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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Financial Plan 2019-20

Performance & Finance Committee

19 February 2019

Delivery Objectives and Summary of Approach

- Key objective is to breakeven in 2019-20.
- The risk assessed financial plan requires a total savings delivery of £20.7m to achieve breakeven.
- This is c70% of the original stretch savings target of £29.4m, and is equivalent to a 4% CIP.
- Of which:
 - £15.8m relates to green and amber schemes (76% of total savings delivery)
 - £1.8m relates to red schemes to be delivered from Q2 (9% of total savings delivery)
 - £3.1m relates to schemes yet to be identified (15% of total savings delivery)

Savings Plans: Starting Position

To achieve financial balance in 2019-20, ABMU (Swansea Bay UHB) plans to maximise delivery against a stretch savings target of **£29.4m**. The stretch target is in place to recognise that the UHB will not deliver 100% of the savings target.

The savings target comprises:

- £10m High Value Opportunities aligned to the Clinical Services Plan and Organisational Strategy (Table 1)
- £10.3m Unit schemes set in their Annual Plans, including for example service redesign and efficiency savings (Table 2)
- £9.1m Inflation and demand cost containment and cost control for non pay (Table 3)

This starting position also assumes £10m non recurrent funding from Welsh Government and also delivery of £3.6m non recurrent income and opportunities to offset the non delivery of savings in 18-19 in our opening position.

HIGH VALUE OPPORTUNITIES

Opportunity	Programme	Initial Estimate of Savings £m
THEME: POPULATION HEALTH AND ALLOCATIVE EFFICIENCY		
Value and Variation - including treatment thresholds, referral criteria, no/ limited value interventions	Planned Care	tbc
Ophthalmology – value and variation (reduction in outsourcing)	Planned Care	tbc
MCAS	Planned Care	0.173
Sub Total		0.173
THEME: SERVICE REDESIGN		
Theatre Efficiency, including surgical services	Planned Care	0.5
Outpatient Modernisation	Planned Care	tbc
Hospital 2 Home	Older People	0.5
Sub Total		1.0
THEME: WORKFORCE MODERNISATION & EFFICIENCY		
Medical Workforce	Workforce	1
Nursing	Workforce	0.5
Therapy - redesign	Workforce	0.1
Sub Total		1.6
TOTAL		2.8

Unit Schemes

Unit	SAVINGS IDENTIFIED BY UNITS in PLANS	Target	Original Unit Plans	Re-assessed Delivery by Units	Shortfall from Target	Comments/ Delivery Confidence
		£m	£m	£m	£m	
Singleton	Move from Lucentis - treat and extend using Eyelia	2.396	0.300	0.200		Amber.
	Subtotal	2.396	0.3	0.2	2.196	
Morrison	Plastics, including regional skin activity	2.393	0.500	0.500		Amber.
	Removal of Vanguard Unit		0.600	0.450		Amber
	Release of medicine outliers and increase bed capacity for spines and orthopaedics		0.920	0.000		Not viable
	Release of winter surge capacity, supported by new Theatre Admissions Unit		0.720	0.540		Amber.
	Implement new anaesthetic workforce plan		0.250	0.250		Green. Subject to retraining.
	NEW: Medical workforce		0.000	0.300		Green.
	NEW: OMFS		0.000	0.100		Amber
	NEW: Pancreatic income		0.000	0.060		Amber.
	NEW: Private income		0.000	0.100		Amber
	NEW: Vascular linked to KPMG work		0.000	0.100		Amber
	NEW: Outpatients modernisation		0.000	0.120		Red.
	NEW: Procurement		0.000	0.215		Amber.
	Subtotal	2.393	2.99	2.735	-0.342	
	NPT	Service Transformation (beds)	1.295	0.392	0.000	
NEW: Homecare for WFI			0.000	0.030		Green
NEW: Trophon machines			0.000	0.009		Amber
NEW: Community dressings			0.000	0.050		Amber
NEW: Reducing drugs waste			0.000	0.014		Green
NEW: Cryopreservation			0.000	0.010		Amber
Subtotal		1.295	0.392	0.113	1.182	
MH&LD	Gwelfor repatriation	2.491	0.382	0.427		Green
	Service redesign Older People's Mental Health		1.400	0.350		Amber.
	Women's Low Secure Unit at Taith Newydd		0.400	0.100		Amber.
	Subtotal	2.491	2.182	0.877	1.614	
PCC	Balance sheet benefits	1.725	2.103	2.103		Amber
	Community Hospital Estates Review		0.666	0.000		Amber
	NEW: Whole system - backfill slippage		0.000	0.202		Amber
	NEW: Sickness Management		0.000	0.141		Amber.
	NEW: Staffing Review		0.000	0.028		Amber.
	NEW: Underused income for targeted groups		0.000	0.100		Amber
	NEW: Continence Invest to Save		0.000	0.280		Amber
	Subtotal	1.725	2.769	2.854	-1.129	
Directorates	Various	0	1.667	0.000		Red
		10.3	10.300	6.779	3.521	

