



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>30<sup>th</sup> July 2020</b>	<b>Agenda Item</b>	<b>2.2</b>
<b>Report Title</b>	<b>Quarter 1 Operational Plan 2020-21 – Delivery of the Actions</b>		
<b>Report Author</b>	Maxine Evans, Head of IMTP Development and Implementation Nicola Johnson, Interim Assistant Director of Strategy		
<b>Report Sponsor</b>	Siân Harrop-Griffiths, Director of Strategy		
<b>Presented by</b>	Siân Harrop-Griffiths, Director of Strategy		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This paper provides the reported status against the actions agreed as part of the SBUHB Quarter 1 Operational Plan. It also sets out the baseline assessment against the delivery of our Essential Services and Cancer Framework.		
<b>Key Issues</b>	<p>A Quarter 1 (Q1) Operational Plan was submitted to Welsh Government (WG) on 18<sup>th</sup> May 2020 followed by Board ratification on 28<sup>th</sup> May 2020.</p> <p>Within the Q1 Plan, a series of themes underpinned by specific actions were identified with timescales for achievement.</p> <p>The paper provides a high level summary of the completed, on-track and off track actions. Detailed feedback is given for the off-track actions including revised milestones.</p> <p>Alongside the Q1 actions, a baseline assessment was undertaken against the status of the health board's essential services. This has since been refreshed to reflect the revised essential services framework issued by Welsh Government and provides an assessment of our position at the end of June 2020.</p> <p>In addition, a self-assessment against the Framework for the Reinstatement of Cancer Services in Wales during COVID has been undertaken which provides assurance on the status of our cancer services detailed within the paper.</p>		
<b>Specific Action Required (please choose one only)</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<b>Approval</b>
			<input type="checkbox"/>

<b>Recommendations</b>	<p>Members are asked to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the themes and actions identified within the Q1 Plan;</li> <li>• <b>NOTE</b> the reported RAG status and supplementary comments against each action that is off-track and the revised milestone;</li> <li>• <b>ENDORSE</b> the mapping of individual actions to the specific Board Committees for monitoring purposes;</li> <li>• <b>NOTE</b> the baseline assessment against the revised Essential Services Framework at the end of June 2020.</li> <li>• <b>NOTE</b> the self-assessment against the Framework for the Reinstatement of Cancer Services in Wales during COVID</li> </ul>
------------------------	--

## QUARTER 1 OPERATIONAL PLAN 2020-21 - DELIVERY OF THE ACTIONS

### 1. INTRODUCTION

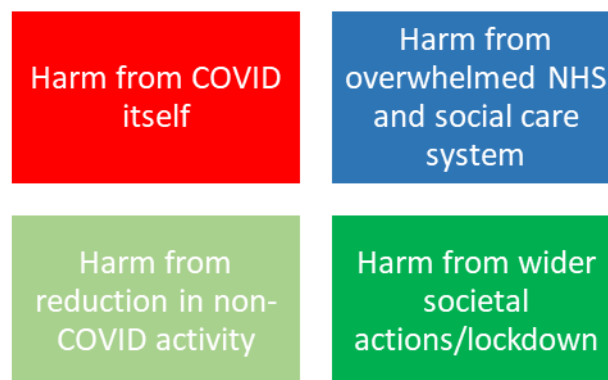
This paper provides the position against the actions agreed as part of the SBUHB Q1 Operational Plan. It provides a high level summary of the completed, on-track and off track actions. Detailed feedback is given within the Tracker for the off-track actions including revised milestones.

In addition, it provides an update on the baseline assessment against the delivery of our Essential Services and a self-assessment against the Framework for the Reinstatement of Cancer Services in Wales during COVID

### 2. BACKGROUND

On 6<sup>th</sup> May 2020 Welsh Government wrote to all Welsh NHS Organisations outlining the continued need to maintain essential services and start to scale up normal business in an environment that still needs to respond to Covid-19.

A Covid-19 Operating Framework – Quarter 1 was issued which set out a particular focus on maintaining essential services such as Cancer and Mental Health, it also reflected the need to consider 4 types of harm and how we best address them in a balanced way:



The Operating Framework set out the following themes to be addressed:

- New ways of working
- Managing Covid-19
- Essential services
- Critical Care
- Routine Services
- Surge capacity
- Workforce wellbeing
- Primary care
- Social Care Interface
- Communication
- Finance

The Q1 Plan reflected the above themes and was submitted in draft to WG on 18<sup>th</sup> May 2020 followed by Board ratification on 28<sup>th</sup> May 2020.

The Plan identified a series of actions that would be progressed and monitored through, what was, the remainder of the quarter. The Plan was developed and submitted with a very quick turnaround and the monitoring of actions, development of operational planning and mitigation of risks will continue into Quarter 2 and beyond

Alongside the Q1 actions, a baseline assessment was undertaken against the status of essential services. The assessment of our position has since been refreshed to reflect the revised Essential Services Framework issued by Welsh Government. In addition, a self-assessment against the Framework for the Reinstatement of Cancer Services in Wales during COVID has been undertaken.

### 3. PROGRESS UPDATE

#### 3.1 Q1 Action Tracker

A Q1 Action Plan Tracker was developed, with identified leads and agreed timescales for achievement, attached as Appendix 1.

Performance is assessed on a Red/Amber/Green (RAG) system. As defined below. The report is developed on an exception basis with comments requested when delivery is not on track e.g. rated Red.

<b>R</b>	Action not on track by due date
<b>A</b>	Action on track by due date
<b>G</b>	Action complete

The overall summary by Theme is set out in the following table:

Theme	No. of Actions	Red	Amber	Green
Governance & Engagement	13	0	1	12
Planned Care	34	3	8	23
Digital	29	3	8	18
Partnership Working and Social Care	19	0	5	14
Regional Working	3	0	1	2
Workforce	21	0	12	9
Finance and Capital	4	1	0	3
<b>Total:</b>	<b>123</b>	<b>7</b>	<b>35</b>	<b>81</b>

The overall position shows that the majority of actions have either been delivered or are on track through the first quarter of 2020-21 with 66% completed, 28% on track to deliver and 6% off-track.

Two of the off-track actions relate to Cancer services as shown in the table below. When the Q1 Plan was submitted, the national Framework for the Reinstatement of Cancer Services in Wales during COVID had not yet been circulated. The actions were therefore agreed in the absence of this and were focussed on coping with the impact of the outbreak on capacity in key oncology services. A self-assessment against the

Framework for the recovery of cancer services has now been finalised and can be found in Appendix 2. This will be taken through the Cancer Workstream of the Reset and Recovery Co-ordination Group and will be ratified at the Cancer Improvement Board (CIB) which is being re-established.

An overall summary of the actions off-track (Red) are shown below.

Theme	Sub-Category	Action	Comments
Planned Care	Cancer	Chemotherapy to be 90% of pre-Covid levels (Same Action counted twice - for May and June)	Unable to increase Chemotherapy provision due to Covid restrictions that have restricted activity to 70%. Waiting times have increased and a recovery plan is being developed, including looking at increasing utilisation, for the Cancer workstream to consider during Q2.
		Radiotherapy (RT) services, with 75% capacity protected (compared to prior to the pandemic)	Due to Covid and the breakdown of the Linacc machines unable to maintain 75% capacity in Q1. The Linaccs came back on line w/c 13 <sup>th</sup> July and it is now expected to return to 75 % capacity. The RT recovery plan is being developed that includes options around continuing outsourcing and being able to increase capacity on existing machines by working differently. The draft recovery plan will be considered by the Cancer workstream to consider during Q2.
Digital	New Ways of Working	WIFI will be enabled in the remaining Community, Mental Health and Learning Disability sites to support remote working and social distancing	Reliance on suppliers to complete Public Sector Broadband Aggregation (PBSA) network connections, cabling and survey work to community sites - suppliers prioritising COVID-19 work.
	Essential Services	Commencing implementation of electronic nursing documentation, reducing duplication and increasing time to care	Next phase of national programme is delayed until Q3
	Primary Care	Introduced electronic test requesting for	Implementation delayed due to COVID19. Rescheduled to Q2 dependent on access to GPs

		pathology in Primary Care	
Finance and Capital	Performance & Monitoring	Complete critical review of original financial plan savings plans and investment plans	Not started due to focus on Q2 plan. Will be completed in July.

The Q2 Operational Plan has been developed and submitted to Welsh Government on 3<sup>rd</sup> July 2020. The actions identified within the Q2 Plan will be added to the Q1 actions that are outstanding and off track to ensure they are monitored through to delivery. A more detailed performance framework will need to be developed to align with the tracker and this is being prepared, to align with the 4 harms in Appendix 1 of the Q2 Operational Plan.

To ensure that the actions are monitored for assurance within the appropriate forum, an exercise has been undertaken to map each of the actions to a Board Committee. This will also help to avoid duplicate discussions and maintain clear lines of escalation and accountability. The initial mapping can be found within the tracker for Board members to endorse.

### **3.2 Essential Services Baseline Assessment**

The Health Board's response to the essential services agenda has been led through the Reset and Recovery (R&R) Programme, which was established in May 2020 and summarised in the Q1 plan. The approach to the reintroduction of essential services remains clinically led and quality-driven.

A baseline assessment against the revised essential services document has been undertaken and is attached in Appendix 3. This self-assessment demonstrates that there are no "essential services" that are offering no level of service. The main themes from the self-assessment are:

- Ability to create sufficient capacity to deal with demand in system taking account of workforce abstractions, IPC requirements, social distancing requirements and PPE;
- Ability to protect essential services through any future spikes;
- Interdependencies of service and capacity plans

In addition, self-assessments have been undertaken (or are in the process of being carried out) against Welsh Government issued guidance. These self-assessments are reviewed and signed off through the Reset and Recovery Coordination group. Most recently the self-assessments against the neonatal, maternity and access to medicines guidelines have demonstrated strong compliance with the guidance for the provision of essential services. Self-assessments are currently underway against the following guidance:

- Hip fracture
- Stroke
- Maintaining Cardiovascular treatment and cardiac services

These self-assessments will serve to identify any risks and issues with compliance with these more detailed guidelines and if so, the mitigating actions required.

#### **4. Workforce**

The action tracker has been updated for quarter 2 to fully reflect the broader suite of activity that remains in train in relation to the COVID response. The focus on staff well-being will continue to be a significant area of work together with continued efforts to ensure appropriate workforce supply and deployment across the Health Board and related COVID activity. Workforce supply and availability remains a key area of risk for the Health Board as work continues to increase the delivery of essential services and prepare for any second pandemic peak.

The Workforce and OD Committee has continued to meet informally on a two weekly basis to appraise members on issues and the work plan in relation to COVID.

More recently the Workforce and OD Committee met formally to review and ratify revisions to the Workforce and OD Framework work plan in light of the impact of the COVID pandemic on the original priorities and timescales. The Committee will continue to monitor and assure progress on all boarder organisational workforce priorities as well as the delivery of all quarter 2 actions.

