



Date	30 th March 2023	Agenda Item	6.3
Report Title	IMTP Delivery: Quarter 3 Progress Report and Minimum Data Set Quarter 3 Update		
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FOI	Open		
Purpose of the Report	This paper provides the reported status against the priorities for delivery in Quarter 3 22/23 as set out in the IMTP 22/25, as Goals Methods Outcomes (GMOs). The paper also presents the Minimum Data Set (MDS) 22/23 updated for Q3, as requested by Welsh Government, for onward submission to them.		
Key Issues	<ul style="list-style-type: none"> • Welsh Government confirmed formal approval of the Health Board Integrated Medium Term Plan (IMTP) 22/25. • High-level summary provided of the position at the end of Q3 (1st October 2022 – 31st December 2022) in respect of delivery against priorities (Goals and Methods). Where priorities are reported as off-track, mitigating actions and revised delivery timescales are highlighted. • Performance against IMTP outcomes at the end of Q3 are reported where metrics, data sources and trajectories are confirmed. • The MDS is part of the NHS Wales IMTP process and is considered a 'planning tool'. • WG have requested that Health Boards provide Q3 updates of the MDS 22/23 as submitted with Health Board Plans on 31st March 2022. • The ask is for 22/23 Q3 actual data and refreshed forecast data for 22/23 to be provided and submitted to WG on 16th February 2023. 		
Specific Action Required	Information	Discussion	Assurance
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	The Board is asked to: <ul style="list-style-type: none"> • NOTE the areas of achievements to deliver the IMTP in Q3 • NOTE the mitigating actions against priorities (GMOs) which are off-track and APPROVE revised timescales. 		

	<ul style="list-style-type: none">• APPROVE the overall key risks and mitigations to IMTP delivery.• NOTE that actual Q3 data and refreshed forecasts for Q4 populated in the MDS are taken at a point in time (position as at 30/01/23); there will be opportunities to revise and re-submit the data to WG, in line with formal governance and reporting of IMTP 22/25 Delivery.• APPROVE submission of the MDS updated for Quarter 3 to Welsh Government.
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INTEGRATED MEDIUM TERM PLAN 2022/25 DELIVERY QUARTER 3 22-23 PROGRESS REPORT AND MINIMUM DATA SET QUARTER 3

1. INTRODUCTION

This paper provides the reported status against the priorities for delivery in Quarter 3 22/23 as set out in the Integrated Medium Term Plan (IMTP) 22/25, as Goals Methods Outcomes (GMOs). This report also presents the SBUHB Minimum Data Set (MDS) 22/23 updated for Quarter 3, which has been requested by Welsh Government for submission.

2. BACKGROUND

Welsh Government confirmed approval of the Health Board's IMTP in August 2022, the first time since 2015.

Responsibility for delivery of the IMTP via these 'Programmes' is with a named Lead (Executive Director or Service Group Director), acting as Senior Responsible Officer (SRO), as set out in table 1 below:

Table 1: SROs for each R&S Programme/ System:

Programme/ System	Lead/ SRO
Quality and Safety	Executive Director of Nursing and Patient Experience
Population Health	Executive Director of Public Health
Primary, Community, and Therapies	Group Service Director for Primary, Community, and Therapies
Urgent & Emergency Care	Chief Operating Officer
Planned Care	Chief Operating Officer
Cancer	Executive Medical Director
Mental Health and Learning Disabilities	Group Service Director for Mental Health and Learning Disabilities
Children and Young People	Executive Director of Nursing and Patient Experience
Maternity	Executive Director of Nursing and Patient Experience
Workforce	Executive Director of Workforce and Organisational Development
Digital	Director of Digital

Minimum Data Set

The Minimum Data Set (MDS) is a part of the Integrated Medium Term Plan (IMTP) and forms part of the formal submission to Welsh Government under the NHS Wales Finance Act 2014. As stated by the NHS Wales Planning Framework 22/25, the MDS provides a data triangulation between workforce, planned service activity and finance. The MDS and the narrative plan must be consistent and aligned. The MDS is considered by WG as a tool to aid planning, which provides quantification of the ambition in plans aligning activity profiles, workforce and finance at organisational level, and not as a performance monitoring tool.

3. IMTP DELIVERY UPDATE

3.1 SYSTEM PROGRESS AGAINST PLAN – SUMMARY

Table 2 provides an overview of each programme/ R&S Plan System using Q3 status of Methods and Outcomes. ‘Off track’ methods that are not in the control of the Health Board, e.g. as a result of timescales slipping in national programmes, have been excluded from this table.

R&S Plan Programme/ System	Q3 Number of Methods	Q3 Methods Status				
	Q3 number of Outcomes	Q3 Outcomes Status				
		Off-track	Monitoring	On-track	Completed	No updates received
Quality and Safety	16	3	1	11	1	-
	2	2	-	-	-	-
Population Health	16	1	7	7	1	-
	0	N/A	N/A	N/A	N/A	-
Primary Care, Community & Therapies	8	1	0	7	-	-
	0	N/A	N/A	N/A	N/A	-
Urgent and Emergency Care	20	-	9	4	7	-
	8	3	-	2	N/A	3
Planned Care	68	6	16	40	2	-
	7	3	-	4	N/A	-
Cancer	17	1	-	15	1	-
	11	2	5	4	N/A	-
Mental Health & Learning Disabilities	15	1	2	8	4	-
	4	-	1	3	N/A	-
Children and Young People	34	6	8	16	4	-
	3	-	-	-	N/A	3
Maternity	16	-	-	-	-	16
	0	-	-	-	-	-
Workforce	27	-	7	20	-	-
	2	2	-	-	N/A	-
Digital	12	3	2	6	-	1
	0	-	-	-	-	-

3.3 Achievements in Q3 and Key Priorities

Appendix 1 details the significant achievements detailed in Q3 in each system area and key priorities for delivery in Q4.