Cost Containment and Control

UNAVOIDABLE INFLATION, DEMAND/ SERVICE GROWTH and KNOWN COMMITMENTS	2019-20 £ m	Assumptions	Application of Funding	2019-20 £m	Remaining Cost Pressure £m	Assessed Savings Delivery £m
Pay Inflation	5.4	Based on 1% and incremental drift	Funded from 2% Uplift	-5.4	0.0	
Agenda for Change	7.0		Funded from A4C/ DDRB Uplift	-7	0.0	
Non Pay	2.9	2.5% increase to include drugs; PFI is £0.385m	PFI funded only from 2%	-0.4	2.5	3.0
CHC & FNC Inflation & Growth	3.9	Full year effect of 18-19 growth, plus forecast 19-20 growth, plus 5% inflation	From MH 2% Uplift	-1.7	2.2	
Primary Care Prescribing	2.4	Based on historic growth	Unfunded	0	2.4	1.9
NICE	3.5	Based on historic growth and horizon scanning	From 2% Uplift	-1.5	2.0	1.4
WHSSC	3.0	WHSSC assessment of rollover position and unavoidable growth, plus new developments. 1% applied to new developments. Excludes HRG4+/ CQUIN	From 2% Uplift	-3	0.0	
EASC	0.1	Includes APP, clinical desk enhancements, EMRTS expansion(py) and falls vehicles	From 2% Uplift	-0.1	0.0	
National Policy and Statutory Requirements	1.1	Nurse Staffing Act	From 2% Uplift	-1.1	0.0	
Service Demand	1.2		Balance of 2% Uplift/ 1% Uplift	-1.4	0.0	
Known National Commitments	1.0	See table below	From 1% Uplift	-1	0.0	
Full Year Effect of Top Slice, plus New Top Slice	1.9	As per Allocation Letter	From 1% Uplift	-1.9	0.0	
Performance Support	1.9		From 1% Uplift	-1.9	0.0	
ICF Additional Costs	3.9		Funded from ICF	-3.9	0.0	
GP Healthier Wales Costs	0.6		Funded from Healthier Wales	-0.6	0.0	
Commissioner LTA Uplift	2.5			-2.5	0.0	
TOTAL	42.3		TOTAL	-33.4	9.1	6.3

Management of Cost Pressures

- **Net pressures of £9.1m are to be managed through the setting of lean budgets, with assessed savings delivery of £6.3m**
- Solutions and actions:
 - Non pay (£2.5m) to be delivered via procurement opportunities and robust management of local demand pressures;
 - CHC (£2.2m) to be managed by Units;
 - Primary care prescribing (£2.4m) – savings of £1.9m identified to offset, balance of £0.5m to be delivered through further opportunities;
 - NICE (£2m) – savings of £1.4m identified from Humira to biosimilar switch, balance of £0.6m to be delivered through further opportunities;

CURRENT DELIVERY ASSESSMENT

At February 2019, the current delivery assessment against plan is that £20.7m savings are required to be delivered in 2019-20.

To date, £15.8m of green and amber schemes have been identified, comprising of:

- £2.8m High Value opportunities
- £6.7m Unit Plans
- £6.3m Cost Control

At February 2019 that leaves a savings risk of £4.9m.

To address this £4.9m risk, we are:

- £1.8m Assuming delivery of red schemes from Q2
- £3.1m Pushing up delivery confidence of savings in Unit Plans and cost control

Detailed plans to support the above will be developed in the period to the end of Q1.

This will deliver breakeven in 2019-20.

However, we are taking a prudent approach and accounting for known risks and savings plan slippage/ non delivery, in particular:

- £1.5m Nurse Staffing Act
- £2.0m Non delivery of savings

It is anticipated that risks of this quantum (£3.5m) will be mitigated by non recurrent income and other opportunities.

It should be noted that the total non recurrent income and other opportunities supporting delivery of the breakeven position equals £7.1m - £3.6m to deliver the £22m opening position and £3.5m to offset known risks (as described above).

Opening Position

	Income	Expenditure	Variance
	£m	£m	£m
Current ABM	1329	-1359	-30
Bridgend Share (based on 28%)	372	-380	-8
New ABM (based on forecast i&e)	957	-978	-22

Financial Plan 2019-20

	Plan 2019-20 £m	Risk Assessed Plan 2019-20 £m
Forecast Opening Position Post Bridgend Transfer*	-22	-22
Cost Pressures Unavoidable	-42.3	-42.3
Application of Core Funding Uplift	33.4	33.4
LTA Benefit	0.2	0.2
Required Savings	-30.7	-30.7
WG Non Recurrent Funding : developments	10	10
Required Savings	-20.7	-20.7
High value opportunities**	10	2.8
Unit Plans**	10.3	6.7
Cost pressure management**	9.1	6.3
Net Position	8.7	-4.9
	Opportunities	
	Delivery of red schemes from Q2	1.8
	Driving further savings in HVO, Unit Plans and Cost Containment	3.1
	Sub Total Opportunities	4.9
	Net Position	0
	Risks	
	Phased implementation of Nurse Staffing Act	-1.5
	Savings Non Delivery	-2
	Sub Total Risks	-3.5
	Non recurrent income and other opportunities	3.5
	Net Position	0

* Assumes delivery of £3.6m non recurrent income and other opportunities to offset non delivery of 2018-19 savings in opening position;

** Savings delivery requirement for 19-20 Financial Plan has not been reduced as we move from current ABM UHB to new organisation, reflecting savings delivery confidence based on recent delivery performance.

