



PERTH &
KINROSS
COUNCIL



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G/16/154

PERTH & KINROSS INTEGRATION JOINT BOARD

1 JULY 2016

FINANCIAL ASSURANCE UPDATE

Report by Chief Finance Officer

PURPOSE OF REPORT

This report sets out the progress made by the Chief Officer and Chief Finance Officer in developing a financial recovery plan for NHS budgets to be devolved and the implications for the Integration Joint Board as at 1st July 2016.

1. BACKGROUND

1.1 At its meeting on the 23rd March 2016, the Integration Joint Board (IJB) considered the budgets to be formally delegated on the 1st of April by Perth & Kinross Council and NHS Tayside to support implementation of the IJB's Strategic Plan. These resources required to be formally accepted by the IJB following a formal process of financial assurance.

1.2 In relation to the budgets to be devolved by NHS Tayside the IJB noted the challenges and risks associated with the resources proposed to be delegated and accepted these on an interim basis only pending the development of a Financial Recovery Plan to be brought back to the IJB for consideration by the end of June 2016 at which point the sufficiency of the budget would be reconsidered. This report sets out the progress made in taking forward financial recovery plans for each component of the NHS Tayside budget, the current opinion of the Chief Finance Officer on the sufficiency of the budgets, the implications for the IJB and the need or otherwise to invoke the risk sharing agreement as outlined in the Integration Scheme, whereby responsibility for meeting overspends in the first 2 years lies with the partner delivering the service.

1.3

The Board accepted the level of budgeted resources calculated by Perth & Kinross Council as relating to delegated services for 2016/17, subject to final confirmation that sufficient budget is available within the overall settlement to meet the unanticipated increase in demand for residential care home placements which arose in March 2016. This report provides an update in this regard.

2. RECOMMENDATIONS

It is recommended that the IJB:

2.1 Notes the content of this report.

2.2 Notes the work undertaken by the Chief Finance Officer and the wider partnership team to develop a robust financial recovery plan in relation to the resources delegated directly by NHS Tayside and approves the savings and cost reduction plans identified as part of this process.

- 2.3 Accepts the level of budgeted resources calculated by NHS Tayside as relating to directly delegated services for 2016/17 with the exception of the GP Prescribing budget.
- 2.4 Notes the progress made to date in relation to delivery of GP Prescribing Savings. Instruct the Chief officer and Chief Finance Officer to continue to work locally and at NHST level to support delivery of this savings target. However as the budget to be devolved cannot be considered sufficient at this stage in the financial year, the IJB is asked to invoke the risk sharing agreement as outlined in the Integration Scheme, whereby responsibility for meeting overspends in the first 2 years lies with the partner delivering the service (in this case NHS Tayside) and advise NHS Tayside accordingly.
- 2.5 Notes the significant financial risk which remains in relation to the use of supplementary staffing across a number of directly delegated services and the progress being made to manage this risk in 2016/17 and future years.
- 2.6 Notes the work undertaken by the Chief Officer and Chief Finance Officer and the wider partnership team to develop a robust financial recovery plan in relation to those services to be hosted by Perth & Kinross IJB.
- 2.7 Accepts on behalf of the three IJB's the level of budgeted resources calculated by NHS Tayside relating to those services to be hosted by Perth & Kinross Council with the exception of Inpatient Mental Health Services (including General Adult Psychiatry, Learning Disabilities and the Tayside Substance Misuse Service)
- 2.8 Notes the progress made to date in developing a financial recovery plan for Inpatient Mental Health Services, both in relation to the savings target and underling costs pressures. Notes the particular difficulties created by the delay in implementing clear operational and strategic planning management arrangements for these services and ask the Chief Officer to drive forward resolution to minimise further impact.
- 2.9 Instructs the Chief Officer and Chief Finance Officer to continue to work with all parties to drive forward a sustainable three year financial plan for In patient Mental Health Services which aligns with the work being undertaken to establish the future site model for GAP/LD services as part of the "Steps to Better Healthcare" process. However the budget being devolved cannot be considered sufficient at this stage in the financial year and the IJB is asked to invoke the risk sharing agreement as outlined in the Integration Scheme, whereby responsibility for meeting overspends in the first 2 years lies with the partner delivering the service (in this case NHS Tayside) and advise NHS Tayside accordingly.
- 2.10 Note the progress made in identifying savings plans for 2017/18 and 2018/19, recognising that this will be enhanced considerably once the scope of savings from integration of many existing services is robustly identified in the months ahead.
- 2.11 Note the NHS Tayside Transformation Programme arrangements, their link to the development of the Perth & Kinross IJB Financial Plan and associated transformation programme.
- 2.12 Notes the position in relation to Large Hospital Set Aside budgets and the action plan being developed to deliver significant improvement in flow and capacity.
- 2.13 Notes the update provided on Perth & Kinross Council devolved budget for Residential Home Placements and the ongoing financial risk.

