



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 May 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Submission of supplementary information to Welsh Government on the 2023/24 Annual Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Lee Davies, Director of Strategy and Planning
SWYDDOG ADRODD: REPORTING OFFICER:	Shaun Ayres, Deputy Director of Operational Planning and Commissioning Daniel Warm, Head of Planning

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

Welsh Government wrote to Hywel Dda University Health Board on 21st April 2023 noting that the Health Boards Annual Plan for 2023/24 Plan is 'not supportable or acceptable', specifically the level of financial deficit and the delivery of the Ministerial priorities. Welsh Government requested that the Health Board submit a supplementary paper by 31 May 2023 outlining the further work undertaken and the impact this has upon plan assumptions, but noting a resubmission of the Plan itself was not required.

Cefndir / Background

Health Boards in Wales are required to produce a Board-approved Integrated Medium-Term Plan (IMTP) and submit to the Welsh Government for approval. A statutory requirement is that the IMTP must be financially balanced over the three-year period. Hywel Dda University Health Board (HDdUHB) was again unable to do that for 2022-23, which led to the Health Board being escalated by the Welsh Government to Targeted Intervention for Planning and Finance.

As noted at previous Board meetings, whilst the ambition and aspiration for HDdUHB remains to submit an approvable IMTP, the current challenges are such that, despite our best endeavours, we are again not in a position to produce a balanced financial plan at this stage for 2023/24. Following discussion at Board, this was formally noted to Welsh Government (WG) in an accountability letter from the Chief Executive in February 2023.

In lieu of an IMPT, an annual plan was developed for 2023/24 and presented at the March Board meeting for approval. The plan considered by Board can be found at: [Annual Plan 2023/24](#). The annual plan was subsequently submitted to Welsh Government on the 31st March.

Following receipt and review of this Plan, the Director General, Health and Social Services, Welsh Government wrote to the Health Board noting that the 2023/24 Plan is 'not supportable or acceptable', and that further work was required around a number of areas:

- *Given the scale of risk, urgent work is required on setting out an improvement in the position on delivery of all Ministerial priorities, and an improvement in your financial assessment by 31 May. It is recognised that this will require both strengthening existing plans, and consideration of options and choices to deliver further improvement.*
- *All Ministerial templates must be fully completed, setting out how delivery ambitions will be achieved. The Ministerial ask was for a greater degree of focus and robust action plans on the specific and immediate in-year priority areas for 2023-24. It is understood that this will require choices around other areas, balanced against an assessment of quality and safety.*
- *Whilst we are not seeking a resubmission of full plans, greater clarity and improvement is required over and above the templates already received.*
- *The financial challenge as a consequence of the service and workforce challenges we face are understood, as is the challenging economic context within which we are operating. However, significant improvement is required on the plans which have been set out given they are not supportable, specifically:*
 - *The underlying positions described require actions to reduce and mitigate this assessment.*
 - *•Significant new cost growth is contained in plans with a varying combination of inflationary components and investment choices. Given the scale of deficit plans submitted, actions are required to increase cost control and reduce cost growth.*
 - *Savings plans and mitigations submitted within plans have very low confidence levels indicating that submitted plans are not sufficiently robust. This needs to be strengthened, in addition to considering the need for improvement.*
- *The requirement therefore is to deliver improvement to delivery of ministerial priorities and the financial plans submitted, in addition to strengthening the quantified options and choices that organisations face to make further progress from this revised position which will require consideration.*

The requirements of Welsh Government and of the Plan were discussed in detail at a review meeting between the Health Board and Welsh Government of 3rd May 2023. Following this meeting, a further letter was received from Welsh Government on 15th May 2023, confirming the details that must be included in the supplementary information required

- The requirements from the scrutiny session are set out below. Health boards must **resubmit the relevant Ministerial templates to provide assurance and clarity** including the following detail:
 - baseline activity/position for each template;
 - milestones for each quarter to represent a significant step towards delivering the Ministerial priority;
 - milestones supported by tangible and measurable actions which clearly support delivery.
 - outcomes for patients and the organisation articulated; and
 - risks associated with delivery should be clearly articulated and mitigating actions described.
- **Health boards must provide a paper** which outlines any major changes that have taken place between 31 March and 31 May that amends your organisation's plan. 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.
- **Updated financial returns** are required including Month 1 return as usual (15 May) and updated MDS financial sections that reflect the changes identified as part of the overall review of plans (31 May). The Financial Planning & Delivery team of the NHS Executive will also provide specific feedback on the financial plans.

- **An updated MDS will be required** where any material changes have been made to plans.

Further, a number of informal meetings have been held with members of the Welsh Government Planning Team in order to gain feedback on specific issues relating to the resubmission of the Ministerial Templates

In addition, at the Health Board's Public Board meeting on 25th May 2023, an overview of our approach to the resubmission was presented and discussed.

Asesiad / Assessment

Changes from the March 2023 Annual Plan

There are minimal changes to the MDS and wider trajectories. However, there are a few pertinent issues to highlight in the following areas:

- Aligned to the feedback from Welsh Government regarding the Ministerial Templates, the Health Board has updated the information (Annex A) based on the following expectations "Health Boards must **resubmit the relevant Ministerial templates to provide assurance and clarity** including the following detail:
 - baseline activity/position for each template;
 - milestones for each quarter to represent a significant step towards delivering the Ministerial priority;
 - milestones supported by tangible and measurable actions which clearly support delivery.
 - outcomes for patients and the organisation articulated; and
 - risks associated with delivery should be clearly articulated and mitigating actions described."

There are minimal changes to the overall March 2023 Annual Plan. However, there are a few pertinent issues to highlight in the following areas:

Delayed Transfers -(Pathways) of Care (DPoC)

- The original trajectory produced was under the auspices of the Bridging Community Capacity programme. Furthermore, since submitting the original trajectory, there has been a reduction in the anticipated WTEs upon the conclusion of the third round of recruitment for additional care capacity. Consequently, the updated DPoC trajectory is now indicative of the latest planning assumptions aligned to the 80 bed efficiencies. However, there is an agreement to create an additional operational stretch target in Quarter 4 (subject to Quarter 3 achievement) of an additional 25% capacity (13 patients) over and above the Complex Discharge Improvement trajectory set out in the Ministerial Priority slides.

Planned Care

- There is now a Planned Care template for the Ministerial Priority; with the narrative and trajectories consistent with the March 2023 Annual Plan. In addition, the Health Board has submitted a detailed bid against the Nationally held Planned Care monies to accelerate elective recovery.

De-risking of the Plan

- As part of the rigorous process set out above to de-risk the plan and aligned to the Month 1 financial result; a number of risks and mitigations have materialised as set out on slide 9 within the Plan. Consequently, the identification and materialisation of these risks and mitigations may result in a financial outturn which exceeds the planned deficit of £112.9m.

Estates Rationalisation Project

- There is a significant opportunity to accelerate an existing proposal that would support the consolidation of a number of current Health Board leases (Planning Objective 5A) resulting in a circa £300k > FYE cost reduction. Equally, there is a significant opportunity for Welsh Government to reduce their liabilities such as service charges and utilities etc. The Health Board requires support from Welsh Government to purchase the building (or an alternative arrangement) to the benefit of both organisations and supports estates rationalisation and effective utilisation.

Argymhelliad / Recommendation

The Board are asked to **APPROVE** the submission to Welsh Government of the supplementary information regarding the Annual Plan for 2023/24 in-line with their letter of 3rd May 2023, but noting that Welsh Government indicated that the original submission was “not supportable or acceptable” and that acknowledging the risks highlighted above and recognising the forecast financial outturn remains unacceptable and further work will be required during 2023/24 to improve the position.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Not applicable
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Board (March 2023 for approval of submission to Welsh Government) Board (May 2023 for an update on the process and activities)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	This is a key component in the delivery of the Integrated plan for the period 2023/24
Ansawdd / Gofal Claf: Quality / Patient Care:	This is a key component in the delivery of the Integrated plan for the period 2023/24
Gweithlu: Workforce:	This is a key component in the delivery of the Integrated plan for the period 2023/24
Risg: Risk:	Risks will be assessed as part of the ongoing process of both the development of the 2023/24 Plan and its subsequent monitoring
Cyfreithiol: Legal:	As above
Enw Da: Reputational:	Hywel Dda University Health Board needs to meet the targets set in order to maintain a good reputation with Welsh Government, together with our stakeholders, including our staff
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Consideration of Equality legislation and impact is a fundamental part of the planning of service delivery changes and improvements.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Hywel Dda University Health Board Annual Plan 2023/24

Supplementary Information 31st May 2023





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Section 1: Context and Background



- The core philosophy of the plan is one of stabilisation and laying the foundations for a medium-term recovery plan, aligned to our strategy
- The majority of plans are based upon existing resources (workforce and funding), with the nursing workforce stabilisation plan (1A – Recruitment plan) the main exception to this
- Our plan is based only on our allocation and does not assume additional national funding
- The plan and organisational priorities are focused on delivery of the Ministerial Priorities
- The plan is a continuation of the organisation's journey to date, consistent with the strategy and building on the methodology of strategic objectives, planning objectives and our Board Assurance Framework
- A more focused plan, so fewer planning objectives (23 rather than >60), and more ambitious
- The basis of Year 1 Stabilisation is the Ministerial Priorities

Ratification and Assurance prior to WG Submission



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Due to the timing between the Welsh Government (WG) feedback and re-submission of the Annual Plan Templates and supporting information, the process below was intended to ensure there was robust Board scrutiny through Chairs Actions ahead of this submission to Welsh Government:

Documentation and circulation

- The revised annual plan should be documented clearly and comprehensively, highlighting the changes made from the previous version.
- The document should be circulated to all relevant stakeholders, including the Chair and Independent Members, in advance of the scheduled ratification meeting

Review and Analysis

- The updated Annual Plan will set out inclusive of any material changes to the original Annual Plan which will include but not limited to; the organisation's strategic and planning objectives, financial position, and Ministerial Priorities (inclusive of revisions to any trajectories) and any external factors that have changed since the submission of the plan.

Extra-ordinary Board meeting 31st May 2023

- Schedule a meeting where all relevant parties, including the Chair and Independent Members, come together to discuss the amended Annual Plan.
- During the meeting, there will be an opportunity for Chair and each Independent Member to share their observations, concerns, or questions, to ensure open and clear responses are received to provide the requisite assurance.

Ratification and Decision Making

- Pursuant to the steps above; the Chair and Independent Members should collectively evaluate the supplementary information, taking into account the feedback received and the discussions held.
- The decision/ratification will have 3 potential outcomes, namely; approving the resubmitted plan as is, requesting further revisions or information, or rejecting the plan outright

Our Strategic and Planning Objectives

The University Health Board is clear on its long-term destination - articulated in our strategy "A Healthier Mid and West Wales" and reinforced in our recent Programme Business Case. Reaching that destination requires progress across a number of domains, which we have termed Strategic Objectives. These Strategic Objectives relate to both our people (staff, service users and communities) and our services. Our plan sets out the specific actions, termed Planning Objectives (POs), we are taking to make progress in each of these domains. In this way, we remain focused on our strategic direction and ensure our day-to-day activities are explicitly aligned, and contributing to, our strategic direction. This approach has been used by the University Health Board for the past 18 months and is now well embedded into our business practices. Each Planning Objective is led by an Executive Director and aligned to a committee of the Board, with regular update reports. Our Board Assurance Framework tracks progress and the impact of these actions on our Strategic Outcomes Measures .

As part of the continuing development of our Planning Objectives, we have been considering how the Planning Objectives may be brought together in order to describe their combined impact. This would not move away from the Planning Objectives being described under their respective Strategic Objectives, rather it would provide an opportunity for us to describe more clearly what the impact/outcome is expected to be as a result of that set of Planning Objectives. As a result, we have introduced 4 new domains and aligned two new strategic goals to each of the 4 domains, with a small number (2 to 4) Planning Objectives then sitting within each goal.

Domain	Goals	Planning Objectives
Our People <i>We have the people we need to achieve our purpose and strategy</i>	Goal 1: Grow and Train our Workforce	1a - Recruitment plan
	<i>We have the right people we need, with the right skills and knowledge</i>	1b - Career progression
	Goal 2: Support and Retain our Workforce	2a - Staff health and wellbeing
	<i>Our people feel motivated and supported</i>	2b - Employer of choice
		2c - Workforce and OD strategy
Our Future <i>Building a better health care system for future generations</i>	Goal 5: World class infrastructure	5a – Estates Strategies
	<i>We are building the infrastructure needed to provide high quality care</i>	5b - Research and innovation
		5c – Digital Strategy
	Goal 6: Sustainable services	6a - Clinical services plan
		6b - Pathways and Value Based Healthcare
		6c - Continuous engagement

Domain	Goals	Planning Objectives
Our Patients <i>Our patients receive the highest quality care</i>	Goal 3: Safe and high quality care	3a – Transforming Urgent and Emergency Care programme
	<i>Our services are safe and deliver good outcomes</i>	3b – Infection Prevention and Control Delivery Plan
	Goal 4: Accessible and kind care	4a - Planned Care and Cancer Recovery
Our Communities <i>Our population is healthy and we have a positive impact on the determinants of health</i>	<i>Patients have timely access to services and positive experiences</i>	4b – Regional Diagnostics Plan
		4c – Mental Health Recovery Plan
	Goal 7: Healthier communities	7a – Population Health
		7b – Integrated Localities
		7c - Social model for Health and Wellbeing
	Goal 8: Positive impact beyond health	8a – Decarbonisation & Sustainability
		8b – Local Economic and Social Impact
		8c – Financial Roadmap
		8d – Welsh Language and Culture

Ministerial Priorities for 2023/24 and alignment to our Planning Objectives



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ministerial Priorities for 2023/24	Planning Objectives for 2023/24
Urgent and Emergency Care <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> Is open 5 days a week moving to 7 days a week 12 hours a day by the end of Quarter 2 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 Welsh Government and measures impact as set out by the national programme Health boards must honour commitments that have been made to reduce handover waits Delayed Transfers of Care <ul style="list-style-type: none"> Regular monthly reporting of 'Pathways of Care' (DTCO) to be introduced for 2023/24 and reduction in backlog of delayed transfers through early joint discharge planning and coordination 	3a - Transforming Urgent and Emergency Care Programme (Six Goals)
Planned Care, Recovery, Diagnostics and Pathways of Care <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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, 	4a – Planned Care and Cancer Recovery 4b – Regional Diagnostics Plan
Mental Health and CAMHS <ul style="list-style-type: none"> Implement 111 press 2 on a 24/7 basis for urgent mental health issue Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention and Specialist CAMHS. 	4c – Mental Health Recovery Plan
Access to Primary Care (and Community Services) <ul style="list-style-type: none"> Improved access to GP and Community Services Increased access to dental services Improved use of community pharmacy Improved use of optometry services 	7b – Integrated Localities

Ministerial Templates- Key Revisions and Expectations

One of the key themes within the WG response to the Annual Plan is the need for greater clarity on both the Milestones and how the Health Board will accelerate performance and manage cost reduction in parallel. The below is the suggested approach to adopted within any revised Ministerial Templates aligned to SMART methodology:

- **Define SMART objectives:** The core response team should define SMART objectives for the revised plan. These objectives should be specific, measurable, achievable, relevant, and time-bound. This approach would be consistent with the expectations around greater clarity on the actions (in each quarter) the Health Board is undertaking.
- **Identify Key Performance Indicators (KPIs):** The team should identify KPIs that are aligned with the SMART objectives. These KPIs should be measurable and provide a clear indication of progress towards achieving the objectives. Therefore, breaking this down into each quarter with clear actions and all relevant interdependencies is a key expectation from WG. As an example, if we recruit 3 WTEs what benefits are expected in relation to performance, finance etc.
- **Break down objectives into smaller goals:** Wherever possible the milestones should break down the objectives into smaller goals that are specific, measurable, achievable, relevant, and time-bound. This will help ensure that the team stays focused on achieving the objectives and can measure progress towards achieving them. WG are requesting that we breakdown the Milestones in as far as is reasonably possible; in order to provide maximum clarity around the delivery of the ministerial priorities
- **Baseline and Trajectory** Gather historical data on patient admissions, discharges, occupancy rates, patient acuity levels, length of stay, and other relevant variables. Comprehensive data analysis will reveal patterns and trends, which will provide the basis for the trajectories
- **Capacity** - Evaluate the current capacity of the organisation in terms of beds, staff, facilities, and equipment. List any constraints, inefficiencies or bottlenecks that may limit the ability to meet future current demand. Explain the proposed approach to address the identified capacity gaps. These may include:
 - Optimising existing resources through best practices and efficient workflows
 - Implementing technology solutions to enhance productivity and reduce errors
 - Expanding or modifying the physical space, staffing levels, or equipment
 - Collaborating with other Health Boards or organisations to share capacity
 - Exploring alternative care delivery models (e.g., telemedicine, outpatient services)
- **Acceleration of Delivery** – Finally, recognising the Annual Plan is focused on 23/24. What is needed to achieve and sustain the ministerial priorities? This needs to be in the context of a sustainable solution which balances and utilises all resources. A consideration of whether there is an opportunity to further de-risk the plan



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Section 2: De-risking our Plan – financial considerations

De-risking our Plan – financial considerations

Item		£'m
Planned Deficit		112.9
Risks:	Opportunities not yet converted into robust deliverable savings schemes	10.8
	Under-delivery against Amber savings schemes	3.4
	Unscheduled Care increased fill rates linked to Nurse Staffing Act	7.0
	Oncology activity increases	0.9
	Energy price volatility	2.8
Total Risks requiring mitigation		24.9
Opportunities:		
	Next Steps and Choices / Actions	TBC
	Energy price volatility	(2.8)
Total Opportunities		TBC

Productivity Savings have been identified in relation to Planned Care efficiencies, Digital solutions and Cardiology pathway efficiencies totalling £7.8m.

There is a risk that the Planned Deficit of £112.9m will be exceeded; urgent actions are being considered to identify and resolve any issues preventing the delivery of identified savings schemes and to mitigate operational variation and other risks.

The pertinent risks and mitigations are:

- Savings** There is executive oversight of all savings schemes and there remains a clear focus on accelerating all savings wherever possible. This includes the acceleration of any Amber savings to Green.
- Nurse Staffing** As part of the nurse stabilisation programme, Glangwili has seen a significant improvement within 25A and 25B wards. This has been positively received; however, the expenditure has increased significantly as there remains a reliance on agency to achieve the nurse staffing fill rates on the respective wards.
- Oncology** due to an increase in both patient activity and drugs there is a forecasted £0.9m cost pressure which is over and above the additional £1.1m allocated to budget in 2023/24. The cost drivers include a 10% increase (circa 9 patients per day) in activity.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Section 3: Next steps and choices

Further choices being explored

Following the Welsh Government letter the Health Board has reviewed all possible options to materially reduce expenditure. This has resulted in a list of areas which will be explored in more detail to determine impact and viability. The choices currently being explored will all be subject to a rigorous process, these include but are not limited to; quality impact assessments, workforce assessments and service delivery and impact. Finally, it is important to note, that no decisions will be made without full engagement with all stakeholder groups including Staff Side, Llais and the internal Stakeholder Reference Group.

