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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

# SWANSEA BAY LHB. HIGH VALUE OPPORTUNITIES UPDATE

Period 09 Data (December 2019)

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

**Key Milestones**

**ED Workforce & Activity Review:**

- Sign Off Final Report –(TBC)

**Junior Doctor Rota review:**

**a) Rota Redesign (Efficiency and Safety)**

- Anaesthetic- TBC

**b) Re-banding opportunity**

- Next doctor rotation for implementing changed rota - Feb 2020

**Locum on Duty:**

- Go-live- 15/12/19 – **Complete**

**E-Job Planning:**

- Establish project plan to complete information on pending job plans and consistency checking of further 6 specialities (13/12/19)
- Summarise & Quantify implications for first round of Job Plan consistency checking –(TBC 10/01/2020)

**Recruitment progress Including Long Term Locum and Kendall Bluck Locum Opportunity**

- Recruitment and vacancy position against plan-10/01/2020
- Update savings tracker position & reconcile savings in DU saving trackers-10/01/2020

**Actions planned but not completed**

- Re-banding discussion with Paul Jones and Mark Ramsey re: Urology rota did not go ahead on 20<sup>th</sup> December due to clinical availability.

**Actions for Next Period**

- **ED Workforce & Activity Review:** Meeting with ED Clinical leads first week of February.
  - Sign off report and implementation plan
- **Junior Doctor Rota review:**
  - Review rotas and assess impact of major trauma units with Burns and Plastics.
  - Receive summary report from Kendall Bluck re court case.
- **Locum on Duty –**
  - Agree BAU processes –TBC
  - Agreement of standard set of reports for health board.
- **E-Job Planning –**
  - **Work through responses from delivery units,**
  - **Communication from Medical Directors office to prompt all responses back by end of march.**
  - Summarise & Quantify implications for first round of Job Plan consistency checking –TBC
  - Circulate amended SPA Tariff as per comments received to resubmit to LNC
- **Recruitment progress Including Long Term Locum and Kendall Bluck Locum Opportunity**
  - Confirm starting dates, recruitment position and Locum exit position-10/01/2020
  - Update savings tracker position & reconcile savings in DU saving trackers-10/01/2020

**Achievements this Period**

**ED Workforce & Activity Review (KB):**

- ✓ Following ED Team and Kendall Bluck meeting to agree final changes to proposed workforce plan and implementation plan on 15/10/19 final revised report was received on 28/10/19. Kendall Bluck will conduct one final workshop with Morrision DU and ED team first week of February.

**Junior Doctor Rota review (KB):**

- ✓ **Re-banding Opportunity:** B&P discussion with Mark and Dean Boyce took place on 13th December, and agreed for B&P to consider rota designs with Medical HR including implications of 5 new Middle grade doctors planned for Trauma centre.

**Locum on Duty:**

- ✓ System went live as planned

**E-Job Planning:**

- ✓ Tracker updated throughout December, early analysis indicates an increase in job plans inputted onto system

Risk description	Score	Mitigation
Locum On Duty-Doctors Signing up to system There is a possible risk that not all doctors sign up to new system and terms of engagement, Which will impact on their ability to do any additional shifts (excluding WL's) after System Go-Live date on 15th December 2019.	9	A series of communications is being sent out to Doctors and Service mangers and being cascaded via different routes and Weekly tracking of number of doctors signed up to system is being monitored.
<b>Issues</b> <b>Locum on Duty : Doctors registration process;</b> File checking process for each doctor registered on the system is a manual process and currently proving to be a challenge to issue terms of engagement to all doctors signed up to system.		<b>Action</b> 3 different categories of doctors(Substantive, Other HBs, Purely Adhoc) are being considered for risk and criticality to complete all checks before issuing terms of engagement. (5/12/19)

