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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

SWANSEA BAY LHB FINANCE DEPT. PERFORMANCE & FINANCE COMMITTEE – HVO ANNEX PACK

Period 04 Data (July 2019)

August : Summary HVO

High Value Opportunity	SRO	Original Target £m	Identified Savings Q1 £m	Identified Savings August £m	Delivery Confidence (Plan)	Delivery Confidence (Finance)	Comments
Workforce Modernisation & Efficiency							
Nursing Workforce	Gareth Howells	0.5	0.5	0.5	Green	Amber	Increased confidence due to e-rostering now live at Morriston
Medical Workforce	Dr Richard Evans	1	0.1	0.250	Amber	Amber	Improved savings identification as a result of switch of long term locums
Therapy Workforce	Chris White	0.1	0	0.1	Amber	Amber	Further savings through restructuring anticipated but not yet realised so still amber
Population Health and Allocative Efficiency							
MCAS	Chris White	0.173	0.040	0.130	Amber	Amber	Further actions identified to drive savings but with risks that need to be further assessed
Value & Variance	Dr Richard Evans	2.0	0	0	Red	Red	Progress in refocussing work programme. Additional financial support in DST to focus on this work stream
Service Redesign							
Outpatients	Chris White	0.1	0	0	Amber	Red	Further actions that will support efficiency/cost avoidance but no clear savings plan
Theatres	Chris White	0.5	0.5	0.5	Green	Green	Plans crystallising and good progress being made
Hospital to Home	Gareth Howells	0.5	0	0	Red	Red	Further transformation bid submitted to WG 12/08/19 which could change the confidence level
Category B (Management of cost pressures)							
Procurement	Lynne Hamilton	2.1	2.1	2.2	Amber	Amber	Detailed plans in place to manage cost pressures in these areas – savings will support units in offsetting growth
Medicines Management	Chris White (Judith Vincent)	2.245	2.27	2.27	Amber	Amber	

August - Workforce Modernisation & Efficiency

Scheme Name	Nursing	Original Target	£ 0.5m	Savings Anticipated fye	£ 1.1m
Executive Sponsor	Gareth Howells	Savings Anticipated 209/20	£ 0.5m	Delivery Confidence	Green

Identified Objectives

Top of Licence Working

- Continue the implementation of Band 4 Assistant Practitioner role within the Health Board.
- Standardised core job descriptions including unregistered healthcare workforce Registered Nursing / Midwifery Workforce.
- Identify SDU workforce re-design projects and enable the sharing of this learning to facilitate upscaling.

Efficient Nursing Workforce

- Implementation of the nursing workforce to Health Roster within all the Delivery Units.
- Implement the 'Efficiency Framework' for efficient nursing rostering in the delivery units.
- Monitor KPI compliance against Nurse Rostering policy
- To implement the 'Safe Care' module in the SDU's

Enhanced Supervision

- Clearly identify baseline usage for Enhanced Supervision in hotspots areas within hospitals.
- Develop and agree a Health Board policy for Enhanced Supervision.
- Evaluate the Quality and Care for patients requiring Enhanced Supervision.
- Reduce the number of avoidable Enhanced Supervision additional requests (which are above the normal substantive budgeted establishments). 1

Key Milestones

- Complete the process for reducing variance in the in the Job Descriptions for **(A)** Unregistered HCSW Band 2, 3 and 4. **(B)** Advanced practitioners **(C)** Consultant nurses **(end of Q2)**. New Band 4 roles 'in Post' **(Q3)**.
- Implement the 'Efficiency Framework' for efficient nursing rostering in the delivery units **(Q2)**
- Embed and improve the main KPIs using the '*Insight Report*' in all delivery units **(Q2)**. [First Report to be published in September].
- Complete the 'Big Bang' at Morriston **(Q2)** [Sept 2019 Project is on track]
- Complete the implementation of the nursing workforce E-Roster within all the remaining Delivery Units **(Q3)**.
- 'Scrutiny Panels' for E-Roster in place and embedded in the Delivery Units **(Q2)**.
- Safe Care module to be implemented from September **(Q2-Q3)**.
- Analysis's of the patterns of requests and high usage areas for Enhanced Supervision. Key areas identified **(Q2)**.
- A consistent approach and policy for the use of Enhanced Supervision for patients **(Q3-Q4)**.
- Review opportunities for workforce design (based on patient clinical needs), and to reduce the cost for temporary staffing **(Q2-Q3)**.

