IMTP Draft Capital Plan 20-21

Financial Management Group
19th February 2020

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Status of Draft IMTP Capital Plan 20-21

- Presented to IBG November and December
  - Major financial pressures, particularly within digital and estates infrastructure
  - IBG requested options to bring into balance
- Latest plan has been updated for;
  - Latest Capital Prioritisation Group requests from replacement assets from units, who have prioritised and linked to IMTP priority areas (Scheduled Care, Unscheduled Care, Cancer & HCAIs)
  - Additional WG Capital Slippage received £1.827m
  - Health Board Unit IMTP Prioritisation include;
    - Tier 1 Delivery (where cost estimates available)
    - Tier 2 included as a pipeline with the caveat that they can only proceed if can be supported through existing budget or a Business Case is supported or where external funding becomes available (below the line in the plan)
    - Tier 1 Choices (below the line in the plan)
    - Digital (below the line in this plan)

Options to Bring Financial Plan into Balance

- Plan provides 3 options to bring the 20-21 capital financial plan back into balance

Option 1 Retains all high risk replacement equipment and Tier 1 investments where information available to quantify requirements

Position OVER-COMMITMENT £11.8m

Option 2 Removes all high risk scores of 16 £3.304m

Position OVER-COMMITMENT reduced to £8.5m

Option 3 Maximises realistic AWCP Funding Opportunities of £8.5m

Position BALANCED

Summary Position with Options to Balance

Allocation Headings	Baseline	Less Additional discretionary funding provided in 19-20	Less WG Income for Prior Year Costs	Less Approved Funding (WG AWCP, ICF etc)	Less Other Potential Funding Sources (AWCP, ICF etc)	Less Moderate Risks [9 to 15]	Less Low Risk /Unclassified [1 to 8]	Option 1 No Action Net Discretionary Requirements	Less High Risks [16]	Option 2 Only Risks 20 & above Net Discretionary Requirements	Maximise AWCP (no WG Agreement at this stage)	Option 3 Maximise Realistic AWCP Funding Oppourtunities Net Discretionary Requirements	Potential WG Funding for items deferred
	£000												
PART A - FUNDING & EXPENDITURE COMMITMENTS													
A. DISCRETIONARY FUNDING & DISPOSAL INCOME	11,682	-80	0	0	0	0	0	*11,602*	0	11,602	0	11,602	0
SUB TOTAL FUNDING (PART A)	11,682	-80	0	0	0	0	0	*11,602*	0	11,602	0	11,602	0
B. DISCRETIONARY SCHEME COMMITMENTS B/F 2020-21	550	0	0	0	0	0	0	*550*	0	550	0	550	0
C. DISCRETIONARY SCHEME APPROVED COMMITMENTS 2020/21	7,265	-500	0	-1,409	0	0	0	*5,356*	0	5,356	-1,000	4,356	0
SUB TOTAL EXPENDITURE COMMITTMENTS (Part A)	**7,815**	**-500**	**0**	**-1,409**	**0**	**0**	**0**	***5,906***	**0**	**5,906**	**-1,000**	**4,906**	**0**
TOTAL ESTIMATED NET -UNDER / OVER COMMITMENT (Part A)	**-3,867**	**-420**	**0**	**-1,409**	**0**	**0**	**0**	***-5,696***	**0**	**-5,696**	**-1,000**	**-6,696**	**0**
PART B - FUNDING REQUESTS													
D. DEPARTMENTAL REFRESH ALLOCATION	29,582	-660	0	-2,820	-8,866	-6,906	0	*10,330*	-2,776	7,554	-2,366	5,188	-2,310
E. DISPOSAL COSTS	200	0	0	0	0	0	0	*200*	0	200	0	200	0
F. ALL WALES CAPITAL PROGRAMME BUSINESS CASE FEES	14,765	0	0	-14,329	0	0	0	*436*	0	436	0	436	0
G. UNIT IMTPS (Tier 1)	474	0	0	0	0	0	0	*474*	0	474	0	474	0
H. DIGITAL IMTP	4,489	0	0	0	0	0	0	*4,489*	0	4,489	-4,489	0	0
I. PROPOSED NEW SCHEME - GENERAL (Not in IMTP)	2,871	-219	0	0	-546	-475	-5	*1,626*	-528	1,098	-700	398	0
J. INTERMEDIATE CARE FUND (ICF)	1,032	0	0	0	-1,032	0	0	*0*	0	0	0	0	0
SUB TOTAL EXPENDITURE COMMITTMENTS (Part B)	**53,414**	**-879**	**0**	**-17,149**	**-10,445**	**-7,381**	**-5**	***17,555***	**-3,304**	**14,251**	**-7,555**	**6,696**	**-2,310**
TOTAL ESTIMATED NET -UNDER / OVER COMMITMENT	**49,547**	**-1,299**	**0**	**-18,558**	**-10,445**	**-7,381**	**-5**	***11,859***	**-3,304**	**8,555**	**-8,555**	**0**	**-2,310**
K1. IMTP [Tier 2]	1,733	0	0	0	-100	0	0	*1,633*	0	1,633	0	1,633	0
K2. IMTP [Tier 1 Choice]	350	0	0	0	0	0	0	*350*	0	350	0	350	0

Option 2 Removal of High Risk Scores 16

Department	£000	Assessment	Mitigation in Place
Medical Equipment	1,311	Largest element related to rolling replacement of patient monitoring across Morriston ITU and Anaesthetic Machines in Singleton Theatres	Rolling programme over 2 years, with a Health Board wide procurement currently at the planning stage. Also see option 3 on possibility of WG funding support for full replacement on 20-21
Infection Control/ HSDU	156	Two remaining autoclaves for HSDU Singleton	Significant replacement programme taking place in 19-20, including; - Singleton HSDU in 19-20 £165k to fully modernise all remaining washer disinfectors - Singleton and Morriston HSDU £314k to replace and modernise sterilisers
Ward Refurbishments	1,000	Full ward refurbishments have been replaced with a minimal ward refresh programme due to the lack of a suitable decant area to undertake a full ward closure. Due to bed pressures in 19-20 light ward refurbishments have only been possible in non-bedded areas.	Following completion of the upcoming Estates Strategy and condition appraisal surveys, it has been proposed that a full rolling programme of full ward refurbishments is undertaken, alongside the assessment of the need for a decant facility
Estates	200	A significant increase in estates allocation is being proposed, outside of the PFI lifecycle.	The proposed allocation of £1.560m is in addition to WG investment of £3m in 19/20 on the replacement of the generator ay Morriston, £3.2m on the removal of asbestos in Wards 11 and 12 at Singleton and the next proposed environmental modernisation business case to WG due for submission in 20/21 for £9m to provide a new electrical sub-station at Morriston and replacement of Air Handling Units in Ward and Theatre areas across the main acute sites.
Facilities	500	Prioritised list of investment for car parking facilities would not include proposal to spend £500k providing additional car parking at Gorseinon.	Proposal for £500k for Singleton is to form part of the business case to WG for immediate support to re-provide car parking which will be lost during the removal of cladding. On other sites, including Gorseinon, priorities are to commission sustainable travel plans and alternative travel options.

Option 3 Risks to Assumed WG Funding

Scheme	£000	Assessment	Mitigation in Place	Likelihood of WG Funding
Morriston Access Road Design	1,000	Initial positive conversations commenced with WG on brokerage	None	Medium
Medical Equipment (Patient Monitoring)	1,862	No detailed conversations have taken place with WG.	Mitigation in place to ensure replacement of patient monitoring across Morriston ITU and Anaesthetic Machines in Singleton Theatres – c£1m, which is included within the £1.382m minimum investment in the plan for 20-21 without the £1.8m WG investment, with the remainder spread into 21-22. Plan is to undertake a single procurement to achieve value for money.	Medium
Infection Control. HSDU Morriston Air Handling Units (AHU)	504	Could form part of Environmental Modernisation BJC 2.2 due for submission late Summer 2020.	Mitigation in place to ensure that should Morriston AHU fail, services could be undertaken at Singleton. £100k within plan to undertake enabling works at Singleton and sufficient capacity in the Singleton Unit in place with 5 new Washer Disinfectors due for delivery in March 20	Medium
Digital	4,489	Digital is yet to be prioritised – Matt has been advised to bring a paper to IBG – at the moment they are described as - doing them 'subject to funding'. Assumes funding is available from the National Digital Priority fund	None, except assumes they don't take place without external funding	Unclear
Refurbishment of Ystalyfera Clinic	700	Was included in original unit IMTPs pre-xmas. Not included as Tier 1, Tier 2 or Tier 1 choices. Included as scheme being developed on basis that no other premises are available. Could try the Primary Care Pipeline	Out to CHC review and with design and tender period, may be a short-term option to use some of Ystalyfera and rooms in other premises, to undertake scheme in 21-22 discretionary programme or WG	Unclear

Prioritisation of Unit IMTPs – Tier 1 Schemes with Proposed Allocations

G. IMTP [Tier 1]	Funding Source	20-21 Funding £000
MH & LD		
Perinatal Mental Health Unit (Mother & Baby)	AWCP	**1,466**
Morriston		**0**
Implement sustainability plan for Pancreatic surgery	Discretionary	**46**
Expansion of the SWW Spinal Surgery Service in Morriston Hospital to deliver emergency and unscheduled service, to include MSCC pathway.	Discretionary	**204**
Singelton		**0**
Implement TCU for Neonates.	AWCP	**1,549**
Introduction of Digital slide scanning. in Pathology.	Discretionary	**24**
Diagnostic level SPECT-CT imaging, Cancer Centre	AWCP	**2,793**
Procure and implement central monitoring to safely monitor the babies wellbeing in labour	Discretionary	**200**
Total		**474**

