GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

SBU Response to the FDU Efficiency Framework

Presentation to the Performance and Finance Committee

Charlie Mackenzie & Paul Harry

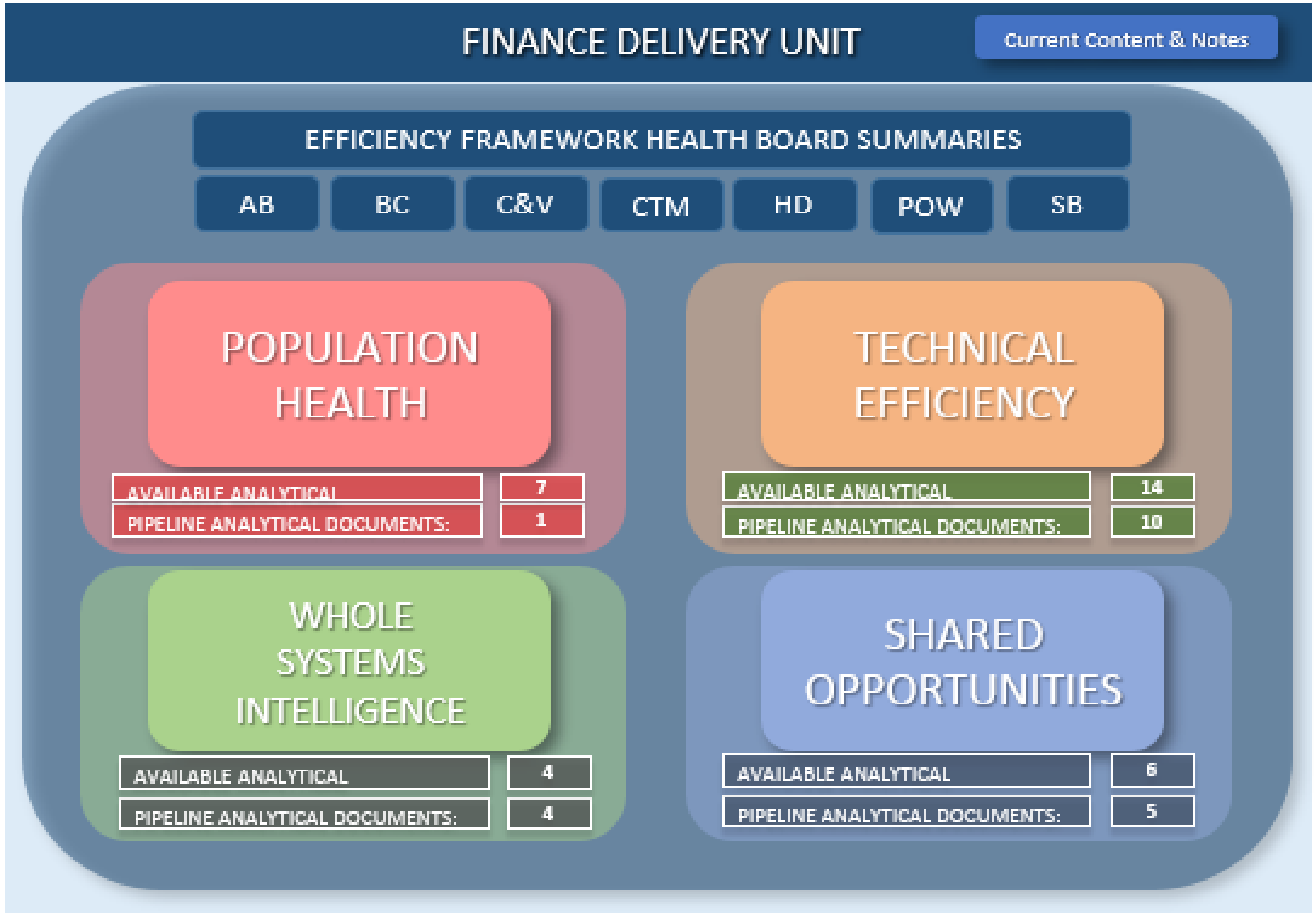
17/12/2019

caring for each other
working together
always improving

How can we use the Efficiency Framework?

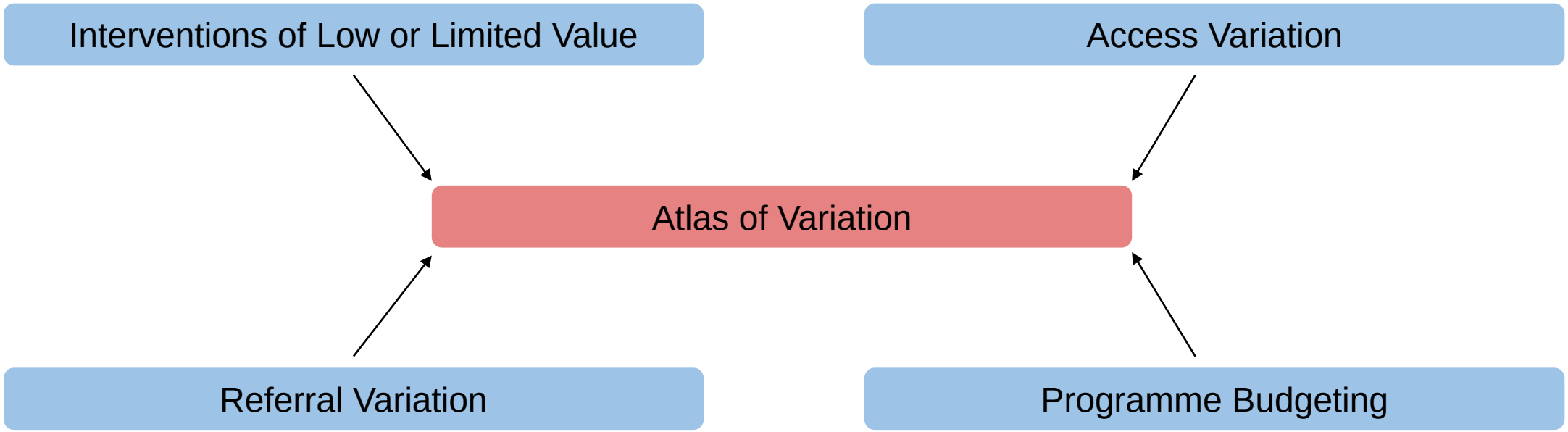
- Efficiency Framework
- Identifying Opportunity
- Recognising Opportunity – Strategic Planning – CSP
- Realising Opportunity – IMTP & Operational Planning
- Monitoring & Governance
- Alignment to KPMG

Efficiency Framework



Population Health

Identifying variation in the services we commission



Technical Efficiency

Opportunities identified through benchmarking the services we provide

Cost Drivers	Cost Base
How well we use our Capacity Enhanced Patient Flow Indirect and Long Term Savings	Opportunities to Reduce Spend 'Cash Out' Savings
Beds	Workforce
Theatres	Prescribing / Medicines
Outpatients	Procurement

Whole Systems Intelligence

Opportunities identified through benchmarking the services we provide

NHS Benchmarking Network

- Theatres
- Mental Health
- Outpatients
- Learning Disabilities
- Emergency Care
- Radiology

FDU-Sponsored Benchmarking Reviews

- Corporate Functions
- HSDU

Work In Progress

- Value Based Health Care – Lung Cancer Dashboard
- Patient Level Intelligence Portal – Local / Regional / National Pathway Analysis
- Time-Driven Activity Based Costing

Shared Opportunities

Highlighting and sharing best practice from Wales and UK

NHS England Menu of Opportunities

- From Deloittes
- Case Studies from NHS England

Annual savings plans from Welsh Health Boards

- From 2016/17 onwards

Specific Comparative Studies

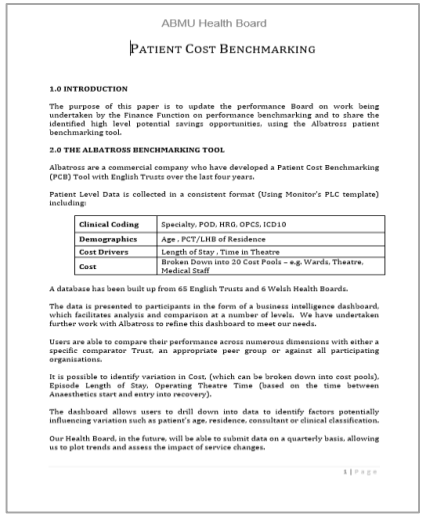
- CHC Benchmarking
- GP OOH rates

Work In Progress

- Output from National Efficiency Group
- Opportunities Log from National Care Boards
- Compendium of UK wide savings plans

Identifying Opportunity

Framework complements and builds on previous work


ABMU Health Board

PATIENT COST BENCHMARKING

1.0 INTRODUCTION

The purpose of this paper is to update the performance Board on work being undertaken by the Finance Function on performance benchmarking and to share the identified high level potential savings opportunities, using the Albatross patient benchmarking tool.