#### **5. Capital**

The Board agreed a balanced capital plan in March 2020 as part of the annual plan submission. The plan included a number of funding assumptions, alongside the planned submission to Welsh Government of a number of key business cases as part of the All-Wales Capital Programme (AWCP). All organisations were advised in the quarter 2 planning guidance, that due to the uncertain financial outlook in central government caused by the pandemic, the health board would need to accommodate these requirements from within its discretionary allocation, subject to local risk assessment and decision making until further notice.

The main schemes impacted by this position are:

- Access Road design, Morriston Hospital
- Replacement of the cladding at Singleton Hospital
- Replacement CT-SIM scanner in the cancer centre at Singleton Hospital; and
- Phase 2 anti-ligature work in Mental Health and Learning Disabilities premises.

The initial impact is that the balanced plan now shows a planned deficit of £1.527m as a direct result of planned income for commitments already made now not being available. This position assumes that the remaining £1.991m COVID expenditure is funded by Welsh Government, having already received £3.660m capital to date.

The Executive Board has agreed mitigating actions to enable progress on a number of these schemes, whilst taking account of items on the immediate critical path.

The impact at this stage has been to contain expenditure within the financial resources allocated by Welsh Government to the Health Board through the statutory Capital Resource Limit (CRL). The plan assumes that retrospective funding adjustments by Welsh Government will be made to the 2021/22 capital plan, including retrospective funding received from Welsh Government, will only have a small negative impact of

£0.150m. . The ongoing monitoring of risks will continue to be undertaken by the Capital Prioritisation Group.

Advice from Welsh Government is to not stop submitting business cases and there is still potential for those already submitted to be supported this year, at least partially. This is dependent on the national capital position and is outwith the control of the Health Board. Should Welsh Government be able to release funding in advance of 2021/22, it is proposed that subject to no other new major risks being identified, that funding is reinstated to the schemes impacted below. An updated position will be brought to the Executive Board in September 2020, and included in the Q3/4 Operational Plan.

**Mitigations to Maintain Balanced Capital Programme**

	Budget Available	Expenditure	Net Adjustment	Progress 20-21	Impact on Critical Path (on basis of available funding)
	£000				
<b>Opening Adjusted Projected Outturn -Deficit / Surplus</b>			<b>-1,527</b>		
Gamma Camera Replacement	2,809	1,100	1,709	Design and Works	2 month delay. Complete equipment installation April 21
CT-SIM Replacement	0	1,959	-1,959	Completion	9 month acceleration. Complete Oct 20
Singleton Cladding	0	1,300	-1,300	Design work to allow business case submission and enabling package.	3 month delay. Construction works would commence April 21 subject to approval of the business case by WG and funding provided in 21/22.
Anti-Ligature Phase 2	0	0	0	Limited priority work supported by WG funding. Values to be confirmed.	Business case £4.9m has been agreed by WG officials. Ministerial approval to be sought once funding is available. WG officials have indicated support for most urgent packages of work.
Environmental Modernisation BJC 2.2 New Sub Station 6 Morriston	0	250	-250	Design work to allow business case submission Q3	4 month delay. Construction works would commence April 21 subject to approval of the business case by WG and funding provided in 21/22.
Morriston Access Road Design Fee	1,000	500	500	Ecology surveys completed. Limited design & master planning work - design team will be stood down until April 21.	8 month delay to submission of hybrid planning application.
Medical Equipment Replacement	1,382	782	600	Focus on essential replacements. Extend some replacement programmes into Q1 21-22.	
Estates Backlog Replacement	1,560	760	800	Undertake minimum statutory requirements (fire, legionella & asbestos). Limited budget for other repairs & refurbishments.	
AWCP In-Year Reinvestment	1,577	0	1,577		
Internal VAT opportunities	100	0	100		
Contingency	0	249	-249	Create contingency	
<b>Closing Adjusted Projected Outturn -Deficit / Surplus</b>			<b>0</b>		

Some of the schemes describe changes to the critical path with construction works being delayed until 2021/22. Commencement of works will be dependent on the provision of capital funding from Welsh Government.

There are a number of new schemes identified in Q1 that are currently unaffordable beyond the initial design works allocated in the above plan. These include the



feasibility study to deliver orthopaedic surgery from Neath Port Talbot Hospital and the planned refurbishment of ITU at Morriston Hospital.

The original plan had included business cases for digital services for £4.5m which Welsh Government would not be able to support and there is a risk that none of these schemes will be able to progress this year, with the two priorities being the Welsh Community Care Information System (WCCIS) and the continued rollout of inpatient e-prescribing into Morriston Hospital.

## 6. GOVERNANCE AND RISK ISSUES

This report is the first to be considered since the beginning of the Covid-19 pandemic. Future reporting on the delivery of the Health Board's Operational Plans will be taken through the nominated Board Committee for scrutiny.

## 7. FINANCIAL IMPLICATIONS

The financial implications in this paper relate to the proposal to alter the approved capital plan.

## 8. RECOMMENDATION

Members are asked to:

- Note the themes and actions identified within the Q1 Plan;
- Note the reported RAG status and supplementary comments against each action that is off-track and the revised milestone;
- Endorse the mapping of individual actions to the specific Board Committees for monitoring purposes;
- Note the baseline assessment against the revised Essential Services Framework at the end of June 2020.
- Note the self-assessment against the Framework for the Reinstatement of Cancer Services in Wales during COVID

Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>

<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
The paper reflects the impact of Quality, Safety and Patient Experience through the performance against the Q1 Plan actions and their delivery		
<b>Financial Implications</b>		
The financial implications in this paper relate to the proposal to alter the approved capital plan.		
<b>Legal Implications (including equality and diversity assessment)</b>		
Projects and actions detailed within the Tracker are considered on their own merit through the development of the Quarterly Plans.		
<b>Staffing Implications</b>		
Staffing and workforce performance against the actions in the plan is included in the paper and tracker		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
The Operational Planning arrangements will aim to deliver our Strategic Objectives which were aligned to our Wellbeing Objectives through the development of the Organisational Strategy.		
<b>Report History</b>	This is the first report to the Performance & Finance Committee on the performance status of the actions identified within the Q1 operational plan	
<b>Appendices</b>	Appendix 1 – Q1 Operational Plan Action Tracker Mapped to Board Committees Appendix 2 – Self-Assessment against the National Framework for the Reinstatement of Cancer Services in Wales during COVID Appendix 3 – Baseline Assessment of Essential Services	

SWANSEA BAY UNIVERSITY HEALTH BOARD - OPERATIONAL PLAN TRACKER 2020/21

APPENDIX 1

RAG	Red - Not on track by due by date
Definition:	Amber - On track by due date
	Green - Complete

CATEGORY	SUB-CATEGORY	QUARTER 1												Board Assurance Committee
		Apr-20				May-20				Jun-20				
		Action	Lead	RAG	Comments on Status	Action	Lead	RAG	Comments on Status	Action	Lead	RAG	Comments on Status	
Governance and Engagement	Essential Services	Exec lead for Essential Services identified	Hannah Evans	Green	Complete	Baseline assessment against WG Essential services	Hannah Evans	Green	Complete	Full engagement in regional solutions where appropriate	Ian Langfield/ Karen Stapleton	Green	Complete	Board
		Associate Medical Director Essential Services	Richard Evans	Green	Complete	Established work cells to take forward planning for non Covid essential services	Hannah Evans	Green	Complete	Iteration of clinical processes in line with new and emerging evidence	Richard Evans	Green	Complete	Quality and Safety Committee
		Engagement in nationally established groups for Essential services	Hannah Evans	Green	Complete	Regional discussions with C&V and Hywel Dda and commitment to working together	Ian Langfield/ Karen Stapleton	Amber	SW Regional meeting scheduled 11th June 2020	Exploring opportunities for collaborating on a supra regional basis	Ian Langfield/ Karen Stapleton	Green	Further meetings arranged to take forward through Q2	Board
		Wales Cancer Network engagement	Melanie Simmons	Green	SBUHB Cancer Leads attend the weekly WCN Cancer Operational Managers meeting	Regional discussions with CTM and commitment to agreeing plan for NPT	Nicola Johnson	Green	Discussions held between COOs and DoPs. Commitment agreed to scoping future use of NPTH.					Performance and Finance Committee
		Engagement with Sancta as part of national procurement	Craige Wilson	Green	Contract with Sancta established as part of national arrangement	Clinical processes eg pre-op and consent revised and issued	Richard Evans	Green	Adult and Paediatric Pathways finalised, awaiting sign off by Clinical Advisory Group					Quality and Safety Committee
Planned Care	Surgery	Some gynae-onc and urology cases undertaken in Hywel Dda	Jo Williams	Green	Complete	Joint MDT with C&V on Cardiothoracics	Neil Miles	Amber	Draft ToR/SOP for mtg drafted and circulated.Mtg with C&V scheduled 5/6/2020 to agree. Will be implemented in July.	Potential 5th theatre brought back in Morriston dependent on workforce capacity (focus on paed)	Tersa Humphreys	Green	2nd Trauma list operational from the 8th June 2020	Performance and Finance Committee
		Increased theatre capacity in Morriston by 2 theatres	Tersa Humphreys	Green	CEPOD and trauma list in place during COVID. CEPOD list in place in Singleton	Additional lists in Singleton	Tersa Humphreys	Green	Elective list opened in Singleton. Two elective lists opened in Morriston.	If feasible from workforce perspective – NPT theatre suit for some orthopaedics activity	Neil Miles	Amber	Formal discussions commenced between Orthospines and NPTH. Feasibility of additional laminar being explored. Depending on outcome will dictate whether elective starts before or afterwards. This is being taken forward as a holistic Musculoskeletal programme of work through Q2	Performance and Finance Committee
						Working with Sancta to deliver optimum solution for this resource in terms of surgery	Craige Wilson	Amber	Weekly activity monitoring meetings in place with Sancta and WHSCC	exploring option of sancta staff supporting lists in singleton hospital to target priority level 2 cases.	Tersa Humphreys/ Jo Williams/ Phillipa Thompson	Green	Confirmation received on 5th June that 5 to staff agreed to support lists in Singleton/ Singleton DU team to develop operational plan. HB unable to deliver an ongoing arrangement for sancta staff to support therefore staff to return week commencing 6th July. Singleton Hospital to continue to support the lists after this period into Q2 and onwards	Performance and Finance Committee
						ITU reconfigures to support zoning of patients	Michelle Mason-Gawne	Green	PACU model through CITU commenced 18th May and is working well. Requirement for location to change when we work towards 'business as usual'.	Set up a working group in order to develop a permanent solution for PACU	Michelle Mason-Gawne	Green	Working group commenced, next meeting planned week commencing 6/7/20. Interim arrangements continue in CITU.	Quality and Safety Committee
	Diagnostics	Emergency diagnostics inc EBUS and ERCP	Fiona Hughes	Amber	Maintained emergency Endoscopy and GI Bleeds during April. All USC Referrals vetted by Clinical Leads and alternative diagnostic pathways undertaken.	Planned reintroduction of diagnostic Usc Capacity	Fiona Hughes	Green	Reinstatement of USC Endoscopy Capacity within Singleton DU. Reinstatement of weekly EBUS List and introduction of Fit for symptomatic low risk USC colonoscopies. Plan to deploy nursing staff back into the Endoscopy service across the three hospital sites actioned.	Diagnostic plan from Diagnostic work cell enacted – will explore independent sector	Brian Owens	Green	Endoscopy across all 3 sites in progress however capacity remains reduced due to current PPE restrictions and social distancing	Quality and Safety Committee
		Cancer MDTs prioritise cases for diagnostics (scans and other)	Melanie Simmons	Green	Cancer MDTs are aware of the changing circumstances , and sensibly utilise the most realistic options available when deciding how to manage their patients. Cancer MDTs take difficult decisions regarding treatment or advice, corporately and collectively as an MDT, supporting each other, with clear documentation and justification. Cancer MDTs remain the primary source of specialist practice and advice to the Health Board	Rapid Diagnostic Clinic for cancer recommended in NPT	Brian Owens	Amber		Planning for further diagnostics in June	Brian Owens	Green	RDC now running the same volumes of clinics as pre Covid.	Quality and Safety Committee
						Multi-parametric MRI scans recommended on the 4th May 2020	Tersa Humphreys	Green	Complete					Performance and Finance Committee
						Prostate biopsies re-instated w/c 11th May	Jo Davies	Green	Commenced 18th May four all day sessions per week (six patient per session)	Continue with prostate biopsy capacity in order to work towards clearing the backlog	Jo Davies	Green	Complete	Quality and Safety Committee



