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Health Board



HEALTH BOARD

Date	24 th November 2022	Agenda Item	5.3
Report Title	R&S Plan 22/23 Delivery: Quarter 2 Progress Report and Minimum Data Set Quarter 2 Update		
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Report Sponsor	Karen Stapleton, Deputy Director of Strategy Deb Lewis, Deputy Chief Operating Officer		
Presented by	Siân Harrop-Griffiths, Executive Director of Strategy		
FOI	Open		
Purpose of the Report	This paper provides the reported status against the priorities for delivery in Quarter 2 22/23 as set out in the R&S Plan 22/25, as Goals Methods Outcomes (GMOs). The paper also presents the Minimum Data Set (MDS) 22/23 updated for Q2, 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 R&S Plan submitted in 22/23 as an Integrated Medium Term Plan (IMTP) 22/25. • High-level summary provided of the position at the end of Q2 (1st July 2022 – 30th September 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 R&S Plan outcomes at the end of Q2 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 Q2 updates of the MDS 22/23 as submitted with Health Board Plans on 31st March 2022. • 22/23 Q2 actual data and refreshed forecast data for 22/23 was submitted to WG on 19th October 2022. 		
Specific Action Required	Information	Discussion	Assurance
	<input type="checkbox"/>		x <input type="checkbox"/>
			Approval

Recommendations	<p>For assurance on delivery of the Health Board IMTP, Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the areas of achievements to deliver the R&S Plan in Q2 • NOTE the mitigating actions against priorities (GMOs) which are off-track and revised timescales. • NOTE the overall key risks and mitigations to R&S Plan delivery. • NOTE the ongoing work to develop robust reporting arrangements for delivery against Health Board Wellbeing Objectives. • NOTE submission of the MDS updated for Quarter 2 to Welsh Government on 19th October. And that actual Q2 data and refreshed forecasts for Q3-Q4 have been updated in the MDS and are taken at a point in time (position as at 17/10/22); there will be opportunities to revise and re-submit the data to WG, in line with formal governance and reporting of R&S Plan 22/25 Delivery.
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RECOVERY AND SUSTAINABILITY PLAN 22/25 DELIVERY QUARTER 2 22-23 PROGRESS REPORT AND MINIMUM DATA SET QUARTER 2

1. INTRODUCTION

This paper provides the reported status against the priorities for delivery in Quarter 2 22/23 as set out in the R&S Plan 22/25, as Goals Methods Outcomes (GMOs). This report also presents the SBUHB Minimum Data Set (MDS) 22/23 updated for Quarter 2, which was requested by Welsh Government for submission to them on 19th October 2022.

2. BACKGROUND

The purpose of the Recovery and Sustainability Plan (R&S Plan) is to set out the route map to deliver service and financial excellence over the next 3-5 years. The Plan sets our vision, the detail of changes and outcomes for year one and the planned changes in years two-three. The R&S Plan 2022-25 was endorsed by Management Board on 23rd March, approved by Board on 31st March and subsequently submitted to Welsh Government on 31st March for consideration. The Health Board resubmitted the R&S Plan 22/25 in July as an Integrated Medium Term Plan (IMTP) following agreement from Welsh Government to fund our historical allocation. Following receipt of the additional funding allocation agreed by Welsh Government in August, the Health Board has since secured confirmation of an approved, financially balanced IMTP for the first time since 2015.

The Health Board received correspondence from WG on 15th September 2022 setting out that the approval of the Swansea IMTP for 2022-2025 is subject to a number of accountability conditions. The accountability conditions will also form part of the ongoing conversation that the Minister will have with Chairs and delivery against these will be measures of success in their own right. The Accountability Conditions will form the agenda for our Joint Executive Team (JET) meetings going forward and be the basis of the ongoing engagement with the Welsh Government Planning team, policy leads and in terms of performance and delivery discussions via the regular IQPD meetings.

Responsibility for delivery of the R&S Plan 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. SBUHB submitted the MDS 22/23 with the R&S Plan 22/25 to Welsh Government on 31st March 2022 and provided a Q1 refresh of the MDS (populated with Q1 actual data and revised forecasted data for Q2-Q4 where this was required) on 15th July 2022. The MDS is considered 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. R&S PLAN DELIVERY UPDATE

3.1 SYSTEM PROGRESS AGAINST PLAN – SUMMARY

Table 2 provides an overview of each programme/ R&S Plan System using Q2 status of the Methods.

R&S Plan Programme/ System	Q2 Total Number of Methods	Q2 Methods Status				
		Off-track	Monitoring	On-track	Completed	No updates received
Quality and Safety	16	1		15		-
Population Health	16	2	9	5	-	-
Primary Care, Community & Therapies	7	-	-	7	-	-
Urgent and Emergency Care	20	-	10	8	2	-
Planned Care	65	3	18	39	5	-
Cancer	23	5	-	15	3	-
Mental Health and Learning Disabilities	13	-	2	8	3	-
Children and Young People	34	4	3	23	4	-
Maternity	15	-	-	12	3	-
Workforce	27	1	6	20	-	-
Digital	15	4	2	9	-	-
TOTAL	251	20 (7.97%)	50 (19.92%)	161 (64.14%)	20 (7.97%)	0

3.3 Achievements in Q2 and Key Priorities

Appendix 1 details the significant achievements detailed in Q2 in each system area and key priorities for delivery in Q3.

3.4 PROGRESS AGAINST PLAN – DELIVERY OF METHODS AND MITIGATING ACTIONS

Table 3 below details the Q2 R&S Plan 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 Q2 status update for Methods across the R&S Plan Portfolio.

Table 3: Q2 Delivery of Methods and Mitigating Actions

R&S Plan Programme/ System	Off-track Method	Mitigating Action	When back on track or proposed new timescale
Quality and Safety	Develop the use of digital technology to map compliance and notification of patients who require or receiving End of Life Care	Signal v3 roll out delayed across Health Board. Increased engagement with Digital colleagues to support development of proxy measures in absence of Signal system in interim.	<p>TBC Q3/Q4</p> <p>The signal system is now expected to be technically ready for deployment by the 21st November.</p> <p>However, given the close proximity to the Acute Medicine Services Redesign (AMSR) timescales, a November/December go live of Signal would need to be risk assessed by Morriston Service Delivery Group in the context of AMSR and approved by Executives.</p>
Population Health	Develop a regional Healthy Weight Healthy Wales (HWHW) delivery plan and reporting mechanisms	Current structures in place to develop & deliver HWHW plan have not been able to progress the work as intended. Review of the steering group planned but delayed due to staff sickness within Primary Care, Community and Therapies Service Group Initial discussions with performance & digital	TBC revised delivery date