Prioritisation of Unit IMTPs – Tier 1 Schemes with No Proposed Allocations

Morriston	**Singelton**
Continue to explore options for the relocation of TAU from vanguard	ARCH Pathology Development for SW Wales at Morriston
Develop and implement a backlog reduction plan for long waiting cleft patients waiting for secondary surgery	Decant Child Health Dept Central Clinic to Singleton Site.
Develop and implement a range of RTT sustainability plans for Urology/Plastic surgery hand service	Deliver sustainable regional paediatric ophthalmology services in collaboration with Hywel Dda.
establishment of 2 all day theatres to support delivery of treatment for long waiting general surgery cases	Replacement of aging Radiotherapy Equipment (LinB, LinC, LinD and CT), possibly expand to a 5 linac cancer centre in Singleton
Explore with Primary Care the option of relocating paediatric dentistry from Parkway to Morriston Hospital	Rollout community midwives mobilisation project
Implement sustainable pancreatic surgery service	**PC&CS**
Implement the Trusted Assessor model across Swansea Bay - Pathway 1 implement an ESD model	Develop integrated Wellness Centres in Neath Port Talbot
Scope the opportunity to create a south west wales regional thyroid surgical service	Identification of prudent foot casting pathway model
Single Thoracic Surgical Centre for South Wales (full MDT requirements).	Vulnerable groups: improve equity and access to special care dentistry required under a General Anaesthetic
MH & LD	Review of the Pain Management Programme Model
Development of service model and implementation of single point of access for primary and secondary mental health services	
Implementation of revised stepped model of care for the delivery of high intensity and low intensity psychological therapies.	
Remodelling of inpatient and community services for older people with MH problems including business case for reduction of inpatient capacity.	

Prioritisation of Unit IMTPs – Tier 2 Schemes with No Proposed Allocations

Morriston
Convert equipment room on ultrasound capacity
Create a comprehensive plan for a sustainable service model for emergency and elective orthopaedic services in SBUHB including exploring the relocation of elective operating from Morriston Hospital to NPT or creation of a vanguard unit in Morriston Hospital
Create an integrated SNB service for head and neck oral cancers in line with NICE guidance. The service needs to be a collaboration between Plastic Surgery and OMFS
Creation of patient isolation facilities for critical care
Develop a plan for the creation of a sustainable service for sentinel Node Biopsy for Malignant Melanoma
Develop a Post Anaesthetic Care Unit (PACU) for higher care support for agreed cohort of elective surgical cases
Develop a single point of access for urgent care needs - Develop proposal for a single point of access for urgent and emergency paediatric pathways in conjunction with Singleton Hospital Delivery Unit and confirm phased implementation timeline
Develop and implement a plan to create a hybrid theatre in Morriston Hospital to support delivery of clinically effective and efficient treatment to the patient population of south west wales.
Develop business case for the replacement of third cardiac catheter laboratory
Develop consultant, fund and implement a plan to move Acute Medicine from Singleton Hospital and co-locate it on the Morriston Hospital site.
Development of a sustainable service and infrastructure plan for the delivery of vascular laboratory diagnostics for the south west wales patient population - to include location of lab, management arrangements for the lab and regional opportunity for service configuration
Establishment of Upper GI Bleed service -including the requirement for endoscopy nursing on call element of the service - Implementation Feb 2020
Explore options to centralise HSDU service in one location
HASU model developed and implemented including direct admission protocols, straight to CT pathways, ring-fenced capacity for stroke including specialist beds, Developing of nurses on Ward F to cover Ed strokes, specialist stroke nurse 24/7 - Action will be delivered through the phased implementation plan being developed for HASU
Implement sustainability plan for Pancreatic surgery - Explore option of developing a EUS service to support pancreatic surgery pathway based in Morriston Hosptial in response to service sustainability issues in Singleton Hospital
MHDU Equipement requirements at a risk score of 16 across a range of clinical services
MHDU Equipment requirements at a risk score of 15 across a range of clinical services
Need to create system for Zylab access which is compliant with Information Governance requirements
PROMS and PREMS being implemented for urology and ENT patient pathways through the National Planned Care Programme
Scope opportunity to develop robotic surgery in SBUHB
Undertake demand and capacity modelling of diagnostic services across clinical pathways to ensure services are sustainably "right-sized" - Service sustainability plan being developed for cardiac CT and MR (ARCH Regional Cardiology)

P&CS
Development of Podiatry led community vascular diagnostic service in line with Limb at Risk pathway
Singleton
Co-production service for personalised Assistive Technology - an additional Rehab Engineering service
Create extra consultant office space and dissection benches on the Morriston pathology footprint.
Expansion of SWWCC to add a 6th Linear Accelerator Bunker
Introduce Paediatric Ophthalmology Telemedicine service for the ROP Screening of babies.
Nuclear Medicine Network (allowing storage, image reconstruction, reporting anywhere, etc.)
PET facility in order to provide clinical PET-CT imaging at the Singleton Hospital site for oncology patients requiring diagnosis, staging and treatment response. A fixed site facility is required and a mobile scanner to be supplied as an interim solution
Stereotactic Radiotherapy (SBRT)
Undertake capacity and demand analysis for hysteroscopy.
Workforce review within Palliative Medicine to support palliative care across the Health Board that lead to improvements.
MH&LD
Development of business case for changed use of LD acute assessment unit (reduction in acute capacity)
Development of business cases for changed operational model for LD Specialist residential services to provide clarity of function and best value.
Development of business justification case for combining community Older people's MH services for Swansea central on single site.
Development of SOC and subsequent business cases for the reprovision of adult acute assessment facilities for Swansea and NPT.
Review of Community Mental Health Team role and function within whole system of MH care and support and implementation of revised operational model.
Scoping and development of business case for development of Women's low secure service as part of gender sensitive service model.

Prioritisation of Unit IMTPs – Tier 1 Choices. Schemes with No Proposed Allocations

Morriston
Development and implementation of a revised service model for acute care medicine in Morriston Hospital - phase 1 ambulatory emergency care (start with 5 day service and phase up to 7 days)
Finalise the capital plan and business case for SDMU/SSS Wrap to deliver an integrated unscheduled surgery service model.
Singleton
Agree process for implementing Transformational Programme Business Case for SWWCC to including supporting delivery of optimal cancer pathway agreed Nationally.
As part of the Transformational PBC - implement the plan to improve capacity within CDU by increasing SACT chair capacity within current CDU foot print.
Continue to plan and implement the LINAC replacement programmes and plan for further bunker and operational LINAC as linked to Transformational PBC.

Prioritisation of Unit IMTPs – Digital Schemes with No Proposed Allocations

Digital Scheme	Estimated Cost £000
WCCIS - Deployment	1,204
HEPMA - Morriston	90
Data centre reconfiguration	1,070
Dental referrals	100
Digital Dictation	200
Digitisation of nursing documentation	150
Mobilisation	1,000
Single sign on - Smart Card strategy	50
TOMs	125
Patient Flow	500
Total	**4,489**

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

Swansea Bay UHB

Draft Financial Plan 2020-23

caring for each other
working together
always improving

Key financial assumptions

- Financial analysis is based on the year on year incremental increase or decrease in income and expenditure.
- WG allocation for 2020-21 based on 2% general uplift to support in year pay and prices growth. Allocation also makes £10m additional funding recurrent.
- WG allocation assumes the move to the new Needs Based allocation will be fully implemented over a 5 year period starting in 2021-22 – this has not been confirmed by WG.
- Bed model across the three years is based on our current position.
- There are unavoidable costs but alongside this are number of investment choices. Investment choices are kept within our demographic growth assumption.
- The cost improvement programme is being worked through linked to the KPMG work – the scale of savings is significant.
- Further work is required over the coming weeks to test and refine our assumptions.

Summary Financial Plan

	2020/21 £m	2021/22 £m	2022/23 £m
2020/21 Underlying Deficit	28.0	27.1	15.6
Inflationary/Demand Pressures	37.5	27.6	27.2
WG Allocation Uplift	-21.6	-15.1	-15.4
Investment Commitments	6.2	0.0	0.0
Planned Savings	-23.0	-24.0	-24.0
Year-end Forecast Prior to Performance/Service Demand Investments	**27.1**	**15.6**	**3.4**

Underlying Deficit

Underlying Deficit Assessment	£m
Recurrent FYE Savings Shortfall	0.6
Bridgend Boundary Change	
Diseconomies of Scale	5.4
FYE of Operational Pressures	17.0
Additional Capacity Impact	3.0
Primary Care Prescribing	2.0
2020/21 Underlying Deficit	**28.0**

- The underlying deficit in 2019/20 after the Bridgend Boundary change was £23.3m this excluded in Diseconomies of Scale impact of a further £5.4m.
- The 2020/21 assessed underlying deficit is £28m based on current expenditure run rates**. This effectively means that despite significant recurrent savings delivery in 2019/20, there has been no reduction in the underlying deficit due to the in-year operational cost pressures.**
- It must be highlighted that the unit and directorate underlying position assessments are higher than £28m due to assumption of further increasing of cost base in 2020/21, through filling of vacancies currently not covered and reinvestment of underspends. This will be tested and challenged through the budget review work to enable clear decisions to be made.

