

Barts Health 2013-14 cost improvement programme

Update for Inner North East London
Joint Health Overview and Scrutiny Committee
20 November 2013



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1. Objective of our turnaround programme

To sustain or improve the quality of patient care, increase the speed of delivery, whilst improving efficiencies and reducing costs so that we are able to live within our annual budgets and meet our operating commitments.

Our mission and values

To be clear - we are not altering our mission. This is to change lives in east London through delivering excellent healthcare, reducing health inequalities and improving health in our local populations. To be just as clear - we will stay true to the values that the board and the organisation have committed to.

There is no room for deviation from our mission or our values



2. Barts Health Care Campaign

#becausewecare

- We need to radically improve the quality and safety of our services in order to improve community confidence and trust in Barts Health
- The care campaign is our opportunity to relentlessly focus on our patients' best interests, to keep patients safe and to create a climate of care where:
 - saying “that’s wrong” is right (openness, transparency and candour)
 - we relentlessly pursue excellence in care (fundamental standards and beyond)
 - working together is the norm
 - learning is at the centre of all we do
 - compassionate, caring and committed nurses, midwives and AHPs is the norm
 - we develop our leaders and support them to be focused on the right things

Barts Health
#becausewecare



PATIENTS AT THE HEART
OF ALL WE DO, ALWAYS



2. Barts Health Care Campaign

#becausewecare

Our objectives

Best Leadership

Environment/cleanliness

Complaints matter

Accreditation

Upholding our values

Safety first – deteriorating patients

Eliminating falls and pressure ulcers

Welcoming and listening to patient and staff feedback

Everyone matters – team meetings, appraisal and supervision

Caring with compassion

Assurance – check outcomes and drive improvements

Risks are well managed

Economical – cost effectiveness and productivity

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3. CIP Assurance: Patient Safety & Quality

A

Quality Assurance & Independent Panels

What is the process for approving schemes? How is the Independent Panel process working?

Process required to approve schemes prior to Chief Nurse and Medical Director sign-off. There have been over 30 Independent Panels to date, reviewing CIP schemes for approval. As at the time of the last Board, £47M of schemes had been approved. It is anticipated that by the Trust Board on 28th August 2013, that additional schemes will be approved, resulting in an overall CIP value (FYE) of £77.5M.

B

Letters of representation & Clinical sign-off

What are they, and what was the process for clinical sign-off ?

Each CAG has provided a letter of representation, as part of the clinical sign-off process for CIPs, to provide assurance to the Board that the necessary systems and processes are in place within the CAG, to ensure that no CIP has a negative impact on patient safety. Schemes are ultimately approved by the Chief Nurse and Medical Director and the Trust Board.

C

CSUs and CCG' – assurance

What assurance is required?

The NHS England provider assurance framework sets out requirements for ensuring safe delivery of CIPs . We have been allocated a current Green-Amber rating, and we are continuing to work with the CCGs and the CSU to receive assurance of our CIP process. They will be seeking evidence of our process in practice on an on-going basis, and will be reviewed via the commissioner led Clinical Quality Review Meetings. (CQRMs).

