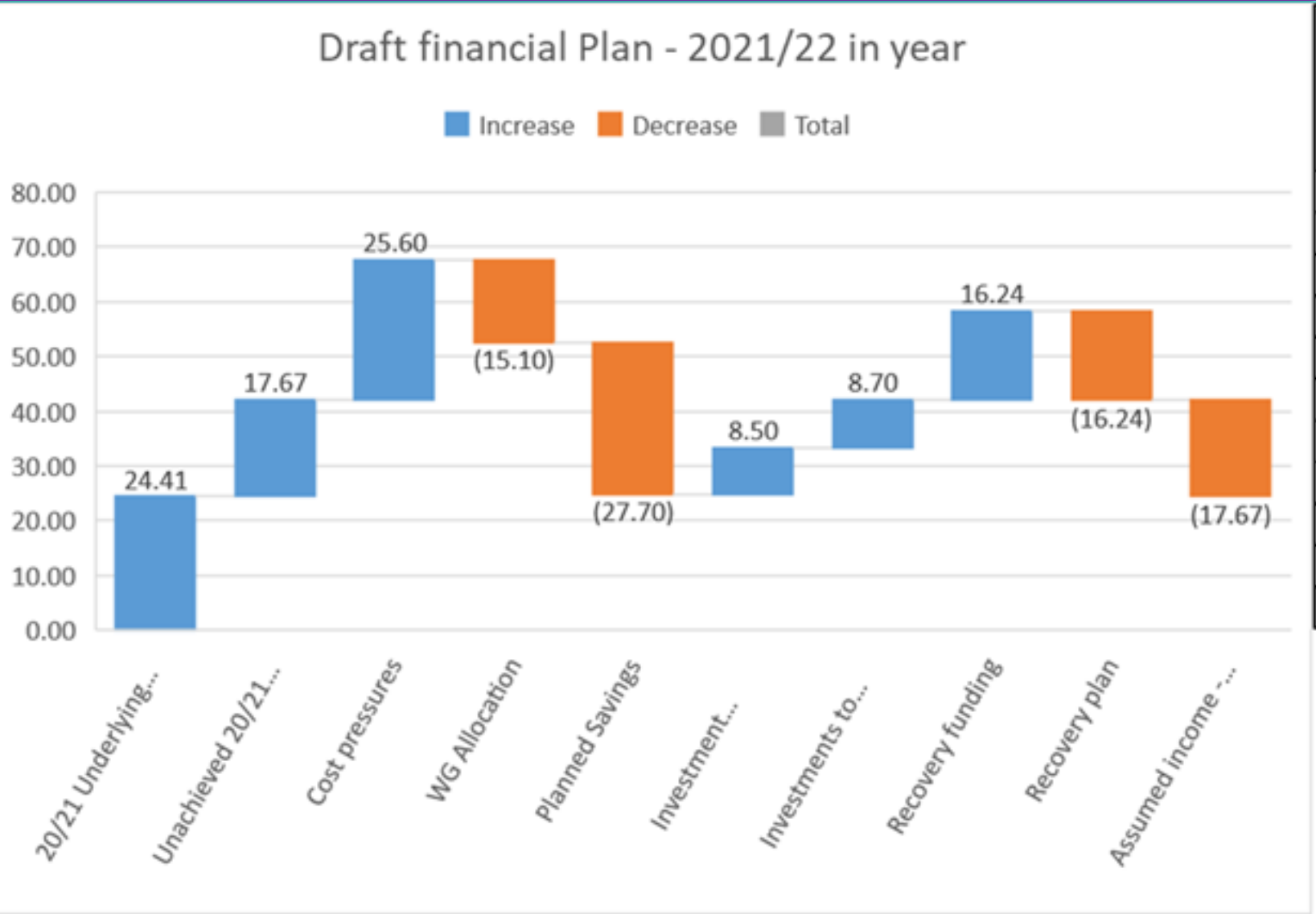
Areas to cover

- Deficit analysed – no further action
- Reminder of current 2021/22 financial plan
- Financial Forward Look
- KPMG pipeline and our PMO
- Efficiencies
- Population healthcare
- Next steps