In summary:

Savings Delivery	2019-20 Original Plan	Assessed Delivery Green and Amber	Delivery of Red Schemes in Q2	Further Savings Delivery Opportunities	Total Delivery	Green and Amber Delivery as % of Total Delivery	Total Delivery as % of Original Plan
	£m	£m	£m	£m	£m		
High Value Opportunities	10	2.8	0	2.2	5.0	56	50
Unit Plans	10.3	6.7	1	0.5	8.2	82	80
Cost Containment and Control	9.1	6.3	0.8	0.4	7.5	84	82
Total Savings £m	29.4	15.8	1.8	3.1	20.7	76	70

Summary:

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- The risk assessed financial plan requires a total savings delivery of £20.7m to achieve breakeven.
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- Of which:
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Savings Assessment: High Value Opportunities

Progress

- Executive & Management leads identified in early January
- 1st submissions – 19th January
- 2nd submissions – 8th February
- Discussion at Executive Team – 13th February
- ‘Test & Challenge’ session led by Chief Executive – 15th February – delivery confidence increased to £2.8m
- PFC review – 19th February
- R&S Programme Board – test and challenge on Unit savings schemes and cost control measures – 22nd February
- 3rd submission – updated plans & delivery profiles – 10th March
- Further scrutiny at PFC – 19th March

Workforce Modernisation & Efficiency

Medical

Nursing

Therapy

Scheme Name Medical Workforce Modernisation & Efficiency

Executive Sponsor Richard Evans

Indicative Value

ED/junior Workforce - £99,900
 E-job Planning - £388,000
 Long term agency - £833, 564
 Locum on duty - £100,000

SRO Delivery Assessment

Amber

QIA Completed Yes

Financial Delivery Assessment Amber

Scheme objectives (summary)

ED Workforce

- Review the medical and nursing rotas in Murrison ED and NPT MIU
- Complete Junior Doctor Rota Analysis & Redesign proposal for all ABMU specialities
- Implement the proposed changes in Kendall Bluck report

E-job Planning

- Complete Implementation of E-job planning all across ABMU HB
- Provide training to all specialities
- Upload all job plans to the E-job planning system
- Scrutinise all job plans and Annual Leave entitlement

Locum on Duty

- Complete implementation of Locum on Duty system
- Increase internal fill rate by 10%.
- Introduce robust system to manage the Medical capped rate

Recruitment & Retention

- Recruit into 26 Positions using BAPIO oversees recruitment
- Engage with Medacs to identify options to switch from long term agency locums into substantive posts
- Development of a proposal to undertake a second BAPIO Campaign each year
- Develop exchange programmes with different countries
- Develop a Clinical Observer programme to encourage them to work for the Health Board
- Explore the benefits of over establishing rotas to fill gaps more effectively and reduce locum costs.

Savings identified to date:

- Initial feedback from KB review indicates opportunity of £0.5m from junior doctor review but with potential for further savings around anaesthetics (needs further scoping)
- Deliver Assessment based on delivering £1m across all 4 elements of the work programme

Progress since January (summary)

ED Workforce - Kendall Bluck Final report and presentation including ED Workforce model and proposed redesigned rotas (February 2019)
E-Job Planning – Complete team in place (February 2019)

Scheme Name

ED Workforce

Management Lead

Hannah Evans

Scheme components (list the specific components of the scheme that will deliver the high value opportunity):

- ED Workforce and activity planning and Junior Doctor rota analysis and redesign
- E-Job Planning
- Locum on Duty
- Recruitment & Retention (long term agency, overseas recruitment)

Interdependencies

- The Kendall Bluck Project impacts on the locum on duty, longest serving locums and recruitment and retention schemes
- Locum on Duty links to Medical Recruitment, E-rostering and Nurse Bank.
- Locum on duty, longest serving locums and recruitment and retention have close synergy.
- Increasing the supply of the medical workforce through the recruitment and retention scheme should reduce the need for locums, which has its interdependency with the locum on duty project.

Support Requirements

- Locum on Duty - 1 x Band 6 system lead (1WTE), 1 x band 3 administrator (1 WTE) (already funded through I2S bid)

Key risks & issues:

Junior Doctor Rota review and Redesign:

- There might be very little opportunity to gain any savings due to number of gaps due to vacancies and operational demands

E-Job Planning

- Financial benefits of the system will be to avoid overpayment but there is a possibility for some job plans that consultants might have been underpaid.
- Possibility of resistance and challenge when scrutinising annual leave entitlement.

Locum on Duty

- Risk of delay in recruiting a full implementation team in place by April 2019
- All agency cap reports for WG and internal committees are prepared by the Medical HR team. Once the scheme is implemented the reports will become a by product of the system.

Recruitment & retention

- (BAPIO CAMPAIGN) If recruitment successful it could take up to 12 months for Dr to be in post
- Agency doctors leaving post early to move to HB in England where salaries can be higher.

Detail milestones for period up to 15th March 2019

ED Workforce - Implementation plan for recommendations made in final report for ED workforce model and redesigned junior doctor rotas

E-Job Planning – System cleansing in POW, NPT, MH & LD, Singleton
 Completion of Board decisions
 Benefits realisation plan

Recruitment & Retention - Initiate Medacs recruitment process for posts agreed with specialities (March 2019); complete validation of medical & dental establishments with each Delivery Unit.

Scheme Name

Executive Sponsor

Indicative Value

SRO Delivery Assessment

QIA Completed

Financial Delivery Assessment

Scheme objectives (summary)

- To reduce variable pay on nurse staffing act wards who have received additional funding uplift
- To reduce overall bank and agency usage including off contract agency in specialised areas
- To reduce 1:1 specialising/nursing costs
- To ensure appropriate skill mix in environments
- To implement the recommendations of the Carter Review into managing the nurse resource
- To manage this change in line with the requirements of the Nurse Staffing Act – Wales

Savings identified to date

To be completed following summit on 21st March

Progress since January (summary)

- Overarching objectives and aims shared with NSA steering group (Feb 2019).
- Sign up and agreement to support as leads for work streams.
- Agree summit for March 2019 to firm up work plan (attached) and set clear priority areas.
- £3.9 million invested into NSA and wards.



