

CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST

EXECUTIVE BOARD - 5 JUNE 2014

BALANCED PLAN - APRIL 2014 PERFORMANCE

Overview

Following the Strategic Planning Workshop on the 28 April 2014, 10 schemes have been identified to deliver cost reductions of £13.45m in 2014-2015 against a savings target of £20m in 14/15 and £19m in 15/16.

This report updates on progress in these schemes. This report includes a risk log against the Balanced Plan and identifies potential additional schemes to close the gap between £13.45m plan and £20m savings target in 14/15.

WEB is asked to note progress and risk management in place for April 2014.

WEB is asked to support further work being undertaken on the additional schemes required to close the gap.

Summary

Of the 10 workstreams, 8 are being delivered through 8 Workstream Delivery Groups (WDG). 2 workstreams are part of Divisional Housekeeping and the existing PMO Schemes. 8 of the WDGs has a 'Plan on a Page' outlining scope of the workstream and key actions/issues. Please see attached. Each Scheme has completed a Quality Impact Assessment.

Equality Impact Assessments are being undertaken and will be reviewed by the Trust's Equality and Diversity Group for advice and approval at its next Meeting in September 2014.

As the workstreams develop, each individual element of each Workstream, will undergo a separate quality impact assessment prior to implementation, as agreed with the Medical Director and Nursing Director respectively, in order to minimise the risk of adverse impact on quality or performance of these workstreams.

The Balanced Plan below shows the 14/15 and 15/16 financial savings each scheme will deliver. Given the timescale for operational delivery, many of these cost reductions are weighted towards quarter 2/3 onwards in 2014-2015, with anticipated savings part year having a part year effect. However, it is expected that in-year actions to manage expenditure within budget within each Division will be visible particularly from May 2014 onwards.

Each Workstream Delivery Group will be supported by 'Working Together to get Results' facilitators to strengthen staff engagement and involvement in each of the workstreams. Efficiency Programme Board will maintain both a financial and workforce tracker to ensure delivery of the Balanced Plan.

A Balanced Plan 'Toolkit' Information session has been shared with colleagues who will be working as part of the workstreams.

**Calderdale & Huddersfield NHS FT
Delivering a balanced plan 2014/15**

Workstream name

Delivering a balanced plan 2014/15 - EPB Summary

Workstream

Ref No.	Workstream name	Workstream lead	Start date	End date	Month performance (RAG)	Original financial target (£k) 2014/15
1	Workforce - Medical	Julie Barlow	01/04/2014	31/03/2014	A	£700
2	Workforce - Nursing	Juliette Cosgrove	01/04/2014	31/03/2014	A	£500
3	Workforce - Non-clinical	Emma Livesley	01/04/2014	31/03/2014	A	£1,180
4	Pay reform	Kristina Arnold	01/04/2014	31/03/2014	A	£750
5	Divisional Housekeeping	All ADD/ADF's	01/04/2014	31/03/2014	G	£2,250
6	Estates	Sue Burton	01/04/2014	31/03/2014	A	£200
7	Efficiency review and Length of Stay	Sajid Azeb	01/04/2014	31/03/2014	A	£1,980
8	Non-profitable services review	Kristina Arnold	01/04/2014	31/03/2014	A	£90
9	Efficiency Programme Board	Stuart Baron	01/04/2014	31/03/2014	A	£4,800
10	Critical review of non-adding value posts	Juliette Cosgrove	01/04/2014	31/03/2014	A	£1,000

Risks

1. The cost saving identified does not materialise by the planned date. Mitigating action will be for workstream delivery group leads to identify alternative sources of expenditure reduction.
2. Unforeseen consequences of workstream actions may impact on quality or performance. Close monitoring of performance and quality to identify and address any unforeseen consequences.
3. Adverse impact of staff morale arising from work to deliver a balanced plan. A staff engagement plan is being developed as part of the work of the EPB.

