

## **Turnaround update for Essex HOSC**

The following paper was reviewed and discussed at the public Board meeting of NHS South West Essex on Wednesday 25 May 2011, and we are now bringing it to the Essex health overview and scrutiny committee.

It captures the most recent outturn for our turnaround programme at the end of the 2010/11 financial year, and outlines continuing programmes and performance updates (and forecasts) for the year ahead.

The latter half of the paper, which presents our work thematically, provides a snapshot of performance at month one of the new financial year (April 2011) against our forecast. Overall we are on target for month one, with a small variance of £32k.

### **Overview of current position:**

- The approach we took to turnaround in 2010/11 continues and we are applying the expertise we developed last year to an ongoing programme of schemes this year.
- Our unaudited accounts show that NHS South West Essex reached financial balance at the end of the 2010/11 financial year, with a surplus of £48k. Our auditors are in the process of verifying our full accounts and these will be published at our AGM in September.
- All QIPP (Quality, innovation, productivity and prevention) plans – the shared national approach to retaining and improving quality, while making necessary efficiency savings - are still being reviewed by the strategic health authority before they are confirmed and published. However, in south west Essex but we are keeping the momentum of our turnaround programme going, so that we maintain pace and focus to manage the challenges ahead.
- We are working closely with partners, providers and contractors (including GPs) to ensure that our programmes are shared, owned and embedded across the local health economy.
- A single executive team has been appointed across the two PCTs in south Essex - NHS South East Essex and NHS South West Essex – and will continue to lead this programme of work, supporting wider NHS reforms.

We will continue to provide regular updates about our turnaround programme, QIPP initiatives, our forecasts and actual performance through our public Board meetings. All papers are available online at [www.swessex.nhs.uk](http://www.swessex.nhs.uk)

# PCT Board 26th May 2011 SW Essex Turnaround Programme – Implementation

DRAFT – Subject to PCT Board review

Glossary

ALOS	Average length of stay	Hq	Headquarters	OPCS	Office of Population Censuses and
APMS	Alternative provider of medical services	HRG	Healthcare resource groupings	PA	Programmed activity
BCH	Brentwood Community Hospital	IAPT	Improving Access to Psychological Therapies	PACTWIN	Parent and Children Together, Win
BHRT	Barking Havering and Redbridge NHS Trust	IM&T	Information Management & Technologies	PBC	Practice Based Commissioning
BTUH	Basildon and Thurrock University Hospital NHS Foundation Trust	LD	Learning difficulties	PbR	Payment by results
C2C	Consultant to Consultant	LES	Local Enhanced Services	PCT	Primary Care Trust
CAGR	Compound annual growth rate	LGB	Lesbian, Gay and Bisexual	PCTMS	Primary Care Trust Medical Services
CFS	Chronic Fatigue Syndrome	LOS	Length of stay	PDS	Personal Dental Services
CHD	Coronary heart disease	M12	Month 12 of the financial year	PFI	Private Finance Initiative
CIP	Cost Improvement Program	M1	Month 1 of the financial year	PMO	Project management office
CMT	Corporate management team	ME	Myalgic Encephalomyelitis	PMS	Personal Medical Services
Commissioner	South West Essex PCT	MFF	Market forces factor	Q1	Quarter 1 of the financial year
COPD	Chronic Obstructive Pulmonary	MH	Mental Health	Q4	Quarter 4 of the financial year
CQUIN	Commissioning for Quality and	MSK	Musculoskeletal	QOF	Quality and Outcomes Framework
D&C	Dilatation and Curettage	NELFT	North East London NHS Foundation Trust	RAG	Red Amber Green status
DES	Directed Enhanced Service	NES	National Enhances Services	SCG	Specialist Commissioning Group
DH	Department of Health	NHS	NHS Primary Care Commissioning	Scriptswitch	Prescribing decision support software
DoF	Director of Finance	PCC			
EoE	East of England	NICE	National Institute for Clinical Excellence	SE Essex	South East Essex
		NSR	Non stock requisition	SEPT	South Essex Partnership NHS Foundation Trust
FM	Facilities Management	ONS	Office of National Statistics	SHA	Strategic Health Authority
FYE	Full year effect	OOH	Out of hospital	SHT	Southend Hospital NHS Foundation
GDS	General Dental Services	pa	per annum	SWE	South West Essex
				SWECS	South West Essex Community Services
GMS	General Medical Services			T+O	Trauma and Orthopaedic
				WTE	Whole Time Equivalent

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**NHS South East Essex  
and NHS South West Essex**

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- Performance Update : Key Changes and Issues
- Turnaround Plan – Schemes in progress
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- Month 1 (April 2011) scheme performance has been achieved mainly through schemes from 2010/11 continuing to deliver savings.
- Recurrent break even is predicted to be achieved by the end of Quarter 2 and this assumes all schemes are delivering at 100%. Contingency plans are still to be developed by Executive Directors.
- Contract discussions continue with BTUH. The PCTs ability to deliver the QIPP Program is dependent on a robust acute contract with BTUH
- The short month and the clustering process has meant some loss of pace and focus. The PCT is encouraged to refocus on the challenge ahead.
- Initial data for April 2011 suggests over-performance against the QIPP plan trajectory. The PCT needs to determine the various causes and take action.
- The PCT is strongly advised to share performance data with individual GPs and Consortia on a monthly basis with a view to agreeing a system-wide solution.
- Consortia development should be accelerated as a matter of urgency and appropriate support should be considered.
- The demand for emergency care requires a system-wide focus and approach to deliver quality of care and levels of activity that are sustainable,

Caroline Mitchell

Independent Turnaround Director

### 3. Executive Summary

#### 2010/11

*On a monthly basis as part of preparing the full year outturn, the PCT prepares a forecast delivery of Turnaround schemes. The total value of the savings identified for 2010/11 is £23.4m. The forecast achievement to date is £25.6m – a 68% YTD yield. This is shown in section 5. key variances between forecast and the target relate to:*

*£8.4m relating to extended waits. The Referral Gateway – the impact of waits to a greater extent will be delivered within 2011/12 instead of 2010/11.*

*£1.5m relating to SCG (data validation) – Project failed to realise potential savings due to unforeseen challenges and insufficient project management resources. These issues are need to be addressed as a matter of urgency to deliver the savings identified for 2011/12.*

*£1.4m relating to Service Restriction Policy – implementation was delayed due to concerns raised by clinicians. Challenges have been agreed in principle for Q1 but remain in dispute for Q2,Q3 and Q4 and discussions are currently taking place with the Trust.*

*£0.8m relating to Acute Claims Validation (undertaken by BUPA) – contingent upon the challenge process.*

*0.7m relating to daycase to outpatient – challenges made.*

*£0.5m relating to CAMHS where the saving is regarded to be challenging in light of current expenditure run rates. Awaiting month 12 data.*

*£0.4m relating to Nursing and Residential Home review - delayed due to insufficient project resources which has been addressed for 2011/12.*

*£0.2m relating to C2Cs – Audits undertaken support challenges submitted and form part of the current contract negotiation process.*

#### **Performance at M12**

##### **Key Achievements**

*There have been a number of significant achievements in the month as follows:*

*HIV/AIDS realised saving of £0.7m against plan of £0.1m.*

*Frequent Flyers schemes exceeded savings targets at £0.4m for adult frequent flyers against a target of £0.2m.*

