Meeting Date	**30th May 2023**	**Agenda Item**	**2.1**
Report Title	Swansea Bay UHB Annual Plan 2023/24 Supplementary Information – May 2023		
Report Author	Karen Stapleton, Deputy Director of Strategy		
Report Sponsor	Nerissa Vaughan, Interim Director of Strategy Deb Lewis, Chief Operating Officer Darren Griffiths, Director of Finance		
Presented by	Nerissa Vaughan, Interim Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	The Health Board has received formal feedback on its Annual Plan Submission 2023-24 in a letter from the NHS Wales Chief Executive dated 24th April 2023. In addition an Annual Plan Scrutiny Session took place with Welsh Government colleagues on 2nd May 2023. This paper sets out the issues raised and provides the Health Board's response to address these issues.		
Key Issues	• All Health Boards were required to have Scrutiny sessions with WG, with the purpose of addressing the following areas of concern: o alignment of plans and the Ministerial templates o delivery of Ministerial priorities and o mitigation of the significant financial deficit across NHS Wales, which was considered unacceptable and unsupportable. • The SBUHB Annual Plan 23/24 Scrutiny Session took place with WG on 2nd May. • All Health boards are required to provide a supplementary paper to WG which outlines any major changes that have taken place between 31 March and 31 May that amends our organisation's Annual Pplan. • WG stated that consideration must also be given to the local and national choices that could be made. For clarity from a financial perspective, organisations are expected to reduce the risk in existing plans, improve the financial deficit projected, and outline quantified options and choices to make further improvement from that position.		

<table>
<tr><td></td><td colspan="4">In addition All Health boards are required resubmit the relevant Ministerial templates to provide assurance and clarity.
All additional information to be submitted to WG by 31st May 2023.</td></tr>
<tr><td rowspan="2">Specific Action Required
(please choose one only)</td><td>Information</td><td>Discussion</td><td>Assurance</td><td>Approval</td></tr>
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<tr><td>Recommendations</td><td colspan="4">The Board is asked to:
NOTE the updates on actions the Health Board are taking to address concerns related to the delivery of the Ministerial Priorities and Targets and our Financial Plan 23/24.
APPROVE the revised financial deficit position.</td></tr>
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Swansea Bay UHB Annual Plan 2023/24
Supplementary Information – May 2023

1. Introduction

This paper sets out to address the feedback from the Annual Plan Submission 2023-24 letter from the NHS Wales Chief Executive dated 24th April 2023 and the Annual Plan Scrutiny Session with Welsh Government colleagues on 2nd May 2023. The Ministerial Priority Templates have been updated and are included as Appendix 1.

2. Updates

We have set out below the actions we are taking to address concerns related to the delivery of the Ministerial Priorities and Targets and our Financial Plan 23/24. Additional updates of milestones and outcomes for all Ministerial Priorities are provided in the revised Ministerial Priority Templates in Appendix 1, all trajectories for Ministerial Targets have been collated in Appendix 2 (to note, Planned Care trajectories are to follow as the Health Board is awaiting confirmation of Planned Care monies funding decision from WG, this is expected Friday 26th May 2023).

2.1 Delivery of Ministerial Priorities and Targets

2.1.1 Ambulance Handovers and ED Performance (4 and 12 hour waits)

In order to honour the commitment to reduce ambulance waits and improve 4 and 12 hour performance in ED we are:

1. Working to increase the footfall/ patients treated in an ambulatory way via SDEC. This in turn will decongest our Acute Medical Unit (AMU - short stay unit) which in turn is hoped to free up ED capacity at our Morriston Hospital site.
2. Initiating a zero tolerance on 4hr ambulance waits policy and developing an offloading/ on-boarding policy regarding how we comply with zero tolerance on 4hr waits at times when our hospitals are under greatest pressure. This policy to include (when safe to do so) sharing risk across the Morriston Hospital site by beginning early moves from ED to Wards (and increased boarding if required) and then encouraging timely discharge. This will also include working with all hospital sites (e.g. SGH, NPT) within SBUHB's system so as to transfer additional patients from Morriston Hospital, again as a method of sharing risk across SBUHB's system. As part of this work we are initiating a 3 month improvement trajectory (ending August 23) with the target of zero 4hr waits by this time (which will require whole system support/ improvement in discharge profile for acute beds.)

   The change of working described above (and anticipated additional capacity at AMU/ ED) will assist in offloading our patients from ambulances that may otherwise be delayed.
3. Learning from elsewhere. We have also explored the work implemented and outcomes delivered by Cardiff and Vale UHB to improve their 4 and 12 hour compliance by focussing on handover specific actions and we will take learning from their approach, the risks and the challenges experienced.
4. Increasing our workforce capacity and sustainability. Prior to the delivery of the AMSR 56.87% of our Band 5 establishments were made up of substantive staff.

We are projecting that by the end of May 2023 we will have improved this position to 86.73% and are on track to achieve this.

5. Reviewing the potential for Rapid Assessment and Treatment model (RAT) at our ED front door – this being subject to funding available.

We recognise that improvements to ED waiting times is multi-faceted and as such have in place actions around:

- Admission avoidance
- Front flow and ED overcrowding
- Internal hospital flow
- Additional capacity and discharge

As such a number of actions are identified below:

Issue	Actions to address issue	Output/Aim	By whom	By when
Admission Avoidance schemes	Pre-hospital - Scheduled WAST stack review for 12 hours per day-GP triage of patients waiting for ambulance response with a view to non-conveyance where clinically appropriate	Initial audit suggested 23% of conveyances could have been managed at an alternative setting if capacity had been available – baseline required of capacity gaps	Clinical lead SDEC	In place
	Pre-hospital - Consultant Connect – paramedics and GPs are able to access primary care and care of the elderly advice - also extended to other specialties	Support the management of the patients in the community rather than admitting	SDEC and Care of the elderly	In place
	Pre-hospital – Contact First	Triages the 111/WAST ED outcome calls to provide potential directing from ED – 34% are discharged from the reviews to date	SDEC team	In place – 24/7
	Pre-hospital – WAST paramedic referral from scene	Support patients to be managed in alternative	SDEC team	In place

Issue	Actions to address issue	Output/Aim	By whom	By when
		setting/direct admission from ED		
	Expansion of the Older Persons Assessment Service (OPAS) aimed at admission avoidance of the frail older person.	80% admission avoidance of the frail older person patient group assessed via the OPAS team. Time extended to 7am-7pm 5/7 – plan to extend to weekends	Clinical Lead Older Persons Services	In place – 7am-7pm 5/7
	Primary care – access to primary care services in ED and as part of SDEC	Offer alternative pathway for primary care presentations	SDEC team	In place 7 days 8am-8pm
	Direct admission pathways for WAST to alternatives to ED	Expand direct admission pathways – in place for OPAS – Plan to extend to SDEC based on the national direct paramedic referral pathway. Potential for 10-12 alternative conveyances – auditing in place ACT to support increased caseload and decreased admissions for care homes/ SDEC support	Clinical Lead SDEC	In place
Front door flow and ED overcrowding	Dedicated Ambulance Co-ordinator roles, 2 wte in post – current cover available 10:00 – 22:00 hrs 6 days per week	Dedicated Ambulance Co-ordinator roles, 2 wte in post – current cover available 10:00 –	ED Team	In place

Issue	Actions to address issue	Output/Aim	By whom	By when
		22:00 hrs 6 days per week		
	Internal ambulance handover escalation and immediate release framework in place	Aimed at reducing handover delays and ensuring red release ability at all times	Assoc. Service Group Dir. ECHO	In place
	Workforce – match capacity to demand	Flex workforce to meet peak demands to improve responsiveness time	ED Clinical Leads	In place – subject to further expansion and skill mix review
	Introduction of a dedicated acute medical team in ED to provide support to patients with prolonged waits for in-patient medical beds and to ensure senior decision maker support available for those patients that can be discharged from ED.	Improved patient safety. Reduced length of stay for medical pts.	Assoc. Service Dir. Medicine.	In place
	Primary care triage at front door	Redirection of patients to SDEC – estimate 6-10 patients	SDEC	In place
	-Use of the 'Fit to Sit' operating procedure with all patients assessed against this criteria to promote handover.	To support offloading and better use of capacity in the department	ED Clinical lead	In place
Internal flow activities to support reduced occupancy and improve flow	Refocus of SAFER bundle with the appointment of an internal improvement team for Morriston with particular initial focus on medicine	To reduce occupancy and improve flow through the day through senior decision makers, effective board rounds, effective	All service groups	In place

Issue	Actions to address issue	Output/Aim	By whom	By when
throughout the day		discharge management processes		
	Refocus acute assessment and short stay units to expedite discharges	Surgical SDEC in place; frailty assessment and short stay units in place; medical	ASGD	In place Constrained by lack of flow from assessment units
	Weekly review of the clinically optimised patient group with LA partners and alignment of the patients waiting to the D2RA pathways. Includes expansion of an integrated discharge service to proactively support discharge management on the wards	To expedite outflow and reduce the number of clinically optimised patients occupying acute beds	Deputy Head of Nursing ECHO PLUS Exec led reviews of amber and red patients	In place
	Establishment of an Integrated Discharge Hub including Single Point of Access to support the management of complex discharges – trial phase 1 for a SPA at Morriston	Reduction in delays associated with COPs	Task and Finish group established	Phase 2 pilot – no update available
	Focus on the Real Time and Demand Capacity information to ensure early discharge and prompt escalation.	Support early flow through the day to reduce ED overcrowding	Matrons	Replaced by the roll out of SAFER
	Extraordinary Silver Command in place for Community service focussed on flow into community services and use of	Support timely discharge of clinically optimised patients and ensure maximisation of all capacity	HON Primary, Therapies & Community Services	Escalation process agreed through Bed Decommissioning Board April 2023

Issue	Actions to address issue	Output/Aim	By whom	By when
	Care Homes as temporary capacity solution.			
Additional Capacity	Additional surge/escalation beds in use system wide as follows: +2 Gorseinon; +21 Singleton; +10 NPTH; + 10 5 ED surge trolleys; 3 trolleys OPAS; 15 beds TAWE ward	The surge benefit has been offset by the high number of clinically optimised patients occupying acute beds.	Service Group Directors	Complete
	Additional capacity to support D2RA capacity	Additional capacity at care homes to be purchased to offset challenges in social care market and to support	COO	Ongoing
	Expansion of virtual wards	Support step-up and step-down of patients requiring on-going health support to be managed at home	MD Primary care	Expansion to all virtual wards in place– gaps in recruitment preventing full benefit. Phased benefits realised from Q3

Furthermore, in relation to improvements to ED and medicine via SDEC model we are aiming to assess up to 10 of these patients from the medical take on the SDEC corridor. This will be through

- More collaborative approach between AGPU and SDEC Consultant to identify patients more likely to benefit from SDEC.
- Earlier access to a senior decision maker (SDEC Consultant or AGPU GP whichever is most appropriate)
- Whether we can successfully assess and discharge 80% of such patents via the SDEC corridor without the need for admission
- Whether the model significantly decreases the number of patients waiting in the yellow zone for triage, assessment and senior review

- From an AEC perspective the emphasis is on managing todays take rather that following up patents discharge yesterday with some ongoing need which could be managed elsewhere.
- From an AGPU perspective we will be trying to see more patients on the SDEC corridor who would otherwise have been admitted to hospital for their assessment and management.