3.4 PROGRESS AGAINST PLAN – DELIVERY OF METHODS AND MITIGATING ACTIONS

Table 3 below details the Q3 Methods that are off track, the mitigating actions in place and the timescales to get actions back on track, or proposed amended timescales to be approved. Reporting relates only to Year 1 Funded, Cost Neutral or Tier 1 methods.

Appendix 2 includes the full Q3 status update for Methods across the IMTP.

Table 3: Q3 Delivery of Methods and Mitigating Actions

R&S Plan Programme/ System	Off-track Method	Mitigating Action	When back on track or proposed new timescale
Population Health	Co-design of a regional cross sector suicide & self-harm plan with partners	Men's mental health joint collaboration continues to progress. Seeking funding for lead role to take developmental work forward. Regional suicide prevention plan on hold as awaiting publication of updated/refreshed T2M2 national strategy. Need to agree with partners alignment with South & West Wales Regional Forum strategy development & development of the RPB mental health & wellbeing strategy due end of Q4.	End Q4 22/23
Primary Care, Community and Therapies	Subject to successful Business Case, delivery of pre-diabetes programme within all clusters.	Clinic delivery established in 10/12 practices in Stage 1 clusters (AWDPP funded) and delivered on rolling basis across clusters. Stage 2 implementation in progress (SPCC funded clusters) and completion expected during Q4. Additional 4 HCSW appointed with expected start date end Jan 2023- Programme evaluation commenced in conjunction	Q1 2023/24

		with national programme lead. Implementation of stage 3 delayed into Q4 with full programme delivery across HB expected in Q1 2023/24	
Quality and Safety	Develop the use of digital technology to map compliance and notification of patients who require or receiving End of Life Care (EOLC)	Meeting arranged with digital to progress due to currently inability to gather data on the number of patients who have an advanced care plan in place or who have had a discussion regarding EOLC. This requires a digital solution through Signal in order to establish a baseline and to measure progress. EOLC Digital workstream established to drive action forward.	End Q4 22/23
	Ensure Sepsis compliance is captured across the HB to benchmark on a national basis: Aim all patients (100% compliance) are reviewed against SEPSIS criteria	Spot check audit complete. Increased medical engagement within service groups. QI support in place to develop further measures of progress. Awaiting National Guidance – work ongoing between WG and PHW. Interim SBU guidance developed and to be launched Q1 2023/24.	Awaiting National Guidance on management of Sepsis. Local SBUHB Guidance developed in the interim – to be launched Q1 2023/24.
	Focussed work in Primary Care and community to achieve reduction in top 3 Tier 1 target infections to understand mechanism of transmission and ensure learning is undertaken and shared across the HB	<i>C. difficile</i> scrutiny process revised and implemented. Analysis of contributory factors to inform shared learning (newsletter, feedback letter, operational support for implementation). <i>Staph. aureus</i> bacteraemia – collaborative project between Wound Care Service & Microbiology commenced. Further campaigns planned for implementation by Q4.	End of Q4 22/23

		<p><i>E. coli</i> bacteraemia - Development of leaflet for adults with suspected UTI – to educate and advise.</p> <p>Antimicrobial Stewardship programmes in General Practice continue, for further reduction in outlier practices by end Q4.</p>	
Planned Care	<p>Maximise cardiac diagnostic capacity in the long term through recurrent investment into additional echo sonographers</p>	<p>Recruitment of additional echo sonographers has not been successful. As a result, capacity has been increased via insourcing and locum recruitment. Options developed via the ARCH programme and overseas recruitment is also being explored as potential additional mitigation. Despite the challenges, the number of patients waiting over 8 weeks for an echo scan has reduced dramatically and is down to under 400 patients at the end of Jan 23.</p> <p>Trajectories received for endoscopy and cardiac. Requests for outstanding trajectories is being taken through the Planned Care Board.</p>	<p>Awaiting updated trajectories to be reviewed at the next Diagnostics Recovery Group scheduled for the 16/02/23. Lead will continue to follow up in preparation for Q4 report.</p>
	<p>Additional Cardiology Consultant Capacity to support reporting of Cardiac MR and CT</p>	<p>Currently the only funding available is on a temporary basis; permanent funding is required to provide a long-term solution via a new Consultant appointment to provide capacity and leadership to the cardiac imaging service. Business case in development. Business case is being drafted in line with the D&C plans and underpinned by Radiology input. It is expected to be completed May 2023.</p>	<p>Subject to business case approval – Q2 2023/24 Morriston Management Lead.</p>

	<p>Maintain Core Service: utilise additional agency support in order to sustain core service delivery whilst undertaking training and recruitment in pursuit of a resilient and sustainable service model</p>	<p>Core service has not been maintained during quarters 2 and 3 due to acute staffing pressures. Business continuity actions implemented with the closure of Singleton Biochemistry and Haematology</p>	<p>To be confirmed Work is being progressed with leads in readiness for Q4 report.</p>
	<p>Building Resilience – Future Service Planning: recruit into the training and management teams in order to provide ongoing support for mass training and service redesign</p>	<p>Workforce plan in relation to sustainability and ARCH regional service model is currently being developed and will describe the short-, medium- and long-term investment required</p>	<p>To be confirmed Work is being progressed with leads in readiness for Q4 report.</p>
	<p>Recovery Related Activity:</p> <ul style="list-style-type: none"> • Ensure that capacity is flexible across the week to meet acute peaks in demand without compromising the clinically appropriate timescales for turnaround. • Ensure that capacity is planned ahead of time by specialty based on anticipated demand, and that contingency plans are operationally accessible and viable to address unexpected influxes. • Work with referring specialties to inform forward planning. 	<p>Capacity issues have meant Cellular Pathology have gone into business continuity actions at certain times in Q2 and Q3. The clinical backlog within the service currently sits at Risk Score 25, with potential cancer cases sitting in a 17 week wait. Proposal presented to Planned Care Board to outsource backlog. Plan to outsource an average of 400 cases a week for a period of 3 months at a cost of £264,000</p>	<p>End of Q1 2023/24. Awaiting update from Pathology. Lead will continue to progress in readiness for the Q4 report.</p>
	<p>Digitalisation:</p> <ul style="list-style-type: none"> • Improve business intelligence both within the service’s own systems and integrating data across systems to provide transparency of patient pathways to allow for responsive and adaptive capacity management • Implement full adoption of AI to augment consultant reporting sessions, enabling real time, digital reporting 	<p>The Service Group have been successful in securing Capital investment for a number of innovative technologies, however managing the backlog has taken priority. Outsourcing of the backlog will release clinical and management time to progress with the proposed digital solutions.</p>	<p>Q2 2023/24</p>

