

YEAR 1 STATUS KEY:

Funded – Monies identified and funding agreed, e.g. investment approved by Health Board in
Cost Neutral – to be delivered from within existing resource
Tier 1 Priorities:
Schemes that have been identified for priority investment in year 1, subject to business case
Tier 2 Priorities:
Schemes where no funding has been
Tier 3 Priorities (T3)

	Planning task/ action
	Implementation or Delivery task/ action
	Consultation task/ action (staff or public)

Risk trends:



PLEASE ADD / REVISE DETAIL AND NARRATIVE FOR QUARTERLY MILESTONES AS REQUIRED

[illegible]

PRIMARY CARE, COMMUNITY AND THERAPIES- R&S PLAN 22/23

YEAR 1 STATUS KEY:

FUNDED ––> monies identified and funding agreed, (e.g. investment approved by Health Board in 21/22, WG)

COST NEUTRAL ––> to be delivered from within existing resource

Tier 1 Priorities: Schemes that have been identified for priority investment in year 1, subject to business case approval.

Tier 2 Priorities: Schemes where no funding has been allocated but will be considered for initial investment allocation subject to business case

Tier 3 Priorities (T3): Schemes where no funding has been allocated but will be considered for investment subject to business case approval if

1 - 4
LOW

5 - 8
MODERATE

9 - 15
Amber
SIGNIFICANT

16 - 25
HIGH

Risk Trends:

↑

↓

→

Delivery timeline Key	
	Planning task/ action
	Implementation or Delivery task/ action
	Consultation task/ action (staff or public)

PLEASE ADD / REVISE DETAIL AND NARRATIVE FOR QUARTELY MILESTONES AS REQUIRED

GOAL	METHOD	STATUS	METHOD DELIVERY STATUS AT Q4 1st Jan- 31st Mar 23	Q4 DELIVERY COMMENTS / MITIGATING ACTIONS/ REVISED DELIVERY DATES	RISKS TO DELIVERY - DESCRIPTION	RISKS TO DELIVERY - MITIGATION	RISKS TO DELIVERY - CURRENT RISK SCORE	RISKS TO DELIVERY - TREND	MILESTONES/ DELIVERY TIMELINES			
									Q1	Q2	Q3	Q4
To maximise opportunities to roll out prevention and wellbeing initiatives in primary care clinical and non-clinical settings as a key component towards the transformation of the SBUHB health and care system.	Delivering programmes of patient activation and coproduction within Podiatry and Orthotics for sustainable change and to improve population skills and confidence to self manage their health	COST NEUTRAL	On track						Review data from 21/22 and review plan and product	Review data from 21/22 and review plan and product	Implement any amendments from original plan	Implement any amendments from original plan
	Subject to successful Business Case, delivery of pre-diabetes programme within all clusters.	FUNDED	Off Track	Additonal practices engaged in established clusters . Planning and implementation of programme in additional 3 clusters commenced in Q4 with expected start April 2023	Additional staff absence (Registrant or Healthcare support worker) . Delayed recruitment to current vacant posts	Redeployment of availble staff to maintain delivery in existing clusters	12	→	Implementation of phase 1 of service commenced. Outcomes and evaluation towards further development of service	Implementation of phase 2 of service commenced. Outcomes and evaluation towards further development of service	Implementation of phase 3 of service commenced. Outcomes and evaluation towards further development of service	Complete implementation of stage 1 of programme and begin implementation of stage 2 . 2023-24 (1) full service delivery
To ensure that as far as possible primary care is consistent on a 24/7 and geographic basis as there is a recognition that primary and community care services across Wales vary depending on the time of day and location.	Review and implement new urgent care pathways and single point of access model within Dental Services	FUNDED	Completed						Single Point of Access model implemented. Evaluating outcomes of new urgent care pathways (2 pathways currently being piloted)	Implentation of new urgent care pathways (depending on outcome of pilot)	On-going review of pathway	On-going review of pathway
	Improve Oral Health for older people living in care as part of Frailty reduction measures by establishing GaB as core service and use its principles to establish rolling programme for similar services at hospital sites; Review domiciliary contracts & Transformation Funded Therapist Programme model	FUNDED	Completed						Develop and agree model	roll out of model	evaluation	evaluation
	Large scale change to support and manage the implementation of National Contract Reform across ALL x4 Contractor elements. Significant impact on PCT.	FUNDED	Completed						First phase implementation in line with national regulatory framework.	Second phase implementation in line with national regulatory framework including Quality and Outcomes framework	Preparation and understanding of further contract changes for 2023/2024	Preparation and understanding of further contract changes for 2023/2024
	Develop and strengthen the Primary Care and Sustainability Team; continued use of the GMS Merger Framework	FUNDED TBC	Completed						Recruitment of workforce	Commence programme of sustainability visits	Support continued transformation of services and training development	
To accelerate the implementation of the full primary care model at cluster level key links will be made with transformation programmes, both at national and local level so that any learning is shared quickly across primary care and further informs the vision for clusters.	Implementation of the National 'Accelerated Cluster Development' (ACD) Programme. This will be a significant piece of work be completed and coordinated on a National and HB basis which will see change to how Cluster based planning and delivery is undertaken in line with commissioning frameworks.	FUNDED TBC	On track						Vision for SBUHB signed off . Initial ACD implementation plan in place. Idnetify legacy issues . Implementing communications plan.	Commenced shadow running Planning/ Commissioning Group/s met. Identified and established four contract collaborations in line with contract reform .	Embedding Planning/ Commissioning Group/s and four sets of collaboratives. Development of 2022/23 plan.	Agreement of 2022/2023 plan
	Service group to support the delivery of Cluster IMTPs	COST NEUTRAL	On track						Implement monitoring system of cluster IMTP delivery – completing an exception report for each cluster meeting / Support for project delivery including HR and procurement advice and support.	Implement monitoring system of cluster IMTP delivery – completing an exception report for each cluster meeting / Support for project delivery including HR and procurement advice and support.	Commence planning for 23/24 cluster IMTP taking into account new ACD structure.	Finalise preparation of 23/24 Cluster IMTP

