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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25/11/2021	Agenda Item	3.1
Report Title	Annual Plan 21/22 Delivery: Quarter 2 Progress Report		
Report Author	Rich Brown, Head of Transformation Portfolio Ruth Tovey, Head of Strategic Planning		
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 Q2 delivery as set out in the Annual Plan 21/22.		
Key Issues	<p>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.</p> <p>This paper provides a high-level summary of the position at the end of quarter 2, 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.</p> <p>It has been agreed that delivery of the Annual Plan 21/22 will be monitored and reported to Management Board with a quarterly report to the Performance & Finance (P&F), followed by the Board.</p> <p>A further review of the GMOs, and possible changes to planning assumptions for the remainder of the year, is currently being undertaken and will be discussed with the Board in December.</p>		
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • NOTE the actions planned for Q2 and priorities for Q3, • NOTE the areas of programme level achievements, • NOTE for assurance purposes that Management Board have approved the mitigations against actions 		

	which are off-track and approved the key risks to delivery
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ANNUAL PLAN 21/22 DELIVERY: QUARTER 2 PROGRESS REPORT

1. INTRODUCTION

This paper provides the reported status against the priorities (actions agreed) for Q2 delivery, as set out in the Annual Plan 21/22.

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 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	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 Delivery Groups:

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

Delivery is supported by the Transformation Portfolio Office (TPO) who develop project plans and registers, using the PMO Toolkit to manage delivery, monitor progress, and report accordingly.

Management Board received the first report on Annual Plan delivery for Quarter 1 (Q1) in July, and requested future reports focus on outcomes and delivery, and clear mitigations against actions which were off-track.

This paper provides a high-level summary of the position against Q2 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 Q2. Work is currently underway to develop an improved approach to outcome measures reporting, via the Planning Intelligence Working Group, and this will be in place to report on outcomes for all programmes from Q3.

3. PROGRESS UPDATE

3.1 Achieving our goals

Key achievements from the Annual Plan delivery for Q2 are highlighted, below:

RESPONDING TO COVID-19 <ul style="list-style-type: none"> ✓ The Health Board's vaccination programme has delivered over 500,000 individual doses and has offered every eligible adult a first appointment and completed over 95% of second doses. ✓ Over 1,000 residents of older people care homes received a booster vaccine throughout September. 	URGENT AND EMERGENCY CARE <ul style="list-style-type: none"> ✓ Capacity and demand modelling completed with Lightfoot. ✓ Re-location of the Acute GP Unit from Singleton Hospital to Morriston Hospital ✓ Clinically Optimised Patients dashboard implemented in Morriston Hospital, with a view to implement in all acute sites from early Q3. ✓ Virtual wards digital solution and key performance indicators approved.
PLANNED CARE RECOVERY <ul style="list-style-type: none"> ✓ A structured advice and guidance system has been implemented in priority outpatient services, reducing referrals being received from Primary Care by 17%. ✓ Funding has been received to fund the new build modular theatres for orthopaedics and spinal surgery at Neath Port Talbot Hospital, and part-funding received for ophthalmology surgery at Singleton Hospital ✓ Hospital electronic prescribing and medicines administration enables better quality and improved safety through the removal of almost all paper medication charts in Singleton Hospital and Neath Port Talbot Hospital, resulting in 214 nursing hours saved in Neath Port Talbot Hospital in Q2. 	CANCER AND PALLIATIVE CARE <ul style="list-style-type: none"> ✓ SWWCC Regional Group established in Q2 with work underway to develop SWWCCC Transformation Programme Business Case by end Q4, setting out the suite of investment cases required to progress over the next 3-5 years (aligned to our R&S Plan) ✓ Business case for specialist palliative care approved to improve timely and quality access to end of life care at the front door and aligned to virtual wards. Recruitment to posts underway in Q2. ✓ Breast RT hypofractionation fully in place from Q2, enabling released capacity for 226 patients. Introducing 5 fractions for breast radiotherapy and releasing capacity in the summer of 2020, resulted in a 30% increase in patients treated within WG performance standards of 21 days.

Further detail on programme-level milestones is available in the Annual Plan Tracker document, in Appendix 1.

3.2 Programme status

The Health Board's Annual Plan sets out the goals, methods, and outcomes to be delivered and achieved in 2021/22. As part of a mid-year review on the delivery of the plan, work is underway throughout Q3 to assess the slippage from the baselined plan,

and re-baseline the delivery timeline, and outcomes, for 2021/22 and what milestones and outcomes will feed into the Health Board's Integrated Medium-Term Plan.

Table 2 provides an overview of each programme and the status of the actions for delivery in Q2. In addition to implementing the mitigating responses for actions which are off-track, and completing actions which are on-track, there are a number of new actions planned to complete in Q3.

Table 2

Programme	Q2				Q3
	No. of Actions	Red (Off-track to deliver by due date)	Amber (Monitoring)	Green (On-track, or completed)	No. of new actions
Responding to COVID-19	17	0	0	17	3
Urgent and Emergency Care	49	3	11	35	4
Planned Care Recovery	22	0	2	20	4
Improving Cancer and Palliative Care	20	0	0	20	9
Improving Maternity, Children, and Young People	20	4	0	16	4
Improving Quality and Safety	22	5	0	17	0
Improving Primary, Community, and Therapy Services	17	1	0	16	1
Improving Mental Health and Learning Disabilities Services	19	1	2	16	3
Workforce and Leadership	21	0	1	20	0
Digital capability	23	8	0	15	0
	230	22	16	192	28

83% of actions are completed or on-track, and **10%** are off-track with mitigating actions in place to deliver in Q3. The following sections highlight the details of off-track actions.

3.3 Priorities for Q3

Detailed updates for each programme, including actions planned for Q3, completed actions, risks and corrective actions, are available in the programme highlight reports, in Appendix 2.

There may be changes to these actions depending on the outcome of the review of planning assumptions currently underway. Any changes that do occur will be reflected in an updated programme plan.

3.4 Monitoring the Delivery of the Annual Plan

The updates on the progress of the annual plan to date have focussed largely on the delivery of the actions with limited information on the delivery of the GMOs. The Deputy Chief Officer has commenced work with performance and information colleagues to develop key measurables that will form a key part of on-going updates. Once in place, these will be closely monitored to ensure that the actions are delivering the anticipated benefits, with any remedial actions highlighted to improve the position or are revised as appropriate.