CATEGORY	SUB-CATEGORY	QUARTER 1											Board Assurance Committee	
		Apr-20				May-20				Jun-20				
		Action	Lead	RAG	Comments on Status	Action	Lead	RAG	Comments on Status	Action	Lead	RAG		Comments on Status
									Implementation of attend anywhere to support medical outpatients modernization and delivery of 1:1 high intensity psychological therapies	Gareth Bartley	Amber	Invitation to participate in attend anywhere pilots circulated in April. Plan with Digital services for roll out across all service areas in MHL D being agreed. Attend Anywhere Implementation Lead identified to co-ordinate and monitor system roll out. Engaged with Locality Leads to agree best approach to facilitate system implementation. Initial Attend Anywhere Roll Out plan established to monitor and plan system roll out across all MH & LD services. Attend Anywhere implemented in nine MH&LD teams. Implementation to be completed beyond Q1 with actions included in Q2 operational plan. Hence Amber status.	Performance and Finance Committee	
									Multi-agency suicide and self-harm prevention group to monitor impact of pandemic and advise on mitigation	Gareth Bartley	Green	Multiagency group once again meeting regularly and looking at multiagency action plan for the Swansea Bay area as discussing current rates of suicide as ongoing work. Keith Reed is Health Board Lead for suicide prevention. All incidents of suicide now received by the Health Board through multiagency rapid response group (rather than those in contact with MH services). Paper for next Health Board meeting outlining HB approach to suicide prevention (within the overall Multiagency Planning group work).	Performance and Finance Committee	
									Implement workforce plans to maximize productivity to reflect guidance for social distancing	Gareth Bartley	Green	Social Distancing Risk Assessments complete with Director for Health & Safety content with sample risk assessments. Staff Briefings within Localities & Distribution of IT equipment to support home working. Shared approach on social distancing with Local Authority colleagues as many of our teams are integrated and share accommodation.	Workforce and OD Committee	
Digital	National Digital Collaboration and cross-cutting digital themes					Working in partnership with WG and NWIS to ensure the Digital Priorities Investment Fund is effectively utilised	Gareth Westlake	Green	Ongoing - digital equipment requirements submitted to WG	Continuing to maximise the use of business intelligence and demand/capacity modelling as intrinsic decision support tools for organisation planning.	Lee Morgan	Green	Ongoing - COVID 19 Dashboard and modelling tools developed and available from April with Live information. Additional functionality added as required and will continue to be developed	Board
						Focussing on digitally-facilitated clinically-led business change	Matt John	Green	Ongoing - initiatives such as Teams, Attend Anywhere, Signal, MTED roll outs are all clinically led. SDU Digital groups continue to meet and prioritise requirements					Quality and Safety Committee
	New ways of working					Utilising video consultations where appropriate via Attend Anywhere, with full rollout of the system by the end of May	Dee Roberts	Amber	Outpatients - 2 services fully live. 18 services in pilot phase and going fully live week commencing 1st June. Further services to be in pilot and live phase throughout June	Supporting the Value-Based Healthcare agenda and follow-up management through the capture and analysis of PROMS	Dee Roberts	Green	Ongoing - pilot live with one specialty with view to expand this to 3 by month 6. Procurement process for digital solution to be commenced in Q2.	Quality and Safety Committee
									WiFi will be enabled in the remaining Community, Mental Health and Learning Disability sites to support remote working and social distancing	Carl Mustad	Red	Reliance on suppliers to complete PSBA network connections, cabling and survey work to community sites - suppliers prioritising COVID-19 work.	Quality and Safety Committee	
									Implement virtual consultations with Social Care to facilitate rapid discharge	Carl Mustad	Amber	Model identified and agreed with social care. Devices rolled out to wards. Units working with Social Care to bed in the implementation.	Performance and Finance Committee	
									MS 365 rollout - complete mailbox migration.	Carl Mustad	Green	At end of May 10,553 mailboxes migrated. Will complete mid June.	board	

CATEGORY	SUB-CATEGORY	QUARTER 1												Board Assurance Committee
		Apr-20				May-20				Jun-20				
		Action	Lead	RAG	Comments on Status	Action	Lead	RAG	Comments on Status	Action	Lead	RAG	Comments on Status	
					Empowering patients and facilitating See On Symptoms model for follow-up outpatients with further rollout of the Swansea Bay Patient Portal	Dee Roberts/ Matt Knott	Green	Ongoing - Diabetes roll out commenced. Further specialties to be onboarded as part of outpatients transformation program.					Quality and Safety Committee	
	Managing COVID 19				Further implementation of virtual ward rounds to facilitate social distancing and enable shielding clinicians to fulfil duties	Carl Mustad	Green	Ongoing - 2 wards in NPT using virtual ward rounds regularly. Ward C and ICU consultants to go live in June	Rollout of e-Prescribing and Medicines Administration across NPTH and Singleton to increase patient safety and facilitate better social distancing	Dee Roberts	Amber	Go live in NPT wards to recommence in June. (Paused because of COVID19)	Quality and Safety Committee	
				Provide software and devices to facilitate virtual visits for patients and families	Carl Mustad	Green	Ongoing - Software solutions identified and configured. To the end of May 160 devices have been rolled out to wards. Additional devices will continue to be rolled out					Quality and Safety Committee		
				Provide Digital solutions for field hospitals, additional ICU capacity and testing units	Carl Mustad	Green	Digital solutions for all areas complete. 2 Field hospitals and 2 ICU all have access to same digital solutions as main hospital sites with full suite of infrastructure. CTUs networked and utilising Electronic test requesting					Performance and Finance Committee		
		Essential Services							Further development of the Signal Whiteboard to support the planning for the single acute take model and Command Centre and the roll out of the Signal patient flow system to all hospital sites (previously only at Singleton) to support MFFD management and Rapid Discharge Guidance implementation	Dee Roberts/ Matt Knott	Green	Signal Whiteboard solution rolled out across all hospital sites (including field hospitals). Working model established for command centre. Ongoing requirement to develop the solution further.	Performance and Finance Committee	
								Commencing implementation of electronic nursing documentation, reducing duplication and increasing time to care	Dee Roberts	Red	Next phase of national programme is delayed until Q3	Quality and Safety Committee		
								Planning the implementation of the Wales Eye Care Digitalisation Solution to enable Ophthalmology transformation	Dee Roberts	Amber	Planning arrangements in place to coordinate with the national plan for roll out of the proposed solution. Full business case has been approved by WG.	Quality and Safety Committee		
								Accelerating plans for the implementation of the Wales ED System (WEDS) to support paperlite working in the Emergency Department	Dee Roberts	Amber	Confirmation with Morriston SDU that they wish to progress with implementation. Work ongoing to determine agreed Go live date with NWIS and supplier. Likely to be Q4 after CTM go live	Performance and Finance Committee		
	Cancer and Palliative Care		Improving MDT virtual experience utilising newer technologies	Matt Knott	Green	Ongoing - Teams being used to support MDTs eg Neuro Rehab. Business change with clinicians will continue to be part of roll out			Further data modelling of cancer pathways	Lee Morgan	Amber	Ongoing - modelled the pathway for 1st outpatient appointment. Further work to be developed based on new clinical prioritisation codes.	Performance and Finance Committee	
								National collaboration on cancer e-Prescribing solution	Matt John	Green	Ongoing	Quality and Safety Committee		
	Critical Care							Planning the implementation of the Wales Critical Care Information System	Dee Roberts	Amber	Planning process commenced. This will be a scaled down version at this moment in time to expedite implementation during COVID19.	Performance and Finance Committee		
	Workforce wellbeing	Maximising remote working via the provision of mobile devices and MS Teams to support shielding, self-isolation and social distancing	Carl Mustad	Green	Ongoing - teams roll out complete. As at end of May 828 laptops, 309 iPads and 1347 VPNs tokens rolled out								Workforce and OD Committee	
						Access to key workforce information via the Digital Intelligence Dashboard	Lee Morgan	Green	Workforce information built into COVID19 dashboard				Workforce and OD Committee	
	Primary Care	Maximising GP and practice efficiencies through further rollout of Ask My GP	Anjula Mehta	Green	Ask my GP rolled out to all clusters that want it								Performance and Finance Committee	
		Utilising video consultations where appropriate via Attend Anywhere	Dee Roberts	Green	Attend anywhere rolled out to all GPs that want it								Quality and Safety Committee	
		Facilitating GP to Consultant communication using Consultant Connect	Dee Roberts	Green	Consultant connect rolled to out to all GPs and secondary care that want it								Quality and Safety Committee	
									Introduced electronic test requesting for pathology in Primary Care	Dee Roberts	Red	Implementation delayed due to COVID19. Rescheduled to Q2 dependant on access to GPs	Performance and Finance Committee	