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In-Year Cost Pressure Management

In-Year Cost Pressure Management	2020/21 £m	2021/22 £m	2022/23 £m
Inflationary/Demand Pressures	37.5	27.6	27.2
WG Allocation Uplift	-21.6	-15.1	-15.4
Savings Requirement to meet in-year inflationary pressures	**15.9**	**12.5**	**11.8**

- The 2020/21 WG Revenue Allocation letter provided a 2% general uplift to meet pay and prices growth and meet service growth demand.
- In addition in 2020/21, additional funding is provided to support the 3rd year of the AfC pay deal costs in excess of 1%.
- Each year the Health Board is faced with inflationary cost pressures which are broadly unavoidable along with assessable service demand growth. These service demands are particularly in areas such as ChC (£2.7m), NICE (£4.5m), Primary Care Prescribing (£2.4m), WHSSC (£3.0m) and EASC (£0.3m).
- The 2020/21 inflationary/demand pressure assessment also includes some issues that are not able to be clearly assessed for future years i.e. allocation top slice for national priorities, statutory policy requirements. 2020/21 also includes an increased commitment for Welsh Risk Pool.
- ***In 2020/21 therefore the Health Board would need to deliver £15.9m of savings in order to be able to meet the Inflationary/Demand Pressures.***

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Investment Commitments

	20-21 £m
IBG: Medical Device Regulations Rehab Engineering & Maxillofacial Lab	0.1
IBG: consultant antimicrobial pharmacist	0.1
IBG: radiotherapy capacity	0.3
IBG: develop MRI physics service	0.1
IBG : extend COPD ESD	0.2
IBG: 7 day Infection Control Service	0.1
IBG: Foetal Surveillance Midwife	0.1
IBG: Exercise Lifestyle Project	0.1
IBG: Guardian and ACAS	0.2
IBG: Cash releasing savings	-0.2
Sub Total IBG	**1.1**
Exec Team Mtg: Business Critical Posts	1.7
Exec Team Mtg: Safer Staffing (NSA) - October Scrutiny	1.2
Exec Team Mtg: Radiology	0.3
Exec Team Mtg: Parkway Transfer	0.4
Exec Team Mtg: Environmental decontamination	0.9
Exec Team Mtg: Trauma Unit	0.5
Exec Team/CW : ENP MIU NPT/Morriston	0.3
Sub Total Other	**5.2**
Total Investment Commitments	**6.2**

- Through 2019/20 there have been a number of investment decisions made that will further impact on the 2020/21 financial position ie they will increase the cost base from that reflected underlying deficit assessment.
- It is essential that the financial and workforce profile of these investments along with the clear quantifiable service benefits. There may be slippage which could be utilised to support the Health Board position non-recurrently.
- These investments increase the Health Board savings requirement by a further £6.2m.

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Planned Savings

Planned Savings	2020/21 £m	2021/22 £m	2022/23 £m
Savings Requirement supported by KPMG Pipeline equatesto 3%	-15.0	-20.0	-20.0
Procurement	-2.0	-2.0	-2.0
Medicines Management	-2.0	-2.0	-2.0
Return to Core Bed Base - April 2020	-4.0	0.0	0.0
Planned Savings	**-23.0**	**-24.0**	**-24.0**

- The Health Board savings plan has been developed in conjunction with the KPMG opportunities assessment. However it must be recognised that in future years those opportunities will need to be further developed to deliver the required level of saving. The delivery will be supported by the HVOs.
- The planned savings must be seen in the context of previous savings delivery which has been between £15m-£20m per year with around 25%-30% of that savings delivery being non-recurrent.
- 2019/20 full year recurrent delivery has been recorded as £21m.
- The planned savings require Medicines Management and Procurement to continue to deliver significant savings.
- **The financial benefits of returning to the core bed base from April has been included as a saving** at this stage and it is essential that a clear plan is developed to test the validity of this assumption and enable alternative solutions to be found if not able to be fully delivered from April 2020.

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- The summary financial plan based on the planning assumptions set out in the previous slides, would result in a marginal improvement in performance in 2020/21, but would result in sustained improvement through the rest of the 3 year planning frame.
- It must be highlighted that there are risks that inflationary/demand pressures in future years may be understated and also that the significant level of savings delivery is not sustainable.
- This also provides no further investment over and above that already committed to for 2020/21.
- Following WG feedback, the benefits of an estimated £7m (in 2021/22 and 2022/23) resulting from the needs based funding approach are excluded from these projections.

Performance/Service Choices

Scheme	Performance Impact	2020-21 Funding
Morriston		
Expand OPAS to weekends	5 beds	£209k
Phased implementation of Kendall Bluck review of ED medical and nursing workforce	Unlikely to have performance impact in year 1	£400k
Ambulatory Emergency Care/AMAU/emerging Acute Care Model	20 beds when fully implemented	£900k
Sustainable workforce for anaesthetics	May be some benefit in terms of reduced cancellations	£289k
Implementation of #NoF Service to address quality and flow issues	5 beds	£250k
Short Stay Surgery unscheduled care surgery model	Negative performance if not supported - surgical expected flow back into ED or would have to take down TAU to maintain emergency service and lost elective capacity	Funded now but only on a temporary basis £720k
Singleton		
Cancer Centre Programme Business Case	Improve radiotherapy waiting times, provision of mobile PET-CT	Year 1 of PBC £896k
Acute Care Model for Singleton	AEC pathways to be in place with senior review. Impact **TBC**.	£433k
Corporate		
Estates condition review	Quality and safety	£250k
Park and ride consultancy	Patients and staff experience	£100k
Informatics/Digitalisation	TBC	TBC

- These choices are over and above the financial plan set out above
- The Unit/Directorate IMTPs and the CSP has identified significant service development opportunities. These were reviewed and prioritised, based on impact.
- The table provides an assessment of the key priorities however the current financial plan framework. These equate to an investment of around £4.5m.
- The demographic growth assessment would indicate that there should be a maximum £2.5m-£3m year on year investment.
- The decision to investment in these performance and service choices would require further savings to be identified and delivered or would result in a deterioration in the financial plan forecast.
- It is also important that alternative funding streams are considered as opportunities to further support prioritised investments.
- RTT costs for 2020/21 are currently excluded from this analysis as further work is underway to quantify this.

Financial risks – not included in plan

	20-21 £m
Major conditions possible end of WG funding:	
- *Stroke/ neuro (ESD and community rehab)*	0.2
- *Heart (community cardiology)*	0.2
- *Critical care information system*	0.2
- *Cancer (lead clinician session)*	0.0
- *Liver (secondary care alcohol team/ leadership IQiLS)*	0.1
Holiday pay - non compliant rotas (Hallett judgement)	
NICE/ high cost drugs	1.5
Revenue consequences of capital business cases	
Brexit	
Transformational Funding - exit strategy for £12m WG funding	
HCSW shift Bd 2 to Bd 3	0.3
Informatics - investment in digital	
Final pension charges	1.5
Nurse Staffing Act	
Total	**3.9**

These risks are not included in the financial plan. These are being reassessed and refined.

Financial Summary – Choices

	Reduce deficit	*Increase deficit*
	£m	*£m*
Current plan	27.10	
Investment commitments	(6.20)	
Maintain surge capacity		4.00
Increase savings requirement	?	
Tier 1 choices		4.50
Financial risks		3.90
Other opportunities	?	
In year operational pressures		?
RTT plan		?

Summary

- The underlying deficit for 2020/21 has been assessed as £28m
- To stand still in 2020/21 we would need to realise £15.9m of savings
- Needs based assessment not factored in to the plan
- Investment commitments and investment choices will require detailed consideration
- Plan does not yet deliver a balanced in year or a 3 year balanced position
- RTT costs still being developed
- Robust delivery, accountability and monitoring arrangements are required to facilitate the delivery of the plan

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DRAFT Performance Trajectories

Year 1 of 3 Year Plan 2020-2023

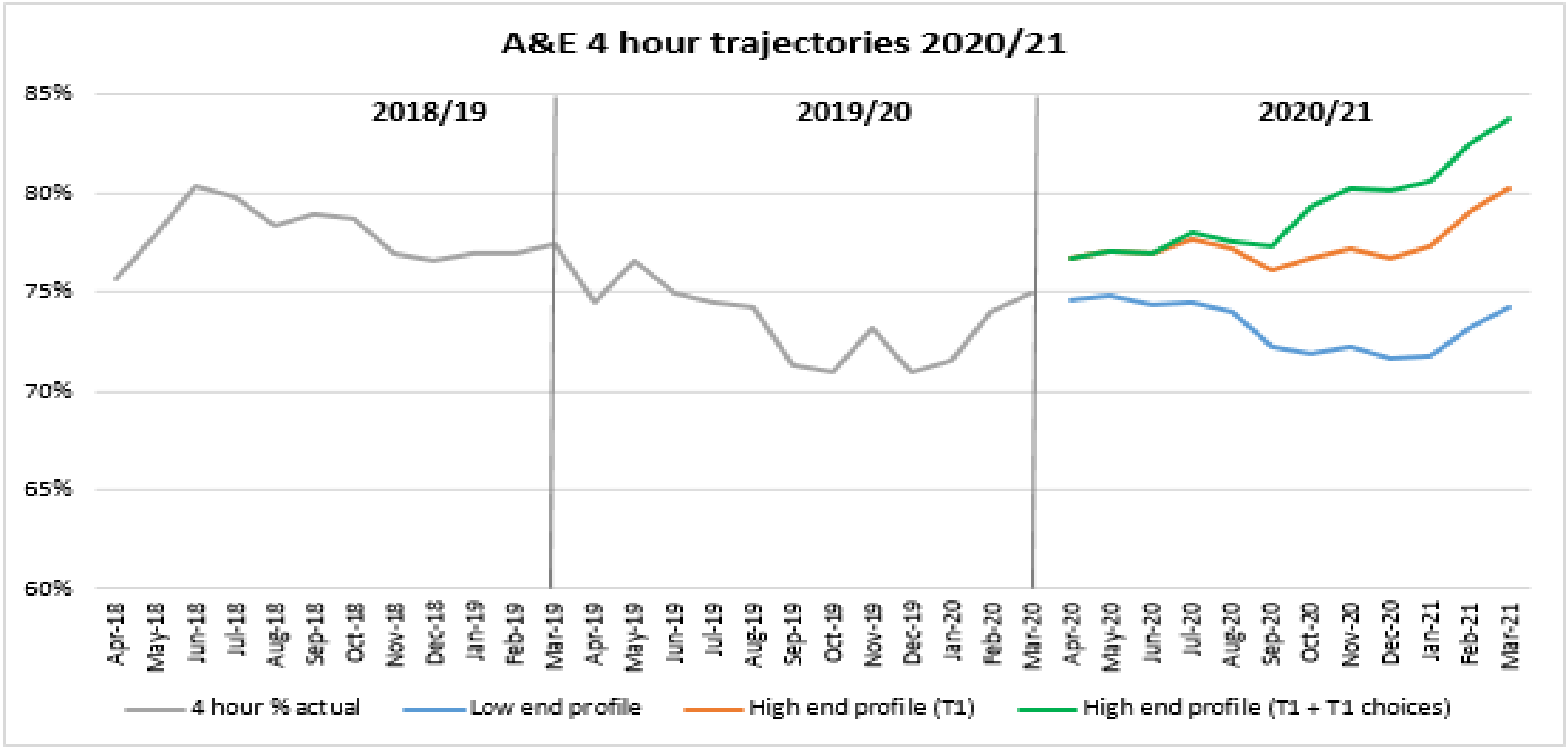
Contents

- Unscheduled Care
- Planned Care
- Cancer
- Stroke – only 2 metrics required
- Infection Control – to follow – not required under C1