Tanner & Scales	
<p>Adolescent is independent and handling agreed on investment</p> <p>Adolescent is not independent and handling agreed on investment</p>	<p>1-4 LOW</p>
<p>Adolescent is not independent and handling agreed on investment</p>	<p>5-8 MODERATE</p>
<p>Tier 1 Priorities: Scales that have been discussed for investment for parent's 1st, 2nd, 3rd or 4th</p>	<p>9-10 HIGH SIGNIFICANT</p>
<p>Tier 2 Priorities: Scales where adolescent is not independent for investment for parent's 1st, 2nd, 3rd or 4th</p> <p>Tier 3 Priorities: Scales where adolescent is not independent for investment for parent's 1st, 2nd, 3rd or 4th</p> <p>Tier 4 Priorities: Scales where adolescent is not independent for investment for parent's 1st, 2nd, 3rd or 4th</p>	<p>16-25 HIGH</p>

Delivery Timeline View	
	Planning task/ action
	Implementation or Delivery task/ action
	Consultation task/ action (staff or public)

Risk Tree

↑

↓
↓




PLEASE ADD / REVISE DETAIL AND NARRATIVE FOR QUARTELY MILESTONES AS REQUIRED

[illegible]

[illegible]

CANCER - R&S PLAN 22/23

Status Key:	Funded – Monies identified and funding agreed, (e.g. investment approved by Health Board in 20/22, Wg or WHSCC)	
	Cost Neutral – to be delivered from within existing resource	
	Tier 1 Priorities: Schemes that have been identified for priority investment in year 1, subject to business case approval.	1-4 LOW
	Tier 2 Priorities: Schemes where no funding has been allocated but will be considered for initial pilot.	5-8 MODERATE
	Tier 3 Priorities (17): Schemes where no funding has been allocated but will be considered for investment subject to business case approval if specific / long term additional monies	9-15 AMBER SIGNIFICANT
		16-25 HIGH

<u>Delivery timeline Key</u>	
	Planning task/ action
	Implementation or Delivery task/ action
	Consultation task/ action (staff or public)

Risk Trends:

↑
↓
→

Outcomes Delivery (Performance) status key:

Green	if the outcome measure has met or exceeded the original target
Amber	if the measure is moving away from the baseline position in the desired direction, has not yet reached the target but is
Red	if the measure is not moving in the desired direction, or the trajectory indicates that it will not meet the target

[illegible]

MENTAL HEALTH AND LEARNING DISABILITIES-
R&S PLAN 22/23

Status Key:

Funded – Monies identified and funding agreed, (e.g. investment approved by Health Board in 21/22, WG or WHSS funded)	
Cost Neutral – to be delivered from within existing	1-4 LOW
Tier 1 Priorities: Schemes that have been identified for priority investment in year 1, subject to business case approval.	5-8 MODERATE
Tier 2 Priorities: Schemes where no funding has been allocated but will be considered for initial	9-15 SIGNIFICANT
Tier 3 Priorities (73): Schemes where no funding has been allocated but will be considered for	16-25 HIGH

<u>Delivery timeline: Key</u>	
	Planning task/ action
	Implementation or Delivery task/ action
	Consultation task/ action (staff or public)

PLEASE ADD / REVISE DETAIL AND NARRATIVE FOR QUARTELY MILESTONES AS REQUIRED

		METHOD	HOW/WHO/WHEN/WHAT/WHO/NO	OUTCOMES	STATUS	REVISED DELIVERY STARTS AT Q4 1st Jan - 30th Mar 23	ON DELIVERY COMMITTEE'S NEXT TIME ACTION/REVIEW NEXT DELIVERY DATES	RISK TO DELIVERY - DISRUPTION	RISK TO DELIVERY - MOTIVATION	RISK TO DELIVERY - CURRENT PACE SCORE	RISK TO DELIVERY - TENDS	MILESTONES/DELIVERY TIMELINES				
												Q1	Q2	Q3	Q4	
Improve Mental Health Crisis in Mental Health Service: develop a 24/7 initial access, response and triage system to provide early and proportionate responses to prevent escalation of mental health crisis.		Extend the current 111 pilot of direct out of hours GP referrals on weekends to a seven day out of hours service.		x	x	x	Provide access to mental health support as early as possible. Ensure that mental health crisis pathway is on a level with physical health care.	FUNDED	Completed				Completed 111 pilot for 7 day out of hours service			
		Development of an Assessment Hub to provide a single point of contact for Mental Health Services using the national 112 template for mental health crisis.					Reduction in ED MH attendances. Reduction in ambulance use, trust & convey. Reduction in DASH GP attendance.	FUNDED	Completed				Implementation of Assessment Hub for mental health services in 18/19			
Improved management of the demands of the CHC expenditure		Expansion of CHC commissioning team for MH and LD services to 11 WTE across Bands 5-8b		x	x	x	Recruitment of additional staff for expansion Increased capacity for case management, formal reviews within the services.	FUNDED	Completed SEPT 21				OLD GOAL FROM 2022/23 Plan that WAS COMPLETED IN SEPT 21			
		Implement the action plans developed by the Service Group following external review of the CHC processes.					Cost avoidance/savings. Reduction in costs by the equivalent of 8-9 CHC cases.	FUNDED	On Track							Agreement required in order to proceed with action plan. Ongoing discussions will roll over into 23/24. Included in 23/24 plan and will continue to monitor.
Increase emphasis on enhanced community care and less reliance on specialist mental health inpatient beds across the health Board.		Redesign Older Peoples Mental health inpatient services across the Service Group		x	x	x	Continue to support and review the enhanced community model and the sustained reduction in demand for the inpatient specialist beds. Continue to support the care home sector with ongoing support and pathways via the Care Home Inreach teams. A reduction in the number of specialist inpatient beds.	FUNDED	On track				Completed the enhanced inpatient redesign changes on a partnership basis. Redeployment of workforce completed.	Continue to work with the Regional Partnership Forum on the development of the Older Peoples Mental Health Framework.	Realising outcomes of the findings/outcomes from the Regional Older Peoples Mental Health Framework.	Realising outcomes of Capital bid for Tonia Hospital. Commence implementing of the findings/outcomes from the Regional Older Peoples Mental Health Framework. Further work being undertaken in relation to Day hospital opportunities. Included in HSS Plan 23/24.
		Monitor the benefits of the investment placed into community services to enhance the care provision in that part of the service and the ongoing benefits an reduced inpatient demand.														
Continue to modernise mental health services to meet future demands and needs.		To continue with the development of the programs under the Mental Health Transforming Mental Health Services Programme.		x	x	x	Each individual scheme under this program has it's own implementation plan with outcome measures and benefits.	FUNDED	On track							Having identified priorities via MH Summit and engagement review, together with MH Strategy Review, implementation plan to be developed around agreed priorities. Rolled over into HSS Plan 23/24.
		Improve access to psychological therapies by increasing the psychological therapy resource within the current service					To meet the predicted demand on this aspect of MH services post pandemic. To ensure the HB continues to meet the national 26 week target and aim lower waiting times dependent on the anticipated demand	FUNDED	Monitoring							Realise recruitment. Recruitment completed. Monitoring of 26 week target. Further development of psychological therapies included in HSS 23/24 plan.
		Expand the MH inlets workers within the GP Clusters by increasing the staffing resources within the current LPAHSS services					Increase the capacity of the service to meet predicted demand. Provide a timely response for assessment that reduces the likelihood of escalation to more intensive service levels in secondary care.	FUNDED	Completed							Expansion of MH inlets workers within the GP Clusters completed. Recruitment completed.
		Expand the Eating Disorder services by increasing the staffing resources within the current service					Improved access to eating disorder expertise (assessment and clinical advice) at the point of entry into MH services. Pathways developed to offer assessment and treatment for all people with an eating disorder within four weeks of receipt of referral, or one week if urgent. Eating disorder patients to be offered NICE concordant psychological treatment at an earlier phase within their illness Streamline transition between services, by developing a robust risk assessment including attention to both physical and psychological risks and management plan for all eating disorder patients.	FUNDED	On track							Recruitment ongoing. Posts resubmitted following closing date mid April 23. Unsuccessful recruitment for posts. Need to look at alternative workforce solutions eg Specialty Doctor, ANP, GP with specialist interest.
		To continue to work jointly with WHSIC on their 3-5 year strategy for Specialist Mental Health provision in Wales. Ask groups to develop detailed plans to fit into the overall strategy.					WHSIC 3-5 Year Strategy agreed									Job group recruitment
		Development of a Dual Diagnosis Strategy					Development of an action plan against the strategy in line with the Welsh Government five key targets	FUNDED	Completed							Project group recommended
		Extend current Sanctuary Service pilot to March 2023					Evaluation of current pilot scheme Review any service change and service outputs Sanctuary Service extended to March 2023	FUNDED	Completed							Sanctuary Steering Group recommended and current service change and outputs reviewed
		Extend current Sanctuary Service into NPT by March 2023					Evaluation of current pilot scheme Review any service change and service outputs Sanctuary Service extended to March 2023	FUNDED	On track							
CAMHS		Diagnose and transfer Community CAMHS to Swansea Bay	x	x	x	Undertake DCP / consultation process Agree financial diagnosis Establish service and embed into MH & LD Service Group.	FUNDED	On track								Preparations for transfer of CAMHS to Swansea on 1st April 2023 completed.
							Workforce, Finance and Digital arrangements in place for transfer on 1st April 2023. Service will be reviewed once transferred.									Workforce transferred. Data migration completed. Processes in place. All preparations completed for successful transfer of CAMHS to Swansea on 1st April 2023.

