

Community Transformation Programme – Sept 2015

KEY Complete On target
At Risk Missed

1 Key Benefits & Measures

Benefit / Measure	Baseline	Target	Status
Benefits realisation plan developed for community services. It was agreed that the following will be covered:			
<ul style="list-style-type: none"> Operational performance management capability at individual/team level Performance management and review of teams/services from both operational and programme perspective Evaluating the extend of implementation of the model Measurement/monitoring and management of longer term outcomes expected from the programme. 			

2 Key Milestones

Milestone	Status	Target	Forecast
Tr 1 – South Tyneside implementation delayed due to estate provision – Palmers, Jarrow. Elements of the model will be put in place ahead of move into new accommodation.	Red	Nov14	Nov 15 Accommodation complete
Accommodation template completed to inform estate requirement and design across NoT localities	Green	July 15	August 15
Access model for Newcastle, Gateshead & NT being developed in discussion with Partners. Northumberland urgent access in place, full IRS part of locality implementation plan.	Green	July 15	October 15
Design and implementation of e-pathways to deliver electronic care packages. Delayed due to Supplier issues. Interim solution to be agreed.	Amber	April 15	TBC

3 Cost

	Capital	Revenue
Budget		
Forecast		
Budget spend to date		
Actual spend to date		
Status		

4 Key Risks & Issues

Risk/Issue	Mitigating Actions	Status
PCP 05: Expected benefits of implementing new care pathways are not realised (particular need to address clinical capacity to deliver new treatment packages)	Evaluation plan and reporting mechanism to ensure regular review and action	Amber
PCP15: Capacity of transformation and operational resource to initiate in new localities, whilst also embedding implementation within resources available.	High Level central plan	Green
PCP18: Lack of engagement from key stakeholders	High Level and TIG Locality plans	Amber
PCP19: Capacity to undertake simultaneous consultations across 4 localities, and also in conjunction with TCS consultation.	CSTG and Trust Programme Board	Amber

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Specialist Care Programme – September 2015

KEY Complete On target
At Risk Missed

1 Key Benefits & Measures

Measure	Target	Progress	Status
FDP 15/16	£3.4m	£1.0m delivered Q1	Green
		£1.0m identified	Green
		£1.4m in discussion	Amber
Secure services Reference Costs	Revised reference costs are being derived from actual and anticipated savings. Breakdown overleaf.	Progress has been made against the 13/14 reference cost.	Amber
CYPS– Strengths & Difficulties questionnaire compliance	Q1 – N/A	8%	Amber
	Q2 – 15%		
	Q3 – 50%		
	Q4 – 80%		

2 Key Milestones

Milestone	Status	Target	Forecast
Xeomin toxin – patients transferred to Xeomin where appropriate	Green	End Q2 2015/16	End Q2 2015/16
Hepple House patients relocated to more appropriate care settings	Green	End Q3 2015/16	End Q3 2015/16
ADHD team located in new accommodation	Green	End Q3 2015/16	End Q3 2015/16
Forensic Services CIP removed from operational budgets reaches £500K	Green	End Q4 2015/16	End Q4 2015/16
Autism Unit opening (building complete).	Green	Revised 07 2016	07 2016
Further projects for 2015/16 delivery outlined.	See attached		

3 Cost

	Capital	Revenue
Budget	Not applicable	Not applicable
Forecast	Not applicable	Not applicable
Budget spend to date	Not applicable	Not applicable
Actual spend to date	Not applicable	Not applicable
Status	Not applicable	Not applicable

4 Key Risks & Issues

Risk/Issue	Mitigating Actions	Status
Plans for full financial delivery for 2015/16 and beyond remain a challenge.	Ongoing plans developing for July as per Trust plan	Amber

Specialist Care Programme – September 2015

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Summary Status

Key information / comments

The Specialist Care Transformation Programme is progressing well. Key updates include:

- ADHD funding steam (incorporating ASD) has been approved by all CCGs. This service will begin to operationalise in Q2. Currently 1:1 discussions are being held with individual CCGs and progressing well.
- Progress on the Forensic Mental Health reference costs is summarised in the table below. However, it should be noted that this work is ongoing, and is a first attempt at anticipating the impact of cost improvement work.

