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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

# SWANSEA BAY LHB. HIGH VALUE OPPORTUNITIES UPDATE

Period 06 Data (September 2019)

**Scheme Name**

Medical Workforce

**Original Target**

£1.0m

**Savings Anticipated**

£0.7m

**Savings Anticipated 2019/20**

£0.250m

**FYE**

**Executive Sponsor**

Richard Evans & Hazel Robinson

**Identified Objectives**

**ED Workforce & Activity Review (KB):** Complete Review of Nursing and Medical workforce in line with activity and demand in Morriston ED to deliver a proposed workforce model and plan by July 2019

**Junior Doctor Rota review (KB):** Implement the recommendations signed off on the rota review completed by Kendall Bluck to achieve the safety, efficiency and financial benefits; a) Rota Redesign (Efficiency and Safety), b) Re-banding opportunity, c) Locum Opportunities.

**Locum on Duty:** Implement Locum on Duty system by November 2019 to deliver standardised electronic process to book locum and agency shifts & Establishment of an internal medical bank facility

**E-Job Planning:** Implementation of E-Job Planning system & reconciliation of all Job Plans to activity.

**Agency cap compliance & Long term locum** - Improve compliance with medical agency cap using improved intelligence from introduction of locum on duty and working with Delivery units

**Achievements this Period**

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

✓ Some concerns were raised by ED team on proposed workforce plan in the final report; Joint Meeting with Executive team, Kendall Bluck and ED team was held on 27/09/19. Decision to submit revised plans to executive team on 18<sup>th</sup> October.

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

✓ **Re-banding Opportunity:** 1 X meeting date confirmed with Urology on 8/11/19

**Locum on Duty:**

✓ Project technical roll out started as scheduled

✓ Proposed rate card has not been signed off, Amendments are being made to ensure there is consistency across all grades and whilst being competitive the proposed rates do not have negative financial implications. This will impact on planned Go-Live date. Amended rate card will be submitted to workstream programme board on 17/10/19 and due to urgency required to minimise delay it will be submitted to executive team w/c 14/10/19.

**E-Job Planning:**

✓ 9 specialities covering 72 Job plans completed for consistency checking (NPT Medicine, General Surgery, Urology, ENT, Rheumatology, Spinal, Rehabilitation Medicine, Cleft Lip & Palate and Vascular)

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

**Key Milestones**

**ED Workforce & Activity Review:**

- Amended report and plan submitted to executive team-18/10/19
- Exec Sign off on report 31/10/19

**Junior Doctor Rota review:**

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

- Anaesthetic- Submit plan to programme board- 17/10/19

**b) Re-banding opportunity**

- Meetings with 4 X speciality Clinical and management leads to progress with Re-Banding process – TBC
- Next doctor rotation for implementing changed rota - Feb 2020

**c) Locum Opportunities**

- Recruitment and vacancy position against plan -Sep 2019 (Half Year position)

**Locum on Duty:**

- Project Launch-Kick off meeting -26<sup>th</sup> August 2019
- Go-live- Nov 2019 (TBC)

**E-Job Planning:**

- Desktop consistency checking complete for 30 Specialities -TBC
- Summarise & Quantify implications for first round of Job Plan consistency checking -TBC

**Agency cap compliance & Long term locum –**

- Recruitment and vacancy position against plan-Sep19 (half year position)

**Actions for Next Period**

- **ED Workforce & Activity Review:** Executive sign off on final report
- **Junior Doctor Rota review:**
- a) Re-banding opportunity –** Kendall Bluck meetings with 4 x Clinical leads
- **Locum on Duty –**
- Sign Off Health board rate card and determine revised go-live date considering the critical pathway-17/10/19
- Resolve MEDACS and Allocate (Locum on Duty) –system integration issue-17/10/19
- **E-Job Planning –**
- Establish and confirm project plan and strategy to bring project back on track and meet the objectives of 2019-20-(15/10/19)
- Summarise & Quantify implications for first round of Job Plan consistency checking -TBC
- Complete desktop consistency checking for 30 specialities --TBC
- **Agency cap compliance & Long term locum –**
- Confirm starting dates and recruitment position
- Compile and Confirm savings position

**Issues to Note:**

Project Steering Groups have been meeting regularly throughout the summer, but medical workforce board has been postponed – next meeting due on 17<sup>th</sup> October 2019.