We are also exploring our data collection systems. There are areas with our UEC system where patients have a decision to admit or treat that remain with our ED data, these areas include OPAS and ED surge. We are exploring our systems to remove these patients from our ED data set without losing sight of their overall pathway.

2.1.2 Cancer

Trajectories have been developed based on the anticipated improvement for individualised tumour site basis and built into the overall trajectory for the Health Board (Attached in Appendix 2). Some tumour groups have been set at zero for backlog throughout the year Children's Cancer, Acute Leukaemia and Brain/CNS, the reason for this is that are in backlog infrequently and volumes do not impact on the overall position. The analysis has considered what happened last year around bank holidays and over key periods such as summer and Christmas when reduced capacity is observed and are also impacted from a tracking perspective due to annual leave.

Diagnostic reporting, both within radiology and in particular pathology will impact all pathways. In regard to the larger volume tumour groups such as Gynaecology and Lower GI, addressing capacity in key areas such as the one stop PMB clinic or hysteroscopy within Gynaecology; or endoscopy for LGI will have the biggest impact overall. The lead time to observe improvement following implementing the mitigating measures is likely to be several months though.

The trajectories to achieve the Single Cancer Pathway have been shared with the Executive Team and the Board and a Monthly Cancer Performance Group with the Service Groups is in place to provide oversight and assurance on delivery. In additional there are fortnightly meetings with individual cancer site teams to monitoring progress with a particular focus on the three sites identified nationally as priorities for improvement i.e. lower GI, urology and gynaecology; where necessary there is formal escalation to the Chief Executive.

Based on current trajectories, we have forecast that we will meet the 75% SCP target by Q4 23/24. We will continue to monitor this situation and update trajectories as needed.

There are monthly meetings in place with the National Team to monitor progress and regular communication with the Cancer Network who have provide financial support for digital reporting of cellular pathology samples.

2.1.3 RTT (104 Week Waits)

In line with the recent letter from the Minister regarding the ambition to achieve 97% of patients being seen within 104 weeks by the end of December 2023 and 99% of patients by the end of March 2024, revised trajectories have been produced. However, despite the financial commitment in the annual plan to additional activity, primarily

through insourcing, delivery of the 104 week target remains a significant challenge, particularly in our high risk, specialist services.

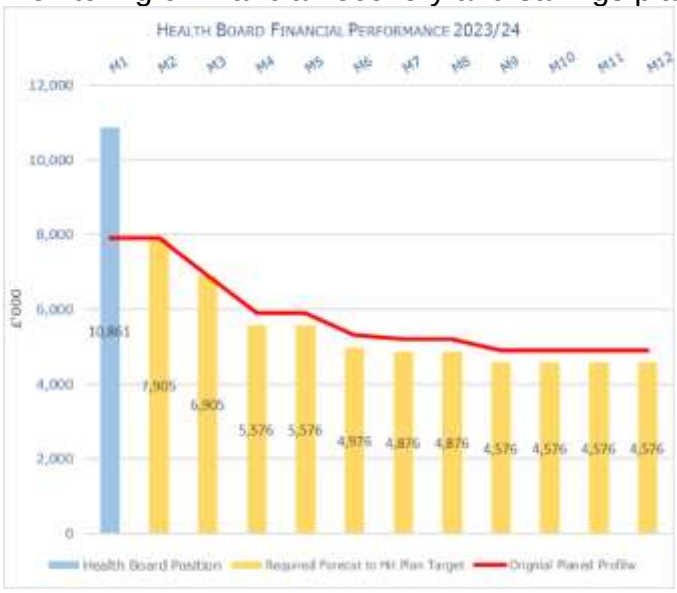
This assumption is also predicated on Health Board receiving the required investment for orthopaedics to be delivered at the elective hub in NPTH from the £50m recovery fund. Whilst the Health Board will focus on improving productivity and efficiency and ensuring that demand management strategies are in place to prevent further imbalance, it is inevitable that additional funding will be required if the ministerial ambitions are to be achieved.

Fortnightly performance monitoring meetings are in place with the Service Groups to ensure agreed trajectories are being met and the Planned Care Programme Board, chaired by the Chief Operating Officer, provides oversight and where necessary escalation.

2.2 Financial Plan 23/24

2.2.1 Delivery of Cost Improvement Plans (CIPS)

- Swansea Bay plan requires the delivery of £22.2m CIP which is 3.5% on non-ring fenced budgets. Within this CIP the requirement is to deliver 2.5% through local Service Group and Corporate Directorate specific schemes with the balance of 1%to be achieved by cross system savings and allocative change.
- In addition a further £9.859m has been brought forward from 2022/23 which requires address within the overall plan.
- Savings PMO is in place and has identified a £24m pipeline
- Run rate reduction and savings delivery sessions have been held between the CEO and Director of Finance. These sessions show that as at 16th May 2023, circa £10m has been identified. The target is to identify at least £22.2m of green and amber schemes by 30th June 2023.
- As a result of this initial review the Health Board has escalated the Neath Port Talbot Singleton Group and the Morriston Service group to fortnightly monitoring of financial recovery and savings plans.



2.2.2 Covid Monies

- This has been concluded with Welsh Government confirming that there is no COVID transition funding available in 2023/24 apart from national programmes. The Health Board forecast deficit has therefore been increased as a result of removing the income assumption (£21.2m) from £69.9m to £91.1m. Further comments on a revised deficit position are in the sections which follow.

2.2.3 Run Rate Reduction

- The current run rate reduction plan is firmly focussed on the Morriston Service Group and has been developed from the deployment of dedicated financial improvement resource in 2022/23. It identified £15m of run rate reduction in 2023/24, the majority of which is focussed on agency spend reduction as a result of a structured overseas nurse recruitment programme that will see registered nurse recruitment improve to full establishment in October 2023 (from 178 WTE vacancies in April 2023).
- An independent review of orthopaedic consumables and purchasing power is underway to assist with run rate reduction pressures in consumables areas.
- Procurement team has been given a £2m cash releasing savings target for 2022/23 and is on track to achieve that.
- A number of specific individual specialist service reviews have also been commissioned and will be commissioned to identifying savings in less traditional areas for CIP
- "The Bay Way" has been developed which will see the Health Board, through clinically led pathway redesign develop revised pathways of care in: -
    - Respiratory
    - Frailty
    - MSK
    - Diabetes
    - Cardiovascular

  This approach will look to utilise allocative efficiency principles to redistribute resources, improve quality of care and deliver cash releasing savings.

2.2.4 CHC Spend

- The sums outlined in the financial plan are not just new year growth but they also correct some old year funding shortfalls across CHC. In month 1 of 203/24 the overall CHC budget for the Health Board is overspent by £0.04om on an in-month budget of £66.3m; this is growth of 7.4% on the previous year outturn. Through 2023/24 the Health Board is exploring options to renegotiate its contribution to Looked After Children cases and is also working with partners to implement a revised clinical assessment process for Mental Health CHC packages also. Any improvement in these areas is anticipated to net off against CIP and not reduce the deficit.

2.2.5 Primary Care Prescription Spend

- The sums outlined in the financial plan are not just new year growth but they also correct some old year funding shortfalls across CHC.

2.2.6 Prioritising the Plan (Choices)

- A detailed review of the financial assumptions, forecasts and choices within the overall financial plan for 2022/23 has been completed. In line with discussion with Welsh Government colleagues and in line with feedback received through welsh Finance Directors' meeting a series of options and choices has been considered across 3 main areas: -
    - Local choices
    - Choices which would require a national mandate
    - Policy changes
- The Appendix attached lists the Health Board's potential choices and impact assessments of the items listed under each of the heading above.
- The overall impact on the deficit plan is as follows: -
    - Deficit reduces from £91.1m to £86.6m based on reduction in energy forecast (£3m) and SLA disaggregation (£1.5m).
- Further delivery of the Health Board's deficit plan is predicated on reduction of £27.9m in run rate from 2022/23 and a reduction of £13.4m in COVID transition costs. Along with local plans in service groups to achieve this, the attached assessment provides a further £5.85m of run rate reduction opportunities to de-risk the plan.
- Finally, the CIP requirement for the year is £32m as stated above and this assessment provides a further £5.75m of savings opportunities to reduce the delivery risk in the plan also.
- The table below shows the impact of activities to date along with the impact of the plan review as set out above.
- In summary the revised deficit is now £86.6m and the risk profile of the plan has reduced from £63.5m to £51.3m across savings, run rate and COVID transition.

Deficit Plan and Risk Assessment

	Initial Base Assessment	Improvement to Plan	Original Plan	Impact on plan risk: Original Risk in Plan	Activities Since 01/04/23	Impact of Plan review	Application	Revised Risk
	£m	£m	£m	£m	£m	£m		£m
Run Rate	38.9	(27.9)	11.0	(27.9)	0.0	(5.9)	De-risk run rate	(22.1)
COVID Transition	34.6	(13.4)	21.2	(13.4)	0.0	0.0	De-risk COVID exit	(13.4)
In Year Cost	52.5	0.0	52.5	0.0	0.0	0.0		0.0
In Year Allocation	(12.6)	0.0	(12.6)	0.0	0.0	0.0		0.0
COVID Recovery Allocation	(15.2)	0.0	(15.2)	0.0	0.0	0.0		0.0
COVID transition funding	(21.2)	0.0	(21.2)	0.0	0.0	0.0		0.0
COVID Recovery Cost	22.9	0.0	22.9	0.0	0.0	0.0		0.0
Choice	19.5	0.0	19.5	0.0	0.0	0.0		0.0
Investments	14.0	0.0	14.0	0.0	0.0	0.0		0.0
Savings c/f	0.0	0.0	0.0	0.0	9.4	0.0	Increased CIP in year	(9.4)
Savings	(22.2)	0.0	(22.2)	(22.2)	(10.0)	(5.8)	De-risk CIP	(6.5)
Totals	**111.2**	**(41.3)**	**69.9**	**(63.5)**	**(0.6)**	**(11.6)**		**(51.3)**

Adjustments to plan	£m
No COVID Transition Funding Available	21.2
CTM SLA	(1.5)
Energy Assumptions	(3.0)
Revised deficit	**86.6**

Appendices

Appendix 1: Ministerial Priority Template updated May 2023 (plus appendices 1a-1f to cover actions to address each priority areas

Appendix 2: National Performance Trajectories (as at Friday 26th May 2023 – Planned Care to follow due to awaiting confirmation of WG Planned Care monies allocation).

