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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27th July 2023	Agenda Item	2.6
Report Title	Quarter 1 Ministerial Priorities Update Report		
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Presented by	Nerissa Vaughan, Interim Director of Strategy Darren Griffiths, Director of Finance and Performance Deb Lewis, Chief Operating Officer		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to provide the Board with the first in a series of routine quarterly reports which updates the Board on performance delivery against key Ministerial Priorities as selected by the Board.		
Key Issues	<p>At the May 2023 Board meeting it was agreed that at the end of each quarter a report would be prepared for the Board focussing on the delivery of the Ministerial Priorities within the overall Annual Plan.</p> <p>Ministerial Priorities are reported routinely to the Board via the Integrated Performance report but are contained within a range of other measures. This separate priorities focussed report provides the Board with a single assessment of these priorities.</p> <p>Performance delivery against the Ministerial Priorities is also reflected alongside financial performance and the report draws out the status of the directed investment plans to support the delivery of the priorities.</p> <p>The key priority areas are: -</p> <ul style="list-style-type: none"> • Unscheduled Care – access times • Unscheduled Care – ambulance performance • Single Cancer Pathway – access times • Planned Care – access times • Child and Adolescent Mental Health Services (CAMHS) and Neuro Development Disorders (NDD) – access times • Finance <p>In each of the sections of the report a confidence of delivery assessment is made and where an area is off target the required corrective actions are set out.</p>		

	Appendix 1 to this report provides the detail of the relevant actions set out in the Annual plan by quarter.			
Specific Action Required	Information	Discussion	Assurance	Approval
	✓		✓	
Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • NOTE: The Health Board performance against the Ministerial priorities • NOTE: The actions planned for areas which are outside of planned trajectory 			

QUARTER 1 KEY PRIORITIES UPDATE REPORT

1. INTRODUCTION

This report updates the Health Board on the performance of key ministerial priority measures in Quarter 1 (2023-24). This report is not an exhaustive assessment of all performance areas, but a highlight report on the selected ministerial priority performance areas of unscheduled care, cancer services, planned care, CAMHS, NDD and Finance.

The metrics reported are as follows: -

Unscheduled Care – access times

- 4 hour waits (%) in the Emergency Department (ED)
- 12 hour waits (#) in the ED

Unscheduled Care – ambulance performance

- Handovers taking over 4 hours (#)
- Ambulance handovers – lost hours (#)

Single Cancer Pathway – access times

- 62 day access time delivery (%)
- Patients waiting over 63 days (#)

Planned Care – access times

- 104 week waits (#) all patients
- 52 week waits (#) outpatients only

Child and Adolescent Mental Health Services (CAMHS) and Neuro Development Disorders (NDD) – access times

- CAMHS Part 1a – assessments undertaken within 28 days (%)
- CAMHS Part 1a – patients waiting for an assessment (#)
- CAMHS Part 1b – interventions undertaken within 28 days (%)
- CAMHS Part 1b – patients waiting for an intervention (#)
- NDD – patients waiting for an ADHD or ASD assessment within 26 weeks (%)

Finance

- Spend against plan areas
- Overall delivery against plan

Each of the areas has been assessed against delivery using a simple RAG rating. Where areas are off plan further actions for quarter 2 are described in the paper. Detailed actions by quarter are provided in **Appendix 1** to this report.

2. PERFORMANCE MEASURES

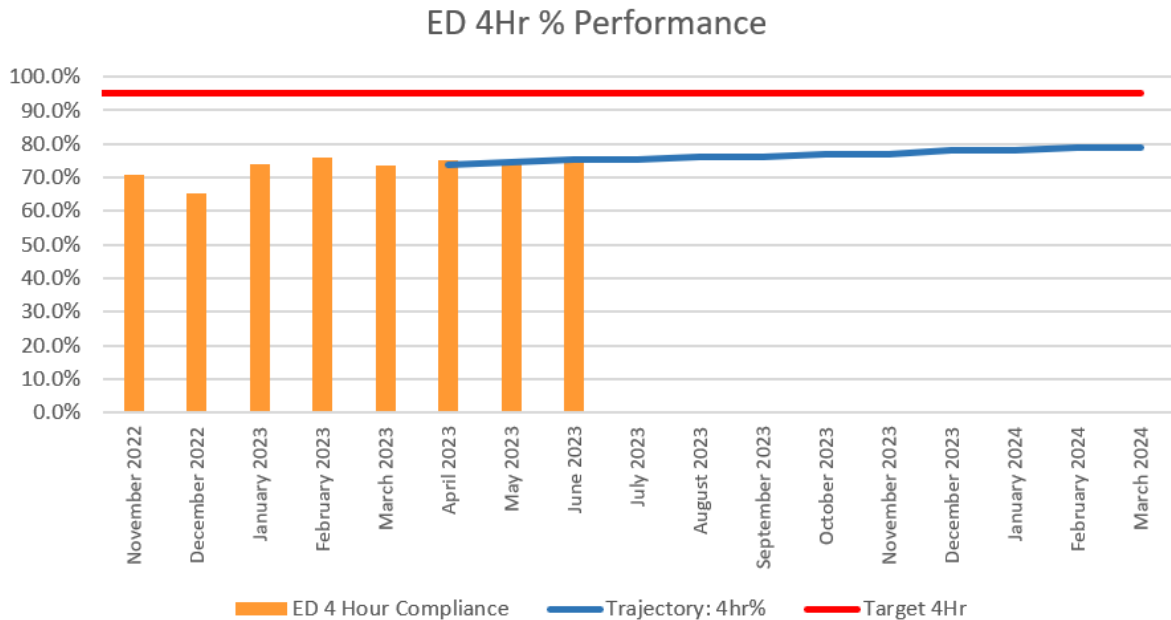
Unscheduled Care

Unscheduled care performance has seen an improvement throughout Quarter 1 as a result of developing and implementing a new on-boarding/escalation operational policy to support more timely ambulance handovers. The improvement actions outlined as part of the AMSR programme are supporting unscheduled care

performance benefits. Updated 2023-24 performance trajectories can be seen below.

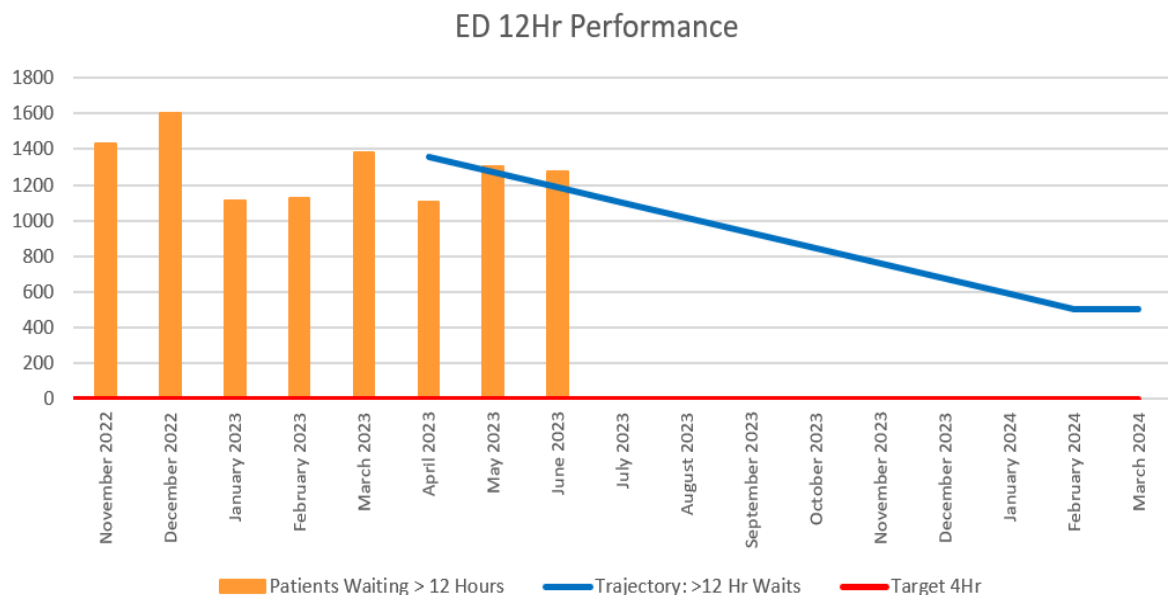
Performance against the 4-hour access is currently outperforming the national trajectory in June 2023. Emergency Department 4-hour performance has improved by 0.8% in June 2023 to 76.1% from 75.3% in May 2023.

