

Date	25 th May 2023	Agenda Item	3.1	
Report Title	IMTP Delivery: Quarter 4 Progress Report and Minimum Data Set Quarter 4 Update			
Report Author	Kirstie Lambert, Strategic Planning Manager Ruth Tovey, Head of Strategic Planning Ffion Ansari, Head of IMTP Development & Implementation Meghann Protheroe, Head of Performance			
Report Sponsor	Karen Stapleton, Deputy Director of Strategy			
Presented by	Nerissa Vaughan, Interim Executive Director of Strategy			
FOI	Open			
Purpose of the Report	This paper provides the reported status against the priorities for delivery in Quarter 4 22/23 as set out in the Welsh Government formally approved IMTP 22/25 as Goals Methods Outcomes (GMOs). The paper also presents the Minimum Data Set (MDS) 22/23 updated for Q4, as requested by Welsh Government, for onward submission to them.			
Key Issues	<ul style="list-style-type: none"> • High-level summary provided of the position at the end of Q4 (1st January 2023 – 31st March 2023) in respect of delivery against IMTP priorities (Goals and Methods). Where priorities are reported as off-track, mitigating actions and revised delivery timescales are highlighted. • Performance against IMTP outcomes at the end of Q4 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'. The MDS was submitted as part of the 22/23 IMTP on March 31st 2022. WG expect Health Boards to provide quarterly updates on the MDS based on actual 23/24 data. 			
Specific Action Required	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> • NOTE the areas of achievements to deliver the IMTP in Q4 • NOTE the mitigating actions against priorities (GMOs) which are off-track and APPROVE revised timescales. • APPROVE the overall key risks and mitigations to IMTP delivery. • NOTE submission of the MDS updated for Quarter 4 to Welsh Government on 17th May 			

INTEGRATED MEDIUM TERM PLAN 2022/25 DELIVERY QUARTER 4 22-23 PROGRESS REPORT AND MINIMUM DATA SET QUARTER 4

1. INTRODUCTION

This paper provides the reported status against the priorities for delivery in Quarter 4 22/23 as set out in the Integrated Medium Term Plan (IMTP) 22/25, as Goals Methods Outcomes (GMOs). This report also presents the SBUHB Minimum Data Set (MDS) 22/23 updated for Quarter 4, which has been requested by Welsh Government for submission.

2. BACKGROUND

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

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

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

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

Minimum Data Set

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

3. IMTP DELIVERY UPDATE

3.1 SYSTEM PROGRESS AGAINST PLAN – SUMMARY

Table 2 provides an overview of each programme/ R&S Plan System using Q4 status of Methods and Outcomes. ‘

R&S Plan Programme/ System	Q4 Number of Methods	Q4 Methods Status				
	Q4 number of Outcomes	Q4 Outcomes Status				
		Off-track	Monitoring	On-track	Completed	No updates received
Quality and Safety	16	4	3	8	1	n/a
	6	2	0	3	-	1 (data unavailable due to reporting lags)
Population Health	16	0	0	12	4	n/a
	0					
Primary Care, Community & Therapies	8	1	0	3	4	n/a
	0					
Urgent and Emergency Care	20	0	7	4	9	n/a
	8	2	0	2	-	1 (data unavailable)
Planned Care	56	4	21	14	13	4
	7	3	0	4	-	-
Cancer	11	3	1	4	3	n/a
	13	6	3	4	-	-
Mental Health & Learning Disabilities	14	1	1	6	6	n/a
	4	1	0	3	-	-
	22	4	3	8	6	N/A

Children and Young People	3	1	0	1	-	1 data unavailable due to reporting lags)
Maternity	15	1	1	4	9	n/a
	0					
Workforce	27	1	1	0	25	n/a
	2	1	1	0	1	
Digital	15	4	3	8	0	n/a
	0					
TOTAL(S) Methods	220	23 (10.5%)	41 (18.6%)	71 (32.3%)	80 (36.4%)	4 (1.8%)
TOTAL(S) Outcomes	40	17 (42.5%)	4 (10%)	17 (42.%)	n/a	2 (5%)

3.3 Q4 ACHIEVEMENTS

Q4 achievements from each of R&S Plan Programme/ System area are highlighted in **Appendix 1**.

3.4 PROGRESS AGAINST PLAN – DELIVERY OF METHODS AND MITIGATING ACTIONS

Table 3 below details the Q4 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 Q4 status update for Methods across the IMTP.

