



Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board

Singleton Financial Review

Period 5 2018/2019

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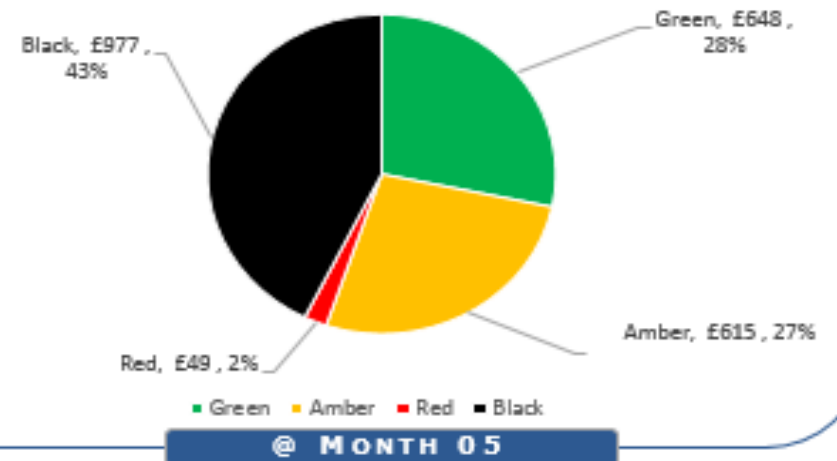
Section 1: Summary Financial Position End P5

1.

Financial Position: End Period 5

	YTD £'000
Budget	62,899
Actual	63,327
Variance Deficit	428

SINGLETON SDU - 18/19 TARGET £2.289M



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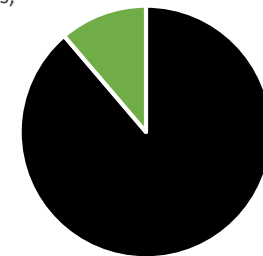
2018/2019 Forecast: End Period 5

	£'000
Year End Control Total	977
Necessary Monthly Target P6-12	79

4.

Breakdown Financial Position 18/19 Month 5 (k)

Operational Pressures,
(£62), -11%



Legend: ■ Non Delivery 18/19 CIPs ■ Operational Pressures

Section 2: Deep Dive Focus

With the financial challenge for 2018/2019 faced by Singleton SDU impacted upon by increased operational spend, the focus of the deep dives has been on identifying where actual spend has increased from 17/18 levels compared to P5 18/19. The table below demonstrates how this work was undertaken:

	Total 17/18	Period P01-19	Period P02-19	Period P03-19	Period P04-19	Period P05-19	Total	Mthly Average 17/18	Mthly Average 18/19	Mth 1 18/19 v 17/18 Av	Mth 2 18/19 v 17/18 Av	Mth 3 18/19 v 17/18 Av	Mth 4 18/19 v 17/18 Av	Mth 5 18/19 v 17/18 Av	Mth 1 18/19 v 18/19 Av	Mth 2 18/19 v 18/19 Av	Mth 3 18/19 v 18/19 Av	Mth 4 18/19 v 18/19 Av	Mth 5 18/19 v 18/19 Av
INCOME FROM ACTIVITIES	4,772,782	340,073	- 443,889	- 428,750	- 405,074	- 361,055	- 1,978,841	397,732	- 395,768	57,659	- 46,158	- 31,018	- 7,342	36,677	55,696	- 48,121	- 32,982	- 9,306	34,713
OTHER OPERATING INCOME	1,262,193	87,908	- 85,898	- 121,048	- 128,045	- 119,313	- 542,213	105,183	- 108,443	17,274	- 19,284	- 15,865	- 22,863	- 14,131	20,534	- 22,544	- 12,605	- 19,603	- 10,871
TOTAL INCOME	6,034,975	427,981	- 529,788	- 549,798	- 533,119	- 480,368	- 2,521,055	502,915	- 504,211	74,933	- 26,873	- 46,883	- 30,205	22,546	76,230	- 25,577	- 45,587	- 28,909	23,843
ADMINISTRATIVE & CLERICAL	8,762,637	741,807	754,358	760,342	741,893	776,191	3,774,591	730,220	754,918	11,587	24,138	30,123	11,673	45,971	13,111	560	5,424	13,025	21,273
MEDICAL AND DENTAL	33,966,304	2,725,044	2,747,454	2,873,937	2,901,632	2,882,733	14,130,800	2,830,525	2,826,160	105,481	83,071	43,412	71,107	52,208	101,116	78,706	47,777	75,472	56,573
NURSING AND MIDWIFERY REGISTERED	33,807,561	2,722,913	2,823,500	2,866,361	2,832,548	2,875,540	14,120,863	2,817,297	2,824,173	94,383	6,204	49,064	15,251	58,243	101,259	672	42,188	8,375	51,367
ADD PROF SCIENTIFIC AND TECHNICAL	711,152	65,386	63,434	63,462	70,710	69,302	332,294	59,263	66,459	6,123	4,171	4,200	11,448	10,039	1,073	3,025	2,996	4,252	2,843
ADDITIONAL CLINICAL SERVICES	14,995,088	1,233,587	1,236,944	1,259,511	1,207,253	1,272,872	6,210,167	1,249,591	1,242,033	16,004	- 12,647	9,920	42,338	23,281	8,446	5,089	17,477	34,780	30,839
ALLIED HEALTH PROFESSIONALS	2,433,681	218,314	255,708	241,515	217,859	228,116	1,161,512	202,807	232,302	15,507	52,902	38,708	15,052	25,309	13,989	23,406	9,213	14,444	4,186
HEALTHCARE SCIENTISTS	10,999,443	915,491	889,660	901,356	877,571	881,532	4,465,610	916,620	893,122	1,129	26,960	15,264	39,049	35,088	22,369	3,462	8,234	15,551	11,590
ESTATES AND ANCILLIARY	21,879	1,668	1,646	3,078	1,495	1,621	9,508	1,823	1,599	155	177	1,255	328	203	234	255	1,176	406	281
STUDENTS	867	-	-	-	-	-	-	72	-	72	72	72	72	72	-	-	-	-	-
TOTAL PAY	105,696,878	8,624,210	8,772,705	8,969,563	8,850,960	8,987,907	44,205,345	8,824,210	8,841,069	183,863	35,368	161,489	42,887	179,833	216,859	68,364	128,494	9,891	146,838
DRUGS	28,409,177	2,227,585	2,227,585	2,227,585	2,227,585	2,227,585	12,137,840	2,373,941	2,422,671	13,280	132,205	146,356	355,385	180,107	62,010	180,936	195,086	306,654	131,377
CLINICAL SERVICE & SUPPLIES	12,895,952	1,280,917	1,280,917	1,280,917	1,184,579	1,030,117	5,895,952	1,352,916	1,179,190	163,205	142,312	72,000	168,337	322,775	10,521	31,414	101,726	5,389	149,050
GENERAL SUPPLIES & SERVICES	128,287	28,937	28,937	28,937	37,725	35,509	128,287	32,669	25,657	17,007	5,216	3,733	5,056	14,161	9,995	1,796	3,279	12,068	7,149
ESTABLISHMENT EXPENSES	102,135	104,629	104,629	104,629	104,629	104,629	102,135	105,633	102,135	11,427	2,348	1,004	5,325	2,616	7,930	1,150	2,494	1,827	6,113
PREMISES & FIXED PLANT	32,409	9,117	9,117	9,117	9,117	9,117	32,409	32,409	32,409	4,513	9,896	2,323	31,024	13,423	6,794	1,410	13,630	19,717	2,116
PURCHASE OF HEALTH CARE SERVICES	151,774	33,105	33,105	33,105	33,105	33,105	151,774	33,105	151,782	151,782	151,782	15,292	271,320	119,218	85,039	33,638	102,852	153,176	1,075
EXTERNAL CONTRACT	927	1,373	1,373	1,373	191	2,880	927	1,373	191	191	191	191	191	191	637	927	2,143	927	927
MISCELLANEOUS SERVICES	37,234	37,234	37,234	37,234	29,833	33,910	37,234	37,234	29,833	33,910	33,910	32,050	55,730	55,730	518	7,919	3,841	5,701	17,979
SERVICES FROM OTHER NHS BODIES	1,432	3,685	14,787	12,145	23,213	15,248	1,432	3,685	14,787	12,145	23,213	15,248	15,248	15,248	10,131	971	1,670	9,398	1,432
PRIMARY & SECONDARY CARE	975	4,235	336	336	336	336	975	4,235	336	336	336	336	336	336	336	336	336	975	975
TOTAL NON-PAY	52,307,286	2,222,965	2,222,965	4,129,596	4,129,596	4,129,596	52,307,286	4,328,374	4,328,374	203,713	135,975	229,344	479,759	62,581	170,223	106,384	199,753	510,324	32,015
REPORT TOTAL	151,969,182	12,351,457	12,465,883	12,549,361	13,156,540	12,803,898	63,327,137	12,664,099	12,665,232										

Summary Pay Pressure Areas:

- Admin & Clerical
- Medical & Dental
- Nursing & Midwifery Registered
- Additional Clinical Services (Unqualified Nursing & Cancer Support Staff)
- Allied Health Professionals

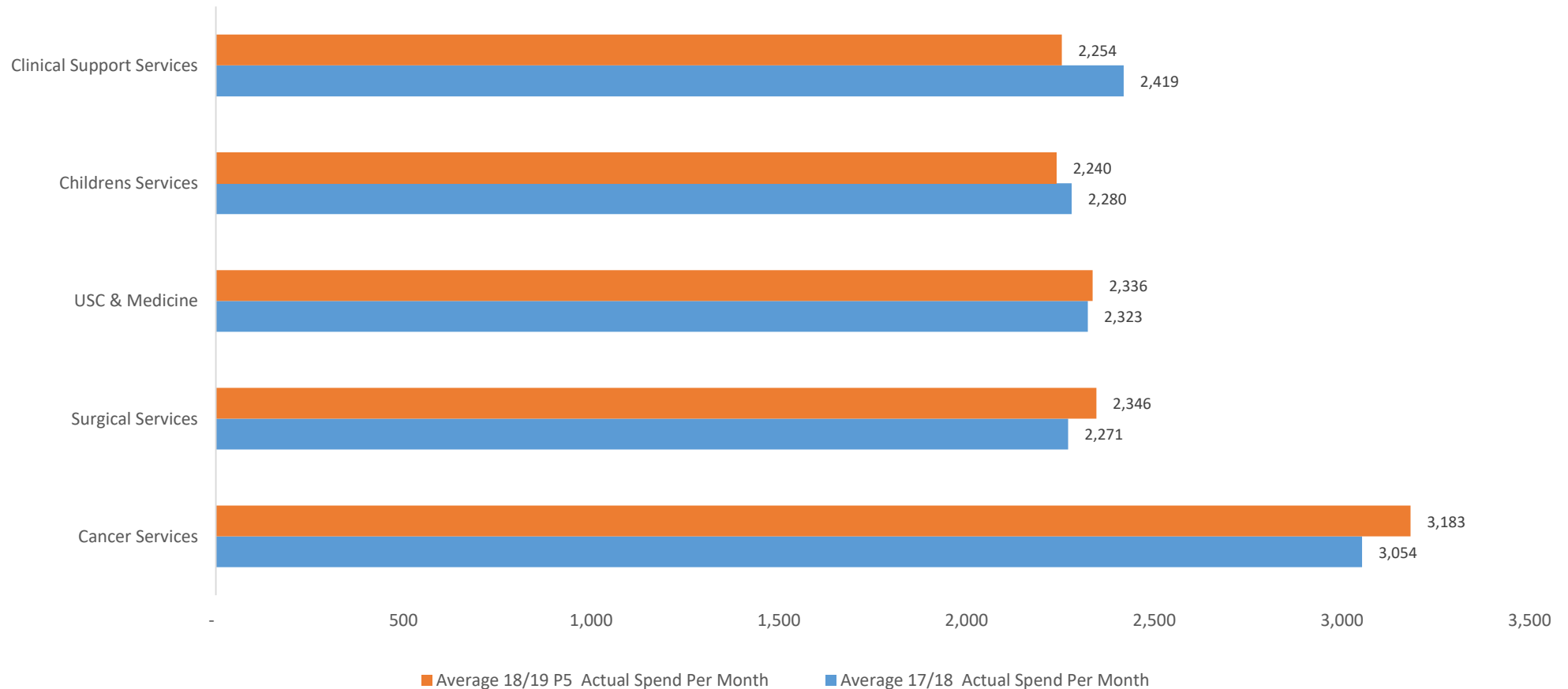
Summary Non Pay Pressure Areas:

- Drugs
- Clinical Services & Supplies
- Premises & Fixed Plant
- Purchase of Health Care Services
- Services from Other NHS Bodies

Section 2: Deep Dive Focus

Next steps were to undertake the same exercise for each of the 5 key Service Groups within Singleton. As the table below demonstrates, 3 out of the 5 Service Groups in Singleton have seen an increase in actual spend up to P5 in 18/19. However the other two Service Groups have still been included in the exercise as within those Specialties there have been key increases in some expenditure areas

Average Spend by Service Group



Section 2: Deep Dive Focus

Pressures/Growth Identified for each Service Group

Cancer Services	Surgical Services	USC & Medicine	Childrens Services	Clinical Support Services
<p>Pay:</p> <ul style="list-style-type: none">• Medical & Dental• Additional Clinical Services• Allied Health Professionals <p>Non Pay:</p> <ul style="list-style-type: none">• Drugs	<p>Pay:</p> <ul style="list-style-type: none">• Admin & Clerical <p>Non Pay:</p> <ul style="list-style-type: none">• Drugs• Purchase of Healthcare Services	<p>Pay:</p> <ul style="list-style-type: none">• Admin & Clerical• Nursing & Midwifery Registered• Additional Clinical Services <p>Non Pay:</p> <ul style="list-style-type: none">• Clinical Services & Supplies• Purchase Health Care Services	<p>Pay:</p> <ul style="list-style-type: none">• Admin & Clerical• Nursing & Midwifery Registered	<p>Pay:</p> <ul style="list-style-type: none">• Additional Clinical Services <p>Non Pay:</p> <ul style="list-style-type: none">• Premises & Fixed Plant• Services From Other NHS Bodies

w/c 8th October – a comprehensive review of each Service Group was undertaken with Finance and the General Manager to work through in detail the financial pressures and areas to growth impacting on Months 1 to 5 and what the possible mitigating action are to address these.

Section 3.1 – 3.5 provide the detail on what is driving this change in spending patterns in the first 5 months of 18/19 and how this relates to activity and other metrics.

Section 3.1: P5 Pressures by Service Group – Cancer Services(1)

Type	Specialty / Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Medical & Dental	Haem	<ul style="list-style-type: none"> Fixed costs are reducing primarily linked to an increase in vacancies Key expenditure increase is on Agency spend which on average is £29k more per month Unable to recruit to replace the 4 Consultant posts which have been vacated over last 18 months Gaps in Middle Grade mean that sometimes there is no/limited cover On Call over the weekend Consultant 1:6 – 3 substantive Consultants in post, 2 Locum Consultants in post and are part of on call rota. Locums on call to maintain on call rota. Substantive consultants have covered. Registrars – 1:4. 2 in post. Other 2 weekends uncovered. Recruiting 2 Clinical Fellows who will be on rota in planned way. Juniors. 3 – 2 in Singleton, 1 CT in Morriston. Part of medicine rotation and on call – 1:12 – varies as Junior allocated to Haematology is part of the rota but only backfilled if off ill if the Haematology Dr is on call. Managed by Medicine in Morriston 	<ul style="list-style-type: none"> Continually trying to tweak Job Descriptions to be more flexible on offer to potential candidates Ongoing advertising for Consultants – been out 3 times to date with only 1 potential candidate been identified New money coming available via increase in BMT activity and very hopeful to recruit a Clinical Fellow on 5 direct sessions 	<ul style="list-style-type: none"> Recognition that HB Radiotherapy Targets and Cancer SAFF would be impaired if we did not continue with filling as much as we can with contingency workforce whilst vacancies remain Recognition that most clinical areas are fragile due to current gaps and the inability to recruit into substantive posts Support for IBG paper for Radiotherapy once robustly produced Continue to support retention of agency and/or long term Locums where they can be secured

Section 3.1: P5 Pressures by Service Group – Cancer Services(2)

Type	Specialty / Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Medical & Dental	Palliative	<ul style="list-style-type: none"> Fixed Costs have increased as some posts/sessions now filled, but still have £6k a month more expenditure on Agency, linked primarily to last 2 months Key reason is that not all Middle Grade rota posts are filled full time so some cover now needed and also still have a Locum Consultant from MEDACS Consultants – 1:8 but consultant on LTS so currently working 1 in 7. Registrars – 1:6 – actual in post 4.6wte. If no Reg available, consultants cover and are paid in line with Consultant contract. Juniors – 2.5 in post across PoW and Swansea. We do not backfill if unavailable. 	<ul style="list-style-type: none"> Adverts now out for Clinical Fellows and Specialty Doctors to compensate for gaps with non full time individuals currently in post 	<ul style="list-style-type: none"> Recognition that HB Radiotherapy Targets and Cancer SAFF would be impaired if we did not continue with filling as much as we can with contingency workforce whilst vacancies remain Recognition that most clinical areas are fragile due to current gaps and the inability to recruit into substantive posts Support for IBG paper for Radiotherapy once robustly produced Continue to support retention of agency and/or long term Locums where they can be secured

Section 3.1: P5 Pressures by Service Group – Cancer Services(3)