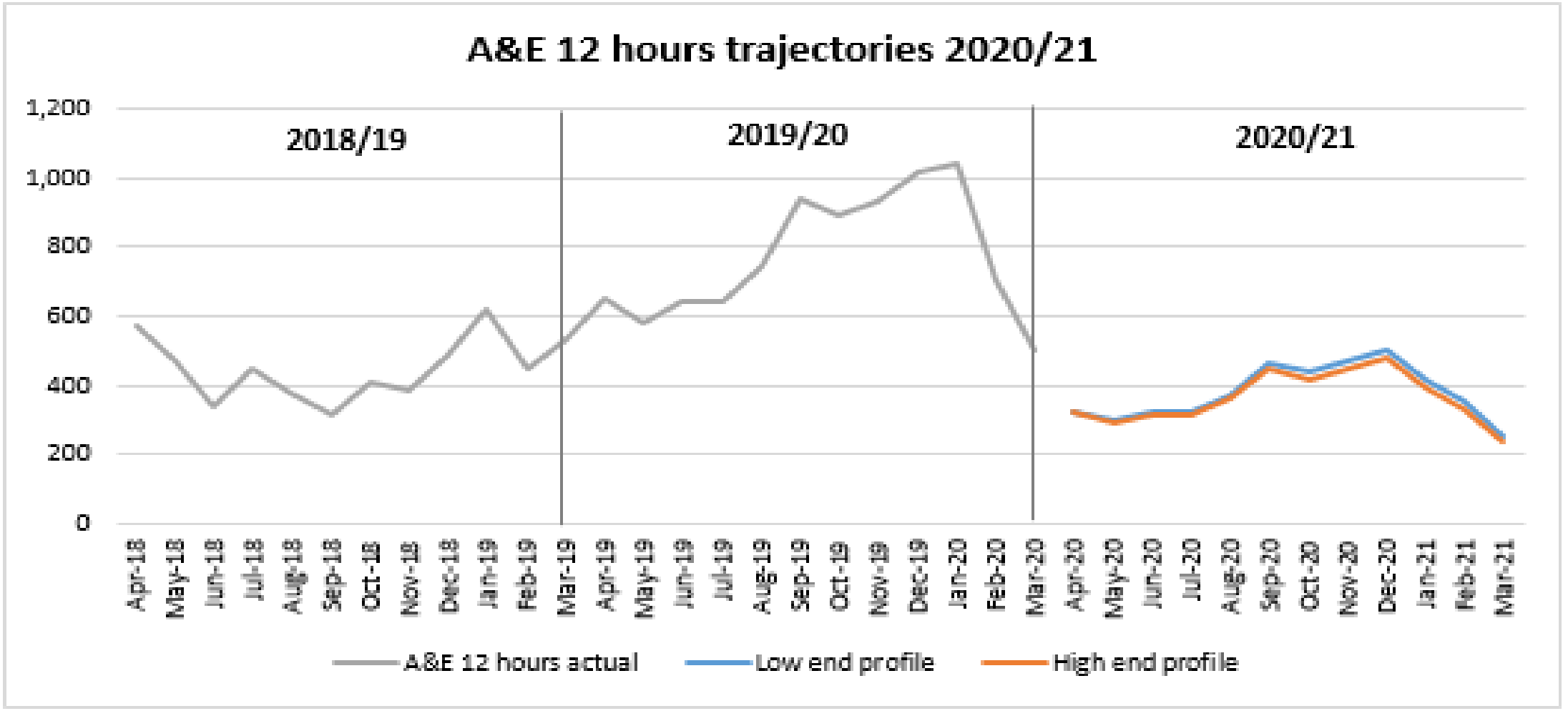
Unscheduled Care - Approach

- 2019/20 baseline rolled forward
- Attendance demand assumed to be stable prior to the application of any planned actions in 2020/21
- Assessments made for: -
  - Non recurrent schemes in 2019/20 to cease
  - Non recurrent schemes in 2019/20 to continue
  - Agreed new schemes to commence in 2020/21
  - Schemes currently unapproved but under scrutiny for implementation in 2020/21 (tier 1 choices)