## 2011/12

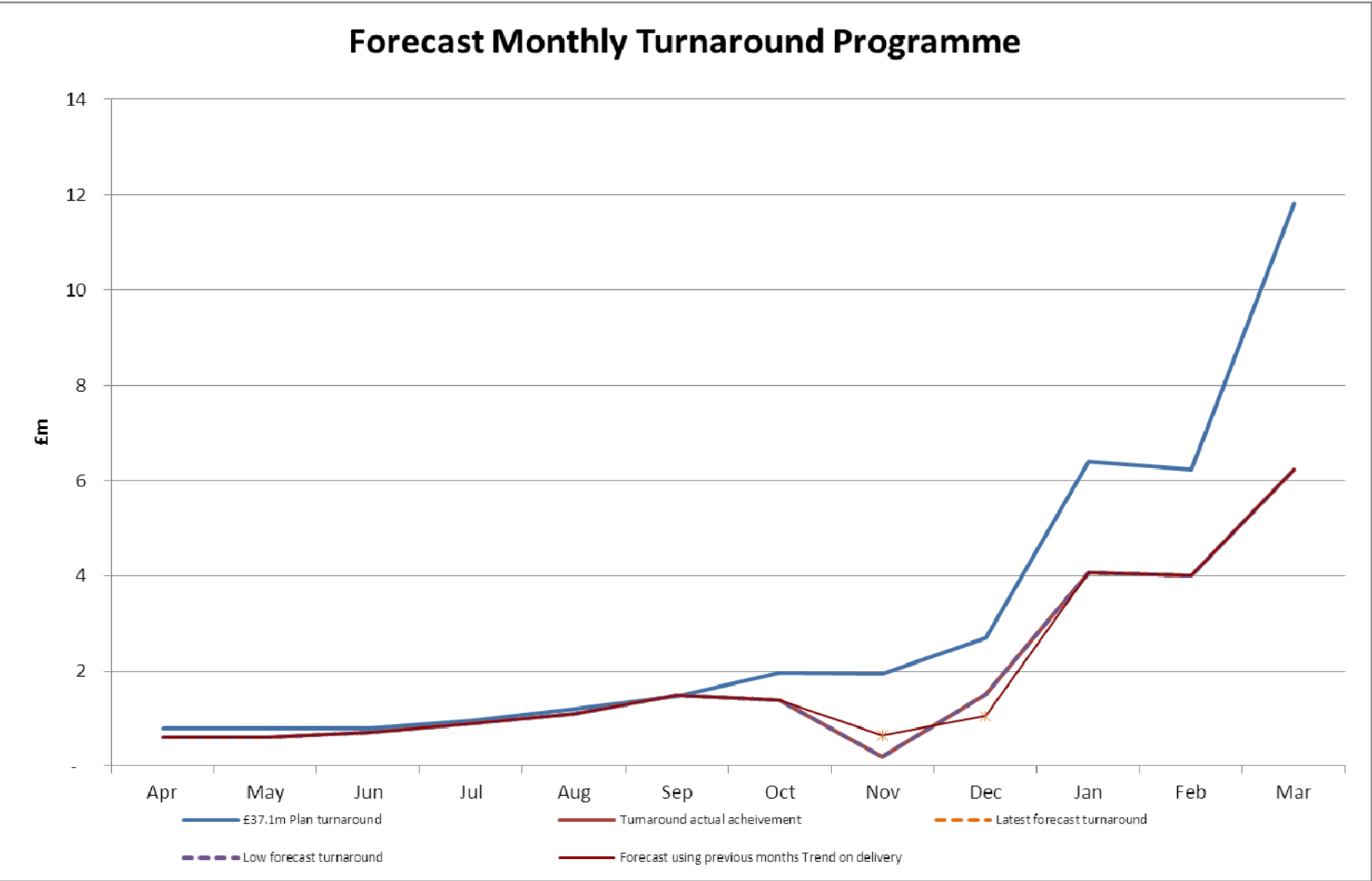
On a monthly basis as part of preparing the full year outturn, the PCT prepares a forecast delivery of Turnaround schemes. The total value of the savings identified for 2011/12 is £45.2m. The forecast achievement to date is £43.7m – a 97% YTD yield. This is shown in section 5. key variances between forecast and the target for Month 1 relate to:

Referral Management Centre - £0.05m delivered vs plan of £0.1m.

List Validation - £0m delivered vs a plan of £0.01m - although all milestones have been delivered the financial phasing needs to be reviewed as savings will not be realised until July. This will not impact on the year end savings target.

Review of rent and rates - £0m delivered against a plan of £0.1m. This is due to ongoing negotiations with practices in relation to reimbursement of funds to the PCT.

## 4. 2010/11 Run Rate of Turnaround Programme





# QIPP Tracker for 2010/11

## M12 Performance

SUMMARY OF INITIATIVES - BY WORKSTREAM										
Workstream Scheme	Exec lead	Milestones:			Milestones	Annual	Actual performance (£'m)			
		R	A	G		2010/11	Due	Delivered	Variance	RAG
CSI Core	TA	6	2	12	R	(8.6)	(8.5)	(5.9)	2.6	R
SCG	TA	2	0	0	R	(1.5)	(1.5)	-	1.5	R
Planned Care *	TA	2	9	3	R	(3.7)	(2.9)	(0.7)	2.2	R
GP referral gateway	TA	0	3	5	A	(9.2)	(6.2)	(1.1)	5.2	R
Unplanned Care *	BS	1	1	2	R	(0.8)	(0.6)	(0.6)	0.0	G
Primary Care	MD	1	1	19	R	(3.9)	(3.9)	(4.0)	(0.1)	G
Community Hospitals	JM	0	0	1	G	-	(0.0)	-	0.0	R
SWECS	MD	0	0	4	G	(2.7)	(2.7)	(5.1)	(2.3)	G
Medicines Management	MD	0	2	11	A	(2.5)	(2.2)	(2.5)	(0.3)	G
Public Health	AA	0	0	2	G	(0.9)	(0.9)	(0.9)	(0.0)	G
Workforce	BS	0	0	3	G	(0.4)	(0.4)	(0.4)	-	G
Corporate	BS	0	1	11	A	(2.5)	(2.5)	(2.5)	(0.0)	G
Clinical Development, Quality and Innovation	BS	1	0	0	R	(0.5)	(0.5)	-	0.5	R
<b>TOTAL</b>		<b>13</b>	<b>19</b>	<b>73</b>		<b>(37.0)</b>	<b>(32.8)</b>	<b>(23.4)</b>	<b>9.4</b>	<b>R</b>

•We have delivered £23.4m savings against a £32.8m plan. This is 71% of our plan to date. Final achievement of acute and prescribing schemes will be known by June 2011.

•Performance against financial targets has been RAG rated as follows:

- Red = below 80% of target achieved
- Amber = at least 80% of target achieved
- Green = At least 95% of target achieved

•Performance against milestones has been RAG rated as follows:

- Green = All milestones achieved within timescales
- Amber = one milestone slipped by up to one week
- Red = more than one milestone slipped by more than one week

•The following pages comment progress made for all schemes and identify mitigating actions