		colleagues on reporting expectations to identify solutions to enable cross organisation reporting	
	Supporting the development of a SBUHB Tobacco Control approach in line with the emergent all-Wales Strategy	No mechanism nor lead within the Health Board to develop a tobacco control plan. Current capacity limited to single (isolated) service within single Service Group. This has implications for the Local Public Health Team to be able to support and on ability to appropriately utilise WG funding to pump-prime services/actions leading to a sustainable model of reducing population smoking prevalence.	TBC revised delivery date
Primary Care, Community and Therapies	No methods off track in Q2		
Planned Care	Diabetes whole system pathway - Review and scope the released capacity in secondary care in Outpatients, financial teams and decide the best use of the capacity released	Barriers with available data in primary care. Work is ongoing with Digital Intelligence team to mitigate.	TBC revised delivery date – Anjula Mehta taking this forward to resolve.
	Cardiac diagnostics - Move to 6-day working	Unable to recruit to posts due to Limitations of recruitment for Cardiologists - work is ongoing to scope overseas availability, HR fully sighted on this and issues associated with recruitment. Continued mitigation via insourcing	6 day working Revised date Dec 22
	Cardiac diagnostics - Additional Cardiology Consultant Capacity to support reporting of Cardiac MR and CT	As above.	As above
Cancer	Sustain Gynae-oncology physiotherapy service	Delay in developing business case for investment in service	Q3 Revised date for business case development and progress to Cancer

			Programme Board in first instance
	Undertake Peer Review as per national programme - Peer Review of Liver/HPB Services.	To date no communication has been received from the Wales Cancer Network (WCN) with regards to the Peer Review for HPB/Liver Services.	TBC revised delivery date— awaiting communication from WCN
	Implement Phase 1 Cancer Information Solution (CaNISC replacement - national programme by WCN/ Digital Health & Care Wales	Project timescales behind schedule nationally	TBC revised delivery date - timelines nationally driven and not available at this time
	Embed the local Single Cancer Pathway (SCP) dashboard launched Sept 2021 aligned to Delivery Unit development work on National SCP Dashboard.	Pull of data to warehouse and some data quality issues are being worked through and finalised.	Resolve data warehouse/ quality issues in Q3.
	Deliver sustainable model for Oesophago-gastric (OG) Cancer Surgery Service	Discussions ongoing with Cardiff & Vale UHB on the management of patients who are not appropriate for resectional surgery.	Further bilateral meeting scheduled for 14th October to be chaired by Medical Directors in order to progress conversations re. service model
Mental Health and Learning Disabilities	No methods off track for Q2		
Children and Young People	Commission additional two high dependency (HD) neonatal critical care cots in Singleton	Unable to open additional cots as the service have been unable to recruit to posts	Revised delivery date Q4 to align with ongoing recruitment required
	Deliver a permanent 24-hour neonatal transport model through the new Operational Delivery Network	Re-submission of Business case to WHSSC Management Group 22/09/22.	Awaiting update from WHSCC - Business case was rejected again in Sept. Ask is to reduce the structure by c£50K.

			Board are of the view structure cannot be reduced further so looking at alternative options.
	Secure dedicated psychology post embedded in Neonatal Intensive Care Unit, meeting British Association of Perinatal Medicine standards	Business Case being developed. Funding is available via WHSSC and is linked to WHSSC cot tariff review. Awaiting outcome of the tariff review.	TBC awaiting outcome of WHSSC tariff review. No expected date of outcome shared by the project board.
	Undertake gap analysis review of dietetic provision for Paediatric Diabetes service	Gap analysis not yet commenced. Milestone to be achieved Q4	Revised date Q4 - Work had not commenced due to sickness within the dept.
Maternity	No methods off track for Q2		
Workforce	Deliver Organisational Culture programme of work which will include, the roll out of a culture audit in Q4 21/22 to assess baseline	Change of focus from organisation to align work with the Quality Framework which has recently been through approval process. This is now the 'big conversation' culture discussion and will form part of this framework. Proposal will be discussed at Workforce Delivery Group and then progressed for approval through committee structures	Approval of proposal August / September. Big conversation to begin Autumn 2022
Digital	Referrals, structured advice and guidance - Extend existing functionality to include cross-organisational and internal referrals	Requirements gathering has commenced to establish scope of local development. Funding required should a decision to progress to development be made.	
	Signal – implementation of v3 to include seamless integration with the Welsh Clinical Portal	Signal has a user base of 4,000+ across a number of sites and multidisciplinary teams. Given the scale of the Signal	The system is now expected to be technically ready for

		<p>deployment and to ensure the high quality of the Signal system, Digital Services have undertaken a comprehensive set of performance tests on the forthcoming release, Version 3. These tests have identified some concerns which need to be explored further in readiness for a wide scale deployment.</p>	<p>deployment by the 21st November. However, given the close proximity to the AMSR timescales, a November/December go live of Signal would need to be risk assessed by Morriston SDG in the context of AMSR and approved by Executives.</p>
	<p>Welsh Emergency Department System (WEDS) - Support the Acute Medicine model being implemented at the Morriston 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</p>	<p>The supplier (EMIS) has been unable to deliver 2 key dependent system performance enhancements, in sufficient time before the proposed Q3 go live in Morriston. Alternative go live dates are being reviewed. Escalation meetings continue with DHCW and EMIS.</p>	<p>Go live date TBC. Options on how to progress are being discussed with the national SRO and DHCW. This will inform discussions with WG on alternative plans and / or dates and will inform the approach across Wales.</p>
	<p>Open Eyes – An integrated electronic ophthalmology clinical system to provide real-time patient information across care settings</p>	<p>The Open Eyes implementation is off track due to national dependencies and resolution to critical bugs. Version 6 is overdue, as soon as this version has been deployed an assessment can be made on whether an initial go live is possible in the Glaucoma Service, if all of the national dependencies have been</p>	<p>TBC Revised delivery date – being reviewed nationally</p>

		signed off. The programme is currently being reviewed nationally.	
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3.4 PROGRESS AGAINST PLAN – OUTCOMES

Table 4 below details the key outcomes across the portfolio for Q2 where programmes have approved outcome measures. Performance in Q2 against outcome measures are correct as at 7th October 2022 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.