2.0 THE ALBATROSS BENCHMARKING TOOL

Albatross are a commercial company who have developed a Patient Cost Benchmarking (PCB) Tool with English Trusts over the last four years.

Patient Level Data is collected in a consistent format (Using Monitor's PLC template) including:

Clinical Coding	Specialty, POD, HRG, OPCS, ICD10
Demographics	Age , PCT/LHB of Residence
Cost Drivers	Length of Stay , Time in Theatre
Cost	Broken Down into 20 Cost Pools – e.g. Wards, Theatre, Medical Staff

A database has been built up from 65 English Trusts and 6 Welsh Health Boards.

The data is presented to participants in the form of a business intelligence dashboard, which facilitates analysis and comparison at a number of levels. We have undertaken further work with Albatross to refine this dashboard to meet our needs.

Users are able to compare their performance across numerous dimensions with either a specific comparator Trust, an appropriate peer group or against all participating organisations.

It is possible to identify variation in Cost, (which can be broken down into cost pools), Episode Length of Stay, Operating Theatre Time (based on the time between Anaesthetics start and entry into recovery).

The dashboard allows users to drill down into data to identify factors potentially influencing variation such as patient's age, residence, consultant or clinical classification.

Our Health Board, in the future, will be able to submit data on a quarterly basis, allowing us to plot trends and assess the impact of service changes.

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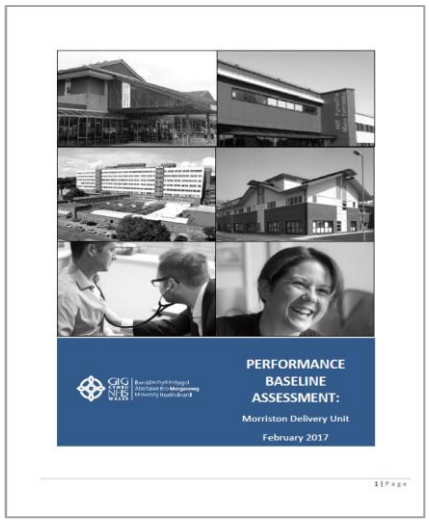

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Internal Analysis


Review of the Finance Delivery Unit Efficiency Framework

1. Introduction

The Purpose of this paper is to review the Efficiency Framework being developed by the Finance Delivery Unit (FDU).

The paper will focus on:

- Content of the Framework
- Cross referencing the output with analysis already undertaken in ABMU
- Key messages for ABMU
- How the Framework might be utilised within the organisation to support development of the Medium Term Plan.

2. Background

It is recognised that there is a wealth of information and data that can be used to identify variation and promote best practice across NHS Wales.

The Efficiency Framework has been established to provide a single portal to access all of these resources, providing users with an overview of all sources of information currently available and encouraging organisations to take a holistic system wide view of performance.

The Framework has been set up in a Spreadsheet Format held on the FDU SharePoint site. The spreadsheet will contain links that will take users to the appropriate information source.

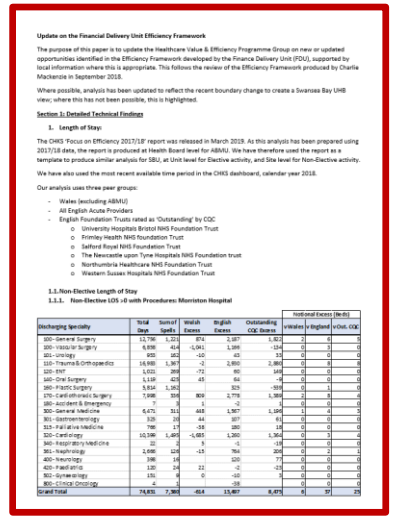
The Framework is at this stage still work in progress and a number of the fields are as yet unpopulated. It is intended to further develop the Framework on the basis of User feedback.

General access will be available to everyone with an NHS email address. Access to more sensitive information will be restricted to a smaller number of users in the short term.

3. Contents Overview

The Framework has been designed to include 4 quadrants:

1


Update on the Financial Delivery Unit Efficiency Framework

The purpose of this paper is to update the Healthcare Value & Efficiency Programme Group on new or updated opportunities identified in the Efficiency Framework developed by the Finance Delivery Unit (FDU), supported by local information where this is appropriate. This follows the review of the Efficiency Framework produced by Charlie Mackenzie in September 2018.

Where possible, analysis has been updated to reflect the recent boundary change to create a Swansea Bay UHB view; where this has not been possible, this is highlighted.

Section 1: Detailed Technical Findings

1. Length of Stay:

The CHKS 'Focus on Efficiency 2017/18' report was released in March 2019. As this analysis has been prepared using 2017/18 data, the report is produced at Health Board level for ABMU. We have therefore used the report as a template to produce similar analysis for SBU, at Unit level for Elective activity, and Site level for Non-Elective activity.

We have also used the most recent available time period in the CHKS dashboard, calendar year 2018.

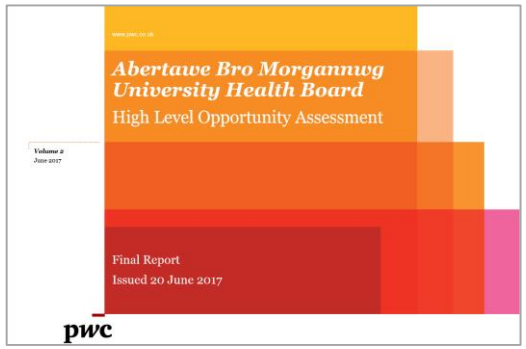
Our analysis uses three peer groups:

- Wales (excluding ABMU)
- All English Acute Providers
- English Foundation Trusts rated as 'Outstanding' by CQC
  - University Hospitals Bristol NHS Foundation Trust
  - Frimley Health NHS foundation Trust
  - Salford Royal NHS Foundation Trust
  - The Newcastle upon Tyne Hospitals NHS Foundation trust
  - Northumbria Healthcare NHS Foundation Trust
  - Western Sussex Hospitals NHS Foundation Trust

1.1. Non-Elective Length of Stay

1.1.1. Non-Elective LOS >0 with Procedures: Morriston Hospital

Discharge Specialty	Total Days	Sum of Spells	Welsh Excess	English Excess	Outstanding CQC Excess	Notional Excess (Beds) v Wales	v England	v Out. CQC
100 - General Surgery	12,796	1,221	874	2,187	1,822	2	6	5
100 - Vascular Surgery	6,858	414	-1,041	1,399	-134	0	3	0
101 - Urology	800	102	-10	43	53	0	0	0
110 - Trauma & Orthopaedics	16,988	1,367	-2	2,850	2,386	0	8	6
120 - ENT	1,021	209	-72	60	148	0	0	0
140 - Oral Surgery	1,139	425	45	64	-8	0	0	0
160 - Plastic Surgery	5,914	1,162		329	-559	0	1	0
170 - Cardiothoracic Surgery	7,898	556	809	2,778	1,388	2	8	4
180 - Accident & Emergency	7	3	1	-2	5	0	0	0
300 - General Medicine	6,471	311	448	1,567	1,185	1	4	3
301 - Gastroenterology	328	29	44	107	61	0	0	0
315 - Palliative Medicine	798	17	-58	180	28	0	0	0
320 - Cardiology	10,398	1,495	-1,685	1,260	1,304	0	3	4
340 - Respiratory Medicine	32	3	3	-1	-18	0	0	0
361 - Nephrology	2,498	126	-15	784	208	0	2	1
400 - Neurology	398	19		120	77	0	0	0
420 - Paediatrics	130	14	22	-2	-20	0	0	0
502 - Gynaecology	151	8	0	-10	5	0	0	0
800 - Clinical Oncology	4	1		-18		0	0	0
Grand Total	74,831	7,300	-454	15,467	8,475	6	37	29



Externally Commissioned

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1.1. Non-Elective Length of Stay