NHS WALES PLANNING FRAMEWORK - MINISTERIAL PRIORITIES

NHS organisations are expected to focus on the following Ministerial priorities. These priorities will feature prominently in the narrative plan and the Ministerial templates below. All priorities need to be underpinned by a focus on quality, safety and prevention as a part of the planned activity, with good medical outcomes at the heart of NHS services.

Ministerial priorities:

- **Delayed transfers of care: APPENDIX A**

Regular monthly reporting of 'Pathways of Care' (DTOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination

- **Primary care access to services APPENDIX B**

Improved access to GP and Community Services
Increased access to dental services
Improved use of community pharmacy
Improved use of optometry services

- **Urgent & Emergency care APPENDIX C**

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 that complies with the following: • Is open 5 days a week moving to 7 days a week 12 hours a day by end of Q2 • Is accessible at key times evidenced by the emergency care demand profile in of each hospital site • Is direct access and bypasses Emergency depts • Delivers a service for at least medical and surgical same day care • Is accessible to by WAST clinicians as set out in their clinician referral policy to support reduction in handover as set out in the six goals handbook. • Demonstrate utilisation of allocated resources by WG and measures impact as set out by the national programme
Health boards must honour commitments that have been made to reduce handover waits

- **Planned Care, Recovery, Diagnostics and Pathways of Care: APPENDIX D**

52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024
Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025 (This must include transforming outpatients follow up care, reducing follow up by 25% against 2019/20 levels by October 2023 and repurposing that capacity)
Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024
Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary

- **Cancer recovery: APPENDIX E**

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.
Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026,

- **Mental health and CAMHS APPENDIX F**

Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS.
Implement 111 press 2 on a 24/7 basis for urgent mental health issue

MINISTERIAL PRIORITIES – SBUHB DELIVERY 23/24
APPENDIX 1:DTOC

Priority area(s): 1. Delayed transfers of care:	
Key focus should be on delivering	**1. Regular monthly reporting of 'Pathways of Care' (DTOC) to be introduced for 2023-24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination**

GMO ref:	**Actions to deliver Ministerial Priorities:**			
UEC_012	Implementation and embedding of SAFER, Red2Green, D2RA across all sites *[Part of UEC 6 Goals - **Programme 3: Acute Hospital flow and discharge**]*			
UEC_013	Implement clinical model to support Centralised Inpatient Rehab at NPT hospital (phase 2) [Part of UEC 6 Goals - **Programme 4: Integrated Discharge}**			
UEC_014	In conjunction with RPB further development of the Home First Programme approach to ensure Care closer to home [Part of UEC 6 Goals - **Programme 4: Integrated Discharge}**			
UEC_015	Implement alternative service models for current bed areas NPT/Singleton for patients in community [Part of UEC 6 Goals - **Programme 4: Integrated Discharge}**			
UEC_016	In conjunction with the RPB additional dementia care home assessment placements to provide discharge to assess services [Part of UEC 6 Goals - **Programme 4: Integrated Discharge}**			
UEC_020	Improvements to repatriations/ transfers for patients requiring specialist rehab (neuro/ stroke/ orthopaedics) *[Part of UEC 6 Goals - **Programme 3: Acute Hospital flow and discharge**]*			
UEC_024	Implementation of Single Point of Access/Integrated Discharge Hub for all community services *[Part of UEC 6 Goals - **Programme 3: Acute Hospital flow and discharge**]*			
GMO ref:	**Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
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

Priority area(s): 1. Delayed transfers of care:				
UEC_013	Scoping of current service	Planning and development of business case	Delivery of service – subject to approval of business case	Delivery
UEC_014	Scoping of current service	Planning	Realignment of existing resources	·Delivery
UEC_015	Phase 1 - 30 beds to close at Singleton	All COP beds out of Singleton	Planning/ scoping/ Business Case development for additional care home beds	Delivery (subject to agreed Business Case)
UEC_016	Planning - scoping of current service	Business Case planning	Business Case submission / approval	Delivery subject to business case approval
UEC_020	Planning - scoping of current service	Planning - scoping of current service	Delivery	Delivery
UEC_024	Planning - scoping of current discharge processes/ access points for community services	Planning - scoping of current discharge processes/ access points for community services	Realignment of existing resources	Delivery

Outcomes of delivering Ministerial Priorities: Project level	
UEC_013	Improved model of care (detail TBC)
UEC_014	Improved model of care (detail TBC)
UEC_015	Reduce 90 acute beds at Singleton and Increased additional community capacity (Pathway 3 and 4, numbers TBC with RPB)
UEC_016	Increase additional dementia care home assessment placements in line with agreed business case (15-20 additional beds but TBC with RPB)
UEC_020	Increased no. of patients per month (following specialist rehab for neuro/ stroke/ orthopaedics) - to increase by 20 pts per month (based on 6 weeks rehab)
UEC_024	Improved discharge rates/ model of care (Detail TBC)
Overall UEC outcomes	Increased discharge rates from Morriston Hospital by 100 per month from Q1 23/24 and 123 per month from September 2023 (from baseline Feb 2023)

Priority area(s): 1. Delayed transfers of care:		
	Home First – increased number of discharges per month in line with RPB agreed trajectories	
	Data to be developed to demonstrate reduction of backlog in delayed transfers as per Regular monthly reporting of 'Pathways of Care' (DTOC) to be introduced for 2023-24	
Risks		The Six Goals UEC portfolio risks and broader system risks may impact on the timely delivery of our transformational change schemes. Mitigations are in place for these portfolio risks whilst it is also acknowledged there will be project risks that will be mitigated at a project level. To mitigate the broader system risks we recognise that tackling the UEC challenge requires a whole system approach - providing an alternative to our acute sites, achieving the best clinical outcomes when at our acute sites and encouraging timely discharge and appropriate provision of care within our communities
GMO ref	**Alignment with workforce plans**	**Indicative workforce requirements (WTE)**
UEC_012		N/A
UEC_013		TBC in line with agreed business case
UEC_014		N/A
UEC_015		TBC in line with agreed business case
UEC_016		TBC in line with agreed business case
UEC_020		N/A
UEC_024		N/A
GMO Ref	**Alignment with Financial plans**	**Indicative revenue/ capital requirements (£)**
UEC_012		COST NEUTRAL
UEC_013		TIER 1 Funding identified and provisionally agreed (included in finance plan) subject to approved Business case. Est costs TBC.

Priority area(s): 1. Delayed transfers of care:	
	N/A Capital
UEC_014	COST NEUTRAL
UEC_015	TIER 1 Funding identified and provisionally agreed (included in finance plan) subject to approved Business case. Est costs TBC. N/A Capital
UEC_016	TIER 1 Funding identified and provisionally agreed (included in finance plan) subject to approved Business case. Est costs TBC. N/A Capital
UEC_020	COST NEUTRAL
UEC_024	COST NEUTRAL

MINISTERIAL PRIORITIES – SBUHB DELIVERY 23/24
APPENDIX 2: Primary Care Access

• **Priority area(s): Primary care access to services**	
Key focus should be on delivering	**Improved access to GP and Community Services**

GMO ref:	Actions to deliver Ministerial Priorities
PCT_018	Large scale change to support and manage the implementation of GMS Contract Reform
PCT_005	Increase delivery of pre-diabetes programme within all clusters, reducing pre-diabetes in SBU population
PCT_007	Explore opportunities to roll-out substantively Physio First Contact Practitioners across all eight Clusters as part of the Health Board MSK pathway redesign and support phased redesign of physiotherapy services towards Primary care settings and 3rd sector collaborations.
PCT_033	Roll out of Primary Care Audiology Programme which includes First Contact Advanced Audiologists providing hearing and tinnitus assessment and advice. Combined with routine and complex wax removal. Continued development of associate audiologist pathway and to reduce Ear Nose Throat outpatient outpatient referrals.
UEC_002/ VBHC_HF_001	Offer a clinic based, annual review for all Heart Failure patients who are correctly coded as having heart failure on GP Practice Registers
Pan Cluster Plan priorities 23/24 - Further detail on Cluster GMOs, found in SBUHB Clusters IMTPs.	• **Improving early diagnosis of cancer through better screening uptake:** Deliver targeted interventions to cancer screening non-responders • **Improving access to appropriate Mental Health Services**: Delivering community based low level and enhanced Mental Health Services including Complex Needs Worker, psychological therapies, Cluster based triage function, reviewing the cluster-based model. Included for substance misuse, domestic violence, Attention Deficit Hyperactivity Disorder • **Address Low Level Mental Health, Vocational Rehab and all other long-term conditions that do not fall in Virtual Ward remit:** Increase OT staffing to work outside the Virtual Ward criteria (1 wte per cluster) • I**mprove access to community Sexual Health Services**: Scope out the opportunities to deliver a consistent cluster approach to managing contraception (Coils)

• **Priority area(s): Primary care access to services**				
GMO ref:	**Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
PCT_018	Monitoring of access standards at access and sustainability Forum 25% of additional capacity monies distributed to General Practices. 2 Protected Learning Time sessions delivered	Monitoring of access standards at access and sustainability Forum 50% of additional capacity monies distributed to General Practices.	Verification of Access Standards and QAIF 75% of additional capacity monies distributed to General Practices. 4 Protected Learning Time sessions delivered	Implementation of new Governance Assurance Framework
PCT_005		On-going delivery Reviewing clinical outcomes after 12 months of programme roll-out in 3 Clusters (Upper Valleys, City & Penderri)	Reviewing clinical outcomes after 12 months of programme roll-out in Bay Cluster	On-going delivery and on-going monitoring of clinical outcomes
PCT_007	Recruitment commenced- subject to MSK pathway workstream	Commence Phased implementation of staff skill mix into clusters alongside recruitment/ remodelling of current services. . Subject to MSK pathway workstream	Staff to be in-post (subject to recruitment). Agree diagnostic referral rights and processes. Agree direct listing processes and support. Subject to MSK pathway workstream	Implementation of service. Further embed staffing models in Primary care. Work towards direct listing for agreed ortho surgeries based on skill mix workforce and agreed processes within FCP model. 6-12 month post implementation period to see reduced ortho waiting time benefits.
PCT_033	Continuation of existing service level	Continuation of existing service level	Full capacity clinics running across the HB	Business as usual