Further work will be undertaken within each scheme of work to produce the necessary measure and trajectories.

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.

Best practice project and programme management will be supported by the Transformation Portfolio Office, 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 bi-monthly. Respective programme boards receive highlight reports on improvement projects and manage by exception. Reports cover priorities for current and next period, delivering on outcomes, key risks and issues, corrective action, and decisions required.

Programme-level risks can be found in the highlight reports in Appendix 2.

4.1 Key risks to delivery

There are number of key risks to delivery of the programmes within the portfolio, which can be found below:

Table 3

Description	Mitigation	Current Score
Capacity in social care, alters the baselined level of clinically optimised patients.	<ul style="list-style-type: none">Programme plans within the Urgent and Emergency Care programme are being baselined in line with the new configuration, and demand and capacity being re-modelled. A task and finish group, chaired by the Interim Director of Operations, has been established to focus on the definition and management of clinically optimised patients.Joint recruitment of additional Health Care Support Workers to support community services.Commissioning up to 100 additional care home beds in the region.	20
Methods and enabling actions will not deliver the desired outcomes	<ul style="list-style-type: none">A clear focus on monitoring outcomes through metrics, and identifying metric owners, has been a priority during Q2 and will continue into Q3. Colleagues from Strategy, the Transformation Portfolio Office, Digital Intelligence, and Performance, will develop a mechanism for reporting	20

Description	Mitigation	Current Score
	outcome measures and critical success factors against the methods and actions within the plan, and where necessary employ corrective action.	
Where clinical leadership availability or capacity is limited, delivery is hindered	<ul style="list-style-type: none"> Enhanced visibility of Service Medical/Dental and Nurse Directors in context of plan development and delivery 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 	12
Culture and mindset shift required	<ul style="list-style-type: none"> Agenda and decisions are more consistently framed around alignment with Annual Plan so a consistent narrative emerging Annual Plan focus in Leadership Touchpoint May, September and October 2021 Embed quarterly engagement group building on engagement to AP development and AP execution sessions 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 	12
Plans do not become operationalised	<ul style="list-style-type: none"> Accountability & delegation letters to confirm expectations 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 	12
Availability of workforce to support service changes and capacity increases	<ul style="list-style-type: none"> Maximise use of digital Workforce redesign e.g., physicians associates and technician roles Insourcing expertise where appropriate Wellbeing and resilience of staff offer to support staff remain in work Strengthening of recruitment campaigns e.g., COTE posts 	12

5. FINANCIAL IMPLICATIONS

The Health Board's financial plan is integrated into the Annual 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.

6. RECOMMENDATION

Members are asked to:

- **NOTE** the actions planned for Q2 and priorities for Q3,
- **NOTE** the areas of programme level achievements,
- **NOTE** for assurance purposes that Management Board have approved the mitigations against actions which are off-track and approved the key risks to delivery.

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	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
The paper reflects the impact of Quality, Safety and Patient Experience through the performance against the Q2 priorities and their delivery in July – September 2021.		
Financial Implications		
There are no direct financial implications from this paper.		
Legal Implications (including equality and diversity assessment)		
Projects and actions detailed within the Tracker 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 and tracker.		
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	<p>This is the second report to Board on the delivery of Annual Plan 21/22 priorities and outcomes.</p> <p>A version of this paper was considered and the recommendations were approved by Management Board on 20th October 2021.</p>	
Appendices	<p>Appendix 1 – Annual Plan 21/22 Tracker</p> <p>Appendix 2 – Programme Progress</p>	

Annual Plan Tracker

Goal	Method	Apr	May	Jun	Q1 milestones	Lead	Jul	Aug	Sep	Q2 milestones	Lead	Oct	Nov	Dec	Q3 milestones	Lead	Jan	Feb	Mar	Q4 milestones	Lead
Responding to COVID-19																					
Deliver vaccination for priority groups 1-4 to reduce COVID-19 prevalence in the most vulnerable groups, fully vaccinating 200,000 people by Q2	Maintain establishment of mass vaccination centres (MVCs), and scope local vaccination centres (LVCs).				3 centres operational	Keith Reid				3 centres operational, with local vaccine centres scoped	Keith Reid				3 centres operational, with local vaccine centres scoped	Keith Reid				3 centres operational, with local vaccine centres scoped	Keith Reid
	Using the Primary Care COVID Immunisation Scheme, deliver vaccination of priority groups through General Practice, clusters, and community pharmacy.				Deployment of vaccine via General Practice and Community Pharmacies					Expressions of interest returned for booster deployment					Expressions of interest returned for booster deployment					Expressions of interest returned for booster deployment	
	Deploy a mobile vaccination unit ('imbalance') to target hard-to-reach groups.				Mobile vaccination unit deployed as part of vaccine equity plan					Mobile vaccination unit deployed as part of vaccine equity plan					Mobile vaccination unit deployed as part of vaccine equity plan					Mobile vaccination unit deployed as part of vaccine equity plan	
	Identify individuals within priority cohorts outlined by the UK's Joint Committee on Vaccination and Immunisation (JCVI), and offer vaccination to all individuals by appointment, through the Welsh Immunisation System.				All eligible adults offered a first dose					All eligible adults offered a first dose					All eligible adults offered a booster vaccine.					All eligible adults offered a booster vaccine.	
	Fully vaccinate the entire adult population, fully vaccinating over 300,000 people by Q4.	Offer vaccination, by appointment, through the Welsh Immunisation System.					All eligible adults offered a first dose					Eligible adults for booster vaccine identified									
Urgent and Emergency Care																					
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;	Relocate the AGPU from Singleton to Morriston to provide a single service with single point of access for ED referral into the service and develop into a 7 day service				Develop critical path for acute medical services re-design. Agree use of Enfys and Tawe wards	Deb Lewis				Move GP Out Of Hours Sign off Organisation Change Policy Commence staff consultation and evaluation Commence critical recruitment	Kate Hamam				AMU Nursing and Support Model Commence staff consultation and evaluation Capital works AGPU move to Morriston	Kate Hamam				Acute Hub go-live	Kate Hamam
	Development of an AEC service model at Morriston -within the overarching Medical Short Stay Unit (MeSSU)				External engagement with CHC.																
	Acute physician led AMAU at Morriston integrated with community teams and care pathways based on single ambulatory model				Tender and contract for estates work																
	Centralised acute medical admissions with single specialties for older people, gastroenterology respiratory and cardiology on Morriston site																				
	Development of 7-day working of therapy and clinical support services (also including Local Authority TBC)																				
	Standardised hot clinics linked to Consultant Connect around medical and elderly care five days per week																				
Implement an integrated Medicine for Older People pathway across SBU to - Support Older people to live well in the community	Establish Cluster based Virtual Wards				External engagement with CHC. Development of e-risk stratification tool.	Brian Owens				Approve clinical model and SOP for Acute Frailty, and Inpatient Rehabilitation Commence critical recruitment. Approve orthogeriatric business case	Brian Owens				Bed base analysis, and staff gap analysis. Clinical engagement with staff. Virtual Ward recruitment. Virtual Ward digital solution. Virtual Ward training. Inpatient rehab.	Brian Owens				Virtual Ward go-live Transfer of inpatient rehab Organisation Change Policy	Brian Owens
	Establish Emergency Frailty Unit (EFU) based on Older Peoples Assessment Service (OPAS) Model in ED																				
	Establish Acute Frailty Unit (AFU) based in the Medical Assessment Unit at Morriston Hospital Based on iCOP model.																				
	Re-configure bed based rehabilitation services across NPTH/Singleton/Gorseinon hospitals																				
	Increased Hospital to Home capacity and expanded intermediate care model	Increased Hospital at Home capacity and expanded intermediate care model																			