Ward	Average national cost 2013/14	NTW cost 2013/14	Qtr 1 progress	End of year position target
Aidan (medium secure)	£493	£736	£675 8.3% decrease	£653 11.3% decrease
Cuthbert (medium secure)	£493	£464	£436 6% decrease	£421 9.3% decrease
Oswin (PD medium secure)	£522	£490	£539 10% uplift	£535 9.2% uplift

Specialist Care Group Transformation - High level summary August 2015

	Project	Project Manager	Benefit Type	Description	Current state	Delivery (£)	Planned delivery date	RAG rating	% complete
Forensic Services	Internal MH retendering exercise and CQUIN target	Kerry McQuade	Cost reduction	NTW's reference costs are high in relation to other providers, so this project is effectively an internal tendering exercise that will see reference costs realigned, thus making savings and safeguarding future provision, supported by CQUIN.	Reference costs are high relative to peers, some savings identified. £250K identified with some savings made in Q1. £500K to be realised by April 2016. Shift pattern proposals to be considered a GBM.	£500,000	Oct-15	Green	50%
	Bede and KDU marketing	Kerry McQuade	Income generation	Marketing to ensure sale of additional beds not purchased by NHS England	Early discussions have taken place and plans are in place for July/August visits. Marketing and bed price discussions are on-going.	£200,000			15%
	HMP Frankland	Kerry McQuade			Recruitment on-going to posts at HMP Frankland.				5%
	Liason and Diversion	Kerry McQuade			Our tender submitted for L&D services in Cumbria was unsuccessful. It is likely that this workstream will therefore no longer be managed through the transformation programme.				5%
	Personality Disorder inpatient and community realignment	Kerry McQuade	Maintain current business	Re-alignment of Personality Disorder services (new service specification)	On track. Clinical models for inpatient and community services is complete. Performance reporting system in place.	None-maintain current position	01/04/2015-31/10/15	Green	75%
	LD Pathway review, including Day Services Part 2	Kerry McQuade	Service improvement/development Cost reduction	This project will review the LD pathway and in particular the role played by the current Northgate Villa 14. It will also see the redesign of day services (phase 2)	Early stages of project commenced. The Project group has been established and Terms of Reference developed. Clinical pathways being developed. Milestones have been agreed and links have been made with the Trust wide workstream.	TBC Q2	TBC Q2	Green	10%
Neurological Services	Hepple House	Jessica Mallach	Cost reduction / Service quality	Heppell house is home to a number of long stay patients. This project is to see those patients rehoused to a more appropriate setting to meet their needs, and the future use of Hepple House.	Work is underway to relocate the residents to more appropriate settings to meet their needs. This work has now moved on considerably.		2015/16	Amber	30%
	Waiting times and productivity	Jessica Mallach	Cost reduction	This project aims to see the reduction of outpatient appointment DNAs, cancellations and waiting times across outpatient clinics. Key developments will include the review of pathways of care alongside stand alone initiatives such as telephone consultations and text message reminders, involving service users and carers to improve the quality of service.	Text message reminders are being sent further in advance of the appointment to allow time to reuse appointments if cancellations arise> Telephone consultations are to be rolled out to all appropriate clinics to offer an alternative to face to face appointments. The workstream is involving service users and carers to better understand and address barriers to attendance. Waiting times for Neuropsychology have decreased - as of 1st July there were 65 waiters. Further work should see this reduced to zero by the end of May 2016.	5% DNA rate		Amber	40%
	Transforming the workforce	Jessica Mallach	Sustainability	This project is about ensuring the appropriate levels of staffing across admin, nursing and medical posts - getting the right staff are in the right place to offer a suitably flexible and responsive service. Key to this is ensuring vacancies are filled in a timely manner, with the best people, to maintain a robust workforce.	All UK RoC posts appointed to except for 0.5wte consultant post Work is underway to review all vacant and over-established posts SARC model agreed. Admin moved back into operational services - structures under review.		N/A	Amber	35%
	Botulinum / Dystonia	Jessica Mallach	Cost reduction	To ensure the development of a robust and defined pathway for dystonia, supported by appropriate clinicals supervision, governance and staff to deliver the pathway in a safe and efficient manner. In addition, the intended change of toxin used in clinics can produce a cost saving.	Xeomin contract agreed. Letters have been sent out and it's expected that all appropriate patients will have changed to new toxin by end of July - assurance being sought in this regard. Dystonia succession planning being progressed £189K delivery is in relation to both the toxin and workforce for clinic to function	£189,000	Apr-15	Amber	85%
Specialist Adult	Autism Unit	Christine Stewart	Income generation	This project will see the development of a new 15 bed autism inpatient unit at Northgate, due to open in Spring 2016	On track. Construction due to complete 17th June 2016 with first patient to move in targeted for 1st August 2016. Staff engagement "drop in" sessions advertised in Trust Bulletin and underway.	Contribution to pay back costs of build	Apr-16	Green	35%
	Newcastle Addictions	Sandra Marsden	Cost reduction	Commissioners have cut the budget to this service by ~£700K, with money coming out as of 1st October 2015. The service must be reconfigured and provided within cost by that fixed date	Consultation commenced in early August for a duration of 45 days.	£230,000 non-recurrent	01-Oct	Green	60%
CYPs	Adult ADHD and ASD diagnostic service	Christine Stewart	Income generation	Development of a new Trust-wide adult ADHD and ASD diagnostic service - income generation	Project progressing on track. Recruitment as planned, although emerging risk re medical consultant. Keegan Court business case accepted by CDT. Performance management systems in place.	TBC	TBC	Green	30%
	CQUIN Community 2015 / 16	Suzanne Barton	CQUIN	Ensure the CQUIN targets are met in terms of waiting lists	There is no certain end date to this. The project continues to roll as each year the CQUIN is amended and intensified - project is effectively renewed every year. On track: Q1 plan to produce and submit trajectories for Q2 / Q3 is complete. Service is working with teams to develop local plans to achieve new CQUIN based on 9 week referral to treatment - on track.		N/A	Green	25%
	Reprovision of Alnwood	Suzanne Barton	Financial	Following agreement from GBM the service is to undertake a feasibility study on the reprovision of Alnwood which will incorporate a review of the current market and future opportunities	Service is working with business development department to undertake feasibility study on re-provision.			Green	15%

