aspire Briefing

TOUGH TIMES, TOUGH DECISIONS

January 2007

……..but we have saved £5.6m so far - well done!

"It is never easy to have to make people redundant but that is exactly what Ashford and St. Peter's has had to do during the last year," writes **Trust Chief Executive Glenn Douglas.** "Although nearly 100 colleagues were put at risk, eventually only around 30 were actually made redundant. I fully appreciate that this is difficult for those who have to make the decisions; difficult for those who go; and for those who remain. But, in line with what is happening in the NHS across England, it was necessary.

"In order that the Trust can meet its financial targets, other staffing changes have been necessary including the brake on locum and agency staff. Medical Staffing, in liaison with the Medical Director, Clinical Directors and Associate Directors have been working towards reducing the number of Consultant sessions (programmed activities) and as part of European Working Time Directive (EWTD) requirements, reducing the rota bandings paid to doctors. There has also been a review of all areas of medical staffing.

"The reduction of Consultants programmed activities (sessions) has saved £180,919 as follows:

A&E	2.0 sessions	£18,098
Anaesthetics	0.5 session	£ 4,257
Medicine	8.5 sessions	£67,503
Microbiology	2.0 sessions	£15,080
Histopathology	1.0 session	£ 5,500
Imaging	6.0 sessions	£43,000
Paediatrics	3.5 sessions	£27,481

"I am conscious that this has meant additional work and I am grateful to everyone who has helped us through this difficult phase. We are not clear of the woods yet but we have made significant progress saving around £5.6m! Keep up the good work!"

PROGRAMME OVERVIEW

Seema Khehar was appointed Turnaround Programme Manager for Ashford and St. Peter's in July 2006. Here, Seema provides an overview of the Programme.

"Turnaround at Ashford and St. Peter's is all about planning a viable and sustainable future for the Trust, and achieving financial stability. It is primarily about challenging the way we do things and making sustainable improvements. The process we are undertaking at the moment will ensure that we are well placed to continue to serve patients, meet our strategic goals and ensure a viable future for our two hospitals.

"Together we are creating a financially viable organisation which can move forward with confidence in a difficult NHS environment toward Foundation Hospital status with a secure long term future for us all. To achieve this, we need to 'keep our eye on the ball' and continue the drive to make savings in all areas of our activities.

"Our Turnaround programme now seeks to deliver £11.66m savings for the 2006/07 financial year. This target was increased from £7.87m to account for loss of income in year. The programme comprises 10 key areas (see back page) organised into distinct projects which are then broken down into sub-projects. At any point in time, we monitor progress against a monthly trajectory of savings and each project is graded as 'on target' or 'behind target ' – this will change on an on-going basis depending on performance to date. Additionally, we are required to report the progress of each project up to the Strategic Health Authority on a fortnightly basis." **For any queries or further information please contact Seema (pictured right) on 01932 723056 or by e-mail to seema.khehar@asph.nhs.uk.**

SEE INSIDE FOR

Length of Stay Leads the Way, Doing it the Non-Pay way, Your suggestions, Finance update, Operating Efficiently, Is your activity recorded? A Project by Project Guide

Turnaround affects all areas of the Trust and as such is mainstream business. Lookout in future ASPire Bulletins for further news.

BEEN TO ANY BADLY RUN MEETINGS RECENTLY? MEETINGS COST TIME AND MONEY!

LOOK UP THE GUIDELINES ON TRUSTNET ON HOW MEETINGS SHOULD BE RUN AND CHALLENGE THE CHAIR ABOUT ANY WASTE OF MONEY!

http://trustnet/documents/MakingMeetingsEffective.doc

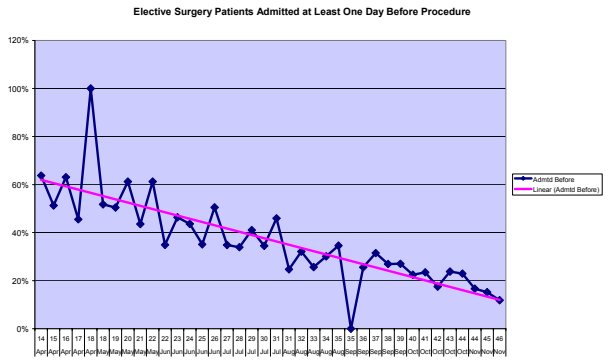
LENGTH OF STAY LEADS THE WAY

For patients with the same basic condition the length they stay in hospital differs from hospital to hospital. Why is that? The reasons are many but the work on reducing all unnecessary bed days and delays that patients incur as a result of our health system and processes is producing results! Removing these delays and excess bed days has:

- Enabled us to close 45 funded beds and 29 escalation beds;
- Produced savings of £1.1m by the end of December 2006;
- Supported timely discharges by introducing an electronic traffic light system which flags up long stays; and
- Improved information to support discharge planning and communication with outside agencies.

All this has resulted in an overall reduction in the length of stay and more efficient management of our patients.

All of this is down to the excellent team working of many staff and is one of the key successes of the Turnaround Programme. There have however been some key champions of the project and they include:



The above chart shows how the admission of elective surgery patients before their operation date has reduced dramatically as the project to reduce length of stay has taken effect.

Champions!

- Teri Hess and Romel Mendoza were instrumental in **reducing pre operative surgical bed days** through creation of an admissions area on Falcon Ward. The results of this can be seen in the graph above.
- Many advocated the **expansion of the Medical Assessment Unit** including Jonathon Robin, Liz McInnes, David Fluck, Ally Lallmohammed, Jo Edwards, Jean Haire and Debbie Palmer.
- Sam Tyler was key to **increasing the use of the Discharge lounge** through very active management of moving patients from wards. Recently the discharge lounge nearly hit 100 patients going through in one week - champagne awaits when they hit this number!
- Implementing and embedding on the wards an **Estimated Date of Discharge** for all patients within 24hrs and recording reasons for delay – this is no easy feat fitting it into the busy day of the ward staff and clinicians so congratulations to everyone and especially Debbie Palmer, Kathryn Wood, Teri Hess and Mary Wardle.
- And finally special thanks go to Dr Mike Wood, Respiratory Consultant and clinical lead for the overall Length of Stay programme. Mike continues to champion reductions and challenge the system, especially Weekend Discharges.

Pictured left to right are Matrons Kathryn Wood, Mary Wardle, Debbie Palmer and Terri Hess.

Debbie Palmer comments: "Through teamwork the medical wards have achieved excellent compliance with the Estimated Date of Discharge. This has focused all the team and often the patients and relatives on a timely discharge. The average length of stay in medicine has steadily reduced, and the accurate recording of delay reasons is providing the Trust with valuable information on external shortcomings in resources. The challenge continues however, but medicine are ready to meet it."

The work has not stopped and the programme in 2007 will include reducing length of stay for short stay surgical patients; increasing the day case rates through day surgery; developing acute care pathways for patients with brain injury and development of specialised unit clinical reviews of long stay patients and working on reducing the delays in getting trauma patients theatre. As we get more efficient and make more improvements so we will be able to make further bed closures. Well done to everyone so far, keep up the good work.

IS YOUR ACTIVITY RECORDED?

If patient activity in your area is not recorded on PAS it is likely that we are not being paid for that work. **If we are not being paid for that work your job is at risk!** Areas such as Urodynamics, Anorectal Physiology, Hearing Aids and Rapid Access Chest Pain were initially identified as unrecorded but if there are others please contact Ian Mackenzie.

DX MAILING SAVES TRUST £s

Did you know that many other NHS Trusts and organizations like Councils and Social Services are members of the DX system? This is a courier service that the Trust belongs to which can substantially reduce our postage costs. If your posting something check out the DX mailing list on TrustNet to see whether the address you are sending to is included. The mail efficiency project is led by John Sermon.

MAKING A CLEAN SWEEP

Earlier in 2006 the Trust's cleaning services were re-tendered. The in-house bid by Hotel Services Manager Florence Looi (pictured left) and her team were successful , saving the Trust money and making the cleaning staff a more integral part of the ASPH team. Florence comments: "Many people have commented that cleaning standards have improved since the services was brought in house. During a recent PEAT assessment, Liz Brookes, Non Executive Director was most impressed with the areas visited saying that there had been a "marked improvement".

