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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board

SWANSEA BAY LHB. HIGH VALUE OPPORTUNITIES UPDATE

Period 05 Data (August 2019)

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 role 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 efficient 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.
- Develop a Health Board policy 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

- Complete the process for reducing variance in the in the Job Descriptions for **(A)** Unregistered HCSW Band 2, 3 and 4. **(B)** Advanced practitioners **(C)** Consultant nurses **(end of Q2)**. New Band 4 roles 'in Post' **(Q3)**.
- Implement the 'Efficiency Framework' for efficient nursing rostering in the delivery units **(Q2)**
- Embed and improve the main KPIs using the '*Insight Report*' in all delivery units **(Q2)**. [First Report to be published in September].
- Complete the implementation / re-refresh of the E-Roster System in the Service Delivery Units. Complete the implementation of the nursing workforce E-Roster within all the remaining Delivery Units **(Q4)**.
- 'Scrutiny Panels' for E-Roster in place and embedded in the Delivery Units **(Q2)**.
- Safe Care module to be implemented from September **(Q4)**.
- Analysis's of the patterns of requests and high usage areas for Enhanced Supervision. Key areas identified **(Q2)**.
- A consistent approach and policy for the use of Enhanced Supervision for patients **(Q3-Q4)**.
- Review opportunities for workforce design (based on patient clinical needs), and to reduce the cost for temporary staffing **(Q2-Q3)**.

Achievements this Period

- ✓ Allocation of the (117-125) recently recruited nurses to roles within the hospitals.
- ✓ Monthly 'metrics tracker' created for the for the 3 work-streams.
- ✓ Trial of the 'Enhanced Observation and Support Framework' undertaken in Singleton, Neath Port Talbot and Murrison Hospitals.
- ✓ Consultation process for the 'E-Roster' Policy completed.
- ✓ Standard Operating Procedures published for the Nurse Rostering Scrutiny Process in the Service Delivery Units.
- ✓ Delivery confidence of Nursing HVO project raised from Amber to Green.
- ✓ All Nurse Rosters at Murrison Hospital approved within 6 weeks.
- ✓ Band 4 Assistant Practitioner role - 5 successful candidates recruited and commencing training in October).

Actions for next period

- Continue the recruitment process for the Band 3 Assistant Practitioner roles. **(Shortlisting October 2019)**
- Continue to undertake focused analysis of the 'Outliers' for the use of agency staff requests for Enhanced Supervision. **(01 / 10 / 2019)**
- Undertake a "Point Prevalence Audit" (Survey) for Enhanced Supervision [1-1's in hospital waiting to be discharged]. **(12 / 09 / 19)**
- Finalise the Metrics Tracker for all three work-streams activities. **(17 / 09 / 19)**
- Develop a work-plan following the publication of the Allocate 'Insight' Report. **(27 / 09 / 19)**
- Progress the 'E-Roster' refresh activity at the Service Delivery Units - NPT, Mental Health Ward at NPT, Singleton Maternity, Gorseinon (West Ward) **(Start date from September 1 2019)**. E-Roster roll out for Mental Health **(from February 2020)**.
- E-Roster policy principles embedded in Service Delivery Units as part of the re-refresh plan **(September - December 2019)**.
- Seek further opportunities for workforce re-design for nursing, **(01 / 10 / 2019)**

Scheme Name	Medical Workforce
Executive Sponsor	Richard Evans & Hazel Robinson

Original Target	£1.0m
Savings Anticipated 2019/20	£0.250m

Savings Anticipated FYE	£0.7m
Delivery Confidence	Amber

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:
 ✓ Final report and Implementation plan received
 ✓ Paper submitted to Executive board meeting for sign off and approval for adoption of recommendations
Locum on Duty:
 ✓ Swansea Bay HB rate card revised (considering implications of current rates being paid for consultants)
 ✓ Proposed sign-off hierarchy process flow chart completed
 ✓ Executive team decision on OH process for employment on locum bank-Supporting agile process checking reference from existing NHS employers
 ✓ Payroll Workshop with Allocate, Medacs and Payroll team
 ✓ Roll out on track for system being live end of October 2019
E-Job Planning:
 ✓ Updated Job planning guidance established; Travel time matrix and SPA Tariff updated
 ✓ August Rotation and annual leaves this month has contributed to slippage in some of the projects, mainly E-Job planning consistency checking .Project resource is being realigned to support consistency checking exercise and get project back on track for end of September 2019
Recruitment progress Including Long Term Locum and Kendall Bluck Locum Opportunity
 ✓ **Morriston:**
 ▪ Morriston Medicine -8 doctors recruited (In addition to 3 earlier); All with GMC registration and MRCP; Starting dates TBC
 ▪ Radiology-1x substantive recruited ;due to start in November; 3x long term locum remain
 ✓ **Singleton:**
 ▪ Oncology-1x substantive consultant recruited; due to start in September
 ✓ **NPT:**
 ▪ NPT Medicine: All (3x Long term locum) to exit in November; Substantive recruitment complete
 ✓ **MH&LD**
 ▪ 2 x Speciality doctor recruited –1 Due to start Nov-Dec ; 1 Needs IELTS ,starting date TBC