**E-Job Planning:**

Doctor's Rotation and annual leave in August has contributed to slippage in some of the projects, mainly E-Job planning consistency checking. Project resource was realigned to support consistency checking exercise and get project back on track for end of September 2019. Project is still off track, a meeting with Management Lead and Project team is planned on 15<sup>th</sup> October to reassess project plan and mitigating actions.

**Locum On Duty:**

There is an issue with MEDACS and Allocate IT system integration. This is affecting the ability to mirror the current booking and communication process with MEDACS for booking agency locums once locum on duty system is live. A proposal to manage agency locum outside the Locum of Duty system within existing processes is being firmed up to make up for the system integration issue. An exception report will be submitted to Programme Board on 17/10/19.

Unit/Service	Recruited	Started in Post
Morrison/Medicine	15	9
Reserve candidates are being reviewed for remaining 5 vacancies. Post have also been put forward for the 2019 BAPIO initiative		
Morrison/Radiology	1 x NHS Locum doctor recruited	Due to start in November 3x long term agency locum remain
Singleton/Oncology	Oncology-2x substantive consultant recruited	1x due to start in November 1 x joining date TBC after exam results 18/10/19
NPT/Medicine	3 x substantive recruitment completed via Medacs permanent; All (3x Long term locum) to exit in November	1x started 23/09/19 Remaining two due to start in November and December
MH&LD	2 x Speciality doctor recruited	1 Due to start Nov 1 Needs IFLTS starting date TBC

**Scheme Name**

**Savings Anticipated 2019/20**

**Savings Anticipated fye**

**Executive Sponsor**

**Delivery Confidence**

**Identified Objectives**

**Top of Licence Working**

- The implementation of Band 3 and Band 4 Assistant Practitioner Roles within the Health Board.
- Standardised core job descriptions including Unregistered Healthcare Workforce / Registered Nursing/ Midwifery Workforce.
- Identify workforce re-design projects, and enable the sharing of this learning to facilitate upscaling.

**Efficient Nursing Workforce**

- Implement the 'E-Roster' system for the nursing workforce within all the Service Delivery Units.
- Implement the 'Efficiency Framework' for Nursing Rostering in all Service Delivery Units.
- Monitor KPI compliance against the Nurse Rostering Policy.
- To implement the 'Safe Care' module in the Service Delivery Units.

**Enhanced Supervision**

- Identify the usage for Enhanced Supervision in hotspots areas within hospitals.
- Implement a Health Board Framework for Enhanced Supervision.
- Evaluate the Quality and Care for patients requiring Enhanced Supervision.
- Reduce the number of avoidable Enhanced Supervision additional requests (which are above the normal substantive budgeted establishments).

**Key milestones this month**

**(A) Top of Licence Working**  
 Recruitment activity for the Assistant Practitioners :  
 Training of the Band 4 roles (**Started on October 7th. Inducted into clinical areas in December 2019**)  
 Recruitment of the Band 3 Trainee Assistant Practitioner (**Role advertised in October 2019**)

- Continue the Induction Process on the wards for the recently graduated qualified nurses (**Supernumerary during October 2019**)

**(B) Efficient Nursing Workforce**

- Progress the refresh / implementation of E-Roster System in Gorseinon, Neath Port Talbot (Theatres), Singleton (Maternity) (**October 2019**)
- Development of the Efficiency Plan based of the published 'Insight Report'. (**October 2019**)

**(C) Enhanced Supervision**

- Workshop at Neath Port Talbot to launch the finalised 'Enhanced Observation and Support Framework'. (**October 2019**)
- Implement an Action Plan following the completion of the 'Point Prevalence Audits' during September and October in the 4 hospitals. (**October 2019**)

