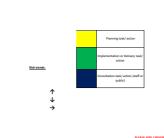
				04 DELIVERY COMMENTS /							PLEASE	ADD / REVIS			<u>E FOR QUARTELY MILESTON</u> E (FOR METHODS)	NES AS REQUIR	ED	
GOAL	METHOD	STATUS	METHOD DELIVERY STATUS AT Q4 1st Jan- 31st Mar 23	MITIGATING ACTIONS/ REVISED DELIVERY DATES	RISKS TO DELIVERY - DESCRIPTION	RISKS TO DELIVERY - MITIGATION	RISKS TO DELIVERY - CURRENT RISK SCORE	RISKS TO DELIVERY - TREND		Quarter 1	Jun 22	Jul 22	Quarter 2		Quarter 3	Dec 33		rter 4
	Education of all available staff across the HB in recognising and managing suicide.	FUNDED	Monitoring	Suicide prevention and REACT training - 4159 staff trained to date					Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22 Nov-22 Suicide strategy to be development Revisiting GMOs to look at p groups, potential to extend	oped.	in-23 Fel	0-23 Mar-23
Suicide Prevention - early recognition of anxiety and depression leading to risk of	Continue to support and work with Swansea NPT Multi Agency Group and other stakeholders across the HB in relation to obtaining a baseline assessment of suicide cases and map against national trends.	COST NEUTRAL	On track												community			
suicide	Occupational Health and Wellbeing support for staff with anxiety/depression to prevent escalation in risk of suicide	FUNDED	On track															
	Remove ligature risks across all HBs premises	FUNDED	Monitoring	Progress made within each service group. Discussion to be held with H and S regarding on going management of the PSN related to ligature risk assessments.														
	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	COST NEUTRAL	Offtrack	Achieved WG infection reduction expectation for E. coli bacteraemia, but not the other 4 key infections. Infection reduction expectation goals will be ongoing to achieve the national and local goals for 2023/24. The 2022/23 baseline requires	Patient acuity, complexity and comorbidities. High bed occupancy and frequency of patient movement. Increased length of inpatient stays. Staffing and skill mix. Sustained compliance with evidence-based practice to reduce variation. Variable complaice with IPC-related madatory	Service Group Infection Improvement plans for 2023/24 to address quality improvements.	20	Remains unchanged with exception of E. coli bacteraemia										
Infection Prevention and Control(IPC) and reduction of HCAIs as per the Health Board approved IPC Improvement plan 2022/23	Focussed work in Primary Care and community to achieve reduction in top 3 Tier 1 target infections to understand mechanism of transmission and ensure learning is undertaken and shared across the HB	COST NEUTRAL	Off track	Achieved year-on-year reduction in Staph. aureus and E. coli bacteraemia (achieving reduction goal for the latter). Improvement programmes continue. Plans extend into 2023/24. New Delivery Dates: 31.03.2024.	A proportion of infections occur in closed facilities, but majority occur in patients' homes. Challenge to change patient behaviours.	Focus on those infections within sphere of influence.	20	Remains unchanged with exception of E. coli bacteraemia							Exceeded annual target for difficile, and bacteraemias o Staph, aureus, Klebsiella an Pseudomonas by end of Q3 Remain close to target for E bacteraemia.	aused by d		
	Achieve compliance with staff training (MDT) - all available staff. Increase compliance with staff training. Working toward: Hand Hygiene – 100% , IP&C Training – 100% (available staff) (82% - Nov 2021)	COST NEUTRAL	Monitoring	Compliance poor.	 Position numbers not matched to job profiles in ESR, compromising accuracy of training compliance reporting. Staff turn-over affects compliance. Staff undertaking incorrect course. Staffing shortages. Service Group prioritisatoin. 	Service Groups to communicate to staff prioritisation of compliance with mandatroy training and ensure monitoring compliance at Service Group Infection Control Committees. Ensure part of PDP in PADR and job planning.	16	Slight improvement							By end of Q3, 85% SBUHB si attanded compliance with mandatory IPC Level 1 train			
	Environment – Cleaning Compliance scoring matrix >95% (97% - September 2021	COST NEUTRAL	On track	Sustained compliance.	Sustained compliance.	Sustained compliance.		Sustained compliance							94% 95%	95%		
Improve the recognition and compliance of End of Life Care (EOLC)	Review findings of National Audit of Case at End of Life (NACEL): Build in feedback mechanism from HB mortality Reviews, All Patients to be recognised and receive EOLC throughout HB (working toward 100%)	COST NEUTRAL	On track: EOLC included in clinical audit plan and leads identified in NPTSSG and Morriston												Focus on ensuring medical engagement across SGs			
	Ensure training in recognition and management of patients approaching EOLC from 1yr down: Review of Mandatory and Statutory training to ensure EOLC adequately provided, >95% staff compliance (available staff)	FUNDED	On track															
	Develop the use of digital technology to map compliance and notification of patients who require or receiving EOLC	FUNDED	Off track	Scoping work has taken place but there hasn't been any further decisions to what is used to support EOLC. Reliant on Digital to support developments.	Enabling staff to record A&FCP and share the information across care settings will help with recognition and earlier planning for EOLC	Dependency on digital developments has been raised in various forums and enabling conversations with Digital. Meeting planned May 2023 to move forward with this.	15								Explore and implement	use of signal to receiving EO		nts requiring/
Sepsis prevention - Recognition and treatment of all patients with SEPSIS within the hospital setting	Improve compliance with education of patient-facing MDT staff in the recognition of patients at risk of Sepsis and acute deterioration and Develop a Health Board wide standardised teaching programme.	COST NEUTRAL	On track: teaching programme revised in line with new national guidance												Roll out guidance on manag sepsis (awaiting national g from WG)			
	Ensure Sepsis compliance is captured across the HB to benchmark on a national basis: Aim all patients (100% compliance) are reviewed against SEPSIS criteria	COST NEUTRAL	Off track															
	Establish a dedicated SEPSIS TEAM. Identify sepsis champions for wards. Develop a Health Board wide standardised teaching programme	FUNDED	Completed															
Falls Prevention - Reduce mortality and incidence of falls	Establish HB Strategic Falls Group with oversight across entire HB, including Primary, Community and Secondary Care	COST NEUTRAL	On track: month on month reduction in inurious falls												Hot spot/ QI support roll ou SGs	inclu	iding bed rail	dated: Falls Audit use to be added to rgetting wards
	Widen scope of current review to include community, WAST and secondary care.	COST NEUTRAL	On track: terms of reference for QP steering group revised to include community falls and focus for 2023 to be in this area. Included in Safe CAre collaborative work to reduce conveyance													with of N	high falls rate AIF audit (Nat	es initially. Reveiw ional Audit of d KPIs established



VEAR 1 STATUS KEY. Foods - Shares append, Pag. Instational and Anome append, Pag. Instational approach common approach

