

Rules for Managing Tracker

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

Handling of Actions:	Actions that were completed in Q1
	Actions that were not completed in Q1
	Actions that are duplicated in both plans

Reporting:	Monthly to SLT
	Quarterly to PFC, Q&S and Board

Close
Roll into Q2 Tracker
Use narrative from Q2 Plan

Third Weds of the Month
Same Paper to all 3 Audiences

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

Theme	Action	QUARTER 2											
		Jul-20				Aug-20				Sep-20			
		Milestone	Lead	RAG	Comments on Status	Milestone	Lead	RAG	Comments on Status	Milestone	Lead	RAG	Comments on Status
Managing Covid-19	Social Distancing/Non-clinical Transmission	Conclude risk assessment process in clinical and non-clinical areas & respond accordingly	Dorothy Edwards	Green	Risk assessment in non clinical areas complete final report being developed by end of August.								
		Implement actions from WG guidance from NTG and assessment implications	Dorothy Edwards	Green		Implement further guidance from NTG	Dorothy Edwards	Amber	Majority of actions have been completed but awaiting final decision on bed spacing.	Implement further guidance from NTG	Dorothy Edwards	Green	All guidance received to date has been implemented
		Local communications campaign	Dorothy Edwards	Amber	Communications plan produced and being implemented, amber as communication will need to continue over the Q3/Q4 period	Continue comms campaign	Dorothy Edwards	Green	This action continues.	Continue comms campaign	Dorothy Edwards	Green	Ongoing
	Covid Response Work programmes	Each cell to review key outstanding actions & produce legacy statements	Dorothy Edwards	Amber	Governance review started in August but not yet complete, delayed due to waiting for internal Audit report	Consolidate legacy statements	Dorothy Edwards	Amber	A review of governance arrangements has taken place and we are testing programme actions in early October.				
						Refine Gold master plan ahead of Q3	Dorothy Edwards	Amber	In progress - will be completed by mid October.				
						Progress outstanding cell actions	Dorothy Edwards	Amber	In progress - majority of actions were complete but a small number will be carried forward to Q3 a next phase of programme plan.				
	Integrated capacity plan and modelling	Review and refine integrated capacity plan on a weekly basis	Dorothy Edwards	Amber	capacity plan now picked up via modelling cell; will be CF in terms of requirements for Q3/Q4	Review and refine integrated capacity plan on a weekly basis	Dorothy Edwards	Amber	Capacity plan developed through Operational Planning Group. COVID response plans submitted and will be finalised as part of Q3/Q4 planning.	Review and refine integrated capacity plan on a weekly basis	Dorothy Edwards	Amber	Further work being undertaken on surge capacity planning via Operational Silver
		Work with HD LHB to further refine Essential Service Model	Dorothy Edwards	Green	Address via modelling cell								
	EPBR Response	Board to consider initial 'hot debrief' and lessons learned	Dorothy Edwards	Green	complete and plan in place to consolidate all learning into 'Insights' report	Implement key lessons and continue to review and refine response	Dorothy Edwards	Amber	Formal debrief held and lessons learned being taken forward into next phase. Insights report development ongoing and should be completed in October.	Undertake further review at end of Q2	Dorothy Edwards	Green	Planning and response arrangements have been reset in response to a debrief and internal reflections
	Brexit	Develop contingency plans	Karen Jones	Amber	There is an overarching Brexit Preparedness document, together with a Brexit risk register and the Health Board Business Continuity Plan framework which includes a Strategic BC response, each unit has a Tactical BC response and services within the units have BC plans	Develop and implement contingency plans.	Karen Jones	Amber	As noted there is already an overarching preparedness document. There is not a specific BC plan for Brexit. All units and services were asked to review their respective BC Plans during 2019 to take into account Brexit risks. A table top exercise was undertaken to test plans. The previously submitted risks are currently being reviewed by the services in readiness for a follow up EPBR meeting in September. They have been asked to also now consider where additional implications due to COVID may impact differently. Further review of BC plans will be required following this work. In addition national groups will be re-established in September and further information will arise once re-established.	Develop and implement contingency plans	Karen Jones	Amber	Brexit Planning in place via EPBR Strategy Group with HB wide representation. Attendance at national groups include S&O meeting and Health and Social Care meeting, one meeting for each has been convened in September. Assurance proformas provided to all representatives for completion by 30.09.20 providing assurance on risk assessment, impact analysis, business continuity plan updates and assurance where there is respective representation at national planning group, e.g workforce, medicines management, procurement. Feedback provided at COVID Gold on a weekly basis. Assurance proformas analysed for overarching collation in readiness for EPBR Strategy Group on the 05.11.20 and update to Board via CEO brief. Brexit planning included in winter planning process as well as COVID response process due to the clear synergies. Currently, due to ongoing national talks, it remains unclear if there will be a deal or not. Preparedness in place to include mitigations if no deal.
Testing and TTP	Expand testing and tracing capacity in line with agreed plan	Full testing and tracing capacity able to be brought online - depending on demand & funding	Joanne Abbott-Davies	Green		Testing & tracing requirements flexed as necessary to meet changing demands	Joanne Abbott-Davies	Green	Tracing and Testing expanded in line with funding agreed by WG at 50% of required levels. Still utilising some repurposed staff but most returning to core roles and external recruitment undertaken.	Testing & tracing requirements flexed as necessary to meet changing demands	Joanne Abbott-Davies	Amber	Expansion of staffing to 100% staffing levels to cope with rapidly escalating additional demands. May require further expanding of capacity and / or prioritisation of tracing activity at a national level. MTU deployed and ITS established plus expanded use of UK - Gov portal testing to increase uptake.
	Recruit substantive staff to run TTP for 2020-21	HB/LA repurposed staff providing service.	Joanne Abbott-Davies	Green									
		External recruitment of workforce	Joanne Abbott-Davies	Amber	Underway, staff available from September in line with agreed programme	External recruitment of workforce	Joanne Abbott-Davies	Green	Still utilising some repurposed staff but most returning to core roles and external recruitment undertaken.	Full workforce in place across all organisations, with ability to flex to meet changing demands	Joanne Abbott-Davies	Amber	External recruitment underway for expanded teams but some core skills unavailable, particularly in communicable diseases / environmental health.
	Agree TTP Plans going forward including prioritisation of relative activities	Testing priorities revised and agreed on multi-agency basis, synchronised with expansion plans for testing and tracing	Joanne Abbott-Davies	Amber	Antigen capacity increased and priorities agreed on a multi-agency basis. Developing Multi-agency Swansea Bay Regional Testing Plan by September as required by WG	Implementation of TTP plans, based on priorities set locally and nationally	Joanne Abbott-Davies	Green	TTP plan agreed and signed off by all partner organisations and being implemented.	Implementation of TTP plans, based on priorities set locally and nationally	Joanne Abbott-Davies	Amber	Resettling of priorities and actions being undertaken on rolling programme to reflect changing patterns of demands.
	Establish and bed in arrangements for TTP across Region	SOPs and Flowcharts developed & regularly reviewed as TTP embeds and lessons are learnt	Joanne Abbott-Davies	Amber	In place for priority areas identified e.g. NHS care settings, schools etc. New SOPs being developed as high risk locations / settings identified on a rolling programme	Processes amended / established to reflect changing priorities	Joanne Abbott-Davies	Amber	As cases and clusters develop, learning applied to development of SOPs and Covid prevention and intervention plan, agreed with Welsh Government.	Processes amended / established to reflect changing priorities	Joanne Abbott-Davies	Amber	Ongoing learning and new situations arising requiring iterative work on processes and support arrangements for TTP.
	Establish serology programme	Complete antibody testing programme for Education Staff	Rhodri Davies	Green									
		Complete antibody testing programme for HB Staff	Rhodri Davies	Green		Roll out serology testing programme in line with WG expectations	Rhodri Davies	Amber	Ongoing due to continued requirements from WG	Roll out serology testing programme in line with WG expectations	Rhodri Davies	Green	
		Develop workforce plan in line with WG expectations around testing rollout	Rhodri Davies	Amber	Workforce plan will be finalised once local Testing Plan is finalised	Plans amended / established to reflect changing priorities	Rhodri Davies	Amber	Ongoing due to continued requirements from WG	Processes amended / established to reflect changing priorities	Rhodri Davies	Amber	Requested by TYP Gold from October 2020 to staff Testing capacity to 100%. Recruitment campaign initiated in October 2020 to address this request
Resetting Public Expectations and the Strategic Direction - A Healthier Wales	Secure views from staff, and set out expectations of new ways of working/new models of care	Live virtual Meet the Executive Team	Hannah Evans	Green		Live virtual Meet the Executive Team	Hannah Evans	Green		Live virtual Meet the Executive Team	Hannah Evans	Green	INSIGHTS 2020 Report going to November 2020 Board. Report pulls on all feedback from various sources
	Staff engagement exercise on key learning from Covid response		Hannah Evans	Amber	Survey launched on 27 July to run to 31 August. Mid way report developed to go to RLI Steering Group 25 August.	Staff engagement exercise on key learning from Covid response	Hannah Evans	Green	Capturing Change survey carried out and analysed. Information will feed into INSIGHTS report				
	Ensure clinicians lead the discussions on system wide new ways of working	Clinical Redesign Groups held, and Clinical Advisory Group used to support change	Richard Evans	Green		Clinical Redesign Groups held, and Clinical Advisory Group used to support change	Richard Evans	Amber	Progress made with acute medicine redesign across delivery units, facilitated by Deputy Medical Director. Clinical Advisory Group, chaired by Associate Medical Director for Recovery, is providing input and advice on nationally issued guidance while also advising on specific clinical issues relating to COVID where no national guidance exists to ensure clear direction for SBUHB	Clinical Redesign Groups held, and Clinical Advisory Group used to support change	Richard Evans	Green	Ongoing

