

Summary – High Value Opportunities – Quarter 1

High Value Opportunity	Original target £m	Current plans £m	SRO	Commentary	Delivery Confidence (Plan)	Delivery Confidence (Finance)
Workforce Modernisation & Efficiency						
Medical Workforce	1	0.1	Dr Richard Evans	5 workstreams operational with some savings identified, PID and project plan in place. Further work to do on rota redesign and KB options	Amber	Red
Nursing Workforce	0.5	0.5	Gareth Howells	3 workstreams operational with savings identified, PID and project plan in place	Amber	Amber
Therapy Workforce	0.1	0	Chris White	Some savings identified & actions underway to review structures but any further savings will be set against BBC stranded costs. PID/project plan being finalised	Amber	Amber
Population Health & Allocative Efficiency						
MCAS	0.173	0.040	Darren Griffiths	Change in plan for Q1 as set out in attached summary. Some cost avoidance identified but further work to be undertaken in Q2. PID/project plan to be developed for Q2	Red	Amber
Value & Variance	2	0	Dr Richard Evans	Finance Delivery Unit are supporting stocktake of all VBHC projects. New Head of VBHC in post from 01/07/19. PID & project plan to be developed	Red	Red
Ophthalmology	0	0	Jan Worthing	Following review of Ophthalmology work programmes, no HVO opportunity identified for 2019/20 in light of demand pressures to deliver RTT position. However will be kept under review and considered as part of stocktake of Value Based Health Care programme and NHS efficiency framework		
Service Redesign						
Outpatients	0	0	Chris White	Validation team now in place and detailed plan to improve efficiency & productivity but no cash releasing savings identified. PID in development	Amber	Red
Theatres	0.5	0.5	Chris White	PID and project plan in place; savings identified.	Green	Green
Hospital 2 Home	0.5	0	Gareth Howells	No savings identified as H2H funding from ICF lower than anticipated.	Red	Red
Total	2.8	1.14		Assessed delivery falls short of level as set out within financial plan. Further savings to be identified to improve delivery confidence to level required and further push to go beyond to support overall HB position.		
Procurement (Category B)						
QVC Tier 1	2.1	2.1	Lynne Hamilton	Detailed PIDs and project plans in place.	Amber	Amber

Category C - Workforce Modernisation & Efficiency

Scheme Name

Medical Workforce

**Savings Anticipated
2019/20**

£0.1m

**Savings Anticipated
FYE**

£tbc

Executive Sponsor

Richard Evans & Hazel Robinson

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 & 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 2 x Workshops with ED team to finalise rotas and plan for proposed workforce model

Junior Doctor Rota review:

a) Rota Redesign (Efficiency and Safety)

- ✓ **Ophthalmology** –Joint meeting with Hywel Dda to discuss and agree on solution for middle grade rota

b) Re-banding opportunity

- ✓ Risk and opportunity analysed including benchmarking with neighbouring health boards

c) Locum Opportunities

- ✓ Ongoing recruitment process in NPT , Morriston and Singleton Medicine
- ✓ Neonates & Paediatrics final meeting held
- ✓ Paediatrics activity data analysed for consultant solution as middle grades hard to recruit

Locum on Duty:

- ✓ Process for Pre-Employment checks and induction agreed with steering group
- ✓ Band 3 administrator recruitment complete (Joining date 12th August)

E-Job Planning:

- ✓ Consistency checking Outline established and agreed
- ✓ Updated Job planning guidance established
- ✓ Job planning and appeals process and communication templates established and agreed
- ✓ Travel time tariff template established

Key Milestones

ED Workforce & Activity Review:

Final Workshop & Report - 10th July 2019

Exec Sign off on report -31st July 2019

Junior Doctor Rota review:

a) Rota Redesign (Efficiency and Safety)

- I. Ophthalmology –Finalise solution on middle grade rota- 31st July 2019
- II. Anaesthetic- Sign off final report- 31st July 2019

b) Re-banding opportunity

Agree risk and opportunity with delivery unit & speciality team - 31st July 2019

c) Locum Opportunities

Recruitment and vacancy position against plan after August rotation-Aug 19

Locum on Duty:

