



Date	25 th May 2023	Agenda Item	6.1
Report Title	IMTP Delivery: Quarter 4 Progress Report and Minimum Data Set Quarter 4 Update		
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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
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	<p>The Board is asked to:</p> <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	<p>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)</p>		<p>Cellular Pathology currently sits at risk score of 25 for workforce issues resulting in significant clinical backlog.</p>	<p>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</p>	<p>Singleton NPT Service Group, Pathology Division</p>
Cancer	<p>Deliver sustainable model for OG Cancer Surgery Service</p>		<p>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.</p>	<p>TBC Included as Tier 1 priority GMO to progress in 23/24.</p>	<p>Associate Medical Directors SBUHB & CVUHB, supported by Regional & Specialised Services Provider Planning Partnership (RSSPP)</p>
	<p>Optimise management pathway for patients with</p>		<p>Business case developed for BCAG in 22/23 and not approved</p>	<p>N/A -GMO not prioritised for</p>	<p>N/A</p>

	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		meet target					
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%	10.10%	7.02%	9.15%	5.01%
				<i>*forecast does not meet national target</i>	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 Eyitayo, Executive Director of Workforce
Bed Plan	Deb Lewis, COO
Workforce	Debbie Eyitayo, 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	Craig Wilson, Deputy COO
Unscheduled Care activity	Deb Lewis, Chief Operating Officer / Kate Hannam, Morryston Service Director
Planned Care activity	Craig 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

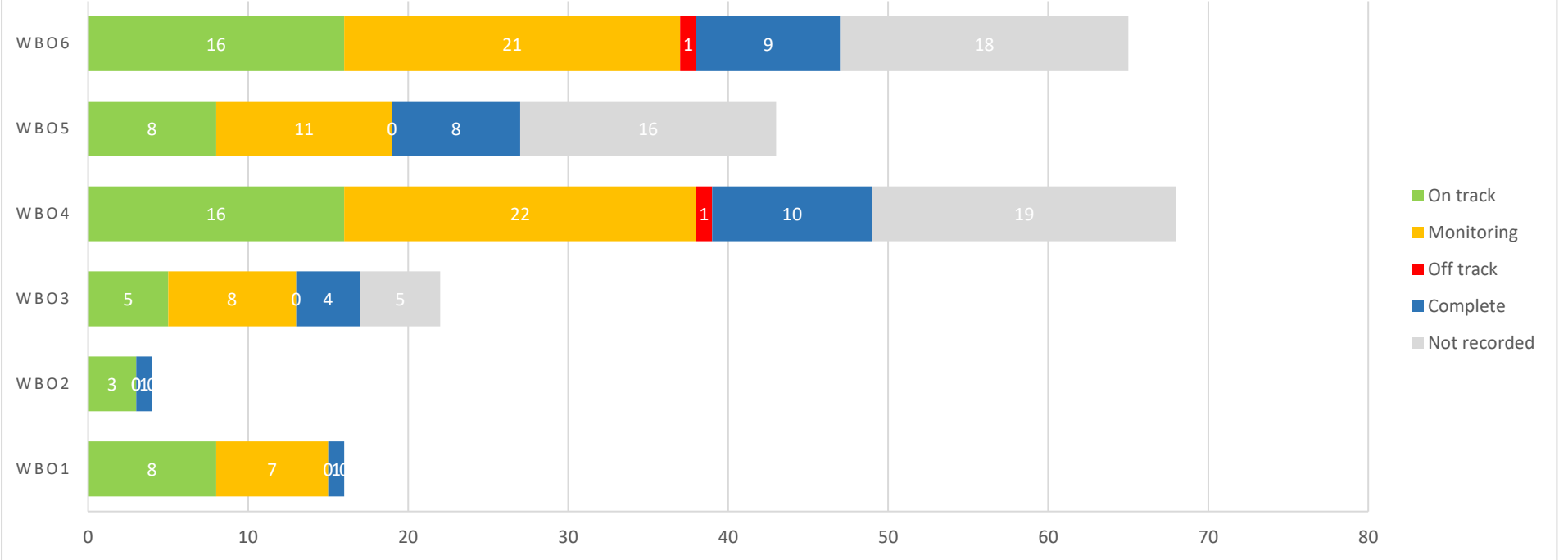
WBO4: Plan, commission, deliver and promote equitable, inclusive and accessible health and wellbeing services

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

The Board is 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

APPENDIX 1: R&S Plan (IMTP) 22/23 Achievements in Q4

R&S Plan Programme/ System	Significant Achievements and Progress made in Q4
Quality and Safety	<ul style="list-style-type: none"> ✓ Falls: Current falls per 1000 bed days- 4.3%, this is an 18% decrease in injurious falls compared to 21/22 ✓ End of Life Care: 26% of hospital deaths reviewed by the Medical Examiner had a Care Decision document in place ✓ Suicide Prevention: Over 450 staff members engaged through Sharing Hope project and Over 4000 staff trained in suicide prevention ✓ Sepsis: Sepsis audits undertaken across adult in patient areas and Sepsis champions identified in each service group. ✓ Infection and Prevention Control: Clear and improved governance structures for IPC in Service Delivery Groups and Service Delivery Group developed Improvement Plans. Timely senior level post-infection case reviews, to identify avoidability, primary source of infection, key contributory factors, lessons learned. Continuation of Executive scrutiny meetings with each Service Group. ✓ Health Board wide staff engagement to look at how we create and embed a high quality culture. Over 2,000 staff members across the organisation listened to as part of the process. Feedback being used to develop shared vision for the organisation and to describe how we take this vision forward together.
Population Health	<ul style="list-style-type: none"> ✓ Recruited to new senior roles in LPHT as part of building capacity & strengthening capability to drive forward population health approaches & programmes. ✓ Population Health Strategy and year 1 priorities for action by the organisation approved by Board and production of an external facing document for wider sharing and engagement with partners. ✓ Governance & leadership infrastructure for driving forward the Population Health Strategy agreed. ✓ Design and application of approach to support the organisation to realise population health potential across and within existing activity and ways of working. ✓ PSB Wellbeing Plans collaboratively produced and submitted for both Swansea and Neath Port Talbot. ✓ All Wales Weight Management Pathway development group in place bringing together stakeholders from across SBUHB and agreed a focus on and started development of weight management priorities for 2023-24. ✓ Tobacco control Development board in place, involving stakeholders from across Swansea Bay on a range of tobacco control priorities, including maternal smoking cessation, HMQ in Hospital and smoke-free sites. ✓ A maternal smoking cessation service specification & service model drafted and being shared for agreement with WG leads to draw down funding.