Annual Plan Tracker

Goal	Method	Apr	May	Jun	Q1 milestones	Lead	Jul	Aug	Sep	Q2 milestones	Lead	Oct	Nov	Dec	Q3 milestones	Lead	Jan	Feb	Mar	Q4 milestones	Lead
Alleviating unintended variation and inequalities in the provision of whole system Heart Failure pathway.	Investment to SUSTAIN current service changes in Heart Failure services					Carey Edwards				Develop Heart Failure PROMs Indicators Review and refresh the use of PROMs within Heart Failure service. Link with ABUHB on use of PROMs in Heart Failure	Carey Edwards				Support Step Up Step Down model to patients with highest risk of admission. Re-design process for routine assessments within Primary Care for 2022/23. Concentrated approach to risk assessment for all referrals	Carey Edwards				95% of patients receive an urgent / routine specialist assessment within 2 / 6 weeks 30% reduction in acute admissions before specialist review 100% of patients seen within 1 week after diagnosis for education and start of treatment 100% of patients seen within 2 weeks of discharge from hospital 100% of urgent patients referred into Community Nursing Team are seen within 2 weeks 100% of patients are discharged to primary care when patient is stable	Carey Edwards
	Investment to ENHANCE HF Service with Value Based HealthCare approach																				
Improve the outcomes for COPD patients and reduce the impact of COPD patients on the front door through a whole system pathway approach.	Investment in COPD ESD				Critical recruitment Extension into admission avoidance with ED and AGPU	Rhian Ffyn				Work with WAST to accept admission avoidance referrals. Support Virtual Wards with COPD care.	Alison Lewis				Work with WAST to accept admission avoidance referrals. Support Virtual Wards with COPD care. Re-establish Clinical Redesign Group	Alison Lewis				Reduce NOP GP referrals by at least 20%	Alison Lewis
	Development of integrated working, collaboration and co-production between COPD ESD Team, PCC and WAST to provide seamless care and support patients in a community setting.																				
Implement pathway for Type 2 patients living with Diabetes	Roll-out of the Diabetes Enhanced Service									Develop resource model for options appraisal Develop business in line with NICE guidance Link with ABUHB for overview of community model (including staffing, and benefits)	Steven Bain					Steven Bain				20% reduction in follow up Outpatient appointments and emergency admissions 35% reduction in Hospital DNAs Waiting times - for all measures - zero weeks 30% improvement to Target value for all National Diabetes Audit -Care Processes	Steven Bain
	Development of Diabetes Community Model Business Case - Investment required																				
Improved access to multi-professional support for patients with diabetes	Provide dedicated Psychological Support for adults and young people					Steven Bain					Steven Bain					Steven Bain				10% reduction in DKA admission rates (pilot undertaken in Wrexham saw a 45% reduction in DKA admissions over 5 years.	Steven Bain
	Dedicated dietetic support for young adult clinics																				
Diabetes Structured Education/ Improved Self Management	Type 2 X-pert education										Steven Bain					Steven Bain				Compliance with 2017/ 18 Welsh Government Transition Standards Increased patient self-management and activation Increased patient self-management and activation Offer structured education programme within 6-12 months of diagnosis	Steven Bain
	Type 1 DAFNE education - centrally co-ordinated																				
Diabetes - Communication and information sharing	Improved access to patient records																			Providing care with an integrated approach - reducing the risk to patients	
Deliver improved outcomes for stroke patients; A Hyper Acute Stroke Service compliant with national standards	Investment to create Hyper Acute Stroke Unit				CT scanner requirements linked to HASU development HASU development	Tal Aqum				CT scanner requirements linked to HASU development HASU development	Tal Aqum				HASU development	Tal Aqum				100% stroke patients seen within 72hrs & deliver national standards	Tal Aqum
Planned Care Recovery																					
Advice and guidance to reduce referral demand and face to face attendances where appropriate	Implement a structured advice, guidance and triage service offered in the top 10 high demand specialties, offering a consistent service for 4 hours daily Monday – Friday				Implement Consultant Connect in priority specialties. Implement Consultant Connect in specialty pathway areas, and additional services to support specialty specialists	Cr				Mandate use of Consultant Connect for urgent advice in acute areas	Cr				Extend use of Consultant Connect and WCCG to all services, and national pathways.	Cr				Reduce NOP GP referrals by at least 20%	Cr