Status - GREEN



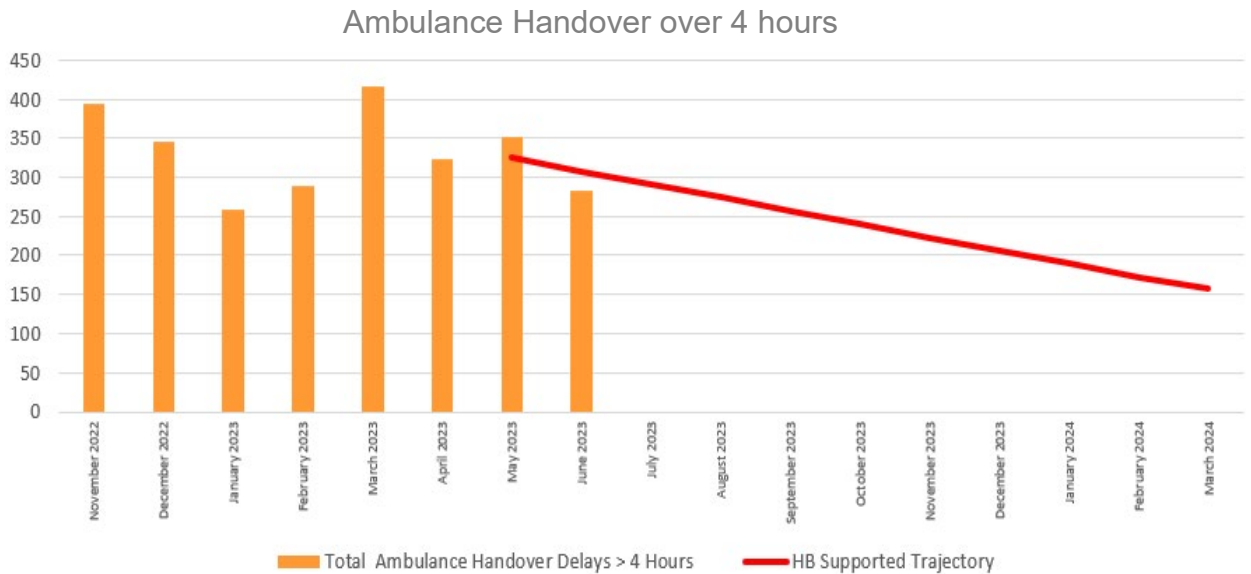
Performance against the 12-hour wait has improved in-month and it is currently performing slightly above the outlined trajectory, however the numbers waiting are lower than those reported in June 2022. The number of patients waiting over 12-hours in the Emergency Department decreased to 1,274 in June 2023 from 1,303 in May.

Status - AMBER



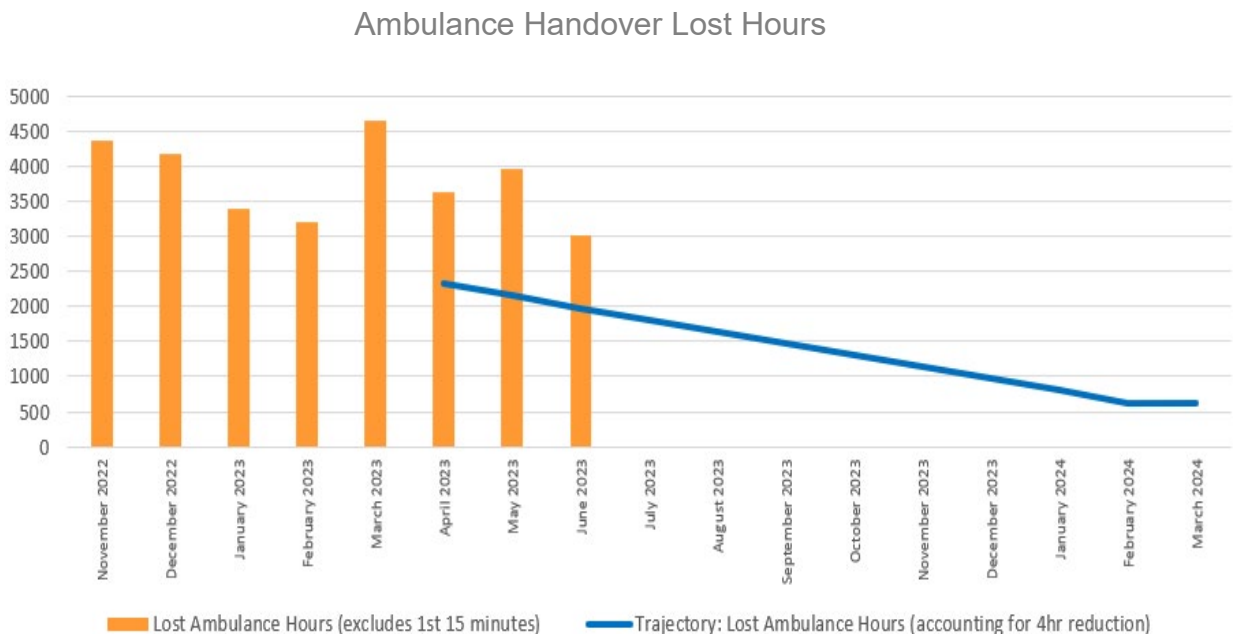
The Ambulance handover rate over 4 hours have decreased in June 2023. The handover times over four hours decreased to 282 in June 2023 from 283 in May 2023. The figures are above the outlined trajectory for June 2023 which was 161.

Status - GREEN



The ambulance handover lost hours rate has seen a reduction in June 2023. The ambulance handover lost hours decreased from 3,952 in May to 3,018 in June 2023, which is above the outlined trajectory for June 2023 (1,982).

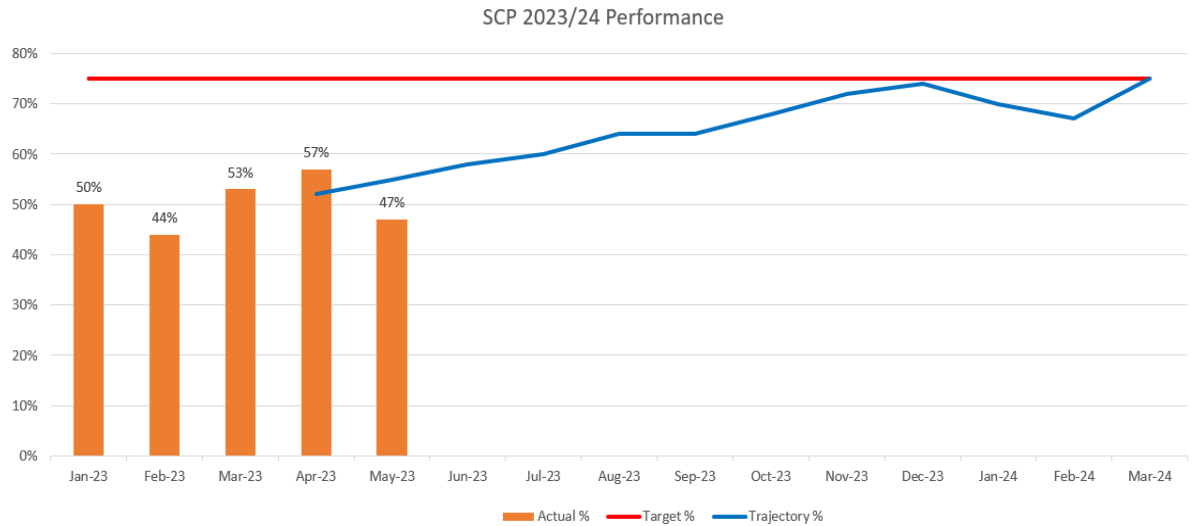
Status - AMBER



Cancer

The final SCP performance for May 2023 was 47%, which is a deterioration on the previous month from 57%. This is reflective of the impact of the number of lost working days during May and also the reduction in backlog numbers. As with unscheduled care, cancer performance has been escalated internally to increased monitoring and a detailed recovery plan is currently in place. The 2023/24 Single Cancer Pathway trajectory can be found below;

