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Health Board



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Report Title	R&S Plan 22/23 Delivery: Quarter 1 Progress Report		
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Freedom of Information	Open		
Purpose of the Report	This paper provides the reported status against the priorities for delivery in Quarter 1 22/23 as set out in the R&S Plan 22/25, as Goals Methods Outcomes (GMOs)		
Key Issues	<ul style="list-style-type: none"> • The Recovery and Sustainability (R&S) Plan 22/25 was submitted to Welsh Government on 31st March 2022, this describes goals, methods, outcomes (GMOs) with associated timescales for delivering the Health Board's service change and improvement priorities for the financial year 22/23. • It has been agreed that delivery of the R&S Plan 22/25 will be monitored and reported on a quarterly basis to Management Board, followed by the Performance & Finance (P&F) and Quality and Safety (Q&S) Committees, and finally reporting to the Board. • This paper also provides a high-level summary of the position at the end of Q1 (1st April 2022 – 30th June 2022) in respect of delivery against priorities (Goals and Methods). Where priorities are reported as off-track, mitigating actions, confidence levels in mitigations, and revised delivery timescales are highlighted. • Performance against R&S Plan outcomes at the end of Q1 are reported where metrics, data sources and trajectories are confirmed. • Health Board Wellbeing Objectives have been aligned with R&S Plan Deliverables (Goals) and this is set out in this paper. • This paper provides a further update on the position with finalising R&S Plan service change & improvement GMOs, in particular the work undertaken to quantify outcomes and set targets and trajectories for 22/23 performance. 		

Specific Action Required	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE work undertaken to finalise R&S Plan GMOs and quantify outcomes. • NOTE the mitigating actions against priorities (Methods) which are off-track and revised timescales. • NOTE the mitigating actions against priorities (Outcomes) which are off track – this narrative reflects the updates at end of August 2022. • APPROVE the overall key risks and mitigations to R&S Plan delivery. • NOTE the alignment of Health Board Wellbeing Objectives with R&S Plan Deliverables. 			

RECOVERY AND SUSTAINABILITY PLAN 22/25 DELIVERY: QUARTER 1 22-23 PROGRESS REPORT

1. INTRODUCTION

This paper provides the reported status against the priorities for delivery in Quarter 1 22/23 as set out in the R&S Plan 22/25, as Goals Methods Outcomes (GMOs).

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 Recovery and Sustainability 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 has resubmitted the plan in July as an IMTP following feedback from Welsh Government and agreement to fund our historical allocation shortfall. 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) for the programme, as set out in table 1 below:

Table 1: SROs for each R&S Programme

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

3. R&S PLAN DELIVERY UPDATE

3.1 FINALISING GMO'S AND QUANTIFYING OUTCOMES

As described in the last R&S Plan update to Management Board on 18th May, work has been ongoing to support the quantification of R&S Plan outcomes, ensuring all outcomes have clearly defined measures / metrics with baselines, targets (per quarter

where possible) and trajectories for 22/23. The intention is that data collection, where possible, is automated and included in the GMO dashboard (building on that developed by the Business Intelligence team in 21/22) in order to report progress of Plan outcomes to Management Board/ Health Board. The accountability for 'sign off' of the quantified outcomes sits with SROs (assigned leads as per Table 1).

Work completed as at 30th June 2022 is set out in section 3.4 below. It is to be noted that the Planned Care ministerial priority measure trajectories were revised in May/ June and submitted in draft form to WG on 21st June. These trajectories are subject to further refinement taking place in July, aligned to the request for detailed work to be undertaken by the WG National Director for Recovery.

The Digital Intelligence team have developed a refined business intelligence dashboard product, with wider spread performance reporting provided across a majority of programmes in Q1.