1.1.1. Non-Elective LOS >0 with Procedures: Morriston Hospital

						Notional Excess (Beds)		
Discharging Specialty	Total Days	Sum of Spells	Welsh Excess	English Excess	Outstanding CQC Excess	v Wales	v England	v Out. CQC
100 - General Surgery	12,756	1,221	874	2,187	1,822	2	6	5
100 - Vascular Surgery	6,858	414	-1,041	1,166	-134	0	3	0
101 - Urology	953	162	-10	43	33	0	0	0
110 - Trauma & Orthopaedics	16,983	1,367	-2	2,930	2,880	0	8	8
120 - ENT	1,021	269	-72	60	149	0	0	0
140 - Oral Surgery	1,119	425	45	64	-9	0	0	0
160 - Plastic Surgery	5,814	1,162		325	-539	0	1	0
170 - Cardiothoracic Surgery	7,998	336	809	2,778	1,389	2	8	4
180 - Accident & Emergency	7	3	1	-2	1	0	0	0
300 - General Medicine	6,471	311	448	1,567	1,196	1	4	3
301 - Gastroenterology	325	20	44	107	61	0	0	0
315 - Palliative Medicine	766	17	-38	180	18	0	0	0
320 - Cardiology	10,399	1,495	-1,685	1,260	1,364	0	3	4
340 - Respiratory Medicine	22	2	5	-1	-19	0	0	0
361 - Nephrology	2,666	126	-15	764	206	0	2	1
400 - Neurology	398	16		120	77	0	0	0
420 - Paediatrics	120	24	22	-2	-23	0	0	0
502 - Gynaecology	151	9	0	-10	3	0	0	0
800 - Clinical Oncology	4	1		-38		0	0	0
Grand Total	**74,831**	**7,380**	**-614**	**13,497**	**8,475**	**6**	**37**	**25**

This is consistent with analysis previously presented, with General Surgery, Orthopaedic Trauma, and Cardiothoracic Surgery providing the largest potential opportunity.

We can split this by pre- and post-operative length of stay:

	Pre-Op (Beds)			Post-Op (Beds)		
Specialty	v Wales	v England	v Out. CQC	v Wales	v England	v Out. CQC
100 - General Surgery	2	2	3	1	4	2
100 - Vascular Surgery	1	2	1	0	1	0
101 - Urology	0	0	0	0	0	0
110 - Trauma & Orthopaedics	1	1	1	0	7	7
120 - ENT	0	0	0	0	0	1
140 - Oral Surgery	0	0	0	0	0	0
160 - Plastic Surgery	0	0	0	0	1	0
170 - Cardiothoracic Surgery	2	4	3	0	3	0
180 - Accident & Emergency	0	0	0	0	0	0
300 - General Medicine	0	1	1	1	3	2
301 - Gastroenterology	0	0	0	0	0	0
315 - Palliative Medicine	0	0	0	0	0	0
320 - Cardiology	2	2	2	0	2	1
340 - Respiratory Medicine	0	0	0	0	0	0
361 - Nephrology	0	1	0	0	1	0
400 - Neurology	0	0	0	0	0	0
420 - Paediatrics	0	0	0	0	0	0
502 - Gynaecology	0	0	0	0	0	0
800 - Clinical Oncology	0	0	0	0	0	0
Grand Total	**7**	**14**	**13**	**3**	**23**	**14**

While this needs further investigation, this suggests that access to theatre may be an issue in Cardiothoracic Surgery, Vascular Surgery and General Surgery. It also suggests that post-operative length of stay is potentially a problem in Orthopaedic Trauma; around half of this potential opportunity relates to hip fractures.

1.1.2. Non-Elective LOS >0: Morriston Hospital

						Notional Excess (Beds)		
Specialty	Total Days	Sum of Spells	Welsh Excess	English Excess	Outstanding CQC Excess	v Wales	v England	v Out. CQC
100 - General Surgery	11,685	2,860	345	1,754	1,305	1	5	4
100 - Vascular Surgery	1,081	161	-39	344	185	0	1	1
101 - Urology	1,621	530	-368	47	-47	0	0	0
110 - Trauma & Orthopaedics	7,023	870	-161	1,377	1,212	0	4	3
120 - ENT	975	474	-97	11	21	0	0	0
140 - Oral Surgery	417	137	29	91	100	0	0	0
160 - Plastic Surgery	1,734	681		-228	-50	0	0	0
170 - Cardiothoracic Surgery	999	115	-41	96	7	0	0	0
180 - Accident & Emergency	150	59	75	64	50	0	0	0
300 - General Medicine	62,663	7,589	7,596	22,918	20,922	21	63	57
301 - Gastroenterology	501	56	19	70	84	0	0	0
303 - Haematology (Clinical)	2	1	-22	-23	-24	0	0	0
315 - Palliative Medicine	4,001	244	378	327	37	1	1	0
320 - Cardiology	6,574	795	646	1,942	2,018	2	5	6
340 - Respiratory Medicine	3	2	-10	-7	-7	0	0	0
361 - Nephrology	6,042	526	-194	1,880	698	0	5	2
400 - Neurology	1,714	137	111	651	399	0	2	1
420 - Paediatrics	4,878	2,819	-699	-609	-440	0	0	0
430 - Geriatric Medicine	48	2	20	32	29	0	0	0
715 - Old Age Psychiatry	1	1	-38	-39	-46	0	0	0
Grand Total	**112,112**	**18,059**	**7,549**	**30,699**	**26,451**	**25**	**87**	**74**

Identifying Opportunity

Scale of opportunity across key areas of acute care

Length of Stay Efficiency		
Capita 2016 (All ABM)	312 Beds	
PWC 2017 (All ABM)	326 Beds	
Capita 2018 (SBUHB)	217 Beds	5 Year Scenario
	304 Beds	10 Year Scenario
Internal CHKS Benchmarking 2019	76 Beds	Welsh Average Benchmark
	235 Beds	English Average Benchmark

Theatre Efficiency		
PWC 2017 (All ABM)	2159 Cases (Approx. 2 Theatres)	
Capita 2018 (SBUHB)	4.5 Theatres	5 Year Scenario
	7.2 Theatres	10 Year Scenario
Internal Analysis 2018	937 Cases (Approx. 1 Theatre)	Refined Assessment of 'Lost Time'

Outpatients		
PWC 2017 (All ABM)	23k to 30k Slots	
Internal CHKS Benchmarking 2019	878 Slots	Welsh DNA Benchmark
	25k Slots	Welsh New:Follow-Up Benchmark

This targeted analysis provides a snapshot of information from a breadth of sources across the Efficiency Framework, signposting areas of opportunity requiring in-depth review.

Analysis of the **British Association of Day Surgery** (BADS) targeted procedures identifies the potential bed day improvement opportunity as **16 beds** (second highest opportunity across Wales).

Source: CHKS Report - comparisons to Capita and FT/CQC peer groups

LENGTH OF STAY

8.2 days

The **non elective length of stay** across all specialties is **one of the highest** across Wales and higher than both peer groups.

Highest volume of excess days reported against HRGs in Chapter DZ - Respiratory Diseases and Disorders.

Source: CHKS Report - comparisons to Capita and FT/CQC peer groups

Urgent Care: Above average length of stay for an emergency admission.

Planned Care: Above average length of stay (all specialties).

Source: NHSBN Reports - Comparisons to median value refers to all project participants

DID NOT ATTEND (DNA) RATES

OUTPATIENTS

Follow up DNA rate 8.7% 4,240

The CHKS report identifies potential **annual appointment opportunities** of 4,240 appointments if the top peer performance is achieved.

Source: CHKS Report - comparisons to Capita and FT/CQC peer groups

Outpatients: Considerably above average overdue follow ups as a % of total follow up appointments with Neath Port Talbot reporting one of the highest values at **14.9%** (compared to median 3.2%).

Source: NHSBN Reports - Comparisons to median value refers to all project participants

READMISSIONS

5.7%

Highest elective adult readmissions across Wales and is higher than both peer groups.

Source: CHKS Report - comparisons to Capita and FT/CQC peer groups

Planned Care: Considerably above average % of patients readmitted within 7 days of procedure and **above average** % readmitted within 30 days.

Source: NHSBN Reports - Comparisons to median value refers to all project participants

111

111 DO NOT DO PROCEDURES (37% of all Wales total) costing approximately **£368k** in 2017/18. *It should be noted that these are fully absorbed costs and therefore, not fully releasable.*

£368k

Surgery to remodel the external ear (49 procedures) and Pinnaplasty (42 procedures) are the two procedures driving the majority of the activity.

Source: Welsh Health Data Mart & Welsh Costing Returns

MEDICINES MANAGEMENT

Biosimilar switching opportunity for Etanercept, Infliximab and Rituximab.

Adalimumab & Trastuzumab are drugs that have both come off patent. Trastuzumab expenditure for 18/19 remains largely in line with 17/18 spend, indicating a potential efficiency opportunity.

Further opportunity to reduce the use of long-acting insulin analogues, in line with NICE guidance in order to maximise cost-effectiveness.

Low Priority Funding (Paper 2) Treatment expenditure in 2018/19 was **£118k**, a reduction of 2.44% compared to the prior year. These medicines have been identified by AWMSG as an area for potential improvement.

