

## Appendix 1 - Turnaround Update

**Section 1** – Summarises 2019/20 Directorate savings plans against required savings target of 3.7% for Directorates that are escalated to the Chief Executive Holding to Account meetings. The figures included in this section are based on the known Month 9 position as at 8<sup>th</sup> December 2019 and will be subject to change with the identification of further savings opportunities. Figures in square brackets represent the position in the previous month, where different to current month.

<b>Facilities</b>	<b>19/20 target saving £'000s</b>	<b>1,385</b>	<b>Total of saving plans £'000s</b>		<b>917</b>	<b>432</b>	<b>0</b>	<b>1,349</b>	<b>Variance £'000s</b>	<b>36</b>	<b>Idea in-year potential</b>	<b>125</b>
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Mitigating actions</b>							
	Green schemes	(635)	(642)	(7)	One-off Capital to Revenue transfer of £50k in November 2019 has offset the under-delivery of savings against other schemes.							
	Amber schemes	(150)	(0)	150	Non-delivery of savings against Non-Domestic Rates scheme.							
	<b>Total</b>	<b>(785)</b>	<b>(642)</b>	<b>143</b>	<u>Other actions agreed:</u> The Facilities Directorate was de-escalated at the December 2019 meeting. January 2020 meeting to focus on 2020/21 savings opportunities.							

<b>Pathology</b>	<b>19/20 target £'000s</b>	<b>741</b>	<b>Total plans £'000s</b>		<b>289</b>	<b>140</b>	<b>0</b>	<b>429</b>	<b>Variance £'000s</b>	<b>312</b>	<b>Idea in-year potential</b>	<b>63</b>
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Mitigating actions</b>							
	Green schemes	(195)	(214)	(19)	N/A – Recruitment to substantive Consultant post has delivered savings over and above the planned monthly saving since October 2019.							
	Amber schemes	(28)	(68)	(40)	N/A - Secondary Care Demand Optimisation savings.							
	<b>Total</b>	<b>(123)</b>	<b>(282)</b>	<b>(59)</b>	<u>Other actions agreed:</u> <ul style="list-style-type: none"> <li>Demand optimisation work being progressed with Project Management support – see update in Section 3 of this report.</li> <li>Potential savings as a result of reduced activity to be profiled for the remainder of 2019/20.</li> <li>Update on 2020/21 plans to be provided at the next (24<sup>th</sup> January 2020) Chief Executive Officer (CEO) Holding To Account (HTA) meetings, including Transforming our Pathology plans and support required to deliver.</li> </ul>							

<b>Scheduled Care</b>	<b>19/20 target £'000s</b>	<b>3,682</b>	<b>Total plans £'000s</b>		<b>2,531</b>	<b>50</b>	<b>0</b>	<b>2,581</b>	<b>Variance £'000s</b>	<b>1,101</b>	<b>Idea in-year potential</b>	<b>1,325</b>
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Mitigating actions</b>							
	Green schemes	(1,716)	(1,415)	301	Transactions against loss of patent schemes in the last 4 months have mitigated some of the impact against the Orthopaedic and other schemes that are not on track to deliver the planned saving.							
	Amber schemes	(35)	(11)	24	This relates to the Urology Medical Staffing (PSA monitoring) scheme.							
	<b>All schemes</b>	<b>(1,751)</b>	<b>(1,426)</b>	<b>325</b>	<u>Other actions agreed:</u>							

					<ul style="list-style-type: none"> <li>Efficiency and productivity opportunities have been identified in Endoscopy, Theatres and Outpatients. Additional project support to be identified to progress this work.</li> <li>Provide details of how the 2019/20 savings gap of £182k will be met.</li> <li>An update on 2020/21 plans to be provided at the next (24<sup>th</sup> January 2020) CEO HTA, including how much of non-recurrent will continue to deliver next year.</li> </ul>
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<b>BGH USC</b>	<b>19/20 target £'000s</b>	<b>786</b>	<b>Total plans £'000s</b>		<b>919</b> [851]	<b>0</b> [68]	<b>0</b>	<b>919</b>	<b>Variance £'000s</b>	<b>(133)</b>	<b>Idea in-year potential</b>	<b>0</b>
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Mitigating actions</b>							
	Green schemes	(644)	(603)	41	Roster efficiency scheme is not on track to deliver the planned saving although this has been offset by an over-delivery of saving against the Nurse Agency scheme. As at December 2019, the Length of Stay scheme has under delivered on planned savings by £16k.							
	<b>Total</b>	<b>(644)</b>	<b>(603)</b>	<b>41</b>	<u>Other actions agreed:</u> <ul style="list-style-type: none"> <li>Produce a plan, with clear delivery dates, to deliver control total by the next (24<sup>th</sup> January 2020) meeting including opportunities to defer or prevent non-pay.</li> <li>Provide an update on progress of the implementation of the Collaborative Shared Care Model at Bronglais General Hospital.</li> <li>Produce a plan by the next CEO HTA meeting on how savings are going to be delivered recurrently in 2020/21.</li> </ul>							

GGH USC	19/20 target £'000s	1,557	Total plans £'000s		732	373	0	1,105	Variance £'000s	452	Idea in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(458)	(622)	(164)	Transactions against loss of patent schemes in the last 4 months have mitigated some of the impact of the under-delivery of savings against the roster control scheme.							
	Amber schemes	(171)	(78)	93	Length of Stay reduction scheme is under-delivering against the planned savings. The variable pay reduction scheme did not deliver the planned saving in November or December 2019.							
<b>Total</b>	<b>(629)</b>	<b>(700)</b>	<b>(71)</b>	<u>Other actions agreed</u> Produce a plan to demonstrate how the savings shortfall will be met this financial year.								