Proposed Additional Schemes to Close the Gap

1. Identify opportunities to attract additional orthopaedic income. Work with the Commercial Team to complete a scoping exercise
2. Attract appropriate income from overseas visitors to the Trust
3. Explore opportunities for private patient income

Mags Barnaby
Director of Operations

Scope of Service Delivery Group - Workstream no: 1 – Medical Workforce

BACKGROUND

- 13/14 there was a high level of non-contracted spend on medical staffing resulting in significant overspends
- There are significant gaps in establishment filled by temporary agency and locum staff
- future recruitment at SpR and junior level presents challenges in some specialities
- There is a need to explore new ways of remunerating activity peaks to meet mandatory targets

OBJECTIVES

- By improving use of internal locums and reduced reliance on agency staff to improve safety and quality of patient experience
- By improving controls on non-contracted spend to achieve a maintained level of spend within budget
- To create new ways of remunerating extra demand and activity
- To consider new roles to mitigate loss of junior staff

DELIVERABLES

- Standardise internal locum rates paid to make more attractive for our own doctors and as a result reduce agency demand – Proposals to CRF and WEB in June
- Implement controls on agency and locum recruitment at divisional level by end of May
- Systematic and standardised approach to job plans – plans in place by end of May, all job plans reviewed and standardised by Dec 14
- By improving productivity in theatres and out patient's, endoscopy and radiology reduce the reliance on WLI by 10 % in Divisions of surgery, medicine, and radiology- monitoring systems in place by end of May
- Review all current locum and agency appointments in post for more than 3 months – end of may
- Learning from other organisations design new methods of remuneration/reward for no contracted activity

SCOPE

Includes – Non contracted activity and spend with all grades of the medical workforce.
Includes standardised approach to job plans – but all within national guidance and terms and conditions
Includes designing new ways of remunerating medical colleagues

KEY MILESTONES

May 14– controls and trajectories in place at Divisional level
June 14 – proposals to WEB and CRF
Sept 14 – proposals on new methodology, for implementation April 15

PROJECT ORGANISATION

ADD – Julie Barlow
DD –Ashwin Verma
Senior nurse – Jackie Murphy
Finance – Jo Hardcastle / Kirsty Archer
HR – Claire Wilson
Executive Sponsor Julie Dawes
Weekly meeting – remotely if needed

RISKS

Acute activity demands for doctors outstrips budget and controls not tight enough
Uptake of internal locums is not enough to reduce agency spend
Gaps in rotas cause addition risk into the services

Scope of Service Delivery Group

Workstream no:2...

BACKGROUND

There is some efficiency identified in the N&M workforce that will not compromise the safe and effective delivery of care. There is a larger scheme focussing on the entire workforce. These are 2014/15 opportunities.

OBJECTIVES

£500k savings

Review effectiveness of the N&M workforce

Identify the contribution of the N&M workforce to non-direct clinical care and non-clinical care

DELIVERABLES

Improved use of technology leading to safer care

Releasing clinical staff to perform clinical duties as oppose to non-clinical duties

Reducing reliance on staff not employed directly by us leading to safer care

SCOPE

Review of structure to support effective patient flow

Reviewing roles and grades of identified specialist nurse groups and senior nurse groups

Review of use of non-contracted pay spend

KEY MILESTONES

Review of patient flow structure to release approx. 23 WTE band 5 backfill costs date TBC

Review senior nurse posts 30th June Stop annual overtime spend community midwifery 30th June

Re-band 8 band 7 posts 15th September

PROJECT ORGANISATION

Delivered through N&M workforce Group, chair Director of Nursing, manager Juliette Cosgrove/Jackie Murphy, AND's, HoM, Philippa Russell finance, Charlotte Baldwin HR

RISKS

Double counting savings

HR processes cause delay to implementation

Staff redeployed to cover gaps in safety and effectiveness

Scope of Service Delivery Group

Workstream no:2...

BACKGROUND

There is an opportunity to improve workforce productivity by increasing direct clinical contact time and not increasing workload of the workforce thereby releasing posts. This was part of the SOC plan where these posts would then have been reinvested in 7 day working.

OBJECTIVES

Identify what the project is going to achieve
5% efficiency in the Therapy Workforce (physio, OT, SALT, podiatry and dietetics). This will release 22 WTEs.