Type	Specialty / Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Medical & Dental	Oncology	<ul style="list-style-type: none"> Fixed costs have reduced slightly as now have more vacant sessions Key expenditure increase is on Agency spend which on average is £24k more per month Pressures include filling both Medical and Clinical Oncologist posts, and even when potential candidates become available they often do not cover the appropriate tumour sites Also pressure around West Wales, particularly covering Lung Severe lack of NHS Locums also hinders ability to reduce variable costs Consultants 1:11 (there are 13 consultants on the rota with 3 of them being part – time so on-call is pro rata Registrars 1:6 currently 5.6wte in post. ADH to cover. Juniors – 1:3 - 3 x F 2's and 1 CT on the medicine rota. 	<ul style="list-style-type: none"> Some change in flow for West Wales patients to compensate for lack of Consultant sessions based in West Wales at moment Looking further afield with increased flexibility of offer to potential candidates Reviewing all Oncology established sessions being currently in play, against those filled and/or included in current posts (WIP – paper will be produced) Review of JDs to also include attracting more candidate who could substantively work part time Drive to recruit more Research Clinical Fellows who would be willing and able to cover On Call at Capped rates Recent Radiation Inspection highlighted need for more Radiotherapists. (paper being prepared for IBG for November 2018) Putting in place additional clinics run by Velindre Registrars who will work within Capped rates 	<ul style="list-style-type: none"> Recognition that HB Radiotherapy Targets and Cancer SAFF would be impaired if we did not continue with filling as much as we can with contingency workforce whilst vacancies remain Recognition that most clinical areas are fragile due to current gaps and the inability to recruit into substantive posts Support for IBG paper for Radiotherapy once robustly produced Continue to support retention of agency and/or long term Locums where they can be secured

Section 3.1: P5 Pressures by Service Group – Cancer Services(4)

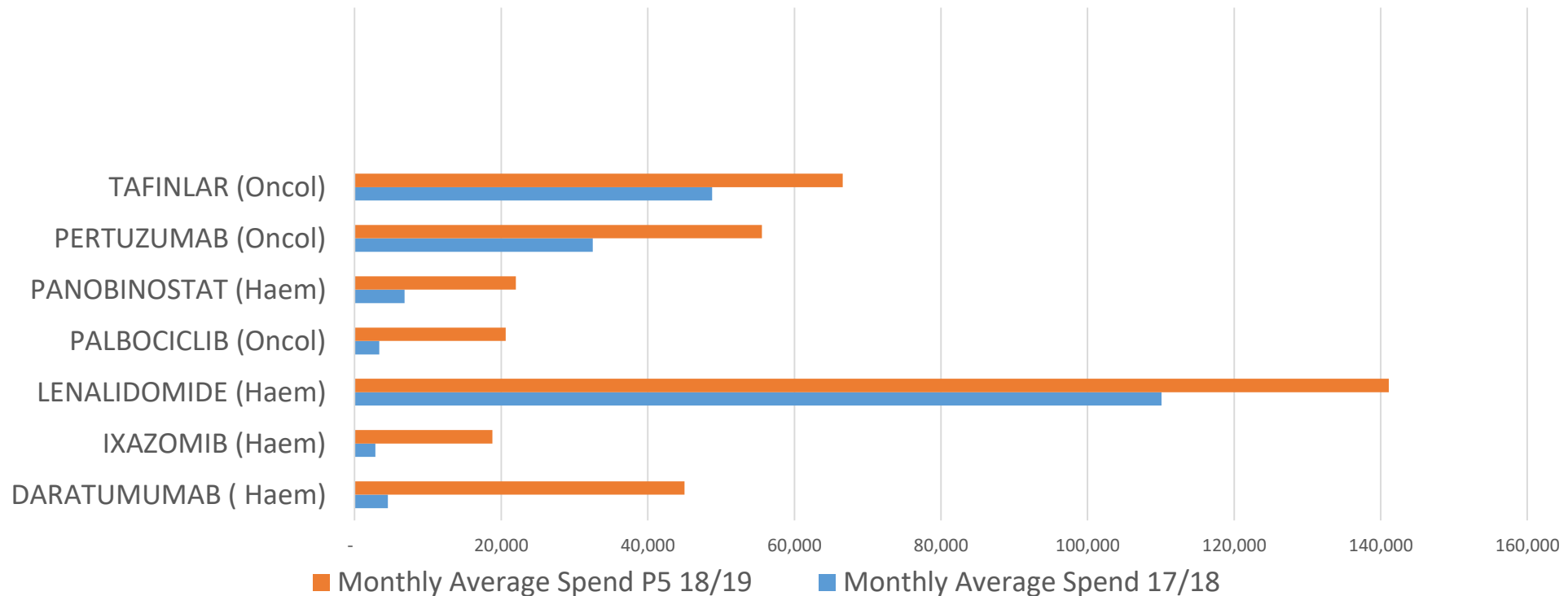
Type	Specialty/ Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Additional Clinical Services (UQ Nursing & Support Staff in Radiotherapy)	Radiotherapy (B202) Chemo Unit (B312) Ty Olwen (B321) Lymphoedema (B401)	<ul style="list-style-type: none"> Fixed costs have increased overall, but this is linked primarily to the increase in BMT funding Variable pay increased by £7k a month, which is primarily on Bank to cover increase in amount of vacancies 	<ul style="list-style-type: none"> To fill vacancies as soon as is possible, particularly in Lymphoedema Review levels of Bank being used 	<ul style="list-style-type: none"> N/A
Pay: AHPs	Radiotherapy (in the main - B202)	<ul style="list-style-type: none"> Fixed costs increased as senior posts being filled via internal promotions Also significant increase in monthly Agency expenditure - £24k a month to cover posts then being vacated lower in the hierarchy as external recruitment is still proving very difficult Covering additional activity generated by 5th LINACC 	<ul style="list-style-type: none"> Option Appraisal work to be undertaken on a revised and more sustainable Workforce Plan 	<ul style="list-style-type: none"> Recognition of the need to keep some Agency staff on medium term basis until all vacancies can be filled

Section 3.1: P5 Pressures by Service Group – Cancer Services (5)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Non Pay: Drugs (NICE)	Haematology & Oncology	<ul style="list-style-type: none"> Monthly increase in Cancer Services of £94k a month on Drugs year on year, £90k of which is NICE funded Impact on variance and out turn is marginal therefore, but impact on actual spend is significant In depth analysis of NICE drugs being used identified a monthly increase of over £15k a month on 7 types of drug in particular – 4 in Haematology, 3 in Oncology – see section 3.1 Graph 1 on NICE Drugs Noticeable increase in the prevalence of now issuing a new NICE drug as well as the current and not instead of – i.e. administering 2 NICE drugs for certain conditions whereas before we were issuing one. 	<ul style="list-style-type: none"> Analysis of these increases has been undertaken and is now attached - see section 3.1 Graph 2 & 3.1 Graph 3 on NICE Drugs Close links are being maintained with Specialist Pharmacist Stuart Evans on all NICE Drug associated issues This link includes a monthly meeting with interested parties Ensuring that all new NICE Drugs being implemented have been through due process for approval within the HB – New Treatment Fund 	<ul style="list-style-type: none"> Acknowledgement that if and when New Treatment Fund approves a new NICE drug for Cancer Patients this will increase call on HB NICE funds
Other Points of Note	Across Specialty	<p>General Issues:-</p> <ul style="list-style-type: none"> ➤ Overall additional average expenditure for Cancer Services is £128k ➤ Whilst key issues of additional expenditure have been highlighted, we must acknowledge areas where average expenditure have reduced year on year. Of note is Non Pay other than Drugs ➤ Ongoing concerns with Nursing and associated competencies needs for Haematology 	<p>N/A</p> <p>N/A</p> <p>N/A</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p>

Section 3.1 – Graph 1: CANCER SERVICES NICE DRUGS – Costs 17/18 vs 18/19

NICE Drug Spend 17/18 vs P5 18/19



The total monthly costs of these 7 Drugs represents an increase of £160.8k a month or £1.9m a year

Section 3.1 – Graph 2: CANCER SERVICES NICE DRUGS ANALYSIS(1) – Costs 17/18 vs 1819

NICE DRUG	SUB SPECIALTY	NARRATIVE
TAFINLAR	Oncology	Myeloma drug. Homecare delivery. Use is expected to increase as patients live longer and treatment is used more
PERTUZUMAB	Oncology	NICE approved. Use expected to increase significantly. Herceptin currently delivered via sub-cutaneous injection by Homecare. Biosimilar now available but via I/V infusion. Much cheaper but no capacity in CDU to deliver. Patients being treated for 12-18 months before likely to plateau. New regime also added which uses Herceptin i/v. Over a period of time this would save a significant amount of money if capacity and infrastructure was available.
PANOBINOSTAT	Haematology	Myeloma drug. NICE approved. Will be delivered via Home delivery in the future (No date yet agreed)
PALBOCICLIB	Oncology	NICE approved. Used in Breast cancer treatment. Use will increase due to increase in survival rate. 50% being delivered via Homecare. This number will increase as more patients are treated via Homecare. Work In Progress
LENALIDOMIDE	Haematology	Myeloma - no treatment before patients building up going to Homecare will save on VAT. £4k plus per dose so approx £800 vat saving. 10-20 patients
IXAZOMIB	Haematology	Myeloma drug. NICE approved.Home delivery. Patients living longer use will increase.
DARATUMUMAB	Haematology	Myeloma . New NICE funded drug I/V patient admitted to HDU - all day (Haem nurses)

Section 3.1 – Graph 3: CANCER SERVICES NICE DRUGS ANALYSIS(2)– Costs 17/18 vs 1819 - Pharmacy Response

Patient numbers:

- The incidence of cancer in Wales has risen with an increase of 14% from 2005 to 2014;
- Cancer stats now quote 1 in 2 will suffer a cancer whereas the figure used to be 1 in 3;
- As diagnosis and treatments improve the 1 and 5-year survival rates have also increased;
- Local data suggests that over a 5-year period (2012-2016) there was an increase in attendances of 30% across Haematology and Oncology in ABMUHB and HDUHB (on average 6% per annum);
- Patients are living longer and receiving more cycles of treatment.