PPH USC	19/20 target £'000s	931	Total plans £'000s		789	0	0	789	Variance £'000s	142	Idea in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(403)	(618)	(215)	Transactions against loss of patent schemes in the last 4 months have mitigated some of the impact of the under-delivery of planned savings against the length of stay reduction scheme.							
	<b>Total</b>	<b>(403)</b>	<b>(618)</b>	<b>(215)</b>	<u>Other actions agreed</u> Produce a plan to demonstrate how the savings shortfall will be met this financial year.							

WGH USC	19/20 target £'000s	1,125	Total plans £'000s		986	139	0	1,125	Variance £'000s	0	Idea in-year potential	125
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(786)	(696)	90	Transactions against loss of patent schemes in the last 4 months have mitigated some of the impact of the under-delivery of planned savings against the Ambulatory Care Scheme and refurbishment of Ward 10 Scheme.							
	Amber schemes	(102)	(5)	97	This relates to the Middle Grade vacancy position in Medicine.							
<b>Total</b>	<b>(888)</b>	<b>(701)</b>	<b>187</b>	<u>Other actions agreed</u> Produce a plan to demonstrate how the savings shortfall will be met this financial year.								

Oncology & Cancer	19/20 target £'000s	438	Total plans £'000s		284	0	0	284	Variance £'000s	154	Idea in-year potential	0
	Schemes	YTD planned	YTD actual	YTD variance	Mitigating actions							
	Green schemes	(216)	(227)	(11)	N/A							
	<b>Total</b>	<b>(216)</b>	<b>(227)</b>	<b>(11)</b>	<u>Other actions agreed:</u> <ul style="list-style-type: none"> <li>Model the demand for drug/ treatment costs.</li> <li>Produce a plan to achieve the cancer target of 90%.</li> <li>Produce a financial plan for NICE drugs coming on line in 2020/21.</li> </ul>							

- Confirm that other Health Boards are being appropriately re-charged for drugs provided by Hywel Dda University Health Board (HDdUHB).

**Section 2** – Summarises 2019/2020 Directorate savings plans against required savings target of 3.7% for Directorates that are monitored through the Turnaround Director Holding to Account meetings. The figures included in this section are based on the known Month 9 position, as at 8<sup>th</sup> December 2019, and will be subject to change with the identification of further savings opportunities.

<b>Carmarthenshire County</b>	<b>19/20 target £'000s</b>	<b>884</b>	<b>Total plans £'000s</b>			<b>713</b> [683]	<b>13</b> [121]	<b>0</b>	<b>726</b> [804]	<b>Variance £'000s</b>	<b>158</b>	<b>Idea in-year potential</b>	<b>0</b>
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Mitigating actions</b>								
	Green schemes	(499)	(427)	72	Slippage against a number of schemes, including Nurse Recruitment, Chronic Disease Management and AVH Ambulatory Care, has been partly offset by the over-delivery of planned savings against the Continuing Healthcare (CHC) and Palliative Care schemes.								
	Amber schemes	(10)	(1)	9	This relates to the Medicines Locker schemes.								
	<b>Total</b>	<b>(509)</b>	<b>(428)</b>	<b>81</b>	<b>Other actions agreed</b> Produce a plan to demonstrate how the savings shortfall will be met this financial year.								

<b>Ceredigion County</b>	<b>19/20 target £'000s</b>	<b>415</b>	<b>Total plans £'000s</b>			<b>355</b>	<b>60</b>	<b>0</b>	<b>415</b>	<b>Variance £'000s</b>	<b>0</b>	<b>Idea in-year potential</b>	<b>None</b>
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Mitigating actions</b>								
	Green schemes	(257)	(257)	0	N/A								
	Amber schemes	0	0	0	N/A								
	<b>Total</b>	<b>(225)</b>	<b>(225)</b>	<b>0</b>									

<b>Pembrokeshire County</b>	<b>19/20 target £'000s</b>	<b>729</b>	<b>Total plans £'000s</b>			<b>351</b>	<b>53</b>	<b>0</b> [388]	<b>404</b>	<b>Variance £'000s</b>	<b>325</b>	<b>Idea in-year potential</b>	<b>None</b>
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Mitigating actions</b>								
	Green schemes	(283)	(271)	12	Relates to delays experienced earlier in the year in reviewing CHC cases.								
	Amber schemes	(35)	0	35	This variance represents slippage on the Enhanced Recovery Service scheme.								
	<b>Total</b>	<b>(318)</b>	<b>(271)</b>	<b>47</b>	<b>Other actions agreed</b> Produce a plan to demonstrate how the savings shortfall will be met this financial year.								