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	June Q1	July Q2	Aug Q2	Sept Q2
QUALITY AND 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	9 (at March 22)	8 (at Sept 22) <i>*Forecast meets target</i>	12	15	11	15
	Reduce cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	Reduce	50 (at March 22)	36 (at Sept 22) <i>*Forecast meets target</i>	42	49	66	42
UEC								
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>	1091			
	*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>	36.27 %	37.73 %	37.16 %	37.62%

Reduce ambulance handover delays	Increased % patients wait <4 hrs in A&E	95% (National targets)	76.91% (March 2021)	73% (for the end of Q2)	71.65 %	69.43 %	69.66 %	71.42%
	Reduction in no. Patients waiting >12 hrs in A&E	0 (National targets)	457 (March 2021)	1104 (for the end of Q2) Updated trajectories in development	1388	1429	1474	1470
Virtual Wards (Phase 1 x 4 clusters)	Realise benefits from existing service; admission avoidance (particularly for high risk patient cohort) and reduced length of stay (LOS) X 3 underpinning metrics confirmed: 1. Emergency admissions for patients aged 65+ from 4 clusters 2. Average LOS of high risk patients from 4 clusters 3. Bed Occupancy of high risk patients from 4 clusters	22 beds on a phased basis.	0	2022/23 - Q1 18 beds :Q2 onwards 22 beds	Not available to report	2160 bed days = 24 beds). (Discussions on-going ref GMO signoff. Bed savings data for Q2 extracted from Operational dashboard).		
Goal	Outcomes	Target	Baseline Position	Forecast Position	June Q1	July Q2	Aug Q2	Sept Q2
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	*Planned Care Ministerial Measure Reduced number of patients waiting over 52 weeks for a new Outpatients Appointment (OPA) (Stage 1)	*Ministerial target Improvement trajectory towards eliminating >52 week waits by Oct 22	12,627 (at 21/22 FYE)	11,820 (Q2 22/23 forecast) <i>*Forecast does not meet national target</i>	14,951	15,232	15,122	13,980

face attendances where appropriate	Follow up not booked (FUNB) 100% past target date	*Ministerial target Reduction of 30% by March 23 against baseline of March 21	29,316 (March 2021 baseline)	22,720 (Q2 22/23 forecast) <i>*Forecast does not meet national target –</i>	35,114	35,659	36,037	36,144
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)	Q2 22/23 forecasts New: 26.9% F/up: 37.5% <i>*forecast does not meet national target</i>	Q1 Actual New = 12.9% F/up = 24.9%	Q2 Actual New = 11.5% F/up = 20.7%		
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)	11,437 (Q2 22/23 forecast) <i>*Forecast does not meet national target</i>	12,064	11,400	10,960	10,623
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)	40,899 (Q2 22/23 forecast) <i>*Forecast does not meet national target</i>	39,760	38,888	37,840	36,453
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)	49.7% (Q2 22/23 forecast) <i>*Forecast meets national target</i>	50.8%	51.8%	52%	48.1%

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)	3,984 (Q2 22/23 forecast) <i>*Forecast meets national target</i>	4,437	4,403	4,257	4,202
Goal	Outcomes	Target	Baseline Position	Forecast Position	June Q1	July Q2	Aug Q2	Sept Q2
CANCER								
Recover, Sustain and Expand Treatment Capacity for Cancer Services, including those delivered on a regional basis for Hywel Dda patients Improve cancer prevention, early detection and timely access to diagnostics across primary care and secondary care	*Ministerial measure Improve Single Cancer Pathway (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 (regardless of the referral route)	*Ministerial target Improvement trajectory towards 75% national target	54% (at 21/22 FYE)	52% (Q2 22/23 forecast) <i>*Forecast does not meet national target</i>	51%	56%	55%	
	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)	334 waiting >62 days (at end Q2 22/23 FYE) <i>*Forecast does not meet target</i>	379	464	507	572
Goal	Outcomes	Target	Baseline Position	Forecast Position	June Q1	July Q2	Aug Q2	Sept Q2
MENTAL HEALTH AND LEARNING DISABILITIES								
Continue to modernise mental health services to	Improved % of mental health assessments undertaken within (up to	Increased %	80% (at FYE 21/22)	80% at FYE 22/23	96%	94%	97%	

meet future demands and needs.	and including) 28 days from the date of receipt of referral								
	Improved % of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Service	Increased %	80%	80%	100%	100%	100%		
	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>	99.5%	99.8%	96.5%		
Improve Mental Health Crisis in Mental Health Services - develop a 24/7 initial access, response and triage system to provide early and proportionate responses to prevent escalation of mental health crisis.	95% of those admitted between 0900-2100 will receive a gate-keeping assessment by the Crisis Resolution & Home Treatment Team (CRHT) prior to admission	95%	100% (at FYE 21/22)	100% (at FYE 22/23) <i>*Forecast exceeds target</i>	100%	100%	100%		
Goal	Outcomes	Target	Baseline Position	Forecast Position	June Q1	July Q2	Aug Q2	Sept Q2	
CHILDRENS AND YOUNG PEOPLE									
Community Paediatrics	Reduced waiting list backlog (children waiting >26 weeks) in Community Paediatrics	Reduce number of patients waiting >26 weeks to 0	179 patients waiting > 26 weeks	Achieve 143 patients waiting > 26 weeks by	186	186	207	213	

			(March 2021)	March 2023 (20% reduction)				
General Paediatrics	Improved waiting times (all referral to treatment 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)	161	165	176	173

Table 5: Q2 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	Healthcare Acquired Infections - Reduce number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Detailed Service group level recovery plans are in place to support performance improvement in all IPC areas
Urgent and Emergency Care	Performance against the ministerial priority trajectories and performance against the 4-hour and 12-hour targets	Detailed work by Morriston Service Group ongoing to support
Planned Care	Reduced number of patients waiting over 52 weeks for a new OPA (Stage 1) FUNB 100% past target date	Recovery plans being developed and weekly monitoring/ assurance meetings with specialities in place led by Deputy COOs. Efficiency measures being increased: <ul style="list-style-type: none"> • Over-booking clinics • Improved treat in turn rates • Additional capacity • Validation of pathways: • Internal administrative and clinical • External contract to start in October – telephone contact with patients

	<p>Maximise utilisation of virtual platforms with the appropriate systems, support and guidance in place</p>	<p>Key priorities and actions being undertaken Outpatients Transformation Group (chaired by Deputy COO) reporting to Planned Care Board:</p> <ul style="list-style-type: none"> • Monitor and promote the use of Virtual Activity. • Discussions around virtual receptionist and support staff roles. • Ensure improved data availability to compare use of Virtual Activity across services.
	<p>Reduced number of patients waiting over 8 weeks for a diagnostic endoscopy</p>	<p>Key priorities and actions being undertaken by Diagnostics Recovery Group (chaired by Morriston Service Group Director) reporting to Planned Care Programme Board:</p> <ul style="list-style-type: none"> • Demand and Capacity Plan has been completed and clear trajectories in place • Outsourcing still ongoing at St. Joseph for long waiting patients • There will be an additional 4-5 insourcing lists, per week for 8 weeks during Sept, Oct and Nov • Clinical Validation project is ongoing and 80% patients have been removed from over 100 Weeks • 2 Locum Gastro Consultants are joining in Jan 23 and Apr 23 respectively to support the core team. Funding pending • Additional BSW list is running on weekends to bring the backlog to the normal level till the end of Sep 22. • 2 New Clinical Endoscopist Nurses have been selected for the training and will be joining in April 23 to support the service. • 3 X replacement Staff Nurses have already been appointed.