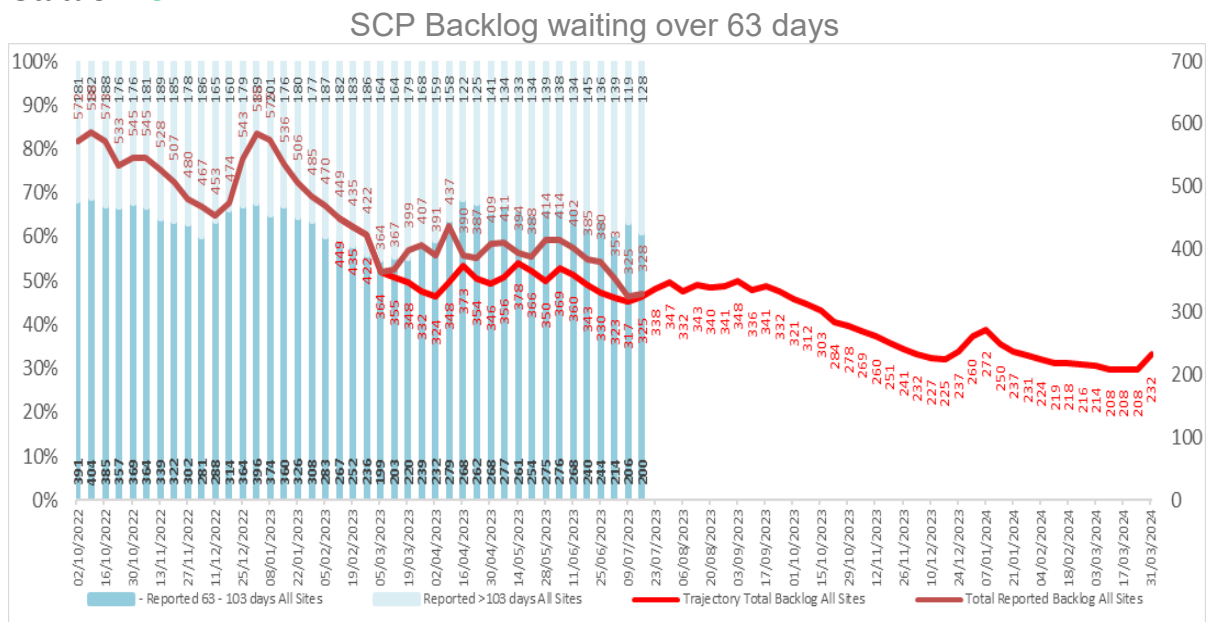
Status: RED



Single Cancer Pathway (SCP) Backlog figures have seen an improvement in recent weeks. The total backlog at 16/07/2023 was 328 against a trajectory of 325. The main tumour sites that make up the backlog are as follows: -

- Gynaecology – 100
- Lower GI – 51
- Urological – 46
- Upper GI – 36

Status – GREEN



The actions required to recover the SCP percentage target to trajectory as planned for Quarter 2 are: -

Actions:

- Maintain a focus on reducing backlog volumes aligned to the trajectory
- Tumour site review meetings being re-established to ensure focus on key issues
- Over-arching Cancer Performance Board now in place
- Particular tumour site issues:
 - Pathology – continued outsourcing to support backlog removal
 - PET scan – outsourcing to Cardiff (15 patients per week)
 - Gynaecology – additional lists for PMB pathway
 - Additional theatre capacity in place
 - Urology – access to robotic surgery at UHW

Planned Care

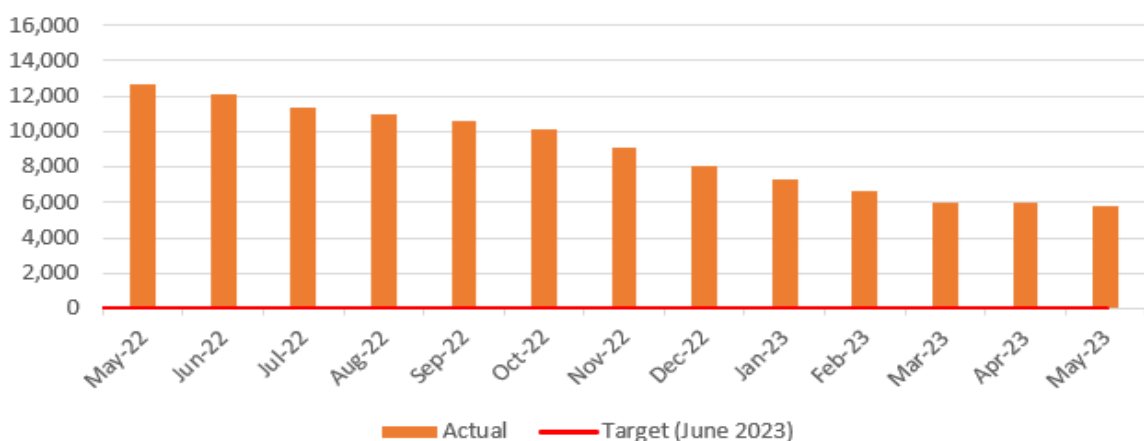
The number of patients waiting over 104 weeks on all stages of their RTT pathway saw a further reduction in June 2023 to 5,474 from 5,792 in May 2023. Performance is currently showing a continued improvement and an updated trajectory for 2023/24 will be finalised in July 2023.

A substantial amount of resource is contained within the overall financial plan (£22.9m) to support the delivery of the planned care target. The plan for this area is currently under review to align the planned resource to optimise the target delivery. The target is that 1% or fewer of patients should be waiting under 104 weeks by March 2024. It has been estimated that for Swansea Bay University Health Board (SBUHB) that this should be under 800 based on an estimated 80,000 patient total list size.

Further, the Health Board is awaiting confirmation of the level of funding to be allocated of the Neath Port Talbot orthopaedic theatres and this will determine the level of waiting times reduction that can be expected from those facilities as the cost of the capacity to be delivered cannot exceed the allocation received.

Status - AMBER

Number of patients waiting more than 104 weeks for treatment

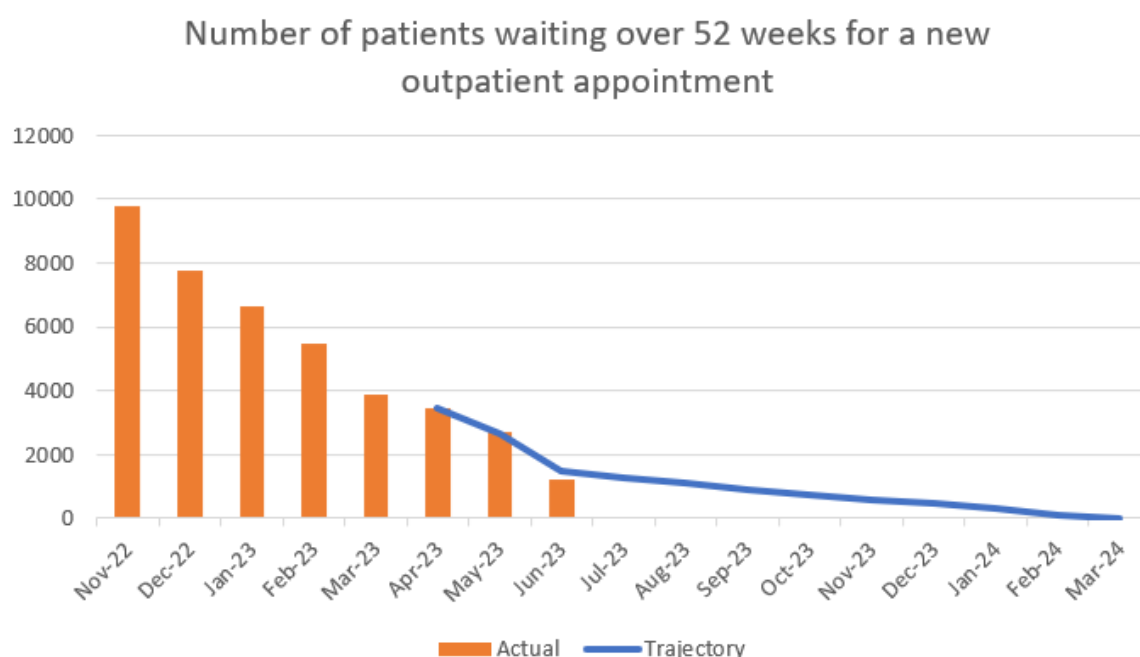


ACTION: Detailed plans to maximise the productivity and efficiency of existing outpatient, diagnostic and treatment resources to deliver access to support delivery of the agreed planned care trajectories

ACTION: Implement planned care efficiency measures which include; over-booking clinics, improving treat in turn rates, increasing capacity, validation of pathways and internal administrative and clinical validation.

The number of patients waiting over 52 weeks at Stage 1 (new outpatient) has decreased in June 2023 to 1,234 from 2,719 in May 2023. The figures reported are currently outperforming the submitted national trajectory for recovery in 2023/24. Further efficiency measures are being implemented to further support the reduction of the number of patients waiting for an outpatient appointment.