Achievements this period

- ✓ (117 – 125) recently graduated nurses allocated to roles within the hospitals (to start in September 2019)
- ✓ Provisional metrics identified for the 3 work-streams.
- ✓ Initial draft of a Enhanced Supervision Policy created.
- ✓ Model of care and flow charts created for Enhanced Supervision. Flow charts piloted in Hospitals.
- ✓ 5 vacancies filled for the Band 4 Assistant Practitioner role.
- ✓ Analysis undertaken of Bank / Agency Requests for Enhanced Supervision for the SDUs.
- ✓ 'Big Bang' implementation of 'E-roster' at Morriston Hospital completed and signed off.
- ✓ Further work undertaken to develop a consistent approach for E-roster scrutiny panels.
- ✓ Consultation process undertaken for the Nurse Rostering Policy.

Actions for next period

- Further analysis to identify ways to reduce Bank/Agency requests for Enhanced Supervision.
- Complete and monitor the metrics tracker for all three work-streams.
- Further work to standardise the approach to the 'E-Roster' scrutiny panels in the SDUs.
- Plan the 'E-Roster' refresh at locations including Neath Port Talbot and future implementation at Mental Health and LD.
- Continue planning for the 'Efficiency Programme' for E-Rostering across the Service Delivery Units that currently use 'E-Roster'.

August - Workforce Modernisation & Efficiency

Scheme Name	Medical Workforce	Original Target	£1.0m	Savings Anticipated FYE	£0.7m
Executive Sponsor	Richard Evans & Hazel Robinson	Savings Anticipated 2019/20	£0.250m	Delivery Confidence	Amber
Identified Objectives ED Workforce & Activity Review (KB): Complete Review of Nursing and Medical workforce in line with activity and demand in Morriston ED to deliver a proposed workforce model and plan by July 2019 Junior Doctor Rota review (KB): Implement the recommendations signed off on the rota review completed by Kendall Bluck to achieve the safety, efficiency and financial benefits a) Rota Redesign (Efficiency and Safety), b) Re-banding opportunity, c) Locum Opportunities Locum on Duty: Implement Locum on Duty system by November 2019 to deliver standardised electronic process to book locum and agency shifts & Establishment of an internal medical bank facility E-Job Planning: Implementation of E-Job Planning system & reconciliation of all Job Plans to activity. Agency cap compliance & Long term locum - Improve compliance with medical agency cap using improved intelligence from introduction of locum on duty and working with Delivery units		Key Milestones ED Workforce & Activity Review: ▪ Exec Sign off on report – 14 th August 2019 (following initial review on 31 st July) Junior Doctor Rota review: a) Rota Redesign (Efficiency and Safety) ▪ Anaesthetic- Sign off final report- 15 th August 2019 b) Re-banding opportunity ▪ Meetings with 3 X speciality Clinical and management leads to progress with Re-Banding process – 31 ST Aug 2019 c) Locum Opportunities ▪ Recruitment and vacancy position against plan -Sep 2019 (Half Year position) Locum on Duty: ▪ Project Launch-Kick off meeting -26 th August 2019 ▪ Go-live- 28 th October 2019 E-Job Planning: ▪ Job Planning Guidance -LNC Sign off -September 2019 ▪ Desktop consistency checking complete for 30 Specialities -30 th September 2019			
Achievements this Period ED Workforce & Activity Review: Junior Doctor Rota review: a) Re-banding opportunity ✓ (Cardiology, Urology, Radiology, Burns & Plastic) recommended areas for Re-Banding- agreed with Unit Medical Director to pursue conversation further with the respective Clinical Leads b) Locum Opportunities ✓ Ongoing recruitment process in NPT , Morriston and Singleton Medicine ✓ Denary vacancy positioned baselined in August , Tracking and driving the recruitment process forward now ✓ Singleton Medicine (3 recruited against 3 Deanery gaps), Morriston Medicine (3 recruited against 8 Deanery plus other 2 gaps , 7 gaps remain), NPT Medicine (1 recruited against 3 locums) Locum on Duty: ✓ Term of Engagement issued for Bank recruitment ✓ Bank recruitment process started ✓ Series of engagement workshops conducted with various stakeholders in Delivery Units E-Job Planning: ✓ Desktop Job Planning consistency checking complete for Rheumatology, Spinal, Rehabilitation Medicine, Cleft Lip & Palate and Vascular specialities ✓ Updated Job planning guidance established Agency cap compliance & Long term locum ✓ Action plan for Haematology , Paediatrics and Oncology agreed with Singleton UMD & Service director- £328,000 FYE ✓ Action Plan for Morriston-£434,000 FYE ✓ Alternative recruitment options discussed for hard to fill posts in MH&LD ✓ Obstetrics-1x long term locum consultant converted to substantive post-£83,595 FYE ✓ General Medicine – 2x ST1; 1X ST3 Locum replaced by deanery position- £177,647 FYE		Actions for Next Period ➤ ED Workforce & Activity Review: Executive sign off on final report ➤ Junior Doctor Rota review: a) Rota Redesign - Anaesthetic- Agreement and decision on Kendall Bluck recommendations b) Re-banding opportunity – Kendall Bluck meetings with 3 x Clinical leads c) Locum Opportunities – Confirm gaps, recruitment and savings position for September (half year position). d) Locum on Duty – ✓ Conduct Payroll workshop with Medacs , Allocate and payroll team ✓ Start system technical roll out ✓ Confirm Health board rate card and System process hierarchies (shift rate sign off) ➤ E-Job Planning – ✓ Summarise & Quantify implications for first round of Job Plan consistency checking ✓ Complete desktop consistency checking for further 10 specialities (30 specialities by September) ➤ Agency cap compliance & Long term locum –Recruitment process actions and savings tracker position confirmation			