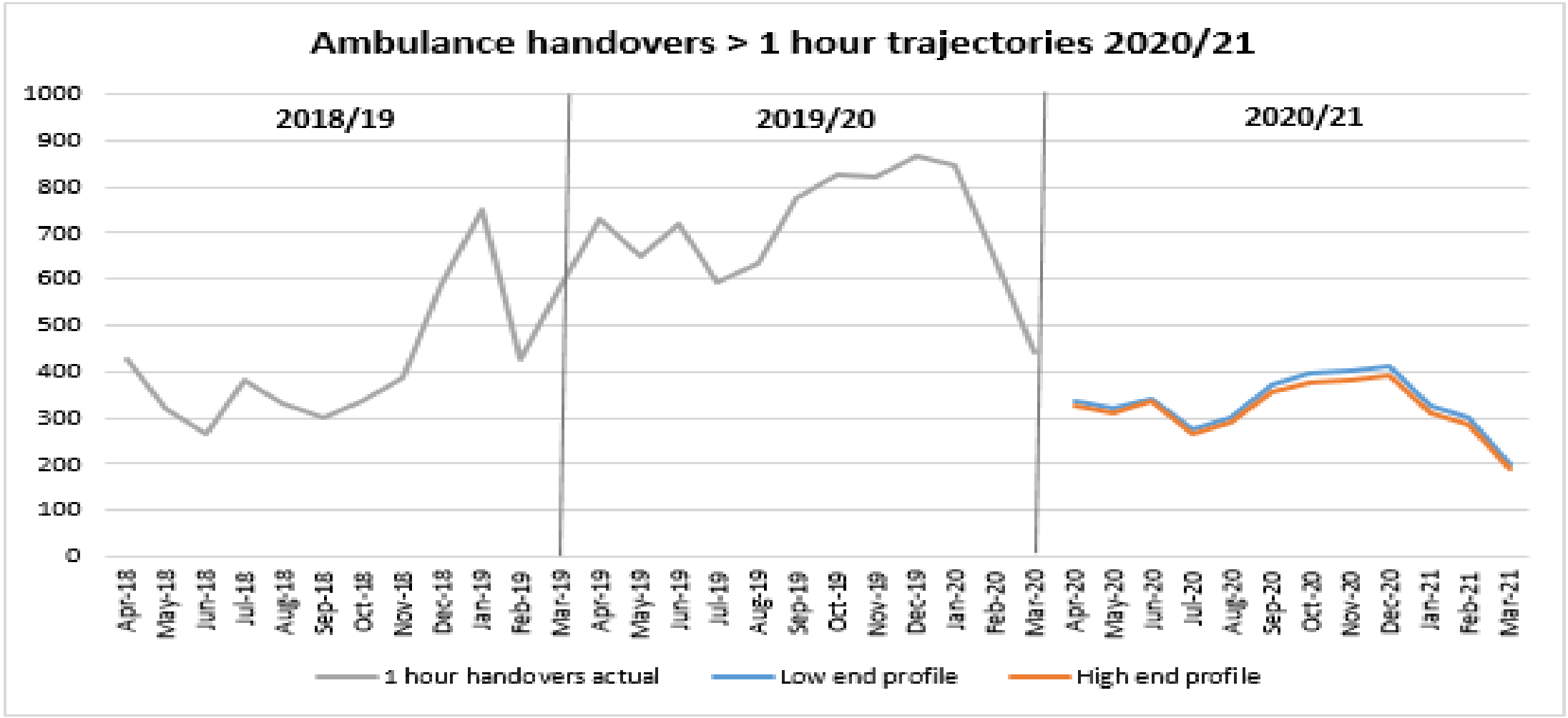
4 hour %- trajectory



12 hour # - trajectory



1 hour handover # - trajectory



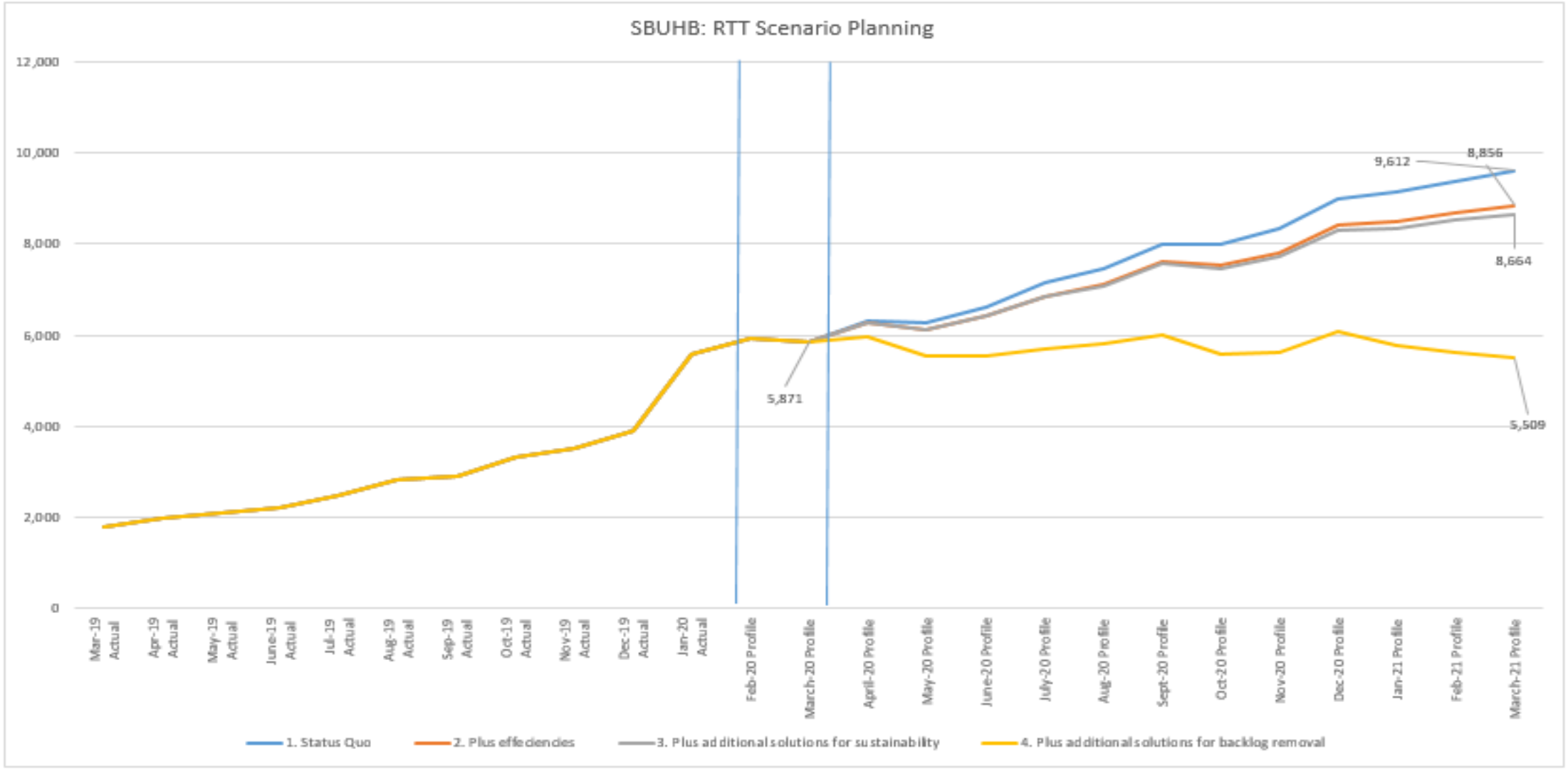
Red call response performance (8 mins)

Assume performance will be at, or exceed, 65% target

Planned Care Approach

- File is reflective of estimated likely treatment capacity available - (i.e. conservative estimates based on 19/20 activity)
- Modelling is based on activity for months 1 to 7, with average activity extrapolated for months 8-12
- Demand is modelled on previous years levels, with corrections if known.
- Demand includes calculations for ROTT (removals other than treatment) based on previous years data, with corrections if known
- Capacity and demand gaps (and therefore impact on waiting list volumes) cross-checked with actual waiting list movements 19/20 for validation.
- All waiting list volumes are correct for months 1 to 10 (19/20), estimated for months 11,12 (19/20), and modelled for 20/21 (scenarios).
- The model assumes a relatively stable level of demand and capacity with no major in-year changes (e.g. HMRC tax rules affecting available treatment capacity)
- The model does not fully reflect the possible micro-system issues such as sub-specialty demand and capacity issues (e.g breast DIEPs), although these are known and form part of the considerations

Patients waiting over 36 weeks



Current cost assessment circa

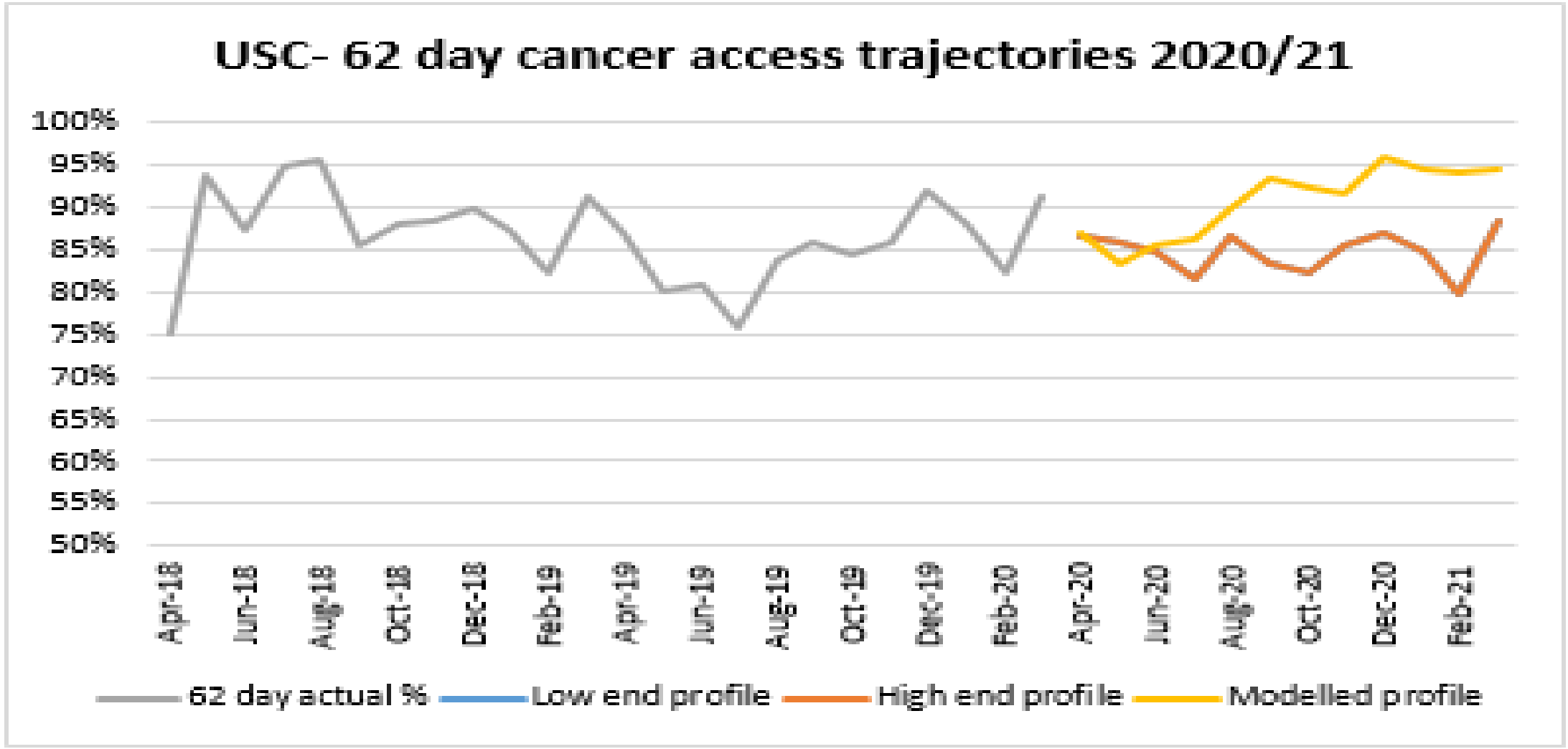
Other planned care trajectories

- Internal purposes only – OP > 26 weeks – complete by Friday 21st February
- C1 required % of patients waiting over 26 weeks. This will be determined once 36 week profile is agreed
- 8 week diagnostic profile – being worked up with Healthcare Engineering team
- 14 week therapy profile – assumed to maintain at nil

Cancer Approach

- Modelled on individual tumour site basis
- Assessments made of impact of plans on numbers of breaches in 2020/21
- Some interventions support ongoing treatment after waiting times clock has stopped (e.g. chemo) but could have minor system benefit as capacity in general is less stretched
- Next phase of work is to model into Single Cancer Pathway (target is year on year improvement)
- Assume NUSC 31day performance should achieve 98% target levels routinely.