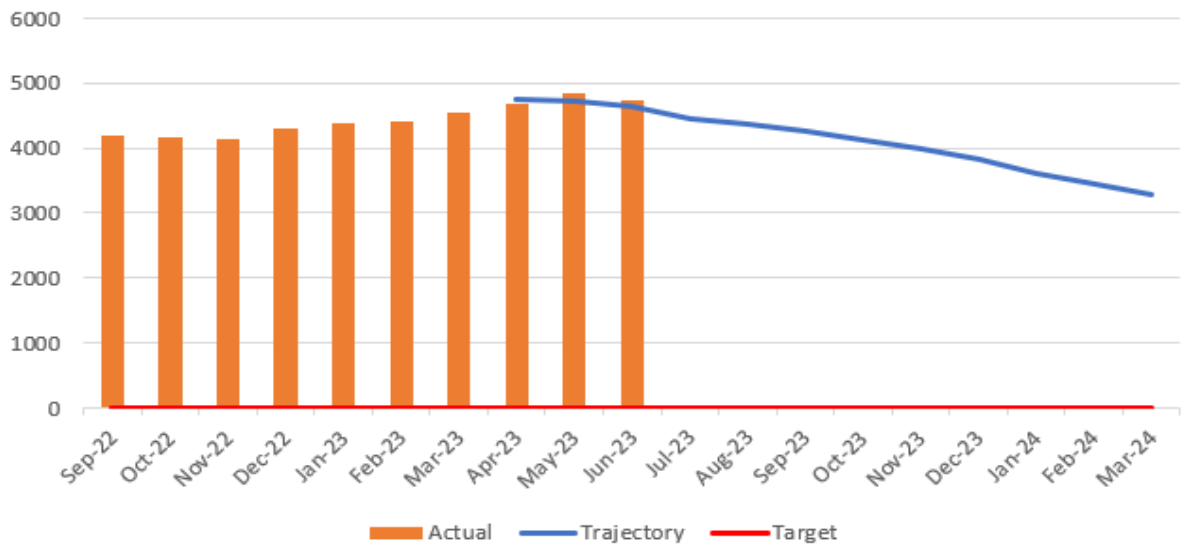
Status - GREEN



The number of patients waiting over 8 weeks for a diagnostic endoscopy has decreased slightly in June 2023 to 4,745 patients from 4,847 patients in May 2023. The figures are currently slightly above the submitted trajectory, however the Endoscopy team continue to implement several actions to support future improvement and continue to maintain their two week cancer waits.

Status - AMBER

Number of patients waiting over 8 weeks for a diagnostic endoscopy



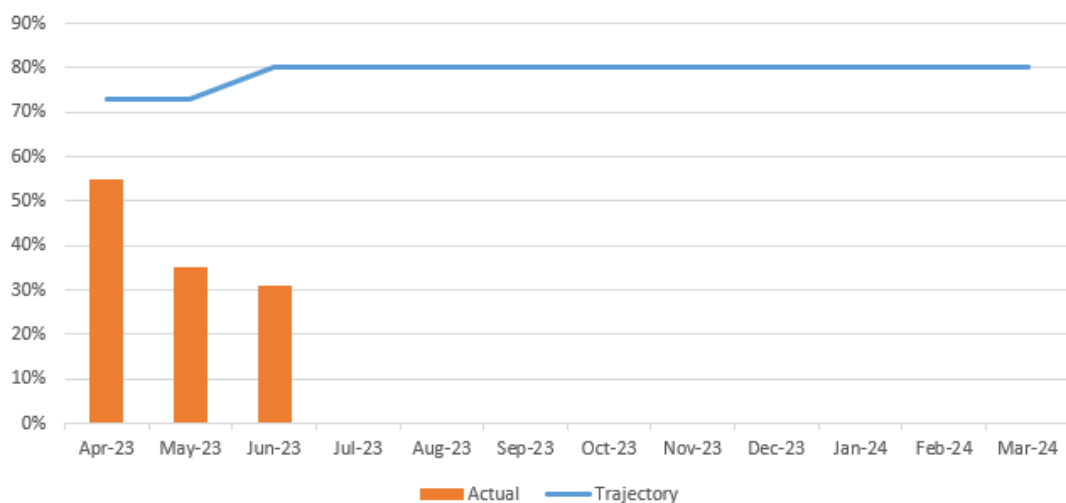
ACTION: Finalise 2023/24 diagnostic recovery trajectory following to achieve required ministerial priority target – Morrision SG Director – **July 2023**.

CAMHS

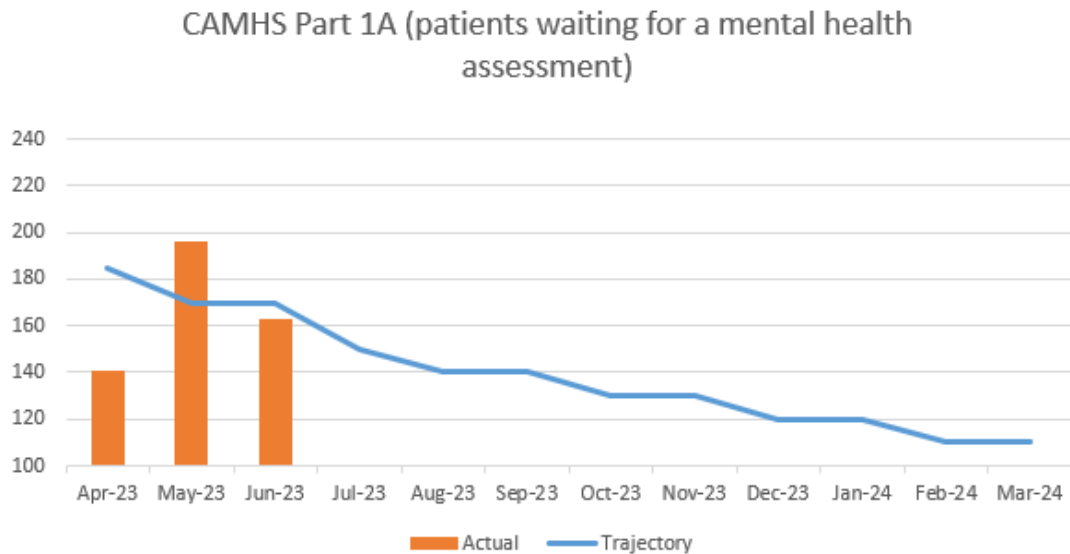
Performance against the CAMHS performance targets can be seen in the graphs below. As a Health Board, we are currently off trajectory on two of the measures, however actions are being undertaken to support an improved position following the service transfer from Cwm Taf University Health Board.

Status: RED

CAMHS Part 1A - % of mental assessments undertaken within 28 days of receipt of referral

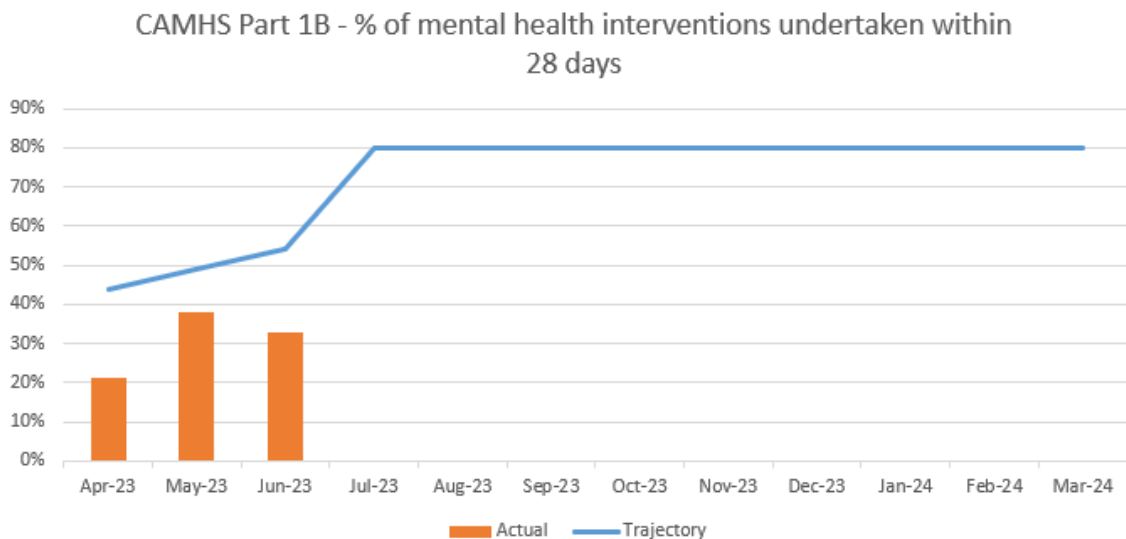


Status - GREEN

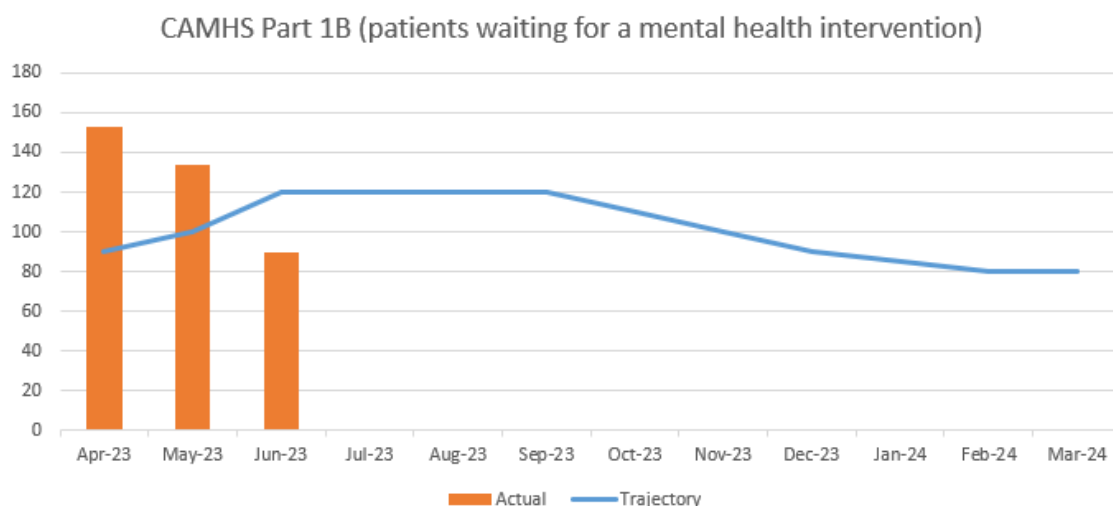


Status: RED

The service have recently faced staffing issues within the team which has had an impact on assessment capacity. The team are currently in the process of realigning the psychological therapies workforce within CAMHS to increase part 1a assessment capacity and are committed to delivering 100 assessment slots per month to manage demand, provide management of the backlog and to support performance delivery.