DELIVERABLES

The tangible outcomes delivered as a result of the project should be inserted here: try to identify quality based criteria to explain them
22 WTE's

SCOPE

Review job plans for each profession from grades 5-8a (clinical) to identify capacity
Baseline current clinical contact to establish current demand
Identify posts where capacity can be increased
Identify posts to be released

KEY MILESTONES

Job plan review; 25% 31st May, 50% 30th June, 100% 31st August
Demand review; data collected 30th June, analysis 31st July
Posts identified; ? posts currently vacant, other posts 15th September

PROJECT ORGANISATION

This section should identify the Project Sponsor, Project Manager, Project Team, BDO's,

RISKS

Inability to redeploy people in posts identified as being releasable
Fails to meet an identified risk in current waits to access the service (patient complaints)
Lose staff required to deliver SOC

Scope of Service Delivery Group

Workstream no: ...3

BACKGROUND

Background information giving context to the project should be inserted here: why is it being done now? Why are we doing it?

Non clinical staff play a vital role in delivering good quality patient care. The adoption of new technologies, innovation and automation in addition to and as a precursor to an EPR, will radically change the way people work and take the organisation into a paper light environment. The Trust has been successful in securing funding for this type of change and will be committed to existing delivery timescales. A successful completion of this redesign work will ensure the organisation is future proofing its workforce to deliver against key strategic changes delivering more care into the community, servicing new facilities such as

OBJECTIVES

Identify what the project is going to achieve

The successful adoption of new information technology and innovation that enables a redesign of the way, and how, non clinical staff work to deliver services.

To ensure benefits from each scheme/ project are captured, monitored and effectively realised to deliver greater efficiency.

To ensure that outsource tenders for estates are delivered to time and scale.

DELIVERABLES

The tangible outcomes delivered as a result of the project should be inserted here: try to identify quality based criteria to explain them

The implementation of Voice recognition and related changes to workforce – a reduction in current headcount. The out source of estates and immunology services will see a reduction in headcount and reduction to overall operating cost base of the organisation.. Review of outpatient staffing in preparation for the opening of Acre Mill will streamline new roles in utilising new technologies, avoiding duplication and repetition.

SCOPE

Some bullet points around what the key areas to be included within the project should be inserted

Voice recognition and reduction in admin roles, Community Admin review

IM&T projects which will improve efficiency Outpatient staffing review

Tendering opportunities and skill mix in Estates and Pathology

KEY MILESTONES

Completion of QIA – May; Set up Project Board - May,;
IM&T projects reviewed and better scoped – June;
Completion of Outpatient review and consultation period – October
Tendering projects as per contractual delivery – to be confirmed

PROJECT ORGANISATION

This section should identify the Project Sponsor, Project Manager, Project Team, BDO's,

Exec sponsor – John Rayner, ADD / Project Manager – Emma Livesley, DD – David Birkenhead, Finance lead – Chris Benham, HR lead – Jason Eddlestone, Clinical lead – Mike Culshaw + nurse representative where appropriate. Delivery work streams in the form of working parties / and existing operational groups will support and report into the Non Clinical Delivery Board

RISKS

Many projects are working in partnership with suppliers and other providers who will need to be held to account. A number of the projects will reduce headcount. Redundancy costs of staff have been considered outside the scope of this work if needed.

Scope of Service Delivery Group - Pay Reform

Workstream no: 4

BACKGROUND

Background information giving context to the project should be inserted here: why is it being done now? Why are we doing it?

The project task was to identify ways of ensuring that the way in which individuals are paid were aligned to the objectives of the organisation and the strategic direction of the organisation.

OBJECTIVES

- Pay will be supportive of the Trusts strategy to support 7 day working
- Savings of £950k recurrent funds through utilising Saturday enhancement rates for both Saturday and Sunday
- Saving of £590k by reducing pay for long term sickness

SCOPE

The scope of the project will affect all agenda for change paid staff for the Saturday and Sunday rates.