2.14 Notes the financial risk register and the management arrangements, actions and controls that are now being implemented to robustly manage the significant financial risks.

2.15

Approves the timetable for reporting to the IJB on in year financial performance and considers the proposal that a financial planning workshop for members and officers is convened for November to give the opportunity for discussion and consideration of pressures and savings opportunities for 2017/18 and 2019/20.

3. FINANCIAL RECOVERY PLAN 2016/17-NHS TAYIDE DIRECTLY DEVOLVED SERVICES

3.1 Budgetary Savings

Working with Service Leads across all areas, an intensive financial recovery review has been undertaken over the last three months. The key aim has been to develop a three year financial plan which supports financial sustainability whilst continuing to support the aims of the strategic plan. This is an iterative process that now be embedded into standard ways of working. The support to and engagement with this process from service leads across devolved services has been excellent. The progress to date in respect of recurring savings for 2016/17 is set out a Table 1 below.

Table 1 Summary of Progress

Directly devolved services	£000
Savings Target	1,480
Plans identified	1,103
Balance to be identified	377

Appendix 1 to this report sets out the specific savings plans identified. Further work is ongoing to identify non-recurring savings for 2016/17. Further details on savings plans for 2016/17: 2018/19 are set out at Appendix 2. The IJB is asked to note and approve the savings proposals for 2016/17.

There remain a small number of unresolved budget reconfiguration issues in respect of devolved budgets but it is the Chief Finance Officers opinion that these should generally be resolvable through routine management channels. A full final budget reconciliation is currently being finalised and no material issues are anticipated.

3.2 Supplementary Staffing Costs

In parallel to identifying plans to deliver the budgeted savings target above, service leads have been asked to identify all possible actions required to manage cost pressures in 16/17 arising from use of supplementary staffing. Being able to broadly manage key areas of significant pay overspend in 15/16 is key to establishing whether the budget being devolved is 'sufficient'.

Appendix 3 sets out the key supplementary staffing 'targets' for 2016/17 and progress in identifying actions to manage spend within budget. For directly devolved services, cost pressure funding to provide increased staffing compliment, changes to recruitment strategies, and the benefit from implementation of e-rostering is expected to have a significant impact on the level of supplementary staffing required in 2016/17. An overspend in the region of £220k is predicted at this stage for 2016/17

based on the management actions agreed with service managers however, it is hope that nevertheless budgets can broadly be managed to break even across directly devolved services.

4. FINANCIAL RECOVERY PLAN 2016/17 GP PRESCRIBING

The Financial Assurance Update to the IJB in March highlighted the very challenging £1.4m savings target that had been set against the GP Prescribing budget. An indicative programme of work has been set out by NHS Tayside to deliver similarly challenging targets across the three IJB's as part of the Realistic medicine Transformation Work Stream. A Prescribing Management Group has now been set up to focus on delivery. To date this group has met once since March. The areas for focus have been outlined as follows:-

- Quality Prescribing Visits – intended to address variation in up to 15 General Practices across Tayside.
- Reviewing centrally negotiated national price changes or rebates.
- Reviewing the utilisation of a range of specific drugs across Tayside.
- Reviewing a range of specific cost issues in prescribing such as Oral Nutritional Supplements, liquid medicines and wound dressings.

The forecast position for 2016/17 provided by Pharmacy colleagues indicates potential delivery of £396k savings in 2016/17, primarily from generic price reductions and from a move to powder oral nutritional supplements. Given the progress to date in identifying savings the GP Prescribing budget cannot be considered as sufficient for 16/17. The IJB is therefore asked to invoke the risk sharing agreement as outlined in the Integration Scheme, whereby responsibility for meeting overspends in the first 2 years lies with the partner delivering the service (in this case NHS Tayside) and advise NHS Tayside accordingly.

