

Appendix 2: Portfolio Highlight Reports Quarter 2

| | Jul | Aug | Sep |
|---|-----|-----|-----|
| Responding to COVID-19 | | | |
| Scope | | | |
| Time | | | |
| Cost | | | |
| Urgent and Emergency Care | | | |
| Scope | | | |
| Time | | | |
| Cost | | | |
| Planned Care Recovery | | | |
| Scope | | | |
| Time | | | |
| Cost | | | |
| Improving Quality and Safety | | | |
| Scope | | | |
| Time | | | |
| Cost | | | |
| Improving Cancer and Palliative Care | | | |
| Scope | | | |
| Time | | | |
| Cost | | | |
| Improving Maternity, Children and Young People Services | | | |
| Scope | | | |
| Time | | | |
| Cost | | | |
| Improving Primary, Community, and Therapy Services | | | |
| Scope | | | |
| Time | | | |
| Cost | | | |
| Improving Mental Health and Learning Disabilities Services | | | |
| Scope | | | |
| Time | | | |
| Cost | | | |
| Improving Population Health | | | |
| Scope | | | |
| Time | | | |
| Cost | | | |
| Workforce and Leadership | | | |
| Scope | | | |
| Time | | | |
| Cost | | | |
| Digital Capability | | | |
| Scope | | | |
| Time | | | |
| Cost | | | |

Responding to COVID-19

| | Jul | Aug | Sep |
|-------|-----|-----|-----|
| Scope | | | |
| Time | | | |
| Cost | | | |

Key priorities

- Priorities are governed through the Health Board's overarching command and control arrangements for COVID, reporting through Dr Keith Reid, Executive Director for Public Health, and Gold Command.
- The 10-19 age range are by far the highest age range testing positive and within that range it is the 11-15 year olds that have the highest cases. Cases in the 40-49 age range are starting to rise which is thought to be school children who are positive infecting parents.
- Unknown transmissions and unknown source are becoming increasingly common due to the amount of transmission in the community.
- The Health Board's vaccination programme has delivered over 500,000 individual doses and has offered every eligible adult a first appointment.
- The deployment plan for a booster vaccine to the most vulnerable groups has commenced, vaccinating 1,058 residents of older people care homes during September 2021.

Delivery

| Goal | Outcome measure | | Jul | Aug | Sep |
|---|--|----------------|---------|---------|---------|
| Deliver vaccination for priority groups 1-4 to reduce COVID-19 prevalence in the most vulnerable groups, fully vaccinating 200,000 people by Q2 | Three MVCs established, with local delivery points established according to population need, fully vaccinating 200,000 people classed as the most clinically vulnerable under JCVI guidance. | Base 56,487 | 278,533 | 285,299 | 287,251 |
| | | Target 200,000 | | | |
| | A mobile vaccination unit deployed, vaccinating 800 people per month. | Base 578 | 564 | 277 | 367 |
| | | Target 800 | | | |
| | All individuals identified within JCVI priority groups 1-9 offered a vaccination by 19th April, and over 80% vaccinated. | Base 75.66 | 80.86 | 81.23 | 81.34 |
| | | Target 80% | | | |
| Methods | | | Jul | Aug | Sep |
| Vaccination | | | | | |
| Maintain establishment of mass vaccination centres (MVCs). and scope local vaccination centres (LVCs). | | | | | |

| | | | |
|---|--|--|--|
| Using the Primary Care COVID Immunisation Scheme, deliver vaccination of priority groups through General Practice, clusters, and community pharmacy. | | | |
| Deploy a mobile vaccination unit ('immubulance') to target hard-to-reach groups. | | | |
| Identify individuals within priority cohorts outlined by the UK's Joint Committee on Vaccination and Immunisation (JCVI), and offer vaccination to all individuals by appointment, through the Welsh Immunisation System. | | | |
| Offer vaccination, by appointment, through the Welsh Immunisation System. | | | |
| Priority testing for these cohorts, rapid lab processing Lateral Flow Device testing - rapid results | | | |
| Contact made within 24 hours of index case identification Provide/receive mutual aid from other TTP teams where required | | | |
| Utilise MTU testing facilities to provide rapid response testing events Work with partners/local businesses to test staff "clusters" | | | |
| IMT structure reviews weekly epidemiology data and intelligence | | | |
| Covid prevalence rates trigger an agreed IMT response | | | |
| Comms Cell and PH Protection engage with relevant communities/issue population wide comms | | | |
| Test, Trace, Protect | | | |
| Priority testing for these cohorts, rapid lab processing Lateral Flow Device testing - rapid results | | | |
| Contact made within 24 hours of index case identification Provide/receive mutual aid from other TTP teams where required | | | |
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| IMT structure reviews weekly epidemiology data and intelligence | | | |
| Covid prevalence rates trigger an agreed IMT response | | | |
| Comms Cell and PH Protection engage with relevant communities/issue population wide comms | | | |

Key risks

| Description | Initial score | Mitigation | Current Score |
|---|---------------|--|---------------|
| Risk of failure to deliver on quality priorities due to on-going delays to confirmation of resource | 25 | Business case submitted. Communication between Exec Directors. | 20 |
| Failure to deliver on quality priorities caused by an inability to recruit to key roles | 10 | Promotion of roles within the organisation. Exploration of secondment opportunities. | 10 |

Urgent and Emergency Care

| | Jul | Aug | Sep |
|-------|-----|-----|-----|
| Scope | | | |
| Time | | | |
| Cost | | | |

Key priorities for Q2

- Tenders issued and contract for Enfys building works allocated to successful company. Build works to take 30 weeks to complete. Timeline for the go-live of the acute medical admissions centralisation to be extended to June 2022. Building works will commence once the outcomes of the public consultation campaign, 'Changing for the Future', have been ratified by the Health Board and subsequently by Welsh Government. This means that building works is unlikely to start before Dec 2021.
- The move of the Acute GP Unit to Morriston Hospital is scheduled for early October 2021.
- Business cases for the Virtual Ward, Home First services, and Consultant Geriatrician and Ortho-geriatrician posts, have been approved. Recruitment to fill key roles is progressing. A key risk is the inability to appoint to the Consultant Geriatrician posts and the pressures facing the social/domiciliary care sector, which will affect the Home First programme.
- Clinical services and departments have started to move out of the Enfys ward in Morriston Hospital, in readiness for the commissioning of capital works, to transform the area into an Acute Hub and AMAU. The pressure to use all available space to accommodate surge capacity is a risk to this element of the programme; the Tawe ward is already being used in this way.
- Modelling work has taken place, working with Lightfoot, to scope bed capacity and requirements for the centralisation of acute medical services.
- A clinical model to support Enfys/Tawe has been developed and approved. Staff in post and vacancy rates are being worked through to identify the potential for staff transfer and/or recruitment required to support the centralisation of services.
- Development of a paper to propose the changes required, and staff impact, to support the move of inpatient rehab services into NPT Hospital. Paper to be discussed at October Management Board meeting.
- Arrangements to support an interim acute medical service at Singleton (whilst the centralisation at Morriston beds in), have been agreed.

Delivery

| Goal | Outcome measure | | Jul | Aug | Sep |
|---|--|-------------------|-------|------|------------------------|
| Alleviating unintended variation and inequalities in the provision of whole system Heart Failure pathway. | 95% of heart failure patients receive an urgent specialist assessment within 6 weeks | Baseline 10% | 76.5% | 100% | Data not yet available |
| | | Target 95% | | | |
| | Reduce Average LoS within the community nursing team | Baseline 48 weeks | 16.6 | 13.2 | Data not yet available |
| | | Target 16 weeks | | | |

| Goal | Outcome measure | | Jul | Aug | Sep |
|--|--|--------------|------|------|------|
| | 100% of patients are discharged to primary care when patient is stable | Baseline 10% | 100% | 100% | 100% |
| | | Target 95% | | | |
| Methods | | | Jul | Aug | Sep |
| Relocate the AGPU from Singleton to Morriston to provide a single service with single point of access for ED referral into the service and develop into a 7-day service | | | | | |
| Development of an AEC service model at Morriston - within the overarching Medical Short Stay Unit (MeSSU) | | | | | |
| Acute physician led AMAU at Morriston integrated with community teams and care pathways based on single ambulatory model | | | | | |
| Centralised acute medical admissions with single specialties for older people, gastroenterology respiratory and cardiology on Morriston site | | | | | |
| Establish Cluster based Virtual Wards | | | | | |
| Establish Emergency Frailty Unit (EFU) based on Older Peoples Assessment Service (OPAS) Model in ED | | | | | |
| Establish Acute Frailty Unit (AFU) based in the Medical Assessment Unit at Morriston Hospital, based on iCOP model. | | | | | |
| Re-configure bed based rehabilitation services across NPTH/Singleton/Gorseinon hospitals | | | | | |
| Enhance ortho-geriatric care to deliver optimal care for older patients diagnosed with a # neck of femur. | | | | | |
| Increased Hospital at Home capacity and expanded intermediate care model | | | | | |
| Investment to SUSTAIN current service changes in Heart Failure services | | | | | |
| Investment to ENHANCE HF Service with Value Based HealthCare approach | | | | | |
| Investment in COPD ESD | | | | | |
| Development of integrated working, collaboration and co-production between COPD ESD Team, PCC and WAST to provide seamless care and support patients in a community setting. | | | | | |
| Roll-out of the Diabetes Enhanced Service | | | | | |
| Development of Diabetes Community Model Business Case | | | | | |
| Provide dedicated Psychological Support for adults and young people | | | | | |
| Dedicated dietetic support for young adult clinics | | | | | |
| Diabetes Type 2 X-pert education | | | | | |
| Diabetes Type 1 DAFNE education - centrally co-ordinated | | | | | |
| Improved access to patient records for Diabetes | | | | | |

| Goal | Outcome measure | | Jul | Aug | Sep |
|--|---|------------|-----|-----|-----|
| Improve quality of care and outcomes for acutely unwell patients through rapid access to medical assessment, investigation, diagnostics, treatment and if appropriate admission to hospital. | Attendances to Acute GP Unit discharged to home | Baseline 0 | 4 | 2 | 3 |
| | | Target | | | |
| Methods | | | Jul | Aug | Sep |
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| Description | Due | Status | Enabling Action |
|--|------------|-----------|--|
| Acute Medical Services Re-design | | | |
| Approve use of Enfys and Tawe | 01/07/2021 | Completed | |
| Approve Enfys/SSU bed configuration, plus beds required to support acute admission numbers | 01/07/2021 | Completed | |
| Approve clinical model | 01/07/2021 | Completed | Workshop with clinical leads in October. |
| Comms and engagement briefing to specialty clinical leads | 03/08/2021 | Completed | |