Table 3: Q4 Delivery of Methods and Mitigating Actions

R&S Plan Programme/ System	Off-track Method	Further information	Mitigating Actions – What is being done to bring activity back ‘on track’	When back on track or proposed new timescale	Who is responsible for delivery of action
Quality and Safety	Infection and Prevention Control: Review and implement reduction targets for primary and secondary care in line with best performing organisations	<i>Achieved WG infection reduction expectation for E. coli bacteraemia, but not the other 4 key infections</i>	Ongoing work to achieve the national and local goals for 2023/24. Service Group Infection Improvement plans developed for 2023/24 to address quality improvements.	Remains key Quality Priority for 23/24	Q&S Priorities Programme, SRO - Gareth Howells
	Infection and Prevention Control: Focussed work in Primary Care and community to achieve reduction in top 3 Tier 1 target infections to understand mechanism of transmission and ensure learning is undertaken and shared across the HB.	<i>Achieved year-on-year reduction in Staph. aureus and E. coli bacteraemia.</i>	Continue improvement programmes. Service Group Infection Improvement plans developed for 2023/24 to address quality improvements.	Remains key Quality Priority for 23/24	Q&S Priorities Programme, SRO - Gareth Howells

	<p>End of Life Care: Develop the use of digital technology to map compliance and notification of patients who require or receiving EOLC.</p>		<p>Scoping work undertaken, however development of technology is reliant on Digital. Meeting planned May 2023 to progress this forward</p>	<p>TBC – awaiting meeting between EOLC Group & Digital in May 2023</p>	<p>Q&S Priorities Programme, SRO - Gareth Howells</p>
	<p>Sepsis Prevention: Ensure Sepsis compliance is captured across the HB to benchmark on a national basis: Aim all patients (100% compliance) are reviewed against SEPSIS criteria.</p>		<p>Spot check audit complete. Increased medical engagement within service groups. QI support in place to develop further measures of progress. Awaiting National Guidance – work on-going between WG and PHW. Interim SBU guidance developed and to be launched Q1 2023/24.</p>	<p>Awaiting National Guidance on management of Sepsis. Local SBUHB Guidance developed in the interim – to be launched Q1 2023/24.</p>	<p>Q&S Priorities Programme, SRO - Gareth Howells</p>
Quality & Safety	The Quality & Safety priorities for Infection Prevention and Control have all been carried forward into the 2023/24 Annual Plan. These have been captured in GMOs QS_IPC_008 – QS_IPC_012.				
Population Health	No 'off track' Methods				
Primary Care, Community and Therapies	<p>Subject to successful Business Case, delivery of pre-diabetes programme within all clusters.</p>		<p>Pre diabetes programme in place in x 5 clusters. Planning and implementation of programme in additional clusters (x3) commenced in Q4, with expected start April 2023.</p>	<p>Service in place for all 8 clusters in Q1 23/24.</p> <p>*Action Lead: PCT SG, SRO, Brian Owens</p>	<p>PCT Service Group, SRO - Brian Owens</p>

Urgent and Emergency Care	No 'off track' Methods				
Planned Care	Goal: Develop a world class Cellular Pathology service capable of achieving digital transformation in serviced delivery along with the advancement in precision medicine and genomics as well as the ability to contribute to the best care for patients on cancer pathways (associated with x 4 Methods that are off track)		Cellular Pathology currently sits at risk score of 25 for workforce issues resulting in significant clinical backlog.	Funding received from Planned Care fund for outsourcing solution which commenced in April 2023. A cellular pathology demand and capacity exercise is underway and linked to the work being taken forward on 2023-24 cost pressures and run rate	Singleton NPT Service Group, Pathology Division
Cancer	Deliver sustainable model for OG Cancer Surgery Service		Programme currently on pause. Awaiting Associate Medical Directors (SBUHB and CVUHB) to meet with surgical leads across South Wales to agree draft patient pathway for engagement with service users, carers and staff.	TBC Included as Tier 1 priority GMO to progress in 23/24.	Associate Medical Directors SBUHB & CVUHB, supported by Regional & Specialised Services Provider Planning Partnership (RSSPP)
	Optimise management pathway for patients with		Business case developed for BCAG in 22/23 and not approved	N/A -GMO not prioritised for	N/A