Status - GREEN



In order to support the CAMHS 1B assessment capacity, additional agency support is being explored, along with the potential to move therapists within the service group to support access to interventions.

Main issues and actions:

- The MH & LD Service Group has raised concerns regarding data quality in CAMHS, continued validation and staff training supported by Digital Services remains a priority.
- Revised booking processes post transfer are taking time to embed resulting in poor administrative support to the service and incidents which are being monitored via DATIX.
- Workforce planning is in progress, the workforce is fragile with high use of locum and agency staff in both medical and nursing disciplines. There is a greater than usual financial impact as all temporary staff are paid at enhanced rates due to scarcity in staff who can provide CAMHS services.
- There is a high vacancy factor in psychological therapies, a revised workforce proposal has been developed however there are gaps in current service delivery.
- As of 31st May 2023, the Children and Adolescents with Intellectual Disabilities Service (CAIDs) is being provided in-house by CAMHS through a secondment. This provides a minimum level of service only.
- The service has been over-established with agency nurses (above funded staffing levels) to deliver assessment and treatment aligned to Part 1 of the MHM. This arrangement has been extended until end of September 2023.
- Ty'r Meddwl was partially reopened on 22nd May 2023 in order to facilitate clinic activity following roof damage and flood damage internally.

The service priority is workforce recruitment and stabilisation to enable delivery of the required standard of performance against the Mental Health Measure.

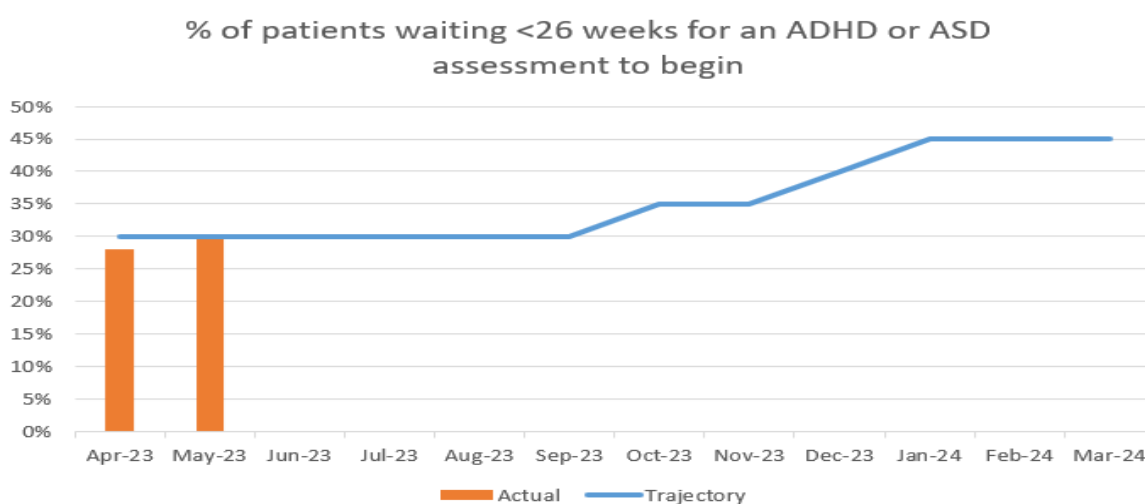
The recruitment challenges span all disciplines within the service and active recruitment, engagement with agency providers and wider recruitment campaigns have had limited success. However, there are opportunities for team/workforce redesign and the Health Board is developing consultation documents to deliver these changes underpinned by the OCP.

NDD

There are currently 1,118 patients waiting for an ADHD/ASD diagnostic assessment (5-18 years). The Health Board is working closely with the NHS Executive Delivery Unit to evaluate the current service provision and are awaiting for a final feedback report to be shared with them (SBUHB). Insourcing opportunities to increase assessment capacity are being explored and this could be extended should further funds become available.

The disaggregation of the SLA between Cwm Taf University Health Board and Swansea Bay University Health Board is due to take place on 31st July 2023, this will result in the reduction of the demand on the current service. Staffing capacity within the service remains a risk, however the service are committed to implementing the required actions to deliver the service priorities. The NDD team has submitted a recovery trajectory which can be seen below:

Status - AMBER



3. GOVERNANCE ISSUES AND RISKS

There are a number of risks reported on the health board risk register and the key risks are highlighted in the table below for reference. These risks are reported within the Health Board Risk Register report to the Board today. The risks are under routine assessment by the Executive Leads and are subject to discussions at the relevant Committees.

Risk Ref	Risk & Mitigating Actions	Current Risk Score
1	Access to Unscheduled Care	25
50	Access to Cancer Services	25
16	Access to Planned Care	20
69	Safeguarding: Adolescents on Adult Mental Health Wards (this is being reviewed in light of CAHMS transfer)	20
92 ^{NEW}	Finance – Forecast Deficit	20

4. FINANCIAL IMPLICATIONS

The revised Financial Plan supported by the Board and submitted to WG on 31st May 2023, reflected a £86.6m deficit as per the table below.

	Financial Plan 2023/24 £M
Section 1: 2022/23 Impact Into 2023/24 (Underlying Issues)	32.2
Section 2: 2023/24 Inflation, Demand Growth, National Programmes & Extraordinary Pressures	71.5
Section 3: Health Board Specific Service Pressures	75.8
Section 4: Savings	(22.2)
Section 5: Allocations/Income Assumptions	(70.8)
Total	86.6

Within the Plan the Health Board provided additional support for service pressures and investments in many areas, including the Ministerial Priorities. As summary of the recurrent investments made by areas is provided below:

Area	23/24 Funding £M	Utilisation of Funding
Cancer	1.00	£3m has been provided over the last 3 financial years and has been committed in full. In 2023/24 the funding was transferred in full to NPTS to ensure the Cancer Board had direct access to utilise the resources available.
UEC	5.43	WG has provided the Health Board with £2.960m until 2025/26 to support 6 Goals/UEC. The Health Board investment has invested £2.47m above the £2.960m within the 23/24 to support UEC's combined investment of £5.43m
Planned Care	22.90	£15.2m was provided by WG with the Health Board investing a further £7.7m to support delivery of planned care targets. At the end of quarter 1 the Health Board had already spent £5.2m.
CAMHS	2.69	Whilst this is not additional funding the £2.69m is the value previously provided to CTM to support CAMHS which has now been transferred in full from the Commissioning Budget to the MH/LD Service Group in Swansea Bay to provide the services for its population.

Area	23/24 Funding £M	Utilisation of Funding
		There will be further investment provided in 23/24 for CAMHS In Reach support to Schools direct from WG.

As noted in the Financial Performance paper the £86.6m plan was set on a tapered profile reflecting the expectation that some of the run rate work would take two quarters to fully embed and deliver. The table below details the profiling of the plan and actual performance against the plan.

	Trajectory 2023/24 Based on Plan £M	Actual Performance £M	Variance From Plan £M
Mth 1	7.9	10.9	3.0
Mth 2	9.4	13.7	4.2
Mth 3	8.4	11.4	3.0
Mth 4	7.4		
Mth 5	7.4		
Mth 6	6.8		
Mth 7	6.7		
Mth 8	6.7		
Mth 9	6.4		
Mth 10	6.4		
Mth 11	6.4		
Mth 12	6.4		
Total	86.6	36.0	10.2

The plan at the end of Quarter 1 was to be £25.7m overspent. The actual variance at the end of Month 3 was £36.0m putting the Health Board £10.3m over plan.

Performance against plan did improve from the Month 2 position of £4.249m over plan to £2.998 over plan in Month 3. This improvement can be attributed to 2 key areas (1) pay, with a reduction in variance in part driven by reduced Variable Pay and (2) improvement in the delivery against savings targets as reported via Table C of MMR. This improvement will need to continue through the remaining months of the year to ensure the Health Board remains aligned to the plan submitted on 31st May 2023.

