





<b>Meeting Date</b>	26th November		Agenda Item	4.1									
Report Title	Quarter 2 Ope	rational Plan 20	)20-21 – Delive	ry of the									
	Actions												
Report Author	Maxine Evans, Head of IMTP Development and												
	Implementation												
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy												
Presented by	Siân Harrop-Griffiths, Director of Strategy												
Freedom of	Open												
Information		- p - · ·											
Purpose of the	This paper prov	vides the reporte	d status agains	t the actions									
Report		of the SBUHB C	_										
Key Issues	A Q2 Operational Plan was submitted following Chair's Action to Welsh Government (WG) on 3 <sup>rd</sup> July 2020.												
	Within the Q2 F milestones were This paper provon-track and of the off-track ac It has been agr monitored on a SLT/Executive Performance & (Q&S) Committee The timeline for the state of the Q2 F and the state of the performance of of the	Plan, a series of the identified with wides a high lever of track actions. It is the identified with a distribution of the identified with a quality of the reporting and is year are inclusive to the reporting and is year are inclusive.	actions underpit timescales for a el summary of the Detailed feedbace evised milestone of the actions wand reported to the arterly report to a and Quality and of the Board.	nned by achievement. e completed, ck is given for es. will be he the Safety									
Specific Action	Information	Discussion	Assurance	Approval									
Required													
(please choose													
one only) Recommendations	Members are a	sked to:											
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# QUARTER 2 OPERATIONAL PLAN 2020-21 - DELIVERY OF THE ACTIONS

## 1. INTRODUCTION

This paper provides the position against the actions agreed as part of the SBUHB Q2 Operational Plan. It 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.

### 2. BACKGROUND

A Q2 Operational Plan was submitted following Chair's Action to Welsh Government (WG) on 3rd July 2020. Formal feedback on the plan was received and an Engagement meeting took place with WG colleagues on 31st July 2020.

Within the Q2 Plan, a series of actions underpinned by milestones were identified with timescales for achievement.

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.

It has been agreed that delivery of the actions will be monitored on a monthly basis and reported to the Senior Leadership Team (SLT) with a quarterly report to the P&F and Q&S Committees, followed by the Board. The timeline for the remainder of the year is set out below:

Tracker/Month	SLT/Exec Team	P&F	Q&S	Board
Full Q2 Performance	11/11/20	24/11/20	24/11/20	26/11/20
Q3 - Oct 20	02/12/20	ı	ı	-
Q3 - Nov 20	06/01/21	ı	ı	-
Full Q3 Performance	03/02/21	23/02/21	23/02/21	25/03/21*
Q4 – Jan 21	03/03/21	-	-	-
Q4 – Feb 21	07/04/21	-	-	-
Full Q4 Performance	05/05/21	25/05/21	25/05/21	27/05/21

<sup>\*</sup>No Board in February

## 3. PROGRESS UPDATE

The Q2 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.

R	Action not on track by due date
Α	Action on track by due date
G	Action complete

A summary of the quarter by Theme is set out in the following table:

Theme	No. of Actions	No. of Milestones	Red	Amber	Green
Managing Covid-19	5	21	0	8	13
Testing and TTP	5	20	0	12	8
A Healthier Wales	4	12	0	3	9
Unscheduled Care & Winter Planning	5	15	0	8	7
Surgery & Theatres	3	17	3	10	4
SW Trauma Network	1	7	0	0	7
Critical Care	1	4	0	0	4
Diagnostics	14	40	2	5	33
Cancer Services	6	39	1	12	26
Primary Care and Community Services	4	37	0	5	32
Mental Health & Learning Disabilities	5	14	0	5	9
CAMHS	2	6	2	2	2
Childrens Services	10	26	2	16	8
Outpatient Transformation	5	13	0	8	5
Field Hospitals	5	11	0	3	8
Partnership Working	5	28	0	8	20
Digital Transformation	6	34	3	7	24
Infection Prevention Control	4	14	0	9	5
Value Based Healthcare	3	15	0	4	11
Capital	5	20	0	7	13
Finance	2	3	0	0	3
Workforce	1	13	0	6	7
Total:	101	409	13	138	258

The overall position shows that there was a good level of progress achieved and delivered throughout Quarter 2 against the agreed milestones with 63.1% completed, 33.7% on track to deliver and 3.2% off-track at some point during the full quarter.

A summary of the actions that continued to remain off-track (Red) at the end of the quarter are detailed below.

Theme	Action	Milestone	Comments
CAMHS	Single base for CAMHS Staff	Swansea Team vacate Cefn Coed and move to NPT	Some clinics for CYP living in Swansea will continue until the new premises become available in April 2021 – Trehafod will therefore not be vacant until April 2021. Plans for one single base for CAMHS need to progress in advance of April to enable full integration of the CAMHS teams. The majority of staff have now moved across to the single base in NPT, however despite staff consultation there is still some resilience. This is being escalated with the operational team at CTM via the commissioning

			arrangements, with the aim to move all staff across by January 2020. The milestone has been reviewed and rolled into Q3&4.
Digital	Integrated Health	WCCIS – sign	Supporting paper needs to be agreed
Transformation	and Care	Deployment Order	following discussion at the Digital
		and commence	Transformation Group. Business case
		implementation	will go to SLT in January.

## 4. GOVERNANCE AND RISK ISSUES

This report is the third to be considered since the beginning of the Covid-19 pandemic. It has been agreed that delivery of the actions will be monitored on a monthly basis and reported to the SLT/Executive Team with a quarterly report to the Performance & Finance and Quality and Safety committees and Board.

### 5. FINANCIAL IMPLICATIONS

There are no direct financial implications from this paper.

## 6. RECOMMENDATION

Members are asked to:

- NOTE the actions and milestones identified within the Q2 Plan;
- **NOTE** the reported RAG status and supplementary comments against each action that is off-track and the revised milestone:
- NOTE that a report will be taken to P&F and Q&S Committees on a quarterly basis, followed by Board;
- NOTE the timelines for the reporting arrangements for the remainder of 2020/21

Governance ar	nd Assurance	
Link to	Supporting better health and wellbeing by actively	promoting and
Enabling	empowering people to live well in resilient communities	
Objectives	Partnerships for Improving Health and Wellbeing	
(please choose)	Co-Production and Health Literacy	
	Digitally Enabled Health and Wellbeing	
	Deliver better care through excellent health and care service outcomes that matter most to people	es achieving the
	Best Value Outcomes and High Quality Care	$\boxtimes$
	Partnerships for Care	$\boxtimes$
	Excellent Staff	$\boxtimes$
	Digitally Enabled Care	$\boxtimes$
	Outstanding Research, Innovation, Education and Learning	$\boxtimes$
Health and Car	·	
(please choose)	Staying Healthy	$\boxtimes$
	Safe Care	$\boxtimes$
	Effective Care	$\boxtimes$
	Dignified Care	$\boxtimes$
	Timely Care	$\boxtimes$
	Individual Care	$\boxtimes$
	Staff and Resources	$\boxtimes$
Quality, Safety	and Patient Experience	
The paper refle	cts the impact of Quality, Safety and Patient Experier	nce through the
performance ag	ainst the Q2 Plan actions and their delivery	
Financial Impli	cations	
There are no dir	rect financial implications from this paper	
Legal Implicati	ons (including equality and diversity assessment)	
Projects and act	tions detailed within the Tracker are considered on the	ir own merit
through the dev	elopment of the Quarterly Plans.	
Staffing Implica	ations	
Staffing and wo	rkforce performance against the actions in the plan is i	ncluded in the
paper and track		
	olications (including the impact of the Well-being o	f Future
	Vales) Act 2015)	
	Il Planning arrangements will aim to deliver our Strat	egic Obiectives
	gned to our Wellbeing Objectives through the deve	
Organisational S	, ,	,
Report History		Finance
	Committee on the performance status of the ac	
	identified within the Q2 Operational Plan	-
Appendices	Appendix 1 – Q2 Operational Plan Action Trac	ker
1-1		