	metastatic spinal cord compression			funding in 23/24 Plan – Tier 2	
	Expand the Upper GI nutrition and dietetics service in order to improve patient outcomes for upper GI cancer patients		Business case developed for BCAG in 22/23 and not approved	N/A - GMO not prioritised for funding in 23/24 Plan – Tier 2	N/A
Mental Health and Learning Disabilities	Implement the action plans developed by the Service Group following external reviews of the CHC processes.	Agreement on way forward still required between LA's/ HB	Letter sent to Directors of Local Authority informing them of position. Discussions ongoing between CEO and LA Directors to progress this work.	TBC –	CEO SBUHB and LA Directors
CYP	Commission additional two high dependency (HD) neonatal critical care cots in Singleton		Outcome of WHSSC cot review has been published which has identified an additional 6 cots for SBUHB. Awaiting next steps on funding from WHSSC.	Revised delivery Q2 23/24	CYP Division, Singleton NPT Service Group, SRO – Ceri Gimblett
	Deliver a permanent 24-hour neonatal transport model through the new Operational Delivery Network		WHSSC have approved full funding request. Next steps to appoint ODN Manager in order to make model permanent.	Revised delivery timeline Q3 2023/24	Neonatal ODN Exec Lead - Gareth Howells
	Secure dedicated psychology post embedded in NICU, meeting BAPM standards		WHSSC Cot review now published however detail on finance need to be worked through to identify funding available for a dedicated psychology post.	Revised Delivery Q2 23/24	CYP Division, Singleton NPT Service Group, SRO – Ceri Gimblett

	Return to our standalone Children's outpatient service, which is truly designed around the needs of the child, young person and their parent(s) with separate waiting areas which are appropriate to the needs of the individuals.		Awaiting HB decision to return area to service - escalated to CEO.	TBC awaiting HB decision	CEO/ CYP Division, Singleton NPT Service Group, SRO – Ceri Gimblett
	Work collaboratively with Health Boards and WHSSC to develop a sustainable service model, basing Paediatric Neurology services at UHW whilst providing satellite service at SBUHB for South West Wales		Service transition plans are being worked through with C&VUHB whilst awaiting the remaining Consultants to take up post in Cardiff who will also be supporting outreach service in SBUHB. Locum commenced December 2022, first Consultant has started beginning January. Further meeting to be held 24/4/23 to clarify further model.	Revised delivery Q1 23/24 *	CVUHB and CYP Division, Singleton NPT SG, SRO – Ceri Gimblett
Maternity	Develop links with Swansea University who provide support services for breast-feeding to ensure all opportunities are promoted		This work has not been progressed due to the development of the MVP peer support network, which replaces the need for this	N/A	N/A
Digital	Planned Care and Theatres Digital: Referrals, structured		DHCW have released a national Hospital to Hospital referral solution	Further roll out will be agreed after the pilot	DHCW

	advice and guidance - Extend existing functionality to include cross-organisational and internal referrals		which is being piloted in May 2023 with the Neurology service. If this proves to be successful this negates the need to develop a local solution. Further roll out will be agreed after the pilot evaluation has been undertaken.	(launching May 2023) evaluation has been undertaken.	
	Planned Care and Theatres Digital: 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		Not meeting WG requirement to deliver 35% of new appts and 50% FUNB appts virtually. Work continues with the transformation team and Planned Care Board to plan a way forward to achieve targets. Revised delivery dates will be agreed via the outpatient transformations steering group.	Revised delivery dates TBC will be agreed via the Outpatients Transformation Steering Group reporting to Planned Care Board	Outpatients Steering Group, SRO – Craigie Wilson
	Urgent and Emergency Care Digital: 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		*National Programme Off track* - strategic review of the WEDS solution along with a market assessment of alternative providers has been commissioned by DHCW. The report will provide a recommendations on a proposed way forward	TBC awaiting national report from DHCW, expected end of April 2023.	DHCW

	unit. Improve patient safety by sharing information from ED with speciality teams and GPs		for a national unscheduled care solution. The report is expected to be issued by end of April which will inform next steps in relation to our existing deployment in MIU and options for consideration in relation to a digital solution in ED.		
	Open Eyes – An integrated electronic ophthalmology clinical system to provide real-time patient information across care settings		*National Programme Off track* : The Open Eyes implementation is off track due to national interdependencies and issues. A Gateway Review was recently undertaken with a number of recommendations which are being worked through by the national programme.	Initial Go Live in Glaucoma Service agreed for Q1 23/24	DHCW
Workforce	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		No funding currently identified to cover the cost of programme of recognition. Delivery not within control of WOD. Meeting arranged with DICE on 20 th April to progress.	TBC revised date	Workforce & OD / DICE