Project Launch-Kick off meeting -23rd July 2019

Go-live- 1st October 2019

E-Job Planning:

Job Planning process -LNC Sign off -July 2019

Consistency Checking start 15th July 2019

Actions for Next Period

➤ **ED Workforce & Activity Review:** Executive sign off on final report

➤ **Junior Doctor Rota review:**

a) Rota Redesign - Ophthalmology – Finalise solution and change process(if required) for middle grade rota, - **Anaesthetic-** Agreement and decision on kendall bluck recommendations

b) Re-banding opportunity - Agree action plan with delivery unit and speciality teams

c) Locum Opportunities - Baseline deanery vacancy position against plan, Update on visa process and joining dates for accepted posts

➤ **Locum on Duty** - Start system technical roll out, Finalise and initiate bank recruitment process

➤ **E-Job Planning** - Job plan consistency checking in Rheumatology & Paediatrics, Job planning process sign off at LNC

➤ **Agency cap compliance & Long term locum** - Agree plan on hard to fill posts in Haematology & Psychiatry

➤ Review savings plan and identify further opportunities

Category C - Workforce Modernisation & Efficiency

Scheme Name Nursing Efficiencies

Savings Anticipated 2019/20 £ 0.5m

Savings Anticipated fye £ 1.1m

Executive Sponsor Gareth Howells

Delivery Confidence Amber

Identified Objectives

Top of Licence Working

- To implement the Assistant Practitioner role within the Health Board (band 4)
- Standardised core job descriptions including unregistered healthcare workforce Registered Nursing/ Midwifery Workforce.
- Identify SDU workforce re-design projects and enable the sharing of this learning to facilitate upscaling.

Efficient Nursing Workforce

- Implementation of the nursing workforce to Health Roster within all the Delivery Units.
- Implement the 'Efficiency Framework' for efficient nursing rostering in the delivery units.
- Monitor KPI compliance against Nurse Rostering policy
- To implement the 'Safe Care' module in the SDU's

Enhanced Supervision

- Clearly identify baseline usage for Enhanced Supervision in hotspots areas within hospitals.
- Develop and agree 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).

Achievements this Period

- ✓ Recruitment process undertaken for the Band 4 Assistant Practitioner Roles.
- ✓ Analysis undertaken of Bank/Agency Requests for Enhanced Supervision (for each of the Service Delivery Units).
- ✓ Roll-out commenced for the 'Big Bang' E-roster implementation at Morriston Hospital.
- ✓ Analysis undertaken to develop KPIs for E-Rostering in the Health Board. Undertaken in conjunction with *Allocate*, to improve the value of the system reports that are published.
- ✓ Project governance protocols established for the HVO Nursing Work-Streams.
- ✓ Initial Financial Benefits identified for the 3 Work-Streams.

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)**. [Reports to be published and reviewed monthly].
- Complete the 'Big Bang' at Morriston **(Q2)** [Sept 2019 Project is on track]
- Complete the implementation of the nursing workforce E-Roster within all the remaining Delivery Units **(Q3)**.
- 'Scrutiny Panels' for E-Roster in place and embedded in the Delivery Units **(Q2)**.
- Safe Care module to be implemented from September **(Q2-Q3)**.
- 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)**.

Actions for next period

- Further analysis to identify ways to reduce Bank/Agency requests for Enhanced Supervision.
- Complete the roll-out of the 'Big Bang' implementation at Morriston Hospital and ensure robust benefits plan utilising 'insight' data to drive improvement
- Continue to progress the planning of the 'Efficiency Programme' for E-Rostering across all the Service Delivery Units.
- Progress the work of Service Delivery Units to shape the development of Band 4 Assistant Practitioner Roles.
- Progress the work of Service Delivery Units to shape the development of Advanced Practitioner roles and consultant nurses.