Annual Plan Tracker

Goal	Method	Apr	May	Jun	Q1 milestones	Lead	Jul	Aug	Sep	Q2 milestones	Lead	Oct	Nov	Dec	Q3 milestones	Lead	Jan	Feb	Mar	Q4 milestones	Lead
	Roll-out Consultant Connect to operate in the top 10 specialties (June 2021) and in all other specialties by September 2021				Support priority specialties	Aige Wilson					Aige Wilson					Aige Wilson					Aige Wilson
	Review Follow Ups in the top 10 high waiting specialties between primary and secondary care and develop a plan with greater appropriate primary care follow up				Validation of Follow Up waits in priority specialties					Validation of Follow Up waits in all specialties					Validation of Follow Up waits in all specialties					Reduce F/U waiting over 100% and total number of F/U by 55% (March 2019) baseline by March 22.	
Focus on improving position on elective orthopaedics through bridging solutions and transfer of service to NPT	Increase the use of the current theatres to six day working				Complete gateway interviews for strategic outline case with Welsh Government	Jan Worthing				Develop workforce models. Commence procurement process within single award framework.	Jan Worthing					Jan Worthing				Eradication of >2 year waits in T&O (Sept 2021) Reduce >1 year waits from x000 (TBC) to i.e. 50% in T&O (Feb 2022)	Jan Worthing
	Transfer Orthopaedic capacity to Bridgend to increase theatre capacity 1x theatre				Agree interim modular solution for Neath Port Talbot Hospital																
	Introduce consultant anaesthetist role, 5 days p/wk, to support the transfer of ASA 3 Cases																				
	Capital development of 2 additional theatres at NPTH agreed with Welsh Government.																				
	Review and plan to increase centralisation of elective services at Singleton hospital and to increase use of the current surplus beds and theatre capacity to transfer certain surgical elective capacity from Morriston Hospital																				
Focus on increasing the centralisation of elective services at Singleton Hospital	Review and plan will be completed in April 2021 to increase use of the current surplus beds and theatre capacity for April 2021 to transfer certain surgical elective capacity from Morriston Hospital.																			Secure operating capacity for surgical specialties and create bed capacity at Morriston	
Maximising use of Independent Sector	Commission additional private sector capacity in a range of surgical specialties but in particular ophthalmology and orthopaedics to reduce current waiting list				Ophthalmology out-sourcing contract rolled over Out-source Ophthalmology to Parkway Implement facility-only contracts with Sancta Maria and St Josephs Out-source MRIs to Sancta Maria In-sourcing of Endoscopy Agree in-sourcing of Gastroenterology Develop contract for in-sourcing of Gastroenterology Our-source hand, and gynae, surgery in Sancta Maria	Caike Wilson				Ophthalmology out-sourcing contract rolled over Implement facility-only contracts with Sancta Maria and St Josephs Out-source MRIs to Sancta Maria In-sourcing of Endoscopy Agree in-sourcing of Gastroenterology Develop contract for in-sourcing of Gastroenterology Out-source hand, and gynae, surgery in Sancta Maria Implement facility only contract with Parkway for Oral Maxillo Facial Surgery Full outsourcing arrangements in place for orthopaedics, spinal, plastic surgery and general surgery	Caike Wilson				Ophthalmology out-sourcing contract rolled over Implement facility-only contracts with Sancta Maria and St Josephs Out-source MRIs to Sancta Maria In-sourcing of Endoscopy Agree in-sourcing of Gastroenterology Develop contract for in-sourcing of Gastroenterology Out-source hand, and gynae, surgery in Sancta Maria Implement facility only contract with Parkway for Oral Maxillo Facial Surgery Full outsourcing arrangements in place for orthopaedics, spinal, plastic surgery and general surgery	Caike Wilson				Contribute to maintaining waiting IP/DC to under 24,000	Caike Wilson
Maximising access to diagnostics services	Implement the radiology recovery plan including a blended approach of sustainable solutions (workforce to enable extended day working and 7 day working) and non recurrent solutions (mobile, WLI), private sector) and working with the national programme.				Demand and capacity modelling Workforce modelling	David Roberts				Recovery plans and performance indicators.	David Roberts				Implementation of recovery plans and performance management.	David Roberts				Reduce >8wk waits by March 2022	David Roberts
	Implement the endoscopy recovery plan including the increase of efficiency of service, numbers of sessions activity and non recurrent solutions (in sourcing, WLI) and working with national NEP.																				
	Improve access to cardiac investigations in line with recovery plan																				
	Improve access neuro and respiratory phys investigations																				
	Undertake a review of diagnostic access to primary care practitioners and develop a plan to enable better prevention and early intervention with urgent conditions treated																				

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Goal	Method	Apr	May	Jun	Q1 milestones	Lead	Jul	Aug	Sep	Q2 milestones	Lead	Oct	Nov	Dec	Q3 milestones	Lead	Jan	Feb	Mar	Q4 milestones	Lead
Improving Cancer and Palliative Care																					
Review, Sustain and Expand Treatment Capacity for Cancer Services in order to improve access to treatments and services which will improve clinical outcomes and patient experience for the population served by the SWWCC.	Complete Implementation of hypo fractionation RT treatments for: Breast and Pancreas					Richard Evans				Develop prostate hypofractionation RT case, submit to Health Board for agreement to investment. Implement prostate case, including recruitment to posts	Richard Evans				Implement prostate case, including recruitment to posts	Richard Evans				Increased homecare delivery (100 SACT slots); Provide an additional 34 clinics per week; Improve medicines optimisation and clinical care; Maximise the use of homecare medicines delivery services.	Richard Evans
	Submit business case for Health board investment for hypo fractionation RT treatments for Prostate, Establishing cash releasing or efficiency benefits to support the case.																				
	Progress plan for Lung (SABR) RT with WHSCC									Develop and submit business case in line with timescales advised by WHSCC Implement SABR service in SWWCC Secure approval from WHSCC Management Group to commission SABR service Undergo RT quality assurance process, providing case studies and appropriate paperwork to WHSCC					Secure approval from WHSCC Management Group to commission SABR service Undergo RT quality assurance process, providing case studies and appropriate paperwork to WHSCC						
	Increasing and Sustaining Systemic Anti-Cancer Therapy (SACT) Treatment Capacity									Progress SACT Phase 1 Homecare expansion business case - for submission to Health Board for investment approval Implement SACT phase 1 case, subject to Management Board approval									Implement SACT phase 1 case, subject to Management Board approval		
	Cancer Centre (SWWCC) - To include review of oncology medical staffing, Macmillan funded workforce and Clinical Nurse Specialist (CNS) workforce for all tumour sites.																		Risk to service delivery mitigated; Gap in establishment identified; Business case for increase to budgeted establishment submitted		
	Review and Improve current Acute Oncology Services (AOS)- deliver 7 day service running out of Morriston Hospital									Develop case for AOS expansion, lightfoot to support with modelling Progress AOS expansion business case - for submission to Health Board for investment approval Implement case for AOS expansion, recruit to posts as per business case (subject to Management Board approval)											
Improve Care of patients through effective planning, earlier diagnosis and prehab	Develop Regional Transformation Programme & Implementation plan for South West Wales Cancer Centre (SWWCC)					Richard Evans				Establish Regional Group under ARCH governance, confirm TOR and programme scope Undertake demand and capacity analysis to establish baseline for oncology activities delivered in the SWWCC to support informing the development of the revised PBC, in addition to providing visibility of baseline levels for commissioning colleagues to ref Establish workstreams (SACT, RT, IP/AOS/ OP)	Richard Evans				Define vision for each service component and develop service model in line with this Develop detailed proposals for Year 1 investments – for submission to Health Board's IMTP Plan in line with process	Richard Evans				Complete PBC for sign off by SWWCC Regional Group and approval through ARCH governance route	Richard Evans
	Improve the colorectal optimum pathway									Pilot Faecal calprotectin (FCP) testing in Neath cluster Develop and submit FCP and FIT business cases to Health Board for approval											