Status - **AMBER**

ACTION: continued escalation of areas off plan to reduce run rate and increase savings delivery

ACTION: recurrent delivery of savings to be completed by the end of September 2023

ACTION: identification of mitigating actions across the financial plan to manage the gap in the revenue risk by 11th August 2023

5. Recommendations

The Board is asked to:

- **NOTE:** The Health Board performance against the Ministerial priorities
- **NOTE:** The actions planned for areas which are outside of planned trajectory

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		
<p>The performance report sets out a series of illustrations across unscheduled, planned and cancer care to inform the Management Board of the current position.</p> <p>The selected performance metrics provide a context to understand the quality, safety and patient experience of patients in these systems of care.</p> <p>There are no directly related Equality and Diversity implications as a result of this report.</p>		
Financial Implications		
These are set out above		
Legal Implications (including equality and diversity assessment)		
n/a		
Staffing Implications		
n/a		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
<p>The '5 Ways of Working' are demonstrated in the report as follows:</p> <ul style="list-style-type: none"> • Long term – Actions within this report are both long and short term in order to balance the immediate service issues with long term objectives. In addition, profiles have been included for the Targeted Intervention Priorities for 2019/20 which provides focus on the expected delivery for every month as well as the year end position in March 2020. 		

- **Prevention** – the NHS Wales Delivery framework provides a measureable mechanism to evidence how the NHS is positively influencing the health and well-being of the citizens of Wales with a particular focus upon maximising people’s physical and mental well-being.
- **Integration** – this selected performance report brings together key performance measures across a number of care systems.
- **Collaboration** – in order to manage performance, the Corporate Functions within the Health Board liaise with leads from the Service Groups as well as key individuals from partner organisations including the Local Authorities, Welsh Ambulance Services Trust, Public Health Wales and external Health Boards.
- **Involvement** – Corporate and Service Group leads are key in identifying performance issues and identifying actions to take forward.

Report History	This report is a new quarterly Ministerial priority summary overview of performance presented to the Board
Appendices	Appendix 1: High level plan overview Appendix 2: Integrated Performance Report

SBUHB ANNUAL PLAN 23/24

HIGH LEVEL PLAN OVERVIEW: Q1 REPORTING

Purpose: To provide an update on delivery of the key priorities in the SBUHB Annual Plan 23/24 which align to the Ministerial Priorities for delivery in 23/24. The agreed delivery actions (methods, underpinned by quarterly milestones) and intended performance impact (Year 1 outcome, underpinned by monthly/ quarterly trajectories) have been assessed by SROs using the following definitions:

<u>METHODS</u> <u>RAG</u> <u>STATUS:</u>	<u>Definitions</u>
Green	ON TRACK - Action progressing as planned and to agreed timelines
Amber	OFF TRACK - action not progressing as planned/ to original timelines, however this is manageable and mitigating actions are in place
Red	OFF TRACK - action not progressing as planned/ to original timelines, there are significant issues which require escalating

Q1 Reporting of all Year 1 GMOs as stated in the Annual Plan 23/24 will be provided to Management Board on 16th August, Performance & Finance Committee on 25th August and Board on 25th September, for assurance on overall delivery of the plan.

PRIORITY 1: UEC - AMBULANCE HANDOVERS AND ED PERFORMANCE

Ministerial Priorities:	Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability
	Implementation of Same Day Emergency Care services
	Health boards must honour commitments that have been made to reduce handover waits
Goals and Vision	<p>Reduce ambulance waits and improve 4/12 hr performance in ED.</p> <p>This is aligned to the national Six Goals of Urgent and Emergency Care [UEC] in which the overall vision is to create 'one urgent and emergency care system' which clearly supports patients and communities in knowing where and when they can get the care they need in an emergency. This will be achieved through consistent and integrated delivery of the Six Goals to help achieve the best possible clinical outcomes, value and experience for patients and staff involved in the delivery of care.</p> <p>The Goals focus on:</p> <ul style="list-style-type: none"> • Co-ordinated planning and support for populations at greater risk of needing UEC; • Signposting people with UEC needs to the right place, first time; • Clinically safe alternatives to hospital; Rapid response in a physical or mental health crisis; • Optimal hospital care and discharge practice from the point of admission; • Home first approach and reduce the risk of re-admission. <p>Goals have been mapped to x4 programmes established to deliver the overall UEC 6 Goals vision for SBUHB.</p>
GMO ref:	Methods/ Actions to deliver Ministerial Priorities
UEC_008	<p>Further develop SDEC model (inclusive of OPAS and merging of UPCC/ AEC/ AGPU) so as to reduce presentations and admissions at ED.</p> <p><i>[Part of UEC 6 Goals – Programme 2 Integrated Front Door]</i></p>
UEC_018	<p>Improve and expand surgery services (e.g. Acute Surgical Unit) so as improve the assessment and treatment of surgical patients in a timely manner to meet demand and waiting list targets.</p> <p><i>[Part of UEC 6 Goals - Programme 3: Acute Hospital flow and discharge]</i></p>
UEC_023	Embed centralised acute admissions model at Morryston

	<i>[Part of UEC 6 Goals - Programme 3: Acute Hospital flow and discharge]</i>			
ED operational level actions - Links to UEC 6 Goals Programme GMOs	Increase the footfall/ patients treated in an ambulatory way via SDEC – aims to decongest Acute Medical Unit (AMU - short stay unit), which in turn frees up ED capacity.			
	Initiate zero tolerance on 4hr ambulance waits policy and develop offloading/ on-boarding policy regarding compliance with zero tolerance on 4hr waits at times when hospitals are under greatest pressure.			
	Learning from elsewhere, e.g. explore work implemented and outcomes delivered by Cardiff and Vale UHB to improve their 4 and 12 hour compliance by focussing on handover specific actions			
	Increase workforce capacity and sustainability			
	Review the potential for Rapid Assessment and Treatment model (RAT) at ED front door (subject to funding available)			
It is recognised that improvements to ED waiting times is multi-faceted, therefore there are key links to other UEC GMOs, including admission avoidance, flow activities to support reduced occupancy and improve flow, and additional capacity schemes:				
UEC_001	Focussed management of at risk UEC patients, to avoid admission to acute settings: Expand the Virtual Ward model, implement phase 4 (FDS expansion) and 5 (Inreach and 7/7 service) <i>[Part of UEC 6 Goals Programme 1 – Coordination, signposting and alternatives to admission]</i>			
UEC_012	Implementation and embedding of SAFER, Red2Green, D2RA across all sites <i>[Part of UEC 6 Goals - Programme 3: Acute Hospital flow and discharge]</i>			
UEC_024	Implementation of Single Point of Access/Integrated Discharge Hub for all community services <i>Part of UEC 6 Goals - Programme 3: Acute Hospital flow and discharge]</i>			
UEC_016	In conjunction with the RPB provide 15-20 additional EMI placements to provide discharge to assess services <i>[Part of UEC 6 Goals Programme 4 – Integrated Discharge]</i>			
GMO ref:	Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4

	(See METHODS status definitions above)			
UEC_008	Project group formed - work underway in relation to merging services that form part of SDEC	Rapid improvement event completed - learning shared	New model rolled out following sharing of learning from rapid improvement event	Test and further embedding of improved SDEC model
	Q1 Update SDEC: <ul style="list-style-type: none"> Medical SDEC learning/ improvement event phase 1 (review/ discover period) completed – currently reviewing learning from event and looking at what improvements can take place. Aim for this period was to pull 10 additional patients per day and look at joint working opportunities SDMU capital improvements and review of model underway – target completion date of capital improvements is July 23 	Q2 Priorities SDEC: <ul style="list-style-type: none"> Review learning from medical SDEC improvement event Begin improvement changes Progress with SDMU capital improvements/ model review 		
UEC_018	Project group formed - work underway in relation to new model; Capital improvements underway; Business Case for Acute Surgical Unit (ASU)	Capital improvements completed and new model (ASU) of care operational	Embed new model (subject to approved business case)	Make new model BAU (subject to approved business case)

	operating model to be developed	(subject to approved business case)		
	Q1 Update/ mitigations ASU: <ul style="list-style-type: none"> Capital build/ improvements underway (minor delays to completion expected). Work underway to confirm whether model will be in place by time capital build completed. Lead for mitigating actions is SGH Service Group Director. 	Q2 Priorities ASU: <ul style="list-style-type: none"> Capital build works timetabled to be completed in July 23 Business case to be taken to management board Pathways and workforce model confirmed 		
UEC_023	Reviewing acute hub model with rapid testing in SDEC	SDEC rapid learning event completed - shared across acute hub footprint	Broader acute hub/ AMU model amended in line with changes to SDEC	Further test and embedding of centralised acute admissions model
	Q1 Update Embed centralised acute admissions <ul style="list-style-type: none"> Circa 10 additional patients seen in SDEC being pulled from ED and AMU Yellow Bay Staffing vacancies being worked on Reduction in average bed occupancy, medical outliers and COPs seen since opening AMU 	Q2 Priorities Embed centralised acute admissions: <ul style="list-style-type: none"> Progress acute hub work with a trail on patient access 		