3.2 PROGRESS AGAINST PLAN – SUMMARY

Table 2 provides an overview of each programme using Q1 status of the Methods:

Programme	Q1 Total number of Methods	Q1 Methods status				
		Off-track	Monitoring	On-track	Completed	No updates received
Population Health	16	3	8	5	0	0
Urgent and Emergency Care	19	2	2	10	1	3
Planned Care	41	0	0	41	0	0
Cancer	22	4	0	14	4	0
Quality and Safety	16	1	0	15	0	0
Children and Young People	22	0	1	19	2	0
Maternity	15	2	2	5	0	6
Primary Care, Community and Therapies	13	0	0	13	0	0
Mental Health and Learning Disabilities	12	0	3	8	1	0
Workforce	27	1	4	14	0	8
Digital Transformation	15	1	2	12	0	0

3.3 PROGRESS AGAINST PLAN – DELIVERY OF METHODS

Table 3 below details R&S Plan Methods which are off track in Q1, with the mitigations actions in place and when these expect to be back on track. Reporting relates only to Year 1 Deliverable methods; i.e schemes listed as Funded/ Cost Neutral/ Tier 1.

Appendix 1 includes the full Q1 status update for Methods across the R&S Plan Portfolio.

Programme	Off-Track Methods	Mitigation	Expected Delivery Date:
Population Health	<p>1. Establish a SBUHB Public Health Programme Board (or equivalent) as focal point for population health discussions & direction setting</p> <p>2. Develop a regional HWHW delivery plan and reporting mechanisms</p> <p>3. Supporting the development of a SBUHB Tobacco Control approach in line with the emergent all-Wales Strategy</p>	<ul style="list-style-type: none"> Lack of project support provided to progress in a timely way. Developing organisational understanding of role/functioning of PHPB HB not currently sighted on cross-organisation expectation of WG priority to develop, fund and implement HWHW delivery plan. Lack of capacity & capability to develop plan beyond single (isolated) services within single SGs. HB not currently sighted on cross-organisation expectation of WG priority to develop, fund and implement TC delivery plan. Lack of capacity & capability to develop plan beyond single (isolated) services within single SGs 	1,2,3. Revised delivery timescales to be confirmed
Urgent and Emergency Care	<p>1. Home First pathway 2 enhance the staff in the domiciliary/social care sector to “pull” patients from hospital</p>	<ul style="list-style-type: none"> Work is being progressed through the WG RPB structures. IPC facilitated workshops to support the Rapid Improvement Plan implementation (11th / 13th July) Development of a workforce plan Introduction of weekly assurance meetings (focus: data and activity from 13.06, chaired by AD ops These provide a weekly performance statement across all 4 pathways/ workforce position across all four pathways and which are reviewed at monthly Board. (As an example these have expedited TRAC processes, implemented pre-employment inductions and improved marketing for vacancies. Also highlighted gaps in PM role and issues with streamlining contribute to capacity issues) Data T&F group established to oversee the modification and processes and SIGNAL New escalation framework embedded as part of daily huddles to improve discharge rate 	1. Revised delivery timescale to be confirmed

Programme	Off-Track Methods	Mitigation	Expected Delivery Date:
	<p>2. Develop in patient heart failure service to include: Early identification of patient with suspected heart failure on admission; Specialist review within 24 hours of admission; Prioritisation of echo cardiology; Deliver specialist team review through the admission; Patient education and empowerment;</p>	<ul style="list-style-type: none"> Data T&F group established to oversee the modification and processes and SIGNAL to ensure that improvements needed to Signal and to support Home First are undertaken effectively and in a timely way. Linking works to strengthen Signal version 2 and the migration to Signal version 3. BC approved, recruitment phase commenced. Delivery and implementation monitored through the established Heart Failure CRG and reported through HB structures (UEC PB/ CSOG) 	<p>2. Delivery was Q2, now adjusted to Delivery Q3 (These dates are estimates and the service team are moving at pace to ensure the recruitment timelines are condensed as much as possible)</p>
Planned Care	None off track for Q1		
Cancer	<ol style="list-style-type: none"> AOS 5-day service – Q1 Milestone: Complete recruitment to posts and implement service in full, aim for June/July 22. OG Cancer Surgery Service - Q1 Milestone: Agreement with CHC on focused engagement exercise; Initial financial assessment undertaken. 	<ol style="list-style-type: none"> Delays due to unforeseen recruitment issues. Project led by CVUHB Surgery Clinical Board. Discussion at Regional and Specialised Services Provider Planning Partnership regarding the need to reach agreement surgical interface. 	<ol style="list-style-type: none"> Aim for service operational from Q2 Aug/ Sept. Engagement TBC following agreement of draft service model with CVUHB in Q2 TBC – awaiting confirmation from