D

Risks, Quality & KPI's for CIPs: Linking to our performance & on-going assurance

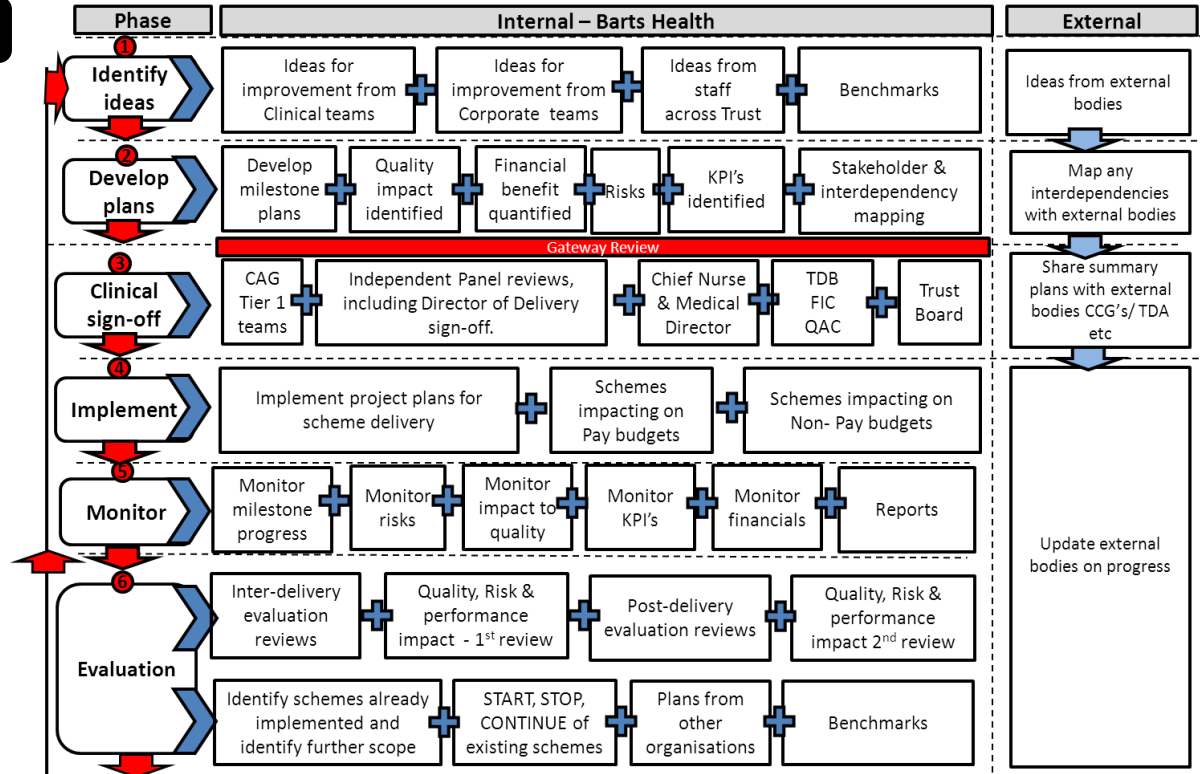
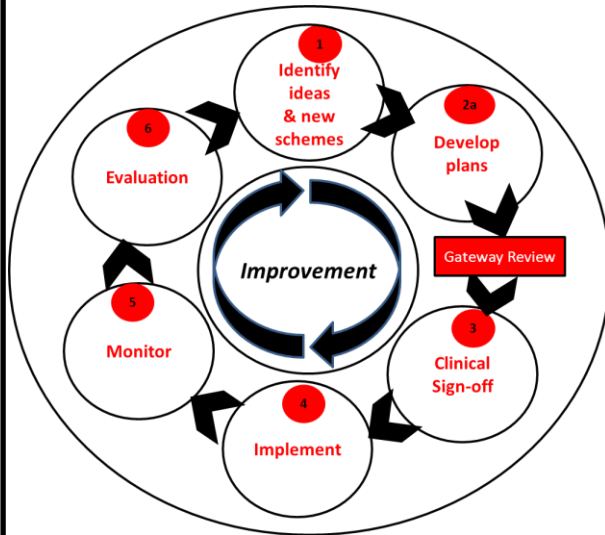
How will KPIs related to CIPs be monitored?

The Trust will be reviewing performance and incident indicators, to assess any potential link to the CIP programme, and identifying any linkages or root causes of performance issues or incidents etc which are directly linked to CIP implementation. Each CAG will monitor this through their boards, but this will also feature as part of their performance review meetings, with regular updates and oversight provided to the Quality Assurance Committee.

4. The Barts Health CIP programme cycle

Barts Health CIP Programme cycle

The below diagram and process flow shown to the right, demonstrate the systems and processes adopted for CIPs, from identification, through to clinical sign-off, implementation and review.



5. Themes of our CIP programme



6. Our progress so far

- **£60.9m** part year effect CIPs now identified
- **In addition:**
- Non-recurrent schemes with a value of £2.7M in-year also identified
- Cost avoidance schemes with a value of £0.4m in-year also identified
- Total identified workstreams, cost avoidance and non-recurrent schemes is **£64.1M**

Workstream	TOTAL	
	Total savings identified 13-14	Total Full Year Effect Savings
CAG specific scheme	12,819,697	16,679,196
Corporate	1,571,624	1,620,420
Corporate Specific	418,709	1,531,832
Diagnostics	738,723	751,987
Estates & Facilities	4,083,667	5,016,004
Income	3,429,771	3,995,211
Length of Stay	3,974,081	5,463,100
Medical Workforce: Job plans/ Capacity & demand reviews	1,324,516	1,839,482
Medical Workforce: Junior Docs rotas & banding reviews	1,024,003	1,125,569
Outpatients	624,143	1,025,114
Pharmacy	2,784,619	3,243,580
Procurement	4,661,942	6,270,345
Theatres	947,085	3,115,949
Variable Pay – Bank and Agency use, inc vacancy fill-rate	817,224	1,234,812
Variable pay: Medical Workforce: Additional payments,	243,657	163,140
Workforce: Additional payments, inc Variable Pay	212,798	367,800
Workforce: CAG Leadership	803,043	2,016,981
Workforce: Clinical A&C & Clinical A&C (Other)	1,297,527	1,490,073
Workforce: Nursing (Ward based/ Non ward)	4,473,967	6,598,124
Workforce: Spans of control	14,662,567	15,573,588
Grand Total	60,913,364	79,122,305

8. Assessing impact of CIPs on quality and safety

Barts Health has developed a user-friendly process for undertaking a quality impact assessment across a number of domains to assess CIP impact.



Quality and safety impact assessment prior to clinical sign-off and CIP implementation

Quality impact assessment assesses CIP impact on six main domains:

- Patient Safety
- Clinical outcomes
- Patient Pathways
- Patient Experience
- Accessibility
- Staff

Any negative impacts identified must be mitigated, with detailed actions.