Long term sickness changes should affect all staff with the exception of medical staff whose terms and conditions are subject to national review

KEY MILESTONES

Agreement on the process with P&D colleagues
Discussions with staff side representatives
Consultation process
Agreement of consultation outcome
Implementation of the outcome

PROJECT ORGANISATION

Project sponsor – Julie Hull. Project Manager – Kristina Arnold
Individuals on the project team: Martin Debono, Jason Eddleston,

DELIVERABLES

The tangible outcomes delivered as a result of the project should be inserted here: try to identify quality based criteria to explain them

£950k recurrent annual reduction in spend on enhancements against the 2013/14 baseline, by 2015/16

A £590k recurrent annual reduction in spend on long term sickness spend against the 2013/14 baseline by 2015/16

RISKS

- Deterioration in staff side relationships
- Deterioration in staff / employer relationships and effect on moral
- Effect on the quantity and quality of job applications received by the Trust

Scope of Service Delivery Group

Workstream no: 6

BACKGROUND

CHFT is required to deliver a CIP of £20m in 2014/15 and £19m in 2015/16. Any opportunities developed will be required to support and dovetail into the work of the SOC. There is a requirement to work together to generate actions and deliver the required result of a balanced plan for 2014-2016.

OBJECTIVES

In the short term we will focus on the opportunities on the HRI campus to reduce the estates footprint thereby releasing costs to achieve the CIP, and achieve improved space utilisation.

Undertake a quality and equality impact assessment to support each scheme.

Reduction in utility costs associated with the removal of the laundry but also wider energy saving opportunities £100k in 2014/15

Develop agile working within community to free up leased premises for office accommodation £100k in 2014/15

Closure of the nurses home and relocation of services as appropriate within HRI or Acre Mill £360k in 2015/16

Closure and sale of Acre House and associated properties on Acre Avenue £100k in 2015/16

Closure and sale of PRCHC with relocation of services to alternative town centre premises £140k

Review space on the HRI site within the Laundry, Dining room, DATs building.

For the medium longer term

Development of a system wide estate strategy which focuses on the wider health economy, especially the need for community development

Ensure an understanding of the estate requirements for the SOC and the impact of the funding requirements

Delivery of the target savings in 2014/15 and 2015/16

Wider ownership of estate and capital implications for the short and medium term

SCOPE

Estate is an enabler for change, not change itself. It needs to create the art of the possible thinking to facilitate change in service delivery.

The delivery groups key principles are:-

- Supporting and facilitating change
- Raising the profile of estates so it is considered by Clinical divisions in all decision making, from a quality and cost perspective
- Develop engagement with services whilst managing expectations in the context of the current financial environment
- Striking the right balance between democratic decision making and a more direct approach when required.
- Encouraging a go see approach to how other organisation utilise their estate to support service delivery

KEY MILESTONES

By Sept 2014 clarity on capital and estate plan

By July 2014 clear plan on community services vacating properties

By Dec 2014 view of utilities savings with the Laundry

PROJECT ORGANISATION

Exec sponsor – Lesley Hill

Divisional Director – David Birkenhead

ADD – Sue Burton

Senior Nurse – Janet Powell

Finance lead – Kirsty Archer

HR Lead – Azizen Khan

RISKS

Appetite of services to work in a different way

Ability to find alternative accommodation for services – nurses home and PRCHC

Laundry operational plan not delivered

Scope of Service Delivery Group

Workstream no: 7

BACKGROUND

The need to ensure an appropriate bed base within CHFT is crucial. Work undertaken through existing trust schemes such as Care of the Acutely Ill Patient and the Courage to Put the Patient First programme have highlighted the link between patient safety, efficiency and the optimum bed occupancy level. The trust has also had transformational scheme enablers to reduce the bed base. This work stream will aim to improve efficiency / LoS, standardise occupancy and seek to deliver improved care, reduced reliance on temporary nursing and delivery of CIP.

OBJECTIVES

The project will aim to ensure a 90% occupancy level across the adult bed base in this way ensuring patients can access the right bed at the right time.

Significant improvement in LoS and Daycase rates in order to ensure that we are best in class nationally

The reduction of inpatient bed base will allow cash release and redeployment of staff to assist with nurse : patient ratios.

Develop reduced bed base which includes a planned winter fluctuation.

DELIVERABLES

- Improvements in patient care and clinical outcomes (patient admitted to correct bed base, zero outliers)
- Improvements in patient experience (No non-clinical transfers of patients from one ward to another due to bed pressures)
- Improvements in efficiency (Eradication of non-value adding time leading to a revised bed base)
- Improvements in performance (no patient flow issues leading to consistent compliance with A&E 4 hour standard and 18 week RTT)
- Improved access to social care
- Delivery of CIP.