Our current 21-22 financial plan



	2021-22 Plan Update £m
20/21 Underlying Position	24.41
Unachieved 20/21 savings	17.67
Cost pressures	25.60
WG Allocation	(15.10)
Planned Savings	(27.70)
Investment Commitments	8.50
Investments to enable Savings	8.70
Recovery funding	16.24
Recovery plan	(16.24)
Assumed income - savings non-delivery	(17.67)
Forecast Position	**24.41**

Financial Forward Look

Scenario 1 - BAU	21-22 £m	22-23 £m	23-24 £m	24-25 £m
Opening Position - deficit/(surplus)	42.0	42.0	30.0	14.9
Inflationary/Service Cost Pressures	31.4	25.5	25.5	25.5
Investment Decisions	8.7	5.0	2.0	2.0
WG Allocation Uplift	-15.1	-15.4	-15.7	-16.0
Disinvestment Decisions	0.0	-2.0	-2.0	-2.0
Savings - General Grip and Control	-14.0	-14.0	-14.0	-14.0
Savings - Service Efficiency	-11.0	-11.0	-11.0	-11.0
Closing Deficit/(Surplus)	**42.0**	**30.0**	**14.9**	**-0.6**

Scenario 2-19/20 savings adjusted	21-22 £m	22-23 £m	23-24 £m	24-25 £m
Opening Position - deficit/(surplus)	42.0	42.0	12.3	-0.8
Inflationary/Service Cost Pressures	31.4	25.5	25.5	25.5
Investment Decisions	8.7	5.0	2.0	2.0
WG Allocation Uplift	-15.1	-33.1	-15.7	-16.0
Disinvestment Decisions	0.0	-2.0	-2.0	-2.0
Savings - General Grip and Control	-14.0	-14.0	-12.0	-11.0
Savings - Service Efficiency	-11.0	-11.0	-11.0	-11.0
Closing Deficit/(Surplus)	**42.0**	**12.3**	**-0.8**	**-13.3**

- The table shows the incremental movement on our deficit and highlights the challenge and timescales.
- Scenario 2 sets out the potential for a balanced financial plan across the IMTP period.
- We have assumed a level of planned investments to support new services and we would expect most investments to support savings.
- Savings will need to be recurring rather than one-off and will be increasingly difficult to achieve year on year.
- There are significant risks to manage – for example the recruitment of staff and the need to support services with more costly locum and bank & agency staff.
- WG is working on a 3 to 4 year financial settlement to aid planning – its not clear at what level this will be and what the impact of economic impact of COVID will have on public sector funding
- Current status of pipeline review (over 122 rows of opportunities at present) shows £47m of opportunities, of which £27.7m is deployed this year

Pipeline to date

Opportunity	Scheme	KPMG Annualised £000	KPMG Risk Adjusted £000	Capacity
Service Transformation	Patient Flow	10850	6510	251 Beds
Service Transformation	Outpatient Modernisation	5534	3602	40k OP Slots
Service Transformation	Theatre Efficiency	4360	2979	623 Sessions
Service Transformation	Diagnostics	1024	614	
Service Transformation	Primary And Community Shift Left	14500	2900	
Service Transformation	Sub Total	36268	16605	
Cost Base	Non Pay	2010	1551	
Cost Base	Medicines Management	368	74	
Cost Base	Medical Workforce	1545	1004	
Cost Base	Nursing Workforce	3623	2188	
Cost Base	Management Costs	3900	780	
Cost Base	CHC	2581	516	
Cost Base	A&C	1273	465	
Cost Base	Other Workforce	832	416	
Cost Base	AHO	495	385	
Cost Base	Maintenance	500	300	
Cost Base	Ward Skill Mix	200	40	
Cost Base	Business Case Review	2700	540	
Cost Base	PFI	1700	1020	
Cost Base	Sub Total	21727	9279	
Grand Total		57995	25884	

Note : KPMG opportunity assessment is presented net of enabling investment – SBU draft plan quantifies gross opportunity.