Key Milestones
ED Workforce & Activity Review:
 ▪ Exec Sign off on report – (TBC-Subject to meeting dates, Tentative date 27th Sep 2019)
Junior Doctor Rota review:
a) Rota Redesign (Efficiency and Safety)
 ▪ Anaesthetic- Submit plan to programme board- 30th Sept 2019
b) Re-banding opportunity
 ▪ Meetings with 4 X speciality Clinical and management leads to progress with Re-Banding process – 30th Sep 2019
 ▪ 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 -26th August 2019
 ▪ Go-live- 28th October 2019
E-Job Planning:
 ▪ Desktop consistency checking complete for 30 Specialities -30th Sep 2019
 ▪ Summarise & Quantify implications for first round of Job Plan consistency checking -30th September 2019
Agency cap compliance & Long term locum –
 ▪ Recruitment, vacancy and savings 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
b) Locum Opportunities – Confirm gaps, recruitment and savings position for September (half year position)
 ➤ **Locum on Duty –**
 • System configuration : Health Roster, Bank staff & Payroll awards complete
 • Sign Off Health board rate card and System process hierarchies
 • Resolve MEDACS and Allocate (Locum on Duty) –system integration issue
 ➤ **E-Job Planning –**
 ▪ Summarise & Quantify implications for first round of Job Plan consistency checking
 ▪ Complete desktop consistency checking for 30 specialities by September 2019
 ➤ **Agency cap compliance & Long term locum –**
 ▪ Confirm starting dates and recruitment position
 ▪ Compile and Confirm savings position

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)

Achievements this Period

Savings

- ✓ Anticipated savings of £65k (framework for agency spend) – framework now operational and actual spend currently being calculated and tested
- ✓ £12k savings from Jun '19 to date from held posts

Actions

- ✓ New structures scope and roles tested with HofS and agreed in principle (subject to wider engagement and exec sign off)
- ✓ Preliminary engagement with Finance BP's
- ✓ Stakeholder engagement plan developed
- ✓ HoS JD review commenced

Key Milestones

Stage 1

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

Stage 2

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

Actions for next period

- Proposal to SLT on new model, informed by broader engagement exercise on structures
- Scope for revised benchmarking exercise in relation to proposed new structures to be scoped
- Further work on change processes, including assumptions on financial assumptions and rules for transfer
- Put additional HoS oversight/approval process for all therapy recruitment in place
- 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)

Scheme Name Value & Variation – 5th September 2019

Savings Anticipated 2019/20 0

Savings Anticipated FYE £0

Executive Sponsor Dr Richard Evans, Medical Director

Delivery Confidence Amber

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

- New VBHC programme has been established, based on recommendations from FDU stocktake in Q2
- Regional priorities agreed with Hywel Dda (Heart Failure, Lung Cancer, ELP & Total Knee Replacement)
- Review INNU/DND in 5 key areas and conclude – by end Q2 – Findings to be shared with VBHC team on 9th Aug 2019
- Finance completing an exhaustive review for any opportunities in variations – by end of Q2 (9th Aug 2019)
- ELP Business Case to be completed and taken to IBG in September 2019
- Identify resources and aligned to implement a prudent way of working with our regional partner, Hywel Dda

Achievements this Period

- Regional task & finish group set up for Heart Failure
- Two DrDoctor workshops arranged for 10th Sept & 7th Oct – lots of clinical engagement 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 – next roadshows at NPT SMT on 3rd Oct, to also attend SMT's at Singleton and Morriston
- ✓ ELP Business case sent to scrutiny Panel
- ✓ ELP Case Study written