		Tier 3 Priorities (T3)									PLEASE					ALESTONES AS REQU	URED			
GOAL	METHOD	STATUS	METHOD DELIVERY STATUS AT	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		Quarter 1			DELIVERY Quarter 2				_	Quarter -		OUTCOMES PUTCOMES (NOM PLAN) Addlets YAMST YAMST
Population Health Strategy for Swansea Bay: Collaborative	Co-design of public / population health strategy with	COST NEUTRAL	1st Jan- 31st Mar 23	DELIVERY DATES	DESCRIPTION	MITIGATION	RISK SCORE		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22 De	ic-22 Ja	n-23 Feb-23	Mar-23	OUTCOMES (MIXIM PLAN) AGREED MEASURES TANGET POSITION T Apr May Jun Jul Aug Sept
Population Health Strategy for Swames Bary, Collaboration development of a Population Health (Nn that Co-conductes and directs cross sector & Collaboration extent Arous the region to reprove the population's health and well-entg.	communities and stakeholders to reduce health inequities, focused on addressing the root causes and used to inform service delivery within the HB, with sustainable development as the central organising principle		Completed																	
		COST NEOTINAL	Completed																	
	Develop regional and local leadership & partnership functions and support to ensure delivery of a population health approach & plan		On track	Proposed internal infrastructure agreed but not yet established or tested. Will need time to bed in and develop in response to external partnership landscape																
	Develop and lead local delivery of the population health workstream of the National Clinical Framework		On track	NCF remains in abeyance nationally - so no further local action currently.																
ensure effective sustainable action is directed to achieve maximum population health gain and reduce health inequities.			On track	Recruitment underway for new team roles where JD's have been approved through internal processes. Recruitment of additional team roles to be continued during 2023-24.																_
	Manage the safe transfer of the Local Public Health Team from PHW to S8UH8	COST NEUTRAL	Completed																	
	Establish new regional (Hywel Dda + SB UHB) HWHW Isadership team	COST NEUTRAL	On track	Following successful recruitment to service leadenship for the HWHW Whice System Approach role, additional roles needed within the regional team structure have been identified and currently going through recruitment processes in Swansea Bay and Moniek Debi-																
	Develop a population backh instiguence function and population, in collaboration with HE colleagues and key partners.	COST NEUTRAL	On track	Recentrics of need for arganisational population handlin forction matabilished. Capacity imitiations has iminite progress to supporting work on weight management. & tobacco control only, coal potential alignment with range of existing activities and strategy programmers ag, development of commissioning approach, WHe etc. horesposition of the development of a population health management approach currently being scopes/explored.																
	Development of new Business intelligence products to support HWHW system leadership work programme	COST NEUTRAL	On track	A population health intelligence framework to support HWHW has been developed. Further products will be developed as the HWHW work progresses and a need is identified (including dishboards where anomoristic)																
	Provision of public health technical expert guidance & support – including the pain cluster planning group faligned to the Accelerated Cluster Development programme). TSRs JPBs and other fora as indicated by capacity and need	COST NEUTRAL	On track	accreariste). Technical public health expertise provided to a number of fora where we have been invited to contribute. Thas has enabled us to help shape a range of plans through various number/bits.																
Tablig Population Health Autoreages: Tables actions to supprese health Antoness and induce inequalities through a focus on health behaviour.	Develop a regional MMWW delivery plan and reporting mechanisms	COST NEUTRAL	On track	An All Wales Weight Management Pathway Development Group has been established, with stakholders from across the health Board. This group aims to develop proparation for how Samma by a can develop an An Wales Weight Management Pathway And reporting methods pulses. Can develop and for this work. Work is currently being motortaken to develop Busines Cases for Level 2 and Level 3 services, which are aiment to be delivered in Q1 of 23/24.																
	Supporting the development of a SB148 Tobacca Cannot supprach in line with the energiest all Walks Storagy	COST NEUTRAL	On track	A followic Control Development Group has been existituted, with talahelphafers from across the Health Board. This group aims to develop proposed for how Seeninas Bary can doording, interluping the governance and reporting mechanism required for this work. Week is currently being undertaken to develop a Business Case and Samico Seperlicitations for tabacce control work, which are able to interluping the second method with an initial docum embandia, writing cesation.																
	Supporting the implementation of a Public Health Approach to Tackling Substance Misuse with West Glamorgan RPB	COST NEUTRAL	On track	Support continues to be provided and drugs commission progressing regionally.																
	Codelaça di angional cosa sector succió à sofi haves plan with patrices		On track	Mental health strategy developed through 90% is to be frasilised in May, prevention agency with SAUD as part of the quality priorities. Recognition of the nearlier and Statistic scicle & suif have prevention scicle & suif have prevention scicle and the end of the statistic scicle and the end of the science of the scicle and the end of the science of the self have prevention strategy/sites to be revisited after ended to 12 action statistic attagy and in fallingue with South. & West Wales Regional Forum.																
	Healthy schools scheme delivery across Seameas Bay in time with actions disordements. Climited change and sustainability- advectaging a periodistic health approach to disease change, including mitigation, adaptation and circular economy approaches.	COST NEUTRAL	Completed On track	Good progress made in year on demnets: related to decarbonisation agends internally and joint working with partners a part of both FSB wellbeing plan development. Work to construe kino 2023-24 to progress this agenda, as part of implementation of the PHS.																

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

 VITY AND
 File of priority investment in year 1, subject to business case approval.

 22/23
 Tier 1 Priorities: Schemes that have been identified for priority investment in year 1, subject to business case approval.

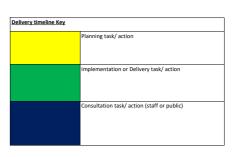
 Tier 2 Priorities: Schemes where no funding has been allocated but will be considered for initial investment allocation subject to business case.

 Tier 3 Priorities: Schemes the priority investment allocation subject to business case.

YEAR 1 STATUS KEY: Funded – womes identified and funding agreed, (e.g. investment approved by Health Board in 21/22, W

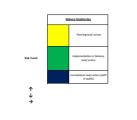
> es where no fundin en allocated but wil isidered for ment subject to

	Risk Trends:
1-4 LOW	۲
5 - 8 MODERATE	↑ ↓ →
9 - 15 Amber SIGNIFICANT	,
16 - 25 HIGH	



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

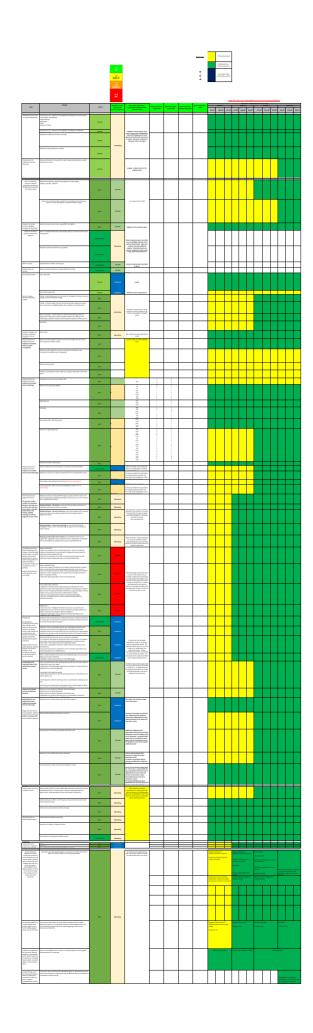
GOAL	METHOD	STATUS	METHOD DELIVERY STATUS AT Q4	Q4 DELIVERY COMMENTS / MITIGATING ACTIONS/	RISKS TO DELIVERY -	RISKS TO DELIVERY -	RISKS TO DELIVERY -	RISKS TO DELIVERY - TREND		MILESTONES/ DE	IVERY TIMELINES	
GOAL	METHOD	STATUS	AT Q4 1st Jan- 31st Mar 23	REVISED DELIVERY DATES	DESCRIPTION	MITIGATION	CURRENT RISK SCORE	TREND	Q1	Q2	Q3	Q4
roll out prevention and wellbeing initiatives in	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
health and care system.	Subject to successful Business Case, delivery of pre-diabetes programme within all clusters.	FUNDED	Off Track	Addiitonal practices engaged in establashed clusters. Planning and implementation of programme in additional 3 clusters commenced in Q4 with expected start April 2023		Redeployment of availble staff to maintain delivery in exsisting 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	Outcomes and evaluation towards further	Complete implementation of stage 2 of programme and begin implemtation of stage 3 . 2023-24 0,1 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	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
location.	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 domically 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 hational 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 Sustainabiliy Team; continued use of the GMS Merger Framework	FUNDED TBC	Completed						Recruitment of workforce	Commence programme of sustainability visits	tranformation of services and training development	
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		FUNDED TBC	On track						Initial ACD implementation plan in place. Idnetify legacy issues . Implementing communications plan.	Group/s met. Identified and established four contract colloborations in line with contract reform .	Commissioning Group/s and four sets of collaboratives. Development of 2022/23 plan.	Agreement of 2022/2023 plan
vision for clusters.	Service group to support the delivery of Cluster IMTPs	COST NEUTRAL	On track						Implement monitoring system of cluster IMTP delvery – completing an exception report for each cluster meeting, / Support for project delivery including HR and procurement advice and support.	of cluster IMTP delivery – completing an exception report for each cluster meeting./ Support for project	Commence planning for 23/24 cluster IMTP taking into account new ACD structure.	Finalise preparation of 23/24 Cluster IMTP