•Detailed performance by scheme is shown in Appendix 1

Appendix 1 - 2010/11 Performance by scheme

SUMMARY OF INITIATIVES - BY SCHEME											11/05/2011			
Workstream Scheme	Exec lead	Milestones: number of			Milestones	Annual Plan 2010/11	Actual performance (£'m)				F'cast	Best	Middle	Worse
		R	A	G			Due	Delivered	Variance	RAG				
CSI Core	TA	4	1	1	R	(1.1)	(1.0)	(0.7)	0.3	R	(0.7)	(0.7)	(0.7)	
Core contract		0	0	2	G	(0.3)	(0.3)	-	0.3	R	(0.0)	(0.1)	(0.0)	(0.0)
Core budget management		1	0	1	R	(0.3)	(0.3)	(0.2)	0.2	R	(0.2)	(0.2)	(0.2)	(0.2)
BTUH Actions		0	0	3	G	(4.2)	(4.2)	(1.9)	2.2	R	(1.9)	(2.4)	(2.2)	(1.9)
Mental Health		0	1	2	A	(1.3)	(1.3)	(1.7)	(0.4)	G	(1.7)	(1.7)	(1.7)	(1.7)
Diagnostics		1	0	3	R	(1.3)	(1.3)	(1.3)	0.0	G	(1.3)	(1.3)	(1.3)	(1.3)
Other		6	2	12		(8.6)	(8.5)	(5.9)	2.6	R	(5.9)	(6.4)	(6.2)	(5.9)
SCG	TA	2	0	0	R	(1.5)	(1.5)	-	1.5	R	-	(0.7)	(0.5)	-
SCG		2	0	0		(1.5)	(1.5)	-	1.5	R	-	(0.7)	(0.5)	-
Planned Care *	TA	0	1	2	A	(1.5)	(1.1)	(0.4)	0.7	R	(0.4)	(1.5)	(0.9)	(0.4)
Effective use of surgery		2	0	0	R	(0.2)	(0.2)	(0.0)	0.2	R	(0.1)	(0.1)	(0.1)	(0.0)
Referral redirection		0	2	0	A	(0.7)	(0.6)	(0.2)	0.3	R	(0.4)	(0.4)	(0.4)	(0.3)
Reducing Follow-up attendance		0	0	1	G	(0.5)	(0.4)	-	0.4	R	-	-	-	-
IVF		0	6	0	A	(0.7)	(0.6)	-	0.6	R	-	(0.4)	(0.3)	-
Daycase to outpatient		2	9	3		(3.7)	(2.9)	(0.7)	2.2	R	(0.9)	(2.4)	(1.6)	(0.7)
GP referral gateway	TA	0	1	5	A	(0.8)	(0.6)	(0.5)	0.1	R	(0.2)	(0.7)	(0.5)	(0.3)
GP referral gateway		0	2	0	R	(8.4)	(5.6)	(0.6)	5.0	R	(2.0)	(1.5)	(1.0)	(1.0)
Extended waits		0	3	5		(9.2)	(6.2)	(1.1)	5.2	R	(2.2)	(2.2)	(1.5)	(1.3)
Unplanned Care *	BS	0	1	0	A	(0.3)	(0.2)	(0.4)	(0.2)	G	(0.4)	(0.4)	(0.4)	(0.4)
Frequent flyers		0	0	1	G	(0.3)	(0.2)	(0.1)	0.1	R	(0.1)	(0.1)	(0.1)	(0.1)
Nursing home		1	0	0	R	-	-	(0.0)	(0.0)	G	(0.0)	(0.0)	(0.0)	(0.0)
Palliative care		0	0	1	G	(0.1)	(0.1)	(0.0)	0.1	R	(0.0)	(0.0)	-	0.0
Other		1	1	2		(0.8)	(0.6)	(0.6)	0.0	G	(0.6)	(0.6)	(0.5)	(0.5)
Primary Care	MD	0	0	1	G	(0.5)	(0.5)	(0.7)	(0.2)	G	(0.7)	(0.7)	(0.7)	(0.7)
Community equipment		1	0	7	R	(0.6)	(0.6)	(0.6)	(0.0)	G	(0.6)	(0.6)	(0.6)	(0.6)
GP Contracting		0	0	0	n/a	(1.1)	(1.1)	(1.0)	0.1	A	(1.0)	(1.0)	(1.0)	(1.0)
Other non recurrent items		0	1	11	A	(1.4)	(1.4)	(1.4)	0.0	G	(1.4)	(1.4)	(1.4)	(1.4)
OOH Decommissioning and Service Reviews (nor		0	0	0	n/a	(0.4)	(0.4)	(0.4)	-	G	(0.4)	(0.4)	(0.4)	(0.4)
Other		1	1	19		(3.9)	(3.9)	(4.0)	(0.1)	G	(4.0)	(4.0)	(4.0)	(4.0)
Community Hospitals	JM	0	0	1	G	(0.0)	(0.0)	-	0.0	R	-	-	-	-
Community beds		0	0	1		-	(0.0)	-	0.0	R	-	-	-	-
SWECS	MD	0	0	1	G	(2.0)	(2.0)	(4.3)	(2.3)	G	(4.3)	(4.4)	(4.4)	(4.4)
SWECS Surplus		0	0	3	G	(0.7)	(0.7)	(0.7)	-	G	(0.7)	(0.7)	(0.7)	(0.7)
SWECS Decommissioning		0	0	0	n/a	-	-	-	-	n/a	-	-	-	-
Community Paeds		0	0	4		(2.7)	(2.7)	(5.1)	(2.3)	G	(5.1)	(5.1)	(5.1)	(5.1)
Medicines Management	MD	0	0	2	G	(0.8)	(0.6)	(0.6)	0.0	G	(0.8)	(0.8)	(0.8)	(0.6)
Acute prescribing		0	2	7	R	(1.6)	(1.4)	(1.8)	(0.4)	G	(1.8)	(1.9)	(1.7)	(1.7)
GP prescribing		0	0	1	G	(0.1)	(0.1)	(0.0)	0.1	R	(0.0)	(0.0)	(0.0)	(0.0)
Oxygen		0	0	1	G	(0.1)	(0.1)	(0.1)	-	G	(0.1)	(0.1)	(0.1)	(0.1)
Other		0	2	11		(2.5)	(2.2)	(2.5)	(0.3)	G	(2.7)	(2.8)	(2.6)	(2.4)
Public Health	AA	0	0	2	G	(0.9)	(0.9)	(0.9)	(0.0)	G	(0.9)	(0.9)	(0.9)	(0.9)
Public Health		0	0	2		(0.9)	(0.9)	(0.9)	(0.0)	G	(0.9)	(0.9)	(0.9)	(0.9)
Workforce	BS	0	0	1	G	-	-	-	-	n/a	-	-	-	-
Commissioner		0	0	1	G	-	-	-	-	-	-	-	-	-
SWECS		0	0	1	G	(0.4)	(0.4)	(0.4)	-	G	(0.4)	(0.4)	(0.4)	(0.4)
Other		0	0	3		(0.4)	(0.4)	(0.4)	-	G	(0.4)	(0.4)	(0.4)	(0.4)
Corporate	BS	0	1	1	A	(0.1)	(0.1)	(0.1)	0.00	G	(0.1)	(0.1)	(0.1)	(0.1)
Corporate	BS	0	0	9	G	(0.8)	(0.8)	(0.8)	(0.01)	G	(0.9)	(0.9)	(0.9)	(0.9)
Estates	JM	0	0	1	G	(1.5)	(1.5)	(1.5)	-	G	(1.5)	(1.5)	(1.5)	(1.5)
Other	AP	0	1	11		(2.5)	(2.5)	(2.5)	(0.01)	G	(2.5)	(2.5)	(2.5)	(2.5)
Clinical Development, Quality and Innovat	BS	1	0	0	R	(0.5)	(0.5)	-	0.5	R	(1.7)	-	-	-
Other		1	0	0		(0.5)	(0.5)	-	0.5	R	-	-	-	-
* = weekly metrics. All other schemes have monthly n		13	19	73		(37.0)	(32.8)	(23.4)	9.4		(25.1)	(27.8)	(25.7)	(23.6)
YTD yield:		71%				68%								

SOUTH WEST ESSEX - SUMMARY OF INITIATIVES - BY WORKSTREAM											
Workstream Scheme	Exec lead	Milestones:			Milestones			Actual performance (£'m)			
		R	A	G		2011/12	2012/13	Due	Delivered	Variance	RAG
Planned Care *	TA	9	11	27	R	(25.8)	(0.9)	(0.2)	(0.1)	0.0	R
Primary Care	IS	0	0	6	G	(1.7)	(0.1)	(0.1)	(0.1)	0.0	G
Medicines Management	IS	0	0	13	G	(2.2)	(0.9)	-	-	-	n/a
Public Health	AC	0	0	1	G	(0.3)	-	-	-	-	n/a
Unplanned Care *	IS	1	2	9	R	(6.7)	(3.1)	(0.1)	(0.1)	-	G
Mental Health	TA	0	3	5	A	(2.6)	-	(0.2)	(0.2)	-	G
Children & Young People	IS	1	1	8	R	(0.9)	(0.4)	(0.0)	(0.0)	-	G
Infrastructure	MH	2	1	7	R	(2.5)	(3.5)	(0.1)	(0.1)	-	G
Contract Adjustments	DS	0	0	3	G	(2.5)	-	(0.4)	(0.4)	-	G
<b>TOTAL</b>		<b>13</b>	<b>18</b>	<b>79</b>		<b>(45.2)</b>	<b>(8.9)</b>	<b>(1.1)</b>	<b>(1.0)</b>	<b>0.0</b>	<b>G</b>