	Work with wider community groups to build on lessons learnt	Meet the RPB Co-production group to secure feedback and opportunities for future arrangements	Sian Harrop-Griffiths	Green						Consider through RPB arrangements	Sian Harrop-Griffiths	Green	
	Revised approach to communicating and engaging with the public on service change					Revised consultation and engagement framework agreed with CHC	Joanne Abbott-Davies	Amber	Revised framework being developed, coproduced with CHC, to enhance current arrangements, learning from experiences to date, and ensure consistent approach taken across organisation.	Revised consultation and engagement framework developed with CHC and approved by Health Board	Joanne Abbott-Davies	Green	Framework agreed by CHC and formally agreed by Health Board at September meeting.
Unscheduled Care & Winter Planning	Implementation of Rapid Discharge Process to improve flow and maintain lower numbers of medically fit for discharge (MMFD) patient numbers across all the hospital sites	Launch of the Rapid Discharge Policy on July 1st develop in conjunction with local authority partners and agreed by the West Glamorgan Partnership Board	Nicola Johnson	Green		Monitor the initial implementation and review effectiveness	Kate Kinsman	Green	This work is on-going. Operational group meets weekly to ensure that policy is embedded fully and effectively.	Monitor and review effectiveness	Kate Kinsman	Green	This work is ongoing. Project group has been re-instated. Project group meets on a weekly basis and reports to the H2H implementation group.
	Mobile unit to allow cohorting of patients at entrance of Morriston ED to release ambulance crews	Site visit with Estates Department for company supplying unit to establish location and connection to services	Craigie Wilson	Amber	Awaiting confirmation of delivery dates for mobile unit.	Delivery of mobile unit on Morriston site and work with WAST to agree staffing model	Craigie Wilson	Amber	Enabling works to facilitate delivery of mobile unit have been identified and cost agreed. Contract for enabling work to be placed.	Implement cohorting at Morriston in mobile unit, monitor and review effectiveness ahead of winter	Craigie Wilson	Green	Mobile unit due to be delivered to Morriston site last week of November and commissioned by the first week of December. Staffing to be provided through
	Central management of patient flow across the health board to maintain effective patient movement across all sites	Present and secure agreement with Executive Team for the establishment of a centralised patient flow team for Health Board across all sites	Craigie Wilson	Amber	Proposal presented to SLT. Further work being undertaken to finalise the proposal.	Commence Organisation Change Process to facilitate development of centralised patient flow team	Craigie Wilson	Amber	Accommodation and IT available for "command centre" established in Morriston Hospital. To be enacted as part of the escalation policy in response to a second Covid wave	Establish centralised patients flow team	Craigie Wilson	Green	A control centre is to be established to manage flow into the Bayfield Hospital and the learning from this exercise will inform the future development of a central management of patient flow.
	Phased implementation of the Acute Medical Services Redesign	Development of implementation plan and agreement of priority pre-hospital pathways as part of AEC model	Karen Stapleton	Amber	Implementation plan has been designed & is a live document. Pre-hospital pathways have been prioritised & are in progress of being agreed	Secure agreement (including clinical "buy in") for plan. Commence implementation of priority pre-hospital pathways. Establish AEC model in Singleton	Karen Stapleton	Green	Project milestones on track. SLT agreement for plan, and Clinical leadership in place. Working with the Advisory board on wider clinical "buy in". A number of pre-hospital pathways have been agreed and a Pilot AEC week took place in August to test model and pathways.	Commence implementation of phased plan	Louise Platt	Amber	2 week Ambulatory Emergency Care (AEC) pilot undertaken 21st September 2020. Evaluation report underway. Awaiting outcome of the HB submission of AEC bid for Singleton. If successful a full business case will be required. Second Enabling phase of the Acute Medical Services Redesign plan has commenced. Medical Redesign Morriston workstream group established and held first meeting.
	National Unscheduled Care Programme - six goals for urgent and emergency care which will help winter preparedness.	Develop an agreed action plan to address the 17 proposed key deliverables in conjunction with GP clusters and other key stakeholders	Craigie Wilson	Amber	An action plan has been developed and is being presented to the Senior Leadership Team as part of the Winter Plan for Q3/4 in August	Implement and monitor and action plan	Craigie Wilson	Amber	An action plan has been formulated and will progress will be monitored through the Unscheduled Care Board.	Implement and monitor and action plan	Craigie Wilson	Green	Key priority for the quarter is the development of Phone First for ED. Staff are in currently being recruited for the "streaming hub" which will take call from 111. Planned implementation first week of
Surgery & Theatres	Patient Prioritisation and Management	Prioritisation of Levels 3 & 4 to be completed	Tersa Humphreys	Red	Progress remains slow in delivering this piece of work. Completion of prioritisation of levels 3 and 4 is critical to supporting demand and capacity requirements	Ongoing development of 'live vitals' dashboard to quantify and monitor level 2 & 3 demand	Tersa Humphreys	Amber	Dashboards completed. Proxy criteria identified for priority 3 and 4 categories and these are included as part of the dashboard analysis criteria				
		Second elective list at Singleton to come online utilising staff released as a result of the revised Theatre SOP	Tersa Humphreys	Green	Delivered	HB wide approach for the systematic review and documentation of potential harm to patients as a result of treatment delayed beyond their expected timeframe	Neil Miles/Pankaj Kumar	Amber	Initial speciality harm reviews completed. Summary work ongoing to clarify themes and ongoing risks. Qualification or qualification of harm difficult to assess consistently. RCS prioritisation guidance evolving also which makes baselining difficult. Access to theatre has improved but still not sufficient to meet demand (for Cat 2s). Non Cat1 or 2 operating remains unlikely and therefore lack of access to operating for majority of waiting list patients				
	Theatre Capacity and utilisation	Sustain Plastic Surgery Trauma and Cardiothoracic (T&T)	Tersa Humphreys	Amber	Further capacity being developed for plastic surgery trauma will be in place by 31st August 2020								
		Principles agreed and signed off for re-zoning of theatres to gain efficiency in turnaround times and release of supplementary support staff	Tersa Humphreys	Green	Delivered	Develop monitoring tool for theatre utilisation, speciality activity and patient outcome with support from IM&T around TOMS data	Tersa Humphreys	Red	TOMS redevelopment plan and timelines being developed. Pilot project being developed for targeting pathway improvement actions in 1 elective and 1 emergency theatre.	Development of TOMS redevelopment plan. Theatres and Anaesthetic quality and Business Analysis Manager being progressed to support Pathway improvement	Tersa Humphreys	Amber	TOMS redevelopment plan in development by IMT plan to present to Digital Transformation Leadership Group in October 2020. Quality and Business Analysis Manager job plan matched out to
		Finalise the revised 2nd wave surge bed plan in line with new capacity options	Tersa Humphreys	Green	Completed - HB planning assumptions for second wave is to double level of general ITU beds which equates to 56 beds.					Development of a whole system model for NPW as a centre for Orthopaedic and Spinal services, to include the scoping of ambulant trauma options and capital requirements	Neil Miles	Green	
		Review the critical care workforce plan for 2nd wave, assuming a % of additional staff would not return to support critical care in 2nd wave and continue with development programme for additional support staff (this will be ongoing during August and September)	Tersa Humphreys	Amber	Work ongoing to deliver a workforce plan for 56 critical care beds. Plan includes PACU recruitment, use of CITU staff and exploring option for agency arrangement to support staffing. Reduced access to theatre staff in second wave as requirement to maintain level of planned operating for priority 2 patients.								
		Map out timeline and risks of capital works in General ITU ahead of potential 2nd Wave	Tersa Humphreys	Red	No approval for capital works in ITU as at 10th August 2020. Revised options for works provided. Continued use of theatre recovery as part of baseline capacity for general ITU due to air handling and ventilation issues in east unit.								
		Weekly Theatre capacity workstream reviewing demand and capacity in order to increase theatre capacity across all site but particularly Morriston. Reviewed theatre staffing establishment per Covid process to allow release of theatre teams to deliver additional theatre sessions	Tersa Humphreys	Amber	Existing theatre programme maintained consistently with no loss due to annual leave or sickness. Plan being developed for step change in theatre programme from 31st August 2020 with return of non patient facing staff and repatriation of final staff from ITU.	Commence recruitment process for PACU development at Morriston (Phase 1)	Michelle Mason-Gawne	Amber	Job descriptions written and signed off for nursing staff with vacancy control form submitted to panel. Meeting in place week commencing 05/20 to finalise medical staff requirement and vacancy panel forms will be submitted thereafter. Financial scrutiny will be undertaken for all posts in the same panel meet and when/if approved will go to advert	Scope and undertake an option appraisal process for a PACU model at Singleton and NPW to support enhanced care complexity	Michelle Mason-Gawne	Amber	Job descriptions written and signed off for nursing staff with vacancy control form submitted to panel. Meeting in place week commencing 05/20 to finalise medical staff requirement and vacancy panel forms will be submitted thereafter. Financial scrutiny will be undertaken for all posts in the same panel meet and when/if approved will go to advert
	Regional / Partnership Working	Seek regional agreement in principle around the equitable distribution of patients across the geographical boundaries. Progress with agreed priority areas of urology and gynae oncology and spinal. Testing regional solutions for thyroid and vascular services	Conor Marnane	Amber	Agreement of principle of equitable distribution of patients for any regional working was agreed with Hywel Dda Healthboard. Some regional collaboration has started successfully in gynae oncology and thyroid/endocrine surgery but that has been all to date. Discussions on going to scope potential use of additional capacity in Wrexham and PPH to trial further regional solutions for other specialities (urology and spine)								

						Agree a framework for the utilisation of staff / capacity within the independent sector, including potential for regional solutions	Craig Wilson	Amber	Framework established to utilise staff and capacity from Sancta Maria agreed and utilised but terminated. Discussions ongoing with Hywel Dda UHB regarding the use of Werrdale.				
South Wales Trauma Network	Agree Go Live date for MTN and implement	Work with the MTL, TUs and pre-hospital providers to ensure all critical to go live issues are resolved or mitigated against. This includes ensuring benefit from investment agreed by the HB (i.e. HMP agreements - major trauma practitioners, rehab coordinators), rehab medicine consultant sessions and TARN coordinators)	Rachel Taylor	Green	Go live date set for September 14th. Welsh Government formal announcement was on July 24th. All providers on track ready for go live.	Go live set for September 14th 2020. Network went live as planned	Rachel Taylor	Green		Agree a model for the emergency surgical requirement for the HB to encompass emergency services provided regionally	Rachel Taylor	Green	
						Develop online e-learning platform to support education and training going forward. First training programme filmed	Rachel Taylor	Green					
										Develop and instigate a comprehensive communication plan	Rachel Taylor	Green	
										Develop formal network governance structure including M&M meetings across network. This incorporates ensuring data quality through the TARN database	Rachel Taylor	Green	Cross network governance structures in place and first formal governance meeting taken place.
										Go Live as a Major Trauma Network	Rachel Taylor	Green	SWTN went live on 14th September
Critical Care	Supporting Critical Care capacity through second wave	Finalise the revised 2nd wave surge bed plan in line with new capacity options	Teresa Humphreys	Green									
		Review the critical care workforce plan for 2nd wave, assuming a % of additional staff would not return to support critical care in 2nd wave and continue with development programme for additional support staff (this will be ongoing during August and September)	Teresa Humphreys	Green	Ongoing		Teresa Humphreys	Green	Second wave plan including workforce requirements including additional support staff requirements quantified. Actions on how to reduce call on theatre staffing and increase availability of other staff to support critical care being progressed.	Ongoing	Teresa Humphreys	Green	Health Board call for additional support staff for critical care undertaken. 1st discussions held with all additional support staff from the first wave to assess numbers available for second wave. Agency staff booked to support as first line of support to maintain operating capacity and support critical care.
		Map out timeline and risks of capital works in General ITU ahead of potential 2nd Wave	Teresa Humphreys	Green	Completed. No formal approval to proceed with reduced programme of capital works. East Unit remains closed due to ventilation issues								
Diagnostics - CT	Extend the working day across all three acute sites	Morning 8-7:30 pm Singleton 8-8pm Neath Port Talbot 9-5pm	Brian Owens	Green	Business case submitted outlining financial costs of extended days, use of Hywel Dda Gantry capacity and ILS.	Assess options for weekend working	Brian Owens	Green	Options assessed and additional workforce requirements for extending working day across all sites included in CT business case. Case submitted awaiting HB decision.	Assess options for weekend working	Brian Owens	Green	Case submitted, awaiting HB decision. Case agreed 21st Oct, to be progressed in line with plan
	Continue discussions with ILS for additional capacity 2 days / wk + 32 pts	Develop service specification for screened non Covid 19 cases and establish cost implications	Brian Owens	Green		Implementation if viable solution	Brian Owens	Green	Cost benefit assessment of ILS option undertaken and included in the CT business case. ILS option is a high cost option for the activity that could be delivered.	Implementation if viable solution	Brian Owens	Green	ILS remains a high cost option, other options remain more cost effective for delivery of activity. Discounted option.
	Use mobile CT	Develop business case	Brian Owens	Green	Additional mobile CT secured for south west wales. CT scanner will be located in Hywel Dda University Health Board but access will be provided, with	Implementation if viable solution	Brian Owens	Green	Option included in the CT business case which has been completed and submitted. HB decision awaited on funding outlined proposals.	Implementation if viable solution	Brian Owens	Green	Don't CT gantry used in MH Dda. Working to develop a service spec to support opportunities for additional activity.
	Implementation if viable solution	Review potential CT gantry capacity using Bay hospital to provide non-Covid pathway	Brian Owens	Red	Decision awaited on submitted business case.	Implementation if viable solution	Brian Owens	Red	CT business case completed and submitted. Health Board decision on proposal awaited.	Implementation if viable solution	Brian Owens	Green	Case submitted, awaiting HB decision. Case agreed 21st Oct, to be progressed in line with plan
Diagnostics - MRI	Utilise mobile MRI van	Complete QIA and business case to establish financial impact and risks associated with increased routine activity	Brian Owens	Green	Approval given to commission 1 month of mobile MRI van whilst case being developed for expansion to baseline capacity	Implementation if viable solution	Brian Owens	Green	MRI Business case completed and submitted. Mobile MRI is a short term option to bridge recruitment for sustainable staffing option. Month on month approval given for mobile van until final Health Board decision made on MRI business case.	Implementation if viable solution	Brian Owens	Green	MRI Business case completed and submitted. Mobile MRI month on month approval given for mobile van until final Health Board decision made on MRI business case. Case agreed 21st Oct, to be progressed in line with plan
	Further develop MRI plan to reduce waiting list	Ongoing assessments to be completed with additional alternative solutions	Brian Owens	Green	Business case submitted outlining financial costs of extended days and ILS.					Implementation if viable solution	Brian Owens	Green	Business case submitted, awaiting HB decision.
	Review rotas to increase capacity	Complete review of rota's & implement additional capacity	Brian Owens	Green	Business case submitted outlining financial costs of extended days and ILS.	Ongoing implementation	Brian Owens	Green	Baseline capacity for MRI included in the MRI business case.	Ongoing implementation	Brian Owens	Green	Baseline capacity for MRI included in the MRI business case. Rota's continue to be revised to add additional activity wherever
	Workforce review for MR services	Complete workforce review & develop business case	Brian Owens	Green	Business case submitted outlining financial costs of extended days and ILS.	Implementation if viable solution	Brian Owens	Green	Undertaken and capacity and demand gap for MRI included as part of submitted business case.	Implementation if viable solution	Brian Owens	Green	Undertaken and capacity and demand gap for MRI included as part of submitted business case.
	Continue discussions with ILS for additional capacity	Develop service specification for screened non Covid 19 cases and establish cost implications.	Brian Owens	Green	Business case submitted outlining financial costs of extended days and ILS.	Implementation if viable solution	Brian Owens	Green	Value for money assessment of ILS option undertaken and sustainable HB solution provides better value.	Implementation if viable solution	Brian Owens	Green	Value for money assessment completed previously, sustainable HB solution provides better value. Discounted option.
Diagnostics - Ultrasound	Assess opportunity to utilise vascular lab to increase capacity	Complete assessment - potential 2 days / week - increasing capacity by 20 pts per week	Brian Owens	Green	Assessment undertaken by Radiology. Plans in place to commence clinics in month.	Implementation if viable solution	Brian Owens	Green	Implemented	Implementation if viable solution	Brian Owens	Green	Complete
	Assess radiologist support for scanning	Complete assessment- increasing capacity by 20 pts per week	Brian Owens	Green	Radiologist Rota review undertaken. Covid rota stepped down, lists to recommence late July.	Implementation if viable solution	Brian Owens	Green	Completed	Implementation if viable solution	Brian Owens	Green	Completed
	Deploy Head & Neck locum increasing capacity	Implement - adding 5 further pts per week	Brian Owens	Amber	Review of demand shows no need to increase currently. Service anticipates capacity to be exceeded late August	Maintain capacity	Brian Owens	Amber	Delayed as the locum in post (inuro with some head and neck training) has been required to support shortages in neuro radiology predominantly. Resource not yet able to help with ultrasound (not had enough US experience) however, is providing some cross sectional head and neck reporting when required.	Maintain capacity	Brian Owens	Amber	QIA to be submitted to support delivery of additional Head & Neck activity now demand has increased to a level locum required.
	Review opportunities to extend the working day plus 7 day working	Complete review and commence implementation if viable	Brian Owens	Amber	Business case in development to be completed by 20th August 2020	Further implementation if viable	Brian Owens	Green	Business case completed for Non Obstetric US demand and capacity gap requirements and submitted to Health Board for consideration.	Further implementation if viable	Brian Owens	Green	Business case completed for Non Obstetric US submitted to Health Board, awaiting a decision. Case agreed 21st Oct, to be progressed in line with plan
	Further develop Ultrasound plan to reduce waiting list	Ongoing assessments to be completed with additional alternative solutions	Brian Owens	Amber	Business case in development to be completed by 20th August 2020					Further implementation if viable	Brian Owens	Green	Business case completed for Non Obstetric US submitted to Health Board, awaiting a decision.