'Shift left' initiatives , eg H2H , Virtual wards are categorised as 'Patient Flow' in 2021 plan

KPMG worked with us in 2019 to identify a pipeline of savings opportunities. We have looked to achieve these savings where possible during Covid-19.

PMO leader in place and team being built. PMO will support the development of savings plans across the Health Board. This will also ensure we are looking longer term.

We are bringing forward work to agree savings plans. We will also improve controls around the coordination and achievement of savings and also avoid savings being 'back-ended' in the financial year.

Savings opportunities are being profiled across years. Annualised figure, following scrutiny will be adjusted up from £25.884m

Further revision will be required as CSP priorities are agreed

Piloting, with Finance Delivery Unit, their VAULT product which will aid further refresh of the pipeline. Released in June 2021.

FDU Vault

Value
Allocation
Utilisation
Learning
Toolkit

- Developed by Finance Delivery Unit from previous Efficiency Framework.
- Overseen by National Efficiency Board.

A central repository drawing intelligence from multiple sources to enable users to identify opportunity for service improvement and resource utilisation.

Vault Domains

Technical	Benchmarking against traditional metrics - LOS , DC rates etc	
	FDU led Initiatives	Prescribing
		Estates
	Benchmarking of WorkforceMeasures	
Population Health	Various tools to identify variaition in acess to and provision of Healthcare	
	SBU population view - prototype by Sept 21	
System Insights	Ongoing engagment with UK NHS Benchmarking	
	FDU led review of DHC utilisation and Spend	
	FDU led review of DHC utilisation and Spend	
Scaleable Learning	Sharing of Best Practice from HB plans	
Value Based Health Care	Adopting Value Based Approaches to Condition Specific Pathways	Diabetes
		Heart Failure
		Respiratory

Efficiency - Bed Capacity

Target	Potential opportunity based on Benchmarking from a number of souces - CHKS , Capita , KPMG - to be delivered through combination of admission avoidance , improved patient flow and reduced delays in discharge.		**251 Beds**

Progress	**Beds Released to Date**		**47**
	Full Year Bed Impoact of Schemes Approved or Waiting Approval :	**Date**	
	AGPU	Sep-21	6
	AEC	Sep-21	10
	AMAU	Apr-22	33
	Virtual Ward / COTE	Jan-22	36
	OPAS - extended day and Weekend	Apr-22	30
	Home First Pathway 2	Nov-21	18
	Home First Pathway 4	Aug-21	30
	Specialist Palliative Care	Jan-22	10
	Total Planned		**173**
	Grand Total		**220**

Further opportunity	ICOP		tbc
	Rehabilitation		tbc
	HASU		tbc
	Extension of 7 Day Working		tbc
	Condition Specific Pathways (Diabetes , Respiratory,Heart Failure)		tbc

Financial Impact		£000
	220 Beds Notional Saving - Full Year	12,634
	Investment in enabling schemes - Full Year	(5,098)
	Net Financial Impact - Full Year	**7,536**

Efficiency - Other Areas

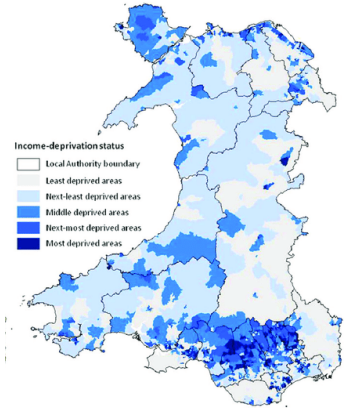
Operating Theatres	Opportunity will be realised through resolution of patient flow issues, and rebalancing of surgery capacity between sites
Outpatients	Opportunity through - Reduced DNA,Enhanced Slot Utilisation , Reduced Foolow Ups , Non F2F contacts , Patient activation and PROMS , Process Automation , Redirection of Demand
Diagnostics	Work will focus on maximising use of exisiting capacity through extended working hours ,workforce redesign and rebalancing delivery of Inpatient and Outpatient demand across units.
Other Areas	We will continue to work with the FDU ro identify futher opportunity utilising the 'Vault' repository of Benchamrking Opportunity and shared best practice . Specific areas of joint working have been identified in Medicines Management and provision of CHC.