<b>Women &amp; Children</b>	<b>19/20 target £'000s</b>	<b>1,359</b>	<b>Total plans £'000s</b>			<b>332</b>	<b>0</b>	<b>89</b> [108]	<b>421</b>	<b>Variance £'000s</b>	<b>938</b>	<b>Idea in-year potential</b>	<b>70</b>
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Mitigating actions</b>								
	Green schemes	(202)	(177)	25	Withybush General Hospital Maternity-led Unit staff costs saving of £10k per month from November 2019 has not delivered the planned saving. £5k relates to other schemes that slipped on delivery in Month 1.								
	Red schemes	(44)	(0)	44	Relates to the review of the visiting Anti-Natal Clinic – this was due to start delivering from October 2019.								

<b>Total</b>	<b>(246)</b>	<b>(177)</b>	<b>69</b>							
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<b>Primary Care</b>	<b>19/20 target £'000s</b>	<b>790</b>	<b>Total plans £'000s</b>		1,215	70	400	1,685	<b>Variance £'000s</b>	<b>(895)</b>	<b>Idea in-year potential</b>	<b>0</b>
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Mitigating actions</b>							
	Green schemes	(770)	(568)	202	Locum cost scheme has under-delivered against the planned saving by £123k as at Month 9. Total planned 2019/20 savings are £670k. GP Commissioning Hub has started to deliver from Month 8, although not to the level planned.							
	Amber schemes	(34)	0	34	The savings from the Salaried GPs have yet to be identified or transacted.							
	Red schemes	(183)	0	183	Steps are being taken to return one managed practice to independent contractor status by December 2019. This may deliver £36k in quarter 4. There has been no interest in the other two managed practices. Work to continue on an alternative model to reduce costs by a further £50k over the second half of the year.							
	<b>Total</b>	<b>(987)</b>	<b>(568)</b>	<b>419</b>								

<b>Radiology</b>	<b>19/20 target £'000s</b>	<b>584</b>	<b>Total plans £'000s</b>		390	405	0	795	<b>Variance £'000s</b>	<b>(211)</b>	<b>Idea in-year potential</b>	<b>0</b>
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Mitigating actions</b>							
	Green schemes	(255)	(135)	120	Reduction in outsourcing costs are not delivering as planned.							
	Amber schemes	(253)	0	253	24 hour provision scheme is not delivering against the planned saving.							
	<b>Total</b>	<b>(508)</b>	<b>(135)</b>	<b>373</b>								

<b>Mental Health</b>	<b>19/20 target £'000s</b>	<b>2,691</b>	<b>Total plans £'000s</b>		2,521	20 [88]	0 [44]	2,541	<b>Variance £'000s</b>	<b>150</b>	<b>Idea in-year potential</b>	<b>0</b>
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Mitigating actions</b>							
	Green schemes	(1,629)	(1,680)	(51)	The under-delivery against planned savings of a number of schemes has been mitigated through slippage transacted from Month 5 onwards.							
	Amber schemes	(13)	(0)	13	Relates to slippage on ICF bid.							
	<b>Total</b>	<b>(1,642)</b>	<b>(1,680)</b>	<b>(38)</b>								

### Section 3 – Executive Team Priority Areas

3.1 The table below provides an update against each of the Executive Team priority areas with associated savings plans for 2019/20, as at Month 9.

	19/20 target £'000s	5,900	698 [797]	0 [339]	Total	6,598 [7,036]	Idea in-year potential	1,863	
	Schemes	YTD planned	YTD actual	YTD variance	Progress				
<b>Workforce</b>	<u>Objectives:</u>								
	<ul style="list-style-type: none"> <li>• Support schemes developed by other Directorates which have a workforce element to their delivery;</li> <li>• Monitor expenditure on variable pay across all staff groups; and</li> <li>• Identify Health Board wide/corporately driven schemes which may deliver results in workforce efficiency and effectiveness.</li> </ul>								
	Green schemes	(4,478)	(3,664)	814	Progress last month:				
	Amber schemes	(416)	0	416	<ul style="list-style-type: none"> <li>• Review of Workforce Control Panel effectiveness underway.</li> <li>• Procurement of electronic Nurse Rostering complete and Steering Group established.</li> <li>• Current practice for covering shifts through Consultants 'acting down' is being reviewed. Recommendations to be presented to the Executive Team February 2020.</li> <li>• Discussions held on the potential benefits for improved rota management and associated efficiencies within the Emergency Departments of GGH &amp; WGH. An Urgent Response Group has been created with a single rota proposal as one option being considered.</li> <li>• E-job Planning mandated from 1<sup>st</sup> January 2020.</li> <li>• Medical Agency Service Level Agreement monthly review meetings reinstated in December 2019.</li> <li>• Meeting held with Radiology Service Delivery Manager and Project Plan drafted to support Directorate to achieve efficiencies.</li> </ul>				
<b>Total</b>	<b>(4,894)</b>	<b>(3,664)</b>	<b>1,230</b>	<b>Actions for January 2020:</b> <ul style="list-style-type: none"> <li>• Conclude Workforce Control Panel effectiveness review.</li> <li>• Progress with implementation plans for E-roster system.</li> <li>• Start to scope opportunities to establish Banks for other staff groups.</li> <li>• Task &amp; Finish group to look at quantifying the impact of e-job planning, starting with the Obstetrics &amp; Gynaecology Directorate medical pay, where e-job planning is fully implemented.</li> <li>• Review online timesheet authorisation processes for medical agency workers to ensure they are appropriate in light of the HB's standing financial instructions.</li> <li>• Continue to review variable expenditure, including overtime and agency usage, and identify opportunities for efficiencies.</li> </ul>					