Cancer Services	Phased and sustainable solution for the required uplift in endoscopy capacity that will be key to supporting both the Urgent Suspected Cancer backlog and future cancer diagnostic demand on Endoscopy Services	Restoration of endoscopy rooms and redeployment of specialist staff to their endoscopy units.	Fiona Hughes	Amber	EBUS Recommended in Morriston. Thoracoscopy capacity available ERCP activity continues.	Restoration of all 5 Endoscopy rooms and redeployment of all staff	Fiona Hughes	Green	Action completed	Action completed	Fiona Hughes	Green	Action completed
	Plan for 25 Endoscopy sessions during July onwards to include Upper GI, EBUS, Bronchoscopy and Thoracoscopy sessions.		Fiona Hughes	Amber	Nursing establishment in place to support sessions from August onwards for Upper and Lower GI sessions		Fiona Hughes	Amber	Difficulty in providing additional sessions due to Endoscopist availability. C+D plan developed to support the USC cohort and this will need funding agreed in Sept 20	Plan for further 4 additional Endoscopy sessions with appointment of new gastroenterologist and approval of C+D Plan	Fiona Hughes	Amber	Business case submitted and approval to be confirmed in October 20.
	Weekly Clinical Leads Recovery planning meetings to provide leadership and assurance in terms of delivery		Fiona Hughes	Green	Weekly meetings in place since beginning of July 20	Weekly Clinical Leads Recovery planning meetings to provide leadership and assurance in terms of delivery	Fiona Hughes	Green	Weekly meetings in place since beginning of July 20 and as required surgical team input	Weekly recovery meetings continue	Fiona Hughes	Green	Action completed
	Clear decision making and tracking of USC deferred and new referrals to continue.		Fiona Hughes	Green	Process in place and working well.	Continued prioritisation of new referrals and review of alternative diagnostics as appropriate	Fiona Hughes	Green	Process in place and working well.	Continued prioritisation of new referrals and review of alternative diagnostics as appropriate	Fiona Hughes	Green	Action completed
	Maintain use of the National Endoscopy Programme (NEP) for deferred patient tracking		Fiona Hughes	Green	Ongoing completion off the spreadsheet confirmed	Ongoing completion off the spreadsheet confirmed	Fiona Hughes	Green	Ongoing completion off the spreadsheet confirmed	Undertake analysis of lessons learnt and new ways of working in line with NEP	Fiona Hughes	Green	Action completed
	Continue planned implementation of FIT in USC groups of deferred patients		Fiona Hughes	Amber	USC COVID 19 deferred cases validation exercise undertaken. Over 50% of the patients have had FIT test, treated/FIT or removed. Membership on the National FIT Subgroup Meeting and reviewing alternative pathways	Advance discussions re: logistics for implementing FIT in low risk groups (as per NICE DG30 guidance)	Fiona Hughes	Amber	Awaiting National Steer	Implement FIT in low risk groups as per Business case triaged within primary care	Fiona Hughes	Amber	Workplan developed with pilot to be commenced in November 2020
	Capacity and Demand modelled plan for 2020/21 to be approved and recruitment into eight additional Endoscopy sessions agreed and enacted		Fiona Hughes	Amber	C+D plan drafted.	C+D plan developed but funding to be confirmed	Fiona Hughes	Amber	Recruitment into additional Endoscopy Nurses as outlined in C+D Plan	Business case submitted and approval to be confirmed in October 20.	Fiona Hughes	Amber	Business case submitted and approval to be confirmed in October 20.
					Commence inourcing sessions as outlined in C+D plan		Fiona Hughes	Red	Business case developed in Sept 2020 and will need Executive approval				
					Maintain training lists for additional Endoscopists		Fiona Hughes	Green	Confirmed training lists in situ	Maintain training lists for additional Endoscopists	Fiona Hughes	Green	Confirmed training lists in situ
					Re-start bowel screening colonoscopy for all new participants waiting following a positive screening FIT test		Fiona Hughes	Green	Bowel screening recommended	Re-start Bowel screening colonoscopy for all new participants waiting following a positive screening FIT test	Fiona Hughes	Green	Bowel screening recommended
	To explore the possibility of offering SBAR RT for high risk lung cancer patients in SWWCC	To undertake an assessment within RT Dept and Oncology to scope out the ability to be able to deliver SBAR RT for high risk lung patient	Ceri Gimblett	Green	SBAR detailing how we could implement SBAR in SWWCC has been drafted	Business case detailing the risks and benefits of delivery SBAR RT for high risk lung Cancer patients in SWWCC	Ceri Gimblett	Green	completed and request for WHWSC to commission SBAR for SWWCC was submitted to SLT and agreed				
		Work with VCC and WHWSC around the role out and availability of SBAR RT within SWWCC	Ceri Gimblett	Green	Letter formally asking for support from WHWSC. Discussions with VCC have been supportive of SWWCC undertaking SBAR. Awaiting on response from WHWSC to commission this from us.								
	Establishment of mobile unit to carry out PET/CT scans for Swansea and South West Wales patients	First PET/CT scanning day: 2nd July 2020. Commence mobile PET/CT diagnostic service on Thursdays and Fridays; 12 patients per day	Neil Hartmann	Green	Up and running								
Primary Care and Community Services	Introduce Covid testing for Oncology and Haematology patients and staff involved in service delivery in line with national guidelines	Continue work stream to roll out testing in order of clinical priority until the total of 6150/300 patients is met. Staff would be in addition to this number	Ceri Gimblett	Green	Testing for priority 1 patients been in place since 27.07.20 via liberty	Maintain testing in line with any change in national guidance	Ceri Gimblett	Green	RT lung patients are now being tested alongside SACT patients as part of priority 2	Maintain testing in line with any change in national guidance	Ceri Gimblett	Green	testing remains on track for our SACT patients
	Continue to expand Surgery capacity to allow complex cancer surgeries to deal with any backlog of patients	Weekly Theatre capacity workstream reviewing demand and capacity in order to increase theatre capacity across all site but particularly Morriston. Reviewed theatre staffing establishment per Covid process to allow release of theatre teams to deliver additional theatre sessions	Tersa Humphreys	Green	Increased programme commencing 31st August 2020 for emergency, cancer and non cancer category 2 patients	Incremental increase of theatre sessions to address priority 2 elective surgery demand	Tersa Humphreys	Green	end of August plan implemented plus additional trauma and capod operating capacity established	Incremental increase of theatre sessions to address priority 2 elective surgery demand	Tersa Humphreys	Green	Increase seen in emergency and CEPOD operating 4 to 6 theatre per day plus third list on weekend. Elective operating in Morriston 4 elective theatres per day. Singleton Hospital increased from 10 lists per week to 13 lists per week. NPT operating commenced 7th September 2020 2 theatres per day.
	Convert interim PACU arrangements at Morriston to sustainable solution	WG funding already agreed PACU workstream established to agree actions required to deliver this development. Agree location	Michelle Mason-Gawne	Green	PACU workstream established and options appraisal process completed. Outcome to be discussed and agreed at next workstream meeting and taken to the overarching S&T Cell for sign off	Recruitment of staff, formulation of SOPs, agree date for delivery depending on staff appointments	Michelle Mason-Gawne	Amber	Recruitment of staff as above. SOPs are in the process of being drafted. Delivery date will be agreed when location is signed off, a paper has been drafted in regard to the agreed location and will be discussed in this months meeting	Aim to move to sustainable location late September at latest	Michelle Mason-Gawne	Amber	Recruitment of staff as above. SOPs are in the process of being drafted. Delivery date will be agreed when location is signed off, a paper has been drafted in regard to the agreed location and will be discussed in this months meeting
	Support reset and restart of primary care contractor services - GMS, Dental, Optometry and Pharmacy in line with National direction. Of note - dental and optometry services level of escalation will reduce from red to amber as of 1st July 2020	Plan and implement (in line with national guidance) to deliver support to patients to ensure optimum service provision for face to face assessment and safety netting	Andy Griffiths	Green	Complete	Review - reactivation and monitor pressure levels	Andy Griffiths	Green	Weekly GMS reactivation group meetings, informed by key data, i.e. vaccs and immo				
		Optometry Practices to commence opening in line with national guidance to include General Ophthalmic services provided. Eye Health Examination services provided. Low Vision service provided (with careful consideration for this vulnerable group of patients)	Andy Griffiths	Amber	All practices except one has re-opened. The PCT and QA currently working with the practice to support re-opening.								
		Optometry - Acute domiciliary commissioned service to continue. Routine domiciliary service to remain suspended	Andy Griffiths	Green	Continued								
		Optometry - All practices to complete the National Wales Shared Services Partnership self-certification process for opening, including the Covid-19 training, available through the WOPEC website	Andy Griffiths	Green	Complete								
		GDS Dental practices to be supported to offer wider range of services	Andy Griffiths	Green	Checklist developed and QA programme established to support practice start of AGPs from 17th August.								

Mental Health & Learning Disabilities	Demand & Capacity analysis for Primary Mental Health to meet anticipated growth due to pandemic	Finalise demand analysis. Confirm current telephone triage assessment as standard practice across all areas	Gareth Bartley	Green	Demand analysis has been completed based on a sample from one of the biggest referrals into mental health services from primary care. Projection from the data showed a 25% increase in demand which will impact the mental health services. For ongoing information and accuracy additional data will be collected to monitor the trends in referrals through the collection of monthly data in addition to explore reasons for referral which will inform future resource allocation.	Review Tier 0 provision	Gareth Bartley	Amber	Tier 0 service mapping cuts across all of the Delivering Responsive Community Services projects. A planning meeting is scheduled with Swansea City for Voluntary Service in September to discuss how this can be achieved in a sustainable way which considers all peer led and community initiatives to support mental health wellbeing. Once complete this work will form the basis of the service pathway mapping which will take place under the MHSS programme (e.g. for the SPDA, Psych Therapies and LPMHSS). The various community navigators play a key role in keeping track of local service changes in the 0 provision to support patients in accessing the most appropriate community service.	Review additional resource requirement	Gareth Bartley	Green	LPMHSS review under way through Transforming MH project. Activity dataset monitored for changes in demand against previous years. A joint pilot has been agreed with Cwmawe and Ilwacher clusters, and SCOS will be leading the work. This project will now also sit within the Well-being and Prevention project. Additional £0.19m secured from Welsh Government MH Service Improvement Fund for deployment across clusters in Primary MH function. Meetings with cluster leads to fine tune role. Recruitment to commence October 2020
	Address backlog for High Intensity Psychological Therapies	Waiting list review. Trial Group Work with Microsoft Teams.	Gareth Bartley	Amber	A psychological therapies stakeholder group was launched in July 20 to meet weekly to identify and implement actions to reduce the backlog of patients waiting for high intensity psychological therapy. Waiting list and capacity analysis is undertaken to support the aims of the group. An expanded programme of virtual group therapy sessions is now in place across Swansea and Neath localities. Suitable accommodation is being sought to re-introduce face to face services. In addition to the above a wider Psychological Therapies Project Group has also been established, containing dedicated project support, to plan a revised service model based on a stepped care model approach. The first meeting was held on the 4th August	Introduce Low Intensity workers	Gareth Bartley	Amber	3.0 WTE low intensity workers commenced in July 20 with a further 3.0 WTE currently undergoing pre-employment checks. Staff in post are scheduled to commence delivery of low intensity therapy in early October 2020 on a cross locality basis. Work continues to progress redesign of psychological therapy services (via the Psychological Therapy Project Group). The Professional and Strategic Psychological Therapy Lead is producing a paper that will form the basis of the stepped care model in psychological therapy services. This document is scheduled for review at October's project meeting.	Completed recruitment to outstanding additional Band 5 & 6 posts	Gareth Bartley	Green	Backlog of high intensity psychological therapy addressed and breaches cleared. Continuing to interrogate HB data to assist with planning and developing psychological based therapies in a stepped model. Low intensity group piloted and outcomes being analysed. 2 band 5 low intensity worker recruited and in place. MHSS proposal approved by WG for additional psychological therapies resource to be recruited later in the year
	Progress development of interim Mother and Baby unit	Option appraisal of permanent solution for Mother and Bay Unit	Gareth Bartley	Green	The unit will be based on the Tonna Hospital site. The scheme is currently out to tender. Tenders have been returned on the 14th August and revaluated on the 20th August with follow on with regard to budget costings through the preferred contractor. Projected aim with regard to building work to be started for October 2020. The process for advanced recruitment has been commenced for the posts of consultant, service manager and ward manager.	Advanced recruitment commences for key staff.	Gareth Bartley	Green		Building work commences on Site	Gareth Bartley	Green	Work underway.
	Implement single point of admission for adult mental health	Medical staffing agreement. Pathway commences	Gareth Bartley	Green	In response to Covid 19 guidelines, a plan was put in place to reduce the number of admission points into mental health services. Unscheduled care previously had 3 admission wards, Redford and Clyne in Cefn Coed Hospital and Ward F, NPFT. All admissions now go to Ward F, NPFT. The model is reviewed currently on a fortnightly basis by all stakeholders.					Review single point of admission	Gareth Bartley	Green	Single point of admission reviewed and remains operational. Ongoing monitoring and adjustments as necessary on advice of IPC.
	Implementing the findings of the CLDT Review	Refresh specialist pathways development plan to set revised implementation dates	Gareth Bartley	Amber	There are groups established looking at behaviour that challenges complex needs, MH, dementia, ASD, transition and forensic pathways. The challenging behaviour has been implemented and is due to be reviewed in September 2020, variance against process is being reviewed for the complex needs pathway and will be implemented September 2020. The ASD and forensic pathways are pending development, pathways workshops to be developed and aligned to the modernisation plans. Existing pathways are under review (Transition, epilepsy). Engagement events were held between November 2019 and January 2020 analysis of information has been undertaken and a proposed service model will be presented to the October M&L LD Board, drawing together the feedback from key stakeholders, staff and service users.	Participation in Health Equality Framework project to assess COVID 19 impact for people with LD	Gareth Bartley	Green	Complete, national report received by M&L	Development of implementation plan for use of Health Equality Framework within inpatient services.	Gareth Bartley	Amber	Being developed as part of modernisation plans for LD.
CAMHS	Covid response for CAMHS	Monitoring and adjusting of current working practices in line with Covid restrictions / guidance	Michelle Davies	Green	Capacity plans are being developed through the SBH Children's Centre outpatient group to increase face to face appointments.	Monitoring and adjusting of current working practices in line with Covid restrictions / guidance	Michelle Davies	Amber	The response to COVID is continuously under review. A QIA has been completed to increase face to face appointments in September. Demand in relation to eating disorders is the biggest concern currently due to the need for a physical examination.	Monitoring and adjusting of current working practices in line with Covid restrictions / guidance	Michelle Davies	Amber	There has been a slight increase to demand following the re-start of schools, however compliance against the 80% target continues. There are currently some vacancies and staff sickness that have the potential to have an impact on waiting times. The need to implement WU will be considered if the position deteriorates further. The Service are currently working on the need to provide virtual and face to face appointments where appropriate, and issues with accommodation have been raised. At the CAMHS Commissioning meeting on 22nd November it was highlighted that referrals for S-CAMHS had significantly increased in the CTM area following the re-opening of schools. The SBH area situation is being monitored, however it is anticipated that the additional services provided in the SBH area including CAMHS nurses in the LA single point of access teams, and a more established Single Point of Access Team will reduce the impact on SBH CAMHS.