<p>Primary Community Therapies</p> <p>Care, &</p>	<ul style="list-style-type: none"> ✓ Implemented new Dental urgent care pathways and single point of access model. ✓ Large scale change to support and manage the implementation of National Contract Reform across all x4 Contractor elements. ✓ Improved Oral Health for older people living in care homes ✓ Developed and strengthened the Primary Care and Sustainability Team; continued use of the GMS Merger Framework ✓ Final service specification for MSK pathway drafted in preparation to be implemented during 2023/24 ✓ Funding has been secured through Welsh Government for Atrial Fibrillation Redesign as part of a regional bid with Hywel Dda and Cwm Taf. Primary Care Framework also developed and shared with practices for sign up.
<p>Urgent & Emergency Care</p>	<ul style="list-style-type: none"> ✓ Reduction in % of total emergency bed days accrued by people with LoS over 21 days (Q1 - 37.36%; Q2- 36.23%; Q3- 36.38%, Q4- 33.16%) Transformation Programme to reduce the numbers of Clinically Optimised Patients (COPS) rolled out with medicine beds capped to 99 at Singleton Hospital – first 15 beds to close in May 23 and all beds planned to close by Sept. 23 ✓ AMSR OCP Consultation process successfully concluded for 1,700 staff. Impact Considerations and Preference Exercise completed in late November 2022 (84% of all included in OCP offered first choice) and launch of Acute Medical Unit (AMU) short stay unit on 5 December 2022 – AMU/ single acute take model operational ✓ Phase 2 Virtual Wards expanded in 8 clusters including dedicated Mon-Fri in-reach model in ED and Virtual Wards Team co-located in SDEC ✓ Frailty expansion - extension of OPAS services from Morriston Hospital into care homes via Six Goals pilot project (project monies awarded Feb 23). OPAS remains 5 day service and expanding scope to be part of single SDEC service ✓ Collaboration with WAST - joint reviews of the WAST stack (including Contact First to sign post to alternative pathways/management) – WAST Advanced Paramedic Practitioners as part of exiting review team and collocated with SDEC

	<ul style="list-style-type: none"> ✓ Direct conveyance into SDEC from WAST in line with All Wales Paramedic Pathway Policy – Operational. ✓ Therapy services 5 day working in AMU in line with phased implementation of single acute take on 5th Dec 22 with ambition to move to 7-day working ✓ Centralisation of In-Patient Rehab for stroke patients @ Neath Port Talbot (NPT) Hospital - Completed ✓ COPD ESD Team for NPT have been recruited and supporting ESD, Virtual Wards and Admission Avoidance - Completed
Planned Care	<ul style="list-style-type: none"> ✓ Planned Care recovery trajectories – overachieved against predicted trajectories for both 104 and 52 week targets. ✓ Additional recovery measures – additional funding for Q4 targeted at reducing waiting times further in general surgery, oral medicine and paediatrics ✓ OWLS Scheme – four GP practices involved in pilot scheme – 2280 patients reviewed on FUNB lists for cardiology, gynaecology and orthopaedics. Initial data suggest up to 50% can be removed from waiting list. ✓ Surgery & Theatres additional capacity - Building work completed in the NPT for the Elective surgical hub for orthopaedics, spinal and urology, currently being commissioned will open w/c 5 June. ✓ Public consultation on repatriation of orthopaedic patients from CTM from June – 6 additional sessions available per week in NPTH which will increase capacity by >3000 joint operations/ year ✓ Radiology – only 336 patients waiting over 8 weeks across all modalities at the end of March 23, targeted intervention on CT and NOUS for Q1 ✓ Clinical editors – four GPs appointed to commence Health Pathways work. Five specialties areas agreed – 18 pathways for first 3 months.
Cancer	<ul style="list-style-type: none"> ✓ Regional SWWCC Strategic Programme Case completed and approved by SBUHB and HDdUHB Boards, confirming the strategic vision and direction of travel for regional non-surgical oncology services, specifically radiotherapy and oncology outpatients 2023/24 – 2032/33 ✓ Regional Radiotherapy - 4th Linac Replacement Construction completed. Linac delivered 07/01/23. Commissioning underway, planned go live Aug 2023.

	<ul style="list-style-type: none"> ✓ SACT Homecare expansion: Full home administration of Phesgo (breast cancer chemotherapy delivered as injection) ✓ Regular SACT Wait Time bimonthly reports now produced via Chemocare) in line with national reporting of SACT performance (introduced in 22/23). ✓ Established Ovarian one stop clinic (pilot – funded by WCN/Bevan Commission) to reduce time to diagnosis for women with high risk ovarian ca symptoms. ✓ National Optimal Pathways project work (supported by WCN): Urology - Reviewed PSA process and current pathways to compare against NOP and other HBs PSA process & management; Drafted GP Cancer Referral Guide; Initiated Onko remote Prehabilitation system pilot in Colorectal services, 100 patients funded by Macmillan until Oct 23.
<p>Mental Health and Learning Disabilities</p>	<ul style="list-style-type: none"> ✓ Improve Mental Health Crisis in Mental Health Services – Go Live of ‘111, press 2’ in August 2022 and SPOA went live in April 2022 ✓ Redesign of Older People’s Mental Health Inpatient Services – Capital Bid submitted for refurbishment of Tonna Hospital ✓ Modernising mental health services – recruitment of posts underway to increase access to psychological therapies, GP link workers in Local Primary MH services and Eating Disorder Services. ✓ Investment in Community LD teams to release in-patient beds – expansion of out of hours LDIST agreed, recruitment in progress ✓ Continued collaboration across 3 HBs to redesign current LD model of care for specialist inpatient services ✓ Development of OBC for Acute Adult Inpatient Provision – project board set up and work ongoing ✓ Agreement to disaggregate and transfer Community CAMHS to Swansea Bay UHB ✓ Funding agreed to Expand Sanctuary Service in NPT
<p>Children and Young People</p>	<ul style="list-style-type: none"> ✓ Initial work has commenced to scope out a permanent option for a Children's Emergency Department