Source: Medicines Management

PROCUREMENT: A review of Trocar utilisation and spend outlines a saving opportunity of **36.56%** which is approximately **£83k** (second largest opportunity across Wales).

Source: Evidence Based Procurement

PHARMACY

35.4

C.diff: One of the highest number of cases (per 100k population) compared to median of 11.1.

2.5

MRSA: **Considerably above average** number of bloodstream infections (per 100k population) compared to median of 0.56.

Source: NHSBN Reports - Comparisons to median value refers to all project participants

WORKFORCE: Reporting the **highest sickness levels** for two staff groups:

Estates & Ancillary 8.29% (compared to NHS Wales average of 6.89%)

Admin & Clerical 5.26% (compared to NHS wales average of 4.49%)

Source: Workforce Performance Dashboard Feb 19 (HEIW)

THEATRES: For T&O, the Health Board has **one of the highest** values of:

- turnaround time (Morriston)
- anaesthetic time (Morriston)

Source: NHSBN Reports

MENTAL HEALTH

Admissions per 100k population	Adult acute Older adult	Above average
MH spend per 100k population	Adult acute Older adult	Below average

Source: Mental Health Benchmarking - comparison to median refers to Welsh Health Boards

Learning Difficulties: Above average total cost of adult inpatient and community services (per 100k population).

16,099

Mental Health: **One of the lowest** community provision total contacts (per 100k population) compared to median of 29,883.

Source: NHSBN Reports - Comparisons to median value refers to all project participants

NURSING

Ward bed numbers: Significant variation across the total of 96 wards.

Multiple shift paradigms:
2 shift pattern - 14 wards
3 shift pattern - 82 wards

Variation in the allocated uplift for RGNs and HCSWs:
22.0% - 38 wards
26.9% - 58 wards

Source: All Wales Ward Based Nursing

Nurses per 10 beds	Adult acute Older adult	Below average

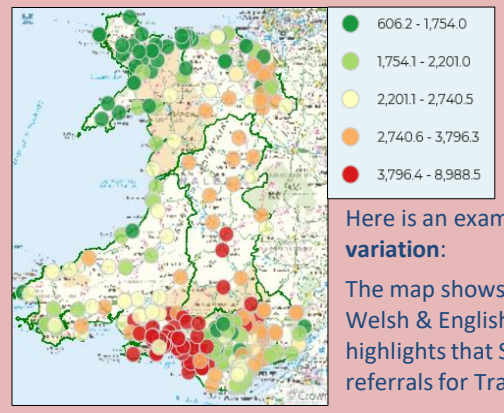
Source: Mental Health Benchmarking - comparison to median refers to Welsh Health Boards

11.7%

Outpatients:
Above average vacancy rate within the outpatients nursing team (Morriston) compared to median of 7.2%.

Source: NHSBN Reports - Comparisons to median value refers to all participants

T&O: Outpatient Referral Rates (age-standardised) per 100k population (2018/19)



HEALTH MAPS

For the Efficiency Framework a set of indicators have been implemented to show the distribution and variation of referrals for the top 10 high volume specialties within Wales, across LHBs, GP Clusters or GP Practices.

Here is an example of how Health Maps can be used to **identify variation**:

The map shows the population adjusted rate of referrals to Welsh & English providers per GP practice across Wales and highlights that SB GP practices display a higher number of referrals for Trauma & Orthopaedics.

Source: NWIS - Health Maps Wales

ATLAS OF VARIATION

The Welsh Resident analysis of both Acute Coronary Syndrome (ACS) and Heart Failure (HF) activity reports SB as having the **longest average length of stay.**

ACS - 7.7 days.

HF - 13.6 days with readmission and 14.5 days without readmission.

Source: Public Health Wales - Cardiovascular Atlas of Variation

1,270

POSTPONED PROCEDURES: Of 6,226 postponed procedures across Wales in the month of December 2018, **1,270** were within SB. Of the all Wales position, 50% of the postponed procedures were postponed by the patient.

Source: Postponed Procedures

CORPORATE BENCHMARKING

FINANCE FUNCTION

Finance function WTE per £100m turnover - below average.

Pay cost of finance function per finance WTE - above average - largely due to **Devolved Financial Management** and **Financial Services** sub functions.

Capital Planning sub function cost per £100m turnover - below average (second lowest across Wales).

HR FUNCTION

HR function WTE per £100m turnover - below average.

Pay cost of HR function per HR WTE - above average - largely due to **Occupation Health & Wellbeing** and **Recruitment**.

Source: Corporate Benchmarking 2017/18 - comparisons to the median value refers to the Welsh Health Boards

Physical Condition (%)

81

EFPMS - A wealth of data is collated annually to support the benchmarking of Estates & Facilities across Wales.

The EFPMS dashboard extract highlights KPIs for review. In addition, a recent review of organisational priorities suggests a focus on the following: **portering, waste, energy** and **grounds and gardens.**

Source: NHS Estate Dashboard Report 2017/18

NHSBN AREAS FOR REVIEW

?

Pharmacy: Is there a medicines optimisation strategy that has been approved by the board?

Emergency Care: Is a doctor trained in emergency medicine available in the ED 24 hours per day?

Source: NHSBN Reports

Identifying Opportunity

Monitoring Technical Efficiency: Quarterly Unit-Based CHKS Benchmarking

Non-Elective Opportunity		All Wales							England							Trend Comparison		
	Measure	1617	1718	1819	1920	Movement 1718	Movement 1819	Movement 1920	1617	1718	1819	1920	Movement 1718	Movement 1819	Movement 1920	1718 (to 1617)	1819 (to 1718)	1920 (to 1819)
Non Elective LOS	Site																	
With Procedure	Beds	13	11	2	2	- 2	- 9	- 0	32	40	33	31	8	- 6	- 3	- 2	- 12	- 3
Without Procedure	Beds	13	29	21	27	16	- 7	5	73	77	86	90	4	9	4	- 13	- 6	2
Total	Beds	25	40	24	28	14	- 16	5	104	117	119	121	12	3	2	- 15	- 19	- 1
Non Elective Pre Op LOS	Site																	
With Procedure	Beds	6	6	4	3	- 0	- 4	- 2	16	16	16	16	1	- 2	- 0	- 0	- 0	- 0
Non Elective Part Op LOS	Site																	
With Procedure	Beds	5	6	1	1	0	- 4	- 1	17	24	21	19	7	- 3	- 2	- 1	- 3	- 2
LOS > 30	Site																	
All	Beds	11	11	8	8	0	- 2	- 1	26	32	36	43	3	5	7	- 2	- 9	18
LOS > 60	Site																	
All	Beds	5	7	3	4	2	- 4	1	13	16	16	23	5	- 2	7	10	- 22	25

Elective Opportunity		All Wales							England							Trend Comparison		
		1617	1718	1819	1920	Movement 1718	Movement 1819	Movement 1920	1617	1718	1819	1920	Movement 1718	Movement 1819	Movement 1920	1718 (to 1617)	1819 (to 1718)	1920 (to 1819)
Elective LOS	Site																	
With Procedure	Beds	7	4	5	4	- 3	1	- 0	13	11	12	11	- 2	0	- 0	- 3	- 3	- 3
Without Procedure	Beds	0	0	0	0	- 0	0	- 0	0	0	0	0	- 0	0	- 0	0	- 0	- 0
Total	Beds	7	4	5	4	- 3	1	- 0	13	11	12	12	- 2	1	- 0	- 3	- 3	- 3
Elective Pre Op LOS	Site																	
With Procedure	Beds	1	0	1	1	- 0	0	0	4	4	4	3	- 0	0	- 0	- 0	- 0	- 0
Elective Part Op LOS	Site																	
With Procedure	Beds	6	5	3	3	- 1	- 2	- 1	11	10	10	9	- 1	0	- 0	- 2	- 4	- 1

Daycase Opportunity		All Wales							England							Trend Comparison		
		1617	1718	1819		Movement 1718	Movement 1819	Movement 1920	1617	1718	1819		Movement 1718	Movement 1819	Movement 1920	1718 (to 1617)	1819 (to 1718)	1920 (to 1819)
DOSA																		
With Procedure	Beds	1	2	1	1	0	- 0	- 0	4	4	4	3	- 0	- 0	- 1	- 0	0	0
DayCare																		
Specialty Ave	Beds	2	1	2	2	- 0	1	0	2	2	2	2	0	0	- 0	1	- 0	0
BADS		Opportunity Against 100%																
Beds	Bed Days	91	17	9		- 74	- 8									- 266	- 94	