		<ul style="list-style-type: none"> • As part of the campaign to recruit Band 4 nurses, 1 X Band 3 Nurse has offered OCF4 Course to become band 4. • FCP roll out in primary care from Sep 22 which will have an impact on the referrals coming from primary care. • Reviewing the opportunity at the regional level to utilise workforce as part of the National Regional Plan
Cancer	<p>Performance against the SCP target and reduction in backlog figures.</p> <p>Key issues -</p> <ul style="list-style-type: none"> • Total volume of patients on pathway has been increasing since April 2022, now with an additional 600+ patients at the end of September. • Diagnostic the majority of patients at a diagnostic stage of pathway, impacting total pathway waits and the overall backlog position. • Increased USC activity in Radiology has improved access and reduced waiting times, with 82% of patients having an examination in 7 days in August (up from 41% in Jan). 97% now having an examination in 14 days. • Endoscopy – proportion of patients undergoing examination in 14 days has increased from around 6% in January to 11%. 	<ul style="list-style-type: none"> • Weekly escalation meetings are taking place led by Executive Medical Director, Executive Director of Finance & Performance and Deputy COO to monitor performance, along with targeted tumour site recovery plans to support backlog reduction. • Endoscopy capacity is a key focus area for the HB – sustainable service plan in development for approval by Management Board in October 22. • Ensuring strong clinical engagement from clinicians throughout all aspects of the pathway. • Tracking capacity was increased earlier this year. • Updates to the HB SCP dashboard planned to better support pathway analysis and timely intervention of bottlenecks. <p>Deep dive into Lower GI tumour site undertaken as this accounts for 2nd highest volume of breaches and highest proportion of patients in backlog. Currently working with WCN and DU to understand high demand seen. Key actions being progressed:</p> <ul style="list-style-type: none"> • Primary care referral form redesigned to support improved information at referral and reduce administrative delays and support STT pathways.

		<ul style="list-style-type: none"> Work ongoing to aligning Surgical and Gastroenterology pathways, with focus need to reduce increase Endoscopy capacity to reduce waits.
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The outstanding work relating to quantifying outcomes is summarised below in Table 6. These will be progressed in Q3 to enable reporting in Q3.

Table 6: Outstanding Work on Outcomes

Programme	Goal/Method	Status
Q&S	Falls, EOL care indicators	Issues with datix feeds to be resolved, also a number of measures are related to annual audits therefore cannot report quarterly.
Population Health	All	No measurable outcomes at present – to be defined following development of PH Strategy Q3/Q4
UEC	Home First	Data collection/ reporting issues known – working with RPB to resolve
	Diagnostics (excl. endoscopy)	Trajectories not yet confirmed – for progression/ confirming in Q3
	Diabetes	No data source available - requires primary care data and this is technical issue – escalated to DHCW
	Eye Care	No outcomes/ measures defined at present
Maternity	All	No outcomes/ measures defined at present
Workforce	All	No outcomes/ measures defined at present
Digital	All	No outcomes/ measures defined at present

3.5 MDS UPDATE FOR Q2

Welsh Government requested updates to MDS 22/23 submitted with the SBUHB R&S Plan at the end of March. The ask is for Q2 actual data, in addition to any refresh of forecasts for Q3-Q4 as required, for example, in light of new confirmed investments, increased capacity due to relaxing of COVID restrictions.

The Q2 update is taken at ‘this point in time’, for example, in recognition that there may be data lags. It is to be noted that there will be further opportunities to refresh and resubmit data in line with formal governance reporting to Welsh Government, i.e. Q2 reporting is shared with WG colleagues once this has been through Board (24th November 2022).

Q2 Update Process

The MDS is an excel document consisting of a series of tabs. Overall coordination of MDS completion is through the Strategy Department, and supported by members of the Integrated Planning Group chaired by the Assistant Director of Strategy.

The updated MDS for Q2 as received at 17th October is included as **Appendix 3**. Significant variances between Q2 forecasted data (as per 15th July 2022 submitted version of MDS) and Q2 actual data was reported verbally to Management Board on 19th October due to alignment and timings of September data availability.

3.6 ALIGNMENT OF WELLBEING OBJECTIVES TO R&S PLAN DELIVERABLES

In meeting our duty to deliver the Wellbeing of Future generations Act (12015) 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:

“In our role as an anchor institution in the region we are a major employer, commissioner, provider of health and care services and key contributor to the reduction of health inequalities. In support of this we will collaborate with communities and partners to:

- WB1 Give every child the best start in life;
- WB2 Nurture and use the environment to improve health and wellbeing;
- WB3 Apply ethical recruitment practices and support health and care workers to be healthy, skilled, diverse and resilient;
- WB4 Plan, commission, deliver and promote equitable, inclusive and accessible health and wellbeing services;
- WB5 Provide opportunities to support every adult to be healthier and to age well;
- WB6 Seek to allocate our resources to meeting the needs of, and improving, the population’s health.”

Wellbeing Objectives have been mapped to the IMTP/R&S Plan Goals, Methods and Outcomes, and to the deliverables within the Health Board Decarbonisation Action Plan (DAP). Going forward this will enable the Health Board to demonstrate, through existing performance reporting, that delivery of the R&S Plan/IMTP and the DAP are contributing to the delivery of our Wellbeing Objectives. The approach to reporting against Wellbeing Objectives has progressed significantly but requires testing through the Integrated Planning Group and Executive Steering Group and with colleagues across Sustainability, Workforce and corporate departments before being included in the Quarter 3 report.

4. GOVERNANCE AND RISK ISSUES

R&S Plan Governance arrangements were confirmed in ‘*Governing Implementation and Execution of the Recovery and Sustainability Plan 2022/23*’ *Sustainability Plan 2022/23*’ approved by Management Board on 4th May and delivery/ execution arrangements as set out in were approved by Management Board on 18th May in ‘*Execution of the Recovery & Sustainability Plan (IMTP) 2022/2025 – Next Steps*’.