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Scheme Name

Nursing Modernisation & Efficiency

Management
Lead

Cathy Dowling

Scheme components (list the specific components of the scheme that will deliver the high value opportunity):

- Efficient and effective rostering (rostering policy) maximising nursing resources in the right place / right time (flexible staff) ensure that patients receive the right care from the right skill mix of nurse (VI policy).
- Maximise nursing resource to best effect (reduce sickness, improve retention, reduce vacancies)

Interdependencies & Support Requirements

- Robust projects and improvement support
- Data and analyst support to disseminate trajectories for each work stream.
- Other disciplines such as medical work force to ensure consistency and maximise shared learning opportunities.

Key risks & issues:

- Insufficient project support and infrastructure for the project.
- Ensure avoidance of duplicates counting some cost efficiencies from different initiatives,
- Engagement of staff given vacancy factors.

Detail milestones for period up to 15th March 2019

- March 2019 Summit with senior nursing leaders to learn from England and go through detailed action plan and map leads
- 1st April 2019 NSA ward to board increased budgets.
- Agree project support (*now agreed*) and data analyst complete QIA and report key committees
- E-rostering – explore potential to accelerate roll out – decision by end February
- Set out performance management framework for e-rostering

Scheme Name	Workforce - Therapies	Indicative Value	£0.1m	QIA Completed	No
Executive Sponsor	Chris White	SRO Delivery Assessment	Amber	Financial Delivery Assessment	Amber

Scheme objectives (summary)

- Optimising use of scientific, technical and therapy workforce through review of service models, role design and skill mix
- Improve flexibility between professional groupings by working across existing boundaries
- Develop leadership and management structures in line with ABMU 2 structures and operating model

Savings identified to date:
£65k identified to date

Progress since January (summary)

- Review of existing baseline data and benchmarking analysis
- Engagement of Heads of Service in determining criteria and high level options for optimum models

Scheme Name

Workforce - Therapies

Management Lead

Irfon Rees

Scheme components (list the specific components of the scheme that will deliver the high value opportunity):

- Service-by-service workforce reviews to inform design of optimum workforce models and longer term workforce planning
- Agreed, prudent clinical leadership and managerial structures
- Delivery plan to transition to agree models
- Rationalise agency spend through development of a framework contract

Key risks & issues:

- Inability to release savings quickly as a result of workforce inflexibilities
- Lack of service/unit ownership
- Challenges in recruiting to alternative roles
- Risk of double counting (existing savings plans, existing vacancy controls)

Interdependencies & Support Requirements:

- Work on unit structures post BBC
- Existing unit savings plan
- Medical workforce theme (when looking at optimum pathways and scope for more therapy led interventions)
- Limited admin support and project management support

Detail milestones for period up to 15th March 2019

- New project structure in place – 20/02
- Discussion with Heads of Service on leadership model criteria – 12/02
- Review of other Health Boards’ service models complete – 27/02
- Production of service-by-service baselines with commentary on status (e.g. responding to benchmarking observations; understanding of vacancy controls/recruitment challenges; existing workforce initiatives) – 27/02
- Priority service areas to be agreed – 27/02
- Priority service area workforce models – initial proposals discussed – 15/03
- Identify pathways for review to determine efficiency of therapy interventions – 15/03
- Refresh baseline exercise to take account of BBC – 29/03
- New agency framework contract in place – 31/03

Population Health & Allocative Efficiency

Value & Variance

Ophthalmology

MCAS

Scheme Name Value and Variation

Indicative Value £2m

QIA Completed No

Executive Sponsor Richard Evans

SRO Delivery Assessment Amber

Financial Delivery Assessment Red

Scheme objectives (summary)

- To reduce unwarranted variation in referral patterns in orthopaedics, ENT, pathology
- To eliminate INNUs/DNDs
- To deliver quantifiable (outcomes, efficiency, cost) from the 10 “Value” projects
- To drive efficiency from the intelligence held in the National Efficiency framework
- To embed a value based approach (through the local Value and Efficiency Board and linking with clinical senate)

Savings identified to date:
 - focus of next phase is to quantify impact.

Progress since January (summary)

- Update against all 10 Value projects
- Reissued updated INNU List to Units and asked for response/plan by 13th Feb
- Reviewed National Efficiency Framework
- Review of Patient costing data to identify opportunities
- Successful event with Advisory Board on 14th Feb and further work initiated:
 - Running a VCR (value, cost risk) analysis to identify top 5-10 areas of focus in terms of variation – early March
 - Establishing a single forum to oversee all work on value and efficiency (mirroring national arrangements) – 1st meeting in March
 - Align change resource as part of wider transformation programme to ensure that there is an aligned approach to take forward the delivery of variation priorities within Clinical Services Plan context
- IBG bid on primary care variation management around antibiotic prescribing being scoped

Scheme Name

Value and Variation

Management Lead

Hannah Evans/Kerry Broadhead

Scheme components (list the specific components of the scheme that will deliver the high value opportunity):

- Value projects (x 10) - see other tab
- INNU/Do not do's
- Conversion variation (GS and ortho)
- Primary Care Prescribing
- Referral Management (incl Pathology)
- QVC Tier 1 (new opportunities)
- Potential others identified through 14th Feb events

Interdependencies & Support Requirements

Links with other workstreams:

- All workforce efficiency workstreams
- Corporate modernisation
- Theatres
- Outpatients
- Unit plans
- Corporate modernisation

Key risks & issues:

- Double counting across A and B schemes

Detail milestones for period up to 15th March 2019

ABMU Advisory Board Workshop on Variation (to support plan development)	HE	14 February
NHS Wales DU workshop on Variation (to support and test plan development)	RE	14 February
Review all available evidence and best practice provided from Advisory Board and NHS England	KB	Feb 19
Primary Care prescribing – identify and quantify opportunities	RE/JV	
Update INNU/DND analysis	RE	Feb 19
Establish Value and Efficiency Programme Board as part of Transformation Portfolio (PID TOR etc) first meeting March	HE	Mar-19
Review of Menu of Opportunities on Efficiency Framework	CMc	Feb 19
Establish clear delivery plan for each workstream (w/s defined as per those areas in scope) feeding in 14 Feb workshop learning		By 14 Mar-19
See Value plan for Value milestones	AB and KB	from dec 2018

Scheme Name	Ophthalmology	Indicative Value	TBC	QIA Completed	Yes
Executive Sponsor	Chris White	SRO Delivery Assessment	Red	Financial Delivery Assessment	Red

Scheme objectives (summary)

- Identify Treat & Extend Model Completed Category A Savings
- Agree Treat & Extend Plan
- Review Performance against National Standards
- Agree RTT Plan
- Agree FUNB Action plan - potential Cost , Not covered in the plan
- Bring together as part of Gold Command

Savings identified to date

- Treat & Extend FYE £300k Up to PYE £200K dependant on rollout of T&E Model
- RTT- Up to £900k reduction on expenditure in 2018/19 dependant on appointing staff as planned.

Progress since January (summary)

- Treat & Extend Model finalised
- RTT plans further developed and submitted – Reduction in expenditure is within RTT plan and therefore not highlighted below

Scheme Name

Ophthalmology

Management
Lead

Jan Worthing

Scheme components (list the specific components of the scheme that will deliver the high value opportunity):

- Gold Command: Ophthalmology
- Workstream 1: To clear backlog of Ophthalmology Follow Up Not Booked
- Workstream 2: To create a robust ongoing Ophthalmology Outpatient service
- Workstream 3: To provide communications for reactive and proactive situations
- Workstream 4: To identify, review and provide redress for cases where harm has occurred
- Workstream 5: To identify any learning/debrief
- Planned Care
 - Treat & Extend Model

Key risks & issues:

Potential double counting of Treat & Extend Savings, including efficiency gains as initially these will support Gold command /RTT delivery.

Detail milestones for period up to 15th March 2019

Agree Treat & Extend Model, and Begin recruitment

Interdependencies:

Links to RTT improvement/sustainability/Ophthalmology Gold Command: Eye Measures/ Planned Care.

Support Requirements

Review of National Performance Benchmarking. Person identified as Andrew Haxton. Effort TBC

Scheme Name	MCAS	Indicative Value	£0.173m	QIA Completed	No
Executive Sponsor	Chris White	SRO Delivery Assessment	Amber	Financial Delivery Assessment	Amber

Scheme objectives (summary)

Undertake joint injections currently undertaken as part of the Minor Surgery Direct Enhanced Service (DES) via the MCAS service.

Savings identified to date

Full year effect (FYE) on ABMU commissioner population is £0.241m. FYE for ABMU2 circa £0.173m based on current delivery confidence

Progress since January (summary)

Further meeting held with MCAS team which identified a range of other potential prudent healthcare models, with savings potential. The detailed work to develop the principal case as set out above requires project management support (now agreed) to work up and assure delivery.

Other opportunities identified include:

- Integrated MCAS services at cluster level through First Contact Practitioners (efficiency gain and potential postponement of surgery)
- Provision of joint spinal clinics (circa £59.4k FYE based on ABMU)
- Ultrasound guided injections presenting referrals to radiology (requires work up)

Scheme Name

MCAS

Management
Lead

Darren Griffiths

Scheme components (list the specific components of the scheme that will deliver the high value opportunity):

- Re-provision of joint injections via the MCAS team rather than through the Minor Surgery DES

Interdependencies & Support Requirements

- Project manager identified to develop this proposal along with the further proposals identified in slide 1.
- There is a huge opportunity for value based, prudent models of care through MCAS and these need to be worked up and then sequenced for delivery as a stand alone programme in its own right

Key risks & issues:

- Acceptability of change in practice by current providers
- Pace of scale up of new capacity to establish service to meet demand
- Centralisation of model before ultimately moving to cluster model
- Growth of waiting list if D&C planning is not correct
- Lower savings if D&C modelling incorrect
- Small staff cohort sensitive to absence
- Clinical management of anaphylaxis
- Insufficient space to deliver capacity for service
- Service plan is prudent but perceived as contrary to strategic direction

Detail milestones for period up to 15th March 2019

- Validate assumptions in business case with FBP – 1st March
- Validate 'see once' benefits – 1st March
- Finalise workforce model – 1st March
- Engage with GPs – 31st March
- Aim for implementation by end of Q1

Service Redesign

Outpatients

Theatres

Hospital to Home

Context:

- Delivery of category A/B/C schemes must be aligned with strategic direction set out in Clinical Services Plan
- Recognition that Unit only based plans may not deliver whole system solution
- Wider opportunities to restructure care to support:
 - RTT delivery
 - Unscheduled Care improvement
 - Financial Delivery
- Create a step change in role of individual hospitals within wider healthcare system
- Maximise delivery of out of hospital care solutions and alignment with WG Transformation Programme
- Ensure that we are focussing on the areas that will produce the biggest benefit (using efficiency framework and benchmarking to drive high value opportunities)

Actions:

- Consolidate 4 wards into 3 at NPT to improve flow, maximise workforce & create headroom (Agreed)
- Surgical Services - individual specialty review to identify opportunities to realign surgical delivery & reduce outsourcing
 - NPT – low risk, low complex
 - Singleton – 23:59 ++
- Theatre utilisation is critical enabler – plan in place
- Hospital 2 home – fundamentally must address MFFD being ambitious and bold in aspiration about reductions. Should also act as a lever to better align community services under one banner and streamline access points for patients & professionals (work initiated and will be presented to WG in Mar 19)
- Early Discharge scheme at NPT has shown encouraging results in first few months – look to identify potential for this to be scaled up – spot audit to take place in February
- Front door frailty models - potential for better alignment; quick piece of work underway to review effectiveness and share learning

Scheme Name	Outpatient Modernisation	Indicative Value	£0.2-0.4m	QIA	Yes
Executive Sponsor	Chris White	SRO Delivery Assessment	Amber	Completed Financial Delivery Assessment	Red

Scheme objectives (summary)

- 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.