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

								ARTER 2					
Theme	Action	Milestone	Jul-20 Lead	RAG	Comments on Status	Milestone	Aug- Lead	-20 RAG	Comments on Status	Milestone	Sep-2	0 RAG	Comments on Status
Managing Covid-19	Social Distancing/Nosocomial Transmission	Conclude risk assessment process in clinical and non-clinical areas & respond accordingly	Dorothy Edwards	Green	Risk assessment in non clinical areas complete; final report being developed by end of August.								
		Implement actions from WG guidance from NTG and assessment implications	Dorothy Edwards	Green		Implement further guidance from NTG	Dorothy Edwards	Amber	Majority of actions have been completed but awaiting final decision on bed spacing.	Implement further guidance from NTG	Dorothy Edwards	Green	All guidance received to date has been implemented
		Local communications campaign	Dorothy Edwards	Amber	Communications plan produced and being implemented; amber as communication will need to continue over the Q3/Q4 period	Continue comms campaign	Dorothy Edwards	Green	This action continues.	Continue comms campaign	Dorothy Edwards	Green	Ongoing
	Covid Response Work programmes	Each cell to review key outstanding actions & produce legacy statements	Dorothy Edwards	Amber	Governance review started in August but not yet complet; delayed due to waiting for Internal Audit report	Consolidate legacy statements	Dorothy Edwards		A review of governance arrangements has taken place and we are restting programme actions in early October.				
						Refine Gold master plan ahead of Q3	Dorothy Edwards	Amber	In progress - will be completed by mid October.				
						Progress outstanding cell actions	Dorothy Edwards	Amber	In progress - majority of actions were complete but a small number will be carried forward to Q3 a next phase of programme plan.				
	Integrated capacity plan and modelling	Review and refine integrated capacity plan on a weekly basis	Dorothy Edwards	Amber	capacity plan now picked up via modelling cell; will be c/f in terms of requirements for Q3/Q4	Review and refine integrated capacity plan on a weekly basis	Dorothy Edwards	Amber	Capacity plan developed through Operational Planning Group. COVID response plans submitted and will be finalised as part of Q3/Q4 planning.	Review and refine integrated capacity plan on a weekly basis	Dorothy Edwards	Amber	Further work being undertaken on surge capacity planning via Operational Silver
		Work with HD UHB to further refine Essential Service Model	Dorothy Edwards	Green	Address via modelling cell								
	EPRR Response	Board to consider initial 'hot debrief' and lessons learned	Dorothy Edwards	Green	complete and plan in place to consolidate all learning into 'Insights' report	Implement key lessons and continue to review and refine response	Dorothy Edwards	Amber	Formal debrief held and lessons learned being taken forward into next phase. Insights report development ongoing and should be completed in October.	Undertake further review at end of Q2	Dorothy Edwards	Green	Planning and response arrangements have been reset in response to a debrief and internal reflections
	Brexit	Develop contingency plans	Karen Jones	Amber	There is an overarching Brexit Preparedness document, together with a Brexit risk register and the Health Board Business Continuity Plan framework which includes a Strategic BC response, each unit has a Tactical BC response and services within the units have BC plans	Develop and implement contingency plans.	Karen Jones	Amber	As noted there is already an overarching preparedness document. There is not a specific BC plan for Brexit. All units and services were asked to review their respective BC Plans during 2019 to take into account Brexit risks. A table top exercise was undertaken to test plans. The previously submitted risks are currently being reviewed by the services in readiness for a follow up EPRR meeting in September. They have been asked to also now consider where additional implications due to COVID may impact differntly. Further review of BC plans will be required following this work. In addition national groups will be re-established in September and further information will arise once re-established.	Develop and implement contingency plans	Karen Jones	Amber	Brexit Planning in place via EPRR Strategy Group with H8 wide representation. Attendance at national groups include SRO meeting and Health and Social Care meeting, one meeting for each has been convened in September. Assurance proformas provided to all representatives for completion by 30.09.20 providing assurance on risk assessment, impact analysis, business continuity plan updates and assurance where there is respective representation at national planning groups, e.g. workforce, medicines management, procurement. Feedback provided at COVID Gold on a weekly basis. Assurance proformas analysed for overarching collation in readiness for EPRR Strategy Group on the 05.11.20 and update to Board via CEO brief. Brexit planning included in winter planning process as well as COVID response process due to the clear synergies. Currently, due to ongoing national talks, it remains unclear if there will be a deal or not. Preparedness in place to include mitigations if no deal.
Testing and TTP	Expand testing and tracing capacity in line with agreed plan	Full testing and tracing capacity able to be brought online – depending on demand & funding	Joanne Abbott-Davies	Green		Testing & tracing requirements flexed as necessary to meet changing demands	Joanne Abbott-Davies	Green	Tracing and Testing expanded in line with funding agreed by WG at 50% of required levels. Still utilising some repurposed staff but most returning to core roles and external recruitment undertaken.	Testing & tracing requirements flexed as necessary to meet changing demands	Joanne Abbott-Davies	Amber	Expansion of staffing to 100% staffing levels to cope with rapidly escalating additional demands. May require further expanding of capacity and / or prioritisation of tracing activity at a national level. MTU deployed and LTS established plus expanded use of UK - Gov portal testing to increase uptake.
	Recruit substantive staff to run TTP for 2020-21	HB/LA repurposed staff providing service.	Joanne Abbott-Davies	Green									
		External recruitment of workforce	Joanne Abbott-Davies	Amber	Underway, staff available from September in line with agreed programme	External recruitment of workforce	Joanne Abbott-Davies	Green	Still utilising some repurposed staff but most returning to core roles and external recruitment undertaken.	Full workforce in place across all organisations, with ability to flex to meet changing demands	Joanne Abbott-Davies	Amber	External recruitment underway for expanded teams but some core skills unavailable, particularly in communicable diseases / environmental health.
	including prioritisation of relative activities	Testing priorities revised and agreed on multiagency basis, synchronised with expansion plans for testing and tracing	Joanne Abbott-Davies	Amber	Antigen capacity increased and priorities agreed on a multiagency basis. Developing Multiagency Swansea Bay Regional Testing Plan by September as required by WG	on priorities set locally and nationally	Joanne Abbott-Davies		TTP plan agreed and signed off by all partner organisations and being implemented.	Implementation of TTP plans, based on priorities set locally and nationally.		Amber	Resetting of priorities and actions being undertaken on rolling programme to reflect changing patterns of demands.
	Establish and bed in arrangements for TTP across Region	SOPs and Flowcharts developed & regularly reviewed as TTP embeds and lessons are learnt	Joanne Abbott-Davies	Amber	In place for priority areas identified e.g. NHS care settings, schools etc. New SOPs being developed as high risk locations / settings identified on a rolling programme	Processes amended / established to reflect changing priorities	Joanne Abbott-Davies	Amber	As cases and clusters develop, learning applied to development of SOPs and Covid prevention and intervention plan, agreed with Welsh Government.	Processes amended / established to reflect changing priorities	Joanne Abbott-Davies	Amber	Ongoing learning and new situations arising requiring iterative work on processes and support arrangements for TTP.
	Establish serology programme	Complete antibody testing programme for Education Staff	Rhodri Davies	Green			<u> </u>						
		Complete antibody testing programme for HB Staff	Rhodri Davies	Green		Roll out serology testing programme in line with WG expectations	Rhodri Davies	Amber	Ongoing due to continued requirments from WG	Roll out serology testing programme in line with WG expectations	Rhodri Davies	Green	
		Develop workforce plan in line with WG expectations around testing rollout	Rhodri Davies	Amber	Workforce plan will be finalised once Local Testing Plan is finalised	Plans amended / established to reflect changing priorities	Rhodri Davies	Amber	Ongoing due to continued requirments from WG	Processes amended / established to reflect changing priorities	Rhodri Davies	Amber	Requested by TTP Gold from October 2020 to staff Testing capacity to 100%. Recruitment campaign initiatied in October 2020 to address this request
Resetting Public Expectations and the Strategic Direction – A	Secure views from staff, and set out expectations of new ways of working/new models	Live virtual Meet the Executive Team	Hannah Evans	Green		Live virtual Meet the Executive Team	Hannah Evans	Green		Live virtual Meet the Executive Team	Hannah Evans	Green	INSIGHTS 2020 Report going to November 2020 Board. Report pulls on all feedback from various sources
Healthier Wales	of care	Staff engagement exercise on key learning from Covid response	Hannah Evans	Amber	Survey launched on 27 July to run to 31 August. Mid way report developed to go		Hannah Evans	Green	Capturing Change survey carried out and analysied. Information will feed into INSIGHTs				

Theme	Action		Jul-20				QUA Aug-	RTER 2			Sep-2	20	
		Milestone	Lead	RAG	Comments on Status	Milestone	Lead	RAG	Comments on Status	Milestone	Lead	RAG	Comments on Status
	Ensure clinicians lead the discussions on system wide new ways of working	Clinical Redesign Groups held, and Clinical Advisory Group used to support change	Richard Evans	Green		Clinical Redesign Groups held, and Clinical Advisory Group used to support change	Richard Evans	Amber	Progress made with acute medicine redesign across delivery units, facilitated by Deputy Medical Director. Clinical Advisory Group, chaired by Associate Medical Director for Recovery, is providing input and advice on nationally issued guidance while also advising on specific clinical issues relating to COVID where no national guidance exists to ensure clear direction for SBUHB	Clinical Redesign Groups held, and Clinical Advisory Group used to support change	Richard Evans	Green	Ongoing
	Work with wider community groups to build on lessons learnt	Meet the RPB Co-production group to secure feedback and opportunities for future arrangements	Sian Harrop-Griffiths	Green						Consider through RPB arrangements	Sian Harrop-Griffiths	Green	
	Revised approach to communicating and engaging with the public on service change					Revised consultation and engagement framework agreed with CHC	Joanne Abbott-Davies	Amber	Revised framework being developed, coproduced with CHC, to enhance current arrangements, learning from experiences to date, and ensure consistent approach taken across organisation.	Revised consultation and engagement framework developed with CHC and approved by Health Board	Joanne Abbott-Davies	Green	Framework agreed by CHC and formally agreed by Health Board at September meeting.
Unscheduled Care & Winter Planning	Implementation of Rapid Discharge Process to improve flow and maintain lower numbers of medically fit for discharge (MMFD) patient numbers across all the hospital sites	Launch of the Rapid Discharge Policy on July 1st develop in conjunction with local authority partners and agreed by the West Glamorgan Partnership Board	Nicola Johnson	Green		Monitor the initial implementation and review effectiveness	Kate Kinsman	Green	This work is on-going. Operational group meets weekly to ensure that policy is embedded fully and effectively.	Monitor and review effectiveness	Kate Kinsman	Green	This work is ongoing. Project group has been re-instate. Project group meets on a weekly basis and reports to the H2H Implementation group.
	Mobile unit to allowing cohorting of patients at entrance of Morriston ED to release ambulance crews	Site visit with Estates Department for company supplying Unit to establish location and connection to services	Craige Wilson	Amber	Awaiting confirmation of delivery dates for mobile unit.	Delivery of mobile unit on Morriston site and work with WAST to agree staffing model	Craige Wilson	Amber	Enabling works to faclitate delivery of mobile unit have been identified and cost agreed. Contract for enabling work to be placed.	Implement cohorting at Morriston in mobile unit, monitor and review effectiveness ahead of winter	Craige Wilson	Green	Mobile Unit due to be delivered to Morriston site last week of November and commissioned by the first week of Decemeber. Staffing to be provided through
		Present and secure agreement with Executive Team for the establishment of a centralised patient flow team for Health Board	Craige Wilson	Amber	Proposal presented to SLT. Further work being undertaken to finalise the proposal.	Commence Organisation Change Process to facilitate development of centralised patient flow team	Craige Wilson	Amber	Accommodation and IT available for "command centre" established in Morriston Hospital. To be enacted as part of the escalation policy in response to a second Covid wave		Craige Wilson	Green	A control centre is to be established to manage flow into the Bay Field Hospital and the learning from this exercise will inform the future development of a central management of patient flow.
	Phased implementation of the Acute Medical Services Redesign	Development of implementation plan and agreement of priority pre- hospital pathways as part of AEC model	Karen Stapleton	Amber	Implementation plan has been designed & is a live document. Pre-hospital pathways have been prioritised & are in progess of being agreed	Secure agreement (including clinical "buy in") for plan 'buy in") for plan Commence implementation of priority pre-hospital pathways Establish AEC model in Singleton	Karen Stapleton	Green	Project milestones on track. SLT agreement for plan, and Clinical leadership in place. Working with the Advisory board on wider clinical "buy in".  A number of pre hospital pathways have been agreed and a Pilot AEC week took place in August to test model and pathways.	Commence implementation of phased plan	Louise Platt	Amber	2 week Ambulatory Emergency Care (AEC) pilot undertaken 21st September 2020. Evaluation report underway. Awaiting outcome of the HB submission of AEC bid for Singleton. If successful a full business case will be required. Second Enabling phase of the Acute Medical Services Redesign plan has commenced. Medical Redesign Morriston workstream group established and held first meeting.
	National Unscheduled Care Programme - six goals for urgent and emergency care which will help winter preparedness.	Develop an agreed action plan to address the 17 proposed key deliverables in conjunction with GP clusters and other key stakeholders	Craige Wilson		An action plan has been developed and is being presented to the Seniort Leadership Team as part of the Winter Plan for Q3/4 in August.	Implement and monitor and action plan	Craige Wilson	Amber	An action plan has been formulated and will progress will be monitored through the Unscheduled Care Board.	Implement and monitor and action plan	Craige Wilson	Green	Key priority for the quarter is the development of Phone First for ED. Staff are in currently being recruited for the "streaming hub" which will take call from 111. Planned implementation first week of December.
Surgery & Theatres	Patient Prioritisation and Management	Prioritisation of Levels 3 & 4 to be completed	Tersa Humphreys	Red	Progress remains slow in delivering this piece of work. Completion of prioritisation of levels 3 and 4 is critical to supporting demand and capacity requirements	Ongoing development of 'live vitals' dashboard to quantify and monitor level 2 & 3 demand	Tersa Humphreys	Amber	Dashboards completed. Proxy criteria identified for priority 3 and 4 categories and these are included as part of the dashboard analysis criteria				
		Second elective list at Singleton to come online utilising staff released as a result of the revised Theatre SOP	Tersa Humphreys	Green	Delivered	HB wide approach for the systematic review and documentation of potential harm to patients as a result of treatment delayed beyond their expected timeframe	Neil Miles/Pankaj Kumar	Amber	Initial speciality harm reviews completed. Summary work ongoing to clarify themes and ongoing risks. Qualification or qualification of harm difficult to assess consistently. RCS prioritisation guidance evolving also which makes baselining difficult. Access to theatre has improved but still not sufficient to meet demand (for Cat 2s). Nor Cat 1 or 2 operating remains unlikely and therefore lack of access to operating for majority of waiting list patients				
	Theatre Capacity and Utilisation	Sustain Plastic Surgery Trauma and Cardiothoracic list(s)	Tersa Humphreys	Amber	Further capacity being developed for plastic surgery trauma will be in place by 31st August 2020								
		Principles agreed and signed off for re- zoning of theatres to gain efficiency in turnaround times and release of supplementary support staff	Tersa Humphreys	Green	Delivered	Develop monitoring tool for theatre utilisation, specialty activity and patient outcomes with support from IM&T around TOMS data	Tersa Humphreys	Red	TOMS redevelopment plan and timelines being developed. Pilot project being developed for targetting pathway improvement actions in 1 elective and 1 emergency theatre.	Development of TOMS redevelopment plan. Theatres and Anaesthetic quality and Business Analysis Manager being progressed to support Pathway Improvement	Tersa Humphreys	Amber	TOMS redevelopment plan in development by IMT plan to present to Digital Transformation Leadership Group in October 2020. Quality and Business Analysis Manager job plan matched out to advert end of
		Finalise the revised 2nd wave surge bed plan in line with new capacity options	Tersa Humphreys		Completed - HB planning assumptions for second wave is to double level of general ITU beds which equates to 56 beds.					Development of a whole system model for NPTH as a centre for Orthopaedic and Spinal services, to include the scoping of ambulant trauma options and capital requirements	Neil Miles	Green	
		Review the critical care workforce plan for 2nd wave, assuming a % of additional staff would not return to support critical care in 2nd wave and continue with development programme for additional support staff (this will be ongoing during August and September)	Tersa Humphreys		Work ongoing to deliver a workforce plan for 56 critical care beds. Plan includes PACU recruitment, use of CITU staff and exploring option for agency arrangement to support staffing. Reduced access to theatre staff in second wave as requirement to maintain level of planned operating for priority 2 patients.								
		Map out timeline and risks of capital works in General ITU ahead of potential 2nd Wave	Tersa Humphreys	red	No approval for capital works in ITU as at 10th August 2020. Revised options for works provided. Continued use of theatre recovery as part of baseline capacity for general ITU due to air handling and ventiliation issues in east unit.								