	Single base for CAMHS Staff	Finalise staff meetings/ consultation	Michelle Davies	Green	Staff move from the Cefn Coed site planned for September.	Finalise staff meetings/ consultation	Michelle Davies	Red	Fairfield is now vacant, and the majority of staff have now moved across to the Neath Port Talbot site. There remain a few members of staff in Trehafof, this is being escalated by CTM senior team.	Swansea Team vacate Cefn Coed and move to NPT	Michelle Davies	Red	Some members of staff remain in Cefn Coed. Discussions are on-going and are being escalated by CTM as part of the staff consultation arrangements. SBUHB have a CYP Accommodation meeting on 4th November where the issue will be discussed and next steps will be agreed.
Children's Services	Sustainable workforce plan to maintain CEU in Morriston	Agree sustainable role model for paediatric wards and OOH	Sam Williams	Red	Locums recruited to improve paediatric medical staffing model - meeting with ED scheduled end of August 2020 to complete medical and nurse staffing proposal	Develop staffing model for CEU with ED and Morriston DU	Sam Williams	Amber	medical staffing model improved via recruitment, nurse staffing model currently being developed. Lack of availability of "assessment" area ie old paed ED is an issue	Agree medical and nursing staffing model	Sam Williams	Amber	Nursing model to be agreed with Morriston delivery unit. Meetings scheduled. Availability of short stay assessment area will prevent implementation of full model
	Progress Neonatal 24-hour transport proposal	Meeting to review proposal scheduled 15 July 2020	Sam Williams	Amber	second task and finish meeting taken place August. Business case invited for lead provider	Support task and finish group meetings	Sam Williams	Amber	await decision from task and finish group	Submit business case for lead provider and respond to consultation document	Sam Williams	Amber	Funding agreed with WHSCC and staffing model agreed. Proposed implementation date of interim model 4 January 2021
	Transitional Care unit	Resolve water testing issues and commission unit	Sam Williams	Green	water testing resolved	Water testing resolved	Sam Williams	Green	water testing resolved. Unit to open Thursday 8th October 2020	Commission Unit	Sam Williams	Green	Unit open and operational
	Outpatient recovery	Finalise requirements for Phase 2 and complete risk assessments, including roll out of Attend Anywhere	Sam Williams	Green	Final QIA's submitted for approval 18-9-2020	Phase 2 plan completed	Sam Williams	Green	phase 2 completed			Green	paediatric outpatients maintained across the sites
	Progress paediatric surgical recovery plan	Work to increase number of paediatric theatre sessions available	Sam Williams	Amber	insufficient theatre capacity	Category 1 list updated and monitored	Sam Williams	Red	insufficient theatre availability. Meeting scheduled Monday 5th October to review options	Source additional theatre capacity for paediatrics including private providers	Sam Williams	Amber	three lists per week currently provided to Paediatrics which is slowly reducing Cat 2 backlog
	Named Doctor Safeguarding failure to recruit	Agree alternative options following failure to recruit	Sam Williams	Amber	long term plan required. Review of safeguarding pathways across HB. Seek alternative options to provide third sector training	Meeting with Head of Safeguarding, named doctor duties (essential) shared amongst clinical team	Sam Williams	Amber	department reviewing job description to re-advertise in light of interest in post	long term plan required. Review of safeguarding pathways across HB. Seek alternative options to provide third sector training	Sam Williams	Amber	Interested candidate approached the department. To be advertised.
	Neurodevelopmental service	Finalise capacity plan and recruit to vacant posts	Sam Williams	Amber		Capacity plan completed	Sam Williams	Amber	posts approved at vacancy panel in September to go live by the end of the month	Recruit to vacant posts	Sam Williams	Amber	posts advertised on TRAC closing dates 31 October 2020
	Meet the statutory duties of the SEN regulations in a flexible and practical manner	Respond to requests for information as well as complete medical statutory assessments within the timeframe	Natalie Vanderlinden	Amber	All services understand their duties under the current SEN legislation and use virtual platforms to meet their statutory duties or adapt service delivery in a flexible and practical manner where possible.	Completion of statementing template	Heads of Service	Amber	Services have maximised virtual/lifestreaming opportunities, as well as maintaining contact through telephone calls. However, the deployment of staff away from core service has meant that attendance at annual review and statutory assessments have not been done reliably.				
	As part of re-establishing essential services, re-introduce school-based service delivery	Develop organisational recovery plan to include crosscutting paediatric therapy services	Natalie Vanderlinden	Amber	Plans in development to re-establish school-based service delivery part of a blended approach from 1st September 2020		Heads of Service	Green	In discussion with Education a plan has been devised to re-introduce school based services.				
	Support the DCCU in progressing the preparations for the requirements of the ANET Act					Establish children's Services response to the Organisational ALN Implementation Action Plan	Sam Williams	Green	childrens services map and gap completed				
Outpatient Transformation	Reset and recovery plans for essential outpatients for each Unit required	Commence phased introduction of the reset and recovery plan	Craigie Wilson	Green	All Reset and Recovery plans for phase 1/2 completed for all sites and agreed at RMRCC and phased approach implemented - all clinics have commenced on sites.	Monitor implementation plan with a view to increasing number of face to face consultations where deemed essential	Craigie Wilson	Green	Phase 2 Plan completed Qtr 3-4 report includes details of implementation.	Monitor implementation plan with a view to increasing number of face to face consultations where deemed essential	Craigie Wilson	Amber	Successful in securing Welsh Government funding for 2020/21, and plans are in development to provide more momentum to these projects. Due to delays in the most recent WPAS update, there will be a delay in the implementation; however, plans are in place to complete the agreed targets by end of Q4. Incorporated into PROMS work programme.
	Continuation of eye health initiatives focused on reducing follow up not booked (FUNE) numbers in ophthalmology	Re-introduction of face to face appointments in OOTC, additional Virtual Clinics and Community based Clinics of medical retina ophthalmology	Craigie Wilson	Green	Ophthalmology clinics recommenced by at significantly reduction capacity. Consequently FUNE numbers continue to increase. Reinstated clinics in Strawberry place - first week of July.	Monitor and report impact of re-introduction of schemes on FUNEs	Craigie Wilson	Amber	Identifying a place for the OOTC in an ophthalmic practice, however a site has not yet been identified.	Monitor and report impact of re-introduction of schemes on FUNEs	Craigie Wilson	Green	Successful in securing Welsh Government funding for 2020/21, and plans are in development to provide more momentum to these projects. Alternative site for OOTC in Strawberry Place Surgery secured
	Expand self management (patient knows best (PKB)	Start to register patients for the Diabetes team	Craigie Wilson	Amber	Due to the WO bids not being approved, appointment to posts have been delayed, the bid would fund additional resource to accelerate the roll out of PKB.	Continue to work with all teams on implementations	Craigie Wilson	Amber	Task and finish group has been established to identify stable patients who can be moved to PKB.	Continue to work with NMIS on integration with WPAS	Craigie Wilson	Amber	Integration has been delayed however is planned for December
	Facilitate and support the implementation, adoption and mainstreaming of SOS and PIFU pathways	Appoint project and clinical lead together with associated staff	Craigie Wilson	Amber	Due to the WO bids not being approved, appointment to posts have been delayed, validation of historic SOS data is being reviewed.	Develop implementation plan for adoption of SOS and PIFU pathways	Craigie Wilson	Amber	Proposal to standard the management of SOS patients has been drafted and waiting approval.	Commence the mainstreaming of SOS and PIFU with clinical staff.	Craigie Wilson	Amber	Due to delays in the most recent WPAS update, there will be a delay in the implementation until December, however, plans are in place to complete the agreed targets by end of Q4.
	Expand the use of virtual activity (inc PROMS)									Implement triage & prioritisation tool for heart failure + 1 other speciality	Craigie Wilson	Green	Incorporated into PROMS work programme
Field Hospitals	Ensure all elements of the patient journey have been tested to ensure robustness of clinical and non-clinical model	Undertake 'patch' tests to walk through key elements of a patient's journey at Llandarcy Field Hospital. Undertake 8 hr walk through at Llandarcy	Hilary Dover	Green	Completed at Llandarcy for IT infrastructure, Digital, Medicines Management, Resuscitation, Patient admission & transfer, Nursing								
	Develop option transferring operational model at Llandarcy Field Hospital to Bay Field Hospital	Undertake table-top exercise with all key players to test the potential new model	Hilary Dover	Green	Completed on 21 July 2020								
		Undertake 12 hr walk through at Bay Field Hospital	Hilary Dover	Amber	To completed once full decant of Llandarcy to Bay is achieved								
	Based on new modelling consolidate services into one Field Hospital to service SBUHB footprint and possible a supra regional footprint	Develop and finalise plans based on table-top and walk through exercises	Hilary Dover	Amber	Awaiting confirmation of Regional approach for Bay Field Hospital.	Implement plans to consolidate into one Field Hospital then enter dormancy phase until JF Field Hospital is required in a super surge scenario	Hilary Dover	Green	Consolidation into one field hospital (Bay) completed. LPH handed over to capital planning for decommissioning	Return Llandarcy Field Hospital to Gwynedd following transfer of all equipment/services to Bay Field Hospital.	Hilary Dover	Green	Complete
	Consider alternative use for Bay Field Hospital during dormancy phase	Develop and agree a proforma for completion and submission to Operational and Exec leads to include ability to exit the building within 24 hrs to accommodate reactivation as needed	Hilary Dover	Green	Consolidation of services and equipment at Bay FH has commenced for SBUHB.	Implement plans for alternative usage or enter dormancy phase	Hilary Dover	Green	Use of site agreed for wide range of internal and external services; On-going exploration to further opportunities by Field Hospital Operational group	Implement plans for alternative usage or enter dormancy phase	Hilary Dover	Green	Complete
	Transfer of site management from PCS Project leads when sites become used for alternative services or become dormant	Identify Site management role and appoint. Project Leads to return to substantive roles to reactivate PCS services	Hilary Dover	Amber	Site Management in place for Llandarcy and Bay Field Hospitals. Project Lead for Llandarcy now returning to substantive role, awaiting plans for release of Project Lead for Bay.	Identify Site management role and appoint. Project Leads to return to substantive roles to reactivate PCS services	Hilary Dover	Green	Site management roles in place. Llandarcy Field Hospital Project Lead has returned to substantive post. Bay Field Hospital Project Lead continues in post to make ready the Field Hospital.				
Partnership Working	To continue robust West Glamorgan RFB response arrangements	Implement Rapid Discharge process	Nicola Johnson	Green		Monitor	Kate Kinsman	Green	Monitoring is on-going through the weekly operational group.	Monitor	Kate Kinsman	Green	

[illegible]