SCOPE

- All adult beds across CWF (Gynaecology), Surgery and Medicine
- All beds within the above across both CRH and HRI
- Excludes maternity and paediatric beds
- Review best use of Patient flow, CHS, Discharge coordinators & visual hospital resource

KEY MILESTONES

- 66 Bed reduction from October 2014
- 44 Bed reduction 15/16

PROJECT ORGANISATION

- Project Executive: Mags Barnaby
- DD Lead: Julie O’Riordan / Martin Debono
- ADD Lead: Sajid Azeb
- Nursing Lead: Lindsay Rudge
- Finance Lead: Donna Cassidy
- THIS Lead: Julian Bates

RISKS

- Impact on performance 4 hour target in patient flow is not maintained
- Inability to meet required CIP if bed reduction not delivered.
- Staff engagement?
- Social Care?

Scope of Service Delivery Group – Non Profitable Services

Workstream no: 8

BACKGROUND

Level 3 services as defined by the horizon scanning report are those which are not essential to the survival of the organisation. For that reason it is important that these services deliver at least a breakeven financial position for the Trust. By reviewing those services that are making a loss they can be retained and enhance the position of the wider organisation. Furthermore a review of CHFT overhead costs and the identification of development opportunities will enable the trust to develop a process by which it can begin to pursue its commercial strategy.

OBJECTIVES

- Ensure all level 3 services at least breakeven to support the financial position of the Trust
- Ensure all services are based on a financially sound footing and are commercially viable
- Reduction in expenditure by £90 recurrent against the 2014/15 SLR position, excluding savings made elsewhere in the balanced plan
- provide a benchmark of CHFT overhead costs
- Identify development opportunities

SCOPE

Some bullet points around what the key areas to be included within the project should be inserted

Only services considered to be level 3 services from the balanced plan are included in this project. Level 2 and level 1 services are out-with the scope of this project.

KEY MILESTONES

- Set meetings up with each loss making service to understand the SLR position
- Identification of possible solutions to bring the service back into balance
- Implementation of each solution
- Methodology for benchmarking overheads agreed
- Other organisations signed up to the completion of the benchmarking process
- Benchmarking report completed and recommendations identified
- Benchmarking report submitted to WEB for consideration
- Process identified for identifying development opportunities and a decision making process to sift through available opportunities.

DELIVERABLES

The tangible outcomes delivered as a result of the project should be inserted here: try to identify quality based criteria to explain them

- All level 3 services hold a breakeven SLR position by the end of March 2015/16
- All level 3 services are competitive in relation to value for money and quality of service provided

PROJECT ORGANISATION

Project sponsor: Anna Basford Project Manager: Kristina Arnold

Alex Hamilton, Jacky Murphy, Helen Wells and Charlotte Baldwin

RISKS

- Double counting of savings with other cross cutting schemes. Therefore the schemes need to be carefully monitored
- Risks associated with outsourcing of services e.g. TUPE risk

Scope of Service Delivery Group

Workstream no:10...

BACKGROUND

This is review of all posts within the organisation with the purpose of identifying those posts that are not critical to direct care and treatment and are not critical to “keeping the base safe” with the intention to reduce a number of those to release £1,000k of savings, approx. 33 posts FYE.

OBJECTIVES

Review all posts within the organisation.
Implement a vacancy control process.
Identify posts that can safely be released.

DELIVERABLES

Vacancy control process in place to cover both recruitment and non-recruitment to vacancies
£1,000k savings

SCOPE

All posts within the organisation that are not currently under review by a CIP work stream.

KEY MILESTONES

Initial review of posts by divisions 3rd June
Further review dependent on results of first review including setting up group to ensure parity across divisions 15th June
Vacancy control process in place 3rd June

PROJECT ORGANISATION

Julie Hull exec lead, Juliette Cosgrove ADD, Ashwin Verma DD , Anne-Marie Henshaw nursing lead, Claire Wilson HR lead, Helen Gaukroger finance lead.

RISKS

Posts identified are those where staff cannot be redeployed to other posts
Double counting with other schemes