	<ul style="list-style-type: none"> ✓ Management Board approved the Provision of a Children and Young People Sanctuary Service funded by Welsh Government and delivered by a 3rd Sector organisation. This will reduce the number of patients referred to the paediatric wards from the Emergency Department. ✓ Consultant Paediatric emergency rota redesigned and implemented in January 2023. ✓ Partial investment provided for Childrens Community nursing service, recruitment is underway to fill critical posts. ✓ Progressing Business case to secure support to refurbishment Paediatric ward environment
<p>Maternity</p>	<ul style="list-style-type: none"> ✓ Midwife Sonography – 1st cohort of midwives now operational; 2 further midwives in training, part-funding provided by HIEW. Promotes compliance with GAP/GROW protocols, expansion of serial scans for all smokers, and a more holistic approach to ante-natal care. ✓ External review of Swansea Bay University Health Board Maternity Services conducted by the Wales Maternity & Neonatal Network. The review panel report provides assurance on the robustness of the governance arrangements within maternity service Certain areas were commended as best practice and the recommendations were made for improvements which the service has developed into an action plan ratified via the Maternity Board, Divisional and Service Group Quality & Safety Groups. ✓ MatneoSSP - Participating fully in the MatneoSSP National Programme ✓ Develop network for external peer review of serious clinical incidents – whilst the national work on this continues, an informal arrangement is in place with Hywel Dda Obstetricians for reciprocal obstetric and midwifery reviews. ✓ Workforce Planning – Workforce review completed and commitment to ensure compliance to BR+ and to propose a new workforce model in community and an obstetric unit on-call model. This will enable the Birthing model for the Health Board to support the re-opening of the NPH Birthing Centre. ✓ Maternal Care from multi-professional teams, with access to specialist services - Mandated attendance at multi-disciplinary training (PROMPT) annually, positive feedback from PROMPT faculty on delivery of PROMPT in Swansea Bay HB ✓ Central Foetal Monitoring System – implementation is underway, although some technical issues have delayed 'go-live' until early July 2023

	<ul style="list-style-type: none"> ✓ Maternity Voices Partnership – as the first HB in Wales to establish an MVP, the Partnership has had a very active and successful first year.
Workforce	<p>Wellbeing</p> <ul style="list-style-type: none"> ✓ Enhanced service provision to meet increasing demand for mental health and trauma in the workplace. <p>Recruitment and retention</p> <ul style="list-style-type: none"> ✓ Central resourcing team continued to recruit to key clinical and support roles, enhanced quality and speed of recruitment process. ✓ Continued local nurse recruitment plus International recruitment for 350 nurses for 2021/22 and 2023/24, ensuring internationally recruited nurses are supported to succeed both in the workplace and living in a new country. ✓ Establishing clear career pathways/entry points to unregistered clinical posts B2, B3 and introducing new roles such as B4 Associate Practitioners, Physician Associates and Anaesthetics Associates. <p>Workforce Efficiencies</p> <ul style="list-style-type: none"> ✓ Reviewed medical bank/Agency booking process & introduced revised management controls to standardise bank/Agency usage. <p>Organisational Culture Programme</p> <ul style="list-style-type: none"> ✓ Completed phase 2 of the culture work to focus on a culture audit through our 'Big Conversation'. Began the analytics of the messages from staff to feed back to the organisation. This will support the Quality Strategy and form part of the Quality Management System. <p>Staff Experience</p> <ul style="list-style-type: none"> ✓ Review undertaken of programme of staff recognition and reward based on staff feedback. Considering feasibility of securing budget for delivery as part of core business.
Digital	<ul style="list-style-type: none"> ✓ Swansea Bay Patient Portal (SBPP) – Supporting self-monitoring and virtual reviews - Over 100,000 patients registered to date. New functionality developed, including the provision of appointment letters via SBPP ✓ Video Consultations - During Q2, 31% of Follow-ups and 19% of new outpatient activity was undertaken virtually.

- ✓ **'Paper light' Outpatient Departments** - 7 services went live in 22/23. A total of 17,000 appts attended using WCP, without a paper record.
- ✓ **WCCIS** – The HB has 500 users live on the system through the Swansea Council implementation of WCCIS. Local business case and implementation plan approved. Awaiting outcome of WG review of national business case before formalising next steps.
- ✓ **Signal** – Implementation of Version 3 including seamless integration with the Welsh Clinical Portal and enhancements to support SAFER and board rounds.
- ✓ **AMSR** –Supported the AMSR programme through the configuration and implementation of digital solutions including, Signal, WNCR, HEPMA and WPAS
- ✓ **Hospital Electronic Prescribing and Medicines Administration (HEPMA)** The HEPMA solution is digitising paper drug charts across Swansea Bay in-patient settings. The implementation of HEPMA across all medical wards has concluded and surgical implementation commenced in Q4.
- ✓ **Nursing Care Record (WNCR):** The WNCR project aims to transform nursing documentation from paper to digital. The solution has been successfully rolled out to all Wards (53 clinical areas).
- ✓ **Emergency Department System (WEDS):** There are a number of “supplier” technical issues and the rollout to Morriston ED is currently on pause. Escalations to EMIS, strategic review commissioned by DHCW.
- ✓ **PROMS** – 16 clinical services digitally collecting & using PROM data. 1100 PROM forms on average being completed each month. 10 further PROM deployments in the develop/design phase (anticipated live FY23/24). Procurement of a supplier based on the All Wales PROM's Framework FY23/34.
- ✓ **WCP** – 73% of all secondary care requests were raised electronically.
- ✓ **Cancer** – Go live with breast MDT functionality. Readiness work for other MDT tumour sites and palliative care continues.