		Digital solutions have been progressed due to the acute nature of the capacity issues within the service	
Cancer	Deliver sustainable model for OG Cancer Surgery Service.	Ongoing discussions with CVUHB via RSSPP regarding OG cancer service model.	Revised delivery dates – priority rolled over to 23/24 R&S Plan. Timeline outlined within the 23/24 plan. Discussions on-going led by SBUHB Executive Medical Director. Further detail on timeline to be outlined in the Q4 report.
	Implement Phase 1 Cancer Information Solution (CaNISC replacement - national programme by WCN/ DHCW)	Breast pilot commenced at SBU 5/12/2022. Full pilot stopped due to issues with dataset form produced by DHCW. Pilot of MDT scheduling continues, with an assessment and feedback to be formally issued end of January 23.	All Wales roll out of Breast delayed by Project Board – revised date for pilot is Q4.
Mental Health and Learning Disabilities	Implement the action plans developed by the Service Group following external reviews of the CHC processes.	Timescales have changed in relation to the outcomes of the CHS work. CEO has met with Local Authorities to agree a way forward. This has yet to be agreed and discussions continue. CEO sent letter follow up letter to LAs, awaiting response.	Awaiting further discussions between LA/ SBUHB CEO.
CYP	Commission additional two high dependency (HD) neonatal critical care cots in Singleton	Service unable to open additional cots until outcome of WHSSC cot review. This will also drive the funding envelope for recruitment. A Neonatal project board has been set up to focus on cot reconfiguration across Wales	Outcome of cot review being shared at WHSSC joint committee, March 2023.

		following the impending outcome of WHSSC cot capacity/review.	
	Deliver a permanent 24-hour neonatal transport model through the new Operational Delivery Network	WHSCC have agreed to release £120k funding with the Collaborative funding the remaining £50k. (Confirmation received January 2023)	Funding confirmation received January 2023.
	Secure dedicated psychology post embedded in NICU, meeting BAPM standards	Unable to secure funding for post until outcome from WHSSC cot review published	TBC awaiting outcome from WHSSC Cot Review
	Review psychological services required for children with learning disabilities, to identify gaps in service provision, unmet need and priorities for development	Wider analysis needs to be undertaken. Work has commenced as part of the psychological intervention work-stream and recurrent meetings have been put into diaries up to the end of the Summer	Q2 23/24 Baseline work has commenced via CYP Delivery plan. Slippage in timeline due to a) understanding if there is duplication/ crossover from the requirement from CYP Board for a multi- agency perspective b) the work requires input from multiple service group across the Health Board. Further detail on timelines will be provided for the Q4 report.
	Scope opportunities to develop population education and prevention within the primary care and Education sectors; reducing pressures on healthcare e.g. Health Visiting. Collaborative working with Clusters, e.g., Social Prescribers, Early Years workers. Further development of digital resources	Not progressed to delivering MDT therapy on the undergraduate Health Visiting Course. Linking in with Swansea University so that therapies participate/deliver on undergraduate Health Visitor Programme	Q1 2023/24

	Undertake gap analysis review of dietetic provision for Paediatric Diabetes service	Gap analysis not yet commenced. This work is delayed due to vacancy and sickness levels within the department.	Q4 22/23
Digital	Referrals, structured advice and guidance - Extend existing functionality to include cross-organisational and internal referrals	Continue to gather requirements to establish scope of local development. Funding required should a decision to progress to development be made. DHCW are continuing to develop a National Solution which could negate the need to develop a local solution.	National solutions for hospital-to-hospital referrals have been released earlier than anticipated. These will be tested and a pilot for internal referrals will be undertaken Q3 of 2023/24. Lead by Digital programme manager.
	Virtual Consultations and Reviews - Increase use of remote and virtual ways of working across care settings including utilisation of Attend Anywhere, SOS, PIFU and PROMs functionality	Requirement to deliver 35% of new appts and 50% FUNB appts virtually. The newly developed Outpatient Dashboard will include all the outpatient targets, and will enable detailed discussions with specialties, with trajectories agreed by the 31 st March. Reports are fed back through the OPD Transformation groups for scrutiny and review. Focussed work is undertaken with service to better understand reasons for decreased activity with the aim of enabling services to take ongoing ownership and management of the activity data with support from digital services and transformation.	Work has commenced with the transformation team to align Task and Finish groups to support the Outpatient Redesign and Recovery plan. This is being led by the Head of Transformation.