4.1 Risks to Delivery

Table 8 details the key risks to successful delivery of the R&S Plan in each System Area

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

Description	Mitigation	Current Score	Trend
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
Waiting times for patients continue to increase	Trajectories completed in line with Planned Care targets.	20	Steady
PLANNED CARE Orthopaedics			
Orthopaedic Long Waiters	There is currently no plan for these patients. Recommendation made by Morriston Service Group for risk to be included on Health Board risk register.	25	Steady
PLANNED CARE 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.	20	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.	20	Steady
Description	Mitigation	Current Score	Trend
Theatres	Ensuring strong skill set development within current team to enable successful establishment of a larger, diverse team in the future.	20	Steady
PLANNED CARE 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.	16	Improving
PLANNED CARE Sustainability of Health Board wide Elective provision			
Availability of a retrieval service for patients in escalation - Singleton and	Morriston Service Group Director has prepared a paper with options for consideration by Management Board.	16	Steady

NPT carry some risk until solution is identified.			
PLANNED CARE 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.	16	Improving
PLANNED CARE Diagnostics			
Delay in developing trajectories for improvement and D&C/ Business case development.	Diagnostics Recovery Group set-up with updated terms of reference and Morrison Service Group Director assigned as lead.	16	Steady
PLANNED CARE Finance			
Planned Care allocation over-committed for 2022/23 resulting in investment gaps.	Prioritisation process to be agreed.	20	Steady
PLANNED CARE 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
POPULATION HEALTH			
No high rated risks to report			
UEC			
Affordability of the AMSR model could result in not delivering the required benefits	There is a requirement to provide staffing to cover double running of wards during the Transition phase. Updated costs are being obtained separating coverage relating to AMSR & Surge requirements	20	Steady
Description	Mitigation	Current Score	Trend
Fail to significantly reduce the number of clinically optimised patients in hospital beds prior to acute admissions centralisation	Length of stay mitigations are in place to reduce the occupancy for medical patients and this includes clinically optimised patients. Trajectories and live tracker has been developed to assist the weekly monitoring.	25	Worsening
Fail to improve ED access performance prior to acute admissions centralisation	Length of stay programme and AMSR expected to reduce crowding in ED and occupancy across the health board which will enable flow to support this risk	25	Worsening
Fail to address staff vacancy rates and recruit to critical posts	Recruitment plans have been requested for the AMSR programme and to include community schemes targeted at reducing LOS/occupancy – virtual ward; D2RA	20	Steady

	Investment approved to support therapy 7-day working. Overseas recruitment drive to fill nursing posts		
Medical Staffing – junior doctors	Inability to secure sign off by the relevant programme directors to support the issuing of rotas to the junior doctors as part of a 6 week requirement to change	25	Worsening
Demand continues to exceed bed capacity for medicine through the inability to reduce the gap between current resource consumed and bed availability	Impact on ability to enable effective patient flow from AMU if the demand for medicine beds does not reduce to the beds allocated to the programme Impact also on planned care programme re: capacity for elective surgery. Health Board wide plans are required to implement a phased reduction in the number of contingency beds required.	25	Worsening
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
Q&S			
Falls - Limited ability to review 'real time' data due to limitations of Datix System	Known national issue with Datix. Manual trawls of data currently to support identification of falls and this delays the response/s required to improve the position.	16	Steady
Description	Mitigation	Current Score	Trend
CYP			
Permanent 24 hour Neonatal Transport Model through Operational Delivery Network cannot be delivered – Business case resubmitted to WHSSC 22 nd Sept, awaiting decision	Continue with interim arrangements.	20	

2x high dependency (HD) neonatal critical care cots in Singleton - Unable to open additional cots as the service have been unable to recruit to posts.	Posts re-advertised. Continued use of agency. Delivery milestone revised to Q4	20	
Inability to deliver agreed regional Paediatric Gastroenterology service at Cardiff and Vale Health Board if unable to recruit to consultant posts	Position will be closely monitored and action taken as required	20	
MATERNITY			
No high rated risks to report			
PCTG			
No high rated risks to report			
MHLD			
LD Model Redesign - Financial disaggregation is destabilising the commissioning arrangements. Currently being managed at CEO level.	Engagement between 3 CEOs of 3 HBs to get agreement. Ongoing service group engagement through commissioning meetings.	20	
Older Persons Mental Health Services Redesign - Not securing capital bid, leading to further deterioration of Tonna Hospital site.	Continued engagement with HB capital planning.	16	
Specialist MH Provision (3 – 5 year WHSSC Strategy – Medium Secure Services) - Inpatient work stream has identified a need for capital expenditure. Development of our model hinges on those funds to improve clinical environment. Workforce workstream will require revenue investment also.	Need to secure WG capital funding via WHSCC.	16	
WORKFORCE			
No high rated risks to report			
DIGITAL			
No high rated risks to report			

5. FINANCIAL IMPLICATIONS

The Health Board's financial plan is integrated into the Recovery and Sustainability Plan. 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

For assurance on delivery of the Health Board IMTP, Members are asked to:

- **NOTE** the areas of achievements to deliver the R&S Plan in Q2
- **NOTE** the mitigating actions against priorities (GMOs) which are off-track and revised timescales.
- **NOTE** the overall key risks and mitigations to R&S Plan delivery.
- **NOTE** that actual Q2 data and refreshed forecasts for Q3-Q4 populated in the MDS are taken at a point in time (position as at 17/10/22); there will be opportunities to revise and re-submit the data to WG, in line with formal governance and reporting of R&S Plan 22/25 Delivery.
- **NOTE** submission of the MDS updated for Quarter 2 to Welsh Government on 19th October

Governance and Assurance	
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities
	Partnerships for Improving Health and Wellbeing
	Co-Production and Health Literacy
	Digitally Enabled Health and Wellbeing
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people
	Best Value Outcomes and High Quality Care
	Partnerships for Care
	Excellent Staff
	Digitally Enabled Care
	Outstanding Research, Innovation, Education and Learning

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	As per formal governance arrangements on IMTP reporting, the first version of Quarter 2 R&S Plan Reporting to Management Board 19 th October 2022, Report will be received by Performance & Finance Committee on 25 th October and Health Board on 24 th November 2022. Following Board, the Q2 report will be shared with Welsh Government.	
Appendices	Appendix 1: R&S Plan Quarter 2 Key Achievements and Quarter 3 Priorities for Delivery Appendix 2: R&S Plan Reporting on Methods Appendix 3: Minimum Data Set 22/23 Quarter 2 FINAL – submitted to WG 19 th October 22.	

