

Appendix 3 - Transformation Programme Update 2020/21

Specific	Measurable	Attainable	Relevant	Timebound	Progress
Reduction in additional spend by £1m (locum/agency) across Community Mental Health, Woodend and 2C GP practices, through application of collaborative system allocation panels to ensure adequate scrutiny, redesign and root cause analysis are undertaken.	£90k per month recurring savings will be monitored and evidenced.	<p>Locum Allocation Panel (LAP) set-up and operational by April 2020.</p> <p>Focused support on absence reduction to high% areas.</p>	<ul style="list-style-type: none"> Review and redesign of all locum requirements. Reduction in absence rates. Management of AL and training by all services to prevent additional staffing. 	February 2021	<p>Locum and Agency costs combined are estimated to have reduced by £1.6 million (forecasting 20/21 spend based on 10 months figures). The LAP was set up, but regular meetings were suspended during Covid. Absence rates fluctuated during the year in response to the various stages of the pandemic however they currently sit at:</p> <p>NHS staff - 3.7% (Jan 21) compared to 4% (Apr 20)</p> <p>ACC staff - 4.85 average days lost per month (Mar 21) compared to 4.61 days (Mar 20)</p> <p>So the rate has decreased for NHS staff but increased for ACC staff which could be related to the Covid pandemic.</p> <p>Throughout the year all staff were encouraged to take annual leave as normal to support their wellbeing.</p>

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<p>Operational teams will be aligned to locality areas using existing staff resource and the opportunity to redesign structure models to bring service delivery in line with available resource.</p>	<ul style="list-style-type: none"> • It is expected that 5 posts per month through turnover, vacancies and natural wastage will be removed from the establishment; with a total of 60 WTE reduction in resource by financial year end. • Reduction in travel costs. • Reduction in agency staff • Reduction in absence 	<p>£2,640k (£1,500K in year) recurring savings achieved by year end through natural wastage.</p>	<ul style="list-style-type: none"> • Nursing, AHP, SW and Community Mental Health will be aligned to localities. • A review of referral pathways for Nursing, AHP and SW will be undertaken using a lean six sigma approach • Colocation will be encouraged; and expectation of reduction in sites required a consequence. • Digitalisation of community staff teams if funded through resource transfer/infrastructure from NHS 	<p>March 2021</p>	<p>Operational teams are aligned to localities however we were unable to complete structure redesign across the partnership within the year. Work has now been picked up again and it is hoped to be completed early in financial year 2021/22.</p> <p>Referral Pathways in relation to Enhanced Care, Hospital at Home, Care at Home, and Frailty were reviewed although the full Lean Six Sigma process was not employed due to Covid restrictions. Reviews of Day Care and Respite pathways are currently ongoing. Staff have been working differently during the pandemic and a review of site requirements has been postponed until restrictions are lifted and a full reassessment of requirements can be undertaken. Whilst some digitalisation took place out of necessity during the Covid pandemic, more planned work will be undertaken when staff are released from Operation Snowdrop priorities.</p>

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<p>Commissioned services will be reviewed across ACHSCP to ensure that the model of delivery is in-line with strategic commissioning plan and strategic aims of the IJB to bring a new reduction in spend to £2m across the financial year.</p>	<p>It is expected that a reduction in £2m will be achieved by financial year end; mindful this may not be achievable until Q3 & Q4.</p>	<p>Commissioning task & finish group set up to undertake review using demand management methodology.</p>	<ul style="list-style-type: none"> • Care at home will be tendered in June 2020 • Day care will be tendered in 2020 • Mental Health commissioned services will be a reviewed • Grant services will be reviewed 	<p>March 2021</p>	<p>The Covid pandemic restricted our ability to review the range of commissioned services as originally planned.</p> <p>Care at Home was retendered and the new contract commenced 1st November 2020. Due to a significant shift in the requirement for community-based Health and Social Care services, including an increased demand for a responsive care at home delivery it has been challenging to balance capacity as initially tendered for, with the new levels of demand. As a result, financial savings have yet to be realised.</p> <p>Work is ongoing on designing day opportunities and respite services in collaboration with existing providers, service users and carers.</p> <p>A review of the commissioning of mental health services and grant funded services is planned for next financial year.</p>

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<p>A redesign of 2c practices to deliver a sustainable service, based on patient profile, population needs assessment and available resource.</p>	<p>Redesign or merging of practices will bring £0.5m savings in the financial year.</p> <p>Reduction in locum costs</p> <p>Reduction in GP appointments</p>	<p>A hub and spoke model of 2C delivery will be scoped.</p> <p>If this redesign is not achievable within resource, then a merge of practices to match resources will be undertaken.</p>	<ul style="list-style-type: none"> • Task and finish group to be set up to scope feasibility. • Programme of delivery to be identified to achieve redesign/merge by August 2020. • NHS24 triage model to be used to reduce GP appointments/requirements • Model to have hubs which are based on population needs assessments for MDT • House of care model to be in hubs. 	<p>August 2020</p>	<p>Again, progress on this objective was delayed by the Covid pandemic but on 1st December 2020, the IJB approved a tendering exercise to identify a new provider or providers for the six 2C practices in Aberdeen City. The tender opportunity is now out to advert, and a new provider or providers should be identified by May 2021.</p> <p>Locum costs have reduced by £645,000.</p> <p>GP appointments were seriously affected by the Covid pandemic and are no longer an accurate measure of this objective.</p>

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Improved sustainability of commissioned services across Aberdeen City to reduce impact on secondary and primary care and deliver better outcomes for people.	<p>Reduction in GP call outs Reduction in A&E attendances Reduction in medication errors Reduction in care home residents dying in hospital Reduction in prescribing items in care homes</p> <p>To save £500k beyond the NHS Forecast.</p>	<p>Task and finish group to commence scoping work and secure funding by 1st April 2020. Resource will be taken from current GP SLAs to fund redesign and support. Resource to be secured through legacy/grant applications</p>	<ul style="list-style-type: none"> NHS24/immediate model to be introduced across care homes. E-Mar to be installed across all Aberdeen City care homes 	August 2020	<p>Service delivery in Care Homes was severely impacted by the Covid pandemic. For most of the year GPs were not visiting and we were unable to implement either an NHS24/immediate model or the E-Mar system. The Covid pandemic increased the number of care home deaths in general and artificially reduced the number of A&E attendances.</p> <p>Work on this objective will be picked up again once the Care Homes are clear of the impact of Covid and staff have been released from Operation Snowdrop priorities.</p>