



Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>25 November 2021</b>	<b>Agenda Item</b>	<b>3.2</b>
<b>Report Title</b>	<b>Progress with Developing the Recovery and Sustainability Plan</b>		
<b>Report Author</b>	Ffion Ansari, Head of IMTP Ruth Tovey, Head of Strategic Planning Kerry Broadhead, Head of Strategy (OS and CSP) Karen Stapleton, Assistant Director of Strategy		
<b>Report Sponsor</b>	Siân Harrop-Griffiths, Executive Director of Strategy		
<b>Presented by</b>	Siân Harrop-Griffiths, Executive Director of Strategy		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	To provide an update on progress with development of the Health Board Recovery & Sustainability Plan (R&S Plan).		
<b>Key Issues</b>	<p>Progress on the development of the R&amp;S Plan since the last report to Board includes:</p> <ul style="list-style-type: none"> <li>• Systems workshop on vision and learning from Canterbury (August) and Cluster Leads Workshop on primary care opportunities (September).</li> <li>• First draft Service Model Frameworks completed, received and reviewed (September);</li> <li>• Interdependencies Workshop shared and reviewed the Service Framework Visions and Priorities (October) and Clinical Co-production Workshop to Engage the clinical community and test the visions and emerging priorities (October); and</li> <li>• Board Development Session to discuss emerging service visions (September)</li> </ul> <p>The next phase (November – December), involves wider engagement with stakeholders, prioritisation of the Detailed Delivery Plans and development of the first draft plan including service development priorities, activity plan and cost improvement plans.</p> <p>Welsh Government have confirmed the submission date of IMTP 22/25 is 28<sup>th</sup> February 2022.</p>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>
<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the progress made to date on developing the R&amp;S Plan (Section 3.1);</li> </ul>		

	<ul style="list-style-type: none"><li>• <b>NOTE</b> the R&amp;S Plan Service Framework visions and priorities (Appendix 1);</li><li>• <b>ENDORSE</b> the next steps for the development of the R&amp;S Plan which includes the engagement and prioritisation phase (Section 3.2);</li><li>• <b>APPROVE</b> the updated timelines associated with submission of a Final Plan through Health Board processes, prior to submission to Welsh Government on 28<sup>th</sup> February 2022 (Section 3.2)</li></ul>
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# DEVELOPING THE HEALTH BOARD RECOVERY AND SUSTAINABILITY PLAN

## 1. INTRODUCTION

This report provides a progress update on the development of the Health Board's Recovery & Sustainability (R&S) Plan and sets out the R&S Plan Service Framework visions and priorities, and proposed next steps for the approval by the Board.

## 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. It will be our Integrated Medium Term Plan (IMTP) for 2022/2025 which the Health Board have a statutory duty to submit to Welsh Government. The R&S Plan will set out our vision, the detail of priorities for year one and the planned changes in years two-five.

Development of the R&S Plan is being overseen by the Recovery & Sustainability Working Group (R&SWG), chaired by the Chief Executive. Management Board have received regular reports on progress from the R&SWG since it was established in April 2021.

Formal Planning Guidance for the 2022/23-25 IMTPs has not yet been received from Welsh Government. The Plan is therefore being developed based on the discussions through the R&SWG, Board discussions, and ongoing meetings with Welsh Government.

## 3. DEVELOPING THE RECOVERY AND SUSTAINABILITY PLAN

### 3.1 Progress to date; August – October 2021

Key actions undertaken since the last report to Board (28<sup>th</sup> July 2021) are highlighted below:

- **15<sup>th</sup> August** - Service Model Framework template issued to Programme Boards/Service Groups system leads.
- **Systems Workshop 31<sup>st</sup> August** - with Executive Board members and key clinical and managerial leads, led by Siân Harrop-Griffiths and included a presentation from Carolyn Gullery, formerly of Canterbury UHB New Zealand on the 'Vision to Reality' of journey in Canterbury. The purpose was to identify learning and opportunities for SBUHB.
- **Clinical Services Oversight Group (CSOG) Meeting 22<sup>nd</sup> September** - review and feedback on the UEC and Planned Care emerging visions with Executives and members of CSOG.
- **Board Away Day on 29<sup>th</sup> September** - the UEC and Planned Care emerging visions were shared with Board for comment, and discussion took place on the allocation of resources to deliver sustainable services.
- **Cluster Leads workshop on 29<sup>th</sup> September** - Primary Care and Cluster opportunities based on learning from the Canterbury journey were discussed.
- **30<sup>th</sup> September** - First draft Service Model Frameworks for UEC, Planned Care, Cancer, Primary Care, Maternity Children & Young People and Mental Health & Learning Disabilities were submitted for review and feedback by corporate departments.