**Achievements this Period**

- ✓ Recently recruited Graduate Student Nurses commenced their roles in the Hospitals.
- ✓ Metrics Tracker implemented for the three Nursing HVO Work-Streams.
- ✓ Trial of the 'Enhanced Observation and Support Framework' undertaken in Singleton, Neath Port Talbot and Morriston Hospitals. Framework document completed following consultation process.
- ✓ Standard Operating Procedures published for the Nurse Rostering Scrutiny Process in the Service Delivery Units.
- ✓ Delivery confidence of Nursing HVO project remained on Green.
- ✓ Band 4 Assistant Practitioner role - 5 successful candidates commenced training.
- ✓ Allocate 'Insight' Presentation with key stakeholders completed. (**October 8<sup>th</sup>**)

**Actions for next period**

- Progress the recruitment process for the Band 3 Trainee Assistant Practitioner roles. Advertise role / shortlisting. (**October 2019**)
- Enhanced Supervision – Develop the Action Plan following the completion of the 'Point Prevalence Audits' within the 4 Hospitals. (**October 2019**)
- Develop a Action Plan following the Allocate 'Insight' Presentation on **October 8<sup>th</sup>**.
- Proactively monitor the Metrics Tracker for all three work streams activities to identify cost reduction opportunities. (**October 2019**)
- Progress the 'E-Roster' refresh and implementation activity in the Service Delivery Units, as illustrated in the Project Schedule (**October – December**).
- Finalise the focused analysis of the 'Outliers' for the use of agency staff requests for Enhanced Supervision. (**October 2019**)
- Seek further opportunities for workforce re-design for nursing, to enhance care provision.

**Scheme Name**

Therapies

**Savings Anticipated  
2019/20**

£0.1m

**Savings Anticipated  
fye**

£0.1m

**Executive Sponsor**

Chris White, Chief Operating Officer

**Delivery Confidence**

Amber

**Identified Objectives**

- Consider optimum models for therapy services structures that will drive quality, value and efficiency.
- Design and deliver the optimum model
  - Deliver new structures/reporting lines (Stage 1)
  - Work with Heads of to identify efficiencies/improvements within those new structures (Stage 2)
- Identify opportunities to enhance efficiencies through new ways of working (ongoing)

**Key Milestones**

**Stage 1**

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

**Stage 2**

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

**Achievements this Period**

**Savings**

- ✓ Anticipated savings of £65k (framework for agency spend) – framework now operational and actual spend currently being calculated and tested
- ✓ £17k savings from Jun '19 to date from held posts

**Actions**

- ✓ Preliminary risk assessment of proposed changes at Stage 1 completed by HofS
- ✓ Initial feedback on proposed changes at Stage 1 gained from Finance BP's
- ✓ HoS JD review completed and generic JD drafted for review

**Actions for next period**

- Proposal to SLT on new model, informed by broader engagement exercise on structures (October)
- Put additional HoS oversight/approval process for all therapy recruit't in place (October)
- Risk assessment feedback to be collated and reviewed (inc FBP feedback) (October)
- Preliminary future service models identified by Heads of Service (October/November)
- Further work on change processes, including assumptions on financial assumptions and rules for transfer (ongoing)
- Identify the additional savings achieved, prompted by the HVO work, through changes in workforce role (recognising need to avoid double counting as these may be counted against BBC pressures) (ongoing)

**Scheme Name** Value & Variation – 8<sup>th</sup> October 2019

**Savings Anticipated 2019/20** 0

**Savings Anticipated FYE** £0

**Executive Sponsor** Dr Richard Evans

**Delivery Confidence** Amber (Value) /Red

**Identified Objectives**

- To identify variation against national & local benchmarks and drive down unwarranted variation in clinical services
- To establish and develop the Health Board approach to Value Based Healthcare that will improved patient outcomes and drive better resource utilisation and deliver quantifiable benefits from the prioritised 5 value projects
  - To ensure that the Board is adhering to national and local policies in respect of Interventions not normally funded and 'Do not Do's'