August - Workforce Modernisation & Efficiency

Scheme Name	Therapies	Original Target	£0.1m	Savings Anticipated fye	£tbc
Executive Sponsor	Chris White	Savings Anticipated 2019/20	£0.1m	Delivery Confidence	Amber

Identified Objectives

- Consider optimum models for therapy services structures that will drive quality, value and efficiency.
- Design and deliver the optimum model
 - Deliver new structures/reporting lines (Stage 1)
 - Work with Heads of to identify efficiencies/improvements within those new structures (Stage 2)
- Identify opportunities to enhance efficiencies through new ways of working (ongoing)

Achievements this Period

Savings

- ✓ Anticipated savings of £65k (framework for agency spend) – figures TBC
- ✓ 2 x ‘Heads of’ posts to be held. figures TBC (*savings from Jun ‘19 to date from HoS MH Dietetics approx. £4k p/m*)

Actions

- ✓ *Validated databases for all Therapies received*
- ✓ *Baselining complete*

Key Milestones

Stage 1

- *Complete benchmarking and scoping exercise*
- *Proposal on the therapy structures, supported by role definitions*
- *Draft and agree management brief, engagement plan and consultation documents*
- Stakeholder engagement process to be completed with DU Directors, Heads of Service and employees
- Map out necessary budgetary reallocation within Finance Dept (and agree processes where any ringfences need to be maintained)
- *Establish process for transfer of management responsibilities*
- Implementation of management changes and budgetary reallocation

Stage 2

- Review and streamlining of individual therapy structures
 - Peer review
 - Test and challenge sessions

Actions for next period

- *Proposal on detail of structures, include new role definition, to be tested with Heads of*
- Stakeholder engagement process to be agreed and DU Directors engaged (*Kate/Irfon*)
- HR and Finance processes agreed for change management of Stage 1 (*Emma Evans and Sally Killian*)
- Agree principle of HofS approving all therapy recruitment as interim measure
- Live/imminent therapy recruitment to be sense-checked/future proofed

August - Population Health & Allocative Efficiency

Scheme Name	MCAS	Original Target	£0.187m	Savings Anticipated FYE	£0.173m but requires validation
Executive Sponsor	Chris White	Savings Anticipated 2019/20	£0.130m	Delivery Confidence	Amber

Identified Objectives

- Cessation of current joint injections element of Minor Surgery Directed Enhanced Service and re-provide through MCAS
- Following initial conversations with MCAS team, further opportunities for modernisation and savings identified. These are all to be pursued through this work stream.

