Date	25th October 2022	**Agenda Item**	4.1
Report Title	**R&S Plan 22/23 Delivery: Quarter 2 Progress Report and Minimum Data Set Quarter 2 Update**		
Report Author	Ruth Tovey, Head of Strategic Planning Meghann Protheroe, Head of Performance		
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	• 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. • The ask is for 22/23 Q2 actual data and refreshed forecast data for 22/23 to be provided and submitted to WG on 19th October 2022.		
Specific Action Required	**Information**	**Discussion**	**Assurance**	**Approval**
	☐		x☐	
Recommendations	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 revised reporting on Wellbeing Objectives will be in place in time for the Q2 R&S Plan update to the November Board. • **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.

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.

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

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. It is anticipated that revised reporting will be in place in time for the Q2 R&S Plan update to the November Board

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.	TBC Q3/Q4 The signal system is now expected to be technically ready for deployment by the 21st November. 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.

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 colleagues on reporting expectations to identify solutions to enable cross organisation reporting	TBC revised delivery date
	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	6 day working Revised date Dec 22

		recruitment. Continued mitigation via insourcing	
	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	Approval of proposal August / September. Big conversation to begin Autumn 2022

		Group and then progressed for approval through committee structures	
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 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.	The system is now expected to be technically ready for 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.
	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	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.	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.
	Open Eyes – An integrated electronic ophthalmology clinical system to provide real-time patient information across care settings	The Open Eyes implementation is off track due to national dependencies 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 signed off. The programme is currently being reviewed nationally.	TBC Revised delivery date – being reviewed nationally

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 HCAIs 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) *Forecast meets target*	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) *Forecast meets target*	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) *Forecast meets national target*	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) *Forecast meets national target*	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) **Forecast does not meet national target*	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) **Forecast does not meet national target –*	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% **forecast does not meet national target*	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 Improve position on elective orthopaedics through bridging solutions and transfer of service to NPT Expand elective services at Singleton and rebalance specialist surgical activity at Morriston Surgical Services Modernisation	***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) **Forecast does not meet national target*	12,064	11,400	10,960	10,623
	***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) **Forecast does not meet national target*	39,760	38,888	37,840	36,453
	***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) **Forecast meets national target*	50.8%	51.8%	52%	48.1%

Clearance of Stage 5 WLI backlog								
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) **Forecast meets national target*	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) *Forecast does not meet national target	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) **Forecast does not meet target*	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 meet future demands and needs.	Improved % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	Increased %	80% (at FYE 21/22)	80% at FYE 22/23	96%	94%	97%	
	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) **Forecast exceeds target*	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 received 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) **Forecast exceeds target*	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 (March 2021)	Achieve 143 patients waiting > 26 weeks by March 2023 (20% reduction)	186	186	207	213
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: • 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
	Maximise utilisation of virtual platforms with the appropriate systems, support and guidance in place	Key priorities and actions being undertaken Outpatients Transformation Group (chaired by Deputy COO) reporting to Planned Care Board: • 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.
	Reduced number of patients waiting over 8 weeks for a diagnostic endoscopy	Key priorities and actions being undertaken by Diagnostics Recovery Group (chaired by Morriston Service Group Director) reporting to Planned Care Programme Board: • 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. • 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 are 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	Performance against the SCP target and reduction in backlog figures. Key issues - • 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.	• 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.

	• Endoscopy – proportion of patients undergoing examination in 14 days has increased from around 6% in January to 11%.	• Updates to the HB SCP dashboard planned to better support pathway analysis and timely intervention of bottlenecks. 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: • Primary care referral form redesigned to support improved information at referral and reduce administrative delays and support STT pathways. • Work ongoing to aligning Surgical and Gastroenterology pathways, with focus need to reduce increase Endoscopy capacity to reduce waits.

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.

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 NPT carry some risk until solution is identified.	Morriston Service Group Director has prepared a paper with options for consideration by Management Board.	16	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 Diagnostics			
Delay in developing trajectories for improvement and D&C/ Business case development.	Diagnostics Recovery Group set-up with updated terms of reference and Morriston Service Group Director assigned as lead.	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 Investment approved to support therapy 7-day working. Overseas recruitment drive to fill nursing posts	20	Steady
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 22nd 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	Need to secure WG capital funding via WHSCC.	16	

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.			
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		
(please choose)	Staying Healthy	☐
	Safe Care	☐
	Effective Care	☐
	Dignified Care	☐
	Timely Care	☐
	Individual Care	☐
	Staff and Resources	☐
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 19th October 2022, Report will be received by Performance & Finance Committee on 25th October and Health Board on 24th 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 19th October 22.