



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 July 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Annual Plan 2023/24
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategy and Planning Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Dr Daniel Warm, Head of Planning Shaun Ayres, Deputy Director of Operational Planning and Commissioning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

Health Boards in Wales are required to produce a Board-approved Integrated Medium-Term Plan (IMTP) and submit to the Welsh Government for approval. A statutory requirement is that the IMTP must be financially balanced over the three-year period. Hywel Dda University Health Board (HDdUHB) was again unable to do that for 2022/23, which led to the Health Board being escalated by the Welsh Government to Targeted Intervention for planning and finance.

In lieu of an IMTP, HDdUHB has again produced an annual plan for 2023/24 and this paper provides an update on progress towards achieving the outcomes described within the plan, with a particular focus on the financial position.

Cefndir / Background

As noted at previous Board meetings, whilst the ambition and aspiration for HDdUHB remains to submit an approvable IMTP, the current challenges are such that, despite our best endeavours, we have again not been in a position to produce a balanced financial plan for 2023/24. Following discussion at Board, this was formally noted to Welsh Government (WG) in an accountability letter from the Chief Executive in February 2023.

In lieu of an IMTP, an annual plan was developed for 2023/24 and presented at the March Board meeting for approval. The plan considered by Board can be found at: [Annual Plan 2023/24](#). The annual plan was subsequently submitted to Welsh Government on the 31 March.

Welsh Government wrote to HDdUHB on 21 April 2023 noting that the Health Board's Annual Plan for 2023/24 Plan was 'not supportable or acceptable', specifically the level of financial deficit and the delivery of the Ministerial priorities. Welsh Government requested that the Health Board submit a supplementary paper by 31 May 2023 outlining the further work undertaken and the impact this has upon plan assumptions, but noting a resubmission of the plan itself was not required.

As a result a supplementary document was produced and considered at an extra-ordinary Public Board meeting in May 2023, and subsequently submitted to Welsh Government – the supplementary document can be found at: [Annual Plan 2023/24 Supplementary Document](#). However, it was acknowledged that the forecast financial outturn remains unacceptable and further work will be required during 2023/24 to improve the position.

To this end, at the extra-ordinary Board in May 2023, a recommendation was made for the Chief Executive of HDdUHB to submit a further Accountable Officer letter at the end of June 2023 to update on progress with our savings delivery and work on the further choices set out in the supplementary submission.

Asesiad / Assessment

The plan for 2023/24 is built around key components including delivery of:

- Planning objectives;
- The trajectories set to meet Ministerial priorities;
- Our financial and savings plans as part of a broader roadmap to financial sustainability

This is underpinned by actions being taken in response to our Targeted Intervention status for planning and finance.

Planning Objectives

HDdUHB has set 23 planning objectives for 2023/24 and at this early stage in the financial year all planning objectives are currently on-track, as reported through the Board Assurance Framework, and as per the assurance papers submitted to each of the Committees to which the planning objectives are aligned. The assurance papers for each of the June 2023 Committees can be found at:

- [People, Organisational Development and Culture Committee](#)
- [Quality, Safety and Experience Committee](#)
- [Strategic Development and Operational Delivery Committee](#)
- [Sustainable Resources Committee](#)

‘Plans on a page’ have been developed for all planning objectives and are intended to ensure a clear delivery/development process for the year, with SMART (specific; measurable; achievable; realistic; timely) deliverables/outcomes and clear trajectories/milestones using a standardised template.

The Executive team has a programme of planning objective review sessions in place where the plans on a page and progress with the planning objectives are being discussed, led by the lead Executive and the team delivering the planning objective.

In moving forward, in order to ensure our assurance of the planning objectives evolves from a process update to outcome/output orientated one, a planning objective highlight report has been drafted which will be reported to every other meeting of the relevant Committee. Additionally, a programme of ‘deep-dives’ on planning objectives has been scheduled into the Committee work programmes.

Furthermore, all planning objectives have been aligned to both the NHS Outcomes Framework and the risks on the HDdUHB corporate risk register.