Savings identified to date:

None identified to date but agreed that quantification will be undertaken as part of next submission

Progress since January (summary)

- Successful business case approved by IBG to develop a validation team to focus on reducing follow up not booked appointments
- Discussion with Digital leads about potential to scale up PKB to provide digital solution to modernise outpatients

Scheme Name

Outpatient Modernisation

Management Lead

Malcolm Thomas

Scheme components (list the specific components of the scheme that will deliver the high value opportunity):

- Efficient use of clinic time
- Text reminder service
- See on Symptom management
- Utilising e-referrals
- Transformation model for OP linked to digital solutions

Interdependencies

- Capacity and Demand profiles to include follow up activity in order to manage reductions / validation of patients waiting in excess of 100% over target dates and RTT targets for new patient referrals.
- Potential impact discharging patients back into the care of primary care practices.
- Potential implications on redesign of workforce acute and primary / community care.

Key risks & issues:

- Funding has been agreed with the IBG to fund a validation team - protecting these staff from being moved to other duties and therefore not delivering the expected changes in reduced errors and duplicate entries.
- Text reminder service funding withdrawn / service not renewed reducing opportunity to improve / reduce DNA rates.
- Increased pressures on clinic capacity to review patients or in clinical office setting for virtual clinic review (also potential Medical record back office function to pull notes for review).
- Target to reduce patients waiting longer than 100% over target date
- Clinical time of Medical staff will not be released as saved time would be redirected to reduce follow up pressures / alternative clinical office virtual clinic review of patients / or spending time with more complex patients.
- Information systems such as WPAS not being able to deliver the anticipated changes to accommodate new ways of working and reporting

Support Requirements

Role	Person identified or proposed (Y/N) and name	Effort (WTE/days/month)
Validation Team as described in the SBAR	New additional Clerical support	3 wte (£80K Total Cost)
Clinical Lead for Change Management / delivery	TBA	TBA
Representation of senior decision makers SDUs to participate in redesign process.	Additional Programme resources for alternative digital solutions to address pathway / PKB / PROM etc roll out.	TBA
Clerical support within Urology to support PKB roll out.	Clerical Band 3	F.T

Detail milestones for period up to 15th March 2019

- Utilisation of PROMs in Hips and Knees sub specialties of Orthopaedics - with Discharge 6 weeks post surgery.
- Monitor agreed trajectories - New / follow ups and DNA rates
- Agree Extension to Text reminder service for 12 months
- Initiate broader discussion on transformation potential linked to digital solutions and scope out potential for a broader approach to PKB roll out
- Clinical Lead to be identified

Scheme Name	Theatre Efficiency and Redesign - Utilisation Work Stream
Executive Sponsor	Chris White

Indicative Value	£0.5m	QIA Completed	No
SRO Delivery Assessment	Amber	Financial Delivery Assessment	Amber

Scheme objectives (summary)
 Multiple measures however main KPI's relating to utilisation, see attachment
 Implement HB wide weekly, senior led, theatre allocation meeting ensuring compliance with 6-4-2 process.
 Consolidate the three separate existing theatre plans into a single HB wide overarching plan, incorporating 'new' objectives.
 Ensure Orthopaedic theatre utilisation achieves the minimum 90% utilisation by monitoring all theatre lists in advance

Savings identified to date

- Savings to be quantified at time of next submission but outline plans suggest that £0.5m is attainable

Progress since January (summary)

- Nominated programme management/transformation support.
- Nominated finance support
- Workshops to be arranged with key stakeholders to discuss the various option for theatre re-design that could potentially improve utilisation

Scheme Name

Theatre Efficiency and Redesign - Utilisation Work Stream

Management Lead

Brian Owens

Scheme components (list the specific components of the scheme that will deliver the high value opportunity):

Theatre Efficiency Utilisation – Improve the current utilisation
 Theatre Redesign - To be scoped out with the relevant stakeholders

Interdependencies & Support Requirements
 Delivery of the pre-operative assessment plans stated in the current utilisation project plans. Theatre staff in the NPT theatre suit being familiar with the Arthroplasty kits being used by Morriston based surgeons. Sufficient volume of ASA1 & ASA2 patients that can be treated at NPT hospital. No reduction in anaesthetic provision post boundary changes.