New Treatment Fund:

- From January 2017 WG issued a WHC 2017 (001) (attached) which meant we had to implement Cancer Drug Fund NICE guidance;
- This equates to 18 extra drugs / indications for drugs – some of these are contributing to increased spend and increased workload to cancer – which Wales would not have implemented previously.

Additional Drugs to current treatment :

- Current practice in breast cancer is to use Trastuzumab, but NICE changed to using Trastuzumab plus Pertuzumab IV plus chemotherapy IV (this is a massive increase) or;
- Lung cancer we use Pemetrexed IV plus cisplatin IV, but now we will be heading to Pemetrexed IV plus cisplatin IV plus Pembrolizumab IV

Immunotherapy:

- We have hit an amazing time in Cancer and Immunotherapies are part of this revolution! They are pretty well tolerated, they replace Chemotherapy, Some cancers (some patients) have prolonged survival which we did not think possible (Melanoma is best example), some patients with a particular mutation / expression of a cancer gene can in theory be treated for ever!
- These therapies could start to lead to “cure”. For example, CAR-T therapy – modifying white blood cells to fight the Cancer. There are only going to get more of these!
- Downside – they are very expensive – probably close to £2million per annum by end of this year. Side effects when they occur mean prolonged admission to hospital and are contributing to stress on Ward 12

Section 3.2: P5 Pressures by Service Group – Surgical Services (1)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Admin & Clerical	Primarily K705 & K708 in Ophthalmology	<ul style="list-style-type: none"> The increase in fixed costs is the major issue in A&C with an average increase of £20k a month K708 moved to Singleton Unit from Morriston Unit in October 2017 so has contributed to increased fixed costs Variable Pay has reduced by an average of £6k a month , but not to the level of the increase in fixed expenditure Linked to the workload associated in Outpatients Department with throughput of additional activity in this Specialty including Outsourcing with Sancta & St Josephs and Insourcing with Medinet. Additional activity and the associated extra workload has meant that compared to the first 5 months of 17/18, Ophthalmology has undertaken 604 more Daycases - <i>see section 3.2 Graph 1 on Activity</i> No RTT breaches up to month 5 	<ul style="list-style-type: none"> To continue to monitor the level of Variable Pay necessary to sustain the support for the additional workloads To continue to evaluate and balance the additional expenditure being incurred to deliver the necessary RTT targets, whilst maintaining safe and effective patient care To optimise use of 2nd treatment room To continue to assess service in unison with All Wales Planned Care and Local Collaboration forums No plan to change approach for 18/19 Starting to consider what a more sustainable service looks like 	<ul style="list-style-type: none"> To inform and support a wider overhaul and whole system approach for the Ophthalmology service which includes the physical space and location necessary for a sustainable service

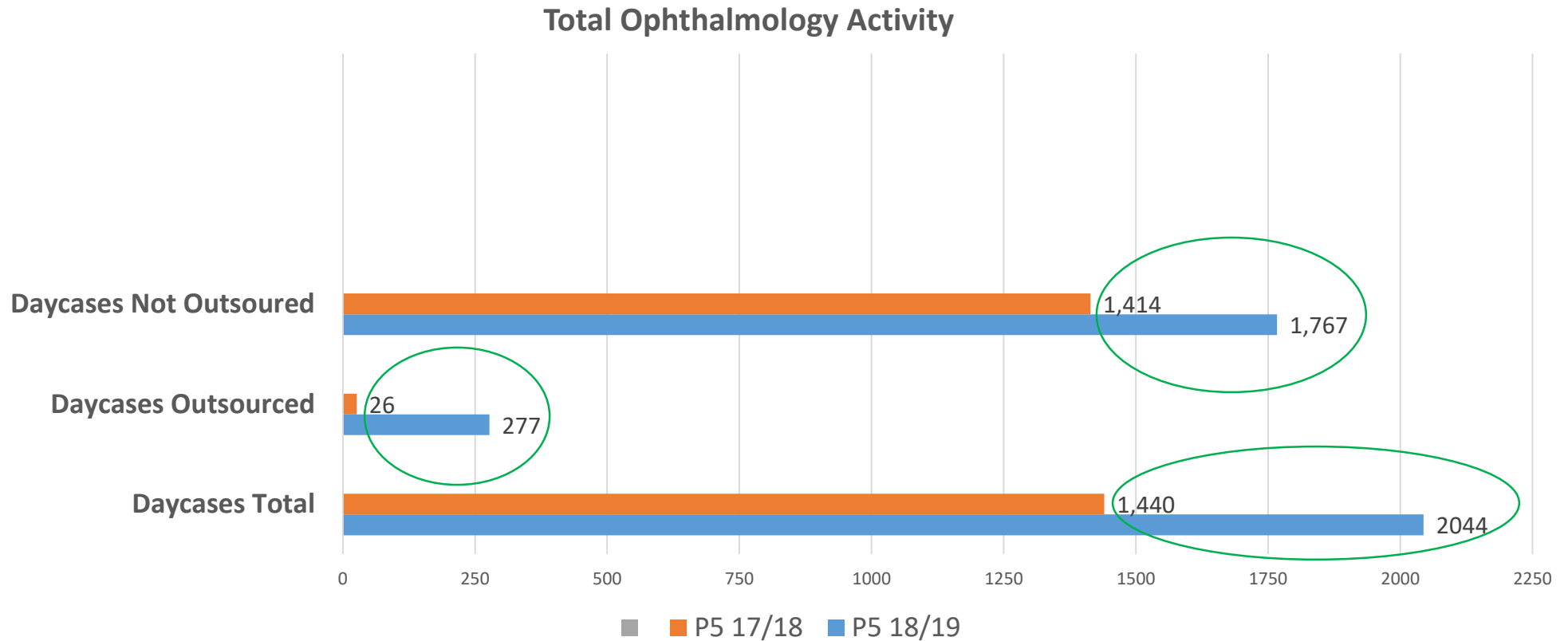
Section 3.2: P5 Pressures by Service Group – Surgical Services (2)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Non Pay: Drugs	Ophthalmology & Obs/Gynae	<ul style="list-style-type: none"> Spend on Drugs has increased by an average £26k per month This additional Drugs spend is across both NICE & Non Nice (£15k & £11k respectively) The additional NICE expenditure is all associated with the additional activity in Ophthalmology and demand led, i.e. <ul style="list-style-type: none"> - AFLIBERCEPT (Lucentis) - DEXAMETHASONE (Eye Drops) <i>see section 3.2 Graph 2 on NICE</i> Non Nice Drugs cover both Specialty areas, and individually are not material, but collectively as a TOP 10 drug spend are causing an expenditure pressure - <i>see section 3.2 Graph 3 on Non NICE</i> 	<ul style="list-style-type: none"> To examine closer the growing expenditure spend in Non NICE to understand the link to activity or reasons for the steady increase Expenditure on Ophthalmology links into issues above on Pay 	<ul style="list-style-type: none"> As per previous SS Slide 1 for Pay
Non Pay: Purchase of Healthcare Services	Ophthalmology (K705)	<ul style="list-style-type: none"> Significant increase in average monthly expenditure of £82.5k All linked to purchase of Outsourcing & Insourcing resource 	<ul style="list-style-type: none"> As per previous SS Slide 1 for Pay 	<ul style="list-style-type: none"> As per previous SS Slide 1 for Pay

Section 3.2: P5 Pressures by Service Group – Surgical Services (3)