Patient Flow – Unscheduled Care	19/20 target £'000s	1,141	219	0	Total	1,360	Idea in-year potential	525	
	Schemes	YTD planned	YTD actual	YTD variance	Progress				
	<u>Objectives:</u> Undertake appropriate activity associated with Unscheduled Care Service (USC) to contribute to: <ul style="list-style-type: none"> <li>Overall reduction in bed days</li> <li>Improve patient flow</li> </ul> Confirm metrics/ dashboard in order to establish baseline & monitor performance								
	Green schemes	(721)	(452)	269	Progress last month:				
	Amber schemes	(109)	(78)	31	<ul style="list-style-type: none"> <li>USC Improvement/ patient flow metrics/ dashboard agreed and in development (once developed metrics can be used to monitor performance).</li> <li>Scoping discussion completed and agreed focus on GGH &amp; WGH sites with Frailty &amp; Ambulatory Care noted as a starting point.</li> <li>Workshop session at winter summit for Discharge to Recover then Assess (D2RA) pathways.</li> </ul>				
	<b>Total</b>	<b>(830)</b>	<b>(530)</b>	<b>300</b>	Actions for January 2020: <ul style="list-style-type: none"> <li>Increase support to key project areas to show demonstrable improvements in 2019/20</li> <li>Adopt/ improve implementation of D2RA.</li> <li>Analyse GGH &amp; WGH Frailty and Ambulatory Care plans – provide additional support where appropriate/ possible to drive actions within said plans.</li> </ul>				

Patient Flow – Critical Care	19/20 target £'000s	338	0	0	Total	338	Idea in-year potential	0	
	Schemes	YTD planned	YTD actual	YTD variance	Progress				
	<u>Objectives:</u> Undertake appropriate activity associated with Critical Care Service to contribute to: <ul style="list-style-type: none"> <li>Overall reduction in bed days</li> <li>Improve patient flow</li> </ul>								
	Green schemes	(242)	(231)	11	Progress last month:				
	<b>Total</b>	<b>(242)</b>	<b>(231)</b>	<b>11</b>	<ul style="list-style-type: none"> <li>Short term actions to improve flow/ management of Critical Care Service will include potential training on wards sitting outside Critical Care – a number of areas are being considered.</li> <li>Agreed short-term focus to be on GGH &amp; WGH. Discussions ongoing regarding pilots on the use of High Flow Oxygen at GGH and NIV at WGH.</li> <li>Development of dashboard for use <i>My Critical Care Service</i>.</li> </ul>				
	Actions for January: <ul style="list-style-type: none"> <li>Agree and progress short term improvements/ changes that can be carried out during financial year 2019/20.</li> <li>Plan &amp; undertake wider engagement with Critical Care (and linked services) to agree overall way forward regarding service redesign for the longer term.</li> </ul>								

<b>Patient Flow – Out of Hours</b>	<b>19/20 target £'000s</b>	380	120	0	<b>Total</b>	<b>500</b>	<b>Idea in-year potential</b>	<b>375</b>	
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Progress</b>				
	<u>Objectives:</u>								
	<ul style="list-style-type: none"> <li>To overcome multi-faceted issues affecting the current Out of Hours service in HDdUHB and agree a vision for a future service model.</li> <li>Address the current service fragility affecting Out of Hours sites caused through workforce pressures.</li> <li>Develop a future workforce plan taking into account recruitment opportunities, flexible working and the growing concept of multi-disciplinary teams.</li> <li>Measure and analyse identified weaknesses of the current service in relation to the patient flow through 111 call centre and clinical support hub.</li> <li>Assess opportunities to re-brand the service in light of the need to readdress patient expectations and behaviours in relation to urgent primary care.</li> <li>In noting links to other projects, develop an integrated 24/7 approach to urgent primary care.</li> </ul>								
	Green schemes	(225)	(225)	0	Progress last month:				
Amber schemes	(78)	(78)	0	<ul style="list-style-type: none"> <li>Timeline for temporary service change agreed.</li> <li>Service improvement initiatives alongside temporary service developed to bolster service resilience in dealing with high levels of demand through 111 and Welsh Ambulance Service NHS Trust escalation.</li> <li>Project plan draft complete which outlines the longer term picture in terms of deliverables and key milestones.</li> <li>Engagement support now sought to support the temporary service changes and input into design of the longer term model.</li> </ul>					
<b>Total</b>	<b>(303)</b>	<b>(303)</b>	<b>0</b>	<b>Actions for January 2020:</b> <ul style="list-style-type: none"> <li>To implement temporary service changes and manage the various actions during this period. Will require significant input due to number of stakeholders involved and tight timescales to satisfy.</li> <li>Completion of contingency plan to support service change.</li> <li>Agreement of project measures to support the service change.</li> <li>Clarity on public engagement methods for longer term re-design.</li> <li>Scope stakeholder workshop in longer term options development.</li> </ul>					