Programme	Off-Track Methods	Mitigation	Expected Delivery Date:
	<p>3. Phase 1 Cancer Information Solution - Q1 milestone: Transition of MDTs to the CI solution and Recording of all data using core dataset as minimum.</p> <p>4. Local SCP dashboard – Q1 milestone: Benchmarking against Lower GI NOP/ Benchmarking against Sarcoma NOP/ Further development of Service Improvement Plans.</p>	<p>3. Aspects of the CI solution pertaining to MDT and Dataset recording is under UAT currently. A go live data has not been agreed by CIS Implementation Group or CIS Programme Board although September 2022 has been proposed as a possibility and currently being discussed nationally. Programme is behind schedule at DHCW.</p> <p>4. Revision to SCP dashboard being worked through nationally. Benchmarking against NOPs requires further consideration however limited information is available via the NHS DU dashboard that allows benchmarking of key pathway points against all Welsh Health boards by tumour groups and is the data being used by WCN and the All Wales SCP Oversight Group</p>	<p>DHCW (this is a national programme)</p> <p>4. TBC awaiting consideration by WCN</p>
Quality and Safety	1. Develop the use of digital technology to map compliance and notification of patients who require or receiving EOLC	Business case developed regarding the use of Signal for this purpose. Requires decision to proceed.	1. Q2/Q3 awaiting decision on business case
Maternity	<p>1. Develop network for external peer review of serious clinical incidents</p> <p>2. Develop improved pathway for women who require support after birth to ensure timely access to a formal debrief</p>	Not complete – criteria for debrief clinics to be reviewed, and work being done to ensure that community midwives can do informal debriefs with most women	1 & 2. Q3
Children and Young People	None off track for Q1		
Mental Health and Learning Disabilities Services	None off track for Q1		
Primary, Community and Therapy Services	None off track for Q1		

Programme	Off-Track Methods	Mitigation	Expected Delivery Date:
Workforce	1. 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	1. Approval of proposal August / September. Big conversation to begin Autumn 2022
Digital Transformation	1. Referrals, structured advice and guidance – Extend existing functionality to include cross organisational and internal referrals	Dependency on DHCW to deliver this functionality; defect identified with current solution. National development continues with a view that a pilot is enabled in Q3 2022-23. The Digital team are also investigating options to develop a local solution should there be a requirement, subject to funding being identified	1. Q3 22/23

3.4 PROGRESS AGAINST PLAN – OUTCOMES

Table 4 below details the key outcomes across the portfolio for Q1 where programmes have approved outcome measures. Performance in Q1 against outcome measures are correct as at 14th July 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. In such instances, programme boards will apply corrective action via their projects.

Actions being undertaken to correct ‘off track’ outcomes performance:

- **Increased % patients wait <4 hrs in A&E and Reduction in no. Patients waiting >12 hrs in A&E** - Ambulance turnaround times starting to improve. Aim to divert more patients to Same Day Emergency Care (SDEC) services. Detailed recovery plans continue to be developed to demonstrate how Urgent Emergency Care performance is improving. Highlights of action being undertaken and monitored through Urgent Emergency Care Programme Board:
 - Initial results from Welsh Ambulance Service Trust (WAST) stack review encouraging. Paramedics now based in the clinical HUB in SDEC, working in conjunction with the Urgent Primary Care Centre, GPs, Acute GP Unit (AGPU) (SDEC) GPs and WAST stack review GPs for admission avoidance and appropriate care navigation. Positive feedback from our WAST colleagues on the co-location.
 - In Q1 Virtual wards started to pilot an in-reach model, however, it was of limited scope as there were only four functional virtual wards. The other four are coming on line at the end of Q2 (mid-September) with associated five day in-reach.
 - Also in Q1 we continued with the transitional bed scheme to maintain out of hospital capacity, going forward a joint scheme with LAs is being worked up through RPB to look at procurement of additional beds combined with re-ablement resource.
 - Q2 – working up a proposal to re-purpose one of the District Nursing Teams to support earlier discharges into community.
 - Q2 – more targeted Clinically Optimised Patient reviews with dedicated weekly escalation meetings for complex cases.
 - In addition, the Acute Medical Services Redesign is progressing and OCP is to conclude in Q2 with implementation in Q3.
- **FUNB 100% past target date** – Work led by the Deputy Chief Operating Officer is progressing in relation to demand & capacity modelling, and services to date have focussed on RTT modelling prior to submitting trajectories to Welsh Government. Modelling on the follow-up waiting lists will be a priority for Q3. In the interim, there has been an enhanced focus on validation of the follow-up waiting lists in priority areas, and following a short term contract with an external validation company, internal validation is picking up pace with some services removing significant numbers. Welsh Government has also 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. This has not yet commenced but it is anticipated to start during September 2022, once the procurement process has been completed. Outpatient