Targeted Intervention

An update on our Targeted Intervention was provided to the June 2023 meetings of both the Strategic Development and Operational Delivery Committee (can be found at: [Planning](#)

[Targeted Intervention Actions](#)) and the Sustainable Resources Committee (can be found at: [Finance Targeted Intervention Actions](#)).

With respect to the Planning Targeted Intervention actions, critical to our planning process is the planning cycle which will underpin the development of our next plan. Work has begun on re-defining our approach to planning and our planning cycle built around 6 key themes, namely:

- Organisational Culture and Planning
- IMTP, Planning Cycle and Financial Sustainability
- Operational Planning and Change Management
- Planning and the Strategy (bridge between short/medium term plans and the longer-term strategy)
- Capacity and Capability of the Corporate Planning Directorate
- Project Governance and Reporting Tools.

Financial position

Despite setting a plan with a deficit budget of £112.9m, the position currently indicates a very significant risk against this position. Indeed, at this point, there is a risk that the Health Board would end the year with a deficit of c.£145.4m.

1. What issues led to this position?

The Health Board's deficit is inherently complex, and a number of external factors will have made a significant contribution to the value of the deficit. This is self-evident given all Health Boards have a significant deficit in 2023/24.

However, a number of reviews of our savings approach have been undertaken over the past year which indicate weaknesses within the Health Board which are likely to have impacted on the Health Board's operational and financial resilience.

System pressures and operational imperatives made the conversion of opportunities into fully specified savings delivery plans more challenging than usual. This resulted in savings plans being less developed and insufficiently resourced to make the needed changes quickly.

The changes we set out were inherently challenging in that we chose to focus on securing opportunities to reduce waste and improve quality as our vehicle to save rather than a more traditional 'salami slicing' approach to cost savings.

2. The development of our financial position

2.1 £112.9m planned deficit

The Health Board has a longstanding underlying deficit, which had stabilised at £25m in the two years up to 31 March 2022 (before this, it was stable at £35m for the previous two years).

However, during 2022/23, the Health Board recognised that many of the costs incurred during the pandemic had become embedded within operational teams and that these needed to be recognised as core. Alongside this, the impact of inflation was being seen within our core cost base.

As part of setting budgets for 2023/24, another exercise was completed to transfer remaining costs recognised during the pandemic to our core cost base (mainly enhanced cleaning

standards, £1.3m, and the costs incurred within Puffin Ward in Witherby General Hospital (WGH), £1.2m). Local investment choices were recognised (mainly international nurse recruitment, £1.6m, building community capacity and delivering earwax clinics, £1.4m (though this was arising from a Welsh Health Circular), Apprentices, £0.9m, and recognising the full year impact of a number of value-based pathways, £2.0m).

National investment choices were recognised alongside anticipated inflation assumptions for the year.

Savings of 2.5% of non-ringfenced budgets were required to be delivered to ensure that the deficit did not exceed £112.9m.

Table 1: Development of the financial plan for 2023/24		
	£'m	£'m
Starting deficit position 1 April 2022		25.0
2022/23 savings budgeted for, not delivered	26.9	
2022/23 full year impact of cost pressures	49.6	
Full year impact of prior year pressures		76.5
2023/24 transfer of remaining Covid-funded costs to core budgets	3.8	
2023/24 local investments	6.7	
2023/24 national investments	6.1	
2023/24 anticipated inflation	27.3	
2023/24 WG funding uplift	(13.0)	
Current year budgetary impact		30.9
Gross budgeted deficit for 2023/24		132.4
2023/24 savings		(19.5)
Net budgeted deficit for 2023/24		112.9

2.2 Drivers of the operational deficit to Month 3

During the period to Month 3, £3.0m of savings have not delivered, and cost pressures have been seen within the sites, in oncology and facilities in particular. These were unbudgeted cost pressures in excess of our opening budget.