UEC_001	Refocussing of workforce requirements and scoping of rotational roles required for delivery. Commenced Business Case development	Business Case approval/ commence recruitment	Complete recruitment	Phased delivery of bed savings
	Q1 Update Virtual wards: <ul style="list-style-type: none"> Virtual wards in all clusters and performance over target. 	Q2 Priorities VWs: <ul style="list-style-type: none"> Continue to look for in-reach and expansion opportunities to improve hospital discharge profile or as admission avoidance 		
UEC_012	Roll-out of SAFER & D2RA across all sites underway	Roll-out of SAFER & D2RA completed	Test and embedding of cultural change/ new ways of working	Further test and embedding of cultural change/ new ways of working
	Q1 Update SAFER/ Red2Green/ D2RA: <ul style="list-style-type: none"> Rollout underway across MGH, SGH & NPT 23 wards rolled out to at MGH 	Q2 Priorities SAFER/ Red2Green/ D2RA: <ul style="list-style-type: none"> Continue roll-out across sites Determine how D2RA can accurately reported for all discharge pathways 		
UEC_024	Scoping of current service	Planning	Realignment of existing resources	Delivery
	Q1 Update: Implementation of Single Point of Access/ Integrated Discharge Hub	Q2 Priorities Implementation of Single		

	<ul style="list-style-type: none"> Leads in place – workforce mapping underway 	Point of Access/ Integrated Discharge Hub: <ul style="list-style-type: none"> Complete workforce mapping and confirm next steps re; implementation plan 		
UEC_016	Planning - scoping of current service	Business Case planning	Business Case submission / approval	Delivery
	Q1 Update: Provide additional EMI beds <ul style="list-style-type: none"> Pilot approved subject to ongoing review – pilot to begin June 23 until March 24 	Q2 Priorities EMI Beds: <ul style="list-style-type: none"> Roll-out and implementation of pilot (ongoing review and investigate exit strategy/ ongoing funding) 		
ED Operational actions	Achieve 3 month improvement trajectory - with the target of zero 4hr waits by end Aug 23	Achieve 3 month improvement trajectory - with the target of zero 4hr waits by end Aug 23		
DELIVERY OUTCOMES				
Measurable Year 1 Outcome	Reduced number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge			

Metric	a) Compliance against the 4-hour ED performance target			
Baseline	March 2023 = 73.7%			
Performance Trajectories 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	74%	76%	78%	79%
Performance Actual 23/24	76.1%			
Metric	b) Compliance against the 12-hour ED performance target			
Baseline	March 2023 = 1,385			
Performance Trajectories 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	1,185	1,930	675	505
Performance Actual 23/24	1,274			
Metric	c) Total Ambulance hours (excludes first 15 minutes)			
Baseline	March 2023 = 4,657			
Performance Trajectories 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	1,982	1,475	968	628
Performance Actual 23/24	3,018			
Current Governance arrangements	<p>Overall reporting to UEC 6 Goals Board, SRO: Deb Lewis</p> <p>Project Director: Richard Lee, Programme Manager: Lee Elwell</p> <p>Programme Leads:</p> <p>Programme 1: Co-ordination, signposting & alternatives to admission – Emily Warren</p> <p>Programme 2: Integrated Front Door – Fiona Hughes</p>			

	Programme 3: Acute Hospital flow and discharge – Kate Hannam Programme 4: Integrated Discharge – Brian Owens
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Risks and Issues to escalate in Q1:

N/A

PRIORITY 2: PLANNED CARE- RTT 104 WEEK WAITS

Ministerial Priorities:	Eliminate 3 year (156 week) RTT pathways by end of Q2 (end Sept 23) Eliminate 2 year (104 week) RTT pathways by end of Q3 (end Dec 23)
Vision/ Goals	Clear RTT 156 week waits by the end of Sept and 104 wks by end of December (i.e. 0 patients waiting >156weeks/ 104weeks), except in Orthopaedics, Spines, DIEPs (Breast). Aligned to Planned Care Goals set out in Annual Plan 23/24: <ul style="list-style-type: none"> • Deliver out-patient waits >52 weeks (with the exception of orthopaedics) by June 2023 and 36 week wait by March 24 • Create greater capacity at Singleton to eradicate >24 waits in all specialties by June 2024 • Deliver orthopaedic strategy to eradicate the >24 month /Stage 5 waits by March '24.
GMO ref:	Methods/ Actions to deliver Ministerial Priorities
PC_009	Continue current improvement trajectory for outpatients utilising additional capacity where necessary and through efficiency gains. Develop further initiatives in primary care to reduce demand including the introduction of at least 50 Health Pathways.
PC_005	Finalise business case and secure finalise support to develop a 3 theatre module in Singleton
PC_006	Expand colorectal / general surgery sessions by 15 including increasing consultant numbers by 2 WTE for benign surgery
PC_007	Deliver gynaecology ambulatory care facility at Singleton to increase capacity for hysteroscopies and additional theatre sessions.
PC_008	Create 5 ENT sessions at Singleton
PC_001	Provide protected elective capacity on Clydach Ward in Morriston for those patients with the highest acuity.
PC_002	Work with colleagues in Hywel Dda to explore the possibility of utilising orthopaedic capacity in Prince Phillip Hospital to accommodate high acuity patient as part of a regional approach.
PC_003	Utilise the high care facility in Neath Port Talbot Hospital to accommodate suitable LVHC patients with suitable transfer arrangement to mitigate any risks.
PC_004	Utilise the new orthopaedic theatres in NPTH for HVLC patients.
GMO ref:	Milestones 23/24:

	All TBC following confirmation of WG allocation of additional recovery funds – this may impact delivery/ timelines of all Planned Care GMOs.			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
PC_009				
	<p>Q1 Update Outpatients:</p> <ul style="list-style-type: none"> Health Board’s position improved with good steady progress against the 52-week and 104-week targets. The 52-week outpatient target set for the end of June achieved in all specialties with the exception of orthopaedics and orthodontics; a target of September has been set for orthopaedics and July for orthodontics. Revised trajectories for clearing 99% of 104 weeks (all stages) by the end of March 2024 are currently under developed but are still dependent on securing the necessary funding from WG. Executive Board approved the centralisation of the Outpatients Service to be managed within the 	<p>Q2 Priorities Outpatients:</p> <ul style="list-style-type: none"> Deliver 52-week outpatient targets for orthodontics (July) and orthopaedics (September) and maintain target in all other specialties. 		

	<p>Singleton/Neath Port Talbot Service Group.</p> <ul style="list-style-type: none"> Phase 2 of Outpatient Transformation launched with roadshow workshops in T&O, Gynae, Urology, General Surgery and ENT/Max Fax on 1st June. Job Planning dashboard presented to the CEO and Executive Board and signed off for first 5 specialities T&O dashboard complete and includes built in Performance data. Health Pathways - all the Clinical Editors in post and all training completed Transformation/HCSE and Digital team revising process between primary and secondary care to identify any opportunities to improve efficiencies and streamline the process where possible. Patient Access Team recruited to supporting work toward a clean 			
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	and appropriate waiting list.			
PC_005 - 008				
	Q1 Update Singleton Theatres: Draft business case developed, CEO has reviewed and finance detail requires amending.	Q2 Priorities Singleton Theatres: <ul style="list-style-type: none"> Submit business case for Singleton theatre development to WG. 		
PC_001				
	Q1 Update: Protected elective ortho capacity for higher acuity patients in place in Clydach ward, Morriston			
PC_002				
	Q1 Update Regional Orthopaedics: Awaiting the outcome of proposal submitted to WG for additional funding to commission activity at PPH.	Q2 Priorities Regional Orthopaedics: TBC		
PC_003-004				
	Q1 Update NPT Theatres: <ul style="list-style-type: none"> New surgical hub opened on the 5th June with the first patients on the 12th June. Due to difficulties recruiting anaesthetics staff and the training requirements of theatre 	Q2 Priorities: <ul style="list-style-type: none"> Open additional theatre capacity in NPTH in August 2023 		

	<p>staff, additional capacity is not available until 28th Aug 2023 at present but insourcing option are being explored to ensure that theatres are operational as soon as possible.</p> <ul style="list-style-type: none"> • Progress made on the increasing acuity of patients via implementation of a fully operational HLCU by the end of August, and an agreement of the criteria for patients attending and a transfer SOP. • HSDU capacity impacting on current theatre activity and is limiting factor for increasing capacity. External options and greater of single use items are being explored. 			
DELIVERY OUTCOMES				
All TBC following confirmation of WG allocation of additional recovery funds – this may impact delivery/ timelines of all Planned Care GMOs.				
Measurable Year 1 Outcome	Reduced number of patients waiting more than 52 weeks for a new outpatient appointment –improvement trajectory towards a national target of zero by June 2023			
Baseline				
Performance Trajectories 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4