Key Milestones

- Evaluate cost, benefits and risks of original proposal and produce paper for Financial Management Group by end Q2
- Implement alternative cost avoiding measures during Q1

Actions completed this period

- Business case produced and DES has been reviewed with potential re-provision scoped. There are risks identified in pursuing this option without further consideration of cost-benefit and risks around savings being applied to the primary care contract.
- Alternative discussions have identified 3 other opportunities for service change and savings realisation have been identified and considered as mitigating action against original submission
 - Ultra sounded guided joint injections in MCAS
 - Spinal clinics supported by MCAS physios to reduce reliance on WLI's – identified £40k of savings this year and is being progressed – start date 6th August 2019.
 - Placement of MCAS physiotherapists in clusters to develop local skills and pathways

Actions for next period:

- Review future model for physiotherapy provision and MCAS provision across MCAS, Clusters and Health Board services to understand DES implications; then
- Produce cost, benefits paper for consideration of future model of joint injections
- Operationalise mitigating actions
- Ensure spinal clinics with MCAS support are avoiding WLI costs as planned
- Work up other schemes to mitigate potential risk of DES scheme not being able to be implemented

Scheme Name	Value & Variation	Original Target	£2.0m	Savings Anticipated FYE	£0
Executive Sponsor	Dr Richard Evans	Savings Anticipated 2019/20	0	Delivery Confidence	Red

Identified Objectives

To identify variation against national & local benchmarks and drive down unwarranted variation in clinical services

- To establish and develop the Health Board approach to Value Based Healthcare that will improved patient outcomes and drive better resource utilisation and deliver quantifiable benefits from the prioritised 5 value projects
- To ensure that the Board is adhering to national and local policies in respect of Interventions not normally funded and ‘Do not Do’s’

Achievements this Period

- ✓ Regional Value Steering Group approved Heart Failure as first prioritised joint working project for HDd and SBU
- ✓ VBHc Delivery Plan 2019/20 and agreed key priorities
- ✓ Financial Delivery Unit Stocktake of all VBHc work completed and new delivery plan aligned to it
- ✓ Current plan is also aligned to the National Plan
- ✓ Two workshops held with ELP lead clinician and project team to help put business case together
- ✓ VBHC regional teams have met several times and started working operational

Key Milestones

- FDU – Stocktake to be completed in Q2 – completed, results shared with VBHC team
- New VBHc programme has been established, based on recommendations from FDU stocktake in Q2
- Regional priorities agreed with Hywel Dda (Heart Failure, Lung Cancer, ELP & Total Knee Replacement)
- Review INNU/DND in 5 key areas and conclude – by end Q2 – Findings to be shared with VBHC team on 9th Aug 2019
- Finance completing an exhaustive review for any opportunities in variations – by end of Q2 (9th Aug 2019)
- ELP Business Case to be completed and taken to IBG in September 2019
- Identify resources and aligned to implement a prudent way of working with our regional partner, Hywel Dda

Actions for next period

- Review heart failure pathway with Hywel Dda
- Regional task & finish group to be set up for Heart Failure
- Proof of concept with DrDoctor for Heart Failure PROMs
- Feasibility meetings with DrDoctor for Proof of Concept project Heart Failure
- Get project evaluation approval from Informatics for proof of concept
- Gateway review of all VBHC projects with FDU on 9th Aug 2019
- Write Case Studies for 4 priority VBHC projects
- Feasibility for stroke outcomes data
- Additional finance support into Value and Variance work agreed and in post

