

Trust CIP Programme and Governance Structures

The Trust has, historically, had a good record on delivering against its CIP Targets. This has been possible through the organisation's ability to scope opportunities, produce good quality data and identify and resource dedicated project teams and project managing schemes that deliver on time, supported by a robust CIP performance management and Project Management Office (PMO) function. However, like most other NHS organisations, we acknowledge that identifying and delivering recurrent savings, in particular, is proving increasingly challenging and requires a different approach.

Additionally in regard this Annual Strategic Agreement trying to align the different planning cycles which are driven nationally for local authorities and the NHS has been challenging.

The Trust wide CIP programme for 2016/17 builds on the strategies of the past and also seeks to address the challenges faced through a constructive, inclusive approach to deliver authenticated schemes. The proposed portfolio is partially based upon the Trust's Five Year Plan that was previously submitted to Monitor in 2015 and was the product of Healthcare benchmarking provided by the NHS Benchmarking authority, trust-wide engagement and regional networking as well as a review undertaken by Ernst & Young. It has been cross referenced to the findings of the Carter Review.

The CIP planning process is dynamic and the number of projects in play changes as schemes progress through the development stages. At the time of drafting this Agreement the Trust has identified 74 schemes with the potential to reduce cost or improve efficiency. The indicative full year effect of these schemes is £14.5m, the schemes are summarised in Table One below.

The schemes include:

- Workforce savings to be achieved through a range of initiatives which focus on reducing the need for expensive temporary staff, improved rostering, revised skill-mix, management-restructuring and reduced absenteeism.
- Income generation created through partnerships with our neighbours for example utilisation of capacity, within our Cardiac Catheterisation lab, and through exploiting volume based commissioning arrangements where possible. The Trust will also continue to run profitable franchised services and further expand salary sacrifice schemes.
- Enhanced procurement to reduce the costs of our consumables and our cost-base will be further lowered through a range of pharmacy initiatives to reduce drug spend.

- Within community services, we will continue to reduce costs through earlier intervention, in partnership with primary care services, further utilisation of the independent sector and improved management/review of care. We will seek to support greater independence through supported living for people with learning disabilities, re-structure packages of care and remove double handling. The service will also benefit from reduced costs in areas such as insurance as a result of integration.

Once the consultation exercise current being run by the CCG has concluded, and the outcomes have been carefully considered, it may be that further schemes can be developed.

The schemes set out in Table One have been scoped to assess the potential for delivery and RAG rated with the following results:

- | | |
|----------------------------------------------|----------------------|
| • Green (delivered or low risk to delivery): | £ 3.2m |
| • Amber (moderate risks to delivery): | £ 4.5m |
| • Red (significant risks to delivery): | £ 2.3m |
| • Not yet assessed | <u>£ 4.6m</u> |
| | <u>£14.5m</u> |

In addition to the potential savings schemes set out in Table One other areas where there may be the opportunity to make further savings have been suggested but have not yet been scoped. These areas are listed in Table Two; work to assess the potential of these suggested savings schemes will be progressed by the PMO.

The areas of work set out in Tables One and Two comprises projects that span all areas of our recently integrated community and acute services. The potential benefits will be delivered in parallel with the synergies achieved through integration and a new care model that seeks to provide the right care in the right place at the right time for people who live in Torbay and South Devon.

The Trust recognises that delivery against these schemes is not yet assured and that successful delivery requires projects that are feasible, clear leadership, sufficient delivery resource and a robust governance framework to ensure visibility and accountability.

The Trust has appointed an interim deputy Chief Operating Officer to provide additional professional input to the process. The Trust has also created a dedicated transformation project delivery team who will assist with the delivery of the ICO based CIP projects. In addition, the PMO and Finance reporting tools are being further enhanced to ensure the timely reporting of scheme delivery progress to the Executive board. Appropriate action will be taken to get any delayed schemes back on track (or devise replacement schemes).

The next phase sees outline planning for each project to establish key metrics such as timeline, resources, workforce implications and risks. These will be set out on a standard Project Inception Document for all schemes over £50k. A quality impact assessment will also be produced and signed off by the Medical Director and Chief Nurse to ensure any risks to patient care are resolved.

All 'approved schemes' will be managed through a revised governance process that includes a more robust reporting, assurance and escalation through a bi-weekly CIP review meeting with key managers.

