

STRATEGIC PRIORITY 4 TO GET THE MOST FROM OUR RESOURCES		EXECUTIVE LEAD PAUL ROBINSON								
PROGRAMME/ACTION		LEAD MANAGER	BENEFITS REALISATION MEASURES / KPIs	MILESTONES					RAG	COMMENTS
				Q1	Q2	Q3	Q4	18/19		
1	Minimise the costly premium costs of variable pay									
1A	Establish and deliver CIP Board monitoring of variable pay plans for 17/18	Paul Robinson	Financial Plan trajectories achieved	*	*	*	*	*		Medical and Nursing Taskforce monitoring and reporting. Trust performance is below ceiling year to date at end Q3 and forecasting year end achievement.
1B	Taskforce reviews of 'top 20' interim usage, ensures vfm and mitigation	Andrew Haynes/ Suzanne Banks	Financial Plan trajectories achieved	*						Medical and Nursing Taskforce monitoring and reporting.
1C	Eliminate use of Thornbury	Suzanne Banks	ED expenditure		*					Enhanced controls established and Thornbury use removed at Q2. Winter demand and additional capacity has led to an increase in M9 and M10.
1D	Minimise use of corporate interims	Julie Bacon	Nil above cap, on trajectory		*					All use of Corporate Interims removed at Q3
2	Maximise internal efficiency			Q1	Q2	Q3	Q4	18/19		
2A	Establish measure(s) of workforce productivity	Paul Robinson	Measures identified		*					Carter Model Hospital measures adopted
2B	Identify targets and actions to improve productivity	Paul Robinson	Targets and actions identified			*				Model Hospital used to shape 18/19 FIP but not yet in systematic use
2C	Establish vehicle to drive improved productivity	Paul Robinson	CIP Board sub-group		*					Established dedicated Finance resource and sub-group to be established when benchmarking and PLICs data is robust
3	Implement service-line and patient-level costing and evaluation			Q1	Q2	Q3	Q4	18/19		
3A	Commence PLICS implementation	Paul Robinson	Project Board in place	*						Implementation commenced on time as per plan
3B	Production of reference costs	Paul Robinson	Reference costs produced		*					Reference costs produced and submitted within required timescales
3C	Full roll out of PLICS	Paul Robinson	As per project plan				*	*		Roll out on track. Plan agreed with clinical input.
4	Flexible deployment of staffing to match the needs and demands of patients (not staff)			Q1	Q2	Q3	Q4	18/19		
4A	Develop plan in line with Workforce Talent strategy	Paul Robinson/ Rob Simcox	Plan in place		*					Approaches aligning through the Trust MoP Workforce Strategy. Introduction of Virtual Ward, development of internal Trust bank (internal fill rate plus 50% from less than 20%) 3 times daily discussions around movement of staff to meet the demands of patients. The introduction of fresh approaches to recruitment challenges embracing modern employment models have contributed to additional workforce flexibility including the introduction of a clinical fellow programme, CEASR scheme, and Nurse associate position.
4B	Establish vehicle to deliver plan	Paul Robinson/ Rob Simcox	Vehicle in place		*					Workforce Planning Committee in place from Jan 2018 exploring further options to alternative roles and approaches to flexibility utilizing the workforce to meet patient demand
5	Review those areas of high patient use of our facilities that could be potentially avoided through service redesign thereby reducing demand for bed and other capacity			Q1	Q2	Q3	Q4	18/19		
5A	Identify facilities with high usage and consider alternative pathways	Roz Howie	Plans in place		*					Bed modelling work complete and includes seasonal variation. Surgical ward reconfiguration is in progress and will be completed during Q1 2018/19. Consideration will be given to medical ward configuration during Q1 2018/19, particularly the balance of acute and rehab bed base and the potential requirement of a medical day case unit
5B	Identify patients with high frequency of attendances and review alternatives	Roz Howie	Plans in place		*					System wide work is underway to develop care plans for high volume services users within ED and non-elective pathways.
6	Implement formal use of benchmarking and other indicative data			Q1	Q2	Q3	Q4	18/19		
6A	Establish Benchmarking sub-group of CIP Board	Paul Robinson	Group in place	*						Established dedicated Finance resource and sub-group to be established when benchmarking and PLICs data is robust
6B	Sub-group to consider relevant benchmarks (Carter for e.g.)	Paul Robinson	Benchmarks identified		*					Carter Model Hospital measures adopted
6C	Benchmarks to inform CIP and improved efficiency planning	Paul Robinson	Plans in place			*				Model Hospital used to shape 18/19 FIP but not yet in systematic use
7	Staff engagement/ ideas generation			Q1	Q2	Q3	Q4	18/19		
7A	Agree means of engaging staff in getting most from resources in conjunction with communication engagement strategy	Paul Robinson	Plan in place		*					Awaiting agreement on common approach to delivering change and Sherwood Way