**Key Milestones**

- Variation:**
- Reviewing variation opportunities, as part of the High Value Opportunities – relooking at original analysis in relation to £2m savings opportunity and recasting in light of more recent analysis
  - Initial response to Welsh Government on the Summary of Opportunities drafted (with Chief Executive for sign off)
  - Stock take of procurement savings work plan and delivery
- VBHC:**
- 18 month rolling programme with FDU to be developed
  - DrDoctor proof of concept – on track to go live early November
  - Action Plan for Visualisation & Dashboards to be developed, collaboration with FDU
  - Aligning VBHC with wider HF CSP project
  - Standarising our approach for temporary adhoc PROM collection
  - Assess feasibility of pipeline future projects e.g. dietetics, speech & language, TAVI etc.
  - Seeking direction from National VBHC team on procuring a scalable PROM solution

**Achievements this Period**

- Variation:**
- ✓ Analysis of National Efficiency Framework completed and circulated to Units and Executives for review
  - ✓ Completed variance mapping exercise (volume, cost, risk)
- VBHC:**
- ✓ Two DrDoctor workshops conducted on 10<sup>th</sup> Sept & 7<sup>th</sup> Oct – lots of clinical engagement for OP & Heart Failure
  - ✓ Collaboration with National VBHC team and NWIS: Fortnightly catch ups, 3 year Action Plan
  - ✓ Roadshows for VBHC: presented to primary & community services forum and NPT SMT, to also attend SMT's at Singleton and Morriston
  - ✓ ELP Business case sent to scrutiny Panel – responding to feedback to be submitted at November's Scrutiny Panel
  - ✓ ELP Poster Abstract being presented at Welsh Public Health Conference Oct 2019
  - ✓ Two further abstracts submitted to 1000 Lives Conference (Heart Failure & ELP)
  - ✓ Collaborating with FDU: identified leads, define project plans, shadow working, Intro meeting
  - ✓ Presented at VBHC COP on 25<sup>th</sup> Sept 2019
  - ✓ Assess feasibility of pipeline future projects (Dietetics, Speech & Lang, patient Co-Production, Pneumonia, Tavi outcomes)
  - ✓ Heart Failure Dashboard developed and shared with clinicians – following feedback further development work to be undertaken
  - ✓ Aligning with NWIS infrastructure and National PROMs team
  - ✓ INNU review completed and report to be shared at Value & Variance Board

**Actions for next period**

- Variation:**
- Sign off HVEG Terms of Reference
  - Present National Efficiency Framework opportunities to Board Development session on 31 October, in conjunction with Finance Delivery Unit, and provide an update on next steps and progress
  - Securing access to National Efficiency Framework for Integrated Planning Group members
  - Agree integrated work programme for HVEG
- VBHC:**
- Develop 18 month rolling programme with FDU
  - DrDoctor proof of concept – go live early November
  - Develop Action Plan for Visualisation & Dashboards
  - Understand VBHC resource requirement for Heart Failure pathway
  - Agree & Develop a workaround plan to provide a standard approach for temporary adhoc PROM collection
  - Assess feasibility of pipeline future projects for dietetics, speech & language and TAVI stents
  - Continue to seek direction from National VBHC team on procuring a scalable PROM solution

**Scheme Name**      Outpatient Modernisation

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

**Additional new  
Income received  
into HB to cost  
avoid in 2019/20**      £500K

**Cost Avoidance  
Savings fye**      TBC

Amber

**Identified Objectives**

- Validation of existing Follow up patients
- Introduction of revised definitions around Virtual Clinics / Self Managed Care / PROMs
- Through IMTP - remove all patients waiting with a 100% target date following review
- Continue with Texting Reminder service for a further 12 months to reduce DNA rates.
- Greater use of "see on symptom" criteria.
- Managing demand with improved Primary care interface / reviewing referral variation across specialties and practices.