accommodation utilisation and waiting list initiatives to manage demand and capacity is also progressing.

- **Improve Single Cancer Pathway 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)** - performance is being actively managed by Health Board escalation processes. Active monitoring against the weekly recovery plan for Single Cancer Pathway performance to reduce the backlog of patients waiting under the Single Cancer Pathway and maintain focus on improvements in the overall pathways within the Single Cancer Pathway in line with the escalation of Single Cancer Pathway performance. Recent approval of recovery plans for individual tumour sites to aggregate into an overall recovery trajectory for the Health Board and improvement is demonstrated by end of Q1.
- **Reduce number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa - Reduce number of laboratory confirmed bacteraemia cases: Staph. aureus and Pseudomonas aeruginosa** – prominent priority given to improvement. Identified wards and units with highest incidence to direct rapid improvement efforts where they can have the biggest impact. An eight-week rapid improvement programme commenced in Morriston, who have identified a project manager who will be seconded for three months. All Service Groups refreshing their scrutiny processes for each of the key healthcare associated infections, to ensure improvement actions are identified and implemented to reduce infections. Although cases of Pseudomonas aeruginosa bacteraemia have increased, these numbers are small and there have been no identifiable links.

TABLE 3: OUTCOMES 22/23 (Funded/ Tier 1/ Cost Neutral GMOs only as these are the 22/23 deliverables)

Goal	Outcomes	Target	Baseline Position	Forecast Position	April	May	June
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)	798 (at Q4 22/23) <i>*Forecast meets national target</i>	1095	1072	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)	27.2% (at Q4 22/23) <i>*Forecast meets national target</i>	37.36%	36.23%	36.38%
Reduce ambulance handover delays	Increased % patients wait <4 hrs in A&E	95% (National targets)	76.91% (March 2021)	78.5% (for the end of Q1) Updated trajectories in	72.87%	73.81%	71.65%

				development			
	Reduction in no. Patients waiting >12 hrs in A&E	0 (National targets)	457 (March 2021)	0 (for the end of Q1) Updated trajectories in development	1294	1195	1388
Goal	Outcomes	Target	Baseline Position	Forecast Position	April	May	June
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)	13,916 (at Dec 22) <i>*Forecast does not meet national target – TBC awaiting internal targets</i>	13,275	14,071	14,951
	FUNB 100% past target date	*Ministerial target Reduction of 30% by March 23 against baseline of March 21	29,316 (March 2021 baseline)	20,521 (at FYE 22/23) <i>*Forecast does not</i>	34,003	34,568	35,114

				<i>meet national target – TBC awaiting internal targets</i>			
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)	12,071 (at Dec 22) <i>*Forecast meets national target</i>	13,083	12,670	12,064
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)	43,730 (at FYE 22/23) <i>*Forecast does not meet national target</i>	38,799	39,403	39,760
Expand elective services at Singleton and rebalance specialist surgical activity at Morriston	*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% (at FYE 22/23) <i>*Forecast meets national target</i>	50.4%	50.4%	50.8%
Surgical Services Modernisation							
Clearance of Stage 5 WLI backlog							
Maximise access to Diagnostics - deliver	*Ministerial Measure Reduced number	*Ministerial target Improvement trajectory	4,191 (at 21/22 FYE)	2,805 (at FYE 22/23)	4,407	4,540	4,437