CATEGORY	SUB-CATEGORY	QUARTER 1												Board Assurance Committee
		Apr-20				May-20				Jun-20				
		Action	Lead	RAG	Comments on Status	Action	Lead	RAG	Comments on Status	Action	Lead	RAG	Comments on Status	
									Improved referral management for ophthalmology supported by electronic referrals	Dee Roberts	Amber	Planning arrangements in place to coordinate with the national plan for roll out of the proposed solution. Full business case has been approved by WG.	Performance and Finance Committee	
									Access to secondary care patient records via the Welsh Clinical Portal	Dee Roberts	Green	Ongoing - MTED rolled out across Morriston in May. Will roll out in NPT in June. Go live of outpatient continuation sheet in May.	Performance and Finance Committee	
Partnership Working and Social Care	Rapid Discharge					Confirmation of operational flow and clinical model aligned to the Rapid Discharge	Nicola Johnson	Green	Complete	Targeted Communications and Engagement Campaign in relation to the Rapid Discharge Process across all stakeholders	Nicola Johnson	Green	Launched 1st July	Performance and Finance Committee
										Launch of the West Glamorgan Rapid Discharge Process	Nicola Johnson	Green	See above	Performance and Finance Committee
	Capacity and Resilience in the Community					Collate lessons learned of things that have been done differently in all sectors supporting the community	Andy Griffiths	Green	Lessons Learned currently being collated and to be presented to Silver on 16th May	Identification of Interdependencies in relation to capacity to help inform capacity planning	Andy Griffiths	Green	Agreement that once lessons learned is completed, this workstream will be stood down	Performance and Finance Committee
		Collate all the data in relation to the External Care Homes, Hotel Accommodation	Andy Griffiths	Green	Complete									Performance and Finance Committee
	Externally Commissioned Care					Establish process and timelines for the emergency funding protocol	Nicola Johnson	Green	Complete					Performance and Finance Committee
						Locations identified and analysis of population that could require support for step up	Nicola Johnson	Amber	Options appraisal to be approved by Community Silver					Performance and Finance Committee
						Analysis of difficult to place cohort of individuals who are medically fit	Nicola Johnson	Green	Complete					Quality and Safety Committee
	PPE / Infection Control	Regional Enhanced PPE Procurement Model				Update and review risks in relation to PPE & infection control	Lisa Hinton	Amber	Supply of PPE on risk register. Currently sufficient supplies of PPE. Regular PPE cell meet to review. PPE training ongoing. Review of practices in relation to the use of PPE planned.					Quality and Safety Committee
						Update and review lessons learned in relation to PPE & infection control	Lisa Hinton	Amber	This will come from the PPE review of practice, survey of products and PPE Cell.					Quality and Safety Committee
						Update and review regional PPE & Infection Control Protocol, in line with Public Health and Welsh Government Guidance, and any regional requirements	Lisa Hinton	Amber	Local protocols aligned with PHW and WG guidance as it is published. This is ongoing					Quality and Safety Committee
	Third Sector	Commence pathway 1 discharge process with Third Support	Andy Griffiths	Green	Complete									Performance and Finance Committee
		Collate lessons learned to reflect on the significant community, volunteer and third sector support	Andy Griffiths	Green	Complete									Quality and Safety Committee
		Identification of risks in relation to future planning around the Third Sector and community support	Andy Griffiths	Green	Complete									Board
Care Homes									Reaffirming the strategic system-wide approach to ensure residents of care homes, and those people being cared for at home, have equitable access to the care they need if they test positive for COVID and need additional care than can be delivered at their normal place of residence	Andy Griffiths	Amber	Step up guidance from Care Homes in development by Community Silver T&F group - includes implementation of fast track COVID testing for individuals who have experience breakdown of normal care arrangements. For completion & sign off in Q2 - expected end of July 2020.	Quality and Safety Committee	
									Reviewing the provision of PPE training to staff of care homes following reviews currently being undertaken by Environmental Health Officers	Andy Griffiths	Green	Incorporated into West Glamorgan Care Home Protocol developed by Community Silver Group	Quality and Safety Committee	
									Ensuring that short term, flexible staffing support for care homes is available if required	Andy Griffiths	Green	Incorporated into West Glamorgan Care Home Protocol developed by Community Silver Group	Workforce and OD Committee	
									Jointly considering proposals and options for financial support for care homes	Andy Griffiths	Green	Incorporated into West Glamorgan Care Home Protocol developed by Community Silver Group	Performance and Finance Committee	







CATEGORY	SUB-CATEGORY	QUARTER 1												Board Assurance Committee
		Apr-20				May-20				Jun-20				
		Action	Lead	RAG	Comments on Status	Action	Lead	RAG	Comments on Status	Action	Lead	RAG	Comments on Status	
Regional Working	Contractual Arrangements					Reactivate planning arrangements with C&V UHB to jointly support the resilience of some tertiary and specialised services	Ian Langfield	Green		High-level discussions will be held with Cwm Taf Morgannwg UHB about the future use of facilities at Neath Port Talbot Hospital	Nicola Johnson	Green	Complete	Board
	New ways of working									Exploratory conversations will also be held with Hywel Dda UHB about the regional specialist eye care offer and the opportunities afforded by the Outpatients Transformation Fund Application	Craigie Wilson	Amber	Workshop planning meeting held with representatives from both Swansea Bay and Hywel Dda on 22 June. Workshop to scope opportunities for regional services planned for 24 July. SLA for paediatric ophthalmology currently being developed	Performance and Finance Committee
Workforce	Staff Availability	Source hotel accomodation to protect staff availaibility who are concerned to take the virus home circa 200 rooms booked.	Sharon Vickery	Green	Kept under review	Kept under review	Sharon Vickery	Green	Kept under review	Review Accomodation	Sharon Vickery	Green	Provision reduced to 20 rooms with the availaibty to increase to 30	Workforce and OD Committee
										Plan with LA to appoint to the track and protect teams	Sharon Vickery	Amber	Awaiting funding from WG before plans can be finalised	Workforce and OD Committee
		Appoint staff to support Covid-19		Green	1495 staff have been appointed to support the Covid effort.	Appoint staff and end contracts when fixed term contracts have ended.	DWOD	Amber	There remain risk if the HB experienced a second peak	Planning assumption on overall absence to continue at circa 20%	Kathryn Jones	Green	Complete	Workforce and OD Committee
	Virtual induction					Produce a suite of induction videos for our field hospitals which will continue to be available as required. Along with site inductions these resources will provide a legacy of training and be available for refreshers for any staff or volunteers during the coming weeks and months.	Kay Myatt / Ian Langfield	Green	Complete	We will now utilise technology to ensure that the same learning and networking opportunities are delivered to our staff. Staff will be provided with a virtual induction handbook and welcome video from Tracy Myhill and the new arrangements via MS Teams will be in place before the end of the second quarter. Physical classroom spaces will also be made available for any staff who do not have the means to access the sessions online.	Kay Myatt	Amber	On Track for September launch	Workforce and OD Committee
	Expansion of Occupational Health to support Covid-19	Re-engineer Occupational Health to 7 day service, 6am-10pm	Sarah Davies	Green	Occupational Health supported by additional deployed staff to meet Covid-19 assessment demands	Over 400 staff supported weekly during April/May with Covid-19 related queries	Sarah Davies	Amber	As deployed staff return to substantive posts, additional resource sought to support additional and continuing Covid-19 work	Work with PHW to undertake monthly antibody surveillance of 900 staff	Sarah Davies	Amber	Recruiting staff to support antibody surveillance. Continued support for staff Covid-19 testing and contact tracing, supporting WF Risk Assessment and management referrals related to Covid-19	Workforce and OD Committee
		Re-engineer Wellbeing service to deliver 7 days, 7am-9pm	Debbie Rees-Adams	Green	Service supported by WF&OD and Psychology colleagues	Develop a trauma pathway including implementation of TRIM trauma assessment training for staff in Covid-19 critical areas. Develop staff bereavement pathway.	Debbie Rees-adams	Green	trauma pathway complete with individual and group interventions available via Wellbeing service. Over 200 staff trained in TRIM REACT MH 1 hour virtual training	Support Critical Care study days aimed at 'reflect, refresh and reset'	Paul Dunning	Green	TRIM and Taking Care Giving Care support to the study days with Wellbeing team supporting planning, delivery and evaluation	Workforce and OD Committee
	Virtual Trainee Doctor Induction									Develop a virtual programme which will be emailed to all trainees due to rotate into the Health Board on the 5th of August. This will be sent 3 weeks prior to date Wc 15.07.2020	Donna Hole	Amber	On track	Workforce and OD Committee
Virtual Training					Postgraduate and Undergraduate clinical skills teaching to restart	Donna Hole	Green	Social distancing implemented and teaching commenced to the end of the curriculum year (undergraduate SIM will continue as part of a catch up programme).	We are seeking out virtual platforms where more than one student can participate in virtual clinics, ward rounds and MDT's ensuring they still achieve the required learning outcome.	Donna Hole	Amber	Pilot to start Wc 13th July 2020	Workforce and OD Committee	








CATEGORY	SUB-CATEGORY	QUARTER 1												Board Assurance Committee
		Apr-20				May-20				Jun-20				
		Action	Lead	RAG	Comments on Status	Action	Lead	RAG	Comments on Status	Action	Lead	RAG	Comments on Status	
									Develop a programme of learning to meet new and immediate demands, supporting people who are moving to virtual working and also who are managing teams virtually. Explore options with Open University through HEIW. This will include a focus on management pathways initially converting the 9 core modules - followed by further work on leadership.	Kay Myatt	Amber	Ongoing - initial discussion with OU and HEIW wc 6th July. Recruitment ongoing into L+OD team to ensure capacity to deliver. Interviews booked for WC. 27th July	Workforce and OD Committee	
	Staff Engagement/ homeworking					Develop a local survey focusing on colleagues' wellbeing and views on working from home has been developed and will be available to complete during the month of July 2020.	Kay Myatt	Green	On track	Launch survey and develop working group TOR to work with results	Kay Myatt	Amber	On track - survey launched and due to close on 31.07.2020 Staff Experience and OD Coordinator appointed to lead work	Workforce and OD Committee
Finance & Capital	Performance & monitoring									Complete first round of finance review meetings with Units	Darren Griffiths	Green	Complete	Performance and Finance Committee
										Agree full impact of COVID response on financial position of the Health Board	Darren Griffiths	Green	Complete - 25/06/20 - Board will receive routine updates on a monthly basis	Performance and Finance Committee
										Complete first round review of capital programme in light of COVID response	Darren Griffiths	Green	First round review complete - further review required following Welsh Government update on All Wales and discretionary pressures	Performance and Finance Committee
										Complete critical review of original financial plan savings plans and investment plans	Darren Griffiths	Red	Not started due to focus on Q2 plan. Will be completed in July.	Performance and Finance Committee



## A Framework for the Reinstatement of Cancer Services in Wales during COVID-19 – Self Assessment


<b><u>Patients</u></b>	<b><u>Current Status of services during COVID-19</u></b>	<b><u>RAG</u></b> (G – delivering against recommendation, A – partially delivering R - not delivering)	<b><u>Future Actions</u></b>
There are clear systems in place for support whilst waiting, including pro-active explanations of what to expect and access to prehabilitation, and have clear systems in place to support those who may have concerns or progressive symptoms.	<p>The South West Wales Cancer Centre has a number of contact points to support cancer patients, including those receiving radiotherapy and/or Systemic Anti-Cancer Treatment (SACT).</p> <p>There is a patient portal for surgical patients who may have had treatment delayed or changed, and additional information available providing prehabilitation advice to support patients to maximise their health and well-being whilst preparing for treatment.</p> <p>Patients are signposted to the Health Board Macmillan Cancer Information and Support services to access non-clinical advice and support.</p> <p>Patients can contact their clinical team and cancer clinical nurse specialist if needed through the usual points of contact.</p> <p>The chemotherapy triage service and haematology triage service continues to respond to calls from oncology/haematology patients. In addition, an oncology clinical Nurse Specialist (CNS) single point of contact has been established to ensure that patients can speak to a CNS for advice Monday to Friday.</p> <p>Virtual and face-to-face clinics are being held in addition to Consultants contacting patients to review, assess and support patients through their pathways.</p>		Continue providing support and information to patients.