Theme	Action		Jul-20					RTER 2		T	Con 2	10	
mente	Action	Milestone	Lead	RAG	Comments on Status	Milestone	Aug- Lead	RAG	Comments on Status	Milestone	Sep-2 Lead	RAG	Comments on Status
		Weekly Theatre capacity workstream	Tersa Humphreys	Amber	Exisiting theatre programme maintained	Commence recruitment process for	Michelle Mason-Gawne	Amber	Job descriptions written and signed off for	Scope and undertake an option	Michelle Mason-Gawne		Job descriptions written and signed off for
		reviewing demand and capacity in order to increase theatre capacity			consistently with no loss due to annual leave or sickness. Plan being developed	PACU development at Morriston (Phase 1)			nursing staff with vacancy control form submitted to panel. Meeting in place week	appraisal process for a PACU model at Singleton and NPTH to support			nursing staff with vacancy control form submitted to panel. Meeting in place week
		across all site but particularly			for step change in theatre programme	,,			commencing 05/10 to finalise medical staff	enhanced care complexity			commencing 05/10 to finalise medical staff
		Morriston. Reviewed theatres staffing			from 31st August 2020 with return of non patient facing staff and repatriation				requirement and vacancy panel forms will be				requirement and vacancy panel forms will be
		establishment per Covid process to allow release of theatre teams to			of final staff from ITU.				submitted thereafter. Financial scrutiny will be undertaken for all posts in the same panel meet				submitted thereafter. Financial scrutiny will be undertaken for all posts in the same panel
		deliver additional theatre sessions							and when/if approved will go to advert				meet and when/if approved will go to advert
	Regional / Partnership	Seek regional agreement in principle	Conor Marnane	Amber	Agreement of principle of equitable								
	Working	around the equitable distribution of			distribution of patients for any regional working was agreed with Hywel Dda								
		patients across the geographical boundaries.			Healthboard. Some regional								
		Progress with agreed priority areas of			collaboration has started successfully in								
		urology and gynae oncology and			gynae oncology and thyroid/endocrine								
		spinal. Testing regional solutions for thyroid			surgery but that has been all to date.  Discussions on-going to scope potential								
		and vascular services			use of additional capacity in Werndale								
					and PPH to trial further regional solutions for other specialities (urology								
					and spine)								
						Agree a framework for the utilisation	Craige Wilson	Amber	Framework establsihed to utilise staff and				
						of staff / capacity within the			capacity from Sancta Maria agreed and utilised				
						independent sector, including potential for regional solutions			but terminated. Discussions ongoing with Hywel Dda UHB regarding the use of Werndale.				
						potential for regional solutions			and one regarding the use of Weimadie.				
South Wales Trauma	Agree Go Live date for MTN	Work with the MTC, TUs and pre-	Rachel Taylor	Green	Go live date set for September 14th.	Go live set for September 14th 2020.	Rachel Taylor	Green		Agree a model for the emergency	Rachel Taylor	Green	
Network	and implement	hospital providers to ensure all			Welsh Government formal	Network went live as planned				surgical requirement for the HB to			
		critical to go live issues are resolved or mitigated against. This includes			announcement was on July 24th. All providers on track ready for go live.					encompass emergency services provided regionally			
		ensuring benefit from investment			,								
		agreed by the HB (i.e. IMTP											
		agreements - major trauma practitioners, rehab coordinators,											
		rehab medicine consultant sessions											
		and TARN coordinators)	<u> </u>										
						Develop online e-learning platform to	Rachel Taylor	Green					
						support education and training going forward. First training programme							
						filmed							
										Develop and instigate a	Rachel Taylor	Green	
										comprehensive communication plan	,		
										Develop formal network governance	Rachel Taylor	Green	Cross network goverance structures in place
										structure including M&M meetings	Racilei Tayloi	Green	and first formal governance meeting taken
										across network. This incorporates			place.
										ensuring data quality through the TARN database			
										TANN database			
										Go Live as a Major Trauma Network	Rachel Taylor	Groon	SWTN went live on 14th September
										GO LIVE AS A IVIAJOF FRAUMA NELWORK	Racriel Taylor	Green	SW IN Went live on 14th September
Critical Care	Supporting Critical Care	Finalise the revised 2nd wave surge	Tersa Humphreys	Green									
Critical care		bed plan in line with new capacity	rersa riumpineys	Green									
		options											
		Review the critical care workforce	Tersa Humphreys	Green		Ongoing	Tersa Humphreys	Green	Second wave plan including workforce	Ongoing	Tersa Humphreys	Green	Health Board call for additional support staff
		plan for 2nd wave, assuming a % of additional staff would not return to							requirements including additional support staff requirements quantified. Actions on how to				for critical care undertaken. 1:1 discussions held with all additional support staff from the
		support critical care in 2nd wave and							reduce call on theatre staffing and increase				first wave to assess numbers available for
		continue with development							availability of other staff to support critical care				second wave. Agency staff booked to support as first line of support to maintain operating
		programme for additional support staff (this will be							being progressed.				capacity and support critical care.
		ongoing during August and											.,,
		September)											
		Map out timeline and risks of capital	Tersa Humphreys	Green	Completed. No formal approval to								
		works in General ITU ahead of potential 2nd Wave			proceed with reduced programme of capital works. East Unit remains closed								
		potential zila wave			due to ventilation issues								
Diagnostics - CT	Extend the working day across	Morriston 8-7:30 pm	Brian Owens	Green	Business case submitted outlining	Assess options for weekend working	Brian Owens	Green	Options assessed and additional workforce	Assess options for weekend working	Brian Owens	Green	Case submitted, awaiting HB decision.
	all three acute sites	Singleton 8-8pm			financial costs of extended days, use of				requirements for extending working day across				Case agreed 21st Oct, to be progressed in line
		Neath Port Talbot 9-5pm			Hywel Dda Gantry capaicty and ILS.				all sites includded in CT business case. Case submitted awaiting HB decision.				with plan
	Continue discussion and the	Develop cond	Date - O	C		Intellementation (C. Anh.)	D4 0	C	-	Implementation (Co. Col.)	Del O	C	II Compaign a high and analysis of
	Continue discussions with ILS for additional capacity 2 days	Develop service specification for screened non Covid 19 cases and	Brian Owens	Green		Implementation if viable solution	Brian Owens	Green	Cost benefit assessment of ILS option undertaken and included in the CT business	Implementation if viable solution	Brian Owens	Green	ILS remains a high cost option, other options remain more cost effective for delivery of
	/ wk = 32 pts	establish cost implications							case. ILS option is a high cost option for the				activity.
									activity that could be delivered.				Doscounted option.
	Use mobile CT	Develop business case	Brian Owens	Green	Additional mobile CT secured for south	Implementation if viable solution	Brian Owens	Green	Option included in the CT Business case which has been completed and submitted. HB decision	Implementation if viable solution	Brian Owens	Green	DoH CT gantry sited in H Dda. Working to
					west wales. CT scanner will be located in Hywel Dda University Health Board but				awaited on funding outlined proposals.				develop a service spec to support opportunities for additional activity.
					access will be provided, with staffing								
	Implementation if viable	Review potential CT gantry capacity	Brian Owens	Red	Decision awaited on submitted business	Implementation if viable solution	Brian Owens	Red	CT business case completed and submitted.	Implementation if viable solution	Brian Owens	Green	Case submitted, awaiting HB decision. Case
	solution	using Bay hospital to provide non- Covid pathway			case.				Health Board decision on proposal awaited.				agreed 21st Oct, to be progressed in line with plan
Diagnostics - MRI	Utilise mobile MRI van	Complete QIA and business case to	Brian Owens	Green	Approval given to commission 1 month	Implementation if viable solution	Brian Owens	Green	MRI Business case completed and submitted.	Implementation if viable solution	Brian Owens	Green	MRI Business case completed and submitted.
		establish financial impact and risks	!!		of mobile MRI van whilst case being				Mobile MRI is a short term option to bridge				Mobile MRI month on month approval given
		associated with increased routine			developed for expansion to baseline				recruitment for sustainable staffing option.				for mobile van until final Health Board
		activity			capacity				Month on month approval given for mobile van until final Health Board decision made on MRI				decision made on MRI business case. Case agreed 21st Oct, to be progressed in line
									business case.				with plan
	Further develop MRI plan to	Ongoing assessments to be	Brian Owens	Green	Business case submitted outlining					Implementation if viable solution	Brian Owens	Green	Business case submitted, awaiting HB
	reduce waiting list	completed with additional alternative			financial costs of extended days and ILS.								decision.
	Povious rotas to increas	solutions	Brian Course	Green	Pusinger care submitted authining	Ongoing implementation	Princ Course	Grane	Pacolina capacity for MPI included in the A401	Ongoing implementation	Brian Oaa	Green	Baseline capacity for MRI included in the MRI
	Review rotas to increase capacity	Complete review of rota's & implement additional capacity	Brian Owens	Green	Business case submitted outlining financial costs of extended days and ILS.	Ongoing implementation	Brian Owens	Green	Baseline capacity for MRI included in the MRI business case.	Ongoing implementation	Brian Owens	Green	Baseline capacity for MRI included in the MRI business case. Rota's continue to be revised
	' '												to add additional activity wherever possible
	Workforce review for MR	Complete workforce review &	Brian Owens	Green	Business case submitted outlining	Implementation if viable solution	Brian Owens	Green	Undertaken and capacity and demand gap for	Implementation if viable solution	Brian Owens	Green	Undertaken and capacity and demand gap for
	services	develop business case			financial costs of extended days and ILS.				MRI included as part of submitted business				MRI included as part of submitted business
1									case.	l	l		case.