<b>Patient Flow – Primary Care</b>	<b>19/20 target £'000s</b>	1,215	70	400	<b>Total</b>	<b>1,685</b>	<b>Idea in-year potential</b>	<b>0</b>	
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Progress</b>				
	<u>Objectives:</u>								
	<ul style="list-style-type: none"> <li>Explore all factors that currently influence patient flow in Primary Care as part of a wider context of improving performance in Unscheduled Care</li> <li>Take a demand management-focused approach, to explore the different components of demand that impact on Primary Care</li> <li>Use the Primary Care model for Wales and the National Strategic Programme for Primary Care to act as a key “lens” for the project.</li> <li>Act and build on the Primary Care access guidance issued by the Health Minister.</li> <li>Consider urgent primary care in the round and note cause and effect from different components of the urgent primary care system</li> <li>Examine local innovation at a locality level and explore standardisation of good practice where possible i.e. control room approach to triage.</li> <li>Develop a communications plan for Primary Care building on successful examples elsewhere</li> <li>Develop quick wins as an early output for the project where there is a known requirement. i.e. communications support for patient education, improving health literacy etc.</li> <li>Develop further projects with Community Pharmacy to reduce demand on clinicians’ time in Primary Care.</li> </ul>								



	<ul style="list-style-type: none"> <li>Quickly note the numerous links and dependencies in other projects to avoid duplication.</li> </ul>				
	Green schemes	(770)	(568)	202	Progress last month: <ul style="list-style-type: none"> <li>Services mapped across Diabetic pathway. All legacy issues and opportunities noted. Information to be dovetailed with financial appraisal of current service provision.</li> <li>Above to test the counties' planning approach as a future chronic conditions framework.</li> <li>Teulu Jones lens will be used to articulate current experiences and that of the possible.</li> <li>Quick wins/ deliverables in short term identified including Community Diabetes model in North Ceredigion and Biosimilar Insulin Project led by Medicines Management.</li> <li>A number of links/ interdependencies prevalent, to be understood further in order to form workplan and deliverables in the medium/ long term.</li> </ul> Actions for January 2020: <ul style="list-style-type: none"> <li>Work closely with Finance business partners to accurately articulate findings from baselining exercise with financial picture of Diabetic pathway.</li> <li>Agree collectively with the group a set of deliverables to focus upon "how" we implement a new approach to chronic conditions to achieve aims/ objectives.</li> <li>Revisit key elements of the project such as stakeholder mapping and deliverables to invite further input into "how" new framework would be implemented, and what this looks like in reality.</li> <li>Add Respiratory pathway work into immediate scope.</li> </ul>
	Amber schemes	(34)	0	34	
	Red schemes	(183)	0	183	
<b>Total</b>	<b>(987)</b>	<b>(568)</b>	<b>419</b>		

<b>Outpatients</b>	<b>19/20 target £'000s</b>	198	50	0 [525]	<b>Total</b>	248 [773]	<b>Idea in-year potential</b>	425	
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Progress</b>				
	<u>Objectives:</u>								
	To oversee an Efficiency and Productivity plan that could release core capacity in to the system, including;								
	<ul style="list-style-type: none"> <li>Improve new to follow-up ratios</li> <li>Improve outcome form compliance</li> <li>Reduce new and follow-up DNA rates</li> <li>Improve patient pathways</li> </ul>			<ul style="list-style-type: none"> <li>Reduce follow-ups and follow-ups not booked;</li> <li>Establish a process for managing Seen on Symptoms (SOS) patients</li> <li>Increase uptake of electronic referrals</li> <li>Improve referral management processes</li> </ul>					
Green schemes	(112)	(84)	28	Progress last month: <ul style="list-style-type: none"> <li>69% of all referral received electronically from GP in October 2019.</li> <li>Compendium of clinical conditions completed for both referral criteria and standard follow-up protocols. This will be shared within the Primary Care GP community shortly.</li> <li>Outcome form review underway and pilot to test effectiveness initially within ENT to commence in January 2020.</li> <li>Total delayed follow-up cohort reduced from 43,853 in September 2019 to 31,367 in December 2019.</li> <li>Total 100% delayed follow-up cohort reduced to 17,392 in December 2019 (November 2019 21,476).</li> <li>HDdUHB response to the National NHS benchmarking has been received and identifies new areas of opportunity.</li> </ul> Actions for January:					
Amber schemes	(35)	(11)	24						
<b>Total</b>	<b>(147)</b>	<b>(95)</b>	<b>52</b>						