MONEY, MONEY, MONEY

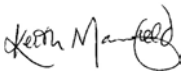
The Trust reported an in-year deficit of £3.2m for the nine months to 31st December 2006. This compares well to the deficit of £11.8m at the same stage in 2005/2006, and shows the progress that we have made in delivering the Turnaround savings identified at the beginning of the year (see back page). This is excellent but unfortunately we have lost in-patient activity during 2006/07 When this happens we now lose the whole unit cost under 'Payment by Results' and this has significantly reduced our income for 2006/07.

Because we have lost income we must reduce costs further to match. Some of you are aware we have taken out budget from targeted areas on both pay (temporary staff) and non-pay. This left a small balance which was spread across all pay budgets as a vacancy factor.

I appreciate this makes it more difficult to manage, but like all organisations we have to live within the income we are receiving. **We must control costs within the budgets now set. It is vital that we restrict all expenditure to a minimum, even if you are within your own budget, the overall position of the Trust means that you should aim to make a bigger surplus to offset overspending elsewhere.** We are looking at ways of incentivising areas in surplus so they don't lose out next year.

Please ensure all your staff share where possible with other wards and departments before they requisition any goods. Also please ensure ALL your staff understand the need to spend only where it is absolutely essential and please ensure you only authorise expenditure which is unavoidable.

Please ensure all staff are aware of the financial position of the Trust and the importance of the more stringent cost control necessary to enable the Trust to breakeven this year. The Executive team acknowledge this is a huge challenge, but it is critical at this time that we do all we can to deliver the financial target along with all the clinical targets. Thank you for your continuing co-operation.



Keith Mansfield,
Director of Finance

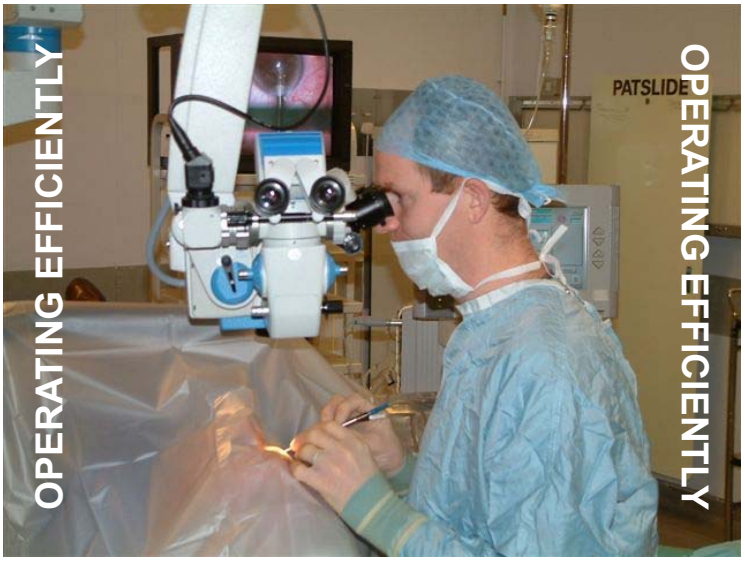
BRIGHT IDEAS

Throughout the Turnaround process Staff Suggestions have been a key element. The following have been implemented:

- No payments are now made for inter site mileage expenses as the Hospital Hopper can be used.
- Improved communication via ASPires and other ways has improved knowledge about on what can go into macerators – wrong items cause blockages which cost hundreds of pounds each time to fix.

- Following staff suggestions on environmental issues the Carbon Trust made a presentation to the Trust Board on energy conservation. You can do your part by switching off lights, PC's and other electrical equipment.
- On a case by case basis Facilities are looking at moving all water coolers onto mains supply—this saves rental and supply costs.
- A policy on the supply of stockings and medical shoes, etc. has now been put in place to ensure that supplies are now only made when authorised (e.g. with a repeat prescription) to ensure we can recover the cost.

Got a innovative idea or a stunning suggestion? No matter how big or small, how direct or indirect the saving, let the Turnaround Team know by e-mailing seema.khehar@asph.nhs.uk.



