PWYLLGOR ADNODDAU CYNALIADWY
SUSTAINABLE RESOURCES COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 December 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Targeted Intervention Actions: Processes and Principles Update – From Variation to Savings Delivery
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Mark Bowling, Assistant Director of Finance

Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

In accordance with the Sustainable Resources Committee's (SRC) objectives, as specifically noted under subsequent Terms of Reference prompt, this update aims to inform of progress in addressing Welsh Government's (WG) broad ask that Hywel Dda University Health Board (HDdUHB) develop and maintain an 'Opportunities Framework', as an element of the financial aspects of Targeted Intervention.

The SRC is asked to consider and question the accompanying presentation from an assurance perspective.

Cefndir / Background

As an element of Targeted Intervention, the formal development and implementation of a continuous Opportunities Framework mechanism was tasked to the Director of Finance in December 2022.

Being described as a dynamic continuous business cycle of updating, moving and delivering of improvement ideas, sourced from multiple inputs and coordinated by the Finance Team. The organisational responsibility being described as an Executive-led cascade of expectations to budget holders, which would contribute to the delivery framework and be governed via accountability structures and progress reviews.
.
The WG expectation being that these process and principles improvements will contribute a demonstratable increase in recurrent financial benefits being delivered.

Asesiad / Assessment

In response to the financial aspects of Targeted Intervention, processes and principles have been developed over the past year to address the expressed concerns of WG and their representatives.

A process already existed within HDdUHB, as previously approved through the SRC in March 2020. Over the past year strengthening and more clearly articulating this process through four specific documents, that span the journey from identifying variation through comparing Health Board performance with peers, through to delivering a saving.

The following diagram using the analogy of a funnel in filtering and refining the variation or idea, noting the four financial process and principles documents that address each stage in this journey.
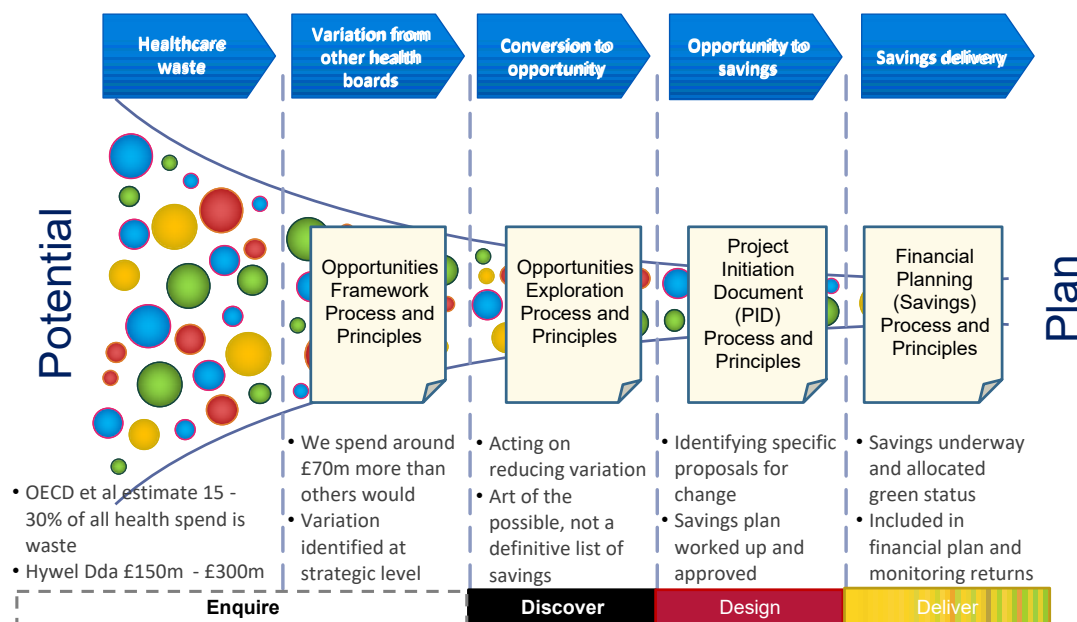
Through dialogue with W G representatives a process to guide and govern the working up of an idea through to the creation of a savings Project Initiation Document was requested (to articulate the Discover stage of above diagram).

In creating this additional process and principles document the existing Opportunities Framework process and principles needed to be updated to clarify overlaps.

This SBAR is accompanied by four documents for consideration:

- Appendix 1: A presentation to describe this in more detail.
- Appendix 2: An updated Opportunities Framework process and principles document.
- Appendix 3: A new Opportunities Exploration process and principles document.
- Appendix 4: A copy of the new planning document, led by the Deputy Director of Operational Planning and Commissioning, that more broadly covers the new organisational process from idea ('Enquire') to Savings Delivery, under the auspices of 'The Hywel Dda Way' planning framework.

Argymhelliad / Recommendation

The Committee is asked to **RECEIVE ASSURANCE** that:

- Appropriate processes and principles are in place to describe and govern the process from budget holder (accountable officer) idea of a potential improvement through to delivery of a proposal that seeks to either address growth or release operating costs. Ideas can, but are

not restricted to, flow from the Opportunities Framework that will identify variation and other benchmarking information.

- Appropriate governance is in place to consider and manage the progression or rejection of such cost improvement ideas.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1 Undertake detailed scrutiny of the organisation's overall: • Monthly, quarterly and year-to-date financial performance; • Performance against the Savings Delivery and the Cost Improvement Programme providing assurance on performance against the Capital Resource Limit and cash flow forecasts. 3.3 Receive assurances in respect of performance against annual budgets, capital plans and the Cost Improvement Programme and innovation and productivity plans. 3.10 Oversee the development and implementation of a financial management improvement agenda across the organisation. 3.12 Seek assurances on the requirements arising from the Health Board's regulators, Welsh Government and professional bodies. 3.13 Review and approve financial procedures on behalf of the Health Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	3. Data to knowledge 4. Learning, improvement and research
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient 2. Timely
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Working together to be the best we can be 5. Safe sustainable, accessible and kind care 6. Sustainable use of resources

Amcanion Cynllunio Planning Objectives	8c Financial Roadmap Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Adnoddau Cynaliadwy: Parties / Committees consulted prior to Sustainable Resources Committee:	NHS Executive for indicative acceptability of the updated principles and procedures, in advance of forthcoming formal Targeted Intervention meeting.

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: **Financial / Service:**	Not applicable
Ansawdd / Gofal Claf: **Quality / Patient Care:**	Not applicable
Gweithlu: **Workforce:**	Not applicable
Risg: **Risk:**	Not applicable
Cyfreithiol: **Legal:**	Not applicable

Enw Da: Reputational:	Whilst there is no discrete or measurable connection, in response to specific Targeted Intervention requests from Welsh Government this response aims to contribute to a demonstration of organisational conformity and positive progress.
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

From Variation to Savings
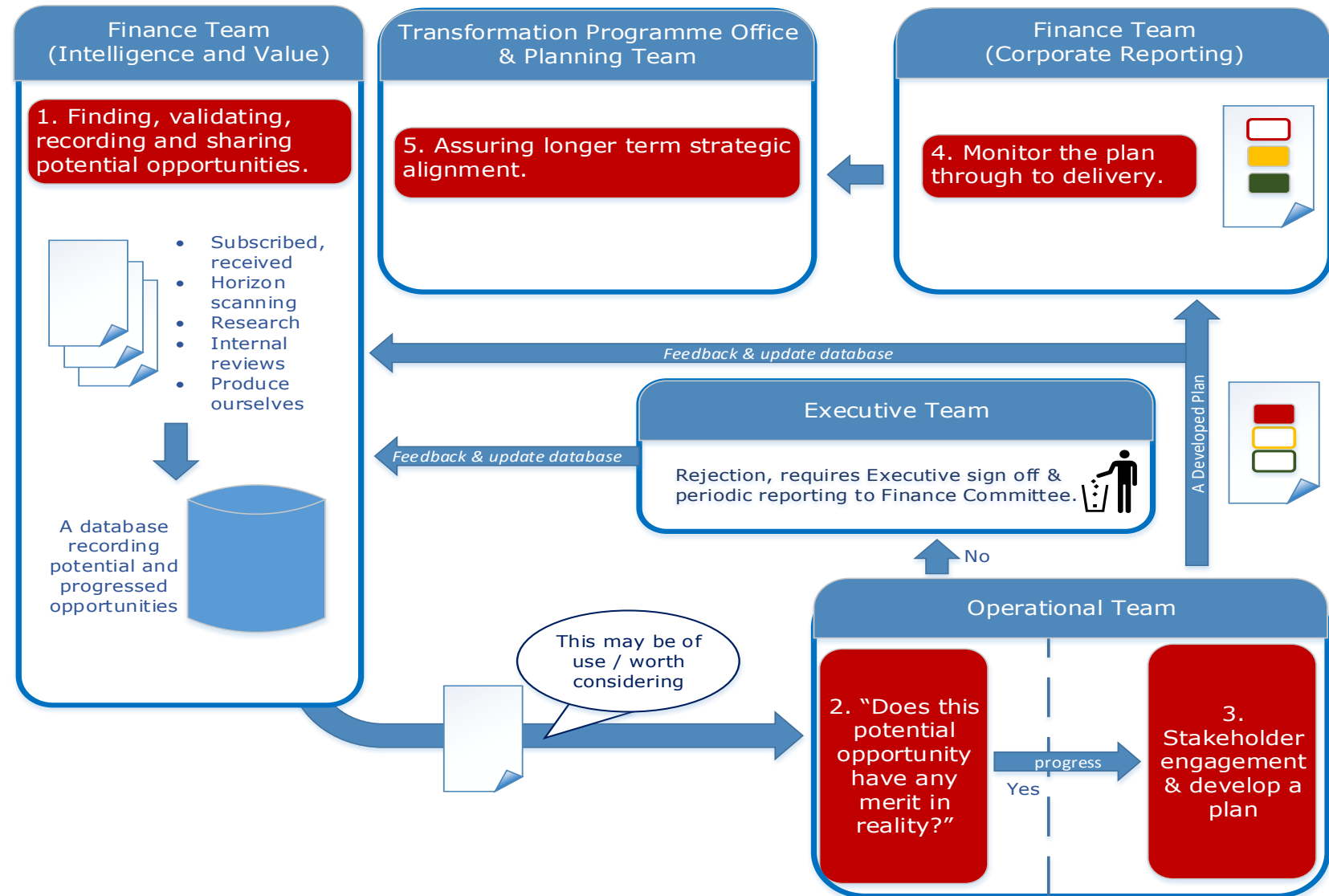## A Principles & Processes Update for Sustainable Resources Committee
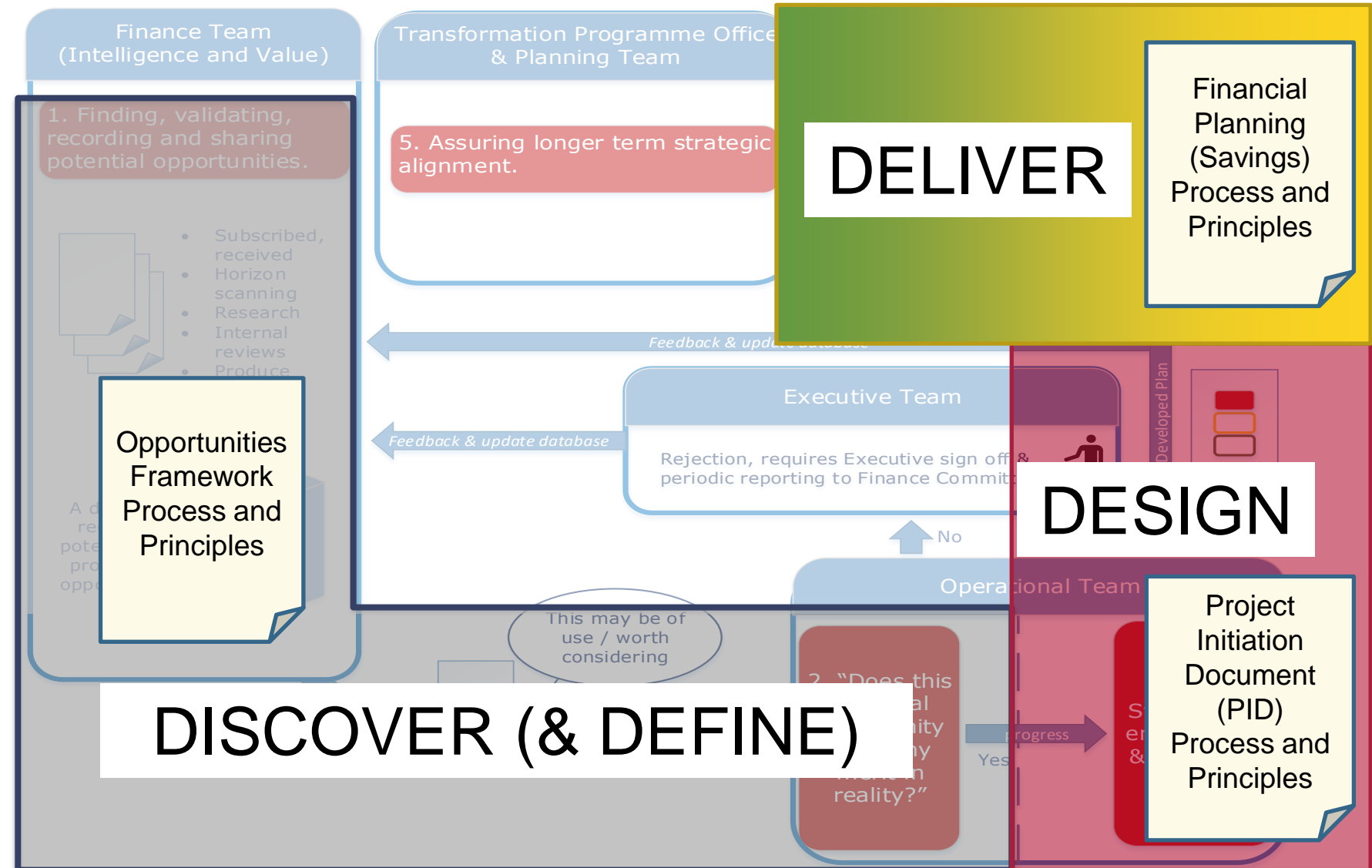
Finance Function