Table 2: Drivers of the operational deficit to Month 3		
	£'m	£'m
Undelivered savings		3.0
Sites	4.5	
Oncology	0.5	
Facilities	0.9	
Other	(0.6)	
Costs in excess of budgets		5.3
Total operational deficit to Month 3		8.3

These changes represent an increase in expenditure since budgets were set. Notably:

- Nursing fill rates have increased significantly from Month 10 of last year (when budgets were reassessed) to the year-end and into this year. We projected on the basis of fill rates not increasing.
- Medical costs have also increased significantly this year, with hourly locum costs significantly exceeding last year.
- Oncology has seen an increase in activity of about 14% in the Q4 period of last year and Q1 period of this year when compared with the average for the last financial year. This increased activity has coincided with a significant inflationary cost impact which has contributed to a significant increase in the overall projection for this financial year.
- Facilities costs have increased as a result of significant maintenance demand.

While these costs were not foreseen, there are lessons to learn in our budget setting process to ensure that we more robustly recognise the risks of escalating costs given the sensitivity of escalating demand alongside persistently high inflation.

3. What are our current savings plans?

There are three key elements to our savings plans.

- Cash releasing savings schemes: These are schemes which reduce the opening budgeted position and which allow this budget to be released. At the time of writing, £12.5m of savings are determined to be appropriately risk-assessed though there is a risk of delivery against this total value.
- Expenditure reduction schemes: These are schemes which will reduce the monthly expenditure back down to budgeted levels as they are addressing unbudgeted cost pressures which have arisen since budgets were set. £3.4m of risk-rated schemes have been identified against this. This is a recognition of the first action of the Core Delivery Group (CDG, see section 6.1), which was to remove payment of travel and accommodation from agency workers.
- Productivity schemes: These are a recognition of improvements made in the system which has allowed greater productivity but for which no budget can be removed, and expenditure is not going to reduce in the short term. Patient-initiated follow-up is one such example (£4.5m) where patients are not seen routinely, but based on their initiation, which allows the waiting list to be reduced for other patients who need to be seen. These have no direct impact on the forecast deficit, but reflect a benefit in mitigating the requirement to incur further expenditure to maintain current performance levels.

£'m	Green	Amber	Red	Total
Cash-releasing savings (against target of £19.5m)	3.7	6.4	2.4	12.5
Expenditure reduction schemes	0.8	1.3	1.3	3.4
Productivity schemes	6.5	0.5	1.8	8.8

4. Forecast risks for the whole of 2023/24

The forecast risk summary for the year is highlighted in table 4, below.

Table 4: Forecast risk summary for 2023/24			
	£'m	£'m	£'m
Net deficit budget for 2023/24 as recognised by the Board in March 2023		112.9	
Saving requirement included within the budget assumptions		19.5	
Gross expenditure budget for 2023/24		132.4	
Expenditure risks within budgets			
Nurse agency	10.3		
Medical locum cover over budget	4.3		
Primary care prescribing	2.8		
Managed practice locum expenditure	1.4		
Community pharmacy underspend	(1.5)		
Oncology activity through SACT units (£2.3m) and price increases (£0.9m)	3.2		
Continuing healthcare	1.1		
Other	(2.5)		
Net Run-rate risks within budgets		19.1	
Expenditure budget including current assessment of net risks		151.5	
Run-rate forecast if green and amber savings and cost-reduction schemes deliver to forecast			145.4
Scenario forecast if green and amber savings and cost-reduction schemes deliver to Plan in full			141.9
Scenario forecast if green, amber and red savings and cost-reduction schemes deliver to Plan in full			138.2

On this basis, further opportunities of between £25.3m (best case) and £32.5m (reasonably worst case scenario at this stage) need to be delivered in order to achieve our £112.9m deficit. Of this, £19.1m is required to address new cost pressures arising during the year with the balance being closure of the savings delivery gap.

The immediate actions which are being pursued include:

- Conversion of high risk savings schemes and mitigating plans into low risk and into delivery;
- Identification of further opportunities to drive current schemes further, or identify new schemes;
- Robust management review arrangements to reduce the potential risks highlighted above;
- Identification and delivery of non-recurrent opportunities.

5. What are our further choices and opportunities?

There remain significant opportunities for the Health Board, which have not yet been translated into deliverable savings schemes.

From our plan resubmission, the following choices were agreed to be pursued by Executive Directors. These are on the workplan of the CDG to be reviewed, though Executives are clear

that progress on delivering against each element should not be delayed by the need to attend CDG.