Outpatient Opportunity		All Wales							England							Trend Comparison		
		1617	1718	1819		Movement 1718	Movement 1819	Movement 1920	1617	1718	1819		Movement 1718	Movement 1819	Movement 1920	1718 (to 1617)	1819 (to 1718)	1920 (to 1819)
DNA (New)	Attn	229	286	106	69	57	- 180	- 37	166	193	76	61	26	- 116	- 16	- 93	- 505	3
DNA (FU)	Attn	1,199	1,435	338	310	235	- 1,097	- 28	1,724	1,383	1,230	1,123	- 341	- 153	- 107	319	- 2,235	- 236
New to Follow up	Attn	26,647	24,877	16,405	16,301	- 1,770	- 8,473	- 103	38,152	32,929	25,887	25,721	- 5,223	- 7,042	- 166	- 3,925	- 8,594	- 468

Identifying Opportunity

Swansea Bay Opportunities Compendium

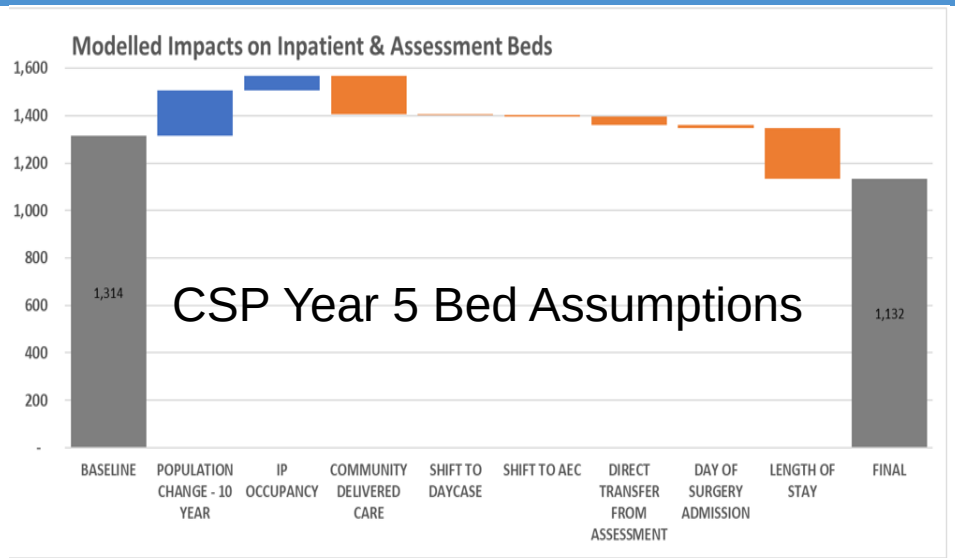
Ref	Source	Area	Item	Description	By	Date Produced	Current Data	Currency	Low	High	Low	High	Further Detail	National Priority	Priority	Status
PH1.1	Finance Delivery Unit Efficiency Framework	Population Health	Programme Budgeting	Programme Budget expenditure analysis by Health Board, Disease category, weighted population	FDU	Jul-19	1718						Available		Closed	Completed
PH2.1	Finance Delivery Unit Efficiency Framework	Population Health	Cardiovascular Atlas of Variation	Identify unwarranted variation in key aspects of cardiac care, and to assist in investigating the reasons for unwarranted variation, whether of overuse, underuse or both.	PHW	Mar-19	1718	Various					Available		High	Under Review
PH3.1	Finance Delivery Unit Efficiency Framework	Population Health	Low / Limited Value Activity	Do Not Do' activity - identified using the flag developed by NWIS using NICE definitions. Analysis by provider, population, and trends over time.	FDU	Mar-18	1718	Procedures					Available		Low	Completed
PH3.2	Finance Delivery Unit Efficiency Framework	Population Health	Low / Limited Value Activity	INNU activity - identified using OPCS codes. Analysis by provider, population, and trends over time.	FDU	Jun-17	1516	Procedures					Available		Low	Completed
PH4.1	Finance Delivery Unit Efficiency Framework	Population Health	Referral Variation	Secondary Care referrals by specialty, GP practice, GP cluster vs norm	NWIS	Jun-18	1718	Referrals	N/A	N/A			See Detail		See Detail	See Detail
PH4.2.1	Finance Delivery Unit Efficiency Framework	Population Health	Access Variation	ED repeat attendance volumes & variation	NWIS	Jun-18	1718	ED Attendances	N/A	N/A			Not Yet Reviewed		Medium	Not Yet Reviewed
PH4.2.2	Finance Delivery Unit Efficiency Framework	Population Health	Access Variation	New / Follow-up analysis by residency, GP practice per 1000 popn	NWIS	Jun-18	1718	Outpatient Attendances	N/A	N/A			See Detail		See Detail	See Detail
PH4.2.2	Finance Delivery Unit Efficiency Framework	Population Health	Access Variation	Access to surgery for high-volume procedures	NWIS	Jun-18	1718	Procedure Rate	N/A	N/A			See Detail		See Detail	See Detail
TE1.1	Finance Delivery Unit Efficiency Framework	Technical Efficiency	Length of Stay	Non-Elective LoS vs CHKS UQ by HB and Specialty - with Procedures	CHKS	Apr-19	1718	Beds	6	37	7	15	See Detail	Y	See Detail	See Detail
TE1.1.1	Finance Delivery Unit Efficiency Framework	Technical Efficiency	Length of Stay	Non-Elective LoS vs CHKS UQ by HB and Specialty - Pre-Op	CHKS	Apr-19	1718	Beds	7	14	4	7	See Detail	Y	See Detail	See Detail
TE1.1.2	Finance Delivery Unit Efficiency Framework	Technical Efficiency	Length of Stay	Non-Elective LoS vs CHKS UQ by HB and Specialty - Post-Op	CHKS	Apr-19	1718	Beds	3	23	3	8	See Detail	Y	See Detail	See Detail
TE1.2.1	Finance Delivery Unit Efficiency Framework	Technical Efficiency	Length of Stay	Non-Elective LoS vs CHKS UQ by HB and Specialty - without Procedures (Morriston)	CHKS	Apr-19	1718	Beds	25	87	0	25	See Detail	Y	See Detail	See Detail
TE1.2.2	Finance Delivery Unit Efficiency Framework	Technical Efficiency	Length of Stay	Non-Elective LoS vs CHKS UQ by HB and Specialty - Direct Admissions (Singleton)	CHKS	Apr-19	1718	Beds	39	68	10	25	See Detail	Y	See Detail	See Detail
TE1.2.3	Finance Delivery Unit Efficiency Framework	Technical Efficiency	Length of Stay	Non-Elective LoS vs CHKS UQ by HB and Specialty - Transfers (Singleton & NPTH)	CHKS	Apr-19	1718	Beds	9	43	5	16	See Detail	Y	See Detail	See Detail
TE1.3.1	Finance Delivery Unit Efficiency Framework	Technical Efficiency	Length of Stay	Elective LoS vs CHKS UQ by HB and Specialty	CHKS	Apr-19	1718	Beds	5	13	5	5	See Detail	Y	See Detail	See Detail
TE1.4.1	Finance Delivery Unit Efficiency Framework	Technical Efficiency	Length of Stay	Day of Surgery Admission Rates by Specialty	CHKS	Apr-19	1718	Beds	1	4			See Detail	Y	See Detail	See Detail
TE1.4.2	Finance Delivery Unit Efficiency Framework	Technical Efficiency	Length of Stay	BADS LoS Improvement potential	CHKS	Apr-19	1718	Bed Days	595	4149	440	1105	See Detail	Y	See Detail	See Detail
TE1.4.3	Finance Delivery Unit Efficiency Framework	Technical Efficiency	Length of Stay	Day Case Rates improvement potential	CHKS	Apr-19	1718	Covered by BADS								
TE1.5.1	Finance Delivery Unit Efficiency Framework	Technical Efficiency	Length of Stay	Readmission rate variation & improvement potential - Elective	CHKS	Apr-19	1718	Readmissions	192	322		65	See Detail	Y	See Detail	See Detail
TE1.5.2	Finance Delivery Unit Efficiency Framework	Technical Efficiency	Length of Stay	Readmission rate variation & improvement potential - Emergency	CHKS	Apr-19	1718	Readmissions		565		268	See Detail	Y	See Detail	See Detail