Theme	Action		Jul-20			I	QU/ Aug	ARTER 2			Sep-2	0	
		Milestone	Lead	RAG	Comments on Status	Milestone	Lead	RAG	Comments on Status	Milestone	Lead	RAG	Comments on Status
	Continue discussions with ILS for additional capacity	screened non Covid 19 cases and establish cost implications	Brian Owens	Green	Business case submitted outlining financial costs of extended days and ILS.	Implementation if viable solution	Brian Owens	Green	Value for money assessment of ILS option undertaken and sustainable HB solution provides better value.	Implementation if viable solution	Brian Owens	Green	Value for money assessment completed previously, sustainable HB solution prov better value. Discounted option.
cs - Ultrasound	Assess opportunity to utilise vascular lab to increased capacity	Complete assessment – potential 2 days / week – increasing capacity by 20 pts per week	Brian Owens	Green	Assessment undertaken by Radiology. Plans in place to commence clinics in month.	Implementation if viable solution	Brian Owens	Green	Implemented	Implementation if viable solution	Brian Owens	Green	Complete
	Assess radiologist support for scanning	Complete assessment– increasing capacity by 20 pts per week	Brian Owens	Green	Radiologist Rota review undertaken, Covid rota stepped down, lists to recommence late July.	Implementation if viable solution	Brian Owens	Green	Completed	Implementation if viable solution	Brian Owens	Green	Completed
	Deploy Head & Neck locum increasing capacity	Implement – adding 5 further pts per week	Brian Owens	Amber	Review of demand shows no need to increase currently. Service anticipates capacity to be exceeded Late August	Maintain capacity	Brian Owens	Amber	Delayed as the locum in post (neuro with some head and neck training) has been required to support shortages in neuro radiology predominantly.  Resource not yet able to help with ultrasound	Maintain capacity	Brian Owens	Amber	QIA to be submitted to support delive additional Head & Neck activity now o has increased to a level locum require
	Review opportunities to	Complete review and commence	Brian Owens	Amber	Rusiness rase in development to be	Further implementation if viable	Brian Owens	Green	(not had enough US experience) however, is providing some cross sectional head and neck reporting when required.  Business case completed for Non Obstetric US.	Further implementation if viable	Brian Owens	Green	Business case completed for Non Obs
	extend the working day plus 7 day working	implementation if viable			completed by 20th August 2020	ruther implementation il viable	Brian Owens	Green	Business case completed for Non Obstetric US demand and capacity gap requirements and submitted to Health Board for consideration.				submitted to Health Board , awaiting decision. Case agreed 21st Oct, to be progresse with plan
	Further develop Ultrasound plan to reduce waiting list	Ongoing assessments to be completed with additional alternative solutions	Brian Owens	Amber	Business case in development to be completed by 20th August 2020					Further implementation if viable	Brian Owens	Green	Business case completed for Non Obsubmitted to Health Board, awaiting decision.
rvices	Phased and sustainable solution for the required uplift in endoscopy capacity that will be key to supporting both the Urgent Suspected Cancer backlog and future cancer diagnostic demand on Endoscopy Services	Restoration of endoscopy rooms and redeployment of specialist staff to their endoscopy units.	Fiona Hughes	Amber	EBUS Recommenced in Morriston. Thoracoscopy capacity available ERCP activity continues.	Restoration of all 5 Endoscopy rooms and redeployment of all staff	Fiona Hughes	Green	Action completed	Action completed	Fiona Hughes	Green	Action completed
		Plan for 25 Endoscopy sessions during July onwards to include Upper/ Lower GI, EBUS, Bronchoscopy and Thoracoscopy sessions.	Fiona Hughes		Nursing establishment in place to support	sessions from August onwards for Upper and Lower GI sessions	Fiona Hughes	Amber	Endoscopist availability. C+D plan developed to support the USC cohort and this will need funding agreed in Sept 20	appointment of new gastroenterologist and approval of C+D Plan	Fiona Hughes	Amber	Business case submitted and approv confimred in October 20.
		Weekly Clinical Leads Recovery planning meetings to provide leadership and assurance in terms or delivery	Fiona Hughes	Green	Weekly meetings in place since beginning of July 20	Weekly Clinical Leads Recovery planning meetings to provide leadership and assurance in terms or delivery	Fiona Hughes	Green	Weekly meetings in place since beginning of July 20 and as required surgucal team input	Week;y recovery meetings continue	Fiona Hughes	Green	Action completed
		Clear decision making and tracking of USC deferred and new referrals to continue.	Fiona Hughes	Green	Process in place and working well.	Continued prioritisation of new referrals and review of alternative diagnostics as appropriate	Fiona Hughes	Green	Process in place and working well.	Continued prioritisation of new referrals and review of alternative diagnostics as appropriate	Fiona Hughes	Green	Action completed
		Maintain use of the National Endoscopy Programme (NEP) for deferred patient tracking	Fiona Hughes	Green	Ongoing completion off the spreadsheet confirmed	Ongoing completion off the spreadsheet confirmed	Fiona Hughes	Green	Ongoing completion off the spreadsheet confirmed	Undertake analysis of lessons learnt and new ways of working in line with NEP	Fiona Hughes	Green	Action completed
		Continue planned implementation of FIT in USC groups of deferred patients	Fiona Hughes	Amber	USC COVID 19 deferred cases validation exercise undertaken. Over 50% of the patients have had FIT test, treated/TCI or removed. Membership on the National Fit Subgroup Meeting and reviewing alternative pathways	Advance discussions re: logistics for implementing FIT in low risk groups (as per NICE DG30 guidance)	Fiona Hughes	Amber	Awaaiting National Steer	implement FIT in low risk groups as per Business case triaged within primary care	Fiona Hughes	Amber	Workplan developed with pilot to be commneced in November 2020
		Capacity and Demand costed plan for 2020/21 to be approved and recruitment into eight additional Endoscopy sessions agreed and enacted	Fiona Hughes	Amber	C+D plan drafted.	C+D plan developed but funding to be confirmed	Fiona Hughes	Amber	Recruitment into additional Endoscopy Nurses as outlined in C+D Plan	Business case submitted and approval to be confimred in October 20.	Fiona Hughes	Amber	Business case submitted and approv confimred in October 20.
						Commence insourcing sessions as outlined in C+D plan	Fiona Hughes	Red	Buisness case developed in Sept 2020 and will need Executive approval				
						Maintain training lists for additional Endoscopists	Fiona Hughes	Green	Confirmed training lists in situ	Maintain training lists for additional Endoscopists	Fiona Hughes	Green	Confirmed training lists in situ
						Re-start Bowel screening colonoscopy for all new participants waiting following a positive screening FIT test	Fiona Hughes	Green	Bowel screening recommenced	Re-start Bowel screening colonoscopy for all new participants waiting following a positive screening FIT test	Fiona Hughes	Green	Bowel screening recommenced
	To explore the possibility of offering SBAR RT for high risk lung cancer patients in SWWCC	To undertake an assessment within RT Dept and Oncology to scope out the ability to be able to delivery SABR RT for high risk lung patient	Ceri Gimblett	Green	SBAR detailing how we could implement SABR in SWWCC has been drafted	Business case detailing the risks and benefits of delivery SBAR RT for high risk Lung Cancer patients in SWWCC	Ceri Gimblett	Green	completed and request for WHSSC to commissioning SABR for SWWCC was submitted to SLT and agreed				
		Work with VCC and WHSSC around the role out and availability of SABR RT within SWWCC	Ceri Gimblett	Green	Letter formally asking for support from WHSSC. Discussions with VCC have been supportive of SWWCC undertaking SBAR. Awaiting on response from WHSSC to commission this from us.								
	Establishment of mobile unit to carry out PET/CT scans for Swansea and South West Wales patients	First PET/CT scanning day: 2nd July 2020. Commence mobile PET/CT diagnostic service on Thursdays and Fridays; 12 patients per day	Neil Hartmann	Green	Up and running								
	Introduce Covid testing for Oncology and Haematology patients and staff involved in service delivery in line with national guidelines	Continue work stream to roll out testing in order of clinical priority until the total of @250/300 patients is met. Staff would be in addition to this number	Ceri Gimblett	Green	Testing for priority 1 patients been in place since 27.07.20 via liberty	Maintain testing in line with any change in national guidance	Ceri Gimblett	Green	RT Lung patients are now being tested alongside SACT patients as part of priority 2	Maintain testing in line with any change in national guidance	Ceri Gimblett	Green	testing remains on track for our SAC
	Continue to expand Surgery capacity to allow complex cancer surgeries to deal with any backlog of patients	Weekly Theatre capacity workstream reviewing demand and capacity in order to increase theatre capacity across all site but particularly Morriston. Reviewed theatres staffing establishment per Covid process to allow release of theatre teams to deliver additional theatre sessions	Tersa Humphreys	Green	Increased programme commencing 31st August 2020 for emergency, cancer and non cancer category 2 patients	Incremental increase of theatre sessions to address priority 2 elective surgery demand	Tersa Humphreys	Green	end of August plan implemented plus additional trauma and cepod operating capacity established.	Incremental increase of theatre sessions to address priority 2 elective surgery demand	Tersa Humphreys	Green	Increase seen in emergency and CEP operating 4 to 6 theatre per day plu on weekend. Elective operating in N elective theatres per day. Singleton increased from 10 lists per week to per week.NPT operating commence. September 2020 2 theatres per day.

Theme	Action		Jul-20			I	QUA Aug-	ARTER 2 -20		I	Sep-2	0	
	Convert interim PACU	Milestone WG funding already agreed BACLL	Lead	RAG	Comments on Status	Milestone	Lead	RAG	Comments on Status  Recruitment of staff as above. SOPs are in the	Milestone Aim to move to sustainable location	Lead	RAG	Comments on Status
	arrangements at Morriston to	WG funding already agreed PACU workstream established to agree	Michelle Mason-Gawne	Green	PACU workstream established and options appraisal process completed.	SOP's, agree date for delivery	Michelle Mason-Gawne	Amber	process of being drafted. Delivery date will be	late September at latest	Michelle Mason-Gawne	Amber	Recruitment of staff as above. SOPs are in the process of being drafted. Delivery date will be
	sustainable solution	actions required to deliver this development. Agree location			Outcome to be discussed and agreed at next workstream meeting and taken to the overarching S&T Cell for sign off	depending on staff appointments			agreed when location is signed off, a paper has been drafted in regard to the agreed location and will be discussed in this months meeting				agreed when location is signed off, a paper has been drafted in regard to the agreed location and will be discussed in this months meeting
Primary Care and Community Services	note: - dental and optometry	Plan and implement (in line with national guidance) to deliver support to patients to ensure optimum service provision for face to face f assessment and safety netting	Andy Griffiths	Green	Complete	Review – reactivation and monitor pressure levels	Andy Griffiths	Green	Weekly GMS reactiviation group meetings, informed by key data,i.e. vaccs and imms				
	services level of escalation wil reduce from red to amber as of 1st July 2020	0-1	Andy Griffiths	Amber	All practices except one has re-opened. The PCT and OA currently working with the practice to support re-opening.								
		Optometry - Acute domiciliary commissioned service to continue. Routine domiciliary service to remain suspended	Andy Griffiths	Green	Continued								
		Optometry - All practices to complete the National Wales Shared Services Partnership self-certification process for opening, including the Covid-19 training available through the WOPEC website	Andy Griffiths	Green	Complete								
		GDS Dental practices to be supported to offer wider range of services	Andy Griffiths	Green	Checklist developed and QA programme established to support practice start of AGPs from 17th August.								
		Dental – establish urgent care dental centre hub and spoke model for delivery of AGP procedures	Andy Griffiths	Green	UDC network established, practices accepting referrals from UDC.								
		Pharmacy - Prioritise Flu Planning in line with national discussions	Andy Griffiths	Green		Pharmacy - Prioritise Flu Planning in line with national discussions	Andy Griffiths	Green	Complete				
		Develop and issue IPC checklists for contactor services implementation	Andy Griffiths	Green	Complete								
						Pharmacy - Implement national escalation tool and encourage uptake	Andy Griffiths	Green	This has been started with continued work into Q3 & Q4				
						Initiate planning for future implementation of digital platforms, e.g. Attend Anywhere in dental practices	Andy Griffiths	Green	This has been started with continued work into Q3 & Q4				
										Review of independent pharmacy based prescribing programme	Andy Griffiths	Green	Independent Prescribing commenced on 1st October in one pharmacy delivering Acute Conditions services . Early uptake has been excellent with a further 2 IPs to commence by end of Nowember 20. It is anticipated that the remaining 4 will follow later in 2021 . IPs are commissioned for 2 sessions with a maximum of 18 consultations per week
										Pharmacy - Review Sore Throat Test and Treat programme for feasibility of re- activation in conjunction with WG	Andy Griffiths	Green	Review has been made on national programme, however STTT services have been suspended during Covid-19 pandemic
	Phased re-activation of GMS additional and Directed, National and Local enhanced services in line with national guidance by 1st October 2020	Phased 3-month programme - working within national programme of restarting Additional and Enhanced services across contractor services – e.g. cervical screening is a priority for restart	Andy Griffiths	Green	Complete	Phased 3-month programme - working within national programme of restarting Enhanced services across contractor services.	Andy Griffiths	Green	Complete all GMS recovery plans received majoirty of sevices recommenced 1 July, all restarted by 1st October.	Phased 3-month programme - working within national programme of restarting Enhanced services across contractor services.	Andy Griffiths	Green	Complete
		Initiate planning for flu vaccination programme delivery in winter	Andy Griffiths	Green	Plan developed								
		Implement Revised Care Home Directed Enhanced Service	Andy Griffiths	Green	Complete	Review uptake of revised Care Home DES	Andy Griffiths	Green	Complete.				
		Extended roll out of Ask My GP Increase usage of Consultant Connect and review uptake Increase access to urgent /out of hours primary care services	Andy Griffiths Andy Griffiths	Green Amber	This results in 67% coverage of practices Review of usage in GP OOH to be undertaken								
	Reset and restart of the	Reactivate Cluster meetings on virtual	Andy Griffiths	Green	8 Cluster meetings held during July								
	Cluster Whole System Transformation Programme	Basis  Restart Transformation / Primary  Care Forum	Andy Griffiths	Green	Revised governance structure currently being considered								
		Lessons learnt exercise with cluster leads undertaken and reset of cluster to increase integration and as set out in the new primary care model	Andy Griffiths	Green	Revised TOR for Clusters currently being developed								
		Complete stocktake of whole system cluster transformation programme and development of priority reactivation proposals, including promoting digital platforms/facilitating digital inclusion and review of HB community phlebotomy model	Andy Griffiths	Green	Complete	implement Whole System Cluster Transformation projects informed by stocktake and development of transformation project proposals	Andy Griffiths	Green	New governance structure agreed at PC Transformation Forum on 08/09/2020. Transformation project team returning to substative posts. Implementation Group (8 Cluster Wide) to drive forward projects, 1st meeting planned end of Sept. HOPC to undertake review of cluster position with CLs.	Continue to implement Whole System Cluster Transformation projects aligned to refreshed programme of work	Andy Griffiths	Green	Complete