		Continue to maximise the benefits of Attend Anywhere and Ask My GP in Primary Care	Deirdre Roberts	Green	Just over 5800 consultations held in secondary care by end of July. 701 Attend Anywhere consultations have been conducted in primary care. Ask My GP deployment was accelerated in 2020 and was implemented in 27 Practices from March to July, with a further 4 planned in August												
Information and Business Intelligence	Develop Essential Services Dashboard	Lee Morgan	Green	Dashboard launched. Further enhancements to be developed in second iteration to inform Q3/Q4													
	Develop a Testing Dashboard: TTP, CTU and community testing	Lee Morgan	Green	Majority of testing reporting requirements have been included in COVID dashboard version 2.													
					Cancer dashboard – incorporate information from Chemcare	Lee Morgan	Green	Complete									
										Develop Outpatients transformation Dashboard	Lee Morgan	Green			Development commenced and progressing well - Ongoing		
										Develop Theatres Dashboard using Power BI	Lee Morgan	Red			On-hold. Will be linked to redevelopment of TOMs. Temporary enhancements to reporting provided in the meantime		
	Streamlined Comms., Business Processes	O365 - go live with Forms in 3 service areas; commence roll out of Pro Plus; proof of concept for booking app; move Occupational Health intranet to SharePoint online	Carl Mustad/Matthew Knott	Green	Booking app live in Phlebotomy (Morrison and Bay Studios) PoC complete August New build laptops imaged with Office Pro Plus. Veterans services now all digital using Forms and SharePoint online			Booking app live in Phlebotomy (Morrison and Bay Studios) PoC complete August New build laptops imaged with Office Pro Plus. Veterans services now all digital using Forms and SharePoint online	O365 – realignment of licences complete	Carl Mustad	Green			Work well progressed and due to finish end of October.			
	Digital Enabling Programmes	Develop stent registry	Matthew Knott	Green	Development complete, in UAT												
		Commence rollout of Community and Learning Disability Services WiFi	Carl Mustad	Green	22/88 sites complete Final completion estimated December 2020												
		O365 – start pilot of MS Intune	Carl Mustad	Green	Initial work for pre reqs in progress Due to pilot in September	O365 - re-provision Skype conference equipment to teams	Carl Mustad	Green	Complete	Pilot Intune	Carl Mustad	Red			Not yet commenced due to licence realignment and COVID activities - now planned for Q3.		
										Migration of data to new BI server complete	Carl Mustad	Green			Migration completed		
Infection Prevention Control										Commence infrastructure requirements in readiness for national critical care system WICIS	Carl Mustad	Green			Working alongside capital planning		
										Commence infrastructure requirements for Omnicell in theatres	Carl Mustad	Green			Work ongoing		
	Implement social distancing for staff and patients in communal and clinical areas	Communications to publicise on social media, internal screens, posters and floor markings Set up social distancing cell	Lisa Hinton	Amber	Social distancing in place. Audit tool developed. Audits to be commenced in Q2 to monitor compliance.	Monitor compliance with social distancing in a variety of areas	Lisa Hinton	Green	Sample audit undertaken. To be integrated into IPC routine audits.	Continue to monitor compliance, review signage	Lisa Hinton	Green			Ongoing		
			Dorothy Edwards	Green	Cell in place since June 2020												
	Health promotion/ education: Raise awareness of general principles of IPC for staff, patients and visitors	Continue to work with procurement around supplies of hand wash and gel	Mark Parsons	Green	There are no known issues with the supply and distribution of hand wash or gels. These are removed from the restricted line items covered under PPE in June 2020. As for the education element IPC lead on training and education.												
		Ensure communications are in place in relation to hand hygiene, symptoms, catch it, bin it, use of masks and how to apply etc.	Lisa Hinton	Amber		Seek feedback on the comms related activity for effectiveness	Lisa Hinton	Amber	Plans in place to undertake a survey.	Review and amend comms strategy as required	Lisa Hinton	Amber			Patient and staff survey being developed in consultation with patient experience team. To be undertaken in Q3		
		Ensure the most up to date guidance is implemented and disseminated in a timely manner	Lisa Hinton	Amber	Ongoing. SOPs updated and reviewed in line with National developments	Ongoing review and refresh of SOPs	Lisa Hinton	Green	Reviewed and updated on a continuous basis.	Ongoing review and refresh of SOPs	Lisa Hinton	Amber			Continuously reviewed and updated according to National and local changes/requirements		
	Environmental decontamination	Ensure environmental cleaning and decontamination practices are in line with National guidance for COVID or other organisms as appropriate	Lisa Hinton	Amber	3 month HPV in place with a managed service and UNC technology utilised within each of the acute sites. Electronic system for monitoring being explored by support services.	Develop systems for recording when enhanced cleaning or decontamination are required and completed	Lisa Hinton	Amber	Systems being explored to capture this. This information is captured on a paper basis but will be more effective electronically. This action is monitored by the environmental decontamination task and finish group a sub group to the infection control committee.	Ensure systems for recording enhanced technologies are in place	Lisa Hinton	Amber			Electronic solution being explored. Paper based process in place. Cleaning products in use as per National guidance.		
	Value Based Healthcare	Supporting Essential Services	Develop & roll out Triage and Prioritisation tool in areas/Specialities with greatest need aligning with the Essential Services Guidance	Navejot Kalra	Amber	working with OP team to promote use of QQ tool	Embed approach and methodology of QQ tool	Navejot Kalra	Green		Review	Navejot Kalra	Green			QQ been sent out for Paediatrics, Rheumatology & Audiology. Currently working with respiratory. Also developing process to use a generic triage QQ, and engaging with more specialities.	
		PROMs	Continue collecting PROM's in Heart Failure and Ophthalmology	Navejot Kalra	Green	currently collecting PROMs in HF Hub, need to start collecting in community clinics when back up and running. Also currently collecting PROMs in Cataracts - baseline only.	Implement	Navejot Kalra	Green		Implement	Navejot Kalra	Green			Phase 2: Scoping meeting arranged on 2nd Nov - to collect PROMs along new HF pathway Meeting arranged with coders to establish a way to automate sending of cataract PROM post surgery. Currently only collecting pre surgery.	
Value Based Healthcare		Review PROM collection processes in existing services and Rehabilitation particularly ELP and MCAS	Navejot Kalra	Green	Reviewed process for ELP, this will be collected in DrDoctor, anticipated go-live Dec 2020 (project delayed due to Covid-19)	Implement any changes as a result of review	Navejot Kalra	Green		Monitor	Navejot Kalra	Green			ELP are looking to collect PROMs in PROMAPP, the supplier is currently gaining Cyber-Security with Digital services. In readiness for service commencing in Feb 2021.		
						Implement digital integrations to be able to automate processes and use the full functionality of the PROMs solution (WPAS and DrDoctor)	Navejot Kalra	Amber	Waiting for WPAS integration documentation from HDV Value team, which should be w/c 5/10/2020, once received WPAS extract to DrDoctor should be quite straightforward, as all sever integrations have already been set up for the first extract with PMK.	Monitor	Navejot Kalra	Amber			WPAS integration booked with DrDoctor & Digital on 23rd Nov 2020.		
										Commence collection of PROMs & Triage tool in lymphedema	Navejot Kalra	Green			on target to go live collecting proms to use to triage and for direct patient care on w/c 9th Nov 2020.		
	Outpatients	Reduce Outpatients routine appointments in alignment with the OP Modernisation programme in TKO, MCAS, Ophthalmology, Cardiothoracic Surgery, Gastro, Cardiology, Dermatology, Nephrology and Rheumatology in line with detailed plan	Navejot Kalra	Amber	Orthopedics, cardiology and ophthalmology (PROMs) already included in the work programme. Further discussions required about choosing between IDO and Rheumatology as the 3rd specialty on Dr Doctor. Quick question tool has been offered to all specialties within the OP modernisation programme.	Reduce Outpatients routine appointments in alignment with the OP Modernisation programme in TKO, MCAS, Ophthalmology, Cardiothoracic Surgery, Gastro, Cardiology, Dermatology, Nephrology and Rheumatology in line with detailed plan	Navejot Kalra	Green		Reduce Outpatients routine appointments in alignment with the OP Modernisation programme in TKO, MCAS, Ophthalmology, Cardiothoracic Surgery, Gastro, Cardiology, Dermatology, Nephrology and Rheumatology in line with detailed plan	Navejot Kalra	Green			Aligned with OP programme with implementation of quick question and PROMs in Rheumatology, IBS, Heart Failure and Lymphedema.		
	Capital	Field Hospitals	Agree final accounts for Field Hospitals	Simon Davies	Green	Work ongoing	Agree final accounts for Field Hospitals	Simon Davies	Green	Work ongoing							

	Scope & design potential oxygen adaptations for the Bay Field Hospital	Simon Davies	Amber	Design for installation of bottled oxygen into the triage / treatment room area of the bay studios and explore opportunity for a linked building (portacabin style) adjacent to the Field Hospital. Revise management plan and identify any works required to enable bottled oxygen use in these areas..	Scope & design potential oxygen adaptations for the Bay Field Hospital	Simon Davies	Green	Agreed to install mobile portable oxygen cylinders within triage & treatment room area's. Will also have oxygen concentrators x8 which will deliver 5L oxygen and x2 which will deliver 10L oxygen. Safe storage of cylinders outside will also be provided. Discussion around level of acuity of patients has occurred and agreed that medical model would be revised to reflect lower level.	Undertake works for possible oxygen adaptations at Bay Field Hospital	Simon Davies	Amber	Swansea Council continuing to undertake maintenance on the roof as it continues to leak. Final accounts original works finalised - not as yet completed for additional works and reinstatement.	
	Agree reinstatement costs for Llandarcy Field Hospital	Simon Davies	Amber	Estimated at £350k to reinstate but this has yet to be agreed with NPT Council and Scott's the builders.	Agree reinstatement costs for Llandarcy Field Hospital	Simon Davies	Amber	Estimated at £400k to reinstate but this has yet to be agreed with NPT Council and Scott's the builders.	All current works identified has been agreed with NPT Council. Two outstanding items: Replacement of 36 pitch & flooring in main hall. Final accounts for reinstatement works as yet to be agreed.				
	Updated capital plan	Agree revised capital plan with local risk assessment, with no funding available from the AAWCP for schemes in development	Ian MacDonald	Green	Revised plan approved by Board and WG.								
	Replacement of CT-SIM, West Wales Cancer Centre	Place orders for CT-SIM equipment.	Simon Davies	Green	Works on going and equipment / specification agreed.								
		Enter construction contract	Simon Davies	Green	Contract due to be signed in September with works being complete by March 21.	Commence construction works.	Simon Davies	Green	Contract due to be signed in September with works being complete by March 21.	Continue construction works	Simon Davies	Green	On Track
	Replacement of Cladding, Singleton Hospital	Design of technical options for replacement of cladding	Simon Davies	Green	Work ongoing	Design of technical options for replacement of cladding.	Simon Davies	Green	Work Ongoing	Completion of technical business case for cladding replacement	Simon Davies	Green	FBC informally submitted to WG 30.10.20 Awaiting formal MB sign off 26.11.20
		Design of enabling package for contractor car park.	Simon Davies	Green	Design work ongoing	Submission of enabling package for contractor car park.	Simon Davies	Green	Design work ongoing				
	Anti-Ligature Phase 2	Review of risk associated with a reduced level of initial works	Simon Davies	Amber	Awaiting approval to proceed from the WG.	Review of risk associated with a reduced level of initial works	Simon Davies	Amber	Awaiting approval to proceed from the WG. Works has been fully tendered.	Commencement of initial reduced level of capital works	Simon Davies	Amber	Still awaiting confirmation of funding from WG. Areas identified to undertake work in LD lounges & agreed by Dai Roberts.
	Finance	Financial Plan	Complete critical review of original financial plan savings plans and investment plans	Darren Griffiths	Green	Savings requirements were discussed at the end of July finance review meetings. A refreshed version of the SPMS pipeline has been shared with unit triumvirates and plans have been requested for return for discussion and agreement at the end of August. Financial Review meetings to be undertaken in September				Through finance review meetings the increase assurance of robust capture of COVID 19 costs to support cost recovery from Welsh Government as funding becomes available	Darren Griffiths	Green	The Health Board has been notified of the available funding to support the pandemic response and the delivery of the Health Board forecast financial position. This will continue to be monitored and driven through the financial review meetings
		Capital Plan	Review the capital plan to reflect changes in funding assumptions from Welsh Government to maintain plan balance	Darren Griffiths	Green	This was completed by the end of July and a revised balanced plan was approved							
Workforce	Expansion of Occupational Health to support Covid-19	To recruit additional OH Nursing and admin staff to support ongoing OH Covid Work	Hazel Robinson/ Kathryn Jones	Green	Secondments agreed with staff deployed to OH who were already trained up.	To continue to Work with PHW to implement Health Care Worker surveillance programme	Kathryn Jones	Amber	Work with PHW continues - staff have been randomly selected to take part in the programme and the surveillance has commenced with the offer of monthly blood tests.	To implement Health Care worker Covid-19 surveillance programme in partnership with PHW.	Kathryn Jones	Amber	Email sent out to identified staff and consent forms returned by participants. Meeting at Bay hospital who have agreed to undertake the phlebotomy. Awaiting link to booking system in Bay Hospital to commence offering appointments.
		To implement streamlined pre-employment process to reduce recruitment waits.	Hazel Robinson/ Kathryn Jones	Green	Streamline Pre-Employment process implemented. Waits for clearance significantly decreased.	Continue 7 day delivery of OH service as demand dictates. Induct and train new OH Nurses and admin staff To support the pause in staff shielding, and to undertake assessments on staff return to work	Kathryn Jones	Green	The service continues operating 7 days and recently expanded weekend hours (8-4pm) due to the increase in workload as a result of recent increases in positive Covid infections. 2 Band 5 Nurses OH Nurses appointed 12 months fixed term. Completed immunisation training, supporting some COVID Calls and undertaking immunisations. 2 x B6 Nurses from pre assessment seconded to OH until 31/03/2021 - trained to undertake management referrals, general advice, referrals to CTU and processing results 2 x B5 Nurses from Cardiac ITU seconded to OH until 31/03/2021 - trained to undertake referrals to CTU and process results. Fixed term until 31/3/20 Band 5-6 and Band 6-7 secondments completed to increase resilience within the team 438 management referrals related to Covid-19 issues, including support for staff who are shielding, received since June 2020. Continued phone and e-mail support to line managers to help manage staff to return to work from Shielding.	To implement health surveillance programme for skin related issues.	Kathryn Jones	Amber	Programme agreed at Health and safety Meeting. All resources complete. Implementation schedule agreed at OH, H&S and IC joint meeting. 8 Training Sessions Booked. Invite sent initially to Morrison and NPTs. Additional training Sessions planned. Band 6 OH Nurses currently receiving training to undertake skin management referrals.
	Expansion of wellbeing service to support Covid-19	Additional fixed-term staff counsellors recruited to support significant increase in mental health referrals to the service		Green	Counsellors recruited and in post.	Procurement document developed to help identify provider to deliver TRIM training	Kathryn Jones	Amber	Procurement exercise currently being undertaken to identify provider	To identify TRIM provider to deliver full 2 day training to critical care staff	Kathryn Jones	Amber	Procurement tender exercise complete and identifying supplier to deliver 2 day training. Interim training (ReachMH) delivered to 240+ staff to support managing effects of trauma in the workplace.
	Promotion of 'Silver Cloud' (on-line CCBT) to HB staff			Green	Silver Cloud promoted to HB Staff via email and on intranet pages.	Initial meeting with wider partners to promote early intervention for mental health Promotion of SilverCloud resulted in SBU having highest number of staff participants across Wales.	Kathryn Jones	Green	Continuing to work with partners (e.g. Time to Change Wales, HEIW, Able Futures) to increase mental health resources & support for staff and to enable signposting via the Wellbeing service. Continue to promote across the organisation. Uptake by SBU staff continues to be highest across Health Boards in Wales	To arrange Ministerial Visit to support the ESF funded 'In Work Support' service	Kathryn Jones	Amber	Due to the pressures of existing diary commitments the Ministerial visit has been postponed until February 2021. It is hoped that the visit will be face-to-face (if possible) with attendees also able to participate virtually. Due to the nature of the support provided by the WVS Service, the WG lead has suggested that it may be preferable to invite Euned Morgan (Minister for Mental health and Wellbeing), instead of Vaughan Gething.
						Promoting ESF funded 'In Work Support Service' via local media including radio campaign on 'The Waver' radio station.	Kathryn Jones	Green	Continue to promote the service locally. Wales on Line piece published 23/9/20 and the Waver radio campaign continues resulting in increased referrals. Invitation by Annies Miles MS for Neath to 'Mental Health support in Neath' meeting on 9/10/20 to promote the service. Most local businesses have been sent information as to how the service can support staff during Covid-19. Webpage updated with timetable of wellbeing webinars and Covid-19 related information.				

