

1.0 Portfolio Status Overview

Report to:	Board of Directors				
Date of Meeting:	29th October 2014				
Report Title:	Right Care Portfolio Update				
Status:	For information	Discussion	Assurance	Approval	Regulatory requirement
Mark relevant box with X	X				
Prepared by:	Stacey Hunter , Director of Operations/ Amy Whitaker, Deputy Director of Finance				
Executive Sponsor (presenting):	Bridget Fletcher, Chief Executive				
Appendices (list if applicable):					

Purpose of the Report

This monthly update report outlines the performance of the Right Care Portfolio of Programmes in Month 6 (September 2014). It focuses on the Financial profile of all the programmes that make up the Portfolio, alongside a programme by programme update of key actions in the activity period. As this is a quarterly report to the Board there is also a specific case study of one of the service transformations in the Improving Patient Flow and Transform Programme.

Key points for information

The overall CIP performance in September, excluding CIP contingency, is £738k behind plan which is an improvement on the forecast position of £114k driven primarily by Improving Theatres & Acute Surgery, Improving Outpatients, and Digital Care. Improving Patient Flow & Transform is showing the most significant deterioration to forecast due to the opening of contingency beds. Overall CIP has improved and is now delivering above forecast enabling delivery within the contingency set aside.

The year-end forecast is projected to achieve £5,858k against a plan of £7,290k. This is £110k better than forecast.

The position will continue to be monitored until the gap is closed on a recurrent basis.

Recommendations

- (i) The board are asked to note the performance of the Right Care Portfolio of Programmes.

Programme:	CIP Target 14/15 (k)	CIP target (YTD)	CIP Delivered (YTD)	CIP Variance	Status to		
					Plan Delivery	Quality and Safety	Finance
Improving Patient Experience	N/A	N/A	N/A	N/A			N/A
Improving Patient Flow, Transform and Outpatients	1,300	568	215	(353)			
Improving Theatres and Acute Surgery	550	266	352	86			
Digital Care	500	235	0	(235)			
Workforce	1,000	496	297	(200)			
Estates	800	235	399	164			
Improving Corporate Services	600	283	347	65			
Tactical CIPs	2,540	1,135	869	(265)			
Total	7,290	3,218	2,480	(738)			

1.1 Executive Summary of Portfolio Progress

The Portfolio position as at the end of month 6 is the delivery of £2,480k against target of £3,218k, an adverse variance of £738k. This is £114k better than the expected position and gives a year end forecast position of £5,858k against target of £7,290k, which is a year-end adverse variance of £1,433k. Overall at year end this represents £110k improvement to the original forecast. The forecast achievement is an improvement of £431k on last month's forecast due to:

- Additional income relating to RTT funding, improved Agency premium savings, and a detailed review of expenditure in Improving Theatres & Acute Surgery (£191k);
- Improvements in Ophthalmology income in Outpatients (£22k);
- Increased savings relating to MARs in Workforce (£97k);
- Improvements in Corporate following a detailed expenditure review (£138k);
- Increased income in Diagnostics (£69k).