	<p>SBU has developed a general patient information sheet for patients.</p>  <p>2a. Patient COVID consent information.a</p>		
There is clear advice and guidance for vulnerable patient groups.	<p>See response above</p> <p>SBUHB has a COVID-19 public facing internet page containing links to the easy read Public Health Wales website. This enables patients to access information and advice about social distancing, self-isolation and shielding.</p>   <p>New - PROTOCOL FOR SHIELDING PATI Form_Shielding.xlsx</p> <p>Appendix 1</p> <p>For SACT and Radiotherapy patients including blood cancers, there is a weekly list for new starters that is sent to Medical Directors office as part of the HB process around shielding.</p>		Continue to keep updating information when/if guidance and advice changes for Vulnerable patient groups
There are clear instructions and preparations prior to attending hospital facilities for surgery, day case procedures, Systemic Anti-Cancer Therapy (SACT), radiotherapy etc. Where to attend and what to expect etc.	<p>There are information leaflets for patients with cancer who are going to attend treatment (embedded).</p>    <p>Information for people with haematology Information for people with Cancer Patient COVID consent information.c</p> <p>The chemotherapy triage service and haematology triage service continues to respond to calls from oncology/haematology patients. In addition, an oncology clinical Nurse Specialist (CNS) single point of contact has been established to ensure that patients can speak to a CNS for advice Monday to Friday.</p>		Continue to provide information to patients

<p>That instructions include isolation for 14 days prior to first procedure and clear shielding advice with reference to national guidelines following treatments, and for extended treatments (e.g. SACT and RT) during the treatment period.</p>	<p><b><u>See above</u></b></p> <p>Triaging patients. We are treating all theatre cases as potential COVID patients. We are not testing pre-op patients and patients are admitted to and return to clean 'green' ward. CT thorax before all major elective surgery agreed. 14 day self isolation and swabbing prior to surgical admission protocol implemented in this last week and CT scans. HB guidance modified in line with the RCS/RCR as well as the formal guidance from NHS England. There now seems little evidence to support the routine use of CT as a pre-operative screen, except in special circumstances. The pathway for testing patients prior to admission for elective surgery changed from May 20th to:</p> <ul style="list-style-type: none"> <li>• Consent, including explanation of risks to the patient when the date for surgery is offered</li> <li>• Strict 14 days of self-isolation for the patient and the family/household members they live with</li> <li>• RT-PCR COVID-19 testing, a maximum of 72 hours ahead of planned surgery</li> <li>• Temperature and symptom check on admission to hospital</li> <li>• Post-operative care in ward areas where there are no suspected or confirmed COVID patients</li> <li>• Advice to self-isolate for a further 14 days after discharge from hospital</li> <li>• For the time being, CT scanning of the thorax will only be undertaken for COVID-19 screening in special circumstances:</li> <li>• For any patient whose surgery is expected to result in them needing Level 2/3 care postoperatively. [This will be kept under regular review and may not be continued if national guidance suggests it's not necessary]</li> </ul>		
<p>That local systems are in place for patients to be tested for C-19 infection a maximum of 3 days prior to the</p>	<p>No process in place for screening prior to cancer treatment for ALL oncology treatments</p> <p>There is a process of screening patients prior to surgery, process embedded.</p>		<p>Developing process for patients to be screened prior to starting oncology treatment and during treatment in line with new Cancer Covid Framework. This Action is</p>

procedure according to national guidance.	 1. COVID theatre process.pptx		included as part HB Qtr 2 Operational Plan.
That patients have all the information required to consent (where necessarily remotely) to investigations and treatment based on risks and benefits, including those related to specific risks associated with current C-19 pandemic, and the ways in which services are being made as safe as possible.	<p>Radiotherapy and SACT have moved to a remote consent process. The process and consent forms are embedded.</p> <div>  COVID 19.Consent Governance SACT.RJ.1  C234_ REMOTE CONSENT.pdf  C234_ REMOTE CONSENT_ CONSEN  guidance_for_sact_re mote_consent-revisec </div> <p>SBUHB has a COVID-19 public facing internet page containing links to the easy read Public Health Wales website. This enables patients to access information and advice about social distancing, self-isolation and shielding.</p> <p>There is a patient portal for surgical patients who may have had treatment delayed or changed, and additional information available providing prehabilitation advice to support patients to maximise their health and well-being whilst preparing for treatment.</p> <p>Patients are signposted to the Health Board Macmillan Cancer Information and Support services to access non-clinical advice and support. Patients can still contact their clinical team and cancer clinical nurse specialist if needed through the usual points of contact.</p> <p>Patient information regarding pre-screening also under development.</p>		Continue to provide information to patients
For diagnostic tests and other interventions, that patients are given appropriate instructions corresponding with the relevant procedure.	<p>All patients are given a letter which outlines instructions for patients when attending for an appointment in radiology. A copy of the letter embedded.</p>		

	 SKM_2872006261343 0.pdf  SKM_2872006261343 1.pdf		
<p>That patients are provided with psychological and emotional support with regard to individual risk tolerance and anxieties of contracting COVID-19. Shared Decision-Making models should be promoted to ensure that patients' preferences around risk acceptance or risk-rejection are taken into account, and that they are supported to deal with the consequences of decisions.</p>	<p>There is a patient portal for surgical patients who may have had treatment delayed or changed, and additional information available providing prehabilitation advice to support patients to maximise their health and well-being whilst preparing for treatment.</p> <p>Patients are signposted to the Health Board Macmillan Cancer Information and Support services to access non-clinical advice and support.</p> <p>Patients can contact their clinical team and cancer clinical nurse specialist if needed through the usual points of contact.</p> <p>The chemotherapy triage service and haematology triage service continues to respond to calls from oncology/haematology patients. In addition, an oncology clinical Nurse Specialist (CNS) single point of contact has been established to ensure that patients can speak to a CNS for advice Monday to Friday.</p> <p>Virtual and face-to-face clinics are being held in addition to Consultants contacting patients to review, assess and support patients through their pathways.</p>		Continue to provide information and support to patients
<b><u>Clinical Staff:</u></b>			
<p>If delivering acute and elective care - should be separated through both weekly rotas and day-to-day working in the clinical setting as far as possible.</p>	<p>SACT and radiotherapy therapy are provide by separate staff to those providing diagnostics and surgery.</p> <p>One of the Linac machines has is dedicated to COVID patients.</p> <p>Theatres have been operating Green and Red areas.</p>		<p>Emergency and elective operating will be separated onto two different theatre footprints in Morriston Hospital from 13<sup>th</sup> July 2020. This is being introduced to limit staff transmission and mitigate loss of staff through TTP.</p>

	<p>Both acute (Singleton and Morriston) sites during the peak have had designated admission areas for all acute admissions if Covid is suspected.</p> <p>Total ringfencing of theatre staff and anaesthetic staff between screened elective and unscheduled theatre operating is not possible, as this would further reduce available theatre capacity and theatre nursing skill set and would introduce additional harm to patients by delaying access to surgery.</p> <p>Risks to patients are managed through compliance with infection prevention and control actions.</p>		
If frontline - should be tested for C-19 infection even if asymptomatic in line with local capacity and National guidance.	<p>All staff who are symptomatic are tested for COVID-19</p> <p>Track trace and protect</p> <p>Staff are able to have antibody testing</p>		No agreement within HB as yet to asymptomatic staff. Waiting on National Guidance.
Should lead a clear process for recommencing deferred tests and treatments on the basis of clinical need (balancing risks and benefits) and be accountable to a designated clinical senior responsible officer (SRO).	<p>Virtual and face-to-face clinics are being held in addition to Consultants contacting patients to review, assess and support patients through their pathways.</p> <p>Cancer MDTs remain responsible for their patients. Cancer MDTs are aware of the changing circumstances as the pandemic progresses, and to sensibly utilise the most realistic options available when deciding how to manage their patients. Cancer MDTs will take difficult decisions regarding treatment or advice, corporately and collectively as an MDT, supporting each other, with clear documentation and justification.</p> <p>Decisions considered through MDTs and in consultation with patients.</p> <p>Diagnostic biopsies are prioritised for patients being considered for treatment.</p>		<p>Endoscopy procedures are to be reinstated. The embedded file outlines the recovery plan.</p>  <p>Endoscopy Recovery Plan Q2 202021.docx</p> <p>Plans are in development to deal with the increased demand likely to arise as surgical capacity and referral levels recover, for SACT and RT and will be submitted to the Cancer workstream as part of the Reset and Recovery Meetings.</p>


	<p>Most diagnostic procedures have remained available during COVID-19 with the exception of endoscopy. The embedded file outlines what services are currently available for each tumour site.</p> <p> Diagnostic Availability.docx</p> <p>An ongoing significant change to our pre-COVID-19 offer has been the deferral of adjuvant bisphosphonates for breast cancer patients. This is in line with national guidance. Plans are in place to reschedule these patients within current capacity when safe to do so.</p> <p>Multi-parametric MRI scans recommenced on the 4<sup>th</sup> May 2020 and prostate biopsies have been re-instated at the end of May.</p> <p>We are now doing CT colonoscopy as of 6/7/20</p> <p>Daily meetings are held in each of our Delivery Units to prioritise urgent and emergency care demand and to review the options for providing treatment regionally.</p>		
Should have clear guidance how to add patients to the Shielded Patient List.	<p>SBUHB has a process for high risk patients who need to shield. Embedded is the SBU protocol.</p> <p>For SACT and Radiotherapy patients including blood cancers, there is a weekly list for new starters that is sent to Medical Directors office as part of the HB process around shielding.</p> <p>  New - PROTOCOL Appendix 1 FOR SHIELDING PATI Form_Shielding.xlsx</p>		Continue to provide weekly list for new additions to the shielding list
Should be provided with psychological and emotional support for all staff affected by the current -19 pandemic,	<p>Staff Health and Wellbeing Service is available for all staff. On the SBU Intranet there is a variety of resources, signposting and links to a variety of support services and self-help techniques.</p>		Continue to provide information and support to staff.