December 23

Principles when moving from Variation to Savings

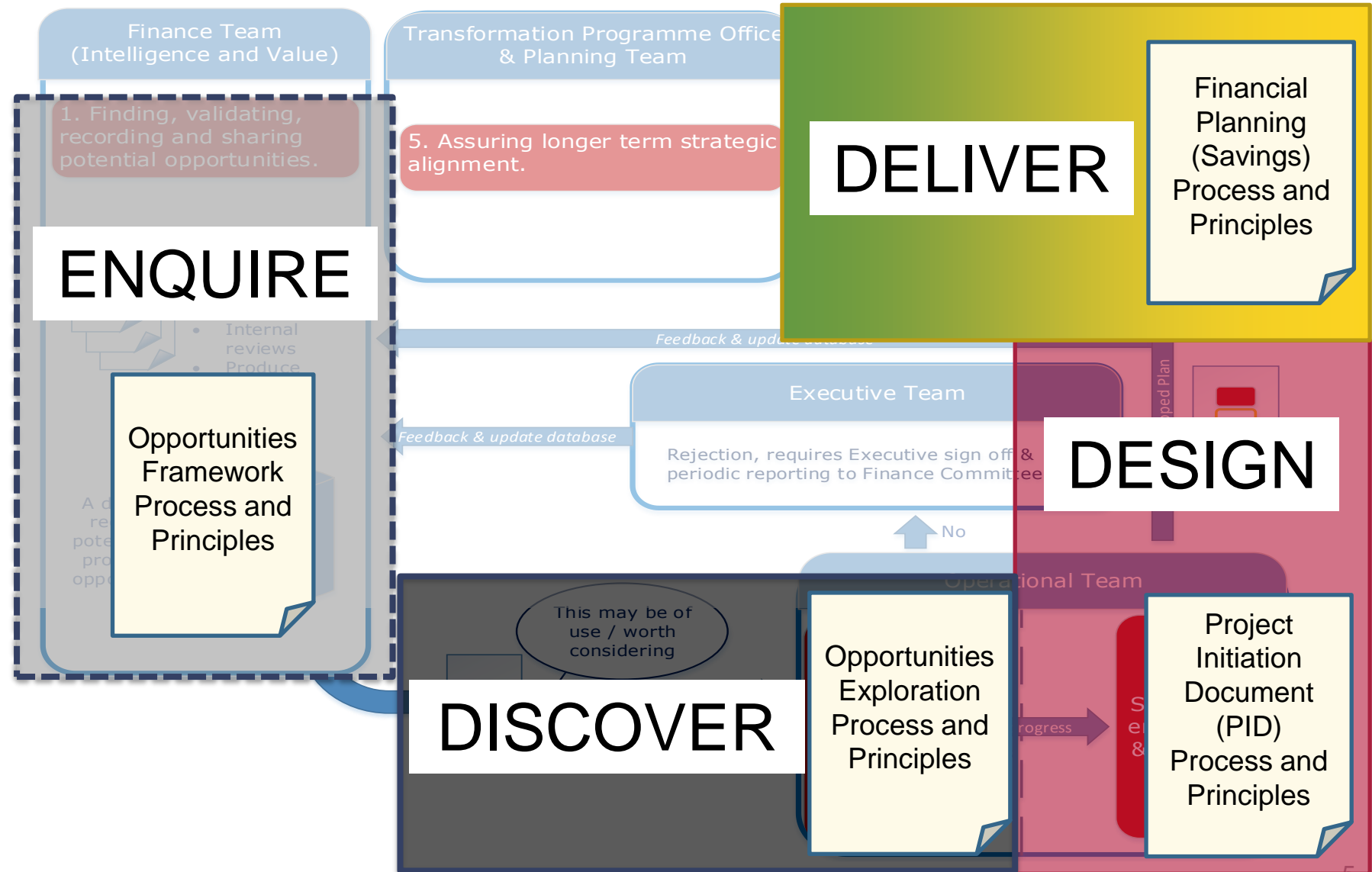|	
1	Existing process flow, as updated with specific principles documents during 2023
2	Funnel analogy to describe the journey from waste to savings realisation, also referencing process and principles documents by stage
3	Updates to existing Opportunities Framework Process and Principles
4	New 'bridging' Opportunities Exploration Process and Principles
5	Exploring and Reporting Savings and Improvements
6	Governance Summary, internal and external

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Overlaying 3D process and the Financial Processes and Principles

Finance Team (Intelligence and Value)

1. Finding, validating, recording and sharing potential opportunities.

- Subscribed, received
- Horizon scanning
- Research
- Internal reviews
- Produce

Transformation Programme Office & Planning Team

5. Assuring longer term strategic alignment.

DELIVER

Financial Planning (Savings) Process and Principles

Opportunities Framework Process and Principles

Feedback & update database

Executive Team

Feedback & update database

Rejection, requires Executive sign off & periodic reporting to Finance Committee

DESIGN

No

This may be of use / worth considering

Operational Team

Developed Plan

Project Initiation Document (PID) Process and Principles

2. "Does this real opportunity ... in reality?"
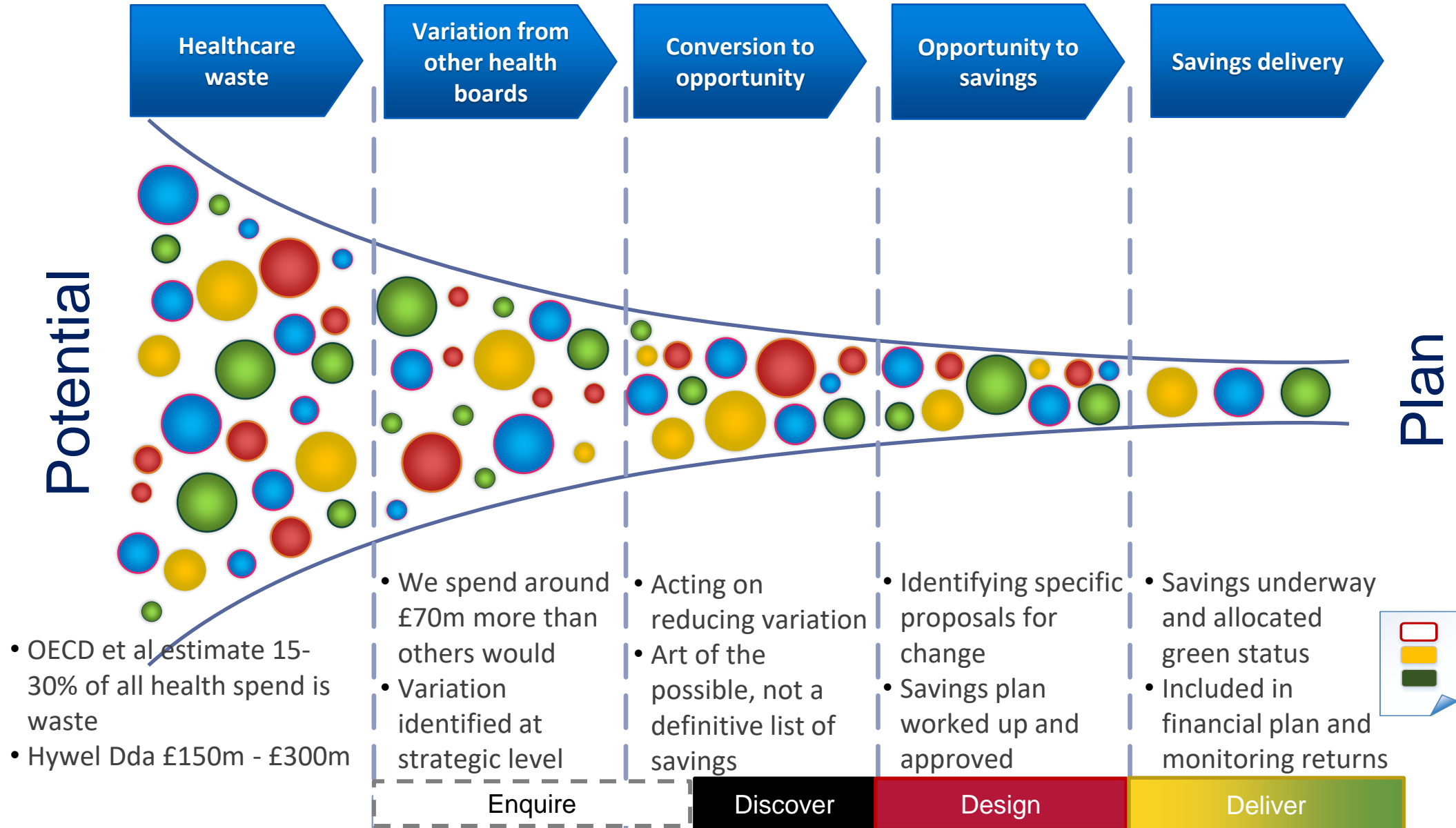
DISCOVER (& DEFINE)