The Theatre Turnaround Project Team has recently been reformed to review theatre utilisation. In addition to the Project Team a strong clinical presence has been engaged for the Project Steering Committee. The committee will be concentrating on ensuring that there is a maximum efficient use of theatres on both sites eliminating waste such as time and resource through implementing an evidence based revised theatre timetable.

Some areas in the overall Turnaround Project have already delivered:

- non pay savings have been made by changing the use of gloves, transducers and drugs such as Sevoflurane; and
- key performance indicators have been developed.

Across other areas work is progressing. For example discussions are currently taking place with the anaesthetic practitioners (ODP's) to move to a full shift system so that the working day for theatres can be effectively covered by our staff as well as providing rostered anaesthetic support for the Saturday Trauma lists. The change has been prompted by the need for the Trust to be European Working Time Directive (EWTD) compliant and also to harmonise the working patterns of all staff within the Theatre Department. The changes proposed are in line with how many other Trusts organise their operating theatres.

Fiona Lloyd Jones, Clinical Director for Anaesthetics (pictured right) comments: "Turnaround has been a very challenging time for theatres and progress has been made in certain key areas of non-pay. I welcome the institution of the revitalised Theatre Project Group and support the creation of the Clinical Reference Group as clinical input will be vital to the reorganisation of the theatre timetable. I hope as a result of this process theatres will be able to deliver the efficient, well managed service the Trust expects from us."

Got any views about how theatres at ASPH work? Let the Theatres Turnaround Team (TTT) know by contacting Joanne Edwards on ext 3902.

Did you see the BBC 2 three part programme 'Can Gerry Robinson fix the NHS? Got any views on any of the programmes or points raised by Mr Robinson. E-mail them to aspire@asph.nhs.uk and we'll publish your view anonymously in the ASPire e-Bulletin.

PROJECT BY PROJECT

The Turnaround Programme comprises the following projects & their achievements as at 31/12/06.

1. Whole System

Target savings of £500,000. This Project is designed to look across the organisation and root out inefficiencies, ensure that we are maximising potential from both sites and to spot check all our activities to make sure we are operationally efficient – for instance to ensure that we are correctly coding and charging for all activity. **This project has delivered savings of £150,000.**

2. Organisation Restructuring

Target savings of £1.31m. This project is designed to establish an organisational structure for the future and eradicate costs through a process of redundancy and non replacement of leavers except where essential. At the first stage of this process, 99 people were put at risk and at close, 30 people left the Trust. The aim is to create a human resource structure that is functionally efficient and responsive to the highest clinical, operational and financial requirements of the Trust by engaging in positive changes in working practises. **This project has delivered saving of £1.27M to end December 2006 and is on target. Well done!**

3. Revised Senior Nursing Structure

Target savings of £53,000. This project was designed to review the senior nursing structure at directorate and corporate level to achieve target savings by realigning roles to current organisational priorities with more accountable and efficient ways of working. **This aim has been achieved - this project has delivered savings of £53K and has been closed. Well done!**

4. Theatre Efficiency

Target savings of £483,000. This project is designed to maximise the efficient use of theatres on both hospital sites eliminating wastage of time and resources through the implementation of more efficient processes and effective managerial control. The aim is to ensure that Theatres and all related processes are efficient and productive in line with the national audit recommendations. **This project has delivered £69,900 of savings to end of December 2006.**

5. Length of Stay Reduction (LoS)

Target savings of £738,000. This project is designed to reduce LOS. The aim is to create a robust logistical process that enable patients to enter and leave the hospitals in the minimum possible timeframes and reduce the length of stay in line with the national averages or below. **This project has delivered £1.1m savings to end December and is on target. Well done!**

6. Estates/Facilities

Target savings of £568,000. This project is designed to ensure we get the best value out of telecoms/postage/ energy/facilities. The aim is to ensure the estates department provides a functional and cost effective service that fully facilitates the operational work of the hospitals in meeting clinical and financial targets. **To date, this project has delivered £348,000 of savings and is on target. Well done!**

7. IT to Reduce Back Office Costs

This year, the project is an enabler to deliver savings of £1.75m next financial year, 2007/08. This project is designed to bring in a document management system in medical records (EDM), outsource typing and deliver a new electronic queuing system. The aim is to implement IT strategies that will significantly reduce the 'back of house' costs while improving the efficiency of designated processes, drastically reducing dependence on paper systems.