SWANSEA BAY UNIVERSITY HEALTH BOARD - OPERATIONAL PLAN TRAC

Key for 4 Types of Harm:

1. Harm from Covid itself

Service Area	Priority	Action			
			Mar-21		
			Milestone	Lead	RAG
Managing Covid-19	Maintaining Robust Infection, Prevention and Control	Implement social distancing for staff and patients in communal and clinical areas	Continue to monitor compliance, review signage	Lisa Hinton	
		Health promotion/education: Raise awareness of general principles of IPC for staff, patients and visitors	Work with comms to ensure regular messaging. Comms to review effectiveness of messages. Ensure signage is prominent. Offer regular IPC related training for staff.	Lisa Hinton	
		Ensure the most up to date guidance is implemented and disseminated in a timely manner	Ongoing review and refresh of SOPs		
		Environmental decontamination	Ensure environmental cleaning and decontamination practices are in line with National guidance for COVID or other organisms as appropriate		

			Regular review of IPC practices and compliance with physical distancing	Signage relating to inpatient area maximum capacity to be implemented. Audit IPC practices and compliance with physical distancing		
Test, Trace & Protect	Antigen Testing	Increase testing workforce in line with WG expectations around testing delivery – Liberty Stadium	Review workforce in line with demand	Julie Morse	Green	
		Develop Local Testing Plan	Roll out any revisions to plan	Julie Morse	Green	
		Implement local testing sites targeting students, hard to reach areas, vulnerable public	All testing options in place - accessibility key focus	Julie Morse	Green	
	TTP	Increase TTP workforce to meet additional demands – contract tracing		Julie Morse	Green	
Vaccination	Workforce Model	Finalise workforce model and flow calculations	Deliver	Dorothy Edwards	Green	
		Populate first phase of rotas	Deliver	Dorothy Edwards		

		Digital	Identify digital requirements in line with national Welsh Immunisation System including booking solution once full functionality of WIS is known	Deliver	Dorothy Edwards	Green
		Mass Vaccination	Secure locations for Mass Vaccination Sites (beyond the Bay Field Hospital) and undertake site/logistics visits to finalise	Deliver	Dorothy Edwards	Green
			Finalise in-reach/mobile model	Deliver	Dorothy Edwards	Green
			Finalise SOPs/Action Cards	Deliver	Dorothy Edwards	Green
	Surgical and Theatres	Sustaining Elective Theatre Capacity and Utilisation	Scoping further development and implementation of the Theatre Operations Management Systems	Progress development phase of TOMS. Post holder to develop planned programme for 21/22	tersa Humphreys/Matt Knott	Green

	Sustain theatre programm	Sustain delivery of enhanced theatre capacity at July 2020	Tersa Humphreys	Green
	Ongoing review external guidance in regard to theatre rezoning	Implement ongoing advice and guidance re theatre rezoning	tersa humphreys	Green
	Expanding the workforce	Posts in place.	tersa humphreys	Green
Increasing and Sustaining Emergency Theatre Capacity and Utilisation	Commencement of Major Trauma Network and ortho-plastic trauma activity in Morriston from across Wales	Monitor activity and review capacity requirements	tersa humphreys	Red

	Utilise released theatre workforce	Maintenance of enhanced emergency operating capacity compared to pre-Covid	tersa humphreys	Green
Orthopaedic Surgery at Neath Port Talbot Hospital	Reinstatement of theatres	Monitor theatre activity and case mix	Neil Miles	Green
	Development of Capital Business Case	OBC submitted to WG	Neil Miles	Amber
	Scope interim modular theatre solution	Modular construction and siting and handover for Q1 start of operating	Neil Miles	Amber

		Assessing Potential Harm	Specialty Harm Assessments to be carried out	Develop monitoring mechanisms against key harm metrics	Neil Miles	Green
			Consideration of evidence gathered referencing any harm	Monitoring of harm during any potential 2nd wave. Implement any emerging evidence as appropriate	Neil Miles	Amber
	Diagnostic and Imaging Services	Endoscopy – Increase capacity in the system to	Introduce additional sessions	Additional 10 weekly sessions introduced through insourcing	Fiona Hughes	Green

manage USC, Urgent and routine referrals	Increase capacity at NPT	Reinstate PH menometry and breath tests procedures	Fiona Hughes	Green
	Maintain use of FIT in USC Group and plan to introduce FIT in low risk groups	Plan agreed and to be rescheduled to Cluster leads in March 2021	Fiona Hughes	Green
	Redesign of Straight to Test (STT)	Pathway to be approved within primary and secondary care and mapping of referral process confirmed	Fiona Hughes	Green
Radiology – Implement proposals from business cases to increase capacity in the system to manage USC, Urgent and routine referrals	MRI – extending working hours, weekdays and weekends	Action Closed	Brian Owens	
	MRI – Extending reporting capacity	Commence training position (12 months)	Tersa Humphreys	Red
	CT - extending working hours, weekdays and weekends	Commence positions. Increase working hours. End HD gantry.	Tersa Humphreys	Red

		CT – Extending reporting capacity	Commence training position (12 months)	Tersa Humphreys	Red
		NOUS – utilising additional location (Bay Field Hospital) to deliver service for 25 weeks		Tersa Humphreys	Red
Cancer and Palliative Care Services	Increasing and Sustaining Radiotherapy Treatment Capacity and reducing backlog – for implementing Hypofractionation for specific tumour sites	Development of RT Case for released capacity from Breast to undertake additional RT work		Ceri Gimblett	Red
		Develop RT case for hypofractionations for Prostate case to be developed jointly with Hywel Dda and SBU Urology Surgical colleagues.		Ceri Gimblett	Red

Increasing and Sustaining Radiotherapy Treatment Capacity - Radiotherapy case for undertaking Stereotactic Ablative Radiotherapy SABR (Lung hypofractionation work in SWWCC)	To undertake SABR treatment for Lung Cancer patients in SWWCC		Ceri Gimblett	Red
Reducing Cancer Backlog	Review tracking resources		Ceri Gimblett	Red

		Supporting Patients and Clinicians - Improving End of Life Care following our learning from COVID (Wider than Cancer)	Develop a number of recommendations for Improving End of Life Care and engaging with our Current Advanced Care Planning Team to take these forward along with the wider HB community including primary care.		Ceri Gimblett	Red
Primary Care, Community and Therapy Services	Maintain access to essential, additional and enhanced services in all primary care contractor services; General Practice, Dental, Optometry and Community Pharmacy, in line with national guidance	Deliver essential, additional and enhanced services	Proactive support to contractor services – informed by daily reporting and monitoring of national escalation tool for GP and Community Pharmacy practices		Andy Griffiths	Green
		Provide support protect the most vulnerable people in our communities, in particular care home residents	Develop long term plan for Care Home service provision aligned to Strategic Programme for Primary Care Framework		Andy Griffiths	Green

	Maintain provision of urgent and essential Health Board primary care, community and therapy services	Maintain provision of services agreed for reactivation by Health Board Reset and Recovery	Monitor impact and patient flow within services – align with Health Board position / Reset & Recovery, stand down non-essential services as required. Deploy staff as per workforce plan. Comm and Therapy Outpatient services reduce waiting list breach position [subject to decisions on stand down of services]	Andy Griffiths	Green
	Remaining responsive and prepared for subsequent COVID waves	Continue engagement and proactive monitoring of national and local situation, ensure response plans remain updated	Utilise the <i>Strategic Programme for Primary Care</i> toolkit (due for update Oct 2020) with the latest guidance. As and when required implement response plans as per COVID Response Plan and enact service Business Continuity Plans. Support contractor services to implement national guidance. Re—activate COVID-19 hubs and urgent and emergency care centres for dental and optometry as required. Deploy Health Board workforce as per Workforce Plan	Andy Griffiths	Green
	Deliver the Flu Vaccination Plan	Protect those most risk from flu in the coming season and ensure that the opportunity for co-circulation of flu and COVID-19 is kept to a minimum	As per SBUHUB Annual Influenza Vaccination Plan 2020/2021	Andy Griffiths	Green

Deliver the Rehabilitation Framework	Assess rehabilitation services against the framework and develop plans informed by this work.	Develop long-term plan aligned to the framework.	Andy Griffiths	Green
Cross-system working and with partners to deliver key transformational initiatives	Deliver Whole System Cluster Transformation Programme	Complete projects agreed for delivery 2020/2021	Andy Griffiths	Amber
	Deliver Seasonal Plan initiatives, jointly with West Glamorgan Regional Partnership Board	As per Health Board & West Glamorgan Regional Partnership Seasonal Plan 2020/2021	Andy Griffiths	Green

			Support the Redesign of Acute Medical Services in SBUHB			Red
Mental Health and Learning Disability	Improving access and simplified referral pathways.	Embedding revised Covid-19 Pathways (community and inpatient)	Submission of OBC for adult acute (subject to SOC agreement and permission to proceed)	Dermot Nolan		Amber

			Progress development of interim Mother and Baby unit	Service Commissioned subject to WHSSC agreement.	Dermot Nolan	Green
Children, Young People and Maternity services	Maintain Essential Services – re-start of services	Children’s Services - Outpatient recovery	Continue to reduce long waits and FUNB	Michelle Mason-Gawne	Green	
		Children’s Services Digital working		Michelle Mason-Gawne	Green	
		Children’s Services Performance		Michelle Mason-Gawne	Green	

School Nursing: Immunisation and safeguarding	Deliver the HPV programme and MMR to all year 9 pupils. Dates are set and agreed across the 24 comprehensive school sites for March / April.	Victoria Kiernan	Red
	Deliver the catch up Fluenz vaccination programme to aged 4 – 11 years in 52 Primary School sites across the HB area.	Victoria Kiernan	Red
Neonatal workforce – BAPM Standards and Peer Review	The review is complete, and staffing gaps have been identified as a result. A business case has been submitted to WHSSC, and escalated within the Health Board.	Michelle Mason- Gawne	Red
Children's Services: Progress paediatric surgical recovery plan		Michelle Mason- Gawne	Green
Maternity Services - Family Centred Care - A Women's engagement strategy is being developed to ensure full consultation and involvement of the local population in how maternity services are delivered now and developed in the future.	Agree priorities for service provision for 2021/22	Susan Jose	Green