August - Service Redesign

Scheme Name		Surgical Services and Theatres Redesign Steering Group	Original Target		£0.5m	Savings Anticipated FYE		£tbc
Executive Sponsor		Chris White/Brian Owens	Savings Anticipated 2019/20		£0.5m	Delivery Confidence		Green
<u>Identified Objectives</u> 6:4:2 <ul style="list-style-type: none">• Increase booking of theatres to deliver a HVO opportunity of £0.5m.• Increase planned utilisation of theatre sessions• 6:4:2 - Compliance with an agreed ‘6-4-2’ process• Agree & Implement SOP for cancellation and reutilisation of lists HCSE <ul style="list-style-type: none">• Establishing a live demand and capacity model for theatres based on Healthcare systems' engineering principles for signing-off the financial benefits associated with the project, facilitate developing a unified theatre work plan and workforce plan, establish the current capacity and the current activity based on the current case mix/speciality, measure against the target theatre utilisation of 87%. Site Specific Changes- Estate and Specialities <ul style="list-style-type: none">• Understanding the RTT Sustainability Plan and impact on demand on theatres.• Move low risk Orthopaedic procedures to the most appropriate site from Morriston based on the CSP.• Releasing the capacity from Plastics to be re-utilised.					<u>Key Milestones</u> 6:4:2 <ul style="list-style-type: none">• Standard Operating Procedure agreed for NPT and Singleton and joint scrums to be implemented; Morriston reviewing current SOP and working arrangements with a view to looking at HB wide approach. New SOP to be operational from 1st September 2019• POC- Theatre dashboard for off session utilisation completed.• Baselines for measurements and the information to be agreed at Theatres Board on 30th August Demand and Capacity <ul style="list-style-type: none">• Operationalise HCSE approach from September 2019• D&C Live queues operational from Q3/Q4 (to be confirmed) Site Specific Changes- Estate and Specialities <ul style="list-style-type: none">• Go live date for trolleys in Singleton – 1st September subject to band 5 recruitment (alternatives being considered)			
<u>Achievements this Period</u> 6-4-2 <ul style="list-style-type: none">✓ Joint SCRUM meetings for Singleton and NPT started. Morriston engagement meeting scheduled for 14th Aug✓ Further engagement and development of 6-4-2 Dashboard (Calendar view available now)✓ Meeting with Cwm Taf colleagues to discuss adaptation of their dashboard Site Specific Changes <ul style="list-style-type: none">✓ Singleton Trolleys : Band 2 recruitment interviews completed and Alternatives for unsuccessful Band 5 recruitment considered✓ Wednesday PM Theatre 1 NPTH - Additional Arthroplasty Lists & Friday Alt Theatre 1 NPTH(Hands list) now operational Demand & Capacity <ul style="list-style-type: none">✓ First draft of SIP list based workforce modelling completed for singleton HCSE <ul style="list-style-type: none">✓ HCSE approach funding approved and work commissioned with SAASOFT✓ HCSE-Initiation of first prototype of vitals feedback loop and auto plotting Gantt chart for Urology					<u>Actions for next period</u> Establish any changes to scope of workstream with plans to form a separate Clinical redesign group 6-4-2 <ul style="list-style-type: none">➤ Initiate 6-4-2 formal meetings in Morriston, 6:4:2 SOP live from September➤ decision on 6-4-2 Dashboard (Internal development v/s Adapting Cwm Taf product)(15th Aug) Site Specific Changes <ul style="list-style-type: none">➤ Singleton Trolleys: Complete Estate work by 31st Aug 2019, Singleton trolleys operational➤ NPT Theatres : Develop and Establish plan for activity transfer to NPT- First Draft due by 20th Aug 2019➤ NPT Theatres: Establish risk and position for anaesthetic cover at NPT by 31st Aug 2019 Demand & Capacity <ul style="list-style-type: none">➤ Confirm methodology on SIP list based workforce modelling for Singleton and complete the same for other three remaining DU’s(30th August)➤ Validate assumptions and summarise application from Capita theatres demand and capacity report (30th August) HCSE <ul style="list-style-type: none">➤ Decision on scope and initial implementation specialities by 31st Aug 2019➤ Demo of first prototype and auto plotting Gantt Chart to SSTRG in August meeting (30th Aug 2019)			

Scheme Name	Outpatient Modernisation
Executive Sponsor	Chris White

Original Target	£0.1m	Savings Anticipated fye	£tbc
Savings Anticipated 2019/20	Nil	Delivery Confidence	Amber

Identified Objectives

- Validation of existing Follow up patients
- Introduction of revised definitions around Virtual Clinics / Self Managed Care / PROMs
- Through IMTP - remove all patients waiting with a 100% target date following review
- Continue with Texting Reminder service for a further 12 months to reduce DNA rates.
- Greater use of "see on symptom" criteria.
- Managing demand with improved Primary care interface / reviewing referral variation across specialties and practices.