- **Interdependencies Workshop on 6<sup>th</sup> October** - with Executives, Clinical and Managerial Leads. Visions and identified priorities for changes across our systems were shared for comment; Appendix 1 details the UEC, Planned Care, Cancer, Maternity & CYP and Mental Health & Learning Disabilities system visions and priorities. Key outputs from the Systems and Cluster Leads Workshops were shared. Additionally, interdependencies between plans were reviewed and feedback collated on and actions and suggestions for addressing these.
- Following the workshop, feedback on key themes and considerations highlighted from the 'Round Robin' expert groups exercise (primary care, systems, digital, workforce, equalities/health inequalities and estates) have been provided to Programme Leads/ Planners in order to support further development of the Service Model Frameworks.
- Corporate Leads (Strategy, Finance, Workforce and Digital) completed a review of the Service Model Frameworks and provided detailed feedback to programme leads and planners by the 15<sup>th</sup> October, in order to support further refinement of frameworks and production of detailed delivery plans.
- **Management Board 20<sup>th</sup> October** - approval of the Service Framework vision and priorities for UEC, Planned Care, Children & Young People, Cancer and Mental Health & Learning Disabilities (Appendix 1).
- **Welsh Government Touchpoint Meetings 10<sup>th</sup> September and 27<sup>th</sup> October** –positive feedback was received on the approach and work undertaken to date.
- **Clinical Co-production Workshop 29<sup>th</sup> October** – with clinical leads from across the organisation and clusters. The emerging vision and priorities were shared and tested and key service changes required were discussed.
- Chief Executive led engagement sessions with Clinical Directors and Service Group Director Triumvirates from took place W/C 1<sup>st</sup> November – W/C 15<sup>th</sup> November to test the priorities & deliverables (with a focus on year 1) and define what these mean for clinical directorates, and how they can lead/ support in delivering the priorities.

### 3.2 Next Steps: Engagement and Prioritisation Phase (November – December 2021)

- **Service Frameworks**
  - Updated Service Frameworks and first draft Detailed Delivery Plans should be returned on November 5th with further details on implications returned by the 12th November.
- **Planned Engagement approach:**
  - Engagement on the vision and emerging priorities with key stakeholders, including staff side, CHC, Stakeholder Reference Group, other Health Boards and NHS Trusts to take place throughout November 2021.
  - Work is in train with the Interim Director of Communication and Engagement to develop a clear narrative and visuals for the R&S Plan which is consistent with the Organisational Strategy, Clinical Services Plan and recent Changing for the Future public engagement. This is key to support the engagement phase.
- **Planned Prioritisation approach:**
  - The Service Model Framework and Detailed Delivery Plan (which includes the GMOs) has set parameters for the R&S plan in terms of strategic, workforce, estates, digital, quality and financial expectations. Management

- Board has agreed a framework to support prioritisation of the GMOs that will be developed in this phase of the plan.
- For consistency with Annual Plan prioritisation, the prioritisation criteria utilised for the IMTP in 2019 have been reviewed and refined and were signed off by Management Board on 20th October. Included as Appendix 2)
  - Emerging Goals, Methods and Outcomes (GMOs) from the detailed Delivery plans and prioritisation of these using the agreed criteria to be completed by 10<sup>th</sup> November. This will provide a prioritised view of Year 1 choices with onward recommendations for review and agreement by end of November.
- **Next Steps: Formal Sign Off Arrangements Prior to Submission in form of IMTP to Welsh Government**

The currently agreed timescale for approval of the R&S plan was 14<sup>th</sup> December, via a Special Board, to allow submission to Welsh Government by 31<sup>st</sup> January 2022. This was based on previous informal advice that Welsh Government would require submission at the end of January 2022. Welsh Government have recently confirmed that Health Boards are now required to submit 2022/25 IMTPs on 28<sup>th</sup> February 2022. Given this change and in recognition that the financial settlement will not be available until late December 2021 is proposed that the Board agree an amended timetable for approval of the final R&S Plan. The timetable is highlighted as follows:

<b>Purpose</b>	<b>Meeting and Date</b>
Review of Draft R&S Plan (including GMOs and Deliverables but excluding Finance Plan as this will not be available at this point)	Board Briefing, 14 <sup>th</sup> December 2021
Final Draft R&S Plan (including Finance Plan) for Approval	Performance & Finance Committee/ Quality & Safety Committee, 25 <sup>th</sup> January 2022
Final Draft R&S Plan for Health Board Approval	Special Board, 24 <sup>th</sup> February 2022
Final R&S Plan in the form of IMTP 22/25 to Welsh Government	Submission 28 <sup>th</sup> February 2022

#### **4. GOVERNANCE AND RISK ISSUES**

Risks to the development of the plan are being managed in the R&S RAID Log which is reviewed by the R&SWG.

#### **5. FINANCIAL IMPLICATIONS**

The Health Board is formulating a draft financial plan based on broad planning assumptions, however the final funding allocations will not be issued by WG until late December 2021, at which point, the draft financial plan will be reviewed and finalised.

## 6. RECOMMENDATIONS

Members are asked to:

- **NOTE** the progress made to date on developing the R&S Plan;
- **NOTE** the R&S Plan Service Framework visions and priorities;
- **ENDORSE** the next steps for the development of the R&S Plan which includes the engagement and prioritisation phase;
- **APPROVE** the updated timelines associated with submission of a Final Plan through Health Board processes, prior to submission to Welsh Government on 28<sup>th</sup> February 2022.

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
No direct implications of this report, however the Sustainability Plan is predicated on improving quality, safety and patient experience.		
<b>Financial Implications</b>		
No direct financial implications of this report, see financial implication section for detail on developing financial Sustainability Plan		
<b>Legal Implications (including equality and diversity assessment)</b>		
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 Sustainability Plan are quality and equality/ diversity impact assessed.		
<b>Staffing Implications</b>		
No direct impact outlined in this report however there will be significant staffing implications as a result of new service models outlined in the Sustainability Plan – risks and implications to workforce form an integral part to planning arrangements.		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
As outlined in the report, development of the Sustainability Plan will involve a refresh of our Strategic Objectives which will be aligned to the WBFGA and five ways of working.		
<b>Report History</b>	The Sustainability Working Group considered and discussed a version of this report on 14 <sup>th</sup> October 2021. The Management Board considered and discussed a version of this report on 20 <sup>th</sup> October 2021.	
<b>Appendices</b>	Appendix 1: System Emerging Visions and Priorities shared at 6 <sup>th</sup> October Interdependencies Workshops Appendix 2: Draft Prioritisation Criteria	

# UEC Vision & Key Changes

## Vision

- Health and social care integration focused on delivering effective, patient centric, pathways
- Shift from Secondary “illness” focus to intelligent use of secondary & tertiary care when it is truly required and can actually help
- People should only be in an acute bed when they are require a service that can only be delivered at an acute hospital (and will benefit from it)
- Need for One unscheduled care system – right place, right time
- Focus on proactively managing the high, and potential high, risk patients (who consume a disproportionate amount of NHS and social care resource)
- Support older people to live well in the community including management of complex co-morbidities, dementia and frailty; provide rapid support close to home at times of crisis
- Develop better community diagnostics and pathways to develop early diagnostics and intervention on symptoms
- Data driven decision-making

## Key Changes Year 1:

- Embed the plans for Acute Medical Admissions and Step up/Step Down
- Centralise medical take at Murrison (June 2022) including SDEC centre 7/7 and amalgamate UPCC/AEC/AGPU.
- Improved Ambulatory care- Acute Hub at Murrison & Planned Investigation Unit at Singleton
- Focussing on reducing LoS - Acute Medical Assessment Unit, Frailty Unit, Short Stay Beds and level up COE model x 4 Clusters
- Virtual Wards level up x 4 clusters
- Level up Palliative Care x 4 Clusters
- Home First “Avoidance & Pull”
- Centralisation of Inpatient Rehabilitation at NPT
- The creation of programme budgets which are to shift resources, drive integration and liberate costs
- Drive change in Elderly Care, Diabetes, COPD, Mental Health, Heart Failure.
- Develop better ambulatory emergency services in specialised medicine
- Level up ACT in Swansea to Neath same level in Yr 1
- Move to digital virtual ward apps
- Create atrial fibrillation pathway /mode
- Create Heart Failure supported pathway/model
- Deliver 3 planned pathways to bypass ED – NOF, Acute coronary syndrome and chest pain
- Ambulance bypass ED as key pathways
- Develop HASU static unit
- Invest in trauma beds and respite trauma care (NOF and 7/7 services)