recovery plans and sustainable solutions	of patients waiting over 8 weeks for a diagnostic endoscopy	towards a national target of 0 by 2026 Local targets: Q2 -Endoscopy activity to exceed 125% of pre-covid activity levels by 30/09/22 Q3 - Endoscopy activity to exceed 130% of pre-covid activity levels Q4 - 50% reduction of >8 week wait in endoscopy (aim to clear by March '24)		<i>*Forecast meets national target</i>			
Goal	Outcomes	Target	Baseline Position	Forecast Position	April	May	June
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 SCP performance - increased overall compliance with (all tumour sites) - Percentage of patient starting their first definitive cancer treatment within 62 days from	*Ministerial target Improvement trajectory towards 75% national target	54% (at 21/22 FYE)	74% (at 22/23 FYE) <i>*Forecast meets national target</i>	48%	47%	51%

Maximising outcomes for patients with cancer using evidence based approaches; embedding prehabilitation, rehabilitation and value based healthcare approaches across whole cancer pathway in addition to tumour-site specific pathway work	point of suspicion (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)	0 waiting >62 days (at 22/23 FYE) <i>*Forecast meets target</i>	465	437	379
Goal	Outcomes	Target	Baseline Position	Forecast Position	April	May	June
MENTAL HEALTH AND LEARNING DISABILITIES							
Continue to modernise mental health services to	Improved % of mental health assessments	Increased %	80% (at FYE 21/22)	80% at FYE 22/23	97%	98%	N/A

meet future demands and needs.	undertaken within (up to and including) 28 days from the date of receipt of referral			<i>*forecast does not meet local target</i>			
	Improved % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Increased %	80%	80%	96%	97%	N/A
	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 meets target</i>	100%	99.9%	N/A
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 CRHTS 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	April	May	June
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)	6 (at March 23) <i>*Forecast meets target</i>	8	10	12
	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)	32 (at March 23) <i>*Forecast meets target</i>	57	50	41

The outstanding work relating to quantifying outcomes is summarised below:

Programme	Goal/Method	Status
UEC	Virtual Wards	Outcome measures/ baselines/ trajectories define, however performance data for Q1 not available for this report
	Heart Failure	Outcome measures/ baselines/ trajectories define, however performance data for Q1 not available for this report
	Home First	Data collection/ reporting issues known – working with RPB to resolve
	Respiratory	Further work to be undertaken with service on defining appropriate measures – this is not a VBHC work programme as previously thought
	Critical Care	No outcomes/ measures defined at present by Critical Care Steering Group/ Morrision Service Group
Planned Care	Outpatients virtual activity	Outcome measures/ baselines/ trajectories define, however performance data for Q1 not available for this report
	Diagnostics	Outcome measures/ baselines/ trajectories define, however performance data for Q1 not available for this report
	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
Cancer	AOS	No measures – further work to be done by Cancer Programme Board once AOS service is live (from Q2)
CYP	All	Outcome measures/ baselines/ trajectories define, however performance data for Q1 not available for this report
Maternity	All	Further work to be undertaken with service on defining appropriate measures – however note that no GMOs are Tier 1 deliverable for 22/23
Population Health	All	No measurable outcomes at present – to be defined following development of PH Strategy Q3/Q4
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.

Recommendations to progress work required in Q2 to ensure performance against outcomes is reported to Management Board:

- Lessons learnt exercise on this work to be undertaken following submission of Q1 report. Learning to be incorporated into next plan development– key will be define ways of working, roles and responsibilities and exact requirements in determining Outcomes aligned to Goals/ Methods, e.g. understanding of measures/ metrics and setting targets and trajectories to enable appropriate reporting.
- Proposed that Data Intelligence Group adopts wider role to support the mechanism and infrastructure required for data collection and reporting in the Health Board. Deputy COO in discussion with Director of Digital to take up chair of group going forward.

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 in UEC, Planned Care and Cancer:

4.1.1 UEC

Whilst delivery against plan is progressing, there remains some key areas of risk across the Urgent and Emergency Care (UEC), Planned Care and Cancer Programmes. The key areas of risk in the UEC programme include the 12 hour waits at ED and the number of Clinically Optimised Patients (COPs) in our hospitals. Delivery of our Acute Medical Redesign Programme will improve this position of 12 hours waits within year and the programme is progressing with the OCP being undertaken in Q1.