Theme	Action		Jul-20			I	QUA Aug	ARTER 2		I	Sep-2	0	
		Milestone	Lead	RAG	Comments on Status	Milestone	Lead	RAG	Comments on Status	Milestone	Lead	RAG	Comments on Status
	Reset and Recovery of Primary Care and Community Services via the Health Board Reset and Recovery Programme	supporting the delivery of childhood imms vaccination (including influenza).	Andy Griffiths	Amber	1 School Nurse still supporting at CTU and 1 OTM. All dates set with primary schools for Fluenz programme delivery. Catch up of Teen Booster and Men ACWY for year 9 pupils in schools not completed due to lock down has commenced with dates for those still outstanding set for September [in advance of Fluenz programme commencing].	Restart services in line with Reset and Recovery Group and review service delivery	Andy Griffiths	Amber	Catch up for remaining year 9 pupils of Teen Booster and Men ACWY underway from schools return September 1st. Fluenz vaccine will be available one week earlier that originally advised and 19 primary school vaccination session dates have been brought forward in response.	service delivery	Andy Griffiths	Green	Catch up for year 9 programmes completed. Fluenz programme underway and will be completed at the end of the school Christmas term Last SN at CTU to return to service Novemeber 1st. OTM remains there in a seconded post to March 2021
		Restart Paediatric audiology and urgent hearing aid reviews – clinics to take place on reduced basis using non-acute sites only Delivery of Cardiac rehab programme on face to face basis supplemented by virtual programme	Andy Griffiths  Andy Griffiths	Green	Complete								
		Extend provision of community Wound clinics – reinstatement of more venues	Andy Griffiths		Complete								
		MCAS, Podiatry and Orthotics face to face clinics for priority cases  Adult SLT services; face to face	Andy Griffiths  Andy Griffiths	Amber	Face to face clinics for red flag cases ongoing provision. QIA submitted for reactivation of prioritised routine services.  Adult SLT QIAs have now been approved								
		outpatient clinics and dysphagia service, FEES and services	Too, amad		by the Execs group. There are dates scheduled for videofluoroscopy for September and we are in the process of reviewing the 'held' list of patients requiring face to face and FEES appointments are being booked. Once we are established with running the face to face services for essential cases only, and knowing fully what that demand is, we will need to explore the option of bringing in more routine cases where virtual input is acceptable but not the preferred option from either the patient perspective or clinical.								
		Dental Services - Restorative Dentistry/ Community Dental Service and Dental Training Unit – treatment for urgent / essential dental care in line with national guidance – Amber phase	Andy Griffiths	Green	Re-activation of services has commenced /QIA R&R process started								
Mental Health & Learning Disabilities	Demand & Capacity analysis for Primary Mental Health to meet anticipated growth due to pandemic	Finalise demand analysis. Confirm current telephone triage assessment as standard practice across all areas	Gareth Bartley	Green	Demand analysis has been completed based on a sample from one of the biggest referrals into mental health services from primary care. Projection from the data showed a 25% increase in demand which will impact the mental health services. For ongoing information and accuracy additional data will be collected to monitor the trends in referrals through the collection of monthly data in addition to explore reasons for referral which will inform future resource allocation.	Review Tier 0 provision	Gareth Bartley	Amber	Tier 0 service mapping cuts across all of the Delivering Responsive Community Services projects. A planning meeting is scheduled with Swansea City for Voluntary Service in September to discuss how this can be achieved in a sustainable way which considers all peer led and community initiatives to support mental health wellbeing. Once complete this work will form the basis of the service pathway mapping which will take place under the TMHS programme (e.g. for the SPOA, Psych Therapies and LPMHSS). The various community navigators play a key role in keeping track of local service changes in tier 0 provision to support patients in accessing the most appropriate community service.		Gareth Bartley	Green	LPMHSS review under way through Transforming MH project. Activity dataset monitored for changes in demand against previous years. A joint pilot has been agreed with Cwmtawe and Llwchwr clusters, and SCVS will be leading the work. This project will now also sit within the Well-being and Prevention project. Additional £0.19m secured from Welsh Government MH Service Improvement Fund for deployment across clusters in Primary MH function. Meetings with cluster leads to fine tune role. Recruitment to commence October 2020
	Address backlog for High Intensity Psychological Therapies	Waiting list review. Trial Group Work with Microsoft Teams.	Gareth Bartley	Amber	A psychological therapies stakeholder group was launched in July 20 to meet weekly to identify and implement actions to reduce the backlog of patients waiting for high intensity psychological therapy. Waiting list and capacity analysis is undertaken to support the aims of the group. An expanded programme of virtual group therapy sessions is now in place across Swansea and Neath localities. Suitable accomodation is being sought to reintroduce face to face services. In addition to the above a wider Psychological Therapies Project Group has also been established, containing dedicated project support, to plan a revised service model based on a stepped care model approach. The first meeting was held on the 4th August	Introduce Low intensity workers	Gareth Bartley	Amber	3.0 WTE low Intensity workers commenced in July 20 with a further 3.0 WTE currently undergoing pre-employment checks. Staff in post are scheduled to commence delivery of low intensity therapy in early October 2020 on a cross locality basis. Work continues to progress redesign of psychological therapy services (via the Psychological Therapy Project Group). The Professional and Strategic Psychological Therapy Lead is producing a paper that will form the basis of the stepped care model in psychological therapy services. This document is scheduled for review at October's project meeting.		Gareth Bartley	Green	Backlog of high intensity psychological therapy addressed and breaches cleared. Continuing to interrogate HB data to assist with planning and developing psychological based therapies in a stepped model. Low intensity group piloted and outcomes being analysed. 2 band 5 low intensity worker recruited and in place. MHSIF proposal approved by WG for additional psychological therapies resource to be recruited later in the year
	Progress development of interim Mother and Baby unit	Option appraisal of permanent solution for Mother and Bay Unit	Gareth Bartley	Green	The unit will be based on the Tonna Hospital site. The scheme is currently out to tender. Tenders have been returned on the 14th August and revalidated on the 26th August with follow on with regard to budget costings through the preferred contractor. Projected aim with regard to building work targeted for October 2020. The process for advanced recruitment has been commenced for the posts of consultant, service manager and ward manager.	Advanced recruitment commences for Key staff.	Gareth Bartley	Green		Building work commences on Site	Gareth Bartley	Green	Work underway.

Thow -	Action							ARTER 2				10	
Theme	Action	Milestone	Jul-20 Lead	RAG	Comments on Status	Milestone	Aug Lead	-20 RAG	Comments on Status	Milestone	Sep-2 Lead	RAG	Comments on Status
	Implement single point of admission for adult mental health	Medical staffing agreement. Pathway commences	Gareth Bartley	Green	In response to Covid 19 guidelines, a plan was put in place to reduce the number of admission points into mental health services. Uncheduled care previously had 3 admission wards, Fendrod and Clyne in Cefn Coed Hospital and Ward F NPT. All admissions now go to Ward F, NPTH. The model is reviewed currently on a fortnightly basis by all stakeholders.					Review single point of admission	Gareth Bartley	Green	Single point of admission reviewed and remains operational. Ongoing monitoring and adjustments as necessary on advice of IPC.
	Implementing the findings of the CLDT Review	Refresh specialist pathways development plan to set revised implementation dates	Gareth Bartley	Amber	There are groups established looking at behaviour that challenges complex needs, MH, dementia, ASD, transition and forensic pathways. The challenging behaviour has been implemented and is due to be reviewed in September 2020, variance against process is being reviewed for the complex needs pathway and will be implemented September 2020. The ASD and forensic pathways are pending development, pathways are pending development and laigned to the moderisation plans. Existing pathways are under review (transition, epilepsy). Engagement events were held between November 2019 and January 2020 analysis of information has been undertaken and a proposed service model will be presented to the October MH & LD Board, drawing together the feedback from key stakeholders, staff and service users.	Participation in Health Equality Framework project to assess COVID 19 impact for people with LD	Gareth Bartley	Green	Complete, national report received by MHLD DU	Development of implementation plan for use of Health Equality Framework within inpatient services.	Gareth Bartley	Amber	Being developed as part of modernisation plans for LD.
CAMHS	Covid response for CAMHS	Monitoring and adjusting of current working practices in line with Covid restrictions / guidance	Michelle Davies	Green	Capacity plans are being developed through the SBHB Children's Centre outpatients group to increase face to face appointments.	Monitoring and adjusting of current working practices in line with Covid restrictions / guidance	Michelle Davies	Amber	The response to COVID is continuously under review. A QIA has been completed to increase face to face appointments in September. Demand in relation to eating disorders is the biggest concern currently due to the need for a physical examination.	Monitoring and adjusting of current working practices in line with Covid restrictions / guidance	Michelle Davies	Amber	There has been a slight increase to demand following the re-start of schools, however compliance against the 80% target continues. There are currently some vacanies and staff sickness that have the potential to have an impact on waiting times. The need to implement WLI will be considered if the position deteriorates further. The Service are currently working on the need to provide virtual and face to face appointments where appropriate, and issues with accommodation have been raised. At the CAMHS Commissioning meeting on 22nd November it was highlighted that referrals for S-CAMHS had significantly increased in the CTM area following the re-opening of schools. The SBUHB situation is being monitored, however it is anticipated that the additional services provided in the SBUHB area including CAMHS nurses in the LA single point of access teams, and a more established Single Point of Access Team will reduce the impact on SBUHB
	Single base for CAMHS Staff	Finalise staff meetings/ consultation	MIchelle Davies	Green	Staff move from the Cefn Coed site planned for September.	Finalise staff meetings/ consultation	Michelle Davies	Red	Fairfield is now vacant, and the majority of staff have now moved across to the Neath Port Talbot site. There remain a few members of staff in Trehafod, this is being escalated by CTM senior team.	Swansea Team vacate Cefn Coed and move to NPT	Michelle Davies	Red	Some clinics for CYP living in Swansea will continue until the new premises become available in April 2021 – Trehafod will therefore not be vacant until April 2021. Plans for one single base for CAMHS need to progress in advance of April to enable full integration of the CAMHS teams. The majority of staff have now moved across to the single base in NPT, however despite staff consultation there is still some resilience. This is being escalated with the operational team at CTM via the commissioning arrangements, with the aim to move all staff across by January 2020. The milestone has been reviewed and rolled into Q3&4 to track.
Children's Services	maintain CEU in Morriston	Agree sustainable rota model for paediatric wards and OOH	Sam Williams	Red	Locums recruited to improve paediatric medical staffing model - meeting with ED scheduled end of August 2020 to complete medical and nurse staffing proposal		Sam Williams	Amber	medical staffing model improved via recruitment. nurse staffing model currently being developed. lack of availability of "assessment" area ie old paeds ED is an issue	Agree medical and nursing staffing model	Sam Williams	Amber	delivery unit. Meetings scheduled. Availability of short stay assessment area will prevent implementation of full model
	Progress Neonatal 24-hour transport proposal	Meeting to review proposal scheduled 15 July 2020	Sam Williams	Amber	second task and finish meeting taken place August. Business case invited for lead provider	Support task and finish group meetings	Sam Williams	Amber	await decision from task and finish group	Submit business case for lead provider and respond to consultation document	Sam Williams	Amber	Funding agreed with WHSCC and staffing model agreed. Proposed implementation date of interim model 4 Janaury 2021
	Transitional Care unit	Resolve water testing issues and commission unit	Sam Williams	Green	water testing resolved	Water testing resolved	Sam Williams	Green	water testing resolved. Unit to open Thursday 8th October 2020	Commission Unit	Sam Williams	Green	Unit open and operational
	Outpatient recovery	Finalise requirements for Phase 2 and complete risk assessments, including roll out of Attend Anywhere	Sam Williams	Green	Final QIA's submitted for approval 18-8- 2020	Phase 2 plan completed	Sam Williams	Green	phase 2 completed			Green	paediatric outpatients maintained across the sites
	Progress paediatric surgical recovery plan Named Doctor Safeguarding	Work to increase number of paediatric theatre sessions available  Agree alternative options following	Sam Williams Sam Williams	Amber	insuffient theatre capacity  long term plan required. Review of	Category 2 list updated and monitored  Meeting with Head of Safeguarding,	Sam Williams Sam Williams	Red	insufficient theatre availability. Meeting scheduled Monday 5th October to review options department reviewing job description to	Source additional theatre capacity for paediatrics including private providers long term plan required. Review of	Sam Williams Sam Williams	Amber	three lists per week currently provided to Paediatrics which is slowly reducing Cat 2 backlog Interested candidate approached the
		failure to recruit			safeguarding pathway across HB. Seek alternative options to provide third sector training	named doctor duties (essential) shared amongst clinical team			readvertise in light of interest in post	safeguarding pathway across HB. Seek alternative options to provide third sector training			department. To be advertised.
	Neurodevelopmental service	Finalise capacity plan and recruit to vacant posts	Sam Williams	Amber		Capacity plan completed	Sam Williams	Amber	posts approved at vacancy panel in september to go live by the end of the month	Recruit to vacant posts	Sam Williams	Amber	posts advertised on TRAC closing dates 31 October 2020