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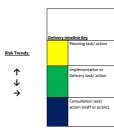
CONL	METHOD	STATUS	METHOD DELIVERY STATUS AT Q Int Int- 31st Mar 23	Q4 DELIVERY COMMENTS / MITIGATING ACTIONS/ REVISED DELIVERY DATES	RISKS TO DELIVERY - DESCRIPTION	RISKS TO DELIVERY - MITHGRITION	RISKS TO DELIVERY - CURRENT RISK SCORE	RISKS TO DELIVERY - TREND		May-22	Jun-22 Ju	GeLIVERY 1 Quarter : 1-22 Aug-22		Quarter 3 Oct-22 Nov-22		Quarte	-
Acate Middlor Environ Buderige: Impore examine of care and externet for activity unwell patients through registrations access to medical summers, averaging diagnostics, treatment and # appropriate admission to hospital. An Acate Medicine model implemented on the Moriston site based on single ambulatory assessment and definitions.	Centralise acute medical admissions by Establishing an AMAU in Moniston		Completed	AVU opened on 5th December.									Centraliae acute tai DATE NOW S	e from 3rd Sept 22 XTENDED TO Sen D	ORGNA IC 22		
An Ambidiatory Assessment to the frequencies of a sector of the sector o	Establishing a Short Stay Lisit (aligned to the ANAU) in Morriston	-		AMU opened on 5th December. Full centralisation of medicine in line with phased implementation plan completed and of Isanuary 2003 AMU opened on 5th December. Full centralisation of medicine in	AMU Shart stay unit opened 5th December. The ability for the unit	AMU Operational group in place to work through the challenges on									-	_	
hat clinics	Embedding Hot Clinics - from Acute Hub and AMAU - extabilith next day "bot" clinics to enable patients to be safely discharged with active follow up	-	manitaring	All centralisations of medicine in Elia centralisations of medicine in Elia with phased implementation plan completed end of January 2023 Worldforce pressures have Impacted the capacity of the hot celocis. Work on the Acute Hab ongoing under the SDBC Project	ANU Short stay unit opened Sch December. The ability for the unit to function as a short stay unit is often hampened by pressures on site and continued discharge	AMU Operational group in place to work through the challenges on the unit. Work to reconfigure the Acute Hub with all walk into coming through the SDEC consider									-	+	+
	safely discharged with active follow up Capacity on Singleton site for step down medical beds	-	manitaring	clinics. Work on the Acute Hub ongoing under the SDBC Project Grown Medicine beds in SGH capped to 99. First 30 bed ward to close by the end of May											-	_	
	Improvement team to support sustainability and implementation of SAFER	_	On track	1	Site/ system pressures may	Steleads identified with responsibility to drive through implementation										_	
	angun ang ang ang ang ang ang ang ang ang an			Project Initiation Documents developed with delivery timelines and leads for Mole SGM, NPT & Carsielon Identified, Boil out plan inplace in Martino, Medicine and T and O completed, Surgery In meet on the plan. Execution of soft-SGR, with a Bolines up melwar weeks, 2-morths and 6-morths port mol out. And of Medicine commencing by the end of April	Stay system pressures may negatively impact the ability to roli out SAFER (and linked DSRA) by impacting on resource available to deliver	inglementation											
		FUNDED	On track	out with a focus week on each ward to embed the principles of SAEDR, with a follow up melwe 2 weeks, 2 months and 6 months post roll out. Audit of Medicine							n-ended July 2						
	Recurring element of the EDS at Morriston to support improved discharge	-		commencing by the end of April											-	+	+
	Establishment of SDEC service	-	On track	Work underway to improve SDDC	Sta/ system pressures may	Cirical & Management leaders									_	_	
			manitaring	venic statemapy or inprove sets. services and its interaction with AMIC (as part of broader Acute Hub concept)	negatively impact on planned improvement activity	Cloical & Management leaders aligned to SDEC / AMU improvement activity. Project support aligned to support any pathway/ service changes/ improvements											
septement an integrated Medicine for CMM Progin pathway — This is now set of AMM and SIGO - SIGC Manay funded OMA expansion. ICOP - costed in the AMER BC and delivery timescales will algorite AMER .			manitaring	OPAS provides 5 day service at the ED front door that "pulls" pts from ED into the OPAS unit with the view to discharging same day Service services f													
	Extended ICOP service - extend hours of service		monitoring	prevent. OPAS are expanding scope to be part of the new single SDBC service to start on the 38th April. Work continues to expand to 7													
	Rapid response at the front door		manitaring	Along with the 5 day service ORAS assesses pts at ambulance traige to re-direct into the service direct from ambal when possibale and appropriate													
Improve the outcomes and LOS for patients requiring active therapy rehab and OT Intervention Reduce ambulance handover delays	Therapy services - 7-day working - Key focus in the UBC Programme: to support AMAU, SSU and inpatient Behab Continue to deliver and evaluate impact of schemes to	FUNDED	Completed	HALD vehicles were WG funded	Site/ system/ staffing pressures	Ongoing review/ implementation											
	Bahah Continue to deliver and evaluate inguct of schemes to reduce anabulance handwore delays in cluding HALD anabulances, Anbulance Coordinations and red release framework	FUNDED	Monitoring - implementation plan in place	release machined to immediate release request and there is difficulty in complying due to pressures within the department - this is logged and making forward will be reported via medicine	Stef oystem/staffing pressures may negatively impact the ability to implement immediate release	where possible of initiatives to comply with immediate releases request(s)											
Further expand and implement an integrated Medicine for Older People's pathway and specifically within the community setting, across the SRU footprint to: Support Older people to live well in the community	Virtual Wards - MDT "wards" to support identified cohort of patients in the community. To be implemented across 4 Clusters			board													
- Support IOMer people to live well in the community - Improve management of comparison co-monitation, mailing, built, and dementia - Penode registry support close to home at times of crisis - Offer choice, control and support traversities of of the - Rendece negative impact of a vecklable hospital administent and to be lengths of stay on other peoply support clasm metal to weblank (This is the goal on the BC/ Plant)	Example is a stabilized Cluster based Virtual Works	FUNDED	Completed								Continue t	o deliver and emb	ed VW across 4 due	Phased roll out fro			
(This is the goal on the BC/ Plan)	Expand the 4 established Cluster based Virtual Wards model by implementing additional virtual wards across the 4 remaining clusters of SBUHB (Chy, Pended, Lluchwr and Afae).		Completed														
		TIER 1							Revise busines	LCASE							
			Completed														
This is also part of the integrated pathway for GP as a goal - will come under the Singleton group Net SUSD	Centralize ingatient Rehab @ NPT Houpital - enable faster transfer of active ingatient rehab patients to NPT - embed pathway across the HB	PLANNING	Completed							Med mod aniv / Ad	cal Agree el and transi ragreed timel sissions in like fa with	tion Transition phase W4	WH Moved and stal December 2022 (timelines) - am	Fing in place by Sth n line with AMSR nded to Dec 22			
Improved patient flow resulting in admission avoidance and earlier discharge, where appropriate Focus in Pull cut and not admission avoidance.	Home First pathway 2 - enhance the staff in the dom/hocial care sector to "pull" patients from hospital	PUNDED (Pathway2) Transition plan and timescales arreed theoret	Completed								- AA63	1021					
implement system wide VBHc pathways for Respiratory, Improve the outcomes for CDPD patients and reduce the impact of CDPD patients on the front door	Expand the COPO ESD (Early Supported Discharge) Team, that covers front door working, ED, AGPU, Primary Care and administen working with WATT and GPs for Singleton, Morriston and NPT	the AMSR			1												
NOT VEHC																	
	WKIT and GPs for Singleton, Morriston and NPT																
	WART and GPs for Singleton, Morriston and NPT	RUNDED	Completed														
		RUNDED	Completed														
	In SET and Shi for Singletin, Mannatan and HY Sensingness of anonymetric analysis, collaboration and as production between COIPs (20 Team, KC and a commuting weining	FUNDED	Completed														
		PUNCED	Construct														
	Consistence of Assigned Auditor, subsection and the association between CPC and Tang, Mr. and Will Tangande and Mr. and Association in a second provide	RUNDED PLANNING	Constant														
ngene ika sahi padatasa di dagani. Angene ika sahi padatasa di dagani. Anakasana ika pisawa di kapata kapata di Sitali uka pateny dagana di Anachana	Evaluations of Allog and a values, substantian and approximate biomacc OPOLID task, for all approximate biomacc OPOLID task, for all approximate of a substantian of task and provide task and approximate task and provide task and provide task and provide task and provide task and provide task	RUNDED	Canada						Enter Summer								
nguna de syndy pol ditasso of diagona. Na distante de prime planad la Siguit à Sibili alte presy digen e Na cluba	Evaluation of Angeletic action, activity and activity and activity	PUNDED	Gaussia						Terrar betram								
nigene de station and Macine of Agents. Services en la general de activité de Statistie de a penny dagent e Nactúrie	Consistence of Assigned Audio, subsection and the association between CPC and Tang, Mr. and Will Tangatan and the association of association in a sensing weight	RUNCED RUNNING	Countral Countral						Reper fuences								
seguna ita guto pol distang of diagona and antang ita patent shindari ita kujali a Sibila alta prevy digena i fan falar	Transporter of magnetic schedules and the schedules and the schedules of the schedules of the schedules and the schedules are sc								Range Kanangan Falang Kanang Falang Kanang Kanang Falang Kanang Kanang Falang Kanang Kanang Falang Kanang Kan								