Key risks & issues:

- Access to timely consistent theatre information
- Access to timely consistent costs relating to WLI's and outsourcing
- Silo behaviour
- Lack of commitment to booking the majority (90%) of theatre sessions several weeks in advance
- Demand will exceed capacity plans

Detail milestones for period up to 15th March 2019

Confirm Orthopaedics as the speciality to target for reducing outcoursrcing activity	Morriston Surgical Delivery Leads	28/02/2019
Implement HB wide weekly theatre 6-4-2 reallocation process	Carol Milton	28/02/2019
Consolidate existing theatre utilisation plans into a single HB wide plan that incorporates 'new' plans	Malcolm Thomas	30/03/2019
Achieve DU level KPI's realting to utilisation	USD's	31/03/2020
Deliver improved utilisation equating to a cost avoidance expenditure in outsourcing and WLI payments equivalent to £500,000	Brian Owens / Chris White	31/03/2020

Proposed Resources/ Support Required	Identify what specific support/resources are needed to deliver a successful outcome	
Role	Person identified or proposed (Y/N) and name	Effort (WTE/days/month)
Existing theatre utilisation membership to continue		
Senior manager to chair & implement HB wide 6-4-2 process	Y - Carol Milton	2 days/wk
Finance lead	Y- Paul Harry	1 day / wk
Informatics lead	N - TBC	1 day / wk
Clinical Champion	Y - Gordon Staple	1 day/ 2 wks
Programme/transformation Lead	Y- Navjot Kalra	1 day/ wk

Scheme Name Hospital2Home

Executive Sponsor Gareth Howells

Indicative Value

£0.250m-
£0.500m

SRO Delivery Assessment

Amber

QIA Completed

No

Financial Delivery Assessment

Amber

Scheme objectives (summary)

- Support older people to live more independently at home
- Low level needs delivered through non social-care pathways
- Improve flow through care pathways
- Reduction in ongoing care needs
- Reduction in referrals into residential care
- Right-size demand and capacity for domiciliary care
- Reduction in bed days used by older people in hospital thereby reducing deconditioning effect
- Reduction in Delayed Transfers of Care

Savings identified to date

Initial scoping document identified a range of £0.8m to £1.549m however this potentially included wider benefits that may not be cash releasing in year 1, and could double count savings already identified in Category A. A more prudent assumption suggest that a figure of **£0.5m** would be more realistic in 2019/20 and this has been factored into the assumptions

Progress since January (summary)

This project is a Western Bay Regional Partnership Board joint project with the Health Board, LA and third sector partners. It is dependent upon a Transformation Bid being approved by the RPB for submission to WG and subsequent approval by Welsh Government. There is support in principle for a Hospital2Home service (based on a model developed by Professor John Bolton) from all partners and high level milestones have been drafted for discussion with WG on 13.2.19. Since January we have used the John Bolton model to model our own level of admissions and expected throughput & shared this with LAs. It is also expected that the development of a Hospital2Home service will be agreed as a priority for the Adult Services Board of Western Bay on 14.2.19 and a Task and Finish Group will be established once this is agreed.

Scheme Name

Hospital2Home

Management Lead

Jan Worthing (and David Howes for Western Bay)

Scheme components :

- Submission and approval of Transformation Bid
- Establishment of a Trusted Assessor and Discharge to Recover model including workforce redesign and OD
- Expansion in reablement capacity
- Phased implementation across the Western Bay area
- Reduction in DToCs and beddays used by older people
- Remodelling inpatient capacity and release of staff to sustain H2H service

Key risks & issues:

- Dependent upon successful Transformation Bid
- Potential for delay or risk to delivery due to partnership priorities
- Risk of double-counting savings (Transformation Funding only until 2020, will need to sustain service from savings after that time)

Detail milestones for period up to 15th March 2019

QUARTER 4

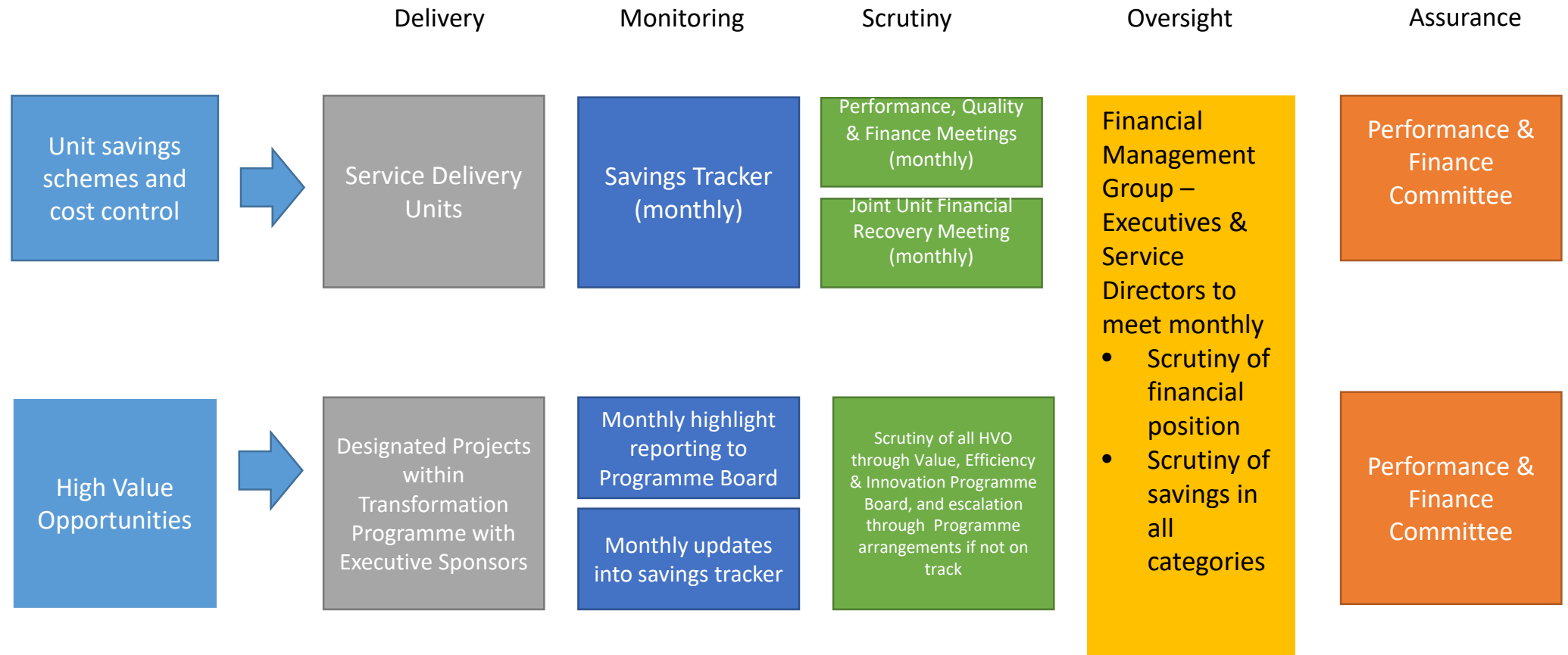
- Development of Transformation Bid
- Development of Project Plan
- Benchmark baseline measures
- Scope existing service model
- Scope workforce requirements
- Scope ICT requirements
- Identify key outcome measures
- Draft service model
- Develop communications plan