<table>
<tr><td colspan="5">• Priority area(s): Primary care access to services</td></tr>
<tr><td></td><td></td><td></td><td>clusters including domiciliary service.</td><td></td></tr>
<tr><td>UEC_002/ VBHC_HF_001</td><td>Staff recruited and trained
Clinic space secured
Complete and evaluate Pathfinder project at Cwmavon Practice
Develop plan for scale up
Secure equipment
Feedback to LMC
Secure robust mechanism with Medicine Management to undertake tidy up searches for all 48 practices</td><td>Implement Annual Reviews in 12 GP practices, ie call patients in for review
PREM content agreed
Have reporting in place for AR outcome measures</td><td>Implement Annual Reviews in 12 GP practices, ie call patients in for review
Review reports and service to identify focus areas</td><td>Implement Annual Reviews in 12 GP practices, ie call patients in for review
Review reports and service to identify focus areas</td></tr>
<tr><td></td><td colspan="4">Outcomes of delivering Ministerial Priorities *project level</td></tr>
<tr><td>PCT_018</td><td colspan="4">• Increased % of practices achieving national access standards (Target 80% by Q4 23/24)
• 95% of GP Practices to sign up to access standards (phase 2)
• 100% of additional capacity monies distributed to General Practices.
• 100% of General Practices sign up to the new Quality Assurance Improvement Framework, and supported to achieve maximum points.
• 2 Health Board and 2 Collaborative Protected Learning Time sessions delivered</td></tr>
<tr><td></td><td colspan="4">Baseline position
• 95% of GP Practices to sign up to access standards (phase 2)
• 100% of additional capacity monies distributed to General Practices.
• 100% of General Practices sign up to the new Quality Assurance Improvement Framework, and supported to achieve maximum points.
• 2 Health Board and 2 Collaborative Protected Learning Time sessions delivered</td></tr>
<tr><td></td><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td></td><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td></td><td>95%</td><td>95%</td><td>95%</td><td>95%</td></tr>
</table>

• **Priority area(s): Primary care access to services**				
	30% **100%** **1 PLT session**	**50%** **100%** **3 PLT**	**70%** **100%**	**100%** **100%** **4 PLT**
PCT_005	Increase the number of pre-diabetes patients who are offered lifestyle intervention to prevent progression into diabetes			
	Baseline position			
	150 patients undergoing pre diabetes programme at Q4 22/23			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	800	**1200**	**2000**	**2,400** patients undergoing pre diabetes programme
PCT_007	• **Outcomes/trajectories to be developed as part of the MSK Pathway Re-design Business Case. Roll-out is fully dependent on full pathway implementation.**			
	Baseline position			
	As above			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	As above			
PCT_033	• Reduce ENT OPD referrals by an additional 170 patients per annum compared to 2022/23 and reduction of 345 patients from ENT FUNB waiting list (complex ear clearance) • Aim will be to increase capacity projections by 6,500 to 16,000 per annum by the end of Q4			
	Baseline position			
	Capacity Projection 22/23 - 9607 **Reduction from ENT FUNB waiting list 22/23 – 25**			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	Capacity – 3000	3000	5000	5000

• **Priority area(s): Primary care access to services**				
	Reduction from ENT FUNB WL – 86	86	86	86

Risks	If funding is not available, or goal not delivered, then service levels will remain at 2022/23 levels
Alignment with workforce plans	**Indicative workforce requirements (WTE)**
PCT_018	TBC - Contact reform when negotiated will be a statutory requirement to implement. There will be legal challenge and reputational damage if this is not implemented. Access and sustainability schemes can be enhanced over and above minimum contract requirements' to provide more support for primary care and the wider system. For example practices could be asked to open on weekends which is not a contractual requirement.
PCT_005	N/A additional workforce – recruitment undertaken in 22/23
PCT_007	9.3 WTE B7 Physiotherapists
PCT_033	1.0 WTE Band 7 Advanced Practice Audiologist 2.45 WTE Band 4 Associate Audiologist
UEC_002/ VBHC_HF_001	N/A additional workforce
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)**
PCT_018	COST NEUTRAL – assumed covered under PC Contract Ring-fenced monies – however contract changes may financial implications above the 19/20 baseline. N/A Capital
PCT_005	FUNDED - Funding from All Wales Diabetes Prevention Programme, Strategic Programme for Primary Care and approved Health Board Business Case £163k for 2023/24 £250k for 2024/25. N/A Capital
PCT_007	TIER 1 – funding identified and provisionally agreed (included in finance plan) subject to approved Business case. Est cost £591k.

• **Priority area(s): Primary care access to services**	
	N/A Capital
PCT_033	FUNDED – Health Board funding 2023-2024 £704,000, recurrent £789,000. N/A Capital
UEC_003	FUNDED – part of VBHc monies (total £800k for Heart Failure priorities)

• **Priority area(s): Primary care access to services**				
Key focus should be on delivering	Increased access to dental services			
GMO ref:	**Actions to deliver Ministerial Priorities**			
PCT_019	Large scale change to support and manage the implementation of GDS Contract Reform			
Pan Cluster Plan priorities 23/24 - Further detail on Cluster GMOs, found in SBUHB Clusters IMTPs.	**Improve Dental care for patients with key population health needs:** Provide Dental Practices with map of available services to refer patients to including 3rd sector and SBUHB especially around mental health			
GMO ref:	**Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
PCT_019	Engagement with Contract Holders	Monitoring of contract metrics	Mid year reviews.	Monitoring of contract metrics

<table>
<tr><td colspan="5">• Priority area(s): Primary care access to services</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>GMO ref:</td><td colspan="4">Outcomes of delivering Ministerial Priorities *</td></tr>
<tr><td rowspan="8">PCT_019</td><td colspan="4">• 88% of Practices signed up to Contract Reform Programme/Variation (99% of contract value).
• 14,008 New Patients Urgent appointments;
• 9,338 New Patients
• 114,933 Historic Patients</td></tr>
<tr><td colspan="4">Baseline position</td></tr>
<tr><td colspan="4">88% of Practices signed up to Contract Reform Programme/Variation (99% of contract value).</td></tr>
<tr><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td>82%
3,501
2,334
28,733</td><td>82%
7,003
4,668
57,466</td><td>82%
10,505
7,003
86,199</td><td>82%
14,008
9,338
114,933</td></tr>
<tr><td rowspan="6">MDS: Primary care activity (line 48)</td><td colspan="4">Increase in number of units of dental activity (UDA) delivered as a proportion of all UDA contracted
*Unable to provide data as measure refers to Units of Dental Activity (UDA), this is not a measure we use in SBU as we transition towards different contract.</td></tr>
<tr><td colspan="4">Baseline position</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td rowspan="3">MDS: Primary care</td><td colspan="4">Increase in number of patients 18+ accessing NHS dental care
*unable to provide data, not able to split by age</td></tr>
<tr><td colspan="4">Baseline position</td></tr>
<tr><td colspan="4"></td></tr>
</table>

• **Priority area(s): Primary care access to services**				
activity (line 49	**Performance Trajectories 23/24**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Risks	If funding is not available, or goal not delivered, then service levels will remain at 2022/23 levels			
Alignment with workforce plans	**Indicative workforce requirements (WTE)**			
PCT_019	TBC - Contact reform when negotiated will be a statutory requirement to implement. There will be legal challenge and reputational damage if this is not implemented			
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)**			
PCT_019	COST NEUTRAL – assumed covered under PC Contract Ring-fenced monies – however contract changes may financial implications above the 19/20 baseline			

• **Priority area(s): Primary care access to services**				
Key focus should be on delivering	Improved use of community pharmacy			
GMO ref:	**Actions to deliver Ministerial Priorities**			
PCT_021	Large scale change to support and manage the implementation of Community Pharmacy Contract Reform			
GMO ref:	**Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
PCT_021	Implementation of new national enhanced services	Ongoing Implementation and monitoring	Ongoing Implementation and monitoring	Ongoing Implementation and monitoring
GMO ref:	**Outcomes of delivering Ministerial Priorities ***			
PCT_021	• 80% of community pharmacies sign up to clinical consultation framework.			

<table>
<tr><td colspan="5">• Priority area(s): Primary care access to services</td></tr>
<tr><td rowspan="5"></td><td colspan="4">• 1 Pharmacy per cluster delivering the Health Board CP UTI Service
• Implementation of the national care homes enhanced service in 30% of Community Pharmacies
• Implementation of the national enhanced service for needle exchange - 20% of Community Pharmacies Implementation of the national enhanced service for Inhaler review in 20% of Community Pharmacies</td></tr>
<tr><td colspan="4">Baseline position</td></tr>
<tr><td colspan="4">TBC</td></tr>
<tr><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td>TBC</td><td>TBC</td><td>TBC</td><td>TBC</td></tr>
<tr><td rowspan="5">MDS: Primary care activity (line 55)</td><td colspan="4">Total number of pharmacies opting to provide Clinical Community Pharmacy Service</td></tr>
<tr><td colspan="4">Baseline position</td></tr>
<tr><td colspan="4">93 (100%) pharmacies providing CCPS at Q4 22/23</td></tr>
<tr><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td rowspan="2"></td><td>93 (100%)</td><td>93 (100%)</td><td>93 (100%)</td><td>93 (100%)</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td rowspan="6">MDS: Primary care activity (line 55</td><td colspan="4">Number of pharmacies providing the Pharmacist Independent Prescribing Service</td></tr>
<tr><td colspan="4">Baseline position</td></tr>
<tr><td colspan="4">17 providing PIPS at Q4 22/23</td></tr>
<tr><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td rowspan="2"></td><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="5"></td></tr>
<tr><td colspan="2">Risks</td><td colspan="3">If funding is not available, or goal not delivered, then service levels will remain at 2022/23 levels</td></tr>
<tr><td colspan="2">Alignment with</td><td colspan="3">Indicative workforce requirements (WTE)</td></tr>
</table>