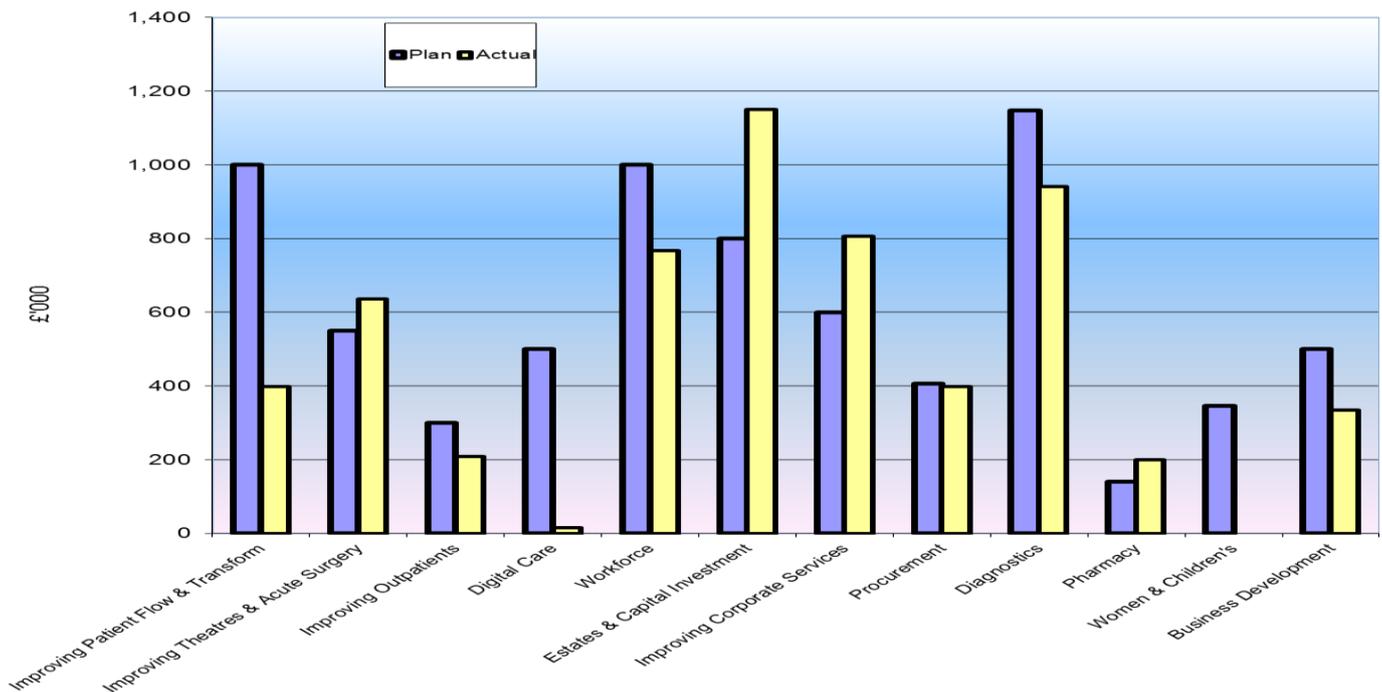
This is offset by deterioration in Patient Flow & Transform, Estates and Business Development.

As reported last month, the external company KM&T commissioned by the Portfolio Board, has continued to review the portfolio of programmes, provide support and strengthen delivery moving forwards. Key recommendations from their initial review were as follows: -

- Implement a visual PMO - to enable the programme teams to deliver effectively, manage interdependencies and raise risks/issues for escalation to the exec in a timely way to maintain delivery on schedule
- Develop the metrics and targets to track progress across all the benefits and potential impact on risks (typically quality, cost, delivery and people: staff and patients)
- Use the existing prioritisation tool to identify the 'vital few' work streams and prioritise the workload given there are over 90 work streams at present

In response to this the Execs agreed the implementation of a cross programme weekly meeting chaired and led by a Clinical Director to ensure timely interventions to maintain the pace of delivering the required service changes. This will commence in November 2014.

2.0 Portfolio Financial Performance inc Tactical CIPs



	Savings to Sep-14 (to date)			Forecast to end of 2014/15			Forecast WTE Reduction	Original Forecast for Contingency to Sep-14		Original Forecast for Contingency to end of 2014/15	
	Target	Achieved	Variance	Target	Forecast*	Variance		Forecast	Variance	Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000		£'000	£'000	£'000	£'000
2 Improving Patient Flow & Transform	454	154	(300)	1,000	399	(601)	36.00	245	(91)	582	(183)
3 Improving Theatres & Acute Surgery	266	352	86	550	636	86	-	266	86	550	86
4 Improving Outpatients	114	62	(53)	300	209	(91)	-	23	39	190	19
5 Digital Care	235	0	(235)	500	15	(485)	2.60	(39)	39	(47)	63
6 Workforce	496	297	(200)	1,000	767	(233)	2.00	287	10	670	97
7 Estates & Capital Investment	235	399	164	800	1,151	351	3.00	416	(17)	1,163	(11)
8 Improving Corporate Services	283	347	65	600	806	206	3.48	317	31	668	138
9 Procurement	213	209	(4)	406	399	(7)	-	219	(10)	419	(20)
10 Diagnostics	524	382	(142)	1,148	942	(207)	2.70	390	(8)	880	61
11 Pharmacy	85	141	56	140	200	60	-	106	35	182	18
12 Women & Children's	153	0	(153)	346	0	(346)	-	23	(23)	87	(87)
13 Business Development	160	137	(23)	500	334	(166)	-	112	25	404	(70)
Trust Total	3,218	2,480	(738)	7,290	5,858	(1,433)	49.78	2,366	114	5,748	110