The choices which were provided to the Board on 31 May have been consolidated into a number of workplans.

Table 5: Opportunities being pursued following Board on 31 May	
Option summary	Agreed ownership
Transforming Urgent and Emergency Care <ul style="list-style-type: none"> • Review of emergency access arrangements across Carmarthenshire including SDEC and MIU support. • Review of use of community hospitals. • Alternative care opportunities. 	Andrew Carruthers
Home First <ul style="list-style-type: none"> • Review of opportunities for enhanced home care and enhanced care home support. 	Jill Paterson
Point of Care Testing enhancement	Phil Kloer
Planned Care review <ul style="list-style-type: none"> • Service configuration arrangements 	Andrew Carruthers
Diagnostic Services review <ul style="list-style-type: none"> • Service configuration and on-call arrangements 	Andree Carruthers

Further opportunities will be considered by Executives during July, with risk assessments made to consider the impact on services. These opportunities will be more challenging in nature given the need to deliver short term financial improvements.

6. What have we done?

The Executive Team met on 8 and 9 June to reassess our delivery based on the recommendations referenced above. As a result, we agreed to set up a Core Delivery Group, a Communications Cell and a supportive broader Executive Team to help understand the clinical and quality implications of decisions with a weekly rhythm.

On 12 July, the broader management leadership team met, a group which mainly comprised of the direct managers reporting to the Executive Team. This group reconvened on the seriousness of the financial position and the actions which need to be taken with urgency across the Health Board.

6.1 Core Delivery Group

An Executive-led Core Delivery Group (CDG) has been established to ensure a focus on delivery actions required to achieve a £112.9m deficit, as a first step on the road to delivering financial sustainability. In order to achieve this, the Executive Team need to ensure that we deliver a £19.5m saving in-year, and recover the overspend incurred over Q1.

As a Board, we have decided to shift our thinking away from traditional “salami-slicing” savings towards finding opportunities to reduce waste, improve the value of what we do, and save money. We still think this is the right thing to do.

The focus of the CDG is to take real-time actions based on current best available information; and guide the operational delivery of savings to improve our run-rate. The CDG will also ensure governance is in place surrounding responsibilities, tracking benefits, delivering in line with agreed trajectories and managing risks and mitigations.

The CDG meets weekly and will report back to the wider Executive Team and the support needed from them. A summary of the activity of the CDG is provided below:

	Topic	Outcome
14 June	1. Nurse agency	<ol style="list-style-type: none"> 1. Travel and accommodation ban for new shifts booked from 19 June. 2. Removal of specialist rates in non-specialist areas for new shifts from 19 June, with existing arrangements terminated from 1 September. 3. From 19 June, no Thornbury bookings to be made more than 24 hours in advance (except for paediatric services given clinical need). 4. From 19 June, no HCSW agency bookings.
21 June	2. No meeting	WG TI meeting took place
28 June	<ol style="list-style-type: none"> 3. Nurse rostering 4. Non-clinical agency 	<ol style="list-style-type: none"> 1. Reporting dashboard on compliance issues agreed 2. Ban on non-clinical agency agreed with immediate effect, but scale of usage was insignificant.
5 July	<ol style="list-style-type: none"> 1. Nurse agency 2. Medicines management 3. Planned care configuration issues 4. Corporate directorate savings delivery 	<ol style="list-style-type: none"> 1. Ban on Thornbury agreed in all areas apart from paediatric services given usage has reduced significantly. Paediatric services booking requirement moved to 24 hour notice. 2. Further medicines opportunities agreed, to be confirmed during the next Directorate Improving Together meeting. 3. Requirement for an urgent plan to consider planned care reconfiguration and opportunities available in year. Agreed to return in two weeks to discuss further. 4. Confirmed all Corporate Directors have identified their 2.5% savings requirement, with many delivering part of their plan non-recurrently. Review in September to confirm how to convert this into recurrent delivery.
12 July	<ol style="list-style-type: none"> 1. Medical agency 2. FLOs 	Meeting not yet held.
19 July	<ol style="list-style-type: none"> 1. Mental Health long term care 2. Procurement 3. TUEC 	Meeting not yet held.
26 July	1. Oncology	Meeting not yet held.