## Key Changes Years 2-5:

- Continued shift from a secondary care focussed ‘illness’ organisation to a health and social care integrated organisation that plans to keep people healthy as its first priority
- Reallocate resources to deliver the ‘prevention agenda’;
  - focus on high risk and potential high risk patients = consume disproportionate amount of resource
  - 3.4% of population using 53% of beds
- Data Driven Decision Making
- Remote management for all areas
- Reform rehabilitation at Neath through public/private/voluntary sector alternatives in Community i.e. lift and shift, save and resource with 20% less cost

# Planned Care Vision & Key Changes

## Vision

- Maximising new ways of working, pathway redesign, innovation and digital services to improve access to advice, diagnostics, therapy and interventions across the planned care system for patients

### Key Changes Year 1:

Embed, sustain and further develop:

- Outpatient transformation in relation to structured advice, guidance and triage, and maximise the use of virtual consultation
- Pathway approach for outpatients to demand management with a primary care focus
- Focus on the 'top 10' specialities for demand management and waiting list reduction
- Realise the existing potential of our surgical system, with a sustainable surgical model. To facilitate this there is a need to secure protected bed capacity in line with the associated pathways and demand/ resource
- Create orthopaedic centre
- Create new eye capacity
- Maximise the use of day case surgery (BADs) and optimise the opportunities for delivery in primary care
- Development of Business Cases and models of care for diagnostics and priority areas such as eye care
- Separation of Planned and Unscheduled Care
- Establish robust demand and capacity and performance management systems
- Create Diabetes pathway and model
- Create adult level 2/3 weight management pathway/model
- Develop extended critical care capacity
- In patient rehabilitation improvements at NPT
- Replacement imaging capacity
- New capacity development at singleton and Morriston
- Development of additional capacity in cardiology physiology

### Key Changes Years 2-5:

- Ensure - Effective referral: Ensure that referral guidance and thresholds are in place to ensure that those most in clinical need are referred to the appropriate setting.
- Develop - Advice and guidance: Develop access to high quality advice and guidance to enable informed decision making for individuals as well as primary and secondary care clinicians.
- Treat - Treat accordingly: Access to appropriate care at the right time at the right place.
- Follow Up - Follow up prudently: Giving individuals more choice and control over their care.
- Measure - Measure what's important: Transforming care to better meet the clinical need of the patient.
  - Improved compliance with waiting times targets across Planned Care
  - Access to information by professionals and patients via digital platforms across the pathway
  - Extend the delivery of services and access to diagnostics in primary care
  - Encourage greater levels of self management
  - Embed sustainable services for diagnostics
  - Optimise regional solutions where beneficial

# Cancer Vision & Key Changes

## Vision

**Overall vision for Cancer as per CSP remains extant and aligns to the Welsh Government Cancer Quality Statement (2021):**

- Support effective prevention of cancer where possible;
- Detect cases of cancer at earlier more treatable stages;
- Optimise complex treatment pathways;
- Throughout pathways of care, people are properly supported and able to co-produce their care.

**CSP 2019-2024:** “To deliver these ambitions will require a ‘*one cancer system*’, which provides timely access to ‘*the right care, by the right person at the right time*’ and working ‘*better together*’ with patients, their families, primary and secondary care and third sector partners. This will involve the use of clusters as bases for designing and delivering services, where it is safe and adds value to the patients’ outcomes.”