**Achievements this Period**

- ✓ Commence implementation of the additional investment secured from Welsh Government to improve activity around validation and meet outpatient FunB targets in the following areas:
- ✓ Validation Team and clinical Validation
- ✓ ADOPT Team
- ✓ AMD Optometry sessions
- ✓ Restorative Dentistry
- ✓ Gynae-Oncology
- ✓ Epilepsy Coordinator
- ✓ PKB Coordinators
- ✓ Refreshed Outpatient Transformation Board to meet on the 14<sup>th</sup> October.

**Key Milestones**

**Validation**

- Recruit Validation team and Backfill – **Q2 – completed and in place**
- Address immediate impact data recording – **Q2 – Complete**

**Text reminder Service**

- Produce updated review paper for potential investment/ recommendations – **End Q4 – Informatics lead is taking this forward**

**Clinical Leadership**

- Appoint Clinical Lead and Chair of the Outpatient Modernisation Board - Completed
- Appoint a Project Manager to support the delivery of the modernisation agenda – funded via ADOPT funding.

**Actions for next period**

- Fully implement action and arrangements for the key projects which have been funded and to progress validation changes as agreed.
- Set and monitor new delivery unit trajectories - New / follow ups and DNA rates
- Agree Clinical further engagement / refreshed Outpatient Modernisation Board / Agree Job Plan for Clinical Chair and his time commitment
- Initiate broader discussion on transformation potential linked to digital solutions and scope out potential for a broader approach to PKB roll out
- Implement Outcome form to accommodate revised Cancer Single Pathway outcomes from clinic
- Review next steps and future actions

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

**Savings Anticipated 2019/20** £0.5m

**Savings Anticipated FYE** £tbc

**Executive Sponsor** Chris White/Brian Owens

**Delivery Confidence** Green

**Identified Objectives**  
**6:4:2**

- Increase booking of theatres to deliver a HVO opportunity of £0.5m.
- Increase planned utilisation of theatre sessions
- 6:4:2 - Compliance with an agreed '6-4-2' process
- Agree & Implement SOP for cancellation and reutilisation of lists

**HCSE**

- Establishing a live demand and capacity model for theatres based on Healthcare systems' engineering principles for signing-off the financial benefits associated with the project, facilitate developing a unified theatre work plan and workforce plan, establish the current capacity and the current activity based on the current case mix/speciality, measure against the target theatre utilisation of 87%.

**Site Specific Changes-**

- Understanding the RTT Sustainability Plan and impact on demand on theatres.
- Move low risk Orthopaedic procedures to the most appropriate site from Morrision based on the CSP.
- Releasing the capacity from Plastics to be re-utilised.

**Key Milestones**  
**6:4:2**

Dashboard and Process live and operational –September 2019 (complete)

**Demand and Capacity**

- Complete demand capacity gap analysis-25/10/19

**Site Specific Changes- Singleton Trolleys**

- Go live date for trolleys in Singleton – 1<sup>st</sup> September (Completed)
- Establish activity plan -25/10/19

**HCSE**

- First onsite surgical flow practical skills workshop 12/9/19
- Initial scoping and detailed plans established 25/10/19
- First HCSE Sprint complete Nov-2019

**Achievements this Period**  
**6-4-2**

- ✓ Clinical engagement exercise completed on 16<sup>th</sup> September (Meeting with Surgical Clinical Leads and Clinical Directors , Process and Dashboard demo) (A separate demo of process and dashboard also carried out for Anaesthetic and Theatre staff teams)
- ✓ 6:4:2 Process and dashboard live from 9<sup>th</sup> September , Positive feedback from all DU theatre project leads , Weekly booking % measures are expected to show improvements over next two months.