Reporting to Board is secured through a reporting structure through the Senior Business Management Team meeting, through Finance Committee to Board. Detailed scheme level reporting will be in place across all of these levels.

The output from the Trust's internal process is reported through the Risk Share Oversight Group, which is the forum through which Commissioners gain assurance.

Table One

Potential CIP Schemes at 6th June 2016								
Ref	Area	Opportunity	16/17 Likely Value £000	Forecast Confidence				Programme Stage
				Green £000	Amber £000	Red £000	Not Assessed £000	
ASC Independent Sector				£ Green	£ Amber	£ Red	Not Assessed	
ASC2	ASC Independent Sector	Independent Sector - Assumed continuing demographic reduction in Care Home Placements (Standard under £606 per week)	£ 175	£ 175				Delivery
ASC3	ASC Independent Sector	Independent Sector - change from block to spot contracting arrangements	£ 100	£ 100				Delivery
ASC4a	ASC Independent Sector	Independent Sector - Double Handed Care	£ 125		£ 125			Delivery
ASC4b	ASC Independent Sector	Independent Sector - SPACE person centred care planning to achieve more personalised and cost effective care plans.	£ 125		£ 125			Idea
ASC4c	ASC Independent Sector	Independent Sector - Supported Living	£ 125		£ 125			Idea
ASC4d	ASC Independent Sector	Independent Sector - Telecare/Telehealth	£ 125		£ 125			Idea
ASC4e	ASC Independent Sector	Independent Sector - Enhanced Brokerage	£ 125		£ 125			Idea
ASC4f	ASC Independent Sector	Independent Sector - Responsive Management of Domiciliary Care	£ 125		£ 125			Idea
	ASC Independent Sector	Income collection - assumes run rate from 2015/16 is recurrent.	£ 100	£ 100				Delivery
ASC6	ASC Independent Sector	Reduction in Short Stay Placements	£ 236		£ 236			Idea
ASC7	ASC Independent Sector	Close St Kilda	£ 100			£ 100		Subject to engagement and decision by Council
ASC8	ASC Independent Sector	Contracting efficiencies	£ 36	£ 36				Delivery
ASC2 (more rigour)	ASC Independent Sector	As scheme ASC2 but doubled the anticipated savings	£ 175		£ 175			Idea
ASC4 (More rigour)	ASC Independent Sector	As scheme ASC4 but doubled the anticipated savings	£ 750		£ 750			Idea
	ASC Independent Sector	ASC Insurance Premium Reduction	£ 100	£ 100				Idea
	ASC Independent Sector	Community Nursing Review - Torbay and SD	£ 5		£ 5			Idea
			£ 2,527	£ 511	£ 1,916	£ 100	£ -	
Placed People				£ Green	£ Amber	£ Red	Not Assessed	
PP03 (CCG)	Placed People	Bring review assessments up to date	£ 430	£ 430				Idea
PP1	Placed People	Tightening panel process (CHC)	£ 498	£ 498				Idea
PP2	Placed People	Increasing PHB numbers	£ 62		£ 62			Idea
PP4	Placed People	Contracting efficiencies	£ 81	£ 81				Delivery
PP5	Placed People	Reduction in Intermediate Care (Short Stay Placements)	£ 204		£ 204			Idea
PP6	Placed People	Robust review process for adult IPPs	£ 100	£ 100				
			£ 1,375	£ 1,109	£ 266	£ -	£ -	
In-House LD				£ Green	£ Amber	£ Red	Not Assessed	
ASC1	In-house LD	In House Learning Disability Bay Tree (Reprovision of Respite Care)	£ 175	£ 175				Delivery
			£ 175	£ 175	£ -	£ -	£ -	
Public Health				£ Green	£ Amber	£ Red	Not Assessed	
	Public Health	Non Recurrent CIP Saving assumption based on previous years	£ 200	£ 200				Idea
			£ 200	£ 200	£ -	£ -	£ -	

