Date	26th May 2022	Agenda Item	5.3
Report Title	**Annual Plan 21/22 Delivery: Quarter 4 Progress Report**		
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Report Sponsor	Deb Lewis, Deputy Chief Operating Officer Karen Stapleton, Assistant Director of Strategy		
Presented by	Inese Robotham, Chief Operating Officer Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This paper provides the reported status against the priorities (actions agreed) for delivery as set out in the Annual Plan 21/22.		
Key Issues	The Annual Plan 21/22 submitted to Welsh Government on 30th June 2021, sets out a series of goals, methods, outcomes (GMOs) with associated timescales for delivering the Health Board's priorities for 2021/22. This paper provides a high-level summary of the position at the end of the year, reflecting the breadth of work that has been undertaken across the individual plans. Where priorities are reported as off-track, mitigating actions have been highlighted, confidence levels in mitigations, and revised delivery timescales. It has been agreed that delivery of the Annual Plan 21/22 has been monitored and reported to Management Board with a quarterly report to the Performance & Finance (P&F) and Quality and Safety (Q&S) Committees, followed by the Board.		
Specific Action Required	**Information**	**Discussion**	**Assurance**	**Approval**
	☐	☐	☐	☒
Recommendations	Members are asked to: • **NOTE** the status of actions planned for Q4 and priorities for Q1, • **NOTE** the areas of programme level achievements, • **APPROVE** the enabling actions against actions which are off-track and the revised timescales, and • **APPROVE** the key risks to delivery and mitigations.			

ANNUAL PLAN 21/22 DELIVERY: QUARTER 4 PROGRESS REPORT

1. INTRODUCTION
This paper provides the reported status against the priorities (actions agreed) for 2021/22 at the end of quarter 4 (Q4).

2. BACKGROUND
The Annual Plan 21/22 submitted to Welsh Government in June 2021, sets out a series of goals, methods, outcomes (GMOs) with associated timescales for delivering the Health Board's priorities for 2021/22, as follows:

Table 1: Annual Plan Priorities

Annual Plan 21/22 Drivers	Executive Lead
Responding to COVID-19	Director of Public Health
Re-designing Urgent and Emergency Care services	Chief Operating Officer
Recovering our Planned Care position	Chief Operating Officer
Prevention and reducing health inequalities	Director of Public Health
Improving patient quality and safety	Director of Nursing and Patient Experience
Improving cancer and palliative care	Executive Medical Director
Improving maternity, children, and young people services	Director of Nursing and Patient Experience
Improving our primary, community and therapy services	Chief Operating Officer
Improving our mental health and learning disability services	Chief Operating Officer
Improving staff experience, workforce, and leadership	Director of Workforce and OD
Increasing our digital capabilities	Director of Digital
Improving finance and performance	Director of Finance

Annual Plan delivery is being driven through programme boards, and service groups:

- Urgent and Emergency Care Programme Board,
- Planned Care Recovery Programme Board,
- Cancer through the Neath Port Talbot and Singleton Service Group,
- Maternity, Children and Young People through the Neath Port Talbot and Singleton Service Group,
- Quality and Safety Programme Board,
- Primary, Community, and Therapies Service Group,
- Mental Health and Learning Disabilities Service Group,
- Workforce Delivery Group, and
- Digital Leadership Group.

The Health Board's Service Delivery Groups are accountable for the delivery of plans within their areas to deliver on their Annual Plan priorities. Programme Boards, where established, provide system wide planning, assurance, and risk management. Monitoring of delivery is supported by the Transformation Portfolio Office (TPO).

This paper provides a high-level summary of the position against Annual Plan priorities (actions agreed). Where progress is off-track, mitigating responses have been highlighted. Where baseline metrics and data definitions are available, progress against these measurable outcomes have been reported for quarter 4 (Q4).

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3. PROGRESS UPDATE

3.1 Programme status

The Health Board's Annual Plan sets out the goals, methods and outcomes to be delivered and achieved in 2021/22.

The Health Board's final draft Recovery and Sustainability Plan (R&S Plan) 2022-25 was approved in a meeting of the Health Board in March and shared with Welsh Government on 31st March 2022. The R&S Plan builds on the progress of the Annual Plan, and the resultant Changing for the Future public engagement, and outlines the route map to deliver service and financial excellence of the next three to five years. The service changes detailed within the R&S Plan clearly set out the ambitions for Year 1 (2022/23), are aligned to the current programmes of work, programme plans, and risks; all of which is monitored by the TPO.

Table 2 below provides an overview of the status of delivery methods for each programme across 2021/22.

Table 2: Delivery method status by programme in 2021/22

Programme	Q1			Q2			Q3			Q4		
	R	A	G	R	A	G	R	A	G	R	A	G
Prevention, and Reducing Health Inequalities	0	3	1	4	0	0	0	4	0	3	1	0
Responding to COVID-19	0	6	5	0	2	9	1	3	7	1	0	10
Urgent and Emergency Care	2	17	4	7	16	0	1	12	12	1	14	5
Planned Care Recovery	0	13	2	0	12	3	1	5	9	1	8	2
Cancer	0	0	11	0	0	11	0	0	11	0	3	4
Maternity, Children, and Young People	2	1	9	2	1	9	0	3	9	4	5	0
Primary, Community, and Therapies	0	0	4	0	0	4	0	0	4	0	0	4
Mental Health and Learning Disabilities	0	0	8	0	0	8	0	5	2	0	3	4
Improving Quality and Safety	9	4	1	5	3	6	3	5	5	4	4	7
Workforce and Leadership	0	0	23	0	21	2	0	10	13	0	0	23
	13	44	68	18	55	52	6	47	72	14	38	59

Within each programme, projects have been commissioned to deliver the key methods through actions. Table 3 provides an overview of each programme and the status of the actions for delivery in Q4:

Table 3: Action status by programme in Q4

Programme	Number of actions			
	Off-track	Monitoring	On-track	Completed
Prevention, and Reducing Health Inequalities	7	0	0	1
Responding to COVID-19	2	0	6	1
Urgent and Emergency Care	10	4	16	10
Planned Care Recovery	20	4	15	21
Cancer	4	0	0	4
Maternity, Children, and Young People	15	1	7	2
Primary, Community, and Therapies	2	0	5	19
Mental Health and Learning Disabilities	3	1	3	3
Quality and Safety Priorities	16	0	8	22
Workforce and Leadership	0	0	23	22
Digital Transformation	11	0	9	26
	90	10	92	131

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41% of actions planned for Q4 were completed. A further **27%** are actions planned are on-track for delivery and **28%** are currently off-track but with enabling actions in place to deliver in 2022/23.