Annual Plan Tracker

Goal	Method	Apr	May	Jun	Q1 milestones	Lead	Jul	Aug	Sep	Q2 milestones	Lead	Oct	Nov	Dec	Q3 milestones	Lead	Jan	Feb	Mar	Q4 milestones	Lead
Plan, secure and deliver well-coordinated 24/7 palliative and end of life care in line with published standards	Expansion of Rapid Diagnostics Centre (RDC)									Complete Funding bid draft for submission to moon dance Establish clinical pathways workstreams - agree scope and membership. Commence development of detailed project plan and reporting in line with Moondance charitable funding requirements Agree RDC clinical pathways with clinical leads- colorectal, head & neck, biopsy and MUO. Draft business case for 2 year pilot, submit to Health Board Business Case Assurance Group for oversight and comments Finalise fully costed case to implement x 4 RDC clinical pathways, submit to Moondance for release of funding					Draft business case for 2 year pilot, submit to Health Board Business Case Assurance Group for oversight and comments Finalise fully costed case to implement x 4 RDC clinical pathways, submit to Moondance for release of funding					Charitable Funding approved and received from 'Moondance'; Capacity increase of RDC sessions by 50%.	
	WHSSC Business Case for structure for Lymphoma service									Develop and submit business case in line with timescales advised by WHSCC							Develop and submit business case in line with timescales advised by WHSCC				
	Implement recommendations for Improving End of Life Care and rebrand and expand the Current Advanced Care Planning (ACP) Team to cover primary and secondary care. Improve choice for patient and care at end of life at front door									Submit paper to exec for funding of additional expansion of Ty Olwen capacity - Q2 Implement agreed proposals for specialist palliative care at front door and aligned to virtual wards - recruit to posts as per business case SPC Front door service fully operational Progress case for EOLC expansion of Ty Olwen beds					Implement agreed proposals for specialist palliative care at front door and aligned to virtual wards - recruit to posts as per business case					SPC Front door service fully operational	
Maternity Children and Young People																					
Develop a sustainable Neonatal Service, Neonatal care will be commissioned to meet the local and national population needs of Wales in line with the Bristish Association of Perinatal Medicine (BAPM) 3rd Edition Increase income Deliver 70% occupancy of cot capacity in order to become compliant with BAPM standards, together with increasing income opportunities	Implementation of a 24 hour transport model beyond the 6 months interim period with demonstrably governance arrangements, A 'Neonatal Flow' paper (covering capacity and workforce) has been completed and recommends that the HB commission 2 extra HD cots at Singleton, based on actual and projected additional income generated from increased flow. Gain approval of this proposal and in turn recruit appropriate workforce to meet BAPM standards and provide additional cot capacity, funding will allow delivery of appropriate therapy provision									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 Recruit appropriate level of workforce to meet BAPM standards require Medical and nursing support					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					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	
Deliver improvements to Urgent & Emergency Care for Children & Young People in fit for purpose accommodation	Refurbish and reconfigure paediatric footprint to create a single point of access, and refurbis'hment of paediatric wards with additional capacity for surgical activity (including dental) and dedicated space for adolescents.									Childrens emergency unit, PAU and short stay area Refurbishment of paediatric wards, Morriston Hospital (hosted by NPTSSG) Development of an appropriate adolescent facility Development of paediatric surgical day surgery area including repatriation of paediatric dental service from Parkway facility							Refurbishment of paediatric wards, Morriston Hospital (hosted by NPTSSG) Development of an appropriate adolescent facility Development of paediatric surgical day surgery area including repatriation of paediatric dental service from Parkway facility				