6.2 Communication Cell

The communications cell was established to sign-up our senior management group, align the wider organisation to the cause and develop/implement a broader public campaign. Working closely with the CDG, the communications cell will translate the actions of the group into key messages for leaders and our community of staff. Starting with our leadership community, we will seek to engage our leaders as ambassadors of change and enlist their support in enabling the wider organisation to understand the challenge ahead and how individuals and teams can contribute to addressing it with similar energy and action seen during the early days of the pandemic.

Following this immediate work, the communications cell will broaden our communications and start a conversation with our population – utilising a range of communications channels and a hyper-local campaign – to seek public support and assistance in ensuring our services are accessed appropriately and individuals understand the rationale for any changes introduced.

7. Refining our responsibilities

7.1 Role of the Sustainable Resources Committee

The main purpose of the Sustainable Resources Committee (SRC) is to provide assurance on financial performance and delivery against Health Board financial plans and objectives and, on financial control, give early warning of potential performance issues, making recommendations for action to continuously improve the financial position of the organisation, focusing in detail on specific issues where financial performance is showing deterioration or there are areas of concern.

Within this context, it is recognised that SRC meets on a bi-monthly basis, and this may not be sufficient to ensure that sufficient scrutiny and challenge can be provided. It is therefore recommended that:

- The workplan and agenda for SRC is reviewed to allow more time to focus on financial performance given the increased risk.
- Lead executives to attend for scrutiny of areas under their leadership.

7.2 Role of Executive Team

The Executive Team is responsible for the overall performance of the executive functions of the Health Board, in whom responsibility has been delegated via the Chief Executive. The Executive Team have recognised the issues identified in Section 1, and are working through the CDG, Communications Cell and Clinical Directors to ensure that these are addressed, and that financial performance is a key delivery focus.

7.3 Role of the Finance Team

The role of the Finance Team is clear in terms of the co-ordination of financial planning, delivering transparent and understandable financial reporting, maintaining a system of financial control, ensuring financial compliance and supporting with financial strategy and organisational decision-making.

This will be strengthened through our response to the Targeted Intervention status, and our response to the work commissioned by the Health Board from Arcus Consulting in order to ensure that the Health Board's leaders and managers are better able to respond to the current financial challenges and the need to make operational changes to deliver savings.

Business partners will be more focused on supporting with change management arrangements within directorates with their current financial reporting and forecasting work delegated to others within the finance team. This will involve a two-year programme in line with the recommendations of the review, recognising that some of the issues involved will require a cultural change in the way in which business partnering support is provided by finance and received by the organisation:

- 7.3.1 We will have a clear vision for the outcome, role, career trajectory to move the function toward best practice.
- 7.3.2 We will have in place clear role definitions for the articulation of the roles of business partners, business controllers, management accountants and decision support analysts.
- 7.3.3 A business controller will be provided for each directorate who is responsible for all of the regular finance information for one or more areas.
- 7.3.4 Strategic Business Partners will be responsible for initiatives, but not the regular provision of finance information.
- 7.3.5 A team of Decision Support Analysts will be co-ordinated with people allocated to work on the most valuable issues and initiatives across the Health Board.
- 7.3.6 There will be a clear delineation with the role of our reporting and management accounting team.
- 7.3.7 Operational and corporate directorate management teams will be encouraged to work together with Finance to make the Controller and Strategic Partner roles work in practice in each area, and to identify the topics and meeting structures for finance to become more strategically involved in driving business value.