APPENDIX 1: R&S Plan 22/23 Achievements in Q2 & Priorities in Q3

R&S Plan Programme/ System	Significant Achievements and Progress made in Q2	Priorities for Delivery in Q3
<p>Quality and Safety</p>	<p>Suicide Prevention - Good engagement through Sharing Hope project. Revised Suicide Prevention training to increase accessibility / access to training.</p> <p>Sepsis – Completed Point prevalence audit for patients with news score >3. Active engagement of Sepsis clinical lead with SGs to promote sepsis identification and training.</p> <p>Falls – Developed Tool for SG reporting of Falls</p> <p>Development of Quality Strategy – ongoing engagement to support development of this. Leadership Touchpoint September focused on Quality Improvement and how to implement quality focused changes that are measureable and constructive; CEO R&S Plan Engagement sessions in September with SGs focused on quality being at the heart of the HB’s priorities to deliver.</p>	<p>Suicide Prevention – Develop Suicide strategy. Revisit GMOs to look at priority groups, with potential to extend to community.</p> <p>Sepsis - Roll out guidance on management of sepsis (awaiting national guidance from WG).</p> <p>Falls – Prevention Week W/C 2nd October, wide range of activities and communications taking place across the HB to support education, prevention and management of Falls.</p> <p>Patient Safety Congress taking place 6th October 2022.</p>
<p>Population Health</p>	<p>Establish a SBUHB Public Health Programme Board – Developed Draft ToR's developed. Initial meeting to agree ToR's, membership, governance etc. Lack of project support provided continues to hinder progress.</p> <p>Co-design of public / population health strategy - Completed review of phase 1 of Population Health strategy development. Wider stakeholder engagement has taken place, both internally across SGs and with range of external partners.</p>	<p>Manage the safe transfer of the Local Public Health Team from PHW to SBUHB taking place on 1st October 2022.</p>

<p>Primary Community Therapies</p> <p>Care, &</p>	<p>Review and implement new urgent care pathways and single point of access model within Dental Services - Relocated Single Point of Access (SPA) team into suitable accommodation. Dental Operations Manager commenced in post in Q2 to implement final stage of SPA.</p> <p>Delivery of pre-diabetes programme within all clusters - Pre diabetes clinics in place for City & upper valleys cluster (AWDPP funded clusters) and Penderi cluster started clinics (SPPC funded)</p> <p>Improve Oral Health for older people living in care - Progression of WG funded GaB Programme in care homes. Training provided to ward staff in Singleton Hospital on a monthly basis by the GaB Team. GDS Domiciliary review undertaken and model proposed to the LDC for GDP contractors and a Dental Therapist led transformation programme.</p> <p>Develop and strengthen the Primary Care and Sustainability Team; continued use of the GMS Merger Framework – Continued RCGP liaison to plan roll out, informed by risk status identified in National Sustainability Framework (within limitations of this tool). One MOU returned, three awaited. Recruitment to x2 band 6 Primary care development managers underway.</p>	<p>Delivery of pre-diabetes programme within all clusters - Commence Pre-diabetes clinics for Bay and Llŵchwr clusters.</p> <p>Large scale change to support and manage the implementation of National Contract Reform across all x4 Contractor elements – Health Board Protected Learning Time deferred to Nov 2022. First cluster PLTS proceeding for 12 Oct 2022.</p> <p>Roll out of additional capacity Quick Start & Bridging Contraception training service in community pharmacy that will form a part of the CCPS in November 2022.</p> <p>Awaiting WG finalised documents on Optometry Contract Reform, expected implementation in Q3.</p>
<p>Urgent Emergency Care</p> <p>&</p>	<p>AMSR OCP Consultation Impact Considerations and Preference Exercise - Briefings to line managers 12th Sept. Preference exercise documentation released on 15th Sept.</p> <p>Therapy services 7-day working 1:6 rota launched weekend of 3/4 September.</p> <p>Centralise IP Rehab at NPTH - Workstream in place to drive forward the work programme of the group to enable stroke and</p>	<p>AMSR - Actions to enable delivery of Centralised Acute Medicine in December 2022 Note - All items were originally planned for delivery in July/Aug/Sept – date for centralisation of acute medicine moved back to Dec 5th:</p> <ul style="list-style-type: none"> • AMSR preference exercise - will be carried out over 11 weeks and staff who take part can expect to be notified of their substantive role by 1st

orthogeriatrics rehabilitation to move from Singleton to Neath NPT in line with the timescales of the centralisation of acute take at Morriston); Revised ToR and draft SOP developed; Ward and bed configuration at NPT agreed; Transition plans and timescales developed and agreed through the AMSR workstream; Nursing and therapy workforce model agreed, subject to the outcome of the OCP process and staff preferences exercise.

From an ortho geriatric perspective, work is on-going with the clinical team on agreeing the clinical model and workforce. Meetings have been arranged to progress this work; Initial meetings with Swansea and NPT Local Authorities taken place to review and propose arrangements for cross boundary working following re-location of stroke and orthogeriatrics at NPT.

Virtual wards phase 2 live from w/c 20/09/2022. All new clusters are up and running and accepting patients. 82% staff in place, further staff due to commence by October /November 22. Number of patients pulled from hospital to date by in-reach staff is increasing. Positive development regarding the short space of time (2 weeks) hospital staff have become aware and enthusiastic for the service, proactively identifying patients that are suitable for discharge by the virtual ward.

IP Heart Failure Service - All nurses are in post (1 WTE B8a - permanent/ 2 WTE B7 and 0.7 WTE B6 - secondment). 1 of the 2 consultants are in post.

COPD ESD - NPT team has been recruited (2 members of staff are on induction, 1 awaiting a start date, 1 in post). Now supporting ESD, all Virtual Wards, and admission avoidance which has been rolled out in one cluster. To be fully

December with a view to transitioning to their new roles starting 5th December.

- Completion of building works to enable handover of Enfys – expected 6th November (from original date 2nd Sept)
- Finalise date for acute take & IP centralisation and set out implementation plan – date for centralisation is 05.12.22
- Appointment to Medicine Clinical leadership structure – Divisional Clinical Chair appointed. Other Clinical Director and management posts expected to be appointed by end November 2022
- Gateway Review – confidence in ability to launch acute medical admissions centralisation plan. No date yet but propose one for end Oct and another for 3rd week Nov.
- Commence Consultant Job Planning - group job planning sessions 5th to 14th Oct & individual job plans 10th Oct to 28th Nov
- Finalise detailed clinical model/ SOPs

AMSR Actions to deliver wider-scale improvements to support centralisation of acute medicine:

- Ongoing focus to ensure Reduction in LOS/Improvement in key UEC performance measures (4hrs/12 hrs ambulance handover etc
- Increase in Pathway 2,3,4 discharges to target(s)

Virtual Wards Phase 2 - In reach Clinical manager in post Q2 and will provide increased focus in Q3 on embedding the role and increasing discharges from secondary care. Work through data capture of this element via SIGNAL through to enable dashboard reporting of activity relating to in-reach resource.