Health Visiting: Increase Number of HCWP contacts	10-14 day contacts > 90%	Michelle Davies	Red
Health Visiting: Improved data for Infant feeding	10-14 days 6 week 6 month	Michelle Davies	Red
Health Visiting: Number of virtual groups facilitated	Number of virtual groups facilitated	Michelle Davies	Green
Health Visiting: Numbers of Walk and talk sessions	Numbers of Walk and talk sessions	Michelle Davies	Red

Improving services to build resilience against COVID 19	Childrens Services - Maintain Childrens Emergency Unit in Morriston Hospital		Michelle Mason-Gawne	Red
	School Nursing: Safeguarding work to be prioritised in line with WG expectations. Maintain specific statutory LAC health services	All in place and Health Assessments continue to be carried out virtually to ensure compliance with statutory LAC HA responsibilities	Victoria Kiernan	Green
	School Nursing Phone advice line pilot for comprehensive pupils and their parents/carers	Pilot telephone line abandoned. Service to be considered on different approaches and consideration given to Attend Anywhere.	Victoria Kiernan	Green
	CYP Emotional Health & Wellbeing - Regional CYP Website	Website launched.	Michelle Davies	Red
	CAMHS - Implementation of Emotional Health & Wellbeing Service		Michelle Davies	Green

Developing sustainable and safe services	Childrens Services - Progress Neonatal 24-hour transport proposal	Sign off model for implementation Qtr 1 2021-22	Michelle Mason-Gawne	Green
	Childrens Services - Transitional Care Unit and Cot capacity	Complete projection exercise of SB activity accommodated elsewhere in Wales to inform income model and additional cots.	Michelle Mason-Gawne	Green
	Children Services - Named Doctor Safeguarding	Agree revised pathway including dedicated safeguarding room in Morriston and job planned safeguarding rota	Michelle Mason-Gawne	Red
	Childrens Services - Neurodevelopmental service	Appoint to permanent clinical lead role. Recruit to advertised band 7 posts x 3	Michelle Mason-Gawne	Red
	Childrens Services- SARC		Michelle Mason-Gawne	Red

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Childrens Services - Support the DECLO in progressing the preparations for the requirements of the ALNET Act		Michelle Mason-Gawne	Green
Childrens Services - Child health department Central Clinic		Michelle Mason-Gawne	Green
Childrens Services - Covid planning	Temporary partitioning being provided for paediatric wards to help with infection control	Michelle Mason-Gawne	Green

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Maternity Services Safe & Effective Care - Increasing the number of women who stop smoking through pregnancy as this has been highlighted as a theme in the cases reviewed. This will require the development of a Maternal Advice for Maternal Smoking Cessation Support MMAMS service; a business case currently being developed to support the introduction.	Substantive public health midwife role appointed. Smoking cessation plan in process.	Susan Jose	Green
Maternity Services Safe & Effective Care – Implementation of the All Wales perinatal mental health pathway		Susan Jose	Green

Maternity Services Continuity of Care – review of Community Services		Susan Jose	Red
Skilled & multi professional teams - Prompt Wales training		Susan Jose	Green
Skilled & multi professional teams Implementation of Community PROMPT in line with WRP recommendations	Finalise training plan to commence community prompt for all community/ midwifery led staff	Susan Jose	Green

			Sustainable Quality Services - Awaiting final staffing recommendation requirements following recently completed Birth rate + assessment on maternity workforce requirements		Susan Jose	Green
			Sustainable Quality Services – appointment of 2 midwife sonographers	Training to commence	Susan Jose	Green
Outpatients Services	Maximise roll out of Outpatients Transformation Programme	Agree 'high' priority speciality areas with DU's/Service Groups	Ongoing support and further implementations		Craige Wilson	Amber

Implementatio n of waiting list management solutions via Digital, service redesign solutions (Pathways)	Redesign approaches to improve waiting list management via pathways and digital solutions	The management of historic SOS cases to be completed by March 2021	Craig Wilson	Green
Increased access to consistent and accurate outpatient analytics (Hourly updates or Daily – TBC)	Develop Outpatient dashboard (updated hourly or daily TBC)		Craig Wilson	Amber
Re-start of face to face essential services	Re-start of face to face essential services	Consider plans for phase 3 to increase activity within guidelines	Craig Wilson	Amber

		Demand Management via working collaboratively/ service redesign new care models for better integrated working in the Primary Care and Community Setting	Collaborative working/redesign for better integrated working in the community		Craige Wilson	Amber
Partnership Working		Maintaining access to oesophageal and gastric cancer surgery	Establish joint supraregional Oesophageal Gastric Cancer MDT meeting, to ensure that consistent approach for patients across South and West Wales	Support Swansea OG cancer MDT and OD	Ian Langfield	Green
		Oesophageal and gastric cancer surgery service model	Develop recommendations for oesophageal and gastric cancer surgery service in South and West Wales	Refresh - objectives, criteria, and long list	Ian Langfield	Red

		HepatoPancreatoBiliary Services	Develop service specification for tertiary HPB services	Finalise Document	Ian Langfield	Red
		Collaborative work	Develop memorandum of understanding with Cardiff and Vale UHB	MoU signed off	Ian Langfield	Green
	Digital Services	Patient and Citizen Empowerment	Swansea Bay Patient Portal	SBPP – review registration model completed subject to judicial review and national programme assessment. SBPP – continue rollout to support outpatients transformation.	Deirdre Roberts	Red
			Digital Outpatients - paper light	Digital outpatients – Continue roll out to support Outpatients Modernisation.	Deirdre Roberts	Green
			Attend Anywhere	Continued Roll out of Attend Anywhere.	Deirdre Roberts	Green

Hospital Patient Safety and Flow	WPAS	EMPI upgrade	Matt Knott	Green
	WCP	Phlebotomy module – commence implementation. MTED all implementations complete	Deirdre Roberts	Red
	WEDs		Deirdre Roberts	Red
	Signal	SIGNAL – commence development of V3 – phase 2.	Matt Knott	Red

	HEPMA	HEPMA - Complete Singleton Implementation	Deirdre Roberts	Green
	WNCR	WNCR – complete roll out across NPTH.	Deirdre Roberts	Green
Integrated Health and Care	WCCIS	WCCIS – National Tech refresh – testing complete.	Deirdre Roberts	Green
	Primary care Virtual Consultations	Support PCCS with the evaluation of Ask my GP and Attend Anywhere.	Deirdre Roberts	Green

	Open Eyes	Open Eyes – commence testing of system and integration.	Deirdre Roberts	Red
	BI COVID response	Deliver work packages for modelling Cell	Lee Morgan	Green
	BI Development	Outpatients dashboard, stage 2 development.	Lee Morgan	Green
Streamlined comms and Business processes	MS365 roll out	MS365 – complete Intune rollout. MS365 – complete embedding of MS365. MS365 – launch power app solution. MS365 – mothball SKYPE for business.	Carl Mustad	Green
	MS365 Development	MS365 – Complete scoping work for new intranet.	Matt Knott	Green

	Digital Enabling Programmes	Networks	Telephony – Singleton back up system go live.	Carl Mustad	Red
		Infrastructure	Tech Refresh – Replacement of legacy devices.	Carl Mustad	Green
		Cyber Security	Cyber Security – upgrade Windows 10.	Carl Mustad	Green

	Workforce	Supporting NHS staff during Covid-19	Extend/expand Occupational Health and Wellbeing services to support staff health & wellbeing	Developing Post Covid Staff Wellbeing strategy to support staff during 2021/22 with wide consultation.	Paul Dunning	Green
			Early intervention/prevention to support staff in critical areas with TRiM training (trauma identification and management model)		Paul Dunning	Green
				310 supervisors/line managers trained to identify early signs of trauma		

Workforce Supply and Recruitment	Recruitment of Overseas Nurses	8 x overseas nurses undertake OSCE examination and commence as Band 5 nurses if successful.	Kathryn Jones	Amber
	Recruitment of newly qualified nurses	Newly qualified nurses recruited via student streamlining start to commence in vacant posts	Kathryn Jones	Green
	Additional recruitment to Nurse, HCSW, Facilities and A&C bank	Undertake recruitment activity to increase workforce numbers onto our bank	Kathryn Jones	Green
Ensuring adequately skilled staff	New Registrant induction programme		Miranda Williams	Green

		IV workshops	On-going monthly IV workshops delivered at the Liberty stadium adhering to social distancing measures	Miranda Williams	Green
		Increase in HCSW induction programme to provide 120 places per month		Miranda Williams	Green
Value Based Healthcare	Implementing the Quick Question triage Tool to check severity of patients symptoms on holding waiting list	Use of new digital platform to utilise Quick Question tool (waiting list validation)	Continue sending out QQ message to validate FUWL > 100% over target date, over 16	Navjot Kalra	Amber

Developing sustainable service models that align with outcomes that matter to patients	Collect PROMs in new Heart Failure Pathway	Review & monitor PROM collection, with a view to extending collection in primary care	Navjot Kalra	Amber
	Heart Failure service redesign & Business Case	Finalise HF Business Case - take to respective Boards for approval in Primary, Community and Secondary care.	Navjot Kalra	Green
Collecting PROMs	Use of new digital platform to collect PROMs	Full utilisation of PROMs in all 4 specialities	Navjot Kalra	Green
	develop visualisation of PROMs and increase PROMs collection above 50% above baseline figure	Improve PROM completion rate	Navjot Kalra	Amber

		Developing Toolkit for VBHC	Case studies to be developed and circulated via Clinical Senate	Lymphoedema Case Study	Navjot Kalra	Amber
			Toolkit for triage /PROM's/TDABC	Identify regional priorities to take forward	Navjot Kalra	Green
	Finance	Maintain a balanced capital financial plan in line with current national funding constraints &	Review local risk assessments on existing asset base	Assessment of risk through Capital Prioritisation Group	Ian MacDonald	Green
			Declaration of AWCP underspends to WG	Detailed review of financial profiles and critical path activities	Ian MacDonald	Green
		Replacement of CT-SIM, West	Installation of equipment	Equipment commissioning		Green
		Replacement of Cladding, Singleton	Main replacement works	Completion 2023	Simon Davies	Green

	Capital	Replacement of Gamma Cameras, West Wales Cancer Centre	Installation of equipment	Commence site visits for selection of equipment	Simon Davies / Neil Hartmen	Amber
			Building works	Main works	Simon Davies	Green
		Refurbishment of Main ITU, Morriston WGov 24/11/20, confirmed a business case is not required	Develop Business Case		Simon Davies	Red
		BJC for Refurbishment of Ward G,	Develop Business Case	SLT, IM,s Board sign off before submitting to WG.	Simon Davies	Green

	Addressing the Four Harms	Board Assurance Committee					
Comments on Status							
	Harm 1						
	Harm 1						
	Harm 1						
	Harm 1						

	Harm 1						
Continuing to review. Able to flex to address demand as required	Harm 2						
Roll out any revisions to plan	Harm 2						
In place as reported in previous update	Harm 3						
Continuing to review. Able to flex to address demand as required	Harm 2						
Workforce model established for registrant and non-registrant immunisation.	Harm 1						
	Harm 1						

Requirements identified and well understood. WIS is used in operation.	Harm 1						
3 MVCs in operation. Delivery through Primary Care established with General Practice in all 49 practices. Pilot with delivery through Community Pharmacies established.	Harm 1						
Mobile unit deployed for hard-to-reach communities. In-reach and house-bound model developed.	Harm 1						
SOPS in place and signed off; reviewed and revised, with operational plan being developed for substantive service beyond milestone 3.	Harm 1						
On target with development phase of TOMS programme	Harm 3						

sustained delivery of agreed theatre programme with minimal disruption during 2nd wave.	Harm 2						
No change to current position. Next step for qtr 1 21/22 to consider implementation of national guidelines for green pathways based on reduced community prevalence and transmission.	Harm 3						
Secure additional staffing via agency to increase paediatric surgery lists from 3 to 5 per week.	Harm 3						
Review of demand ongoing. Further work required to right size orthopaedic operating capacity in Morriston Hospital to deliver timely access and avoid negative impact on local trauma patients. Task and finish group established to undertake detailed analysis of orthopaedic demands.	Harm 2						

Review of demand ongoing. Assessment of impact of increased emergency operating capacity on pre operative length of stay undertaken. Positive impact on length of stay identified for CEPOD cases.	Harm 3						
Weekly reported theatre activity monitoring in place	Harm 3						
SOC scrutiny received in January 2021. Resubmitted in March 2021. Presented SOC to WG IIB on 22nd April. Decision awaiting, pending WG election period re 6th May. Only then can OBC timeline be confirmed	Harm 3						
Modular design and internal design developed incl preliminary costing. Proposal developed and submitted. Lead-in time and funding to be confirmed. Anticipation of Q4 operating (21/22) in annual planning cycle	Harm 3						

<p>All specialties have reviewed waiting lists and specialist advice via RCS and identified those patients at most risk of harm. Utilised in cat 2 prioritisation process and allocation of theatre timetables.</p> <p>Intra department review of RCS Cat 2 priority listing underway to ensure consistency of approach and application of RCS guidance.</p>	Harm 2						
<p>Scheduled changes to green pathway in line with NICE guidance from 2nd May will improve access to treatment (increased uptake) and flexibility (easier to backfill capacity if patients are unable to continue to surgery due to covid status changing etc..)</p> <p>Emerging evidence remains that delivering required operating volumes is still the best way of mitigating risk.</p> <p>All Wales 52 week outpatient validation and clinical validation exercise will assist in ensuring restricted capacity is targeted at those patient in most need</p>	Harm 2						
<p>ID Medical undertaking 10 sessions weekly in NPTH. USC backlog managed and urgent backlog reduced.</p>	Harm 3						