3.4 PROGRESS AGAINST PLAN – OUTCOMES

Table 4 below details the key outcomes across the portfolio for Q4 where programmes have approved outcome measures. Performance in Q4 against outcome measures are correct as at 26th April 2023, and are rated accordingly:

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

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	Dec Q3	Jan Q4	Feb Q4	Mar Q4
QUALITY & SAFETY								
Infection Prevention and Control(IPC) and reduction of HCAs as per the Health Board approved IPC Improvement plan 2022/23	Reduce number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Reduce average monthly laboratory confirmed Klebsiella spp. bacteraemia cases to 6/mth by March 2023, and Pseudomonas aeruginosa bacteraemia to ≤2 case/mth by March 2023	9 (at March 22)	6 (at March 23) <i>*Forecast does not meet target</i>	11	15	10	15
	Reduce cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias	Reduce average of laboratory confirmed bacteraemia cases: 1) E. coli to ≤21	50 (at March 22)	32 (at March 23) <i>*Forecast does not</i>	49	52	40	48

	(MRSA and MSSA) and; C.difficile	cases in March 2023; 2) Staph. aureus bacteraemias (MRSA and MSSA) to ≤6 cases in March 2023 and; 3) C. difficile to ≤6 cases in March 2023		<i>meet target</i>					
Improve the recognition and compliance of End of Life Care (EOLC)	% Swansea Bay UHB resident deaths outside of hospital	NA	52.1%	NA	51.9%	52.3%	54.4%	51.4%	
	Number of staff trained in end-of-life care – champion and other bespoke training by service group	NA	757 (2021-22)	NA	2233	2370	2452	2533	
	Advanced future care plan notification in WCP	NA	8 (at March 22)	NA	21	56	50	70	
	% of deaths reviewed by the medical examiner with a care decision guidance document	NA	18% (at March 22)	NA	17%	25.70%	Data not yet available due to reporting lags (reporting on quarterly basis is in arrears)		
Goal	Outcomes	Target	Baseline Position	Forecast Position	Dec Q3	Jan Q4	Feb Q4	Mar Q4	
URGENT AND EMERGENCY CARE									
AMSR Centralised Acute Medicine model implemented at Morriston based on single ambulatory assessment and admission. An Ambulatory Assessment Unit integrated	*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 (Q4 22/23 forecast) <i>*Forecast meets national target</i>	644	654	623	618	

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 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% (Q3 22/23 forecast) <i>*Forecast meets national target</i>	36.97%	36.69%	33.99%	33.16%
Reduce ambulance handover delays	Increased % patients wait <4 hrs in A&E	95% (National targets)	76.91% (March 2021)	86% (for the end of Q4)	65.22%	74%	76.03%	73.72%
	Reduction in no. Patients waiting >12 hrs in A&E	0 (National targets)	457 (March 2021)	629 (for the end of Q4)	1,632	1,089	1,125	1,395
Virtual Wards (Phase 1 x 4 clusters)	Realise benefits from existing service; admission avoidance (particularly for high risk patient cohort) and reduced LOS.	Save 22 beds on a phased basis.	0	2022/23 - Q1 18 beds :Q2 onwards 22 beds	43	33	28	38
Virtual Wards (Phase 2 x remaining 4 Clusters)	10% reduction in bed days for the high risk adults cohort = 8,000 bed days saved per annum (FYE) 0		0	22/23 target bed savings due to phasing Q2 = 0 beds, Q3 = 5.5 beds Q4 = 11 beds	16	22	26	27