• **Priority area(s): Primary care access to services**	
workforce plans	
PCT_021	TBC - Contact reform when negotiated will be a statutory requirement to implement. There will be legal challenge and reputational damage if this is not implemented
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)**
PCT_021	COST NEUTRAL – assumed covered under PC Contract Ring-fenced monies – however contract changes may financial implications above the 19/20 baseline

• **Priority area(s): Primary care access to services**				
Key focus should be on delivering	Improved use of optometry services			
GMO ref:	**Actions to deliver Ministerial Priorities**			
PCT_020	Large scale change to support and manage the implementation of New Optometry Contract			
Pan Cluster Plan priorities 23/24 - Further detail on Cluster GMOs, found in SBUHB Clusters IMTPs.	**Improve optometry for patients with key population health needs:** Provide Practices with map of available services to refer patients to including 3rd sector and SBUHB especially around mental health			
GMO ref:	**Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

• **Priority area(s): Primary care access to services**				
PCT_020	Engagement with Contract Holders	Implementation of new pathways	Ongoing implementation and monitoring	Ongoing Implementation and monitoring
GMO ref:	**Outcomes of delivering Ministerial Priorities ***			
PC_020	80% of Practices signed up to national contract			
	Baseline position			
	TBC			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	TBC	**TBC**	**TBC**	**TBC**
MDS: Primary care activity (line 61)	Total number of optometrists opting to provide Clinical Community Optometry Service *Unable to provide data as definition of 'Clinical Community Optometry Service is unclear			
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
MDS: Primary care activity (line 62	Total number of Optometrists providing the Optometrists Independent Prescribing Service.			
	Baseline position			
	1 (at Q4 22/23)			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	1	1	1	1
MDS: Primary	Planned increase in the number of new patients 18+ accessing NHS Optometry services *unable to provide data, not able to split by age			
	Baseline position			

• **Priority area(s): Primary care access to services**				
care activity (line 63)				
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
MDS: Primary care activity (line 64	Planned increase in the number of new patients 0-18 years accessing NHS Optometry services *unable to provide data, not able to split by age			
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

Risks	If funding is not available, or goal not delivered, then service levels will remain at 2022/23 levels
Alignment with workforce plans	**Indicative workforce requirements (WTE)**
PCT_021	This is a business critical area to implement a brand new Optometry Contract in Wales – first ever. It will be a statutory requirement and will provide enhanced services available at local opticians. There will be legal challenge and reputational damage if this is not implemented.
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)**
PCT_021	PC Contract Ring-fenced monies - contract changes have financial implications above the 19/20 baseline - Currently understood that WG intend to fully fund - TBC detail

MINISTERIAL PRIORITIES – SBUHB DELIVERY 23/24
APPENDIX 3: URGENT AND EMERGENCY CARE

• **Priority area(s): Urgent and Emergency Care**	
Key focus should be on delivering	**Implementation of a 24/7 urgent care service, accessible via NHS 111 Wales to support improved access and GMS sustainability**

GMO ref:	**Actions to deliver Ministerial Priorities**			
UEC_008	Further develop SDEC model (inclusive of OPAS and merging of UPCC/ AEC/ AGPU) so as to reduce presentations and admissions at ED *{part of UEC 6 Goals – **Programme 2 Integrated Front Door**]*			
UEC_001	Focussed management of at risk UEC patients, to avoid admission to acute settings: Expand the VW model - Implement phase 4 (Fracture Discharge Service expansion) and phase 5 (Inreach 7/7 working) *[part of UEC 6 Goals - **Programme 1 Co-ordination, signposting & alternatives to admission}***			
GMO ref:	**Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
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
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
GMO ref:	**Outcomes of delivering Ministerial Priorities:** Project level			
UEC_008	Increased number of patients diverted from the Emergency Department into the acute hub and reduce ambulance conveyancing rates by 20% or 10 a day			
UEC_001	Delivery of bed savings in line with agreed/ approved Business Case (anticipated virtual wards phase 4/5 - to reduce 57 inpatient beds by Q4 23/24)			
Overarching outcome measures/ metrics:				

• **Priority area(s): Urgent and Emergency Care**				
As per MDS: USC (line 15)	Planned number of patients to be seen in urgent primary care centres (including virtual / remote models).			
	Baseline position			
	1680 (at end Q4 22/23)			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	420	420	420	420
As per MDS: USC (Line 11)	A&E attendance in Major EDs			
	Baseline position			
	77,754 (at end Q4 22/23)			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	19,960	19,950	19,950	19,950

Risks	The Health Board recognises that there are Six Goals UEC portfolio risks and broader system risks that may impact on the timely delivery of our transformational change schemes. Mitigations are in place for these portfolio risks whilst it is also acknowledged there will be project risks that will be mitigated at a project level. To mitigate the broader system risks we recognise that tackling the UEC challenge requires whole system thinking and as such will tackle the whole system via the 4 programmes of work already outlined - this with the aim of providing an alternative to our acute sites, achieving the best clinical outcomes when at our acute sites and encouraging timely discharge and appropriate provision of care within our communities.
Alignment with workforce plans	**Indicative workforce requirements (WTE)**
UEC_008	Workforce requirements TBC – this will be scoped as part of business case development, e.g. using learning gleaned by Rapid Improvement events in Q2.

• **Priority area(s): Urgent and Emergency Care**	
UEC_001	FDS (VW Phase 4) Workforce (Inc workforce approved phase 3 – 0.588m re-current funds / additional posts for FDS expansion in red) • 1.6 physio • 9 WTE B3 HCSW (5 in ESD and 4 in VW) • 5 WTE B4 Assistant Practitioners with therapy competencies (new role) • 2 WTE B8a Pharmacists - additional ask to initial proposal • Note no headroom added to initial proposal Core VW expansion (Ph5) **Including 26.9%** • 1 WTE COTE Consultant • 10 x GP sessions • 15.23 WTE Band 6 Nurse • 15.23 WTE Band 3 HCSW • 5.08 WTE Band 4 AP • 5.08 WTE Band 8a Pharmacist • 1.27 WTE Band 8a Physio • 1.27 WTE Band 7 Physio • 2.54 WTE Band 6 Physio • 1.27 WTE Band 7 Dietician • 1.27 WTE Band 3 Admin
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)**
UEC_008	TIER 1 – funding identified and provisionally agreed (included in finance plan) subject to approved Business case. Funding assumptions: • £1.084M UPCC - requested from National 6 Goals funding 23/24, • £1.31m SDEC - requested from National 6 Goals funding 23/24, • + 566k for other/triumvirate team costs - requested from National 6 Goals funding 23/24 • HB investment required for UPCC/ SDEC (above 6 goals funding) = £2.515m (included in 23/24 finance plan subject to BC approval).

<table>
<tr><td colspan="2">• Priority area(s): Urgent and Emergency Care</td></tr>
<tr><td></td><td>N/A Capital requirements</td></tr>
<tr><td>UEC_001</td><td>TIER 1 – funding identified and provisionally agreed (included in finance plan) subject to approved Business case.

Est costs: Costs Mid point inc head-room costs agreed in principle (Inc 0.588m approved October 2022)
<table>
<tr><th></th><th>Top Scale (inc. 26.9%) £m</th><th>Mid point (inc. 26.9%) £m</th><th>Mid point (exc. 26.9%) £m</th></tr>
<tr><td>FDS /In-reach /Core VW expansion Total</td><td>2.349</td><td>2.117</td><td>1.638</td></tr>
<tr><td>Non-pay</td><td colspan="2">0.067</td><td>0.060</td></tr>
<tr><td>Equipment</td><td colspan="2">0.067</td><td>0.060</td></tr>
<tr><td>TOTAL</td><td>2.416</td><td>2.184</td><td>1.758</td></tr>
</table>
N/A Capital</td></tr>
</table>

<table>
<tr><td colspan="2">• Priority area(s): Urgent and Emergency Care</td></tr>
<tr><td>Key focus should be on delivering</td><td>Implementation of Same Day Emergency Care services</td></tr>
<tr><td colspan="2"></td></tr>
<tr><td>GMO ref:</td><td>Actions to deliver Ministerial Priorities</td></tr>
<tr><td>UEC_008</td><td>As above – including milestones/ outcomes/ data/ workforce/finance</td></tr>
</table>

UEC_018	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. *[Part of UEC 6 Goals -* ***Programme 3: Acute Hospital flow and discharge}***			
UEC_023	Embed centralised acute admissions model at Morriston *[Part of UEC 6 Goals -* ***Programme 3: Acute Hospital flow and discharge}***			
GMO ref:	**Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
UEC_018	Project group formed - work underway in relation to new model; Capital improvements underway; Business Case for Acute Surgical Unit (ASU) operating model to be developed	Capital improvements completed and new model (ASU) of care operational (subject to approved business case)	Embed new model (subject to approved business case)	Make new model BAU (subject to approved business case)
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
GMO ref:	**Outcomes of delivering Ministerial Priorities:** Project level			
UEC_018	Improved model of care and improved physical infrastructure			
UEC_023	Short stay Unit functioning as <48hr LOS (in conjunction with SDEC to support achieving 4hr ED target); Yellow bay functions as <4hr assessment area			
Overarching outcome measures/ metrics:				
As per MDS USC: Line 13	Emergency admissions from Type 1 Units			
	Baseline position			
	37,377 (at end Q4 22/23)			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	9,243	9,243	9,243	9,243

As per MDS USC: Line 14	Planned number of patients to be seen in SDEC.			
	Baseline position			
	5,544 (at end Q4 22/23)			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	1,386	1,386	1,386	1,386

Risks	As per UEC Priority 1 outlined above
Alignment with workforce plans	**Indicative workforce requirements (WTE)**
UEC_018	TBC in line with agreed Acute Surgical Unit operating model (in development Q1/Q2)
UEC_023	N/A
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)**
UEC_018	TIER 1 – funding identified and provisionally agreed (included in finance plan) subject to approved Business case. Est cost TBC Capital cost TBC
UEC_023	COST NEUTRAL (delivery within funding for AMSR confirmed in 22/23)

• **Priority area(s): Urgent and Emergency Care**	
Key focus should be on delivering	**Health boards must honour commitments that have been made to reduce handover waits**

GMO ref:	**Actions to deliver Ministerial Priorities**
Links to UEC 6 Goals Programme GMOs	In order to honour the commitment to reduce ambulance waits, we are: 1. Working to increase the footfall/ patients treated in an ambulatory way via SDEC. This in turn will decongest our Acute Medical Unit (AMU - short stay unit) which in turn is hoped to free up ED capacity at our Morriston Hospital site.