**Site Specific Changes**

- ✓ **Singleton Trolleys** : Estate works and recruitment process for trolley area has been completed. Trolley area is now operational with temporary staffing plans in place. Trolley area was established to overcome under booked theatre sessions at singleton this was especially pertinent for general surgery. A plan of activity to utilise this is outstanding and will be presented to SSTRG by surgery service group on 25/10/19
- ✓ **Transfer of Activity to NPTH:** Clinical engagement meeting to discuss proposal to move appropriate Orthopaedic activity (ASA grade 1 & 2) to move to NPTH took place on 16/09/19. A consensus has not been reached , A plan to conclude initial proposal or develop other options is being worked through.

**Demand & Capacity**

- ✓ SIP list based workforce modelling completed for Anaesthetics, Singleton and NPTH theatre staff. Same is due to be completed for Morrision (25/10/19).This piece of work will inform of the Workforce **Capacity** and will need to be compared with **Demand** assessment to understand the gap.

**HCSE**

- ✓ First onsite surgical flow practical skills workshop held on 12<sup>th</sup> September. The purpose was to raise awareness of how HCSE works.
- ✓ Three focus areas have been agreed to focus on initial 3 sprints (6 week cycle) (Pre-assessment clinic, Cataract theatre, Urology theatre)

**Actions for next period**  
**6-4-2**

- Issues, Progress and Improvement monitoring baselining -25/10/19

**Site Specific Changes**

- **Singleton Trolleys:** Establish activity plan in line with initial scoping assessment 25/10/19
- **Transfer of Activity to NPTH: TBC**

**Demand & Capacity**

- Complete SIP list based workforce modelling for Morrision DU to complete Capacity assessment
- Completer demand assessment and gap analysis

**HCSE**

- Second onsite surgical flow practical skills workshop on 24<sup>th</sup> October
- Complete HCSE elements of project plan and documentation in line with PMO standards 22/10/19
- Complete first HCSE sprint-Nov 2019

**Scheme Name**

Hospital to Home

**Executive Sponsor**

Gareth Howells, Director of Nursing & patient Experience

**Savings Anticipated 2019/20**

nil

**Savings Anticipated fye**

£

**Delivery Confidence**

Amber

**Identified Objectives**

- Earlier discharge will be facilitated through service redesign supporting individuals to return home to their communities and reducing deconditioning in hospital
- Care will be provided through an enabling ethos that recognises the importance of people managing their own health and wellbeing
- Ensure care packages are appropriate before being put in place, preventing over prescribing of social care over long periods of time
- Manage our resources to deliver best outcomes for people within the resources available, enabling our care system to be financial viable.

**Funding**

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

**Key Milestones**

- Draft and agree discharge 2 assess operating model – Q2
- Agree discharge timeline and operational measures – Q2
- Scope information and ICT requirements including staff mobilisation – Q2
- Draft and agree operational policy including new discharge timeline – Q2
- Develop and agree West Glamorgan definition of a trusted assessor – Q2
- Develop and agree West Glamorgan trusted assessor competency framework based on the skills identified from Hospital 2 Home Service Development - Q2
- Phase 1 Hospital 2 Home service implemented - Q3

**Achievements this Period**

- ✓ Adults Transformation Board on 18<sup>th</sup> September with the following agreements made;
  - Approval to proceed with the recruitment of all the posts outlined in section 7.
  - Endorsement of the Regional Core Principles for Hospital 2 Home Pathway
  - Endorsement of the three pathways that will form the Discharge to Assess Operating Model
  - Agreement of the proposed programme management arrangements for Optimal Model Review to be undertaken through Hospital 2 Home for the regional development work required
- ✓ Scoped information and ICT requirements including the use of SIGNAL to support delivery.
- ✓ Rolling programme of staff awareness sessions to be held across all Hospital Sites and Local Authorities.
- ✓ West Glamorgan definition of trusted assessor developed
- ✓ Trusted Assessor Model and Competencies developed.
- ✓ Process mapping for pathway one and two completed with partners to enable timely discharge
- ✓ Discharge timeline agreed for pathway one, two and three.