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CANCER - R&S PLAN 22/23

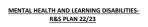




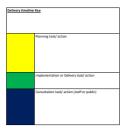
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GOAL	METHOD	OUTCOMES (PROJECT LEVEL)	STATUS	Q4	T Q4 DELIVERY COMMENTS / MITIGATING ACTIONS/	RISKS TO DELIVERY - RISKS TO DELIVERY - DESCRIPTION MITIGATION	RISKS TO DELIVERY - CURRENT RISKS TO DELIVERY - TREN				Quarter 4	OUTCOMES (FROM PLAN)	AGREED MEASURES	TARGET	BASELINE FORECAST POSTION POSITION	Q1 DELIVERY Apr May	22/23 Q	DELIVERY 22/23
Recover, Sustain and Expand Treatment	Regional Radiotherapy: Implement prostate radiotherapy	,	FUNDED	1st Jan- 31st Mar 23	REVISED DELIVERY DATES			Apr-22 May-22 Jun-22	Jul-22 Aug-22 Sep-22 Complete recruitment to posts and implement	Oct-22 Nov-22 Dec-22 Ja	an-23 Feb-23 Mar-23	,			POSTION POSITION	Apr May	Jun Jul	Aug Sept
Capacity for Cancer Services, including those delivered on a regional basis for	hypofractionation and introduce fiducial marker service with	10% release or capacity equating to 200 patients per annum; capacity will be re-utilised to treat additional RT patients, leading to overall improvement of RT waiting times.																
Hywel Dda patients	ongoing process monitoring.	improvement of KT waiting times.											increased overall compliance with (all tumour sites) -					
		Improved patient experience as a result of fewer RT treatment visits.		Completed								Improve Single Cancer	Percentage of patient starting their first definitive cancer	*Ministerial target 543	% (at 21/22 52% (Q2 22/23	192 57	C 51% 569	
		Fiducial Marking - improves patient outcomes and reduces risk of toxicity from RT in treating prostate cancer.		completes								Pathway (SCP) performance -	treatment within 62 days from	Improvement	E forecast)			
		Negate outsourcing costs to Rutherford Cancer Centre.											point of suspicion (regardless o the referral route)	towards 75%	*Forecast does meet national	not		
													*MINISTERIAL PRIORITY MEASURE	national target	target			
	Regional Radiotherapy - Develop 4th Linac replacement	Output - Business as usual RT linac replacement ensuring this can operate	FUNDED						Commence I	in D construction following completion of linC				1				
	business case + start construction works following completion of linac C	at maximum capacity to deliver ~7,500 treatment slots/ attendances per year		On track									Scheduled - % within 21 days	rs (80% target)/ %				
	Deliver Time to Radiotherapy changes, Changes to Scheduled	Improvement in achieving 80% compliance individual targets and overall	COST NEUTRAL					Preparation for 01/10/2022 tan	get 'go live'. Identify resources / service change:	Monitor performance, lead all wales 14 day p	performance workstream of COSC		within 28 days (1009 Urgent SC - % within 7 days (80	% target) 0% target)/ % within			+ +	
	pathway, reduction to 14days (80% target), Elective Delay reduction to 7 days (80% target)	21 day compliance						needed to d	eliver performance required			Improve Radiotherapy Waitin Times	ng 14 days (100% ta Emergency - % within 1 day (80	arget)				
	reduction to 7 days (80% target)			On track								Times	2 days (100% tar	rget)				
													Elective delay - % within 21 da within 28 days (1009	ays (80% target)/ % % target)				
	Develop and implement business cases for sustainable	Increased patients using Homecare Medicines Services	FUNDED					Undertake recruitment for x 3	Possible start taking on more immunotherap	es Continue to grow work. Full F	home administration of Phesgo.							
	delivery of Systemic Anti-Cancer Therapies through the maximisation of home delivery	Additional IP clinics in prostate, breast, lung & immunotherapy						pharmacists - x2 appointed and starting in April and June, 3rd post	July time maybe earlier if admin post success (% TBC)	ful								
	PHASE 1 Expand Prostate cancer and Oral SACTs delivery at home, implement Pharmacy SACT review clinics for Lung,	SBU meets NICE implementation timescales for new medicines						(Pharmacy Training Post) out for recruitment	Training period for new pharmacists - likely b	oth								
	Prostate & breast, train non-medical prescribing pharmacists,	Increase injectable SACTs administered at home							will need to undertake IP course.									
	stabilise and increase home delivery of oral SACTs.							Admin / manager to help co- ordinate / manage home delivery -	Increase in number of oral & Injectable SACT delivered to home.	s			Priority 1 (Emergency -within 4	18				
								starts 4/4/22. Plan is to take 100% Phesgo				Improve SACT Waiting times	hours) Urgent/Priority 2 - within	in				
								monotherapy out of CDU by end of	r			(% patients starting cycle 1		improved trajectory				
				Completed				June / July (Phesgo in combination with chemotherapy to remain on				day 1 treatment on CDU within target wait times)		towards 100% compliance				
								CDU).					Routine/Priority 3 - within 21					
								Also taking out capecitabine from					days (for adjuvant intent)					
								CDU through 0.1 WTE colorectal pharmacist (in post) and breast										
								cancer pharmacist starting 18/4/22	-									
								Current breast cancer pharmacist finishing prescribing course May										
								2022 – therefore out of CDU June time for breast cancer patients.										
	Deliver sustainable model for OG Cancer Surgery Service		TIED 1		Associate Medical Directors				Agree draft Commence Finalise servi	ce Seek approval to develop	n husiness case		-					
	benet susannable model for our carried surgery service				(SBUHB and CVUHB) to meet				service engagement on model and									
					with surgical leads across South Wales to agree draft patient			financial assessment undertaken	CVUHB consultation									
					pathway for engagement with service users, carers and staff				requirement	s								
				Off Track	service users, carers and starr													
Improve cancer prevention, early	Expand Rapid Diagnosis Centre NPT - pathways in place for	RDC Project expansion overall aims:	FUNDED					H&N, CRC and MUO Embed a	and assess service during pilot - ongoing evaluat	ion of benefits and cost by Swansea Healthcare Eco	onomics Team, develop business							
detection and timely access to diagnosti across primary care and secondary care	cs suspected colorectal, neck lump, malignancy of unknown	Streamlining patients access to diagnostics to provide 'one stop clinic' for the areas being considered						pilot pathways in place from Q4 21/22.		ole service investment by SBUHB as required(
across primary care and secondary can	e origin and iver oropsy service	Providing holistic assessment of patients at first appointment, making every contact count						nom 04 21/22.	Evaluation draft from SCHE e	spected August 23, draft business case from Octob	ber 23)							
		Promotion of prudent healthcare by reducing waste		On track				Biopsy pathway start date aim for late April /										
		Expanding/developing innovative CNS/ANP/Radiology Nurse workforce						early May following										
		Outcomes and evaluation (including patient experience) being undertaken by Swansea Uni Healthcare Economics Team as part of Moondance Pilot -						RDC nurse in post from 04/04/22										
		this will be embedded into business case for sustainable funding for service																
	Pilot Ovarian One stop clinic (based on RDC model), 1 x per	Reduce the diagnostic pathway times for women with an ovarian cancer, with MDT discussion <21 days of point of suspicion (this is in line with the	FUNDED					Implement clinic (subject to WCN fi	unding) - ongoing evaluation and measuring of o	autcomes built into process in order to inform deve will need to be developed and agreed by Health B	elopment of							
	direct reporting same CT and fast track MRI for high risk pts	NOP for Ovarian Cancer						sustainable service in prior successi	al radictionieuging oustitess case for investment	will need to be developed and agreed by health b	soard							
				Completed														
Maximising outcomes for patients with	Undertake project work the following priority tumour sites;	NOPs align with SCP - implementation of NOPs aims to improve SCP performance	COST NEUTRAL		As previously stated, the orginal	1		WCN Schedule (2 year programme)										
embedding prehabilitation, rehabilitation	n help SBUHB achieve the vision set out in the National Optimal	WCN Programme Deliverables:			plan of process mapping and identifying improvement work			Phase 1 Lower GI -01/11/21 - 08/0 Phase 2 Upper GI - 04/04/22 - 11/2	11/22									
and value based healthcare approache across whole cancer pathway in additio	s Pathways.	blockages in compliance of NOPs			for each priority area (Lower GI,			Phase 3 Lung – 25/08/22 – 31/03/2 Phase 4 Urology – 16/01/23 – 22/0	3									
to tumour-site specific pathway work		Reviewed and updated NOPs Review report at the end of each process mapping cycle for the			Upper GI,Lung, Urology & Sarcoma) was taking a lot			Phase 5 Sarcoma - 18/05/23 - 22.1	2.23									
		consideration of Health Boards Recommendation report for quality improvements within HB Cancer Site			longer than anticipated with some areas not engaging in this			Project review and close – 02/01/2	4 - 29/03/24									
		teams Improvement plan for the implementation and embedding of cancer			work. Changed aproach to support work in these and			TBC Breast and Gynae schedule										
		improvement plan for the implementation and embedding of cancer service improvements			other cancer areas that would													
					benefit from Project Management support. The													
				Monitoring	projects on going are as													
					follows: Upper GI - on hold until													
					transformational team complete work.													
					Lung - advised that lead is due													
					to retire and re-appraoch in the future. This area is contributing													
					towards the GP Cancer Referral													
					Urology -													
					Review of PSA process and current pathwy, to compare													
	Ontimica management national for estimate with a	Prevent admissions to Sincleton	TIER 1		against NOP and other HBs PSA BC developed and presented to		<u> </u>							+				
	Optimise management pathway for patients with metastatic spinal cord compression - secure sustainable service for	Improve communication			BCAG. Not approved due to													
	specialist physiotherapist input and appropriate rehab management and discharge advice given for all patients –	Improve patient outcomes Reduce LOS and improve patient flow			finance position. GMO not prioritised in RS Plan 23/24 -													
	demonstrated to prevent admissions to Singleton, reduce LOS	Specialist physiotherapy assessment and management plan equally received throughout areas		Off Track	Tier 2			Progress approval of busi	ness case to secure investment for service									
	improve patient flow and improve patient outcome	Covers both SBUHB and HDUHB so money needs to come from both HB's.																
		Ongoing data collection in order to analyse the "treat & transfer" service.																
	Expand the Upper GI nutrition and dietetics service in order to improve patient automes for upper GI cancer patients	Improved patient and clinical outcomes, organisational compliance with national standards and patient experience.	TIER 1		BC developed and presented to BCAG. Not approved due to			Undertake service review and gap analysis and develop business case	Secure investment and recruit to post as outline business case	d in Implement expanded service								
				Off Track	finance position. GMO not			many and develop dusiness case										
					prioritised in RS Plan 23/24 - Tier 2													
Supporting all page to living with	Panurnosa avisting Parson Centred Care Georgia Community	Encura that the nearly of name affected by standar are and the	COST NEUTRAL				<u> </u>	Agree programme of work (Deputy H	ON to lead Group)					+				+
Supporting all people living with cancer across their whole pathway of care	identify and take forward priorities to improve patient	Ensure that the needs of people affected by cancer are met through the delivery of the person centred care key interventions.	COSTNEOTRAL					Indicative priorities - electronic Healt	h Needs Assessment (EHNA), third sector and partr	ership working e.g. Macmillan Cancer Information and	d Support Service project group,							
	experience for those with cancer.			On track						Patients Affected by Covid 19, Cancer Care and Wellb								
								Priorities also to informed by Wales C	ancer Patient Experience Survey (WCPES) -In collab	oration with Macmillan Cancer Support, WCN on beh	halt of Welsh Government are							