<table>
<tr><td colspan="5">• Priority area(s): Urgent and Emergency Care</td></tr>
<tr><td></td><td colspan="4">2. We are initiating a zero tolerance on 4hr ambulance waits policy and developing an offloading/ on-boarding policy regarding how we comply with zero tolerance on 4hr waits at times when our hospitals are under greatest pressure. This policy to include (when safe to do so) sharing risk across the Morriston Hospital site by beginning early moves from ED to Wards (and increased boarding if required) and then encouraging timely discharge. This will also include working with all hospital sites (e.g. SGH, NPT) within SBUHB's system so as to transfer additional patients from Morriston Hospital, again as a method of sharing risk across SBUHB's system. As part of this work we are initiating a 3 month improvement trajectory (ending August 23) with the target of zero 4hr waits by this time

This change of working (and anticipated additional capacity at AMU/ ED) will then be able to assist in offloading our patients from ambulances that may otherwise be delayed</td></tr>
<tr><td rowspan="2">GMO ref:</td><td colspan="4">Milestones 23/24:</td></tr>
<tr><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td colspan="5">As per UEC 6 Goals GMO Milestones</td></tr>
<tr><td colspan="5">Outcomes of delivering Ministerial Priorities</td></tr>
<tr><td rowspan="6">As per National performance trajectories</td><td colspan="4">Number of ambulance patient handovers over 4 hours</td></tr>
<tr><td colspan="4">Baseline position</td></tr>
<tr><td colspan="4">March 2023 = 416</td></tr>
<tr><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td>308</td><td>257</td><td>206</td><td>157</td></tr>
<tr><td rowspan="7">As per National performance trajectories</td><td colspan="4">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</td></tr>
<tr><td colspan="4">• Compliance against the 4-hour ED performance target</td></tr>
<tr><td colspan="4">Baseline position</td></tr>
<tr><td colspan="4">March 2023 = 73.7%</td></tr>
<tr><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td>74%</td><td>76%</td><td>78%</td><td>79%</td></tr>
<tr><td colspan="4">• Compliance against the 12-hour ED performance target</td></tr>
</table>

• **Priority area(s): Urgent and Emergency Care**				
	Baseline position			
	March 2023 = 1,385			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	1,185	1,930	675	505
	• **Total Ambulance hours (excludes first 15 minutes)**			
	Baseline position			
	March 2023 = 4,657			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	1,982	1,475	968	628

Risks	As per Priority 1 outlined above
Alignment with workforce plans	**Indicative workforce requirements (WTE)**
	As per UEC 6 Goals GMOs workforce requirement (see above priorities 1 and 2)
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)**
	As per UEC 6 Goals GMOs workforce requirement (see above priorities 1 and 2)

MINISTERIAL PRIORITIES – SBUHB DELIVERY 23/24

APPENDIX 4: PLANNED CARE, RECOVERY, DIAGNOSTICS AND PATHWAYS OF CARE

• **Priority area(s): Planned Care**	
Key focus should be on delivering	52 weeks Outpatient Assessment and 104 weeks treatment recovery milestones to be achieved by 30 June 2023 and maintained throughout 2023/24 moving to 36 weeks RTT standards by March 2024

GMO ref:	**Actions to deliver Ministerial Priorities**			
GOAL: Deliver out-patient waits >52 weeks (with the exception of orthopaedics) by June 2023 and 36 week wait by March 24.				
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.			
GOAL: Create greater capacity at Singleton to eradicate >24 waits in all specialties by June 2024				
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			
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				
PC_005				
PC_006				
PC_007				
PC_008				
Outcomes of delivering Ministerial Priorities				

<table>
<tr><td colspan="5">• Priority area(s): Planned Care</td></tr>
<tr><td colspan="5">TBC All TBC following confirmation of WG allocation of additional recovery funds – this may impact delivery/ timelines of all Planned Care GMOs</td></tr>
<tr><td rowspan="15">As per National Performance Trajectories</td><td colspan="4">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</td></tr>
<tr><td colspan="4">Baseline position</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="4">Reduced number of patients waiting more than 36 weeks for a new outpatient appointment- Improvement trajectory towards a national target of zero by March 2024</td></tr>
<tr><td colspan="4">Baseline position</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="4">Reduced number of patients waiting more than 104 weeks for referral to treatment - Improvement trajectory towards a national target of zero by June 2023</td></tr>
<tr><td colspan="4">Baseline position</td></tr>
<tr><td colspan="4"></td></tr>
<tr><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="2">Risks</td><td colspan="3">The Planned Care Recovery allocation for the Health Board has been reduced from £21.6m to £15.2m. Delivery of the some of the goals, in particular orthopaedics, will be dependent on securing additional funding from the £50m retained by Welsh Government.</td></tr>
</table>

• **Priority area(s): Planned Care**	
	Additional staff are required to deliver some of the goals, in particular orthopaedics. Active recruitment for surgeons, anaesthetics and theatre staff is taking place but may delay implementation in some areas. The development of three additional theatres at Singleton to facilitate the transfer of elective surgery from Morriston will require a financial commitment from Welsh Gov. The Planned Care Board led by the Deputy COO will monitor month by month expenditure against the Planned Care Recovery allocation and re-allocate funding as required to meet the key goals. Alternative means of staffing theatre sessions e.g. insourcing will be utilised**.** Alternative means of funding the modular development will be explored.
Alignment with workforce plans	**Indicative workforce requirements (WTE)**
PC_009	TBC
PC_005	TBC
PC_006	TBC
PC_007	TBC
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)** **TBC as per decisions on WG Planned Care monies allocation**
PC_009	FUNDED – in part (Planned Care Recovery allocation 22/23)
PC_005	TIER 1 – funding identified (via Planned Care Recovery allocation 23/24) and provisionally agreed (included in finance plan) subject to approved Business case. Est costs TBC
PC_006	TIER 1 – funding identified (via Planned Care Recovery allocation 23/24) and provisionally agreed (included in finance plan) subject to approved Business case. Est costs TBC
PC_007	TIER 1 – funding identified (via Planned Care Recovery allocation 23/24) and provisionally agreed (included in finance plan) subject to approved Business case. Est costs TBC

• **Priority area(s): Planned Care**				
Key focus should be on delivering	Address the capacity gaps within specific specialities to prevent further growth in waiting list volumes and set foundation for delivery of targets by March 2025			
GMO ref:	**Actions to deliver Ministerial Priorities**			
GOAL: Deliver orthopaedic strategy to eradicate the >24 month. Stage 5 waits by March '24.				
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.			
GOAL: Reduce the number of patients on the Follow Up Not Booked (FUNB) waiting list by 30% by March 24				
PC_010	Establish alternative pathways to follow up appointment across all specialties including maximising the use of PIFU and SOS.			
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_001				
PC_002				
PC_003				
PC_004				
	Outcomes of delivering Ministerial Priorities			
As per National Performance Trajectories	Reduced number of patients waiting more than 52 weeks for referral to treatment: Improvement trajectory towards a national target of zero by March 2025 **All TBC following confirmation of WG allocation of additional recovery funds – this may impact delivery/ timelines of all Planned Care GMOs**			
	Baseline position			

• **Priority area(s): Planned Care**				
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Risks	**As above**			
Alignment with workforce plans	**Indicative workforce requirements (WTE)**			
PC_001	TBC			
PC_002	TBC			
PC_003	TBC			
PC_004	TBC			
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)** **TBC as per decisions on WG Planned Care monies allocation**			
PC_001	FUNDED – (Planned Care Recovery allocation 22/23)			
PC_002	TIER 1 – funding identified (via Planned Care Recovery allocation 23/24) and provisionally agreed (included in finance plan) subject to approved Business case. Est costs TBC			
PC_003	TIER 1 – funding identified (via Planned Care Recovery allocation 23/24) and provisionally agreed (included in finance plan) subject to approved Business case. Est costs TBC			
PC_004	TIER 1 – funding identified (via Planned Care Recovery allocation 23/24) and provisionally agreed (included in finance plan) subject to approved Business case. Est costs TBC			

• **Priority area(s): Planned Care**	
Key focus should be on delivering	Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024
GMO ref:	**Actions to deliver Ministerial Priorities**
PC_011	Expand endoscopy capacity through regional solutions with Hywel Dda.

• **Priority area(s): Planned Care**				
PC_012	Increase core capacity in radiology through a combination of additional machine and reporting capacity and working regional with Hywel Dda to identify opportunities for mutual support.			
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**
	Outcomes of delivering Ministerial Priorities **All TBC following confirmation of WG allocation of additional recovery funds – this may impact delivery/ timelines of all Planned Care GMOs**			
As per National Performance Trajectories	Reduced number of patients waiting over 8 weeks for a specified diagnostic			
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

Risks	**As above**
Alignment with workforce plans	**Indicative workforce requirements (WTE)**
PC_011	TBC
PC_012	TBC
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)** **TBC as per decisions on WG Planned Care monies allocation**
PC_011	FUNDED – (Planned Care Recovery allocation 22/23)
PC_012	TIER 1 – funding identified (via Planned Care Recovery allocation 23/24) and provisionally agreed (included in finance plan) subject to approved Business case. Est costs TBC

• **Priority area(s): Planned Care**	
Key focus should be on delivering	**Implement pathway redesign – adopting 'straight to test model' and onward referral as necessary**

GMO ref:	**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_010	Establish alternative pathways to follow up appointment across all specialties including maximising the use of PIFU and SOS.
PC_014	Increase cardiac, respiratory and neurophysiology diagnostic capacity including direct access for primary care.