**Scheme Name**

Therapies

**Savings Anticipated  
2019/20**

£0.1m

**Savings Anticipated  
fye**

£0.1m

**Executive Sponsor**

Chris White, Chief Operating Officer

**Delivery Confidence**

Amber

**Key Milestones**

**Stage 1**

- Conduct baselining and scoping exercise **(completed)**
- Proposal on the therapy structures, supported by role definitions **(completed)**
- Draft and agree management brief, engagement plan and consultation documents (by Nov 19)  
(On hold pending decision re SOS feedback)
- Stakeholder engagement process to be completed with DU Directors, Heads of Service and employees **(November 19)**
- Map out necessary budgetary reallocation within Finance Dept (and agree processes where any ring-fences need to be maintained) (November 19)
- Establish process for transfer of budgets and management (October 19)
- Implementation of management changes and budgetary reallocation (Dec 19/Jan 20)

**Stage 2**

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

**Actions planned but not completed**

- Understand complexities around cost centre structure post-realignment and identify possible solutions for consideration – awaiting FBP responses
- Understand Finance requirements and timescales for implementation – arranging meeting

**Actions for next period**

- Therapies realignment
  - Agree testing process for post-realignment structures, carry out review
  - Prepare method of collating required data to facilitate large scale ESR update
  - Understand complexities around cost centre structure post-realignment and solutions for consideration
  - Understand Finance requirements and timescales for implementation
  - SOS exercise;-
    - Finalise FAQ for issue
  - Identify the additional savings achieved, prompted by the HVO work, through changes in workforce role (recognising need to avoid double counting as these may be counted against BBC pressures) (ongoing)
  - Prepare project plan for preparation and implementation of changes
- Medacs agency spend savings
  - Confirm source data for calculation of savings provided by Medacs contract
  - Provide savings for YTD
- Additional opportunities;-
  - Continue to explore potential implementation of Allocate within Therapies
  - Continue monitoring Medacs MI to identify potential reduction in Agency spend

**Achievements this Period**

**Savings**

- ✓ Anticipated savings of £65k (framework for Medacs agency spend) – framework now operational and actual spend currently being calculated and tested
- ✓ £54k savings from Jun '19 to date from held posts (anticipated 2019/20 savings approx. £70k, with potential for additional savings from further posts TBC)

**Actions**

Therapies realignment

- ✓ Future service models received by project – initial review carried out
- ✓ Stakeholder engagement meetings carried out in hotspot areas following SoS
- ✓ Established Payroll requirements and timescales for implementation

Allocate implementation

- ✓ initial discussions around requirements and data provided to assist with costings

Medacs Management Information reporting process

- ✓ Confirmed 10% check of usage now completed by SBUHB
- ✓ Correct process now fully implemented

**Risks**

Risk description	Risk Score	Mitigation
None identified at present		

**Scheme Name** Value Based Healthcare

**Executive Sponsor** Dr Richard Evans

**Savings Anticipated 2019/20** 0

**Savings Anticipated FYE** £0

**Delivery Confidence** Amber

**Key Milestones for December 2019**

- VBHC:**
- DrDoctor proof of concept for HF PROM collection – Contract Signed and Proof of Concept extended
  - Continue work on HF Service Redesign CSP project

**Achievements this Period**

- VBHC:**
- ✓ Held discussions around PROMs with Dougie Russell for Planned Care
  - ✓ Commenced scoping for Rheumatology PROM collection
  - ✓ Breast Cancer: work started to extend PROM collection to 2<sup>nd</sup> consultant in Singleton
  - ✓ PROMs Dashboard published on QlikSense Commissioning Workstream
  - ✓ Commenced scoping with Cardiac consultants for PROMs for AF: Ablation
  - ✓ HF: phases identified, PID started. Pathway mapped for acute care phase
  - ✓ DrDoctor: Contract signed, PIMS data extracted and uploaded in DrDoctor, privacy statement added to PROM & PREM form
  - ✓ All projects: Baseline data collected
  - ✓ Met with FDU to finalise VBHC 18 month rolling programme – FDU to allocate resources to elements of the programme
  - ✓ Invited to present at NHS Wales Modelling Collaborative National Event, Cardiff, Feb 2020