7.4 Role of Budget Managers

The role of budget managers was set out within the Chief Executive's Accountability Letter as part of the delegation of budgets. In this letter it states:

"As part of your own governance arrangements, I would expect that, as a minimum, you are holding monthly business performance meetings that review your financial performance, and ensure that you are using the reports available to you to provide assurance that:

- Unbudgeted cost pressures are addressed with mitigating actions;
- Forecasts are checked and challenged to provide assurance for delivery over the year;
- Under no circumstances are any unbudgeted in-year investment decisions to be made without being proposed via the Use of Resources Group [whose responsibilities have now been subsumed within the new Core Delivery Group], supported by appropriate SBARs with payback business cases, and then being approved by the Executive Team;
- All Investments and funding bids are tracked with clear benefit realisations for delivery within a stated timeframe;
- Opportunities are being translated into realistic and robust delivery plans;
- Savings plans are being delivered in a timely manner with a minimum expectation that you recurrently deliver your proportion of the £19.5m savings target during 2023/24;
- Project Initiation Documents (PIDs), including risk assessments, are to be submitted to your finance lead at the same time as Green or Amber savings schemes being recognised."

While this is clear, accountability arrangements are being enhanced to support greater pace on delivery.

Argymhelliad / Recommendation

To seek Board support for the actions that are being taken to recover the position including:

- **NOTE** the assessment of the issues which led to this year's financial position.
- **NOTE** the weaknesses in our processes which contributed to the challenges faced by the Health Board.
- **NOTE** the progress made by the Core Delivery Group and Communications Cell.
- **NOTE** the savings plans which have already been recognised.
- **DISCUSS** the quantum of the financial risks noted for the year and consider the further actions which are now required to translate opportunities into deliverable savings schemes.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Not applicable
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol:	<ul style="list-style-type: none"> • Board (March 2023 for approval of submission to Welsh Government)

Parties / Committees consulted prior to University Health Board:	<ul style="list-style-type: none"> • Board (May 2023 for an update on the process and activities) • Extra-ordinary Board (May 2023 for approval of submission of the supplementary document to Welsh Government) • Committees of the Board for assurance on the Planning Objectives (June 2023)
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Effaith: (rhaid cwblhau)	
Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Integrated plan for the period 2023/24
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Integrated plan for the period 2023/24
Gweithlu: Workforce:	This is a key component in the delivery of the Integrated plan for the period 2023/24
Risg: Risk:	Risks will be assessed as part of the ongoing process of both the development of the 2023/24 Plan and its subsequent monitoring
Cyfreithiol: Legal:	As above
Enw Da: Reputational:	Hywel Dda University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, together with our stakeholders, including our staff
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.

Appendix 1: Cash-releasing scheme detail

In-Year Plan £'000	Executive Owner designation	Workstream	Scheme name	Green	Amber	Red	Grand Total	
Saving	Chief Executive	Efficiency	Non Pay rationalisation	50			50	
			Regional income generation	19			19	
			Short term vacancy factor	161			161	
	Chief Executive Total				230			230
	Director of Finance	Efficiency		Team efficiencies through process modernisation	46			46
				Telephony network maintenance	200			200
				Non Pay rationalisation	10			10
				Short term vacancy factor		85		85
				Telephone contract review		161		161
	Director of Finance Total				256	246		502
	Director of Nursing, Quality & Patient Experience	Efficiency		Non Pay rationalisation	45			45
				WLSS restructure	35			35
		FLOs				500		500
	Director of Nursing, Quality & Patient Experience Total				80	500		580
	Director of Operations	CHC	Efficiency	Review of Commissioning arrangements		1,200		1,200
				Move from oil to LPG	138			138
		Efficiency		Steam traps	20			20
				Regional Ophthalmology on call system			19	19
				MIU overnight reconfiguration			444	444
				Solar Farm / Other Energy Projects	38			38
				Water efficiencies	10			10
				Contractual negotiations in diagnostic imaging systems	200			200
				Medical Job plan review			220	220
				Procurement Framework implementation			12	12
				Medical workforce stabilisation in Trauma & Orthopaedics middle grades			90	90
							76	76
On call medical workforce stabilisation in Ophthalmology								
Reduction of external outsourcing				117		0	117	
Radiographer stabilisation						0	0	
Single Use Scopes (ENT) cessation						71	71	
Nurse Stabilisation								
Planned Care Configuration				618		2,573	961	3,534
TUEC						1,611		1,611
Medicines Management							105	105
Medical Agency				69	69			
				0	0			
				0	0			
				60	60			
Digitalisation				0	0			
Director of Operations Total				1,140	5,384	2,126	8,650	