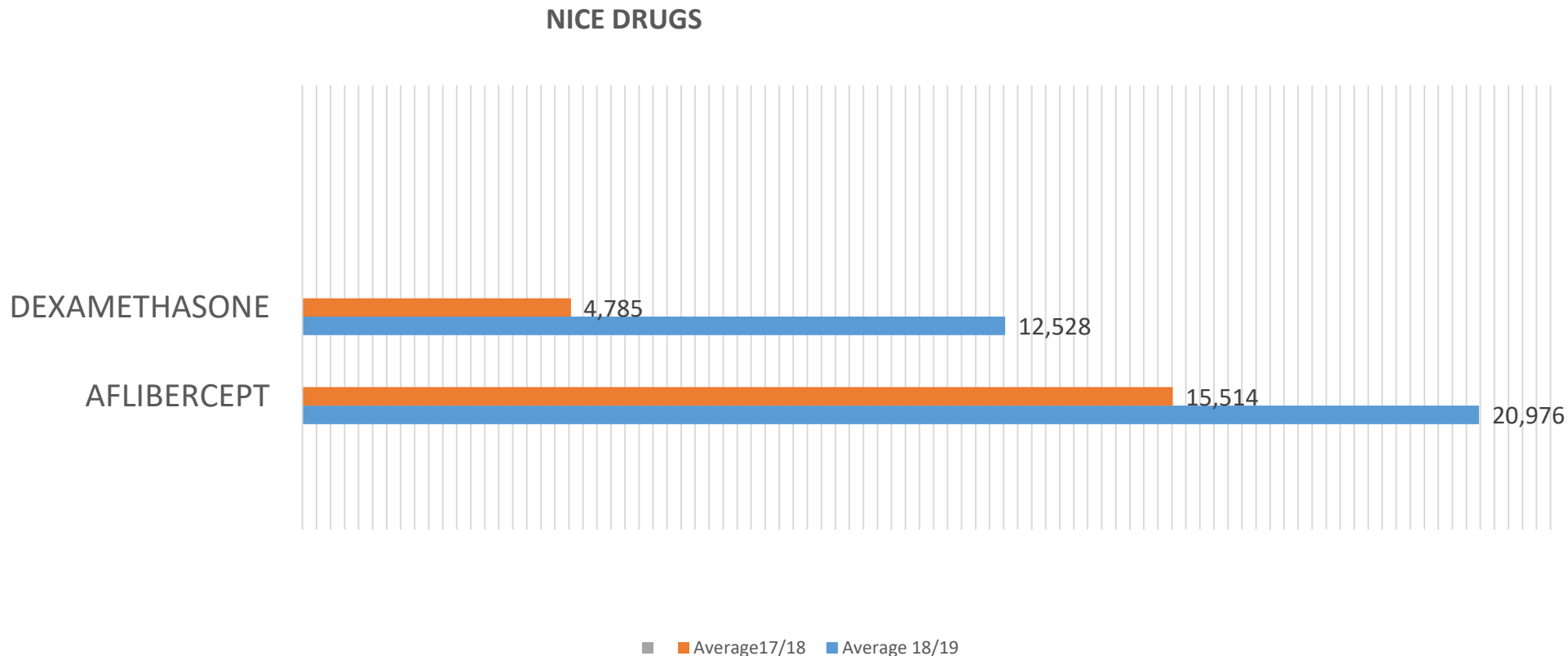
Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Other Points of Note	Across Speciality	General Issues:- ➤ Overall additional average expenditure for Surgical Services is £74k ➤ Whilst key issues of additional expenditure have been highlighted, we must acknowledge areas where average expenditure have reduced year on year. Of particular note are ✓ Nursing & Midwifery Registered Pay ✓ Additional Clinical Services Pay ✓ Clinical Services & Supplies Non Pay	N/A	N/A
		➤ Whilst expenditure in Medical & Dental on average is in line with last year, there is still an issue with Obs & Gynae having 4 Consultant vacancies, which are being filled by ADHs in the main	N/A	N/A
		➤ Obs & Gynae also has 4 gaps in the Middle Grade Rota - 3 Trust Doctors and 1 Training post	N/A	N/A
		➤ Ophthalmology are looking in the future to combine Middle Grade rota with Hywel Dda, but this is longer term and linked with ARCH	N/A	N/A
		➤ Discussions have been recently initiated with Morriston Unit re access to Morriston Theatres to accommodate a 4 th Gynae Oncology Consultant	N/A	N/A
		➤ Ongoing discussions in play re Theatre establishments and possible re-modelling	N/A	N/A

Section 3.2 Graph 1: Ophthalmology P5 17/18 vs P5 18/19



604 Additional Daycases in Total – 251 extra Outsourced, 353 extra Not Outsourced

Section 3.2 – Graph 2: SURGICAL SERVICES NICE DRUGS – Costs 17/18 vs 18/19



Current issues include:-

- *Avastin is a similar, but much cheaper Drug, but is not licenced for Ophthalmology*
- *Switch might need more staff and more space*
- *Use of Treat & Extend will progress, but not at pace*

Section 3.2 – Graph 3: SURGICAL SERVICES NON NICE DRUGS ANALYSIS – Costs 17/18 vs 1819

Non NICE Drug	Speciality	AV Spend 17/18	Av Spend 18/19	Av Increase
AMPHOTERICIN	Ophthal	140	1,140	1,000
CEFUROXIME	O/G	719	2,312	1,593
CHLORAMPHENICOL	Ophthal & O/G	907	2,026	1,119
DEXAMETHASONE	Ophthal & O/G	997	2,464	1,467
GENTAMICIN	Ophthal & O/G	320	2,166	1,846
IDEBENONE	Ophthal	178	1,546	1,368
PHENYLEPHRINE HYDROCHLORIDE	O/G	841	1,377	536
SODIUM HYALURONATE	Ophthal & O/G	1,075	1,672	597
TROPICAMIDE	Ophthal	709	1,217	508
DUOVISC VISCOELASTIC SYSTEM Injection	Ophthal	-	1,348	1,348
TOTAL		5,885	17,266	11,381

Section 3.3: P5 Pressures by Service Group – USC/MEDICINE (1)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Admin & Clerical	Respiratory Medicine (F312) Endoscopy (D301 & D311) Singleton Mgmt (W356)	<ul style="list-style-type: none"> Overall impact is an average £7.6k a month additional expenditure There has been an increase in fixed costs of £10.1k a month, which has only been partially offset by a corresponding decrease of £2.5k in variable pay in Agency. Overtime has stayed in line with last year Some vacancies have been appointed to in these 4 cost centres, and the increase in costs within Endoscopy is also linked to additional activity and the associated extra workload of validation, which has meant that compared to the first 5 months of 17/18, Endoscopy has undertaken 111 more cases – <i>see section 3.3 Graph 1 on Activity</i> 	<ul style="list-style-type: none"> Review of use of Agency is linked to a wider review of secretarial team , taking opportunities for skill mix where possible. SBAR to be produced Greater use of digitalisation (Dermatology in particular) Implementation of a new model of working within Endoscopy, to include redesign of overall service and/or centralisation of services 	N/A
Pay: Nursing & Qualified	Across the Specialty, but primarily SAU (F211), Ward 6 (F328), and MIU (F208)	<ul style="list-style-type: none"> Fixed costs are stable and although there has been some shift from Bank to Overtime (linked to Rostering Policy), key area of additional spend is within Agency, which accounts for £15.8k extra spend of the overall additional spend of £16.7k within this staffing group Additional activity in SAU has been evident this year and also Ward 6 has experienced a surge in year The activity within USC & Medicine has suggested:- <ul style="list-style-type: none"> ➤ More admissions ➤ Shorter Length of Stay ➤ Less Bed Days Used ➤ Reduced “stranded patients” <i>see section 3.3 Graph 2 on Activity</i> 	<ul style="list-style-type: none"> Ongoing review of Cohort areas Ongoing robust reviews of sickness absence management and level of vacancies Shift standardisation project and roll out of Allocate Impact of NSA Ongoing review of working differently and linking to need to reduce Bed Capacity Target of 26. this includes:- <ul style="list-style-type: none"> ➤ ICOP Business Case already signed off ➤ Remodelling of Ward 7 ➤ COPD Early Discharge T 	N/A