5 FINANCIAL RECOVERY PLAN 2016/17 SERVICES TO BE HOSTED BY PERTH & KINROSS IJB

In line with our approach to directly devolved services, we have been working with Service Leads for our hosted services to undertake an intensive financial recovery review process over the last three months. Again, the key aim has been to develop a three year financial plan which supports financial sustainability whilst continuing to support the aims of the strategic plans of all three IJB's. The progress to date in respect of recurring savings for 2016/17 is set out a Table 1 below.

Table 3 Summary of Progress

	PKHSCP Hosted Services	PKIJB Share
	£000	
Savings Target	1,446	477
Plans identified	879	290
Balance to be identified	567	187

Appendix 1 to this report sets out the specific savings plans identified. Further work is ongoing to identify non-recurring savings for 2016/17.

The delay in establishing clear leadership and lines of accountability across In-patient Mental Health Services generally and General Adult Psychiatry in particular, has meant that the financial recovery process has just commenced, with key meetings taking place in the second half of June to identify key opportunities for efficiency in the short and longer term. Key to this process will be understanding what savings can be delivered out with the wider efficiency expected as part of the Steps to Better Health Care review. A verbal update on progress will be provided to the Board on 1st July in this respect.

The Chief Officer and the Chief Finance Officer will be fully supporting the workshops set up in June to take forward the Steps to Better Healthcare option appraisal process. Ensuring that there is strong focus on a solution which can deliver safe, affordable services will be of fundamental importance to all three IJB's moving forward.

In parallel to identifying plans that will deliver the budgeted savings target above, service leads have been asked to identify all possible actions required to manage cost pressures in 16/17 arising from use of supplementary staffing. Being able to broadly manage key areas of significant pay overspend in 15/16 is key to establishing whether the budget being devolved in 'sufficient' for services to be hosted by PKHSCP.

Appendix 2 sets out the key supplementary staffing 'targets' for 2016/17 and progress in identifying actions to manage spend within budget. Despite significant efforts to manage high locum spend in GAP and LD, an overspend of £680k is predicted.

There remain a small number of unresolved budget reconfiguration issues in respect of In patient Mental Health Budgets; this includes the impact of a significant reduction in Scottish Government allocations and management resources. Further information and discussion is required with finance and service colleagues to reach resolution on these issues.

Given the unresolved budget issues, the level of underlying cost pressures and the significant shortfall against savings targets, the budget being devolved for Inpatient GAP and Learning Disabilities cannot be considered sufficient at this stage. The IJB is therefore asked to invoke the risk sharing agreement as outlined in the Integration Scheme, whereby responsibility for meeting overspends in the first 2 years lies with the partner delivering the service (in this case NHS Tayside) and advise NHS Tayside accordingly.

6 FINANCIAL RECOVERY PLAN 2016/17 SERVICES TO BE HOSTED OUTWITH PERTH & KINROSS IJB

The Chief Finance Officers Group has met on a fortnightly basis since mid April and a key focus has been sharing of progress in developing financial recovery plans for hosted services. Table 3 below provides the current status of the ongoing work in relation to budgetary savings.

	Angus Hosted Services	Dundee Hosted Services	Total to be hosted out with P&KHSCP	PKIJB Share
	£000	£000	£000	£000
Savings Target	565	927	1492	492
Plans identified	233	318	557	184
Balance to be identified	337	609	946	308

The detailed plans have not yet been formally shared with the Chief Officers and therefore should be regarded as indicative at this stage. A full formal update on hosted services will be provided to the IJB at its August meeting.

In addition to the shortfall in savings identified above, Angus IJB have identified a potential overspend of £500k in relation to medical staffing cover within hosted Forensic Medical Services. Perth & Kinross IJB would therefore have a potential overspend of £165k in this respect. No material potential budget pressures have been outlined by Dundee IJB in respect of their hosted services.

7. NHST Transformation Programme

Since the meeting IJB meeting in March, NHS Tayside has further developed its Transformation Programme which consists of a number of work streams within which a number of key initiatives are being developed in order to deliver the level of cost reduction to current and projected NHST spend required to bring spend in line with available resources (£58m). These work-streams are supported by an infrastructure which includes work-stream leads and support staff. The work-streams are as follows:

- Service Redesign: Ensuring high-quality, seamless, safe and sustainable services and care across the health and care system in Tayside
- Realistic Medicine: Building on Realistic Medicine in the National Clinical Strategy using international, national and local evidence and benchmarking to inform our service redesign to ensure that resources are used in the most cost-effective way and make the best choices for patient outcomes
- Repatriation: Ensuring Tayside patients are treated or cared for locally, whenever possible and managing inbound patients from other NHS organisations
- Workforce and Care Assurance: Delivering high-quality, safe and effective patient care using a workforce of the right size with the right skills in the right place through removing the reliance on agency staff and optimising the use of bank staff and reviewing the admin and clerical and management workforce and HR policies for the recruitment, development and retention of a high performing workforce.
- Better Buying & Procurement: Getting the best value for money for the things we purchase. The provision of safe, good quality and fit for purpose products at cost-effective prices is a key part of valuing our NHS

- Facilities & Estates: Ensuring all waste and variation is reduced against a range of services while ensuring an effective use of resources
- Property Sales: Reducing the property footprint in Tayside and the backlog of maintenance, releasing funds and enhancing the quality of care for patients by providing a more effective and efficient way of caring for them

In addition, savings and cost reductions are anticipated to be achieved through general operational budgetary efficiencies and as a result of national initiatives.

At this stage the NHST Transformation Programme sets out a range of potential targets rather than specific savings plans. Therefore the PKHSCP Financial Recovery Plan assumes no specific savings from the NHST Transformation Programme other than for GP Prescribing.

We will work to support NHST colleagues to establish the Transformation Programme and when specific savings plans emerge these will be included in the local plan. As noted at (4) above, PKHSCP are wholly reliant on the Realistic Medicines Work Stream to deliver GP Prescribing savings across NHS Tayside in 2016/17. In addition, savings for PKHSCP from Better Buying and Procurement are anticipated in 2016/17 and will enhance the current plan once confirmed. However it is hoped that the main benefits from this ambitious programme will accrue in 2017/18 and beyond and ensuring that the work is sufficiently developed to support our 2017/18 Financial Planning Process from August will be key.

8 HOSTED SERVICES: MEMORANDUM OF UNDERSTANDING

At the January meeting of the IJB, an update was given on work to develop a Memorandum of Understanding between all three IJB's setting out management, reporting and governance arrangements, basis for devolvement of budgets and financial accountability. The Chief Officer was asked to take forward the further development work and report back to IJB.

A Draft Memorandum has been developed and this sets out an indicative basis for the fair allocation of budgets based on population share. Further meetings have taken place including the Chief Officers and legal support to develop the Memorandum further, ensure that it is based on good governance principles and ensure that the propose basis for budget split is fair and reasonable. This work is not yet complete and will be brought back to the IJB in August. In the meantime the proposed basis for budget split within the current draft has been used.

9 LARGE HOSPITAL SET-ASIDE AND IMPROVING CAPACITY AND FLOW

At the March 2016 meeting of the Board, it was noted that whilst indicative agreement had been reached on the Large Hospital Budgets to be set aside on behalf of each IJB, formal due diligence had not been undertaken and it was agreed that this work should be undertaken and progress brought back to the next meeting.

The due diligence assessment of the Large Hospital Budgets is an exercise that requires support and engagement of colleagues across each IJB, within the operating Division of NHS Tayside and from corporate support colleagues. Given the large range of other complex issues currently being worked through, particularly in relation to hosted services, the due diligence work has not yet been undertaken. However agreement has been reached to the set up of a joint forum to undertake this

task and following on from this, support service and financial planning moving forward.

Further in collaboration with the site manager for PRI and the Director of Acute Services at NHS Tayside, an action plan consolidating all activities related to delivering improvements in the patient flow which in turn will minimise the factors that cause delays in discharges is being pulled together.

We will expect as a result of the combined impact of all of these improvements to significantly reduce the level of beds days lost to delays across our hospital settings and a target trajectory will be agreed. This work will be of huge importance in supporting the financial sustainability of both the partnership and the wider NHS Tayside System. This work will require to have strong synergy with the NHS Tayside Service Redesign Work Stream and be fully compatible with the Community Care Transformation Plans already agreed.

An update will be provided to the next meeting.

10. COMMUNITY CARE: RESIDENTIAL CARE PLACEMENTS

The Financial Assurance Report to the IJB in March highlighted an emerging pressure arising from an increase in demand for residential care. The estimated £1.7m cost was not specifically recognised in the proposed budget settlement, however sufficient flexibility across the wider settlement and utilising the full balance of the 2016/17 Social care Fund gave reassurance that this cost could be contained within budget on an in-year basis.