including support for moral injury.			
Should be supported to continue to develop, use and evaluate novel ways of working, with a view to retaining those that improve efficiency, effectiveness, and patient experience beyond the pandemic.	Services have adapted to the challenges presented by COVID-19 and are supported to develop and evaluate their ways of working.		A framework has been developed and will be meetings are being planned with all MDT Leads and Service Managers to review their response and any changes implemented as a result of COVID-19 and to identify opportunities going forward.
<b><u>Health Care Systems should:</u></b>			
Have clear plans and processes for delivering cancer investigations and treatments in an appropriately C-19 protected environment. These should separate staff working in acute and elective services and vulnerable patients attending for elective care from attending acute care services.	<p>Virtual and face-to-face clinics are being held in addition to Consultants contacting patients to review, assess and support patients through their pathways.</p> <p>On sites with more than one CT scanner, one scanner is used for Covid patients, and vulnerable out patients scanned on the other scanner.</p> <p><b>With the Management of Oncology and Haematology Patients there is a clear process of:</b></p> <ul style="list-style-type: none"> <li>• identifying the known high risk groups</li> <li>• Identifying the most immunosuppressive regimens</li> <li>• Developing risk stratification by treatment type for SACT/RT or Combination SACT-RT</li> <li>• Reviewing evidence for benefit of therapy for that individual or group of patients</li> <li>• Reviewing evidence for prioritization criteria: SACT and RT neoadjuvant/adjuvant/non-curative</li> <li>• Considering choosing less immunosuppressive treatments or regimens, particularly to reduce the risk of respiratory toxicities such as pneumonitis e.g. RT versus CRT, RT versus surgery</li> </ul>		


	<ul style="list-style-type: none"> <li>• Rationalisation of therapy: extending intervals/single agents/Less complex RT</li> <li>• Review treatment options that include a clinical protocol where there is national consensus or tested within a large randomised clinical trial and due to be published.</li> </ul> <p>Haematology patients' face-to-face appointments are being held at Sancta Marie Hospital as it is a COVID free hospital and safe for vulnerable patients.</p> <p>Surgical workstream is ensuring cancer patients are being monitored closely</p> <p>Endoscopy plan for any deferred patients is noted above</p> <p>Where there is suspected and or confirmed COVID-19 positive patients SBUHB and Cancer Services have designated isolation / cohorting arrangements and clear patient triaging / pathways</p>		
<p>Recommence complex surgery and deal with the growing backlog of deferred cases. These plans must consider the needs of the regional and national, as well as the local resident populations.</p>	<p>Daily meetings are held in each of our Delivery Units to prioritise urgent and emergency care demand and to review the options for providing treatment regionally.</p> <p>We have been re-introducing theatre capacity at both Morriston and Singleton Hospitals with surgical activity increasing week on week.</p> <p>There is surgical activity for all tumour sites. Teams are working together in producing a prioritised list of cancer patients to ensure optimal use of theatre capacity.</p> <p>Surgical - There is a process for prioritisation of surgical theatre capacity to our highest priority patients. Clinicians are accountable for adding priority 2 patients to the Health Board allocation list. CDs/ and Leads are responsible for reviewing the specialty list to ensure only cases meeting category 2 are listed for access to theatre capacity currently.</p>		<p>Discussions with POW to support gynae surgery at POW.</p>

	<p>Theatre lists are allocated based on the patients on the priority list for treatment and taking account of skills of theatre staff.</p> <p>Specialties have been asked to describe the harm/impact on outcomes of a delay in surgery.</p> <p>We are undertaking surgery in our Plastic Surgery Treatment Centre and utilising independent sector capacity and working regionally to deliver increased capacity during the acute phase. Examples includes:</p> <ul style="list-style-type: none"> <li>• Cancer cases being undertaken at Sancta Maria hospital (given the hospital's facilities, the casemix is limited to patients who do not require post-operative ITU/HDU care)</li> <li>• Some Sarcoma patients being operated on at Spire</li> <li>• Regional work with Hywel Dda on tertiary gynaecology patients</li> <li>• Regional work at POW for Head and Neck</li> <li>• Agreement with Cardiff in relation to potential shared lists for Thoracic patients, with WHSSC advised.</li> </ul>		
<p>Work together and with supportive national groups (Network, DU, WHSSC etc) to share capacity and demand modelling for diagnostic and treatment cancer services.</p>	<p>We have weekly meetings with service managers for all the tumour sites where we share information and issues.</p> <p>We have weekly meetings with all Health Boards, the Welsh Cancer Network, the Delivery Unit and Welsh Government. As part of this meeting we are sharing data and issues.</p> <p>We are currently scoping out what is required to model across the pathway so we can better understand capacity requirements at all stages of pathway. The ambition is develop a live tool to support planning for cancer services in its broadest – from out patients, diagnostics, surgery and non-surgical treatments. First demo out for consultation.</p>		<p>Continue to participate in these meetings and share information.</p>

Share activity information by service type and categories of patients stratified by risk and benefit of intervention.	<p>We have weekly meetings with service managers for all the tumour sites where we share information and issues.</p> <p>We have weekly meetings with all Health Boards, the Welsh Cancer Network, the Delivery Unit and Welsh Government. As part of this meeting we are sharing data and issues.</p>		Continue to participate in these meetings and share information.
Have robust safety netting processes in place. Lists of patients who have been deferred from immediate treatment must be carefully maintained (and shared with primary care) together with their priority for intervention once their care is scheduled.	<p>For both SACT and RT any patients who have deferred treatment due to Covid, numbers are very small they remain under close follow up by services.</p> <p>Alternative treatment options have been consented to and explored.</p> <p>Monitoring deferred patients for surgery is being undertaken via the surgery work stream.</p>		
Recommence cancer trials and training and development programmes according to available service capacity.	<p>Most cancer clinical trials during this pandemic have been suspended to recruitment and no new ones have been opened. This decision was made mainly on a UK wide scale. Following consideration of the research treatments offered in some of the trials that remained open nationally the decision was made to continue to recruit. These would be haematology treatment trials and cancer trials where the treatment within the trial would be deemed less of a risk than standard care against the pandemic. All patients who were already participating in a trial have been followed up as per trial protocols. All follow-up clinics have continued remotely and all oral medication has been safely given to the patients either by local pick up or by courier to their homes.</p>		<p>The National Institute of Health research have published a re-start programme for all suspended trials within the UK which has been endorsed by the Devolved nations. <a href="https://www.nihr.ac.uk/documents/restart-framework/24886">https://www.nihr.ac.uk/documents/restart-framework/24886</a></p> <p>This then has been translated into local plans by R&amp;D departments within the health boards</p> <p> Re-Start Plan -3.6.20 (embedded). - Forms updated 24.01</p> <p>A Health Board risk assessment is also being completed.</p>

			<p>The main consideration within Cancer is as the clinical service opens up again that clinical trials continue to be part of the patient treatment choices. All checks with support services such as pathology and radiology are carried out to ensure continued support is available. Each trial is discussed with the lead Oncology Clinician and signed off by a member of the R&amp;D senior team.</p>
<p>Work with the Cancer Network to ensure a consistent approach regarding access to, and delivery of diagnostics, surgery, SACT and radiotherapy within and across organisations in Wales consistent with nationally agreed best practice (and developing this as a community where this does not exist).</p>	<p>We have weekly meetings with all Health Boards, the Welsh Cancer Network, the Delivery Unit and Welsh Government. As part of this meeting we are sharing data and issues.</p> <p>The Health Board clinical lead is an active participant in the Clinical Reference Group convened by the National Cancer Clinical Director. The Clinical Reference Group supports and advises the Cancer Operational Managers Group.</p> <p>We continue to provide Systemic Anti-Cancer Therapy. Some in-patient treatments were deferred for three weeks, but these have now resumed and our chemotherapy capacity is currently running at 90% of pre-COVID-19 capacity. Weekly meetings take place with colleagues in Hywel Dda to ensure equitable access to SACT units.</p> <p>A network SACT prioritisation document has been approved to provide an equitable and transparent framework if capacity becomes limited as to what treatments would be prioritised and which would be deferred.</p> <p>Leaders in radiology attend weekly meetings of the national Imaging Essential Services Group, where notes are compared on</p>		<p>Continue to participate in these meetings and share information.</p>

	the services offered in different health boards during Covid, to maintain consistency and share data and experience.		
Ensure proposals to amend clinical pathways are undertaken using the <u>National ethical framework</u> .	<p>We have weekly meetings with service managers for all the tumour sites where we share information and issues.</p> <p>Any changes to clinical pathways in Oncology have been in line with National guidance and have been undertaken with in the National Ethical Framework</p>		A framework has been developed and will be meetings are being planned with all MDT Leads and Service Managers to review their response and any changes implemented as a result of COVID-19 and to identify opportunities going forward
Develop or redesign and re-establish services to support patients to keep well whilst awaiting treatment (prehabilitation) and recover following treatment (rehabilitation), to ensure safe and effective treatment during C-19 to patients.	<p>We have weekly meetings with service managers for all the tumour sites where we share information and issues.</p> <p>Swansea Bay are working with Cardiff and Vale clinical lead for prehab2rehab to support cancer patients waiting for surgery with a prehabilitation information leaflet to support patients to optimise their health and well-being whilst waiting or surgery. The leaflet provides advice and support for a number interventions and is due to be launched as soon as the leaflet is available.</p>		A framework has been developed and will be meetings are being planned with all MDT Leads and Service Managers to review their response and any changes implemented as a result of COVID-19 and to identify opportunities going forward
Ensure good communications and support between primary, secondary and tertiary diagnostic and treatment services in order to support patients, including the timely sharing of information e.g. end of treatment summaries.	<p>There is a Macmillian funded GP post that provides and supports the Health Board's work on cancer and is a member of the Cancer Improvement Board.</p> <p>Communication with Primary care is key in the discharge process. SBU is currently in the process of transitioning away from the local electronic transfer of care solution (EToC) to the Welsh Clinical Portal's medicines transcription and e-discharge (MTeD) product. However, both solutions enable pharmacy and clinicians to generate an electronic discharge letter which is stored within patients' all-Wales digital patient records accessed via Welsh Clinical Portal, which is also sent electronically to GP practices in Wales.</p>		<p>Dr Eccles is working on what is planned to be an All Wales treatment summary document and part of a working group developing this document with a team from Cardiff. They are at the stage of developing an electronic version which will hopefully be piloted in Swansea Bay in the next few months.</p> <p>The summary aims to share information between the treating hospital team, the patient and the primary care team. This is not being</p>