**Actions planned but not completed**

- VBHC:**
- INNU review completed and report to be shared at Value & Variance Board – meeting cancelled
  - HF schedule remaining task & finish group meetings, map detailed patient pathway for all phases, identify tasks assign leads and agree baseline data
  - Commence work at incorporating VBP into VBHC

**Actions for next period**

- VBHC:**
- FDU to allocate resources to elements of the 18<sup>th</sup> month rolling programme
  - DrDoctor PoC: Go Live 14<sup>th</sup> Jan 2020 and actions to be considered when PoC finishes, and start analysis of PROM extract data
  - National Plan for Dashboards: Cataract data to be analysed
  - Submission of Abstracts to VBHC PRIZE event and ICHOM International conference
  - Meet with IBD consultants to scope out PROM requirement
  - HF Dashboard to be signed off with clinicians
  - HF PID to be reviewed with Clinical leads, PKB demonstration to be booked in, Baseline data TBC
  - Review and widen PROM collection in existing VBHC projects for Hips & Knees & Lung Cancer
  - Present at next VBHC COP in Jan 2020
  - TAVIs PROMs: Visualisation tool developed and implemented in the service

Risk description	Risk Score	Mitigation
PROMs infrastructure: requirement to collect PROMs at scale and what happens after PoC finishes	Medium	PoC and manual systems in place for now and undertaking an options appraisal

**Scheme Name** Outpatient Modernisation

**Executive Sponsor** Chris White, Chief Operating Officer

**Additional new Income received into HB to cost avoid in 2019/20** £200K Target

**Cost Avoidance Savings fye** £500K

**Delivery Confidence** Green

**Key Milestones**

**Validation**

- Validation Team have turned their efforts to address patients who DNA more than once, data has been reviewed and work is being undertaken to validate these patients

**DNA Plan**

- Review of the current PARS solution is being worked through with the project team and informatics
- Talking heads video has been produced and is in the editing stage with communications team

**Actions planned but not completed**

- ✓ Establish process for transfer of budgets and management
- ✓ New Outpatient Dashboard to be reviewed by informatics

**Actions for next period**

- Fully implement action and arrangements for the key projects which have been funded and to progress validation changes as agreed.
- Set and monitor new delivery unit trajectories - New / follow ups and DNA rates
- Initiate broader discussion on transformation potential linked to digital solutions and scope out potential for a broader approach to PKB roll out
- Create Posters and leaflets for DNA Communication
- Agree the long term vision for digital solutions and Hybrid Mail Solution

**Achievements this Period**

- ✓ Co-Production with patients to understand why patients DNA – Data is under review
- ✓ Outpatients modernisation section on the HB's website
- ✓ Work was undertaken with KMPG and the wider OP group to develop key drivers and actions.
- ✓ Outpatient Modernisation Group Meeting held 9<sup>th</sup> December and vice chair was agreed

**Risks**

Risk description	Risk Score	Mitigation
Very little clinical lead time allocated to project, this is effecting key milestones	15	Increase WTE for clinical lead
Increased demand / reduced capacity available due to service needs	12	Monitoring and focused targeting of resources

**Scheme Name** Hospital to Home      **Savings Anticipated 2019/20** nil      **Savings Anticipated fye** £

**Executive Sponsor** Gareth Howells, Director of Nursing & patient Experience      **Delivery Confidence** Green

**Key Milestones**

- Implement discharge 2 assess operating model
- Monitor discharge timeline and operational measures
- Agree and monitor performance and quality measures
- Agree and implement information and ICT requirements including staff mobilisation
- Implement operational policy including new discharge timeline
- Train staff to deliver West Glamorgan trusted assessor competency framework based on the skills identified from Hospital 2 Home Service Development
- Train Hospital 2 Home Navigators
- Test models and measures with Professor John Bolton & partners - agree evaluation methodology