A detailed budget review of the full Community Care budget has been undertaken to identify all pressures along with all in year budget flexibility. Based on the position at 30th May 2016, in year financial balance is expected to be achieved, however a recurring shortfall of £622k exists on a full year basis. This assumes no further surge in demand for residential care placements during 2016/17. This is a significant financial risk to the IJB at such an early stage in the financial year

As noted at Section 9, a wide range of improvement work being undertaken by the senior leadership team with service managers across the pathways of care. This will be critical in achieving improved flow through care, reduced hospital admissions and shorter lengths of stay both in hospital and residential care settings. This should also reduce demand for care home placements. Realising the anticipated impact of these work-streams and reducing the overall level of demand for high cost services will be critical to managing the financial risk in future.

11 RISK MANAGEMENT

The Risk Management Framework being considered by the IJB in parallel to this report sets out in detail the financial management risk profile, the current controls and the improvement actions being undertaken to ensure strong financial management arrangements are developed.

In addition, the Workforce Development and Staff Governance Risk Management Framework sets out the need to ensure a robust process is developed to assess all savings/transformation plans with the Partnership Workforce Strategy and its agreed Professional Standards.

12 FINANCIAL REPORTING 2016/17

The first financial monitoring report presented to the Chief Officers Group will be based on the 3 months to 30th June 2016. This will include a year-end forecast position at Partnership Level (Direct Services and Services to be hosted by Perth & Kinross IJB) and at IJB level (Direct Services plus the IJB's share of all hosted services). Monthly financial reports will be presented thereafter.

The August meeting of the IJB will receive a report on the period to 31st July 2016. This report will provide a further update on the development of savings plans for 2016/17 and for the following two years. It will also provide a full update in partnership funding which is expected to be fully committed.

13 FINANCIAL PLAN DEVELOPMENT 2017/18: 2019/20

A timetable for development of the IJB's 2017/18 Financial Plan is currently being discussed with Senior Finance Colleagues within Perth & Kinross Council and NHS Tayside and this will be presented in August.

At the March meeting of the IJB, it was agreed that there would be significant merit in members and officers working together to support Financial Planning and Budget Setting for 2017/18 and beyond. It is therefore proposed that a Financial Planning/Budget Setting Development Session be set up for November 2016 to provide a unique opportunity for the partnership senior management team and IJB members to support the Financial Planning/Budget Setting process across Health and Community Care budgets.

The work done to date to develop financial savings has been strongly focused on a three year timeframe and significant progress has been made to identify savings for future years. There will be a further step-up in focus on future year savings in preparation for a robust budget setting process from October 2017.

- Appendix 1 Saving Plan Summary
- Appendix 2 Executive Summary
- Appendix 3 Supplementary Staffing Action Plan

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Date of Paper: 1st July 2016

Perth and Kinross IJB	Indicative Link to NHST Transformation Programme Work Stream	Perth and Kinross							
		2016/17			2017/18				
		Local	Hosted	Prescribing	Total	Local	Hosted	Prescribing	Total
Target		1480	1446	1479	4405	0	0	0	0
Physiotherapy - Workforce Review		99	0	0	99	0	0	0	0
Physiotherapy - Redesign		0	0	0	0	TBC	0	0	0
Occupational Therapy - Workforce Review		64	0	0	64	0	0	0	0
Occupational Therapy - Integration		0	0	0	0	TBC	0	0	0
Occupational Therapy - Redesign (incl. Skill mix)		0	0	0	0	TBC	0	0	0
Review of MFE / Intermediate Care Beds		0	0	0	0	TBC	0	0	0
POA Anti-cholinesterase prescribing review		80	0	0	80	0	0	0	0
Pay Protection Older People CMHT		70	0	0	70	0	0	0	0
Transformation - POA Inpatient Service Review Phase 1		54	0	0	54	163	0	0	163
Transformation - POA Inpatient Service Review Phase 2		0	0	0	0	TBC	0	0	0
Transformation of District Nursing		169	0	0	169	0	0	0	0
Review of Joint Equipment Loan Store		18	0	0	18	TBC	0	0	0
Review of Inpatients Beds in Community Hospitals South		0	0	0	0	275	0	0	275
Admin and Clerical Review		93	0	0	93	0	0	0	0
CHP Management		100	0	0	100	0	0	0	0
Corporate Review of Uplifts		107	0	0	107	0	0	0	0
Review of Adults Mental Health and Wellbeing Team		16	0	0	16	5	0	0	5
Mental Health Community Learning Disabilities		126	0	0	126	0	0	0	0
Realises Review		41	0	0	41	0	0	0	0
MD's Review		38	0	0	38	0	0	0	0
Anticoagulation Supplies and Workforce review		0	0	0	0	150	0	0	150
Podiatry procurement and instruments review		28	0	0	28	0	0	0	0
Transformation - Prisoner Healthcare Workforce review		0	155	0	155	0	0	0	0
GAP Inpatients MRH		0	70	0	70	0	118	0	118
In Patient Mental Health		0	309	0	309	0	0	0	0
Community Dental		0	160	0	160	0	0	0	0
GP Prescribing		0	185	0	185	0	0	0	0
Existing Plans		0	0	396	396	0	0	183	183
Shortfall at June 2016		1103	879	396	2378	593	118	183	894
Total		377	567	1083	2027	-593	-118	-183	-894
Existing Plans		1480	1446	1479	4405	0	0	0	0
Shortfall		75%	61%	27%	54%				
Total		25%	39%	73%	46%				
		100%	100%	100%	100%				