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Theme	Action	Milestone	Jul-20 Lead	RAG	Comments on Status	Milestone	Aug- Lead	-20 RAG	Comments on Status	Milestone	Sep-2 Lead	0 RAG	Comments on Status
	Meet the statutory duties of the SEN regulations in a flexible and practical manner	Respond to requests for information as well as complete medical statutory assessments within the timeframe	Natalie Vanderlinden	Amber	All services understand their duties under the current SEN legislation and use virtual platforms to meet their statutory duties or adapt service delivery in a flexible and practical manner where possible.	Completion of statementing template	Heads of Service	Amber	Services have maximised virtual lifestreaming opportunities, as well as maintaining contact through telephone calls. However, the deployment of staff away from core service has meant that attendance at annual reviews and statutory assessments have not been done				
	As part of re-establishing essential services, re-introduce school-based	Develop organisational recovery plan to include crosscutting paediatric therapy services	Natalie Vanderlinden	Amber	Plans in development to re-establish school-based service delivery part of a blended approach from 1st September		Heads of Service	Green	reliably.  In discussion with Education a plan has been devised to re-introduce school-based services.				
	service delivery Support the DECLO in progressing the preparations for the requirements of the ALNET Act				2020	Establish children' Services response to the Organisational ALN Implementation Action Plan	Sam Williams	Green	childrens services map and gap completed				
Outpatient Transformation	Reset and recovery plans for essential outpatients for each Unit required	Commence phased introduction of the reset and recovery plan	Craige Wilson	Green	All Reset and Recovery plans for phase 1/2 completed for all sites and agreed at R&RCG and phased approach implemented - all clinics have commenced on sites.	Monitor implementation plan with a view to increasing number of face to face consultations where deemed essential	Craige Wilson	Green	Phase 2 Plan completed Qtr 3-4 report includes details of implementation.	Monitor implementation plan with a view to increasing number of face to face consultations where deemed essential	Craige Wilson	Amber	Successful in securing Welsh Government funding for 2020/21, and plans are in development to provide more momentum to these projects. Due to delays in the most recent WPAS update, there will be a delay in the implementation; however, plans are in place to complete the agreed targets by end of Q4. Incorporated into PROMS work programme
		Re-introduction of face to face appointments in ODTC, additional Virtual Clinics and Community based Clinics of medical retina	Craige Wilson	Green	Ophthalmology clinics recommenced by at significantly reduction capacity. Consequently FUNB numbers continue to increase. Reinstated clinics in Strawberry place - first week of July.	Monitor and report impact of re- introduction of schemes on FUNBs	Craige Wilson	Amber	Identifying a place for the ODTC in an optometric practice, however a site has not yet been identified.	Monitor and report impact of re- introduction of schemes on FUNBs	Craige Wilson	Green	Successful in securing Welsh Government funding for 2020/21, and plans are in development to provide more momentum to these projects. Alternative site for ODTC in Strawberry Place Surgery secured
	Expand self-management /patient knows best (PKB)	Start to register patients for the Diabetes team	Craige Wilson		Due to the WG bids not being approved, appointment to posts have been delayed, the bid would fund additional resource to accelerate the roll out of PKB.	implementations	Craige Wilson	Amber	Task and finish group has been established to identify stable patients who can be moved to PKB.	Continue to work with NWIS on integration with WPAS	Craige Wilson		Integration has been delayed however is planned for December
	Facilitate and support the implementation, adoption and mainstreaming of SOS and PIFU pathways  Expand the use of virtual	Appoint project and clinical lead together with associated staff	Craige Wilson	Amber	Due to the WG bids not being approved, appointment to posts have been delayed, validation of historic SOS data is being reviewed.	Develop implementation plan for adoption of SOS and PIFU pathways	Craige Wilson	Amber	Proposal to standard the management of SOS patients has been drafted and waiting approval.	Commence the mainstreaming of SOS and PIFU with clinical staff.  Implement triage & prioritisation tool	Craige Wilson  Craige Wilson	Amber	Due to delays in the most recent WPAS update, there will be a delay in the implementation until December; however, plans are in place to complete the agreed targets by end of Q4. Incorporated into PROMS work programme
	activity (inc PROMS)									for heart failure + 1 other speciality	2.3/50 11/30/1	Jicen	
Field Hospitals		Undertake 'patch' tests to walk through key elements of a patient's journey at Llandarcy Field Hospital. Undertake 8 hr walk through at Llandarcy	Hilary Dover	Green	Completed at Llandarcy for IT infrastructure, Digital, Medicines Management, Resuscitation, Patient admission & transfer, Nursing								
	Develop option transferring operational model at Llandarcy Field Hospital to Bay Field Hospital		Hilary Dover		Completed on 21 July 2020								
		Undertake 12 hr walk through at Bay Field Hospital	Hilary Dover	Amber	To completed once full decant of Llandarcy to Bay is achieved								
	Based on new modelling consolidate services into one Field Hospital to service SBUHB footprint and possible a supra regional footprint	Develop and finalise plans based on table-top and walk through exercises	Hilary Dover	Amber	Awaiting confirmation of Regional approach for Bay Field Hospital.	Implement plans to consolidate into one Field Hospital then enter dormancy phase until/if Field Hospital is required in a super surge scenario	Hilary Dover	Green	Consolidation into one field hospital (Bay) completed. LFH handed over to capital planning for decommissioning	Return Llandarcy Field Hospital to Ospreys following transfer of all equipment/services to Bay Field Hospital.	Hilary Dover	Green	Complete
	Consider alternative use for Bay Field Hospital during dormancy phase	Develop and agree a proforma for completion and submission to Operational and Exec leads to include ability to exit the building within 24 hrs to accommodate reactivation as needed	Hilary Dover	Green	Consolidation of services and resources at Bay FH has commenced for SBUHB.	Implement plans for alternative usage or enter dormancy phase	Hilary Dover	Green	Use of site agreed for wide range of internal and external services/ Ongoing consideration to further opportunies by Field Hospital Operational Group	Implement plans for alternative usage or enter dormancy phase	Hilary Dover	Green	Complete
	Transfer of site management from PCS Project leads when sites become used for alternative services or become dormant	Identify Site management role and appoint. Project Leads to return to substantive roles to reactivate PCS services	Hilary Dover	Amber	Site Management in place for Llandarcy and Bay Field Hospitals. Project Lead for Llandarcy now returning to substantive role, awaiting plans for release of Project Lead for Bay.	Identify Site management role and appoint. Project Leads to return to substantive roles to reactivate PCS services	Hilary Dover	Green	Site management roles in place. Llandarcy Field Hospital Project Lead has returned to substantive post. Bay Field Hospital Project lead continues in post to make ready the Field Hospital.				
Partnership Working	To continue robust West Glamorgan RPB response arrangements	Implement Rapid Discharge process	Nicola Johnson	Green		Monitor	Kate Kinsman	Green	Monitoring is on-going through the weekly operational group.	Monitor	Kate Kinsman	Green	
	To ensure Safeguarding remains "everybody's business" and to ensure Safeguarding statutory duty is maintained		Nicola Edwards	Green									
		Support staff to make referrals/Reports to Local Authority for Children/Adults at Risk	Nicola Edwards	Green									
		Monitor Health Board Safeguarding activity including Professional Concerns	Nicola Edwards	Green		Facilitation of Cafonyardina Level 3	Nicola Educada	Green	Safaguarding Loval 2 and "Arth and Art" Arthridge				
		Introduction of virtual Safeguarding Training Level 3 and "Ask and Act" Training	Nicola Edwards	Green		Facilitation of Safeguarding Level 3 and "Ask and Act" Training	Nicola Edwards	Green	Safeguarding Level 3 and "Ask and Act" training recommenced in July via a mixture of virtual and facilitated means in line with Welsh				
		Commencement of IRISi Training to Primary Care staff	Nicola Edwards	Green		Progression of IRISi programme	Nicola Edwards	Green	IRISi programme is progressing and training has commenced via a mixture of virtual and				
		Monitor and collate information re cases of FGM	Nicola Edwards	Green						Complete and Provide quarterly FGM report to WG	Nicola Edwards	Green	
		Contribute to regional Adult & Child Practice Review process	Nicola Edwards	Green									
		Coordinate HB response to PRUDIC  Engage and contribute to multi-	Nicola Edwards  Nicola Edwards	Green Green									
		agency Rapid Response to Suicides in Adults and Children meetings											