| Description | Due | Status | Enabling Action |
|--|------------|------------|---|
| AGPU/AEC pathways and flow | 09/08/2021 | Completed | SOP approved today will be published tomorrow |
| Timetable of specialty clinical lead and AMSR clinical lead meetings | 09/08/2021 | Completed | |
| Develop and approve SOPs | 31/10/2021 | Monitoring | Draft standard operating procedures with clinical leads for comment. |
| Sign off Organisation Change Policy | 10/11/2021 | Monitoring | Draft in place, working with Workforce to develop further for circulation in early Q3. |
| Workforce recruited | 31/08/2021 | Off-track | Critical recruitment underway, with recruitment tracker in place to support with appointment to key posts. |
| Scoping new posts | 09/08/2021 | Completed | |
| Sign off plan for Enfys and SSU capital works | 02/08/2021 | Completed | |
| Specialty Workshop for clinical model and beds | 24/09/2021 | Monitoring | |
| Re-locate all services from Enfys | 30/09/2021 | Monitoring | Waiting on advice for legal position on re-locating services into the Morriston Education Centre. Interim Group Director is leading discussions. Enfys building works start date pushed back to end of November at the earliest |
| Agree Singleton cover arrangements | 31/12/2021 | On track | |
| Agree staff rotas | 01/09/2021 | Monitoring | |
| AMU Nursing and Support Model | 05/10/2021 | On-track | |
| Re-locate AGPU to Morriston | 01/11/2021 | On-track | |
| External engagement with CHC | 31/10/2021 | On-track | |
| Tender and contract for estates work | 01/07/2021 | Completed | |
| Commence staff consultation and evaluation | 01/10/2021 | Planned | |
| Local Authority sign off | 01/11/2021 | Planned | |
| Staff consultation and evaluation | 31/10/2021 | On-track | |
| Step Up Step Down | | | |
| Scope and draft paper on Inpatient Rehabilitation to Management Board | 31/10/2021 | On-track | Scope and draft in patient rehab to management board-agreed End of October |
| Modelling across Morriston and Gorseinon for inpatient rehabilitation move | 30/09/2021 | On-track | |

| Description | Due | Status | Enabling Action |
|---|------------|-----------|--|
| Inpatient Rehabilitation Bed base analysis | 30/10/2021 | On-track | |
| Inpatient Rehabilitation Staff gap analysis | 30/10/2021 | On-track | |
| Inpatient Rehabilitation Environmental concern analysis | 30/10/2021 | On-track | |
| Inpatient Rehabilitation Engagement with clinical staff | 30/11/2021 | Planned | |
| Agree frailty outreach objectives and clinical model | 30/11/2021 | On-track | |
| Sign off business case for frailty outreach | 30/11/2021 | On-track | |
| Develop VW job adverts | 31/07/2021 | Completed | |
| VW GP Practices signed up to e-risk tool | 30/09/2021 | On-track | |
| VS SIGNAL working in GP Practices | 04/10/2021 | On-track | |
| Commence Virtual Ward recruitment | 02/08/2021 | Completed | |
| Complete VW recruitment | 30/10/2021 | On-track | |
| VW dashboards available | 31/10/2021 | On-track | |
| VW IT and other equipment in place | 31/10/2021 | On-track | |
| VW training and induction | 31/12/2021 | Planned | |
| Draft Acute Frailty workforce business case | 30/06/2022 | Monitor | Clinical model to be agreed- Awaiting Sign off. Delivery dependent on centralisation of acute medical take to Morriston Hospital |
| Sign off Acute Frailty business case | 30/06/2022 | Monitor | |
| Agree location for AFU | 30/06/2022 | Monitor | |
| Sign off SOP for AFU | 30/06/2022 | Monitor | |
| AFU 7-day working protocol in place | 30/06/2022 | Monitor | |
| Home First Pathway 2 Recruitment | 30/09/2021 | On-track | Applied internally, back-filling required, gaps in service until January 2022. |
| Home First Pathway 2 Go Live | 01/10/2021 | Monitor | <p>Phased approach agreed by the regional transformational board,</p> <p>Phase 1 to commence in November 2021</p> <p>Phase 2 in January 2022</p> <p>November – January there will be reduced number of discharges facilitated.</p> |
| Sign off Orthogeriatrics Recruitment | | On-track | |
| Sign off Orthogeriatrics business case Around wider MDT | 31/07/2021 | Off-track | Model to be re-scoped |

| Description | Due | Status | Enabling Action |
|---|------------|-----------|---|
| Agree Orthogeriatrics clinical model | 31/08/2021 | Off-track | Shift from a primary based care model into a community model. |
| Heart Failure Pathway | | | |
| Develop Heart Failure PROMs indicators | 30/11/2021 | On-track | |
| Review and refresh the use of PROMs within Heart Failure service. | 31/12/2021 | On-track | |
| Link with ABUHB on use of PROMs in Heart Failure | 31/12/2021 | On-track | |
| Diabetes Pathway | | | |
| Develop resource model for options appraisal | 31/12/2021 | On-track | |
| Develop business case in line with NICE guidance | 31/12/2021 | On-track | |
| Link with ABUHB for overview of community model (including staffing and benefits) | 31/12/2021 | On-track | |
| Respiratory Pathway | | | |
| Re-establish Clinical Re-design Group and develop plan for delivering plan priorities | 30/11/2021 | Planned | |

Key risks

| Description | Initial score | Mitigation | Current Score |
|---|---------------|---|---------------|
| Fail to significantly reduce the number of clinically optimised patients in hospital beds prior to Go Live | 25 | Key Health Board-wide operational priority and will factor in the Winter Plan. Aligned to work plan for Step/Step Down workstream. Key issue on Exec agenda and requires external agency involvement. | 25 |
| Fail to improve ED 4/12hr performance prior to Go Live | 25 | Key Health Board-wide operational priority and will factor in the Winter Plan. Aligned to work plan for Step/Step Down workstream. Key issue on Exec agenda and requires external agency involvement. | 25 |
| Fail to recruit to critical posts to support clinical models | 20 | Key Focus: recruitment programme for SUSU - expecting posts to be operational by end Oct 2021., but on a limited basis due to existing workforce pressures. Recruitment Tracker reviewed daily. Business cases for other posts being worked through. | 20 |
| Fail to complete estates works for Enfys in time for Go Live - Go Live date will now be July 2022 at earliest | 25 | Final plans for the Enfys footprint have been signed off. Contract to go to Health Board for ratification on 28.10.21. Works programme expected to now start late November 2021 with build timeline of 30 weeks, which will take the Go Live to July 2022 at the earliest | 20 |
| Fail to undertake robust job planning and rotas in time for Go Live. | 20 | Dedicated workstream, expected final arrangements agreed by end Oct 2021. Recruitment campaign required to fill roles. | 12 |

Planned Care Recovery

| | Jul | Aug | Sep |
|-------|-----|-----|-----|
| Scope | | | |
| Time | | | |
| Cost | | | |

Key priorities

- A plan has been developed to implement a structure advice and guidance model across priority Outpatients services by early October, with engagement activities planned for both general practice and secondary care to maximise usage and value.
- The group will further focus on a longer-term strategy for the Consultant Connect platform, Welsh Clinical Communications Gateway (WCCG), and investment in Primary Care expertise, to reduce new Outpatient referrals by 20%.
- The strategic outline case for a new build orthopaedic surgical centre at Neath Port Talbot Hospital has been submitted to Welsh Government.
- Develop of three new modular theatres at the Neath Port Talbot Hospital site, and three new modular theatres at the Singleton Hospital site are being scoped; the additional capacity will allow for the transfer of elective orthopaedic and spinal surgeries to Neath Port Talbot Hospital, and general surgery and ophthalmology at Singleton Hospital. Funding has been received, in part, to fund the modular theatres at Neath Port Talbot Hospital, and one theatre at Singleton Hospital.
- The Diagnostics Recovery group has received non-recurrent funding for Pathology, Cardiac, Neurophysiology, Radiology, and Endoscopy to invest in recovery plans. Demand and capacity modelling has completed to support recovery of position across diagnostics services, and recovery plans are being developed in early Q3.
- Contracts for out-sourcing to Sancta Maria and St Josephs have been rolled over for 2021/22, with facility-only contracts to be agreed in Q2.

Delivery

| Goal | Outcome measure | | Jul | Aug | Sep |
|---|--------------------------------|----------------|---------|---------|---------|
| Implement a structured advice and guidance system to reduce referral demand and face to face attendances where appropriate | New Outpatient GP referrals | Base 20,301 | -15.89% | -17.05% | -15.66% |
| | | Target -20% | | | |
| | New Outpatient waits <36 weeks | Base | 32,993 | 33,850 | 32,993 |
| | | Target <25,000 | | | |
| | Follow up waits over 100% | Base | 31,689 | 21,196 | 32,919 |
| | | Target -55% | | | |
| Methods | | | Jul | Aug | Sep |
| Implement a structured advice, guidance and triage service offered in the top 10 high demand specialties, offering a consistent service for 4 hours daily Monday – Friday | | | | | |

| | | | |
|---|--|--|--|
| Roll-out Consultant Connect to operate in the top 10 specialties (June 2021) and in all other specialties by September 2021 | | | |
| Review Follow Ups in the top 10 high waiting specialties between primary and secondary care and develop a plan with greater appropriate primary care follow up | | | |
| Increase the use of the current theatres to six day working | | | |
| Capital development of 4 additional theatres at NPTH agreed with Welsh Government. | | | |
| Commission additional private sector capacity in a range of surgical specialties but in particular ophthalmology and orthopaedics to reduce current waiting list | | | |
| Implement the radiology recovery plan including a blended approach of sustainable solutions (workforce to enable extended day working and 7 day working) and non recurrent solutions (mobile, WLI), private sector) and working with the national programme. | | | |
| Implement the endoscopy recovery plan including the increase of efficiency of service, numbers of sessions activity and non recurrent solutions (in sourcing, WLI) and working with national NEP. | | | |
| Improve access to cardiac investigations in line with recovery plan | | | |
| Improve access neuro and respiratory physiology investigations | | | |
| Undertake a review of diagnostic access to primary care practitioners and develop a plan to enable better prevention and early intervention with urgent conditions treated | | | |