	Signal – implementation of v3 to include seamless integration with the Welsh Clinical Portal	The system was technically ready in November 2022; however, the request was made by Murryston SDG that implementation be held back due the AMSR programme beginning implementation on 5/12. It was agreed by the Signal board that this, together with other system implementations in Murryston may overload staff with change at a very busy time. There was also a vast amount of development work required as part of AMSR to reconfigure wards in Signal. AMU was a significant development, requiring some innovation and redevelopment to ensure it provides staff with what they require. The volume of development has therefore required regression testing, further adding to the revised timeframe.	March 2023. Virtual Consultations is a workstream within that plan. Trajectories to be agreed by the 31/03/23.
	Welsh Emergency Department System (WEDS) - Support the Acute Medicine model being implemented at the Murryston site. Improve flow into, within and out of the ED department and NPT minor injury unit. Improve patient safety by sharing information from ED with speciality teams and GPs	The WEDS system is continuing to exhibit stability issues in NPTMIU, rendering the project's ambition of operating in a paperless environment unattainable using the current deployment model (nationally hosted). A local hosting solution is being scoped to explore feasibility. It has been established that the WEDS infrastructure is completely unique and appears to present a significantly higher volume of regular issues than other Trusts and Health Boards using the underlying Symphony System. A review, commissioned by DHCW is	The National review has been completed. DHCW are awaiting legal advice with respect to the recommended option. DHCW have indicated a publication date of March 2023.

		underway to assess the current situation and propose a series of options to move forward with an ED system, including the option of a local infrastructure.	
	Open Eyes – An integrated electronic ophthalmology clinical system to provide real-time patient information across care settings	The Open Eyes implementation is off track due to national dependencies including, MPI integration and DPIAs/JCA. Version 6 has been tested but there are outstanding issues relating to MPI integration that need to be resolved before a go live date can be considered for the Glaucoma service.	Planned Go Live date Q1 2023/24 (dependent on successful testing of the MPI integration and sign off of national dependencies such as DPIA.)
	Establish Data Value and Literacy Programme	<p>Business Intelligence Partners have continually been conducting show and tells within service around existing products and a data literacy questionnaire has been developed and completed within some SDGs to offer a baseline as to the current data literacy climate within the organisation.</p> <p>Data and Digital Literacy course was planned during 22/23 - currently being developed for manager's pathway programme which circa 130 staff a year to go through and expected for delivery in Q1 23/24.</p>	<p>Q1 23/24</p> <p>Digital and Data Literacy Module for Manager's Pathway with further sessions going forward across Health Board.</p>

3.4 PROGRESS AGAINST PLAN – OUTCOMES

Table 4 below details the key outcomes across the portfolio for Q3 where programmes have approved outcome measures. Performance in Q3 against outcome measures are correct as at 31st January 2023 and are rated accordingly:

- **Green**, if the outcome measure has met or exceeded the original target,
- **Amber**, if the measure is moving away from the baseline position in the desired direction, has not yet reached the target but the trajectory indicated that it is likely to do so,
- **Red**, if the measure is not moving in the desired direction, or the trajectory indicates that it will not meet the target. Mitigating actions being undertaken for off track outcomes are detailed in Table 5.

Appendix 3 includes the full Q3 status update against Outcomes across the IMTP.

TABLE 4: OUTCOMES 22/23 (Funded/ Tier 1/ Cost Neutral GMOs only as these are the 22/23 deliverables)

Goal	Outcomes	Target	Baseline Position	Forecast Position	Sept Q2	Oct Q3	Nov Q3	Dec Q3
QUALITY & SAFETY								
Infection Prevention and Control(IPC) and reduction of HCAs as per the Health Board approved IPC Improvement plan 2022/23	Reduce number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Reduce average monthly laboratory confirmed Klebsiella spp. bacteraemia cases to 6/mth by March 2023, and Pseudomonas aeruginosa bacteraemia to ≤2 case/mth by March 2023	9 (at March 22)	8 (at Dec 22) <i>*Forecast does not meet target</i>	15	13	16	11
	Reduce cumulative rate of laboratory confirmed bacteraemia cases per	Reduce average of laboratory confirmed	50 (at March 22)	34 (at Dec 22) <i>*Forecast does not meet target</i>	42	59	52	49

	100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	bacteraemia cases: 1) E. coli to ≤21 cases in March 2023; 2) Staph. aureus bacteraemias (MRSA and MSSA) to ≤6 cases in March 2023 and; 3) C. difficile to ≤6 cases in March 2023							
Goal	Outcomes	Target	Baseline Position	Forecast Position	Sept Q2	Oct Q3	Nov Q3	Dec Q3	
URGENT AND EMERGENCY CARE									
AMSR Centralised Acute Medicine model implemented at Morriston based on single ambulatory assessment and admission. An Ambulatory Assessment Unit integrated with acute care community teams and clusters, to reduce admission rate, improve patient experience and reduce LOS. Improved GP access to manage deteriorating patients through access to specialty hot clinics	*Unscheduled Care Ministerial Measure Reduced number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	*Ministerial target 4 quarter reduction trend	1176 (at Q4 21/22)	987 (Q2 22/23 forecast) <i>*Forecast meets national target</i>	Unable to report in Q2 due to data quality issues				
	*Unscheduled Care Ministerial Measure Reduction in % total emergency bed days accrued by people with LOS over 21 days	*Ministerial target 4 quarter reduction trend	37.3% (at Q4 21/22)	32.3% (Q2 22/23 forecast) <i>*Forecast meets national target</i>	37.62%				
Reduce ambulance handover delays	Increased % patients wait <4 hrs in A&E	95% (National targets)	76.91% (March 2021)	86% (for the end of Q3)	72.7%	70.56%	70.41%	65.22%	

	Reduction in no. Patients waiting >12 hrs in A&E	0 (National targets)	457 (March 2021)	1,148 (for the end of Q3)	1,470	1,585	1,456	1,632
Virtual Wards (Phase 1 x 4 clusters)	Realise benefits from existing service; admission avoidance (particularly for high risk patient cohort) and reduced LOS.	Save 22 beds on a phased basis.	0	2022/23 - Q1 18 beds :Q2 onwards 22 beds	2160 bed days = 24 beds). Bed savings data for Q2 extracted from Operational dashboard	823 bed days = 27 beds).	1173 bed days = 39 beds).	1250 bed days = 40 beds).
Virtual Wards (Phase 2 x remaining 4 Clusters)	10% reduction in bed days for the high risk adults cohort = 8,000 bed days saved per annum (FYE) 0		0	22/23 target bed savings due to phasing Q2 = 0 beds, Q3 = 5.5 beds Q4 = 11 beds	Reported from Q3	136 bed days = 4 beds).	557 bed days = 19 beds).	476 bed days = 15 beds).
Home First Pathway 2	Increased number of discharges per day by 6 / 180 additional a month from baseline and reduce LoS by 3 days: 6,570 bed days / 18 beds saved pa (2022/23). 22/23 target bed savings Q2 = 11 beds, Q3 onwards = 18 beds		0	1,999 bed days saved due to phasing (at FYE 22/23)	Reported from Q3	No of Discharges (RPB data*may include community data) = 164 Actual / 158 Trajectory	No of Discharges (RPB data*may include community data) = 130 Actual /175 Trajectory	No of Discharges (RPB data*may include community data) = 137 Actual / 185 Trajectory
Heart Failure (Inpatients)	Reduction in the median LoS from 13 days to 9 days 38% reduction in HF re-admissions Target reduction of 2,196 bed days pa Bed day saving of 459 bed days pa) Based on median LoS of 9 days		0	*Stretch targets: Reduce median LoS from 13 days to 7 days (reduction of 2,679 bed days pa)	Reported from Q3			