Off-track actions and revised timescales
A summary of off-track actions in Q4, the enabled actions in place, and proposed revised timescales, is available in Appendix 1.

3.3 Outcome measurement
During Q4, the Transformation Portfolio Office has worked closely with Digital Services, Performance, and Strategic Planning, to monitor outcomes across the programmes of work.

Following approval of the R&S Plan, work is being carried out to identify the benefit metrics associated with the agreed outcomes. This work will be strengthened by a refined business intelligence dashboard product, developed by the Digital Intelligence team, with wider spread performance reporting expected across a majority of programmes in Q1 on.

Tables 4-8 summarise the key outcomes across the portfolio for Q4 where programmes have approved outcome measures. These measures are rated accordingly:

- Green, if the outcome measure has met or exceeded the original target,
- Amber, if the measure is moving away from the baseline position in the desired direction, has not yet reached the target but the trajectory indicated that it is likely to do so,
- Red, if the measure is not moving in the desired direction, or the trajectory indicates that it will not meet the target. In such instances, programme boards will apply corrective action via their projects.

Table 4: Responding to COVID-19

Goal	Outcome measure		Jan	Feb	Mar
Fully vaccinate the entire adult population, fully vaccinating over 300,000 people	All eligible adults in Swansea Bay offered a vaccine	Target 100%	100%	100%	100%
		Baseline 0%			
	Eligible adults who have not received any vaccine <5%	Target <5%	21.9%	21.8%	21.75%
		Baseline 100%			
	70% of those aged 12-15 years old received two doses	Target 70%	40.2%	42%	42%
		Baseline 0%			
	70% of those aged 16-17 years old received two doses	Target 70%	65%	65.2%	65.2%
		Baseline 0%			
	90% of immunosuppressed received a third dose	Target 90%	85.4%	85.4%	85.4%
		Baseline 0%			
	90% of care home residents received a booster vaccine	Target 90%	63.1%	63.1%	63.1%
		Baseline 0%			

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| | 80% of eligible adults received a booster vaccine | Target 80% | 76.4% | 76.3% | 76.3% |
| | | Baseline 0% | | | |

Table 5: Urgent and Emergency Care

Goal	Outcome measure		Jan	Feb	Mar
Improve quality of care and outcomes for acutely unwell patients through rapid access to medical assessment, investigation, diagnostics, treatment and if appropriate admission to hospital.	Diversion of a minimum of an additional 6 patients a day from the Emergency Department into the acute hub	**Target** 6	6.9	10.8	10.4
		Baseline 0			
	Average patients in a medical bed at midnight, equating to an increase in admission avoidance.	**Target** 500	647	647	627
		Baseline 590			
Implement an integrated Medicine for Older People pathway across SBU	Increase in patients discharged from the assessment unit.	**Target** Increase	74.6%	73.9%	74.1%
		Baseline 63%			
	Reduced LOS for those subsequently admitted from Ambulatory Unit	**Target** Reduction	8.8	7.6	4.6
		Baseline 8.41			
	Virtual Ward caseload will reach 40 per cluster (4 clusters)	**Target** 160	94	140	166
		Baseline 0			
	Pathway 2 will discharge 183-203 patients per month	**Target** 183	118	109	125
		Baseline 8.41			
	Pathway 4 will discharge 57 patients per month to a care home bed	**Target** 57	18	44	30
		Baseline 57			
	Discharge 100 patients to commissioned transitional care home beds	**Target** 100	58	77	107
		Baseline 0			
Alleviating unintended variation and inequalities in the provision of whole system Heart Failure pathway	95% of patients receive a routine specialist assessment within 6 weeks	**Target** 95%	100%	100%	100%
		Baseline 10%			
	Average days waited for patients to receive an urgent specialist assessment	**Target** 14	14	24	8
		Baseline 105			
	Less than 7% of acute admissions with primary diagnosis of HF within 1 month of referral to HF Hub	**Target** 7%	4.2%	0%	Data not available
		Baseline 11%			
	100% of patients seen within 1 week after diagnosis for education and start of treatment	**Target** 100%	0%	0%	0%
		Baseline 0%			
	100% of patients seen within 2 weeks of discharge from hospital for HF admission	**Target** 100%	15.4%	0%	0%
		Baseline 0%			
	Reduce Average LoS within the community nursing team	**Target** 16 weeks	20.9 weeks	24.8 weeks	24.6 weeks
		Baseline 48 weeks			
		Target 100%	100%	100%	100%

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Goal	Outcome measure		Jan	Feb	Mar
	100% of patients are discharged to primary care when patient is stable	**Baseline** 0%			
	Halve the average length of stay (LoS) for patients admitted with Heart Failure (primary diagnosis)	**Target** <9 days	18.3 days	8 days	Data not available

Table 6: Planned Care Recovery

Goal	Outcome measure		Dec	Jan	Feb
Implement structured advice and guidance to reduce referral demand and face to face attendances where appropriate	Reduce NOP GP referrals by at least 20% — Total number of Outpatient referrals received	**Base** 20,142	17,837	18,645	18,659
	Total number of Outpatient e-referrals received from GPs	-	6,737	7,581	8,073
	Percentage of Outpatient e-referrals returned to GP	**Target** 20%	2,122 (31%)	2,451 (32%)	2,497 (31%)
	Percentage of total referrals returned	**Target** 20%	12%	13%	13%
	Connection rate of advice and guidance calls	**Target** 70% / **Base** 61%	71%	71%	72%
	Reduce follow ups not booked (FUNBs) waiting over 100% by 55%	**Target** 13,200 / **Base** 29,334	31,912	32,521	32,447
	Reduce total follow ups waiting by 55%	**Target** -55% / **Base** 124,782	131,403 +5.3%	131,848 +5.7%	132,036 +5.8%
Maximising access to diagnostics services	Eliminate >8 week waits for MRI	**Target** 0 / **Base** 246	37	7	5
	Reduce CT waits to <6 weeks	**Target** <172 / **Base** 172	43	44	2
	Reduce NOUS waits to <6 weeks	**Target** <369 / **Base** 369	413	381	235
	Reduce urgent Endoscopy waits <8 weeks	**Target** 33 / **Base** 1,136	1,921	2,278	2541
	Reduce average routine Endoscopy wait (weeks)	**Target** <8 weeks / **Base** 2.9	22	24	26