1	High
2	Medium
3	Low
4	Very Low

1	High
2	Medium
3	Low
4	Very Low

1	High
2	Medium
3	Low
4	Very Low

Area	Objective	Key Performance Indicators	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	2040/41	2041/42	2042/43	2043/44	2044/45	2045/46	2046/47	2047/48	2048/49	2049/50	2050/51	2051/52	2052/53	2053/54	2054/55	2055/56	2056/57	2057/58	2058/59	2059/60	2060/61	2061/62	2062/63	2063/64	2064/65	2065/66	2066/67	2067/68	2068/69	2069/70	2070/71	2071/72	2072/73	2073/74	2074/75	2075/76	2076/77	2077/78	2078/79	2079/80	2080/81	2081/82	2082/83	2083/84	2084/85	2085/86	2086/87	2087/88	2088/89	2089/90	2090/91	2091/92	2092/93	2093/94	2094/95	2095/96	2096/97	2097/98	2098/99	2099/00																	
Cancer Research	Research funding	Research funding (£m)	10	12	15	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	112	114	116	118	120	122	124	126	128	130	132	134	136	138	140	142	144	146	148	150	152	154	156	158	160	162	164	166	168	170	172	174	176	178	180	182	184	186	188	190	192	194	196	198	200
	Research publications	Research publications (per year)	10	12	15	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	112	114	116	118	120	122	124	126	128	130	132	134	136	138	140	142	144	146	148	150	152	154	156	158	160	162	164	166	168	170	172	174	176	178	180	182	184	186	188	190	192	194	196	198	200
	Research staff	Research staff (per year)	10	12	15	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	112	114	116	118	120	122	124	126	128	130	132	134	136	138	140	142	144	146	148	150	152	154	156	158	160	162	164	166	168	170	172	174	176	178	180	182	184	186	188	190	192	194	196	198	200
	Research infrastructure	Research infrastructure (£m)	10	12	15	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	112	114	116	118	120	122	124	126	128	130	132	134	136	138	140	142	144	146	148	150	152	154	156	158	160	162	164	166	168	170	172	174	176	178	180	182	184	186	188	190	192	194	196	198	200
Clinical Research	Clinical research funding	Clinical research funding (£m)	10	12	15	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	112	114	116	118	120	122	124	126	128	130	132	134	136	138	140	142	144	146	148	150	152	154	156	158	160	162	164	166	168	170	172	174	176	178	180	182	184	186	188	190	192	194	196	198	200
	Clinical research publications	Clinical research publications (per year)	10	12	15	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	112	114	116	118	120	122	124	126	128	130	132	134	136	138	140	142	144	146	148	150	152	154	156	158	160	162	164	166	168	170	172	174	176	178	180	182	184	186	188	190	192	194	196	198	200
	Clinical research staff	Clinical research staff (per year)	10	12	15	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	112	114	116	118	120	122	124	126	128	130	132	134	136	138	140	142	144	146	148	150	152	154	156	158	160	162	164	166	168	170	172	174	176	178	180	182	184	186	188	190	192	194	196	198	200
	Clinical research infrastructure	Clinical research infrastructure (£m)	10	12	15	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	112	114	116	118	120	122	124	126	128	130	132	134	136	138	140	142	144	146	148	150	152	154	156	158	160	162	164	166	168	170	172	174	176	178	180	182	184	186	188	190	192	194	196	198	200

R&S Plan Cancer 22/23: Quantifying Outcomes

2. Improve Radiotherapy Waiting Times

Measure	Target	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	2040/41	2041/42	2042/43	2043/44	2044/45	2045/46	2046/47	2047/48	2048/49	2049/50	2050/51	2051/52	2052/53	2053/54	2054/55	2055/56	2056/57	2057/58	2058/59	2059/60	2060/61	2061/62	2062/63	2063/64	2064/65	2065/66	2066/67	2067/68	2068/69	2069/70	2070/71	2071/72	2072/73	2073/74	2074/75	2075/76	2076/77	2077/78	2078/79	2079/80	2080/81	2081/82	2082/83	2083/84	2084/85	2085/86	2086/87	2087/88	2088/89	2089/90	2090/91	2091/92	2092/93	2093/94	2094/95	2095/96	2096/97	2097/98	2098/99	2099/00																	
Radiotherapy waiting times	Radiotherapy waiting times (per patient)	10	12	15	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	112	114	116	118	120	122	124	126	128	130	132	134	136	138	140	142	144	146	148	150	152	154	156	158	160	162	164	166	168	170	172	174	176	178	180	182	184	186	188	190	192	194	196	198	200

R&S Plan Cancer 22/23: Quantifying Outcomes

3. Improve SACT Waiting Times

Measure	Target	2022/23	2023/24	2024/25	2025/26	2026/27	2027/28	2028/29	2029/30	2030/31	2031/32	2032/33	2033/34	2034/35	2035/36	2036/37	2037/38	2038/39	2039/40	2040/41	2041/42	2042/43	2043/44	2044/45	2045/46	2046/47	2047/48	2048/49	2049/50	2050/51	2051/52	2052/53	2053/54	2054/55	2055/56	2056/57	2057/58	2058/59	2059/60	2060/61	2061/62	2062/63	2063/64	2064/65	2065/66	2066/67	2067/68	2068/69	2069/70	2070/71	2071/72	2072/73	2073/74	2074/75	2075/76	2076/77	2077/78	2078/79	2079/80	2080/81	2081/82	2082/83	2083/84	2084/85	2085/86	2086/87	2087/88	2088/89	2089/90	2090/91	2091/92	2092/93	2093/94	2094/95	2095/96	2096/97	2097/98	2098/99	2099/00																	
SACT waiting times	SACT waiting times (per patient)	10	12	15	18	20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56	58	60	62	64	66	68	70	72	74	76	78	80	82	84	86	88	90	92	94	96	98	100	102	104	106	108	110	112	114	116	118	120	122	124	126	128	130	132	134	136	138	140	142	144	146	148	150	152	154	156	158	160	162	164	166	168	170	172	174	176	178	180	182	184	186	188	190	192	194	196	198	200

R&S Plan Cancer 22/23: Quantifying Outcomes

4. Reduce LOS / Increase admission avoidance of cancer inpatients

Measure	Target	2022/23	2023/24	2024/25	202
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MENTAL HEALTH AND LEARNING DISABILITIES
WALSH 2023

WALSH

1.0	1.0
1.1	1.1
1.2	1.2
1.3	1.3
1.4	1.4
1.5	1.5
1.6	1.6
1.7	1.7
1.8	1.8
1.9	1.9
2.0	2.0

WALSH

1.0	1.0
1.1	1.1
1.2	1.2
1.3	1.3
1.4	1.4
1.5	1.5
1.6	1.6
1.7	1.7
1.8	1.8
1.9	1.9
2.0	2.0