Goal	Outcomes	Target	Baseline Position	Forecast Position	Sept Q2	Oct Q3	Nov Q3	Dec Q3
PLANNED CARE								
Embed Outpatients Recovery Plans and implement structured advice and guidance as part of core service system to reduce referral demand and face to face attendances where appropriate	*Planned Care Ministerial Measure Reduced number of patients waiting over 52 weeks for a new OPA (Stage 1)	*Ministerial target Improvement trajectory towards eliminating >52 week waits by Oct 22	12,627 (at 21/22 FYE)	13,455 (Q3 22/23 forecast) <i>*Forecast does not meet national target</i>	13,980	12,352	9,774	7,779
	FUNB 100% past target date	*Ministerial target Reduction of 30% by March 23 against baseline of March 21	29,316 (March 2021 baseline)	21,621 (Q3 22/23 forecast) <i>*Forecast does not meet national target</i>	36,144	35,968	36,769	36,761
Improve access to outpatients (new and follow-up)	Maximise utilisation of virtual platforms with the appropriate systems, support and guidance in place	35% of all new appointments to be undertaken virtually 50% of all follow up appointments to be undertaken virtually	New: 21.97% F/Up: 36.65% (March 2022 baseline)	Q3 22/23 forecasts New: 26.9% F/up: 37.5% <i>*forecast does not meet national target</i>	Q2 Actual New = 12.3% F/up = 21.8%	Q3 Actual New = 10.4% F/Up = 21.9%		
Improve position on elective orthopaedics through bridging solutions and transfer of service to NPT	*Planned Care Ministerial Measure Reduced number of patients waiting more than 104 weeks for treatment	*Ministerial target = Improvement trajectory towards national target of 0 by 2024	13,587 (at 21/22 FYE)	11,320 (Q3 22/23 forecast) <i>*Forecast does not meet national target</i>	10,623	10,090	9,048	8,066

Improve position on elective orthopaedics through bridging solutions and transfer of service to NPT	*Planned Care Ministerial Measure Reduced number of patients waiting more than 36 weeks for treatment	*Ministerial target Improvement trajectory towards national target of 0 by 2026	37,648 (at 21/22 FYE)	43,048 (Q3 22/23 forecast) <i>*Forecast does not meet national target</i>	37,095	36,121	34,207	33,321
Expand elective services at Singleton and rebalance specialist surgical activity at Morriston Surgical Services Modernisation Clearance of Stage 5 WLI backlog	*Planned Care Ministerial Measure Percentage of patients waiting less than 26 weeks for treatment	*Ministerial target Improvement trajectory towards national target of 95% by 2026	50.7% (at 21/22 FYE)	47.4% (Q3 22/23 forecast) <i>*Forecast meets national target</i>	52.1%	53.5%	54.4%	54.2%
Maximise access to Diagnostics - deliver recovery plans and sustainable solutions	*Ministerial Measure Reduced number of patients waiting over 8 weeks for a diagnostic endoscopy	*Ministerial target Improvement trajectory towards a national target of 0 by 2026	4,191 (at 21/22 FYE)	3,417 (Q3 22/23 forecast) <i>*Forecast does not meet national target</i>	4,202	4,163	4,113	4,241
Goal	Outcomes	Target	Baseline Position	Forecast Position	Sept Q2	Oct Q3	Nov Q3	Dec Q3
CANCER								
Recover, Sustain and Expand Treatment Capacity for Cancer Services, including those delivered on a regional basis for Hywel Dda patients	*Ministerial measure Improve SCP performance - increased overall compliance with (all tumour sites) -Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion	*Ministerial target Improvement trajectory towards 75% national target	54% (at 21/22 FYE)	70% (Q2 22/23 forecast) <i>*Forecast does not meet national target</i>	57.3%	51.2%	52.9%	Not yet available

Improve cancer prevention, early detection and timely access to diagnostics across primary care and secondary care	(regardless of the referral route)								
	Reduce SCP Backlog position - Number of patients on an active SCP pathway waiting in excess of 62 days (all tumour sites)	Reduced number of patients waiting 63-103 days and >104 days = 0 waiting by March 23	457 waiting >62 days (at 21/22 FYE)	108 waiting >62 days (at end Q3 22/23 FYE) <i>*Forecast does not meet target</i>	572	545	467	585	
	Improved Radiotherapy wait times – in line with national targets: % pts receiving RT tx on following pathways -		RT baselines at end Mar 22	Trajectories not available	5%	18%	19%	26%	
	• Scheduled (14 day target = 80%)		13%		34%	65%	82%	83%	
	• Scheduled (21 day target = 100%)		70%		31%	33%	17%	37%	
	• Urgent SC (2 day target = 80%)		9%		54%	70%	77%	70%	
	• Urgent SC (7 day target = 100%)		57%		100%	70%	100%	83%	
	• Emergency (within 1 day – 80%)		65%		100%	100%	100%	100%	
	• Emergency (within 2 days = 100%)		85%		70%	81%	91%	85%	
	• Elective delay (7 day target = 80%)		66%		79%	91%	100%	100%	
• Elective delay (14 day target = 100%)		71%							
Improved SACT wait times – in line with national targets Target Wait time for SACT treatments (based on waits for cycle 1, day 1 tx on CDU Singleton) – P1 = 100% pts tx within 48 hrs P2 = 100% pts tx within 14 days P3 – 100% pts tx within 21 days		Baselines at Apr 22 P1 = 0 pts P2 = 33.3% P3 = 45.0%	Trajectories not available	Unable to report in Q2	P1 = 0pts P2 = 57.1% P3 = 43.2%	P1 = 0pts P2 = 42.9% P3 = 34.0%	P1 = 0pts P3 = 11.5% P3 = 37.5%		