Category C - Workforce Modernisation & Efficiency

Scheme Name

Therapies

Savings Anticipated
2019/20

£tbc

Savings Anticipated
fye

£tbc

Executive Sponsor

Chris White

Delivery Confidence

Amber

Identified Objectives

Stage 1

- Validate baseline data to define affected employees at Stage 1 i.e. those requiring consolidation from a line management or budgetary perspective
- Stakeholder engagement process to be completed with DU Directors, Heads of Service and employees
- Engagement and arrangements regarding budgetary reallocation within Finance Dept
- Implementation of management changes and budgetary reallocation

Stage 2

- Review of structure to establish whether fit for purpose and to identify gaps, overlaps and cost saving/streamlining opportunities
- Undertake Consultation process with stakeholders
- Implementation of agreed solutions

Achievements this Period

Savings

- ✓ Anticipated savings of £65k (framework for agency spend) – figures TBC
- ✓ 2 x 'Heads of' posts to be held. One already vacant and one to become vacant within year (savings likely to be accounted for in Unit Savings plans) – figures TBC

Key Milestones

Focus now is on delivering the change to all therapy resource being under the management of the relevant heads of service. Working through the detail of identifying all the posts that will be in scope of that, in liaison with each of the Heads Of. **Aiming for the 20th July**. It will then be an engagement, finance and HR process to deliver that change.

We will then work with each of Head of service to identify opportunities for efficiencies and improvements within the totality of their resource. While we might present them with suggested opportunities, we also want to work in partnership with them so that they own the changes. This will cover both workforce changes and potential for improvements in ways of working.

Stage 1

- Consolidation of Therapies by aligning financial, managerial and professional accountability to respective Head of Service (by end August 2019)

Stage 2

- Review and streamlining of individual therapy structures (date TBC)

NB – in light of the BBC issues if further savings are identified then these will offset the current position in respect of budget adjustments for the removal of 28% of funding

Actions for next period

- Data validation exercise to be completed
- Stakeholder engagement process to be agreed and DU Directors engaged
- HR and Finance processes agreed for change management of Stage 1
- Once the decision has been made on backfill plans for the 2 Mental Health Head of Therapy posts covering D&N and Physio then the savings can be identified.
- The baseline data will be verified and the Heads of Therapies will begin proposals for integrated structures.

Scheme Name MCAS

Savings Anticipated 2019/20 £0.13m (Q2 start)

Savings Anticipated FYE £0.173m but requires validation

Executive Sponsor Chris White

Delivery Confidence Amber

Identified Objectives

- Cessation of current joint injections element of Minor Surgery Directed Enhanced Service and re-provide through MCAS
- Following initial conversations with MCAS team, further opportunities for modernisation and savings identified. These are all to be pursued through this workstream.

Key Milestones

- Evaluate cost, benefits and risks of original proposal and produce paper for Financial Management Group by end Q2
- Implement alternative cost avoiding measures during Q1

Achievements this period

- ✓ Business case produced and DES has been reviewed with potential re-provision scoped. There are risks identified in pursuing this option without further consideration of cost-benefit and risks around savings being applied to the primary care contract.
- ✓ 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 and is being progressed – start date 6th August 2019.
 - Placement of MCAS physiotherapists in clusters to develop local skills and pathways

Actions for next period:

- Produce cost, benefits paper for consideration of future model of joint injections
- Operationalise mitigating actions
- Ensure spinal clinics with MCAS support are in place for 6th August and benefits realised

Scheme Name

Value & Variation

**Savings Anticipated
2019/20**

0

**Savings Anticipated
FYE**

£0

Executive Sponsor

Dr Richard Evans

Delivery Confidence

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 10 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

- FDU – Stocktake to be completed in Q2
- New VBHC programme established by start of Q3
- Use VCR to drive change on top 3 pathways – Q3
- Review INNU/DND in 5 key areas and conclude – by end Q2

Achievements this Period

- ✓ Review of National Efficiency Framework – 1st stage review of value and variation opportunities completed
- ✓ Advisory Board workshop on variation undertaken in February and has progressed development of a Value Cost Risk prototype model
- ✓ 1st meeting of Healthcare Value and Efficiency Programme held in April
- ✓ INNU/DND opportunity report completed and potential opportunities identified – 5 x local INNU specialties currently being verified with clinicians
- ✓ VBHC Delivery Plan 2019/20 in draft and key priorities agreed
- ✓ Financial Delivery Unit Stocktake of all VBHC work initiated
- ✓ Value Team – new Head of Value Based Health care in post from 24th June with handover completed in early July.