PERTH & KINROSS HEALTH AND SOCIAL CARE PARTNERSHIP: HEALTH SAVINGS PLAN

		Net Saving			Staffing Implications		
		16/17 £'000	17/18 £'000	18/19 £'000	16/17 FTE	17/18 FTE	18/19 FTE
1	<p><u>Transforming District Nursing</u></p> <p>Review of District Nurse Service model to reduce waste and variation and determine skill mix requirements thereby having the capacity to provide more targeted services towards the frail elderly and deliver ECS and locality based integrated approaches.</p> <p><u>Impact Analysis and Risk Assessment</u> The impact and risk assessment is unable to be completed fully until the mapping and service review is completed (planned for end June 2016). Nursing Service Model will need to be informed by the application of National Nursing Workforce Tools and Scottish Government's recently announced intent to legislate recommended staffing levels for NHS Scotland.</p> <p>Workforce: Customer: Ability to deliver on ECS model Equalities / Diversity: Outcome & Performance:</p>	169	0	0	TBC	0	0
2	<p><u>Transformation - Older People Living with Mental Health</u></p> <p>Roll out community older people mental health model in South Perthshire to make best use of resources in the South Locality thereby shifting the balance of care to an</p>	54	163	0	5.8	0	0

		Net Saving			Staffing Implications		
		16/17 £'000	17/18 £'000	18/19 £'000	16/17 FTE	17/18 FTE	18/19 FTE
	integrated enhanced community service for Older People Living with Mental Health.						
	<p><u>Impact Analysis and Risk Assessment</u></p> <p>Workforce: Existing vacancies currently held by short term contracts.</p> <p>Customer: delivery of assessment to a community based Hospital outreach service, patients requiring intensive treatment to be admitted to MRH in Perth . Adverse publicity possible if message not consistent or managed.</p> <p>Equalities / Diversity: patients in the South of P&K will have to travel to Perth</p> <p>Outcome & Performance: Improved staffing in remaining in-patient services. Development of a Hospital at Home model of care initially in the south of P&K</p>						
3	<p><u>Anti-cholinesterase Prescribing POA</u></p> <p>Review the recurring budget for Anti-cholinesterase prescribing within POA services. Overall recurring budget of £295k held, after a period of prolific prescribing, levels have reduced and now levelled off.</p> <p><u>Impact Analysis & Risk Assessment</u></p> <p>Workforce: None</p> <p>Customer: None</p> <p>Equalities & Diversity: None</p> <p>Outcome & Performance:</p>	80	0	0	0	0	0

		Net Saving			Staffing Implications		
		16/17 £'000	17/18 £'000	18/19 £'000	16/17 FTE	17/18 FTE	18/19 FTE
4	<p><u>Pay Protection for Older People Community Mental Health Team</u></p> <p>Review pay protection policies for staff redeployed from hospital to community settings.</p> <p>Workforce: re-location of staff on enhanced payment protection to existing posts in MRH ,</p> <p>Customer: Staff side resistance possible</p> <p>Equalities & Diversity: None</p> <p>Outcome & Performance:</p>	70	0	0	0	0	0
5	<p><u>Transformation- Review inpatient beds in Perth and Kinross</u></p> <p>Review both Hospital Resource inpatient beds to ensure best use of resources. Consider the impact on capacity and flow across the whole system and commission an Integrated Care Hub, supported by home treatments (hospital at home)</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Workforce:</p> <p>Customer:</p> <p>Equalities / Diversity: None</p>	0	275	0			