Home First Pathway 2	Increased number of discharges per day by 6 / 180 additional a month from baseline and reduce LoS by 3 days: 6,570 bed days / 18 beds saved pa (2022/23). 22/23 target bed savings Q2 = 11 beds, Q3 onwards = 18 beds		0	1,999 bed days saved due to phasing (at FYE 22/23)	Unable to obtain data from RPB			
Heart Failure (Inpatients)	Reduction in the median LoS from 13 days to 9 days 38% reduction in HF re-admissions Target reduction of 2,196 bed days pa Bed day saving of 459 bed days pa) Based on median LoS of 9 days		0	*Stretch targets: Reduce median LoS from 13 days to 7 days (reduction of 2,679 bed days pa) 38% reduction in HF re-admissions (bed day saving of 578 bed days pa)	15	9	9	N/A
Goal	Outcomes	Target	Baseline Position	Forecast Position	Dec Q3	Jan Q4	Feb Q4	Mar Q4
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 OPA (Stage 1)	*Ministerial target Improvement trajectory towards eliminating >52 week waits by Oct 22	12,627 (at 21/22 FYE)	<i>*Forecast does not meet national target</i>	7,779	6,630	5,475	3,895

face attendances where appropriate	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 (Q4 22/23 forecast) <i>*Forecast does not meet national target</i>	38,252	39,056	40,146	41,710
Improve access to outpatients (new and follow-up)	Maximise utilisation of virtual platforms with the appropriate systems, support and guidance in place	35% of all new appointments to be undertaken virtually 50% of all follow up appointments to be undertaken virtually	New: 21.97% F/Up: 36.65% (March 2022 baseline)	Q3 22/23 forecasts New: 26.9% F/up: 37.5% <i>*forecast does not meet national target</i>	10.10%	7.02%	9.15%	5.01%
					19.55%	15.70%	18.32%	14.24%
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)	12,854 (Q4 22/23 forecast) <i>*Forecast does not meet national target</i>	8,066	7,331	6,656	6,015
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)	<i>*Forecast does not meet national target</i>	33,321	32,031	30,017	28,353
Expand elective services at Singleton and rebalance								

specialist surgical activity at Morriston									
Surgical Services Modernisation Clearance of Stage 5 WLI backlog	*Planned Care Ministerial Measure Percentage of patients waiting less than 26 weeks for treatment	*Ministerial target Improvement trajectory towards national target of 95% by 2026	50.7% (at 21/22 FYE)	47.4% (Q4 22/23 forecast) <i>*Forecast meets national target</i>	54.2%	52.8%	56.9%	58.4%	
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)	2,850 (Q4 22/23 forecast) <i>*Forecast does not meet national target</i>	4,241	4,324	4,387	4,546	
Goal	Outcomes	Target	Baseline Position	Forecast Position	Dec Q3	Jan Q4	Feb Q4	Mar Q4	
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	*Ministerial measure Improve SCP performance - increased overall compliance with (all tumour sites) -Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	*Ministerial target Improvement trajectory towards 75% national target	54% (at 21/22 FYE)	74% (Q4 22/23 forecast) <i>*Forecast does not meet national target</i>	48.3%	50.4%	44.1%	53.2%	

primary care and secondary care	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)	324 waiting >62 days (at end Q4 22/23 FYE) <i>*Forecast does not meet target</i>	585	470	363	391
	Improved Radiotherapy wait times – in line with national targets: % pts receiving RT tx on following pathways -		RT baselines at end Mar 22	Trajectories not available	26%	32%	31%	32%
	<ul style="list-style-type: none"> Scheduled (14 day target = 80%) 		13%		83%	82%	86%	81%
	<ul style="list-style-type: none"> Scheduled (21 day target = 100%) 		70%		37%	31%	19%	30%
	<ul style="list-style-type: none"> Urgent SC (2 day target = 80%) 		9%		70%	85%	69%	84%
	<ul style="list-style-type: none"> Urgent SC (7 day target = 100%) 		57%		83%	100%	100%	91%
	<ul style="list-style-type: none"> Emergency (within 1 day – 80%) 		65%		100%	100%	100%	100%
	<ul style="list-style-type: none"> Emergency (within 2 days = 100%) 		85%		85%	82%	93%	94%
	<ul style="list-style-type: none"> Elective delay (7 day target = 80%) Elective delay (14 day target = 100%) 		66%		71%	100%	98%	100%
	Improved SACT wait times – in line with national targets Target Wait time for SACT treatments (based on waits for cycle 1, day 1 tx on CDU Singleton) – P1 = 100% pts tx within 48 hrs P2 = 100% pts tx within 14 days P3 – 100% pts tx within 21 days		Baselines at Apr 22 P1 = 0 pts P2 = 33.3% P3 = 45.0%	Trajectories not available	P1 Treatx Started: 1 Within Target: 0 Outside Target: 1	P1 Treatx Started: 0 Within Target: Outside Target:	P1 Treatx Started: 0 Within Target: Outside Target:	P1 Treatx Started: 3 Within Target: 2 (66.67%) Outside Target: 1 (33.33%)