Table 7: Cancer and Palliative Care

Goal	Outcome measure		Jan	Feb	Mar
Improve Care of patients through effective planning, earlier diagnosis and prehab	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	Target 12-month improvement / Baseline 61%	54.0%	54.0%	38.0% (draft)

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Table 8: Quality and Safety Priorities

Goal	Outcome measure		Jan	Feb	Mar
Infection Prevention and Control – Reduction of Healthcare Acquired Infections	Hand Hygiene compliance with WHO 5 Moments	Target >95%	95	96	94
		Baseline X			
	% staff received IPC training	Target >95%	80	80	83
		Baseline X			
	Reduce rates in Staph Aureus infection	Target 9	12	8	11
		Baseline 12			
	Reduce rates in C-Diff infection	Target 15	14	13	18
		Baseline 20			
84Falls Prevention	10% annual reduction in injurious falls	Target -10%	162	157	176
		Baseline 176			

3.4 Priorities for Q1 in 2022/23

There are a number of new actions planned, aligned to the priorities and methods within the R&S Plan, as well as actions with revised timescales, due to deliver in Q1.

Table 9 summarises the number of actions due for completion in Q1, including new actions and off-track actions from 21/22.

Table 9: Actions due in Q1 2022/23

Programme	Actions due
Prevention, and Reducing Health Inequalities	6
Responding to COVID-19	6
Urgent and Emergency Care	23
Planned Care Recovery	38
Cancer	2
Improving Maternity, Children, and Young People	14
Improving Primary, Community, and Therapy Services	6
Improving Mental Health and Learning Disabilities Services	7
Improving Quality and Safety	22
Workforce and Leadership	29
Digital Transformation	13
	166

4. GOVERNANCE AND RISK ISSUES

Governance and oversight of the delivery of the portfolio of work is via the Management Board, chaired by the Chief Executive. Individual programme and project delivery is managed by the relevant programme boards, chaired by the Programme Director, and associated project boards or steering groups.

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Best practice project and programme management will be supported by the TPO, with functional assurance provided by Workforce and OD, Finance, Communications, and Digital, and Capital Planning.

Reporting on progress is managed in the form of highlight reports into Management Board monthly. Respective programme boards will receive highlight reports on improvement projects and manage by exception. Reports will cover priorities for current and next period, delivering on outcomes, key risks and issues, corrective action, and decisions required.

4.1 Key risks to delivery

Programme and project-level risks are monitored and managed by respective Programme Boards. Table 10 below summarises these risks in Q4. A full portfolio risk report is available in Appendix 2

.

Table 10: Key risks by programme in Q4

Programme	Number of risks				
	Score: 25	Score: 20	Score: 12-16	Increasing risk	Decreasing risk
Prevention, and Reducing Health Inequalities	1	2	2	0	3
Responding to COVID-19	0	3	0	0	0
Urgent and Emergency Care	0	5	1	4	2
Planned Care Recovery	0	2	12	5	1
Cancer	0	0	0	0	0
Maternity, Children, and Young People	0	0	0	0	0
Primary, Community, and Therapies	0	0	0	0	0
Mental Health and Learning Disabilities	0	0	0	0	0
Quality and Safety Priorities	0	0	1	1	0
	1	12	16	10	6

Table 11, below, outlines the portfolio-level risks, and their mitigating actions.

Table 11: Portfolio risk register

Description	Mitigation	Trend	Current Score
Capacity in social care, resulting in rationing of care to critical clients alters the baselined level of clinically optimised patients.	• Programme plans within the Urgent and Emergency Care programme have been baselined in-line with the new configuration, and demand and capacity being re-modelled. • Transitional care home beds have been procured to step down from an acute inpatient bed. • The System Reset programme is evaluating lessons learned around changes required to address the high number of clinically optimised patients, and facilitate discharge by introducing cross-group working, and tighter working with local authority partners. • COO to review discharge policy and processes. • Impact of Virtual Wards roll out and palliative care to be understood against the Annual Plan.	➔	20

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Description	Mitigation	Trend	Current Score
	• Requirement to staff more ED ambulant patients to SDEC and expand SDEC capacity • PCT Group will establish a recovery plan in March 2022 for HomeFirst to recover funded capacity levels.		
Availability of workforce to support service changes and capacity increases	• Maximise use of digital resources • Workforce redesign e.g., physicians associates • Insourcing expertise where appropriate • Wellbeing and resilience of staff offer to support staff remain in work is a key deliverable within the Workforce and Leadership programme. • The option of up-skilling staff through qualifications to help meet the requirements of key posts is a priority within the Workforce and Leadership programme, to support Annual Plan delivery. • Strengthening of recruitment campaigns e.g. COTE posts • Where recruitment is proving difficult, programme leads have applied corrective action and re-baselined plans accordingly. • A recruitment tracker has been developed by the Transformation Portfolio Office to manage recruitment and onboarding of key posts aligned with critical paths. A recruitment pipeline view allows programme leads to view and manage bottlenecks and be alerted where off-track recruitment is impacting upon the critical path.	↑	16
Plans do not become operationalised	• Detailed delivery plans at operational level developed • Clarity on model for benefits realisation to support delivery of outcomes and outputs • New performance management approach to include escalation framework • Project outcomes and benefits are monitored alongside delivery, and reported to Programme Boards monthly; timely corrective action is applied where necessary. • Longer term funding for improvement projects in Primary, Community, and Therapies is not confirmed as being available via the West Glamorgan Regional Partnership Board. Where funding is not available in 2022/23, improvement projects may not be operationalised and deliver expected benefits. • Revised recovery plans for cancer waits has been established, and improved accountability for waiting list performance. • Deep dives and action plans in six specialties to increase waiting list delivery, led by CEO.	→	12