Options to be explored	Executive conclusion	Executive lead
1. Consolidate Same Day Emergency Care (SDEC)	Carmarthenshire SDEC to be reviewed to consolidate given issues in staffing at Prince Phillip Hospital and further opportunities to enhance throughput at Glangwili General Hospital.	Andrew Carruthers via TUEC
2. Review model of 24/7 GP Out-of-hours (GPOOH)	Model of 24/7 GP access to be reviewed given SDEC and OOH challenges.	Andrew Carruthers via TUEC
3. Surge into community settings and patient homes. Creation of virtual wards	Further opportunities to enhance as part of Transforming Urgent and Emergency Care (TUEC)	Andrew Carruthers via TUEC
4. Review Minor Injury Unit (MIU) 24/7 cover arrangements in Prince Philip	Appropriateness of model will be reviewed given issues in staffing with GP cover; considered in line with urgent primary care and SDEC review for Carmarthenshire.	Andrew Carruthers via TUEC
5. Pre-appointed A&E attendance (Cardiff & Vale model)	Model could have merit in Prince Philip Hospital to ensure that attendances and admissions are appropriate. To be considered as part of SDEC and 24/7 primary care review.	Andrew Carruthers via TUEC

Options to be explored	Executive conclusion	Executive lead
6. Review community hospital model and configuration to address long lengths of stay. Consider using for step-up care from home care.	Considered as part of TUEC	Andrew Carruthers via TUEC
7. Review investment requirement in primary and community services	Considered as part of the Pan Cluster Planning Group (PCPG)	Jill Paterson via PCPG
8. Domiciliary care / nursing home surge	Further analysis needed given fragility of the care home sector. Unlikely to provide any immediate benefit.	Jill Paterson via Long Term Care
9. Maximise use of point of care testing where this provides value	Considered as part of Value Based Healthcare (VBHC)	Phil Kloer via VBHC
10. Centralise surgical specialties onto separate sites	Considered as part of proposed clinical services plan work, with temporary options considered as part of in-year recovery.	Andrew Carruthers via Planned Care reconfiguration work
11. Centralise diagnostics onto separate sites / hubs	Considered as part of planned care reconfiguration, though benefit will be more productivity than cash.	Andrew Carruthers via Planned Care reconfiguration work
12. Review radiology on call arrangements	Considered as part of planned care reconfiguration, though benefit will be more productivity than cash.	Andrew Carruthers via Planned Care reconfiguration work
13. Review delivery arrangements within ARCH	Configuration of services through ARCH to be reviewed given challenges across a number of specialties.	Lee Davies via ARCH.
14. Enhance alternative care unit approach across sites and consider delivery mechanism (eg in house, third sector)	This is being considered as part of the review of the Alternative Care Units.	Mandy Rayani, via Alternative Care Unit review



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Section 4: Changes from the March 2023 Annual Plan

Changes from the March 2023 Annual Plan



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

There are minimal changes to the Minimum Dataset (MDS) and wider trajectories. However, there are a few pertinent issues to highlight in the following areas:

- Aligned to the feedback from Welsh Government regarding the Ministerial Templates, the Health Board has updated the information (Annex A) based on the following expectations “Health Boards must **resubmit the relevant Ministerial templates to provide assurance and clarity** including the following detail:
 - baseline activity/position for each template;
 - milestones for each quarter to represent a significant step towards delivering the Ministerial priority;
 - milestones supported by tangible and measurable actions which clearly support delivery.
 - outcomes for patients and the organisation articulated; and
 - risks associated with delivery should be clearly articulated and mitigating actions described.”

There are minimal changes to the overall March 2023 Annual Plan. However, there are a few pertinent issues to highlight in the following areas:

Delayed Transfers (Pathways) of Care (DPoC)

- The original trajectory produced was under the auspices of the Bridging Community Capacity programme. Furthermore, since submitting the original trajectory, there has been a reduction in the anticipated WTEs upon the conclusion of the third round of recruitment for additional care capacity. Consequently, the updated DPoC trajectory is now indicative of the latest planning assumptions aligned to the 80 bed efficiencies. However, there is an agreement to create an additional operational stretch target in Quarter 4 (subject to Quarter 3 achievement) of an additional 25% capacity (13 patients) over and above the Complex Discharge Improvement trajectory set out in the Ministerial Priority slides.

Planned Care

- There is now a Planned Care template for the Ministerial Priority; with the narrative and trajectories consistent with the March 2023 Annual Plan. In addition, the Health Board has submitted a detailed bid against the Nationally held Planned Care monies to accelerate elective recovery.

De-risking of the Plan

- As part of the rigorous process set out above to de-risk the plan and aligned to the Month 1 financial result; a number of risks and mitigations have materialised as set out on slide 9. Consequently, the identification and materialisation of these risks and mitigations may result in a financial outturn which exceeds the planned deficit of £112.9m.

Estates Rationalisation Project

- There is a significant opportunity to accelerate an existing proposal that would support the consolidation of a number of current Health Board leases (Planning Objective 5A) resulting in a circa £300k FYE cost reduction. Equally, there is a significant opportunity for Welsh Government to reduce their liabilities such as service charges and utilities etc. The Health Board requires support from Welsh Government to purchase the building (or an alternative arrangement) to the benefit of both organisations and supports estates rationalisation and effective utilisation.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Annex: Ministerial Priority Templates

Key achievements since March 2023



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Ministerial Priorities for 2023/24	Key Achievements
<ul style="list-style-type: none"> • Urgent and Emergency Care • Delayed Transfers of Care 	<ul style="list-style-type: none"> • Data demonstrates that occupied bed use in Glangwili has reduced by 4 against an expected 5 by end May 2023 • A 10% admission rate and an increased count of patients spending > 21 days in hospital contribute to this position. Glangwili has seen a reduction in Average Length of Stay (ALoS) by 2 days and increasing discharge rates within 72 hours and > 21 days. 50% reduction in patients waiting for social care at home. • Data demonstrates that occupied bed use in Prince Philip has reduced by 10 against an expected 6 by end May 2023 • This is despite increased ALoS of 0.5 days and is attributable to 5% reduction in admission rate and reduction in count of patients occupying beds > 21 days. 50% reduction in social care / home care waits (and number long stayers discharged recently). Admission rates suggested to be as a result of 'intelligent conveyance' by WAST and handover delay diverts to Glangwili (need cross reference with demand) • in April 2023 11.2% of ambulance handovers took more than 4 hours, this is an improvement to March (16.6%), as each site strives to achieve the target
<ul style="list-style-type: none"> • Planned Care, Recovery, Diagnostics and Pathways of Care • Cancer Recovery 	<ul style="list-style-type: none"> • Planned Care trajectories are on-track to meet Quarter 1 expectations • In April 2023, we completed 18% more new outpatient appointments, 26% more inpatient procedures and 30% more day case procedures than in April 2022.
<ul style="list-style-type: none"> • Mental Health and CAMHS 	<p>Performance is showing improving cause variation for the following measures:</p> <ul style="list-style-type: none"> • Percentage of Mental Health assessments undertaken within 28 days (under 18): 72.2% (target 80%), performance has narrowly missed the trajectory (80%) and target. • Percentage of Health Board residents in receipt of secondary mental health services who have a valid care and treatment plan (under 18): 98.7% (target 90%). Performance continues to improve and is above the target for the third consecutive month.

Delayed Transfers (Pathways) of Care

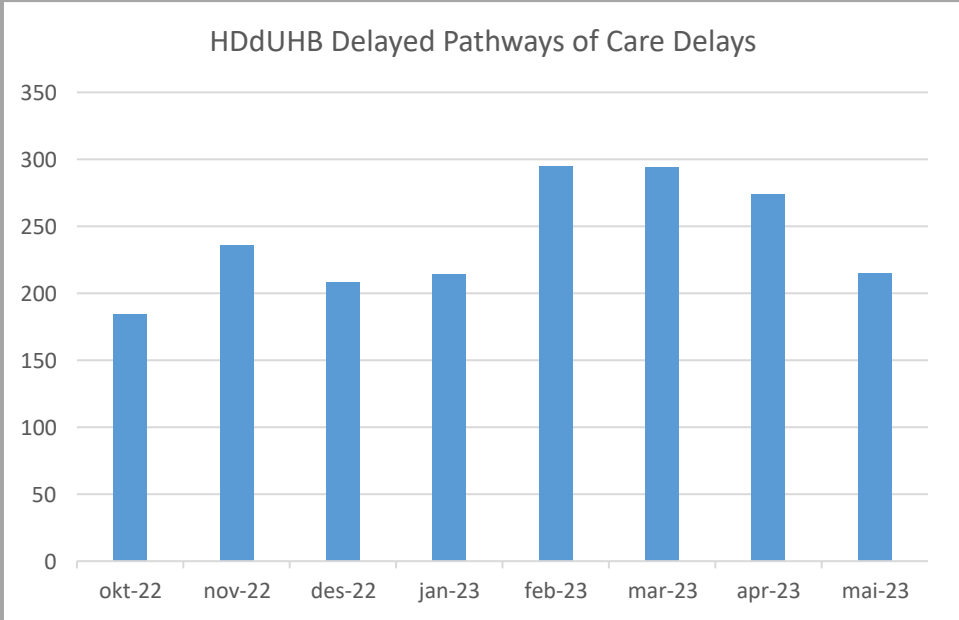
Key focus should be on delivering	<ul style="list-style-type: none">Regular monthly reporting of ‘Pathways of Care’ (DTC) to be introduced for 2023 – 24:Implement a Regional approach to reviewing and action planning to reduce delays by ‘reason’Delayed transfers of careReduction in backlog of delayed transfers through early joint discharge planning and coordination: Phased implementation of Optimising Hospital Care tool kit supported by Frontier Discharge PlatformPhased roll out of SAFER, Deconditioning & Red2Green methodologyDevelopment of consistent approach to Ward Rounds utilising Frontier Digital platformAligned to the Real Time Demand & Capacity (RTDC) programme and Safe Care Collaborative programmes from Improvement Cymru	
Baseline	The Baseline is 294 which is reflective in the graphs below and MDS	
Quarter 1:		
Milestones	<ul style="list-style-type: none">Phase 1 roll out of SAFER patient bundle, supported by consistent board round approach utilising Frontier discharge platform and Phase 1 is a targeted approach at each acute site focused on key wards (x3) and all clinical decision units (referenced as Policy Goal 5 Group in template)Establishment of West Wales Region Integrated Home First Collaborative (WWRIHFC) as a Steering Group to oversee implementation of Integrated Home First pathways in each County to support effective and efficient discharge from hospital (and admission avoidance). The Collaborative will oversee implementation of plans including Trusted Assessor models, Discharge to Recover then Assess (D2RA) pathways and monitor Delayed Pathways of Care (DPOC) improvement. Plans will include consideration of furthering integrated arrangements at County level as per ‘Further Faster’Metric- Reduce the number of Pathway of Care Delays to 274 by the end of Quarter 1	
Actions	<ul style="list-style-type: none">Re- Establishment of Policy Goal 5 delivery group – weekly meetingsReview of Terms of ReferenceDevelopment of ward roll out blueprint to ensure consistent approachIdentification of operational site leads to work alongside Quality Improvement leads to embed optimal hospital flow framework utilisation the blueprint	<ul style="list-style-type: none">Baseline key implementation metricsAlignment of Frontier tool to board rounds Standard Operating Procedures, SAFER principles, D2RA pathwaysProposal presented to Integrated Executive Group to form WWRIHFC and gain agreementHold inaugural meeting to establish Terms of Reference including agreement Outcomes Framework
Quarter 2:		
Milestones	<ul style="list-style-type: none">Phase 2 roll out – Additional Acute WardsRegional arrangements are in place to plan and ensure the effective delivery of services, care and support with monthly Collaborative meetings to review impact and agree next quarterly actions. Cross County learning re what works and what has not.All Counties have regular daily/weekly meetings established between acute, community & social care senior operational leaders to expedite discharge and escalate delays in real time via our daily conference calls.Commence Demand and Capacity modelling exerciseImplement County level Milestones associated with development of Health and Care System for Older PeopleBoard and Cabinet agreement to explore further integration (Carmarthenshire County Council and HDdUHB)Metric- Reduce the number of Pathway of Care Delays to 255 by the end of Quarter 2	
Actions	<ul style="list-style-type: none">Continued rollout to remainder of acute wards on a phased basisDevelopment of reporting suite from Frontier aligned to national D2RA outcome measures, Red2Green, SAFER metricsEstablishment of Urgent and Emergency Care (UEC) Watchtower to review Red2Green and SAFER metrics and consider impact on flow	<ul style="list-style-type: none">Implement PDSA (Plan Do Study Act) cycles as per data indicationAttend Scrutiny Committees in Carmarthenshire County Council and HDdUHB and if approved go to Board and CouncilD2RA measures reporting (anticipated August)Trusted Assessor monthly reporting

Delayed Transfers (Pathways) of Care

Quarter 3:		
Milestones	<ul style="list-style-type: none">Phase 3 roll out - Community HospitalsAnalyse Demand and Capacity modellingBoard and Cabinet formal agreement to explore further integration (Pembrokeshire County Council and HDdUHB)Carms Integrated Home First Group Options Paper for Long Term Care Home InfrastructureWinter Preparedness Plan and MitigationsContinued Regional Collaborative meetingsMetric- Reduce the number of Pathway of Care Delays to 244 by the end of Quarter 3	
Actions	<ul style="list-style-type: none">Ongoing UEC Watchtower and PDSA cycles re SAFERCounty systems to consider Demand and Capacity analysis and review plans to strengthen local health and care systems accordinglyImplement Winter Preparedness Plan and MitigationsReports submitted monthly from Collaborative re Trusted Assessor models, D2RA measures and quarterly for DPOC	
Quarter 4:		
Milestones	<ul style="list-style-type: none">Metric- Delivery of agreed bed efficienciesMetric- sustain the DTOC improvement at 244 throughout Quarter 4	
Actions	<ul style="list-style-type: none">Evaluation of impact of optimal hospital flow against agreed HB bed efficiencies and scope for further improvementImplement actions from revised County PlansReports submitted monthly from Collaborative re Trusted Assessor models, D2RA measures and quarterly for DPOC	
Risks	<ul style="list-style-type: none">Culture Change re clinical management of frailty and perception of riskRAAC (reinforced autoclaved aerated concrete)Passing Baton of responsibility for discharge planning to ward management implementation of SAFER to reduce long length of stay to reduce backlog	
Outcomes	<ul style="list-style-type: none">Manage demand through different pathways provision chest pain ,falls ,catheter, End of Life and home firstThe main financial risk would be any material changes to the Whole Time Equivalent (WTE) assumptions and the potential impact of alternative bed units. However, these risks will be mitigated by ensuring no increase in expenditure is incurred without the appropriate governance and clear Return on Investment which supports the Health Board’s clinical, operational, performance, quality and financial plans.Care Availability due to increase in demandIncrease in demand of complex needsNurse StabilisationReduced Conveyance direct referrals from healthcare professional streaming the patient to the most appropriate place will avoid unnecessary conveyance to Emergency DepartmentsReduced Conversion appropriate emergency admissions via Emergency Departments (ED) for those who need an inpatient stay. Streaming of those who can be managed through the Same Day Emergency Care service should result in a maximum conversion rate of 10%Managing Complexity increasing the proportion of patients discharged within 72 hours and a reduction in the average length of stay (LoS). This supports the evidence that right place first time improves the overall LoS of individuals	
Alignment with workforce plans	<ul style="list-style-type: none">Alignment comes via the triangulate workforce assumptions against the regenerative framework and overall workforce additionality assumptions including with nurse stabilisation to avoid duplication.	
Alignment with Financial plans	<ul style="list-style-type: none">The financial impact of the WTE increase in the workforce is contained within the financial plan. Therefore, the current financial position would be reflective of the net impact of the increase in workforce	
Digital / Technology Opportunities	<ul style="list-style-type: none">Further development of the Frontier digital platformRoll out of Delta Connect with Technology Enabled Care as integral component of Health & Care system for Older People	

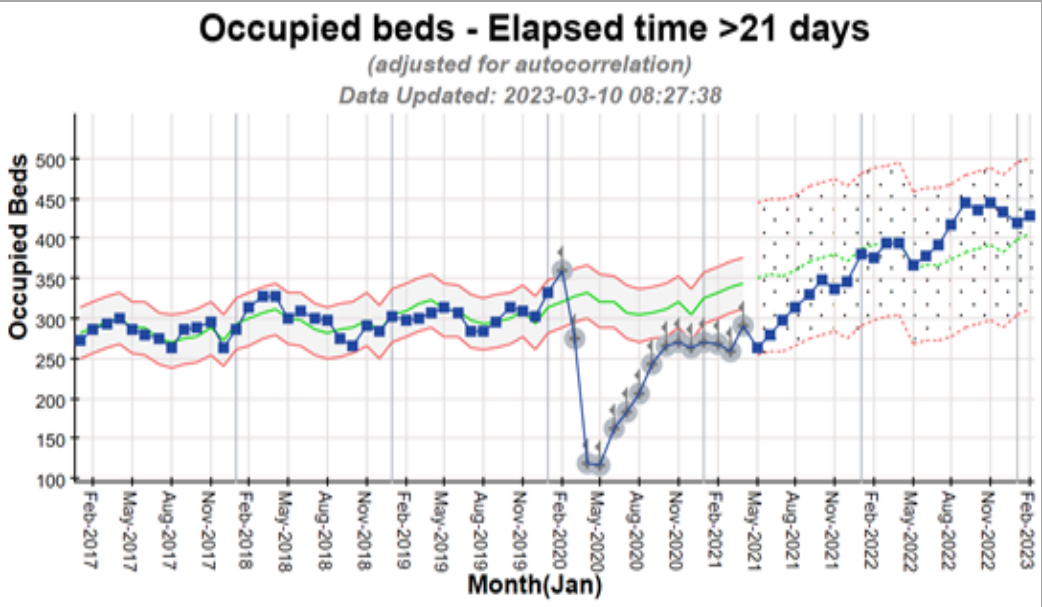
Delayed Transfers (Pathways) of Care

Number of Delays By Month

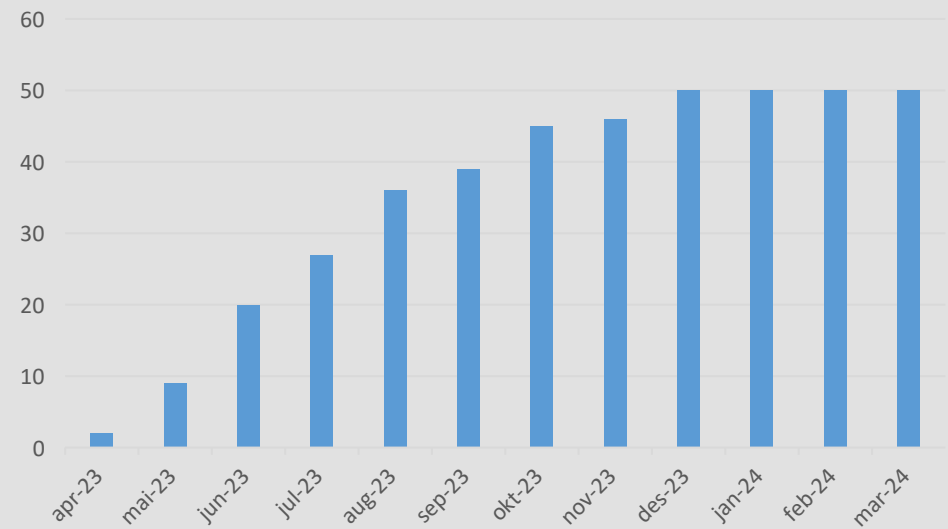


Projected 80 beds efficiency (TUEC Deliverable 23 / 24)

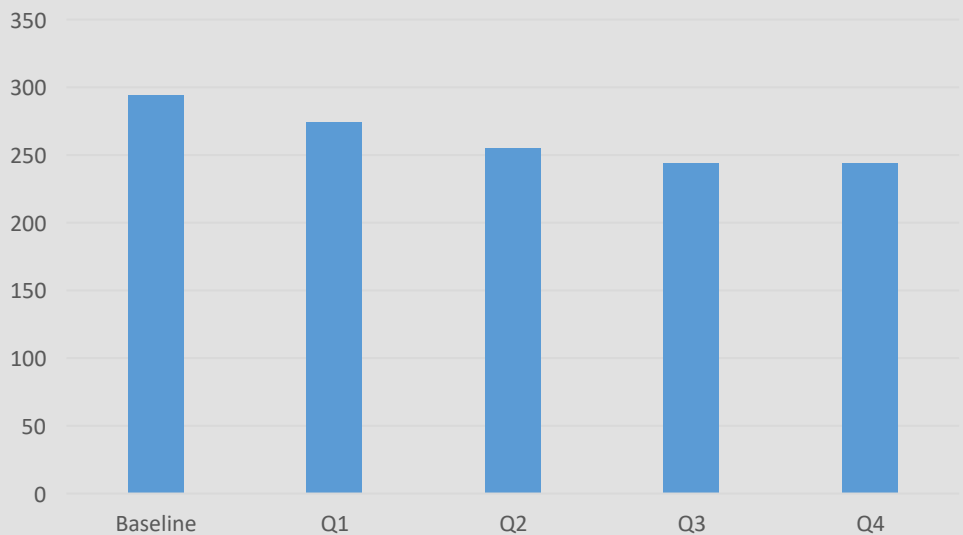
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Expected Impact at the Front Door - Conversion (i.e. surge bed reduction, agency etc.) - Bed Reduction												
BGH	0	0	2	2	2	3	3	3	3	3	3	3
GGH	0	0	2	3	4	5	7	9	9	9	9	9
WGH	4	4	5	3	4	5	6	8	8	8	8	8
PPH	0	4	5	6	7	8	9	10	10	10	10	10
	4	8	14	14	17	21	25	30	30	30	30	30
Expected Impact at the Backdoor - Complexity Management (i.e. surge bed reduction, agency etc.) - Bed Reduction												
BGH	1	1	4	5	6	8	9	10	10	10	10	10
GGH	0	5	10	15	18	18	18	18	18	18	18	18
WGH	1	1	3	3	7	7	11	11	15	15	15	15
PPH	0	2	3	4	5	6	7	7	7	7	7	7
	2	9	20	27	36	39	45	46	50	50	50	50
Total Bed Reduction	6	17	34	41	53	60	70	76	80	80	80	80
Proposed Financial Impact (£k)												
BGH	£0	£0	£317	£317	£317	£317	£317	£484	£484	£484	£484	£484
GGH	£0	£0	£0	£30	£90	£150	£211	£316	£421	£526	£631	£736
WGH	£1	£2	£4	£6	£14	£25	£63	£104	£145	£186	£227	£268
PPH	£0	£0	£0	£0	£0	£12	£32	£53	£82	£102	£123	£123
Cumulative Total	£1	£2	£321	£353	£421	£492	£602	£936	£1,103	£1,278	£1,445	£1,611