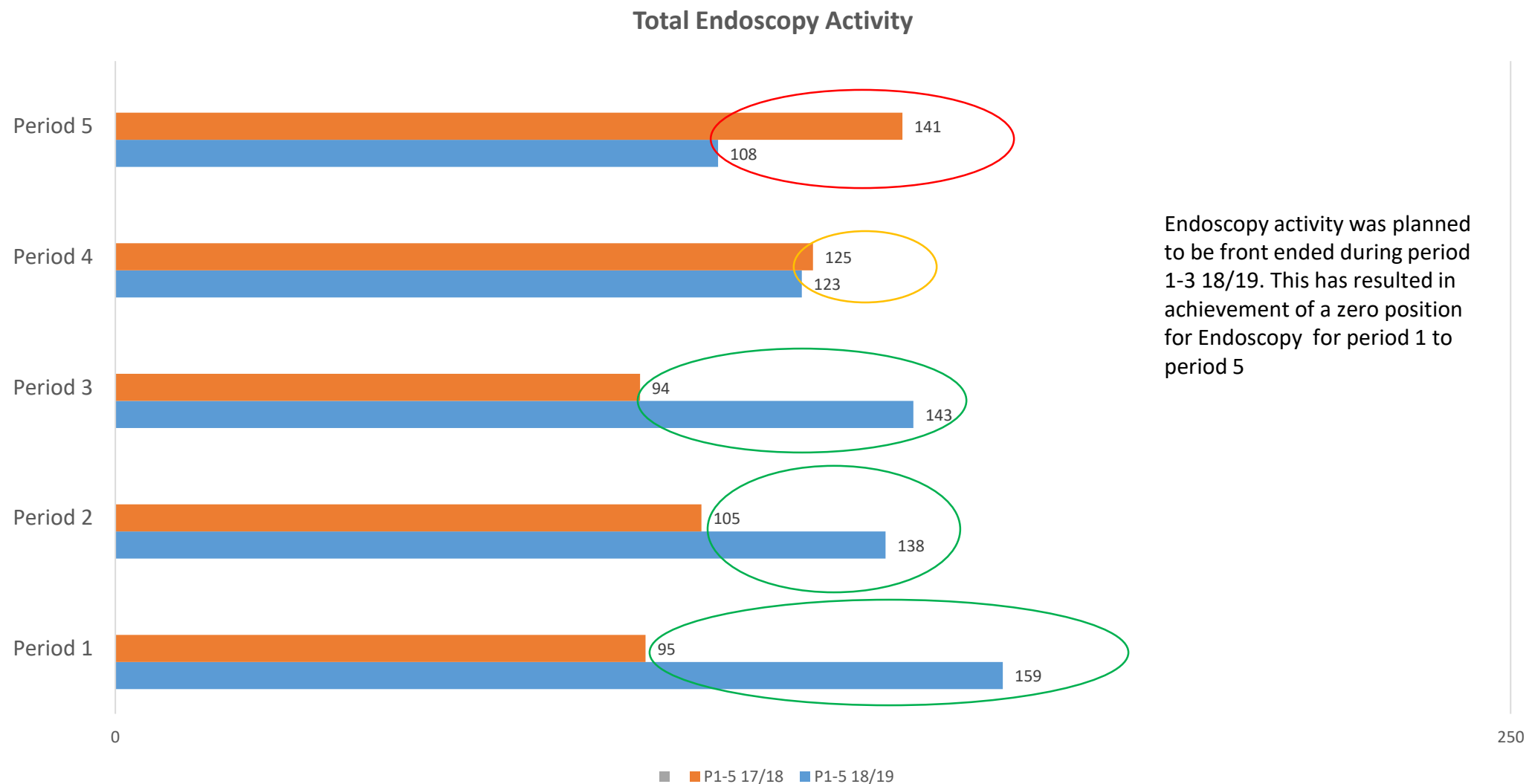
Section 3.3: P5 Pressures by Service Group – USC/MEDICINE (2)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Additional Clinical Services – UQ Nursing	Across Specialty	<ul style="list-style-type: none"> Overall impact is an average of £12k a month, much of which is linked to the filling of vacancies. There has been a marked decrease in Bank (-£7k) resulting from the move of the Nursing Pool out of Medicine However there has been an increased cost linked to Agency for Sickness cover 	<ul style="list-style-type: none"> Ongoing robust reviews of sickness absence management 	N/A
Non Pay: Clinical Services & Supplies	Primarily Morriston Endoscopy Suite (D312)	<ul style="list-style-type: none"> Overall increased expenditure is £15.3k a month on average, £13.9k of which is for Endoscopy - <i>see section 3.3 Graph 3 on CSS analysis</i> This increased expenditure is directly linked to the increased activity outlined in previous slide, which includes Insourcing via Medinet No RTT breaches up to month 5 	<ul style="list-style-type: none"> To continue to evaluate and balance the additional expenditure being incurred to deliver the necessary RTT targets, whilst maintaining safe and effective patient care 	N/A
Non Pay: Purchase of Healthcare Services	Endoscopy (D311)	<ul style="list-style-type: none"> Significant increase in average monthly expenditure of £31.4k All linked to Insourcing with Medinet 	<ul style="list-style-type: none"> As per comment on CSS Non pay To ensure we factor in this increased demand when undertaking the whole Endoscopy Review To consider the impact on Endoscopy of the Recovery Plan for Bowel Screening in Wales (led by PHW) 	N/A

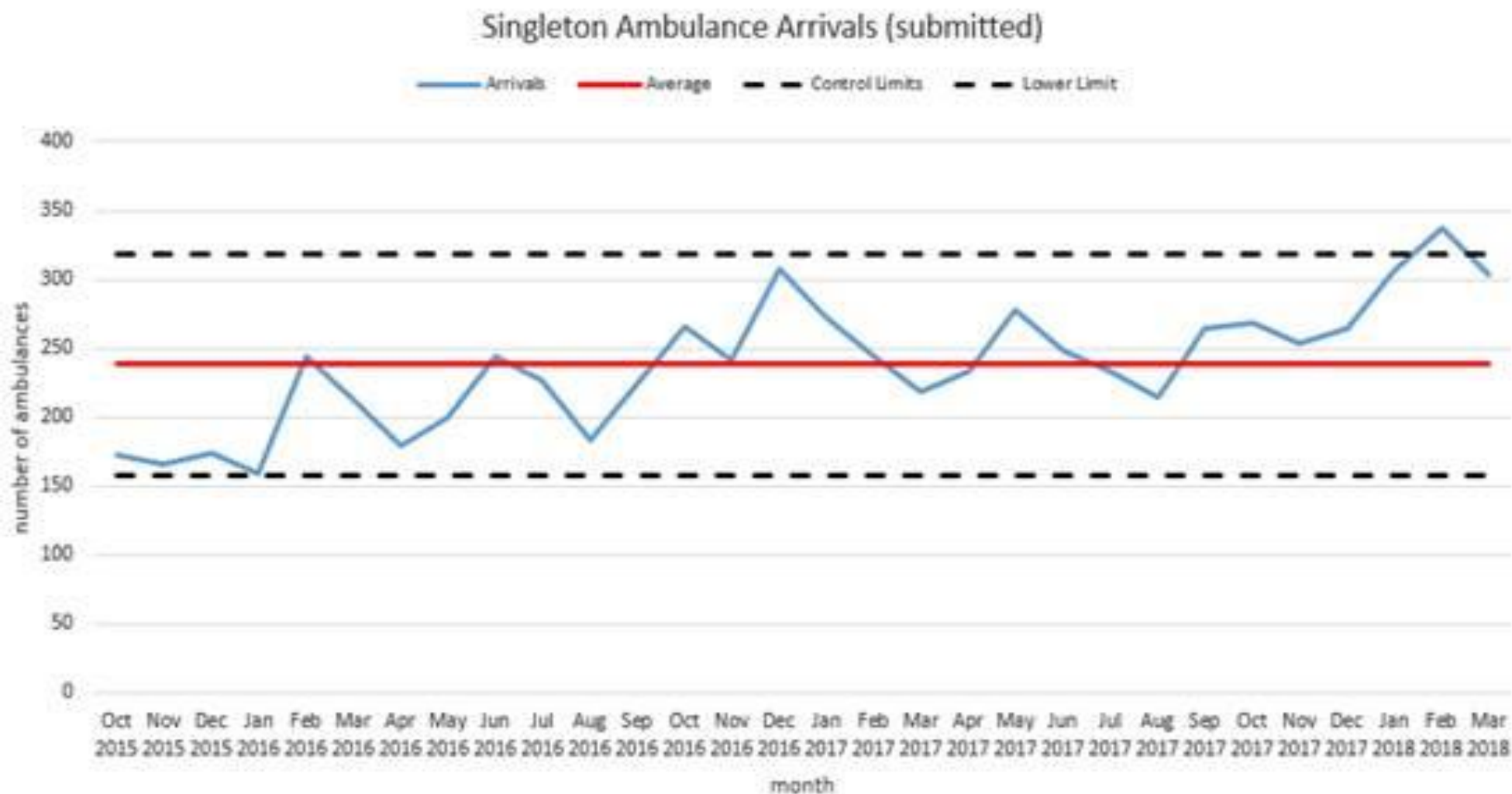
Section 3.3: P5 Pressures by Service Group – USC/MEDICINE (3)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Other Points of Note	Across Speciality	<p>General Issues:-</p> <ul style="list-style-type: none"> ➤ Overall additional average expenditure for USC/Medicine is £13k ➤ Whilst key issues of additional expenditure have been highlighted, we must acknowledge areas where average expenditure have reduced year on year. Of particular note are ✓ Medical & Dental Pay (linked to positive impact of sign off process for capped rates) ✓ Drugs Non Pay (particularly Hep C) ➤ Whilst expenditure in Medical & Dental on average is indeed £17k better per month , there is still the need to continue looking at further recruitment policy which included Overseas Recruitment and to continue to consider previous poor feedback form Deanery Trainees ➤ Single `Medical Take for Swansea ➤ Consultation on MIU Closure 	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>To continue to support this idea in partnership with Morriston Unit – can it happen and when do we start to scope out?</p> <p>Sent in to Execs in October 2019</p>	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>Consider this a key project and/or for future IMTP discussions</p> <p>Feedback on submission</p>

Section 3.3 Graph 1: Endoscopy P1-5 17/18 vs P1-5 18/19



Section 3.3 Graph 2: SAU Activity 17/18 vs P5 18/19



Section 3.3 Graph 3: Clinical Services & Supplies Endoscopy Analysis 17/18 vs P5 18/19