Yes

progress

Overlaying the 'Hywel Dda Way' modified 3D process and the Financial Processes and Principles associated with each 3D stage.
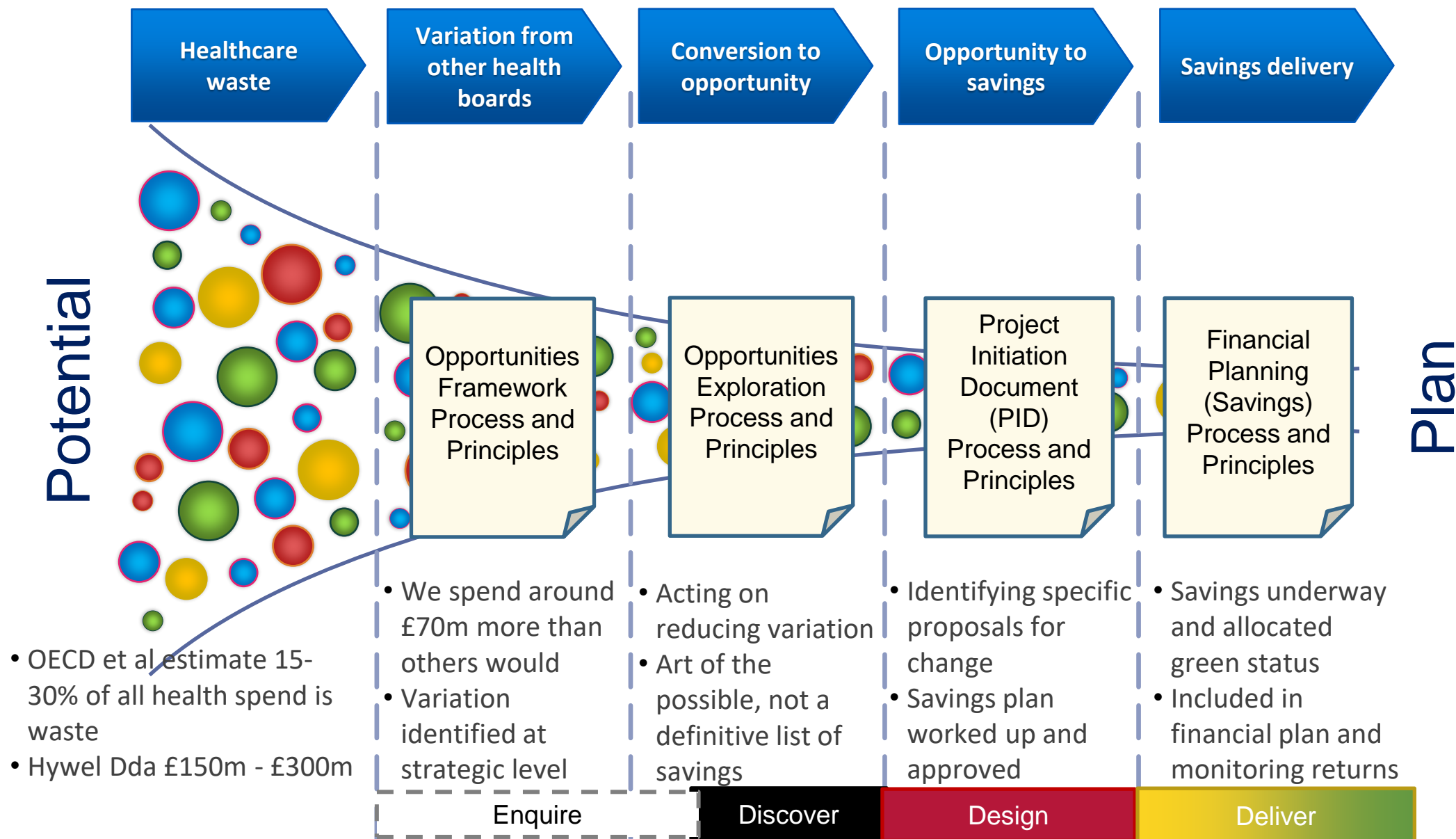
Modification to the existing process made to now more formally guide the review of ideas and opportunities then, following exploration, the formal rejection or onward progression into formal savings plans.

Healthcare waste → **Variation from other health boards** → **Conversion to opportunity** → **Opportunity to savings** → **Savings delivery**

Potential

Plan

- OECD et al estimate 15-30% of all health spend is waste
- Hywel Dda £150m - £300m

- We spend around £70m more than others would
- Variation identified at strategic level

- Acting on reducing variation
- Art of the possible, not a definitive list of savings

- Identifying specific proposals for change
- Savings plan worked up and approved

- Savings underway and allocated green status
- Included in financial plan and monitoring returns

Enquire | Discover | Design | Deliver

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Potential

Plan

| Healthcare waste | Variation from other health boards | Conversion to opportunity | Opportunity to savings | Savings delivery |

Opportunities Framework Process and Principles

Opportunities Exploration Process and Principles

Project Initiation Document (PID) Process and Principles

Financial Planning (Savings) Process and Principles

- OECD et al estimate 15-30% of all health spend is waste
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| Enquire | Discover | Design | Deliver |

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ENQUIRE

Opportunities Framework Process and Principles

- Welsh Government label but this is about variation, benchmarking and adhoc studies

- Written document has been updated to reflect the new Opportunities Exploration Process and Principles (next section) and improved governance and reporting arrangements.

- *Recent iterations:*

  - first cut December 2022; phase 2 (additions) February 2023

  - VAULT refresh July 2023

- *Agreed governance and reporting:*

  - Quarterly reporting to Executive Team and Operational Planning, Governance and Performance (OPGP) group commenced August 2023

  - Agreed OPGP would consider and, where appropriate, allocate cross-cutting variation to a lead for further exploration.

- *Plans for next six months:*

  - Clarify and (executive) summarise sources in library of opportunities.

  - Introduce a covering briefing for each significant source (underway).

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DISCOVER

NEW

Opportunities Exploration Process and Principles

Savings Operational Process (Planning Team Nov23)

- New document of the financial aspects of Opportunities Exploration process

- Accompanied by a new Health Board operational process co-designed with Planning Team, that will span *entire* process from enquiry through to savings delivery.
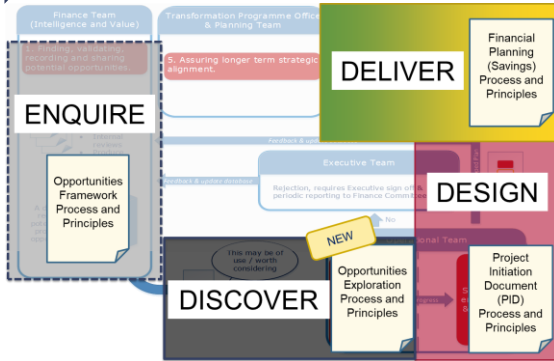
Introducing a 'pull' model of data sharing, for two principle reasons:

- Accountability lies with budget holders, supported by corporate depts.

- Opportunities framework is largely activity dependent and thereby limited:

  - Given abundance in certain areas through to very little in primary and community services, cannot evenly or fairly cover all aspects of healthcare.

  - Local priorities, data, ideas and clinical evidence are examples of other sources that can and should drive improvement efforts.

Governance and reporting

- Alongside OPGP materially larger (>£250k) and/or cross-cutting projects will additionally receive Executive leadership via Core Delivery Group.

- Quarterly Improving Together process, packs and expectations have also been amended to incorporate 2 to 3 opportunities per directorate.

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- *As noted, an accountability and pull driven process for improvement, where local ideas, including priorities for transformation and strategic change are expected to drive data requirements.*

- As noted Planning process will cover whole process from enquire to deliver.

- Finance savings template has been adapted to now incorporate all elements from enquire to deliver, irrespective of financial value being assigned at initial stages. A key change is that reporting will now include schemes from Enquire/Black stage, and with or without financial quantification (previously more conservatively including from Design/Amber stage).

- *The template already includes non-cash releasing improvements.*

- A PowerBI tool has been developed to report from this single source.

- This will include recording and reporting rejected ideas at any phase.

- This will allow monthly reporting into organisation and externally, as supplementary data via existing reporting mechanisms.

- Currently in a period of data validation, process introduction, engagement, feedback and refinement.

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Operational Stage [consistent with Hywel Dda Way (*1)]	Finance Process and Principles Document	WG savings reporting status (*3)	Expected Time in process (*4)
Variation (*2)	Opportunities Framework	*Does not appear*	N/A
Enquire	Opportunities Exploration	Black	2 weeks
Discover		Red	4 weeks
Design	Project Initiation Document	Amber	Max 3 months
Deliver	Financial Planning (Savings)	Green	As per an implementation plan

[*1] Operational process as described through *Savings Operational Process* document. This will guide corporate and operational teams exploration and delivery of savings.

[*2] Whilst ideas can come from multiple sources, the described Opportunities Framework will form a key routine source of variation and intelligence.

[*3] As defined by Welsh Government and reported through monthly monitoring return process. All financial quantification and reporting will be delivered by the finance team via a single savings tracker document, that is already incorporated into routine monthly reporting processes that in turn meets internal and external requirements. *A new visualisation tool is being developed to assist both presentation and governance*.

[*4] For governance, the Savings Operational Process describes the formal progress between phases ('phasegates') which will be overseen via Operational Planning Governance and Performance Group, Improving Together processes and Core Delivery Group as appropriate, these groups will scrutinise time in process, progress and rejections.

Contents

Introduction

As part of the Finance Function's support to the Health Board, there are three specific responsibilities where the Opportunities Framework Process will contribute to the accountability for and stewardship of resources, namely:

- Maximise and secure all resources due to the Health Board.
- Support the effective allocation of these resources.
- Monitor the appropriate and efficient use of these resources.

In this regard the Health Board's Business Intelligence and Value Team, within the Finance function, will be responsible for collating, summarising and sharing such data, particularly where said data contains a financial measure. This can include data submitted from other areas of the Health Board, for sharing via the construction of summarised reports, presentations and other products, periodically updated with refreshed data as it becomes available.

A specific aim of the Opportunities Framework is to describe relative financial performance in an operational and clinical context, through connection or triangulation of data with activity and quality metrics. It must however be noted that such analysis depends upon the routine availability and quality of operational data, thereby limiting the scope and coverage of the Health Board to areas where such data is made available.

Estimates of waste in healthcare vary by study but the OECD[1] for example suggested that 15 to 30% of healthcare activities could be viewed as wasteful in some way. In trying to identify some of this waste, varying forms of analysis have been undertaken and this Framework relies largely upon analysing published comparative studies, to filter from an overall wastage to specific variations, where possible then directing these to internal pathways, conditions or teams for their consideration. For example whether warranted or unwarranted variation has been highlighted is largely a clinical rather than managerial decision. From this analysis, conversion to formal process improvement or savings exploration could be considered by the clinical and operational teams.