•We have delivered £1.1m savings against a £1.1m plan. This is 96% of our plan to date. Final achievement of acute and prescribing schemes

•Performance against financial targets has been RAG rated as follows:

- Red = below 80% of target achieved
- Amber = at least 80% of target achieved
- Green = At least 95% of target achieved

•Performance against milestones has been RAG rated as follows:

- Green = All milestones achieved within timescales
- Amber = one milestone slipped by up to one week
- Red = more than one milestone slipped by more than one week

•The following pages comment progress made for all schemes and identify mitigating actions

•Detailed performance by scheme is shown in Appendix 1

## Appendix 1 - M1 Performance by scheme

**Note SUS & prescribing schemes data not yet available beyond month 11.**

SUMMARY OF INITIATIVES - BY SCHEME													11/05/2011			
Workstream Scheme	Exec lead	Milestones: number of initiatives			Milestones	Delivery 2010/11	Annual Plan		Actual performance (£'m)				Forecast Based on Tips Received	Best	Middle	Worse
		R	A	G			2011/12	2012/13	Due	Delivered	Variance	RAG				
Planned Care *	TA	0	6	0	R	-	(1.4)	-	-	-	-	n/a	(1.8)	(1.8)	(1.3)	(0.3)
Daycase to Outpatient		1	0	4	R	(0.3)	(1.7)	-	-	-	-	n/a	(1.0)	(1.0)	(1.2)	(0.3)
GP referral reduction		1	0	1	R	(0.2)	(4.4)	-	-	-	-	n/a	(3.1)	(3.1)	(2.3)	(0.8)
Effective use of surgery		2	1	0	R	(0.2)	(4.4)	-	-	-	-	n/a	(8.0)	(8.0)	(4.5)	(1.1)
Reducing Follow-up attendance		2	0	2	R	(0.1)	(2.7)	-	-	-	-	n/a	(0.9)	(0.9)	(0.7)	(0.2)
SCG		0	0	1	G	(0.2)	(1.6)	-	(0.1)	(0.0)	0.04	R	(1.2)	(1.2)	(0.9)	(0.2)
GP referral gateway		0	0	3	G	(0.0)	(0.5)	(0.8)	-	-	-	n/a	(0.8)	(0.8)	(0.6)	(0.2)
Shift activity into the community		3	3	1	R	(0.7)	(5.8)	-	-	-	-	n/a	(6.2)	(6.2)	(4.7)	(1.2)
Core Contract		0	1	2	A	(1.7)	(1.1)	-	-	-	-	n/a	(0.9)	(0.9)	(0.7)	(0.2)
Diagnostics		0	0	1	G	(0.0)	(0.1)	-	-	-	-	n/a	(0.1)	(0.1)	(0.1)	(0.0)
Long Term Conditions		0	0	1	G	-	-	-	-	-	-	n/a	(0.2)	(0.2)	(0.2)	(0.0)
Prevention		0	0	1	G	-	(0.8)	-	-	-	-	n/a	-	-	-	-
SWICS		0	0	3	G	(0.0)	(1.1)	-	(0.1)	(0.1)	-	G	(0.9)	(0.9)	(0.7)	(0.2)
Decommissioning (Non SWECS)		0	0	7	G	-	(0.3)	(0.1)	(0.0)	(0.0)	-	G	(0.0)	(0.0)	(0.1)	(0.1)
SWICS		9	11	27	R	(3.5)	(25.8)	(0.9)	(0.2)	(0.1)	0.0	R	(24.4)	(24.4)	(18.3)	(4.6)
Primary Care	IS	0	0	5	G	(0.5)	(1.5)	-	(0.1)	(0.1)	0.01	A	(1.8)	(1.8)	(1.2)	(0.3)
GP Contracting		0	0	1	A	(0.2)	(0.2)	(0.1)	(0.0)	(0.0)	-	A	(0.2)	(0.2)	(0.1)	(0.0)
SWICS		0	0	6	G	(0.5)	(1.7)	(0.1)	(0.1)	(0.1)	0.0	G	(1.8)	(1.8)	(1.3)	(0.3)
Medicines Management	IS	0	0	2	G	(0.8)	(1.2)	-	-	-	-	n/a	(1.2)	(1.2)	(0.9)	(0.2)
Acute prescribing		0	0	7	G	(1.7)	(0.7)	(0.1)	-	-	-	n/a	(1.2)	(1.2)	(0.9)	(0.2)
GP prescribing		0	0	1	G	(0.0)	(0.3)	-	-	-	-	n/a	(0.3)	(0.3)	(0.2)	(0.1)
Oxygen		0	0	3	G	-	-	(0.8)	-	-	-	n/a	-	-	-	-
Appliance/Med Review/Multi Disp Team		0	0	13	G	(2.4)	(2.2)	(0.9)	-	-	-	n/a	(2.7)	(2.7)	(2.0)	(0.5)
Public Health	AA	0	0	1	G	(0.2)	(0.3)	-	-	-	-	n/a	(0.2)	(0.2)	(0.2)	(0.0)
Public Health		0	0	1	G	(0.2)	(0.3)	-	-	-	-	n/a	(0.2)	(0.2)	(0.2)	(0.0)
Unplanned Care *	IS	0	0	1	G	(0.1)	(1.1)	-	-	-	-	n/a	(1.1)	(1.1)	(0.8)	(0.2)
Emergency Care		1	0	0	R	(0.1)	(1.8)	-	-	-	-	n/a	(1.8)	(1.8)	(1.0)	(0.8)
Nursing home		0	1	0	A	(0.0)	(1.4)	-	-	-	-	n/a	(1.1)	(1.1)	(1.1)	(0.3)
Long Term Conditions		0	0	1	G	-	(0.3)	-	-	-	-	n/a	-	-	-	-
GP referral gateway		0	1	0	A	-	-	-	-	-	-	n/a	-	-	-	-
Core Contract		0	0	5	G	-	(1.2)	(1.2)	(0.1)	(0.1)	-	G	(1.7)	(1.7)	(1.2)	(0.3)
SWICS		0	0	1	G	-	(1.1)	(1.8)	-	-	-	n/a	-	-	-	-
Decommissioning (Non SWECS)		1	2	9	R	(0.5)	(6.7)	(3.1)	(0.1)	(0.1)	-	G	(5.2)	(5.5)	(4.2)	(1.0)
Mental Health	IS	0	3	5	R	(0.1)	(2.6)	-	(0.2)	(0.2)	-	G	(2.2)	(2.2)	(1.7)	(0.4)
Mental Health		0	3	5	R	(0.1)	(2.6)	-	(0.2)	(0.2)	-	G	(2.2)	(2.2)	(1.7)	(0.4)
Children & Young People	IS	1	1	8	R	(0.2)	(0.9)	(0.4)	(0.0)	(0.0)	-	G	(0.8)	(0.8)	(0.6)	(0.1)
Children & Young People		1	1	8	R	(0.2)	(0.9)	(0.4)	(0.0)	(0.0)	-	G	(0.8)	(0.8)	(0.6)	(0.1)
Infrastructure	JM	2	0	1	R	(0.0)	(0.6)	(3.1)	-	-	-	n/a	-	-	-	-
Corporate		0	0	6	G	(0.4)	(1.1)	(0.4)	(0.1)	(0.1)	-	G	(1.1)	(1.1)	(0.8)	(0.2)
Estates		0	1	0	A	-	(0.9)	-	-	-	-	n/a	(0.9)	(0.9)	(0.7)	(0.2)
Clustering		2	1	7	R	(0.4)	(2.5)	(3.5)	(0.1)	(0.1)	-	G	(2.0)	(2.0)	(1.5)	(0.4)
Contract Adjustments	DS	0	0	1	G	-	-	-	(0.1)	(0.1)	-	G	(1.4)	(1.4)	(1.1)	(0.3)
SWECS - Surplus		0	0	1	G	-	(2.5)	-	(0.1)	(0.1)	-	G	(1.7)	(1.7)	(1.3)	(0.3)
SWECS - Workforce		0	0	1	G	-	-	-	(0.1)	(0.1)	-	G	(1.3)	(1.3)	(1.0)	(0.2)
SWECS - HIMP		0	0	3	G	-	(2.5)	-	(0.4)	(0.4)	-	G	(4.4)	(4.4)	(3.3)	(0.8)
						17.81	145.81	18.81	11.11	11.01	0.0		143.71	144.11	128.01	13.81
Non funded care management Accounts						(7.2)	(10.4)	(8.9)	YTD yield:		89%	87%				
Glipp Scheme Total						(15.0)	(55.7)	(17.8)								
10-11 In year Bud Ad & NM						(7.8)										
						(22.8)										

