

TRUST BOARD IN PUBLIC		Date: 28TH January 2016 Agenda Item: 4.1	
REPORT TITLE:		2015/16 CIP & QIA In year review	
EXECUTIVE SPONSOR:		Dr Des Holden	Fiona Allsop
		Medical Director	Chief Nurse
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REPORT DISCUSSED PREVIOUSLY: (name of sub-committee/group & date)			
Action Required:			
Approval ()	Discussion (√)	Assurance (√)	
Purpose of Report:			
To update the Board on the assessment of the impact on quality and patient care of the 2015/16 Cost Improvement schemes on quality.			
Summary of key issues			
<p>This paper evaluates whether the delivery of 15/16 CIP plan have had any adverse effect on quality and patient care. It considers both schemes that did not deliver and those that did deliver a financial return and whether in either case there was an impact on quality (positive or negative). By analysing the 2015/16 CIP delivery in this way we hope to draw conclusions which may help in subsequent CIP design and delivery.</p>			
Recommendation:			
For discussion and assurance.			
Relationship to Trust Strategic Objectives & Assurance Framework:			
SO5: Well led: Become an employer of choice and deliver financial and clinical sustainability around a clinical leadership model			
Corporate Impact Assessment:			
Legal and regulatory impact	No legal breach is reported or forecast.		
Financial impact	Savings delivery impacts on the overall		

	financial position of the Trust.
Patient Experience/Engagement	No adverse impact reported or expected. All savings plans are subject to Quality Impact Assessments (QIAs).
Risk & Performance Management	No compliance issues. Risks are stated in the report.
NHS Constitution/Equality & Diversity/Communication	No compliance issues.
Attachment:	
None	

TRUST BOARD REPORT – 28th January 2016

2015/16 Quality Impact Assessment of CIPs

1. Introduction

The Trusts financial plan for 2015/16 includes a CIP target of £8.168m.

The M09 (Dec 15) summary of the CIP have been delivered to date is tabled below: -

	2015/16
	£'000s
CIP plan for year	8,168
Position @M09:	
YTD target	5,287
YTD actual	3,200
YTD variance	<u>(2,087)</u>

1. Quality and patient experience review of delivered CIP plans

To date £3,200k of savings have been delivered with £1,902k (59%) of this related to Central schemes and £1,298k (41%) to Divisional schemes.

Before being signed off, all schemes have their quality indicators reviewed by both the Medical Director and the Chief Nurse for any adverse impact on quality, safety or patient experience. The schemes are then reviewed in year as they have progressed.

2. Findings from reviews and lessons learnt

Division of Surgery

As at M09 the Division has achieved £311k saving. Of this total, clinical supplies account for 71% and medical agency 22%.

The Chief of Surgery has stated that:-

- “Clinical Supplies - this has been largely successful and is expected to deliver most of the projected savings. The items do not have a clinical impact but are about reducing waste with standard work and using cheaper alternatives. E.g. Hip prostheses, anaesthetic disposables
- Medical Agency- we have reduced our use of agency locums in most specialties and have only a consultant agency locum in ophthalmology. We still require agency

locums in General Surgery to cover gaps in the Core Trainee rota but the new rota will come into force in February will reduce that

- Non-clinical agency - this has been achieved without impact on quality.
- Private Patients - we have been unable to use the beds on Brook for private patients or amenity beds due to bed capacity problems. This has impacted marginally on patient experience.”

Division of Medicine

As at M09 the Division has delivered £122k worth of savings, of which 50% relates to clinical supplies, 30% to junior medical agency and 15% to Pharmacy agency.

As per the ADO for Medicine, there has “been no reported unintended consequences” arising from the savings that have been delivered.

The schemes with the highest scores for the quality impact assessments prior to schemes starting related to changes in the supply of drugs, particularly related to cancer care, to Boots the chemist. The risk was assessed as an 8 as the impact of supply going wrong on our reputation and on patient care was considered significant. These schemes were impact assessed after three and six months and we found no adverse effect, and a well evaluated service change by patients.

WaCH

As at M09 the Division has delivered £57k worth of savings, with 79% of this arising from Medical agency.

Some comments from the WaCH ADO:

- There are no concerns arising from the savings on quality.
- Due to the large level of Corporate schemes the process this year feels very different.
- Approximately half of planned schemes have been delivered.
- An issue relating to the use of Masimo probes has come to light. The probes appear to fall off children more easily than the previous product leading to a second probe being attached. In order to confirm the validity of the claim, a review of the spend is being undertaken to see whether an increased total number of probes has offset the cheaper unit price. No clinical impact of this has been seen.

Cancer

As at M09 the Division has delivered £56k worth of savings, with 80% of this attributable to agency.

No feedback received.

Estates and Facilities

As at M09 the Division has delivered £484k with 44% due to car park income and 22% from catering income.

No feedback received

Other schemes

As at M09 the Central schemes have achieved £1,902k saving with 51% relating to reserves, 11% on CNST improved rate due to CQC rating, 9% on contracts and 6% on improved income.

Lessons learnt include:

- Where clinical staff were unhappy with taking forward a CIP scheme, the CIP was not actioned. Issues included insufficient capacity and the inability to recruit.
- The reviews have been time consuming with difficulties in being able to find sufficient diary time.
- Successful implementation and outcomes were greatly facilitated by medical agreement.
- The review meetings have given the opportunity to have specific feedback on product changes. For example:
 - QIA 1.21 Tissue Adhesion a detailed evaluation paper was presented on the use of Derma+flex. The results of which proved that this product could be used safely and effectively for the closure of appropriate wounds with 100% patient satisfaction and no reports of pain, burning or adverse effects.
- The review meeting has also given the opportunity for project leads to ask for assistance when they have issues in implementation. For example DH 1.15 – Banning the use of couriers delivering discharge medicines
- The under estimation of lead in times for projects is still an issue, with some schemes now commencing in 2016/17.
- It is suggested that a financial review is undertaken at the end of 15/16 in order to identify those scheme types that have proved successful and those that have failed to deliver. This will help identify pitfalls and help in future planning.

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28th January 2016