**Actions for next period**

- Standard Operating Procedure for Hospital 2 Home to continue to be developed with partners input into requirements.
- Rolling programme of staff awareness sessions to be held across all Hospital Sites and Local Authorities.
- SIGNAL specific requirements to be jointly drafted with Local Authorities.
- Further demand and capacity modelling on the impact of Hospital 2 Home on District Nursing.
- Patient outcome measures of success to be agreed to form evaluation and monitoring
- Joint communications to staff to be published on all intranet sites
- Trusted Assessment training programme to be finalised.

**Scheme Name**

Pharmacy and Medicines Management

**Executive Sponsor**

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

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

PC data N/A yet  
SC- £1.02m  
(Aug)

**Savings Anticipated (FYE)**

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

**Delivery Confidence**

Amber

**Identified Objectives**

- Identify and implement drug switching initiatives in acute care areas to reduce overall drug spend.
- Support the Health Board’s biosimilar strategy to switch patients to the most cost effective biologic product.
- Implement optimal procurement of medicines as agreed via the All Wales Drug Contracting Committee.
- Ensure a robust financial process is in place to manage complex patient access schemes with new medicines.
- Savings in primary care prescribing to offset growth/ anticipated cost pressures.

**Key Milestones**

- Improving HB performance against AWMSG National Prescribing Indicators (Mar20)
- Recruitment of Consultant Antimicrobial Pharmacist (reduce volume & spend on ABx, reduce use of broad spectrum ABx) (Oct19)

**Achievements this Period**

- ✓ Delivery of investment bid savings & acute savings.
- ✓ Submitted BC for Innovate to Save Homecare Medicines for Wales service to WG.
- ✓ Agreement with Diabetes workstream to undertake biosimilar switch and insulin reviews if DSN investment provided.
- ✓ Recruitment of Consultant Antimicrobial Pharmacist & Lead for Training & Education
- ✓ Advertising for Integrated Antimicrobial Pharmacist posts and PC prescribing advisor.
- ✓ Submission of Pharmacy Winter Planning bid.
- ✓ SLA review meeting with CTM. 6-month notice given on MH SLAs will support capacity issues in Cefn Coed team.

**Actions for next period**

- Recruitment to Mental Health Pharmacy Transformation bid (JV/SJ-31.10.19)
- Recruitment for Care home ATO posts (RN-31.10.19)
- Cardiac MM work- Medicines Optimisation, Ticagrelor r/v, Pharmacist clinic BC (DH/HJ- 31.11.19)
- Review of Pharmacy Ward Services at Morriston and Patient Prioritisation Work (RW-31.10.19).
- SBAR to MM financial recovery meeting with Execs to support DSN investment to release Diabetes savings (RW/RN- 31.10.19).
- Work with KMPG to further interrogate HVO in Pharmacy & Medicines Management (JV-31.10.19).
- Further work with WFI & NPTU to unblock homecare issues.

**Scheme Name**

Procurement Work stream

**Executive Sponsor**

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

**Identified Objectives**

**Total Bed Management (TBM):**

- Implementation of new Total Bed Management contract to commence 27<sup>th</sup> March 2021 having reviewed current contract, established current requirement and considered future needs.

**Quality Value Cost (QVC):**

- Local & All Wales Procurement Savings – Under Review
- QVC Tier 1 Savings Opportunities (Clinical) – Under Review

**Sustainable Travel (STS):**

- Deliver a Sustainable Travel Solution (STS) for internal staff travel that complies with the Wellbeing of Future Generations Act (2015).

**Automated Stock Management (ASM):**

- Implementing of an automated stock control management process within SBUHB acute hospital sites' in their anaesthetic / theatre activity areas to support more efficient and effective medical consumables stock management practices and investment to save economies.