	<p>While preparing a discharge letter, clinicians are able to refer to other elements of patients' digital records in WCP including the GP summary record, all-Wales test results, radiology reports and PACS images (except Aneurin Bevan UHB's PACS images), any letters generated using SBU's document management system (DMS) and many other e-forms including electronic outpatient consultation documentation. The all-Wales digital patient record also includes documentation generated at other Health Boards where SBU patients have also been under the care of another organisation.</p> <p>Prior to the 23rd April 2020 Swansea Bay completed Electronic transfers of care (EToC) on Surgical wards. With the rollout of the Welsh clinical portal and in line with Medical wards at Morriston, Surgical specialties have transmitted to using Discharge Advice Letters (DAL's).</p> <p>ETOC/DAL compliance has been monitored monthly since January 2016 the measures are by specialty, consultant and ward. Morriston delivery unit compliance trend shows that there has been a significant improvement since the roll out of DAL's. ETOC/DAL's performance is discussed at Morriston's Clinical Cabinet meeting monthly.</p> <div data-bbox="577 948 797 1069">  <p>Morriston Managed Unit EDisc</p> </div>		<p>done in response to COVID. However, there are definitely benefits in having an electronic summary at a time where virtual consultations may be more in use.</p>
--	--	--	--

**Service Status Code:**

Do not provide or  
commission this service 0  
Essential services unable to  
be maintained 1  
Essential services maintained  
(in line with guidance) 2

**June 2020 Essential Services Status Review**

Essential Services	SERVICE CODE	
<b>Access to primary care services (providing essential, additional and a limited range of enhanced services that fulfil the WHO high priority categories)</b>		<b>KEY RISKS AND ISSUES</b>
Service Status - Primary Care Services	2	Plans developing in line with Recovery guidance, Each service area has already been impact assessed and a risk rating allocated to that service area
Service Status - General Medical Services	2	Plans developing in line with WG Recovery plan.
Service Status - Community pharmacy services	2	CPW have expressed concerns with re staffing issues if community pharmacy staff are required to self-isolate as part of the TTP scheme. HB PMM have advised local resilience plans should be made between pharmacies in clusters/ groups of multiples to ensure continuity of service.
Service Status - Red Alert urgent/emergency dental services	2	CDO indication that progress from Red to Amber in July 2020. Action to implement being undertaken
Service Status - Optometry services	2	All wales move from Red to Amber in July 2020. Action to progress being undertaken
Service Status - Community Nursing and Allied Health Professionals services	2	
Service Status - 111/Out of Hours Services	3	Services remodelled in line with guidance
<b>Safeguarding services</b>		<b>KEY RISKS AND ISSUES</b>
Service Status - Safeguarding services	2	Good arrangements in place with partners
<b>Urgent Eye Care</b>		<b>KEY RISKS AND ISSUES</b>
Service Status - Urgent Eye Care	2	Although we maintained the most urgent eye care services, many patients on follow-up lists/ waiting lists for surgery have exceeded the desired timeline for their delayed appointments. Plans are being drawn up for activity to be increased in outpatients. However, surgical services are still severely limited
<b>Urgent surgery</b>		<b>KEY RISKS AND ISSUES</b>
Service Status - Urgent surgery - overview	2	Limited theatre capacity available with theatre lists being allocated through a twice weekly Theatre Timetable Meeting. Theatre capacity is assigned from detail within a Health Board wide priority list compiled by the Surgeons. Limited capacity is resulting in a further backlog of patients and the risk of poorer outcomes. Plans consistently being received and challenged. Capacity is restricted due to workforce constraints, PPE, IPC and social distancing.
Service Status - Urgent surgery - Gynaecology and Breast	2	Gynaecology & Breast Surgery - cancer surgery has continued albeit with reduced capacity - alternative treatments offered where appropriate. No benign elective operating taking place.



Essential Services	SERVICE CODE	
Service Status - Urgent surgery - Ophthalmology	2	Ophthalmology - surgery has continued for emergency and very urgent cases where there is a high risk of irreversible sight loss. Loss of theatre capacity has prevented access to routine surgery for most patients
Service Status - Urgent surgery - Thoracic	2	Thoracic - surgery has continued on very urgent cases. We have 2x surgeons in each of the 3 MDTs and a pooled operating list. Patients are proposed on the HB wide priority list as per other specialties for theatre access. Initially we did not have an elective non-COVID PACU pathway but this was put in place and thoracic surgery commenced. Significant reduction in patients being discussed at MDT and suitable or consenting for surgery. Combined discussions with C&V and WHSSC and Wales Cancer Network to develop South Wales supra MDT to consider prioritisation and response to fluctuating capacity and demand in both centres.
Service Status - Urgent surgery - Plastic Surgery	2	Plastic Surgery - limited trauma and elective access as per other specialties. Nature of some plastics cancer surgery e.g. melanoma allowed private hospital capacity to be utilised productively protecting available NHS theatre capacity. Plastics trauma has been limited due to increased ortho trauma but improving. Plastics surgery treatment centre in Morriston has been key to elective an minor trauma operating for plastics providing day case capacity and encouraging change sin practice (anaesthetic method etc..) to facilitate treatment previously done under GA in main theatres improving efficiency and outcomes/risk for patients
Service Status - Urgent surgery - Elective Orthopaedics	2	Elective Orthopaedics- severely restricted services. level 1a and 1b cases are being treated with trauma capacity increased at Morriston. level 2 spines being treated. Significant challenge with Level 3 and 4. . Orthopaedic theatre staff prioritising trauma operating. Majority of cases are RCS Priority 3 so wouldn't fit into the HB wide prioritisation of priority 2 theatre cases. Project group established to consider strategic direction of service and use of Neath Port Talbot Hospital as an elective orthopaedic centre post COVID. Capital design options being developed and implementation timescales will follow.
Service Status - Urgent surgery - Spinal	2	Spinal Surgery - limited emergency and elective capacity. Limited to priority 2 cases as per HB process. Flexible approach to capacity to deal with spinal trauma e.g. electives needing to be rescheduled. Around 1 list a week (sometimes 2) for spines at present versus 5 lists per week pre COVID.
Hip fracture surgery - Trauma	2	#NOF surgery has continued as level 1a and 1b. Capacity was restricted at start of COVID but trauma theatre lists have increased. Self assessment against WG Hip Fracture guidance underway. The HB wide #NOF improvement plan continues with weekly operational meetings with the multi - agency teams to improve the pathway and ensure all avenues are optimised for access to treatment.
Urgent cancer treatments		KEY RISKS AND ISSUES
Service Status - Urgent cancer treatments	2	<p><b>Oncology-</b> Reduction of capacity to deliver SACT and RT to meet social distancing rules of 2m and ensure safe Covid environment. Significant concern about coping with high volume of patient numbers as cancer surgery increases / screening resumes / delayed presentation of disease and ability of oncology team to assess and initiate treatment in a timely manner due to consultant clinic capacity / ability of treatment unit to accommodate numbers / pharmacy pressure etc.</p> <p>Haematology- Ability to maintain 'clean' access and limited exposure to personnel for patients attending hospital for assessment and treatment as general foot fall increases with resume of more services. Screening for patients prior to treatment in line with new Cancer Covid Framework for all Cancer oncology patients including Blood cancers and Solid tumours.</p> <p><b>Endoscopy</b> - Reduction of capacity to deliver Diagnostic Endoscopy due to social distancing and need to allow for air flow changes. Workforce deployed back into the Endoscopy service and plans in place to re-instate all funded sessions. Due to IPC and SD requirements this will only provide 50/60% of previous capacity. Recovery plan developed and use of alternative diagnostic tests such as FIT Test utilised to aid diagnosis. No routine Endoscopy currently being undertaken as focus on prioritising Cancer and emergency work. Backlog of 1200 patients currently over 8 weeks. Re-introduction of National Bowel Screening service will further impact on timeliness of test.</p>

Essential Services	SERVICE CODE	
Major Trauma		KEY RISKS AND ISSUES
Major Trauma	3	Focus on emergency operating has dedicated provision to trauma cases and increased T&O and plastics consultant availability has meant double operating possible where required. However, post operative monitoring of skin flaps has been a challenge due to ward reconfiguration to support limited covid elective operating and specialist staffing availability. Plan to re introduce in next 2/52 with changes to layout of theatres in Morriston.
Cardiac services		KEY RISKS AND ISSUES
Rapid access clinics	2	Enhanced telephone triage and surveillance of waiting lists (including patients graded routine and urgent) and bringing clinically urgent patients into rapid access clinic as require. There is a sizeable waiting list for the rapid access chest pain clinics which has prompted review of the acceptance criteria and service model, to ensure that the rapid pathway can be maintained for the most urgent patients within 4-6 weeks, and create a 12-15 week pathway for those less urgent but still require diagnostic assessment.
Admission pathways (MI, class IV heart failure, arrhythmias, ACS, endocaritis, aortic stenosis)	2	Urgent and emergency admission pathways remain open with beds being managed via both green and red admission streams.
Essential diagnostics - ECG	2	Diagnostic services are available for very urgent patients only on Gorseinon Hospital site. ECG available to support urgent hot clinics.
Essential diagnostics - ECHO	2	Diagnostic services are available for very urgent patients only on Gorseinon Hospital site
Essential diagnostics - 24 hour ECH/event monitoring	2	Diagnostic services are available for very urgent patients only on Gorseinon Hospital site
Essential diagnostics - CT coronary angiogram	2	Service is available for very urgent patients only
Essential diagnostics - invasive coronary angiogram	2	Service is available for very urgent patients only
Essential diagnostics - stress/exercise tolerance test	2	diagnostic services are available for very urgent patients only on Gorseinon Hospital site
Essential diagnostics - Doppler stress echo	2	diagnostic services are available for very urgent patients only
Essential diagnostics -myardial perfusion scanning	2	Service is available for very urgent patients only
Essential diagnostics -cardiac CT/MRI	2	Service is available for very urgent patients only
Intervention - cardiac surgery	3	Intervention is available for urgent patients. Elective admission process fully adhered to and service is treating some elective patients alongside inpatient urgent cases. ITU bed capacity has increased for the service which can now start more fully utilising theatre staffing. ODP capacity has increased, creating a full second theatre team on many days. Standard risks of sickness within theatre teams and CITU having the potential to impact on ability to deliver
Intervention - ICD implantation	3	Intervention is available for clinically urgent patients. Elective patients as well as inpatients are being treated. Bed capacity on ward is part of capacity planning process to maximise capacity. Risk of sickness within teams having potential to impact on ability to deliver
Intervention -CRT implantation	3	Intervention is available for clinically urgent patients. Elective patients as well as inpatients are being treated. Bed capacity on ward is part of capacity planning process to maximise capacity. Risk of sickness within teams having potential to impact on ability to deliver
Intervention -cardiac ablation	3	Intervention is available for clinically urgent patients. Elective patients as well as inpatients are being treated. Bed capacity on ward is part of capacity planning process to maximise capacity. Risk of sickness within teams having potential to impact on ability to deliver
Intervention - PCI	3	Intervention is available for clinically urgent patients. Elective patients as well as inpatients are being treated. Bed capacity on ward is part of capacity planning process to maximise capacity. Risk of sickness within teams having potential to impact on ability to deliver
Intervention -NSTEMI	4	
Intervention - Primary PCI	3	Intervention is available for clinically urgent patients. Elective patients as well as inpatients are being treated. Bed capacity on ward is part of capacity planning process to maximise capacity. Risk of sickness within teams having potential to impact on ability to deliver
Intervention - congenital heart surgery	0	
Intervention - TAVI	3	Intervention is available for clinically urgent patients. Elective patients as well as inpatients are being treated. Bed capacity on ward is part of capacity planning process to maximise capacity. Risk of sickness within teams having potential to impact on ability to deliver