				<ul style="list-style-type: none"> <li>• 2 further services due to go live with electronic referrals (CMATS &amp; T&amp;O).</li> <li>• Skype clinic pilot to commence to work with Urology (post-Radiology patients) and Diabetic new referrals in Pembrokeshire.</li> <li>• Savings in clinic utilisation to be agreed.</li> <li>• Further reduction in the volume of delayed follow ups. New specialist validation team to focus on delayed follow-ups.</li> <li>• Confirm the plan to support financial benefits realisation.</li> <li>• Provide plan for rollout of outcome form improvement across HDdUHB.</li> <li>• Feedback and action is required for the National Seen on Symptoms/Patient initiated follow-ups with the wider service teams to identify plans to deliver.</li> <li>• Investigate reasons for DNA rate increase in November 2019.</li> </ul>
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<b>Mental Health &amp; Learning Disabilities</b>	<b>19/20 target £'000s</b>	596	0	0 [88]	<b>Total</b>	596	<b>Idea in-year potential</b>	0	
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Progress</b>				
	<u>Objectives:</u>								
	<ul style="list-style-type: none"> <li>• Shared Care project for Older Adults Mental Health</li> <li>• Developing plan for Transformation of Learning Disability Services</li> <li>• Moving forward TMH programme deliverables</li> </ul>								
	Green schemes	(438)	(438)	0	Progress last month:	<ul style="list-style-type: none"> <li>• Shared Care model – Financial envelope for project has been agreed, agreement to advertise for a post to support ward in Mental Health activities.</li> <li>• LD programme – Discussions ongoing with the Improving Lives Programme to scope out resource requirements to deliver on the objectives set out within the Improving Lives Programme action plan.</li> <li>• Transforming Mental Health - Programme Business Case submitted to Welsh Government, scoping activity begun for integration of services at Ceredigion site, capital funding for Gorwelion approved, all third sector services reviewed in line with Transforming Mental Health Strategy and delivery model, research work carried out to understand Single Point of Contact (SPoC) activities to inform local development, staffing model and bed modelling underway, discussions with third sector underway to look at potential community bed provisions.</li> </ul>			
<b>Total</b>	<b>(438)</b>	<b>(438)</b>	<b>0</b>	Actions for January 2020:	<ul style="list-style-type: none"> <li>• Shared Care model – sign off of SOP and Medical Model.</li> <li>• LD programme – Explore opportunities for three long-stay patients to be resettled within the community, determine scope and resource requirement for the TLD programme, determine engagement and consultation requirements for designing the future model for specialist LD care.</li> <li>• Transforming Mental Health - Contracts to be circulated for approval before issuing agreements, estates work to commence at Gorwelion, link into regional group to progress work around SPoC, refresh governance structure and Terms of Reference to align programme with the wider portfolio, recruitment of roles and vacancies identified within MHLD to ensure resource is available to continue delivery.</li> </ul>				



<b>Demand Optimisation - Pathology</b>	<b>19/20 target £'000s</b>	76	120	0 [321]	<b>Total</b>	<b>196</b>	<b>Idea in-year potential</b>	<b>125</b>	
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Progress</b>				
	<u>Objectives:</u>								
	<ul style="list-style-type: none"> <li>Develop a data tool to enable assessment of Pathology test request activity and costs.</li> <li>Use the data tool (and other data sources and evidence) to investigate potential areas of demand optimisation focussed on reducing unwarranted variation and/or optimising overall care through better use of Pathology.</li> <li>Work with clinicians and clinical teams to develop, agree and implement demand optimisation interventions.</li> </ul>								
	Green schemes	(54)	(54)	(0)	Progress last month:				
	Amber schemes	(14)	(54)	(40)	<ul style="list-style-type: none"> <li>Faecal Cal Protectin (FCP) algorithm applied to historical data to enable review.</li> <li>Brain Natriuretic Peptide (BNP) algorithm applied to historical data to enable review.</li> <li>Anaemia Test Profile Pilot in Primary Care completed and findings evaluated.</li> </ul>				
Red schemes	0	0	0	Actions for January 2020:					
<b>Total</b>	<b>(68)</b>	<b>(108)</b>	<b>(40)</b>	<ul style="list-style-type: none"> <li>Link FCP data to clinical records to evaluate impact on Colonoscopy referrals.</li> <li>Follow up Value-Based Health Care Team regarding BNP analysis.</li> <li>Refresh Intensive Care Unit data extract for Consultant Anaesthetist to review.</li> <li>Review findings of Anaemia Pilot and plan next improvement cycle in consultation with pilot site. Consider including second site. Present initial findings to Dr Sion James.</li> </ul>					

<b>Commissioning &amp; Contracting</b>	<b>19/20 target £'000s</b>	679	133	89	<b>Total</b>	<b>901</b>	<b>Idea in-year potential</b>	<b>0</b>	
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Progress</b>				
	<u>Objectives:</u>								
	<ul style="list-style-type: none"> <li>Cardiology service model and pathway with Swansea Bay</li> <li>Reclaiming costs of section 117 after care from external health boards</li> <li>PPH theatre utilisation</li> </ul>								
	Green schemes	(549)	(605)	(56)	Progress last month:				
	Amber schemes	(48)	(6)	42	<ul style="list-style-type: none"> <li>Agreed process for the receipt and management of incoming Mental Health Non-Contract Activity (NCA) invoices from 1<sup>st</sup> January 20 and pilot site identified.</li> </ul>				
Red schemes	(44)	0	44	Actions for January 2020:					
<b>Total</b>	<b>(641)</b>	<b>(611)</b>	<b>30</b>	<ul style="list-style-type: none"> <li>Mental Health Team to support NCA team in clearing existing invoices.</li> <li>Commence pilot.</li> </ul>					