3.0 Programme Reporting

Programme Reporting – Improving Patient Flow, Outpatients and Transform

Status to	Plan Delivery	Quality & Safety	Finance

Performance in Period – By Exception

Flow

- The efforts via the discharge work stream have yielded an increase in the number of patients discharged by 1pm from 20% average to 28% which has enabled delivery of the CQUIN for quarter 2 associated with this.
- Review work with KM&T to assess the status of the current programme and identify what further support is required is underway. It has been established that better Information support is needed and project leads need to scope their work streams and agree KPI's over the coming months.
- The go live for the single point of access Intermediate Care Hub had been pushed back to November due to internal operational concerns from the Local Authority partner that are currently being addressed by them.
- Schemes identified for 15/16 and 16/17 are being reviewed with the aim of closing financial gaps, this will be achieved by defining the scope of the individual schemes in detail and the exploration of what is needed to succeed.
- Non-elective demand has continued to put pressure in the system and requiring escalation beds on Ward 1 over and above the planned 18 which is causing financial pressures to the programme/medical group

Outpatients

- Utilisation reports for Outpatients still not received consistently which needs to improve to support productivity measures
- Insufficient project resource is currently an issue and preventing the work being progressed at pace – resource has been identified – recruitment to post on-going at time of report
- Self-check-in and call reminder services are being progressed via procurement. Group now progressing detailed implementation plans
- Outpatient's technology work is progressing although there are number of activities that require Cisco (suppliers of the technology) and TPP (providers of SystemOne) to work through. The LAN (Local Area Network) infrastructure has been tested and it is possible to do a Telemedicine consultation from anywhere in the building. Issues that need resolving surround licencing costs/prices and that there is currently no virtual waiting room. Talks with Cisco are on-going with regards to them enquiring about them coming to site in order to progress these elements.

Key Programme Risks and Mitigation

- Non- elective demand continues over and above plan requiring escalation beds to be open – in real terms of the planned reduction of 20 beds have achieved average reduction of 12 beds July –September 14. Adverse impact on the planned savings
- Nursing agency spend over and above planned levels – underlying issue of registered nurse availability for substantive posts and for nurse bank hours
- Continued focus across the programme and medical group on how to pull back the nursing spend to budget

- Focused discussions with the CCG re the Non-Elective Marginal tariff of 70%

Financial Assurance

Annual Plan (£k)	YTD Plan (£k)	Delivered (£k)	Variance (£k)
1300	568	215	(353)

Programme Reporting – Improving Theatres and Acute Surgery

Status to	Plan Delivery	Quality & Safety	Finance

Performance in Period – By Exception

- An E-Rostering/Rota business case was presented to the surgical Directors Assurance Group (DAG) for a 1 year trial in Anaesthetics.
- On the day cancellations are currently meeting the target for quarter 2 through the weekly session planning meetings. A productivity audit continues regarding the start and finish times of lists, overruns and impact on both afternoon lists and out of hour's Acute's.
- Away Day for theatres held in October – attended by Medical Director and Executive Director for Business Development to hear directly from staff re challenges and opportunities
- Theatre teams supporting additional activity as part of the 18 week RTT monies
- Work regarding the detail of the transformation projects for 15-16 and 16-17 is currently being scoped in detail and is being led by the MD. As for all programmes, these will be reviewed by the CEO 28.10.2014.