## 5. M1 Performance – Referral Gateway/Extended waits

### Current Position

#### Total patients not yet booked up to 12th May 2011

- There is a total 6367 referrals not yet booked (this includes all patients urgent and routine) on the system and approximately 400 (2-3 days' worth) routine referrals not yet on the system making total approximately 6767 not yet booked down from 7300 on Thursday 5<sup>th</sup> May
- Backlog of urgent now up to date – booking within 48 hours (1 days' worth)
- Not all of the above patients have waited 14 weeks
  - 2617 will be referrals from March = 10 – 13 week waits
  - 2565 will be referrals from April = 6-9 weeks waits
- Current wait time is 13/14 weeks for routine appointments being booked this is reducing quickly
- All patients referred in January have been booked or transferred for appointment to providers through EMC. Currently booking patients up to 31<sup>st</sup> January 2011
- 280 referrals transferred to BHR for booking.
- 80 referrals transferred to independent sector

### Consultant to Consultant Referrals

- A total of 280 C2C referrals received from the 1<sup>st</sup> April to date
- Appropriateness of referrals in some areas is currently being reviewed with the Trust.

### Offer of Additional Providers

- Processes and policies in place for offers to Private sector providers
- Overtime has started on Saturday 30<sup>th</sup> April and on-going for future weeks includes evenings and weekends

### Plan for the reduction of the 6767 (7200 as at 5<sup>th</sup> May)

A proposed plan has been developed and circulated to Fortis for discussion

- Plan A - Based on current staffing capacity and overtime – backlog for booking would be reduced to 596 (5 days' worth of referrals) by end August 2011
- Plan B would include current capacity, overtime and additional temporary resource for a few weeks (3WTE x 4 Weeks or alternative scenario) would reduce the backlog to target level 500 by 29<sup>th</sup> July 2011. This would be the preferred option and is currently being costed by Fortis
- The plan will be to reduce booking to 450 – 500. So all referrals will be booked within 48 – 72 hours of receipt, however wait time will be dependent on the agreed polling rates per specialty between NHS SWE and BTUH and other providers, this is currently under discussion

**Booking Information as at 10.05.11**

	<b>Dec-10</b>	<b>Jan-11</b>	<b>Feb-11</b>	<b>Mar-11</b>	<b>Apr-11</b>	<b>Total</b>
Original data as at Month						
Total referrals into Fortis includes	1687	3130	3948	4292		13057
Total urgent booked C&B (within 5 days)	1153	717	1233	1297		4400
Sub total left	534	2413	2715	2995		8657
Total not booked (held at 14 weeks as	420	2140	2333	2642		7535
Other - ? Cancelled / Returned to	114	273	382	353		1122
Position as at 5th May 2011 (10th May						
Total referrals into Fortis includes	1687	3130	3948	4292		13057
Total urgent & routine booked	1515	2525	1365	1327		6732
Sub total left	172	605	2583	2965	0	6325
Total not booked (held at 14 weeks as	0	268	2232	2617		5117
Other - ? cancelled / returned to	172	337	351	348	0	1208
Extended wait routine referrals position						
total routine held at 14 weeks (original	420	2140	2333	2642		7535
total not booked as at May 10th	0	268	2232	2617		5117
total booked as at 10th May	420	1872	101	25	0	2418
Returns / cancellations as a percentage	10%	11%	9%	8%		9%
Currently Booking all patients up to						
ECN Fast Track Referrals Transferred to						
Referrals Transferred to BHR - Queens	263					
Transfers to Independent Providers	80					
Total	343					

## Performance update: key changes and issues

- week ending 13.05.11

**A&E:** *BTUH last week 98.92% overall - all days above 95% and only 1 below 98%, with 1 at 100%. Continuing to monitor this closely and to work through the implications of the new A&E clinical indicators.*

**HSMR** (BTUH). *Q3 rolling figure up to 103, individual quarter 112. Previous quarters' figures have been refreshed following identification of an issue with these.*

**Choose & Book** . *Week ending 08.05.11 SW Essex improved to 45%, 10<sup>th</sup> in EoE.*

**Four-week smoking quitters** *2010/11 total YTD 3,089 @ 06.05.11. with more data to come , and expecting to achieve 2010/11 target of 3,244.*

**NHS Health Checks** : *Latest update as at 06.05.11, with more data to come: April offered was double the plan, delivered above plan. 2011/12 targets are nearly 14% and 50% higher respectively than last year.*

**Annual Accountability Review** *being held 24.05.11. Draft briefing paper received 05.05.11 and due for return with PCT comments by 13.05.11. Dates now identified for future review meetings and for system QIPP review.*

2011-12 M1 Performance Planned Care

5. M1 Performance

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation		Annual Target		
			Forecast	Actual					11/12	Forecast 11/12	12/13
	SWE (PC1a) Referral management centre					•Significant number of patients requiring booking to prevent 18 week breaches. •Inappropriate C2C referrals sent to Fortis.	•Intensive Support Team visited the PCT on the 12th May re 18 week breaches and extended waits. No areas of concern have been raised to date and the PCT is currently validating the booking of patients to ensure that the risk of patients breaching 18 weeks is minimised . Queens agreed to contact all NHS patients that have co-morbidities to book them. Any patients wishing to be treated by BTUH will be referred back to Fortis for booking.		£1.2m	£1.6m	
Planned Care		Red	£0.1m	£0.05m	Green						
	SWE (PC1b) (i) Increase in ambulatory care outpatient procedures and decrease in day case activity.		£0.1m	-	Amber	• Proposal represents national guidance regarding the appropriate charging of procedures as Daycase or lower Outpatient procedure tariff depending on setting/bed usage.	•Correspondence with Trust continues. Further letter sent 26/04 reaffirming PCT approach, outcome of clinical discussions, views of SHA PBR lead and PCTs proposals for appropriate classification and charging. •Appropriate schedule for 11/12 contract prepared. Successful 10/11 challenge key to achieving 10/11 savings target. •Challenges remain part of current contract negotiations and amount to £0.6m.		£1.4m	£1.8m	
	SWE (PC1b) (ii) Review outpatient services for Brentwood Community Hospital		£0m	-	Amber	• Estates savings target of £0.5m linked to moving activity into BCH.	•Project workbooks drafted and currently being reviewed by Associate Director lead. Pathways included are T&O and pain management, ENT, Gynaecology, Rheumatology, Dermatology, endoscopy, Urology, Dermatology, Cardiac and Gastroenterology. Although planned savings under infrastructure as Estates utilisation savings, the lead has suggested further savings might be identified during the pathway redesign process.		-	-	
	SWE (PC1c) Implement new community based MSK service		£0.1m	-	Amber	• Project milestones implemented, data awaited in respect of identifying savings realised.	• Data requested, lead confirmed that should be received by the 18th May.		£1.5m	£1.5m	
	SWE (PC1c) (ii) - Podiatric Surgery		£0m	-	Green	• n/a	• Project implemented - data awaited to confirm activity shift. Savings to be realised from June 2011.		£0.1m	£0.1m	