## Key Changes Year 1:

- Investment at £1m in AOS/Surgical/Non Surgical /Oncology
- Further introduction of RT hypofractionation protocols
- Further home care expansion delivery of SACT
- Stop smoking (target work linked to high deprivation clusters)
- Healthy lifestyle advice and support (target work linked to high deprivation clusters)
- Opportunities to expand Primary Care Model of Prehab
- increasing uptake of cervical and breast screening
- Roll out of Faecal immunochemical testing (FIT) and faecal calprotectin (FCP) in primary care
- Increase straight to test referral pathways
- Expand direct access to GPs for diagnostics
- implement new RDC pathways; colorectal, head & neck, and lung and NPT biopsy and malignancy of unknown origin
- Phase 1 Cancer Information Solution (CIS) local implementation
- Nuclear medicine developments

## Key Changes Years 2-5:

- Deliver the Transformational Programme Business Case
- Implement National Optimal Pathways for all tumour sites
- Embed prehabilitation and rehabilitation approaches across whole cancer pathway to maximise treatment outcomes, in addition to tumour-site specific pathway work



# Primary & Community Care Vision & Key Changes

## Vision

At the heart of the SBU Primary and Community vision is the ongoing development and delivery of the Primary Care Model for Wales (PCMW). Focussed around the communities and Clusters within SBU we will ensure care is better coordinated to promote the wellbeing of individuals and communities.

Whole system pathway approach providing seamless care, treatment and support for people in their home, enabling professionals to work at the top of their licence & deliver prudent healthcare; building greater community resilience & recovery. Underpinned by clear evaluation and outcome framework which demonstrates value and benefit

The Strategic Programme for Primary Care in Wales identified six work streams to support the delivery of the PCMW.

- Prevention and wellbeing
- 24/7 Model
- Data & Digital Technology
- Workforce & Organisational Development
- Communication, Engagement
- Transformation Programme and the Vision for Clusters

## Key Changes Year 1:

- Implementing the Diabetes Framework in one Cluster (national)
- Targeting improvement in Imms and Vacs campaigns
- Wellness Centre models development across the region to enable and support new models of care closer to home
- Virtual Ward models of care that provide enhanced levels of support including greater access to a wider range of patients
- Ongoing development of Urgent Primary Care Centres
- Implementing 7 day models of care across services (eg in therapies)
- Increasing the range of services available (eg via OP programme)
- Implementation of the WCCIS platform to improve integrated working
- Maximising dynamic scheduling system (Malinko) in Community Nursing
- Utilisation of the Consultant Connect system across Clusters
- Development of workforce to undertake new roles within community
- Workforce engagement as an enable across all areas of change
- Cluster engagement with patients via patient forum
- Continuing to work through excellent Partnership arrangements - eg the Home First Partnership approach
- Implementation of the National 'Accelerated Cluster Development' (ACD) Programme.
- Strengthening the MDT approach in Clusters with continued emphasis on an MDT model in primary care.

# Children & Young People Vision & Key Changes

## Vision

- To deliver services that meet the health needs of children, young people, parents and carers in order to provide effective and safe care, through appropriately trained and skilled staff, working in a suitable child friendly and safe environment

## Key Changes Year 1:

- Refurbish Morriston wards with adolescent area in Yr 1-Yr 2 and repatriate children's OPD
- Develop Sustainable Neonatal Service
- Deliver improvements to UEC for CYP in fit for purpose accommodation
- Recover paediatric outpatient accommodation which is child friendly and adequate to meet service needs on appropriate hospital sites
- Enhanced support for CYP in Crisis including 24/7 Crisis support and age appropriate accommodation
- Deliver patient & victim centred Sexual Assault service with health needs as key priority
- Deliver sustainable workforce plans for Paediatric Services
- Improve access in order to reduce waiting times to Neuro-Developmental services
- Agree transition pathway to IAS for CYP on waiting list when they reach 17 yrs and 9 months
- Develop Paediatric Safeguarding Services across the HB
- Increase funded therapy provision across children's services
- Review nursing support across children's centres
- Deliver safe & sustainable continuing care nursing services
- Improve outcomes for Children and Young People
- Develop PAU at Singleton
- Integration of community paediatrics with CAMHS and general paediatrics
- Develop improved inpatient adolescent facilities at Morriston and adolescent unit
- CAMHS development
- Neuro disability assessment
- Children's weight management