Achievements this Period

- ✓ Validation team commenced with effect from the 1st July – posts also backfilled to ensure continuity of service delivery.
- ✓ Additional investment secured from Welsh Government to improve activity around validation and meet outpatient FunB targets.
- ✓ Additional bids submitted to Welsh Government for additional funding to improve the pace of delivery around the HBs Planned Care programme.
- ✓ Ongoing discussions with CSP team around greater clinical engagement around managing change.

Key Milestones

Validation

- Recruit Validation team and Backfill – Q2 – completed and in place
- Address immediate impact data recording – Q2 – Quality Assurance of data NWIS fix is underway

Text reminder Service

- Produce updated review paper for potential investment/ recommendations – End Q2 – Q1 and Informatics leads to be identified / agreed to take this forward

Clinical Leadership

- Appoint Clinical Lead and Chair of the Outpatient Modernisation Board
- Appoint a Project Manager to support the delivery of the modernisation agenda.

Actions for next period

- Utilisation of PROMs in Hips and Knees sub specialties of Orthopaedics - review arrangements around clinical validation of PROM activity.
- Monitor agreed trajectories - New / follow ups and DNA rates
- Agree Clinical engagement / refreshed Outpatient Modernisation Board / Appoint clinical Chair for Board.
- Initiate broader discussion on transformation potential linked to digital solutions and scope out potential for a broader approach to PKB roll out
- Clinical Lead and project Manager to be identified

PMO Note: as outpatients is also an area of priority within the Clinical Services Plan, the plan is to remodel the work programme to ensure that we are focussing on transforming the outpatient model as well as delivering efficiencies. A further discussion will take place in July to agree

August - Service Redesign

Scheme Name Hospital to Home

Executive Sponsor Gareth Howells

Original Target £0.5m

Savings Anticipated fye £TBC

Savings Anticipated 2019/20 nil

Delivery Confidence Red

Identified Objectives

- Earlier discharge will be facilitated through service redesign supporting individuals to return home to their communities and reducing deconditioning in hospital
- Care will be provided through an enabling ethos that recognises the importance of people managing their own health and wellbeing
- Ensure care packages are appropriate before being put in place, preventing over prescribing of social care over long periods of time
- Manage our resources to deliver best outcomes for people within the resources available, enabling our care system to be financial viable.

Achievements this Period

- ✓ Baseline assessment of current services commenced and informed Demand and Capacity Modelling work undertaken with NHS Wales Delivery Unit
- ✓ Agreement at weekly Service Directors meetings for all ESD teams to come under the H2H project
- ✓ Hospital 2 Home Workshop held with MDT attendance and core service principles drafted for each of the pathway components for Workstream leads to develop actions.
- ✓ Data submitted to NHS Wales Delivery Unit on our activity through the John Bolton model services. Prof Bolton secured for 1 day per month until December to help implement the model.
- ✓ Funding agreed by Health Board to support therapy led reablement model and recruitment of therapist posts in progress.
- ✓ Completion of revised Transformation Bid for Welsh Government streamlining costs for phased implementation
- ✓ Agreement at weekly Service Directors meetings for all ESD teams to come under the H2H project.