Key Programme Risks and Mitigation

- No dedicated project resource for programme
- Escalated to Executives – October 14 to agree a plan

Financial Assurance

Annual Plan (£k)	YTD Plan (£k)	Delivered (£k)	Variance (£k)
550	266	352	86

Programme Reporting – Digital Care

Status to	Plan Delivery	Quality & Safety	Finance

Performance in Period – By Exception

- E-discharge testing was completed and communications issued to primary care to enable the pilot to Go Live on Ward 7 on the 22nd September and this is being monitored by the project lead.
- Electronic Prescribing and Medicines Administration (EPMA) - : E-discharge formulary in place. Code modules for EPMA formulary creation were delivered on 25th September and are now subject to testing. The timeline needs to be rebased lined and the options regarding resourcing the formulary build need to be considered.
- The Therapies document had been signed off and an initial meeting with Central Support Unit

(CSU) has taken place regarding the build which will continue to progress, along with the production of a benefits plan.

- A Paper Light (Electronic Digital Medical Record - EDMR) Brief is to be submitted to the next Programme Board regarding nursing documentation.
- An experienced Charge Nurse from the Emergency Department (ED) with an interest in Digital Care has been recruited. This should allow the programme to continue to deliver at the pace needed.

Key Programme Risks and Mitigation

The need to recruit permanent/long term training posts has been escalated to Executive level. There is concern that the expenditure of external monies is behind schedule which is part related to the lack of TPP resource and Service Requesting. The Business Development Director is currently working through options to mitigate this risk.

Financial Assurance

Annual Plan (£k)	YTD Plan (£k)	Delivered (£k)	Variance (£k)
500	235	0	(235)

Programme Reporting – Workforce

Status to	Plan Delivery	Quality & Safety	Finance

Performance in Period – By Exception

- Recruitment is underway for the Advance Nurse Practitioner (ANP) following confirmation of funding from Local Education and Training Board (LETB).
- A position paper on future workforce design has been prepared. The Terms of reference for the Workforce Development Group to manage the Workforce Design Work streams has been developed with the first meeting planned for October.
- The Pay Protection Policy has been revised following further discussions with the Unions although there is a risk that there may be a failure to agree with staff side and unions. The message regarding Paid Breaks is to be communicated to Trust Staff with a 1 November implementation date.
- The Health Care Support Worker Code of Conduct has been approved by Nursing and Midwifery Leadership Group (NMLG) and staff have commenced the Certificate of Continuing Education in Professional Support at Bradford University to prepare for level 4 roles.
- Following the launch of the Pride of Airedale Awards 6 awards were made at the staff open day and 2 at September Comms. October has continued to see a positive response regarding the number of applications against awards.
- The Job planning framework has been agreed at Joint Local Negotiating Committee (JLNC) and a Talent Management approach is being prepared for Board Appointments and Terms of Service Committee (BART).
- Future key activities - development of options appraisal for e-Rostering and the completion of the Mutually Agreed Resignation Scheme (MARS).

Key Programme Risks and Mitigation

Nothing new to report

Financial Assurance			
Annual Plan (£k)	YTD Plan (£k)	Delivered (£k)	Variance (£k)
1000	496	297	(200)

Programme Reporting – Estates

Status to	Plan Delivery	Quality & Safety	Finance

Performance in Period – By Exception

- The Emergency Department rebuild is now 74% complete although delayed by 21 days.
- Security contract tender is now completed. A Porting and Domestic service review is underway and MICAD software has been purchased. Currently seeking retrospective historical costs for nursery overcharges with Sodexo.
- Sustainability – Combined Heat and Power (CHP) has gone live. The Waste Partner audit has been received with review still to take place. Washer disinfection testing is to be brought in house in September.
- As part of the Estates Transformation there are a number of key activities that have taken place
 - The Main Entrance Shop refurbishment has commenced in October
 - The Estates Strategy Narrative has been delivered to the October Board and a Capital Plan for 15/16 created.
 - The continued internal moves as per the Estates Transformation programme to consolidate the continued use of the site.