**Achievements this Period**

- SIGNAL roll out closely linked to Hospital 2 Home with specific elements that will monitor the performance of the three regional pathways and patient outcome measures of success – agreed and on-track in Singleton and Morriston
- Hospital 2 Home Navigator (Trusted Assessor) training programme commenced with three cohorts being trained in three months.
- Full Launch commenced 10<sup>th</sup> December – 70 Swansea patients discharged & 49 NPT (inc ESD)
- Analysis of Soft Launch incorporating lessons learnt for phased ward roll out
- New staff to started in post – slight delay in NPT with community workers – started w/c 16<sup>th</sup> Dec
- Phased ward roll out to commence from 10<sup>th</sup> December onwards – on track
- Communications and patient/staff information launched
- Process flow charts for each LA area developed
- Evaluation support agreed via RPB for the first 3 months of rollout – to ensure lessons are learnt early in process
- Performance and quality measure & collections and reporting methods agreed with partners
- Models and performance measures tested and agreed with Prof John Bolton

**Actions planned but not completed – evaluation through RPB to be fully agreed – data collection needs to be improved**

**Funding**

ICF funding agreed of 1.16m for December phased implementation. ICF funding fixed term until end of March 19 and then will need to be reapplied for. Agreement to release the ICF funding for recruitment of reablement support workers. HB went at risk of funding for 400k for therapy posts. Additional winter monies allocated through RPB.

**Actions for next period**

- Implement rollout plan from 10<sup>th</sup> December – 20<sup>th</sup> January
- Continue Navigator training
- Ensure operational leads on all sites are identified to embed as BAU
- Ensure comms and leaflets are available across all partners' sites
- Weekly monitoring to be in place – data collection to be ironed out
- Baseline data to be signed off by all partners and the DU
- Evaluation to be undertaken in March 2020 – RPB methodology and support to be fully agreed
- Ensure reappointment of Programme Manager is undertaken – out to advert

**RED Risks – only**

Risk Category	Risk Ref	Description and Potential Impact on project if it happened	Current Risk
Capacity/Resource	R1	The increased focus on early discharge from Hospital into reablement services could cause a bottleneck within the community if there is not capacity within domiciliary care to support them following the reablement intervention.	20
Workforce	R3	There are known recruitment difficulties for reablement/domiciliary care support workers expansion in this area would put further constraints on this workforce.	20
Operational	R11	Discharge to assess operating model will put further pressure on the Joint Equipment Store (JES). There will be additional demand placed on JES due to increased need for equipment at home and a requirement for rapid delivery times of same day/next day deliveries to ensure swift discharge.	16
Workforce	R12	The necessary Community Care resources identified for the delivery of Hospital 2 Home are dependent upon the release of staff from elsewhere within current resource this is tied to the recommissioning programme and other internal factors which will allow for the redeployment of existing community care assistants. If there is a delay in confirmation of funding allocation to this cohort of staff post October 2019 there is a risk that we will not be able to sustain these then 'additional' staff in post.	16

**Scheme Name** Surgical Services and Theatres Redesign Steering Group

**Savings Anticipated 2019/20** £0.5m

**Savings Anticipated FYE**

£tbc  
Green

**Executive Sponsor** Chris White

**Delivery Confidence**

**Key Milestones**  
**6:4:2** : Monitoring and benefits quantification 29/11/19 (Completed)  
**Demand and Capacity**  
 • Complete demand capacity gap analysis- (TBC)  
**Site Specific Changes-**  
 • Establish a shared understanding of total plan and decision making process under this with all key stakeholders. (TBC)  
 • **Singleton Trolleys: Reconcile** current activity and agree activity plan 29/11/19  
 • **Shoulder List – NPTH** : Agree short to medium term plan 29/11/19  
**HCSE**  
 • Agree and execute test of change in First focus area (Pre assessment clinic) Update: test of change to go live in January  
 • Complete Mapping and Measuring in Second Focus area (Ophthalmology/ Cataract Theatre) 5/12/19 (Completed)  
 • Third Onsite surgical flow practical skills workshop 5/12/19 (Completed)  
 • Fourth onsite surgical flow workshop scheduled for 16<sup>th</sup> January 2020