Table One

		Torbay	£ Green	£ Amber	£ Red	Not Assessed	
	Torbay	Non Recurrent CIP Saving assumption based on previous years	£ 500	£ 500			Idea
	Torbay	Recurrent Impact of Community Support Team savings	£ 80	£ 80			Complete
	Torbay	Vacant FAB team posts to be reviewed re, Care Act Funded	£ 44	£ 44			Complete
	Torbay	Move to 1 front end across Torbay Zones	£ 45	£ 45			Idea
	Torbay	Service redesign	£ 76	£ 76			Idea
	Torbay	Outsource Dom Care IHSS & CRT to independent Sector deleted and included in above	£ 228	£ 228			Idea
	Torbay	Co-location of Paignton & Brixham Zones	£ 250	£ 250			Idea
	Torbay	Cavanna House - termination of existing lease at end of current term	£ 102	£ 102			Delivery
	Torbay	Review of specialist LD vacancy	£ 37	£ 37			Idea
			£ 1,362	£ 80	£ 1,282	£ -	£ -
		South Devon	£ Green	£ Amber	£ Red	Not Assessed	
	South Devon	Non Recurrent CIP Saving assumption based on previous years	£ 150	£ 150			Idea
			£ 150	£ 150	£ -	£ -	
		Finance	£ Green	£ Amber	£ Red	Not Assessed	
G11	Finance	Staff Salary Sacrifice Schemes	£ 122			£ 122	Delivery
	Finance	Review Revenue Costs for IT Systems	£ 81			£ 81	Idea
NP01	Finance	Procurement efficiencies	£ 540			£ 540	Idea
8	Finance	Lost pager review	£ 2			£ 2	Complete
	Finance	Mobile Phone review/Buy Your Own Device	£ 30			£ 30	Idea
CC07	Human Resources	Workforce Flexibility - impact of applying the principles from Carter review to be assessed.	£ 571			£ 571	Idea
NP03	Finance	Printing and Electronic Communicaiton Strategy	£ 75			£ 75	Delivery
	Finance	Benchmarking, Carter & other tools	£ 1,000			£ 1,000	Idea
			£ 2,421	£ -	£ -	£ 2,421	
		EFM	£ Green	£ Amber	£ Red	Not Assessed	
CC11	EFM	EFM Savings	£ 400			£ 400	Idea
			£ 400	£ -	£ -	£ 400	
		Operations - Medicine	£ Green	£ Amber	£ Red	Not Assessed	
CI10	Operations - Medicine	Additional income via Utilisation of new Cardiac Lab	£ 30			£ 30	Idea
M03	Operations - Medicine	Community Dietetics funding set based on Run Rate spend last yr.	£ 108	£ 108			Complete
M01	Operations - Medicine	Bowel Cancer Screening Programme	£ -				Delivery
			£ 138	£ 108	£ -	£ 30	
		OPERATIONS - SURGERY	£ Green	£ Amber	£ Red	Not Assessed	
CC02	Operations - Surgery	Outpatient Productivity	£ 25	£ 25			Planning
S04	Operations - Surgery	Clinically led procurement	£ 300	£ 300			Delivery
	Operations - Surgery	Non-Pay Challenge	£ 440	£ 440			Delivery
			£ 765	£ 325	£ 440	£ -	
		OPERATIONS - WCDT	£ Green	£ Amber	£ Red	Not Assessed	
NP05	Operations - WCDT	Microbiology VAT saving	£ 30	£ 30			Delivery
NP06	Operations - WCDT	Review existing contractual arrangements	£ 200	£ 147		£ 53	Delivery
	Operations - WCDT	Private Therapy Income	£ 5	£ 5			Idea
	Operations - WCDT	Medical Electronics Reorganisation	£ 30	£ 30			Delivery
	Operations - WCDT	Clinical Psychology Staff Saving	£ 30	£ 30			Delivery
	Operations - WCDT	Reduction in spend on Blood in progress	£ 50	£ 50			Delivery
	Operations - WCDT	Therapies recurrent vacancy factor in progress - complete	£ 198	£ 198			Complete
	Operations - WCDT	Increase Ultrasound scan charge Idea to work up further	£ 10	£ 10			Delivery
	Operations - WCDT	Reduction in discretionary spend	£ 57	£ 57			Complete
			£ 610	£ 542	£ 15	£ 53	