	<p>rolled out in the other 2 clusters during Q3 as staff complete induction.</p>	<p>Heart Failure IP Service - Recruitment of the second consultant planned for the end of December 2022. Anticipated that the service will be fully established by the end of December 2022</p> <p>IP Rehab NPTH -Key priorities for October: 1. Confirm medical model; 2. Sign off SOP; 3. Secure Cross boundary agreement with Las; 4. Commence transition plan</p>
<p>Planned Care</p>	<p>Waiting times Progress against the planned care trajectories was presented to Planned Care Board, highlighting that the biggest numbers are in Orthopaedics, OMFS, ENT and General Surgery – positive progress has been made against the >104 week trajectories with 12% ahead against cohort. The progress against the >52 weeks is slower, the overall position is 7% behind on cohort – additional meetings have been set-up with the Deputy COO and individual directorates to explore options to get back on track.</p> <p>Outpatients Validation continues to be a priority. Internal validation has continued with 3,000 patients validated to date.</p> <p>Engagement with Morriston clinicians in relation to outpatient accommodation has now completed, with 60% of clinics vacated from the Morriston site. However, the 40% that remain currently have clinical inter-dependencies with the Morriston site, and so further discussion is required.</p> <p>Diagnostics Phlebotomy - 2 out 4 community hubs have opened with Hub 3 (Gorseinon) having completed capital works and is due to open in October.</p>	<p>Service modernisation: Development of priority referral pathways from primary care to secondary</p> <p>Maximise activity within Primary Care Projects - Discussions between primary & secondary care to overcome digital and pathway challenges</p> <p>Plans for the GP lifestyle model clinics to commence on the 6th October, discussions are on-going in relation to the integrated prehab model.</p> <p>Outpatients Explore options for those outpatient services that must remain on the Morriston site</p> <p>Validation - Welsh Government have now commissioned an all Wales contract with HBSUK, due to start at the beginning of October.</p> <p>Diagnostics Agree trajectories for Diagnostics Services - Demand & Capacity plans have been developed for the majority of services, however not shared to date</p>

	<p>Endoscopy continues with its recovery plans, including validation, with 80% of patients removed from the over 100 Weeks list and FCP roll-out which will see a reduction in the referrals received from Primary Care.</p> <p>Cardiology - Outsourcing is being used at St Joseph's and extra WLI's are running for the next 8 weeks to reduce the waiting list to 0 >8weeks.</p> <p>Trajectories remain unapproved, and discussions are ongoing with diagnostics leads.</p> <p>Workforce and staffing issues within Cell Path and Lab Med continue to put pressure on the service.</p> <p>Surgery & Theatres Building work has commenced on the Neath Port Talbot site for the Elective Orthopaedic Unit theatres, with the building of the modular units also commenced in the off-site factory.</p> <p>The project will now benefit from more robust clinical leadership with formal appointments made to the Clinical Director, Clinical Advisor and Senior Project Manager.</p> <p>Business Case development has been initiated for the Singleton theatres, with a deadline of the end of October for submission to Welsh Government.</p> <p>First meeting of the Surgery & Theatres Transformation Board held on the 26th September.</p> <p>Paper prepared in September to inform the Morriston Delivery Unit Senior Management Team and the Executive Team of the theatre workforce required to deliver the current and future planned (elective) and unscheduled (emergency) activity</p>	<p>Develop Commissioning Approach to Phlebotomy: understand demand and capacity information in order to right-size the service to the agreed funding level, with agreed processes for commissioning additional capacity - New staff starting September/ October.</p> <p>Surgery and Theatres Finalise clinical and workforce model for NPT Theatres - final version of workforce model to be considered by Management Board in October.</p> <p>Develop business case for Urology and Singleton Theatres by 1st November 2022</p>
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	<p>across Morriston, Singleton and Neath/Port Talbot hospital sites.</p> <p>Diabetes whole system pathways Community Diabetic Nurses commenced in 5 clusters support insulin initiation and provide a consultant service at cluster level to manage insulin and its monitoring and deal with urgent referrals.</p> <p>Improving access to Critical Care – rehab, pharmacy and MH Liaison nurse posts funded.</p>	
<p>Cancer</p>	<p>Regional Radiotherapy - Stereotactic Lung Radiotherapy service now well established (WHSSC commissioned). Currently at 15 patients treated (annual target 25)</p> <p>Radiotherapy Linac C replacement operational and in use- full capacity to be achieved by year end 2022.</p> <p>Health Board received the All Wales Radiotherapy Peer Review Report; action plan developed to address key issues (shared with CEO in early Oct).</p> <p>SWWCC Regional working - Commenced stakeholder engagement in support of developing SWWCC Regional Strategic Programme Case – including early engagement with CHCs in SBUHB, HDdUB and Powys.</p> <p>Expand Acute Oncology Service - Nursing staff in post (including Band 8A Acute Nurse Practitioner) and 5 day service in Morriston in place from September 2022.</p> <p>Sustainable delivery of Systemic Anti-Cancer Therapies (SACT) through the maximisation of home delivery - Started Phesgo (breast cancer tx) home delivery service in</p>	<p>SWWCC Regional Working – Complete and formally approve through SBUHB and HDduHB the Regional SWWCC Strategic Programme Case – to confirm the strategic vision and direction of travel for regional non-surgical oncology services over the next 10 year period (23/24 – 33/34). Provide update on development of case to Management Board 26th October 22 – this includes an update on developing an options appraisal for the siting of an additional (5th) radiotherapy.</p> <p>Operationalise prostate radiotherapy hypofractionation and fiducial marker service; first patient identified for treatment planned to start November 22.</p> <p>SACT - Produce regular SACT wait time monthly reports, generated from Chemocare and reviewed by QI practitioner (in post Q2). This will enable compliance with requirement for all HB/Trusts to report this to Wales Cancer Network from 1.3.2023</p> <p>Specialist Therapy Services - Secure approval from BCAG/ Management Board to fund Tier 1 business cases identified in R&S Plan to improve outcomes of</p>