Key Programme Risks and Mitigation

Nothing new to report

Financial Assurance			
Annual Plan (£k)	YTD Plan (£k)	Delivered (£k)	Variance (£k)
800	235	399	164

Programme Reporting – Improving Corporate Services

Status to	Plan Delivery	Quality & Safety	Finance

Performance in Period – By Exception

- The Corporate Services Design workshop took place on the 27th August to identify the scope, objectives and deliverables of the Corporate Directorate Workshop Event to be held on 30th October 2014.
- The identification of the range of business process activities across each corporate department is continuing and will be fully completed for the Corporate Design Workshop (30th October 2014).

- Benchmarking, on-going analysis and assessment of the benchmarking data of final areas is also continuing, there are no obvious leads to further opportunities as the vast majority of service are within the lower quartile.
- Shared service discussions are on-going with potential partners.
- The further identification of non-recurrent savings and current vacancies and the transfer of departmental under spends to a corporate reserve is a key activity planned for the next period.

Key Programme Risks and Mitigation

Nothing new to report

Financial Assurance

Annual Plan (£k)	YTD Plan (£k)	Delivered (£k)	Variance (£k)
600	283	347	65

4.0 Transformational Spotlight

Transformation Spotlight- Improving Patient Flow

Executive Sponsor	Stacey Hunter	Specific Report	Intermediate Care Hub (IC-Hub)
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Opportunity

Implementation of the Intermediate Care Hub.

In April 2014 the AWC commissioners indicated their intention to support an alternative way to access Intermediate care services, in partnership with health and social care colleagues, supported also by the voluntary sector. The vision being that it will provide a single point of entry into intermediate and rehabilitation care services across Airedale, Wharfedale and Craven that enables professionals to arrange the right care for urgent and non-urgent referrals, helping to prevent avoidable hospital admissions and effectively manage long-term conditions in the right place at the right time. The premise was based on improving access to intermediate care services from all agencies, by providing this single point of access 24/7. One of the key dependencies for this to work was for the acute trust to work in partnership with social care and agree a model of care. The 'go-live' date is the 10 November, and the IC-Hub will be based in the Tele-health hub at Airedale NHS Foundation Trust

Intervention

The Key steps undertaken by the Programme Team were:

1. Consultation period during March and April with referring practitioners and intermediate care providers. Aims – to provide an opportunity to understand any issues emerging with access to the intermediate care services. To also facilitate dialogue between referrers and providers to understand the role of the services. This was led by AWC commissioners, supported by Directors of health and social care.
2. Activity monitoring during June and July, of the referrals into intermediate care services, including the number of referrals during out of hours periods
3. Design team established to agree the model of service. All organisations were represented at the design team and regular meetings established with a project plan. Proposals accepted by members of the TIG.
4. Workforce review team also established to explore how the IC-Hub could be staffed effectively from the current resources, exploring skill sharing and cross boundary working.

5. Mapping events were held, led by members of the design team, to understand how the different services received the referrals, and the differing response times.
6. Referral documentation produced in draft for all providers of intermediate care services to agree as a single document.
7. Communications event held at Airedale NHS Foundation Trust with referrers and providers of intermediate care services.
8. Interim IC-Hub co-ordinators in post, a shared role led by senior worker from social care and senior therapist from health.

Impact

Key benefits expected from this implementation :

1. Reduced LOS in medicine, surgery and orthopaedics as the patients will no longer await assessment prior to being admitted into an intermediate care bed. There will be an expectation that the referrer will ensure that the patient is medically stable to move to intermediate care and the correct information will be provided.
2. Improved utilisation of intermediate care beds by the IC-Hub monitoring flow out of the services.
3. Improved discharge practices by having a single point of access for intermediate care services. Current situation is multiple forms for referral depending on which service and an assessment prior to acceptance.
4. Improved patient experience by managing patient expectations in relation to the discharge process into intermediate care, and also what to expect from the intermediate care teams.
5. Improved efficiencies by the reduction in duplication of work with the current multiple referral points.

Challenges:

- Quality of the patient assessment and information at point of referral
- Allocation of staff from existing teams, currently bound by existing terms and conditions of employment.