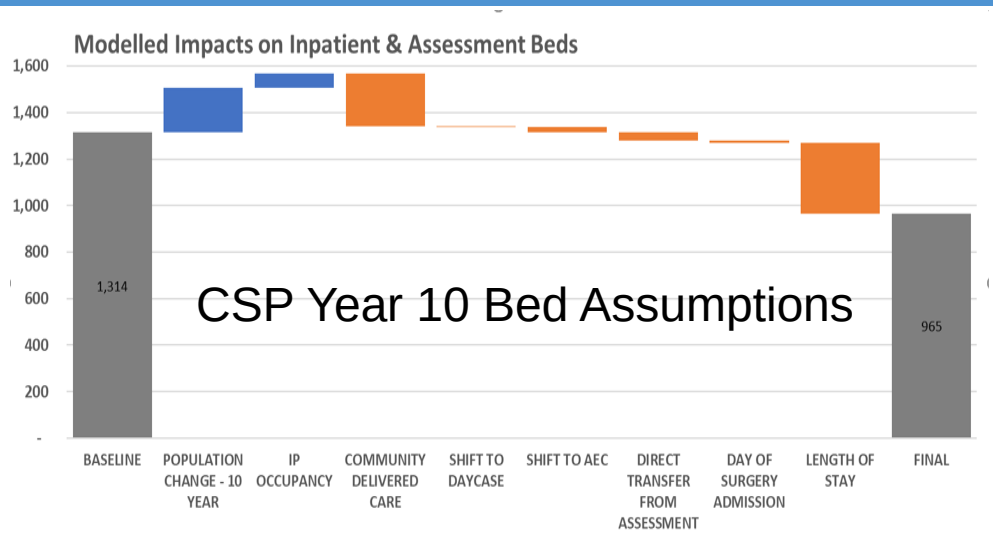
Phasing of Service Improvements

Area	Type	Year 1 19/20	Year 2 20/21	Year 3 21/22	Year 4 22/23	Year 5 23/24	Year 6 24/25	Year 7 25/26	Year 8 26/27	Year 9 27/28	Year 10 28/29	Basis	Rationale for Phasing
Community-Delivered Care	Admission Avoidance			10%	15%	**25% (Scenario B)**	27%	30%	33%	**35% (Scenario C)**		Avoiding admissions due to ACS conditions; interventions in primary care	Admission reductions will take longer to deliver / reliance on strong links / new community models of care.
Shift to Daycase	Daycase Rate		**75th (Scenario B)**	80th	85th	90th	**95th (Scenario C)**					Benchmarked Performance vs BADS criteria; x^{th}-percentile	Already good progress in daycase surgery- less of a stretch to 75th percentile and beyond
Shift to Ambulatory Emergency Care (AEC)	AEC Directory			**Minimum (Scenario B)**	80th	85th	90th	95th	**Maximum (Scenario C)**			Increase in patients accommodated in an ACU setting; patients currently staying 1-2 nights stay 0 nights	
Direct Transfer from Assessment	Length of Stay Reduction					**60% / 30% Scenario B/C**						60% (30% for Geriatric) of admissions to assessment and short-stay areas discharged before specialty admission	Requires new SPOA / combined assessment model?
Day of Surgery Admission	Pre-Op LoS Reduction		**80% (Scenario B)**	84%	87%	90%	93%	**95% (Scenario C)**				Zero pre-operative length of stay for elective patients	
Length of Stay	Long LoS Reduction			**50% / 50th Percentile (Scenario B)**	56%	62%	68%	72%	76%	**80% / 75th Percentile (Scenario C)**		Graduated reduction in LoS based on day of care audit	Scenario C length of stay relies on significant investment in community models of care.

Recognising Opportunity – Strategic Plan

Bed efficiency opportunity factored into Clinical Services Plan





	Scenario B Within 3 Years	Scenario C 10 Years
	Beds	Beds
Technical Efficiency Beds		
COMMUNITY DELIVERED CARE - Admission Avoidance	(65)	(226)
SHIFT TO DAYCASE - Daycase Rate	(3)	(4)
SHIFT TO AEC - AEC Directory	(8)	(25)
DIRECT TRANSFER FROM ASSESSMENT - LoS Reduction	0	(34)
DAY OF SURGERY ADMISSION - Pre-Op LoS Reduction	(10)	(12)
LENGTH OF STAY - Long LoS Reduction	(217)	(304)
Net Impact	**(183)**	**(349)**

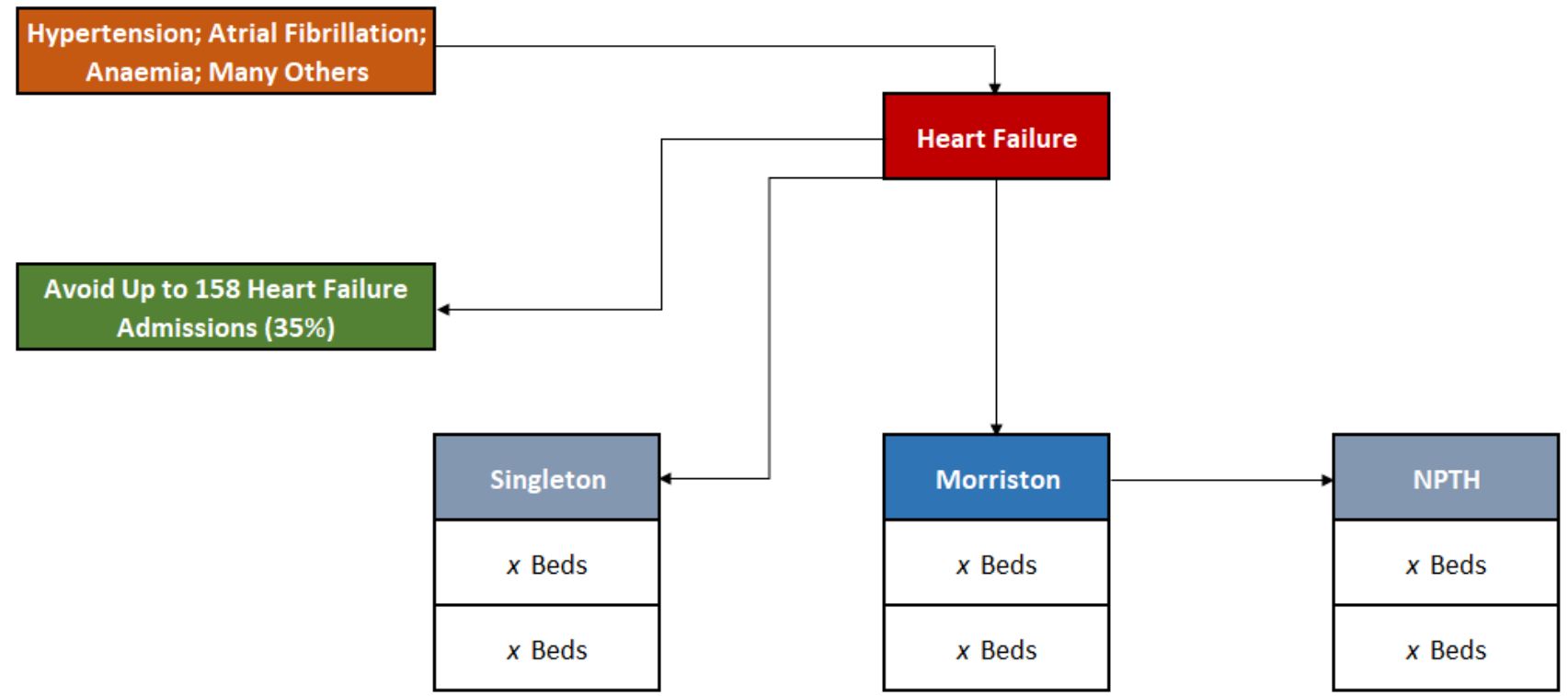
Realisation Opportunity – Operational Plans

System-Wide Approach (CSP/IMTP)	Clinical Redesign Groups (CRG) / Similar	High Value Opportunities (HVO)	Unit-Focused
Population Health	Respiratory Health	Theatres	Primary Care & Community Services
Planned Care	Heart Failure	Outpatients	Singleton
Older People	Stroke (ARCH)	Medical Workforce	Morriston
Maternity, Children & Young People	Diabetes	Hospital 2 Home	Mental Health & Learning Disabilities
Unscheduled Care	Older People	Value & Variance	Neath Port Talbot
Mental Health & Learning Disabilities	Neurological Services (ARCH)	MCAS	
Cancer		Nursing Workforce	
		Therapies Workforce	