8. Pay incl Reduction in Bank/Agency/Locum Spend

Target savings of £6m. This project is designed to control, monitor and reduce pay spend. The aim is to substantially reduce the dependency on bank/agency and locum expenditure by using a systemised monitoring and sign off system, upgrading recruitment techniques and using electronic roistering. **This project has delivered £2.8m savings to end December 2006.**

9. Reduction in Overheads/Non Pay

Target savings of £3.3m. This project is designed to reduce expenditure on overheads and enforce prudent budget management processes are in place. The aim is to ensure the economical use of resources in terms of overheads and utilities (non-pay) to meet operational requirements and through due diligence minimise the cost of every TFR to the Trust. **This project has delivered £1.5m of savings to end December 2006.**

10. Clinician Review

Target savings of £430,000. This project is designed to review the payment of consultants and other clinicians in line with new contract recommendations by ensuring efficient and accountable ways of working which are transparent and fair and in line with the national directive to reduce hours worked. To open the debate around reshaping workforce in line with PBC [spell this out] and settings of care. **This project has delivered savings of £101,000 to end December 2006.**

A WORD FROM THE CHAIRMAN

It is hard to imagine how good is the news that the Trust achieved a surplus of income over expenditure in December 2006. Allowing for the eccentricities of NHS accounting, it shows that as an organisation we can stand on our own unsubsidized feet. It has been a fantastic effort by everyone, albeit with some sacrifices. Congratulations on this achievement which means a huge amount to the Trust, the Board, Glenn and me, and also I believe to you all.

Clive Thompson CBE, Chairman

REDUCING OUR NON-PAY COSTS

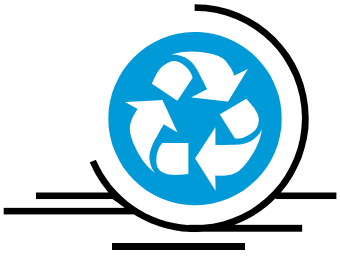
As a Trust we spend significant amounts on overheads or non-pay costs. Five examples are:

- Drugs (including FP10HP's) - £9.3m
- Medical and Surgical Supplies - £5.6m
- Clinical Supplies - £5.0m
- Rent, rates and Utilities - £3.3m
- Prosthesis - £2.7m

A fine 'toothcomb' has been applied to this expenditure. Significant savings have been made in the cost of drugs used across the Trust by the use of generic drugs as well as more prudent use of medications. The cost of anaesthetic agents is a good example of this. One group of drugs that always produces a high spend and needs constant monitoring for both clinical and financial risk is Antimicrobials and we should all be aware of the use of appropriate antibiotics within the Trust. Prosthetic usage is under continued review and good work continues in this area. New guidance for the use of appliances has been issued.

"Turnaround has actually helped facilities services to reshape and refocus," says General Manager Rex Cassidy (pictured left). "All facilities managers have played a huge part in meeting turnaround targets. Although there is still more to do their positive efforts have contributed to facilities making it's mark as a leading part of Turnaround."

"We spend around £2m per year on gas and electric. The 'Carbon Trust' (www.carbontrust.co.uk) gave a presentation to the Trust on our energy usage and recommended where savings could be made. A new system - 'Targeting Energy, Auditing and Monitoring (TEAM)' - has been brought in. This allocates cost by areas and allows us to identify areas to focus on areas which use excessive amounts of energy. It also allows monitoring of actual consumption rather than relying on estimates. The Carbon Trust have also provided us with some funding to do detailed design work on areas such as an automatic switch for Theatre ventilation when Theatres are not active. Our 10 per cent energy reduction target should bring savings of £180,000 per year." The energy project is led by Dave Axten.



Turnaound's on a roll and so is recycling which is up 19 per cent at the Trust. Keep it up and make sure that you separate out your paper, cardboard, magazines, cans and plastic bottles. Make everyone green with envy at our recycling success!