| Description | Due | Status | Enabling Action |
|--|------------|------------|--|
| Outpatients Modernisation | | | |
| Implement Consultant Connect in priority specialties | 30/09/2021 | Monitoring | <ul style="list-style-type: none"> Implementation in Cardiology and General Surgery has been delayed, with engagement underway with service management, to complete in Q3. |
| Implement Consultant Connect in all specialties | 31/12/2021 | On-track | Implementation in: <ul style="list-style-type: none"> Lymphoedema Cleft Lip & Palate Paediatrics / Neonatal specialties Podiatry Community Nursing Teams |
| Improve the usage of Consultant Connect in acute areas | 31/12/2021 | On-track | <ul style="list-style-type: none"> Communications campaign with primary and secondary services Attendance at LMC and cluster meetings Monitoring recorded outcomes to assess system performance |

| Description | Due | Status | Enabling Action |
|---|------------|------------|---|
| Embed Advice & Guidance in specialty pathways | 31/12/2021 | On-track | <ul style="list-style-type: none"> Work with services to implement national pathways for ENT |
| Pilot a collaborative review of Primary/Secondary waiting lists | 30/09/2021 | On-track | <ul style="list-style-type: none"> Initial review of cardiology waiting list completed Evaluate the pilot to assess feasibility of scaling up |
| Establish Outpatients accommodation group | 30/09/2021 | Completed | <ul style="list-style-type: none"> Group established Assessment of capacity in acute sites, and primary care sites underway, to inform a report |
| Validate follow up waiting lists in priority specialties | 30/09/2021 | Monitoring | <ul style="list-style-type: none"> Letter drafted from Executive Medical Director and Deputy COO to all specialties Reviewing all waits over 100% where appointments were due by March 2020, in all specialties, to move up to 20% referrals to a 'see on symptom' pathway, or discharge where appropriate. |
| Elective Orthopaedics at Neath Port Talbot Hospital | | | |
| Scope modular solution with working partners | 31/08/2021 | Completed | <ul style="list-style-type: none"> Visit to Modular Co site with clinical leads to assess requirements of a modular solution. Scope potential locations with supplier, to understand planning constraints |
| Sign off proposed solution for modular theatres | 30/09/2021 | Completed | <ul style="list-style-type: none"> Proposal approved by Planned Care Recovery Board, and Chief Executive Funding received from Welsh Government |
| Establish Workforce working group to develop workforce model | 30/09/2021 | Completed | <ul style="list-style-type: none"> Workforce leads identified Workforce groups established |
| Develop workforce models | 31/12/2021 | On-track | <ul style="list-style-type: none"> Workforce model to be developed for theatres, medical and nursing, ward staff, and support areas |
| Scope proposed solution for blood bank | 31/10/2021 | On-track | <ul style="list-style-type: none"> Workshops with clinical leads planned for October |
| Engage with PFI on proposed developments | 31/10/2021 | On-track | <ul style="list-style-type: none"> Initial discussions started, proposals submitted, with meetings ongoing throughout October |
| Re-balancing Surgical Services | | | |
| Scope modular solution with working partners | 31/08/2021 | Completed | <ul style="list-style-type: none"> Visit to Modular Co site with clinical leads to |

| Description | Due | Status | Enabling Action |
|---|------------|-----------|---|
| | | | <ul style="list-style-type: none"> assess requirements of a modular solution. Scope potential locations with supplier, to understand planning constraints |
| Sign off proposed solution for modular theatres | 30/09/2021 | Off-track | <ul style="list-style-type: none"> Funding has only been received in part; to fund one Ophthalmology theatre at the Singleton Hospital site. Options being explored to use slippage and existing estate to move surgical services to Singleton. |
| Diagnostics Recovery | | | |
| Demand and capacity modelling | 30/09/2021 | Completed | |
| Develop recovery plans | 31/10/2021 | On-track | <ul style="list-style-type: none"> Recovery plans aligned with GMOs to be performance managed through Diagnostics Recovery Group |
| Maximising use of the independent sector | | | |
| Ophthalmology out-sourcing contract rolled over | 31/07/2021 | On-track | <ul style="list-style-type: none"> Contract in place with Sancta Maria until 30/09/21. New contracts from 1st October 2021 are in the process of being signed following a mini-competition exercise |
| Implement facility-only contracts with Sancta Maria and St Josephs | 30/09/2021 | Planned | <ul style="list-style-type: none"> There has been a delay in drafting the contract document for facility only as the Health Board wanted to seek legal advice to ensure that the clauses in the contract are fit for purpose. It is hoped that the contracts will be in place 01/11/21 |
| Out-source MRIs to Sancta Maria | 30/09/2021 | Completed | <ul style="list-style-type: none"> Contract in place and patients have started to be scanned. |
| In-sourcing of Endoscopy | 31/07/2021 | Completed | <ul style="list-style-type: none"> Contract in place |
| Agree in-sourcing of Gastroenterology | 31/07/2021 | Completed | |
| Develop contract for in-sourcing of Gastroenterology | 30/09/2021 | Completed | <ul style="list-style-type: none"> Contract in place |
| Out-source hand, and gynae, surgery in Sancta Maria | 31/12/2021 | Planned | <ul style="list-style-type: none"> Will be covered by the facility only contract which is planned to be in place from 01/11/21 |
| Implement facility only contract with Parkway for Oral Maxillo Facial Surgery | 01/11/2021 | Planned | <ul style="list-style-type: none"> Aiming to get contract agreed and signed by 01/11/2021 |

| Description | Due | Status | Enabling Action |
|--|------------|---------|--|
| Full outsourcing arrangements in place for orthopaedics, spinal, plastic surgery and general surgery | 01/11/2021 | Planned | <ul style="list-style-type: none"> All contracts should be in place by 01/11/21 |

Key risks

| Description | Initial score | Mitigation | Current Score |
|---|---------------|---|---------------|
| Failure to introduce Lung Function Testing (LFT) in Singleton hospital has an impact on the wider service and ability for service to manage wider demand | 16 | Develop business case to increase capacity to manage Singleton capacity elsewhere. | 12 |
| If long-term funding for invest to save/service redesign and service sustainability cannot be secured there will be Diagnostic capacity Issues and RTT's and other performance and quality of care will be impacted upon. | 16 | Seek funding and bids/business case development for services within Diagnostics | 12 |
| Insufficient NHS capital to fund capex schemes (interim orthopaedics solution) | 16 | Interim solution being scoped to avoid use of capital funding. | 12 |
| Small Programme Management team and temporary workforce in place to support the implementation | 20 | Project Manager and Project Support Officer recruited to support Outpatient Transformation Programme. Transformation Portfolio Office is supporting. Discussions with finance colleagues to potentially secure longer term funding. | 16 |
| Physical distancing requirements and COVID-19 variants continue to restrict services / reduce capacity to provide adequate outpatient appointments, therefore, waiting lists continues to exceed targets | 20 | Facilitate virtual and telephone appointments where possible. Prioritise F2F appointments with most urgent. Working with Gold/Silver command for direction. | 16 |
| Virtual Activity: Staff return to old ways of working on return to site / F2F working. Number of virtual appointments are significantly reduced | 16 | Monitor data and engage with areas where virtual appointments are below target. | 12 |

Improving Quality and Safety

| | Jul | Aug | Sep |
|-------|-----|-----|-----|
| Scope | | | |
| Time | | | |
| Cost | | | |

Delivery

| Methods | Jul | Aug | Sep |
|--|-----|-----|-----|
| Education of all available staff across the HB in recognising and managing suicide and self-harm. | | | |
| Remove ligature risks across all HBs premises. | | | |
| Review and implement reduction targets for primary and secondary care in line with best performing organisations, requires benchmarking: primary care across Wales; secondary care across the UK. | | | |
| Undertake HB rollout of Medicine Management Electronic Prescribing and Administration system. | | | |
| Ensure we achieve a fit for purpose environment that is cleaned and decontaminated to national standards. | | | |
| Review findings of National audits (NACEL) Build in feedback mechanism from HB mortality Reviews | | | |
| Ensure training in recognition and management of patients approaching EOLC from 1yr down. | | | |
| Effective EOLC Board to evaluate progress and evidence / recommend changes in practice. | | | |
| Develop the use of digital technology to map compliance and notification of patients who require or receiving EOLC | | | |
| Increase number of patients being properly recognised, assessed and treated for Sepsis - over the course of the year. | | | |
| Improve compliance with education of patient-facing MDT staff in the recognition of patients at risk of Sepsis and acute deterioration. Develop a Health Board wide standardised teaching programme. | | | |
| Ensure Sepsis compliance is captured across the HB to benchmark on a national basis | | | |
| Establish a dedicated SEPSIS TEAM. Identify sepsis champions for wards. | | | |
| Establish baseline of quality improvements | | | |
| Establish HB Strategic Falls Group with oversight across entire HB, including Primary, Community and Secondary Care. Widen scope of current review to include community, WAST and secondary care. | | | |

| Description | Due | Status | Enabling action |
|--|------------|-----------|--|
| Suicide Prevention | | | |
| Define governance structures to support the quality priority | 31/10/2021 | On-track | Task group to agree immediate priorities Establish Quality Priority steering group to oversee programme Engage with MAG regarding work programme through formal discussion |
| Identification of baseline data | 31/10/2021 | On-track | Setting baseline parameters and methodology Establish reporting dataset for suicide incidence, agreed through steering group |
| Development of communication and training plan to support achieving the priority | 31/12/2021 | On-track | Undertake Communication campaign to promote awareness of quality priority Production of local action plan against Talk 2 Me Identification/ development of initial baseline training for all front line staff (1ry and 2ry Care) Develop programme and roll out plan for 2nd stage training to include STORM |
| Recruitment of key personnel to support delivery | 31/10/2021 | Off-track | Confirmation of resource Development of job description Advertisement and recruitment Commencement of post Intranet article to raise awareness |
| Health Care Acquired Infections | | | |
| Define governance structures to support the quality priority | 26/10/2021 | On-track | Meet to review GMO and agree initial priorities. Review existing reporting sub-groups in order to map quality goals to them and establish reporting arrangements. Identify named clinicians with responsibility for championing HCAI and AMR across the organisation |
| Development of a ward to board dashboard to enable oversight of key indicators and enable early intervention | 30/11/2021 | On-track | Engage with Informatics to develop dashboard system for HCAI Revision of Digital Intelligence Project Resource Paper to include AMR data Engage with Information Governance Teams (HB & DHCW) regarding data access requirements. Identify barriers and solutions to progressing ward to board project delivery plan, with clear timescales for delivery. |
| Achieve compliance with staff training | 31/03/2022 | On-track | Meet with ESR to explore staff self-reporting of competency based training in order to improve accuracy of performance data, reporting progress to ICC and QSSG |