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				
PC_010				
PC_014				

Outcomes of delivering Ministerial Priorities **All TBC following confirmation of WG allocation of additional recovery funds – this may impact delivery/ timelines of all Planned Care GMOs**				
	Deliver OP / Surgery wait time improvements in line with national targets –see above trajectories			
	Baseline position			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**

• **Priority area(s): Planned Care**	
Risks	**As above**
Alignment with workforce plans	**Indicative workforce requirements (WTE)**
PC_009	tbc
PC_010	tbc
PC_014	tbc
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)** **TBC as per decisions on WG Planned Care monies allocation**
PC_009	FUNDED in part– (Planned Care Recovery allocation 22/23)
PC_010	TIER 1 – funding identified (via Planned Care Recovery allocation 23/24) and provisionally agreed (included in finance plan) subject to approved Business case. Est costs TBC
PC_014	TIER 1 – funding identified (via Planned Care Recovery allocation 23/24) and provisionally agreed (included in finance plan) subject to approved Business case. Est costs TBC

MINISTERIAL PRIORITIES – SBUHB DELIVERY 23/24
APPENDIX 5: CANCER RECOVERY

• **Priority area(s): Cancer**	
Key focus should be on delivering	**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**

GMO ref:	**Actions to deliver Ministerial Priorities**			
Cancer Recovery Plans 23/24	Deliver recovery plans that are in place for highest volume/ most problematics tumour sites and areas where pathways are under review, namely: • Lower GI • Breast • Gynae • Urology • Lung • Endoscopy See detail in milestones section for each tumour site – note the focus on Q1 currently due to urgency of delivering operational level plans to recover cancer performance, Q2-Q4 milestones will be defined as delivery progresses and impact on performance is realised. Monthly updates will be provided to WG as per Enhanced Monitoring arrangements.			
GMO ref:	**Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Cancer Recovery Plans 23/24: Lower GI	Expand Rapid Diagnostic Clinic (RDC) to include patients referred as SCP. *Impact: more patients have direct access to endoscopy and consultant opinion, meaning quicker diagnosis of cancer or assurance that*	TBC	TBC	TBC

• **Priority area(s): Cancer**				
	cancer is not present to reduce diagnostic waits to 2 weeks			
	Increased operating capacity at both Morriston and Singleton	TBC	TBC	TBC
	Increased bed capacity for surgical patients at Morriston. *Impact: Minimise any cancellation of capacity due to bed allocation issues.*	TBC	TBC	TBC
Cancer Recovery Plans 23/24: Gynae *Impact of actions: Equalise demand and capacity for the front end of the pathway. To be monitored closely via ongoing bi-weekly service meetings*	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. *Impact: Create ten additional slots per week*	TBC	TBC	TBC
	Develop business case for a dedicated hysteroscopy suite at Singleton Hospital. *Impact: Reduce the demand for theatres*	TBC	TBC	TBC

• **Priority area(s): Cancer**				
Cancer Recovery Plans 23/24: Breast *Impact of actions: Address remaining capacity issue for patients who require surgery at Morriston Hospital*	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. *Impact: Address Turnaround times in Cellular Pathology for prostate biopsies are causing delays in diagnosis and agreeing treatment plans. Anticipated these actions will reduce delays in the pathway by two to three week*	TBC	TBC	TBC
	Bladder: Commence Improvements to Ward A to	TBC	TBC	TBC

• **Priority area(s): Cancer**				
	deliver high care services (two beds) *Impact: Eventually transfer up to a third of the current bladder cancers that being undertaken in Morriston to Neath.*			
	Develop business case for 9th surgeon with robotic surgery interest. This would provide cross cover of theatre lists, release of consultant time and facilitate additional operating lists in Neath. *Impact: Stabilise robotic surgery delivery and at the same time improved capacity for bladder and prostate cancer treatment*	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. *Impact: Reduce some of the current delays at the front end of the pathway.*	TBC	TBC	TBC

• **Priority area(s): Cancer**				
	Undertake pathway reviews in lung. *Impact: Address limited compliance by GPs with direct referral for CT for patients with red-flag symptoms.*	TBC	TBC	TBC
	Develop business case for a Radiology Treatment Room (2 trolleys) that will provide capacity for CT Biopsy service at Morriston. *Impact: Address issues caused by COVID and the AMSR programme on ability to undertake CT biopsies in a timely manner – service moved to Singleton Hospital due to COVID restrictions, however, due to the movement of senior medical staff with the AMSR programme, the cover at Singleton Hospital is not compatible with the some of the high acuity patients requiring this investigation.*	TBC	TBC	TBC
Endoscopy	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.	TBC	TBC	TBC

• **Priority area(s): Cancer**				
	Impact: Ability to utilise the current vacant endoscopy sessions in the seven units across the region. In the interim and insourcing/outsourcing solutions will provide the capacity to reduce waiting times within the 8-week waiting time target by the end of March 2024			
Outcomes of delivering Ministerial Priorities *				
As per National Performance trajectories	Reduction in Cancer Backlog			
	Baseline position			
	March 2023 = 399			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	330	341	237	232

Risks	
Alignment with workforce plans	**Indicative workforce requirements (WTE)**
	TBC
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)**
	TBC

• **Priority area(s): Cancer**				
Key focus should be on delivering	**Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026**			
GMO ref:	**Actions to deliver Ministerial Priorities**			
CAN_002	Deliver 4th Linac (Lin D) replacement business case at SWWCC, Singleton *this relates to improvements to Radiotherapy treatment pathways / improving RT wait times			
CAN_003	Develop WG capital business case for 2nd CT SIM at SWWCC in 2023/24 this relates to improvements to Radiotherapy treatment pathways / improving RT wait times			
CAN_007	Implement weekend working for Radiotherapy: to increase CT capacity. Reduce time to treatment pathway by up to 5days in RT pathway reduce breaches in targets and increase training *This relates to improvements to Radiotherapy treatment pathways / improving RT wait times			
CAN_028	Undertake project work (supported by the Wales Cancer Network) in the priority 6 tumour sites of Lower GI, Upper GI, Urology, Lung, Sarcoma & Breast in 23/24, but not limited to these priority areas if there are specific issues in HB for other tumour sites. To support achieving the vision set out in the National Optimal Pathways			
GMO ref:	**Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
CAN_002	Deliver 4th Linac (Lin D) replacement business case at SWWCC, Singleton – Operational summer 23			
CAN_003	Progress with development of business case – regional working with HDd	Drafted Business case for 2nd CT SIM with financials on Capital and Revenue expectations	Signed off Business Case for 2nd CT (HD and SBU) HB	Submitted to WG (capital and revenue) case
CAN_007	Develop Business case for running weekend working for CT (As bridge to 2nd CT Case) approved	Additional CT and Pre Treat activity running (weekend working)		
CAN_028 - Deliver x 4 projects agreed in for 23/24 – see project level milestones below				

• **Priority area(s): Cancer**				
1. GP Cancer Referral Guide	Pilot guide in Primary care with x4 Tumour sites embedded	Continue to approach other tumour sites to co-create their section of the guide, and pilot (iterative approach)	Undertake evaluation of guide in pilot - feedback from GP's on usability in practice	Full implementation in Primary Care (dependant of evaluation)
2. Onko Prehab Pilot (Colorectal Patients) target 100 referrals to pilot by Sept/Oct 2023.	Pilot guide in Primary care with x4 Tumour sites embedded	Continue to approach other tumour sites to co-create their section of the guide, and pilot (iterative approach)	Undertake evaluation of guide in pilot - feedback from GP's on usability in practice	Full implementation in Primary Care (dependant of evaluation)
3. Accelerated Imaging Pilot	Funded HCA to assist with referrals. Continue to identify and refer patients	Meet the 100 referral target	Receive baseline / pilot evaluation from Onko	Communication of results to HB
4.Symptomatic FIT: Non responder Project	To set up task & finish group to agree logistics and delivery of pilot at SBUHB	Approval and commencement of project in HB	Ensure target number of patients entering the pilot is achieve (TBC)	Undertake Evaluation of pilot (Professional / Patient feedback). Report back to HB on findings
Outcomes of delivering Ministerial Priorities *				
As per National Performance Trajectories	Improved Performance against the Single Cancer pathway			
	Baseline position			
	March 23 = 53%			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	58%	**64%**	**74%**	**75%**
Risks	One of the main risks associated with cancer is rising demand. Across Wales there has been a 25% increase in new cancer diagnoses in 2019 compared to 2002 caused, in the main, by			

• **Priority area(s): Cancer**	
	increasing number of older people who have the highest risk of cancer with more complex case needs. Increased pressure on the system is also being driven by the increasing number of new cancer patients needing non-surgical treatment, rising by an estimated 165,000 each year. It is therefore essential that we continue to work to improve our pathways in these areas to mitigate against the growing demand and complexity of patients and improve outcomes for patients. The risk in not progressing with these goals will mean that services, including surgical and non-surgical oncology (Radiotherapy, SACT) will continue to struggle to meet timely access to treatments for patients which ultimately will have adverse effect on outcomes. Workforce constraints with national shortages of specialist roles pose a real risk which we can only mitigate and tackle if we continue to look at advanced roles such as the Consultant Radiographers, innovation solutions like Artificial Intelligence, skill mixing and utilising of our non-specialist staff groups like CNS Support workers and utilising of AHP roles to support improvements in pathways and patient outcomes. These are set out in our IMTP. Some of the mitigation of these risks will be supported by the establishment of the Person Centred Care Group for SBUHB; taking the results of the WPES report to implement work streams that will empower patients and will aim to provide our patients with knowledge and practical help to make healthier lifestyle choices that should improve their health and wellbeing throughout their treatment pathways. Similarly the work streams run in parallel with providing our staff with skill set and knowledge to reinforce the same information in our patient programmes. Continuing our focus on compassion fatigue and taking time to value each other promotes a culture where staff feel able to regain their sense of why they entered health care profession and conceivably reinforces their health and well-being alongside our patients. There is also risk with regards to engagement and funding from Hywel Dda, as a number of services are regional - which we attempting to mitigate via our SWWCC Strategic Programme Case (focusing on regional delivery of non surgical oncology services) and via our commissioning framework.