2023-2024 BUDGET

Area	Activity	Objectives	Outcomes	Inputs	Resources	Costs	Benefits	Impact	Value	Notes
Mental Health and Learning Disabilities	Support for people with mental health issues	Provide support and information to people with mental health issues	Increased awareness and understanding of mental health issues	Staff time, resources	Community Development Fund	€10,000	Improved mental health outcomes	€10,000	€10,000	
	Support for people with learning disabilities	Provide support and information to people with learning disabilities	Increased awareness and understanding of learning disabilities	Staff time, resources	Community Development Fund	€10,000	Improved learning outcomes	€10,000	€10,000	
	Support for people with mental health and learning disabilities	Provide support and information to people with mental health and learning disabilities	Increased awareness and understanding of mental health and learning disabilities	Staff time, resources	Community Development Fund	€10,000	Improved mental and learning outcomes	€10,000	€10,000	
	Support for people with mental health issues	Provide support and information to people with mental health issues	Increased awareness and understanding of mental health issues	Staff time, resources	Community Development Fund	€10,000	Improved mental health outcomes	€10,000	€10,000	
	Support for people with learning disabilities	Provide support and information to people with learning disabilities	Increased awareness and understanding of learning disabilities	Staff time, resources	Community Development Fund	€10,000	Improved learning outcomes	€10,000	€10,000	
	Support for people with mental health and learning disabilities	Provide support and information to people with mental health and learning disabilities	Increased awareness and understanding of mental health and learning disabilities	Staff time, resources	Community Development Fund	€10,000	Improved mental and learning outcomes	€10,000	€10,000	
	Support for people with mental health issues	Provide support and information to people with mental health issues	Increased awareness and understanding of mental health issues	Staff time, resources	Community Development Fund	€10,000	Improved mental health outcomes	€10,000	€10,000	
	Support for people with learning disabilities	Provide support and information to people with learning disabilities	Increased awareness and understanding of learning disabilities	Staff time, resources	Community Development Fund	€10,000	Improved learning outcomes	€10,000	€10,000	
	Support for people with mental health and learning disabilities	Provide support and information to people with mental health and learning disabilities	Increased awareness and understanding of mental health and learning disabilities	Staff time, resources	Community Development Fund	€10,000	Improved mental and learning outcomes	€10,000	€10,000	
	Support for people with mental health issues	Provide support and information to people with mental health issues	Increased awareness and understanding of mental health issues	Staff time, resources	Community Development Fund	€10,000	Improved mental health outcomes	€10,000	€10,000	

Green	Highly Compliant
Yellow	Compliant
Orange	Minor Non-Compliance
Red	Major Non-Compliance
Dark Red	Critical Non-Compliance

Yellow	Minor Non-Compliance
Green	Compliant
Dark Green	Highly Compliant

Area	Requirement	Current Status	Compliance Level	Priority	Responsible Party	Due Date	Notes
Information Security	Information Security Policy (ISP) is up-to-date and approved by the Board.	Information Security Policy (ISP) is up-to-date and approved by the Board.	Compliant	Low	Information Security Team	2023-12-31	Information Security Policy (ISP) is up-to-date and approved by the Board.
	Information Security Policy (ISP) is communicated to all employees.	Information Security Policy (ISP) is communicated to all employees.	Compliant	Low	Information Security Team	2023-12-31	Information Security Policy (ISP) is communicated to all employees.
	Information Security Policy (ISP) is reviewed annually.	Information Security Policy (ISP) is reviewed annually.	Compliant	Low	Information Security Team	2023-12-31	Information Security Policy (ISP) is reviewed annually.
	Information Security Policy (ISP) is approved by the Board.	Information Security Policy (ISP) is approved by the Board.	Compliant	Low	Information Security Team	2023-12-31	Information Security Policy (ISP) is approved by the Board.
Data Protection	Data Protection Policy (DPP) is up-to-date and approved by the Board.	Data Protection Policy (DPP) is up-to-date and approved by the Board.	Compliant	Low	Data Protection Team	2023-12-31	Data Protection Policy (DPP) is up-to-date and approved by the Board.
	Data Protection Policy (DPP) is communicated to all employees.	Data Protection Policy (DPP) is communicated to all employees.	Compliant	Low	Data Protection Team	2023-12-31	Data Protection Policy (DPP) is communicated to all employees.
	Data Protection Policy (DPP) is reviewed annually.	Data Protection Policy (DPP) is reviewed annually.	Compliant	Low	Data Protection Team	2023-12-31	Data Protection Policy (DPP) is reviewed annually.
	Data Protection Policy (DPP) is approved by the Board.	Data Protection Policy (DPP) is approved by the Board.	Compliant	Low	Data Protection Team	2023-12-31	Data Protection Policy (DPP) is approved by the Board.
Business Continuity	Business Continuity Policy (BCP) is up-to-date and approved by the Board.	Business Continuity Policy (BCP) is up-to-date and approved by the Board.	Compliant	Low	Business Continuity Team	2023-12-31	Business Continuity Policy (BCP) is up-to-date and approved by the Board.
	Business Continuity Policy (BCP) is communicated to all employees.	Business Continuity Policy (BCP) is communicated to all employees.	Compliant	Low	Business Continuity Team	2023-12-31	Business Continuity Policy (BCP) is communicated to all employees.
	Business Continuity Policy (BCP) is reviewed annually.	Business Continuity Policy (BCP) is reviewed annually.	Compliant	Low	Business Continuity Team	2023-12-31	Business Continuity Policy (BCP) is reviewed annually.
	Business Continuity Policy (BCP) is approved by the Board.	Business Continuity Policy (BCP) is approved by the Board.	Compliant	Low	Business Continuity Team	2023-12-31	Business Continuity Policy (BCP) is approved by the Board.
Risk Management	Risk Management Policy (RMP) is up-to-date and approved by the Board.	Risk Management Policy (RMP) is up-to-date and approved by the Board.	Compliant	Low	Risk Management Team	2023-12-31	Risk Management Policy (RMP) is up-to-date and approved by the Board.
	Risk Management Policy (RMP) is communicated to all employees.	Risk Management Policy (RMP) is communicated to all employees.	Compliant	Low	Risk Management Team	2023-12-31	Risk Management Policy (RMP) is communicated to all employees.
	Risk Management Policy (RMP) is reviewed annually.	Risk Management Policy (RMP) is reviewed annually.	Compliant	Low	Risk Management Team	2023-12-31	Risk Management Policy (RMP) is reviewed annually.
	Risk Management Policy (RMP) is approved by the Board.	Risk Management Policy (RMP) is approved by the Board.	Compliant	Low	Risk Management Team	2023-12-31	Risk Management Policy (RMP) is approved by the Board.
Financial Reporting	Financial Reporting Policy (FRP) is up-to-date and approved by the Board.	Financial Reporting Policy (FRP) is up-to-date and approved by the Board.	Compliant	Low	Financial Reporting Team	2023-12-31	Financial Reporting Policy (FRP) is up-to-date and approved by the Board.
	Financial Reporting Policy (FRP) is communicated to all employees.	Financial Reporting Policy (FRP) is communicated to all employees.	Compliant	Low	Financial Reporting Team	2023-12-31	Financial Reporting Policy (FRP) is communicated to all employees.
	Financial Reporting Policy (FRP) is reviewed annually.	Financial Reporting Policy (FRP) is reviewed annually.	Compliant	Low	Financial Reporting Team	2023-12-31	Financial Reporting Policy (FRP) is reviewed annually.
	Financial Reporting Policy (FRP) is approved by the Board.	Financial Reporting Policy (FRP) is approved by the Board.	Compliant	Low	Financial Reporting Team	2023-12-31	Financial Reporting Policy (FRP) is approved by the Board.
Human Resources	Human Resources Policy (HRP) is up-to-date and approved by the Board.	Human Resources Policy (HRP) is up-to-date and approved by the Board.	Compliant	Low	Human Resources Team	2023-12-31	Human Resources Policy (HRP) is up-to-date and approved by the Board.
	Human Resources Policy (HRP) is communicated to all employees.	Human Resources Policy (HRP) is communicated to all employees.	Compliant	Low	Human Resources Team	2023-12-31	Human Resources Policy (HRP) is communicated to all employees.
	Human Resources Policy (HRP) is reviewed annually.	Human Resources Policy (HRP) is reviewed annually.	Compliant	Low	Human Resources Team	2023-12-31	Human Resources Policy (HRP) is reviewed annually.
	Human Resources Policy (HRP) is approved by the Board.	Human Resources Policy (HRP) is approved by the Board.	Compliant	Low	Human Resources Team	2023-12-31	Human Resources Policy (HRP) is approved by the Board.
Legal & Compliance	Legal & Compliance Policy (LCP) is up-to-date and approved by the Board.	Legal & Compliance Policy (LCP) is up-to-date and approved by the Board.	Compliant	Low	Legal & Compliance Team	2023-12-31	Legal & Compliance Policy (LCP) is up-to-date and approved by the Board.
	Legal & Compliance Policy (LCP) is communicated to all employees.	Legal & Compliance Policy (LCP) is communicated to all employees.	Compliant	Low	Legal & Compliance Team	2023-12-31	Legal & Compliance Policy (LCP) is communicated to all employees.
	Legal & Compliance Policy (LCP) is reviewed annually.	Legal & Compliance Policy (LCP) is reviewed annually.	Compliant	Low	Legal & Compliance Team	2023-12-31	Legal & Compliance Policy (LCP) is reviewed annually.
	Legal & Compliance Policy (LCP) is approved by the Board.	Legal & Compliance Policy (LCP) is approved by the Board.	Compliant	Low	Legal & Compliance Team	2023-12-31	Legal & Compliance Policy (LCP) is approved by the Board.