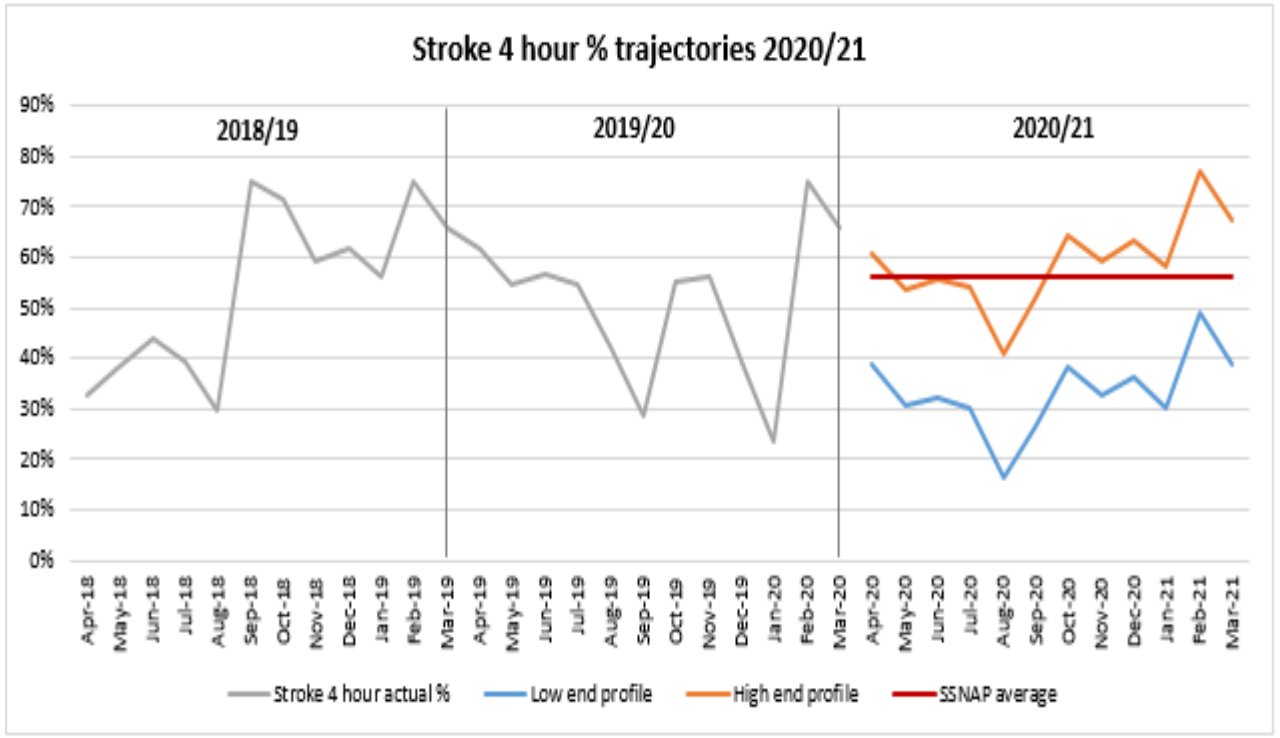
USC 62 day % - trajectory

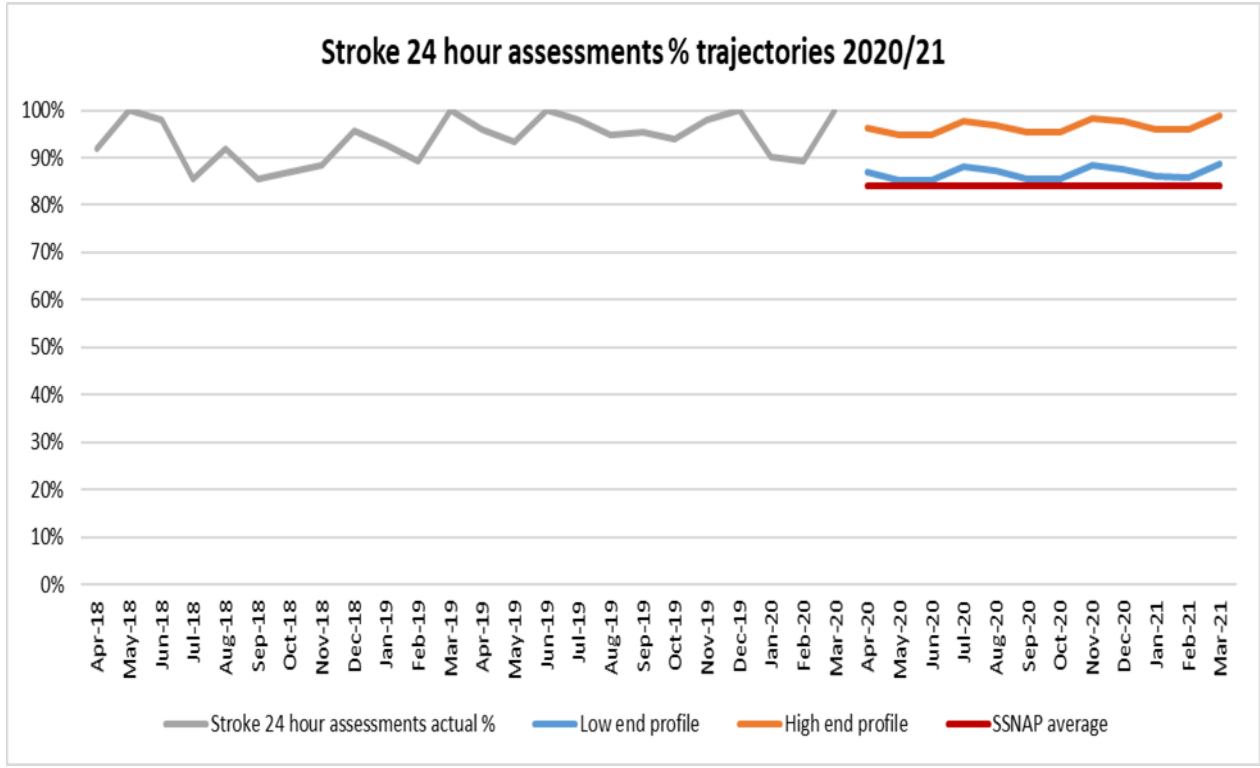


Stroke Approach

- 4 current 2019/20 targets modelled
- Only two models required for 2020/21
  - 4 hour access to a stroke bed
  - 24 hour assessment by a stroke specialist consultant physician
- Forward look based on statistical modelling tool based on historical trend
- Key determinant of performance is ability to protect the stroke bed.
- Health Board traditionally performs well against 24 hour specialist assessment target