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 the
Red	if the measure is not moving in the desired direction, or the trajectory indicates that it will not meet the target

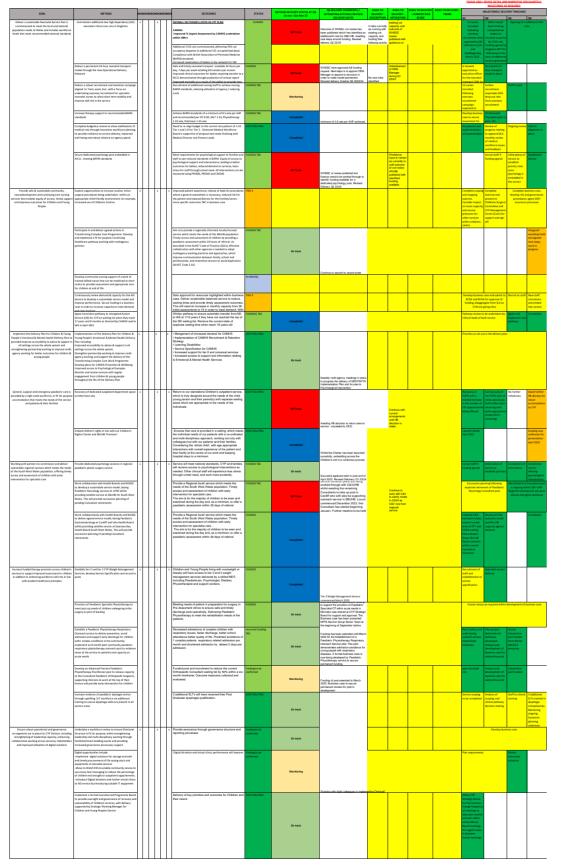






			_				METHOD DELIVERY STATUS	OA DE IVERY COMMENTS /					PLEASE ADD / REV		IARRATIVE FOR QUART	IELY MILESTONES AS REQUIR
GOAL	METHOD	wво:wвоз	WBO3WBC	WBO5WBO	OUTCOMES	STATUS	METHOD DELIVERY STATUS AT Q4 1st Jan- 31st Mar 23	Q4 DELIVERY COMMENTS / MITIGATING ACTIONS/ REVISED DELIVERY DATES	RISKS TO DELIVERY - DESCRIPTION	RISKS TO DELIVERY - MITIGATION	RISKS TO DELIVERY - CURRENT RISK SCORE	RISKS TO DELIVERY - TREN	Q1	Q2	Q3	Q4
	Extend the current 111 pilot of direct out of hours GP referrals on weekends to a seven day out of hours service.		×	x x	Provide access to mental health support as early as possible. Ensure that mental health crisis	FUNDED	Completed						Extended 111 pilot to 7 day out of hours service			
Improve Mental Health Crisis in Aental Health Services -develop a					pathway is on a level with physical health care.	PONDED	Compared									
14/7 initial access, response and iage system to provide early and proportionate responses to	Development of an Assessment Hub to provide a single point of contact for Mental Health Services using the national 111 template for mental health.				Reduction in ED MH attendances. Reduction in ambulance see, treat & convey.									Implementation of Assessment hub for mental		
event escalation of mental health crisis.	using the national 111 template for mental match.				Reduction in OOH GP attendance.	FUNDED	Completed							health services in SBUHB		
						PONDED										
	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								OLD GOAL FROM			
	LD services to 11 WTE across Bands 5-8b				expansion Increased capacity for case management, formal reviews within								21/22 PLAN THAT WAS COMPLETED IN SEPT 21			
					the services.	FUNDED	Completed SEPT 21									
Improved management of the lemands of the CHC expenditure.																
	Implement the action plans developed by the Service Group following external reviews of the CHC processes.				Cost avoidance/savings. Reduction in costs by the equivalent of 6-8 CHC cases.	FUNDED	Off Track	Letter sent to Directors of Local Authority informing them of position.	Agreement needed on way forward between HB & LA	Work continues to review remaining caseloads to ensure rightsizing	16					Agreement required in ord proceed with action plan. Ongoing discussions will ro
						FUNDED	Off Track	Discussions ongoing between CEO and Directors of LA.			16					into 23.24. Included in 23. plan and will continue to monitor.
	Scope and redesign Older Peoples Mental Health Inpatient services across the Service Group.		x	x x	Continue to support and review the enhance community model and the sustained reduction in demand for			Changes have been made to the design of suite 4, Tonna Hospital. Design work still	Not securing funding would				Completed the proposed inpatient changes on a	Continue to work with the Regional Partnership	Awaiting outcome of Capital Bid for Tonna Hospital.	
ncrease emphasis on enhanced ommunity care and less reliance on specialist mental health npatient beds across the Health	Review current inpatient bed provision and under utilisation of bed capacity over a number of years. Complete Public Engagement on proposed changes				the inpatient specialist beds. Continue to support the care home			onoging with capital planning.	deterioration of Tonna Hospital Site.				permanent basis. Redeployment of workforce	Forums on the Transforming Mental Health	Commence implementing of the findings/ outcomes	Continue implementation o outcomes being identified Regional Older Peoples Me Health Framework.
Board. Redesign Older Peoples Mental	to the inpatient model of service. Monitor the benefits of the investment placed into				sector with ongoing support and pathways via the care home inreach teams.	FUNDED	On track							program, specifically the development of the Older People	from the Regional Older Peoples Mental Health Framework	Further work being undert in relation to Day Hospital
Health Inpatient Services across the Service Group	community services to enhance the care provision in that part of the service and the ongoing benefits on reduced inpatient demand.				A reduction in the number of specialist inpatient beds.									Mental Health Regional Framework.		opportunities. Included in Plan 23.24
	To continue with the development of the programs		×		Each individual scheme under this			Review heing undertaken hv								Having identified priorities
	To continue with the development of the programs under the Mental Health Transforming Mental Health Services Programme.				program has it's own implementation plan with outcome measures and benefits.	FUNDED	On track	Review being undertaken by Nerissa Vaughan. Awaiting report								MH Summit and engageme review, together with MH Strategy Review, implentat plan to be developed arour
																plan to be developed arour agreed priorities. Rolled ov into R&S 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.			Recruitment completed in Q3. Monitoring of target and development of action						Finalise recruitment.	Recruitment completed	Monitoring of 26 week tary Further development of psychological therapies inc
					To ensure the HB continues to meet the national 26 week target and aim lower waiting times depend on the patiented depend on	FUNDED	Monitoring	plan in 23.24 plan.								in R&S 23.24 plan.
	Expand the MH links workers within the GP Clusters				the anticipated demand Increase the capacity of the service									Expansion of MH		
	by increasing the staffing resource within the current LPMHSS services				to meet predicted demand Provide a timely response for assessment that reduces the likelihood of escalation to more	FUNDED	Completed							link workers within the GP Clusters	completed	
					likelihood of escalation to more intensive service levels in secondary care.	PUNDED	Completed							an partic		
	Expand the Eating Disorder services by increasing the staffing resource within the current service				Improved access to eating disorder expertise (assessment and clinical advice) at the point of entry into			readvertised following	Unsuccessful recruitment for posts.	Need to look at alternative workforce solutions eg Speciality Doctor, ANP, GP						Ongoing recruitment for Expansion of Eating Disord
					MH services Pathways developed to offer assessment and treatment for all			candidate withdrawing. Closing date mid April 23.		Speciality Doctor, ANP, GP with specialist interest.						Services. Posts readwertis close mid April 23. Interes been received for posts. Included in R&S 23.24 plan
					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	FUNDED	On track									
					Seamless transition between services, by developing a robust risk assessment findluding attention to											
Continue to modernise mental					both physical and psychological risks) and management plan for all eating disorder patients.											
health services to meet future demands and needs.																
	To continue to work jointly with WHSCC on their 3- 5 year strategy for Specialist Mental Health Provision in Wales. Sub groups to develop detailed				WHSCC 3-5 Year Strategy agreed			Agreement to repurpose Cardigan Ward and implement repatriation plan.	Inpatient workstream has identified a need for capital expenditure. Development	Orgoing discussions with WHSCC				Sub groups recommenced		Meetings with Director of Mi WHSCC and agreement of repatriation plan and repurps Cardisan ward. Onabins wor
	plans to fit into the overall strategy.							Repurposing of Cardigan Ward approved by MH & LD Service Group on 12th March. The Ward was	of our model hinges on those funds to improve clinical environment. Workforce workstream will remaine							Cardigan ward. Ongoing wo included in R&S plan 23.34. succesfully repurposed on 60
						FUNDED	On track	successfully repurposed as an acute ward on the 6th April. Admission & Repat	revenue investment also.		9					
								Plan operational and on profile. Ongoing discussions with WHSSC regarding								
								progression of wider aims of the MH Specialised services Strategy.								
	Development of a Dual Diagnosis Strategy				Development of an action plan against the strategy in line with the			Dual Diagnosis strategy agreed by all stakeholders.						Project Group recommenced		Development of a Dual Dia Strategy
					Welsh Government five key targets	FUNDED	Completed	Implementation plan developed.								
	Extend current Sanctuary Service pilot to March 2023				Evaluation of current pilot scheme Review any service changes and service outputs	FUNDED							Sanctuary Steering Group recommenced and current service change and outputs			
					Sanctuary Service extended to March 2023	FUNUED	Completed						change and outputs reviewed			
	Extend current Sanctuary Service into NPT by March 2023				Evaluation of current pilot scheme Review any service changes and service outputs			Progress made with refurbishment of Forge Centre to allow the	Delays with contractors quotes and ability to submit for tender	Ongoing discussions with contractors and Estates						Expansion of Sanctuary Ser into Forge Centre, rolled ov into 23.24 Plan with estima
					Sanctuary Service extended to March 2023	FUNDED	On track	expansion of Sanctuary Service in NPT. Delays in contractors and costings have shifted the deadline								works to be completed by 0 and Sanctuary open in Q2
								into Q1 23.24. Furniture has been purchased to facilitate effective service delivery in								
	Disaggregate and transfer Community CAMHS to	x	x	×	Undertake OCP / consultation process.			an appopriate environment. Workforce, Finance and Digital arrangements in place	Service will transfer over however there are risk	Orgoing work with Digital Colleagues			Preparations for transfer of CAMHS to			Workforce transferred. Data migration completed.
	Swansea Bay															