A Transformation Programme is being developed setting out how we will deliver this reduction in the numbers of clinically optimised patient. This will support the reduction in length of stay through: better processes optimising efficiency; providing nursing physiotherapy enablement at home; and through the commissioning of strategic partner approaches with Local Authorities for alternatives to inpatient hospital settings. This programme will be presented to the Health Board in September 2022 and we have a contingency of 90 transitional beds in Singleton in place until we can reduce COPs. The number of these beds will be reduced as our actions deliver results.

UEC Programme Critical Risks – as reported to CSOG, 13th July 2022:

Description	Mitigation	Current Score	Trend
UEC			
Fail to significantly reduce the number of clinically optimised patients in hospital beds prior to	Key Health Board-wide operational priority. SBUHB Programme being put into place to review	20	COP position declined

acute admissions centralisation.	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 90 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		since last report
Fail to improve ED 4/12hr 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	4hr Performance has declined since last report
Fail to recruit to critical posts to support clinical models: <ul style="list-style-type: none"> No applications for Consultant Geriatrician posts, continuing problem. Significant problem recruiting to social/domiciliary care posts - Home First. Will compromise the "pull out" benefits from this element of the programme. Known issue recruiting to Acute Care Physician roles 	Workforce workstream established in ASMR. Virtual wards able to operate with reduced Consultant input using DCC's from existing staff. Home First has staff recruitment as part of Recovery Plan	20	Unchanged
Fail to address staff vacancy rates in SBUHB and associated recruitment programmes - vacancy factors high for key nurse and HCSW roles, agency costs high as a result.	Workforce workstream established in AMSR Overseas recruitment drive to help fill nursing posts	20	Unchanged
Fail to successfully conclude staff engagement/consultation	OCP workstream in place. Responses to critical issues/objections being agreed with Exec via series of meetings	20	N/A

4.1.2 Planned Care

The Planned Care programme report for quarter one demonstrated that the delivery priorities for the next period are all on track. The critical risk is the number of patients waiting above ministerial guidelines. Trajectories are being reviewed to reduce these further and will be completed by the end of July 2022. The quarter one actual performance position against trajectories demonstrate that In planned care significantly more activity has been undertaken than projected in most areas. Trajectories have been updated and resubmitted to WG for quarter 1.

Planned Care Programme Critical Risks – as reported to CSOG, 13th July 2022:

Description	Mitigation	Current Score	Trend
Planned care			
Outpatients Transformation			
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	Improving
Waiting time for patients continue to increase	Trajectories completed in line with Planned Care targets.	20	Steady
Elective Orthopaedics at NPTH			
Workforce – Recruitment to 150+ staff posts poses a significant challenge	Phase 2 of project has re-focused the governance and a workforce work stream group has been set-up with clear aims and objectives - working closely with Workforce and OD on workforce plan and looking at new ways of attracting staff e.g., focused 'Centre of Excellence' campaign	16	Improving
Delay of theatre implementation due to PFI process	Weekly meetings with PFI, and escalation via Project Board on any slippage.	16	Improving
HSDU Shut-down – overlap with 'Go-live' date of NPT Theatres	Discussions initiated across the region to secure support from neighbouring Health Boards, further mitigation to be in place by July.	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

4.1.3 Cancer

Largely the R&S Plan Cancer priorities are on track. However, delivery against the Single Cancer Pathway (SCP) is off trajectory but performance is being actively managed by Health Board escalation processes. Overall SCP performance is off track due to the volume of SCP backlog that remains. It is to be noted that SCP backlog has reduced from the highest point in January 2022 as a result of targeted recovery actions. However, the backlog has not reduced significantly in recent weeks, therefore continued recovery work is underway to continue the previous improved position. A revised set of plans is being considered in July 2022 in the top high value opportunities. These demonstrate improvement in a number of large value opportunities and others which require further work. Performance against the recovery plan continues to be monitored weekly.

4.2 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.”