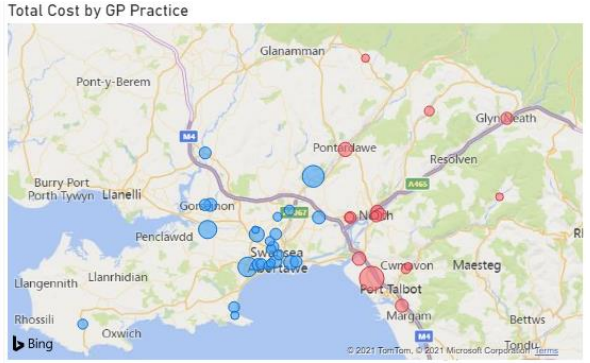
What questions are we trying to answer?

Can we see the totality of our commissioner spend?

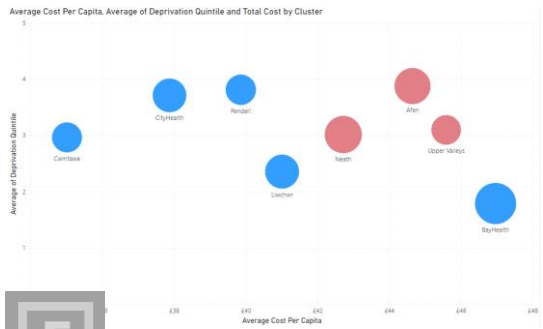
- Acute Provider Care
- Primary Care
- Community Care
- Learning Disabilities
- Mental Health Care
- WHSSC / English Activity
- Other HBs and Trusts

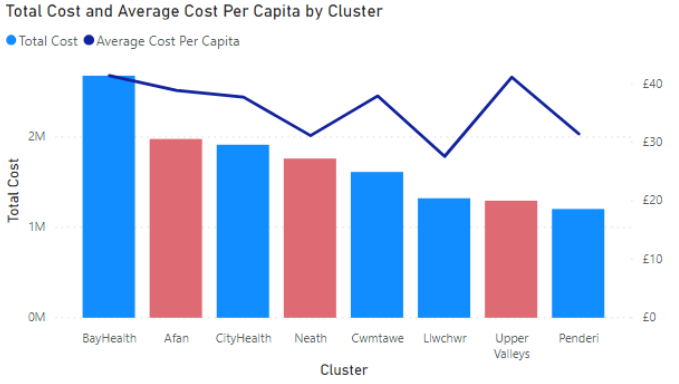
Are we spending our allocation in an equitable manner?



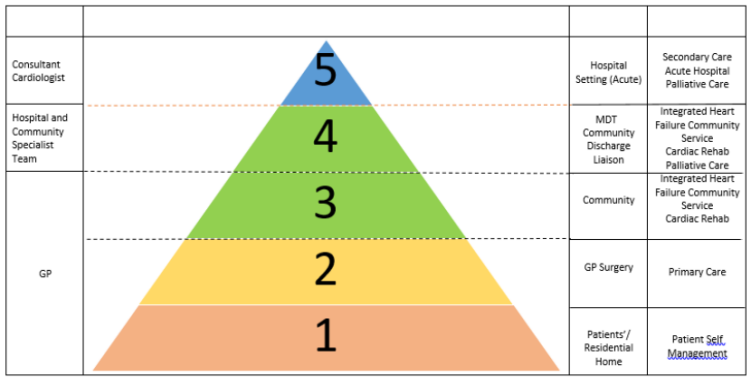


Do we have unwarranted variation between clusters/practices?