Status Key:

Maternity- R&S PLAN 22/23





				/ring fenced			-						PLEASE	ADD / REV	ISE DETAIL AND NARRA					
GOAL	METHOD	WBO1WBO	D2WBO3WBO4WBO9WBO	STATUS	METHOD DELIVERY STATUS AT Q4	METHOD DELIVERY STATUS AT Q4	Q4 DELIVERY COMMENTS /	RISKS TO DELIVERY - DESCRIPTION	RISKS TO DELIVERY - MITIGATION		RISKS TO DELIVERY	Quarter 1		<u> </u>	DELIVERY TIME Quarter 2	INE (FOR M	Quarter 3		Quarter 4	4
Family Centred Care – women will	Peri-natal mental health – review of clinics	×		FUNDED	1st Jan- 31st Mar 23	1st Jan- 31st Mar 23	MITIGATING ACTIONS/ None needed - service in		Ongoing monitoring	CURRENT RISK SCORE		Apr-22 May-22	Jun-22	Jul-22	Aug-22 Sep-22	Oct-22	Nov-22	Dec-22 Jan-	23 Feb-23	Mar-23
receive personalised care, planned in	and develop model in line with current best	î	î î	TONDED		A full time Perinatal Mental Health Midwife has been appointed. A review	place	expected numbers	of numbers of	-										
partnership with them and reflecting their choices and health needs	practice, incorporating all Wales guidance					of the services provided for women with mental health issues was completed in		being referred to specialist services	referrals											
					Completed	Q1. The review aims to ensure that women's needs are met in a holistic														
						way, and that specialist services are available to those women with the														
						greatest need.														
	Support from a multi-professional team, including Obstetricians, Midwives, GPs, and			COST NEUTRAL		Training has been provided to	None needed - service in place	Risk of higher than expected numbers	Ongoing monitoring of numbers of	3										
	Health Visitors					community midwives to ensure they are able to meet the needs of those		being referred to specialist services	referrals											
					On track	women with the lowest level of need.		specialist services												
						Joint Consultant/ midwife clinics are established in secondary care for														
						those with higher needs. Handover processes to Health Visiting teams are														
						in place														
Deliver the requirements of the all Wales Breast feeding five year action	Refresh the peer support network after Covid and provide training and support for them	×	x x x	COST NEUTRAL	Constant	The Maternity Voices Partnership has undertaken this work and the peer	None	none	none	1										
plan					Completed	support network has been operational														
	Ensure we are a stakeholder in the decision			COST NEUTRAL		since February, supported by midwives In place	None	none	none	1										
	making re Once for Wales accreditation programme				Completed															
	Develop links with Swansea University who			COST NEUTRAL		This work has not been progressed	MVP support network in	none	none	1										
	provide support services for breast-feeding to ensure all opps are promoted	' I I I			Off Track	due to the development of the MVP peer support network.	place													
																				4
Safe and Effective Care – women will receive safe and effective care; with	Effective communication and handover Implement the central foetal monitoring	x	x x x	FUNDED	Completed	In place Super user training took place in	n/a System will now be		n/a Supplier will be on site	3									-	
risk, intervention and variation reduced wherever possible	system with clear pathways and guidance for acting on findings					January. Equipment installation is underway. Go Live date is delayed	operational in June 2023.	and go live now a concern	to deal with any queries for one week											
					Monitoring	until end of June 2023 due to technical issues related to some work needing			when system goes											
						to be done by DHCW			nve.											
	Ensure that there is sufficient dedicated			COST NEUTRAL		Dedicated women and child health	n/a	n/a	n/a	3										+
	governance resource to support the full agenda				Completed	governance team in place (including Lead Midwife for Governance) , with		-												
	agenua				completed	support from NPTSSG Head of														
	Develop network for external peer review of			COST NEUTRAL		Governance		It is unclear at the	Work currently being	6										
	serious clinical incidents					The Maternity and Neonatal Network is undertaking a review of how serious		moment what the scope of cases for	reciprocated on an ad hoc basis and not											
						incidents are investigated, and work to develop an external peer review process is part of that review, being			e having a significant											
					On track	developed on a national basis. In the		need to be factored	time impact											
						meantime, an informal agreement has been reached with the obstetric team in Hywel Dda Health Board to		into job plans etc												
						undertake reviews of selected SI														
						investigations on a reciprocal basis. We hope that the all Wales will														
	Mechanisms for recognising themes and			COST NEUTRAL		develop this on a wider MDT basis. List of red flags for DATIX reporting	None	None	None	3										
	trends in care 'failings – red flags NICE maternity staff reporting and responding					revised in 2022 by WG; Health Board complies with this. External review of														
						governance arrangements confirmed that there is a strong record of														
					Completed	learning from incidents. There is scope														
						for improvement work on the non- reportable items which would														
						enhance patient experience which will develop during 2023/24.														
	Ensure that families affected by adverse			COST NEUTRAL		In place - All families affected are	None	None	None	3										
	incidents are supported and fully involved with the reviews					allocated a key contact, offered a meeting and sent copies of the														
					Completed	reviews. further meetings are offered on completion of the review.														
	Develop an improved pathway for women	1		COST NEUTRAL		Debrief clinics are currently held	Full resolution not	demand for debriefs		8									-	
	who require support after birth to ensure timely access to a formal debrief with the					regularly by the Ante Natal Clinic	expected until availability of EPR, not	exceeding capacity	women with adverse outcomes.											
	appropriate professional					Midwife and a Consultant Obstetrician. However these are over-subscribed	yet commissioned													
						and the waiting time to access a clinic can be months. In future, with the														
					On track	development of an electronic patient record, it is anticipated that community														
						midwives undertaking post-natal visits will be able to answer a lot of the														
						questions raised by women. In the meantime, a review of capacity in elimits is pleased to tele please during														
		\square				clinics is planned to take place during 2023													_	\downarrow
	Mandated attendance at multi-disciplinary training (PROMPT) annually	×	x x x	COST NEUTRAL	Completed	In place - recent review of SB PROMPT training very positive.	None	None	None	4										
Skilled Multi-Professional Teams -	The Multi-Professional Team will be provided			COST NEUTRAL		In place - attendance and compliance	0000	Proposal to increase	Impact will be							_				+
women will receive care from multi- professional teams, with access to	with foetal surveillance training in line with			COST NEUTRAL		monitored via 'passport' and any non-	none	training to 12 hours	assessed by profession	6	1									
specialist services	Welsh Government standards (6 hours per year) delivered by a specialist midwife and				Completed	compliance reported at Consultant meeting. Leads identified for each		per year will impact on clinical activity	and options considered - change											
	obstetric lead					clinical group			not yet confirmed.											
Sustainable Quality Services – women	Received in an endowed in a state of the state			COST NEUTRAL		Midwifery leaders are accessing HB	None	None	None	1										
will receive maternity services which are sustainable and the highest quality	Develop, in conjunction with wider HB colleagues, leadership development	×	x x x		On track	courses such as Bridges and Optimise / Advanced. HEIW are working on														
possible	pathways for MPT					bespoke leadership courses for midwives														