Opportunities Framework

The opportunities framework process was introduced in 2020, alongside work generated by the Business Intelligence and Value (finance) Team it considers external data sources, including but not limited to:

- NHS Benchmarking Network;
- Finance Delivery Unit and their VAULT;
- reference cost data
- Efficiency Group established by NHS Wales Directors of Finance and, via this link, outputs from the NHS Wales Utilisation of Resources Group
- relevant research from health research organisations such as King's Fund, Nuffield Trust, IPPR, NIHCR etc
- relevant published research papers from eg BMJ, clinical journals and consultancies
- NHS England good practice guides, GiRFT review outcomes etc
- CHKS.

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[1] Tackling Wasteful Spending on Health, OECD, 2017

Then, having identified potential waste and variation in comparison to others, such data is then passed into the organisation. This can and should be a two-way process, as within each operational team such data is considered and triangulated, alongside each individual's or team's own insights, plans and practical knowledge. As the diagram below outlines.
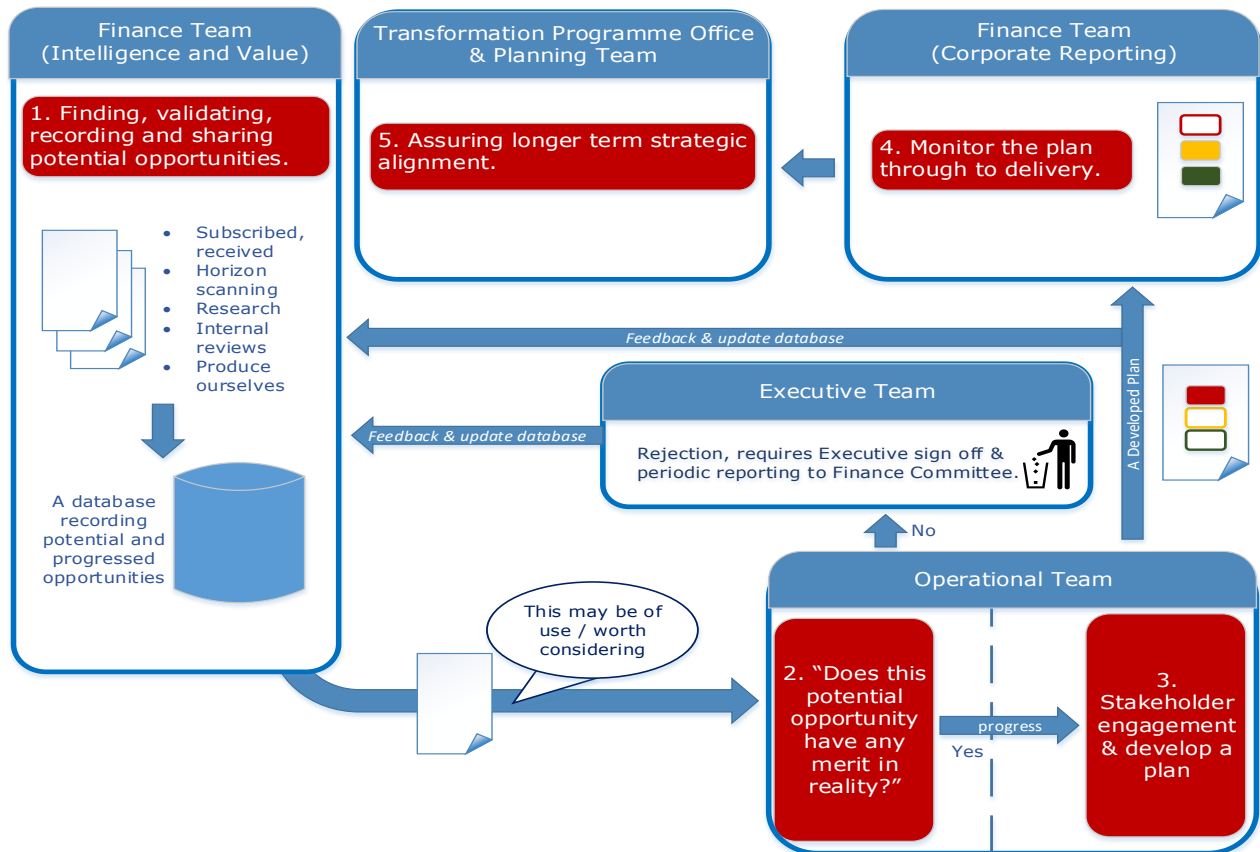

Figure 1: Opportunities Framework diagram

Feedback may remove some entries or data sources over time, be that proven error in representation, expiry of a data source or a change in the underlying analysis. For example a variation would automatically be removed when the variation ceases or becomes positive, whether achieved through conscious operational action or otherwise. The underlying measure and monitoring would also remain fluid due to the actions of other parties, given that comparator organisations would also be expected to periodically alter their data and thereby relative position. However, it should be noted that most of the variation uncovered through detailed high-level analysis of the Health Board's variation compared to other Health Boards does not change over time, since it relates to the configuration of service delivery, demography or other largely fixed factors. For example, it is well known and understood that the cost per attendance at the four emergency departments and MIU are significantly higher than elsewhere. This is due to innate inefficiency and unavoidable costs caused by providing care from four district general hospitals, as opposed to potentially more economic delivery in theory if services could consolidate onto fewer sites.

Most recently, the deterioration in the Health Board's financial performance, coupled with the impact of the pandemic on every area of the Health Board's performance, acted as a trigger to review and revise the high-level strategic intelligence. With this in mind, the process was adapted, adding strategic prompts or challenges, in recognition that re-allocation and more transformational actions would be required to meet such a significant challenge. These will also be maintained and added to over time, but it is expected that these fundamental configuration issues will not be able to be ameliorated until the delivery of the Healthier Mid and West Wales Strategy is underway.

Fit with other Process and Principles Documents

Figure 2 below illustrating that the scope of this document, and thereby the Business Intelligence and Value Team is limited to this first 'discover' phase. Thereafter having an advisory role to explain the quality, sourcing and advise upon appropriate use of such intelligence data, with financial responsibilities for production and monitoring of savings plans moving to other areas of the function, as described by the other three respective Process and Principles Documents.
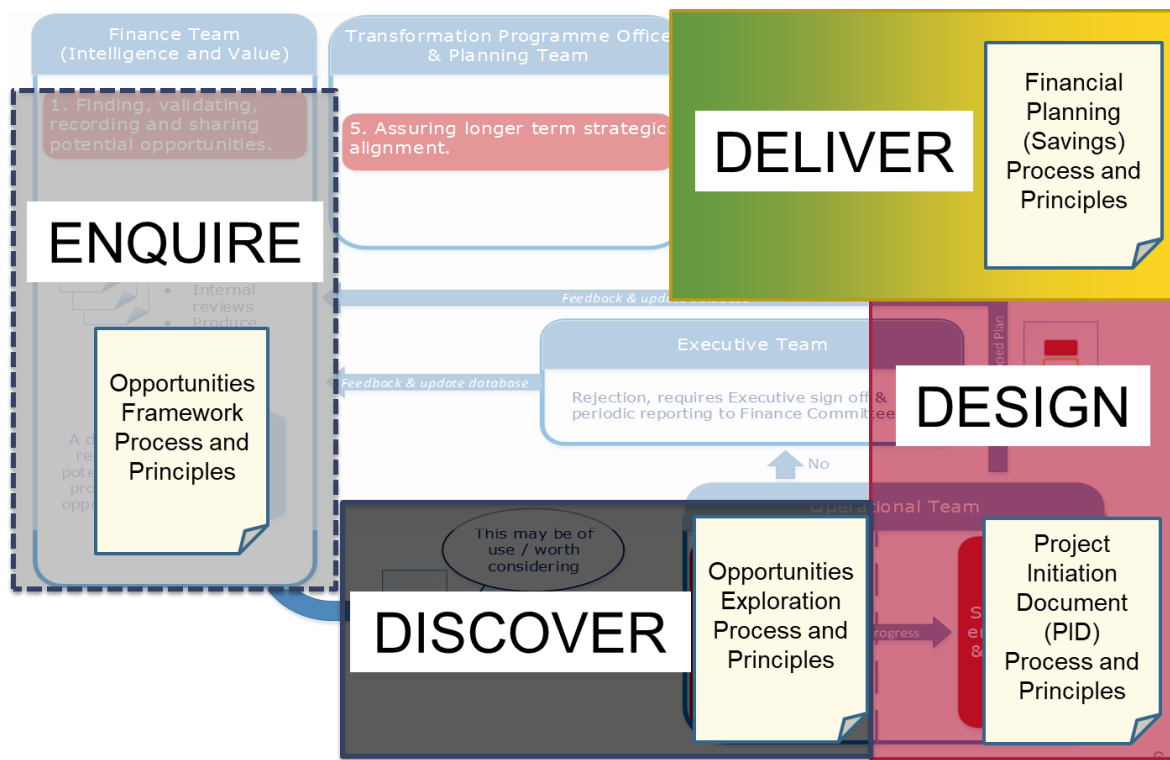

Figure 2: Opportunities Framework diagram, overlain with 4D process and the appropriate financial Process and Principles document for each phase

This process is also consistent with the Health Board's phased (enquire, discover, design and deliver) improvement approach. Figure 2 overlaying the Opportunities Framework diagram with a broad illustration of the four phases in this approach. As noted, the figure also cross-referencing the most appropriate financial process guidance, as a potential opportunity, or element thereof, is investigated it would enter the define phase and then, if it inspired a specific and measurable change, a formal PID would then be expected, which would in turn generate an opening entry to the formal savings schedule and ongoing monitoring of delivery through that process.

In moving from opportunities to generating a specific savings plan a consideration of key planning priorities and an articulation of key assumptions, achievability and acceptability are expected. Particularly important when moving from contained and largely technical efficiency opportunities within an accountable officer's own sphere of control to those more allocative and transformational opportunities that may span multiple accountabilities. The process recognising that in many instances, whilst accountability and empowerment reside with individuals and teams, support from enablers may be required, particularly for those latter more complex allocative or transformational changes, examples include:

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- External to the Health Board: the Value in Health programme, Bevan Commission, Delivery Unit, Safe Care Partnership, ARCH and the 6 Goals Programme.
- Internal support includes the Transformation Programme Office, Improving Together, Value Based Healthcare and the Enabling Quality Improvement in Practice (EQIiP) programme.

Sources

Specific products that the Business Intelligence and Value team contribute to or utilise to meet these internal and external data requirements, include:

Reference Costs, **Programme Budgeting** and **Time-Driven Activity-Based Costing** (TDABC)
The analysis undertaken by the team includes detailed investigations into how we allocate resources across different illness categories; how our costs compare to other health boards (at specialty, site, procedure and other levels); and also through supporting detailed pathway costing exercises. Considering the Health Board as both a population-based commissioner of services, as well as the efficiency of its service provision.

NHS Benchmarking Network (NHSBN)
Whilst the Health Board remains a member, and dependent upon participation, annual projects include: Intermediate Care, Urgent & Emergency Care & SDEC, Pharmacy & Meds Optimisation, Community Services, Frailty, Mental Health, Operating Theatres and Outpatients.