Description	Mitigation	Trend	Current Score
Where clinical leadership availability or capacity is limited, delivery is hindered	• Enhanced visibility of Service Medical/Dental and Nurse Directors in context of plan development and delivery • Programme Boards have been established with clear clinical leadership in place to support Service Delivery Groups with programme delivery. All programmes and projects have clear clinical leadership built into governance structures. • Build on effective approaches to clinical engagement and leadership as evidenced in Clinical Reference Group (CRG) approaches: • Cluster lead now member of Management Board to increase primary care voice • Broaden clinical leadership to all professions, not just medical • Targeted OD support for clinical leaders • Include resource in resource plan to backfill clinical time • Use of clinical senate to engage across groups	→	12
Culture and mindset shift required	• Agenda and decisions are more consistently framed around alignment with Annual Plan so a consistent narrative emerging • Integrated Planning Group engages with key stakeholders across Service Delivery Groups on plan development, as well as plan delivery. • Increased capacity and capability to support communications and engagement. • 'Changing for the Future' campaign to engage with public and staff on changes outlined in the Annual Plan. • Transformation Portfolio Office is supporting embedding best practice project and programme management methodologies via the Service Delivery Groups and programme teams, while supporting delivery and monitoring of the Annual Plan projects. • Review of performance framework being undertaken and effectiveness of its application. • We are working to deliver a reduction in Cancer waits, and IPC.	→	12
Methods and enabling actions will not deliver the desired outcomes	• A clear focus on monitoring outcomes through metrics, and identifying metric owners, has been a priority throughout Q3 and Q4. The Data Intelligence Working Group, led by the Deputy Chief Operating Officer, have developed a mechanism for reporting outcome measures and critical success factors against the methods and actions within the plan, and where necessary employ corrective action. A key piece of work to associate benefit metrics with outcomes	↓	12

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Description	Mitigation	Trend	Current Score
	outlined in the Recovery and Sustainability Plan, will allow for greater transparency and reporting on performance across the whole portfolio. Programme Boards will receive this data, at least monthly, and be empowered to apply corrective action where appropriate.	🟩	🟨

5. FINANCIAL IMPLICATIONS

The Health Board's financial plan is integrated into the Recovery and Sustainability Plan. The financial and service implications of investments are being closely monitored to ensure alignment of any slippage on both investments and savings delivery. Delivery against the financial savings element of the plan is covered in the finance report, with detailed information on performance in the Integrated Performance Report.

6. RECOMMENDATION

Members are asked to:

- **NOTE** the status of actions planned for Q4 and priorities for Q1,
- **NOTE** the areas of programme level achievements,
- **APPROVE** the key risks to delivery and their mitigation

Governance and Assurance			
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**		
	Partnerships for Improving Health and Wellbeing		☒
	Co-Production and Health Literacy		☒
	Digitally Enabled Health and Wellbeing		☒
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people		
	Best Value Outcomes and High Quality Care		☒
	Partnerships for Care		☒
	Excellent Staff		☒
	Digitally Enabled Care		☒
	Outstanding Research, Innovation, Education and Learning		☒
Health and Care Standards			
(please choose)	Staying Healthy		☒
	Safe Care		☒
	Effective Care		☒
	Dignified Care		☒
	Timely Care		☒
	Individual Care		☒
	Staff and Resources		☒
Quality, Safety and Patient Experience			
The paper reflects the impact of Quality, Safety and Patient Experience through the performance against the 2021/22 priorities and their delivery in Q4.			
Financial Implications			
There are no direct financial implications from this paper.			
Legal Implications (including equality and diversity assessment)			
Projects and actions detailed within the highlight reports are considered on their own merit through the development of the Quarterly Plans.			
Staffing Implications			
Staffing and workforce performance against the actions in the plan is included in the paper.			
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)			
The Annual Plan arrangements will aim to deliver our Strategic Objectives which were aligned to our Wellbeing Objectives through the development of the Organisational Strategy.			
Report History	This is the third report to Management Board on the delivery of Annual Plan 21/22 priorities and outcomes: • Annual Plan Delivery Q1 • Annual Plan Delivery Q2 • Annual Plan Delivery Q3		
Appendices	Appendix 1 – Off-track actions and revised delivery dates Appendix 2 – Programme risks and mitigations		

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Annual Plan Delivery Q4

Off-track actions and enabling actions

Table 1: Prevention and Reducing Health Inequalities

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
De-normalise tobacco use at all sites					
Identify Health Board lead for tobacco control	30/09/2022	Off-track	A Health Board-level discussion on cross-cutting population health approach is scheduled for May.	30/06/2022	Medium
Implement the necessary support infrastructure for cross-site tobacco reduction	31/03/2022	Off-track	Dependency on appointment of the Health Board lead, but work will continue to implement support infrastructure.	30/09/2022	Medium
Increased number of people in our community who are a healthy weight					
Establish the necessary support infrastructure, via the Weight Management service	31/03/2022	Off-track	Regional response to Healthy Weight Healthy Wales Action Plan will outline the required infrastructure.	30/06/2022	Medium
Provide improved protection against childhood infections					
Re-establish the Strategic Immunisation group	31/03/2022	Off-track	Waiting on output from national Immunisation Integration Programme, and the proposed clinical model.	30/06/2022	Medium
Agree a service-led approach with Service Groups	31/03/2022	Off-track		30/06/2022	Medium
Early detection of cancer					
Implement the necessary support infrastructure for screening within service groups.	31/03/2022	Off-track	Engagement with the Cancer Programme Board to establish dependencies between the goals within the Cancer programme, and establishing of support to drive forward will take place throughout Q1, following establishment of the Cancer Programme Board in May.	30/06/2022	Medium
Develop strategic goals for screening of cancer, to be delivered by Clusters, within the Recovery and Sustainability Plan for Cancer and Palliative Care.	31/03/2022	Off-track		30/06/2022	Medium

Table 2: Responding to COVID-19

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
Vaccination					
Establish mass vaccination centre in Port Talbot	28/02/2022	Off-track	Delays in capital works due to availability of contractors to complete work and remove asbestos from the site. Works have started, with plans to make up for time in April.	16/05/2022	High
Develop case for long-term substantive vaccination service	31/03/2022	Off-track	Local proposals developed. Waiting on output from national Immunisation Integration Programme, and the proposed clinical model.	30/06/2022	Medium

Table 3: Urgent and Emergency Care

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
Acute Medical Services Re-design					
Sign off Organisation Change Policy	10/11/2021	Off-track	Scope of the OCP changed throughout Q4 due to the level of detail required. Re-drafted OCP document drafted and shared with staff groups, staff side representation, and management, to be signed off in April 2022. Business Case will be submitted to	30/04/2022	High