DIGITAL R&S PLAN 22/23

GOAL	METHOD		STAT	US METHOD DELIVERY	STATUS AT OA	A DELIVERY COMMENTS / MITIGATING			RISKS TO DELIVERY - CURRENT RISK	RISKS TO DELIVERY - TREND			PLEASE	OD / REVISE	DELIVE	RY TIMELINE	(FOR METHO	CS)	S AS REQUIR	0	
Planned Care and Theatres	Swansea Bay Patient Portal (SBPP) –	х х	x FUND	1st Jan- 31st	t Mar 23	ACTIONS/ REVISED DELIVERY DATES 10,250 patients registered to use view ements of their medical record eg.	RISKS TO DELIVERY - DESCRIPTION	RISKS TO DELIVERY - MITIGATION	SCOLE		Apr-22	Quarter 1 May-22	Jun-22	Jul-22	Quarter 2 Aug-22	Sep-22	0:1-22 1	uarter 3 lov-22 D	ic-22 Jan	Quarter	4 Mar-23
Support the transformation of planned care including outpatients and theatre pathways through the provision of any provide dialital	Supporting self-monitoring and virtual reviews				6 3 9 4	ements of their medical record eg, oods and documents whilst also aloading information for sharing with eir clincal teams.															
provision of appropriate digital olutions. Facilitate the improvement n efficiency, effectiveness and quality and safety to ensure the needs of our	h Peferrals, structured advice and guidance - Extend existing functionality		COST NEUTI	TAL Off True	-	1CW have released a national Hosptial Hospital referral solution which is being loted in May 2023 with the Neurology															-
patients and citizens are met.	r guidance. Extend existing functionality to include cross-organisational and internal referrats																				
					so aft un	gates the need to develop a local lution. Further roll out will be agreed ter the pilot evaluation has been idertaken.															
	Virtual Consultations and Reviews - Increase use of remote and virtual ways		FUNDED	Off Track - not meet	ting WG targets Re an	quirement to deliver 35% of new appts d 50% FUNB appts virtually. Work retinues with the transformation team															-
	of working across care settings including utilisation of Attend Anywhere, SOS, PIFU and PROMs functionality				an ac	ntinues with the transformation team of the service to plan a way forward to hieve targets. Revised delivery dates II be agreed via the outpatient															
	Paper light' Outpatient Departments -		COST NEUTR	IAL On tra	67	il de agreed via the outpatient insformations steering group.															
	Paper light' Outpatient Departments - Enabling safe care across multidisciplinary teams irrespective of clinical base																				
	Theatre Operational Management System (TOMS) - Belevalorment to		FUNDED	On tra	ack										-	-		-	+		-
	address operational and cyber risks, facilitating improved demand and capacity planning and service																				
	transformation Hospital Electronic Prescribing and Medicines Administration (HEPMA) – Enabling improved quality and safety		FUNDED	Monitor	oring Th	e implementation of e-prescribing on edical wards at Morriston and orseinon is now complete. The surgical														_	+
	Enabling improved quality and safety				and HE	plementation is now underway and PMA has been rolled out in the Cardiac															
					Ce be	ntre. Version 8.2 is now being tested fore continuing with the surgical intermentation. The new functionality in															
					ve vel ad	rsion 8.2 will address the ongoing issues th dose range prescribing and iministration. Additional funding has															
					be	en secured from DPIF to support the ntinued implementation in Morriston spital with a planned completion date Q2 2023/2024.															
					of	QZ 2023/2024.															
	Welsh Nursing Care Record (WNOt) - Replacing paper nursing documentation, improving quality of care and releasing time to care		FUNDED	On tra	ack																\square
			COST NEUTR	IAL On tra	ack Th	e system (x3) was successfully deployed					-									-	
	Signal – implementation of v3 to include seamless integration with the Weish Clinical Portal				ac th en	e system (x3) was successfully deployed ross 4 acute sites (60 clinical areas) on a 22nd March. It is supporting the absdding of the SAFER principles with y functionality e.g. RED and GREEN ny, EDD and COP whits also providing tegration with the Webh Clinical Portal; anime the nation content															
					ke da int	y functionality e.g. RED and GREEN ys, EDD and COP whilst also providing tegration with the Welsh Clinical Portal;															
					ke	eping the patient context.															
Inscheduled and Emergency Care	Weish Emergency Department System	x	x FUNDED	Off Tra	at A t	strategic review of the WEDS solution								_			_	_	_		<u> </u>
Unscheduled and Emergency Care Improving quality and access to care through digitally enabled solutions, and facilitating improvements in	Weish Emergency Department System (WEDS) - Support the Acute Medicine model being implemented at the Morriston site. Improve flow into,				20 20 20	ong with a market assessment of ternative providers has been mmissioned by DHCW. The report will															
efficiency, effectiveness and quality and safety to ensure the needs of our patients and citizens are met.	within and out of the ED department and NPT minor injury unit. Improve patient safety by sharing information from ED with speciality teams and GPs				pn pn un	remissioned by Unit. W. The report will ovide a recommendations on a oposed way forward for a national incheduled care solution. The report is pected to be issued by end of April hich will inform next steps in relation to															
	from ED with speciality teams and GPs				eq 24	pected to be issued by end of April hich will inform next steps in relation to ar existing deployment in MIU and															
					69 43	er existing deployment in MIU and stors for consideration in relation to a gital solution in ED.															
Integrated Health and Care - Availability of all relevant care and	Implement Hospital Electronic Prescribing and Medicines	* *	x FUNDED	Monitor	ning Th	e implementation of e-prescribing on edical wards at Morriston and								+					-	-	
Availability of all relevant care and clinical information at point of care enabling more informed clinical decision, improving patient safety	Prescribing and Medicines Administration at Morriston and Gorseinon Hospital to improve medication safety, efficiency and					edical wards at Morriston and orieinon is now complete. The surgical oplementation is underway and HEPMA is been rolled out in the Cardiac Centre.															
	governance				Ve co im	mion 8.2 is now being tested before ntinuing with the surgical splemenation. The new functionality in rsion 8.2 will address the ongoing issues															
						th dose range prescribing and iministration. Additional funding has															
					co ho	en secured from DPIF to support the ntinued implementation in Morriston spital with a planned completion date Q2 2023/2024.															
					of	rap and 3/dild4.															
	Open Eyes – An integrated electronic ophthalmology clinical system to provide real-time patient information		FUNDED	Olf Tra		e Open Eyes implementation is off ick due to national dependencies cluding, MPI integration, DPIAs/JCA and								Τ	Τ	Τ	Τ	T			
	across care settings				a d Re nu	acc due to hatomai objettomois cluding, MPI integration, DPIAs/JCA and cyber security assessment. A Gateway where was recently undertaken with a imber of recommendataions which are ing worked through by the national															
					be pri Gl	ing worked through by the national ogramme. An initial go live in the aucoma Service will be planned for Q1 123/2024.															
					20	123/2024.															
pporting Cancer Services through	Cancer Informatics Programme - Implement Phase 1 Cancer Information	×	× COST NEUTI	tAL On tra	ack			-			-		\vdash	+	-	-	-	-	+	+	+
organ additions	Implement Phase 1 Cancer Information Solution (Canisc replacement) Single Cancer Pathway Dashboard -		600 M	IAL On tra	ek.																<u> </u>
	Single Cancer Pathway Dishboard - Embed the local SCP dashboard		Cost rectin	on tra																	
livery of the Business Intelligence Strategy - To deliver actionable	Review of BI Tools and Methods, Delivery of New Enterprise Data	x	x COST NE	UTRAL Monitor	oring Bu	siness Partners continue to hold ssions within their SDGs. A digital and					-		\vdash							-	+
Strategy - To deliver actionable sights and intelligence in order to make better informed decisions	Delivery of New Enterprise Data Warehouse, Establish Data Value and Literacy Programme, Disaster Recovery and Business Continuity and Establish certified Analytical Training Programme				da an	sames variations continue to hold solons within their SDGs. A digital and failiteracy course is being developed d will be a module on the managers thway course from June 2023. This odule is expected to be attended by					-										+
	certified Analytical Training Programme				nu ov ye	odule is expected to be attended by er a 100 staff during the course of the ar.					-								_	_	+
											-		\vdash	-+	-	-			-	_	
ering the right Divital took and	Refresh old equipment to revulde		x FUNDED	On tra	ek to	d of year funding was serviced to															<u> </u>
livering the right Digital tools and frastructure to provide quick and ghly resilient digital services	Refresh old equipment to provide reliable and modern devices that can updated to protect against cyber threats, Develop a system that provides		- TORDED	Un tra	pu Sin	d of year funding was secured to inchase equipment in readiness for iancial year 2023/2024															
	threats, Develop a system that provides rapid deployment of devices and allows timely updating of software, Commission services to develop a																				
	Commission services to obverop a hosting strategy for hybrid/cloud services and Continued implementation of Microsoft 365 solutions to streamline																				
	and the second							1	1	1	1	1									1
	collaboration and processes.																				