Complex Discharge Improvement Trajectory



Improvement Trajectory



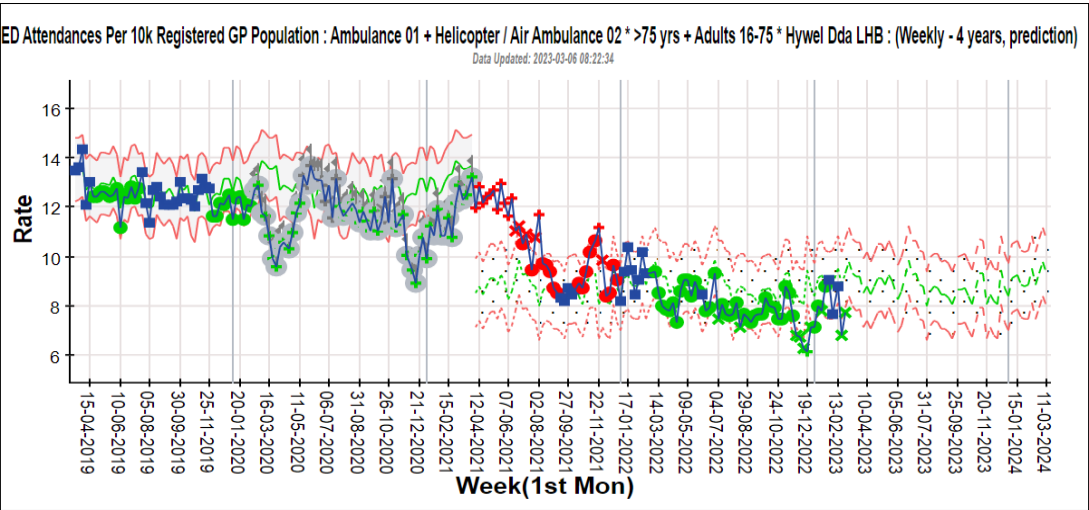
Site / System	Bed Day > 21 Reduction Improvement	Bed Benefit	Assumed Proportion Reduction in DPOC re Social Care / CHC
Glangwili / Carmarthenshire	4.4%	20 (Complexity) 7 (Conversion)	12.5%
Prince Philip / Carmarthenshire	4%	7 (Complexity) 10 (Conversion)	12.5%
Bronglais / Ceredigion	3.8%	13 (in total across System)	12.5%
Withybush / Pembrokeshire	3.9%	23 (in total across system)	12.5%

Delayed Transfers (Pathways) of Care

Baseline

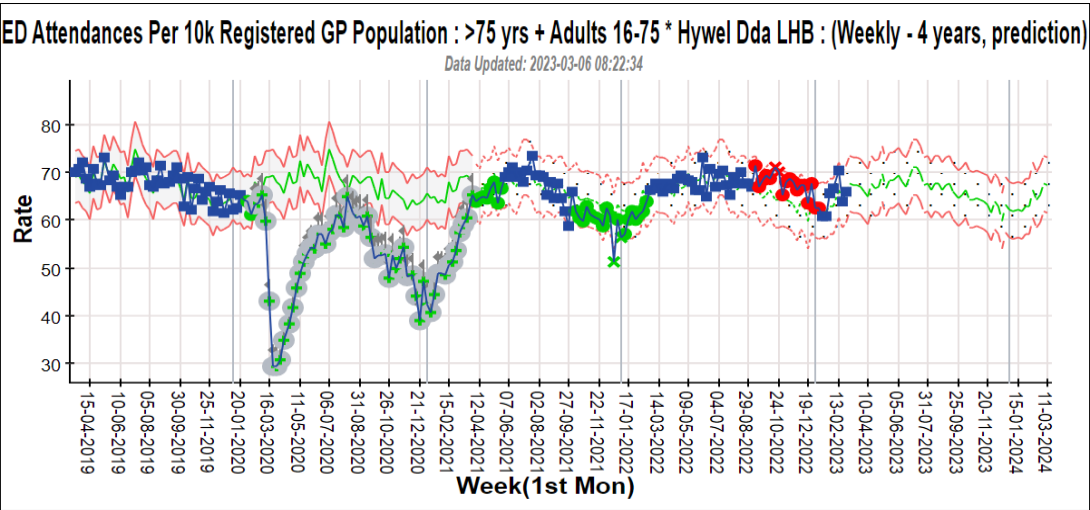
The following data is available at health Board, County or Acute Site level and can be viewed as all adults, high risk adults (aged 50-75) and those aged >75 years.

Reduced Conveyance

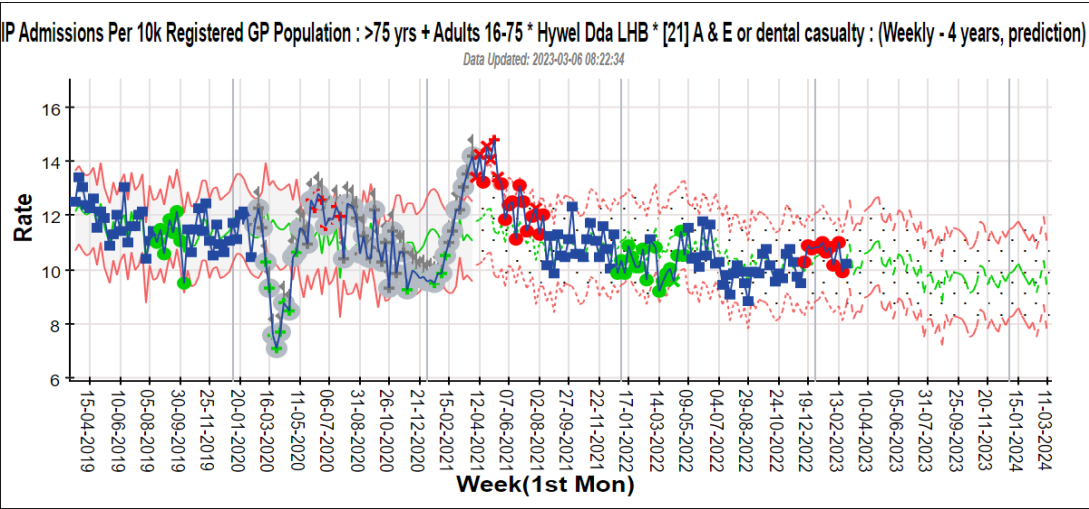


Priority Areas

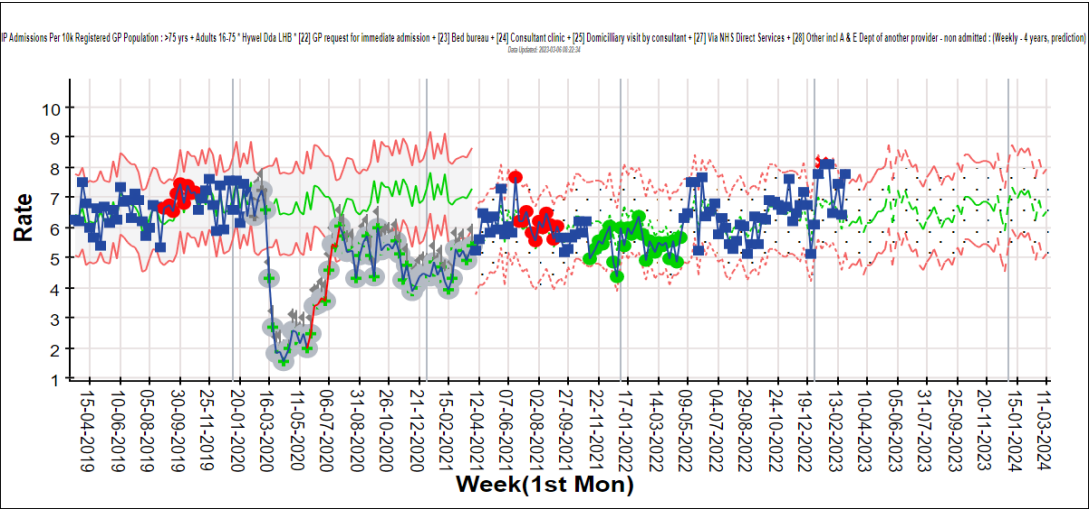
Balancing Measure



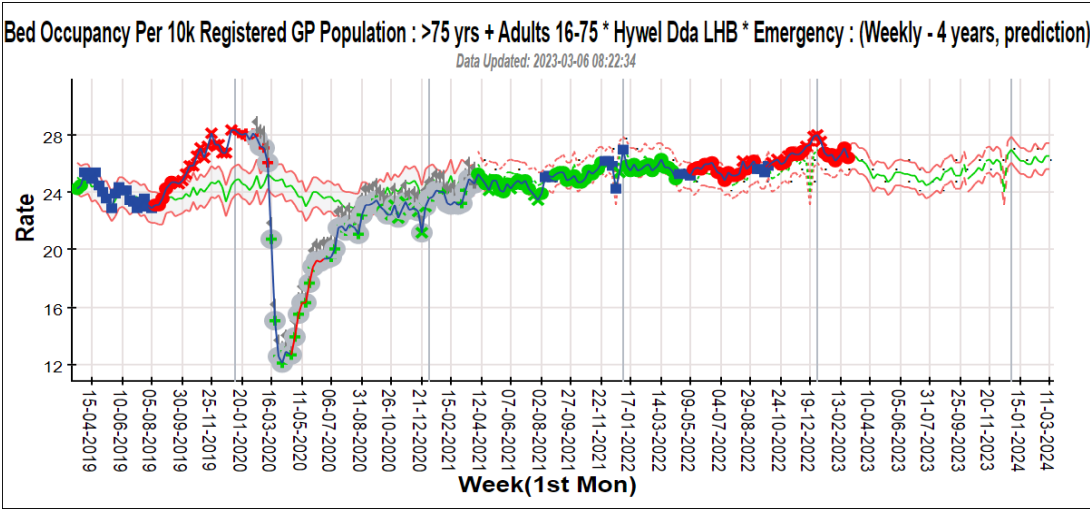
Reduced Conveyance



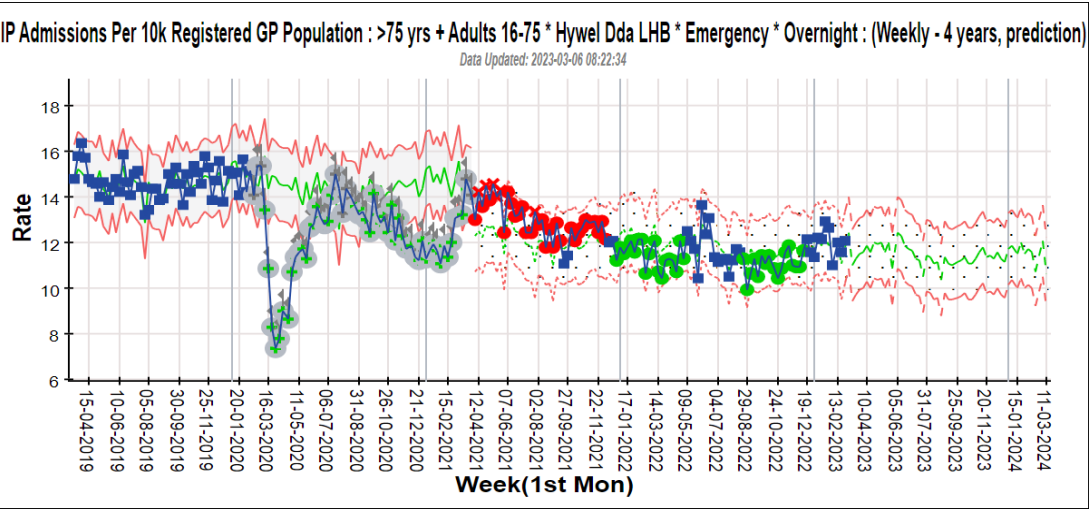
Balancing Measure



Managing Complexity



Balancing Measure



Access to Primary Care: GP and Community Services



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Key focus should be on delivering	Improved Access to GP Services	
Baseline	<ul style="list-style-type: none">Practices are required to have one site (if they have a split site or a branch surgery) open from 8.30am to 6pm, with telephone access from 8am to 6.30pm. With the introduction of the unified contract from 1 April 2023 there is a move of Phase 1 Access standards (previously in Quality Assurance Improvement Framework QAIF) into the core contract. Phase 2 Access Standards remain in QAIF and are optional. As at May 2023 all Practices have confirmed that they have attained all indicators within Phase 1 and all have provided evidence of their achievement of all indicators in Phase 2 of the Access standards.	
Quarter 1:		
Milestones	<ul style="list-style-type: none">All practices are available on the telephone from 8am – 6.30pmAll practices have doors open on their designated site from 8.30am to 6pm	<ul style="list-style-type: none">All practices are submitting data for Phase 1 as part of the move to the unified contractQAIF monitoring in line with GMS contract requirements
-Actions	<ul style="list-style-type: none">Contract monitoring mechanisms are in place for quarterly review with reporting through to the Access ForumFailure to comply will result in identifying a contract breach and remedyAccess Quality Improvement information will be discussed at Cluster meetings	
Quarter 2:		
Milestones	<ul style="list-style-type: none">All practices are available on the telephone from 8am – 6.30pmAll practices have doors open on their designated site from 8.30am to 6pm	<ul style="list-style-type: none">All practices are submitting data for Phase 1 as part of the move to the unified contractQAIF monitoring in line with GMS contract requirements
-Actions	<ul style="list-style-type: none">Contract monitoring mechanisms are in place for quarterly review with reporting through to the Access ForumFailure to comply will result in identifying a contract breach and remedyPatient Survey and reflection on findings discussed at collaborative /Cluster meetings to inform solutions that improve access and delivery of care	
Quarter 3:		
-Milestones	<ul style="list-style-type: none">All practices are available on the telephone from 8am – 6.30pmAll practices have doors open on their designated site from 8.30am to 6pm	<ul style="list-style-type: none">All practices are submitting data for Phase 1 as part of the move to the unified contractQAIF monitoring in line with GMS contract requirements
-Actions	<ul style="list-style-type: none">Contract monitoring mechanisms are in place for quarterly review with reporting through to the Access ForumFailure to comply will result in identifying a contract breach and remedyUnified contract confirmed Quarter 3 2023Access Standards Quarter 2 position	
Quarter4:		
Milestones	<ul style="list-style-type: none">All practices are available on the telephone from 8am – 6.30pmAll practices have doors open on their designated site from 8.30am to 6pm	<ul style="list-style-type: none">All practices are submitting data for Phase 1 as part of the move to the unified contractQAIF monitoring in line with GMS contract requirements
-Actions	<ul style="list-style-type: none">Contract monitoring mechanisms are in place for quarterly review with reporting through to the Access ForumFailure to comply will result in identifying a contract breach and remedyEnd of Year access achievement and reporting based on achievement reporting on Primary Care Improvement Programme	

Access to Primary Care: GP and Community Services

Risks	<ul style="list-style-type: none">Current GMS Regulations do not have clauses around access to services, therefore any remedial notice needs to be issued under a failure to deliver essential services which could be open to challenge. Phase 2 Access standards within QAIF therefore not mandatory. Inability to use Access QI data to evidence demand on general practice. Sustainability pressures inevitably impact on access to services
Outcomes	<ul style="list-style-type: none">Access monitored through contractual mechanism.Access Forum to consider any service or contractual matters
Alignment with workforce plans	<ul style="list-style-type: none">N/A
Alignment with Financial plans	<ul style="list-style-type: none">QAIF funded through GMS allocation
Digital / Technology Opportunities	<ul style="list-style-type: none">Work in train to develop patient facing videos (Pocket Medic) on how to access primary care services to improve patient understanding of service provision and availability, which will hopefully improve service accessibilityUse of technology to enable patients to take BP, height, weight and self-report into the clinical systemImplementation of Electronic Prescribing Service (EPS) should reduce footfall and in Practices

Access to Primary Care: Community Pharmacy Services



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Key focus should be on delivering	Improved Access to Community Pharmacy Services	
Baseline	<ul style="list-style-type: none">97 Community Pharmacies across Hywel Dda; all have signed up to deliver the Clinical Community Pharmacy Service (CCPS)A New Prescription has seen new investment into Community Pharmacy to support a shift from “items dispensed” to wider service provision through:maximising the use of community pharmacies to improve access,increased access to pharmacy independent prescribers (PIP) sitesimproved consistency in clinical services provided64k consultations undertaken through the Common Ailments Service in 202238k consultations for Emergency Hormonal Contraception in 202211.7k flu vaccines given in 2022/23	
Quarter 1:		
Milestones	<ul style="list-style-type: none">Rolling contract monitoring processes in place with issues for escalation raised via the Primary Care Contract Review Group (PPCRG)Confirm number of new Independent Prescribing training places with HEIW	
Actions	<ul style="list-style-type: none">Ensure contractual compliance with opening timesEnsure appropriate accreditation compliance	<ul style="list-style-type: none">Ensure contractual compliance with provision of CCPS and review activity dataReview and development of enhanced services through the Enhanced Services groupReview of the number of IP Pharmacists and associated service provision
Quarter 2:		
Milestones	<ul style="list-style-type: none">Rolling contract monitoring processes in place with issues for escalation raised via the Primary Care Contract Review Group (PPCRG)Annual contract visiting process to be developed and implemented	
Actions	<ul style="list-style-type: none">Ensure contractual compliance with opening timesEnsure appropriate accreditation complianceEnsure contractual compliance with provision of CCPS and review activity data	<ul style="list-style-type: none">Review and development of enhanced services through the Enhanced Services groupReview of the Pharmaceutical Needs Assessment
Quarter 3:		
Milestones	<ul style="list-style-type: none">Rolling contract monitoring processes in place with issues for escalation raised via the Primary Care Contract Review Group (PPCRG)	
Actions	<ul style="list-style-type: none">Ensure contractual compliance with opening timesEnsure appropriate accreditation complianceEnsure contractual compliance with provision of CCPS and review activity data	<ul style="list-style-type: none">Review and development of enhanced services through the Enhanced Services groupPromotion of Pharmacist Independent PrescribersReview provision of the flu programme