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
			Management Board on 20th April 2022,		
Commence staff consultation and evaluation	17/01/2022	Off-track	Re-drafted OCP will be shared with staff side representation on 22nd April 2022.	30/04/2022	High
Develop and approve SOPs for AMU, SDEC, patient arrival protocol with WAST.	31/01/2022	Off-track	Draft standard operating procedures with clinical leads for comment.	26/04/2022	Medium
Agreement on financial "wrapper" to support the workforce model for AMSR and align to the OCP document.	24/03/2022	Off-track	Check and challenge sessions took place during March 2022. Pharmacy and Therapy services funding to be confirmed in Q1.	30/04/2022	Medium
Funding sources for AMSR model to be confirmed.	24/03/2022	Off-track	Deputy Director of Finance has supported AMSR modelling. Whole Health Board funding stream still to be confirmed for entirety of the AMSR model. Availability of other potential funding sources to be identified.	30/04/2022	Medium
Step Up Step Down					
Quality assure the Home First Pathway 2 and 4 data	31/03/2022	Off-track	Pathways 2 and 4 continuation to verify and complete data input through signal. Pathway 2 shows signs of near completion. Digital Intelligence team working to quality assure this data. Ongoing discussion with HomeFirst team and Digital Intelligence to help support transition and updates to Signal. Administrative roles out for advert which will help with continuity in data entry.	30/04/2022	Low
Neath Port Talbot and Singleton Acute Care					
Develop Planned Investigations Unit systems, measures and outcomes to manage process and performance.	14/04/2022	Off-track	Meeting held with key people to begin work on drafting a process map solution to and identify requirements for the new PIU system as well as aligning service activities with National Coding for procedures. Meetings arranged to work through existing data capture and discuss options of measuring the service moving forward.	30/04/2022	Medium
Respiratory Pathway					
Active recruitment into additional posts	31/12/2021	Off-track	Recruitment process underway, to complete in Q1.	30/06/2022	Medium
Implement and embed COPD ESD community service	31/01/2022	Off-track	Gradual implementation planned in Neath Port Talbot and Swansea, delayed due to recruitment. Full implementation planned for Q4.	31/03/2023	Medium
Develop a robust community respiratory pathway, to provide an alternative to admission by allowing WAST referral to the COPD ESD team. Collaborative working with WAST to explore additional options e.g. APP as part of the COPD ESD team	31/03/2022	Off-track	Delays within WAST, expected to deliver in Q1.	31/05/2022	Medium

Table 4: Planned Care Recovery

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
Outpatients Transformation					
Embed Advice & Guidance in specialty pathways	31/12/2021	Off-track	Engagement with ENT on pathways development to be a priority in Q1, led by the Clinical Lead.	30/06/2022	Medium
Development of Primary Care report to demonstrate waiting times in priority specialties	31/12/2021	Off-track	Quality assurance of data, with services, will be completed in Q1.	31/05/2022	Medium
Expansion of collaborative reviews of Primary/Secondary waiting lists	31/03/2022	Off-track	Business case being developed to agree plans for expansion of pilot, to be shared at Management Board in April 2022.	31/05/2022	High
Outpatients Accommodation					
Organise further workforce planning workshops	28/02/2022	Off-track	Awaiting outcome of newly established Workforce Steering Group for agreed approach on developing the workforce model.	31/05/2022	Medium
Engage with clinical teams to identify relocation requirements and potential risk	28/02/2022	Off-track	Initial engagement completed with services planned to re-locate in phase 1. Further engagement with remaining services, planned for Q1.	30/06/2022	Medium
Understand impact on diagnostics when moving clinics to NPTH	28/02/2022	Off-track	Initial engagement completed for diagnostics impact for services planned to re-locate in phase 1.	30/06/2022	Medium
Utilise accommodation across Health Board, including Primary Care	31/03/2022	Off-track	Accommodation identified in Primary Care estate, and allocated to services, with utilisation progressed in Q1.	30/06/2022	Medium
Further develop final clinic templates for Outpatients	31/03/2022	Off-track	Dependency on engagement with all services being re-located.	30/06/2022	Medium
Revised utilisation report to be handed over to Digital Services	31/03/2022	Off-track	Report handed over, local development required within Digital Services before go-live	31/04/2022	Medium
Elective Orthopaedics at Neath Port Talbot Hospital					
Scope proposed solution for blood bank	31/10/2021	Off-track	Following approval of the clinical model, progress will be planned for Q1.	30/06/2022	Medium
Approve clinical model	14/02/2022	Off-track	Clinical model developed, to be signed off and approved by Management Board in Q1.	31/05/2022	Medium
Develop workforce models	31/03/2022	Off-track	Following approval of the clinical model, progress will be planned for Q1.	31/05/2022	Medium
Model waiting list profile	31/03/2022	Off-track	Following approval of the clinical model, progress will be planned for Q1.	31/05/2022	Medium
Agree revenue funding in place	31/03/2022	Off-track	Awaiting WG Revenue requirement to be added to Clinical Model paper	31/05/2022	Medium
Additional Theatres at Singleton Hospital					
Pre-Assessment Demand and Capacity Model	10/01/2022	Off-track	Draft Report created additional info required regarding extended hours	31/05/2022	Medium
Develop clinical model	31/03/2022	Off-track	Clinical model to be developed with clinical leads as a priority in Q1	31/05/2022	Medium
Develop workforce models	31/03/2022	Off-track	Waiting on clinical model to be developed.	30/06/2022	Medium

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
Diagnostics Recovery					
Endoscopy					
Formalise the logistics on outsourcing the patients depending on the funding approval	30/04/2022	Off-track	Awaiting allocation of funding, due early April. Plans, with mitigations, will be revised to match funding source.	31/05/2022	Low
Neurophysiology					
Commence recruitment to workforce plan	30/04/2022	Off-track	Awaiting allocation of funding, due early April. Plans, with mitigations, will be revised to match funding source.	31/05/2022	Low
Radiology					
ILS Swansea University- Review further expression of interest responses, to continue establishing options for insourced staffing solutions. Continue to review locum market	31/03/2023	Off-track	The service is using mobile CT scanning vehicle for additional capacity in interim. Dependency on active recruitment to Consultant posts to cover additional sessions.	30/06/2022	Medium

Table 5: Cancer and Palliative Care

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
Review and Improve current Acute Oncology Services (AOS)					
Implement case for AOS expansion, recruit to posts as per business case (subject to Management Board approval)	31/03/2022	Off-track	Undertaking recruitment process and unlikely to have all new workforce in place until June/July 22	31/07/2022	Medium
Hypofractionation RT treatments for Prostate					
Implement prostate case, including recruitment to posts	31/12/2021	Off-track	HDdUHB sign off of costs required to progress. This is being progressed through LTA forum for sign off - TBC Q1.	30/06/2022	Medium
Increasing and Sustaining Systemic Anti-Cancer Therapy (SACT) Treatment Capacity					
Implement SACT phase 1 case, subject to Management Board approval	31/03/2022	Off-track	Two of three pharmacy posts have been recruited to, start dates in Q1 22/23. Currently out to advert for the third post in March/April 22. Aim to take 100% Phesgo monotherapy out of CDU by end of June / July (Phesgo in combination with chemotherapy to remain on CDU). Possible start taking on more immunotherapies July time.	31/05/2022	Low
Develop Regional Transformation Programme & Implementation plan for South West Wales Cancer Centre					
Complete PBC for sign off by SWWCC Regional Group and approval through ARCH governance route	31/03/2022	Off-track	Agreed for postponement until Q2 22/23 as a result of scope of case being extended to 10 years	30/09/2022	Medium