CHKS,
Providers of healthcare intelligence to members and again dependent upon participation to fully realise comparative value of data. CHKS detailed scorecards and cost and activity comparisons lead to strategic intelligence that includes "top ten" NHS trust performance comparisons as well as comparisons of all-Wales cost and activity measures.

Estates and Facilities Performance Management System (EFPMS)
A collection of estates and facilities data established by Welsh Government to improve the management of NHS estate in Wales.

Medicines Management
In collaboration with local and national pharmacy programme and the All-Wales Medicines Strategy Group

The Value, Allocation, Utilisation & Learning Toolkit (VAULT)
A product of Financial Planning & Delivery (NHS Wales Executive) on behalf of NHS Wales, having four key strands: Population Health, Technical Efficiency, System Insights, Value-Based Healthcare (VBHC).

Frequency

Files are available electronically and accessible to the Finance Function via a central and secure folder location, to allow for ease of updating and also ensuring the latest version is visible.
Updates are dependent upon underlying data refresh cycles and may include sources from a single point in time study but will be dated to show their reference period(s). Refresh for a new source would be expected within a period of up to three months, from such publication, to allow for analysis, validation and presentation. The table below giving a broad indication of publication and thereby update frequency.

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Area	Frequency data updated
Benchmarking	
NHS BN	As per NHS BN timetable - typically quarters 3 & 4
	Supplemented by an annual overview, typically quarter 1 of following year
CHKS	Live data with peer comparators; occasional WG led annual review tends to be received quarter 1 of following year
Reference Cost returns and associated intelligence	Annually from December through quarter 4
Most expensive patients (Hywel Dda)	December
VAULT	periodic, will be reviewed quarterly
Locality analysis tool (Hywel Dda)	A fixed point analysis, future requirements will be met through PRIA*
Demographic and other support data	
ONS and other demographic data	Various (Census release, annual, other ad hoc products)
Stats Wales	Various (annual releases and other ad hoc products)
Information Services and Performance (IRIS and local PowerBI)	Live and periodic, as required
Lightfoot SFN	Live
GMS expenditure	Monthly
Adhoc	
Health think tanks and other reports	Ad hoc
Public Health Wales	Ad hoc
Efficiency DoF Sub-Group	Ad hoc
Strategic Financial Intelligence DoF Sub-Group (SFIG)	Ad hoc

PRIA - Population Resource Intelligence Atlas, being produced via SFIG and Financial Planning & Delivery (NHS Wales Executive)

Figure 3: sources and publication schedules

Communication and Dissemination

Whilst intelligence gathering is a continuous process, bound by key data release dates as noted in preceding section, it must also be responsive to organisation need particularly in the exploration of identified variations and adhoc work programmes. To ensure routine updating of general progress, explorations and findings, as well as an avenue to discuss larger and cross-cutting (spanning multiple accountable officers) variation, a quarterly update process has been agreed. Having two formal avenues to share the latest publications, adhoc explorations and variations, namely the Executive Team and also the overarching operational group (Operational Planning, Governance and Performance meeting). As appropriate thereafter being cascaded through existing delegation and communication avenues.

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As outlined above, the scale of the financial challenge facing the health board means that the greatest impact will be seen from transformational programmes of change. Areas such as urgent and emergency care require a wholesale shift of resources away from a high cost / low value hospital model of care, which traditional sources of business and financial intelligence capture routinely, to typically higher value but less data rich areas of healthcare. Nevertheless, the Value and BI team endeavour to create bespoke intelligence products to identify and track suitable performance and financial measures specific to each programme.

Contents

Introduction

As part of the overall journey from identifying variation and waste to the implementation and delivery of improvements, this Opportunities Exploration Process will contribute clarity and transparency to the review by operational teams and accountable officers for the Health Board.

The specific objectives of this process are to provide a unified monitoring system for improvement ideas that are being explored; objectively noting schemes whether subsequently progressed or rejected, with reasons; through this allowing transparent monitoring of progress and proactive intervention where required; and providing a single point of data entry for all savings schemes that is overlain with a clear reporting dashboard.

Opportunities Exploration

The opportunities framework process was introduced in 2020 and shown in figure 1, the next section will describe four formal processes since introduced to assist and clarify progress from identifying variation to delivering an improvement and formally noting or challenging any rejections.
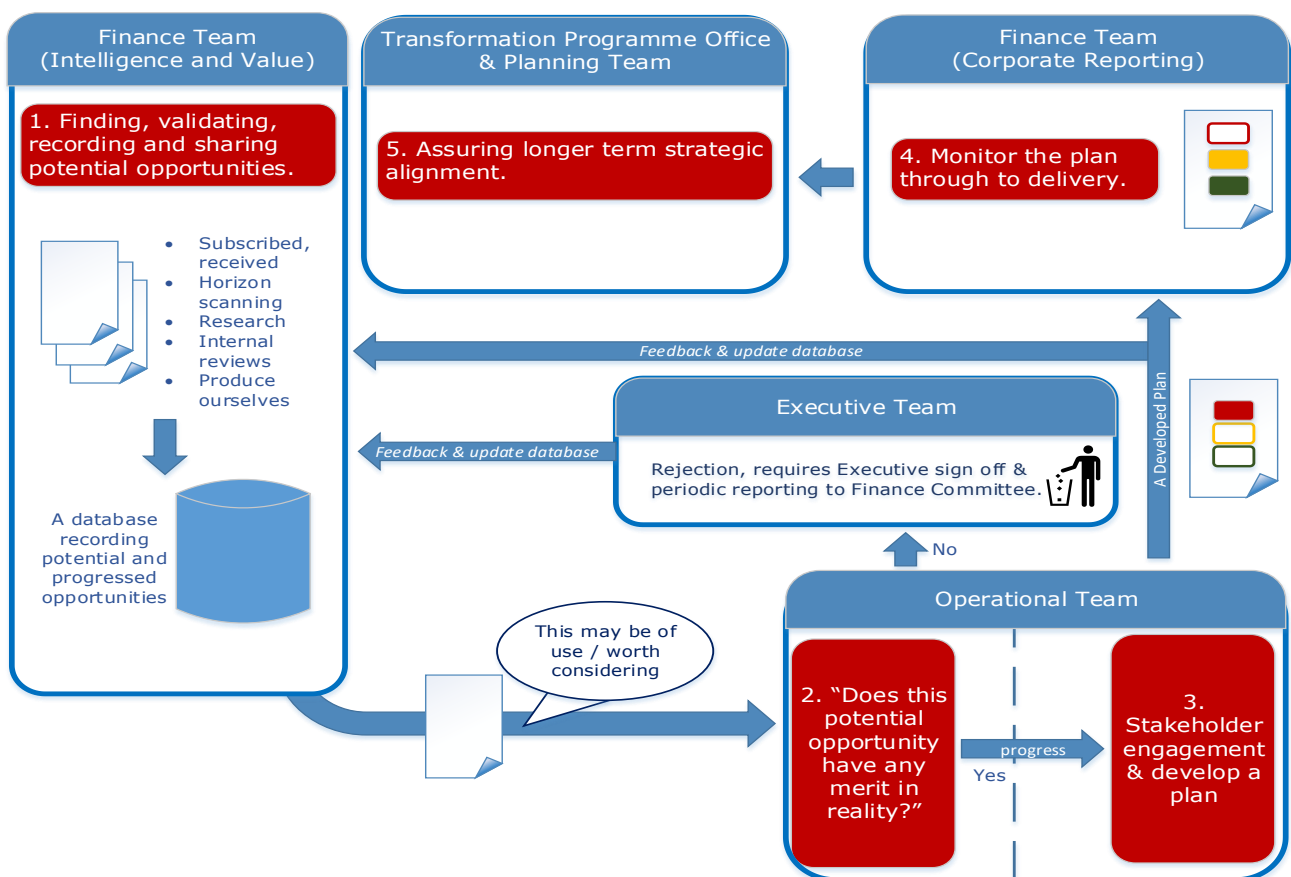

Figure 1: Opportunities Framework diagram

Fit with other Process dd Principles Documents

Figure 2 below illustrating that the scope of this document is limited to bridging the enquire to the discover stage and, across the described journey from variation to improvement, this should thereby be read in conjunction with the other three respective Process and Principles Documents.
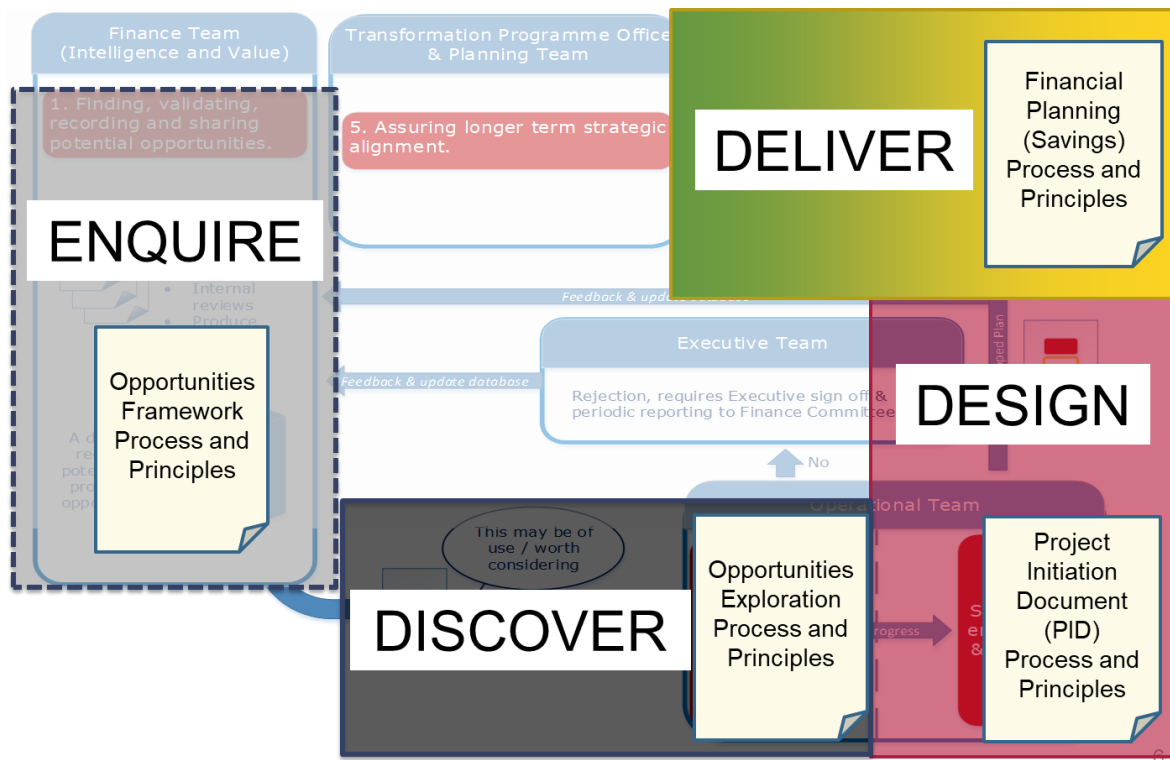
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Figure 2: Opportunities Framework diagram, overlain with the Hywel Dda Way process and the appropriate financial Process and Principles document for each stage

Whilst opportunities and exploration of ideas are not limited to, but supplemented by, the Opportunities Framework, this process provides a bridge between said Framework and the Financial Planning (savings) process. The intention is to document the stages and progress objectively and transparently during this journey, including the rejection of ideas. Where a PID document then structures the description, responsibilities and plans for ideas that are being progressed as formal savings plans.