**Achievements this Period**  
**6-4-2 :**  
 ✓ All three sites continue practicing 6:4:2 standard operating procedure via weekly SCRUM meetings.  
 ✓ Work continues and will be strengthened reviewing scheduling of list  
 ✓ Improvements will have to focus on timely cancellations of lists to be able to offer out session to be reutilised and information available via dashboard to support the 642 process  
 ✓ Key Stakeholder meeting with Informatics team to agree further enhancements held  
**Site Specific Changes:**  
**Singleton Trolley :**  
**Transfer of Activity to NPTH:**  
**List currently assigned/Transferred:**  
**Wednesday PM Theatre 1 NPTH - Additional Arthroplasty Lists**  
**Friday Alt Theatre 1 NPTH-Hand & Wrist**  
**Demand & Capacity :**  
**HCSE:**  
**Focus Areas**  
**First Focus Area (Pre-Assessment) & Second Onsite surgical flow practical skills workshop**  
**Second Focus Area (Ophthalmology Day case) & Third Onsite surgical flow practical skills workshop**  
 ✓ Third Onsite surgical flow practical skills workshop took place on 5/12/19 and 4<sup>th</sup> booked for January 2020.

**Actions planned but not completed**

**Actions for next period**  
**6-4-2 :**  
 ✓ Monitor progress and Weekly Booking position  
 ✓ Complete agreed enhancements to dashboard  
**Site Specific Changes:**  
 ✓ **Singleton Trolley:** Asses impact on utilisation and day case rate, Considering other factors (Old Trolleys and Medical patients in Ward 2)  
**Transfer of Activity to NPTH**  
**NPTH Plan:**  
 ✓ Agree and Establish a plan with Urology for additional activity to be undertaken in NPTH  
 ✓ Establish a shared understanding of total plan and decision making process under this with all key stakeholders.  
 ✓ Asses impact of medical patients on Ward A and agree action plan  
**List currently assigned/Transferred**  
 ✓ **Wednesday PM Theatre 1 NPTH - Additional Arthroplasty Lists:** Clarify position on activity and benefits  
 ✓ **Shoulder List – NPTH:** Finalise plan for this list in absence of Surgeon cover for shoulder list.  
**Healthcare Systems Engineering (HCSE)**  
 ✓ Execute agreed test of change in First & Second focus area  
 ✓ Run 4<sup>th</sup> workshop to review modelling of cataract surgical flow  
**Demand Capacity:**  
 ✓ Summarise and conclude workforce capacity analysis  
 ✓ **Demand Analysis-TBC**

Risk description	Score	Mitigation
Project manager will be leaving role in mid February 2020	16	New PM resource to be identified asap to provide short term cover
Unscheduled care pressures impact the project progress due to lack of management capacity to deliver changes	20	Project objectives will be reviewed in parallel with KPMG assessment of new opportunities

Issues	Action
<b>Singleton Trolleys-Activity:</b> there is a concern that the utilisation of trolleys is not in line with benefits associated with sign off plan based on under booking of list in particular areas due to lack of beds.	Current activity is being reconciled and original data analysis that formed the basis for signing off the additional trolley plan is to be shared with concerned services to agree a plan going forward.
<b>Ward B (Previously Ward A) - Medical Patients- Unscheduled care pressure Impact</b> Arthroplasty and other Joint cases have been cancelled since w/c 7/10/19 and no cases booked for foreseeable future because Ward B continues to receive medical patients due to USC pressures across the system. This is having a direct impact on plans and Financial benefits realisation.	It was agreed in November SSTRG meeting to complete an assessment of projected elective activity plans by each speciality to understand the impact of unscheduled care pressures and recommendations based on that impact assessment.