WORKFORCE R&S PLAN 22/23



															DIEACE				IVE FOR QUARTELY	ALL ESTONES AS	REQUIRED		
GOAL	METHOD	WBONE	золуво	WBOWI	3OWBO	STATUS	METHOD DELIVERY STATUS AT Q3	METHOD DELIVERY STATUS AT Q4	Q4 DELIVERY COMMENTS /	RISKS TO DELIVERY - RISKS TO DELIVERY -	RISKS TO DELIVERT -	RISKS TO DELIVERY - TREND		Quarter 1	PLEASE	ADD / KEV	DEU Quarter 2	IVERY TIMEL	INE (FOR METHODS)		REQUIRED	Quarter 4	
Health & Wellbeing:	Deliver the Staff Health & Wellbeing Strategy		x x	× :	ĸ		1st Oct 22 - 31st Dec 22	1st Jan- 31st Mar 23	MITIGATING ACTIONS/ REVISED DELIVERY Objectives of the strategy	DESCRIPTION MITIGATION	CURRENT RISK SCORE		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22 Nov	22 Dec-22	Jan-23	Feb-23	Mar-23
Support staff to continue to be resilient, well and in work as we continue to manage the impact of	F Retain the enhanced Health and wellbeing services					COST NEUTRAL	On track	Completed	completed Successful business case														
Covid, by ensuring there are a	to support our stam	_				FUNDED	On track	Completed	enabled funding of the services														
interventions which aid restoration and recovery	care, theatres & Emergency Department					FUNDED	On track	Completed	Ongoing objective spanning number of years														
	Continued Occupational Health staff support for long-Covid Syndrome dependent upon resource to support in 22/23					FUNDED	On track	Completed	Substantive funding gained from WG Adferiad funding														
	Rapid access service for staff with Covid19 related health impacts, including mental health, trauma & bereavement					FUNDED	On track	Completed	Ongoing objective spanning number of years														
Workforce Efficiencies: Supporting service leaders and clinicians to achieve workforce efficiencies through the introduction and improvement of workforce information & data.	Review of bank/Agency booking process & introduc revised management controls to standardise bank/Agency usage	ce	x			COST NEUTRAL	On track	Monitoring	vears Guidance and training has been provided previously to support attempts to transition to a tighter process, in addition to regular communications regarding transition project and cat off data	Inis sine truro attempt to implement additional controls/accountability to Agency booking process. Previous implementations have pereioated after which non- ceanalistic additional period after which non- ceanalistic additional controls and agree a way forward	9-15 Significant												
	Establish KPIs for roster management that are standard across the HB					COST NEUTRAL	On track	Completed	implemented. Monthly roster scrutiny meetings held in collaboration with Senior Matron (Corp Nursing) to monitor														l
	Continue the implementation the final part of the optimising package for the medical workforce					FUNDED	On track	Completed	Implementation remains on schedule - planned for completion in 2024 as per original timetable. Programme of work for 22 complete	challenging in the short tram. Not likely to impact	1-4 Low												
Staff Experience: Improved staff experience, where more staff rate us as excellent, are effectively recruited and retained	Promotion and co-ordination of the 2022 NHS Walk Staff Survey across SBUHB and roll-out of the 'We 6 Said, We Did Together' staff engagement e programme		x			COST NEUTRAL	Monitoring	Completed	Awaiting National Roll out date. This is currently expected Summer 2023.	National work any delay is outside of the control of SBUHB. National currently looking to recruit a survey lead.													
	Deliver Organisational Culture programme of work which will include, the roll out of a culture audit in Q4 21/22 to assess baseline					FUNDED	On track	Completed															
	Develop an approach to individual, team and organisational development, which supports chang and enables our staff to deliver excellent services and patient care	ge				FUNDED	Monitoring	Completed		Delivery pressures/ staffing levels and strikes may impact on attendance / involvement of work moving forward.													
	Review undertaken of programme of staff recognition and reward based on staff feedback an with a view of securing a budget for delivery as par of core business	rt				COST NEUTRAL	Monitoring	Off Track	Meeting arranged with DICE on 20th April 2023.	No funding currently identified to cover the cost of programme of recognition. Delivery not within control of WOD	9-15 Significant												
	Every member of staff that leaves the HB to receive an exit interview	e				COST NEUTRAL	Monitoring	Completed	closing down	outcome not achievable will be replaced by stay interview in 23/24 GMOs													
Recruitment & Retention Recruitment & Retention Strategy in place supporting widening acces and enabling a sustainable	Work with our local communities, schools, colleges and universities to further develop career pathways so focussing on widening access to reflect the communities we serve	s rs,	×			COST NEUTRAL	on track	Completed	Attended colleges open events and school career days to promote and raise awareness of NHS														
workforce to be developed.	Develop an organisation-wide approach to developing talent within Swansea Bay UHB					COST NEUTRAL	on track	Completed	Appointment into key post in the team. Scoping work underway to progress engagement in the organisation. Ts 1-3 initial phase complete														
	Extend the opportunities for apprenticeship in both clinical & non-clinical functions	1				FUNDED	On track	Completed	Apprentice engagement event took place in Singleton on 23 March. Other events currently being planned for Q1.	rolled over to next years													
	Develop a recruitment strategy in conjunction with professional heads to support the development of a sustainable workforce					COST NEUTRAL	On track	Completed		delivering recruitment strategy, now business as usual													
	Develop and implement the recruitment strategy through various interventions					FUNDED	On track	Completed		delivering , now business as usual													
	Develop innovative approaches to the recruitment of medical staff					COST NEUTRAL	On track	Completed		delivering , now business as usual					III	_						_ι Τ	_
	Utilise external agencies to fill extremely hard to fill medical posts	I				FUNDED	On track	Completed		delivering , now business as usual													
	Establish a central resourcing team to recruit to key clinical and support roles, adopting a pastoral approach to recruitment to maximise recruitment					COST NEUTRAL	On track	Completed															
	and retention To work with SBW to develop the health board's branding and marketing and to support key campaigns to recruit to hard to fill posts					COST NEUTRAL	On track	Completed		embedding rolled over to 23/24 GMOs													
Support the delivery of the required workforce redesign associated with the	Continue to facilitate the development of workforc plans for all staff groups to outline the required workforce design based on demand capacity modelling.	e	x	x	×	COST NEUTRAL	Monitoring	Completed	Ongoing objective spanning number of years. Previous outcome measures met														
agreed outcomes in the Plan	Support the redesign of nurse rosters and team job plans to feed into Recruitment Strategy	,				COST NEUTRAL	Monitoring	Completed	in relation to AMSR														
	Commence formal consultation with staff on proposed changes outlined in Changing for Future	1				COST NEUTRAL	On track	Completed	in relation to AMSR														
	plans Support the delivery of approved recruitment plans aligned to Changing for the Future	s				COST NEUTRAL	On track	Completed		now business as usual													
	Provide OD support into service areas to embed the changes to services and newly established teams	e				FUNDED	Monitoring	Completed	in relation to AMSR								1						

	FUNDED	Monitoring	Completed	in relation to AMSR								
	FUNDED	wontoring	Completed	in relation to AMSK								
						1	1			1	1	1