Please note that a Planning process practically mirrors this financial process and articulates the project and programme management of improvement endeavours. By its nature the Planning process spans all stages from Enquire to Deliver, and in fact beyond to post implementation Evaluation, thereby also spanning all four noted financial processes and principles.

Practical Steps at Enquire and Discover Stages

Enquire Stage:
Responsibility for improvement lies with each accountable officer, financially this is particularly expected where expenditure exceeds allocated budget. Whilst ideas can arise from a multitude of sources, the finance team will provide an Opportunities Framework to supplement and support this process, through investigating potential variation and waste through both routine benchmarking sources and adhoc exercises.

During initial exploration of an idea's potential and strategic fit, the service and/or clinical lead should liaise with a finance business partner to broadly quantify the potential improvement. Overall undertaking a high-level impact analysis of the potential benefits and risks of the idea.

This 'Enquire' stage is expected to be completed within a two-week period and would conclude with a documented rejection or then moving to the next stage.

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Discover Stage:

In this stage a more detailed examination of the operational, financial, and strategic dimensions and impacts should be undertaken. More clearly exploring and documenting, with the following expectations as a minimum:

- A detailed exploration of the resources required to bring the idea to fruition, including personnel, technology, and financial investment, ensuring that the idea is affordable and deliverable. Specifically assuring that required resources would reasonably be available and to timescales that align with the plan.

- All relevant stakeholders have been engaged, within and beyond the immediate team, utilising insights and ensuring alignment and buy-in. This should include formal stakeholder and service impact evaluation.

- Risk assessment and thereafter proactive mitigation and management.

- Development of a robust financial model(s) to project savings over time, providing a clear picture of investment, benefits and payback period, both in year and recurrently.

- A clearly documented timeline.

This 'Discover' stage is expected to be completed within a four-week period and would conclude with a documented rejection or sufficient clarity and support to generate a Project Initiation Document at the next stage.

Governance

The intention is that the Enquire and Discover stages would be managed and, where necessary, agreed through operationally the Operational Planning, Governance and Performance group and corporate departments via each Executive lead. However, no scheme will progress into Design and Deliver in part or full without clear sign off from a noted Senior Responsible Officer.

Under the accountability structure over-sight of progress on behalf of the organisation will be achieved through:

- At the Enquire and Discover phase, through existing directorate accountability structures including the Operational Planning, Governance and Performance (OPGP) Group overseeing all operational areas. A key distinction will be made on scale of scheme, where a materiality level of £250k in a full year has been set to distinguish schemes that would initially, and unless encountering barriers completely, be managed within an individual directorate.
- For projects encountering barriers and all those exceeding £250k, the Core Delivery Group (CDG) will be engaged to support the investigation and development, including those that cross different accountabilities.
- A reporting dashboard will also furnish both the OPGP and CDG, who will formally provide oversight and review of all projects within their remit (be they accepted, rejected, or not progressed schemes), via existing monthly meetings. In doing so drawing together all routes to ensure that all opportunities are being assessed and pursued appropriately and consistently.
- Established schemes which progress through the gateways to the Design and Delivery phases will continue to use the £250k materiality threshold as a guide but all oversight and support will thereafter lie with the CDG.
- Progress for individual directorates, irrespective of stage, also form a standard item at Directorate Improving Together Session (DITS).

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Hywel Dda UHB

Enquire / Discover / Design / Deliver

An Approach to Savings Delivery

Objectives

1. **Unified Monitoring System**: Develop an overarching health board process for the monitoring and tracking of savings initiatives from conception to fruition, ensuring transparency and accessibility for all stakeholders.

2. **Transparent Progression**: Define the progression criteria for each phase of savings initiatives clearly, allowing directorates to easily comprehend the status and evolution of ideas.

3. **Proactive Intervention**: Implement a strategy for proactive intervention to swiftly address and resolve any blockages, facilitating the smooth advancement of savings projects.

4. **Phasegate Clarity**: Introduce a phasegate model that clearly delineates the requirements and outcomes for transitioning initiatives between stages, ensuring a consistent and structured approach.

5. **Efficient Idea Management**: Establish a formalised process for the rejection of ideas, providing constructive feedback to prevent redundancy and optimise the use of resources.

6. **Single Source of Truth**: Maintain a centralised and up-to-date repository to accurately reflect all efforts and progress related to savings initiatives, serving as the definitive reference point for all parties involved.

7. **Governance:** The intention is for the Enquire and Discover phases are intended to be identified and agreed through Operational Planning, Governance and Performance group. For schemes which progress through the Gateways to the Design and Delivery phase; these will be monitored via the Core Delivery Group. However, no scheme will progress into Design and Deliver in part or full without clear sign off from the Senior Responsible Officer

2

Process for enquire and discover ideas
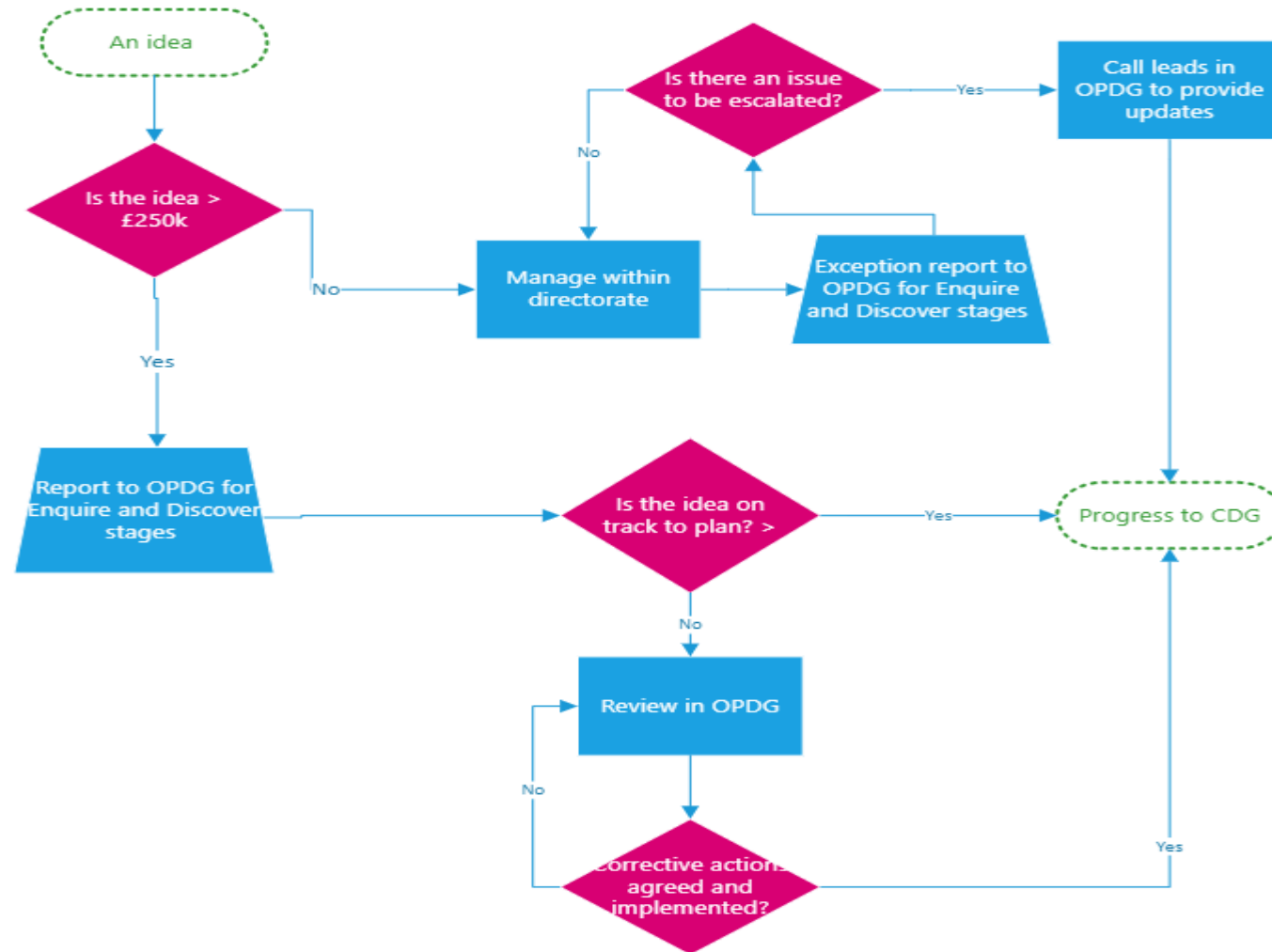
Schedule;

> Ideas to be updated on friday prior to OPDG. Reminder to be sent by AC secretary
> Ideas slides to be circulated to GMs / HoN / Finance leads / Clinical leads after meeting

Design and Deliver process
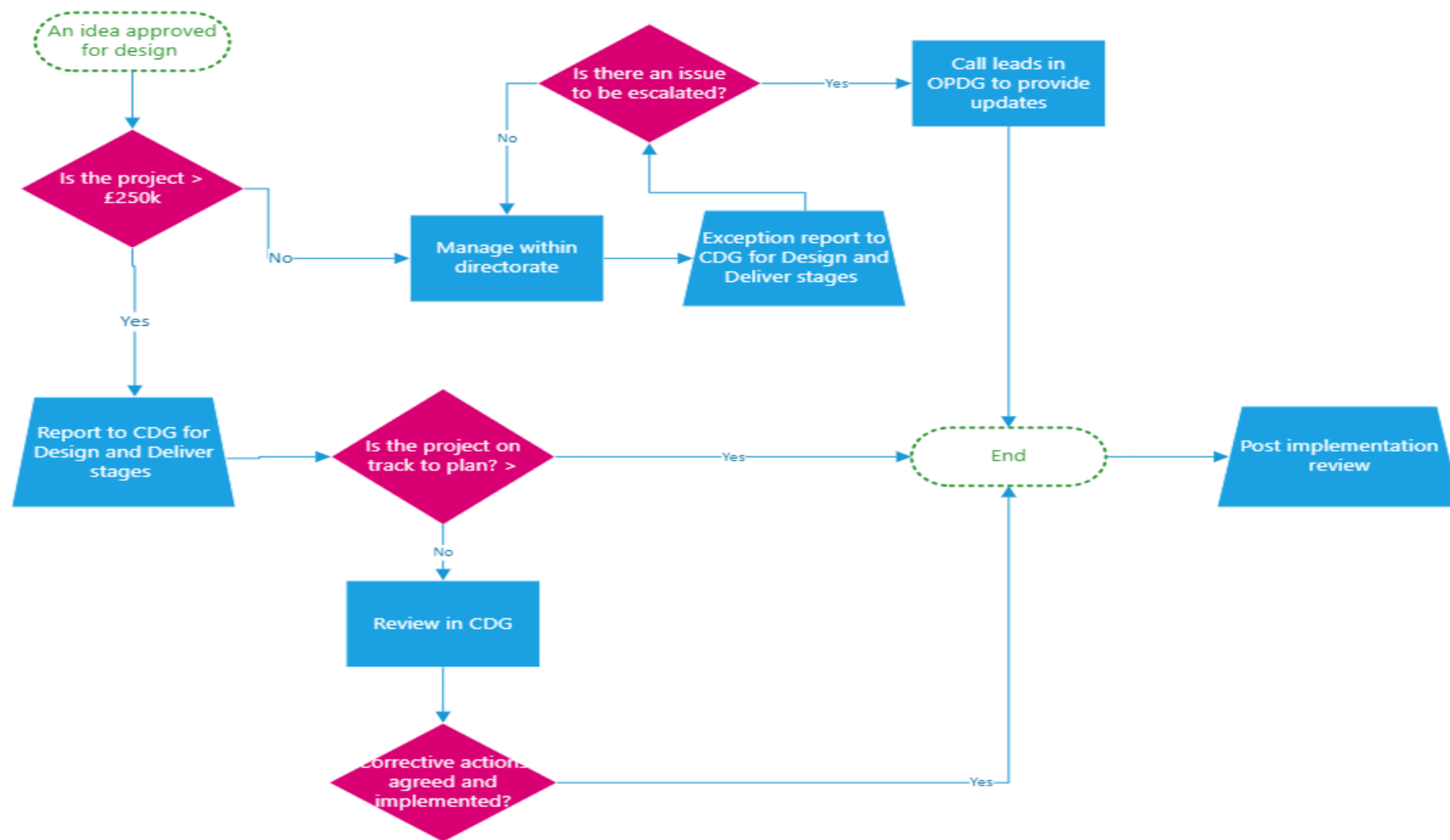
Schedule;