Table 6: Maternity, Children, and Young People

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
Deliver sustainable workforce plans for Paediatric Services					
Undertake a workforce review, benchmarking against national standards/other organisations in order to review specialist nurse establishment to ensure support in line with national standards	31/03/2022	Off-track	Director of Nursing has commissioned a Health Board-wide review of specialist nursing for Q1 and Q2.	31/10/2022	Medium

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
Deliver improvements to Urgent & Emergency Care for Children & Young People in fit for purpose accommodation					
Refurbishment of paediatric wards, Morriston Hospital (hosted by NPTSSG)	01/10/2021	Off-track	A business case is being written for submission end of Q1. Planning work will commence throughout 2022/23 and deliver in 2023/24.	30/06/2022	Medium
Development of an appropriate adolescent facility	01/10/2021	Off-track	Benchmarking work undertaken in Q4. A business case will be developed for submission end of Q1. Planning and delivery will commence in 2022/23.	30/06/2022	Medium
Development of paediatric surgical day surgery area including repatriation of paediatric dental service from Parkway facility	01/10/2021	Off-track	Following a review of the complete paediatric service model, and refurb of Ward areas, this will be delivered later in 2022/23.	31/12/2022	Medium
Development of paediatric safeguarding services across the health board					
Successfully appoint Named Dr role which is currently vacant. Integrate safeguarding within service review job plans to allow dedicated time to support	31/03/2022	Off-track	Recruitment has commenced, with interviews scheduled for April 2022.	30/04/2022	Medium
Expand paediatric psychology support					
Deliver increased psychology support for children & young people across a wider range of specialties.	31/03/2022	Off-track	One post has been secured with funding, with additionality outlined in Recovery and Sustainability Plan for 2022/23, with supporting business cases required.	31/10/2022	Medium
Implementation of a 24 hour transport model					
Continue to deliver 24-hour transport model (increased from 12 hours since January 2021) and demonstrate effective governance processes across the 3 South Wales Centres	01/01/2022	Off-track	SBUHB are hosting the project development of the ODN with the Director of Nursing as Chair, supported by WHSCC. Director of Nursing has established a working group to progress.	30/06/2022	Medium
Recruit appropriate level of workforce to meet BAPM standards require Medical and nursing support	01/01/2022	Off-track	A business case will be developed to cover shortfall in staffing levels, to be submitted in 2022.	31/12/2022	Medium
Improvements to Regional & Commissioned Services					
Develop and implement a fit for purpose Continuing Healthcare pathway with robust governance	31/03/2022	Off-track	Pathway is being piloted, as part of the regional work, completing in April 2022.	30/04/2022	Medium
Development of service specification for CAMHS to ensure good alignment with other SBUHB services including Children Services and Unscheduled Care	31/03/2022	Off-track	Update paper provided to Audit Committee and Management Board. Revised timeline agreed for Q1.	30/06/2022	Medium
Work with the SARC Project Board to agree Paediatric Model.	31/03/2022	Off-track	Project Board and regional groups have been re-established in Q4. Paediatric Model under discussion for development with regional groups.	31/12/2022	Medium
Improve access waiting times to Neuro Developmental service					
Continuously review demand & capacity for the ND Service to develop a sustainable service model and improve performance. Secure funding in order to increase capacity to meet demand and clear backlog	31/03/2022	Off-track	Business case being developed in April 2022, to submit in Q1.	31/05/2022	Medium

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
Develop sustainable workforce plans for maternity staff					
Workforce Planning Group to be convened in response to streamlining midwifery students	30/09/2021	Off-track	Delays due to staffing gaps; recruitment underway to address in Q1. Re-scheduled for end of April 2022.	30/04/2022	Medium

Table 7: Primary, Community, and Therapies

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
Community Phlebotomy	31/03/2022	Off-track	Awaiting update from CDTG. Recruitment commenced but sites yet to be agreed. CWSA funding allocated for 2021/22 but no ongoing support formally identified.	30/06/2022	Low
Speech & Language Therapy	31/03/2022	Off-track	CWSA funding to recover backlog will end 31st March. Will not fully deliver due to recruitment issues.	30/09/2022	Low

Table 8: Mental Health and Learning Disabilities

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
Expansion of CHC commissioning					
Further work with Community and Primary Care Service Group regarding pooling contractor lead posts	30/11/2021	Off-track	Awaiting update from Head of Procurement. Meeting to be arranged for Q1.	30/06/2022	Medium
Learning Disabilities Re-design					
Development of the future model of LD services	01/03/2022	Off-track	Procurement process currently being undertaken to commission external consultants from existing framework for the development of business case for learning disabilities future service model.	30/06/2022	Medium
Confirmation of CLDT core function and community pathway in line with the work following the Coupland review.	30/09/2021	Off-track	Task groups progressing. Single Referral pathway and standard operating procedure drafted with professional groups. Proposal for implementation of intensive support service to be introduced in CTM & C&V Health Board areas awaiting finance sign off. Operational policy for intensive support service developed with CLDTs. Next steps sharing with local authorities to ensure no unintended consequences.	30/06/2022	Medium

Table 9: Quality and Safety Priorities

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
Suicide Prevention					
Development of communication and training plan to support achieving the priority					
Undertake communication campaign to promote awareness of quality priority	31/03/2022	Off-track	Intranet article published. Podcast being recorded in Q1.	30/06/2022	High