Augmenting Services Programme – Sept 2015

KEY Complete On target
At Risk Missed

1 Key Benefits & Measures

Benefit / Measure	Baseline	Target	Status
Reduced # Wards (Life of programme)	42	26	31
Reduced # Wards (2014 - 15)	39	30	31
Reduced # Wards (2015 - 16)	31	TBC	31
Benefits plan (including baseline measures) developed in conjunction with PCP.			

2 Key Milestones

Milestone	Status	Target	Forecast
Shortlisted bed model options shared with Board	Blue	24 th Oct 2013	24 th Oct 2013
Workshops with Newcastle Gateshead Alliance CCG take place	Blue	End June 2014	July 2014
Hopewood Park opens	Blue	August 2014	Early Sept 2014
Alliance CCG consultation closes	Blue	Feb 2015	Feb 2015
NoT Dementia Ward closure	Blue	Mar 2015	Mar 2015

3 Cost

	Capital	Revenue
Budget	None	None
Forecast	N/A	N/A
Budget spend to date	N/A	N/A
Actual spend to date	N/A	N/A
Status	N/A	N/A

4 Key Risks & Issues

Risk/Issue	Mitigating Actions	Status
TAS.01 Pace of change is too slow to deliver savings	Robust management plan in place post model agreement	Amber
TAS.02 The impact of ward closures on capacity.	Clinical groups & Safety team to develop & agree safety metrics	Green
TAS.03 Stakeholders may not support the model	Alignment with TS engagement plan. Ensure clinical input to bed model discussions.	Amber
TAS.10 Fail to co-produce model with the Alliance CCG.	Internal engagement plan. Ensure clinical input to bed model discussions.	Amber

Augmenting Services Programme – September 2015

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Summary Status

Key
information
/ comments

Inpatient Care Group

Alliance Model Development

Communication from the Alliance Executives at the latter part of June 2015 confirmed that the engagement and consultation process timescales would be concluded during March 2016. This timescale causes significant risks to the Trust from both a clinical and financial perspective.