	Target is 100% seen as follows: P1- seen within 2 days; P2 - seen within 14 days; P3 - seen within 21 days				P2 Treatx Started: 26 Within Target: 3 (11.54%) Outside Target: 23 (88.46%)	P2 Treatx Started: 32 Within Target: 11 (34.38%) Outside Target: 21 (65.63%)	P2 Treatx Started: 29 Within Target: 15 (51.72%) Outside Target: 14 (48.27%)	P2 Treatx Started: 20 Within Target: 10 (50%) Outside Target: 10 (50%)
					P3 Treatx Started: 27 Within Target: 10 (34.04%) Outside Target: 17 (62.96%)	P3 Treatx Started: 30 Within Target: 17 (56.67%) Outside Target: 13 (43.33%)	P3 Treatx Started: 29 Within Target: 25 (86.21%) Outside Target: 4 (13.79%)	P3 Treatx Started: 24 Within Target: 21 (87.50%) Outside Target: 3 (12.50%)
Goal	Outcomes	Target	Baseline Position	Forecast Position	Dec Q3	Jan Q4	Feb Q4	Mar Q4
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	95%	91%	95%	96%

	Improved % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS	Increased %	80%	80%	98%	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>	92.3%	91.4%	88.1%	85%
Improve Mental Health Crisis in Mental Health Services	95% of those admitted between 0900-2100 will receive a gate-keeping assessment by the CRHTS prior to admission	95%	100% (at FYE 21/22)	100% (at FYE 22/23) <i>*Forecast exceeds target</i>	100%	100%	100%	100%
Goal	Outcomes	Target	Baseline Position	Forecast Position	Dec Q3	Jan Q4	Feb Q4	Mar Q4
CHILDREN 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)	141	281	274	267
	Increased % of NDD assessment and intervention received within 26 weeks	85% (National Target)			37%	29%	29%	N/A

General Paediatrics	Improved waiting times (all RTT stages) in General Paediatrics	Reduce number of patients waiting >26 weeks to 0	64 patients waiting > 26 weeks (March 2021)	Achieve 107 patients waiting > 26 weeks by March 2023 (20% reduction)	104	134	126	99
Goal	Outcomes	Target	Baseline Position	Forecast Position	Dec Q3	Jan Q4	Feb Q4	Mar Q4
WORKFORCE								
Workforce Efficiencies	Agency spend as a percentage of total pay bill	12 month reduction trend;	6.62% at end Q4 21/22	5.1% at end Q4 22/23	5.99%	7.4%	6.2%	5.2%
	% of sickness absence rate of staff	12 month reduction trend;	7.82% at end Q4 21/22	5.4% at end Q4 22/23	8.02%	7.89%	7.78%	7.65%

Table 5: Q4 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	Infection, Prevention & Control Rates, not meeting the submitted Welsh Government trajectories	Each Service Group has developed detailed action plans which reinforce the quality and safety guidelines to support the reduction of infection rates
UEC	Currently off track with the submitted 4-hour & 12-hour trajectories	Detailed work is still underway to support the pathways which have been introduced as a result of the AMSR programme. Updated recovery trajectories are currently in development for submission as part of the Ministerial Priority trajectories 2023/24
Planned Care	Currently outperforming the submitted recovery trajectories, however we are not meeting some of the Ministerial Priority targets	Updated trajectories are currently being approved which reflect the individual Service Group demand and capacity work which has been underway. Performance against the planned care targets is being monitored and managed on a bi-weekly basis.
Cancer	Currently below the SCP target for Wales	An updated backlog trajectory has been developed and approved which takes into account all tumour site action plans which are being implemented. Bi-weekly performance meetings are taking place with services to ensure the trajectories are being delivered. An updated SCP performance trajectory has also been developed and approved which reflects the backlog performance for 2023/24

3.5 MDS UPDATE FOR Q4

Welsh Government requested updates to MDS 22/23 for Q4 actual data.

The Q4 update is taken at ‘this point in time’, for example, in recognition that there may be data lags. There will be further opportunities to refresh and resubmit data in line with formal governance reporting to Welsh Government.