## Scheme Name

Pharmacy and Medicines Management

## Executive Sponsor

Project Manager Amy Jayham, Management Lead Judith Vincent, Executive Lead Chris White

### Key Milestones

- Improving HB performance against AWMSG National Prescribing Indicators (Mar20)
- Delivery on savings targets and BG bids (Mar20)

### Achievements this Period

- ✓ Delivery of investment bid & acute savings over target
- ✓ Agreement of IBG to support DSN investment to release Diabetes savings through biosimilar switch and insulin reviews after meeting with Diabetic Consultants
- ✓ Agreement of Haematology Ibrutinib proposal by Execs
- ✓ Project documentation for Pharmacy BoT capital
- ✓ Agreed further diabetes savings proposal for glyptin reviews- starting Jan 2020
- ✓ Changes to roles and responsibilities for the management of controlled drugs by the delivery units
- ✓ Prescribing guideline for Nicotine Replacement Therapy in MH inpatients agreed
- ✓ Pharmacist working in ILD clinic (no funding provided) ensuring all pirfenidone (Esbriet) nintedanib (Ofev) prescriptions are now provided via Homecare AT initiation- continuing to deliver savings. Will support development of BC to make service sustainable.
- ✓ Submission of funding proposal for pharmacy service in Paediatric Assessment Unit- consideration for WG 'FUNDING FOR PREVENTION AND EARLY YEARS'.

### Actions planned but not completed

- Using homecare for NHS WFI patients (RM/PN)- trialling private patients 1<sup>st</sup>
- Submit IBG bid for DSN investment (RW/JV 31.12.19)- will go to Jan IBG
- Recruitment of integrated pharmacist roles for Older People (band 7 pool of pharmacists to cover MH, PC & Singleton) (RN/SWE/SJ 31.12.19)- queries on availability of funding from three sites
- Refinement of BC for NHS homecare company (AJ 31.12.19)- £100k quote from KPMG, following up 3<sup>rd</sup> sector contacts from non-exec & innovation leads network & Swansea Uni.

## Savings Anticipated (PYE) 2019/20

PC data N/A yet  
SC- £1.5m Oct

## Savings Anticipated (FYE)

£1.12M- Primary Care, £1.15M- Acute Care  
(NB: Anticipated cost pressure/growth- £2.245m)

## Delivery Confidence

Amber

### Actions for next period

- Submit BC for Consultant Pharmacist for Older People & team to IBG
- Replacement of Pharmacy Robot in Morriston

### Risks

Risk description	Risk Score	Mitigation
Pharmacy staff shortages at Morriston site	20	Patient prioritisation paper
Short term Winter funding- unlikely to recruit/ bank	20	Use locums
Ongoing drug shortages, recalls, price fluctuations	16	Provide info to PC & finance, ensure patient care is not adversely affected
No clinical service to CSSU- Winter pressures exacerbated problem area (being used for patients that not designed to accommodate- high acuity patients etc.)	20	Audited discharge prescriptions and clinical issues. In discussion with Clinical lead for ongoing support.

