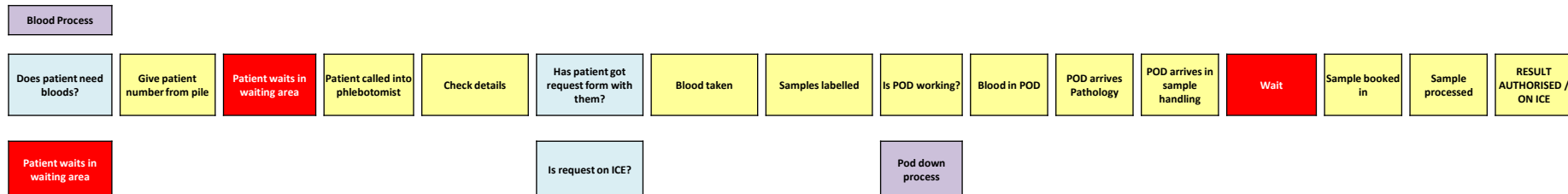




Future Mapping – helping to build the future



The background of the image is a stage with heavy, golden-yellow curtains. The curtains have a scalloped top edge and are drawn back to reveal a red rectangular sign in the center. The sign has a thin gold border and contains white text. The text consists of a large pound symbol (£) on the left, followed by the words 'THE', 'PRICE', and 'IS RIGHT' stacked vertically on the right.

£ THE
PRICE
IS RIGHT

ITU bed



£1,699

£2,113

ITU bed



£1,699

£2,113

*Subject to number of organs supported



Finance

Exercise on tables – 10 minutes

Workforce:

- Consultants (AFE 10)
- Junior Doctors (including on-call rota)
- Specialist Nurses
- Ward Nurses
- Clinical Support Workers
- Admin Support
- Sickness – 8%
- Turnover – 19%
- Vacancy rate – 18%
- Staff survey – worse in Trust

Capacity and access

- 3 wards
- Frequent outlier to other wards
- 5 theatre lists per week
- 10 clinics per week
- 18w incomplete – 78.8%
- 52w wait breaches
- Clinic DNA – 15.1%
- Length of stay volatile
- On day theatre cancellations – 6%

Finances

- Biggest overspend Directorate three years running
- £2.1m undelivered P&E c/f – nil plans in 19/20
- Largest agency spend in Trust
- Recruitment issues:
 - 4 cons vacancies
- Suspected unrecovered high cost drug expenditure
- PbR, local priced and block contracts
- Best practice tariffs available.

Pay - suggestions

Recruitment planning

Skill Mix review

**Demand and capacity
planning**

**Premium cost
staffing/WLI**

Rota review

Scheduling

Workforce Redesign

Job planning

E rostering

Grip and Control

Sickness

Cross directorate working

Non - Pay - suggestions

Discretionary spend

Contract reviews

No colour printing

Supplier changes

Agreed product lists

Grip and control

Managed services

Reduce variation

**Branded versus generic
drugs**

Gain share

**Reducing prescribing
differences**

TTO rationalisation

Income suggestions

- NHS Income
 - All activity recorded and reconciled to source systems
 - Coding accuracy and depth
 - Best Practice Tariffs and Tariff Top Ups
 - Agreed Gain Shares
- Commercial
 - Bidding for new work at margin
 - Non NHS/Commercial income opportunities