	Outcome & Performance: Increased health support in people's own home environment reducing admissions to hospital and supporting delayed discharge models, where appropriate.								
6	<p><u>Review of Minor Illness / Injury Units</u></p> <p>Review the provision of MIU in Pitlochry, Blairgowrie and Crieff Community Hospitals in order to support the future models for integrated care hubs, out of hours services with treatment centres and day case management.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Workforce: Skill mix review Customer: Public reaction; Equalities / Diversity: Outcome & Performance;</p>	0	150	160					
7	<p><u>A&C Review</u></p> <p>Review the skill mix of administration and ensure increased flexibility of staff deployment to promote a workforce which is efficient and responsive to new locality structures and the utilisation of technology solutions.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Workforce: Reduce headcount and appoint staff to work at the banding required, within a flexible team model. Customer: Ability of clinical services to meet patient's needs Equalities / Diversity: Impact assessment completed Outcomes & Performance:</p>	93	0	0	4.8	0	0	0	0

8	<p><u>Review and Redesign of AHP Workforce</u></p> <p>Redesign Occupational Therapy staffing in line with OT Integration and review physiotherapy staffing. This redesign will meet current strategic priorities such as ECS and Integration of reablement and rehabilitation service to meet the need for short term interventions.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Workforce: Review of current staff vacancies and reduction in hours Customer: Increased waiting times Equalities / Diversity Outcomes & Performance</p>	163	0		2.63		
9	<p><u>OT Integration</u></p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Workforce Customer: Equalities / Diversity Outcomes & Performance</p>	TBC	TBC	TBC			
10	<p><u>Adults Mental Health & Wellbeing Service</u></p> <p>Allocate staff to locality teams to align with the H&SCI agenda which will enable a review of service requirements.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Workforce: Known retiral Customer: Increased waiting times</p>	16	5	3	0.5		

11	<p>Equalities / Diversity Outcomes & Performance</p> <p><u>Anticoagulation</u></p> <p>Savings by more efficient supplies ordering and reduction in staffing complement.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Workforce Review staff numbers as vacancies / retireals are known.</p> <p>Customer</p> <p>Equalities / diversity</p> <p>Outcome and Performance</p>	28	0	0	0.3	0	0
12	<p><u>Joint Equipment Loan Store</u></p> <p>Redesign the Discharge Equipment Pathway by incorporating an integrated team approach ensuring nurses with the right skills are available in each locality for equipment loan / M&H advice.</p> <p>Reduction in JELs budget of £2k.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Workforce: Redeployment</p> <p>Customer: None</p> <p>Equalities / Diversity: None</p> <p>Outcome and Performance:</p>	18	TBC	TBC	0.53	TBC	

13	<p><u>Management Review</u> Streamline Management arrangements including corporate support.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Workforce:</p> <p>Customer:</p> <p>Equalities / Diversity:</p> <p>Outcome and Performance:</p> <p><u>Corporate Review of Uplifts</u></p>	100	0	0	0	TBC	
14	<p>Review of Inflationary pressures against budget available.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Workforce:</p> <p>Customer:</p> <p>Equalities / Diversity:</p> <p>Outcome and Performance:</p> <p><u>Mental Health Community</u></p>	107	0	0	0	0	0
15	<p>Reconfiguration of workforce to maximise efficiency. A review of all non-pay budgets including travel and subsistence.</p>	126	0	0			

	<p><u>Impact Analysis and Risk Assessment</u></p> <p>Workforce: Skill mix reduction and vacancies. Customer: Equalities / Diversity: Outcome and Performance:</p>								
16	<p><u>Learning Disabilities</u></p> <p>A full review of workforce to maximise efficiency.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Workforce: Existing Vacancies 1.25 wte Customer: Equalities / Diversity: Outcome and Performance:</p>	41	0	0	0	1.25			
17	<p><u>Reserves Review</u></p> <p>Review of unallocated reserves.</p> <p><u>Impact Analysis and Risk Assessment</u></p> <p>Workforce: None Customer: Equalities / Diversity:</p>	38	0	0	0				

	Outcome and Performance								
	Total – Direct Services	1,103	593	163					
	Hosted Services								
18	<u>Review of Podiatry Services (Hosted)</u> Move to a single use instrument supply to reduce decontamination costs, review supplies and staffing complement Impact Analysis and Risk Assessment Workforce: Skill mix and retireals Customer Equalities / Diversity Outcomes & Performance	155	0	0					
19	<u>Prisoner Health Care (Hosted)</u> Workforce review, Medicines review and reduced waste <u>Impact Analysis and Risk Assessment</u> Workforce Customer Equalities / diversity Outcome and Performance	70	118	TBC					