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
Develop programme and roll out plan for second stage training to include STORM	31/03/2022	Off-track	Evidence review been developed for second stage training.	30/06/2022	High
Health Care Acquired Infections					
Develop specification and Quality Control test data feed for C. difficile	31/03/2022	Off-track	Work underway with Digital Intelligence on developing test data and dashboard	30/06/2022	Medium
Develop first phase Dashboard for C. difficile	31/03/2022	Off-track	Dashboard to be developed for Q1	30/06/2022	Medium
Service group improvement plans developed for IPC training compliance	31/03/2022	Off-track	Engagement between Head of IPC and Service Delivery Groups,	30/06/2022	Medium
Identify, review and standardise local departmental decontamination protocols	31/03/2022	Off-track		30/04/2022	High
Extend scope of the restrictive antibiotic guidelines to further reduce broad-spectrum antibiotic usage	26/10/2021	Off-track	Work underway with Pharmacy and Medicines Management on smart programme. Recruited a GP clinical lead. Junior Doctor training completed.	30/06/2022	High
Sepsis					
Strengthen RADAR Group					
Agreement of service group reporting templates	31/03/2022	Off-track	Project Lead appointed in Q4, to take action forward.	30/06/2022	High
Identification of baseline data					
Review infrastructure for collection of sepsis data	31/12/2021	Off-track	Project Lead appointed. A review of ED Sepsis data undertaken for 2022, a full review commenced to complete in Q1.	30/06/2022	High
Review infrastructure for analysis of sepsis data	30/11/2021	Off-track	Project Lead appointed in Q4, to take action forward.	30/09/2022	Medium
Training					
Development of training plan to support achieving the priority	31/12/2021	Off-track	Project Lead appointed in Q4, to take action forward.	31/12/2022	High
Develop training needs analysis across HB (including Primary Care providers)	31/12/2021	Off-track	Project Lead appointed in Q4, to take action forward.	31/12/2022	High
Falls prevention					
Identification of baseline data					
Agreement on PROMS	31/03/2022	Off-track	Project Lead appointed in Q4, to take action forward, working with the Value Based Health Care team.	30/06/2022	High
End of Life Care					
Map Provision of End-of-Life care within District Nursing services	31/12/2021	Off-track	Identification of Informatics Lead to support with data processing Processing District Nursing data to format than can be interrogated Initial discussions held in Q4.	30/06/2022	Medium
Recruit back-fill for advisor post	28/02/2022	Off-track	Dependency on recruitment to post	30/06/2022	High
Review concerns and incidents	31/03/2022	Off-track	CADC cases were presented in March 2022, for progress in Q1.	30/06/2022	High

Table 10: Digital Transformation

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
Welsh Emergency Department System					
Go live, site 2	28/02/2022	Off-track	Delivery delayed to Q2	30/09/2022	Medium
Welsh Clinical Portal					
Support regional diagnostic services: Endoscopy reports to be made available in WCP within the Single Digital Health Record (WCP)	30/09/2021	Off-track	For delivery from May 2022. Delayed implementation at HDdUHB impacted delivery for SBU. During this period, DHCW took the opportunity to reconfigure the endoscopy system's demographics feed for greater resilience.	30/06/2022	Medium
Implement pathology phlebotomy module to support pathology test requesting (WCP)	31/12/2021	Off-track	Due Q1 2022-23 due to loss of Signal development resource and availability of Biomedical Scientists for user acceptance testing.	30/09/2022	Medium
Implement Notifications enabling paper reporting to be switched for selected [blood sciences] pathology reports.	31/12/2021	Off-track	Delivery delayed to Q1	30/06/2022	High
Business Intelligence Priorities					
Recruitment of Business Intelligence Partner roles who will directly interface with Service Delivery Groups	30/09/2021	Off-track	Corporate BI Business Partner appointed March 2022. Readvertising MH&LD BI Partner role with a view that am appointment is made during Q1 22-23	30/06/2022	Medium
Ingest Consultant Connect data to SBUHB enterprise data warehouse and create business intelligence to inform service transformation.	31/03/2022	Off-track	For delivery in Q2 2022-23 - dependency on supplier and procurement	30/09/2022	Medium
Foetal Monitoring					
Integration requirements and readiness (DHCW)	31/12/2021	Off-track	Due to complete in Q2	30/09/2022	Medium
Readiness and implementation	31/03/2022	Off-track	Procurement delayed against original plan.	30/06/2022	Medium
Community Care Information System (WCCIS)					
Finalise full business case with confirmed benefits and cash releasing savings. Business case approved	31/08/2021	Off-track	Full Business Case on hold as agreed by Project Board. Delays include: - Performance issues - National strategic review outcome is under review - Receiving approved costs from supplier. Dependent on planning resulting from strategic review.	No date	Low
Blood Test Booking					
Configure and implement the booking service for blood test booking across the main hospital sites and the Bay Field Hospital.	31/07/2021	Off-track	For delivery 27 April 2022	27/04/2022	High
Microsoft 365					
Implement InTune device management to give more staff secure access to data and documents and reduce management costs through the rationalisation of Mobile Iron etc.	28/02/2022	Off-track	The majority of the technical pre-requisites have been completed and the implementation of InTune has now begun. However, there is an increasing dependency on the migration of group drives to SharePoint Online to allow staff to access files while not connected to the corporate network. This work will be prioritised in Q4 and in to 2022/23 for staff currently	30/06/2022	High

Description	Agreed due date	Status	Enabling action	Revised due date	Confidence
			using MobileIron so we can progress the migration to InTune more effectively		

Annual Plan Delivery Q4
Programme Risks

Table 1: Key risks by programme in Q4

Programme	Number of risks				
	Score: 25	Score: 20	Score: 12-16	Increasing risk	Decreasing risk
Prevention, and Reducing Health Inequalities	1	2	2	0	3
Responding to COVID-19	0	3	0	0	0
Urgent and Emergency Care	0	5	1	4	2
Planned Care Recovery	0	2	12	5	1
	1	**12**	**16**	**10**	**6**