Actions for next period

- Align with NWIS infrastructure – meeting with Helen Thomas, NWIS
- Collaborating with FDU: identified leads, define project plans, shadow working, Intro meeting
- Presenting at VBHC COP on 25th Sept 2019
- Assess feasibility of pipeline future projects (Dietetics, Speech & Lang, patient Co-Production, Pneumonia, Tavi outcomes)
- Aligning VBHC HF with wider HF CSP project – kick off meeting held 3rd Sept
- Proof of concept with DrDoctor for Heart Failure PROMs – 1st workshop on 10th Sept
- Write Case Studies for Heart Failure VBHC project
- Continue Feasibility for stroke outcomes data
- Out-patients PROM collection – scoping out feasibility of using DrDoctor

Scheme Name MCAS

Savings Anticipated 2019/20 £0.040 (Q2 start)

Savings Anticipated FYE £0.173m but requires validation

Executive Sponsor Chris White

Delivery Confidence Red

Identified Objectives

- Cessation of current joint injections element of Minor Surgery Directed Enhanced Service and re-provide through MCAS
- Spinal clinics supported by MCAS physios to reduce WLI reliance

Key Milestones

- Evaluate cost, benefits and risks of original proposal and produce paper for Financial Management Group by end Q2 – completed
- Implement alternative cost avoiding measures during Q1
- Evaluate opportunities to align with cluster transformation approach to potentially remodel MCAS service

Achievements this period

- ✓ Potential to change model of care for joint injections has been explored. Proposal has been risk assessed and the cost-benefit analysis does not stack given that the DES funding is ring fenced and therefore un-releasable from GMS budget.
- ✓ Alternative discussions have identified 3 other opportunities for service change and savings realisation have been identified and considered as mitigating action against original submission
 - Ultra sounded guided joint injections in MCAS
 - Spinal clinics supported by MCAS physios to reduce reliance on WLI's – identified £40k of savings this year - now in place and savings realised from RTT plan
 - Placement of MCAS physiotherapists in clusters to develop local skills and pathways

Actions for next period:

- Discuss potential to align MCAS opportunities with Whole System Cluster Transformation and where synergies exist to develop new service models based on cluster areas:
 - Explore project in Llwrchwyr cluster area to consider ultrasound guided joint injections
 - Benefits of physio's in primary care and developing pathways between primary care and MCAS that could reduce demand into acute care
 - Monitor spinal clinics to ensure continued delivery of the reduction in WLI

Scheme Name

Hospital to Home

Executive Sponsor

Gareth Howells

**Savings Anticipated
2019/20**

nil

**Savings Anticipated
fye**

£

Delivery Confidence

Red

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.

Achievements this Period

- ✓ Modelling work presented in a workshop with John Bolton on 12th August. In addition workstream leads presented draft service models for each element of the Hospital 2
- ✓ Submission of revised Transformation Bid to Welsh Government streamlining costs for phased implementation. (Marie-Claire Griffiths).
- ✓ Proposed discharge 2 assess operating model and trusted assessor definition of role discussed and agreed in principle with Director Social Services and Head of Adult Services NPT (Hilary Dover)
- ✓ Draft process map for three pathways drafted and shared with workstream leads to continue to develop including operational measures and discharge timeline (Marie-Claire Griffiths).
- ✓ Clinical engagement session held with Older Persons Clinical Redesign Group (Marie-Claire Griffiths).
- ✓ Joint work with NHS Wales Delivery Unit to undertake demand and capacity modelling against John Bolton model continued. Meeting held with all partners to continue to refine the data (Marie-Claire Griffiths).
- ✓ Trusted Assessment meeting held in partnership to identify first cohort of suitable staff to undertake this role and identify competencies needed (Janet Ivey).

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

Actions for next period

- Adults Transformation Board is on 18th September with the following decision points being required;
 - 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
- Standard Operating Procedure for Hospital 2 Home to continue to be developed with partners input into requirements.
- Scope information and ICT requirements including staff mobilization considering the use of SIGNAL to support delivery.
- Rolling programme of staff awareness sessions to be held across all Hospital Sites and Local Authorities.
- Trusted Assessor Model and Competencies developed.