Interdependencies & Support Requirements

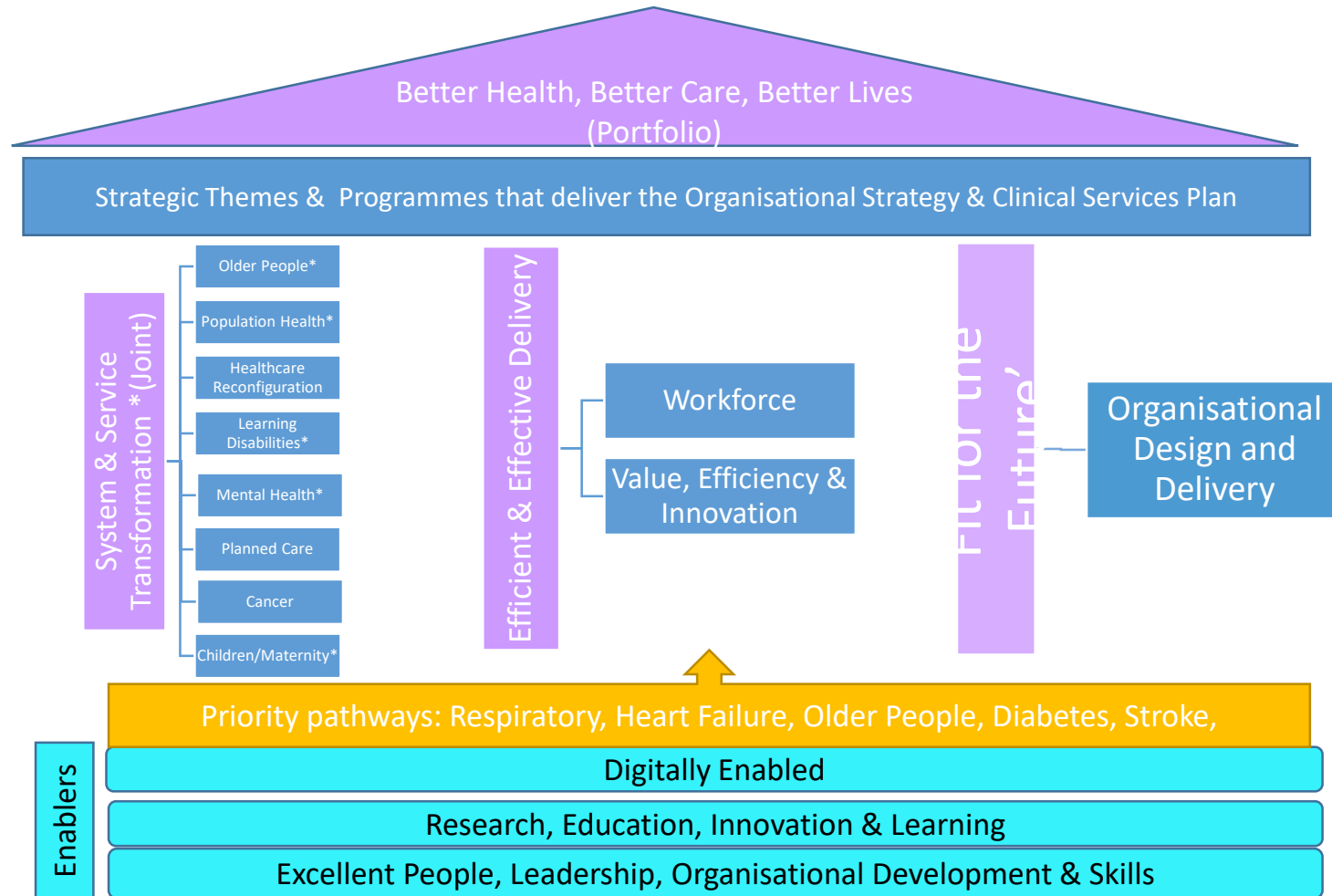
- Joint project with WB
- Co-ordination with Neighbourhood Approach and Cluster Rollout community developments
- Project management
- PCS implementation support
- Finance support

Delivery, Monitoring & Assurance

Financial Grip & Control



Emerging Transformation Portfolio



Progress

Principles:

- Workshop with Executive Board plus other senior leaders (January)
- Principles & overall approach agreed
- 'change management' model scoped and being tested
- Agreement on approach to working in partnership through Regional Partnership Board structure with further testing on 14th February

Priorities:

- Mapping of priorities into programmes/projects – close to finalisation
- Categorisation into:
 - Year 1 – must do's
 - Embedding current initiatives/change programmes
 - Long term planning

Leadership:

- Clinical leaders being identified
- Project management requirements being scoped
- Further resource requirements being mapped