4 hour direct admission and 24 hour stroke specialist assessment

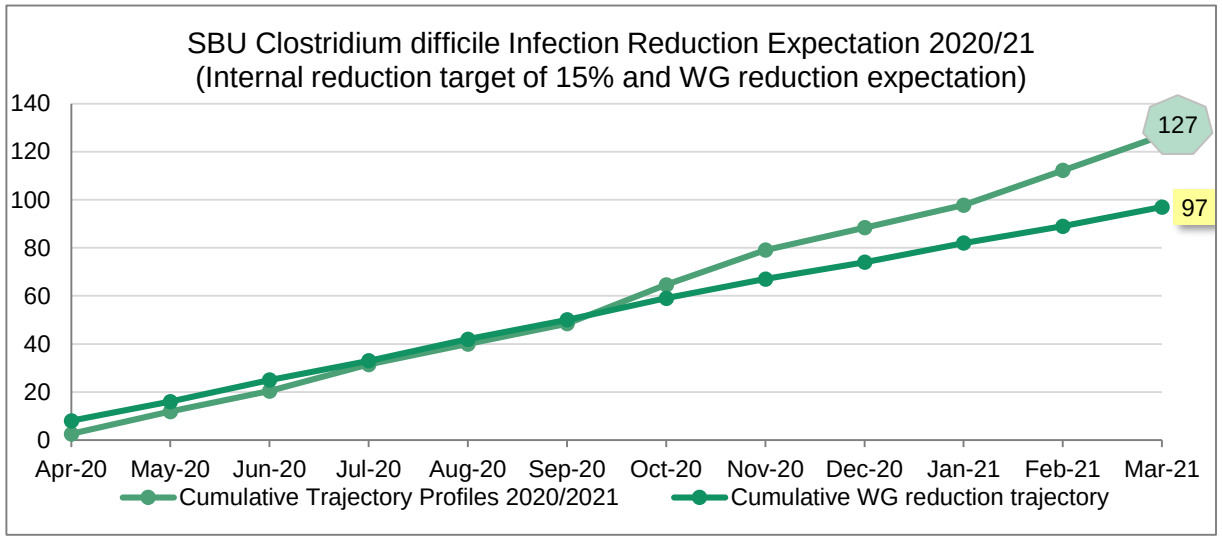


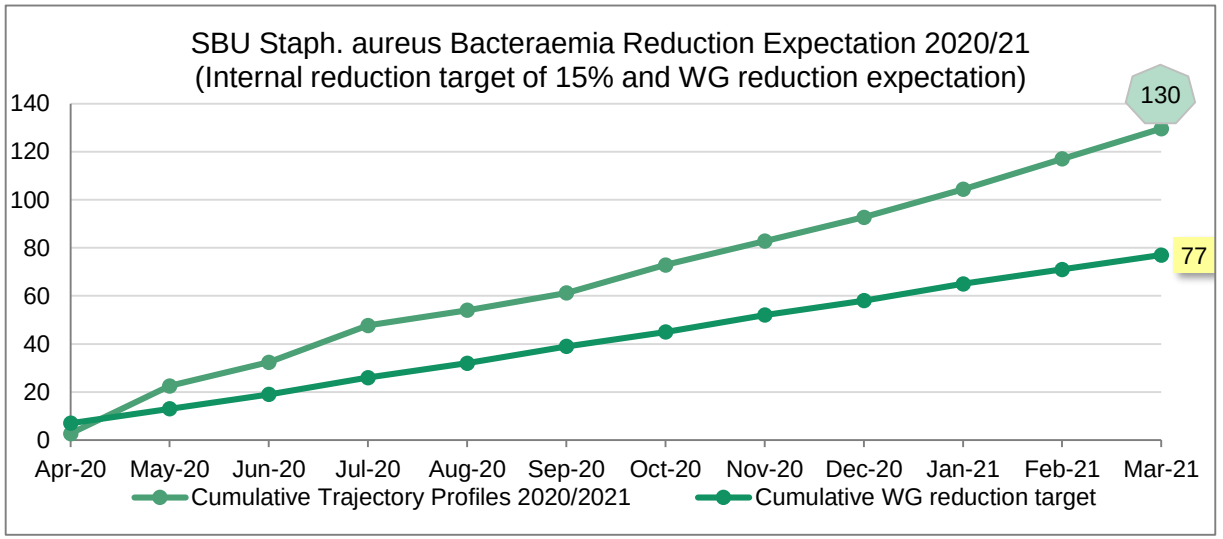


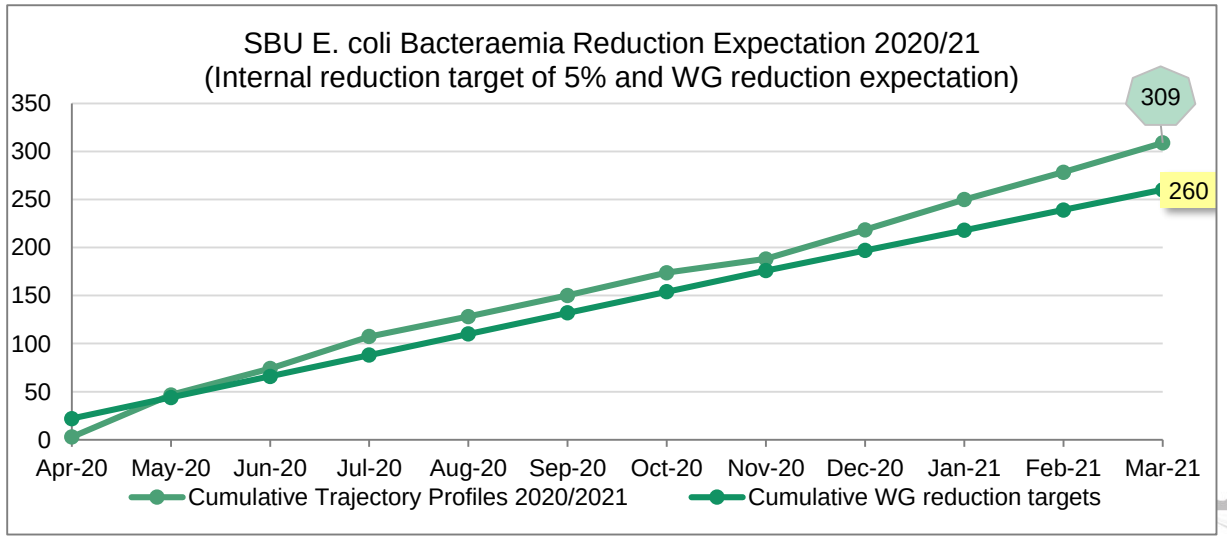
HCAI Approach

- Not required under C1 template
- Discussions underway with infection control team around realistically achievable delivery
- Will be shared when agreed but will be used for internal monitoring only

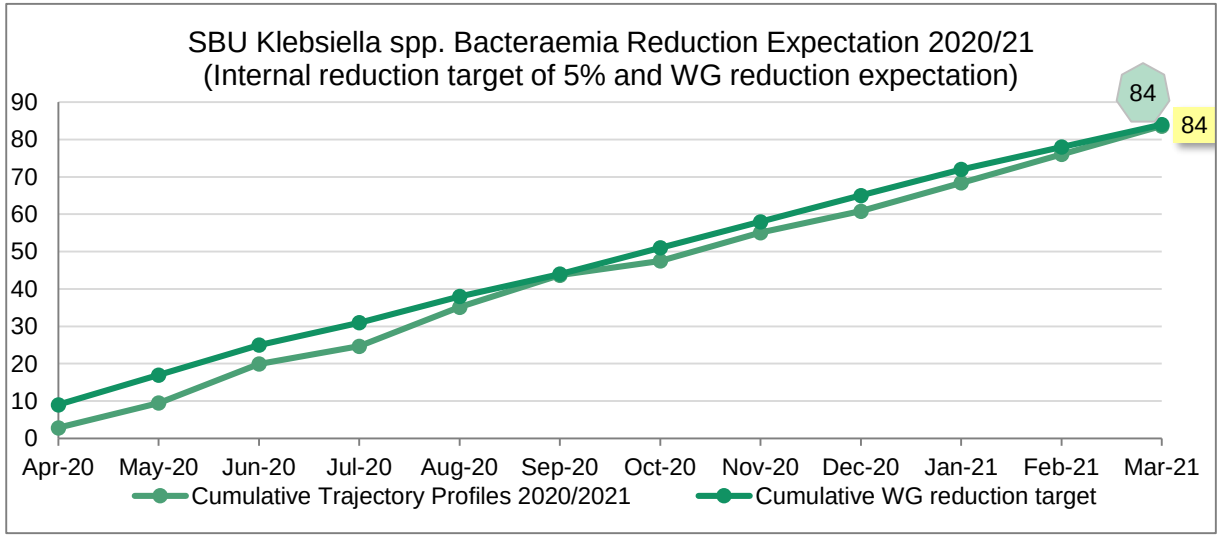
Infection reduction expectation 2020/21
(Internal reduction profiles and WG reduction expectation)

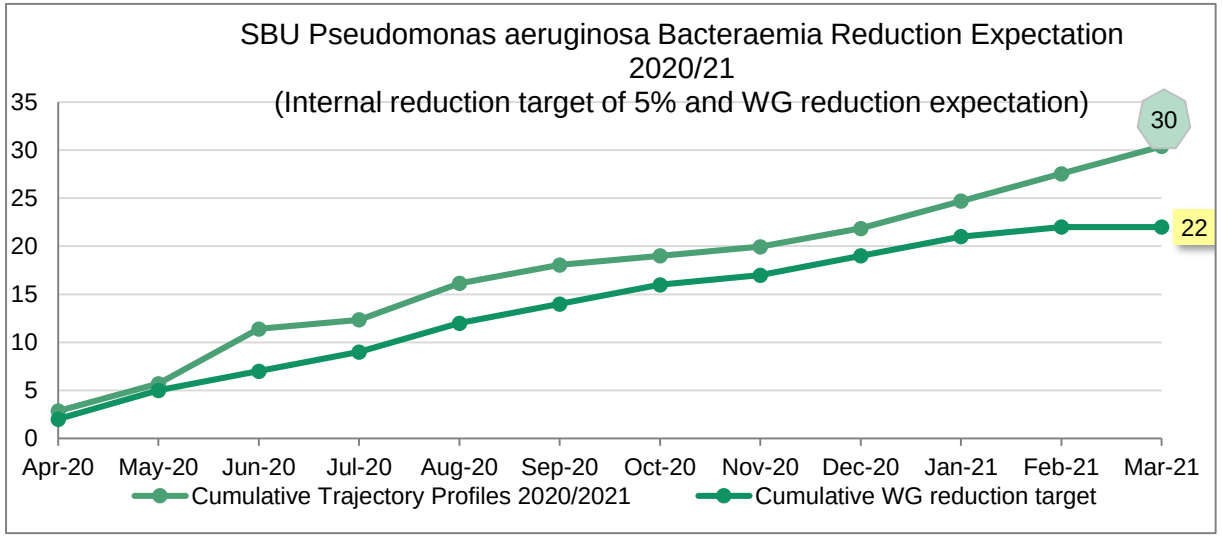






Infection reduction expectation 2020/21
(Internal reduction profiles and WG reduction expectation)





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Swansea Bay UHB

Transforming Care: Priority Programmes 2020/21

caring for each other
working together
always improving

Context

- Financial Plan requirement to deliver a substantial savings programme in 2020/21
- Starting point is our organisational strategy and Clinical Services Plan (and its principles)
- Opportunity to go further …. and faster… in transforming our models of care to better meet the needs of our population
- Change in emphasis in 2020/21 to focussing on programmes of work that are aligned across Clinical Services Plan, our core performance priorities and financial plan
- Opportunities pipeline supplemented by KPMG analysis & focus in key areas:
  - Technical efficiency – outpatients, theatres, patient flow
  - Workforce – efficiency & redesign
  - Non Pay area – income generation, estates and facilities
  - Population Health & ‘shift left’

Key principles

- Organisation wide priorities that benefit from system wide strategic approach
- One programme of work – not separate workstreams for Clinical Services Plan and ‘High Value Opportunities’
- Language should reflect this – so we are going to call them ‘Transforming Care’ programmes (e.g. transforming outpatients, etc.)
- One programme team supporting a single programme of work
- Some programmes are bigger than others – e.g. Unscheduled Care and Flow, and therefore will require a heavier resourcing solution
- (Small number) of KPIs for each programme (quadruple aim)
- Clear reporting with alignment to both Transformation Board and Financial Management Group
- Resource aligned to these workstreams *(still have gaps)*

Refreshed Approach 2020/21

- Working cohesively as a system and the system collectively “owning” the work programme
- Clear accountability and responsibility for action at Corporate; Unit & Individual level
- Collective Leadership – not “us and them” but “we and ours”
- Engaging the workforce – key lesson from CQC Review of “Outstanding” NHS organisations in England
- Routes to decisions are clearer & shorter – new Operating Model should help this
- Clearer priorities that we communicate with a strong narrative that is based on our Organisational Strategy and Clinical Services Plan:
  - What will make it better for patients?
  - How do we stop wasting resources on low value healthcare?
  - What will make our service more efficient?
- Focus on all aspects of the quadruple aim; if we get the first three right the money will follow:
  - Outcomes
  - Quality
  - Workforce
  - Cost

Process

- KPMG draft PIDs available in December/January
- Agreement on broad areas of focus – Identification of our highest value opportunities to reshape care
- Leads identified
- Detailed packs produced in January containing:
  - 2019/20 priorities and scope
  - New areas of focus:
    - NHS Wales Efficiency Framework
    - KPMG recommendations for each area
  - 3 phase planning:
    - End January – broad scope & outline
    - Mid February – further detail and mapping of KPMG recommendations
    - Mid March – PIDs, project plans
  - Workshop 5th February with leads to test alignment and priorities
  - Review by DST 18th February
  - High level review at Financial Management Group 19th February

Transforming Care Programmes

Service

Workforce

Non Pay

- Unscheduled Care /Patient Flow
- Theatres
- Outpatients
- CHC
- Transforming Nursing
- Transforming Medical
- Transforming A&C
- Transforming Therapies, Health Sciences & Pharmacy
- Medicines Management
- Procurement
- Estates & Facilities
- Income Generation

Transformation Programme Alignment

Clinical Services Plan

- South West Wales Cancer Services
- Population Health (Clusters, LTC)
- Mental Health & Learning Disabilities

- Unscheduled Care/ Patient Flow
- Theatres
- Outpatients

- Workforce (Nursing, Medical, AHP, A&C)
- CHC
- Medicines Management
- Procurement
- Estates & Facilities
- Income Generation