Key Milestones

Draft and agree discharge 2 assess operating model – Q2

Agree discharge timeline and operational measures – Q2

Scope information and ICT requirements including staff mobilisation – Q2

Draft and agree operational policy including new discharge timeline Commence phased wall roll out

Analysis of phased ward roll out and lessons learned – Q2

Develop and agree West Glamorgan definition of a trusted assessor – Q2

Develop and agree West Glamorgan trusted assessor competency framework based on the skills identified from Hospital 2 Home Service Development - Q2

"Identify current staff in services with; Full existing competencies /skills, Partial existing competencies /skills and Gaps /backfill required to allow TA role to be undertaken“ – Q2

Phase 1 Hospital 2 Home service implemented - Q3

Actions for next period

- Demand and Capacity Modelling work undertaken with NHS Wales Delivery Unit to be finalised in a workshop with John Bolton on 12th August. In addition workstream leads will be asked to present draft service models for each element of the Hospital 2 Home pathway for the implementation group to quality assure.
- Key meeting with partnership Directors on 16th August to consider the baseline assessment (including financial assessment) of the John Bolton Model and agree recommendations for change. Need to agree the recruitment plan to ensure project remains on track
- Baseline assessment of all ESD services across the Health Board to be undertaken
- Draft and agree discharge 2 assess operating model in partnership following outcome of 12th August workshop
- Scope information and ICT requirements including staff mobilization considering the use of SIGNAL to support delivery.
- Draft and agree memorandum of understanding in partnership following outcome of 12th August workshop
- Trusted Assessor Model and Competencies developed

<div><div>Scheme Name</div><div>Procurement Work stream</div></div>	<div><div>Savings Anticipated (PYE) 2019/20</div><div>£2.1m</div><div>Savings Anticipated (FYE)</div><div>£ 2.28m</div></div>
<div><div>Executive Sponsor</div><div><div><div>1. Total Bed Management - Gareth Howells/Lisa Hinton</div><div>2. QVC – Lynne Hamilton (£2.1m PYE)</div><div>3. Sustainable Travel Solution – Hazel Robinson</div><div>4. Automated Stock Management -</div></div></div></div>	<div><div>Delivery Confidence</div><div>Amber</div></div>
<div><div><div>Identified Objectives</div><div>Total Bed Management (TBM):<ul style="list-style-type: none">Implementation of new Total Bed Management contract to commence 27th March 2021 having reviewed current contract, established current requirement and considered future needs.</div><div>Quality Value Cost (QVC):<ul style="list-style-type: none">Local & All Wales Procurement Savings £932k PYEQVC Tier 1 Savings Opportunities (Clinical) £1,173k PYE</div><div>Sustainable Travel (STS):<ul style="list-style-type: none">Deliver a Sustainable Travel Solution (STS) that complies with the Wellbeing of Future Generations Act (2015).</div><div>Automated Stock Management (ASM):<ul style="list-style-type: none">Implementing of an automated stock control management process within SBUHB acute hospital sites’ in their anaesthetic / theatre activity areas to support more efficient and effective medical consumables stock management practices and investment to save economies.</div></div></div>	<div><div><div>Key Milestones</div><div>Total Bed Management (TBM):<ul style="list-style-type: none">Requirements gathering / Bed Audit – Aug 2019Options Workshops – Sept-Oct 2019Procurement processes for tendering based on preferred options and indicative value of contract – Nov 2019 onwards</div><div>Quality Value Cost (QVC):<ul style="list-style-type: none">QVC T1 Clinical Packs creation and distribution – 9th Aug 2019QVC T1 Clinical Meetings – Aug 2019</div><div>Sustainable Travel (STS):<ul style="list-style-type: none">Create dataset of SBU HB 12,000 employees inc. SEL travel mileage – Aug 2019Establish travel patterns between Health Board locations – July/Aug 2019</div><div>Automated Stock Management (ASM):<ul style="list-style-type: none">Tender Evaluation – 5th-16th August 2019Contract Award & start – October 2019Equipment Deliveries – Dec/Jan 2019</div></div></div>
<div><div><div>Achievements this Period</div><div>Total Bed Management (TBM):<ul style="list-style-type: none">Met with Arjo rep and got access to previous equipment audit with a view to it being used as our baseline of requirementsAgreed sub-project group for phase 1 of project (requirements)Expediting IY opportunity for Bariatric Equipment hire, weekly reporting being implemented to facilitate insights, options being developed realise an IY saving</div><div>Quality Value Cost (QVC):<ul style="list-style-type: none">Created 10 of 13 QVC information packs. Sent 4 of 10 so far.Started the process of adding in the additional element of Benchmarking with PPIB QVC T1 items, prior to rationalisation exploration. 50 items submitted so far.Monitored single procurement plan</div><div>Sustainable Travel (STS):<ul style="list-style-type: none">Got access to 19/20 SEL data to start reportingRequested quote for journey postcode profile data via Payroll/SELCreated data model for reporting SIP to SEL so we can start to build insights to factor in decisions</div><div>Automated Stock Management (ASM):<ul style="list-style-type: none">Setup weekly reporting between project manager and procurement officeDraft PID submitted to PMO</div></div></div>	<div><div><div>Actions for next period</div><div>Total Bed Management (TBM):<ul style="list-style-type: none">Paper of options for Bariatric IY savings optionsCreate detailed plan for phase 1 – Bed AuditDesign, create bed audit surveySchedule all meetings</div><div>Quality Value Cost (QVC):<ul style="list-style-type: none">Create/Distribute remaining 9 QVC Tier 1 clinical packsAttend scheduled clinical meetings to explore opportunitiesBook remaining 9 clinical meetingsContinue with benchmarking work. Embed it in Business as usual</div><div>Sustainable Travel (STS):<ul style="list-style-type: none">Schedule Project team meetings to review analysisImplement skype user flag into data model for additional analysisDraft PID</div><div>Automated Stock Management (ASM):<ul style="list-style-type: none">Draft PID review & updateRefine project schedule based on new dates</div></div></div>