Table One

		WCDDT Ideas to be Worked Up		£ Green	£ Amber	£ Red	Not Assessed	
	Operations - WCDDT	Review of tests requested by consultants	£ 50		£ 50			Idea
	Operations - WCDDT	MR contrast for livers is being discussed.	£ 13		£ 13			Idea
	Operations - WCDDT	MR contrast for cardiac is about to be ordered in different volumes. This reduces waste and potentially saves £3,500 pa (again est. patient numbers).	£ 4		£ 4			Idea
			£ 67	£ -	£ 67	£ -	£ -	
		Human Resources		£ Green	£ Amber	£ Red	Not Assessed	
	Human Resources	Agency Reduction (Senior Manager, Admin and Clerical)	£ 350				£ 350	Idea
	Human Resources	Improved auditing of interface between Rosterpro to ESR for Payment errors	£ 20	£ 20				Complete
			£ 370	£ 20	£ -	£ -	£ 350	
		Strategy and Improvement		£ Green	£ Amber	£ Red	Not Assessed	
CI03	Strategy and Improvement	Charity/Sponsorship	£ 50				£ 50	Idea
			£ 50	£ -	£ -	£ -	£ 50	
		UNALLOCATED		£ Green	£ Amber	£ Red	Not Assessed	
	Unallocated	Functional Efficiency Challenge	£ 2,164			£ 2,164		Idea
	Unallocated	Integration Synergies	£ 1,184		£ 1,184			Idea
			£ 2,164	£ -	£ -	£ 2,164	£ -	
		PMU		£ Green	£ Amber	£ Red	Not Assessed	
4	PMU	PMU - increased sales on top of planned surplus	£ 300				£ 300	Idea
			£ 300	£ -	£ -	£ -	£ 300	
		PHARMACY		£ Green	£ Amber	£ Red	Not Assessed	
G10	Pharmacy	Drug savings	£ 160				£ 160	Idea
	Pharmacy	FP10 Outpatients	£ 100				£ 100	Idea
	Pharmacy	Integrated Medicines Management	£ 250				£ 250	Idea
			£ 510	£ -	£ -	£ -	£ 510	
		MEDICAL WORKFORCE		£ Green	£ Amber	£ Red	Not Assessed	
CC04	Medical Workforce	Medical Workforce Productivity	£ 389				£ 389	Idea
			£ 389	£ -	£ -	£ -	£ 389	
		EDUCATION		£ Green	£ Amber	£ Red	Not Assessed	
G05	Education	eLearning Strategy	£ 50				£ 50	Idea
			£ 50	£ -	£ -	£ -	£ 50	
		NURSING		£ Green	£ Amber	£ Red	Not Assessed	
CC05	Nursing	Nursing Workforce Productivity and Agency Spend Reduction	£ 500		£ 500			Delivery
			£ 500	£ -	£ 500	£ -	£ -	
		Totals	Likely Value £000	Green £000	Amber £000	Red £000	Not Assessed £000	
			£ 14,523	£ 3,220	£ 4,486	£ 2,264	£ 4,553	

Table Two**Potential Savings Suggested but Not Yet Scoped**

Area	Opportunity
Education	Income from Training
Finance	Patient Access Booking
Human Resources	Improved Rostering Practices
Human Resources	Removal of paper timesheets
Human Resources	Employee on line self service
Human Resources	Staff wellbeing and improved Absence (Sickness, Holiday and other absences) recording to ensure better visibility and accountability
Operations - Community	Review Continence assessments
Operations - Community	Review CHC Nursing model
Operations - Community	Benchmarking and consistency across zones
Operations - Community	Blue badges – administration
Operations - Community	Chronic fatigue services – service redesign.
Operations - Community	Review of on-call arrangements
Operations - Community	Redesign of Stroke and Neuro pathways
Operations - WCDT	Open Access to GP patients for plain x-rays
Operations - WCDT	RFID Tagging
Operations - WCDT	Review outsourced maintenance contracts
Operations - WCDT	Review Community Loan Service
Operations - WCDT	Long term plan to combine UKAS registration into one instead of four
Operations - WCDT	Investigate potential for synergies from further back office shared services
Operations - WCDT	Order Comms savings
Operations - WCDT	Increased scope for Advanced Practitioner Reporting Radiographers would reduce the need for outsourcing of plain film radiography
Strategy and Improvement	Private Treatment
Strategy and Improvement	On-line medical sales
Strategy and Improvement	Advertising Income
Strategy and Improvement	R&D income generation