Actions for next period

- Complete FDU stocktake of VBHC work
- Agree how we are going to use the VCR analysis and agree pathways that we will focus on to reduce variation
- Agree VBHC work programme and priorities following stocktake exercise
- Identify in year savings opportunities

Category - Service Redesign

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

- ✓ Successful business case approved by IBG to develop a validation team to focus on reducing follow up not booked appointments
- ✓ Discussion with Digital leads about potential to scale up PKB to provide digital solution to modernise outpatients – extension to PKB for a further year now agreed by IBG

Key Milestones

Validation

- Recruit Validation team and Backfill – Q2
- Address immediate impact data recording – Q2

Text reminder Service

- Produce updated review paper for potential investment/ recommendations – End Q2
- Procure system – Q3

In-touch administration Service

- Roll out across Morriston site – End Q2
- Assess roll out – End Q3

Actions for next period

- Utilisation of PROMs in Hips and Knees sub specialties of Orthopaedics - with Discharge 6 weeks post surgery.
- Monitor agreed trajectories - New / follow ups and DNA rates
- Agree Extension to Text reminder service for 12 months
- Initiate broader discussion on transformation potential linked to digital solutions and scope out potential for a broader approach to PKB roll out
- Clinical Lead to be identified

PMO Note: as outpatients is an area of priority within the Clinical Services Plan, the plan is to remodel the work programme to ensure that we are focussing on transforming the outpatient model as well as delivering efficiencies. A further discussion will take place in July to agree project arrangements

Category C- Service Redesign

Scheme Name Surgical Services and Theatres Redesign Steering Group

Executive Sponsor Chris White/Brian Owens

Savings Anticipated 2019/20

£0.5m

Savings Anticipated FYE

£tbc

Delivery Confidence

Green

Identified Objectives

Standardize 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

Demand and Capacity

- 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- Estate and Specialities

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

Mapping Surgical Pathways

- Map the components of a Surgical Pathway and their impact on theatre utilisation and redesign pathways to be more efficient

Achievements this Period

- ✓ Standard Operating Procedure agreed for 6:4:2 at Singleton and NPT; Morriston to be reviewed
- ✓ POC- Theatre dashboard for off session utilisation completed. (Measuring re-utilisation of any cancelled sessions)
- ✓ Baselines for measurements and the information to be agreed on next board meeting on the 26th July
- ✓ Paper with the options for proceeding with the HCSE work has been shared – TBD
- ✓ Estates are onsite in Singleton to configure the space
- ✓ Requirements have been gathered from nursing teams for the trolley requirements
- ✓ Band 5 nurse position is out to advert
- ✓ Shoulder lists being moved t NPT.
- ✓ Anaesthetic cover is under discussion.
- ✓ Agreed to focus on developing a Healthcare Systems Engineering approach and have secured expertise to facilitate process redesign in surgical specialties – from pre assessment to theatres

Key Milestones

Standardize 6:4:2

- Standard Operating Procedure agreed for NPT and Singleton and joint scrums to be implemented; Morriston reviewing current SOP and working arrangements with a view to looking at HB wide approach. New SOP to be operational from 1st September 2019
- POC- Theatre dashboard for off session utilisation completed.
- Baselines for measurements and the information to be agreed at Theatres Board on 26/7/19

Demand and Capacity

- Operationalise HCSE approach from September 2019
- D&C Live queues operational from Q3/Q4 (to be confirmed)

Site Specific Changes- Estate and Specialitie

- Go live date for trolleys in Singleton – 1st September subject to band 5 recruitment (AD)

Mapping Surgical Pathways

- First meeting is in 29th July

Actions for next period

- Job Planning based on the HR position paper on demand and capacity(HR Lead – Cath Lewis)
- Anaesthetic capacity to be discussed and agreed
- 6:4:2 SOP live from September
- Singleton trolleys operational
- Improvement on scheduling and cancellations against baseline
- Review of opportunities to move more surgical work
- HCSE approach planned and individuals recruited to project team

PMO Note: as theatres is also an area of priority within the Clinical Services Plan, the plan is to remodel the work programme and establish a separate Clinical Redesign Group to focus on redesigning the surgical model and site configuration, leaving the theatres Board to focus on efficiencies and driving the High Value Opportunity. These arrangements will be established from August

Category C - Service Redesign

Scheme Name

Hospital to Home

**Savings Anticipated
2019/20**

nil

**Savings Anticipated
fye**

£

Executive Sponsor

Gareth Howells

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.