[illegible]

ed – Monies
fied and
ng agreed,
vestment
wed by
h Board in
e, WG or
(C funded)

Cost Neutral – to be delivered from within existing resource

Tier 1 Priorities:
Schemes that have been identified for priority investment in year 1, subject to business case approval.

Tier 2 Priorities:
Schemes where no funding has been allocated but will be considered for

Tier 3 Priorities (T3): Schemes where no funding has been allocated but will be considered for investment subject to business case approval if specific /ring fenced

1-4
LOW

5-8
MODERATE

9 - 15
Amber
SIGNIFICANT

16 - 25
HIGH**Maternity- R&S PLAN 22/23**

Delivery timeline Key	
	Planning task/ action
	Implementation or Delivery task/ action
	Consultation task/ action (staff or public)

PLEASE ADD / REVISE DETAIL AND NARRATIVE FOR QUARTELY MILESTONES AS REQUIRED

[illegible]

YEAR 1 STATUS
KEY:

Funded – Monies identified and funding agreed, (e.g. investment approved by Health Board in 21/22, WG or WHSSC funded)	1-4 LOW
Cost Neutral – to be delivered from within budget	5-8 MODERATE
	9-15 AMBER SIGNIFICANT
	16-25 HIGH

[illegible]

YEAR 1 STATUS KEY:	Q4 METHOD STATUS KEY (FOR YEAR 1 DELIVERABLE SCHEMES - FUNDED/ COST NEUTRAL/ TIER 1)/
Funded – Monies	On track
Cost Neutral – to be delivered from within existing resource	Monitoring
Tier 1 Priorities: Schemes that have been identified for priority investment in year 1, subject to business case approval.	Off Track
	Completed

1 - 4 LOW
5 - 8 MODERATE
9 - 15 Amber SIGNIFICANT
16 - 25 HIGH

[illegible]