	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation		Annual Target		
			Forecast	Actual					11/12	Forecast 11/12	12/13
Planned Care	SWE (PC1d) (i) - Reduction in inappropriate A&E referrals to outpatients			-	Amber		•LES being re-established in relation to suture removal to prevent patients being sent to A&E for suture removal. New scheme for 2011/12	-	-		
	SWE (PC1d) (ii) Reduction in inappropriate C2C referrals to outpatients		£0.03m	-	Amber	•BTUH have challenged the proposed Consultant to Consultant protocol have produced counter proposal based on a list of what would be excluded. ☒	•Case note audit completed. Lead suggested 22% of firm challenges (original plan 10%) with a further 65% of queries to be raised. Letter sent by Tom Abell outlining challenges raised supported by old protocol. Challenges raised supported by old protocol. Consultant to Consultant protocol implemented from April 2011. C2C paper referrals now going through the Referral Management Centre. LES being re-established in relation to suture removal to prevent patients being sent to A&E for suture removal.	£0.4m	£0.4m		
	SWE (PC1e) - Reduction in new to follow up ratios		£0m	-	Amber	•Specialty proposals re: action required in primary care to support earlier discharge received from 4 specialties LES linked in most cases Volume of F/U attendances shows week on week progressive reduction since end of January through March aside from more significant weather linked reductions in December. Activity reduction matched by cost reduction.	•Challenges made, awaiting outcome of contract negotiation process. System PMO established with BTUH and reduction in new to follow up ratios included as priority area.	£5.6m	£3.9m		
	SWE (PC1f) - Prostate cancer follow up in the community		£0m	-	Red	•Initial response from SWE GPs suggests that they do not wish to participate in this scheme.	•Lead continues to pursue and LES currently being rolled out in SEE is to be shared with SWE to consider taking this forward. Savings not yet identified as new scheme.	-	-		

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation		Annual Target		
			Forecast	Actual					11/12	Forecast 11/12	12/13
Planned Care	SWE (PC1h) –Consultant Led Haematology based within the community <b>Savings in 2012/13</b>		£0m	-	Green	•Benchmarking indicates that NHS SWE and BTUH are outliers for Clinical Haematology expenditure. Additionally whilst there is an Anticoagulation LES in place the uptake is not high. However due to the paucity of the data it is still not clear what areas of Clinical Haematology are high, but the assumption is Anticoagulation due to this tending to be a significant part of the specialty and the volume of follow-ups generated. Based on benchmarking, up to £800k could be saved in BTUH costs before any additional services are introduced.	•Project commenced and savings to be identified once scoping exercise and analysis of benchmarking date is completed. Anti-coagulation element of this project relates to SWE only.		-	-	
	SWE (PC1p) – Diabetes Specialist Care in the Community (TA: 91)		£0.4m	-	Green	1. Outpatient shift - 1733 units of activity shifted into community saving £203k (BTUH see clinic codes list in operational metrics) 2. Reduction in inpatient activity -79 units at average contract price of £2,422 (total £191k) 3. Prescribing savings - Blood Glucose strips £113k (on circa £1m annual spend) 4. Disbanding Diabetes network - saving £69k from 2010/11 budget) 5. Disbanding existing primary care LES (£250k - Primary Care Budget) 6. Offset by implementing new LES at cost of £250k	•Project implemented - April data awaited to confirm savings achieved.		£0.8m	£0.8m	
	SWE(PC1q) – Ophthalmology		-	-	Amber	•Initial savings target felt to be unrealistic.	•Further review of current activity currently being undertaken and milestones being reviewed.	£0.3m	£0.1m		
	SWE (PC1r) Other Adult Community Service Decommissioning (TA: 246, 222, 188 & 187) a) Coach House	Green	£0.06m	£0.06m	Green	•n/a	•All milestones implemented and BTA signed.	£0.7m	£0.7m		
	SWE (PC1r) Other Adult Community Service Decommissioning (TA: 246, 222, 188 & 187) b) Outlook Care		-	-	Green	•n/a	•All milestones implemented and BTA signed.	£0.3m	£0.1m		

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation		Annual Target		
			Forecast	Actual					11/12	Forecast 11/12	12/13
Planned Care	SWE (PC1r) Other Adult Community Service Decommissioning (TA: 246, 222, 188 & 187) c) CFS	Green	-	-	Green	•n/a	•All milestones implemented and BTA signed.		£0.05m	£0.04m	
	SWE (PC1r) Other Adult Community Service Decommissioning (TA: 246, 222, 188 & 187) d) Continuing Care Saving		-	-	Green	•n/a	•All milestones implemented and BTA signed.		£0.1m	£0.1m	
	SWE (PC1r) Other Adult Community Service Decommissioning (TA: 246, 222, 188 & 187) e) COPD Comm. Team	Green	-	-	Green	•n/a	•All milestones implemented and BTA signed.		£0.06m	£0.06m	
	SWE (PC1r) Other Adult Community Service Decommissioning (TA: 246, 222, 188 & 187) f) Risky Behaviour	Green	-	-	Green	•n/a	•All milestones implemented and BTA signed.		£0.02m	£0.02m	
	SWE (PC1s) Heart Failure Pathway (TA: 145)		-	-	Green	•BTUH advised that they are not providing this service.	The lead is looking into developing a scheme to commission services in the community as potential for savings to be made in relation to admissions. This is likely to go ahead as a pilot.		£0.1m	£0.1m	
	SWE (PC2a) Pathology		-	-	Amber	•BTUH prices are significantly higher than other providers in the area and initial scoping work suggests that savings could be in the region of £2m. The initial savings plan was for £0.6m.	•Director of Commissioning liaising with BTUH in relation to prices and whether a competitive model could be provided locally. •Service spec. currently being developed to test the market.		-	-	
	SWE (PC2b) – Radiology & Direct Access Diagnostics		£0.05m	-	Green	•n/a	All milestones on track. BTUH agreed to provide ultrasound in the community at £35 compared to £45 in the Acute.		£0.5m	£0.4m	

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation		Annual Target		
			Forecast	Actual					11/12	Forecast 11/12	12/13
Planned Care	SWE (PC3a) – Review of PCT’s Service Restriction Policy		-	-	Red	Agreement has been reached with BTUH Pain Management , Spinal and Orthopaedic consultants regarding their issues on the SRP. The policy has been updated to reflect their concerns and there will be an ongoing review with BTUH clinicians and the Public health team re MSK ☒	The Service Restriction Policy contract variation is awaiting final sign off by the Trust. Laminated sheet sent to all GPs highlighting the areas restricted in the Service Restriction Policy. The referral gateway is now enforcing the service restriction policy. Data analysis demonstrates implementation taking effect. Contract variation to be signed by Trust. Q1 challenges agreed but Q2, Q3 and Q4 currently in dispute. Clinical support required to monitor OPCS codes in terms of implementation of policy.		£4m	£3m	
	SWE (PC3g) - Individual Funding Review		-	-	Red	•Although all milestones have been carried out there has been no data received to identify whether the planned savings for 2010/11 have been realised. Therefore milestones for 2011/12 need to be refreshed.	•PMO to work with lead to identify a means of validating this activity.		£0.08m	£0m	
	SWE (UPC5b) – Unbundling stroke and fracture neck of femur pathway costs. (TA: 200)		-	-	Red	•BTUH have expressed concern that amendments to the care pathway may not result in length of stay <7 days.	•Director of Commissioning currently liaising with BTUH to provide assurance that the pathway redesign will meet national requirements. Stroke has been identified as an area to be overseen by the system PMO.		TBC	TBC	
	SWE (PC9d) – HIV/AIDS (TA: 96)		-	-	Green	•n/a	•Challenge agreed in 2010/11 to be carried over.		£1m	£1.3m	