| Description | Due | Status | Enabling action |
|--|------------|-----------|---|
| | | | Service group improvement plans developed for IPC training compliance |
| Recruitment of key personnel to support delivery | 31/03/2022 | On-track | Confirmation of resources Development of band 6 job description Outcome of Job Matching of Decontamination Job Banding from Evaluation Panel Approval from Vacancy Control Panel Advertisement and recruitment to post Commencement of postholder Standardisation of decontamination training Alignment of decontamination protocols |
| Drive improvements in prudent antimicrobial prescribing | 26/10/2021 | On-track | "Introduction of Junior Doctor ""Start smart then focus"" antibiotic quality improvement projects" Extend scope of the restrictive antibiotic guidelines to further reduce broad-spectrum antibiotic usage |
| Sepsis | | | |
| Development of training plan to support achieving the priority | 31/12/2021 | Off-track | Collate and report mandatory training compliance within service groups Develop training needs analysis across HB (including Primary Care providers) |
| Recruitment of key personnel to support delivery | 31/10/2021 | Off-track | Confirmation of resource Recruitment to 2 x Clinical Sessions Development of job description Band 8A and Band 6 posts Advertisement and recruitment of posts Commencement of post |
| Falls prevention | | | |
| Development of training plan to support achieving the priority | 31/12/2021 | Off-track | All Service Groups to confirm types of training/status re: Falls Develop training needs analysis across HB (including Primary Care providers) |
| Recruitment of key personnel to support delivery | 31/10/2021 | Off-track | Confirmation of resource Development of job description Band 8 Development of job description Band 7 Advertisement and recruitment Commencement of post |
| Establish HB Strategic Falls Group with oversight across entire HB, including Primary, Community and Secondary Care. Widen | 14/07/2021 | Completed | |

| Description | Due | Status | Enabling action |
|---|------------|-----------|---|
| scope of current review to include community, WAST and secondary care. | | | |
| Awareness campaign for National Falls Week | 31/10/2021 | On-track | |
| End of Life Care | | | |
| Establishment of governance structures to support the quality priority | 13/07/2021 | Completed | Review EOLC Group terms of reference to reflect quality priority Identification of GP representative within EOLC Board |
| Participation in the National End of Life care Audit | 31/08/2021 | On-track | Identification of clinician in each service group to review notes Completion of notes review |
| Review quality of care at End of Life | 31/12/2021 | On-track | Establish number of patients who died within 48 hours of hospital admission for past 3 years Case note review of sample of patients who died within 48 hours of admission since April 2021 Review concerns and incidents relating to EOLC for past 3 years Ensure that Signal system records patients in last days of life |
| Map Provision of End of Life care within District Nursing services | 31/12/2021 | On-track | Identification of Informatics Lead to support with data processing Processing District Nursing data to format than can be interrogated |
| Development of training plan to support achieving the priority | 10/12/2021 | On-track | |
| Recruit EOLC Clinical Specialist | 01/12/2021 | Completed | |
| Ensure training in recognition and management of patients approaching EOLC from 1yr down. Ensure training in recognition and management of patients approaching EOLC from 1yr down. | 31/12/2021 | On-track | |

Key risks

| Description | Initial score | Mitigation | Current Score |
|---|---------------|--|---------------|
| Risk of failure to deliver on quality priorities due to on-going delays to confirmation of resource | 25 | Business case submitted. Communication between Exec Directors. | 20 |
| Failure to deliver on quality priorities caused by an inability to recruit to key roles | 10 | Promotion of roles within the organisation. Exploration of secondment opportunities. | 10 |

Improving Cancer and Palliative Care Services

| | Jul | Aug | Sep |
|-------|-----|-----|-----|
| Scope | | | |
| Time | | | |
| Cost | | | |

Key priorities

- Discussions are ongoing with Hywel Dda University Health Board (HDUHB) on the business case for Hypofractionation RT treatments for Prostate; funding is currently being sourced from SBUHB in-year slippage, though recurrent funding will be required from HDUHB to support long term investment of a sustainable service.
- The business case for the Acute Oncology Service is being developed with the Business Case Assurance Group.
- Business case for the development of the Rapid Diagnosis Centre to be submitted to Moondance, to fund a two-year pilot.
- The business case for SABR has been submitted to WHSCC, and subject to WHSCC management group approval, the service will be commissioned in Swansea Bay; the second implementation of a centre in South Wales to deliver such a service.

Delivery

| Methods | Jul | Aug | Sep |
|---|-----|-----|-----|
| Complete Implementation of hypo fractionation RT treatments for: Breast and Pancreas | | | |
| Submit business case for Health board investment for hypo fractionation RT treatments for Prostate, Establishing cash releasing or efficiency benefits to support the case. | | | |
| Increasing and Sustaining Systemic Anti-Cancer Therapy (SACT) Treatment Capacity | | | |
| Review and Improve current Acute Oncology Services (AOS)- deliver 7 day service running out of Morriston Hospital | | | |
| Develop Regional Transformation Programme & Implementation plan for South West Wales Cancer Centre (SWWCC) | | | |
| Expansion of Rapid Diagnostics Centre (RDC) | | | |
| Implement recommendations for Improving End of Life Care and rebrand and expand the Current Advanced Care Planning (ACP) Team to cover primary and secondary care. Improve choice for patient and care at end of life at front door | | | |

| Description | Due | Status | Enabling action |
|---|------------|-----------|--|
| Acute Oncology Services (AOS) | | | |
| Develop case for AOS expansion, Lightfoot to support with modelling | 30/06/2021 | Completed | Modelling support from Lightfoot not acquired |
| Progress AOS expansion business case - for submission to Health Board for investment approval | 30/09/2021 | On-track | Case submitted to scrutiny group 15th Sept, undergoing scrutiny process and TBC submission to Management Board |
| Implement case for AOS expansion, recruit to posts as per business case (subject to Management Board approval) | 01/10/2021 | Planned | |
| Hypofractionation RT treatments for Prostate | | | |
| Develop prostate hypofractionation RT case, submit to Health Board for agreement to investment. | 30/09/2021 | Completed | <ul style="list-style-type: none"> Case submitted to BCAG and approved by Management Board subject to approval of shared costs by HDUHB |
| Implement prostate case, including recruitment to posts | 31/12/2021 | Planned | <ul style="list-style-type: none"> HDUHB sign off of costs required to progress - see Risks |
| Increasing and Sustaining Systemic Anti-Cancer Therapy (SACT) Treatment Capacity | | | |
| Progress SACT Phase 1 Homecare expansion business case - for submission to Health Board for investment approval | 30/09/2021 | On-track | <ul style="list-style-type: none"> Case submitted to BCAG 4th Sept, for sign off by Management Board |
| Implement SACT phase 1 case, subject to Management Board approval | 31/03/2022 | Planned | |
| Progress plan for Lung (SABR) RT with WHSSC | | | |
| Develop and submit business case in line with timescales advised by WHSSC | 30/09/2021 | Completed | <ul style="list-style-type: none"> SABR proposal submitted to WHSSC 8th Sept - positive feedback meeting held with WHSSC on 22nd Sept |
| Implement SABR service in SWWCC | 31/03/2022 | Planned | <ul style="list-style-type: none"> |
| Secure approval from WHSSC Management Group to commission SABR service | 30/11/2021 | Planned | <ul style="list-style-type: none"> WHSSC Management Group in Nov |
| Undergo RT quality assurance process, providing case studies and appropriate paperwork to WHSSC | 31/10/2021 | On-track | |
| Develop Regional Transformation Programme & Implementation plan for South West Wales Cancer Centre | | | |
| Establish Regional Group under ARCH governance, confirm TOR and programme scope | 30/06/2021 | Completed | <ul style="list-style-type: none"> First meeting held May 2021, TOR/ Programme framework shared and supported by ARCH STB in July 2021 |

| Description | Due | Status | Enabling action |
|---|------------|-----------|--|
| Undertake demand and capacity analysis to establish baseline for oncology activities delivered in the SWWCC to support informing the development of the revised PBC, in addition to providing visibility of baseline levels for commissioning colleagues to ref | 30/09/2021 | Completed | <ul style="list-style-type: none"> Baseline D&C shared at Regional meeting 18th Sept - provided a promising initial overview of current service levels and where further work may be required, e.g. highlighted the need for further deep dives as workstreams progress |
| Establish workstreams (SACT, RT, IP/AOS/ OP) initiate first workstream meetings to agree approach/ programme of work | 30/09/2021 | On-track | |
| Complete PBC for sign off by SWWCC Regional Group and approval through ARCH governance route | 31/03/2022 | Planned | |
| Define vision for each service component and develop service model in line with this | 31/10/2021 | On-track | |
| Develop detailed proposals for Year 1 investments – for submission to Health Board's IMTP Plan in line with process | 31/12/2021 | Planned | |
| Expansion of Rapid Diagnostics Centre (RDC) | | | |
| Complete Funding bid draft for submission to moon dance | 30/06/2021 | Completed | <ul style="list-style-type: none"> Funding secured from Moondance for 2 year pilot (including planning phase) |
| Establish clinical pathways workstreams - agree scope and membership. Commence development of detailed project plan and reporting in line with Moondance charitable funding requirements | 30/09/2021 | Completed | |
| Agree RDC clinical pathways with clinical leads- colorectal, head & neck, biopsy and MUO | 30/09/2021 | On-track | |
| Draft business case for 2 year pilot, submit to Health Board Business Case Assurance Group for oversight and comments | 31/10/2021 | On-track | |
| Finalise fully costed case to implement x 4 RDC clinical pathways, submit | 30/11/2021 | Planned | <ul style="list-style-type: none"> Meeting with Moondance late November |

| Description | Due | Status | Enabling action |
|--|------------|-----------|-----------------|
| to Moondance for release of funding | | | |
| WHSSC Business Case for structure for Lymphoma service | | | |
| Develop and submit business case in line with timescales advised by WHSCC | 31/03/2022 | Planned | |
| Plan, secure and deliver well-coordinated 24/7 palliative and end of life care in line with published standards | | | |
| Submit paper to exec for funding of additional expansion of Ty Olwen capacity - Q2 | 30/06/2021 | Completed | |
| Implement agreed proposals for specialist palliative care at front door and aligned to virtual wards - recruit to posts as per business case | 31/12/2021 | On-track | |
| SPC Front door service fully operational | 01/04/2022 | On-track | |
| Progress case for EOLC expansion of Ty Olwen beds | 30/09/2021 | On-track | |
| Improve the colorectal optimum pathway | | | |
| Pilot Faecal calprotectin (FCP) testing in Neath cluster | 30/09/2021 | On-track | |
| Develop and submit FCP and FIT business cases to Health Board for approval | 31/12/2021 | On-track | |