	Validation	Result	Comments
Completion & Guidance	Has an organisation been selected?	Yes	
	Have all sheets been confirmed as complete?	No	There are 12 sheets not confirmed as complete.
Bedplan	Are all entries numeric?	Yes	
Workforce WTE	Are all entries numeric?	No	FDU - some entries as "N/a" - taken as null entry
Test Trace Protect	Are all entries numeric?	#REF!	#REF!
	Does TTP Workforce WTE match entry in Workforce WTE Tab	#REF!	#REF!
	Does TTP Testing Cost equal that indicated on Covid-19 Tab?	#REF!	#REF!
	Does TTP Tracing Cost equal that indicated on Covid-19 Tab?	#REF!	#REF!
Covid-19 Vaccination	Are all entries numeric?	#REF!	#REF!
	Do the financial costs reconcile to those reported in the COVID-19 tab?	#REF!	FDU - £470 difference deemed acceptable.
	Do the Total Patients Vaccinated equal the Breakdown by Vaccine Supplier?	#REF!	FDU - breakdown by supplier not completed.
	Do the total Pay Cost equal the cost entered in tab 6 - Covid-19 Programme Spend?	#REF!	FDU - £470 difference deemed acceptable.
	Do the total Non Pay Cost equal the cost entered in tab 6 - Covid-19 Programme Spend?	#REF!	#REF!
Primary Care Activity	Are all entries numeric?	No	FDU - "No Data" entered - taken as null entry
Mental Health Activity	Are all entries numeric?	Yes	
Cancer Care Activity	Are all entries numeric?	Yes	
Unscheduled Care & Ambulance	Are all entries numeric?	Yes	
Planned Care Activity	Are all entries numeric?	Yes	
Screening Programmes	Are all entries numeric?	#REF!	#REF!
Revenue Plan	Has Revenue been entered as positive?	#REF!	
	Has Planning Assumptions yet to be finalised been entered as positive?	#REF!	
	Does revenue plan reconcile to Net Expenditure Surplus/Deficit?	Yes	
	Other' items labelled?	#REF!	#REF!
	Are Planning Assumptions equal to the sum of those stated in Net Expenditure?	#REF!	#REF!
Income Assumptions	Are all Income Assumptions labelled?	#REF!	#REF!
In Year Cost Base	Do In Year Pay Cost Pressures match those in Net Expenditure tab?	#REF!	#REF!
	Do In Year Non Pay Cost Pressures match those in Net Expenditure tab?	#REF!	#REF!
	Do In Year Primary Care Drugs Cost Pressures match those in Net Expenditure tab?	#REF!	#REF!
	Do In Year Secondary Care Drugs Cost Pressures match those in Net Expenditure tab?	#REF!	#REF!
	Do In Year CHC/FNC Cost Pressures match those in Net Expenditure tab?	#REF!	#REF!
	Do In Year Primary Care Contractor Cost Pressures match those in Net Expenditure tab?	#REF!	#REF!
	Do In Year Commissioned Services Cost Pressures match those in Net Expenditure tab?	#REF!	#REF!
	Are all free text items labelled?	#REF!	
Net Expenditure	Are Pay Cost Pressures entered into Net Expenditure tab as positive?	#REF!	
	Are Non Pay Cost Pressures entered into Net Expenditure tab as positive?	#REF!	
	Are Primary Care Drugs Cost Pressures entered into Net Expenditure tab as positive?	#REF!	
	Are Secondary Care Drugs Cost Pressures entered into Net Expenditure tab as positive?	#REF!	
	Are CHC/FNC Cost Pressures entered into Net Expenditure tab as positive?	#REF!	
	Are Primary Care Contractor Cost Pressures entered into Net Expenditure tab as positive?	#REF!	
	Are Commissioned Services Cost Pressures entered into Net Expenditure tab as positive?	#REF!	
	Do the Commissioned Services values reconcile between the SOCNEI and expenditure area breakdown?	#REF!	
Savings	Have all fields been completed for schemes that have value?	#REF!	
	Have all schemes a unique number?	#REF!	
	Has a monitoring return category been selected for all schemes?	#REF!	
	Has a category been selected for IG/AG?	#REF!	
	Is FYE of R Schemes >= In Year Plan	#REF!	
	Has FYE been entered on NR Scheme?	#REF!	
Do all schemes have a valid Start Date & Go Green Date	#REF!	#REF!	
Covid-19 Programme Spend	Are all free text items labelled?	#REF!	
Risks & Opportunities	Have Risks been entered as Negative	#REF!	
	Have Opportunities been entered as Positive	#REF!	
	Are all free text items labelled?	#REF!	
Capital Expenditure	Are all free text items labelled?	#REF!	