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 Commence phased wall roll out
- Analysis of phased ward roll out and lessons learned – 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
- "Identify current staff in services with; Full existing competencies /skills, Partial existing competencies /skills and Gaps /backfill required to allow TA role to be undertaken" – Q2
- Phase 1 Hospital 2 Home service implemented - Q3

Achievements this Period

- ✓ Transformation Bid submitted to Welsh Government for consideration
- ✓ ICF bid has been approved which would support implementation without the transformation bid and is at a much lower level which means that financial savings have not yet been identified
- ✓ Baseline assessment of current services commenced
- ✓ Options appraisal completed for the Adult Transformation Board for decision on service model without transformation funding
- ✓ Four workstreams established and workplans finalised
 1. Trusted Assessor
 2. Social Work and ongoing domiciliary support
 3. Follow up from therapist/nurse and reablement based home support
 4. Residential Care and short term residential based care bed
- ✓ John Bolton Model demand and capacity planning has commenced (NHS Wales Delivery Unit).

Actions for next period

- John Bolton Model demand and capacity planning (NHS Wales Delivery Unit) to be completed.
- Draft and agree discharge 2 assess operating model
- Agree discharge standards and operational model
- Scope information and ICT requirements including staff mobilisation
- Draft and agree operational policy including new discharge timeline
- Trusted Assessor Model and Competencies developed

Category B – Procurement

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 -

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) 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.

Achievements this Period

Total Bed Management (TBM):

- ✓ 1st Project Board - Agreed ToR, Membership & Deputies, High Level Milestones
- ✓ Established how and who for phase 1 – Current requirements and Bed Audit
- ✓ Engaged with Capital planning on options workshop planning

Quality Value Cost (QVC):

- ✓ Established QVC Top 13 opportunities based on effort vs benefit matrix
- ✓ Created standard Value through procurement groups terms of reference
- ✓ Created single procurement plan
- ✓ Refreshed Procurement QlikSense dashboard & established processes within procurement for dashboard updates in future

Sustainable Travel (STS):

- ✓ Draft ToR
- ✓ 1st Project Board to understand Exec requirements
- ✓ Gained access to SEL travel data

Automated Stock Management (ASM):

- ✓ Final ITT gone live
- ✓ Draft DPIA & Project plan

Savings Anticipated (PYE) 2019/20

£2.1m

Savings Anticipated (FYE)

£ 2.28m

Delivery Confidence

Amber

Key Milestones

Total Bed Management (TBM):

- Requirements gathering / Bed Audit – **Jul-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):

- Amalgamate All Wales / Local & QVC T1 into one plan owned within Procurement – **July 2019**
- QVC T1 Clinical Packs creation and distribution – **July 2019**
- QVC T1 Clinical Meetings – **July-Aug 2019**

Sustainable Travel (STS):

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

Automated Stock Management (ASM):

- Invitation to Tender Go Live on Procurement Systems – **July 2019**
- Contract Award & start – **October 2019**
- Equipment Deliveries – **Dec/Jan 2019**

Actions for next period

Total Bed Management (TBM):

- Create detailed plan for phase 1 – Bed Audit
- Design, create & undertake bed audit survey
- Establish historic bed hire profiles

Quality Value Cost (QVC):

- Create/Distribute all 13 QVC Tier 1 clinical packs
- Schedule Clinical Meetings (2 scheduled / 11 outstanding)

Sustainable Travel (STS):

- Create dataset of new Swansea Bay Health Board 12,000 employees
- Draft PID

Automated Stock Management (ASM):

- Draft ToR/PID and detailed Project plan