Key risks

| Description | Initial score | Mitigation | Current Score |
|--|---------------|---|---------------|
| There is currently no programme board established to provide oversight and direction to the programme. | 20 | The programme is currently being managed and directed by the Neath Port Talbot and Singleton Service Group. | 12 |
| SWWCC Programme Business Case development - Timelines in terms of alignment with Health Board IMTP process for investment will be challenging to meet. | 12 | Phased approach to developing proposals, initial focus on year 1 requirements with as much detail as possible to ensure these are available for inclusion in HB IMTPs | 6 |
| Unable to progress with prostate RT case implementation as this requires Hywel Dda UHB approval due to shared contribution to costs. | 12 | Engagement with Hywel Dda to determine governance route for case - case has been shared operationally with colleagues and taken through LTA Commissioning Forum but this now needs Exec level oversight. SBUHB have agreed to fund until FYE 21/22 using COVID Recovery monies slippage, but will require HDUHB sign up to recurrent funding contribution going forward - SBUHB Director of Strategy liaising with HDUHB Director of Finance Sept/Oct to agree way forward. | 6 |

Improving Maternity, Children, and Young People Services

| | Jul | Aug | Sep |
|-------|-----|-----|-----|
| Scope | | | |
| Time | | | |
| Cost | | | |

Delivery

| Methods | Jul | Aug | Sep |
|--|-----|-----|-----|
| Implementation of a 24 hour transport model beyond the 6 months interim period with demonstrably governance arrangements. | | | |
| Support and participate in the regional SARC Project, delivering designated actions as service requires | | | |
| Participate in the Transforming Complex Care Programme and deliver actions as agreed | | | |
| Undertake a workforce review, benchmarking against national standards/other organisations in order to review specialist nurse establishment to ensure support in line with national standards | | | |
| Continuously review demand & capacity for the ND Service to develop a sustainable service model and improve performance. Secure funding in order to increase capacity to meet demand and clear backlog | | | |
| Successfully appoint Named Dr role which is currently vacant Integrate safeguarding within service review job plans to allow dedicated time to support | | | |
| Effective recruitment strategy to be rolled out to ensure the service compliance with Birth Rate + and RCOG Standards | | | |
| Implement a central monitoring system to safely monitor the babies wellbeing in labour, and an antenatal surveillance of fetal growth and wellbeing | | | |
| Increased support for breastfeeding and additional and/or specific needs are proactively identified with robust referral to specialist services including Perinatal Mental Health | | | |

| Description | Due | Status | Enabling action |
|---|------------|----------|--|
| Deliver sustainable workforce plans for Paediatric Services | | | |
| Undertake a workforce review, benchmarking against national standards/other organisations in order to review specialist nurse establishment to ensure support in line with national standards | 31/03/2022 | On-track | <ul style="list-style-type: none"> This assessment is being carried out as part of the recovery and sustainability work plan 1 - 5 years vision |
| Deliver improvements to Urgent & Emergency Care for Children & Young People in fit for purpose accommodation | | | |
| Childrens emergency unit, PAU and short stay area | 01/01/2022 | Planned | <ul style="list-style-type: none"> Service pressures related to RSV have halted some discussions but will aim to |

| Description | Due | Status | Enabling action |
|---|------------|-----------|---|
| | | | reinstate these discussions during Q3 |
| Refurbishment of paediatric wards, Morriston Hospital (hosted by NPTSSG) | 01/10/2021 | Off-track | <ul style="list-style-type: none"> Reinstate discussions regarding developing adolescent/day surgery facility on Dyfed Ward, Morriston Hospital Work delayed due to ongoing pressures on Morriston site and Dyfed ward used for adult surge, Also due to expected Paediatric RSV increased incidence expected between Sept 21 - March 2022, recognised nationally, this work may need to be deferred post March 2022 - to be discussed at Service Group and then HB level, development of Childrens unit to be discussed as part of R&S framework |
| Development of an appropriate adolescent facility | 01/10/2021 | Off-track | <ul style="list-style-type: none"> Reinstate discussions regarding developing adolescent/day surgery facility on Dyfed Ward, Morriston Hospital Work delayed due to ongoing pressures on Morriston site and Dyfed ward used for adult surge, and also due to expected RSV increased incidence expected between Sept 21 - March 2022, this work has been delayed, discussions to be reinstated Oct 2021 as agreeing and developing an appropriate adolescent area will aid RSV management and also address the inappropriate placements of adolescents on paediatric wards |
| Development of paediatric surgical day surgery area including repatriation of paediatric dental service from Parkway facility | 01/10/2021 | Off-track | <ul style="list-style-type: none"> Work delayed due to ongoing pressures on Morriston site and Dyfed ward used for adult surge, also due to expected Paediatric RSV increased incidence expected between Sept 21 - March 2022, recognised nationally, this work may need to be deferred post |

| Description | Due | Status | Enabling action |
|--|------------|----------|---|
| | | | March 2022 - to be discussed at Service Group and then HB level, development of Childrens unit to be discussed as part of R&S framework |
| Development of paediatric safeguarding services across the health board | | | |
| Successfully appoint Named Dr role which is currently vacant. Integrate safeguarding within service review job plans to allow dedicated time to support | 31/03/2022 | On-track | <ul style="list-style-type: none"> Only one candidate applies for post but the person wanted to maintain current role in North of county and work remotely for this HB which was felt not to meet needs of our service |
| Expand paediatric psychology support | | | |
| Deliver increased psychology support for children & young people across a wider range of specialties. | 31/03/2022 | On-track | <ul style="list-style-type: none"> Bids submitted for additional posts - awaiting outcome |
| Implementation of a 24 hour transport model | | | |
| Continue to deliver 24 hour transport model (increased from 12 hours since January 2021) and demonstrate effective governance processes across the 3 South Wales Centres | 01/01/2022 | On-track | <ul style="list-style-type: none"> Workshop arranged for 1/7/21 to discuss development of a ODN. Awaiting further actions/guidance from workshop chaired by CEO, SBUHB. |
| Recruit appropriate level of workforce to meet BAPM standards require Medical and nursing support | 01/01/2022 | On-track | <ul style="list-style-type: none"> Funding flow and workforce paper already submitted awaiting outcome, further action - update case and submit to NPTSSG Board 2/11/21. Business case to be updated and submitted to NPTSSG Board 2/11/21 for approval, next steps will be to advertise staff |
| Improvements to Regional & Commissioned Services | | | |
| Implementation of the Delivery Plan for Children & Young People's Emotional & Mental Health Delivery Plan | 31/03/2022 | Planned | <ul style="list-style-type: none"> Development of service specification for CAMHS to ensure good alignment with other SBUHB services including Children Services and Unscheduled Care |
| Develop and implement a fit for purpose Continuing Healthcare pathway with robust governance | 30/09/2021 | On-track | |
| Agree multi-agency pathway | 31/12/2021 | On-track | <ul style="list-style-type: none"> Pathway development underway |

| Description | Due | Status | Enabling action |
|--|------------|-----------|---|
| Agree and communicate work programme for the remainder of 2021/22 | 31/12/2021 | On-track | |
| Agree governance and set-up of work streams | 30/09/2021 | Completed | |
| Development of service specification for CAMHS to ensure good alignment with other SBUHB services including Children Services and Unscheduled Care | 31/03/2022 | Planned | |
| Work with the SARC Project Board to agree Paediatric Model. | 31/03/2022 | Planned | |
| Improve access waiting times to Neuro Developmental service | | | |
| Continuously review demand & capacity for the ND Service to develop a sustainable service model and improve performance. Secure funding in order to increase capacity to meet demand and clear backlog | 31/03/2022 | On-track | <ul style="list-style-type: none"> Actions taken to date have results in a reduction of patients waiting by 148 since March 2021 |
| Safe & Sustainable maternity services | | | |
| Implement a central monitoring system to safely monitor baby wellbeing in labour | 30/09/2021 | Off-track | <ul style="list-style-type: none"> Implement antenatal surveillance of fetal growth and wellbeing - service development. Continue the midwife sonography steering group led by the Head of Therapies Dedicated fetal monitoring midwife continues to carry out training to staff on fetal monitoring. Progress is being made with Finance made on securing capital funding for central monitoring system, with a view to place an order with the preferred supplier in Q3, and delivery expected by the end of Q4. |
| Develop sustainable workforce plans for maternity staff | | | |
| Midwifery Workforce Gap analysis - paper to vacancy control group | 30/09/2021 | On-track | |
| Workforce Planning Group to be convened in response to streamlining midwifery students | 30/09/2021 | On-track | |
| Maintain RCOG Standards - monitor staffing via WG performance board | 30/09/2021 | On-track | |

| Description | Due | Status | Enabling action |
|---|------------|----------|--|
| Improve outcomes for mothers and babies | | | |
| Increased support for breastfeeding and additional and/or specific needs are proactively identified with robust referral to specialist services including Perinatal Mental Health | 31/03/2022 | On-track | <ul style="list-style-type: none"> To complete the BFI action plan in line with WG All Wales 5 year breastfeeding action plan - 2019. |
| To appoint a FT Perinatal mental health midwife | 30/09/2021 | On-track | |

Improving Primary, Community, and Therapy Services

| | Jul | Aug | Sep |
|-------|-----|-----|-----|
| Scope | | | |
| Time | | | |
| Cost | | | |