Goal	Outcomes	Target	Baseline Position	Forecast Position	Sept Q2	Oct Q3	Nov Q3	Dec Q3
MENTAL HEALTH AND LEARNING DISABILITIES								
Continue to modernise mental health services to meet future demands and needs.	Improved % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Increased %	80% (at FYE 21/22)	80% at FYE 22/23	93%	95%	98%	Data not yet available
	Improved % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Increased %	80%	80%	98%	100%	98%	Data not yet available
	Increased % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Increased %	95% (at FYE 21/22)	100% (at FYE 22/23) <i>*Forecast exceeds target</i>	95.6%	93.4%	93%	Data not yet available
Improve Mental Health Crisis in Mental Health Services	95% of those admitted between 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission	95%	100% (at FYE 21/22)	100% (at FYE 22/23) <i>*Forecast exceeds target</i>	100%	100%	100%	Data not yet available
Goal	Outcomes	Target	Baseline Position	Forecast Position	Sept Q2	Oct Q3	Nov Q3	Dec Q3
CHILDREN AND YOUNG PEOPLE								
Community Paediatrics	Reduced waiting list backlog (children waiting	Reduce number of patients waiting >26 weeks to 0	179 patients waiting >	Achieve 143 patients waiting > 26 weeks by	213	112	117	141

	>26 weeks) in Community Paediatrics		26 weeks (March 2021)	March 2023 (20% reduction)				
	Increased % of NDD assessment and intervention received within 26 weeks				36%	40%	39%	
General Paediatrics	Improved waiting times (all RTT stages) in General Paediatrics	Reduce number of patients waiting >26 weeks to 0	64 patients waiting > 26 weeks (March 2021)	Achieve 107 patients waiting > 26 weeks by March 2023 (20% reduction)	173	94	72	104
Goal	Outcomes	Target	Baseline Position	Forecast Position	Sept Q2	Oct Q3	Nov Q3	Dec Q3
WORKFORCE								
Workforce Efficiencies	Agency spend as a percentage of total pay bill	12 month reduction trend;	6.62% at end Q4 21/22	5.1% at end Q4 22/23	4.89%	6.48%	6.41%	5.99%
	% of sickness absence rate of staff	12 month reduction trend;	7.82% at end Q4 21/22	5.4% at end Q4 22/23	8.25%	8.08%	7.99%	Not yet available

Table 5: Q3 Delivery of Outcomes and Mitigating Actions

R&S Plan Programme/ System	Off-track Outcome	Mitigating Actions being undertaken to correct 'off track' performance
Quality and Safety	Reduce number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	<ul style="list-style-type: none"> Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of Infection rates.
	Reduce cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	

UEC	Increased % patients wait <4 hrs in A&E	<ul style="list-style-type: none"> • There are several admission avoidance schemes in place in order to reduce the number of patients presenting at A&E, these include: Rapid response therapies 7 day working, WAST stack review and Home First in reach. • Internal flow activities to support reduced occupancy and to improve flow throughout the day are being put in place, these include; Same Day Emergency Care (SDEC) GP delivered services, Frailty SDEC services and scoping is currently being undertaken with WAST colleagues to implement further pathways. • An additional four virtual wards were established in September 2022, therefore the full 8 now fully operational and the benefits of these are expected to be seen in the near future. The additional flow provided by the virtual wards and community engagement will support the flow from the ED department and the next stage includes NOF pathway changes and extended virtual wards.
	Reduction in no. Patients waiting >12 hrs in A&E	
Planned Care	FUNB 100% past target date	<ul style="list-style-type: none"> • Recently a new internal SBUHB validation team has been created and they have recently started validation work. Alongside this, Welsh Government has facilitated a pan-Wales contract with HBSUK to undertake more in-depth validation which focuses on direct contact with patients and a more “clinical-triage” approach.
	Maximise utilisation of virtual platforms with the appropriate systems, support and guidance in place	<ul style="list-style-type: none"> • Digital team are working with the Transformation team and services to plan a way forward to achieve targets.

	Reduced number of patients waiting over 8 weeks for a diagnostic endoscopy	<ul style="list-style-type: none"> • The Endoscopy team have implemented several actions to support future improvement, which include increasing list capacity, increasing insourcing and outsourcing sessions, along with an ongoing clinical validation project.
Cancer	Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	<ul style="list-style-type: none"> • Individual meetings are taking place with tumour sites to explore additional work to support a further reduction in the backlog, with specific focus on Urology, Upper GI, Lower GI, Gynae and Breast. • Focussed work is being undertaken with the Endoscopy service to develop a sustainable Endoscopy plan. • Targeted work is being undertaken to focus on reducing the number of patients waiting >104 days as a priority • Increased USC activity in Radiology has improved access and reduced waiting times • Tracking capacity was increased earlier this year to support data quality
	Number of patients on an active SCP pathway waiting in excess of 62 days	

3.5 MDS UPDATE FOR Q3

Welsh Government requested updates to MDS 22/23 for Q3 actual data, in addition to any refresh of forecasts for Q4 as required, for example, in light of new confirmed investments, increased capacity due to relaxing of COVID restrictions.