Access to Primary Care: Community Pharmacy Services

Quarter4:		
Milestones	<ul style="list-style-type: none">Rolling contract monitoring processes in place with issues for escalation raised via the Primary Care Contract Review Group (PPCRG)	
Actions	<ul style="list-style-type: none">Ensure contractual compliance with opening timesEnsure contractual compliance with provision of CCPS and review activity dataReview and development of enhanced services through the Enhanced Services group	<ul style="list-style-type: none">Review of the Pharmaceutical Needs AssessmentReview provision of the flu programmeReduction in the overall level of escalation at Levels 4/5
	<ul style="list-style-type: none">	
Risks	<ul style="list-style-type: none">Risk to provision of enhanced services due to locum coverRisk to reduction in opening times outside of core requirements (mainly evenings and weekends) due to staffing pressuresPremises not modernised for delivery of wider service provision	<ul style="list-style-type: none">Mentorship for IP training not available to enable completion of IP courseContinued risk of short term pharmacy closures due to staffing deficitsRisk to continued scale up of Community Pharmacy projects due to the inability to move to 52 day prescribing and take on additional clinical work resulting in financial instability for contractors
Outcomes	<ul style="list-style-type: none">Wider range of services provided through Community Pharmacies	
Alignment with workforce plans	<ul style="list-style-type: none">Linked to the Primary and Community Services Academy	
Alignment with Financial plans	<ul style="list-style-type: none">Aligned to allocation for contract	
Digital / Technology Opportunities	<ul style="list-style-type: none">Work in train to develop patient facing videos (Pocket Medic) on how to access primary care services to improve patient understanding of service provision and availability, which will hopefully improve service accessibilityUse of technology to enable patients to take Blood Pressure, height, weight and self-report into the clinical system	

Access to Primary Care: Dental Services



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Key focus should be on delivering	Improved Access to Dental Services	
Baseline	<ul style="list-style-type: none">Not available until Practices confirm Contract option for 2023/242022-23 82% of dental contracts managed through Dental Contract Reform (DCR) equating to 93% of NHS dental funding2022-23 18% of dental contracts managed through equating to 7% of NHS dental fundingContract reform measures continue to be tested and adapted during 22/23, so practices will deliver measures based on learning so far, or a return to contractual arrangements based wholly on delivery of Units of Dental Activity (UDA). Practices who remain in UDA have a target 95% of pre-COVID/pre-reform level.	
Quarter 1:		
Milestones	<ul style="list-style-type: none">Set volume metrics in accordance with UDA and Contract reform baselines, for new, urgent and historic patientsUndertake procurement exercise for replacement dental practice in the Llandeilo area.	
Actions	<ul style="list-style-type: none">Monitor achievement against the baseline using BSA dataReview action plans from rolling visiting programmeQuarterly performance review of data undertaken, including any mitigating factors	
Quarter 2:		
Milestones	<ul style="list-style-type: none">Undertake mid-year reviews with Practices	
Actions	<ul style="list-style-type: none">Review action plans from rolling visiting programmeQuarterly performance review of data undertaken, including any mitigating factors	<ul style="list-style-type: none">Discuss support/remedial actions through an agreed improvement planComplete Llandeilo procurement process and award contract if successful
Quarter 3:		
Milestones	<ul style="list-style-type: none">Maintained investment into provision of General Dental Services	
Actions	<ul style="list-style-type: none">Review action plans from rolling visiting programmeQuarterly performance review of data undertaken, including any mitigating factors	
Quarter4:		
Milestones	<ul style="list-style-type: none">Transfer of temporary mobile dental services to Carmarthen Hwb.	
Actions	<ul style="list-style-type: none">Prepare transfer plan	<ul style="list-style-type: none">Review action plans from rolling visiting programmePrepare end of year position
Risks	<ul style="list-style-type: none">Increase in the number of contract terminations thus reducing the provision of NHS dental servicesContinued delay of post COVID recovery to pre COVID levels because of perceived high need	
Outcomes	<ul style="list-style-type: none">Access monitored through contractual mechanism	
Alignment with workforce plans	<ul style="list-style-type: none">Link to Primary and Community Services Academy; ongoing discussions around the potential at the Pentre Awel development and Aberystwyth University	
Alignment with Financial plans	<ul style="list-style-type: none">Budget managed in line with Welsh Government allocation to maximise provision of NHS dental services	
Digital / Technology Opportunities		

Access to Primary Care: Optometry

Key focus should be on delivering	Improved Access to Optometry Services	
Baseline	<ul style="list-style-type: none">Optometry contract changes were negotiated in 2022 and will be subject to implementation throughout 2023. There will be a focussed shift on moving services from secondary care Ophthalmology services to Primary Care Optometry services however the detail of this is currently unknown. There are 18 Independent Prescribing Optometrists working in HDdUHB area. In 2022 there were 818 new patients seen by the Independent Prescribing Optometry Services (IPOS) service with 89.5% being treated with no onward referral; the majority of those that were referred on were referred to urgent eye care services in secondary care.	
Quarter 1:		
Milestones	<ul style="list-style-type: none">Supporting national contract implementation	
Actions	<ul style="list-style-type: none">Contract implementation as and when agreements are reached and issued to Health BoardsUndertaking contract monitoring and evaluation as directed	<ul style="list-style-type: none">Supporting the transition of clinical services from Ophthalmology to Optometry in line with nationally agreed clinical protocolsReview referral data to understand if alignment of patient care is in line with national direction
Quarter 2:		
Milestones	<ul style="list-style-type: none">Supporting national contract implementation	
Actions	<ul style="list-style-type: none">Contract implementation as and when agreements are reached and issued to Health BoardsReview numbers of patients seen under the new clinical pathways as opposed to pre contract implementation	<ul style="list-style-type: none">Supporting the transition of clinical services from Ophthalmology to Optometry in line with nationally agreed clinical protocolsUndertaking contract monitoring and evaluation as directedReview referral data to understand if alignment of patient care is in line with national direction
Quarter 3:		
Milestones	<ul style="list-style-type: none">Supporting national contract implementation	
Actions	<ul style="list-style-type: none">Contract implementation as and when agreements are reached and issued to Health BoardsReview numbers of patients seen under the new clinical pathways as opposed to pre contract implementation	<ul style="list-style-type: none">Supporting the transition of clinical services from Ophthalmology to Optometry in line with nationally agreed clinical protocolsUndertaking contract monitoring and evaluation as directedReview referral data to understand if alignment of patient care is in line with national direction
Quarter4:		
Milestones	<ul style="list-style-type: none">Supporting national contract implementation	
Actions	<ul style="list-style-type: none">Contract implementation as and when agreements are reached and issued to Health BoardsReview numbers of patients seen under the new clinical pathways as opposed to pre contract implementation	<ul style="list-style-type: none">Supporting the transition of clinical services from Ophthalmology to Optometry in line with nationally agreed clinical protocolsUndertaking contract monitoring and evaluation as directedReview referral data to understand if alignment of patient care is in line with national direction
Risks	<ul style="list-style-type: none">Delay in contract implementation at a national level will impact on the ability to commission services	<ul style="list-style-type: none">No national restriction on who can provide services which could have a financial impact
Outcomes	<ul style="list-style-type: none">Unable to quantify without specifics of the clinical services to be commissioned from contract negotiations	
Alignment with workforce plans	<ul style="list-style-type: none">WNWRS is due to be implemented into Optometric Practices from April 2023IP and Glaucoma Certification training has been supported through the Health Board and Clusters	
Alignment with Financial plans	<ul style="list-style-type: none">Allocation for the new contract has been based on historical activity however there are limitations on this calculation and there may need to be further consideration to capping or limiting some service provision if there is a forecast overspend	
Digital / Technology Opportunities		

Improved Access to Community Services



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Key focus should be on delivering	20% capacity growth in social prescribing (SP) activity to support a growth in community resilience	
Baseline	Current baseline of 206 per month – 20% growth by March 2024 = 250 per month or 2835 episodes in 23/24	
Quarter 1:		
Milestones	660 episodes in quarter	
Actions	— GP clusters agree scale and scope for Elemental CRM – Co-ordinate GP cluster comms, starting in Pembrokeshire	— New SP to be using Elemental CRM - Ensure all new SP can access and are fully trained on system
Quarter 2:		
Milestones	705 episodes in quarter	
Actions	— GP cluster implement Elemental CRM in practices — ID GP liaisons per Practice	— F2F set up per practice — Training and comms completed for GP and AHP per practice
Quarter 3:		
Milestones	720 episodes in quarter	
Actions	— Community referrers and partner agencies are aware and linked (as per requirement) to Elemental CRM	— Scope referral reasons from data and ensure they are reflected in the partner bodies who refer in to and out of the SP service
Quarter4:		
Milestones	750 episodes in quarter	
Actions	Reflect on highlighted need and gaps within communities to deliver social model for health & wellbeing.	
Risks	Failure of Elemental CRM implementation – no through system reporting for Health Board SP investment, including PC link. Local teams not reporting.	
Outcomes	<ul style="list-style-type: none">• An additional 20% social prescribing contacts by end of year – consistent growth in activity.• To deliver the shift of focus and resource from reactive treatment and care to preventative and proactive care through “growing the green (& blue)”.• To reduce inequalities in health outcomes through a focus on place-based service models adaptive to population need and the configuration of local assets but based on regional principles and standards.• To wrap our services around our population to deliver seamless integrated care so that people only need to go to hospital when absolutely necessary and for as short a time as clinically required	
Alignment with workforce plans	Workforce employed by partner agencies / partnership agreements / SLAs in place	
Alignment with Financial plans	RIF mainstreaming to be considered – potential threat to future delivery	
Digital / Technology Opportunities	Elemental CRM and Health Pathways interface – enabling better use of SP and community non/health services	

Improved Access to Community Services



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Key focus should be on delivering	5% capacity growth in proactive community care contacts to support the growing acuity and fragility of people in the community through community nursing teams.	
Baseline	Average community nursing activities : 70,620 per month (source Civica) 751,756 recorded activity Jan-Dec 2022	
Quarter 1:		
-Milestones	214,506 episodes in Quarter 1	
-Actions	<ul style="list-style-type: none"> •Finalise and implement Civica reporting dashboard – Gareth Beynon •Review of Community nursing skill mix and workforce needs to meet demand – 5% growth is unlikely to fully meet assessed demand – HoN 	<ul style="list-style-type: none"> •Transfer planned ART activity to community nursing teams (Pembs)
Quarter 2:		
-Milestones	217,152 episodes in Quarter 2	
-Actions	<ul style="list-style-type: none"> •Sickness and absence reviews & support 	<ul style="list-style-type: none"> •Recruitment to fill vacancies or review skill mix – HoN & Professional nursing leads
Quarter 3:		
-Milestones	219,798 in Quarter 3	
-Actions	<ul style="list-style-type: none"> • Pending outcome of HEIW and SPPC activities 	
Quarter4:		
-Milestones	222,444 episodes in Quarter 4	
-Actions	<ul style="list-style-type: none"> • Pending outcome of HEIW and SPPC activities 	
Risks	Recruitment, retention & sickness absence.	
Outcomes	873,900 episodes in 23/24 (118,626 increase in recorded activity compared to calendar year 2022)	
Alignment with workforce plans	No additional workforce needed for 5% growth. All Wales 7 days working in community model due for implementation October 2023	
Alignment with Financial plans	No additional staff pay costs needed for 5% growth – potential for increase in travel costs. 7 day workforce model, if no additional headcount required there will be additional enhanced rate impact & cost pressure.	
Digital / Technology Opportunities	Civica refinement of data entry and reporting may change the basis for counting activity – All Wales Programme. No community PAS limiting factor	

Improved Access to Community Services



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Key focus should be on delivering	34% increase in ambulatory community clinics as earwax and continence services are further embedded.	
Baseline	Baseline includes continence, leg ulcers and earwax micro-suction which is currently only in place in Ceredigion. Approx. 27,537 episodes in 22/23 and target of 37,028 episodes in 23/24 following full implementation and streamlining of earwax micro-suction	
Quarter 1:		
Milestones	8,064 community clinic episodes	
Actions	All Community Clinics to be recorded on WPAS & reporting dashboard created	Phase 2 of Earwax Clinics
Quarter 2:		
Milestones	9,050 community clinic episodes	
Actions	Phase 3 of Earwax Clinics	Scoping of further clinic demand
Quarter 3:		
Milestones	9,500 community clinic episodes	
Actions	Earwax clinics fully implemented Assessment of capacity for further activity by clinic staff	Finalise Business Case for Ambulatory Clinic development
Quarter4:		
Milestones	10,414 community clinic episodes Business case consideration for future funding / resource shift	
Actions	Pending subject to business case review	
Risks	Higher than anticipated demand results in long waiting lists. Challenges in recruitment & retention	
Outcomes	Increase in Community based clinics with clear model proposed for future development	
Alignment with workforce plans	To form part of the HEIW led community workforce programme	
Alignment with Financial plans	22-23 FYE Earwax funding agreed £686,420 – Confirmed spending plan 22/23 £354,2228. Additional funding for 23/23 based on current agreement = 332,192 & pay increase. Assumed no unagreed investments in current plan (previous plans indicate 649,127 for further ambulatory care development)	
Digital / Technology Opportunities	All Community Clinics need to be added in a consistent way to WPAS – programme support may be required.	

Urgent and Emergency Care (24/7 Urgent Care Service)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

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	
	• Development of a Regional Clinical Streaming Hub;	
	• Advanced Paramedic Practitioner(APP) Navigator scale up and roll out	• Development of care home support model
	• Integration with GPOOHs resources	• Development of Home First approach for West Wales
	• Roll out of Community Wellbeing Responders aligned to GP Out of Hours (GPOOH) and WAST	
	• Development of a Care Home Support for Regional Clinical Streaming Hub;	
Baseline	• Immedicare Pilot (Carmarthenshire)	• Evaluation of pilots and agreement of model for Hywel Dda
	• Consultant Connect model with secondary care support (Pembrokeshire)	
	• Development of a Health & Care system for Older People in West Wales to support Regional Clinical Streaming Hub;	
	• Development of Home First approach for West Wales – What good should look like?	• Modelling & Commissioning of services to meet needs (not health or social care)
	• Scale up of Home First to 7 days	
	• The following data is available at health Board, County or Acute Site level and can be viewed as all adults, high risk adults (aged 50-75) and those aged >75 years – see next slide for supporting graphs.	
Quarter 1:		
Milestones	• APP Navigator pilot evaluation completed with recommendations & lessons learnt	
Actions	• Commissioning of additional Community Wellbeing Responders (CWRs)	
	• Immedicare Pilot (Carmarthenshire) – Care home advice and support	
	• Development of Home First approach for West Wales – What good should look like?	
	• Development of Regional Clinical Streaming Hub model – agreement of 24/7 model incorporating peer review recommendations	
	• APP Navigator; (Policy Goals 2and 4)	• Home First approach; (Policy Goals 1 and 6)
	• Review of Standard Operating Protocol against pilot	• Agreement of Home First approach for West Wales region
	• Development of Data Protection Impact Assessment (DPIA)	• Agreement of outcome measures
	• Additional CWRs;	• Approval of approach by Integrated Executive Team
	• Recruitment of 8 x CWRs	• Established regional Integrated Home First Delivery Group
	• Development of clinical competencies and associated training	• Gain approval for regional Integrated Home First demand and capacity modelling
	• Care Home Support - Immedicare Pilot; (Policy Goal 2)	• Regional Clinical Streaming Hub model; (Policy Goals 2 and 4)
	• Identification of care homes	• Review of recommendations from peer review
	• Engagement with primary care & care home providers	• Development of action plan
	• Testing of digital systems & links	• Establishment of clinical streaming hub group
	• Direct award of contract by commissioning framework	

Urgent and Emergency Care (24/7 Urgent Care Service)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Quarter 2:		
Milestones	<ul style="list-style-type: none">Implement phase 2 APP Navigator – Pre-allocation APP navigation (Carmarthenshire)Pilot - Utilisation of Community Wellbeing Responders aligned to GPOOH and WAST (Carmarthenshire)Care Home Support – Consultant Connect (Pembrokeshire)Development of Regional Clinical Streaming Hub model - Integration of GPOOHs resourcesCommence scale up of current Home First services to 7 days (phased approach)Conclude regional Integrated Home First demand and capacity modelling	
Actions	<ul style="list-style-type: none">APP Navigator;(Policy Goals 2 and 4)Amend SOP to include phase 2 scopeAgreement of data capture requirements for future phases including read codesWAST evaluation of uptake of national pathways for falls, blocked catheters and End of LifeEvaluation of extended phase 2 pilotAdditional CWRs;Demand and capacity requirements for service aligned to GPOOH and WASTMapping of resource to support aboveDevelopment of SOPEvaluation of model and consideration of further developmentCare Home Support – Consultant Connect (Pembrokeshire);(Policy Goal 2+4)Agreement of project scope and outcome measuresIdentification of care homesEngagement with primary care & care home providersTesting of digital systems & linksEvaluation of pilot	<ul style="list-style-type: none">Regional Clinical Streaming Hub model(Policy Goals 2 and 4)Demand and capacity requirements for service aligned to 111Mapping of resource to support aboveDevelopment of SOPCurrent Home First services to 7 days;(Policy 6 Goal 1+6)Stocktake of current services against agreed Home First ApproachGap analysis and plan to move to 7 days service (integration to GPOOHs)Regional Home First ModelDemand / capacity modelling concluded
Quarter 3:		
Milestones	<ul style="list-style-type: none">Implement phase 3 APP Navigator scale up and roll out (Pembrokeshire)Care Home Support – evaluation & roll out of the optimal model across regionContinuation of implementing Scale up of Home First services to 7 days (phased approach)	
Actions	<ul style="list-style-type: none">APP Navigator;(Policy Goals 2 and 4)Demand and capacity requirements for serviceMapping of APP and Home First resource to support aboveDevelopment of SOPEvaluation of model and consideration of further local development	<ul style="list-style-type: none">Care Home Support (Policy Goal 2)Evaluation of pilotsDevelopment and agreement of optimal modelReview and alignment of current resource against optimal modelRoll out of model across regionRegional Home First ModelEvaluation of demand / capacity and implementation of Right Sizing infrastructure etc

Urgent and Emergency Care (24/7 Urgent Care Service)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Quarter4:		
Milestones	<ul style="list-style-type: none">Implement phase 4 APP Navigator scale up and roll out (Ceredigion)	
Actions	<ul style="list-style-type: none">APP NavigatorDemand and capacity requirements for serviceMapping of and Home First resource to support aboveDevelopment of SOPEvaluation of model and consideration of further local developmentEvaluation of model and consideration of further regional development	
Risks	<ul style="list-style-type: none">Recruitment of staff to support the model. Medical recruitment is a challenge and could affect upon implementation of models e.g. sufficient levels of recruitment of GPs to provide effective and guaranteed 24/7 roster for the Streaming Hub.Lack of public and/ or staff buy in to Transforming Urgent and Emergency Care (TUEC) streaming model approach	<ul style="list-style-type: none">Primary Care capacity to manage the Urgent Primary Care (UPC) streaming hub demand may be compromised by the need for Primary Care capacity to manage those patients who needs are currently not being met by our emergency services.Ability to manage the urgent primary care needs for non GP registered patients or those with GPs outside of the Health Board area requiring a face to face urgent primary care appointment and avoiding any unnecessary delays or presenting to the emergency department.
Outcomes	<ul style="list-style-type: none">Reduced Conveyance direct referrals from healthcare professional streaming the patient to the most appropriate place will avoid unnecessary conveyance to Emergency DepartmentsReduced Conversion appropriate emergency admissions via ED for those who need an inpatient stay. Streaming of those who can be managed through the Same Day Emergency Care service should result in a maximum conversion rate of 10%Managing Complexity increasing the proportion of patients discharged within 72 hours and a reduction in the average length of stay. This supports the evidence that right place first time improves the overall LoS of individuals	
Digital / Technology Opportunities	<ul style="list-style-type: none">Consistent approach across the region for sharing of clinical information different parts of the system currently utilise different platforms which means sharing of clinical information is difficult i.e. Consultant Connect, Vision360, AdastraVirtual ward platform is required	