Goal	Method	Apr	May	Jun	Q1 milestones	Lead	Jul	Aug	Sep	Q2 milestones	Lead	Oct	Nov	Dec	Q3 milestones	Lead	Jan	Feb	Mar	Q4 milestones	Lead		
Improvements to Regional & Commissioned Services by delivering a patient and victim centred sexual assault service with health needs as the key priority, to provide the best outcomes for victims of sexual violence, to be achieved through a health-led programme, with the health Board working in partnership with policing and local authorities. The aim is for the majority of children to be seen and examined during the day and, as a minimum, to offer a paediatric assessment within 24 hours of referral Also to work in partnership with local authorities to transform complex care pathways	Support and participate in the regional SARC Project, delivering designated actions as service requires					Christine Williams				Implementation of the Delivery Plan for Children & Young People's Emotional & Mental Health Delivery Plan Develop and implement a fit for purpose Continuing Healthcare pathway with robust governance Agree multi-agency pathway Agree and communicate work programme for the remainder of 2021/22 Agree governance and set-up of work streams Development of service specification for CAMHS to ensure good alignment with other SBUHB services including Children Services and Unscheduled Care Work with the SARC Project Board to agree Paediatric Model.	Christine Williams					Christine Williams				Implementation of the Delivery Plan for Children & Young People's Emotional & Mental Health Delivery Plan	Christine Williams		
	Participate in the Transforming Complex Care Programme and deliver actions as agreed																						
	Implementation of the Delivery Plan for Children & Young People's Emotional & Mental Health Delivery Plan																						
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																						
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 caapcity to meet demand and clear backlog									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													
Expand paediatric psychology support	Deliver increased psychology support for children & young people across a wider range of specialities.									Deliver increased psychology support for children & young people across a wider range of specialities.							Deliver increased psychology support for children & young people across a wider range of specialities.						Deliver increased psychology support for children & young people across a wider range of specialities.
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									Successfully appoint Named Dr role which is currently vacant. Integrate safeguarding within service review job plans to allow dedicated time to support							Successfully appoint Named Dr role which is currently vacant. Integrate safeguarding within service review job plans to allow dedicated time to support						Successfully appoint Named Dr role which is currently vacant. Integrate safeguarding within service review job plans to allow dedicated time to support
Develop sustainable workforce plans for maternity staff	Effective recruitment strategy to be rolled out to ensure the service compliance with Birth Rate + and RCOG Standards									Midwifery Workforce Gap analysis - paper to vacancy control group Workforce Planning Group to be convened in response to streamlining midwifery students Maintain RCOG Standards - monitor staffing via WG performance board							Workforce Planning Group to be convened in response to streamlining midwifery students Maintain RCOG Standards - monitor staffing via WG performance board						
Safe & Sustainable maternity services	Implement a central monitoring system to safely monitor the babies wellbeing in labour, and an antenatal surveillance of fetal growth and wellbeing									Implement a central monitoring system to safely monitor the babies wellbeing in labour, and an antenatal surveillance of fetal growth and wellbeing Implement a central monitoring system to safely monitor the babies wellbeing in labour							Implement a central monitoring system to safely monitor the babies wellbeing in labour						Implement a central monitoring system to safely monitor the babies wellbeing in labour, and an antenatal surveillance of fetal growth and wellbeing
Improve outcomes for mothers and babies	Increased support for breastfeeding and additional and/or specific needs are proactively identified with robust referral to specialist services including Perinatal Mental Health								Increased support for breastfeeding and additional and/or specific needs are proactively identified with robust referral to specialist services including Perinatal Mental Health To appoint a FT Perinatal mental health midwife					To appoint a FT Perinatal mental health midwife					Increased support for breastfeeding and additional and/or specific needs are proactively identified with robust referral to specialist services including Perinatal Mental Health				
Improving Primary, Community and Therapy services																							

Annual Plan Tracker

Goal	Method	Apr	May	Jun	Q1 milestones	Lead	Jul	Aug	Sep	Q2 milestones	Lead	Oct	Nov	Dec	Q3 milestones	Lead	Jan	Feb	Mar	Q4 milestones	Lead		
Define the shared vision of a SBUHB primary care led health system, describing how we will transform the system to benefit our patients	Produce SBUHB Clusters Development Plan - complete by end of Q1 to be informed by x8 Cluster Annual Plans/ Health Board Annual Plan alignment review taking place in Q1.				Pilot communication engagement in some Clusters. Expand MDT in clusters.	Brian Owens				Pilot communication engagement in some Clusters. Expand MDT in clusters. Social Referral/Community Engagement Audiology – community-based service Lymphoedema – education and treatment Community-based echocardiogram Community-based Sleep Apnoea Virtual Ward (risk stratification) Scheduling system for community nursing Sexual Health Mobilisation IRIS – support for domestic violence and abuse victims Community Phlebotomy Oral Health in Care Homes Speech & Language Therapy Physio – First Contact Practitioner	Brian Owens					Brian Owens				Expand MDT in Clusters	Brian Owens		
	Continue to develop MDT approach – including involvement of Dental Services.																						
	Contribute to the national review of Primary Care Model Wales 21/22 and lead on local delivery of the revised model.																						
Delivery of dedicated Cluster based services for the elderly, gastroenterology, respiratory, diabetes and cardiology.	Deliver Whole System Cluster Transformation Programme 21/22					Brian Owens					Brian Owens				Social Referral/Community Engagement Audiology – community-based service Lymphoedema – education and treatment Community-based echocardiogram Community-based Sleep Apnoea Virtual Ward (risk stratification) Scheduling system for community nursing Sexual Health Mobilisation IRIS – support for domestic violence and abuse victims Community Phlebotomy Oral Health in Care Homes Speech & Language Therapy Physio – First Contact Practitioner	Brian Owens				Social Referral/Community Engagement Audiology – community-based service Lymphoedema – education and treatment Community-based echocardiogram Community-based Sleep Apnoea Virtual Ward (risk stratification) Scheduling system for community nursing Sexual Health Mobilisation IRIS – support for domestic violence and abuse victims Community Phlebotomy Oral Health in Care Homes Speech & Language Therapy Physio – First Contact Practitioner	Brian Owens		
Improving Mental Health and Learning Disabilities services																							
Scope expansion and develop business case for psychiatric and learning disability liaison at acute hospital sites, including substances misuse liaison.	Provide a 24hrs MH and LD liaison services if demonstrated from the scoping. Utilisation of MH transformational funding to achieve the expansion if needs demonstrated.					David Roberts					David Roberts					David Roberts					David Roberts		
Finalising the expansion of CHC commissioning team for MH and LD services	Implement the action plans developed by the Service Group following external reviews of the CHC processes.									Further work with Community and Primary Care Service Group regarding pooling contracting lead posts					Further work with Community and Primary Care Service Group regarding pooling contracting lead posts								
	Implement potential outcomes from the West Glamorgan Complex care Review																						
Commissioning of Perinatal Mental Health Mother and Baby Unit	In line with WHSCC and SBUHB implementation plan to be commissioned in April 2021																						
Redesign of current LD Model of care covering specialist inpatient services and the expansion of community Learning disability community provision.	To be completed via the joint LD commissioning Group with the three Health Boards, SBUHB, CVUHB and CTMUHB to ensures consistency of approach and approval from all areas																					Development of the future model of service	
Scoping and redesign of the Older Peoples Mental Health Inpatient across the Service Group	Review current inpatient beds provision and the already enhanced community service provision to aim to develop the revised inpatient model																	Consideration by HB of feedback from engagement Following meeting with HB Strategy Dept further meeting to be established with both LA's and the community Health Council					
Adult Mental Inpatient provision business case	Continue to develop the full business case and complete the public engagement of the proposed provision of service																	Following meeting with HB Strategy Dept to arrange meeting with CHC to discuss the required Public engagement					Centralised inpatient model of service within a purposed built environment meeting the needs of the patient population for the Health Board area