20	<p><u>Community Dental</u> A review of workforce and all other budgets to maximise efficiency. <u>Impact Analysis and Risk Assessment</u> Workforce - TBC Customer Equalities / diversity Outcome and Performance</p>	185	0	0	0		
21	<p><u>GAP Inpatients MRH</u> Reconfiguration of workforce, including skill mix. Reduction in excess travel costs. <u>Impact Analysis and Risk Assessment</u> Workforce: Vacancies and retireals. Customer Equalities / diversity Outcome and Performance</p>	309	0	0			
22	<p><u>In Patient Mental Health Corporate Review</u> A Review of centrally held unallocated budgets. <u>Impact Analysis and Risk Assessment</u></p>	160					

	Workforce - None								
	Customer								
	Equalities / diversity								
	Outcome and Performance								
	<u>Total – Hosted Services</u>	879	118	0					
		GP Prescribing							
23	<u>GP Prescribing – Projects and Programmes</u>								
	Medicines price reductions/rebates negotiated nationally. In addition, benefit from more effective prescribing of Nutritional Supplements and Rosuvastatin.	396	183						
	<u>Impact Analysis and Risk Assessment</u>								
	Workforce None								
	Customer								
	Equalities / diversity								
	Outcome and Performance								
	<u>Total – GP Prescribing</u>	396	183	0					
	<u>TOTAL All</u>	2,378	894	163					

PERTH & KINROSS HEALTH & SOCIAL CARE PARTNERSHIP - SUPPLEMENTARY STAFFING ACTION PLAN

SERVICE	2015/16 PAY OVERSPEND	KEY DRIVERS	2016/17 IMPROVEMENT ACTIONS	16/17 FORECAST
Direct Services				
Medicine for the Elderly (Tay/Stroke)	255	Overspend due to vacancies within establishment throughout 2015/16 and subsequent use of agency. In addition, there were two posts which are part of the establishment but did not have recurring budget.	One post remains unfunded but budget has been identified for the Head of Nursing post. Improvement actions being implemented around recruitment to reduce vacancies.	150
Community Hospitals South	130	Insufficient budget for safe staffing levels at start of 2015/16 in St Margarets, However, further budget added during year. Crieff - Budget sufficient but use of supplementary staffing to cover vacancies and sickness.	Service now consolidating staffing with permanent staff so expect to see reduction in supplementary staffing. Service working on sickness and vacancies - potential problem remains re point of scale.	70
Community Hospitals North	74	Position overall improved during 2015/16 thanks to additional funding and Aberfeldy closure but Pitlochry historically underfunded	Pitlochry budget increased to safe staffing levels as part of NHST cost pressure funding. Expect supplementary staffing to fall as permanent staff employed.	0
Total	459			220
Hosted Services				
Learning Disabilities Inpatient	631	4 main problem areas :- actual layout of Strathmartine site, delayed discharges, High dependancy levels and high sickness all causing very high use of supplementary staffing	Additional cost pressure monies allocated to bring all inpatient wards up to agreed staffing levels. However problems will remain because of the layout of the Strathmartine site and high sickness - unlikely to be fully solved until potential change of site.	350
GAP IP Angus	100	Key areas of concern are Mulberry Ward - recruitment and retention of staff and sickness levels and Consultant Medical agency cover for 2 docs.	Funding not an issue. Problems relating to staffing ward will probably continue. Consultant cover problema also likely to continue	190
GAP IP Dundee	244	Historical funding for additional staff required by HIS inspection underfunded. Consultant vacancies and ongoing other leave issues.	Historical Funding issue met by NHST Cost Pressure monies and additional funding also given to assist with ongoing Consultant issues.	40
GAP IP Perth & Kinross	104	Some supplementary staffing costs associated with problems in recruiting and retraining Nursing staff but these were all contained within budget and in fact nursing underspend covered the majority of the Medical Consultant vacancy cover	Medical locum costs continue. Note also that there will be an impact of the removal of the community elements of the service which now appear under the IJB as a direct service.	100
Prisoner Healthcare	317	Service model totally redesigned during 2015/16 although funding not approved until 2016/17. Nursing and Medical overspends due to very high levels of supplementary staffing.	New model being implemented and NHST have fully funded.	0
Total	1396			680