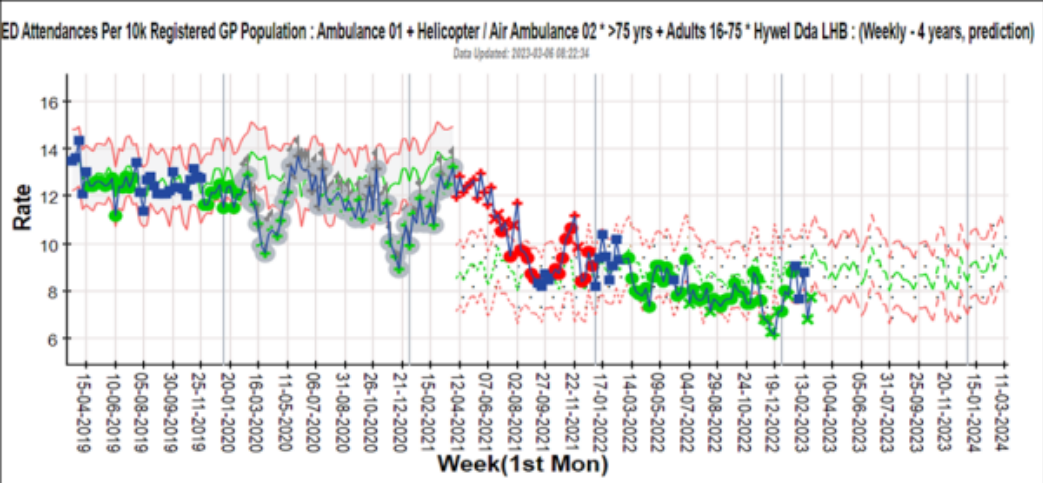
Urgent and Emergency Care (24/7 Urgent Care Service)



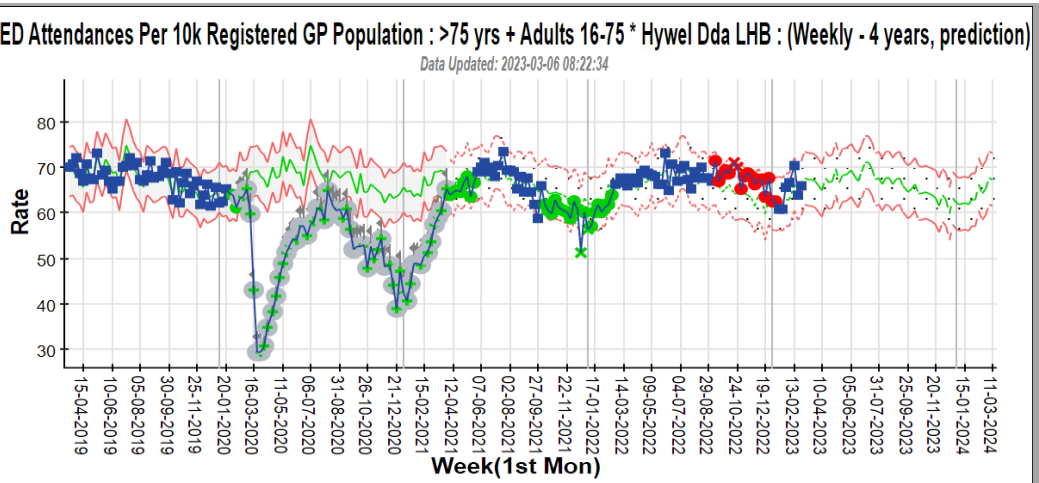
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

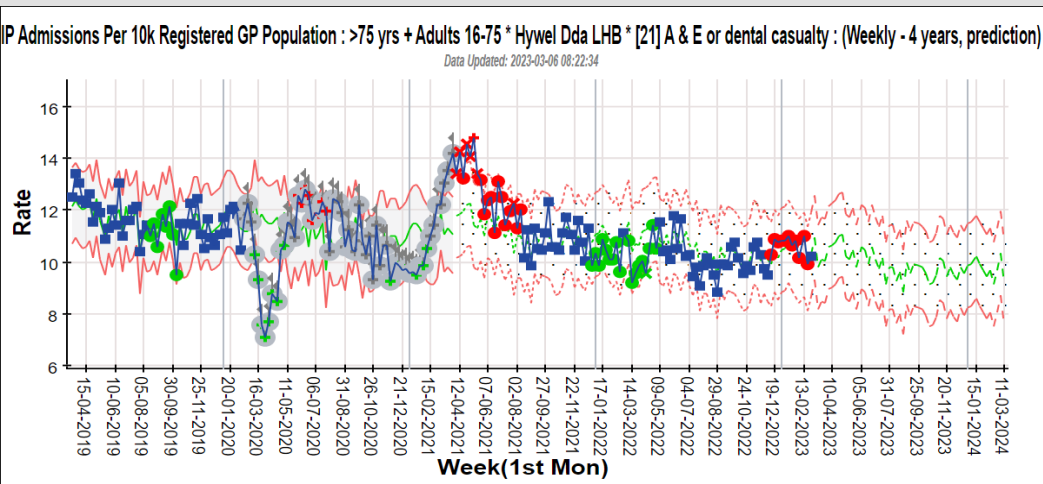
Reduced Conveyance



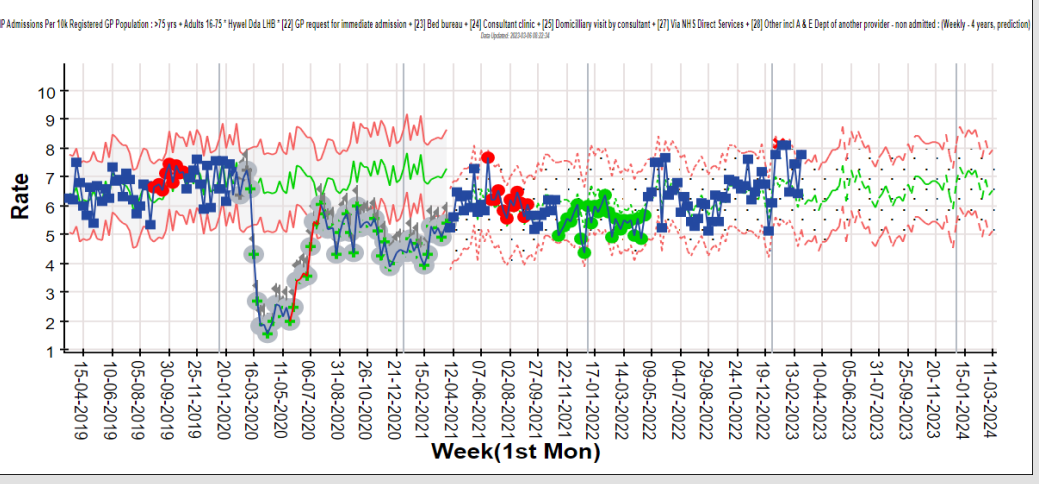
Balancing Measures



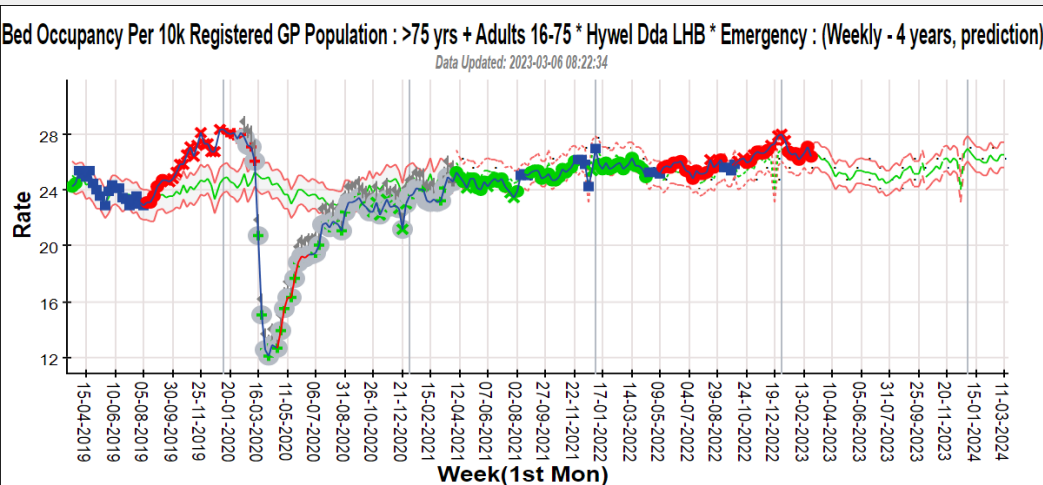
Reduced Conversion



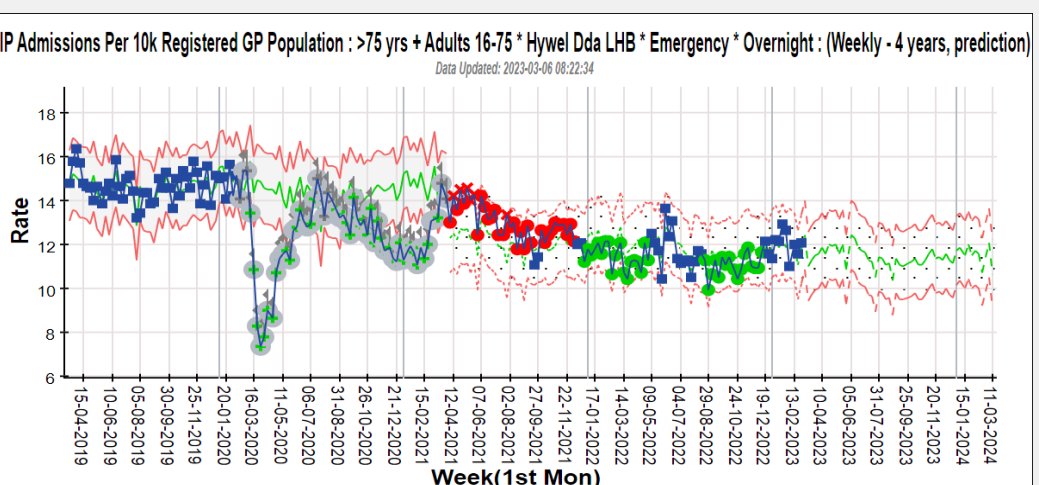
Balancing Measures



Managing Complexity



Balancing Measure



Urgent and Emergency Care (Same Day Emergency Care)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Key focus should be on delivering	• Implementation of Same Day Emergency Care (SDEC) services	
	• Development of Health Board model following on from lessons learnt from peer review, including modelling of scale of opportunity	
	• Development of Consistent Approach to Front Door Streaming / Assessment Units	
	• Modelling of front door assessment unit provision for each acute site	
	• Development and implementation of acute site operational plans	
Baseline	• – see next slide for supporting graphs	
Quarter 1:		
Milestones	• Development of HDDUHB SDEC Optimal model following on from lessons learnt from peer review, including modelling of scale of opportunity for 5 day working • Modelling of front door assessment unit provision for each acute site	
Actions	• SDEC • Agreement of optimal SDEC model based on the Withybush General Hospital (WGH) SDEC model • Process map of models at Glangwili General Hospital (GGH) & WGH to include staffing resources, opening hours • Analysis of demand / capacity for each site • Agree optimal staffing model for SDEC + associated costings • Gap analysis of current models vs optimal model	• Modelling of front door assessment unit provision for each acute site • Process map of models to include staffing resources, opening hours • Agreement of frailty front door assessment pathway based on WGH model • Analysis of demand / capacity for each site • Agree optimal staffing model for front door frailty pathway + associated costings • Gap analysis of current models vs optimal model
Quarter 2:		
Milestones	• Implementation of consistent HDDUHB 5 days SDEC model • Development and implementation of acute site operational plans for remodelled front door assessment units	
Actions	• Implementation of consistent Health Board 5 days SDEC model • Establishment of local task and finish group to deliver optimal model at GGH • Reconfiguration of SDEC services	• Development and implementation of acute site operational plans for remodelled front door assessment units • Establishment of local task and finish groups to deliver optimal model at Bronglais General Hospital (BGH), GGH and Prince Philip Hospital (PPH) • Remodelling of existing provision to provide front door frailty pathway
Quarter 3:		
Milestones	• Evaluation of scale of opportunity for development of additional Same Day Urgent Care (SDUC) Community provision • Evaluation of scale of opportunity for development of 7 days SDEC acute provision	
Actions	• SDEC • Analyse demand / capacity and scope of opportunity for additional SDUC community provision • Evaluation of current model and outcomes	

Urgent and Emergency Care (SDEC)

Quarter4:			
Milestones	• Implementation of consistent HDdUHB 7 days SDEC model if required		
Actions	• Ongoing monitoring of outcomes		
Risks	<ul style="list-style-type: none">• Recruitment of staff to support the model. Medical recruitment is a challenge and could affect upon implementation of models• Lack of public and/ or staff buy in to TUEC streaming model approach• Lack of pathway integration across regional programmes, organisations tec. Development and approval of principles and standards for care pathways to ensure consistency.	<ul style="list-style-type: none">• Clinical leadership and consistent objective setting and attainment by clinical leads across primary care, secondary care and GPOOH• Poor and old physical environments do not facilitate the new ways of working e.g. SDEC at Glangwili is not co located or near the Emergency Department	
Outcomes	<ul style="list-style-type: none">• Reduced Conveyance direct referrals from healthcare professional streaming the patient to the most appropriate place will avoid unnecessary conveyance to Emergency Departments• Reduced Conversion appropriate emergency admissions via ED for those who need an inpatient stay. Streaming of those who can be managed through the Same Day Emergency Care service should result in a maximum conversion rate of 10%• Managing Complexity increasing the proportion of patients discharged within 72 hours and a reduction in the average length of stay. This supports the evidence that right place first time improves the overall LoS of individuals		
Digital / Technology Opportunities	<ul style="list-style-type: none">• Consistent approach across the region for sharing of clinical information different parts of the system currently utilise different platforms which means sharing of clinical information is difficult i.e. Consultant Connect, Vision360, Adastra• Virtual ward platform is required		

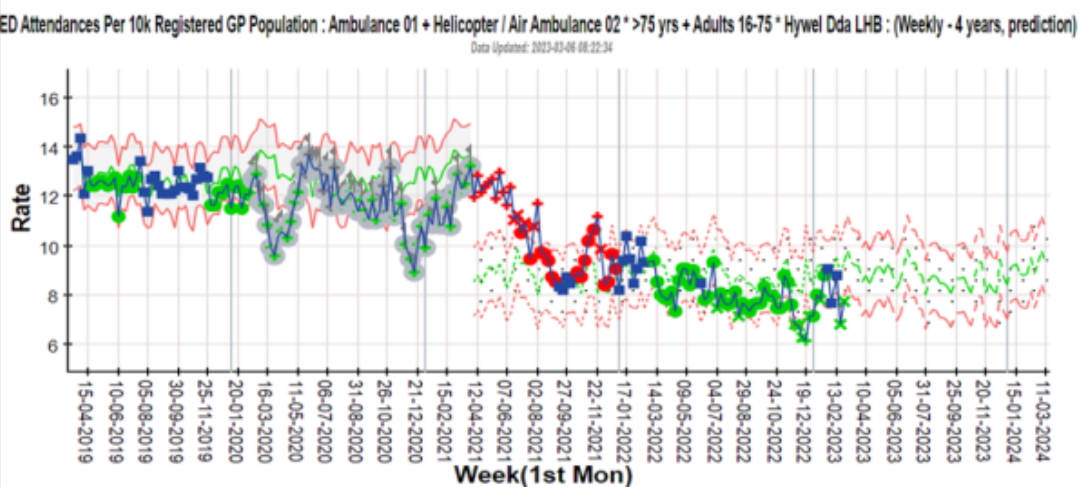
Urgent and Emergency Care (SDEC)



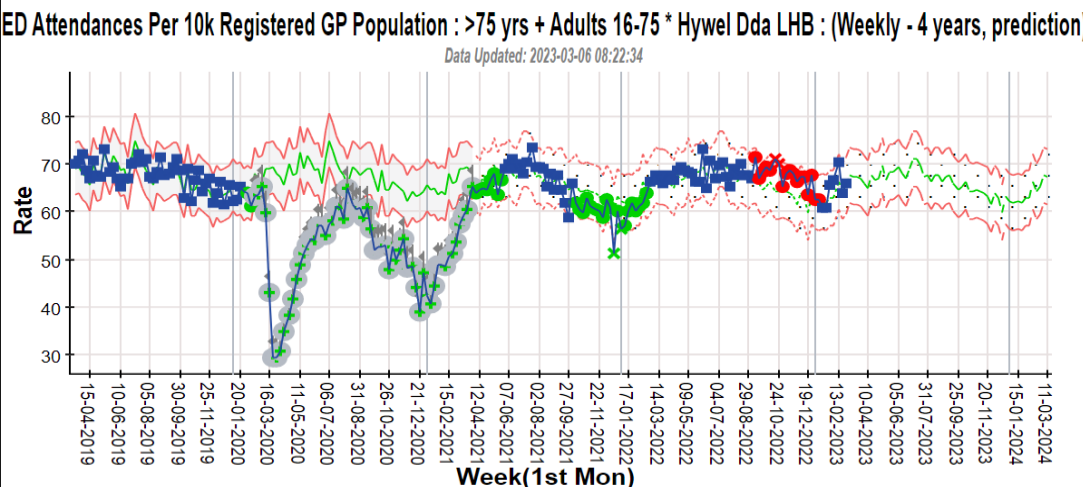
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

