

1. The Department of Health commissioned the NHS England Get it Right First Time (GIRFT) team to undertake a review to identify potential efficiencies in systems and provide a sense of where efforts might best be focused to realise savings (cash releasing or otherwise) and productivity gains in the short, medium and long term across the Health and Social Care system.
2. The review was in addition to, and in support of, the work underway regionally to deliver substantial savings with a continued focus on Financial Recovery. It is also in addition to the work ongoing within each Trust to drive efficiency.
3. The focus of the review was non-clinical areas where savings might be realised without impacting patient care:
 - i. Estates portfolio;
 - ii. A review of existing efficiency programmes; (later removed from scope as it was felt it was too early in most of these programmes to have a meaningful review)
 - iii. Shared Services;
 - iv. Medicines and devices;
 - v. Litigation;
 - vi. Back-office and corporate support;
 - vii. Review of the current high level organisational and reporting structures; and
 - viii. Identifying opportunities across the system for greater commercialisation.
3. The review has made 37 recommendations across these areas and work is underway to develop an action plan to address the recommendations. Some of the recommendations made will require investment to enable efficiencies to be realised and will therefore take time to implement. Some will also need to be held while funding streams are identified.
4. The report highlighted the high number of vacant properties across the health estate and the cost of retaining them. It is worth clarifying that not all vacant

properties are surplus to health requirements; many are awaiting capital investment to enable refurbishment plans to be taken forward to meet statutory standards and allow repurposing for an alternative health use. Due to capital constraints, investment for this has not been available; however the legal requirement for the Department and its ALB's to reduce carbon emissions will now require projects of this nature to be considered. However, since the report was produced a number of disposals have been completed.

5. Amongst the recommendations to reduce procurement costs was the suggestion to standardise, where clinically possible, the products available through procurement frameworks. A pilot project is currently underway focussing on products within Orthopaedics as well as Endoscopy accessories. It will also consider how the buying approach by Trusts can be improved, so that value for money is one of the criteria used when selecting products on frameworks. Based on the original report it is expected that this could deliver significant savings without impacting on outcomes.
6. This pilot is being led by the GIRFT team working closely with clinicians and procurement teams across Trusts and BSO.
7. Whilst Trusts work closely with the Department and other health agencies to develop common processes and apply learning from elsewhere, there has to be a recognition that each Trust also faces unique challenges which result in differentiated working practices. This recognition of the individual needs of the communities within each Trust is to be commended and encouraged and there needs to be recognition of the balance needed between standardisation of practices and the need for local variations.