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Theme	Action	Milestone	Jul-20 Lead	RAG	Comments on Status	Milestone	Aug- Lead	RAG	Comments on Status	Milestone	Sep-2 Lead	RAG	Comments on Status
	To continue to work in partnership to reactivate essential elements of the Regional Clinical Services Plan with <b>HDUHB</b>	Develop regional position on Field Hospitals  Develop SLA for paediatric	Hilary Dover  Karen Stapleton	Amber	Discussions taking place at National Chief Executive Groups  SLA for Paediatric Ophthalmology has	Agree the position	Hilary Dover	Amber	Discussions taking place between Executive leads	Plan to implement	Hilary Dover	Amber	Regional solution initial discussions with CTM initiated end of Oct 2020. No commitments made - further scoping/ planning discussions to take place in Nov /Dec 2020
		ophthalmology	social supplication		been worked up (Jo Williams to sign off	Reactivate regional dermatology plan	Karen Stapleton	Amber	Agreement in place to pick and start work on regional Eye Care services, and Dermatology projects and further priorities to be dicussed at ARCH Service transformation meeting on 25th Sept	Plan to implement	Karen Stapleton	Amber	Clinical Lead for Dermatology agreed. A regional Plastics/Dermatology Consultant Post agreed and JD under development. Exploring Regional Plastics (Laser) sessions through a Retire and Return post. Regional Dermatology workforce review underway linking to GP training programme. Review current capacity and demand and compare to pre-Covid status.
	To continue to work in partnership with <b>CTM UHB</b> on the legacy of the Bridgend boundary transfer	Develop a regional position on Field Hospitals	Hilary Dover	Amber	Discussions taking place at National Chief Executive Groups	Agree the position	Hilary Dover	Amber	No specific discussions other than those continuing to take place at National Chief Executive Groups - Ongoing				
		Make recommendations on the opportunities around surgery at NPTH	Neil Miles	Green	Restart plans for orthopaedic elective 'green' surgery to take place from 7/9/2020 including associated ward, theatre staff. 'Go Live' protocols developed for sign off through weekly NPTH Orthopaedic steering group meeting. Discussions on going with Cwm Taf re theatre access and speiclty mix from OCtober onwards. Space allocated for Cwm Taf orthopaedics from 7/9 alongside Swansea Bay surgery	Agree the position, operationally planning for theatre restart in September	Neil Miles	Green	Operational planning, staffing, ward allocation and staffing, theatre refamiliarisaton, patient booking and isoalting all actioneed as planned	Plan to implement	Neil Miles	Green	Theatre restarted as planned on reduced S Bay and Cwm Taf timetable utilising Ward B2 pre and post opertaively on the 7th September 2020
	To continue to work in partnership with <b>C&amp;V UHB</b>	Update the baseline regional risk assessment	lan Langfield	Green	1.Regional OG cancer MDT to be piloted in September 2020     2.OG cancer service model workshop progressing work to identify preferred service model     3.Spinal Surgery launch workshop arranged for October 2020	Launch supraregional MDT for OGC Cancer Surgery	lan Langfield			Develop service specification for spinal surgery	lan Langfield	Green	Project launched to clarify regional and supraregional models for spinal surgery. Working groups established to advise on regional models, with wide stakeholder membership
Digital Transformation	Patient and Citizen Empowerment	Patient Portal – go live in diabetes	Deirdre Roberts	Green	Live in both Type 1 and type 2 patients. 214 patients have since registered	Patient Portal – implement in burns and plastics	Deirdre Roberts	Green	Burns and Plastics are refocusing approach to target patients who are SOS and who are PIFU. Lists being reviewed in readiness for end September go live.  Update - now live in burns and plastics	Patient Portal – commence testing of outpatient events	Deirdre Roberts	Amber	Testing complete. Number of issues identified that require changes to WPAS. Resolution to issues to be made available in release 20.1 - scheduled for November
						Text reminders/ PROMs – procurement specification completed	Deirdre Roberts	Green	Specification drafted. Funding to proceed being worked through with Outpatients transformation board.				
	Hospital Patient Safety and Flow	Develop end of life decision tool	Matthew Knott	Green	Software developed. Awaiting UAT								
		Recommence planning for Welsh Emergency Department system (WEDS)	Deirdre Roberts  Deirdre Roberts	Green	Planning process has commenced. Correction plan redraft commenced  All open wards live in NPTH before end					Sign off WEDs deployment order	Deirdre Roberts	Amber	Recommenced contractual discussions with EMIS, NWIS and the HB. National hardware refresh arrangements ongoing.
		ePrescribing (HEPMA) – continue role out in NPTH	Delitife Roberts	Green	of July								
						Significant upgrade to WPAS	Matthew Knott	Amber	Implementation date pushed back to November due to delays in completing integration work. Testing is on going and development of training materials including instruction videos are being produced.				
						Complete development of acute pain tool	Matthew Knott	Green	Development is complete, currently going through testing				
						Digital outpatients – pilot paperlite	Sian Richards	Amber	Delay due to unavailability of consultants. Pilot clinicians identified. Scoping work for pilot and new ways of working have been established with pilot commencement planned for Oct 2020. Update: Pilot has commenced				
										Agree development of SIGNAL v3  Commence implantation of Electronic	Matthew Knott  Deirdre Roberts	Green	Development plan agreed and development on schedule to commence  ETR in progress.
	Interested Unable and Core	Niles alestera in lattera in account in	Mattheway	01	Debuggi OMS grippeting holding an					Test Requesting Phlebotomy module, e-prescribing site 2, Nursing e- Documentation and Digital Outpatients Pilot electronic letters in community		Conn	Phlebotomy module still in development with NWIS. E-prescribing site 2 deferred given the all wales pharmacy implementation at PoW.
	Integrated Health and Care	Pilot electronic letters in community  WCCIS – submit FRC to Executive	Matthew Knott  Gareth Westlake		Delayed DMS migration holding up further development. Rescheduling for September WCCIS business case approved by					·	Matthew Knott	Green	Pilot is now live  Business case awaiting consideration by SLT
		WCCIS – submit FBC to Executive team		Red	Programme Board and submitted to IBG scrutiny panel in July					WCCIS – sign Deployment Order and commence implementation	Gareth Westlake/ Deirdre Roberts	- Red	Business case awaiting consideration by SLT.
		GP Test Requesting – complete Evaluation  Continue to maximise the benefits of	Deirdre Roberts  Deirdre Roberts	Green	Pilot complete, rollout commences early August.  Just over 5800 consultations held in								
		Continue to maximise the benefits of Attend Anywhere and Ask My GP in Primary Care	Deliule Ruberts		Just over S800 consultations held in secondary Care by end of July, 701 Attend Anywhere consultations have been conducted in primary care. Ask My GP deployment was accelerated in 2020 and was implemented in 27 Practices from March to July, with a further 4 planned in August								
	Information and Business Intelligence	Develop Essential Services Dashboard	Lee Morgan		Dashboard launched. Further enhancements to be developed in second iteration to inform Q3/Q4								
		Develop a Testing Dashboard: TTP, CTU and community testing	Lee Morgan	Green	Majority of testing reporting requirements have been included in COVID dashboard version 2.	Construction	lac Maria	-	Complete				
						Cancer dashboard – incorporate information from Chemocare	Lee Morgan	Green	Complete				

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Theme	Action	Milestone	Jul-20 Lead	RAG	Comments on Status	Milestone	Aug- Lead	20 RAG	Comments on Status	Milestone	Sep-: Lead	RAG	Comments on Status
		Willestone	Lead	KAG	Comments on Status	ivillestone	Lead	KAG	Comments on Status	Develop Outpatients transformation	Lee Morgan	Green	Development commenced and progressing
										Dashboard			well - Ongoing
										Develop Theatres Dashboard using Power BI	Lee Morgan	Amber	Part of the redevelopment of TOMs.  Temporary enhancements to reporting
										Tower 5.			provided in the meantime
		O365 – go live with Forms in 3 service	Carl Mustad/Matthew	Green	Booking app live in Phlebotomy				Booking app live in Phlebotomy (Morriston and		Carl Mustad	Green	Work well porgressed and due to finish end of
	Processes	areas; commence roll out of Pro Plus; proof of concept for booking app;	Knott		(Morriston and Bay Studios) PoC complete August				Bay Studios) PoC complete August New build laptops imaged with Office Pro Plus.	complete			October.
		move Occupational Health intranet to SharePoint online			New build laptops imaged with Office				Veterans services now all-digital using Forms				
		to snarepoint online			Pro Plus. Veterans services now all-digital using				and SharePoint online				
					Forms and SharePoint online								
		Develop stent registry	Matthew Knott	Green	Development complete, in UAT								
	Digital Enabling Programmes	Commence rollout of Community and Learning Disability Services WiFi	Carl Mustad	Green	22/68 sites complete Final completion estimated December								
			CodMonard	C	2020	0265	CodMonard	C	Consists	D'int interes	CodMonto	Auchan	Control of the Contro
		O365 – start pilot of MS Intune	Carl Mustad	Green	Initial work for pre reqs in progress Due to pilot in September	O365 - re-provision Skype conference equipment to teams	Carl Mustad	Green	Complete	Pilot Intune	Carl Mustad	Amber	Licence realignment underway, full pilot of intune planned for Q3 in line with National
													Program
										Migration of data to new BI server complete	Carl Mustad	Green	Migration completed
										Commence infrastructure	Carl Mustad	Green	Working alongside capital planning
										requirements in readiness for national critical care system WICIS			
										Commence infrastructure	Carl Mustad	Green	Work ongoing
										requirements for Omnicell in theatres			
Infection Prevention	Implement social distancing	Communications to publicise on	Lisa Hinton	Amber	Social distancing in place. Audit tool	Monitor compliance with social	Lisa Hinton	Green	Sample audit undertaken. To be integrated into		Lisa Hinton	Green	Ongoing
Control	for staff and patients in communal and clinical areas	social media, internal screens, posters and floor markings			developed. Audits to be commenced in Q2 to monitor compliance.	distancing in a variety of areas			IPC routine audits.	review signage			
		Set up social distancing cell	Dorothy Edwards	Green	Cell in place since June 2020								
	Health promotion/ education:	Continue to work with procurement	Mark Parsons	Green	There are no known issues with the								
	Raise awareness of general	around supplies of hand wash and gel	IVIdIK PdISOIIS	Green	supply and distribution of hand wash or								
	principles of IPC for staff, patients and visitors				gels. These are removed from the restricted line items covered under PPE								
	patients and visitors				in June 2020. As for the education								
					element IPC lead on training and education.								
		Ensure communications are in place	Lisa Hinton	Amber		Seek feedback on the comms related	Lisa Hinton	Amber	Plans in place to undertake a survey.	Review and amend comms strategy	Lisa Hinton	Amber	Patient and staff survey being developed
		in relation to hand hygiene,				activity for effectiveness				as required			inconjunction with patient experience team.  To be undertaken in Q3
		symptoms, catch it, bin it, use of masks and how to apply etc											To be undertaken in Q3
	Ensure the most up to date guidance is implemented and	Review all IPC related guidance as it is published and ensure it is	Lisa Hinton	Amber	Ongoing. SOPs updated and reviewed in line with National developments	Ongoing review and refresh of SOPs	Lisa Hinton	Green	Reviewed and updated on a continuous basis.	Ongoing review and refresh of SOPs	Lisa Hinton	Amber	Continuously reviewed and updated according to National and local
	disseminated in a timely	implemented, developing local SOPS			line with National developments								changes/requirements
	manner	or relevant information as appropriate											
	Environmental	Ensure environmental cleaning and	Lisa Hinton	Amber	3 month HPV in place with a managed	Develop systems for recording when	Lisa Hinton	Amber	Systems being explored to capture this. This	Ensure systems for recording	Lisa Hinton	Amber	Electronic solution being explored. Paper
	decontamination	decontamination practices are in line with National guidance for COVID or			service and UVC technology utilised within each of the acute sites. Electronic	enhanced cleaning or decontamination are required and			information is captured on a paper basis but will be more effective electronically. THis action is	enhanced technologies are in place			based process in place. Cleaning products in use as per National guidance.
		other organisms as appropriate			system for monitoring being explored by				monitored by the environmental				8
					support services.				decontamination task and finish group a sub group to the infection control committee.				
Value Beard Healthouse	Companies Ferential Comisses	Davides 9 vall out Triage and	Noviet Kelse	Ambar	adi:aaish OD saam sa mamasaaa af	Cash ad assessed and moth adalogs.	Naviat Valsa	Cross		Daview	Noviet Velse	Canan	OO haan aant aat fay Baadantsiaa
Value Based Healthcare	Supporting Essential Services	Develop & roll out Triage and Prioritisation tool in areas/specialties	Navjot Kalra	Amber	working with OP team to promote use of QQ tool	Embed approach and methodology	Navjot Kalra	Green		Review	Navjot Kalra	Green	QQ been sent out for Paedactrics, Rhematology & Audiology. Currently working
		with greatest need aligning with the Essential Services Guidance											with respiratory. Also developing process to use a generic triage QQ, and engaging with
		Essential Services Guidance											more specialities.
	PROMS	Continue collecting PROM's in Heart	Navjot Kalra	Green	currently collecting PROMs in HF Hub,	Implement	Navjot Kalra	Green		Implement	Navjot Kalra	Green	Phase 2: Scoping meeting arranged on 2nd
	T NOMS	Failure and Ophthalmology	Navjoe Rana	Green.	need to start collecting in community	imperioric	na vjet nama	G.CC.I		in periodic	Navjot kana	O.CC.	Nov - to collect PROMs along new HF
					clinics when back up and running. Also currently collecting PROMs in Cataracts -								pathway. Meeting arranged with coders to establish a
					baseline only.								way to automate sending of cataract PROM
													post surgery. Currently only collecting pre surgery
		Review PROM collection processes in existing services in Rehabilitation	Navjot Kalra	Green	Reviewed process for ELP, this will be collected in DrDoctor, anticipated go-live	Implement any changes as a result of	Navjot Kalra	Green		Monitor	Navjot Kalra	Green	ELP are looking to collect PROMs in PROMAPP. the supplier is currently gaining
		particularly ELP and MCAS			Dec 2020 (project delayed due to Covid-	Terretti							Cyber Security with Digital services. In
					19)								readiness for service commencing in Feb 2021.
						Implement digital integrations to be	Navjot Kalra	Δmher	Waiting for WPAS integration documentation	Monitor	Navjot Kalra	Δmhar	WPAS integration booked with DrDoctor &
						able to automate processes and use	wayot rdiid	Amber	from HDd Value team, which should be w/c		NAVJUL RAII A	Amber	Digital on 23rd Nov 2020.
						the full functionality of the PROM's solution (WPAS and DrDoctor)			5/10/20, once received WPAS extract into DrDoctor should be quite straightforward, as all				
									server integrations have already been set up for				
									the first extract with PIMs.				
										Commence collection of PROMs &	Navjot Kalra	Green	on target to go live collecting proms to use to
										Triage tool in Lymphedema			triage and for direct patient care on w/c 9th
	Outpatients	Reduce Outpationts routing	Naviot Valsa	Ambas	orthanedics cardiology and authors in	Reduce Outpatients routing	Naviot Valsa	Grace		Reduce Outpationts souting	Navjot Kalra	Gran	Nov 2020.
	Outpatients	Reduce Outpatients routine appointments in alignment with the	Navjot Kalra	Amber	orthapedics, cardiology and opthmalogy (PROMs) already included in the work	appointments in alignment with the	Navjot Kalra	Green		Reduce Outpatients routine appointments in alignment with the	INDVIOL NAIFA	Green	Aligned with OP programme with implementation of quick question and PROMs
		OP Modernisation programme in T&O, MCAS, Ophthalmology,			programme. Further discussions required about chosing between IBD and	OP Modernisation programme in				OP Modernisation programme in T&O, MCAS, Ophthalmology,			in Rheumatology, IBS, Heart Failure and Lymphadema.
		Cardiothoracic Surgery, Gastro,			Rheumatology as the 3rd speciality on	Cardiothoracic Surgery, Gastro,				Cardiothoracic Surgery, Gastro,			zyp./aucina.
		Cardiology, Dermatology, Nephrology and Rheumatology in line with			DrDoctor. Quick question tool has been offered to all specialities within the OP	Cardiology, Dermatology, Nephrology and Rheumatology in line with				Cardiology, Dermatology, Nephrology and Rheumatology in line with			
		detailed plan			modernisation programme.	detailed plan				detailed plan			
Capital	Field Hospitals	Agree final accounts for Field	Simon Davies	Green	Work ongoing	Agree final accounts for Field	Simon Davies	Green	Work ongoing				
	i .	Hospitals.			1	Hospitals							I

