff engagement process which will last until the end of August. This is to allow staff to comment on the detail of the proposed implementation rather than whether the Trust will or will not charge staff to park.
Review and optimise all SaSH owned / rented estate including process for allocation of space	<p>The Trust has been unable to identify internal resource to carry out the full review of SaSH owned and rented estate. While KPMG investigated provision of support under their engagement, they did not progress this.</p> <p>SaSH have therefore put out a tender for support in carrying out this review.</p>
Ensure formal agreements are in place and appropriately managed for all estate rented from / to SaSH	The original workplan was based on the full estate review being carried out in order to inform the work required to achieve this objective. This work is therefore delayed in the same way. Due to notice periods, there was not the expectation that savings would be delivered this year, however any further slippage could risk any financial benefit for 2012/13.

Savings Summary

Year To Date	£'000
Plan	58
Actual	56
Variance	(2)
Forecast Out Turn for 11/12	
	£'000
Plan	232
Actual	232
Variance	-

Workstream Update

Modernising Pathways – Estates and Facilities

Workstream Objective	Progress and next steps
Implement revised food services provision for patients, staff and visitors	While outsourcing of catering services was being considered, the decision has been made to continue with in house provision (some of the best feedback on food services nationally is from Trusts with in house provision) and over the upcoming period a full plan is being prepared on how catering services will be improved.
Review options (and implement) patient entertainment / bedside clinical IT provision	A provider of a Patient Entertainment system presented to the Trust and the benefits for both patients and staff (system would provide Cerner and other system access at every bed) were recognised. However given constraints on capital and other resources a detailed way-forward will need to be discussed and agreed.

Workstream Update

Modernising Pathways – Procurement

Exec Sponsor: Paul Simpson

Progress Update against Objectives

Workstream Objective	Progress and next steps
Deliver central work plan of procurement savings.	<p>NHS Commercial Solutions have been providing support and delivery capacity for a central programme of £400k in year savings.</p> <p>While there have been a number of delays and issues with validating savings delivery, there has been a significant achievement in the tender and award of a contract for Prosthetic Hips and Knees with expected savings in year of £241k.</p>
Deliver any Non Pay related Divisional savings plans as agreed in Business Planning	<p>The Procurement Steering Group and approach of managing all non-pay savings through this group has proved successful in bringing all parties together to identify and deliver savings.</p> <p>The year to date performance is £17k behind plan as a result of a delay in agreeing a VAT saving in relation to a managed contract. This issue is expected to be recovered by the end of the year.</p> <p>The Forecast outturn is £47k adverse to plan as a result of one element of the theatres saving plan not being achievable. The division are continuing to review alternative methods of delivery.</p>

Savings Summary

Year To Date	£'000
Plan	197
Actual	180
Variance	(17)
Forecast Out Turn for 11/12	£'000
Plan	1,189
Actual	1,142
Variance	(47)

Workstream Update

Modernising Pathways – Income and Provision

Exec Sponsor: Paul Simpson

Progress Update against Objectives

Workstream Objective	Progress and next steps
Ensure the trust recovers all income for activity undertaken in line with PBR guidance and the Acute Contract	<p>A number of areas of SLA income were identified and changes agreed in the 2011/12 contract and are included in the Trust budget.</p> <p>In order to deliver this income a number of specific projects were identified:</p> <ul style="list-style-type: none"> ● Maternity income including OP Procedure coding and movement of Community Midwife activity to PBR. This project suffered from a significant delay and appropriate actions were not taken until May 2011 resulting in a considerable exercise to catch up. Divisional processes for management of activity input are still being refined although revised OP procedure capture forms are seeing the expected impact. ● A review of OP Procedure processes, ownership and capture was to be carried out. To date the accountability for OP procedure coding is still to be agreed and the process undertaken for review of OP Procedure forms did not yield the expected results and a more resource intensive process is now required.

Savings Summary

Year To Date	£'000
Plan	54
Actual	31
Variance	(23)
Forecast Out Turn for 11/12	
	£'000
Plan	214
Actual	170
Variance	(44)

Workstream Update

Modernising Pathways – Income and Provision

Workstream Objective	Progress and next steps
<p>Ensure provider to provider contracts are in place, owned by divisions and managed appropriately</p>	<p>Full review of Provider to Provider contracts was not achieved prior to the start of the financial year and due to internal long term sickness, as well as other external issues, full review and devolution of contracts to divisions has not taken place.</p> <p>Revised timelines to be set and resource required considered over upcoming period with core objective of reducing risk and improving management of provider to provider contracts prior to next financial year</p>
<p>Deliver any Income related Divisional savings plans as agreed in Business Planning</p>	<p>While some Income related savings have delivered, a number of divisional schemes have had to be dismissed with mitigating projects requiring identification by the Divisions:</p> <ul style="list-style-type: none"> ● Resuscitation Team income – Target income not achievable within resource ● Maternity Scan DVD Income – Scheme not achievable due to RSI issues with sonographers ● Post Birth Income – proposed contract withdrawn by external party. <p>The adverse savings position of £23k YTD and £44k FOT related to non delivery of Ophthalmology private patient income which is not being achieved due to sickness and operational pressures on the service and slippage in the Maternity Amenity Beds project.</p>

Workstream Update

Modernising Pathways – Corporate

Exec Sponsor: Paul Simpson

Progress Update against Objectives

Workstream Objective	Progress and next steps
Deliver Corporate division savings plans as agreed in Business Planning	At Month three no issues are being experienced with delivery of the Corporate savings plans. The YTD performance is £119k above plan as a result of non-recurrent actions being taken to help mitigate under delivery by other savings plans.

Savings Summary

Year To Date	£'000
Plan	68
Actual	187
Variance	119
Forecast Out Turn for 11/12	£'000
Plan	272
Actual	272
Variance	0

Workstream Update

Modernising Pathways – Organisational Development and Strategy

Exec Sponsor: Joe Chadwick Bell

Progress Update against Objectives

Workstream Objective	Progress and next steps
Review corporate governance arrangements and implement any changes to ensure in line with Monitor standards	<p>A review of the Board Structure and associated sub-committees has been completed alongside the writing and agreement of the Trust Rules of Procedure.</p> <p>Over the coming period it is planned to review the next tier of the structure (management board) with a mind to move to Service Line Management.</p>
Develop corporate and clinical strategy as well as other underpinning strategies eg workforce, IT, estates	In light of the strategic options review that has been carried out over the past 12 weeks, the development of strategies has been limited, although work has commenced on developing strategies for some of the services expected to remain in all scenarios being proposed for the future of SaSH.
Prepare for FT application	While some pieces of work including those mentioned above have been carried out, the full preparation of an FT application has been put on hold while decisions regarding the Trusts FT trajectory is agreed.

Savings Summary

Year To Date	£'000
Plan	-
Actual	-
Variance	-
Forecast Out Turn for 11/12	
	£'000
Plan	-
Actual	-
Variance	-