Category C- Service Redesign

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**
- Standard Operating Procedure agreed for NPT and Singleton and joint scrums to be implemented; Morrision reviewing current SOP and working arrangements with a view to looking at HB wide approach. New SOP operational from 1st September 2019 (completed)
 - POC- Theatre dashboard for off session utilisation completed.
 - Baselines for measurements and the information to be agreed at Theatres Board on 30th August
- Demand and Capacity**
- Operationalise HCSE approach from September 2019
 - D&C Live queues operational from Q3/Q4
- Site Specific Changes- Estate and Specialities**
- Go live date for trolleys in Singleton – 1st September (Completed)

Achievements this Period

- 6-4-2**
- ✓ All three sites now are practicing 6:4:2 standard operating procedure via weekly SCRUM meetings.
 - ✓ Following decision on continuing development of internal product (Dashboard) all agreed development are now complete and **dashboard is now live.**
- 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.
 - ✓ **Transfer of Activity to NPTH:** In addition to Arthroplasty and Hands & Wrist list from April and May 2019 respectively and Shoulders list from October 2019 a proposal to transfer significant volume of elective orthopaedic activity (ASA Grade 1 & 2) to NPTH has been agreed in principle. Project group is currently working through a informal engagement process with the clinical teams to get agreement.
- Demand & Capacity**
- ✓ SIP list based workforce modelling completed for Singleton and NPTH
 - ✓ Validation exercise for Theatre section of the capita report submitted in November 2018 completed
- HCSE**
- ✓ Initial scope of this work has been agreed in principle and will include Urology, Spinal, ENT, Orthopaedic and Ophthalmology.
 - ✓ first prototype of vital charts feedback loop and auto plotting Gantt chart for Urology completed; demo of this was held for SSTRG meeting in August 2019.

Actions for next period

- 6-4-2**
- Start monitoring progress, Issues and improvement using measures from 6:4:2 dashboard
 - Process and Dashboard demo for clinical teams on Audit day
- Site Specific Changes**
- **Singleton Trolleys:** Monitor progress, issues and firm up long-term staffing plan.
 - **Transfer of Activity to NPTH:** Clinical engagement and agreement on Orthopaedic activity proposal
- Demand & Capacity**
- Complete SIP list based workforce modelling for Morrision DU
- HCSE**
- First onsite surgical flow practical skills workshop held on 12th September

Scheme Name

Outpatient Modernisation

Executive Sponsor

Chris White

**Savings Anticipated
2019/20**

Nil

**Savings Anticipated
fye**

£tbc

Delivery Confidence

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

- ✓ Validation team commenced with effect from the 1st July – posts also backfilled to ensure continuity of service delivery.
- ✓ 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
 - ✓ Outpatient Transformation Clinical Lead appointed.

Key Milestones

Validation

- Recruit Validation team and Backfill – **Q2 – completed and in place**
- Address immediate impact data recording – **Q2 – Quality Assurance of data NWIS fix is underway**

Text reminder Service

- Produce updated review paper for potential investment/ recommendations – **End Q2 – Q1 and Informatics leads to be identified / agreed to take this forward**

Clinical Leadership

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

Actions for next period

- Utilisation of PROMs in Hips and Knees sub specialties of Orthopaedics - review arrangements around clinical validation of PROM activity.
- 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
- Amend Outcome form to accommodate revised Cancer Single Pathway outcomes from clinic
- Proceed with appointments identified from the Welsh Government funding

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
AC- £386k (May 19)

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) **(was Jul19....now Oct19)**
- Development of Pharmacy Transformation Programme with revised integrated work streams and pathway groups aligned to the Clinical Services Plan priorities **(Sep19- all work stream/ pathway leads)**

Achievements this Period

- ✓ Delivery of investment bid savings.
- ✓ Acute- on target for NICE savings (£1.1m) and non-NICE (£45k).
- ✓ Further savings from I2S WG bids- Medicines Recycling and GP Prescribing Clerks.
- ✓ Recovery plan for Haematology/ Women’s Cancer IBG implemented.
- ✓ Invited to submit BC for Innovate to Save Homecare Medicines for Wales service to WG.
- ✓ Further discussions with Diabetes team re insulin switch savings.
- ✓ AWMSG Medicines of Low Priority (Paper 2) in PC savings work plan.
- ✓ WFI private patients using homecare.
- ✓ Skill mix r/v in PC MM team.
- ✓ Presentation at cross unit financial recovery meeting – outcome to ensure that relevant PTP issues are included on unit board meetings by pharmacy site and primary care manager.