The Q3 update is taken at 'this point in time', for example, in recognition that there may be data lags. There will be further opportunities to refresh and resubmit data in line with formal governance reporting to Welsh Government, i.e. Q3 reporting is shared with WG colleagues once this has been through Board (31ST March 2023)

Q3 Update Process

Overall coordination of MDS completion is through the Strategy Department, and supported by members of the Integrated Planning Group.

The following table 7 sets out accountable leads for each of the MDS tabs/ sections:

Tab/ Section	Accountable Lead
Ministerial Measures	UEC 6 Goals / Planned Care metrics – Inese Robotham, Chief Operating Officer Workforce metrics - Debbie Eytayo, Executive Director of Workforce
Bed Plan	Deb Lewis, Deputy COO
Workforce	Debbie Eytayo, Executive Director of Workforce
TTP	Keith Reid, Executive Director of Public Health *Not included in Q3 MDS update as duplicate data submitted as part of formal Monthly Monitoring Return (MMR) to WG
COVID Vaccinations	Keith Reid, Executive Director of Public Health *Not included in Q3 MDS update as duplicate data submitted as part of formal Monthly Monitoring Return (MMR) to WG
Primary Care activity	Brian Owens, PCTG Service Director
Mental Health activity	Janet Williams MHL D Service Director
Cancer Care activity	Jan Worthing, Singleton and NPT Service Director
Unscheduled Care activity	Inese Robotham, Chief Operating Officer / Kate Hannam, Morriston Service Director
Planned Care activity	Deb Lewis and Craige Wilson, Deputy COO
Screening	*Not for update in Q3 - Populated nationally by Public Health Wales
Finance (x 6 tabs)	Darren Griffiths, Executive Director of Finance and Performance *Not included in Q3 MDS update as duplicate data submitted as part of formal Monthly Monitoring Return (MMR) to WG

The updated MDS for Q3 as received at 30th January 2023 is included as **Appendix 3**.

3.6 WELLBEING OBJECTIVES ALIGNMENT AND REPORTING

In meeting our duty to deliver the Wellbeing of Future Generations Act (2015) the Health Board is required to publish its Wellbeing Objectives (WBO) and report on their delivery. In 2021 the CEO led a WBO refresh and these were published in the Annual Plan 2021-22. These Wellbeing Objectives are:

WBO1: Give every child the best start in life

WBO2: Nurture and use the environment to improve health and wellbeing

WBO3: Apply ethical recruitment practices and support health and care workers to be healthy, skilled, diverse and resilient

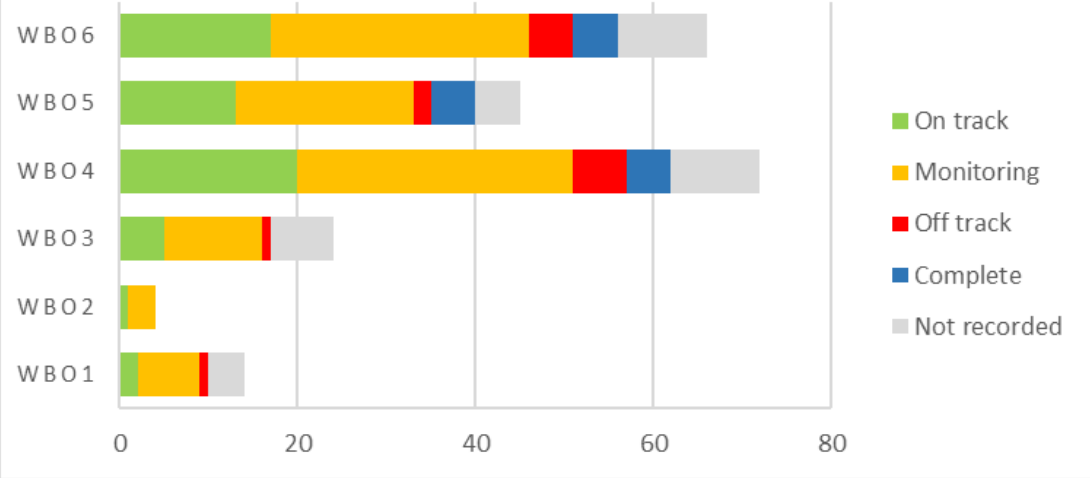
WBO4: Plan, commission, deliver and promote equitable, inclusive and accessible health and wellbeing services

WBO5: Provide opportunities to support every adult to be healthier and to age well

WBO6: Seek to allocate our resources to meeting the needs of, and improving, the population's health

To demonstrate delivering against the WBO through the IMTP the WBO have been mapped to the Goals of the IMTP 2022/23. The Q3 updates against delivery of methods was reviewed and the overall position of Goal delivery is reported below (If methods were off track or under monitoring the overall goals has been recoded as 'monitoring'). This enables the Health Board to demonstrate how the IMTP is contributing to delivering our WBO. The approach will continue to be developed and embedded into the IMTP in order to enable a review of progress against Wellbeing Objectives.

DELIVERY OF WELLBEING OBJECTIVES BY GOAL IN Q3



4. GOVERNANCE AND RISK ISSUES

4.1 Risks to Delivery

Table 8 details the key risks to successful delivery of the IMTP in each System Area

Table 8: Risks to Delivery by System (Risks rated HIGH 16-25 on Risk Registers)

Description	Mitigation	Current Score	Trend
URGENT AND EMERGENCY CARE			
Fail to significantly reduce the number of clinically optimised patients in hospital beds prior to acute admissions centralisation	Key Health Board-wide operational priority. SBUHB Programme being put into place to review management of COP and streamline discharge process Transitional bed scheme in situ averages 50 beds directly commissioned by SBUHB. Agreement for short term utilisation of 120 beds for COPs - to support gap in beds available vs beds needed until admission avoidance/timely discharge schemes become effective. Staffing in care home sector improving	25	Worsening
Fail to improve ED 4/12 hr performance prior to acute admissions centralisation	Key operational priority. Ambulance turnaround times starting to improve. Aim to divert more patients to SDEC services. Initial results from WAST stack review encouraging	20	Improving
PLANNED CARE			
Outpatients			
Suitable outpatient accommodation cannot be identified preventing activity returning to pre-Covid levels	Health Board review of outpatients progressing with Clinical Lead for Outpatient Centres of Excellence appointed to progress clinical engagement.	16	Steady
Description	Mitigation	Current Score	Trend