In-Year Plan £'000	Executive Owner designation	Workstream	Scheme name	Green	Amber	Red	Grand Total
Saving	Director of Primary Care, Community & Long Term Care	Efficiency	Building Community Capacity			397	397
		Medicines Management	Use of Prescribing Decision Support tool to generate cost effective switches and formulary compliance in Primary Care	120			120
			Use of Prescribing Decision Support tool to generate cost effective switches and formulary compliance	500			500
			Clinical and product switches	150			150
			Replacement of prescribed products to reduce waste	20			20
			Switch in brand of drug (Melatonin)	56			56
			Switch in brand of drug (Methylphenidate)	45			45
			Switch in brand of drug and review prescription patterns (Vitamin D)	30			30
			Switch in brand of inhaler for Respiratory conditions	400			400
		Director of Primary Care, Community & Long Term Care Total			1,321		397
	Director of Strategy and Planning	Efficiency	Short term vacancy factor		237		237
	Director of Strategy and Planning Total				237		237
	Director of Therapies & Health Sciences	Efficiency	Allied Health Professionals roster management	245			245
	Director of Therapies & Health Sciences Total			245			245
	Director of Workforce & Organisational Development	Efficiency	Medical workforce stabilisation			150	150
Recruitment Process Outsourcing Model within Medical					150	150	
Short term vacancy factor			130			130	
Automation of tasks			68			68	
Salary sacrifice cars			100			100	
OD Pay structure review	30			30			
Director of Workforce & Organisational Development Total			328		300	628	
Medical Director	Efficiency	Non Pay rationalisation	79			79	
Medical Director Total			79			79	
Saving Total				3,679	6,367	2,823	12,869

Appendix 2: Expenditure-reduction scheme detail

In-Year Plan £'000	Executive Owner designation	Workstream	Scheme name	Green	Amber	Red	Grand Total	
Run-rate reduction	Director of Operations	Nurse Stabilisation	Nurse Stabilisation			1,063	1,063	
			Nurse Stabilisation (Emergency Department)			159	159	
		Medical Agency	Nurse Agency terms and conditions		1,216			1,216
			Medical stabilisation Emergency Department				99	99
	Director of Operations Total				1,216	1,336	2,552	
	Director of Primary Care, Community & Long Term Care	Nurse Stabilisation	Nurse Agency terms and conditions		38		38	
Director of Primary Care, Community & Long Term Care Total				38		38		
Run-rate reduction Total					1,255	1,336	2,591	

Appendix 3: Productivity scheme detail

In-Year Plan £'000	Executive Owner designation	Workstream	Scheme name	Green	Amber	Red	Grand Total
Productivity	Director of Operations	Efficiency	DNA Rate Reduction to 5%			159	159
			Digital pathology and AI pilot		0		0
			Haematology Drugs benefits	0			0
			Digital Morphology		0		0
			Giant cell Arteritis, one stop rheumatology clinic	48			48
			Building and Energy Management		45		45
			Digital enabling of efficient Portering rotas		100		100
			BGH: Maximising commercial income	40			40
			Vending Solutions review	10			10
			Bronglais: Reduction in food waste through improved production and distribution system		168		168
			Regional working models			15	15
			Patient Administration System transition			40	40
			Antimicrobial stewardship improvement	0			0
			Heart Failure pathway improvement	0			0
			Digital efficiencies in microbiology testing		0		0
			FCP test triage differentiation	0			0
			Point Of Care Testing Usage	0			0
			Patient Knows Best (PKB); increased self-management		45		45
			Cardiology Heart Failure admissions reductions	1,471			1,471
			Cardiology Heart Failure re-admissions reduction	346			346
		Cardiology NSTEMI Length of Stay reduction			821	821	
		Planned Care Configuration					
		Outpatient pathway redesign (See on Symptoms / Patient Initiated Follow-up)	4,541			4,541	
		Getting It Right First Time efficiencies in Trauma & Orthopaedics			720	720	
		Cataract treatment productivity			67	67	
		Digitalisation					
						133	133
	Director of Operations Total			6,455	531	1,782	8,768
Productivity Total				6,455	531	1,782	8,768