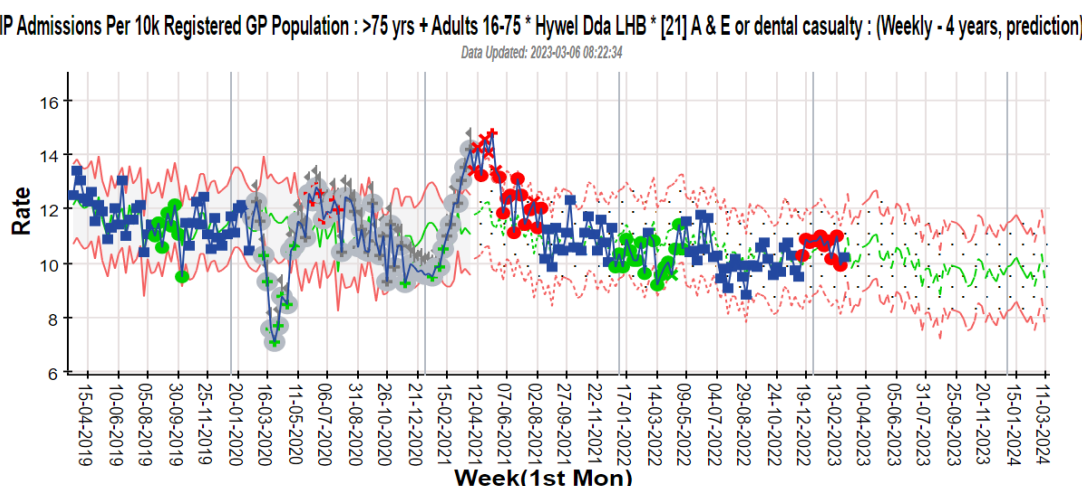
Reduced Conveyance



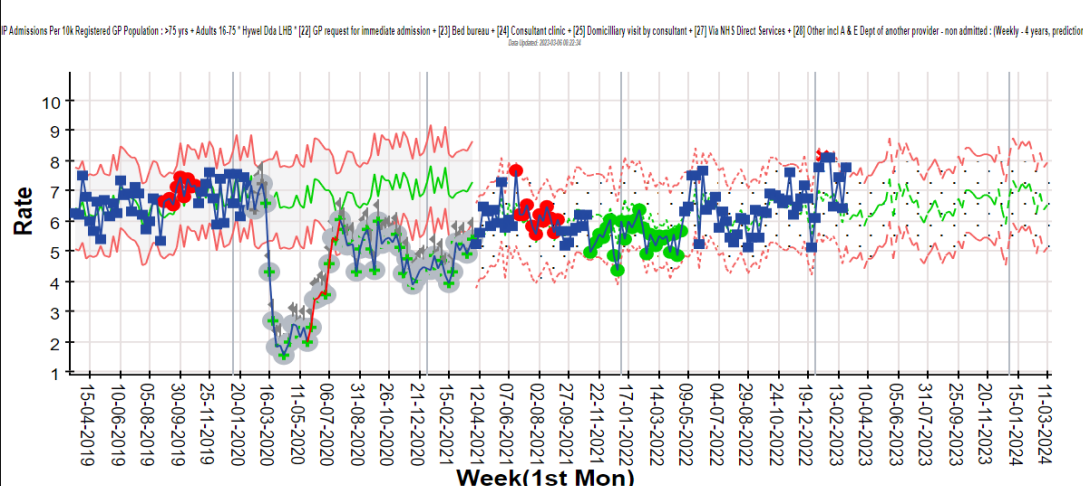
Balancing Measures



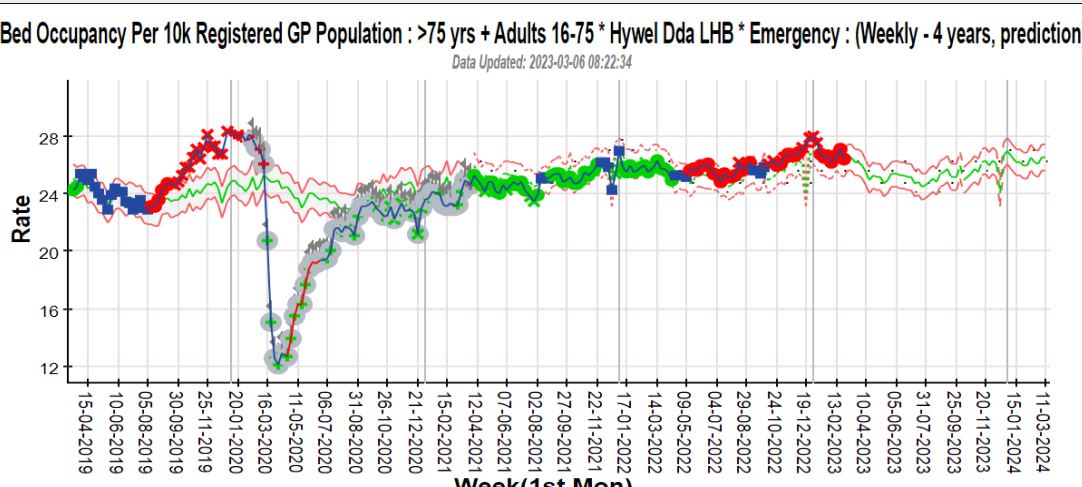
Reduced Conversion



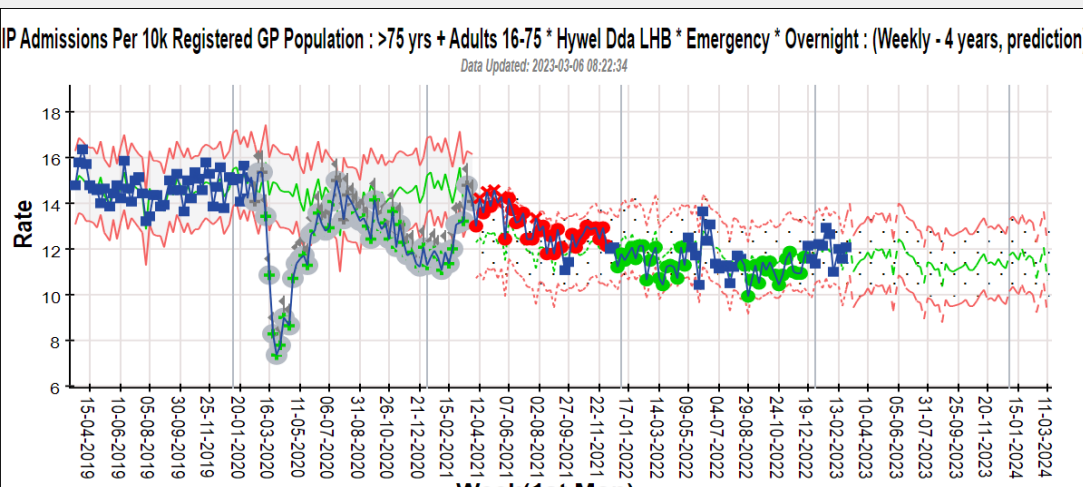
Balancing Measures



Managing Complexity



Balancing Measure



Urgent and Emergency Care (Ambulance Handover)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Key focus should be on delivering	Reduction In Ambulance Handover Waits <ul style="list-style-type: none">Phased implementation of Optimising Hospital Care tool kit;Phased roll out of SAFER, Deconditioning & Red2Green methodologydevelopment of consistent approach to Board Rounds utilising Frontier Digital platformAligned to the Real Time Demand & Capacity (RTDC) programme and Safe Care Collaborative programmes from Improvement CymruThis is also dependent on Same Day Emergency Care and the 24/7 streaming hub actions being implemented and delivered
Baseline	<ul style="list-style-type: none">The following data is available at health Board, County or Acute Site level and can be viewed as all adults, high risk adults (aged 50-75) and those aged >75 years (see next slide)
Quarter 1:	
- Milestones	<ul style="list-style-type: none">Phase 1 roll out of SAFER patient bundle, supported by consistent board round approach utilising Frontier discharge platform and Phase 1 is a targeted approach at each acute site focused on key wards (x3) and all clinical decision units
- Actions	<ul style="list-style-type: none">Re- Establishment of Policy Goal5 delivery group – weekly meetingsReview of TORDevelopment of ward roll out blueprint to ensure consistent approachIdentification of operational site leads to work alongside QI leads to embed optimal hospital flow framework utilisation the blueprintBaseline key implementation metricsAlignment of Frontier tool to board rounds SOP, SAFER principles, D2RA pathways
Quarter 2:	
- Milestones	<ul style="list-style-type: none">Phase 2 roll out – Acute Ward
- Actions	<ul style="list-style-type: none">Continued rollout to remainder of acute wards on a phased basisDevelopment of reporting suite from Frontier aligned to national D2RA outcome measures, Red2Green metrics etc
Quarter 3:	
- Milestones	<ul style="list-style-type: none">Phase 3 roll out - Community Hospitals
- Actions	
Quarter4:	
- Milestones	<ul style="list-style-type: none">Delivery of agreed bed efficiencies
- Actions	<ul style="list-style-type: none">Evaluation of impact of optimal hospital flow against agreed HDdUHB bed efficiencies and scope for further improvement
Risks	<ul style="list-style-type: none">Recruitment of staff to support the model. Medical recruitment is a challenge and could affect upon implementation of modelsLack of public and/ or staff buy in to TUEC streaming model approachMedical leadership & buy in for the SAFER patient bundle
Outcomes	<ul style="list-style-type: none">Reduced Conveyance direct referrals from healthcare professional streaming the patient to the most appropriate place will avoid unnecessary conveyance to Emergency DepartmentsReduced Conversion appropriate emergency admissions via ED for those who need an inpatient stay. Streaming of those who can be managed through the Same Day Emergency Care service should result in a maximum conversation rate of 10%Managing Complexity increasing the proportion of patients discharged within 72 hours and a reduction in the average length of stay. This supports the evidence that right place first time improves the overall LoS of individuals
Digital / Technology Opportunities	<ul style="list-style-type: none">Further development of the Frontier digital platform

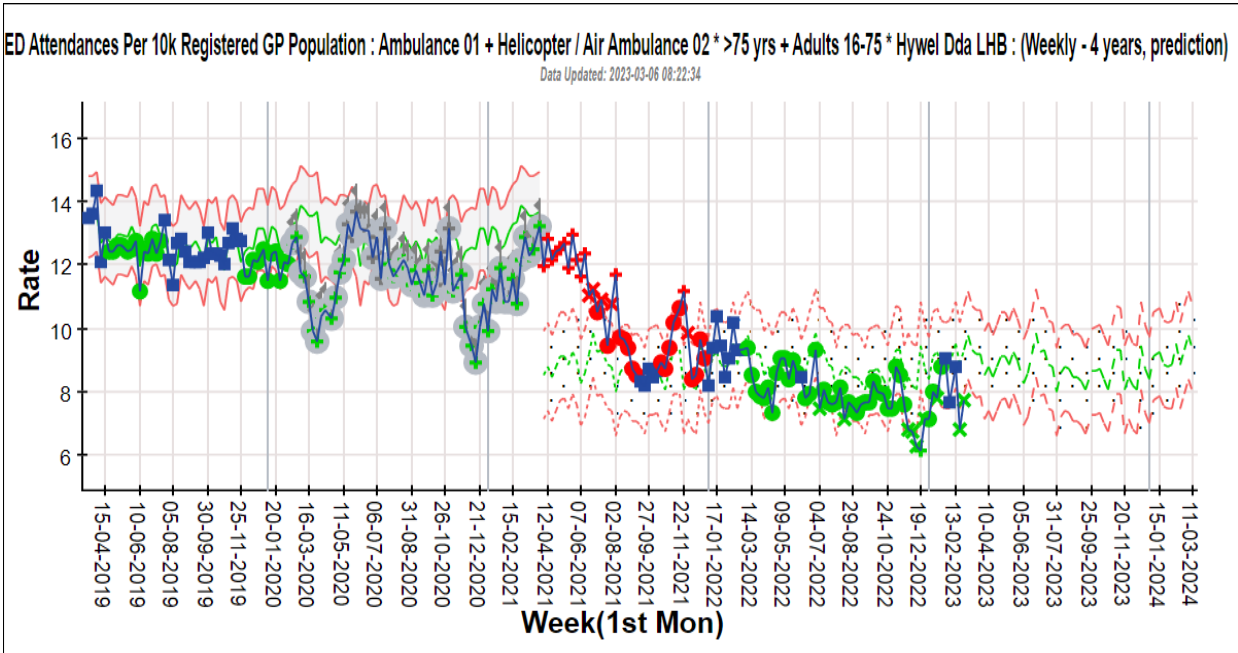
Urgent and Emergency Care (Ambulance Handover)



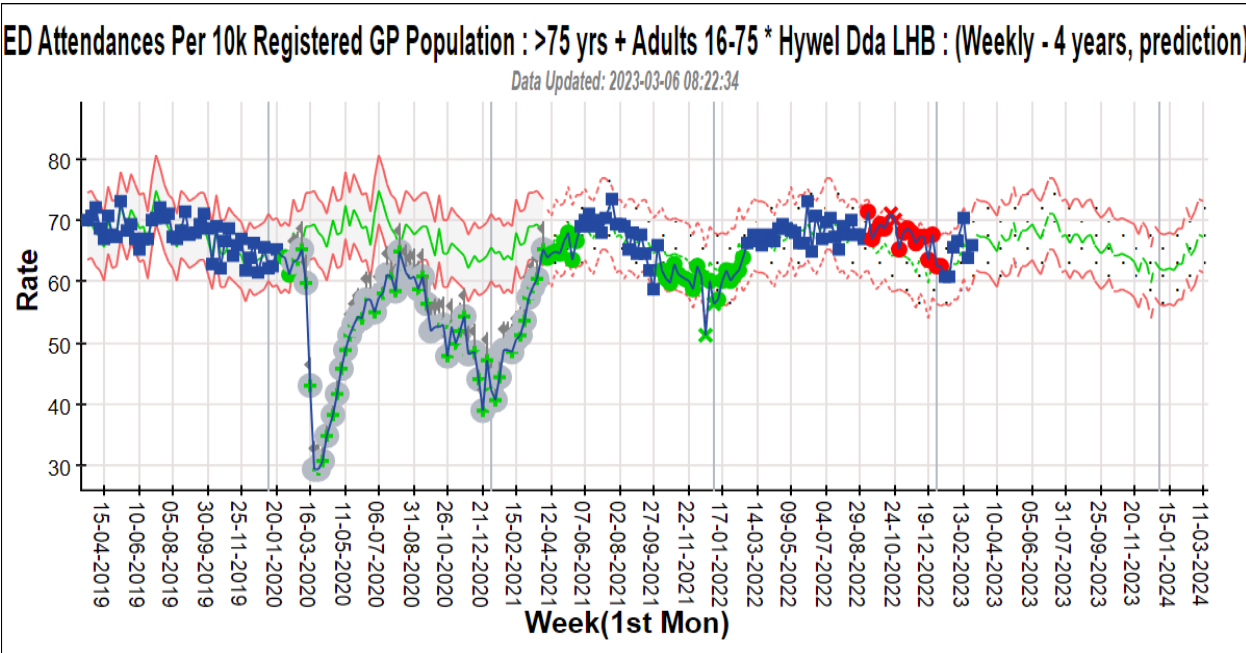
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Reduced Conveyance



Balancing Measures



Planned Care (52 weeks and 104 weeks)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Key focus should be on delivering	52 weeks Outpatient Assessment (OPA) 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															
Baseline	<div>The baseline as at the end of March 2023:</div> <table><tr><td></td><td>Waiting > 36 weeks</td><td>Waiting >52 weeks</td><td>Waiting >104 weeks</td></tr><tr><td>New Outpatients (stage 1)</td><td>11,629</td><td>3,715</td><td>130</td></tr><tr><td>Treatment (Stage 4)</td><td>10,698</td><td>8,026</td><td>2,960</td></tr></table>					Waiting > 36 weeks	Waiting >52 weeks	Waiting >104 weeks	New Outpatients (stage 1)	11,629	3,715	130	Treatment (Stage 4)	10,698	8,026	2,960
	Waiting > 36 weeks	Waiting >52 weeks	Waiting >104 weeks													
New Outpatients (stage 1)	11,629	3,715	130													
Treatment (Stage 4)	10,698	8,026	2,960													
Quarter 1: Milestones	<div>Trajectory as at the end of June 2023:</div> <table><tr><td></td><td>Waiting > 36 weeks</td><td>Waiting >52 weeks</td><td>Waiting >104 weeks</td></tr><tr><td>New Outpatients (stage 1)</td><td>10,727</td><td>2,813</td><td>0</td></tr><tr><td>Treatment (Stage 4)</td><td>Total 36 RTT breach position is 27,053 based on 10,727 at Stage 1 (already submitted), 3,284 at Stage 2/3 (12% of total) and 13,042 at Stage 4.</td><td>12,949 is total RTT but 8,374 at Stage 4 because 1,762 are at Stage 2/3 & 2,813 are at Stage 1</td><td>2,609 is total RTT but 2,300 at Stage 4 with 300 at Stage 2/3 & Zero at Stage 1</td></tr></table> <div>Stage 1 Max 52 weeks wait for OPA for all specialities excluding Colorectal, Vascular and ENT Stage 4 Max 104 weeks wait for treatment for all specialities excluding General Surgery, Urology, Colorectal, Vascular, Orthopaedics, ENT and Pain Management</div>					Waiting > 36 weeks	Waiting > 52 weeks	Waiting > 104 weeks	New Outpatients (stage 1)	10,727	2,813	0	Treatment (Stage 4)	Total 36 RTT breach position is 27,053 based on 10,727 at Stage 1 (already submitted), 3,284 at Stage 2/3 (12% of total) and 13,042 at Stage 4.	12,949 is total RTT but 8,374 at Stage 4 because 1,762 are at Stage 2/3 & 2,813 are at Stage 1	2,609 is total RTT but 2,300 at Stage 4 with 300 at Stage 2/3 & Zero at Stage 1
	Waiting > 36 weeks	Waiting > 52 weeks	Waiting > 104 weeks													
New Outpatients (stage 1)	10,727	2,813	0													
Treatment (Stage 4)	Total 36 RTT breach position is 27,053 based on 10,727 at Stage 1 (already submitted), 3,284 at Stage 2/3 (12% of total) and 13,042 at Stage 4.	12,949 is total RTT but 8,374 at Stage 4 because 1,762 are at Stage 2/3 & 2,813 are at Stage 1	2,609 is total RTT but 2,300 at Stage 4 with 300 at Stage 2/3 & Zero at Stage 1													
Actions	<div><ul style="list-style-type: none">Dedicated wards areas for elective inpatientsFurther improvements in the volume of patients booked / treated from cohort numbersIncremental improvements in outpatient, day case and inpatient activity throughput as determined by workforce development and recruitment plansClinical leadership and adoption best practice guidance to support improved productivity and efficiency to support outpatient and surgical treatment activity</div> <div><ul style="list-style-type: none">Focused and targeted validation of waiting lists, utilising local resources and external supportActive support to long waiting patients awaiting access to care via our locally developed Waiting Lists Support Service (WLSS)Close scrutiny and monitoring of delivery plans by specialty to support these ambitionsRefined and improved 2023/24 Demand and Capacity planning tools</div> <div><u>Regional</u><ul style="list-style-type: none">Continue to work with Swansea Bay University Health Board (SBUHB) on taking forward regional solutions via the Regional Commissioning Group (RCG) and the A Regional Collaboration for Health (ARCH), particularly in areas such ophthalmology, endoscopy and orthopaedics</div>															

Planned Care (52 weeks and 104 weeks)

Quarter 2:				
Milestones	Trajectory as at the end of Sept 2023 (without WG recovery funding)			
		Waiting > 36 weeks	Waiting >52 weeks	Waiting >104 weeks
	New Outpatients (Stage 1)	11,627	4,013	716 (based on RTT Growth & 10% ROTT)
	Treatment (Stage 4)	Total 36 RTT breach position is 28,799 based on 11,627 at Stage 1 (already submitted), 3,496 at Stage 2/3 (12% of total) and 13,676 at Stage 4.	Total 52 RTT breach position is 14,695 based on 4,013 at Stage 1 (already submitted), 1,763 at Stage 2/3 (12% of total) and 8,919 at Stage 4.	Total 104 RTT breach position is 3,444 based on 716 growth at Stage 1 (estimated), 413 at Stage 2/3 (12% of total) and 2,315 at Stage 4.
	Stage 1 Max 52 weeks wait for OPA for all specialities excluding Colorectal, Vascular and ENT Stage 4 Max 104 weeks wait for treatment for all specialities excluding General Surgery, Urology, Colorectal, Vascular, Orthopaedics, ENT and Pain Management.			
	Trajectory as at the end of Sept 2023 (with WG recovery funding):			
		Waiting > 36 weeks	Waiting >52 weeks	Waiting >104 weeks
	New Outpatients (Stage 1)	Quarterly trajectories TBC subject to timing and receipt of additional WG Recovery funding and impact on commissioning timescales for external capacity		
	Treatment (Stage 4)			
Actions	<ul style="list-style-type: none">Continue actions from quarter 1Review of General Surgery clinical pathways to further enhance See on Symptom (SoS) / Patient Initiated Follow-up (PIFU) / Follow-Up clinical practiceCommissioned insource solution for patch testing patients (Dermatology)Additional internal / external capacity (subject to allocation of WG Recovery funding)Implementation of Urology self-care pathway based on Patient Knows Best(PKB) platformClinical audit of Urology PSA monitored patients to further release OPA capacityAdditional Urology diagnostic capacity (supporting cancer and RTT pathways)Locum appointments (ENT)Increased ocular capacity following appointment of additional consultant (Ophthalmology)Additional weekend pre-assessment capacity (Ophthalmology)50% expansion of elective orthopaedic In-Patient operating capacity compared to 2022/23 level <u>Regional</u> <ul style="list-style-type: none">Implementation of regional diagnostic plan actions (subject to WG Recovery funding).			