Current plans anticipate a consultation starting in October 2015 and work is underway towards progressing further with:- model development, option appraisal, business case development and environmental enhancements/construction issues.

HDU's

Following the approval of the Rehabilitation pipeline, a business case for the 4th Trust wide High Dependency Unit has been developed. **This was considered by the Corporate Decisions Team on 17th August where approval was given to commence with the associated environmental upgrades. Further work will be undertaken to consider the commercial viability of the business case over the next 3-4 months after which it will be taken back to CDT for review and approval to proceed.**

Corporate Services Programme – Sept 2015

KEY Complete On target
At Risk Missed

1 Key Benefits & Measures

Benefit / Measure	Baseline	Target	Status
Improved patient experience - Corporate services functions are efficient/streamlined and support clinical areas effectively to minimise bureaucracy	Benefits work to be undertaken once future model known		
Cost reductions - Staff levels/skill mix appropriate across all corporate service areas. Improved talent management/succession planning			
Build sustainability - By ensuring a high quality, lower cost, skilled workforce operating to standard systems and reducing waste/bureaucracy			

2 Key Milestones

Milestone	Status	Target	Forecast
Exec decisions re future design options	Green	April – July	Complete
TCS Board to approve design – approved by Execs	Green	July 15	Complete
HR Framework to be developed and agreed with staff side	Green	July 15	Complete
Consultation packs prepared – phase 1 Consultation packs prepared – phase 2	Amber	July 15 Jan 16	Aug/Sept On track
Implementation begins	Green	April 16	On track

3 Cost

	Capital	Revenue
Budget		
Forecast		
Budget spend to date		
Actual spend to date		
Status		

4 Key Risks & Issues

Risk/Issue	Mitigating Actions	Status
Risk re possibility Informatics Dept may not be able to deliver "quick wins" identified during workshops due to lack of capacity.	May reduce early benefits/buy in. Accept risk but work with IT on a case by case basis.	Amber

Corporate Services Programme – September 2015

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Summary Status

**Key
information
/ comments**

Future design model (phase 1 – bands 8a and above) was presented by Executive team to staff on 12th June. Comments and questions have been received and considered with FAQs and information fed back to staff.




A meeting is planned for 1/9/15 to deliver the model and to begin consultation.

Phase two will see more detailed development of the model, across all posts involved, once Phase one is complete. Consultation for phase 2 is planned for January 2015.




Learning Disability Programme – Sept 2015

KEY Complete On target
At Risk Missed

1   Benefits & Measures			
Benefit / Measure	Baseline	Target	Status
Improved outcomes and experience for patients through development of the community team offer	Benefits work to be undertaken once future model is agreed Draft National service model to be tested in Fast Track sites		✓
Development of alternatives to admission			✓
 Bed numbers & LOS	NE&C trajectories have been submitted as part of the Fast Track Plan		✓
Build a sustainable skilled & competent workforce building on PBS			✓

3  £ Cost		
	Capital	Revenue
Budget		£54m
Forecast	Need to look at finance relating to plan and trajectories	
Budget spend to date		
Actual spend to date		
Status		

2  Key Milestones			
Milestone	Status	Target	Forecast
Service user and carer engagement	✓		
Workstreams established	✓		
Describe LD service model		✓	
Database and metrics re bed usage	✓		
Engagement in all localities	✓		
Workforce – skills assessment	✓		

4  Key Risks & Issues		
Risk/Issue	Mitigating Actions	St
Partner buy-in	Identify locality leads for LD	✓
National directives, data and implications/ timescales	Link with national/ regional work so informed and try and influence- linked to service model work	✓
Staff anxiety	Regular honest communication- national and local	✓
Project could become a “catch-all” – scope needs to be managed carefully	Regular honest communication	✓
Current state understanding is not shared across the project group members	Regular honest communication	✓

Learning Disability Programme – August 2015

5

Summary Status

Key
information
/ comments

The main work over August has been supporting and helping to shape the NE&C Fast Track plan and bidding processes as well as involvement in national developments.

The internal programme will need to be reviewed in line with the overall plan to ensure that we are able to help support the delivery of the plan in line with timescales and identify risks and opportunities for the organisation as well as the focus on driving up the quality of the care we deliver

Work is also required with commissioners to look at the reconfiguration of services and the attached finance.