CLINICAL SERVICES & SUPPLIES - ENDOSCOPY 17/18 AVERAGES VERSUS 18/19 AVERAGES TO PERIOD 5

Morrison Endoscopy - D312 - Overall

MSSE General (30200)	MSSE Disposable (30210)	Surgical Instruments General (30240)	Stents (30340)	Maintenance Contracts (30510)	18/19 Total	18/19 Average	17/18 Average	Difference
154,306	15,854	219	10,500	26,657	207,536	41,507	27,635	13,872

Morrison Endoscopy - D312 - By Subjective

Subjective	18/19 Average	17/18 Average	Difference
30200	30,861	26,794	4,067
30210	3,171	40	3,131
30240	44 -	16	60
30340	2,100	-	2,100
30510	5,331	817	4,514
Total			13,872

1. First 4 subjectives linked to activity

2. Review to be undertaken on Maintenance Contracts in partnership with Procurement (Coding Issue)

Section 3.4: P5 Pressures by Service Group – Childrens Services(1)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Admin & Clerical	Paed Secretaries (H512) NDLD Service (H536)	<ul style="list-style-type: none"> Overall increase in expenditure is an average of £5.7k a month Additional fixed costs is the contributor to this. This is linked to the movement of some staff from Ward areas to Paeds admin, the new Neurodevelopment service and the filling of vacancies 	<ul style="list-style-type: none"> There is already work in progress around a major overhaul of the A&C staff. In particular, the Child Health department. This will include a robust change in skill mix with a potential closing of the gap between Band 3 and Band 6 staff. This part of the service has cultural and environmental issues to consider, as well as the concerns on sickness levels and amount of grievances being heard. It is envisaged that this new structure will improve sickness levels and PADR rates A paper on a review of Medical Secretaries is already at its initial stages. The review will include key areas such as:- <ul style="list-style-type: none"> ➤ Skill mix ➤ Staff in Post ➤ Budgets ➤ Sharing Consultants ➤ Workloads ➤ Cross cover on both sites of Singleton & Morriston ➤ Centralisation of booking ➤ Embracing Digitalisation 	<ul style="list-style-type: none"> Accommodation for Child Health Appointments is likely to be a major constraint within the environmental element of the changes needed to establish a more sustainable CHA service, as currently staff are sited in Central Clinic which is not fit for purpose In addition the Neurodevelopmental team are currently situated in various parts of the HB and need to be centralised at either NPT or Singleton

Section 3.4:P5 Pressures by Service Group – Childrens Services(2)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Nursing Qualified	Primarily Singleton Neonates (H542)	<ul style="list-style-type: none"> Overall increase in monthly average spend is £8.5k The majority of this is fixed costs as establishment is almost full The level of variable costs has only marginally increased year on year, but there has been a small increase evident on Overtime and Agency, but with a corresponding reduction in amount of Irregular Sessions being worked by more senior Neonates staff There has been a recent review to inform how establishment is being used in terms of rostering At the moment, there are 7 IC cots, 4 HD cots and 11 SCBU cots A Business Case for the transfer of 2 cots from POW has been signed off and that move is imminent T 	<ul style="list-style-type: none"> To continue to monitor the level of variable pay being incurred now that almost full establishment has ben achieved To closely monitor the impact of the additional two cots once transferred including potential increased income 	N/A

Section 3.4:P5 Pressures by Service Group – Childrens Services(3)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Other Points of Note	Across Speciality	<p>General Issues:-</p> <ul style="list-style-type: none"> ➤ Whilst key issues of additional expenditure have been highlighted, we must acknowledge that overall, Childrens Services has seen a significant reduction in average monthly expenditure of £40k. Of particular note are:- ✓ Medical & Dental Pay (£4.5k) ✓ Nursing Unqualified Pay (£8.2k) ✓ Non Pay (23.0k) – key areas are Drugs and Clinical Supplies 	N/A	N/A
		<ul style="list-style-type: none"> ➤ Whilst expenditure in Medical & Dental on average is better than last year, there is still an issue with some Gaps and associated ADH payments – in particular Acute Paeds. Neonates was similar, but has seen improvement more recently as the service is testing the principle of over recruitment in Middle Grades as an alternative to incurring regular ADHs etc. This will be formally reviewed after 6 months and approval sought to roll out in Acute Paeds. Having a sustainable model will be essential, particularly to ensure spend on variable pay doesn't increase next year 	N/A	N/A
		<ul style="list-style-type: none"> ➤ Within Nursing generally, R&R is good, sickness is still an issue in POW, vacancies overall are reducing, and use of Bank and Agency also reducing. BAPM standards are an ongoing area to be sustained. Allocate and Rostering are also going to be key moving forward 	N/A	N/A

Section 3.5:P5 Pressures by Service Group – CSS(1)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Pay: Additional Clinical Services (HCS Support Staff in Phlebotomy, Biomedical, Pathology)	Across Specialty	<ul style="list-style-type: none"> Overall increase in expenditure is an average of £6.2k a month Additional fixed costs is the key contributor to this (£4.6K), with the balance being a marginal increase in the level of Overtime being incurred on a regular basis. The now, well established, “Grow Your Own” initiative is the main reason for this increase as posts now get filled by working in partnership with Universities to take Graduates straight into Band 5 Biomedical posts. Once these staff then achieve the necessary competency levels we can internally promote into Band 6 posts. This principle is now also being adopted lower down the staffing hierarchy where a Band 4 scheme is also now being put in place with 8 additional posts being funded. 	<ul style="list-style-type: none"> To continue with the two pro active recruitment programmes so as to create a more sustainable workforce in an area that has always been difficult to recruit into 	N/A
Non Pay: Premises & Fixed Plant	Pathology Directorate Support (J108)	<ul style="list-style-type: none"> Overall increase in expenditure in CSS is an average of £9.1k a month. £5.8k of this is within this cost centre. The two key areas where additional expenditure has been identified are Computer Hardware & Computer Software/Licences This additional expenditure is linked to the need for dual running of systems whilst the All Wales LIMS Service is rolled out to all areas. In time the Masterlab and Telepath systems will no longer be supported T Also from April 2018 the Upgrade of the LIMS system has started, so additional expenditure will be evident until 2022 (funded Corporately) 	<ul style="list-style-type: none"> To continue to identify dual running costs and track the expected reduction in these additional costs as LIMS is rolled out across all areas 	<ul style="list-style-type: none"> Continue with the funding of the LIMS upgrade programme, but also recognising that additional costs will be in play for this area until 2022

Section 3.5: P5 Pressures by Service Group – CSS(2)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Non Pay : Services from Other NHS Bodies (SLAs)	Microbiology (J501)	<ul style="list-style-type: none"> Overall increase in expenditure is an average of £11.5k a month This increase is being entirely driven by the Service Level Agreement (SLA) with Public Health Wales (PHW), which equates to an average of £13.0k a month - <i>see section 3.5 Graph 1 on analysis of SLA expenditure</i> This additional expenditure correlates with the level of increased referrals to PHW from clinical colleagues across the ABMU area, in both Primary Care & Secondary care. This equates to 12,904 additional tests being requested in the period April to August over this year and last – a 7.3% increase Monthly meetings are now in place with PHW where our concerns around this increased recharge have been raised PHW's response is around Demand Management and stipulating that the only way to reduce costs is to reduce referrals The increased referral rates also often correlates with any "Campaigns" from a Public Health perspective where GPs in particular will see the increased demand 	<ul style="list-style-type: none"> To consider liaising with clinical colleagues across the ABMU area on improving the level of referrals via a more robust demand management approach 	<ul style="list-style-type: none"> Depending on outcome of this approach there might need to be an agreed HB wide approach on how we demand manage these referrals

Section 3.5:P5 Pressures by Service Group – CSS(3)

Type	Specialty /Ward Area/CC	Triangulation to Operational Issues/Activity	Action Being Taken by Unit to mitigate risk/pressure	Further Actions – HB Approval required
Other Points of Note	Across Speciality	<p>General Issues:-</p> <ul style="list-style-type: none"> ➤ Whilst key issues of additional expenditure have been highlighted, we must acknowledge that overall, Clinical Support Services has seen a significant reduction in average monthly expenditure of £165k. Of particular note are:- ✓ Admin & Clerical Pay (£4.8k) ✓ Medical & Dental Pay (11.7k) ✓ Healthcare Scientists (£21.3k) ✓ Non Pay (136.0k) – key area is General Supplies & Services (£115.2k) ➤ Whilst expenditure in Medical & Dental, and Healthcare Scientists on average is better than last year, there is still an issue with covering all 3 sites on a 24/7 basis and we still have to pay Locum or Agency rates as cannot recruit to full establishment ➤ We are also developing Enhanced Biomedical Specialist roles to mitigate our inability to recruit to all current established roles ➤ Innovative work is also being looked at or progressed , such as <ul style="list-style-type: none"> - Demand Management in Lab Medicine - Personalised Medicine, e.g. Lung Cancer - More In House work on Blood Sample testing, which is linked to Immunology - Hot Clinics in Morriston, e.g. A&E - Roll out of bleeps for Phlebotomy into POW 		