Planned Care (52 weeks and 104 weeks)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Quarter 3:				
Milestones	Trajectory as at the end of December 2023 (without WG Recovery funding):			
		Waiting > 36 weeks	Waiting >52 weeks	Waiting >104 weeks
	New Outpatients (sSage 1)	12,572	5,400	1,431 (based on RTT growth & 10% ROTT)
	Treatment (Stage 4)	Total 36 RTT breach position is 30,545 based on 12,527 at Stage 1 (already submitted), 3,708 at Stage 2/3 (12% of total) and 14,310 at Stage 4.	Total 52 RTT breach position is 16,441 based on 5,400 at Stage 1 (already submitted), 1,973 at Stage 2/3 (12% of total) and 9,068 at Stage 4.	Total 104 RTT breach position is 4,239 based on 1,431 growth at Stage 1 (estimated), 509 at Stage 2/3 (12% of total) and 2,299 at Stage 4.
Stage 1 Max 52 weeks wait for OPA for all specialities excluding Colorectal, Vascular and ENT				
Stage 4 Max 104 weeks wait for treatment for all specialities excluding General Surgery, Urology, Colorectal, Vascular, Orthopaedics, ENT and Pain Management.				
Trajectory as at the end of December 2023 (with WG recovery funding):				
		Waiting > 36 weeks	Waiting >52 weeks	Waiting >104 weeks
	New Outpatients (Stage 1)	Quarterly trajectories TBC subject to timing and receipt of additional WG Recovery funding and impact on commissioning timescales for external capacity		
	Treatment (Stage 4)			
Actions	<ul style="list-style-type: none">Continue actions from quarters 1 and 2Implement alternative vasectomy pathway delivered via Sexual Health ServiceAdditional Vascular theatre capacity following introduction of new vascular scannerEnhanced Urology core capacity following return of post-retirement consultantExpanded lithotripsy capacity (Urology)Expanded Urology theatre capacity at GlangwiliAdditional consultant and SAS capacity (Dermatology)Additional primary care based minor ops capacity (Dermatology)		<u>Regional</u> <ul style="list-style-type: none">Continue to work with Swansea Bay University Health Board (SBUHB) on taking forward regional solutions via the Regional Commissioning Group (RCG) and the A Regional Collaboration for Health (ARCH), particularly in areas such ophthalmology, endoscopy and orthopaedics	

Planned Care (52 weeks and 104 weeks)

Quarter4:				
Milestones	Trajectory as at the end of March 2024 (without WG Recovery funding)			
		Waiting > 36 weeks	Waiting >52 weeks	Waiting >104 weeks
	New Outpatients (stage 1)	13,387	6,532	2,147 (based on RTT growth & 10% ROTT)
	Treatment (Stage 4)	Total 36 RTT breach position is 32,292 based on 13,387 at Stage 1 (already submitted), 3,920 at Stage 2/3 (12% of total) and 14,985 at Stage 4. The 14,985 has also been submitted as part of Annual Plan	12,513	Total 104 RTT breach position is 5,034 based on 2,147 growth at Stage 1 (estimated), 604 at Stage 2/3 (12% of total) and 2,283 at Stage 4.
	Stage 1 Max 36 weeks wait for OPA for all specialties excluding Urology, Colorectal, Vascular, Ophthalmology, Gastroenterology, Dermatology and Neurology Max 52 weeks wait for OPA for all specialties excluding Urology, Colorectal, Vascular, Ophthalmology, Gastroenterology, Dermatology and Neurology			
	Stage 4 Max 36 weeks wait for treatment for all specialties excluding General Surgery, Urology, Colorectal, Orthopaedics, ENT, Ophthalmology, Pain Management, Gastroenterology, Dermatology and Gynaecology. Max 52 weeks wait for treatment for all specialties excluding General Surgery, Urology, Colorectal, Orthopaedics, ENT, Ophthalmology, Pain Management, Gastroenterology, Dermatology and Gynaecology. Max 104 weeks wait for treatment for all specialties excluding General Surgery, Urology, Colorectal, Orthopaedics, ENT, Ophthalmology and Gynaecology.			
	Trajectory as at the end of March 2024 (with WG Recovery funding):			
		<i>Waiting > 36 weeks</i>	<i>Waiting >52 weeks</i>	<i>Waiting >104 weeks</i>
	New Outpatients (stage 1)	6,855	0	0
	Treatment (Stage 4)	11,846	9,374	1,895
Actions	<div><div><ul style="list-style-type: none">Continue actions from quarters 1, 2 and 3Anticipated impact on reduced OPA demand following implementation of primary care FIT testing from April 2023Undertake a review of key gaps to meet future years targets and progress towards 36-week monitoring</div><div><ul style="list-style-type: none"><u>Regional</u>Continue to work with Swansea Bay University Health Board (SBUHB) on taking forward regional solutions via the Regional Commissioning Group (RCG) and the A Regional Collaboration for Health (ARCH), particularly in areas such ophthalmology, endoscopy and orthopaedics</div></div>			

Planned Care (52 weeks and 104 weeks)

Risks	<ul style="list-style-type: none">• Unscheduled care pressures adversely impact bed base and reduce elective activity• Unplanned loss of capacity e.g. Further industrial action• Recruitment of staff/workforce availability, particularly recruitment of anaesthetic and key theatre staff	<ul style="list-style-type: none">• Decline in acuity of patients due to the time waiting, resulting in less throughput due to the complexity of the patient.• Financial position• Unforeseen increase in demand for planned care services > available capacity
Outcomes	<ul style="list-style-type: none">• Reduction in overall waiting times for outpatient appointments• Reduction in overall waiting times for treatment• Reduction in overall numbers of patients on an open RTT clock.• Improved patient Experience	
Alignment with workforce plans	<ul style="list-style-type: none">• Continued engagement with Workforce and OD to inform and develop sustainable workforce plans	
Alignment with Financial plans	<ul style="list-style-type: none">• If planned care deliver on Get It Right First Time (GIRFT) recommendations and/or able to deliver increased theatre activity levels there is a financial adverse risk to the plan.• £660K financial support provided within 2022/23 not assumed available in 2023/24 but within RTT outcomes above.• WG funding has been requested to align the financial and operational plans for the submission for the £50m recovery monies	
Digital / Technology Opportunities	<ul style="list-style-type: none">• Use of Virtual Clinics, Patient Initiated Follow-up (PIFU) and See on Symptoms (SoS) where possible	



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. Implement the agreed national cancer pathways within the national target – demonstrating annual improvement toward achieving target by March 2026.	
Baseline	The baseline as at the end of March 2023: <ul style="list-style-type: none">• SCP performance at 45%• Patients waiting in excess of 62 days = 459• Patients waiting in excess of 104 days = 194• Performance and backlog improvement trajectories in place for each tumour site.• National Optimal Pathway Reviews• Standardised approach to National Optimal Pathway (NoP) reviews via production of a best practice guide which ensured engagement of key clinicians/officers and consideration of patient experience (in line with the direction of the Cancer Improvement Plan)<ul style="list-style-type: none">○ Production of service improvement plans as a result of the NOP reviews○ Production of a Hywel Dda Cancer Improvement Plan○ Provision of a clear reporting mechanism to the Cancer Improvement Board.• Improvement Groups are being established for those tumour sites where the NoP review are complete.• GI improvement Group supported by Improvement Cymru established April 2023.	
Quarter 1: Milestones	Trajectory as at end June 2023: <ul style="list-style-type: none">• Single Cancer Pathway (SCP) performance at 60%• Patients waiting in excess of 62 days =341(including tertiary backlog)• Patients waiting in excess of 104 days = 120• Implementation of the PREM across all tumour sites.• <u>Further Enablers</u>• Radiology In-sourcing solution for ultrasound expanded to multiple sites• Increased urology diagnostic capacity.• Increase in % of patients that go straight to test for LGI and Urology• Improvement monitoring via established improvement groups	
Actions	<ul style="list-style-type: none">• Implementation of FIT within primary care, predicts 30% release in outpatient capacity, will reduce demand on endoscopy by 40% and shortens the pathway by 6 weeks within Gastro-Intestinal (GI).• Implementation of accelerated imaging within Lower GI will improve straight to test compliance and will shorten the pathway by 10 weeks.• Full implementation of the planned LGI improvement plan will meet NoP guidance.• <u>Regional</u>• Continue to work with Swansea Bay University Health Board (SBUHB) on taking forward the agreed South West Wales Cancer Centre (SWWCC) Strategic Programme Case (SPC), including developing the 2nd CT SIM capital and revenue business case options appraisal for 5th LINAC and outpatient delivery model• Refresh Regional Gynaecology Model with SBUHB to inform business case	<ul style="list-style-type: none">• Increased capacity within GA diagnostics from 69 procedures to 100 procedures per week within urology will reduce backlog of patients waiting to enable ongoing sustainability.• 7 day working model within hysteroscopy to meet demand on Post Menopausal Bleeding (PMB) pathway and facilitate reestablishment of the one stop model• Continue to work on National Optimised Pathway in all tumour sites.• Implementation of all Patient Reported Experience Measures (PREMs) across all tumour sites• Improved compliance to first OPA within 7 days, straight to test pathways and 28 day performance improvement. <div></div>



Quarter 2:		
Milestones	Trajectory as at end September 2023: <ul style="list-style-type: none">• SCP performance at 67%• Patients waiting in excess of 62 days =311(inc tertiary backlog)• Patients waiting in excess of 104 days = 110	
Actions	<ul style="list-style-type: none">• Urology Improvement Group to be established June 2023 (supported by Improvement Cymru and Wales Cancer Network• Refresh demand and capacity within Urology diagnostics. <u>Regional</u> <ul style="list-style-type: none">• Continue to work with SBUHB on taking forward the agreed SWWCC SPC, as described in quarter 1.• Regional Health Board scrutiny process for Regional Gynaecology Model	<ul style="list-style-type: none">• Improved compliance to first OPA within 7 days, straight to test pathways and 28 day performance improvement.• Monitor compliance of implemented improvement plan within lower GI• Review outcomes from PREM analysis and work with value based healthcare team to agree recommendations
Quarter 3:		
Milestones	Trajectory as at end December 2023: <ul style="list-style-type: none">• SCP performance at 68%• Patients waiting in excess of 62 days =251(including tertiary backlog)• Patients waiting in excess of 104 days = 80	
Actions	<ul style="list-style-type: none">• Improved compliance to first OPA within 7 days, straight to test pathways and 28 day performance improvement.• Continue actions from quarters 1 and 2	<u>Regional</u> Continue to work with SBUHB on taking forward the agreed SWWCC SPC, as described in quarter 1.
Quarter4:		
Milestones	Trajectory as at end March 2024: <ul style="list-style-type: none">• SCP performance at 70%• Patients waiting in excess of 62 days =236(including tertiary backlog)• Patients waiting in excess of 104 days = 50	
Actions	<ul style="list-style-type: none">• Improved compliance to first OPA within 7 days, straight to test pathways and 28 day performance improvement.• Continue actions from quarters 1, 2 and 3.	<u>Regional</u> <ul style="list-style-type: none">• Continue to work with SBUHB on taking forward the agreed SWWCC SPC, as described in quarter 1.• CT SIM capital and revenue business case submission to WG.• Implementation of Regional Gynaecology Model



Risks	<ul style="list-style-type: none">• Unforeseen increase in demand for cancer services > available capacity• Combined pressure of UEC, planned care, direct access and cancer pathways on diagnostic capacity• Tertiary pathway capacity pressures	<ul style="list-style-type: none">• Inability to secure additional resource to support 7-day turnaround in diagnostics.• Unplanned loss of capacity e.g. further industrial action, impact of UEC demand or infection control issues• Resilience of workforce in key tumour pathway sites.
Outcomes	<ul style="list-style-type: none">• Aim 70% performance target on SCP by March 2024• To ensure that the NOPs are implemented for each tumour/tumour sub-sites• Improved patient experience	
Alignment with workforce plans	<ul style="list-style-type: none">• Successful implementation of international recruitment program targeted towards Glangwili 2022/2023• Continued engagement with Workforce and OD to inform and develop sustainable workforce plans	
Alignment with Financial plans	<ul style="list-style-type: none">• Reflected in directorate service area forecast plans, highlighting areas of risk• Critical enablers will be diagnostics and theatre use, which will require utilisation of recovery funds money.	
Digital / Technology Opportunities	<ul style="list-style-type: none">• Implementation of Patient Knows Best (PKB) – self management for prostate as interim until MMR (an online resource) becomes available.• Digital image sharing in pathology with tertiary partners.• Cancer dashboard developed with funding from the Wales Cancer Network.• Radiology is now included in the cancer dashboard.• Currently the pathology and Endoscopy data streams are behind schedule. However, working with Informatics to inform priority work schedule for Cancer.• The planning and forecasting are dependent on the Pathology & Endoscopy data being available.	

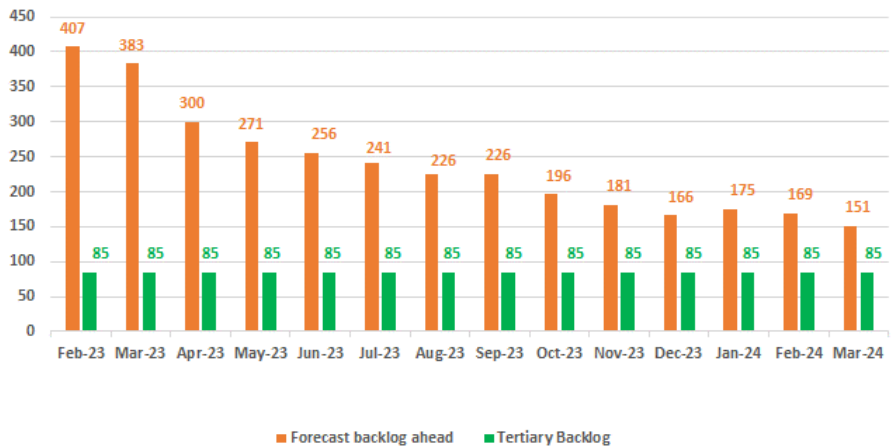
Cancer Recovery



GIG
CYMRU
NHS
WALES

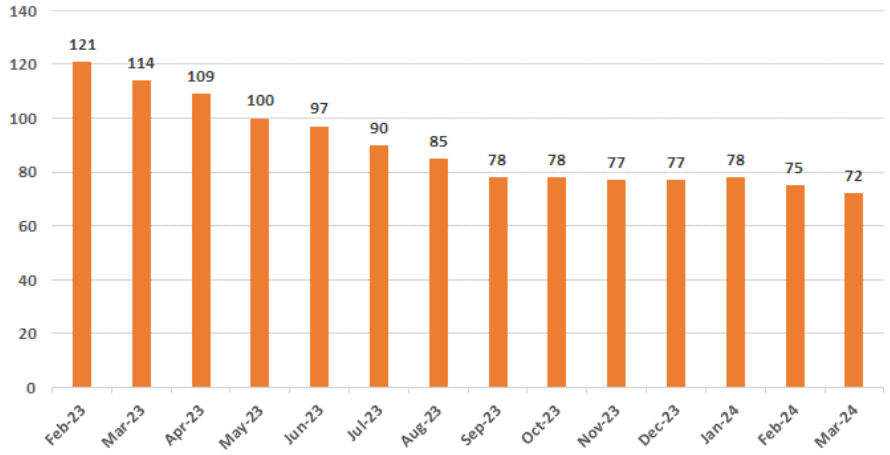
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Forecast Backlog Ahead



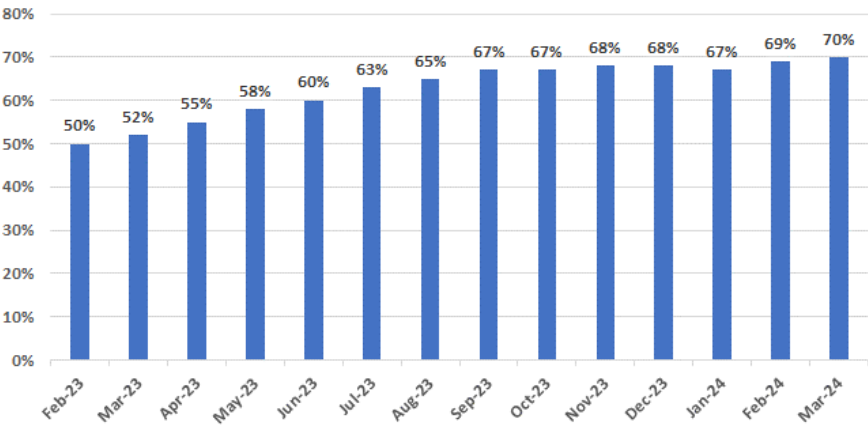
	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Predicted average treatments per month	242	242	242	242	242	242	242	242	242	242	242	242	242	242
Forecast backlog ahead	407	383	300	271	256	241	226	226	196	181	166	175	169	151
Tertiary Backlog	85	85	85	85	85	85	85	85	85	85	85	85	85	85
Breach volume	121	114	109	100	97	90	85	78	78	77	77	78	75	72
Predicted performance	50%	52%	55%	58%	60%	63%	65%	67%	67%	68%	68%	67%	69%	70%

Forecast Breach



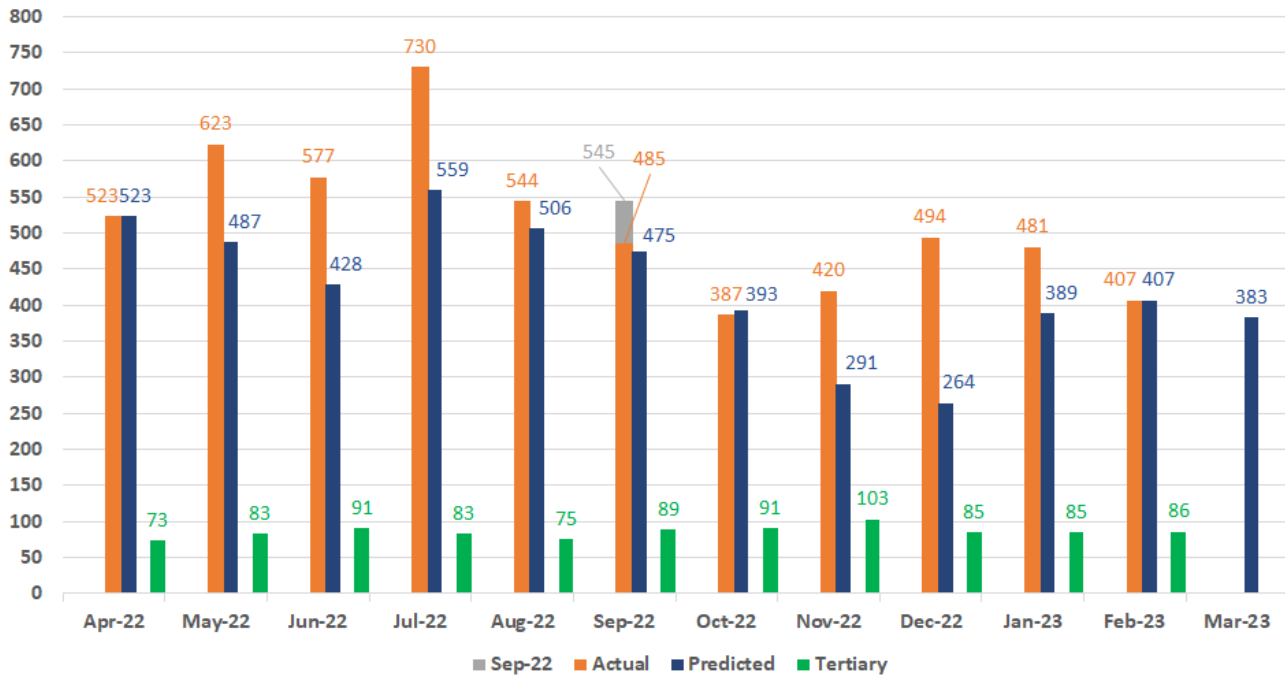
	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Predicted average treatments per month	242	242	242	242	242	242	242	242	242	242	242	242	242	242
Forecast backlog ahead	407	383	300	271	256	241	226	226	196	181	166	175	169	151
Tertiary Backlog	85	85	85	85	85	85	85	85	85	85	85	85	85	85
Breach volume	121	114	109	100	97	90	85	78	78	77	77	78	75	72
Predicted performance	50%	52%	55%	58%	60%	63%	65%	67%	67%	68%	68%	67%	69%	70%

Predicted performance



	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Predicted average treatments per month	242	242	242	242	242	242	242	242	242	242	242	242	242	242
Forecast backlog ahead	407	383	300	271	256	241	226	226	196	181	166	175	169	151
Tertiary	85	85	85	85	85	85	85	85	85	85	85	85	85	85
Breach volume	121	114	109	100	97	90	85	78	78	77	77	78	75	72
Predicted performance	50%	52%	55%	58%	60%	63%	65%	67%	67%	68%	68%	67%	69%	70%

Actual & Predicted Backlog





Key focus should be on delivering	Implement regional diagnostic hubs, to reduce secondary care waiting times and meet waiting time ambition in spring 2024.		
Baseline	Trajectory as at March 2023		
	Measure	Target	Performance Trajectory
	Number of patients waiting over 8 weeks for a specified diagnostic - cardiology	Improvement trajectory towards a national target of reduction by March 2024	1,442
	Number of patients waiting over 8 weeks for a specified diagnostic - endoscopy	Improvement trajectory towards a national target of zero by June 2023	2,302
	Number of patients waiting over 8 weeks for a specified diagnostic - neurophysiology	Improvement trajectory towards a national target of zero by June 2023	142
	Number of patients waiting over 8 weeks for a specified diagnostic - physiological measurement	Improvement trajectory towards a national target of zero by March 2025	31
	Number of patients waiting over 8 weeks for a specified diagnostic - radiology and imaging	Improvement trajectory towards a national target of zero by March 2024	2,493

Quarter 1:			
Milestones	Trajectory as at the end of June:		
	Measure	Target	Performance Trajectory
	Number of patients waiting over 8 weeks for a specified diagnostic - cardiology	Improvement trajectory towards a national target of reduction by March 2024	1,123
	Number of patients waiting over 8 weeks for a specified diagnostic - endoscopy	Improvement trajectory towards a national target of zero by June 2023	1,942
	Number of patients waiting over 8 weeks for a specified diagnostic - neurophysiology	Improvement trajectory towards a national target of zero by June 2023	160
	Number of patients waiting over 8 weeks for a specified diagnostic - physiological measurement	Improvement trajectory towards a national target of zero by March 2025	30
	Number of patients waiting over 8 weeks for a specified diagnostic - radiology and imaging	Improvement trajectory towards a national target of zero by March 2024	2,688
Actions	<p>MRI</p> <ul style="list-style-type: none">• Mobile MRI unit at Prince Philip from 22/05 until 11/06- 3 weeks, expected to clear at least 500 examinations during this time.• A further six weeks hire of this mobile (subject to availability) would result in a remaining backlog of 183 patients which could be managed within service.• Outsource to Everlight where additional capacity is available (additional cost to radiology) – to report on a large proportion of the above work• Should the continuation of rental of the current staffed scanner for a further 6 weeks be unsuccessful, an alternative option would be to engage with another company who have their own MRI scanner and may be able to provide scanning and reporting for these examinations.• Work with Bronglais General Hospital to ascertain what is required to extend the working day until 8pm during the working week. Also, the service have already extended the working day at Prince Phillip Hospital (PPH) based on recent recruitments at this site. The hope is that with improved scrutiny and action of the stats at this site will maintain the position when recovered. The service is working on this with the CT/MRI modality lead. <p>NOUS – fragile service a number of staff currently off with Repetitive Strain Injury</p> <ul style="list-style-type: none">• Explore the option of insourcing a NOUS service for up to 1 year, in order to test the market and have an idea on costs. Staffing for the ultrasound service will be across all 4 sites in line with current ultrasound system availability utilising weekend working. The assumption is that the insourcing company would manage all outpatient requests. Current staffing to concentrate on obstetrics and inpatient lists.• Aim to introduce Clinical Practice Educators in ultrasound across all 4 sites (subject to recruitment), the JD is undergoing amendments prior to job matching, this will allow the service to increase the numbers of training places.• Plan to continue with training 3 additional Sonographers at Glangwili and Prince Philip starting between September and January, it takes 2 years to be fully trained in obstetrics and general ultrasound. <ul style="list-style-type: none">• General• Regional• Continue to work with Swansea Bay University Health Board (SBUHB) on taking forward regional diagnostic solutions via the Regional Commissioning Group (RCG) and the A Regional Collaboration for Health (ARCH) and to identify areas of mutual support.		