Waiting times for patients continue to increase	Trajectories completed in line with Planned Care targets, and good progress is being made against those trajectories	16	Steady
Orthopaedics			
Orthopaedic Long Waiters	10 beds have now been identified in Morriston, however whilst the risk score can be reduced, the fragility of this arrangement should be reflected as high risk.	20	Steady
NPT Elective Surgery Hub- Workforce			
Workforce	A workforce sub-group is established and developing the plan and associated recruitment campaigns. Individual HR led meetings are taking place with service leads to understand programme and timescales in detail. Working with HR Resource team to develop new and innovative ways to recruit.	16	Steady
Anaesthetic	Recruitment campaign that focuses on our vision for a centre of excellence.	20	Steady
Surgical	Recruitment campaign that focuses on our vision for a centre of excellence.	16	Steady
Theatres	Ensuring strong skill set development within current team to enable successful establishment of a larger, diverse team in the future.	16	Steady
NPT Elective Surgery Hub - Estates/ Capital			
Delay of theatre implementation due to PFI process	Weekly meetings with PFI, and escalation via Project Board on any slippage	8	Steady
Description	Mitigation	Current Score	Trend
Sustainability of Health Board wide Elective provision			

Development and implementation of a robust retrieval service when the acuity of patients is increased in line with the Centres of Excellence.	Protocols and processes to be reviewed in the short term to mitigate any risk for surgical retrievals. Proposal for the development of the service to enable the enhanced care facilities to be fully utilised to be presented to the surgery & theatres transformation board in January.	20	Steady
Diagnostics			
Delay in developing trajectories for improvement and D&C/ Business case development.	Diagnostics Recovery Group set-up with updated terms of reference and Morriston Service Group Director assigned as lead. Health Systems Engineering team to support with the development of demand & capacity plans.	16	Steady
Finance			
Planned Care allocation over-committed for 2022/23 resulting in investment gaps.	Prioritisation process agreed for 23/24	20	Steady
Planned Care in Primary, community and therapies group			
Workforce demands - GP Cluster and Programme Management support	Increased reporting and monitoring of activity within primary care, and scoping potential options for programme management support underway.	16	Steady
CANCER			
Cancer Performance -Failure to achieve Single Cancer Pathway (SCP) performance targets and trajectories stated in R&S Plan – currently off profile.	Performance is being actively managed by Health Board escalation processes. Active monitoring against the weekly recovery plan for SCP performance to reduce the backlog of patients waiting under the SCP and maintain focus on improvements in the overall pathways within the SCP in line with the escalation of SCP performance	20	Steady
Description	Mitigation	Current Score	Trend
CHILDREN AND YOUNG PEOPLE			

Lack of Welsh Government funding released to carry out the additional work needed to comply with the ALN Act for operational services	Improved pathways through which the HB fulfils statutory duties under the ALN Act are in place. Initial quantification of additional resources required has been carried out, but data quality issues need to be addressed (work is ongoing) and a further period of reliable data under the improved operational pathways is needed before requirements can be meaningfully re-quantified. Additional resource has not been secured and HB is currently failing to meet its statutory requirements under the Act, with poor compliance against statutory duties.	20	Steady
MENTAL HEALTH AND LEARNING DISABILITIES			
Timescales have changed in relation to the outcomes of the CHS work. CEO has met with Local Authorities to agree a way forward. This has yet to be agreed and discussions continue.	Work continues to review remaining current cases to ensure rightsizing	16	Steady

5. FINANCIAL IMPLICATIONS

The Health Board's financial plan is integrated into the IMTP. The financial and service implications of investments are being closely monitored to ensure alignment of any slippage on both investments and savings delivery. Delivery against the financial savings element of the plan is covered in the finance report, with detailed information on performance in the Integrated Performance Report.

6. RECOMMENDATION

The Board is asked to:

- **NOTE** the areas of achievements to deliver the IMTP in Q3
- **NOTE** the mitigating actions against priorities (GMOs) which are off-track and **APPROVE** revised timescales.
- **APPROVE** the overall key risks and mitigations to IMTP delivery.
- **NOTE** that actual Q3 data and refreshed forecasts for Q4 populated in the MDS are taken at a point in time (position as at 30/01/23); there will be opportunities to revise and re-submit the data to WG, in line with formal governance and reporting of IMTP 22/25 Delivery.

- **APPROVE** submission of the MDS updated for Quarter 3 to Welsh Government.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
No direct implications of this report, however the Plan is predicated on improving quality, safety and patient experience.		
Financial Implications		
No direct financial implications of this report, see financial implication section for detail on the Finance Plan.		
Legal Implications (including equality and diversity assessment)		
A Quality Impact Assessment and Equality Impact Assessment process will be part of the broader planning arrangements to ensure that service models detailed in the Plan are quality and equality/ diversity impact assessed.		
Staffing Implications		

No direct impact outlined in this report however there will be significant staffing implications as a result of new service models outlined in the Plan – risks and implications to workforce form an integral part to planning arrangements.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
The R&S Plan arrangements aims to deliver our Strategic Objectives which were aligned to our Wellbeing Objectives through the development of the Organisational Strategy. This paper sets out the alignment of the approved Health Board Wellbeing Objectives directly to the R&S Plan Deliverables.	
Report History	First version of Quarter 3 R&S Plan Reporting to Management Board. Report will be received by Performance & Finance Committee on 28 th February 2023 and Health Board on 30 th March 2023.
Appendices	Appendix1_Q3 Achievements and Q4 Priorities Appendix 2_RS Plan 22 23 GMOs_ Q3 Reporting Appendix 3_MDS update Q3