Identified Variation

We should not necessarily look at quadrants in isolation

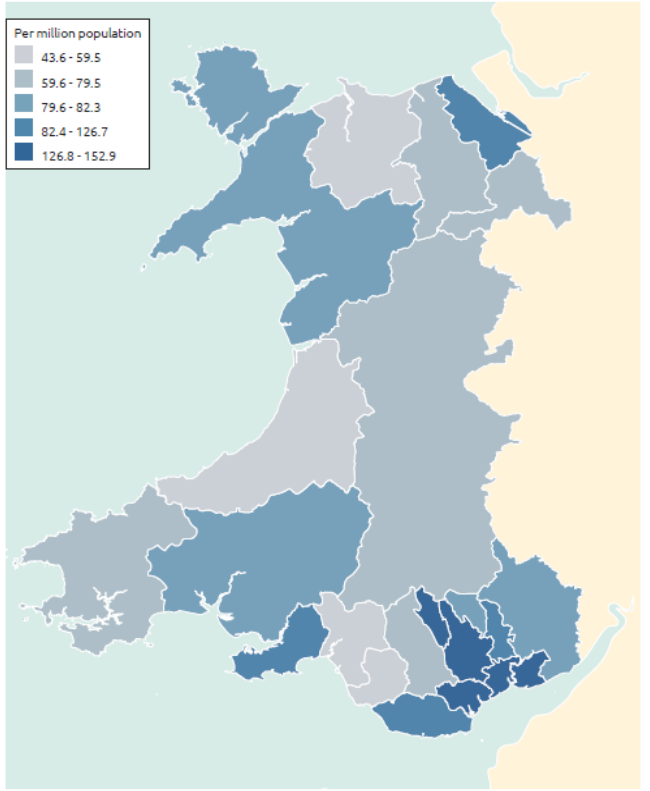
Type	Area	Source
Prevention / Early Intervention	Risk Factors	CAoV
Pathway	Primary and Community Care	Capita
Reduced Length of Stay	Process	CHKS
	Community Support	CHKS
Access Variation	CRT Device Implantation	CAoV



Cardiovascular Atlas of Variation

Cardiac Resynchronisation Therapy (CRT) Device Implantation Rates

	Standardised	Level of Reporting	Period	All-Wales Range	Fold Difference	Swansea	Neath Port Talbot
Rate of implanted Cardiac Resynchronisation Therapy (CRT) Devices per 1m population	Age	Local Authority	15/16 – 17/18	43.6 – 152.6	3.51	86.4	56.9



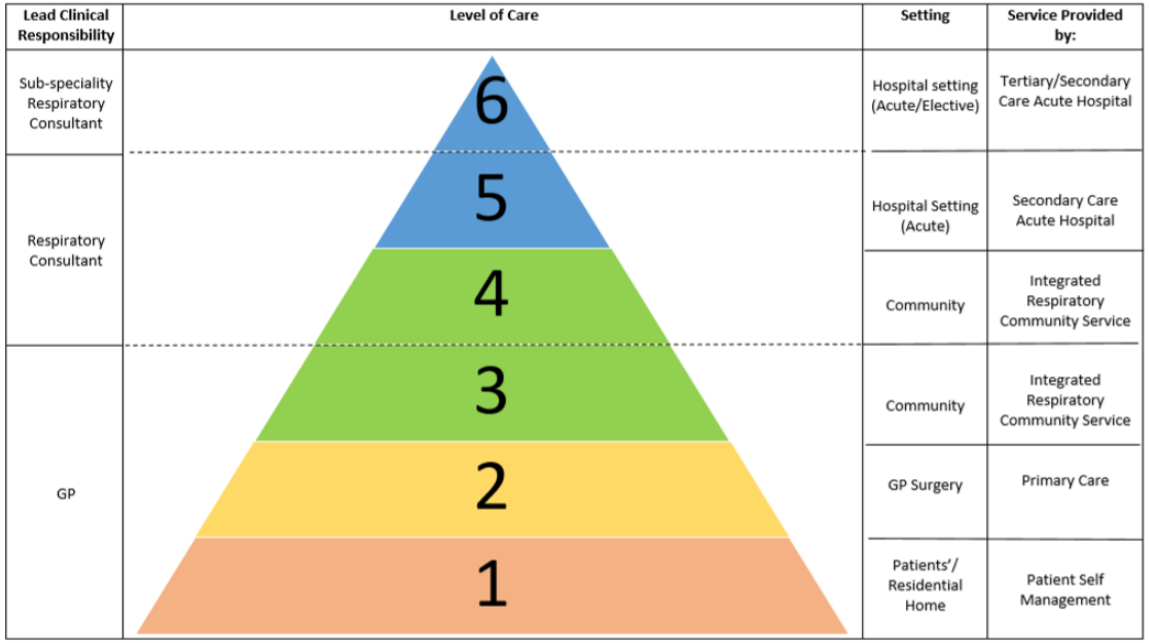
- Cardiac resynchronisation therapy (CRT) with defibrillator (CRT-D) or CRT with pacing (CRT-P) are recommended as treatment options for people with heart failure with certain characteristics
- Potential to decrease admissions and morbidity, and increase quality of life
- Rate in South-East Wales is significantly higher than in Neath Port Talbot in particular (second lowest, Bridgend is lowest)
- Potential causes of variation may be:
  - Improve identification of patients who may benefit from CRT
  - Access to heart failure specialists that implant CRT devices.

Population Health

Population Health					Priority	Analysis Provided	HB	Units	Scope
Programme Budgeting	Programme Budget expenditure analysis by Health Board, Disease category, weighted population	FDU	Jul-19	1718	Low	No			N/A
Low / Limited Value Activity	Do Not Do' activity - identified using the flag developed by NWIS using NICE definitions. Analysis by provider, population, and trends over time.	FDU	Mar-18	1718	Low	Yes			N/A
	INNU activity - identified using OPSC codes. Analysis by provider, population, and trends over time.	FDU	Jun-17	1516	Low	Yes			N/A
Referral Variation	Secondary Care referrals by specialty, GP practice, GP cluster vs norm	NWIS	Jun-18	1718	Medium	By Exception			N/A
Access Variation	ED repeat attendance volumes & variation	NWIS	Jun-18	1718	Medium	By Exception			N/A
Access Variation	New / Follow-up referral analysis by residency, GP practice per 1000 population	NWIS	Jun-18	1718	Medium	By Exception			N/A

Population Health - COPD

- Example of plans to address variation in Population Health
- Identified variation in admission rates for COPD in Swansea Clusters
- Move from Secondary Care to Primary & Community Care
- This value-based approach underpins other CRG work



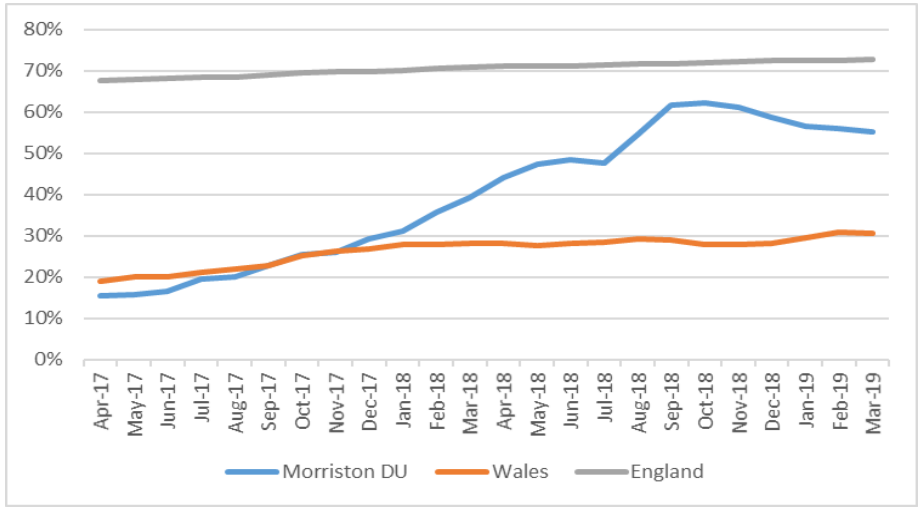
Levels 3 and 4 together constitute the Integrated Respiratory Community Service