Delivery

| Methods | Jul | Aug | Sep |
|--|-----|-----|-----|
| Produce SBUHB Clusters Development Plan - complete by end of Q1 to be informed by x8 Cluster Annual Plans/ Health Board Annual Plan alignment review taking place in Q1. | | | |
| Continue to develop MDT approach – including involvement of Dental Services. | | | |
| Contribute to the national review of Primary Care Model Wales 21/22 and lead on local delivery of the revised model. | | | |
| Deliver Whole System Cluster Transformation Programme 21/22 | | | |

| Description | Due | Status | Enabling action |
|---|------------|----------|---|
| Pilot communication engagement in some Clusters | 30/09/2021 | Planned | <ul style="list-style-type: none"> Comms manager recruited late August and meeting set early October to develop comms plan once induction complete. |
| Expand MDT in Afan Cluster with Physician Associate (Riverside) | 31/07/2021 | Complete | <ul style="list-style-type: none"> Individual cluster plans now complete with all MDT funding extended to ensure full 12 months funding. Monitoring forms received |
| Expand MDT in Afan Cluster with Pharmacy Technician (Riverside) | 31/08/2021 | Complete | <ul style="list-style-type: none"> Individual cluster plans now complete with all MDT funding extended to ensure full 12 months funding. Monitoring forms received |
| Expand MDT in Neath Cluster with Physician Associate (Skewen) | 31/08/2021 | Complete | <ul style="list-style-type: none"> Individual cluster plans now complete with all MDT funding extended to ensure full 12 months funding. Monitoring forms received |
| Expand MDT in Upper Valleys Cluster with Sessional Pharmacist | 31/03/2022 | Complete | <ul style="list-style-type: none"> Individual cluster plans now complete with all MDT funding extended to ensure full 12 months funding. Monitoring forms received |
| Expand MDT in Penderi, Bay and City | 30/09/2021 | On-track | <ul style="list-style-type: none"> Individual cluster plans now complete with all MDT funding extended to ensure full 12 months |

| Description | Due | Status | Enabling action |
|--|------------|----------|--|
| | | | funding. Monitoring forms received |
| Continue to support pharmacy, dental and optometry engagement at all clusters | 31/03/2022 | On-track | <ul style="list-style-type: none"> Regular attendees at cluster meetings. |
| Note: 2021/22 CWSA projects are focused on pan-HB activity and are generally not cluster/practice specific. | | | |
| Social Referral/Community Engagement | 31/03/2022 | Monitor | <ul style="list-style-type: none"> Feasibility studies received from Neath Port Talbot Council for Voluntary Service, and currently under review within the Primary, Community, and Therapies Delivery Group. |
| Audiology – community-based service | 31/03/2022 | On-track | <ul style="list-style-type: none"> Active in 5 clusters and business case at an advanced stage (BCAG x 2) which should secure HB-wide long term funding |
| Lymphoedema – education and treatment | 31/03/2022 | On-track | <ul style="list-style-type: none"> Project on track and full evaluation in place |
| Community-based echocardiogram | 31/03/2022 | On-track | <ul style="list-style-type: none"> Project on track and full evaluation in place |
| Community-based Sleep Apnoea | 31/03/2022 | On-track | <ul style="list-style-type: none"> Due to start October 2022 |
| Virtual Ward (risk stratification) | 31/03/2023 | On-track | <ul style="list-style-type: none"> Risk stratification framework offered to all practices in the 4 clusters in scope. Work ongoing to encourage take-up and align to Home First programme. |
| Scheduling system for community nursing | 31/12/2021 | On-track | <ul style="list-style-type: none"> 3 teams have now gone live and remainder on track for year-end. |
| Sexual Health Mobilisation | 31/03/2022 | On-track | <ul style="list-style-type: none"> Ongoing funding of mobile clinic and upgrade to electronic records underway. |
| IRIS – support for domestic violence and abuse victims | 31/03/2022 | Planned | <ul style="list-style-type: none"> Slow progress in signing up practices due to competing service demands. Evaluation planned and continue to encourage take-up with practices. |
| Community Phlebotomy | 31/03/2022 | Planned | <ul style="list-style-type: none"> Good progress on digitalisation but physical implementation in community delayed due to shift of ownership. Collaboration in place to ensure March 2022 delivery. |

| Description | Due | Status | Enabling action |
|-------------------------------------|------------|----------|--|
| Oral Health in Care Homes | 31/03/2022 | On-track | <ul style="list-style-type: none"> 4 cluster complete and plans in place to complete remaining homes by March 2022 |
| Speech & Language Therapy | 31/03/2022 | On-track | <ul style="list-style-type: none"> Recruitment well advanced and service to recommence October 2021 |
| Physio – First Contact Practitioner | 31/03/2022 | On-track | <ul style="list-style-type: none"> Active in 5 clusters and funding secure until March 2022. Business Case under development. |

Improving Mental Health and Learning Disabilities services

| | Jul | Aug | Sep |
|-------|-----|-----|-----|
| Scope | | | |
| Time | | | |
| Cost | | | |

Delivery

| Description | Due | Status | Enabling action |
|---|------------|-----------|--|
| Adult Mental Health Inpatient Re-design | | | |
| Submit strategic outline case to Welsh Government | 30/06/2021 | Completed | <ul style="list-style-type: none"> Capital: Awaiting approval from WG on SOC to be able to progress to FBC. |
| Public Engagement on the site options in relation to the centralisation of single unit | 30/06/2021 | Completed | <ul style="list-style-type: none"> Communication and Engagement: Final workshop completed and site approved from group. Awaiting approval from WG on SOC and approved site option will be included in FBC |
| Following meeting with HB Strategy Dept to arrange meeting with CHC to discuss the required Public engagement | 30/11/2021 | On-track | <ul style="list-style-type: none"> Communication |
| Expansion of CHC commissioning | | | |
| Will provide increased capacity for case management, formal reviews within the service. Costs savings will cover cost of the expansion of the team. | 30/09/2021 | Completed | |
| Further work with Community and Primary Care Service Group regarding pooling contracting lead posts | 30/11/2021 | On-track | |
| Learning Disabilities Re-design | | | |
| Completion of anti-ligature work in AAUs to return inpatient facilities to maximum capacity | 01/07/2021 | Completed | <ul style="list-style-type: none"> Worked completed in the two AATU's,(third one awaiting a decision regarding relocation from C&VUHB |
| Commence operation of repurposed acute inpatient unit for repatriation and reassessment of a new operational pol | 12/07/2021 | Off-track | <ul style="list-style-type: none"> The repatriation unit has started to take patients, still recruiting to some of the support posts |
| Development of the future model of service | 03/01/2022 | Planned | |
| Older Peoples Mental Health Re-design | | | |
| Consideration by HB of feedback from engagement | 31/10/2021 | On-track | <ul style="list-style-type: none"> Engagement date closed. Collating the feedback and further work required with partner agencies and Community Health Council from feedback |
| Following meeting with HB Strategy Dept further meeting to be established with both LA's and the community Health Council | 30/11/2021 | On-track | |
| Perinatal Mother and Baby Unit | | | |
| Prevent the use of the private sector placements at increased costs to the Health Boards across Wales. | 31/03/2022 | Completed | <ul style="list-style-type: none"> Ongoing review on a quarterly basis with WHSCC regarding any expenditure in private |

| Description | Due | Status | Enabling action |
|--|------------|------------|--|
| | | | sector. None to date since the unit was established. |
| Review the numbers/costs at set intervals following commissioning to establish the cost avoidance savings. | 31/10/2021 | Planned | |
| Employ a perinatal mental health specialist midwife as identified within recommendation 18 in the CYP and Education Committee Perinatal mental health in Wales report. | 30/09/2021 | Completed | |
| Transforming Mental Health Services | | | |
| Agree sketch plans for environmental improvements in 2 specialist residential service units and commence tender for building work | 31/08/2021 | Completed | |
| Engage external experts for supporting inpatient service model development with partner agencies and key stakeholders. | 31/12/2021 | Monitoring | |
| Establish LD Wellbeing and planning group with Local authorities as part of West Glamorgan Transformation programme | 31/07/2021 | Completed | |
| Confirmation of CLDT core function and community pathway in line with the work following the Coupland review. | 31/12/2021 | Monitoring | |
| Agreement of multiagency operational policy CLDTs | 02/12/2021 | Planned | |
| Planned repatriation of first 2 patients from out of area placements | 01/08/2021 | Completed | |
| Planned repatriation of patients 3 & 4 from out of area placements | 01/10/2021 | Planned | |
| Improved access to psychological therapies. Utilise the WG MHSIF's to increase the therapy resource within the current service | 31/12/2021 | On-track | |
| Expansion of the MH links workers within the GP Clusters. | 31/12/2021 | On-track | |
| Expansion of the Eating Disorder services. | 31/12/2021 | On-track | |

Key risks

| Description | Initial score | Mitigation | Current Score |
|---|---------------|---|---------------|
| Development of Learning Disability in patient service model. | 9 | Work with the consultancy that have been commissioned to lead on the inpatient remodelling plan in conjunction with clinical leads. | 9 |
| Potential delay to start of Public Engagement due to final approval at Executive Board, leading to a potential delay in implementation plan and targets dates and outcomes. | 6 | Continuing with Service Group Project Board meeting to be updated on progress at HB level. To complete all preparation work in readiness for public engagement, workforce plans, staff organisational change process etc. | 6 |
| Capital improvement work for environments of care in 2 SRS units | 6 | Continue to work with capital planning regarding work schedule as these units will be the move units from the repatriation unit. | 6 |
| Risk to continued progress with the schemes identified under the Mental Health Improvement Program due to available staffing | 3 | Continue to work with all partners to have a range of professions within the various schemes to prevent over reliance on single professions. | 3 |
| Risk of further outbreaks of Covid-19 and its impact on the timescale and deliverability of the project. | 8 | Virtual meetings, other methods of communication. | 1 |

| Description | Initial score | Mitigation | Current Score |
|---|---------------|---|---------------|
| Risk of permanent solution being delayed further creating more pressure on the interim short-term solution in relation to a purpose built MBU | 12 | Continue to engage with WHSCC to capture the data set from the new unit to fully inform WG on the ongoing demand and capacity issues. | 1 |

Improving Population Health

| | Jul | Aug | Sep |
|-------|-----|-----|-----|
| Scope | | | |
| Time | | | |
| Cost | | | |

Delivery

| Description | Due | Status | Enabling action |
|--|-----|--------|-----------------|
| Establish cross-service group implementation of Smokefree regulations | | | |
| Develop terms of reference for weight management group | | | |
| Agree at APB to implement a commission approach to develop insights and formulate an action plan | | | |
| Develop a terms of reference for the 'Regional Drugs Commission' | | | |

Key risks

| Description | Initial score | Mitigation | Current Score |
|--|---------------|------------|---------------|
| Lack of public health capacity to direct work | 25 | | |
| No focal point within SBUHB to drive the wider public health agenda | 25 | | |
| Lack of regional forum for public health issues | 25 | | |
| Focus is currently narrow and on health board delivered services | 20 | | |
| No regional focus for wider work | 20 | | |
| Immunisation leadership is at capacity, and engaged in delivery of COVID-19 vaccination programme, with no alternative capacity | 20 | | |
| New governance arrangements for immunisation have recently been proposed but implementation is not possible due to lack of capacity or support | 20 | | |
| Need for Cancer Improvement Board to be | 20 | | |

engaged and fore a whole
pathway approach to be
adopted.