Scheme Name	Pharmacy and Medicines Management
Executive Sponsor	Project Manager Amy Jayham, Management Lead Judith Vincent Executive Lead Chris White

Original Target	PC data N/A yet AC- £386k (May 19)
Savings Anticipated (PYE) 2019/20	

Savings Anticipated (FYE)	£1.12M- Primary Care, £1.15M- Acute Care (NB: Anticipated cost pressure/growth- £2.245m)
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Delivery Confidence	Amber
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Identified Objectives

- Identify and implement drug switching initiatives in acute care areas to reduce overall drug spend.
- Support the Health Board’s biosimilar strategy to switch patients to the most cost effective biologic product.
- Implement optimal procurement of medicines as agreed via the All Wales Drug Contracting Committee.
- Ensure a robust financial process is in place to manage complex patient access schemes with new medicines.
- Savings in primary care prescribing to offset growth/ anticipated cost pressures.

Key Milestones

- Improving HB performance against AWMMSG National Prescribing Indicators.
- Recruitment of Consultant Antimicrobial Pharmacist (reduce volume & spend on ABx, reduce use of broad spectrum ABx).
- Development of Pharmacy Transformation Programme with revised integrated work streams and pathway groups aligned to the Clinical Services Plan priorities
 - New schemes identified by specific groups- respiratory, diabetes, older people, cancer

Achievements this Period

- Delivery of investment bid savings.
- Acute- on target for NICE savings (£1.1m) and non-NICE (£45k).
- Further savings from I2S WG bids- Medicines Recycling and GP Prescribing Clerks.
- Recovery plan for Haematology IBG implemented.
- Submitted R&D report for Innovate to Save Homecare Medicines for Wales service to WG.
- Initiated discussions with Diabetes team re insulin switch savings.
- Included AWMMSG Medicines of Low Priority (Paper 2) in PC savings work plan.
- Agreement that WFI private patients will use homecare on trial basis before considering all WFI patients.
- Leads completed SIP lists and ID of current vacancies.

Actions for next period

- Understand delays with CVP approving Consultant ABX Pharmacist post.
- Maintain savings achievements with investment schemes.
- Work with NPT to resolve infusion suite capacity issues to allow Trastuzumab SC to IV switch.
- Follow up Mental Health Pharmacy Transformation bid.
- Develop IBG bid to switch Tyrosine kinase inhibitors to homecare supply (Morriston & NPT patients).
- Review Pharmacy Transformation Programme actions and agree delivery dates with leads.
- Understand reasons why BC for additional Cancer capacity in Singleton via Tenovus bus was not supported by execs.
- Implementation of homecare for private WFI patients.
- Review pharmacy falls prevention tool to assess use across all sectors.
- Develop SOP to switch N-acetylcysteine to cost effective alternatives.