Table 2: Risk summary by programme in Q4

Description	Mitigation	Current Score	Trend
Prevention and Reducing Health Inequalities			
Lack of regional forum for public health issues	The Population Health Strategy will lead to an agreed plan for developing regional coordination.	25	→
Focus is currently narrow and on health board delivered services	The Population Health Strategy will stimulate discussion on the Health Board's contribution to wider Public Health goals in Wales.	20	→
Lack of public health capacity to direct work	Consultant posts now recruited. The Deputy Director of Public Health transitioned into Health Board in Q4. A restructure of local Public Health team is resultant in uncertainty due to the transfer out of Public Health Wales. There remain gaps within the establishment, which continue to pose risks to capacity.	20	↓
No focal point within SBUHB to drive the wider public health agenda	The Population Health Programme Board, with defined sub-groups for driving forward priorities, will be established in Q1, with a focus on directing the actions to deliver against goals, methods, and outcomes.	16	↓
Responding to COVID-19			
Immunisation leadership is at capacity, and engaged in delivery of COVID-19 vaccination programme, with no alternative capacity	A programme of work within the national Immunisation Integration Programme will establish a clear way forward; risk remains on ability to fund, and recruit.	16	↓
Hesitation towards immunisation from the general public could cause delay and disruption, and DNAs/CNAs could lead to incomplete immunisation courses, and/or wastage of vaccine.	A national and local communication plan has been developed covering the necessity of two doses and booster. The Health Board is implementing a targeted intervention on offering vaccination closer to home, in communities with low up-take.	16	→
Changes to the JCVI guidance impact upon delivery plans. Where certain groups are not able to receive a type of vaccine, this may impact upon what delivery points are used to reach that group, and the overall effectiveness of the delivery profile in reaching hard-to-reach groups.	Forward planning accounts for different scenarios. The delivery profile has a mix of mechanisms for reaching groups, including the immbulance, community pharmacy, MVCs, and general practice. Pop-up LVC and walk-in models have been established. The Health Board is represented at a national level where notice on changes is received as early as possible.	16	→
Future COVID waves will trigger the Welsh Government Government's "Together for a safer future" plan for long-term transition from pandemic to endemic, and the COVID Urgent and COVID Stable scenarios; which will result in variation of ask on the vaccination service.	The Health Board is developing a plan for surge capacity during Q1, aligned to Welsh Government's "Together for a safer future" plan, and engage with Service Delivery Groups on potential future capacity requirements.	16	→
Urgent and Emergency Care			
Fail to significantly reduce the number of clinically optimised patients in hospital beds prior to acute admissions centralisation	Key Health Board-wide operational priority. Aligned to work plan for Step/Step Down workstream. Key issue on Exec agenda and requires external agency involvement - purchase of 100 care home beds	20	↓

Risk	Mitigation	Score	Trend
	in progress. Agreement for short term utilisation of 60 beds for COPs - to support the significant gap in beds available vs beds needed until admission avoidance/timely discharge schemes become effective	RED	↑ (green cell)
Fail to improve ED 4/12hr performance prior to acute admissions centralisation	Remains a key Health Board-wide operational priority.	20	↑
Fail to complete estates works for AMAU in time for acute admissions centralisation - Sept 2022	Works programme in place, with plans on track, at this stage, to support the centralisation of acute medical admissions in September 2022. Access route into the AMAU has been agreed - ramp option factored into the building works.	20	↓ (green cell)
Fail to recruit to critical posts to support clinical models	Contingency plans in place to mitigate gaps. Business cases for other posts being worked through. Investment approved to support therapy 7-day working. Overseas recruitment drive to fill nursing posts.	20	↑
Fail to address staff vacancy rates in SBUHB and associated recruitment programmes - vacancy factors high for key nurse and HCSW roles, agency costs high as a result. No overall staff establishment/vacancy position readily available.	Consolidated position regarding staff establishment and vacancies is key to correcting the balance. SDGs are currently tasked with providing this information.	20	↑
60 contingency beds to remain at Singleton will not be sufficient to support the centralisation of "take" in September 2022	Impact on planned care programme re: capacity for elective surgery. Health Board wide plans are required to implement a phased reduction in the number of contingency beds required	16	↑
A dispute regarding AGPU GP pay may result in a reduction of service in AGPU	Resolve issues to mitigate any reduction in GP hours within AGPU.	16	↑
Funding for transitional care home beds for 2022/23 is uncertain.	Funding options are being explored, to continue project until November 2022.	16	→
Lack of management or clinical support for students within the clusters due to high workloads of primary care GP staff	Pre-agreement of individuals within the practices or clusters to be the point of contact for the students which could be spread out on a rota for each week	16	→
Risk of transmission of COVID-19 from medical students working in Diagnostic Hubs to frail patients	Health Board testing protocols followed, in line with other community services.	12	↓
Planned Care Recovery			
Waiting time for patients continue to increase (inc. USCs and Priority patients)	Monitor data to review risk. Continue to implement plans to increase activity and reduce waiting times for patients	20	→
Suitable Outpatient Accommodation cannot be identified	Undertaking scoping exercise to identify options. Ward G in NPTH is being repurposed to provide additional accommodation, but is not without its own risks, that are not yet resolved	20	→
Covid variant, Omicron, may see increased Covid transmission and therefore require further restrictions and limitations to Outpatient capacity in addition to an increase in sickness and isolation within the workforce.	Monitor case numbers and workforce pressures taking guidance from Welsh Government and Public Health Wales.	16	→
Repurposing of Ward G - Insufficient workforce to cover main outpatient area in NPTH, Ward G outpatient area and services remaining in Morriston	Undertake workforce planning workshops to identify gaps in workforce. Confirm template to ensure cross-cover working can be supported	16	↑
Repurposing of Ward G - Retiring workforce. Band 7 sisters in Morriston main OPD, NPTH main OPD and Paeds OPD are all retiring in the next 12 months. There are no band 6 staff in post currently to support transition.	Workforce planning workshop to identify issue and progression potential. Review of management structure to identify requirements	16	↑
Repurposing of Ward G - Lack of engagement and support from workforce to support the transition of outpatient services	Early engagement with services to identify concerns and support services	16	↑

Risk	Mitigation	Score	Trend
Repurposing of Ward G - Additional pressure on extended workforce; Pharmacy, Diagnostics, Hotel Services etc.	Identify the additional requirements of the services through early engagement / task and finish groups to limit strain on resource	16	⬆ (red)
Virtual Activity has plateaued at ~10k appointments per month, and with face-to-face appointments increasing, the Welsh Government target of at least 35% virtual activity is becoming more difficult to achieve	Monitor and promote the use of Virtual Activity. Discussions around virtual receptionist and support staff roles.	16	➡ (amber)
Physical distancing requirements and COVID-19 variants continue to restrict services / reduce capacity to provide adequate outpatient appointments, therefore, waiting lists continues to exceed targets	Facilitate virtual and telephone appointments where possible. Prioritise F2F appointments with most urgent. Social distancing requirements reduced from 2m to 1m in Q4.	16	⬇ (green)
If long-term funding for invest to save/service redesign and service sustainability cannot be secured there will be capacity issues within Diagnostic services; RTTs and other performance and quality of care will be impacted upon.	Business cases and bids have been developed for funding streams to support Diagnostic Recovery plans, in lieu of recurrent funding.	16	⬆ (red)
Projects are compromised due to workforce shortages through winter pressures, staff shortages and sickness (increased likelihood through COVID)	Monitor staffing levels closely, accessing bank and agencies where necessary	12	➡ (amber)
If there continues to be in increase across diagnostic services with regards to inpatient care, there is risk this might impact on capacity for cancer/urgent diagnostic services.	Actions to address have been developed within recovery plans.	12	➡ (amber)