**Key Milestones**

**Total Bed Management (TBM):**

- Requirements gathering / Bed Audit – **Oct 2019**
- Options Workshops – **Oct-Nov 2019**
- Procurement processes for tendering based on preferred options and indicative value of contract – **Nov 2019 onwards**

**Quality Value Cost (QVC):**

- Morryston QVC Clinical Engagement area meetings – **Oct 2019**
- Complete Bariatric hiring piece of work for DST– **Oct 2019**

**Sustainable Travel (STS):**

- Deep dive analysis on high usage users – **Oct 2019**
- Journey profiles using post code data – **Oct 2019**
- Project Board meeting and discuss next steps– **Oct 2019**

**Automated Stock Management (ASM):**

- Contract Award & start – **October 2019**
- Equipment Deliveries – **Dec/Jan 2019**

**Actions for next period**

**Automated Stock Management (ASM):**

- Award tender to supplier
- Work up detailed project plan and timelines
- Identify staging area for equipment in Morryston Hospital

**Actions for next period**

**Sustainable Travel (STS):**

- Schedule next STS group meeting to present findings to wider group and take feedback
- Drill down analysis on DST areas of focus (High Mileage users)
- Gain clarity on how analysis will feed into larger strategy lead STS project
- Agree next steps with SRO

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

Under Review

**Savings Anticipated (FYE) Delivery Confidence**

Under Review

Amber

**Achievements this Period**

**Total Bed Management (TBM):**

- ✓ Completed Bariatric Hire analysis including equipment not currently on ledger
- ✓ Meeting scheduled for 17<sup>th</sup> October with Procurement and 1<sup>st</sup> Call Mobility to try and secure an immediate reduction on hire charges
- ✓ Sub-group requirement gathering met on 24<sup>th</sup> September to discuss requirement gathering phase and plan

**Quality Value Cost (QVC):**

- ✓ 579k Procurement Cash Releasing Savings / £117k (73k QVC T2) Cost Avoidance YTD
- ✓ Escalation taken place with Dean Packman service lead for 3-4 areas of Morryston where Clinical Engagement hasn't happened
- ✓ Escalation taken place with Hannah Rix service lead for 1-2 areas of Morryston where Clinical Engagement hasn't happened
- ✓ Met with Endoscopy colleagues to discuss clinical spend
- ✓ Liaised with Stents clinical colleagues and All Wales central sourcing colleagues to make sure the new Stents deal is completed and savings realised (£21k approx.)
- ✓ Agreed and implemented new Benchmarking process within Procurement that will utilise the discoveries of the QVC T1 project benchmarking and the monthly central sourcing opportunities and track each opportunity to completion. In year benchmarking savings increased from estimated £2k to £50k

**Sustainable Travel (STS):**

- ✓ Accessed journey post code data which will help with additional analysis on where staff travel journeys are post prominent
- ✓ Presented 1<sup>st</sup> cut of analysis (excluding post code) to Deputy DoF and Deputy DoTransformation
- ✓ Analysed data further based on feedback from DoF & DoTransformation
- ✓ Met with DST Finance lead and agreed next steps of analysis

**Automated Stock Management (ASM):**

- ✓ Tender evaluations submitted to Head of Procurement
- ✓ Project Board taken place 9<sup>th</sup> October
- ✓ Memo created by Head of Procurement and submitted to Execs for approval
- ✓ Facilitated Morryston FBP being added to Project Board

**Actions for next period**

**Total Bed Management (TBM):**

- Meet with 1<sup>st</sup> Call Mobility on 17<sup>th</sup> October to discuss discounts
- Draft paper for CFC on purchase of Bariatric equipment
- Start Business improvement work around hiring
- Schedule all Project Boards to end of project
- Complete requirement work
- Make contact with C&V colleagues who have undertaken similar project and get lessons learn log and anything else they can share

**Actions for next period**

**Quality Value Cost (QVC):**

- Continue escalation with Service leads to schedule remaining clinical meeting's 8 of 13 areas still to clinically engage
- Investigate any Supplier meet for Benchmarking opportunities with Head of Procurement
- Realise Stent saving onto Procurement tracker
- Work through Endoscopy data cleansing in line with help from clinical colleagues
- Modify data packs based on feedback from Clinical colleagues for current and future work
- Meet with Endoscopy colleagues to present cleansed data and explore opportunities