## Key Changes Years 2-5:

- Explore opportunity to integrate services
- Develop a Paediatric centre of excellence
- Deliver improvements to UEC for CYP within the centre of excellence
- Develop enhanced surgical pathways within the centre of excellence
- Deliver sustainable workforce plans for Paediatric Services
- Deliver improved community service model
- Further reduction of waiting times to Neuro-Developmental services
- Further expand Paediatric Psychology Support
- Further develop Paediatric Safeguarding Services across the HB
- Expand outreach services to allow early discharge
- Research infrastructure within Child Health with Swansea University
- Deliver single site working for neonatal, maternity and critical care services

# Mental Health & Learning Disability Vision & Key Changes

## Vision

- To do more to improve the quality of life for people who have been diagnosed with and treated for Mental Illness and Learning Disabilities.
- Pathways within Mental Health and Learning Disabilities are complex and often delivered within different parts of the overall model of services, so we need to streamline these in relation to access points.
- To move from a predominately inpatient model to a more community focused models of services.
- We need to centralised our inpatient models in fit for purpose environments, to provide more comprehensive staffing and better evidence based practice and outcomes.
- To have a sustainable workforce to meet the future service model
- Increase the focus on dementia (services & support)

## Key Changes Year 1:

- Development of an Assessment Hub to provide a single point of contact for Mental Health Services.
- Scoping and redesign of the Older Peoples Mental Health Inpatient across the Service Group.
- Continue to further improve access to psychological therapies in line with WG targets.
- Continue to further expand the MH links workers within the GP Clusters.
- Expansion of the Eating Disorder services on sub regional basis.
- To continue with the development of the programs under the Mental Health Transforming Mental Health Services Programme
- Complete OBC acute mental health unit
- Improvement in service and reduce X in CHC in LD and MH

## Key Changes Years 2-5:

- Adult Mental Inpatient provision outline business case.
- Redesign of current LD Model of care, covering specialist inpatient services and the expansion of community Learning disability community provision.
- Jointly working with WHSCC on their 3-5 year strategy for Specialist Mental Health Provision in Wales
- Joining up elderly care service changes and dementia service plans
- Integration opportunities for physical and mental health through pathways design

Recovery & Sustainability Plan Prioritisation Criteria DRAFT

Criteria	SCORING MATRIX				
	1	2	3	4	5
<b>Strategic Fit-</b> WG/Ministerial Priorities Clinical Services Plan Annual Plan GMOs R&S Planning Principles	Aligned to and supports the delivery of 0/4 of these	Aligned to and supports the delivery of 1/4 of these	Aligned to and supports the delivery of 2/4 of these	Aligned to and supports the delivery of 3/4 of these	Aligned to and supports the delivery of 4/4 of these
<b>Workforce Feasibility-</b> Availability Recruitment Training Succession Funding	Requirements undeliverable within timeframes and cost	Requirements deliverable but unfunded	Requirements deliverable but not within timeframes	Requirements partially deliverable within timeframe and cost	Requirements fully deliverable within timeframe and cost
<b>Funding Confirmed-</b> Revenue	No identified funding source		Non-recurring funding available, but requires recurring funding		Funding available – no additional funding required
<b>Funding Confirmed-</b> Capital	No identified funding source		Business case recognised in All Wales		Funding available within discretionary

			Capital Programme (e.g. approved SOC) but full funding not yet agreed		capital plan or All Wales Capital Programme
<b>Patient Quality and Safety- Reduces Harm Improves Experience Delivers Quality Standards</b>	Does not comply with quality standards or improve current UHB performance	Partial compliance with quality standards but no improvement to current UHB performance	Complies with majority of quality standards and would elicit small/ limited/ short term improvements to UHB performance- not translated into improved patient exp.	Fully compliant with quality standards and would elicit improvements to UHB performance- begin to translate to improved patient exp.	Fully complies with quality standards and likely to elicit noticeable/ significant/ long term improvements to UHB performance and patient experience
<b>Delivers Mitigation of Organisational Risks (Corporate Risk Register)</b>	No attempt at mitigation of organisational risk	Attempts to deliver mitigation of risk are unrealistic	Attempts to deliver mitigation of risk are realistic but will be a challenge	Mitigation of risks clearly outlined and deliverable- addresses either scale of impact or likelihood of risk occurring	Mitigation of priority/key risks (as per risk rating) clearly outlined and deliverable. Mitigation addresses both

					scale and likelihood of risk occurring
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