2022/23 PLANNING MINIMUM DATASET

SUMMARY OF CONTENTS

Organisation

Swansea Bay ULHB

For further guidance on completion please contact:

HSS-PlanningTeam@gov.wales

Checklist (click section name to jump to relevant sheet)	Sections Complete (dropdown available)
MINISTERIAL MEASURES	Yes
BEDPLAN	Yes
WORKFORCE WTE	Yes
TEST TRACE PROTECT	
COVID-19 VACCINATION	
PRIMARY CARE ACTIVITY	Yes
MENTAL HEALTH ACTIVITY	Yes
CANCER CARE ACTIVITY	Yes
UNSCHEDULED CARE ACTIVITY	Yes
PLANNED CARE ACTIVITY	Yes
SCREENING PROGRAMMES	
REVENUE PLAN	
INCOME ASSUMPTIONS	
IN YEAR COST BASE	
NET EXPENDITURE	
SAVINGS TRACKER	
COVID-19 PROGRAMME SPEND	
RISK & OPPORTUNITIES	
CAPITAL	
ASSET INVESTMENT	

Comments

Q4 MDS SUBMISSION - data correct at 3rd May 2023

1. Ministerial Measures - Monthly measures updated with actual data for Q4 where available. Mar actual data not available for SCP% metric and workforce sickness metrics due to data reporting lags.

2. Bed Plan - position unchanged in Q4 therefore no updates made.

3. Primary care:

- % of Babies 6 week check complete – Unable to source data as this is held with GPs as it is a GP led check rather than Health Visiting
- % of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 27 months - No data source – this was a QAIF metric, but was retired March 2019
- % of patients with any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 15 months - No data source – this was a QAIF metric, but was retired March 2019
- % of current smokers with any of the following conditions: CHD, PAD, stroke/TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who have an offer of support and treatment within the preceding 15

General Notes

Please only fill in the lightly yellow shaded cells.
 Please populate all cells and only use figures when populating.
 If cell value is 0 then please enter 0 and do not leave blank. Please also do not enter "-" to denote 0.
 This is intended to be a small guide, showing how the tabs work together, which hopefully assists in completion.

Tab	Completion order	Instructions
MINISTERIAL MEASURES	ANY	Populate as normal as this tab is not linked to other tabs.
BEDPLAN	ANY	Populate as normal as this tab is not linked to other tabs.
WORKFORCE WTE	ANY	Populate all workforce sections as dictated by their section titles including COVID-19 staff in the staff type sections. Then break the WTE down by project for triangulation with Covid-19 Programme Spend.
TEST TRACE PROTECT	ANY	Populate as normal as this tab is not linked to other tabs. Line 74 should reconcile back to total TTP spend included in tab 6 - Covid-19 Programme Spend.
COVID-19 VACCINATION	ANY	Populate vaccination activity based on the latest parameters issues by Welsh Government
ALL ACTIVITY PAGES	ANY	Populate as normal this tab is not linked to other tabs.
- PLANNED CARE ACTIVITY	ANY	Populate as normal as this tab is not linked to other tabs – The actual columns will be completed in the refresh exercises in year.
SCREENING PROGRAMMES	ANY	Populate as normal this tab is not linked to other tabs.
1 - REVENUE PLAN	6	Populate all cells coloured yellow. All gold coloured tabs are linked with subsequent tabs.
2 - INCOME ASSUMPTIONS	5	Populate as normal this tab is not linked to other tabs.
3 - IN YEAR COST BASE	1	Populate each general and local investment (yellow shaded cells are free text lines to include investments not already listed - breaking down the individual investment by expenditure category splitting by in year and FYE in columns C-P. These figures feed lines 50-56 in 1 - Revenue Plan tab. Secondly profile out each investment in columns T-AE.
4 - NET EXPENDITURE	4	Lines 11-38 are a summarized version of the tables in lines 40-137. Cells coloured in gold are automatically populated from lines in Covid-19 Programme Spend and Savings Tracker Tabs. Populate cells coloured in yellow manually.
5 - SAVINGS TRACKER	2	This tab is mirrored from the savings tracker utilised in the MMR returns. Please fill in lines 26 and below relevant to how many savings schemes in the organisation. If the scheme is an income generation scheme leave the cell in column P (MMR Category) blank. Check for error messages in columns AD - AK which highlights areas of the tracker filled incorrectly. Gold cells in lines 9 -22 are automatically populated from the tracker. We are also asking that a summary of future savings plans entered in the table starting at cell AJ9
6 - Covid-19 Programme Spend	3	This tab reflects the information collected in table B3 in the MMR returns. Please fill out yellow coloured cells. This tab feeds Vaccination, Revenue Plan and Net Expenditure Tabs.
7 - RISK & OPPORTUNITIES	7	Populate as normal as this tab is not linked to other tabs.
8 - CAPITAL	8	Populate as normal as this tab is not linked to other tabs.
9 - ASSET INVESTMENT	9	Populate as normal as this tab is not linked to other tabs.

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Swansea Bay ULHB

Please fill in the lightly yellow shaded cells.