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meme	Action	Milestone	Jul-20 Lead	RAG	Comments on Status	Milestone	Aug-: Lead	RAG	Comments on Status	Milestone	Sep-2 Lead	RAG	Comments on Status
		Scope & design potential oxygen adaptations for the Bay Field Hospital	Simon Davies	Amber	Design for installation of bottled oxygen into the triage / treatment room area of the bay studios and explore opportunity for a linked building ( portacabin style) adjacent to the Field Hospital. Revise management plan and identify any works required to enable bottled oxygen use in these areas	Scope & design potential oxygen adaptations for the Bay Field Hospital	Simon Davies	Green	Agreed to install mobile portable oxygen cyclinders within triage & treatment room area's. Will also have oxygen concentrators - x8 which will deliver 5L oxygen and x2 which will deliver 1DL oxygen. Safe storage of cylinders outside will also be provided. Discssion around level of acutiy of patients has occurred and agreed that medical model would be revised to reflect lower level.	Undertake works for possible oxygen adaptions at Bay Field Hospital	Simon Davies	Amber	Swansea Council continuing to undertake maintenence on the roof as it continues to leak. Final accounts original works finalised - not as yet completed for additional works and reinstatement.
		Agree reinstatement costs for Llandarcy Field Hospital	Simon Davies	Amber	Estimated at £350k to reinstate but this has yet to be agreed with NPT Council and Scott's the builders.	Agree reinstatement costs for Llandarcy Field Hospital	Simon Davies	Amber	Estimated at E400k to reinstate but this has yet to be agreed with NPT Council and Scott's the builders.	All current works identified has been agreed with NPT Council. Two outstanding items: Replacement of 3G pitch & flooring in main hall. Final accounts for reinstatement works as yet to be agreed.			
	Updated capital plan	Agree revised capital plan with local risk assessment, with no funding available from the AWCP for schemes in development	lan MacDonald	Green	Revised plan approved by Board and WG.								
	Replacement of CT-SIM, West Wales Cancer Centre	Place orders for CT-SIM equipment.	Simon Davies	Green	Works on-going and Equipment / specification agreed.								
	wates cancer centre	Enter construction contract	Simon Davies	Green	Contract due to be signed in September with works being complete by March 21.	Commence construction works.	Simon Davies	Green	Contract due to be signed in September with works being complete by March 21.	Continue construction works	Simon Davies	Green	On Track
	Replacement of Cladding, Singleton Hospital	Design of technical options for	Simon Davies	Green	Work ongoing	Design of technical options for replacement of cladding.	Simon Davies	Green	Work Ongoing	Completion of technical business case	Simon Davies	Green	FBC informally submitted to WG 30.10.20 Awaiting formal HB sign off 26.11.20
	Singleton riuspital	replacement of cladding.  Design of enabling package for	Simon Davies	Green	Design work ongoing	Submission of enabling package for	Simon Davies	Green	Design work ongoing	for cladding replacement			A COLUMN TO SIGN ON 20.11.20
	Anti-Ligature Phase 2	contractor car park.  Review of risk associated with a reduced level of initial works	Simon Davies	Amber	Awaiting approval to proceed from the WG.	contractor car park.  Review of risk associated with a reduced level of initial works	Simon Davies	Amber	Awaiting approval to proceed from the WG. Works has been fully tendered.	Commencement of initial reduced level of capital works	Simon Davies	Amber	Still awaiting confirmation of funding from WG. Areas identified to undertake work in LD bunglaows & agreed by Dai Roberts.
Finance	Financial Plan	Complete critical review of original financial plan savings plans and investment plans	Darren Griffiths	Green	Savings requirements were discussed at the end of July finance review meetings. A refreshed version of the KPMG pipeline has been shared with unit triumvirates and plans have been requested for return for discussion and agreement at the end of August Financial Review meetings to be undertaken in September					Through finance review meetings increase assurance of robust capture of COVID 19 costs to support cost recovery from Welsh Government as funding becomes available	Darren Griffiths	Green	The Health Board has been notified of the available funding to support the pandemic response and the delivery of the Health Board forecast financial position. This will continue to be monitored and driven through the financial review meetings
	Capital Plan	Review the capital plan to reflect changes in funding assumptions from Welsh Government to maintain plan balance	Darren Griffiths	Green	This was completed by the end of July and a revised balanced plan was approved								
Workforce	Expansion of Occupational Health to support Covid-19	To recruit additional OH Nursing and admin staff to support ongoing OH Covid Work	Hazel Robinson/ Kathryn Jones	Green	Secondments agreed with staff deployed to OH who were already trained up.	To continue to Work with PHW to implement Health Care Worker surveillance programme	Kathryn Jones	Amber	Work with PHW continues - staff have been randomly selected to take part in the programme and the surveillance has commenced with the offer of monthly blood tests.	To implement Health Care worker Covid-19 surveillance programme in partnership with PHW.	Kathryn Jones	Amber	Email sent out to identified staff and consent forms returned by participants. Meeting at Bay hospital who have agreed to undertake the phlebotomy. Awaiting link to booking system in Bay Hospital to commence offering appointments.
		To implement streamlined pre- employment process to reduce recruitment waits.	Hazel Robinson/ Kathryn Jones	Green	Streamline Pre-Employment process implemented. Waits for clearance significantly decreased.	Continue 7 day delivery of OH service as demand dictates induct and train new OH Nurses and admin staff To support the pause in staff shielding and to undertake assessments on staff return to work	Kathryn Jones	Green	The service continues operating 7 days and recently expanded weekend hours (8-4pm) due to the increase in workload as a result of recent increases in positive Covid infections.  2 Band 5 Nurses OH Nurses appointed 12 months fixed term. Completed immunisation training, supporting some COVID Calls and undertaking immunisations.  2 x 66 Nurses from pre assessment seconded to OH unti 31/03/2021- trained to undertake management referrals, general advice, Referrals to CTU and processing results  2 x 65 Nurses from Cardiac ITU seconded to OH unti 31/03/2021- trained to undertake referrals to CTU and processing results.  5 X 85 Nurses from Cardiac ITU seconded to OH until 31/03/2021- trained to undertake referrals to CTU and process results.  5 Fixed term until 31/3/20 Band 5-6 and Band 6-7 secondments completed to increase resilience within the team.  438 management referrals related to Covid-19 issues, including support for staff who are shielding, received since June 2020. Continued phone and e-mail support to line mangers to help manage staff to return to work from Shielding.		Kathryn Jones	Amber	Programme agreed at Health and safety Meeting, All resources complete. Implementation schedule agreed at OH, H&S and IC joint meeting. 8 Training Sessions Booked. Invite sent initially to Morriston and NPTH. Additional training Sessions planned. Band 6 OH Nurses currently receiving training to undertake skins management referrals.
	Expansion of wellbeing service to support Covid-19	Additional fixed-term staff counsellors recruited to support significant increase in mental health referrals to the service		Green	Counsellors recruited and in post.	Procurement document developed to help identify provider to deliver TRIM training.	Kathryn Jones	Amber	Procurement exercise currently being undertaken to identify provider	To identify TRIM provider to deliver full 2 day training to critical acre staff	Kathryn Jones	Amber	Procurement tender exercise complete and identifying supplier to deliver 2 day training. Interim training (ReactMH) delivered to 240- staff to support managing effects of trauma in the workplace.
		Promotion of 'Silver Cloud' (on-line CCBT) to HB staff		Green	Silver Cloud promoted to HB Staff via email and on intranet pages.	Initial meeting with wider partners to promote early intervention for mental health Promotion of SilverCloud resulted in SBU having highest number of staff participants across Wales.	Kathryn Jones	Green		To arrange Ministerial Visit to support the ESF funded 'In Work Support' service	Kathryn Jones	Amber	Due to the pressures of existing diary commitments the Ministerial visit has been postponed until February 2021. It is hoped that the visit will be face-to face (if possible) with attendees also able to participate virtually. Due to the nature of the support provided by the IWS Service, the WG lead has suggested that it may be preferable to invite Eluned Morgan (Minister for Mental health and Wellbeing), instead of Vaughan Gething.

	Action		QUARTER 2											
Theme			Jul-20			Aug		Sep-20						
		Milestone	Lead	RAG	Comments on Status	Milestone	Lead	RAG	Comments on Status	Milestone	Lead	RAG	Comments on Status	
						Promoting ESF funded 'In Work	Kathryn Jones	Green	Continue to promote the service locally; Wales					
						Support Service' via local media			on Line piece published 23/9/20 and the Wave					
						including radio campaign on 'The			radio campaign continues resulting increased					
						Wave' radio station.			referrals. Invitation by Jeremy Miles MS for					
									Neath to 'Mental Health support in Neath'					
									meeting on 9/10/20 to promote the service.					
									Most local businesses have been sent					
									information as to how the service can support					
									staff during Covid-19. Webpage updated with					
									timetable of wellbeing webinars and Covid-19					
									related information.					
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