Technical Efficiency

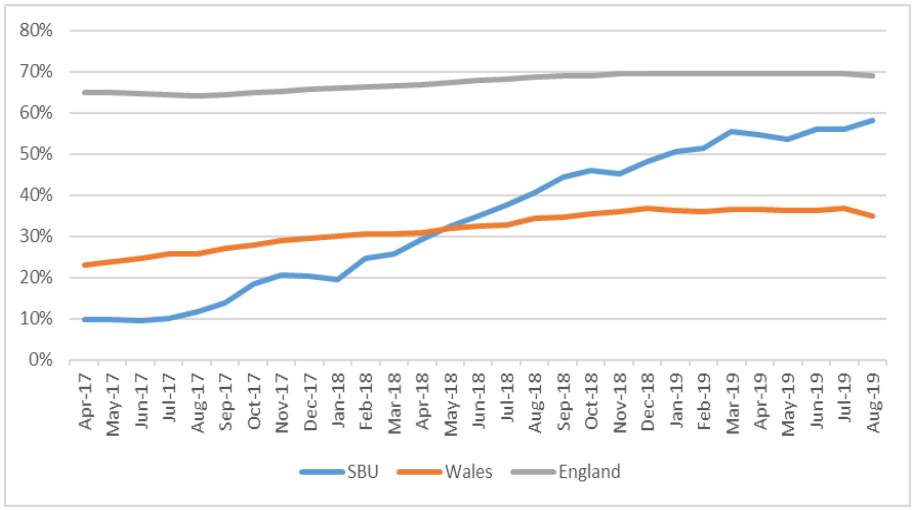
Technical Efficiency					Priority	Analysis Provided	HB	Units	Currency	Variation
Length of Stay	Non-Elective LoS vs CHKS UQ by HB and Specialty	CHKS	Jul-19	1819	High	Yes			Beds	235
	Elective LoS vs CHKS UQ by HB and Specialty	CHKS	Jul-19	1819	High	Yes			Beds	16
	Day of Surgery Admission Rates by Specialty	CHKS	Apr-19	1819	Medium	Yes			Beds	4
	BADS LoS Improvement potential	CHKS	Apr-19	1819	High	Yes			Beds	2 to 13
	Day Case Rates improvement potential	CHKS	Apr-19	1819	Medium	Yes			Beds	3
	Readmission rate variation & improvement potential	CHKS	Apr-19	1819	Low	No			Beds	Minimal
	Delayed Discharges bed gain potential (vs HRG Trim Point CHKS)	CHKS	Apr-19	1819	Medium	By Exception				Included above
	Weekend Discharges	CHKS	Apr-19	1819	Low	No				Included above
Theatres	Procedures Not Undertaken	CHKS	Apr-19	1819	High	Yes			Elective Operations	937
HSDU	HSDU Benchmarking	LHBs/FDU	Jul-19	1819	Low	Yes				N/A
Outpatients	New - Follow Up	CHKS	Apr-19	1718	Medium	Yes			Slots	31537
	DNA Rates	CHKS	Apr-19	1819	Medium	Yes			Slots	2080
Prescribing/Medicines	AWMSG Medicines Management	AWMSG	Apr-19	1819	High	Yes				N/A

Technical Efficiency - Examples

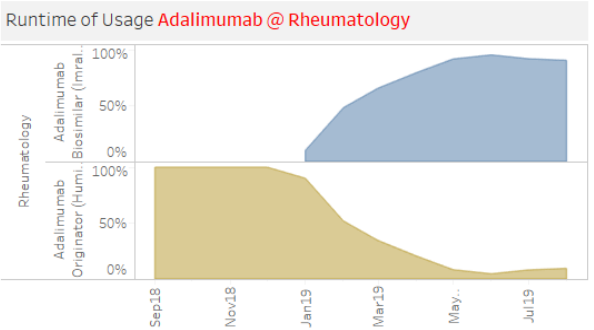
Adult Tonsillectomy: Daycase Rates (Rolling Month)



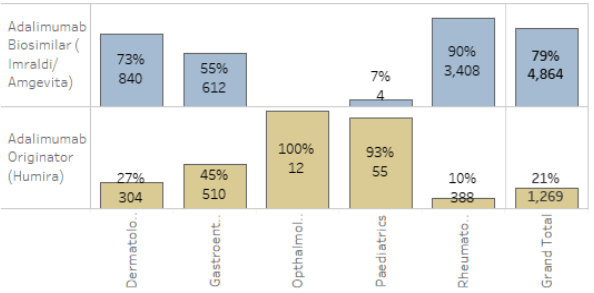
Paed Tonsillectomy: Daycase Rates (Rolling Month)



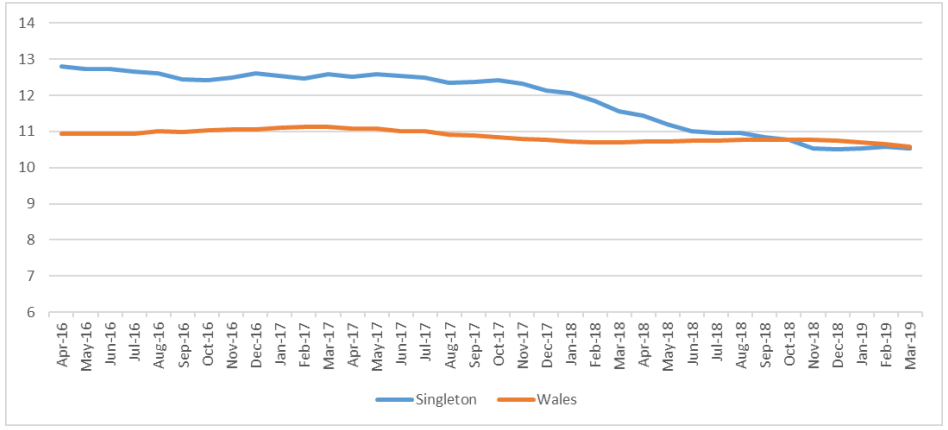
Runtime of Usage Adalimumab @ Rheumatology



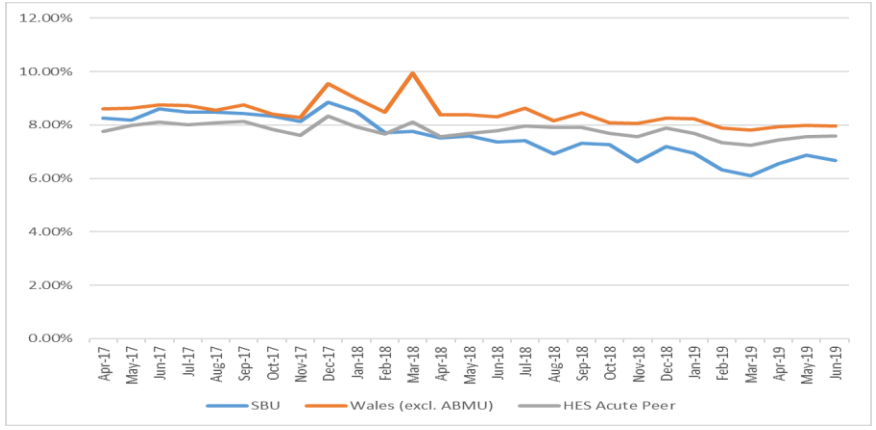
Adalimumab % of Biosimilar/Originator by Speciality YTD



Singleton Avg LoS: Medical Patients (Rolling Month)



Outpatient DNA Rates



Whole Systems Intelligence

Shared Opportunities

Case Studies and UK-Wide Benchmarking

- **Learning from others:**
  - ACS Treat & Repatriate – Cardiff and Vale, South East Cardiac Network
    - C&V reporting reduced system-wide length of stay and improved access to Cath Lab
  - COPD – Swansea learning from Bridgend
  - Diabetes – evidence used from Portsmouth and Tower Hamlets that showed improved outcomes from the reallocation of resource into primary and community care
  - Headaches – learning from Hywel Dda on pathway, encouraging management in primary care
  - Hospital 2 Home – Implementing Professor John Bolton Model (Prof of Social Care) with support from the NHS Wales Delivery Unit & learning from CTMUHB
- **NHS Benchmarking:**
  - Mental Health – previously above upper quartile on Older Adult beds per 100k population
    - Forms part of current year and future plan
  - Theatres – evidence from Southend UHFT used to support 6-4-2 development

Monitoring & Governance

Transformation, Value & Efficiency Board

-Overall oversight, leadership and delivery assurance for efficiency, variation and Value Based Health Care

IMTP Executive Steering Group – supported by **Integrated Planning Group**

- Ensure efficiency opportunities are captured and prioritised within IMTP, and aligned with strategic and operational plans (Whole System and Units).

Financial Management Group

- Development and evaluation of pipeline opportunities , monitoring of in year delivery.

Performance and Finance Committee

- Board scrutiny of opportunity , plan development and in year delivery.

Director of Finance

- Executive leadership through membership of above groups and National Efficiency Framework Group.

Monitoring & Governance

- Further developing arrangements around the systematic identification of all potential variation and opportunities
  - Efficiency Framework
  - Looking elsewhere

  → SBU Opportunities Compendium

- Developing a more structured approach towards:
  - Reflecting potential opportunities in the planning process through IMTP Executive Steering Group
  - Monitoring the assessment and the realisation of opportunities within the performance management framework, scrutinised by the Transformation, Value & Efficiency Board

KPMG Pipeline of Opportunities

- Pipeline received – alignment with key areas of Health Board assessment of Efficiency Framework, including outpatients, theatres, staffing and non pay

- Pipeline now subject to Health Board technical review - understand methodology, assumptions, data sources

- Workshop with KPMG and Health Board on 16 December, prior to final report received on 20 December

- Health Board will need to respond with detailed action plan, this now scoped into the IMTP process

Questions?