

STRATEGIC PRIORITY 4 TO GET THE MOST FROM OUR RESOURCES													EXECUTIVE LEAD PAUL ROBINSON			
PROGRAMME/ACTION		LEAD MANAGER	BENEFITS REALISATION MEASURES / KPIs	KPI's - Trajectory				MILESTONES					RAG	RISKS	COMMENTS	
				Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	19/20				
1	Minimise the costly premium costs of variable pay															
1A	Establish and deliver FIP Board monitoring of variable pay plans	Paul Robinson	Financial Plan trajectories achieved					*	*	*	*	*		Increase in use of medical locums during Q1 2018/19	Medical and Nursing Taskforce monitoring and reporting. Trust performance 2017/18 was below NHSI ceiling, 2018/19 performance is slightly above ceiling at M3	
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	£0 expenditure						*					Winter demand	Enhanced controls established and Thornbury use removed at Q2 2017/18. Winter demand and additional capacity led to an increase in Q4 which has been reduced into 18/19..	
1D	Minimise use of corporate interims	Julie Bacon	Nil above cap, on trajectory					*							Corporate Interims use removed at Q3 2017/18	
2	Maximise internal efficiency															
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	FIP Board sub-group						*					PLICS focus for Q2 is Reference Costs production	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															
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						*						2017/18 Reference costs produced and submitted within required timescales and 2018/19 preparations on track.	
3C	Full roll out of PLICS	Paul Robinson	As per project plan								*	*			Roll out on track. Plan agreed with clinical input from Heads of Service	
4	Flexible deployment of staffing to match the needs and demands of patients (not staff)															
4A	Develop plan in line with Workforce Talent strategy	Paul Robinson/ Rob Simcox	Plan in place						*						Achieved: A consistent approach aligning through the Trusts MoP Workforce Strategy in regards to the flexible movement of staff to meet patient needs has been introduced. Developed and embedded Virtual Ward model, further development of internal Trust bank (including AHP and Pharmacy) 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 a number of successful through nursing, HCA and administrative assessment centres	
4B	Establish vehicle to deliver plan	Paul Robinson/ Rob Simcox	Vehicle in place						*						Achieved: Workforce Planning group and relevant operational task forces have been established to deliver and achieve consistent approaches to flexible deployment of staffing to match the needs and demands of patients	
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															
5A	Identify facilities with high usage and consider alternative pathways	Simon Barton	Plans in place						*					12% increase in medical admissions during Q1 may continue Commissioner plans to reconfigure community bed base / services may impact on demand / flow at SFH	Bed modelling work has been refreshed and includes seasonal variation. Surgical ward reconfiguration is complete. Consideration is being given to medical ward configuration during Q1 / Q2 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	Simon Barton	Plans in place						*						System wide work to focus on high volume service users is in progress	
6	Implement formal use of benchmarking and other indicative data															
6A	Establish Benchmarking sub-group of CIP Board	Paul Robinson	Group in place						*					PLICS focus for Q2 is Reference Costs production	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															
7A	Agree means of engaging staff in getting most from resources in conjunction with communication engagement strategy	Paul Robinson	Plan in place						*						Message and plan to be developed in conjunction with Quality Improvement and CQC/UoR messaging	