Actions for next period

- Complete recruitment for Consultant ABX Pharmacist post (RW/JV- 30.9.19)
- Follow up Mental Health Pharmacy Transformation bid (JV/SJ-30.9.19)
- Develop IBG bid to switch Tyrosine kinase inhibitors to homecare supply for Morriston & NPT patients (SE/RW/JT- 30.9.19) team composition and vacancies
- Recruit & Appoint to Primary Care MM team (RN-30.9.19)
- Further work on Diabetes HVO with support from execs/ corporate team (JV/RN/RW- 30.9.19)
- Cardiac MM work- Medicines Optimisation, Pharmacist input into cardiac services including clinic BC (including a focus on ticagrelor use)(DH/HJ- 30.9.19)
- Pharmacy Winter Planning bids- (JV/RW- 30.9.19)

Scheme Name

Procurement Work stream

Executive Sponsor

1. Total Bed Management - Gareth Howells/Lisa Hinton
2. QVC – Lynne Hamilton (£2.1m PYE)
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 27th March 2021 having reviewed current contract, established current requirement and considered future needs.

Quality Value Cost (QVC):

- Local & All Wales Procurement Savings £932k PYE
- QVC Tier 1 Savings Opportunities (Clinical) £1,173k PYE

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 – **Aug 2019**
- Options Workshops – **Sept-Oct 2019**
- Procurement processes for tendering based on preferred options and indicative value of contract – **Nov 2019 onwards**

Quality Value Cost (QVC):

- QVC T1 Clinical Packs creation and distribution – **9th Aug 2019**
- QVC T1 Clinical Meetings – **Aug 2019**

Sustainable Travel (STS):

- Create dataset of SBU HB 12,000 employees inc. SEL travel mileage – **Aug 2019**
- Establish travel patterns between Health Board locations – **July/Aug 2019**

Automated Stock Management (ASM):

- Tender Evaluation – **5th-16th August 2019**
- Contract Award & start – **October 2019**
- Equipment Deliveries – **Dec/Jan 2019**

Actions for next period

Total Bed Management (TBM):

- Conclude bariatric hire work
- Schedule all Project Boards to end of project
- Complete requirements work

Actions for next period

Quality Value Cost (QVC):

- Work with Service leads to schedule remaining clinical meeting's
- Investigate IP5 bulk buy location
- Supplier meet for Benchmarking areas
- Realise Stent saving onto Procurement tracker
- Embed Central sourcing monthly opportunities report into procurement

Savings Anticipated (PYE) 2019/20

£2.1m

Savings Anticipated (FYE)

£ 2.28m

Delivery Confidence

Amber

Achievements this Period

Total Bed Management (TBM):

- ✓ Weekly Arjo/1st Call Mobility report now being received in Procurement which identifies the active on hire bariatric equipment.
- ✓ Analysis of Bariatric equipment hire for year to date started, the outcome of which will be to understand what and where hiring the most. This will facilitate the next steps to investigate options to reduce hire by the purchase of equipment through Capital or Endowment funding where applicable

Quality Value Cost (QVC):

- ✓ Clinical information packs for All of the 13 areas identified as the best opportunities now created
- ✓ 13 Clinical information packs sent to Lead Clinician and to service leads where applicable
- ✓ Tracker setup and updated to monitor requests and responses to the purchase price index and benchmarking tool (PPIB)
- ✓ 250+ Product requests submitted to PPIB
- ✓ 40+ Products show opportunity for price reduction according to PPIB
- ✓ Biochemistry Clinical meeting undertaken with clinical lead and colleagues. Biochemistry is a long term managed service. PPIB of products evidenced value for money being achieved. Further avenues for investigation into bulk buy opportunities now being pursued
- ✓ Stents clinical meeting undertaken with clinical lead. QVC work linking in with a larger Central Procurement piece of work that was looking into Stent prices with suppliers. In year saving identified to commence approx. November 2019. Local procurement will now be included in 6 monthly clinical stent supplier meetings with suppliers, where prices and products are discussed as to harness procurement knowledge and expertise in these situations. Bulk buy opportunities also being explored
- ✓ NPTH Value through Clinical Procurement meeting (VCP) now active
- ✓ Morriston Value through Clinical Procurement meeting (VCP) now active
- ✓ Singleton Value through Clinical Procurement meeting (VCP) now active

Sustainable Travel (STS):

- ✓ Dataset of travel information and staff in post information now combined to facilitate insights
- ✓ Requested quote for journey postcode profile data via Payroll/SEL
- ✓ Analysis undertaken to present to STS board meeting to further understand scope of project.
- ✓ Board meeting scheduled for 12th September to discuss analysis

Automated Stock Management (ASM):

- ✓ Tender process completed
- ✓ Tender evaluations completed
- ✓ Shorted listed supplier presentations completed
- ✓ Financial evaluation completed

Actions for next period

Sustainable Travel (STS):

- Take analysis to board meeting
- Agree next steps with SRO

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 Morriston Hospital