Other income maximisation principles

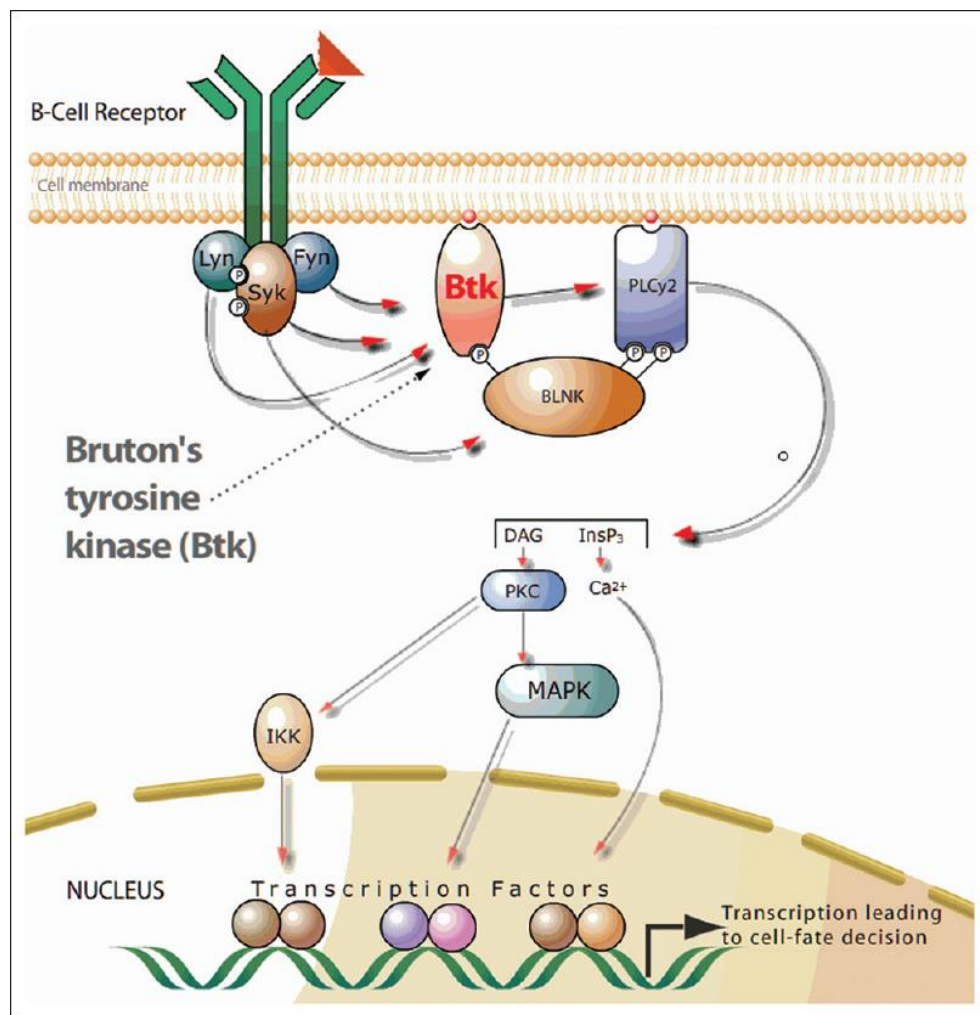
- Inpatient coding – have coding got access to all relevant systems/views?
- Outpatient procedures – are these being recorded reliably (if worth it!)
- Non-face to face activity – is it being recorded?
- Are MDTs recorded as such?
- Are ward attendances to other specialties being recorded?
- Is the correct specialty code being used where a local price is established?



	Example A	Example B
A&E	No investigation/treatment recorded - £73	Category 5 treatment recorded - £338



	Example A	Example B
Inpatient spell (elective)	Hernia procedure – CCs incomplete - £1,281 (FF61D)	Hernia procedure – CCs incomplete - £4,225 (FF61A)



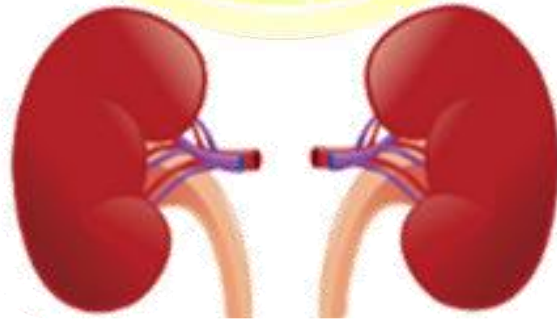
	Example A	Example B
High cost drug	Missed high cost drug from cost per case return - £14k Ibrutinib lost income	£14k recovered



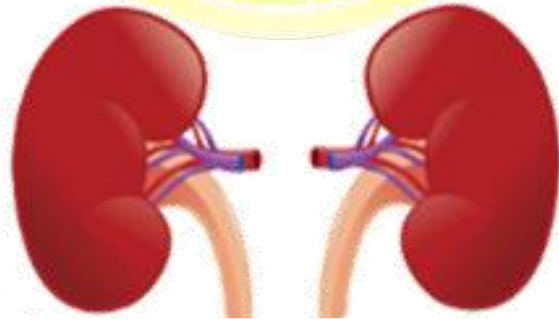
	Example A	Example B
Activity recording	Activity not put on Lorenzo by quarterly cut-off date – lose all income - £1,281	Activity recorded by quarterly cut-off and charged - £4,225



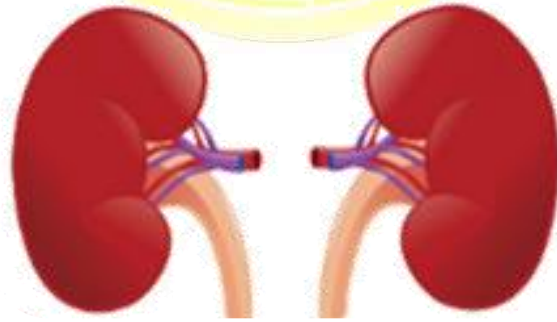
COME
ON
DOWN!!



Kidney Transplant £??????



Kidney Transplant £??????



Kidney Transplant

£22,046

LEADING VALUE BASED HEALTHCARE



Planning



Minimizing the risk of failure...