Ministerial Measures 2022-23

Quarterly Measures

	Measure	Target	Forecast Q4 2021/22	Projection			
				Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23
SIX GOALS OF URGENT AND EMERGENCY CARE	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 quarter improvement trend	NOT AVAILABLE FROM WAST				
	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	4 quarter reduction trend	1,176	1,082	987	644	618
	Percentage of total emergency bed days accrued by people with a length of stay over 21 days	4 quarter reduction trend	37.3%	34.8%	32.3%	37.0%	27.2%

Monthly Measures

	Measure	Target	Forecast Mar 2022	Projection												
				APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	
ACCESS TO TIMELY PLANNED CARE	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	13587	13083	12,670	12,064	11,400	10,960	10,623	10,090	9,048	8,066	7,331	6,656	6,015	
	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	37820	38,799	39,403	39,020	38,888	38,583	37,095	36,121	34,207	33,321	32,301	30,017	28,353	
	Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	50.70%	50.40%	50.40%	50.80%	51.80%	52.00%	52.10%	53.50%	54.40%	54.20%	52.80%	56.90%	58.40%	
	Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	MEASURE REMOVED BY WG													
	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	12627	13,308	14,114	14,994	15,232	15,122	13,980	12,352	9,774	7,779	6,630	5,475	3,895	
	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	32936	34003	34,568	35,114	35,659	36,037	36,144	35,968	36,769	38,252	39,056	40,146	41,710	
	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	4191	4407	4540	4449	4407	4257	4204	4,170	4,136	4,241	4,324	4,387	4,546	
	Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	54%	48%	47%	50.6%	55.9%	55.0%	57%	51%	53%	48%	50%	44%		
WORKFORCE	Agency spend as a percentage of the total pay bill	12 month reduction trend	6.62%	4.87%	6.28%	6.2%	6.7%	6.4%	4.9%	6.5%	6.4%	6.0%	5.3%	5.1%	5.1%	
	Percentage of sickness absence rate of staff	12 month reduction trend	7.82%	8.11%	8.2%	8.3%	8.5%	8.4%	8.3%	8.1%	8.0%	8.0%	7.9%	7.8%		

Local Health Board		Swansea Bay ULHB												
		Q1		Q2		Q3		Q4		Total 2022/23		2023/24	2024/25	
		Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Actual	Projected	Projected	
Elective Inpatient Activity	Total Core Activity	1152	1,270	1152	1,359	1146	1,507	1159	1,702	4,609	5,838	6,279		
	Total Additional Activity													
	In-sourcing	69	53	69	27	60	42	60	35	258	157	1,081		
	Waiting List Initiatives (WLI)	0	12	0	1	0	3	12	3	12	19	12		
	Outsourcing	15	34	15	35	30	23	5	0	65	92	170		
	Total	84	99	84	63	90	68	77	38	335	268	1,263	-	
	Total Activity	1,236	1,369	1,236	1,422	1,236	1,575	1,236	1,740	4,944	6,106	7,542	-	
Elective Day Case Activity	Total Core Activity	2,172	4,344	2,172	4,597	1,638	4,268	1,788	3,793	7,770	17,002	22,876		
	Total Additional Activity													
	In-sourcing	420	395	120	591	564	459	564	496	1,668	1,941	1,818		
	Waiting List Initiatives (WLI)	0	0	0	30	0	38	0	41	-	109	360		
	Outsourcing	240	626	240	396	330	297	180	275	990	1,594	480		
	Total	660	1,021	360	1,017	894	794	744	812	2,658	3,644	2,658	-	
	Total Activity	2,832	5,365	2,532	5,614	2,532	5,062	2,532	4,605	10,428	20,646	25,534	-	
New Outpatients	Face to face	Total Core Activity	17,236	24,570	17,236	26,261	17,002	28,058	17,002	30,138	68,476	109,027	110,216	
		Total Additional Activity												
		In-sourcing	0	4	0	255	0	431	0	186	-	876	-	
		Waiting List Initiatives (WLI)	3,021	1,070	3,021	2762	3,255	3593	4,065	3,647	13,362	11,072	15,813	
		Outsourcing	0	203	0	140	0	86	0	78	-	507	-	
		Total	3,021	1,277	3,021	3,157	3,255	4,110	4,065	3,911	13,362	12,455	15,813	-
		Total Activity	20,257	25,847	20,257	29,418	20,257	32,168	21,067	34,049	81,838	121,482	126,029	-
	Virtual	Total Core Activity	7,448	3,882	7,448	3,659	7,448	3,225	7,448	2,827	29,792	13,593	29,430	
		Total Additional Activity												
		In-sourcing	0	0	0	0	0	1	0	0	-	1	-	
Waiting List Initiatives (WLI)		0	206	0	475	0	628	0	301	-	1,610	-		
Outsourcing		0	0	0	0	0	0	0	0	-	-	-		
	Total	-	206	-	475	-	629	-	301	-	1,611	-		
	Total Activity	7,448	4,088	7,448	4,134	7,448	3,854	7,448	3,128	29,792	15,204	29,430	-	
Follow Up Outpatients	Face to face	Total Core Activity	35,203	50,948	35,203	56,170	35,803	55,875	36,353	60,203	142,562	223,196	212,832	
		Total Additional Activity												
		In-sourcing	0	623	0	468	300	115	0	469	300	1,676	-	
		Waiting List Initiatives (WLI)	1,150	301	1,150	380	250	145	0	380	2,550	1,206	-	
		Outsourcing	0	12	0	0	0	8	0	0	-	20	-	
		Total	1,150	936	1,150	849	550	268	-	849	2,850	2,902	-	
		Total Activity	36,353	51,884	36,353	57,019	36,353	56,143	36,353	61,052	145,412	226,098	212,832	-
	Virtual	Total Core Activity	21,732	17,406	21,732	15,403	21,732	15,585	21,732	15,374	86,928	63,768	95,148	
		Total Additional Activity												
		In-sourcing	0	8	0	48	0	54	0	0	-	110	-	
Waiting List Initiatives (WLI)		0	435	0	255	0	274	0	167	-	1,131	-		
Outsourcing		0	0	0	0	0	0	0	0	-	-	-		
	Total	-	443	-	303	-	328	-	167	-	1,241	-		
	Total Activity	21,732	17,849	21,732	15,706	21,732	15,913	21,732	15,541	86,928	65,009	95,148	-	
Diagnostics	CT	Total Core Activity												
		Total Additional Activity												
		Total Activity												
	MRI	Total Core Activity												
		Total Additional Activity												
		Total Activity												
	NOUS	Total Core Activity												
		Total Activity												
Endoscopy	Total Core Activity	1,800	1,538	1,800	1,813	1,800	1,841	1,800	1,800	7,200	6,992	6,879	7,200	
	Total Additional Activity	800	768	1,064	1,295	840	1,326	840	1,062	3,544	4,451	7,490	3,544	
	Total Activity	2,600	2,306	2,864	3,108	2,640	3,167	2,640	2,862	10,744	11,443	10,744	10,744	

¹ See 'Definitions and Guidance' sheet for which surgical specialities to include

² See 'Definitions and Guidance' sheet for exclusions