Annual Plan Tracker

Goal	Method	Apr	May	Jun	Q1 milestones	Lead	Jul	Aug	Sep	Q2 milestones	Lead	Oct	Nov	Dec	Q3 milestones	Lead	Jan	Feb	Mar	Q4 milestones	Lead	
To continue with the development of the programs under the Mental health Transforming Mental Health Services Programme.	Continue to develop and engagement this projects with Local Authority and the third sector partners														Agreement of multiagency operational policy CLDTs. Planned repatriation of patients 3 & 4 from out of area placements Improved access to psychological therapies. Utilise the WG MHSIF's to increase the therapy resource within the current service Expansion of the MH links workers within the GP Clusters. Expansion of the Eating Disorder services.							
Improving Quality and Safety through the five priorities																						
SUICIDE PREVENTION	Education of all available staff across the HB in recognising and managing suicide and self-harm. Continue to support and work with Swansea NPT Multi Agency Group and other stakeholders across the HB in relation to obtaining a baseline assessment of suicide cases and map against national trends. Create and recruit Registered Professional post 1x8C to lead and develop/support the service. OH and Wellbeing support for staff with anxiety/depression - to prevent escalation in risk of suicide.				Undertake Communication campaign to promote awareness of quality priority.Confirmation of resource Advertisement and recruitment	Christine Williams				Define governance structures to support the quality priority Identification of baseline data Development of communication and training plan to support achieving the priority Recruitment of key personnel to support delivery	Christine Williams				Define governance structures to support the quality priority Identification of baseline data Development of communication and training plan to support achieving the priority Recruitment of key personnel to support delivery	Christine Williams					Christine Williams	
		Remove ligature risks across all HBs premises.																				
INFECTION PREVENTION AND CONTROL	Review and implement reduction targets for primary and secondary care in line with best performing organisations, requires benchmarking: primary care across Wales; secondary care across the UK.				Confirmation of resources Development of Band 6 job description Advertisement and recruitment to post					Advertisement and recruitment to key posts Commencement of postholder Alignment of decontamination protocols					Define governance structures to support the quality priority Development of a ward to board dashboard to enable oversight of key indicators and enable early intervention Drive improvements in prudent antimicrobial prescribing					Achieve compliance with staff training Recruitment of key personnel to support delivery		
	Undertake HB rollout of Medicine Management – Electronic Prescribing and Administration system. Reduce antibiotic and antimicrobial usage and improve quality of prescribing in terms of compliance to guidelines, review of antibiotics, documentation and timely transfer of IV to Oral prescribed medications.																					
END OF LIFE CARE	Review findings of National audits (NACEL) Build in feedback mechanism from HB mortality Reviews				Review EOLC Group terms of reference to reflect quality priority Identification of GP representative within EOLC Board					Establishment of governance structures to support the quality priority Participation in the National End of Life care Audit Review quality of care at End of Life					Review quality of care at End of Life Map Provision of End of Life care within District Nursing services Development of training plan to support achieving the priority Recruit EOLC Clinical Specialist Ensure training in recognition and management of patients approaching EOLC from 1yr down.					SIGNAL adapted in all clinical areas All patients to be recognised and receive EOLC throughout the HB (aim of 100% by Q4)		
	Ensure training in recognition and management of patients approaching EOLC from 1yr down.				Identification of clinician in each service group to review notes Completion of notes review Ensure that Signal system records patients in last days of life					Map Provision of End of Life care within District Nursing services Development of training plan to support achieving the priority												
	Effective EOLC Board to evaluate progress and evidence / recommend changes in practice.				Identification of Informatics Lead to support with data processing Confirmation of resource Development of job description					Recruit EOLC Clinical Specialist Ensure training in recognition and management of patients approaching EOLC from 1yr down. Ensure training in recognition and management of patients approaching EOLC from 1yr down.												
	Develop the use of digital technology to map compliance and notification of patients who require or receiving EOLC																					
SEPSIS	Increase number of patients being properly recognised, assessed and treated for Sepsis - over the course of the year.				Review Terms of Reference for RADAR Group and overarching reporting structure to incorporate existing work in to increase recognition and treatment of sepsis across the health board					Development of training plan to support achieving the priority Recruitment of key personnel to support delivery					Development of training plan to support achieving the priority Recruitment of key personnel to support delivery					Aim all patients (100% compliance) are reviewed against SEPSIS criteria.		
	Improve compliance with education of patient-facing MDT staff in the recognition of patients at risk of Sepsis and acute deterioration. Develop a Health Board wide standardised teaching programme.				Nominated representative from each Service Group to attend RADAR Group															Sepsis assessments are embedded across the HB and Sepsis Team established.		