Engagement, Readiness to Change



Confidence



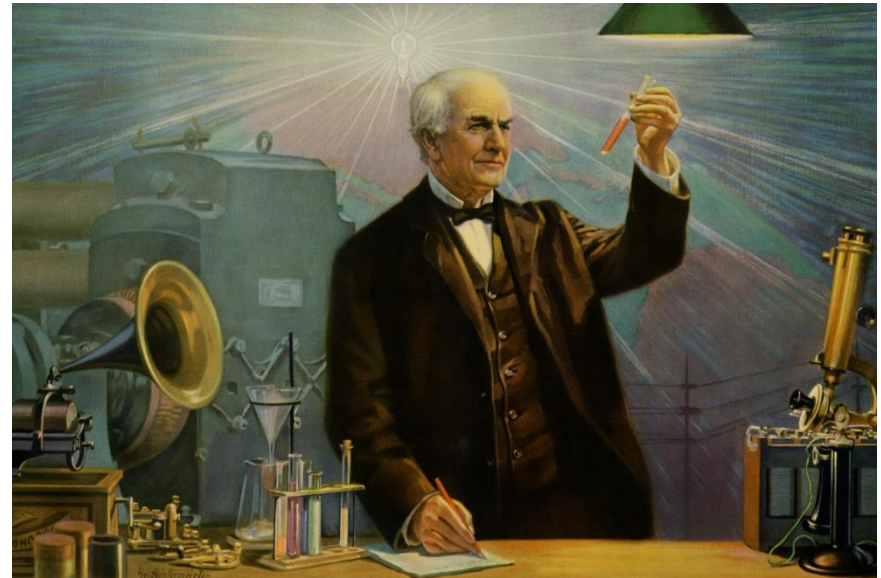
<i>Current Situation</i>		Resistant (No commitment)	Indifferent (some commitment)	Ready (strong commitment)
Low Degree of Belief that change idea will lead to Improvement	Cost of failure <u>large</u>	Very Small Scale Test	Very Small Scale Test	Very Small Scale Test
	Cost of failure <u>small</u>	Very Small Scale Test	Very Small Scale Test	Small Scale Test
High Degree of Belief that change idea will lead to Improvement	Cost of failure <u>large</u>	Very Small Scale Test	Small Scale Test	Large Scale Test
	Cost of failure <u>small</u>	Small Scale Test	Large Scale Test	Implement



Value of failed tests

Thomas Edison

“I did not fail one thousand times; I found one thousand ways how not to make a light bulb”



Date when scheme will begin to deliver productivity or efficiency savings	00/01/1900						
Detailed Description of Scheme							
Please outline <u>up to 10</u> key milestones with dates that will enable you to plan and monitor progress. These may begin prior to the cash generating/releasing date stated above.	Date:	Oct-19	Jan-20	Mar-20	Apr-20	Jul-20	Sep-30
	Milestone:						
	Date:						
	Milestone:						

Date savings will be released – this may be different to the date that actions or milestones begin. Are we confident that everything will be in place in order for savings to start coming out from the date identified here?

Description of scheme – does the scheme make sense to you from what is written here?

Milestones – purpose

- A milestone is a task of **zero duration** that shows an **important achievement** in your scheme.
- The milestones should represent a clear sequence of events that incrementally build up until the scheme is complete.
- Milestones are a way of knowing how the scheme is advancing. They have **zero duration** because they symbolize an achievement, or a point of time in a scheme.
- A milestone's start and end date depends on a task(s) start and end date, task association is therefore a major feature of a milestone.



Milestones - example

Project - to build a new home from the ground up, some of milestones in the project plan might look like the ones below:

- The floors will be finished on 15 August
- The roof will be completed on 30 November
- The gas installation will be connected at the end of the September

They can also include decision stages – i.e. BPT



Risk Rating Criteria

Resources Plan Criteria	Score	Delivery Schedule Criteria	Score	Patient Quality and Safety	Score	Financial Risk Rating Guidance	Score	Rating Scale
No resource plan	5	No delivery schedule	5	Risk assessment not conducted or Risk Score more than 15-25	5	Minimal confidence in delivery taking into account scores achieved on rows 35-37	5	20%
Required resources scoped but no plan in place	4	Schedule in development	4	Initial Risk Score 8-12	4	Low confidence in delivery taking into account scores achieved on rows 35-37	4	40%
Schedule of resources required exists and JD/PS (or similar) produced for all key roles	3	Draft schedule produced which includes key milestones and outline timescale for scheme delivery	3	Initial Risk Score 4-6	3	Moderate confidence in delivery taking into account scores achieved on rows 35-37	3	60%
Approval in place (local, BPT, CIT...) for resources to be appointed to /seconded/ made available and includes review by specialist where appropriate(i.e. supplies, estates, IT)	2	Draft schedule reviewed and contributed to by key stakeholders (i.e. OD,SM, CD, ND, Cross Trust Workstream lead if relevant)	2	Initial risk score 1-3	2	Reasonable confidence in delivery taking into account scores achieved on rows 35-37	2	80%
Resource in place with appropriate allocation of time ready to deliver	1	Agreed schedule produced and approved as necessary (i.e. Directorate management team, TEG, BPT, CIT) and includes date when savings will be released	1	Initial Risk Score 0 (ie no quality risk at all)	1	High confidence in delivery taking into account scores achieved on rows 35-37	1	100%