A CIP with negative impact on patient safety will not be approved

CIP Ref number/ Scheme:		[ENTER TITLE OF SCHEME]						
6 domains assessed	Patient Safety				X			
	Clinical Outcomes					X		
	Patient pathways					X		
	Patient Experience					X		
	Accessibility				X			
	Staff				X			
		Negative			Neutral	Positive		
		major change	moderate change	minor change	no change	minor change	moderate change	major change



8. Risk assessing our CIPs

Barts Health has in place a business-as-usual process for undertaking risk assessments. This has been adopted for undertaking CIP risk assessments.

1. Include the name/ ref number for your CIP as used on the tracker Tab

2. From the drop-down list, categorise the risk assessment you are completing - either service provision risk post CIP implementation; or risk to delivery of the CIP

3. Describe the risk and undertake the current risk scoring. Risk scores are available from the drop-down. For further info, refer to the Instructions tab

4. For all risks, ensure that mitigating actions are included, with an anticipated risk rate once mitigation is completed. A deadline for completing mitigation and a risk owner should be added.

	1 - Rare	2 - Unlikely	3 - Possible	4 - Likely	5 - Almost certain
5 - Catastrophic	5	10	15	20	25
4 - Major	4	8	12	16	20
3 - Moderate	3	6	9	12	15
2 - Minor	2	4	6	8	10
1 - Negligible	1	2	3	4	5

Low Risk	1-6
Medium Risk	8-12
High Risk	15-25

CIP Scheme Reference number:	Risk assessment type: TYPE 1 TYPE 2 <i>Select from dropdown</i>	PRE MITIGATION (CURRENT RISK LEVEL)			POST MITIGATION (PLANNED RISK LEVEL)			Deadline	Owner	Date risk last updated	15+ risk added to datix YES/NO/n/a
		Risk Description	Likelihood	Consequence	Risk Rate	Mitigating action	Likelihood				
			3	3	9		2	2	4		
					0				0		
					0				0		



8. Ongoing monitoring of CIPs: Impact on quality and safety

Reactive

1 All CAGs are required to consider all incidents and complaints in light of implemented CIPs

CAGs will consider linkages between CIPs and incidents and complaints via their business as usual governance processes. In addition, CAGs will be requested to complete a monthly CIP quality dashboard report, which will detail the number of CIPs linked to incidents and complaints, and the course corrective actions taken.

CIPs - Quality Report				RAG	CAG:	DATE:
<small>Instructions: Each CAG is requested to complete this CIP quality report on a monthly basis as part of the quality monitoring post CIP implementation. This report should be completed and signed-off by the CAG tier 1 teams, and submitted to the PMO.</small>						
Section one - actual adverse impacts <small>Has the CAG identified any CIPs implemented to date, which have resulted in any actual adverse impacts? Please complete the table below, by selecting YES/NO from the drop-down list, and inserting the number of occurrences and to how many CIPs the adverse impacts relate.</small>			Section two - potential adverse impacts <small>Has the CAG identified any CIPs implemented to date, which may have resulted in an adverse impact, but where a clear causative link between the CIP and the adverse impact is not yet established? Please complete the table below.</small>			
Adverse impact? YES/NO	How many occurrences ?	Relating to how many CIPs?	Potential impact? YES/NO	How many occurrences ?	Relating to how many CIPs?	
TYPE:			TYPE:			
Safety issue			Safety issue			
Incident /SI			Incident /SI			
Complaint			Complaint			
Litigation			Litigation			
Adverse publicity			Adverse publicity			
Other			Other			
TOTALS			TOTALS			
0			0			
0			0			
Section three - actual and potential impact scores <small>This table will self-populate, from the information you have provided above</small>						
Total actual and potential adverse impact occurrences:			0			
Total number of CIPs linked to actual and potential adverse impact occurrences:			0			
Section four - course corrective action						
<small>You have identified 0 CIPs that have had an actual or potential adverse impact. Please complete box 5a and 5b below:</small>						
5a) No of CIPs the CAG has withdrawn due to actual/potential adverse impact	0	5b) No of CIPs with mitigation now in place	0	5c) Remaining live CIPs with prior adverse impact with no mitigation plan	0	
<small>Please provide details of the 0 CIP mitigation plans on tab two of this report</small>						
<small>Please provide details of the 0 CIPs that have been withdrawn on tab three of this report</small>						
<small>Please provide details of the 0 CIPs that remain live now without mitigation plans and detail why you think</small>						

Proactive

2 All CAGs are required to continue to quality impact assess all CIPs via Quality Impact Assessments

All CIPs continue to be required to be underpinned by a completed Quality Impact Assessment. Any CIP identifying a potential negative impact MUST be supported by a mitigating plan to reduce the impact.

CIP Ref number/ Scheme:	Scheme X				
Patient Safety			X		
Clinical Outcomes			X		
Patient pathways			X		
Patient Experience			X		
Accessibility			X		
Staff			X		
	Negative major change	Neutral moderate change	Positive minor change	Positive moderate change	Positive major change



9. Next steps for the programme

- Continue to monitor any impacts on quality and safety as a result of CIP implementation
- Continue to identify, approve and implement new schemes, in order to fulfil our CIP requirement
- Continue with our programme management arrangements to ensure CIP identification and delivery
- Continue to engage with our stakeholders and communicate details of our programme