Transforming Care

Transforming Care: Leads

Project	Executive Sponsor	Clinical Lead	Management Lead	Finance Business Partner	WOD Lead	Informatics Lead	Project Management	Planning Lead
SERVICE								
Patient Flow/ Unscheduled Care	Hannah Evans	Dr Aidan Byrne	TBC	Chris Bimson		Dee Roberts	TBC	New 8c Acute Care Manager (Acute Care Model)
Theatres	Darren Griffiths/Chris White	Dr Gordon Staple	Brian Owens	Paul Harry	Kathryn Lewis	Lee Morgan	Aaron Jones	TBC
Outpatients	Keith Reid / Matt John	Dr Phil Coles	Deb Lewis & Craige Wilson	Geraint Norman		Sian Richards	Bethan Clift* / Digital services Project Manager	Patricia Jones
WORKFORCE	**Hazel Robinson, Director of Workforce & Organisational Development**							
Medical Workforce	Dr Richard Evans		Sharon Vickery	Richard Mugford		James Chess	TBC	TBC
Nursing Workforce	Gareth Howells		Cathy Dowling	Tomos Williams	Kathryn Jones	CNIO	Sian Millan	
Therapies, Health Scientists & Pharmacy	Irfon Rees			Julie Field	Emma Evans	Rebekah Williams	Emma Evans	
A&C	Hazel Robinson			Ian MacDonald		Matthew Knott	TBC	
NON PAY								
Procurement	Lynne Hamilton*		Keir Warner*	Karen Evans		Gareth Westlake	TBC	TBC
Medicines Management	Judith Vincent			Sally Killian		Marc Thomas	Amy Jayham	
Continuing Nhs Care	Gareth Howells		Cathy Dowling	Richard Bowmer		Nikki Ellery	TBC	
Income Generation	Darren Griffiths			Alison McLennan/Chris Stevens		Gareth Westlake	TBC	
Estates & Facilities	Chris White		Craige Wilson	Rachel Hook/Andrea Hayes		Carl Mustad	TBC	

Progress – mid February 2020

	Planning Phase 1 – 31/01/2020			Planning Phase 2 – 14/02/2020				Planning Phase 3 – 13/03/2020		
	Scope & themes	**Priorities**	**Project roles**	**Governance Arrangements**	**Project interdependencies**	**Q1 Milestones**	**Calculation of savings by FBP**	**Complete first draft PID**	**QIA screening tool**	**Identify draft benefits & metrics**
SERVICE										
Patient Flow/ Unscheduled Care	x	x	x	x	x	x	x			
Theatres	✓	✓	✓	X	✓	✓	x			
Outpatients	✓	✓	✓	✓	x	✓	✓			
WORKFORCE										
Medical Workforce	✓	✓	✓	✓	✓	✓	x			
Nursing Workforce	✓	✓	✓	✓	✓	✓	x			
AHPs	✓	✓	✓	✓	✓	✓	x			
A&C	✓	✓	✓	✓	✓	✓	x			
NON PAY										
Procurement	✓	✓	✓	✓	✓	✓	✓			
Medicines Management	✓	✓	✓	✓	✓	✓	✓			
Continuing NHS Care	✓	✓	✓	✓	✓	✓	x			
Income Generation	✓	✓	✓	✓	x	x	x			
Estates & Facilities	x	x	✓	x	x	x	x			

Opportunities Pipeline: KPMG

	Savings Potential (Low) £m	Savings Potential (High) £m
Workforce		
• A&C	0.3	0.5
• AHP	0.4	0.5
• Nursing	1.7	3.0
• Medical	0.5	1.0
• General	0.5	1.0
CHC	0.2	0.9
Estates & Facilities	0.1	0.5
Non Pay Controls	1.5	2.0
Outpatients	1.4	2.0
Theatres	1.5	2.2
Patient Flow	1.3	2.1
Other including Diagnostics	1.0	3.8
Total	10.5	19.5

The KPMG pipeline has identified savings for year 1 (2020/21) of between £10.5m and £19.5m (we need to deliver £15m). The £19m is made up of :

- £2m - Procurement Savings
- £2m - Medicines Management
- £15m - Savings supported by KPMG work

Scope – Service Transformation Projects

Patient Flow/ Unscheduled Care	Surgery	Outpatients

• Acute Care Model including AEC, single frailty model, alignment of community services, acute assessment units, single point of access
• Hospital to Home & remodelling community services
• Front door improvement
• Ambulance handover
• Patient flow
 	
• NB. The scope and shape of this area is still being refined and will be concluded in early March
	• Development of a surgical model of care for the location and delivery of surgical services across all sites including developing proposal for site specific changes
	• Demand and capacity modelling
	• Pre-assessment process and scheduling
	• Daily ops reviewing
	• Theatre booking and scheduling (6:4:2) across three hospital sites
	• Case mix review with prioritisation of BADS procedures
	• Surgical patient flow mapping using Healthcare Systems Engineering
	• Infrastructure review and redesign
	• Workforce review
	• Enhanced recovery supported by patient flow LOS work stream
		• Reduction in FU and focus on reducing FUNB
		• Primary Care variation in referral practice
		• Technical efficiency – DNA, booking processes, clinic utilisation
		• Re-design of services via ADOPT Programme to other specialties. eg:
		  ○ E-referral
		  ○ Self management
		  ○ See on Symptom
		○ Digitisation
		○ Non pay areas – e.g.. hybrid mail solution, text reminders

Scope – Workforce Transformation Projects

Medical	Nursing	Therapies, Health Scientists & Pharmacy	Admin & Clerical

• E-job planning
• Locum on Duty – Benefit realisation and Governance
• Long term locum and agency cap compliance
• Medical staff electronic rostering
• Recruitment & Retention
	• Efficiency/Grip & Control
	  ○ E-rostering for PCS & MH& LD
	  ○ Roll out of Safer
	  ○ HCSW usage
	  ○ HCSW vacancies
	• Valuing Nursing
	  ○ HCSW sickness
	  ○ Recruitment & retention
	  ○ Overseas Nursing
	• Transforming Nursing Care
	  ○ Integrated nursing workforce (outpatients & theatres)
	  ○ Band 3 & 5 HCSW roll out
	  ○ Advanced practice roles
	  ○ Nursing & midwifery structures
	  ○ CNS productivity
		• Legacy of 1st year work – to consolidate Therapies resources under respective Heads of Service
		• Working practices
		  ○ Use of Agency
		  ○ Managing sickness absence
		  ○ Top of licence
		  ○ job planning
		  ○ Recruitment
		• New roles
		• Pathway optimisation
		• Digital Opportunities
			• A&C staff group
			• Digital opportunities to reduce the need for A&C resource
			• Streamlining to optimise the use of A&C resource

Scope – Non-pay Transformation Projects

Procurement	Pharmacy & Medicines Management	Complex Care	Income generation	Estates & Facilities
In-Scope & Themes: • Principles of Value Based Procurement (On Going) • Reduce Supplier Variation and Standardisation (On Going) • Review of Non-Pay Clinical Spend requisitions (On Going) (Transactional QVC T2) **Core Savings Plan (Traditional Including Meds £3.16m FYE)** • KMPG recommendation on HSDU Tray Wraps • Maintenance Contract Reviews • T & O Standardisation • Review of Pathology Managed Service Arrangements	**KPMG (**Only ID'd £300k over 3 years) • Homecare BC • Cat M drugs price increases **Internal Transformation** • Primary Care Savings plan (£1.2m) • Secondary Care savings plan ○ Biosimilar usage ○ Horizon scanning for patent losses ○ New biosimilars in acute setting (£270-£370k tbc) **CSP** • Diabetes • Older People • Critical care pharmacy capacity • Early years funding (WG) – to support pharmacy service to PAU **Technology** • Pharmacy BoT **Workforce- prioritisation/ redesign/ recruitment** • Unfunded posts & activity	**Governance/Grip & Control** • Frameworks for Adults, Children, MH & LD • SOP for invoices • SOP for panels (Adults, children MH & LD) **Transferring CHC Models of Care** • Multiagency models of care • Partnership framework • Approach for pooled budgets **Relationships & Partnership Working** • Escalation process • Workforce structures (health board & agencies)	**Private patient income** • Weekend theatre utilisation **Overseas patients** • Recoupment of costs **Research & development** • Clinical Trials General income **Marketing out skills and services** • Pelvic oncology? • Medical illustration?	• This is being scoped

Proposed Process: From Pipeline to Delivery

DST to review pipeline weekly and assign initiatives/opportunities to project or individuals/teams as appropriate

DST to hold the Health Board Pipeline

FBPs to be able to access pipeline to add local initiatives/opportunities – the pipeline needs to be an ongoing stream of initiatives

When pipeline initiative/opportunity is sufficiently worked up to be assessed as Green or Amber, it will be moved to relevant **unit/directorate** trackers with appropriate phasing of delivery. The date of transfer will be logged on pipeline.

Where a pipeline initiative/opportunity is disregarded it will be greyed out on pipeline and commentary provided to enable further review and consideration at a later date.

DST will support and monitor pipeline progress via project and individuals

Proposed Drumbeat

WEEK 1	WEEK 2	WEEK 3	WEEK 4
Individual project Delivery	(P)FMG	Individual Unit/Group and Corporate Delivery	(P)FMG
Actions Issues Impact Risks Trends	Escalate and unblock issues from project meetings	Actions Issues Impact Risks Trends	Escalate and unblock issues from week 2

WEEKLY UNIT/GROUP FINANCIAL DELIVERY MEETINGS

Next Steps

- Further submissions in mid March 2020
- Delivery Support Team Review
- Test and Challenge at Financial Management Group
- Finalise delegation and accountability arrangements
- Further scrutiny in PFC in March 2020
- Board sign off plan in March 2020