Essential Services	SERVICE CODE	
Artificial Limb & Appliance Services (ALAC)		KEY RISKS AND ISSUES
ALAC	2	Limited appointments have been undertaken from patients vehicles, as patients were not able to access the building due to environmental issues and the risk of infection for this vulnerable group of patients, which has caused a significant backlog. Patient access to the building will recommence on 29/06 and the service is following specific guidance from the British Society of Rehabilitation Medicine in line with all other Artificial Limb Appliance Services in the UK. Social distancing within the guidance will caused a reduction of capacity of approximately 60%, which will also effect interdependent services including Physiotherapy, OT and Psychology.
Life-saving medical services		KEY RISKS AND ISSUES
Service Status - Gastroenterology	2	All USC referral vetted and alternative to face to face appointment offered. Telephone Assessment and clinical validation undertaken and limited appointments available for USC Referrals. No capacity for routine referrals currently and backlog of over 900 patients waiting over 26 weeks. Administrative and clinical validation, attend anywhere and virtual assessment will support reduction of backlog.
Service Status - Stroke Care	3	Pathway for Stroke rehabilitation from Morriston to Singleton re-established during June 2020.  SSNAP was suspended for April and May. It has been resumed from the 1st June 2020.
Service Status - Diabetic Care	3	The diabetes service has been maintained remotely during COVID 19. This has involved diabetes specialist nurses being responsive to patient's telephone queries and also doctors prospectively reviewing patients records to review any particularly problematic areas which need proactive intervention. However, we need to re introduce the regular review of patients with diabetes. In view of the social distancing measures which will be in place in OPD we propose to re introduce clinics in a combination of virtual and face to face clinic sessions.
Service Status - Diabetic Care (Diagnosis of new patients)	3	Limited capacity to see new patients but plan is to run on alternate weeks be re started on a weekly basis for 6-8 patients. Focus on problem cases such as emergency referrals, new patient referrals, patients with multiple problems and co-morbidities.
Service Status - Diabetic Care (DKA / hyperosmolar hyperglycaemic state)	4	Urgent DKA care provided via embedded pathway within hospital.
Service Status - Diabetic Care (Severe Hypoglycaemia )	4	Urgent DKA care provided via embedded pathway within hospital.
Service Status - Diabetic Care (Newly diagnosed patients especially where insulin control is problematic)	3	Reduced capacity but plan in place that problematic patients on insulin pumps continue to attend the face to face sessions if they are having problems whilst others who are more stable would be followed by virtual review. If diabetes clinics are not reinstated there will be an increase in the number of admissions to hospital with acute complications of diabetes such as hypoglycaemia and DKA. There will also be a risk of acute decompensation of chronic conditions such as acute kidney injury and foot sepsis. There will be an increased risk of cardiovascular complications in the longer term. Failure to provide adequate follow up for patients with diabetes also poses a threat of litigation.
Service Status - Diabetic Care (Diabetic Retinopathy and diabetic maculopathy)	3	
Service Status - Diabetic Care (Emergency podiatry services)	3	There are risks from increased reliance on virtual consultation in terms of identifying physical complications such as foot disease, Blood pressure management and injection site problems. Failure to adequately assess these areas will lead to increased risk of complications. There will need to be a strategy to identify these issues in the community with communication of the information between primary and secondary care.
Service Status - Neurological conditions	2	Most urgent cases only have been seen face 2 face - minimal ability. Clinics have been maintained via virtual review / telephone consultation generally - but this has reached a point where by reinstating face to face clinics has become a key priority. Neurology is predominantly an outpatient based service that reduces the number of emergency admissions that would otherwise occur.
Service Status - Rehabilitation	3	Rehabilitation services reinstated on the Singleton Site for Orth geriatric and Stroke Rehabilitation

Essential Services	SERVICE CODE	
Life-saving or life-impacting paediatric services		KEY RISKS AND ISSUES
Service Status - Paediatric intensive care and transport	2	Concern with staff sickness and shielding in a service which is already under pressure for staffing challenges
Service Status - Paediatric and neonatal emergency surgery	3	Risks of the lack of appropriate space/theatre time to undertake the number of urgent work necessary.
Service Status - Urgent cardiac surgery (at Bristol for South Wales population)	2	
Service Status - Urgent illness	4	
Service Status - Immunisations and vaccinations	4	
Service Status - Screening (Blood Spot)	4	
Service Status - Screening (Hearing)	4	
Service Status - Screening (New Born)	4	
Service Status - Screening (6 week physical exam)	4	
Service Status - Community paediatric services for children (with additional / continuous healthcare needs including care closer to home models and community hubs)	4	
Paediatric specialist services		KEY RISKS AND ISSUES
paediatric cardiology	2	
cystic fibrosis	2	Currently unable to bring patients on site due to shielding restrictions, however maintaining contact through virtual clinics. Concerns regarding available OPD space when patients can be seen face to face.
sleep service	2	
neurology and neurorehabilitation	2	Maintaining contact with patients, but requirement to bring on to site for appropriate meds management. General concern around OPD space availability.
Paediatric and neonatal emergency surgery	3	Risks of the lack of appropriate space/theatre time to undertake the number of urgent work necessary.
paediatric surgery	3	Risks of the lack of appropriate space/theatre time to undertake the number of urgent work necessary.
Neonatal services	2	Concern with staff sickness and shielding in a service which is already under pressure for staffing challenges
oncology services including paed radiotherapy	2	Increased risk around bringing the patients onto site, also the lack of available OPD space.
Cleft lip and palate services	2	<p>Risk regarding the available space and appropriate theatre availability to see urgent patients</p> <p>Currently only a few primary palate surgeries are being undertaken where lists are available. As a service we are prioritising • Lip and vomer flap repairs between 3-6 months to facilitate the palate repair between 6-9 months</p> <ul style="list-style-type: none"> <li>• Palate repairs between 6-9 months</li> <li>• Paeds palate re-repair by age 5yrs 11mo. Surgery to this group is time sensitive and unless regular lists are allocated, patients outcomes will be affected. We are seeking to re-instate MDT outpatient clinics to address urgent concerns and treatments. Currently only baby clinics are taking place. Delay in outpatient treatment will also affect patient's long term outcomes in speech, dental, hearing and psychological well being.</li> </ul>
Renal services	2	<p>Reduced vascular access capacity due to fewer elective lists running at Morriston and Singleton</p> <p>Waiting lists growing due to only essential services being maintained. Risk of increased need for dialysis in future due to CKD patients deteriorating.</p>
Endocrinology services	2	
Gastroenterology services	2	

Essential Services	SERVICE CODE	
Inherited metabolic disease	0	
cochlear implants	0	
transplantation	0	
Termination of Pregnancy		KEY RISKS AND ISSUES
Service Status - Termination of Pregnancy	2	scored from a community perspective only
Other infectious conditions (sexual non-sexual)		KEY RISKS AND ISSUES
Service Status - Other infectious conditions (sexual non-sexual)	2	Integrated Sexual Health Service
Service Status - Urgent services for patients	2	Integrated Sexual Health Service
Maternity Services		KEY RISKS AND ISSUES
Service Status - Maternity Services	2	Self assessment against maternity guidance demonstrated good compliance
Neonatal Services		KEY RISKS AND ISSUES
Service Status - Surgery for neonates	0	
Service Status - Isolation facilities for COVID-19 positive neonates	2	Self assessment against neonatal guidance demonstrated good compliance
Service Status - Usual access to neonatal transport and retrieval services	2	Self assessment against neonatal guidance demonstrated good compliance
Mental Health, NHS Learning Disability Services and Substance misuse		KEY RISKS AND ISSUES
Service Status - Crisis Services including perinatal care	3	Potential for increased referrals in next 12 months linked to COVID 19.
Service Status - Inpatient Services at varying levels of acuity	3	Potential for increased referrals in next 12 months linked to COVID 19.
Service Status - Community MH services that maintain a patient's condition stability (to prevent deterioration, e.g. administration of Depot injection)	3	Potential for increased referrals in next 12 months linked to COVID 19.
Service Status - Substance Misuse services that maintain a patient's condition stability (e.g., prescription and dispensing of opiate substitution therapies)	3	Potential for increased referrals in next 12 months linked to COVID 19.
Renal care-dialysis		KEY RISKS AND ISSUES
Service Status - Renal care-dialysis	2	some limitations in access to vascular access, resulting in backlog of patients
Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions		KEY RISKS AND ISSUES
Service Status - Urgent supply of medications and supplies including those required for the ongoing management of chronic diseases, including mental health conditions	2	Shortages of a number of common drugs in acute and primary care. Supplies of critical care, renal dialysis fluids and palliative care drugs in the event of a second COVID surge.  Staff availability as a consequence of shielding/social distancing and TTP and therefore ability to provide timely access to medicines and clinical services. Patients shielding and collection of medication from community pharmacy. Sustainability of systems implemented during COVID surge period.
Blood and Transplantation Services		KEY RISKS AND ISSUES
Service Status - Blood and Transplantation Services	4	
Service Status - Blood and Blood components	4	Potential shortage of available blood components due to reduction in capacity of blood service for collections as a consequence of social distancing measures at collection sites
Service Status - British Transplantation Society	0	
Service Status - Transplantation services	0	
Service Status - Stem Cell transplantation services	0	Decisions regarding proceeding to stem cells transplant are being risk assessed on a case by case basis with balance of benefit to increased infection risk paramount. Patient reluctance to consider stem cell transplant in the current climate once risk assessment discussions are undertaken is likely to be main deciding factor in uptake
Service Status - Solid Organ Services	0	
Service Status - Platelet Services	4	
Palliative Care		KEY RISKS AND ISSUES
Service Status - Palliative Care	2	

Essential Services	SERVICE CODE	
Emergency Ambulance Services		KEY RISKS AND ISSUES
Service Status - Emergency Ambulance Services		

Additional Services	
CT	2
MRI	2
US	2
X-ray	2
CT - Cardiology	2
Endoscopy	2
Bronchoscopy	2
Physiological testing	2
ECG	2
Electroencephalogram	2
Electromyography	2
Microbiology	2
Pathology	2
Haematology	2
Biochemistry	2
Phlebotomy	2
Occupational Therapy	2
Speech and Language Therapy	2
Dietetics	2
Podiatry	2
Physiotherapy	2