Recommended for priority patients	Harm 3						
Cluster Leads presentation March 31st and pathway agreed	Harm 2						
Cluster Leads presentation March 31st and pathway agreed	Harm 2						
sustainable solutions not supported during 20/21	Harm 3						
Sustainable solutions not supported during 20/21. Continuing to utilise external provider solution for reporting. There is a lead in time in developing the internal capacity option, part of recovery plan for 2021/22.	Harm 3						
Sustainable solutions not supported during 20/21. Continuing to utilise internal overtime option which is a limited option to increase capacity. Developing internal capacity option as part of recovery plan for 21/22.	Harm 3						

Sustainable solutions not supported during 20/21. Continuing to utilise There is a lead in time in developing the internal capacity option as part of recovery plan for 21/22.	Harm 3						
Sustainable solutions not supported during 21/22. The waiting list for NOUS remains high compared to pre covid position, although the numbers waiting over 8 weeks have reduced significantly. Additional NOUS capacity included as part of the recovery plan for 21/22.	Harm 3						
Recruited to posts- additionality of Radiotherapy work to be in place by Quarter 2.	Harm 3						
Draft Case submitted for submission in Annual Plan 2021/22	Harm 3						

WHSSC decision expected in Quarter 2 of 2021/22.	Harm 3						
Organisational Change Process commenced for MDT co-ordinator staff to move from 1st May. Tracking staff now all in post.	Harm 3						

Decision not given in 20/21. Case is to be submitted as part of 21/22 Annual Plan Business Case process.	Harm 2						
Proactive support to contractor services – informed by daily reporting and monitoring of national escalation tool for GP and Community Pharmacy practices	Harm 3						
Work on a memorandum of understanding for a pooled bank of staff to support Care Homes on going . Discussions with LA providers underway to review commissioning Strategy and MPS for sector. Market stability reports to be undertaken	Harm 4						

Physio and OT are not in a breach position and Podiatry has cleared all patients waiting >14 weeks. Other areas (e.g Audiology) have significantly reduced their waiting time breaches. However, work is on-going to continue to reduce breaches further	Harm 3						
Complete	Harm 1						
Complete	Harm 2						

<ul style="list-style-type: none"> • There is some progress in developing primary care rehab services in 2 primary care clusters for frail elderly only using the virtual ward concept, but have not formally mapped this against the framework and the 4 cohorts • Pathway development and scoping of the pathways, time frames for access is required • Pulmonary rehab has set-aside group interventions to support those who require their skills • D2RA pathways are in place and being reviewed • There is a launch of the rehab modelling tool in June and we have attendance from the DoTH's team but will require a therapy Hos to attend 	Harm 2						
Revised programme delivered as per end of year report. Some schemes rolled into 21/22.	Harm 2						
As per Health Board & West Glamorgan Regional Partnership Seasonal Plan 2020/2021	Harm 2						

<p>The AMSR programme of work was put on hold in October 2020 due to the second Covid surge. Discussions have begun in April 2021 on restarting the work at pace and aligning with the Frailty programme of work. Included in 21/22 Plan.</p>	<p>Harm 2</p>						
<p>Awaiting outcome of SOC submission to Welsh Government. Meeting scheduled with WG for the 22nd April</p>	<p>Harm 2</p>						

Service commenced on the 19th April 2021. Ongoing service stakeholder meetings continue to manage operational delivery of the service at this early stage.	Harm 4						
	Harm 3						
	Harm 2						
	Harm 2						

Partially completed, outstanding schools set for April and May. Programme delayed due to school closures and workforce deployed to Mass Vaccs. Programme will re	Harm 2						
Not completed due to schools closure. Expiry date of fluenz passed. Contingency plans of using alternative sites and venues will be put in place to offer catch up sessions.	Harm 2						
The review is complete, and staffing gaps have been identified as a result. Decision on funding expected imminently.	Harm 2						
	Harm 3						
Presentation to CHC planned July 2021.	Harm 2						

89.7% completeness. Delay in return of data collection forms. There is sometimes a delay when returning Data Collection forms depending on when the child is born and when the 10-14 day contract is made or if the infant is still in hospital.	Harm 3						
10-14-days=86.7%, 6wks=71.8%, 6mths=68.2%. Some data forms will not have been submitted for this cohort as children are being called for checks at 8 weeks and will not have had exam as yet.. The Data Collection forms for March contacts will be sent during April.	Harm 3						
	Harm 3						
No walking groups due to Covid restrictions. These will be restarted as restriction lift as soon as Welsh Government make a statement regarding meeting out of doors in groups of 10.	Harm 3						

Business case to be developed during 21/22 for capital support for ward refurbishment at Morriston site. Service Model under further discussion with clinical teams and when agreed project Board will be re-established	Harm 2						
All in place and Health Assessments continue to be carried out virtually to ensure compliance with statutory LAC HA responsibilities	Harm 2						
Pilot telephone line abandoned. Service to be considered on different approaches and platforms	Harm 2						
The development of the website has been delayed due to COVID. The website has now been validated by professionals and young people. May - all final updates and editing will be completed. June - website will be launched.	Harm 4						
Model agreed with partners.	Harm 4						

Ths is green as interim model currently in place but awaiting further agreement re sstainable model post June 2021	Harm 3						
	Harm 3						
Recruitment not successful during March 2021. Community Paediatric Consultants continue to support role. Post to be re-advertised.	Harm 3						
Demand and capacity work and review of service model, including benchmarking has highlighted the requirement for further posts to support the capacity gap and long waiting times within this service. Requirement for additional funding to support service will be considered for funding from mental health/CAHMS bids.	Harm 3						
SARC Programme Director appointment at All Wales level, await further Programme meetings imminently	Harm 3						

	Harm 3						
Awaiting further Board approval from PCTSG to accept transfer of Child Health booking teams	Harm 3						
	Harm 3						

Smoking Cessation Action Plan in Place. Maternity service engaged with corporate group Smoking Ban on Hospital Sites,	Harm 2						
Perinatal mental health Midwife appointed 0.4WTE.	Harm 3						

Review of service delayed due to COVID. Birth Rate+ completed and received at Quality & Safety Committee. Whilst SBUHB is currently BR+ compliant, financial review is required to ensure sustainability. Maternity Strategy meeting has also been convened to support the staff rotation and reallocation in line with BR+. The review of the community workforce and realignment of staff will complete in July 2021.	Harm 3						
All staff are allocated PROMPT training as required.	Harm 2						
Training plan completed. 1st community PROMPT day in May 2021. All community staff allocated through 2021/22	Harm 2						

SBUHB compliant with BR+ midwifery staffing requirements. Introduction for streamlining of Midwife graduates from September 2021 as approved by executive DoF. Financial risk for the HB accepted in line with All Wales agreement	Harm 3						
Two Midwives due to complete USS with certified qualification by October 2021. Appointment of MWS trainer to be made for further cohort training toward sustainable service	Harm 3						
Work is ongoing to ensure Consultant Connect is embedded in the top 10 specialites by June 21. This is being supported by Productive Partners who are working with Service Managers and Clinicians							

Completed	Harm 3						
Further work to be undertaken to make system available to General Practice.	Harm 3						
Service Groups are maximising the footfall where possible but ensuring that Physical Distancing is maintained.	Harm 2						

Details of Top Ten elective specialties with longest waits shared with Primary Care colleagues to consider the potential role that they could provide in reducing referrals into secondary care	Harm 2						
Original action superceded - in absence of local surgeon, the South East OG cancer surgery network are temporarily supporting the MDT and outpatients clinic. Discussions ongoing to extend temporary support for a further six months.	Harm 2 & 3						
Workstream paused whilst temporary urgent service change was implemented. Proposal for recommencing workstream and developing a revised timeline agreed at March RSSPPP.	Harm 3						

Document completed, with impact assessment and EQIA - However, implications to be considered by RSSPPP before submission to the NHS Wales Health Collaborative for approval in principle.	Harm 3						
MoU signed off	Harm 3						
Action dependant on Information Commissioners Office (ICO) to complete judicial review and this has not been completed. It is unclear from the ICO when this will now happen. Discussions are underway internally on the registration model. These conversations require engagement with the legal team (who supported original discussions). No timeline for completion of the work has as yet been agreed. SBPP - continues to be rolled out	Harm 2						
	Harm 2						
	Harm 2						

	Harm 2						
Phlebotomy module implementation to take place in June. MTED implementations commenced and due to complete in June.	Harm 3						
UAT now scheduled for June due to delays in Hardware refresh which commenced in March and due to complete in May.	Harm 3						
New delivery date for phase 1 development agreed - July. Delays due to COVID wave 2 and change requirements needed for existing system.	Harm 3						

<p>Agreed with Project Board to delay to March - given required enhancements to the JAC product to alleviate patient safety issues. Pharmacy system upgrade in February with 16 enhancements to address patient safety concerns.</p> <p>Update: Go live of HEPMA commenced in March as per the revised plan and is due to complete in June</p>	Harm 3						
<p>Project Board agreed to delay go live until April 21 to allow incorporation of additional functionality</p> <p>Update - go live commenced in April as per the revised plan</p>	Harm 3						
	Harm 3						
<p>Ask my GP and Attend anywhere contracts have been extended.</p>	Harm 3						

Delays in the all Wales Programme have impacted the development of a local plan. Regional plan to be developed by July.	Harm 3						
	Harm 3						
	Harm 3						
SKYPE for business decommissioned Power app solutions launched Intune roll out will progress through 21/22 to replace legacy system Embedding of MS365 will continue through 21/22	Harm 2						
Provisioned the technical solution within MS365. Site is ready for content/design to be added. Next steps - SRO and Project Board to be identified.	Harm 3						

Delayed due to an issue with asbestos. Awaiting for options on resolution before proceeding. It is anticipated that the solution will be fully implemented by September.	Harm 2						
	Harm 2						
	Harm 2						

Post Covid Staff Wellbeing Strategy developed based on current evidence with a focus on maximising staff resilience, utilising Occupational Health and Wellbeing services.

Appointment of Band 5 Psychology Assistant to support full roll out of TRiM and procurement complete with identification of provider to deliver 'Train the Trainer' model.

Harm 1						
Harm 2						

This cohort of overseas nurses arrival was delayed and arrived at beginning of March due to Covid situation with the number reduced to 5. They will now sit their OSCE in April. Ongoing arrivals of overseas nurses will continue to experience some disruption due to the Philippines and India being added to the quarantine red list	Harm 2						
Circa 50 newly qualified nurses to commencing via student streamlining following qualification and allocation of NMC PIN	Harm 2						
Bank recruitment across the board has returned to normal levels in response to current demand. Long term strategy for A&C recruitment to FT and Bank under discussion.	Harm 2						
Overseas recruitment continues as planned though there has been some interruption to this due to COVID restrictions. Andrea Bradley has been appointed as the Matron for Recruitment and will now lead on this.	Harm 2						

IV workshops continue as monthly workshops but are now in the Bay FH	Harm 2						
HCSW recruitment has now returned to normal levels and therefore the induction programme has returned to being held monthly. We are still able to access the Liberty stadium in the short term to be able to deliver this training but are needing to secure alternative venues to deliver training.	Harm 2						
KJ 14/04/21: Project & Quality Leads have left organisation. Continuing with what we can with QQ, due to meet CW - Operational Lead to confirm resources. Currently VBHc are picking up the change element of this process, working with services directly.	Harm 2						

KJ 14/04/21: PROM clinical lead currently off work. Review on hold until they return. Collecting in Primary care also on hold due to the 2 pilot GP practices identified to collect in are busy with the vaccination programme. Review this in May 2021.	Harm 2						
KJ 14/04/21: BC is currently being finalised to send to applicable Boards in Primary, Community and Secondary care. HF GMO's have been added to Annual Plan in Urgent Emergency Care Board. TBC with Execs on 15/04/21	Harm 2						
KJ 14/04/21: VBHC are collecting proms in all 4 identified specialities: Lymphoedema, Rheumatology, Heart Failure & IBS. This action can be closed.	Harm 2						
KJ 14/04/21: Continuing to review completion rates in all 4 specialities, with the aim of increasing. Currently ranging from 25-43% completion rates.	Harm 2						

KJ 14/04/21: DrDoctor are working with the national Lymphoedema team to develop a case study that incorporates the national involvement in this project.	Harm 2						
KJ 14/04/21: Regional team have agreed to concentrate on Acute Coronary Syndrome particularly from costing pathway perspective.	Harm 2						
	Harm 2						
	Harm 2						
Project handed from Capital planning end Feb 21	Harm 3						
Works ongoing	Harm 3						

Detail architectural design works being undertaken. Due to design, tender and capital finance issues, the SPECT/CT replacement project was delayed until 2021/2022. An additional amount of up to £1million was received from WG. Work on the enabling of the physical site should start on 10 My 2021. The tender process for equipment (scanners) should be complete by 31 May 2021, and then scanners should be in situ by November 2021.	Harm 3						
Proposed start date May 21	Harm 3						
Welsh Government 24/11/20, confirmed a business case is not required. External approvals will progress on basis of a cost form submission only. Designed and being procured via SCAPE framework. Initial feasibility costs indicating <u>higher than original estimate</u>	Harm 3						
Agreed by Management Board subject to minor conditions which are being addressed.	Harm 3						