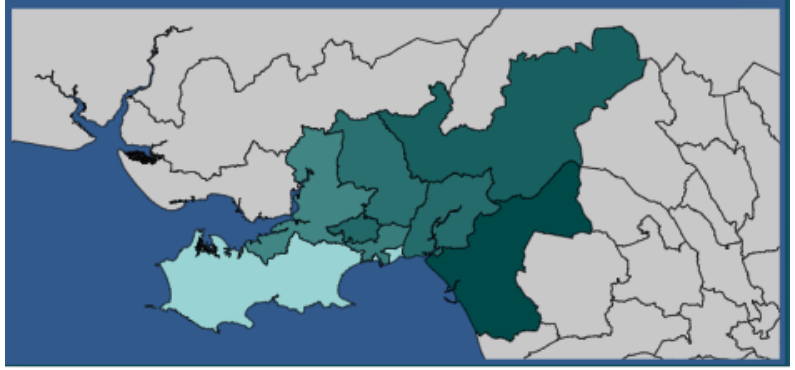
Are we shifting care from hospital to primary/community?



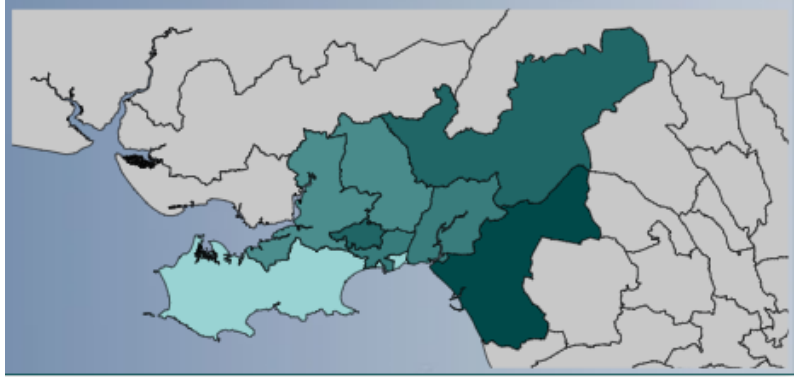
Population healthcare

Intelligence around Population Health and Allocative value is in its early stages of development. SBUHB intends to develop a resource to inform this important area of development . Until then our plans will be informed by tools developed on an All Wales basis in areas such as Diabetes and Cardiovascular disease

Registered People with Diabetes (Age 17+) per 10k Population by Cluster

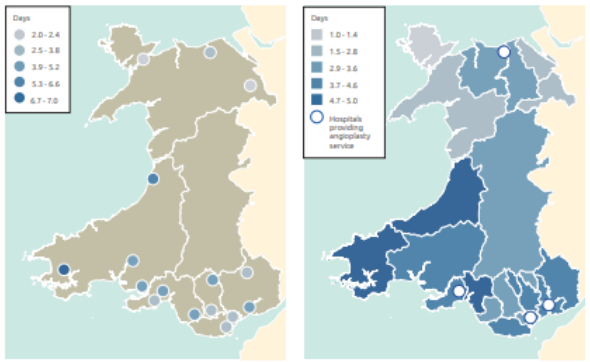


Diabetes Diagnosis Inpatients per Registered People with Diabetes by Cluster

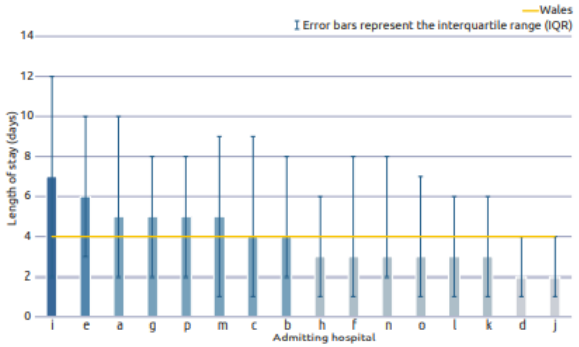


ACS 2b: Median length of stay (in days) for non-ST elevation acute coronary syndrome (NSTEACS)

Map by admitting hospital and local authority of residence - 1 yr. 2017/18



By Admitting Hospital *Local Authority Area*



Risk 1: Prevalence of hypertension

Map by Primary Care Cluster - 1 yr. 2017/18