	<p>September. Continued increase of Oral SACTs delivery using pharmacy led clinics.</p> <p>Undertake project work in priority tumour sites; to help SBUHB achieve the vision set out in the National Optimal Pathways - Continued service improvement work as identified to support implementation of Lower GI National Optimal Pathway – e.g. Onko remote Prehabilitation Pilot (Colorectal) implemented in September.</p>	<p>cancer patients – 2 x cases; Metastatic spinal cord compression physio service, Expansion of specialist nutrition and dietetics service.</p>
<p>Mental Health and Learning Disabilities</p>	<p>Improve Mental Health Crisis in Mental Health Services - Go Live of '111 Press 2' in Aug 22.</p> <p>Adult MH inpatient provision business case - Completed public engagement exercise.</p> <p>Redesign Older Persons Mental Health Services - Submitted Capital bid for refurbishment of Suite 4 and Roof at Tonna Hospital. Awaiting decision to progress to BJC stage approved.</p> <p>Improve management of the demands of the CHC expenditure - CHS Pilot completed and Phase 2 report received. Findings shared and discussed with LA colleagues. Action plan developed to analyse and resubmit those cases that require review.</p> <p>Modernising mental health services – recruitment of posts underway to increase access to psychological therapies, Local Primary Mental Health Services and Eating Disorder Services</p>	<p>LD Model of care Redesign – following presentation to Health Board 25th August, paper to be developed outlining steps for next 3 years and timelines. Implement Overall Project Board to oversee project.</p> <p>Adult Mental Inpatient provision business case Appoint business and design partner to commence workup of OBC, this will continue into Q4.</p> <p>Mental Health Transforming Mental Health Services Programme - Further Mental Health Summit to be held on 10.10.22 to identify the regional priorities for the next year</p> <p>Work jointly with WHSCC on their 3-5 year strategy for Specialist Mental Health Provision in Wales (medium secure services) - Meetings planned with Director of MH & LD in WHSCC to discuss implementation of strategy in Q3.</p>
<p>Children and Young People</p>	<p>Increase therapy support in Neonatal Services to recommended BAPM standards - Successful candidates in post to meet minimum BAPM standard.</p> <p>Continuing Health Care- Agreed multiagency pathway for CYP with Complex Needs.</p>	<p>Recovery of the dedicated paediatric outpatient department space on Morriston commenced on the 30th September 1 day a week, with aim to return total department by 31st October 2022. The frequency of designated days will need to increase on a phased approach.</p>

	<p>CAMHS Drafted Service Specification drafted and shared with Board in September 2022, providing baseline for services that should be provided by CTM.</p> <p>Develop community paediatrics sustainable service model - Piloted an initial/combined assessment model "Initial Developmental Assessment Pilot" for 3months in Swansea due to highest need in the area.</p> <p>Established Tier 2 CYP Weight Management Services – recruitment to all posts as required.</p> <p>Deliver Paediatric Gastroenterology at Cardiff and Vale Health Board whilst providing satellite service at Swansea Bay Health Board South West Wales – Strengthened Consultant support from July 2022, ongoing recruitment issues at Cardiff and Vale Health Board; as such delivery not fully supported but increased sessions agreed from July 2022 as phased approach.</p>	<p>Regional Paediatric Neurology services at UHW - Interim plan being worked through by November 2022, whilst formal work has started to develop Pan South Wales service hosted by C&V Health Board, commissioned by WHSSC (funding already released to Cardiff and Vale HB).</p> <p>Tier 3 CYP Weight Management Services to be implemented in Q3</p> <p>Transition pathway to Integrated Autism Service (IAS)- Demand and capacity/activity has been requested by NHS Wales Delivery unit to inform SBUHB funding allocation. Business case revised to support SBU's share of allocation - the allocation received will increase establishment and will fund WLI to reduce backlog.</p> <p>Paediatric Physiotherapy Respiratory Outreach Service pilot ceases in September. This pilot demonstrates admission avoidance for young people with respiratory diseases. A formal business case is now being developed by Paediatric Physiotherapy service to secure permanent funding in Q3.</p>
Maternity	<p>Ensure dedicated governance resource to support safe and effective maternal care - Revised governance structures.</p> <p>Peri-natal mental health review of clinics and develop model in line with current best practice, incorporating all Wales guidance – Specialist nurse in post delivering training to community midwives, supporting avoidable admissions to inpatient facilities.</p>	<p>Network for external peer review of serious clinical incidents – in place for Q3.</p> <p>Central foetal monitoring system with clear pathways and guidance for acting on findings – implement in Q3.</p> <p>Refresh the Breastfeeding peer support network after Covid and provide training / support</p>

	<p>Maternal Care from multi-professional teams, with access to specialist services - Mandated attendance at multi-disciplinary training (PROMPT) annually</p>	
Workforce	<p>Recruitment and retention - Established central resourcing team to recruit to key clinical and support role, adopting a pastoral approach to recruitment to maximise recruitment and retention</p> <p>Staff Experience - Review undertaken of programme of staff recognition and reward based on staff feedback and with a view of securing a budget for delivery as part of core business</p> <p>Workforce Efficiencies – Undertaken review of bank/Agency booking process & introduce revised management controls to standardise bank/Agency usage</p> <p>Every member of staff that leaves the HB to receive an exit interview – ESR review underway to establish baseline numbers</p>	<p>Deliver Organisational Culture programme of working - Big Conversation to begin Autumn 2022</p> <p>Support the delivery of the required workforce redesign associated with the agreed outcomes in the Plan – Complete recruitment to provide OD support into service areas to embed the changes to services and newly established teams</p>
Digital	<p>Swansea Bay Patient Portal (SBPP) – Supporting self-monitoring and virtual reviews - Over 13,000 patients registered to date. New functionality including sharing of appointment letters delivered - being used in Rheumatology as initial service.</p> <p>'Paper light' Outpatient Departments -3 services went live in Q2. 1400 appts per month delivered without paper record.</p> <p>Hospital Electronic Prescribing and Medicines Administration (HEPMA) Implementation of e-prescribing on medical wards at Morriston and Gorseinon Hospitals is underway. The medical implementation was paused for 2 weeks (from 16 - 31 August) to allow the pharmacy team additional time to work through their newly introduced digital</p>	<p>Welsh Nursing Care Record (WNCR) -Planning for Morriston implementation in readiness for rollout during Oct and Nov.</p> <p>Virtual Consultations and Reviews - Requirement to deliver 35% of new appts and 50% FUNB appts virtually. Work underway with the Transformation team to plan way forward to achieve targets.</p> <p>Signal – Progression of v3 implementation to include seamless integration with the Welsh Clinical Portal.</p> <p>HEPMA – Conclude implementation across Morriston General Medicine (end October)</p>

	<p>processes and find solutions and workarounds to better support the new ways of working. Additional training support provided by the HEPMA Team and the implementation recommenced on 31 August 2022. However there was an additional pause on 13th September caused by unprecedented pharmacy staffing pressures. The implementation plan has now re-started and is being reviewed on weekly basis.</p>	<p>AMSR – Support AMSR programme through implementation of digital solutions include Aadastra and HEPMA.</p>
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