> Ideas to be updated on friday prior to CDG. Reminder to be sent by AC secretary
> Ideas slides to be circulated to GMs / HoN / Finance leads / Clinical leads after meeting

4

The process

The ideas to savings journey

Enquire

Discover

Design

Deliver

BRAG colour scheme if financial rating

Organisational governance process

Operational planning, Governance and performance

Core delivery group

Reporting mechanism

Reporting done once in power BI

Enquire

Discover

Design

Deliver

BRAG colour scheme if financial rating

Recording Mechanism

Scheme capture and status tracking : Savings tracker (excel) held in finance

Project management (PACE)

Enquire

1. **Structured Idea Submission**: This process will implement a standardised submission template to ensure comprehensive and clear presentation of new savings ideas, capturing all essential information for initial evaluation.

2. **Scheduled In-Depth Discussions**: Dedicated time for discussions between the idea originator, service lead, and financial partner to rigorously assess the idea's potential and strategic fit.

3. **Objective Assessment Criteria**: Clear, objective criteria for the preliminary evaluation of ideas, focusing on potential service improvements, cost savings, and strategic alignment.

4. **Leadership Designation and Resource Mapping**: At the initiation of the 'Enquire' stage, identify a service lead and financial partner to form the core team, ensuring the idea has strong leadership and clear financial assessment from the beginning.

5. **Cross-Functional Team Involvement:** Assemble a cross-directorate team to provide diverse insights and ensure the idea is evaluated from multiple organisational perspectives.

6. **Resource Forecasting and Dynamic Allocation**: Develop a resource forecast to project the necessary personnel, budget, and tools required, allowing for dynamic adjustments as the idea matures.

7. **Expedited Review Process**: Ensure the 'Enquire' stage is completed _**within a two-week period**_, maintaining efficiency and focus (see next slide).

8. **Transparent Feedback Mechanism**: A structured feedback process will be implemented for ideas that are not advanced, offering constructive insights to support future idea refinement.

9. **Enhanced Pre-Requisites for Progression**: Require a high-level impact analysis as part of the idea's pre-requisites, ensuring a thorough understanding of the potential benefits before moving to the next stage.

10. **Clear Accountability**: Clearly articulate the accountability of individuals tasked with assessing and progressing the idea, delineating their responsibilities in guiding the idea through this stage and managing resources effectively.

Focus Area		Reporting Date		

Key Activities		Opportunity	Progress and Next Steps	Milestone Date of Delivery	Opportunity (£'000s)	Update Due
1					1	
2						
3						
4						

Risks Identified	Mitigations

1. **Detailed Analysis Framework**: Establish a comprehensive framework for the analysis of each idea, examining its operational, financial, and strategic dimensions to ensure a thorough understanding of its potential impact.

2. **Resource Allocation Review**: Conduct a detailed review of the resources required to bring the idea to fruition, including personnel, technology, and financial investment, ensuring that the idea is feasible from a resource standpoint.

3. **Stakeholder Engagement**: Engage with all relevant stakeholders early in the 'Discover' stage to gather essential insights and foster buy-in, ensuring that the idea benefits from a wide range of expertise and is aligned with stakeholder expectations.

4. **Risk Assessment and Mitigation**: Perform a rigorous risk assessment to identify potential challenges and develop a mitigation strategy, ensuring that risks are understood and managed proactively.

5. **Service Impact Evaluation**: Evaluate the potential service impact of the idea, including customer and staff implications, to ensure that any proposed savings do not adversely affect service quality.

6. **Financial Modelling**: Develop robust financial models to project the savings over time, providing a clear picture of the financial benefits and payback period.

7. **Timeline and Milestone** Planning: Outline a clear timeline with defined milestones for the 'Discover' stage, ensuring that the idea progresses in a timely and structured manner.

8. **Documentation and Reporting**: Implement a systematic approach to documentation and reporting, ensuring that all findings and decisions are recorded and can be reviewed by the Committees .

9. **Outcome-Based Progression**: Ensure that progression to the next stage is based on clearly defined scope and outcomes within the 'Discover' stage, rather than on timelines alone.

10. **Transparent Communication**: Maintain open and transparent communication throughout the 'Discover' stage, ensuring that all team members and stakeholders are kept informed of progress and findings

1. **Project Planning Excellence**: Develop detailed project plans that outline the steps, resources, and timelines necessary to implement the savings idea. This should include clear milestones, deliverables and performance indicators.

2. **Collaborative Design Process**: Foster a collaborative environment where cross-Directorate teams work together to design the implementation strategy, ensuring that all operational perspectives are integrated into the plan.

3. **Stakeholder Consultation**: Engage with a broad range of stakeholders during the design phase to validate the approach and ensure that it meets the needs and expectations of all parties involved.

4. **Regulatory and Compliance Checks**: Conduct thorough regulatory and compliance checks to ensure that the proposed savings initiatives adhere to all relevant laws, regulations, and internal policies. This needs to include ensuring all EQIAs and QIAs are fully undertaken

5. **Financial Partner Involvement**: Involve financial partners in the design process to ensure that the financial aspects of the project are sound, sustainable which are accurately costed and forecasted.

6. **Service Delivery Impact Assessment**: Assess the impact of the design on service delivery, ensuring that patient service standards are maintained and are enhanced.

7. **Risk Management Planning:** Develop a comprehensive risk management plan that identifies potential risks, their likelihood, impact, and strategies for mitigation or response.

8. **Quality Assurance Protocols:** Establish quality assurance protocols to ensure that the design of the savings initiative meets the highest standards and is fit for purpose (linked to point 4).

9. **Change Management Strategy:** Create a change management strategy that outlines how changes will be communicated and managed across the organisation, ensuring smooth adoption and minimal disruption.

10. **Pilot and Testing**: Where possible, conduct a pilot or testing phase to validate the design in a controlled environment, allowing for refinements before full-scale implementation.

11. **Documentation and Approval:** Ensure that all design documents are thoroughly documented, reviewed, and approved by the necessary governance is in place before proceeding to the 'Deliver' stage.

10

Deliver

Core delivery group

1. **Implementation Roadmap and Baseline Clarity**: Develop a detailed implementation roadmap, establishing a clear baseline to measure progress and benefits, ensuring all changes are quantifiable and traceable back to the initiative.

2. **Execution Team & Data Source Integrity**: Form a dedicated execution team that uses validated data sources for tracking, ensuring data integrity and accuracy in measuring the initiative's impact.

3. **Stakeholder Communication & Causal Impact Analysis**: Engage stakeholders continuously, providing transparent updates and conducting thorough causal impact analyses to differentiate the initiative's direct effects from external influences.

4. **Performance Monitoring & Agreed Impact Metrics**: Implement a robust monitoring system with predefined and agreed-upon impact metrics, allowing for real-time tracking and agile response to project dynamics.

5. **Quality Control & Transparent Reporting**: Enforce quality control measures and maintain transparent reporting, ensuring that the delivery adheres to standards and stakeholders are informed of the true impact.

6. **Risk Management & Benefits Realisation Tracking**: Manage risks proactively throughout the delivery phase and systematically track benefits realisation against the agreed metrics and expected outcomes.

7. **Training, Support & Formal Handover**: Provide comprehensive training and support during the initiative rollout and ensure a formal handover to BAU teams, underpinned by a sustainable plan for continuous improvement.

Reporting

Reporting Principles and Dashboard

- The Dashboard is devised to provide real-time updates, catering to a variety of needs from displaying the scheme's status to its financial scope.

- Adhering to the Enquire, Discover, Design, and Deliver principles, all schemes will be categorised and reported accordingly. This setup will distinctly depict how many schemes are housed in each Gateway. Additionally, the Dashboard will monitor the duration each scheme resides within a Gateway to ensure that no agreed project inadvertently remains static

- Each programme will then be segmented into their respective workstreams such as efficiency, nurse stabilisation, TUEC, Recovery, and so forth.

- 'Type of Saving' is another segment within the Dashboard, delineating whether the project corresponds to cost avoidance, run-rate reduction, cash releasing, savings, income, among others.

- For clarity, the savings will be reported on a Year-to-Date basis, and any positive or negative variances will be captured and highlighted promptly.

- The emphasis is on savings schemes exceeding £250,000. Schemes below £250,000 will be communicated through the Business Partners to their Directorates for further exploration. However, the total tally of accepted, rejected, or not progressed schemes will be reported back to the Operational Planning, Governance and Performance Group to maintain clear focus and transparency, ensuring all opportunities are being assessed and pursued appropriately and consistently.

GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

13

Quick summary - All Schemes
Opportunities (DRAFT) Gateway Summary

Directorate: All

YTD Planned	YTD Actual	Number of Projects
£14,874,822	£11,863,934	144

Opportunities by Gateway Phase

- Enquiry: 9
- Discov...: 29
- Design: 25
- Deliver: 81

Workstream

- Efficiency: 87
- Nurse Stabil...: 16
- Medical Ag...: 9
- Medicines ...: 9
- Planned Car...: 7
- Recovery: 7
- TUEC: 4

Type

- Cash-Releas...: 38
- Cash-Releas...: 37
- Non-Cash R...: 28
- Run-rate re...: 23
- Cost Avoida...: 11
- Cash-Releas...: 4
- Income Gen...: 3

YTD Savings August - March

Legend: Sum of YTD Plan, Sum of YTD Actual

Status

- Accepted: 90
- In-Progress: 52
- Rejected: 2

130

Average days waiting for scheme acceptance or rejection

Saving / Productivity / Run-rate reduction

Scheme name	Directorate	Recurrent	YTD Plan	YTD Actual	FYE Plan	FYE Actual
Allied Health Professionals roster management	THERAPIES	Recurrent	£142,912	£142,912	£245,000	£245,000
Ante Natal Visiting Consultant change	WOMEN & CHILDREN	Recurrent	£3,667	£0	£22,000	£22,000
Antimicrobial stewardship improvement	PATHOLOGY	Recurrent	£0	£20,000	£10,000	£35,000
Automation of tasks	WORKFORCE & OD	Recurrent	£18,000	£18,000	£68,000	
BGH Theatres rostering efficiencies	PLANNED CARE	Recurrent	£31,000	£0	£124,000	
BGH: Maximising commercial income	FACILITIES	Recurrent	£23,333	£10,000	£40,000	
Bronglais: Reduction in food waste through improved production and distribution system	FACILITIES	Recurrent	£98,000	£42,000	£168,000	
Building and Energy Management	FACILITIES	Recurrent	£26,250	£11,250	£45,000	
Building Community Capacity	CARMARTHENSHIRE COUNTY	Non Recurrent	£235,603	£235,604		
Cardiology Heart Failure admissions reductions	UNSCHEDULED CARE GLANGWILI	Recurrent	£857,863	£857,863	£1,470,623	
Cardiology Heart Failure re-admissions reduction	UNSCHEDULED CARE GLANGWILI	Recurrent	£201,782	£201,782	£345,912	
Cardiology NSTEMI Length of Stay reduction	UNSCHEDULED CARE GLANGWILI	Recurrent	£478,917	£478,917	£821,000	
Cataract treatment productivity	PLANNED CARE	Recurrent	£39,200	£0	£67,200	
Total			**£14,874,822**	**£11,863,934**	**£37,446,794**	**£16,578,843**

Quick summary - Schemes over £250,000
Opportunities (DRAFT) Gateway Summary

Directorate
All ▼

YTD Planned	YTD Actual	Number of Projects
£9,595,623	£7,588,727	13

Opportunities by Gateway Phase
- Discov...: 1
- Design: 4
- Deliver: 8

Workstream
- Efficiency: 4
- Nurse Stabilisati...: 3
- Planned Care Configu...: 3
- CHC: 1
- FLOs: 1
- Medicines Management: 1

Type
- Cash-Releasing...: 6
- Non-Cash Releasing P...: 3
- Cash-Releasing Saving...: 2
- Run-rate reduction: 2

YTD Savings August - March
● Sum of YTD Plan ● Sum of YTD Actual

(Outpatien..., Nurse Stabilisat..., VAT, Cardiology Hear..., LINC, Cardiology NST..., Switch to Biosim..., Theatres Non Pay, Family Liaison O..., Use of Prescribi..., Review of Com..., Nurse Agency te...)

Status
● Accepted: 10 ● In-Progress: 3

152
Average days waiting for scheme acceptance

Saving | Productivity | Run-rate ...

Scheme name	Directorate	Recurrent	YTD Plan	YTD Actual	FYE Plan	FYE Actual
Cardiology Heart Failure admissions reductions	UNSCHEDULED CARE GLANGWILI	Recurrent	£857,863	£857,863	£1,470,623	
Cardiology NSTEMI Length of Stay reduction	UNSCHEDULED CARE GLANGWILI	Recurrent	£478,917	£478,917	£821,000	
Family Liaison Officers utilisation	NURSING	Recurrent	£333,330	£0	£500,000	
LINC	HEALTH BOARD FINANCING	Non Recurrent	£678,000	£678,000		
Nurse Agency terms and conditions	UNSCHEDULED CARE WITHYBUSH	Recurrent	£252,315	£252,315	£756,945	
Nurse Stabilisation	UNSCHEDULED CARE GLANGWILI	Recurrent	£1,746,616	£0	£4,167,464	
Outpatient pathway redesign (See on Symptoms / Patient Initiated Follow-up)	PLANNED CARE	Recurrent	£2,648,676	£2,648,674	£4,540,587	£4,540,596
Review of Commissioning arrangements	MENTAL HEALTH & LD	Recurrent	£283,333	£150,648	£1,200,000	
Switch to Biosimilar drug for Wet AMD patients	PLANNED CARE	Recurrent	£360,570	£566,307	£618,120	£970,812
Theatres Non Pay	PLANNED CARE	Non Recurrent	£350,000	£350,000		
Use of Prescribing Decision Support tool to generate cost effective switches and formulary compliance	MEDICINES MANAGEMENT	Recurrent	£291,670	£291,670	£500,000	
Total			**£9,595,623**	**£7,588,727**	**£14,574,739**	**£5,511,408**

Quick summary - Schemes under £250,000
Opportunities (DRAFT) Gateway Summary

Directorate	**YTD Planned**	**YTD Actual**	**Number of Projects**
All ⌄	£5,250,891	£4,275,207	▎129

Opportunities by Gateway Phase

Phase	Count
Enquiry	8
Discov...	27
Design	21
Deliver	73

Workstream

Workstream	Count
Efficiency	83
Nurse Stabil...	13
Medicines ...	8
Medical Ag...	7
Recovery	7
Planned Car...	4
TUEC	4

Type

Type	Count
Cash-Releas...	36
Cash-Releas...	31
Non-Cash R...	25
Run-rate re...	19
Cost Avoida...	11
Cash-Releas...	4
Income Gen...	3

YTD Savings August - March

(bar chart: Sum of YTD Plan ● / Sum of YTD Actual ●)
Categories: Transform..., Short ter..., Nurse Ag..., Building C..., Switch in ..., Getting It ..., Cardiolog..., HV/SN Va..., Allied Hea..., Consultan..., MIU over..., Contract ..., Contractu...
Y-axis: £0.0M, £0.2M, £0.4M

Status

(pie chart: ● Accepted 80, ● In-Progress 49)

128
Average days waiting for scheme acceptance

Treemap: Saving / Productivity / Run-rate...

Scheme name	Directorate	Recurrent	YTD Plan	YTD Actual	FYE Plan	FYE Actual
Allied Health Professionals roster management	THERAPIES	Recurrent	£142,912	£142,912	£245,000	£245,000
Ante Natal Visiting Consultant change	WOMEN & CHILDREN	Recurrent	£3,667	£0	£22,000	£22,000
Antimicrobial stewardship improvement	PATHOLOGY	Recurrent	£0	£20,000	£10,000	£35,000
Automation of tasks	WORKFORCE & OD	Recurrent	£18,000	£18,000	£68,000	
BGH Theatres rostering efficiencies	PLANNED CARE	Recurrent	£31,000	£0	£124,000	
BGH: Maximising commercial income	FACILITIES	Recurrent	£23,333	£10,000	£40,000	
Bronglais: Reduction in food waste through improved production and distribution system	FACILITIES	Recurrent	£98,000	£42,000	£168,000	
Building and Energy Management	FACILITIES	Recurrent	£26,250	£11,250	£45,000	
Building Community Capacity	CARMARTHENSHIRE COUNTY	Non Recurrent	£235,603	£235,604		
Cardiology Heart Failure re-admissions reduction	UNSCHEDULED CARE GLANGWILI	Recurrent	£201,782	£201,782	£345,912	
Cataract treatment productivity	PLANNED CARE	Recurrent	£39,200	£0	£67,200	
Clinical and product switches	MEDICINES MANAGEMENT	Recurrent	£87,500	£87,500	£150,000	
Consultant Vacancy Hold	ONCOLOGY & CANCER SERVICES	Non Recurrent	£127,701	£127,701		
Total			**£5,250,891**	**£4,275,207**	**£22,702,207**	**£11,067,435**

Quick summary - Rejected Schemes

Opportunities (DRAFT) Gateway Summary

Directorate

All

YTD Planned	YTD Actual	Number of Projects
£28,308	£0	2

Opportunities by Gateway Phase

Enquiry: 1
Discov...: 1

Workstream

Medical Agency
2

Workstream

Type

Run-rate reducti...
2

YTD Savings August - March

Medical stabilisation Emergency ...

● Sum of YTD Plan ● Sum of YTD Actual

Status

2 ● Rejected

125

Average days waiting for scheme rejection
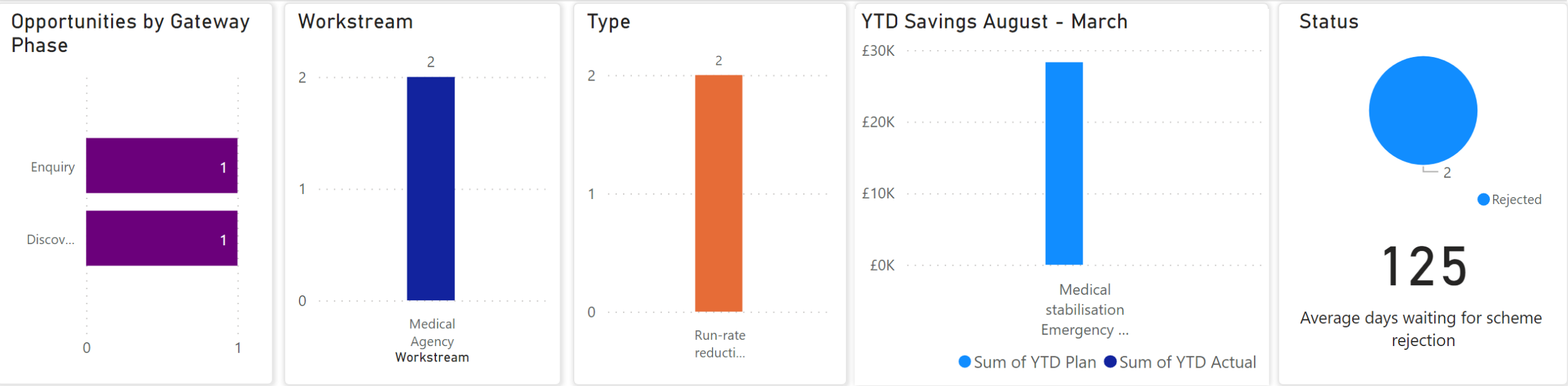
Scheme name	Scheme description	Rejection Reason	Directorate	Recurrent	YTD Plan	FYE Plan
Medical stabilisation Emergency Department	Medical surge in ED medacs locum can review when surge under 6 medical patients	Low value	UNSCHEDULED CARE GLANGWILI	Recurrent	£0	
Medical stabilisation Emergency Department	Reduction high cost locum Bevan Hyder (A&E) from 1/9/23	Red Under Delivery	UNSCHEDULED CARE GLANGWILI	Recurrent	£28,308	£169,848
Total					**£28,308**	**£169,848**

Documentation –Project Initiation Documentation

Why is this project important?

Team	SRO:		
	Project Manager:		
Background			
Objectives:			
Strategic Alignment			

What will the project deliver?

Team	SRO:		
	Project Manager:		
Scope	To :		
Out of scope	•		

What will the project deliver?

Team	SRO:	
	Project Manager:	
Assumptions		
Benefits/ Deliverables		

Key Dependencies			
Dependency Type	Detail	Date Required	Responsible
Internal			
External			
External			

How will the project be delivered? Part 1

Task and Finish group membership	

Project Governance Chart

Key Stakeholders	External	Internal

Project Level Risks					
Risk Description	Impact	Likelihood	Score	Mitigating Action	Owner
TBC					

When will the project be delivered?

Critical milestones - indicative

1. Heading

Brief description of why these milestones are noted.

By	Key milestones

2 Heading

Brief description of why these milestones are noted

By	Key milestones

3 Heading

Brief description of why these milestones are noted

By	Key milestones

4 Heading

Brief description of why these milestones are noted.

By	Key milestones

5 Heading

Brief description of why these milestones are noted

By	Key milestones

6 Heading

Brief description of why these milestones are noted

By	Key milestones