	1,464	913	463	0
Performance Actual 23/24	1,234			
Measurable Year 1 Outcome	Reduced number of patients waiting more than 104 weeks for referral to treatment - Improvement trajectory towards a national target of zero by December 23			
Baseline				
Performance Trajectories 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	5,803			
Performance Actual 23/24	5,474			
Current Governance arrangements	<p>Overall reporting to Planned Care Board</p> <p>SRO: Deb Lewis</p> <ul style="list-style-type: none"> • Outpatients Transformation Group – SRO, Craige Wilson • Surgery and Theatres Group – SRO, Craige Wilson 			

Risks and Issues to escalate in Q1

As per risks rated >20 on RR

Description	Mitigation	Current Score	Trend
Orthopaedics			
Orthopaedic Long Waiters	10 beds have now been identified in Morriston, however whilst the risk score can be reduced, the fragility of this arrangement should be reflected as high risk.	20	Steady
NPT Elective Surgery Hub			
Anaesthetic	Recruitment campaign that focuses on our vision for a centre of excellence.	20	Steady

HSDU	The current capacity issues in HSDU both from an equipment and workforce perspective threaten the ability to open additional theatres.	20	New Risk
Finance			
Planned Care allocation over-committed for 2022/24	Awaiting outcome from WG for additional funding from £50m reserve fund.	20	Steady

PRIORITY 3: CANCER RECOVERY

Ministerial Priorities:	Reduction in backlog of patients waiting over 62 days to enable delivery of 75% of patients starting their first definitive cancer treatment 62 days from point of suspicion			
Vision/ Goals	<p>Reduce cancer backlog (patients waiting >62 days for first definitive cancer tx from point of suspicion) and improve performance against Single Cancer Pathway (%patients starting first definitive cancer treatment 62 days from point of suspicion).</p> <p>The impact of specific actions as set out in Cancer Recovery Plans for tumour sites are focused on addressing demand and capacity issues in pathways.</p>			
GMO ref:	Methods/ Actions to deliver Ministerial Priorities			
Cancer Recovery Plans 23/24	<p>Deliver recovery plans that are in place for highest volume/ most problematic tumour sites and areas where pathways are under review, namely:</p> <ul style="list-style-type: none"> • Lower GI • Breast • Gynae • Urology • Lung • Endoscopy 			
GMO ref:	Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Cancer Recovery Plans 23/24:	Expand Rapid Diagnostic Clinic (RDC) to include patients referred as SCP.	Working with University colleagues to capture the data from the ongoing 2 year Moondance project to support the expansion of the RDC ethos and capacity across the Health Board.	TBC	TBC
Lower GI		Increased operating capacity at both Morriston and Singleton	TBC	TBC

	Increased bed capacity for surgical patients at Morrision	TBC	TBC	TBC
Cancer Recovery Plans 23/24: Gynae	Introduce outpatient assessment / contact	TBC	TBC	TBC
	Increase the existing 5 hysteroscopy clinics per week with an additional patient per list	TBC	TBC	TBC
	Transfer of non-USC hysteroscopy capacity	TBC	TBC	TBC
	Develop business case for a dedicated hysteroscopy suite at Singleton Hospital.	TBC	TBC	TBC
Cancer Recovery Plans 23/24: Breast	Commission enhanced recovery unit at Singleton	TBC	TBC	TBC
Cancer Recovery Plans 23/24: Urology (3 pathways each with own capacity issues – Bladder, Prostate, Renal	Prostate: Deliver additional investments into the service for that will expand reporting capacity (longer term). In the interim, outsource biopsies for non-cancer work.	TBC	TBC	TBC
	Bladder: Commence Improvements to Ward A to deliver high care services (two beds)	TBC	TBC	TBC
	Develop business case for 9 th surgeon with robotic surgery interest. This would provide cross cover of theatre lists, release of consultant time and facilitate additional operating lists in Neath	TBC	TBC	TBC
	Work with Hywel Dda to review current delays in the pathway and establish solutions that would increase prompt early referral to the tertiary service in SBUHB	TBC	TBC	TBC

Cancer Recovery Plans 23/24: Lung	Reinstate walk-in” service for chest x-rays for patients referred by the GP	TBC	TBC	TBC
	Undertake pathway reviews	TBC	TBC	TBC
	Develop business case for a Radiology Treatment Room (2 trolleys) that will provide capacity for CT Biopsy service at Morriston	TBC	TBC	TBC
Endoscopy PC_011	<p>Deliver regional plan for South West Wales, as submitted to WG - proposed the recruitment of additional medical and non-medical endoscopists with the associated supporting staff.</p> <p>In the interim, insourcing/outourcing solutions will provide the capacity to reduce waiting times within the 8-week waiting time target by the end of March 2024</p>	TBC	TBC	TBC
	<p>Q1 Update Endoscopy:</p> <ul style="list-style-type: none"> Ongoing discussion through ARCH on regional element - proposal submitted to WG for additional funding for the region - awaiting outcome. In SBU Patients waiting for a diagnostic Endoscopy on the Lower GI pathway has 	<p>Q2 Priorities Endoscopy:</p> <ul style="list-style-type: none"> Appointed 2 new Gastroenterology Consultant posts - 0.8wte to commence in September. Currently out to advert for additional Endoscopy Nursing Team. Recruitment planned for Q2 23/24 		

	<p>reduced from 531 patients in September 2022 to 133 on the 29th June 2023. This is a 75% reduction in the number of patients waiting.</p> <p>Patients referred in for an Endoscopy prioritised as an urgent suspected cancer are currently being booked within 10-14 days.</p> <p>Due to local actions agreed, e.g:</p> <ul style="list-style-type: none"> ▪ Gastroenterology utilising locum to work flexibly to maximise endoscopy – up to 18 lists a month extra available ▪ Clinical endoscopist trained – 160 lists a year extra ▪ Additional weekend lists 2 lists per weekend ▪ ID Medical 14 lists per week ▪ Appointed 2 new Gastroenterology Consultant posts, 1WTE commenced. 			
DELIVERY OUTCOMES				
Measurable Year 1 Outcome	Reduction in cancer backlog (national target = 0)			

Baseline	399 at March 2023			
Performance Trajectories 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	330	341	237	232
Performance Actual 23/24	353			
Measurable Year 1 Outcome	Improved Performance against the Single Cancer pathway (national target = 75%)			
Baseline	53% at March 2023			
Performance Trajectories 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	58%	64%	74%	75%
Performance Actual 23/24	47% (May 2023)			
Current Governance arrangements	Cancer Performance SRO: Deb Lewis Currently weekly meetings with tumour site respective Directorate Managers to review performance and progress against plans.			

Risks and Issues to escalate in Q1:

PRIORITY 4: CAMHS

Ministerial Priorities:	Recover waiting time performance to performance framework standards for Specialist CAMHS			
Vision/ Goals	Disaggregate and transfer CAMHS to Swansea Bay. Consolidate team and services and review impact of transfer, ensuring service is provided in line with agreed national standards.			
GMO ref:	Methods/ Actions to deliver Ministerial Priorities			
MHLD_004	Establish service and embed into MH & LD Service Group. Identifying risks and baseline for performance monitoring. Agree actions to address performance issues and achieve national targets/ improvement trajectories.			
GMO ref:	Milestones 23/24:			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
MHLD_004	Undertake full demand and capacity analysis (by the end of May) and develop revised trajectories for submission in June 23	Achieve a fully functioning IT / digital infrastructure to support the delivery of CAMHS services, and to have started the skills action plan to upskill the workforce	To have a fully skilled workforce in IT/ digital services used in CAMHS and to further develop the use of the SBUHB IT infrastructure to include use of digital dictation systems.	Robust reporting arrangements in place to monitor performance
	Q1 Update CAHMS:			
DELIVERY OUTCOMES				
Measurable Year 1 Outcome	Improved CAHMS waiting time performance - MHM 1a Assessments and 1b Interventions			
Metric	Time taken from Referral <18yrs. % assessed within 28 days (Target 80%)			
Baseline	74% at end March 2023			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4

Performance Trajectories 23/24	80%	80%	80%	80%
Performance Actual 23/24	31%			
Metric	Time taken from Referral <18yrs. % treated within 28 days (Target 80%)			
Baseline	50% at end March 2023			
Performance Trajectories 23/24	Quarter 1	Quarter 2	Quarter 3	Quarter 4
	54%	80%	80%	80%
Performance Actual 23/24	33%			
Current Governance arrangements	MHLD Service Group, SRO – Janet Williams			