Quarter 2:			
Milestones	Trajectory as at the end of September:		
	Measure	Target	Performance Trajectory
	Number of patients waiting over 8 weeks for a specified diagnostic - cardiology	Improvement trajectory towards a national target of reduction by March 2024	764
	Number of patients waiting over 8 weeks for a specified diagnostic - endoscopy	Improvement trajectory towards a national target of zero by June 2023	1,582
	Number of patients waiting over 8 weeks for a specified diagnostic - neurophysiology	Improvement trajectory towards a national target of zero by June 2023	150
	Number of patients waiting over 8 weeks for a specified diagnostic - physiological measurement	Improvement trajectory towards a national target of zero by March 2025	10
	Number of patients waiting over 8 weeks for a specified diagnostic - radiology and imaging	Improvement trajectory towards a national target of zero by March 2024	2,038
	NOUS		
<ul style="list-style-type: none">Should insourcing be a feasible solution, the anticipated start date of the service would be mid-AugustBacklog should be reduced to under 8 weeks within 3 months, however require approximately 1,075 slots per month to maintain this position, and so insourcing will need to continue until the service have either recruited additional staff or the 2023 trainees have qualified in late 2024/early 2025 in one discipline.			
Actions	<u>MRI</u>		
	<ul style="list-style-type: none">Outsourcing of reporting to Everlight to continue in order to meet demand. Continued attempts to recruit to vacant Radiologist posts		
	<u>Nous</u>		
	<ul style="list-style-type: none">Insourcing will need to continue (as per narrative in quarter 2 milestone)Commence training 3 additional Sonographers at Glangwili and Prince Philip		
<u>Regional</u>			
<ul style="list-style-type: none">Continue to work with Swansea Bay University Health Board (SBUHB) as per quarter 1.			

Quarter 3:			
Milestones	Trajectory as at the end of December:		
	Measure	Target	Performance Trajectory
	Number of patients waiting over 8 weeks for a specified diagnostic - cardiology	Improvement trajectory towards a national target of reduction by March 2024	563
	Number of patients waiting over 8 weeks for a specified diagnostic - endoscopy	Improvement trajectory towards a national target of zero by June 2023	1,642
	Number of patients waiting over 8 weeks for a specified diagnostic - neurophysiology	Improvement trajectory towards a national target of zero by June 2023	125
	Number of patients waiting over 8 weeks for a specified diagnostic - physiological measurement	Improvement trajectory towards a national target of zero by March 2025	5
	Number of patients waiting over 8 weeks for a specified diagnostic - radiology and imaging	Improvement trajectory towards a national target of zero by March 2024	1,838
	<ul style="list-style-type: none">New Radiography graduate recruitments in place (approx. 10) across the health board, which will support areas of need and development within specialist areas.		
Actions	MRI		
	<ul style="list-style-type: none">Outsourcing of reporting to Everlight to continue in order to meet demand. Continued attempts to recruit to vacant Radiologist posts		
	Nous		
	<ul style="list-style-type: none">Insourcing will need to continue (as per narrative in quarter 2 milestone)Continuation of training 3 additional Sonographers at Glangwili and Prince Philip Hospital.		
	Regional		
	<ul style="list-style-type: none">Continue to work with Swansea Bay University Health Board (SBUHB) as per quarter 1.		

Quarter 3:			
Milestones	Trajectory as at the end of March 2024:		
	Number of patients waiting over 8 weeks for a specified diagnostic - cardiology	Improvement trajectory towards a national target of reduction by March 2024	417
	Number of patients waiting over 8 weeks for a specified diagnostic - endoscopy	Improvement trajectory towards a national target of zero by June 2023	1,702
	Number of patients waiting over 8 weeks for a specified diagnostic - neurophysiology	Improvement trajectory towards a national target of zero by June 2023	85
	Number of patients waiting over 8 weeks for a specified diagnostic - physiological measurement	Improvement trajectory towards a national target of zero by March 2025	5
	Number of patients waiting over 8 weeks for a specified diagnostic – radiology and imaging	Improvement trajectory towards a national target of zero by March 2024	1,488
	Number of patients waiting over 8 weeks for a specified diagnostic - cardiology	Improvement trajectory towards a national target of reduction by March 2024	417
	.		
Actions	<div>MRI</div> <div><div>•</div>Outsourcing of reporting to Everlight to continue in order to meet demand. Continued attempts to recruit to vacant Radiologist posts</div> <div>Nous</div> <div><div>•</div>Insourcing will need to continue (as per narrative in quarter 2 milestone)</div> <div>Regional</div> <div><div>•</div>Continue to work with Swansea Bay University Health Board (SBUHB) as per quarter 1.</div>		



Risks	<ul style="list-style-type: none">• Unplanned loss of capacity e.g. further industrial action• Recruitment of staff to funded establishment (including radiologist and radiographers)/workforce availability• Staff sickness i.e. Repetitive strain Injury with Sonographers• Inability to train the sonographers within HDdUHB• Financial position – i.e. increased outsourcing costs to meet increased activity• Unforeseen increase in demand for diagnostic services > available capacity• Information systems - compatibility of Computer Radiography Systems with the new Picture Archiving Communication System (PACS) and RIS solution• Scanning machines – aged equipment remaining across the Health Board, which is overdue for renewal and a lack of designated diagnostic equipment replacement funding from 23/24 financial year
Outcomes	<ul style="list-style-type: none">• Reduction in overall waiting times for diagnostics• Reduction in overall waiting times for reports• Improved patient experience
Alignment with workforce plans	<ul style="list-style-type: none">• Continued engagement with Workforce and OD to inform and develop sustainable workforce plans
Alignment with Financial plans	<ul style="list-style-type: none">• Reflected in directorate service area forecast plans, highlighting areas of risk• Critical enablers will be workforce, which will require utilisation of recovery funds money.
Digital / Technology Opportunities	Currently going through Radiology Informatics System Project (RISP), which is due to go Live in Hywel Dda in November 2024

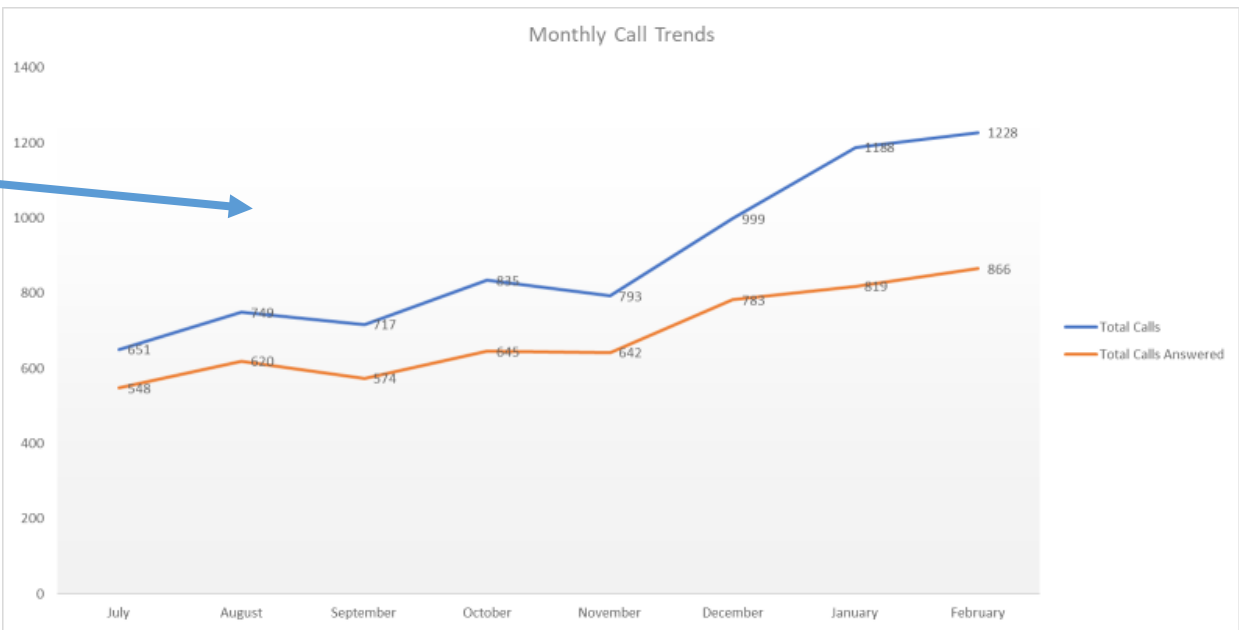
Mental Health and CAMHS – 111 Press 2



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Key focus should be on delivering	111 Option 2 (All age Mental Health Single Point Of Contact)
Baseline	Hywel Dda were the first Health Board in Wales to implement 111 Option 2 in June 2022 (16 hours a week). From November 2022 the service has been operational 24/7, providing an all age open access service to Hywel Dda residents. Additionally a 24/7 professional line provides advice on assessment and triage to a wide range of professionals such as GP's, Police, WAST, 111, A&E, Local Authority, Third Sector and other health professionals.
Quarter 1:	
Milestones	All Health Boards in Wales to have a 111 Option 2 service in operation 24/7.
Actions	Communications and engagement activity to transfer to national team in line with a targeted national advertisement campaign.
Quarter 2	
Milestones	Weekly reporting on national dataset, alongside local targets.
Actions	Establish monitoring processes to capture national minimum data set and local targets.
Quarter 3:	
Milestones	Welsh Government National Dataset on call wait times, call length etc to be implemented as business as usual.
Actions	Review demand and capacity against call volumes/length/presenting issue following national advertisement campaign.
Quarter4:	
Milestones	Service to move from pilot initiative to business as usual.
Actions	Finalise national and local reporting requirements/timelines – on all age open access line and professional line.
Risks	Risk of demand outweighing capacity following national advertisement campaign. The Service is working with the National Team to monitor and mitigate through additional funding in 2023/24.
Outcomes	Reduction in callers distress levels, maintain low call waiting times, reduction in Mental Health presentations on A&E, Police, WAST etc,
Alignment with workforce plans	The Service has developed non clinical Band 5 Well-being Practitioner roles to mitigate against Band 6 Mental Health Practitioner recruitment issues.
Alignment with Financial plans	Sustainably funded through Welsh Government (WG) ringfenced monies via Mental Health Service Improvement Funding.
Digital / Technology Opportunities	The service operates via the Adastra system through the national 111 call line. On review of the pilot it was felt that Adastra could not fully meet the requirements for a Mental health option, therefore Welsh Government have purchased a MH module which will be rolled out nationally in April 2023.



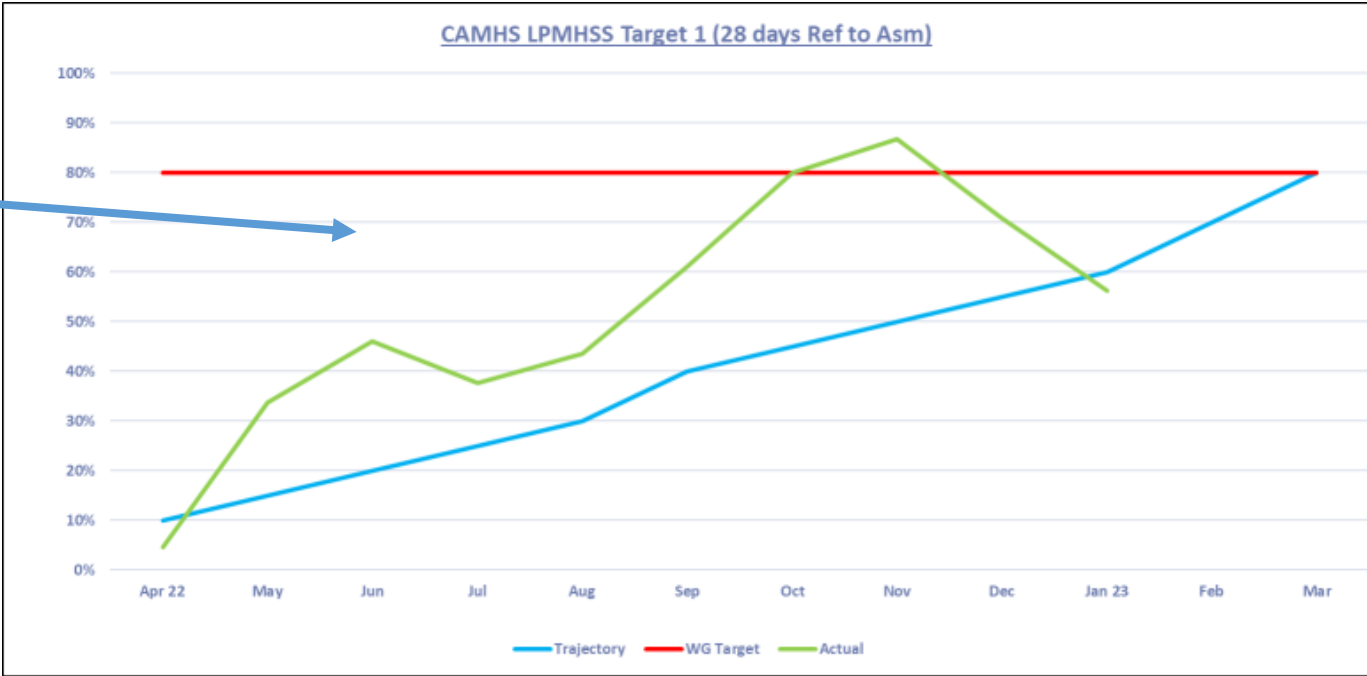
Mental Health and CAMHS – Specialist Child & Adolescent Mental Health Service (SCAMHS)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Key focus should be on delivering	Recover waiting time performance to performance framework standards for SCAMHS Part 1 assessment and intervention
Baseline	In 2022/23 SCAMHS agreed a month by month trajectory to improve performance to meet the Welsh Government target of 80% by March 2023. As of February 2023 the Service is on track to achieve this, therefore the focus for 2023/24 will be to maintain compliance against the Measure.
Quarter 1:	
Milestones	Ensure adequate workforce to meet service demand. Qualified Practitioners required to under take assessments
Actions	Undertake demand and capacity review against service need. Report monthly through Heads of Service meeting. Continue to review training needs against workforce skill mix.
Quarter 2:	
Milestones	The service will work to expand its use of digital services and resources to increase capacity and improve efficiencies.
Actions	Work collaboratively with RPB colleagues to seek sustainable funding for Kooth on-line counselling platform. Ensure staff have adequate digital resources to efficiently and effectively manage service demand.
Quarter 3:	
Milestones	The Service will explore community innovations to reduce onward referrals/demand in to SCAMHS Primary Mental Health Service. Undertake a review of the Part 1 Scheme with Partner agencies, to reflect key service developments.
Actions	In line with the ‘No Wrong Door’ approach SCAMHS will work with multi-agency referral panels to agree community interventions to reduce the demand on secondary care services and mitigate against waiting lists. Clarify how the SCAMHS Primary Mental Health Service structure aligns with the Measure.
Quarter 4	
Milestones	Service reporting on maintained trajectories to move to business as usual.
Actions	Continue quarterly meetings with Delivery Unit colleagues. Monthly reporting and monitoring via IPAR. Monthly returns to Welsh Government.
Risks	Risk that demand will continue to increase and out strip current workforce. Will be managed through ongoing demand and capacity and workforce planning.
Outcomes	Compliance with the Measure, reduced wait times for assessment, reduced wait times for treatment.
Alignment with workforce plans	The service continues to work with Workforce colleagues on difficult to recruit posts. Where applicable development posts are being created in line with ‘grow our own’.
Alignment with Financial plans	In line with Mental Health Service Improvement Funding allocation in 2023/24 agree additional workforce requirements to manage ongoing demand.
Digital / Technology	SCAMHS is currently exploring options fund Kooth an on-line digital counselling service universally across the region with RPB colleagues.
Opportunities	



Mental Health and CAMHS – Local Primary Mental Health Support Service (LPMHSS)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Key focus should be on delivering	Recover waiting time performance to performance framework standards for all age LPMHSS assessment and intervention.
Baseline	In 2022/23 LPMHSS agreed a month by month trajectory to improve performance to meet the Welsh Government target of 80% by March 2023. As of February 2023 the Service is on track to achieve this, therefore the focus for 2023/24 will be to maintain compliance against the Measure.
Quarter 1:	
Milestones	Undertake a review of Do Not Attends (DNAs) across all service delivery areas.
Actions	Introduce text messaging service for appointment reminders to mitigate DNAs and increase attendance.
Quarter 2:	
Milestones	Work collaboratively with GP partners to identify innovations in Primary Care Services to deliver early interventions and reduce secondary care referrals.
Actions	Implement ‘test the concept’ approaches to provide additional community support e.g. family support workers.
Quarter 3:	
Milestones	Evaluate pilot evidence based group interventions. Evaluate use of digital solutions such as ‘Attend Anywhere’.
Actions	Introduce additional evidence based group interventions as appropriately identified through the review, utilising community venues to increase uptake.
Quarter4:	
Milestones	Service reporting on maintained trajectories to move to business as usual.
Actions	Monthly reporting and monitoring via IPAR. Monthly returns to Welsh Government.
Risks	Risk that demand will continue to increase and out strip current workforce. Will be managed through ongoing demand and capacity and workforce planning.
Outcomes	Compliance with the Measure, reduced wait times for assessment, reduced wait times for treatment.
Alignment with workforce plans	The service continues to work with Workforce colleagues on difficult to recruit posts. Where applicable development posts are being created in line with ‘grow our own’.
Alignment with Financial plans	In line with Mental Health Service Improvement Funding allocation in 2023/24 agree additional workforce requirements to manage ongoing demand.
Digital / Technology Opportunities	Explore the use of additional digital technologies. Establish robust pathways in to SilverCloud on-line platform.