Workforce and Leadership

| | Jul | Aug | Sep |
|-------|-----|-----|-----|
| Scope | | | |
| Time | | | |
| Cost | | | |

Delivery

| Methods | Jul | Aug | Sep |
|---|-----|-----|-----|
| Develop Post-Covid Staff Health & Wellbeing Strategy | | | |
| Roll out TRiM to priority areas, including critical care, theatres & ED | | | |
| Establish Occupational Health staff support for Post Covid Syndrome – Long Covid Pathway | | | |
| Rapid access service for staff with Covid related health impacts, including mental health, trauma & bereavement | | | |
| Review of bank/Agency booking process & introduce revised management controls to standardise bank/Agency usage | | | |
| Procure and implement the final part of the Allocate optimising package for the medical workforce and to develop an interim project plan to implement the system. | | | |
| Transfer of ESR responsibility from Finance to Workforce. Produce a service improvement plan for ESR based on the full implementation of ESR ESS/SSS/MSS. Focused on ESR National Assessment Criteria. | | | |
| Support service leaders to identify and develop local staff action plans to improve staff experience and view of the UHB | | | |
| Develop a cohort of practitioners to drive forward the cultural change required for JUST Culture. | | | |
| Continue to drive forward the #LivingOurValues campaign and staff recognition programme | | | |
| Updated leadership and management programmes which take into consideration the effects of Covid on the workforce. | | | |
| Identification & training of "Resolution Champions" Roll out ACAS behaviors training, Awareness raising and training on the new policy, train internal mediators | | | |
| Through our Career Development Team, we will work with our local communities, schools, colleges and universities to further develop career pathways, with a particular focus on widening access to reflect the communities we serve | | | |
| Develop an organisation-wide approach to developing talent within Swansea Bay UHB | | | |
| Extend the opportunities for apprenticeship in both clinical & non-clinical functions. | | | |
| Develop a recruitment strategy in conjunction with professional heads to support the development of a sustainable workforce. | | | |
| Implement the agreed recruitment strategy through various interventions. | | | |

| | | | |
|---|--|--|--|
| Develop and implement a retention strategy with professional heads of service to address retention issues | | | |
| Facilitate the development of workforce plans for all staff groups to outline the required workforce design based on demand capacity modelling. Support the redesign of nurse rosters and team job plans to feed into Recruitment Strategy. | | | |
| Support the Engagement Plan at Health Board wide and local Service level via a variety of forums, HPF, LPF, Drop-in sessions, newsletters delivered by Service Leads. | | | |
| Develop the Consultation Plan and support roll out in line with All Wales OCP. Support the implementation and embedding of change with required OD support. | | | |

| Description | Due | Status | Enabling action |
|--|------------|-----------|--|
| Workforce health and well-being | | | |
| Develop Post-Covid Staff Health & Wellbeing Strategy | 31/07/2021 | Completed | <ul style="list-style-type: none"> Consult with staff side to inform the strategy development Consult with other services that have developed similar strategy e.g. Kings College London |
| Establish a TRiM operational/delivery team to deliver the 'train the trainer' TRiM programme to priority areas including critical care, theatres, MH and ED. | 30/06/2021 | Completed | <ul style="list-style-type: none"> Recruit TRiM coordinator and Band 5 TRiM Support |
| Roll out TRiM to priority areas, including critical care, theatres & ED | 31/07/2021 | Completed | |
| Rapid access service for staff with Covid related health impacts, including mental health, trauma & bereavement | 30/09/2021 | Completed | <ul style="list-style-type: none"> Introduce paperless process within Staff Health and Wellbeing. Reducing duplication and streamlining existing process. Complete training of TRiM Practitioners, Managers and the first 3 cohorts of TRiM Supporters. Complete training of 3 TRiM Instructors Develop a research/evaluation strategy in partnership with University of Wales, Swansea Develop a training plan for TRiM Supporters (10% of staff) and REACT (all staff) |

| Description | Due | Status | Enabling action |
|---|------------|----------|--|
| | | | <ul style="list-style-type: none"> • Review health board policies and procedures in relation to TRiM • Establish a Swansea Bay TRiM Team consisting of Managers/Practitioners and Instructors • Undertake review of managers / teams supported during Covid to inform service provision • Review long Covid support for staff with Steering Group colleagues and plan/deliver next phase of support in line with WG guidance • Gain sign-off of the Strategy by Exec Management Team • Deliver 'mindfulness' courses to 4 cohorts of participants. • Meet with representatives of Estates & Charitable Funds to progress the procurement of secure staff cycle shelters • Deliver 4-6 Wellbeing/Resilency study Day workshops dependent on demand. • Promote recruitment of WB Champions in underrepresented areas. |
| Develop the Staff Wellbeing service to support rapid access for staff with Covid related health impacts | 31/12/2021 | On-track | <ul style="list-style-type: none"> • Liaise with wider Clinical Psychology Service and local third sector to ensure bereavement needs of staff are met • Develop Post Covid Staff Wellbeing Comms Plan including social media • Continue to develop and expand the Wellbeing Champion Network via workshops/Comms • Engage with staff who cycle to inform charitable funds bid for location of cycle storage across the Health Board • Deliver joint Wellbeing/Occupational Health guidance for managers on the |

| Description | Due | Status | Enabling action |
|---|------------|-----------|--|
| | | | <p>'Managers Pathway' training programme.</p> <ul style="list-style-type: none"> Continue supporting Nursing colleague's with the Covid resilience study day; 'Resilience Caring the Swansea Bay Way' Collaborate with Clinical Psychology/L&D colleagues to promote and deliver the 'Taking Care Giving Care' rounds |
| Workforce efficiencies | | | |
| Determine the medical establishments | 31/12/2021 | Monitor | <ul style="list-style-type: none"> Work is underway with Finance to agree a suitable approach to determining the medical establishment. Work is underway with the Morriston Delivery Group to determine the approach by the end of Q3, with a view to implement in all other Delivery Groups in Q4 onward. |
| Establish how budgets are based to avoid unavoidable overspends Develop a recruitment plan for every empty consultant and SAS vacancy | 02/07/2021 | On-track | <ul style="list-style-type: none"> Work with Finance to review and agree if action is needed, Chief Exec has asked Director of Finance to consider |
| Establish all consultant and SAS posts filled by retire and return doctors to improve succession planning and ensure service development can flourish | 16/07/2021 | On-track | <ul style="list-style-type: none"> Identify where these are within the HB in conjunction with Service Groups and develop replacement strategies where appropriate and legal. |
| Develop a strategy for Overseas recruitment to include head hunting | 16/07/2021 | On-track | <ul style="list-style-type: none"> Explore and agree which companies off the best deals and options to fill hard to fill posts working with Procurement |
| Identify specialties where junior posts are predominately under filled by HEIW. | 16/07/2021 | Completed | <ul style="list-style-type: none"> Undertake analysis and review trends over the last three years Agree with Finance where it may be appropriate to over establish posts to avoid the cost of expensive locums. Also explore the possibility of establishing a pool of float doctors which will need to be attractive and include rotations and dedicated |

| Description | Due | Status | Enabling action |
|---|------------|-----------|--|
| | | | interest time to reduce reliance on locums due to historical gaps. Work with Finance and Service |
| Identify junior posts which are filled by external agency or internal locums block booked and where cost is prohibitive. | 31/07/2021 | Completed | <ul style="list-style-type: none"> Working with Service Groups develop a plan for each post, exploring a range of options including overseas recruitment , creative marketing include social media and create interesting jobs to attract doctors. |
| Develop short term plans around rota efficiency, annual leave, study leave, sick leave and professional leave. initial plans by 12th July but work will continue into Q2. | 31/07/2021 | On-track | <ul style="list-style-type: none"> Service groups to develop a more robust approach to sickness absence supported by workforce Review the annual leave policy to ensure minimum staffing levels are established by specialty to maintain patient continuity of patient care and productivity |
| Refresh the work currently undertaken by Kendall Bluck (KB) in 2019 | 30/09/2021 | On-track | <ul style="list-style-type: none"> Locate, circulate and review the reports to understand if the work can benefit the medical efficiency programme. Contact Betsi Cadwalader to speak to the Clinical lead regarding their experience with KB and to arrange for her to meet with the Group Medical Directors Contact KB to review if there are additional efficiencies through the creation of larger rotas to create greater opportunities to cover them without locum cover where appropriate. Only if Execs agree this to happen Chief Executive reviewing the reports |
| Staff experience | | | |
| Support service leaders to identify and develop local staff action plans to improve staff experience and view of the UHB | 30/06/2021 | Completed | <ul style="list-style-type: none"> Share findings from Programme of Corporate Engagement -Thinking Allowed, with key stakeholders i.e. Wellbeing to inform wider outcomes such as Staff Wellbeing Strategy |