To demonstrate delivering against the WBO through the R&S / IMTP the WBO have been mapped to the GMOs and the deliverables within the Health Board Decarbonisation Action Plan (DAP) (2022-24). This will enable, through existing performance reporting mechanisms, the Health Board to demonstrate how the R&S Plan and the DAP are contributing to delivering our WBO. The approach will continue to be developed and embedded into the R&S Plan in order to enable a review of progress against Wellbeing Objectives.

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

- **NOTE** work undertaken to finalise R&S Plan GMOs and quantify outcomes.
- **NOTE** the mitigating actions against priorities (Methods) which are off-track and revised timescales.
- **NOTE** the mitigating actions against priorities (Outcomes) which are off track – this narrative reflects the updates at end of August 2022.
- **APPROVE** the overall key risks and mitigations to R&S Plan delivery.
- **NOTE** the alignment of Health Board Wellbeing Objectives with R&S Plan Deliverables.

APPENDICES

Appendix 1: R&S Plan 22/23 Methods Q1 Update

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	Management Board received a version of this report on 10 th August 2022.	
Appendices	Appendix 1 R&S Plan Methods Q1 Update	

DIGITAL R&S PLAN 22/23

YEAR 1 STATUS KEY:

	Funded – Monies identified and
Q1 METHODS STATUS (FOR YEAR 1 DELIVERABLE SCHEMES - FUNDED/ COST NEUTRAL/ TIER 1/ PLANNING	Cost Neutral – to be delivered from within existing resource
On track	
Monitoring	
Off Track	
Completed	

GOAL	METHOD	STATUS
Planned Care and Theatres Support the transformation of planned care including outpatients and theatre pathways through the provision of appropriate digital solutions. Facilitate the improvements in efficiency, effectiveness and quality and safety to ensure the needs of our patients and citizens are met.	Swansea Bay Patient Portal (SBPP) – Supporting self-monitoring and virtual reviews	FUNDED
	Referrals, structured advice and guidance - Extend existing functionality to include cross-organisational and internal referrals	COST NEUTRAL
	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	FUNDED
	Paper light' Outpatient Departments - Enabling safe care across multidisciplinary teams irrespective of clinical base	COST NEUTRAL
	Theatre Operational Management System (TOMS) - Redevelopment to address operational and cyber risks, facilitating improved demand and capacity planning and service transformation	FUNDED
	Hospital Electronic Prescribing and Medicines Administration (HEPMA) – Enabling improved quality and safety	FUNDED
	Welsh Nursing Care Record (WNCR) - Replacing paper nursing documentation, improving quality of care and releasing time to care	FUNDED

	Signal – implementation of v3 to include seamless integration with the Welsh Clinical Portal	COST NEUTRAL
Unscheduled and Emergency Care Improving quality and access to care through digitally enabled solutions, and facilitating improvements in efficiency, effectiveness and quality and safety to ensure the needs of our patients and citizens are met.	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	FUNDED
Integrated Health and Care - Availability of all relevant care and clinical information at point of care enabling more informed clinical decision, improving patient safety	Implement Hospital Electronic Prescribing and Medicines Administration at Morriston and Gorseinon Hospital to improve medication safety, efficiency and governance	FUNDED
	Open Eyes – An integrated electronic ophthalmology clinical system to provide real-time patient information across care settings	FUNDED
Supporting Cancer Services through Digital Solutions	Cancer Informatics Programme - Implement Phase 1 Cancer Information Solution (Canisc replacement)	COST NEUTRAL
	Single Cancer Pathway Dashboard - Embed the local SCP dashboard	COST NEUTRAL
Delivery of the Business Intelligence Strategy - To deliver actionable insights and intelligence in order to make better informed decisions	Review of BI Tools and Methods, Delivery of New Enterprise Data Warehouse, Establish Data Value and Literacy Programme, Disaster Recovery and Business Continuity and Establish certified Analytical Training Programme	COST NEUTRAL

<p>Delivering the right Digital tools and infrastructure to provide quick and highly resilient digital services</p>	<p>Refresh old equipment to provide reliable and modern devices that can be updated to protect against cyber threats, Develop a system that provides rapid deployment of devices and allows timely updating of software, Commission services to develop a hosting strategy for hybrid/cloud services and Continued implementation of Microsoft 365 solutions to streamline collaboration and processes.</p>	<p>FUNDED</p>
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