Q4 Update Process

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

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

Tab/ Section	Accountable Lead
Ministerial Measures	UEC 6 Goals / Planned Care metrics – Deb Lewis, Chief Operating Officer Workforce metrics - Debbie Eytayo, Executive Director of Workforce
Bed Plan	Deb Lewis, COO
Workforce	Debbie Eytayo, Executive Director of Workforce
TTP	Keith Reid, Executive Director of Public Health
COVID Vaccinations	Keith Reid, Executive Director of Public Health
Primary Care activity	Brian Owens, PCTG Service Director
Mental Health activity	Janet Williams MHL D Service Director
Cancer Care activity	Craige Wilson, Deputy COO
Unscheduled Care activity	Deb Lewis, Chief Operating Officer / Kate Hannam, Morryston Service Director
Planned Care activity	Craige Wilson, Deputy COO
Screening	*Not for update in Q4 - Populated nationally by Public Health Wales
Finance (x 6 tabs)	Darren Griffiths, Executive Director of Finance and Performance *Submitted by finance as part of Monthly Monitoring Returns to WG

The updated MDS for Q4, which was submitted to WG on 17th May 2023, is included as **Appendix 3**. Key data highlights to note as follows:

- **Number of patients waiting more than 104 weeks for treatment:** Improved position against forecast; Actual data in line with national target of improvement trajectory.
- **Number of patients waiting more than 36 weeks for treatment** Improved position against forecast, now demonstrating national target of improvement trajectory.
- **Number of patients waiting over 52 weeks for a new outpatient appointment** Improved position against forecast; Actual data in line with national target of improvement trajectory.
- **Number of patients waiting over 8 weeks for a diagnostic endoscopy:** Worsened position against forecast. Not meeting national targets of demonstrating improvement trajectory
- **Outpatients activity (core and additional):** More new and follow up activity undertaken than forecast this is due to increased activity taking place on face to face basis compared to that forecasted. However virtual delivery is significantly less than forecasted.
- **Elective inpatient activity (core and additional):** More elective activity (surgical) undertaken than forecast.

3.6 WELLBEING OBJECTIVES ALIGNMENT AND REPORTING

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

WBO1: Give every child the best start in life

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

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

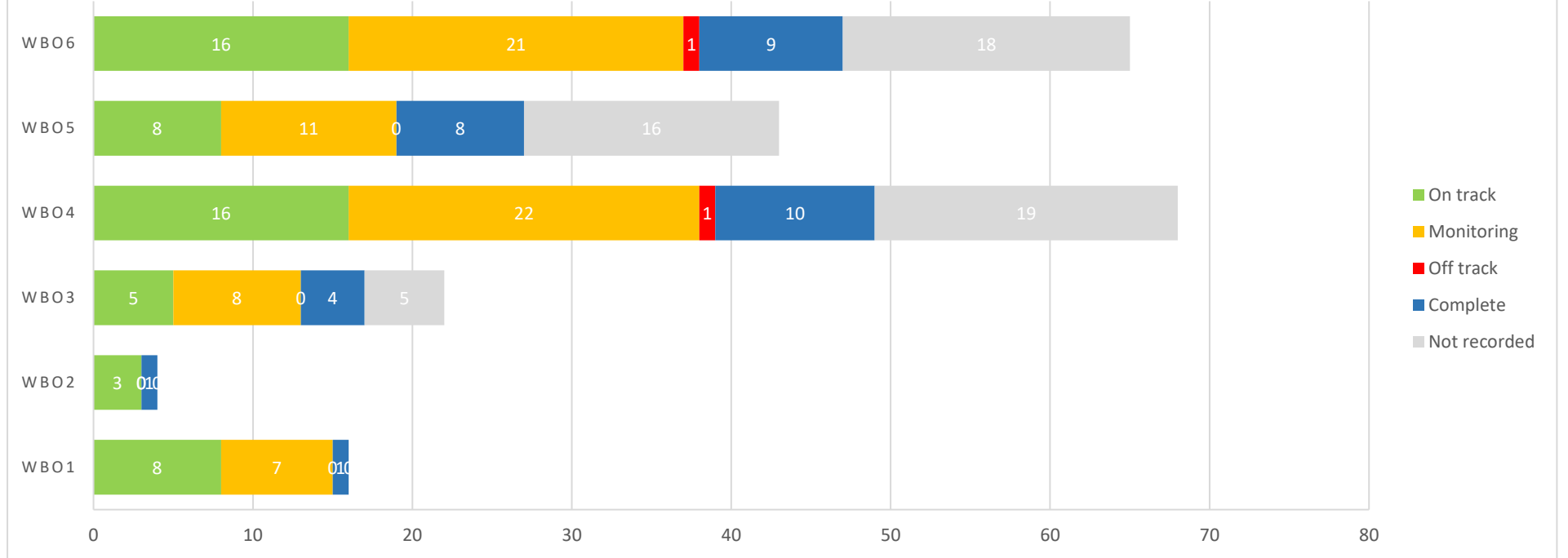
WBO4: Plan, commission, deliver and promote equitable, inclusive and accessible health and wellbeing services