| Description | Due | Status | Enabling action |
|---|------------|----------|---|
| | | | <ul style="list-style-type: none"> • Corporate Action Plan shared with Executive Team and organisational commitment endorsed as well as other key committees i.e. HBPF • Work with national lead and Patient Feedback Team to support organisation and areas to monitor improvements against Action plans via pulse surveys & other Workforce/organisational climate indicators |
| Develop a cohort of practitioners to drive forward the cultural change required | 31/12/2021 | On-track | <ul style="list-style-type: none"> • Co-ordinate and monitor attendance of SBUHB key stakeholders at Mersey Care's Just and Learning Training during April and May 2021 • Recruitment of a Just and Learning Project Manager to co-ordinate and oversee implementation and embedding in partnership with key stakeholders • Ratification of All Wales Respect & Resolution Policy locally via required governance mechanisms • Draft and present paper to Exec Team, HBPF and WOD Committee, outlining the requirements to take forward the national Healthy Working Relationships agenda and All Wales Respect and Resolution Policy to support implementation of a Just and Learning culture w • Identification & training of "Resolution Champions", , Awareness raising and training on the new policy and approach and co-ordinate the training provision of internal mediators • Arrange initial working group meeting of key stakeholders trained in Just and Learning Culture with the aim of developing a tangible and |

| Description | Due | Status | Enabling action |
|---|------------|----------|--|
| | | | realistic action plan for implementation |
| Continue to drive forward the #LivingOurValues campaign and staff recognition programme | 31/12/2021 | On-track | <ul style="list-style-type: none"> • Just Culture Lead in post • Just Delivery Plan session scheduled for early October, a paper to executives to follow the session. • Facilitated sessions with Staff Side set up for 13th and 18th October. • Co-ordination and evaluation of virtual long service recognition, inviting 600+ qualifying staff for 2020/21 to receive their recognition package • Launch and promotion of Living Our Values Awards for 2021, working in partnership with Communications and other stakeholder networks to promote as widely as possible to all staff, students and volunteers. • Consult with staff and HBPF around options for COVID-19 Recognition to inform funding bid, co-ordination and delivery. Consultation to be held during June and outcome to be announced as part of NHS Thank you on 4th/5th July 2021 • Draft bid for the continuation and delivery of our Corporate Programme of Staff Recognition and Reward • Review #LivingOurValues Campaign to align with and support implementation of Healthy Working Relationships and a Just and Learning Culture |
| Updated leadership and management programmes which take into consideration the effects of Covid on the workforce. | 31/12/2021 | On-track | <ul style="list-style-type: none"> • Identify priority programmes to resume delivery and arrange schedule of events • Review content of existing priority programmes to ensure they are up to date and |

| Description | Due | Status | Enabling action |
|--|------------|-----------|--|
| | | | reflect ways of working in a post-pandemic world <ul style="list-style-type: none"> • Adapt priority programmes for online/virtual delivery • Begin development of new programmes to further support Annual Plan • Advertise / promote schedule of programmes throughout organisation • Continue to develop capacity of SBU Coaching Network to provide tailored 1-1 support as required |
| Recruitment and Retention | | | |
| Career development team | 31/03/2022 | On-track | <ul style="list-style-type: none"> • Contribute to the development of HEIW's Careersville app (e.g. with videos/vlogs, guest speakers) and work closely with HEIW for potential upcoming pilots and projects • Obtain internal labour market information (e.g. gaps, vacancies, hot spots) • Record and monitor data stats on our work (#visits, participants, successes, etc.). Helps with quarterly reporting |
| Develop an organisation-wide approach to developing talent within Swansea Bay UHB | 31/01/2022 | On-track | <ul style="list-style-type: none"> • Adapt CVUHB's value based development discussion material to SBUHB • Update SBUHB's PADR to include talent discussion • Run pilot 1 • Evaluate pilot 1 and enhance • Run pilot 2 • Evaluate pilot 2 and enhance • Prepare for roll out |
| Extend the opportunities for apprenticeship in both clinical & non-clinical functions. | 30/09/2021 | Completed | <ul style="list-style-type: none"> • Administration apprentice recruitment; development of progression • Digital apprentice expansion with extended career pathway and associated qualifications |

| Description | Due | Status | Enabling action |
|--|------------|----------|--|
| | | | <ul style="list-style-type: none"> • Estates and facilities apprentice recruitment in key posts • Identification of areas with high bank / agency spend; development of recruitment / development programme to include apprenticeships for new and existing staff • Links with HR to formulate exit / transfer plan for staff recruited into C19 temporary roles - may link with recruitment strategy and other elements of CDT • Link with workforce planning on hotspot areas of recruitment and retention in line with strategies ensuring apprenticeships are included in these. |
| Develop a recruitment strategy in conjunction with professional heads to support the development of a sustainable workforce. | 31/01/2022 | On-track | <ul style="list-style-type: none"> • To agree the range of interventions with the HB to inform a programme of work • Implement the agreed recruitment strategy through various interventions. Work will commence from quarter 2 onwards dependant on HB approval • Develop and implement a retention strategy with professional heads of service to address retention issues from Quarter 3 onwards • To review the outcome of the stakeholder workshop held in February 2020, together with the recruitment data available from Q1 and 2 to develop a retention strategy which will include a number of different strands. • To agree the range of interventions with the HB to inform a programme of work |

Key risks

| Description | Initial score | Mitigation | Current Score |
|-------------|---------------|------------|---------------|
|-------------|---------------|------------|---------------|

| | | | |
|--|----|--|----|
| Capacity of the medical workforce team, several gaps in team, for various reasons, including an impending vacancy from 01/11/2021. This team is critical to the delivery of the workforce efficiency programme, and so its capacity is a severe constraint. | 20 | The situation is being managed, and the vacancy is being discussed with the Director of Workforce and OD, however, there is a risk that the post may not be filled due to the Health Board's requirement to deliver CIP targets. | 16 |
| There is a significant challenge to recruit to Agenda for Change posts, particularly Nursing and Health Care Support Worker posts. This is potentially posing a risk to delivery of the plan due to the reduced capacity within the system. | 20 | A recruitment tracker has been developed, to coordinate the recruitment process, from start to finish, and highlight to programme leads where posts are being held up. A recruitment campaign is being developed to attract talent to Swansea Bay. | 16 |
| As the roll out of Medic On Duty continues, it is becoming evident that some specialties do not have the necessary management resources to utilise the system for SAS and Consultant staff. This is a significant risk to the programme and to the Health Board's ability to effectively manage its most expensive resource. | 16 | The Executive Medical Director has highlighted the issue to the service groups, but so far has limited responses. He will continue the discussions with Service Group Directors. | 12 |

Digital Capability

| Description | Due | Status | Enabling action |
|---|------------|-----------|---|
| WCCG | | | |
| Implement WCCG (remaining specialities) | 30/09/2021 | On-track | |
| Test and deploy e-advice functionality | 31/10/2021 | On-track | • |
| SIGNAL | | | |
| Development v3 phase 1 complete. | 31/12/2021 | Off-track | • Development was scheduled to be completed by end of August – this has been delayed until November 15 th . |
| User acceptance testing including sign off. | 30/01/2022 | Off-track | • Testing environment will now be available from November 15 th and not August as initially planned. Testing and sign-off expected by the end of December. |
| Electronic prescribing (HEPMA) | | | |
| Implement HEPMA at Singleton Hospital. | 31/07/2021 | Completed | • |
| Evaluate the implementation of HEPMA at Neath Port Talbot and Singleton Hospitals including benefits realisation. | 31/08/2021 | Off-track | • Evaluation due to complete in October 2021 |
| Swansea Bay Patient Portal | | | |
| Continued implementation of SBPP across all specialities supporting remote monitoring and virtual appointments. | 31/03/2022 | On-track | • |
| Attend Anywhere | | | |
| Virtual appointments: embedding use of Attend Anywhere, Swansea Bay Patient Portal; priority specialties enabling non face to face appointments and / or reviews. | 31/03/2022 | On-track | • |
| Paper-light Outpatients | | | |
| Digitise the following services: - Cancer: Cancer Treatment Summary (rollout), Breast Care outpatient clinics, Radiotherapy Treatment. - Additional 3 services (to be determined by CRG). | 31/03/2022 | On-track | • |
| E-form development replacing the most commonly used paper | 31/03/2022 | On-track | |

| Description | Due | Status | Enabling action |
|--|------------|-----------|---|
| forms, reducing reliance on paper record. | | | |
| Patient Recorded Outcome Measures (PROMs) | | | |
| Continue to support implementation of PROMS solutions including DoctorDr platform across an additional 5 services. | 31/03/2022 | On-track | |
| Theatre Operating Management System | | | |
| Electronic pre-assessment information to be made available in Single Digital Health Record (WCP). | 30/06/2021 | Off-track | <ul style="list-style-type: none"> Due in October 2021 |
| Welsh Nursing Care Record (WNCR) | | | |
| New software release to be tested and deployed | 30/09/2021 | Off-track | <ul style="list-style-type: none"> Implementation due in Q3 |
| Implement across adult inpatient medical and surgical wards at Singleton Hospital | 30/01/2022 | On-track | |
| Prepare for implementation across adult inpatient medical and surgical wards at Morriston Hospital | 31/03/2022 | On-track | |
| Welsh Emergency Department System | | | |
| Testing of end to end integrated system (subject to securing clinical lead to support) | 30/11/2021 | On-track | |
| Finalise benefits profiles including releasing time to care, improving patient safety (subject to securing clinical lead to support) | 30/09/2021 | Completed | |
| AskMyGP | | | |
| Supporting primary care and any new practices who come online (32 out of 49 practices live during FY20/21). | 31/03/22 | On-track | |
| Welsh Clinical Portal | | | |
| Support regional diagnostic services: Endoscopy reports to be made available in WCP within the Single Digital Health Record (WCP) | 30/09/2021 | Off-track | <ul style="list-style-type: none"> Implementation delayed to Q4. |
| Implement electronic pathology test requesting (WCP) | 31/03/2022 | On-track | |
| Implement pathology phlebotomy module to support pathology test requesting (WCP) | 31/12/2021 | Off-track | <ul style="list-style-type: none"> Implementation delayed to Q4. |
| Pilot Results Notifications enabling paper reporting to | 31/07/2021 | Off-track | <ul style="list-style-type: none"> Implementation delayed to Q4. |

| Description | Due | Status | Enabling action |
|---|------------|----------|-----------------|
| be switched for selected [blood sciences] pathology reports [Rheumatology and Dermatology Singleton] including evaluation | | | |
| Digital Dictation | | | |
| Implement solution in the agreed specialties | 31/03/2022 | On-track | |