**Scheme Name**

Procurement Work stream

**Executive Sponsor**

1. Total Bed Management - Gareth Howells/Lisa Hinton
2. QVC – Lynne Hamilton (FYE/IYE under review)
3. Internal Staff Travel – Hazel Robinson
4. Automated Stock Management – Collette Kiernan

**Key Milestones**

**Total Bed Management (TBM):**

- Complete block rental of Bariatric equipment – Jan 2020
- Meet with CSP colleagues to understand high level CSP effect on bed requirements – Jan 2020
- Scope out potential location for demo of beds & equipment – Jan 2020
- Join current contract performance meeting for information – Jan 2020

**Quality Value Cost (QVC):**

- Finalise 20/21 Procurement Plan – Jan/Feb 2020
- Prepare tracker for reporting for 20/21 – Jan/Feb 2020
- Support Procurement with Clinical Engagement needs for 20/21 – Jan/Feb 2020
- Close down formal Project for QVC T1 and establish processes as Business as usual within procurement – Mar 2020

**Internal Staff Travel (IST):**

- Meet with Finance colleagues to establish integrating SEL data into dashboard – Jan 2020
- Complete meeting analysis data for DST– Jan 2020
- Make data and research available to Director of Strategy for Sustainability Programme and close down IST project – Mar 2020

**Automated Stock Management (ASM):**

- Contract Award & start – Feb 2020

**Achievements this Period**

**Total Bed Management (TBM):**

- ✓ Agreed demo for Bariatric frame decontamination with Infection control and H&S colleagues
- ✓ Agreed ability and process to RFID block hire equipment as to improve locating and utilisation of bariatric equipment
- ✓ Draft process for hiring process to facilitate business improvement work which can be utilised for other hire equipment

**Quality Value Cost (QVC):**

- ✓ Engaged with 3 more areas in month taking total clinical engagement to 8 of 13 areas. 4 of remaining 5 areas are Orthopaedic which there are known problems with Clinical Lead on long term sick leave.
- ✓ Met with Deb Lewis, Neil Miles and shared service Orthopaedic colleagues to present opportunities for rationalisation and savings within Morrision
- ✓ Shared datasets for 19/20 YTD with Procurement to facilitate draft savings plans for 20/21
- ✓ 1<sup>st</sup> Draft Savings plan for 20/21 submitted
- ✓ Procurement savings in total YTD (Dec19) **855k** Cash Releasing & **236k** Cost avoidance

**Internal Staff Travel (IST):**

- ✓ Analysed new data sets for high mileage meetings
- ✓ Presented data to DoHR and agreed further requirements

**Automated Stock Management (AST):**

- ✓ Tender Evaluations completed
- ✓ FBC signed off and approved @ IBG

**Savings Anticipated (PYE) 2019/20**

Under Review

**Savings Anticipated (FYE) Delivery Confidence**

Under Review

Amber

**Actions for next period**

**Quality Value Cost (QVC):**

- Attend VCP workshops with 19/20 data analysis to help identify further savings and prioritise for savings 20/21
- Agree hand over of all QVC process into business as usual procurement
- Support Procurement through creation and handover of 20/21 tracker

**Actions for next period**

**Total Bed Management (TBM):**

- Actions planned but not completed
- Conclude Bariatric in year work after meeting operational colleagues (11<sup>th</sup> Dec)
- Evaluate Project members and scale up communication and activity on TBM project

**Actions for next period**

**Automated Stock Management (ASM):**

- Tender award approval with HB Directors and WG final Approval

**Actions for next period**

**Internal Staff Travel (IST):**

- Submit High mileage meeting analysis
- Work SEL data into Finance Dashboards
- Meet with DoStrategy to handover work and analysis to date
- Agree project closure

**Actions planned but not completed**

**(TBM)** Create detailed project plan and critical path

**(QVC)** Unit workshops to identify further savings. Deferred due to serious incident and capacity

**Risks**

Risk description	Risk Score	Mitigation
Being unable to identify enough rationalisation or additional savings to achieve the opportunity identified within clinical savings	16	Ensure as much clinical engagement as possible to identify rationalisation. Also when a swap item/product identified expedite the process to realise benefits as soon as possible
Risk that in areas shortlisted that the scale of opportunity is far less or zero due to clinical setup e.g. Managed Service or All Wales contract (Biochemistry)	16	Explore further into the MSC's and the All Wales agreement to satisfy we are getting value for money and a good service