• **Priority area(s): Cancer**	
Alignment with workforce plans	**Indicative workforce requirements (WTE)**
CAN_002	1.0 WTE Band 5 Radiotherapy Physics 1.0 WTE Band 3/4 Apprentice Radiographer 1.0 WTE Band 7 Specialist SGRT Radiographer
CAN_003	1.0 WTE Band 5 Clinical Technologist 1.0 Band 7 Clinical Scientist per 0.5WTE use of CT 2.0 WTE Band 5 Radiographer 1.0 WTE Band 6 Radiographer 1.0 WTE Band 7 planning Radiographer per 0.5 WTE use of CT
CAN_007	1.0 WTE Band 5 Radiographers 1.0 WTE Band 7 Radiographer 1.0 WTE Band 5 for Radiotherapy Physics
CAN_028	N/A
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)**
CAN_002	TIER 1 – funding identified and provisionally agreed (included in finance plan) subject to approved Business case. Revenue: Pay costs Total = £134,238 FYE recurrent. Non pay costs TBC Capital: 4th linac replacement capital case approved by WG as per All Wales capital programme.
CAN_003	TIER 1 – funding identified and provisionally agreed (included in finance plan) subject to approved Business case Costs related directly to 2nd CT scanner and CT scanning and associated Planning, but not additional treatment delivery Pay costs - Year 1 (50% operating time) = £295,602 Year 2 (75% operating time) = £355,935 Year 3 (100% operating time) = £375,012 Non pay costs £150k per year recurrent for maintenance contracts

• **Priority area(s): Cancer**	
	Capital: Capital required WG – Regional, Machine cost £750k est.
CAN_007	TIER 1 – funding identified and provisionally agreed (included in finance plan) subject to approved Business case Proof of concept costs (6 months) £24k Cost £150k post trial and ongoing
CAN_028	COST NEUTRAL

MINISTERIAL PRIORITIES – SBUHB DELIVERY 23/24

APPENDIX 6: MENTAL HEALTH AND CAMHS

• **Priority area(s): Mental Health**	
Key focus should be on delivering	Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS

GMO ref:	**Actions to deliver Ministerial Priorities**			
MHLD_007	Continue to improve access to psychological therapies by increasing the psychological therapy resource within the current service			
MHLD_015	Improve access to Outpatient services by reviewing and developing outpatient pathways and development of a single point of referral through growth of the existing SPOA function to cover all geographical areas within Mental Health.			
MHLD_004	Disaggregate and transfer Community CAMHS to Swansea Bay. Consolidate team and services and review impact of transfer.			
GMO ref:	**Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
MHLD_007	Have a full establishment of staff following MHSIF recruitment all working to standardised job plans allowing us to map out demand vs capacity more definitively. Active auditing of caseloads to ensure capacity is maximised and used effectively.	Enhance our offer of group intervention which will allow us to proceed through the waiting list more efficiently.	Engaged with HEIW to ensure sustainable training plans are in place to support continued ability to recruit suitable staff for delivery of psychological therapies.	Engagement with experts by experience to allow further developments of psychological therapy services to be co-produced. Which is likely to include engaging with aspirations for service-user choice as per Matrics Cymru.
MHLD_015	Standardised process for the management of out patient waiting lists across MH & LD services.			
MHLD_004	Establish service and embed into MH & LD Service Group. Identifying risks and baseline for performance monitoring			

<table>
<tr><td colspan="5">• Priority area(s): Mental Health</td></tr>
<tr><td></td><td colspan="4">Outcomes of delivering Ministerial Priorities – Project level</td></tr>
<tr><td>MHLD_007</td><td colspan="4">Ensure the HB continues to meet the national 26 week target even with the increasing referral demand for the service.</td></tr>
<tr><td>MHLD_009</td><td colspan="4">• Standardised WL practices Reduction in waiting lists (10 weeks)
• Reduction in DNA rates to < 10%
• Reduction in FUNB by 30%
• % of patients on PIFU, SOS as per Welsh Government Policy - 30% of all follow up patients</td></tr>
<tr><td>MHLD_004</td><td colspan="4">Compliance with CAMHS Targets –currently no baseline data as service was transferred on 1st April 2023 and work is ongoing with NHS Executive to review trajectories</td></tr>
<tr><td colspan="5">Key performance metrics: LPMHSS and CAMHS</td></tr>
<tr><td rowspan="13">As per MDS, Mental Health activity tab</td><td colspan="4">Number of Referral to LPMHSS (18+)</td></tr>
<tr><td colspan="4">Baseline position</td></tr>
<tr><td colspan="4">6,558 at end March 23</td></tr>
<tr><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td>1,500</td><td>1,500</td><td>1,500</td><td>1,500</td></tr>
<tr><td colspan="4">Number of LPMHSS assessments undertaken within 28 days (18+)</td></tr>
<tr><td colspan="4">Baseline position</td></tr>
<tr><td colspan="4">2,709 at end March 23</td></tr>
<tr><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td>750</td><td>750</td><td>750</td><td>750</td></tr>
<tr><td colspan="4">Number of LPMHSS interventions commenced within 28 days (18+)</td></tr>
<tr><td colspan="4">Baseline position</td></tr>
<tr><td colspan="4">782 at end March 23</td></tr>
</table>

- **Priority area(s): Mental Health**

Performance Trajectories 23/24			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
150	150	150	150
Number of Referrals to LPMHSS (under 18)			
Baseline position			
1047 at end March 23			
Performance Trajectories 23/24			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
300	300	300	300
Number of LPMHSS assessments undertaken within 28 days (under 18)			
Baseline position			
405 at end March 23			
Performance Trajectories 23/24			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
165	165	165	165
Number of LPMHSS interventions commenced within 28 days (under 18)			
Baseline position			
271 at end March 23			
Performance Trajectories 23/24			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
120	120	120	120
Number of Referrals to Specialist Child and Adolescent Mental Health (SCAMHS)			

<table>
<tr><td colspan="5">• Priority area(s): Mental Health</td></tr>
<tr><td></td><td colspan="4">Baseline position</td></tr>
<tr><td></td><td colspan="4">TBC – data issues in resolution following transfer of service from CTM to SBU on 1st April 23</td></tr>
<tr><td></td><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td></td><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td colspan="4">Total Caseload for Specialist Child and Adolescent Mental Health (excluding LPMHSS)</td></tr>
<tr><td></td><td colspan="4">Baseline position</td></tr>
<tr><td></td><td colspan="4">TBC – data issues in resolution following transfer of service from CTM to SBU on 1st April 23</td></tr>
<tr><td></td><td colspan="4">Performance Trajectories 23/24</td></tr>
<tr><td></td><td>Quarter 1</td><td>Quarter 2</td><td>Quarter 3</td><td>Quarter 4</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td colspan="4">Waiting list performance data for LPMHSS and SCAMHS as per new WG Performance Metrics – trajectories requested by 31st May 2023</td></tr>
<tr><td colspan="5"></td></tr>
<tr><td>Risks</td><td colspan="4">• The CAMHS service transferred from Cwm Taf Health Board from 1st April 2023 and risk areas include data migration, workforce issues and performance monitoring, a full evaluation of the service will be undertaken to identify further service requirements to provide a safe CAMHS service within SBUHB. Work is ongoing with workforce, finance, digital and clinical colleagues as part of the transfer.
• Outpatients modernisation holds risks that relate to continued high levels of did not attend, follow up not booked and breaches of waiting lists if transformation work is not undertaken. Work is ongoing with the Outpatients' Transformation team and digital colleagues to develop a transformation plan and an Outpatient Clinical Redesign Group has been established to work on this.
• Psychological therapies current target is 26 weeks, the risk would be not being able to continue to meet this target with an increasing referral demand for the service,</td></tr>
</table>

• **Priority area(s): Mental Health**	
	work is ongoing to develop an action plan to address the increase in demand for this service and look at options to support capacity in sustainably providing this service.
Alignment with workforce plans	**Indicative workforce requirements (WTE)**
MHLD_007	Recruitment to additional posts in 22/23 as per MHSIF
MHLD_015	No additional W/F required
MHLD_004	TBC in line with TUPE transfer from CTM
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)**
MHLD_007	FUNDED - £105,452 funded by 2022-23 MHSIF
MHLD_015	FUNDED - OP Transformation monies
MHLD_004	TIER 1

• **Priority area(s): Mental Health**				
Key focus should be on delivering	Implement 111 press 2 on a 24/7 basis for urgent mental health issue			
GMO ref:	**Actions to deliver Ministerial Priorities**			
MHLD_001	Development of an Assessment Hub to provide a single point of contact for Mental Health Services to support the 111 press 2 referral pathway to allow all category c assessments to be undertake by the hub			
GMO ref:	**Milestones 23/24:**			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
MHLD_001	111 Press 2 in place providing 24/7 access into mental health services experiencing a MH Crisis.	Expansion of service in terms of staffing and improvement of response times and call rates	If funding allows provide Cat C assessments to Swansea residents in the assessment hub. Currently these assessments are provided by AHTT in Swansea.	Reduction in ED MH Attendances. Improved management of outpatients requiring new or follow up appointments
Outcomes of delivering Ministerial Priorities *Project level				

• **Priority area(s): Mental Health**				
MHLD_001	Reduction in ED MH attendances.			
	Reduction in ambulance see, treat & convey.			
	Reduction in OOH GP attendance			
	Reduction in CMHT Duty officer assessments			
Key Performance Metrics				
As per MDS, Mental Health activity	Number of calls to 111 press 2			
	Baseline position			
	7075 at end March 23			
	Performance Trajectories 23/24			
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
	3,000	3,000	3,000	3,000

Risks	
Alignment with workforce plans	**Indicative workforce requirements (WTE)**
MHLD_001	n/a
Alignment with Financial plans	**Indicative revenue/ capital requirements (£)**
MHLD_001	FUNDED - £388K MHSIF

MEASURE	Age Group	TARGET	PERFORMANCE TRAJECTORY											
			Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Number of patients waiting more than 62 days for their first definitive cancer treatment from point of suspicion (regardless of the referral route)		Improvement trajectory towards a national target of reduction by March 2024	346	350	330	338	340	332	278	241	237	231	216	232
Percentage of patients starting their first definitive treatment within 62 days from point of suspicion (regardless of the referral route)		Improvement trajectory towards a national target of 80% by March 2026	52%	55%	58%	60%	64%	64%	68%	72%	74%	70%	67%	75%
% Patients seen within 4 hours in the Emergency Department		95%	74%	74%	74%	74%	76%	76%	77%	77%	78%	78%	79%	79%
Number of patients who spend 12 hours or more in all major and minor emergency care facilities from arrival until admission, transfer or discharge		Improvement trajectory towards a national target of zero by March 2024	1355	1270	1185	1100	1015	930	845	760	675	590	505	505
Total number of C.difficile cases reported in the Health Board		Meet Welsh Government Profile	10	10	9	8	8	8	7	7	7	7	7	7
Total number of S.Aureus Bacteraemia cases reported in the Health Board		Meet Welsh Government Profile	8	6	6	6	6	6	6	6	6	5	5	5
Total number of E.Coli cases reported in the Health Board		Meet Welsh Government Profile	20	19	20	20	19	19	19	20	21	19	19	19
Total number of Pseudomonas aerginosa cases reported in the Health Board		Meet Welsh Government Profile	3	2	2	2	2	2	2	1	3	2	2	1
Total number of Klebsiella cases reported in the Health Board		Meet Welsh Government Profile	9	7	7	7	7	6	5	4	5	5	5	4
Neurodevelopmental - % of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopmental assessment	Under 18s	80%	30%	30%	30%	30%	30%	30%	35%	35%	40%	45%	45%	45%
Neurodevelopmental - Number of children and young people waiting for an ADHD or ASD assessment to start	Under 18s	Reduction trajectory of the waiting list by March 2024	1,044	1,088	1,083	1,078	978	975	970	965	965	960	960	955