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

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

To demonstrate delivering against the WBO through the IMTP, the WBO have been mapped to the Goals of the IMTP 2022/23. The Q4 updates against delivery of methods was reviewed and the overall position of Goal delivery is reported below (If methods were off track or under monitoring the overall goals has been recoded as 'monitoring'). This enables the Health Board to demonstrate how the IMTP is contributing to delivering our WBO. The approach will continue to be developed and embedded into the IMTP in order to enable a review of progress against Wellbeing Objectives.

DELIVERY OF WELLBEING OBJECTIVES BY GOAL IN Q3



4. GOVERNANCE AND RISK ISSUES

4.1 Risks to Delivery

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

Table 8: Risks to Delivery by System (Risks rated HIGH 20-25 on Risk Registers)

Description	Mitigation	Current Score	Trend
URGENT AND EMERGENCY CARE			
Fail to significantly reduce the number of clinically optimised patients in hospital beds prior to acute admissions centralisation	Key Health Board-wide operational priority. SBUHB Programme in place to review management of COP and streamline discharge process Transitional bed scheme in situ averages 50 beds directly commissioned by SBUHB. Agreement for short term utilisation of 120 beds for COPs - to support gap in beds available vs beds needed until admission avoidance/timely discharge schemes become effective. Staffing in care home sector improving	25	Worsening
Fail to improve ED 4/12 hr performance prior to acute admissions centralisation	Key operational priority. Ambulance turnaround times starting to improve. Good progress made with diverting more patients to SDEC services.	20	Improving
PLANNED CARE			
Orthopaedics			
Orthopaedic Long Waiters	10 beds opened at Morriston in Q4 to address those patients who are listed as Morriston only. Planned NPT Theatres in development.	20	Steady
NPT Elective Surgery Hub- Workforce			

Anaesthetic	Recruitment campaign that focuses on our vision for a centre of excellence.	20	Steady
Description	Mitigation	Current Score	Trend
Sustainability of Health Board wide Elective provision			
Development and implementation of a robust retrieval service when the acuity of patients is increased in line with the Centres of Excellence.	Protocols and processes to be reviewed in the short term to mitigate any risk for surgical retrievals. Proposal for the development of the service to enable the enhanced care facilities to be fully utilised presented to the surgery & theatres transformation board in January and progressing into 23/24.	20	Steady
CANCER			
Cancer Performance -Failure to achieve Single Cancer Pathway (SCP) performance targets and trajectories stated in R&S Plan – currently off profile. This means there is a risk of delay in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes.	Performance is being actively managed by Health Board escalation processes. Template received from Welsh Government to support enhanced monitoring, which includes performance against cancer trajectories, these have been revised for 23/24. Detailed recovery plan presented to Board in March 2023, focusing on recovery plans in place for the highest volume / most problematic tumour and also two other areas where pathways are under review*, namely: • Lower Gastrointestinal • Breast • Gynaecological • Urological • Lung* • Endoscopy*	20	Steady

5. FINANCIAL IMPLICATIONS

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

6. RECOMMENDATION

Members are asked to:

- **NOTE** the areas of achievements to deliver the IMTP in Q4
- **NOTE** the mitigating actions against priorities (GMOs) which are off-track and **APPROVE** revised timescales.
- **APPROVE** the overall key risks and mitigations to IMTP delivery.
- **NOTE** submission of the MDS updated for Quarter 4 to Welsh Government on 17th May.
-

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	Quarter 4 R&S Plan Reporting to Management Board on 17 th May and Performance & Finance Committee on 23 rd May 2023.
Appendices	Appendix 1 – Q4 Key Achievements Appendix 2 - GMO Q4 update master Appendix 3 – MDS Q4 Final