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation		Annual Target		
			Forecast	Actual					11/12	Forecast 11/12	12/13
Planned Care	SWE (PC9e) – Extended waits		-	-	Amber	Emphasises currently on preventing 18 week breaches.	•18 week waiting times and she has established a working group with BTUH designed to minimise the number of breaches. Queens have agreed to contact all NHS patients that have co-morbidities. If the patient wishes to go to BTUH then they will be referred back via Fortis to ensure patient choice is available. SHA Intensive Support Team meeting with Mandy Ansell and Tom Abell on the 12th May to discuss who they need to liaise with when they visit.		-	-	
	SWE (PC9f) - SWECS Decommissioning d) Safeguarding Children	Green	-	-	Green	•n/a	•All milestones implemented and BTA signed.	£0.04m	£0.06m		
	SWE (PC9f) - SWECS Decommissioning e) Community Dental Services	Green	£0.01m	£0.01m	Green	•n/a	•All milestones implemented and BTA signed.	£0.2m	£0.2m		
	SWE (PC9f) - SWECS Decommissioning f) PCATC	Green	£0.01m	£0.01m	Green	•n/a	•All milestones implemented and BTA signed.	£0.1m	£0.3m		
	SWE (PC9f) - SWECS Decommissioning h) Admission Avoidance/Discharge Planning	Green	£0.01m	£0.01m	Green	•n/a	•All milestones implemented and BTA signed.	£0.03m	£0.1m		
	SWE (PC9f) - SWECS Decommissioning i) Integrated Community Teams		-	-	Green	•n/a	•All milestones implemented and BTA signed.	£0.1m	£0.1m		
	SWE (PC9f) - SWECS Decommissioning j) MSK Physiotherapy	Green	-	-	Green	•n/a	•All milestones implemented and BTA signed.	£0.1m	£0.1m		

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation		Annual Target		
			Forecast	Actual					11/12	Forecast 11/12	12/13
	SWE (PC9f) - SWECS Decommissioning k) Falls Prevention Management	Green	-	-	Green	•n/a	•All milestones implemented and BTA signed.		£0.01m	£0.02m	
	SWE (PC9f) - SWECS Decommissioning l) Speech and Language - Acute Therapies	Green	£0.01m	£0.01m	Green	•n/a	•All milestones implemented and BTA signed.		£0.1m	£0.1m	
	SWE (PC9f) - SWECS Decommissioning m) Dietetics - Acute Therapies	Green	£0.01m	£0.01m	Green	•n/a	•All milestones implemented and BTA signed.		£0.1m	£0.1m	
	SWE (PC9f) - SWECS Decommissioning q) BCH Outpatient Nursing	Green	-	-	Green	•n/a	•All milestones implemented and BTA signed.		£0.1m	£0.1m	
	SWE (PC9f) - SWECS Decommissioning r) HIMP	Green	£0.1m	£0.1m	Green	•n/a	•All milestones implemented and BTA signed.		£1.3m	£1.3m	
	SWE (PC9f) - SWECS Decommissioning Surplus	Green	£0.1m	£0.1m	Green	•n/a	•All milestones implemented and BTA signed.		£1.4m	£1.4m	
	SWE (UPC1f) – Dementia Management (TA: N/A)		-	-	Amber	•Project workbook covers three projects: Dementia Intermediate Care Facility. Dementia Crisis Service, Care Home Support provided by 3 CPNs (also linked to anti-psychotic drugs project). Further scoping is required in terms of identifying potential savings but initial analysis of data suggests around £2m could be saved in respect of Length of Stays in acute beds.	•Business Case to be submitted to May CEC for approval of funding for CPNs and Crisis Response Team. •Audits commenced in relation to length of stay in planned care.		TBC	TBC	

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation		Annual Target		
			Forecast	Actual					11/12	Forecast 11/12	12/13
Primary Care	SWE (PC4b) (i)–PCTMS Efficiencies		-	-	Amber	•Efficiencies is not delivering due to problems in recruiting substantive GPs and impact of late submission of 09/10 invoices.	Initiative to co-ordinate GPs to cover vacant shifts across South Essex delayed due to lack of admin support. Admin support required amounts to 2 days a week for 8 weeks based in Basildon. PMO to try to identify resource from within the PCT.		£0.1m	£0m	
	SWE (PC4b) (ii)–PCTMS Tendering	Green	-	-	Green	•n/a	•All milestones completed, or on track. Contract handover scheduled to be completed by the 30th June 2011.		£0.3m	£0.3m	
	SWE (PC4d )- Reduction in Enhanced Services Budget.	Green	£0.1m	£0.1m	Green	•n/a	•All milestones completed, or on track. Contract handover scheduled to be completed by the 30th June 2011. Actions currently in train include roll out of electronic claims system to all practices, sample audits being undertaken from outliers, business case being developed to submit to EQUIP with a view to recommission EQUIP to undertake audits of 10/11 enhanced service claims from July 2011.		£1.1m	£1.1m	
	SWE (PC4f) – List Validation	Red	£0.01m	£0m	Green	•n/a	•All milestones completed (carried over from 2010/11).		£0.01m	£0.01m	
	SWE (PC4h) – Review rent / rates	Red	£0.01m	£0m	Green	•n/a	•All milestones completed.		£0.01m	£0.01m	

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation		Annual Target		
			Forecast	Actual					11/12	Forecast 11/12	12/13
Primary Care	SWE (PC4i) – Non-urgent patient transport.		£0.01m	-	Amber	•Issue raised in relation to obtaining data from Thames Ambulance Service.	Project lead advised that they have met with the service to address this issue. Ambulance contract now hosted by Norfolk PCT.		£0.1m	£0.1m	
	SWE (PC5a) – Review prescribing of high cost medicines from the Acute Trust. Ensure invoice validation is carried out more effectively		£0.1m	-	Amber	•Awaiting outcome of challenge process.	•Included in contract negotiations process.		£1.1m	£1.1m	
	SWE (PC5c) – Cost savings made on medication reviews undertaken in care homes. (TA: 151)		£0.01m	-	Green	•Issue identified in relation to obtaining data from individual undertaking the reviews in a timely manner as their time is spent undertaking the review and not feeding back.	•Project commenced and hours extended to improve frequency of data returns. Initial review suggests savings are already being realised.		£0.2m	£0.1m	
	SWE (PC5e) – Review prescribing arrangements in relation to wound care products. (TA: 51.5)		£0.02m	-	Green	•Project commenced but concern raised that demand may increase as the ordering process is far simpler and does not prevent the same individual from ordering more than once on the same day.	•Data being monitored on a weekly basis by Ashley King until project team are confident that risks identified will not be realised. Monitoring will then reduce in frequency but will remain part of the ongoing monitoring process.		£0.3m	£0.2m	
	SWE (PC5f) – Establish practice based pharmacist support to undertake medication reviews. (TA: 150)		£0.2m	-	Amber	•Issue identified in relation to obtaining data from individuals undertaking the reviews in a timely manner as their time is spent undertaking the review and not feeding back.	•Medicines management team currently training a further two individuals to undertake reviews. Training takes around 6 weeks to complete but this should not impact on the financial phasing of the project. Lead also spending an afternoon with GPs though Time To Learn session led by Dr. Peter Martin, to seek further support from GPs.		£0.2m	£0.1m	



	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation		Annual Target		
			Forecast	Actual					11/12	Forecast 11/12	12/13
Primary Care	SWE (PC5g) – Identify new savings opportunities for scriptswitch including generics, branded modified release, BCBV and other drugs. (TA: 153)		£0.02	-	Amber	•Aiming to exceed 60% of practices using Scriptswitch by the end of May, working towards 70% uptake. QOF re-write and the time required by practices is preventing dates going into their diaries to discuss this.	•Working group to be established to set up relationship managers with all practices and identify appropriate information sharing mechanisms. GPs, Finance, Information, Prescribing, Contracting to meet by the end of May.		£0.02m	£0.3m	
	SWE (PC5h) – Implementation of Prescribing Waste Reduction policy.		£0.01m	-	Green	•Stocktake of patient's drugs required.	•28 day prescribing policy in place and technician going out to patient's homes with community teams to undertake a survey with the patient in relation to medication stocks that they have. Medicines Management Team to feedback outcome of review to practices in relation to the stocks held by patients.		£0.1m	£0.1m	
	SWE (PC5i) – Undertake nutritional review by MDT, including a Dietician to ensure appropriate prescribing of sip feeds and reduce the volume and cost of prescribing, particularly in care homes.		£0.1m	-	Green	•Dietician's contract expires in August.	•Lead to feed into consultation discussions need for internal dietician support. Work undertaken by dietician to date is realising significant savings. This is also a requirement for SEE.		£0.2m	£0.1m	
	SWE (PC5j) – Reduction in oxygen prescribing, following clinical assessment and prescription alterations at patient level for oxygen.		£0.03m	-	Green	•n/a	•All actions taken during 2010/11. Savings being monitored against plan.		£0.3m	£0.3m	
	SWE (PC5l) - Special Medicines Review (including creams previously PC5d)		-	-	Green	•n/a	•All milestones completed but need identified to continue working with GPs and pharmacists to ensure patients are fully briefed of any changes made to medicines prescribed to prevent complaints.		TBC	TBC	