Section 3.5 Graph 1: Clinical Support Services - SLAs Analysis 17/18 vs P5 18/19

18/19 (period 1 to 5)								
COST CENTRE	SPECIALTY	WAST (38110) (£)	PHW (38345) (£)	C&V (38351) (£)	Totals (£)			
J201	West Biochemistry	17,490	-	179,886	197,376			
J301	Cellular Pathology	-	-	6,997	6,997			
J501	Microbiology	-	1,593,421	-	1,593,421			
TOTALs		17,490	1,593,421	186,883	1,797,794			
17/18								
COST CENTRE	SPECIALTY	WAST (38110) (£)	PHW (38345) (£)	C&V (38351) (£)	Totals (£)			
J201	West Biochemistry	38,349	-	459,609	497,958			
J301	Cellular Pathology	-	-	11,400	11,400			
J501	Microbiology	-	3,667,857	-	3,667,857			
TOTALS		38,349	3,667,857	471,009	4,177,215			
Averages		17/18 Average (£)	18/19 Average (£)	Difference (£)				
J201	West Biochemistry	41,497	39,475	- 2,021				
J301	Cellular Pathology	950	1,399	449				
J501	Microbiology	305,655	318,684	13,029				

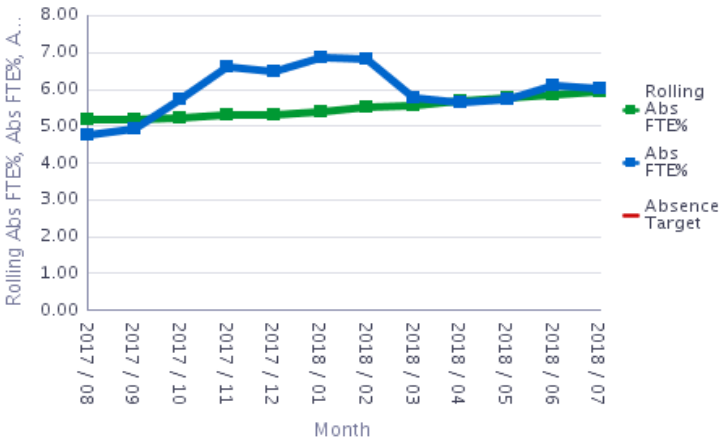
Section 4: Sickness Singleton Unit

Sickness % Rolling 12 Mth Period

	2017 / 08	2017 / 09	2017 / 10	2017 / 11	2017 / 12	2018 / 01	2018 / 02	2018 / 03	2018 / 04	2018 / 05	2018 / 06	2018 / 07	Cumulative % Abs Rate (FTE)
	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	Absence % (FTE)	
130 SDU - Singleton Hospital - Div Total	4.77%	4.93%	5.71%	6.63%	6.47%	6.86%	6.82%	5.77%	5.65%	5.72%	6.09%	5.99%	5.95%
130 SN Cancer Services - Dir Total	3.55%	4.06%	5.76%	7.69%	6.75%	6.51%	7.05%	6.19%	5.56%	5.43%	5.47%	5.77%	5.81%
130 SN Childrens Services - Dir Total	5.69%	5.78%	5.89%	5.43%	6.17%	6.64%	6.44%	4.89%	5.90%	5.94%	5.67%	5.91%	5.86%
130 SN Clinical Support Services - Dir Total	3.87%	3.46%	4.43%	5.54%	4.24%	5.50%	4.84%	4.73%	3.97%	3.46%	4.56%	4.80%	4.45%
130 SN Site Management - Dir Total	5.44%	7.48%	3.78%	2.36%	4.03%	5.18%	5.72%	7.99%	7.47%	5.15%	6.44%	5.88%	5.62%
130 SN Surgical Services - Dir Total	4.77%	5.58%	6.68%	8.11%	7.79%	8.14%	8.69%	7.69%	7.35%	6.94%	7.21%	5.86%	7.06%
130 SN Unscheduled Care & Medicine - Dir To	5.70%	5.24%	6.16%	7.41%	8.07%	7.84%	7.41%	5.09%	5.09%	7.00%	7.54%	7.74%	6.68%

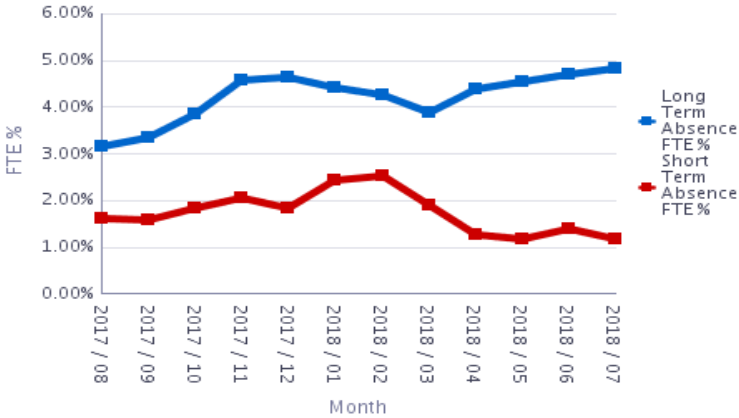
Source : ESR/Portal

Rolling Absence



Source : ESR/Portal

Long Term and Short Term Trends



Source : ESR/Portal

Section 5: Summary Actions For Singleton Unit & Actions Requiring HB Approval (1)

Sustainability Category	Action	Impact	Target Date	Singleton	Health Board
All	Maintain High Standard of Operational Awareness and Grip	Live Within Devolved Budget	Q3	✓	
Workforce Planning	Complete the Workforce Plan- <ul style="list-style-type: none">• Cancer Services• USC & Medicine Services• Childrens Services• Surgical Services• Clinical Support Services	Optimise Expenditure on key expenditure areas	Q4	✓	
	Identify Workforce Gap <ul style="list-style-type: none">• Cancer Services• USC & Medicine Services• Childrens Services• Surgical Services• Clinical Support Services		Q1 19/20	✓	
	Agree Implementation Plan		Q1 19/20	✓	✓

Section 5: Summary Actions For Singleton Unit & Actions Requiring HB Approval (2)

Sustainability Category	Action	Impact	Target Date	Singleton	Health Board
Workforce Redesign	Continue to redesign services using grow your own models. Tie into Workforce Models	Minimise use of agency	Ongoing	✓	
	Review of Admin & Clerical Requirements	Minimise use of agency	Q4	✓	
	Review potential for Digitalisation of the service to minimise Admin & Clerical Agency	Minimise use of agency	Q1 19/20	✓	✓
Workforce Efficiency	Improve workforce Measures including: <ul style="list-style-type: none">• Sickness.• PADR• Mandatory Training	Efficiency	Q4,Q1 19/20	✓	
	Standardisation of Shifts Continue Rollout of Allocate and review impact of different rosters	Efficiency	Q3,Q4	✓	

Section 5: Summary Actions For Singleton Unit & Actions Requiring HB Approval (3)

Sustainability Category	Action	Impact	Target Date	Singleton	Health Board
Workforce Sustainability	Identify a sustainable plan to deliver RTT requirements <ul style="list-style-type: none">assuming zero breeches	Reduce Outsourcing Costs to a minimum	Q3/Q4	✓	✓
	Identify a sustainable plan to deliver NDD requirements	Improve To 80% referral to Assessment Time	Q4	✓	✓
	Identify Sustainable deliver Model for Radiotherapy Treatment Waiting Times	Improve Cancer standards Performance	Q3	✓	✓
	Identify Sustainable deliver Model for CDU to support New Treatment fund	Improve ability to introduce New Drugs in accordance with NICE	Q3	✓	✓
	Engagement with Hywel Dda to redefine SLA to support service developments	Ensure full recovery of income through SLAs	Q4	✗	✓
	Review Surgical Performance and options to maximise performance	Ensure Facility is Maximised	Q3,Q4	✓	✓

Section 5: Summary Actions For Singleton Unit & Actions Requiring HB Approval (4)

Sustainability Category	Action	Impact	Target Date	Singleton	Health Board
Non Pay	<u>NICE Drugs</u> Continue to monitor and work with Pharmacy to minimise impact	Expenditure in line with NICE Recommendation	Q3	✓	✓
	<u>NICE Drugs</u> Identify infrastructure and service requirements for introduction of new drugs in accordance with NICE AWMMSG recommendations	Identify Expenditure to deliver Nice Recommendations	Q3	✓	✓
	<u>Laboratory Expenditure/ General</u> Consider the potential for an internal SLA approach to demand management	Identify Mechanisms to raise awareness of Costs	Ongoing	✓	✓
	<u>Microbiology</u> Liaise with clinical colleagues across the ABMU area on improving the level of referrals via a more robust demand management approach	Identify Mechanisms to raise awareness of Costs	Ongoing	✓	✓