<b>Medicines Management</b>	<b>19/20 target £'000s</b>	2,786	258	0	<b>Total</b>	<b>3,044</b>	<b>Idea in-year potential</b>	<b>0</b>	
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Progress</b>				
	<u>Objectives:</u>								
	<ul style="list-style-type: none"> <li>• Consideration of priority areas identified by KPMG.</li> <li>• Excess medicine stock – reduction in stock days to average to reduce obsolescence and disposal costs (£225k).</li> <li>• To scope opportunities for benefits realisation in relation to Biosimilar Insulin (£74k), Lio-thyronine (£15K), repeat prescribing process (£650K), PODs (£150K cost avoidance if 75% use of Patient's own drugs), Aspirin in VTE (£38k).</li> <li>• Embedded MM as a core consideration in other Executive Priority work groups</li> <li>• Establish and continue to develop opportunities through collaborative working with other colleagues on: Respirator, Diabetes, Pain Management, Antibiotics, Chronic Condition management, Oxygen, VIPAR phase 2 &amp; 3 and the 1-2-Many Model,</li> <li>• Business case being developed to evidence ROI on MM Business Partner approach with Chronic Conditions and other service areas, which surrounds benefits of cost down on MM and reducing direct burden on clinical staff through pharmaceutical support.</li> </ul>								
	Green schemes	(1,916)	(2,765)	(849)	Progress last month:				
Amber schemes	(123)	0	123	<ul style="list-style-type: none"> <li>• Key opportunity areas have been identified and individual business cases developed for all key areas.</li> <li>• Stakeholder identification, mapping and assessment completed and working relationships established to progress opportunities.</li> <li>• Stakeholder communications and engagement plan completed.</li> <li>• Stakeholder cost benefits and benefits realisation cases developed.</li> <li>• Work commenced and continues with Finance to detail business case and opportunities realisation.</li> <li>• Established work stream with Respiratory, Diabetes, Chronic Conditions, VIPAR 2 &amp; 3 and Oxygen to identify and detail opportunities for improvement.</li> </ul>					
<b>Total</b>	<b>(2,039)</b>	<b>(2,765)</b>	<b>(726)</b>	<b>Actions for January/February 2020:</b> <ul style="list-style-type: none"> <li>• Embed partnership approach within relevant executive work stream groups to champion Medicines Management opportunities.</li> <li>• Embed Partnership approach with service delivery leads, managerial leads and clinical leads to champion Medicines Management opportunities.</li> <li>• Further develop monitoring and evaluation mechanisms in partnership with Finance, covering multiple work streams.</li> <li>• Develop Quality Assurance plan.</li> <li>• Develop business and reporting mechanisms.</li> </ul>					

<b>Non-Pay</b>	<b>19/20 target £'000s</b>	3,564	445 [508]	0	<b>Total</b>	<b>4,009</b> <b>[4,072]</b>	<b>Idea in-year potential</b>	<b>672</b>
	<b>Schemes</b>	<b>YTD planned</b>	<b>YTD actual</b>	<b>YTD variance</b>	<b>Progress</b>			
	<u>Objectives:</u>							
<ul style="list-style-type: none"> <li>• Seek assurance that managers are effectively managing non-pay claims</li> <li>• Identify opportunities for positive communication with staff to raise awareness of, and support a reduction in, non-pay expenditure</li> <li>• Identify and promote alternative options to individual private travel</li> </ul>								

	<ul style="list-style-type: none"> <li>Monitor the delivery of all non-pay saving schemes</li> </ul>			
	Green schemes	(2,252)	(2,178)	74
	Amber schemes	(160)	(1)	159
	<b>Total</b>	<b>(2,412)</b>	<b>(2,179)</b>	<b>233</b>
				<p>December 2020 meeting did not go ahead. Progress to date:</p> <ul style="list-style-type: none"> <li>A number of potential savings opportunities identified and scoping commenced.</li> <li>Opportunities to implement an electronic pool car booking system, electronic key cabinets and a travel hierarchy are being explored.</li> <li>Review of contracts with suppliers continued – 40 completed to date.</li> </ul> <p>Actions for January 2020:</p> <ul style="list-style-type: none"> <li>Agree action plan for 2019/20 priorities – next meeting 14<sup>th</sup> January 2020.</li> <li>Commence work to conduct a feasibility study on Community Nurse scheduling software.</li> <li>Continue with review of top 100 contracts.</li> <li>Complete review of Endoscopy consumables.</li> </ul>

## Section 4 – Executive Team Priority Areas – New Workstreams

4.1 The table below provides an update against each of the Executive Team priority areas which do not yet have any identified savings as at Month 9.