	Scheme	Financial RAG	YTD Performance		Milestone RAG	Issue	Mitigation		Annual Target		
			Forecast	Actual					11/12	Forecast 11/12	12/13
SCG	SWE (PC7a) Cardiac Pathway – reducing activity flow to London Trusts (TA: 193 & 205)		-	-	Red	• Ongoing issue relating to access of data is delaying project.	•To be taken to Turnaround Board if not resolved by 16th May.		£0.6m	£0.1m	
	SWE (PC7b) – Data validation (TA: 206)		-	-	Red	• Ongoing issue relating to access of data is delaying project. Overall gap against SCG identified as £2.3 million with no new schemes to address.	•Monthly meetings being held with PCT information team re validation process. Issue relating to information from SCG to be escalated to Turnaround if not resolved by 16th May. £2.3m gap to be addressed though new schemes outside of SCG workstream.		£1.5m	£0.6m	
	SWE (PC7c) – General Specialist Commissioning Activity repatriation		-	-	Red	• Ongoing issue relating to access of data is delaying project. Concerns raised in relation to reinstating IVF and bariatric services without modelling of impact.	•To be taken to Turnaround Board if not resolved by 16th May. Data being received from providers by the PCT in relation to patients being referred for IVF/Bariatric to identify likely numbers.		-	£0.1m	
Public Health	SWE (PC8a) Public Health Community Service Decommissioning		-	-	Green	• Plan in place to be implemented as per contestability plan review.	•PMO to identify commencement date.		£0.2m	£0.2m	
Unplanned Care	SWE (UPC1a) Virtual wards, intermediate care beds and inpatient wards savings carried over from 2010/11 decommissioning.		-	-	Green	•n/a	•Decommissioning completed.		£1.2m	£1m	
	SWE (UPC1b) - Reduce inappropriate A&E admissions from Residential/Nursing homes and the over 65s. (TA: 136)		-	-	Red	•Top ten nursing / residential homes with highest admissions from A&E to be visited on a rolling programme to ensure admissions reduce. Red rating is due to the project slipping due to lack of resources to visit.	•First ten visits held and action plans in place. Visiting team is a MDT including dietician and prescribing which links to other projects. Initial data showing a reduction of 1.25 admissions in the homes visited. CEC paper to be submitted to CEC today to secure additional resources to undertake a rolling programme of visits of the remaining 80 hours with a saving target of 0.7 admissions from homes.		£1.3m	£1.3m	

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			Forecast	Actual					11/12	Forecast 11/12	12/13
Unplanned Care	SWE (UPC3a (i))- Reduction of increased high levels of A&E admissions by increasing productivity and efficiency of Admission Avoidance service and reducing unnecessary admissions for patients with LTCs. (TA: 230)		-	-	Green	•To pilot front end A&E primary care services.	•ECP saving on average of 19 admissions per week. Meeting with BTUH on the 19th May to establish the Task and Finish Group for commencement.		£1.3m	£1.3m	
	SWE (UPC3c) - Increase the number of frequent flyers who are case managed. (TA: 83)			-	Green	•NELFT are currently case managing 330 adults and 30 paed and reduced the admissions on average by 1 patient. Plan in place to target the top 200 frequent fliers of over 8 admission and reduce those by 7. Receiving data on patients being case managed but need evidence to identify that those patients being case managed have actually had fewer admissions.	•Currently working with PCT and Community information to obtain the required data. The likelihood is that SUS flex data will be used as an indicator.		£1.1m	£1.1m	
Children and Maternity	SEE (CM1a) – Reduction in unnecessary C-sections (TA: 92)		£0.01	-	Green	•Project implemented, monitoring activity on a monthly basis to ensure that activity does not increase.	•Included in data pack.		£0.1m	£0.1m	
	SWE (CM2a) (i) Child and Adolescent Mental Health Service (CAMHS)		-	-	Amber	•Currently identifying children and young people that need to be moved.	•One patient identified as suitable to move and ongoing review of new placements being undertaken and challenged where appropriate.		TBC	TBC	
	SWE (CM3a) – Community Paediatrics (TA: 234) (Paeds Decom and Service Redesign	Green	£0.01m	£0.01m	Green	•n/a	•All milestones implemented and BTA signed.		£0.4m	£0.5m	

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Children and Maternity	SWE (CM3c) Other Children’s Community Service Decommissioning (Specialist Development Playgroups) (TA: 232, 228, 226, 224, 220 )		-	-	Green	•n/a	•All milestones implemented and BTA signed.		£0.03m	£0.05m	
	SWE (CM3c) Other Children’s Community Service Decommissioning (SALT, Physio, OT) (TA: 232, 228, 226, 224, 220 )	Green	£0.01m	£0.01m	Green	•n/a	•All milestones implemented and BTA signed.		£0.09m	£0.09m	
	<b>SWE (CM3d) - Safeguarding Looked After Children Included in PC9f SWECS decommissioning TIPs</b>	Green	£0.01m	£0.01m	Green	•n/a	•All milestones implemented and BTA signed.		£0.05m	£0.04m	

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Mental Health and LD	SWE (MH1a) IAPT and MUS		-	-	Amber	•IAPT and MUS project is currently being reviewed in terms of savings, as it is felt that there is more work to be done in relation to scoping up how this project will realise savings.	•Research data being reviewed in comparison to local data sets and meetings being held with key stakeholders.	£0m	£0.2m		
	SWE (MH2a) - SCG secure services step down pathway		£0.1m	-	Green	•Project moves patients from secure services to more appropriate settings such as MCCH.	•Prior approval system established to ensure appropriate placements are made and that the number patients to review is reduced. £200k already saved for SWE. (not included in Tracker as budget adjustment).	£1.5m	£1.5m		
	SWE (MH3a) - SEPT Cost Improvement Plan	Green	£0.1m	£0.1m	Green	•n/a	•Contract signed and savings to be realised in line with financial phasing.	£1.8m	£1.8m		
Infrastructure	SWE (MH3b) –Decommissioning of other Mental Health Services (TA: 109,164, 203)		£0.05m	-	Green	•n/a	•Contract signed and savings to be realised in line with financial phasing (not included in Tracker as budget adjustment).	£0.6m	£0.6m		
	SWE (MH4a) - Detoxification.		£0.05m	-	Green	•n/a	•Project milestones on track and no issues identified.	£0.05m	£0.05m		
	SWE (MH5e) - Cost per case.	Green	£0.02m	£0.02m	Green	•n/a	Project completed, monitoring savings.	£0.3m	£0.3m		
	SWE (I1a) – Meet management cost reduction targets (TA: 185, 171)		£0.1m	-	Amber	•Project commenced 6 Executive Directors appointed, Interim GP transition lead for South Essex appointed and Interim PCT Management Consortia Leads for SEE appointed.	•Interviews for the Director of Quality and Patient Experience will commence on the 16th May. Consultation for all staff planned for early June.	£0.9m	£0.9m		
	SWE (12c) - Estates rationalisation in 11/12.	Green	£0.01m	£0.01m	Red	•Project delayed as Estates Rationalisation Strategy awaiting Board sign off.	•Project lead to present to Turnaround Board to take a view as to whether this can be placed on May or June Board agenda, to ensure appropriate engagement with all key stakeholders prior to the meeting.	£0.3m	£0.3m		

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