<b>Demand Optimisation - Radiology</b>	<p><u>Objectives:</u></p> <ul style="list-style-type: none"> <li>• Develop a data tool to enable assessment of Radiology test; request activity and costs.</li> <li>• Use the data tool (and other data sources and evidence) to investigate potential areas of demand optimisation focused on reducing unwarranted variation and/or optimising overall care through better use of Radiology.</li> <li>• Work with clinicians and clinical teams to develop, agree and implement demand optimisation interventions.</li> </ul> <p>Progress to date:</p> <ul style="list-style-type: none"> <li>• In depth analysis of out of hours CT Pulmonary Angiography (CTPA) completed to inform SBAR.</li> <li>• SBAR and proposed pathway for CTPA finalised and sent to Thrombosis Committee for consideration of integration with HDdUHB clinical policy 457a.</li> </ul> <p>Actions for January 2020:</p> <ul style="list-style-type: none"> <li>• Complete and implement changes to out of hours requesting for CTPA.</li> <li>• Continue scoping and development of out of hours demand optimisation intervention for Orthopaedics.</li> </ul>
<b>Patient Empowerment</b>	<p><u>Objectives:</u></p> <p>To develop and deliver a programme of work to modernise the way we communicate with our patients, allowing patients to have a choice in how HDdUHB communicates with them and to provide a future-proofed platform, based around the following;</p> <ul style="list-style-type: none"> <li>• Attendance Optimisation (i.e. patient reminder, on-line booking, text reminder services).</li> <li>• Patient Feedback.</li> <li>• A full communications platform, including a hybrid mail approach, allowing patient choice on how they wish to be communicated with.</li> <li>• A full citizen/ patient portal to allow patients to access their results, letters, appointment details and any other applications or messaging that the Health Board wishes to adopt, and providing the ability to provide health education messages, medication alerts, and service improvements.</li> </ul> <p>Progress to date (December 2019 meeting cancelled):</p> <ul style="list-style-type: none"> <li>• Ongoing discussions with Welsh Government in respect of the introduction of a Citizen Portal.</li> <li>• Draft Digital Plan in development.</li> </ul> <p>Actions for January 2020:</p> <ul style="list-style-type: none"> <li>• Scope a roll-out plan to extend the Text Reminder Service to appointments made outside the Contact Centre.</li> <li>• Analyse postage data to identify reasons for fluctuations in postage costs and volumes.</li> </ul>
<b>Chronic Conditions &amp; Community</b>	<p><u>Objectives:</u></p> <ul style="list-style-type: none"> <li>• Completion of a ‘whole system’ review of current practice and resources associated with the management of chronic conditions in HDdUHB. Specifically, the review will focus on Diabetes, Respiratory Disease and Heart Failure.</li> <li>• Produce a ‘current state’ baseline.</li> <li>• Develop and agree a ‘Whole System’ Integrated Pathway Framework.</li> <li>• Test the ‘Whole System’ Integrated Pathway Framework as an organising and planning tool to redesign clinical and preventative care pathways to improve outcomes in the ‘future state’ in the identified pathways.</li> <li>• Propose transformational care pathways that align to our ‘Healthier Mid and West Wales’ strategy for consideration by the Executive Team</li> <li>• Preparation for roll-out of framework in other disease areas.</li> </ul>

	<p>Progress last month:</p> <ul style="list-style-type: none"> <li>• Services mapped across Diabetic pathway. All legacy issues and opportunities noted. Information to be dovetailed with financial appraisal of current service provision.</li> <li>• Above to test the counties' planning approach as a future chronic conditions framework.</li> <li>• Teulu Jones lens will be used to articulate current experiences and that of the possible.</li> <li>• Quick wins / deliverables in short term identified including Community Diabetes model in North Ceredigion and Biosimilar Insulin project led by Medicines Management.</li> <li>• A number of links/ interdependencies prevalent, to be understood further in order to form workplan and deliverables in the medium/ long term</li> </ul> <p>Actions for January 2020:</p> <ul style="list-style-type: none"> <li>• Work closely with Finance business partners to accurately articulate findings from baselining exercise with financial picture of Diabetic pathway</li> <li>• Agree collectively with the group a set of deliverables to focus upon implementation of a new approach to chronic conditions to achieve aims/ objectives.</li> <li>• Revisit key elements of the project such as stakeholder mapping and deliverables to invite further input into "how" new framework would be implemented – and what this looks like in reality.</li> <li>• Add in Respiratory pathway work into immediate scope.</li> </ul>
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<b>Stroke Pathway</b>	<p><u>Objective:</u> To redesign the Stroke pathway for HDdUHB to align with the Health Board's Health and Care Strategy "A Healthier Mid and West Wales", National guidance, best practice and regional planning for Hyper Acute Stroke Unit (HASU) at Morriston Hospital.</p>
	<p>Progress last month:</p> <ul style="list-style-type: none"> <li>• Stroke workshop was held on 11th December 2019, which explored the medium term options for repatriation for acute patients, and rehabilitation.</li> <li>• Further analysis of Workforce and Finance modelling.</li> <li>• Exploration into specialist rehabilitation located near to the planned new hospital.</li> <li>• Further analysis in terms of the Finance modelling for services provided by other NHS bodies.</li> </ul> <p>Actions for January 2020:</p> <ul style="list-style-type: none"> <li>• Exploration of the Community Rehabilitation Service Model.</li> <li>• Develop a Communication &amp; Engagement strategy for the pathway redesign.</li> <li>• Informatics evaluation of the assumptions/ baseline.</li> </ul>

<b>Efficiency Opportunities</b>	<p><u>Objective:</u> Undertake a review of efficiency opportunities as identified by KPMG review and provide support where appropriate.</p>
	<p>Progress last month:</p> <ul style="list-style-type: none"> <li>• Various efficiency opportunities (time-limited projects) have been shared with other groups set up under the Executive Priorities heading, Directorates or other working groups – most have either been accepted to work plans, noted as already on work plans or reasons given for impracticality.</li> <li>• Results of this work shared with Finance Business Partners giving the full list and status by Directorate so they can ensure these are considered and fed in as appropriate to Directorate savings plans.</li> <li>• Work-stream closed.</li> </ul> <p>Actions for January 2020: N/A workstream concluded.</p>