Population Health

Workforce and Leadership

Annual Plan Tracker

Goal	Method	Apr	May	Jun	Q1 milestones	Lead	Jul	Aug	Sep	Q2 milestones	Lead	Oct	Nov	Dec	Q3 milestones	Lead	Jan	Feb	Mar	Q4 milestones	Lead
	Establish KPIs for roster management that are standard across the UHB.																				
	Procure and implement the final part of the Allocate optimising package for the medical workforce and to develop an interim project plan to implement the system. This will include the recovery plans for Locum on Duty and E job planning to embed all three systems in an integrated way by specialty. This will produce the development of comprehensive information tool to set out consultant and SAS activity to support demand and capacity planning																				
	Transfer of ESR responsibility from Finance to Workforce. Produce a service improvement plan for ESR based on the full implementation of ESR ESS/SSS/MSS. Focused on ESR National Assessment Criteria.																				
Staff Experience Improved staff experience, where more staff rate us as excellent by March 2022	Support service leaders to identify and develop local staff action plans to improve staff experience and view of the UHB					Catherine Jones					Dabbie Eyllarb				Develop a cohort of practitioners to drive forward the cultural change required Continue to drive forward the #LivingOurValues campaign and staff recognition programme Updated leadership and management programmes which take into consideration the effects of Covid on the workforce.	Dabbie Eyllarb					Dabbie Eyllarb
	Develop a cohort of practitioners to drive forward the cultural change required for JUST Culture.																				
	Continue to drive forward the #LivingOurValues campaign and staff recognition programme																				
	Updated leadership and management programmes which take into consideration the effects of Covid on the workforce.																				
	Identification & training of "Resolution Champions" Roll out ACAS behaviours training, Awareness raising and training on the new policy, train internal mediators																				
	Every member of staff that leaves the UHB to receive an exit interview. Scope if this requires any investment																				
Recruitment and Retention Recruitment & Retention Strategy in place supporting widening access and enabling a sustainable workforce to be developed.	Through our Career Development Team, we will work with our local communities, schools, colleges and universities to further develop career pathways, with a particular focus on widening access to reflect the communities we serve														Extend the opportunities for apprenticeship in both clinical & non-clinical functions.					Career development team Develop an organisation-wide approach to developing talent within Swansea Bay UHB Develop a recruitment strategy in conjunction with professional heads to support the development of a sustainable workforce.	
	Develop an organisation-wide approach to developing talent within Swansea Bay UHB																				
	Extend the opportunities for apprenticeship in both clinical & non-clinical functions.																				
	Develop a recruitment strategy in conjunction with professional heads to support the development of a sustainable workforce.																				
	Implement the agreed recruitment strategy through various interventions. Refer to People plan ro details																				
	Develop and implement a retention strategy with professional heads of service to address retention issues																				
Supporting the Annual Plan (Workforce) Support the delivery of the required workforce redesign associated with the agreed outcomes in the Annual Plan i.e. Improvement in our Unscheduled Care System, Improving the Backlog Position and Implementation of Year 1 Clinical Service Plan	Facilitate the development of workforce plans for all staff groups to outline the required workforce design based on demand capacity modelling. Support the redesign of nurse rosters and team job plans to feed into Recruitment Strategy.																				
	Support the Engagement Plan at Health Board wide and local Service level via a variety of forums, HPF, LPF, Drop-in sessions, newsletters delivered by Service Leads.																				

[illegible]

Annual Plan Delivery 2021/22 Q2

Programme status

Responding to COVID-19

The delivery profile for the vaccination programme has been refined since the development of the goals, methods, and outcomes for the Annual Plan, with a greater focus on local delivery via local vaccination centres. While the numbers of people being vaccinated by the mobile vaccination unit has not reached the original target of 800 people per month, the unit is instead being deployed as part of the vaccine equity action plan, in addition to local vaccination centres.

All priorities are completed or on-track to deliver by due date.

Urgent and Emergency Care

Table 1

Action	Due	Status	Mitigating response
Acute Medical Services Re-design			
Workforce recruited	31/08/2021	Off-track	<ul style="list-style-type: none">• Critical recruitment underway, with recruitment tracker in place to support with appointment to key posts.• Failed to appoint to Const. Geriatrician posts - contingency agreed.• Home First posts – failure to appoint and scarcity of in-house resource. Benefits delivery at risk.
Step Up Step Down			
Sign off Orthogeriatrics business case Around wider MDT	31/07/21	Off-track	<ul style="list-style-type: none">• Model being re-scoped in early Q3.
Agree Orthogeriatrics clinical model	31/08/21	Off-track	<ul style="list-style-type: none">• Shift from a primary-based care model into a community model.

The original programme plans for Urgent and Emergency Care is being re-baselined to reflect delays in the delivery of the Acute Medical Services Re-design element of the Programme. This has resulted in the capital works programme commencing from the end of Q3 and completing in mid-2022. This change to the delivery timeline will be reflected in the report on actions for Q3 and will be part of the review of planning assumptions to be considered in December.

Planned Care

Table 2

Action	Due	Status	Mitigating response
Outpatients Modernisation			
Implement Consultant Connect in priority specialties	30/09/2021	Monitor	<ul style="list-style-type: none"> Implementation in Cardiology and General Surgery has been delayed, with engagement underway with service management, to complete in Q3.
Validate follow up waiting lists in priority specialties	30/09/2021	Monitor	<ul style="list-style-type: none"> Letter drafted from Executive Medical Director and Deputy COO to all specialties Reviewing all waits over 100% where appointments were due by March 2020, in all specialties, to move up to 20% referrals to a 'see on symptom' pathway, or discharge where appropriate.
Re-balancing Surgical Services			
Sign off proposed solution for modular theatres	30/09/2021	Monitor	<ul style="list-style-type: none"> Funding has only been received in part; to fund one Ophthalmology theatre at the Singleton Hospital site. Options being explored to use slippage and existing estate to move surgical services to Singleton.
Diagnostics Recovery			
Develop recovery plans	31/10/2021	Monitor	<ul style="list-style-type: none"> Recovery plans aligned with GMOs to be performance managed through Diagnostics Recovery Group

Cancer and Palliative Care

All priorities are completed or on-track to deliver by due date.

Maternity, Children and Young People

Table 3

Action	Due	Status	Mitigating response
Deliver improvements to Urgent and Emergency Care for Children & Young People			
Refurbishment of paediatric wards, Morriston Hospital (hosted by NPTSSG)	01/10/2021	Off-track	<ul style="list-style-type: none"> Reinstate discussions regarding developing adolescent/day surgery facility on Dyfed Ward, Morriston Hospital Work delayed due to ongoing pressures on Morriston site and Dyfed ward used for adult surge,

Action	Due	Status	Mitigating response
Development of an appropriate adolescent facility			also due to expected Paediatric RSV increased incidence expected between Sept 21 - March 2022, recognised nationally, this work may need to be deferred post March 2022 - to be discussed at Service Group and then HB level, development of Childrens unit to be discussed as part of R&S framework
Development of paediatric surgical day surgery area including repatriation of paediatric dental service from Parkway facility			
Safe and Sustainable Maternity Services			
Implement a central monitoring system to safely monitor baby wellbeing in labour	30/09/2021	Off-track	<ul style="list-style-type: none"> Dedicated fetal monitoring midwife continues to carry out training to staff on fetal monitoring. Progress is being made with Finance made on securing capital funding for central monitoring system, with a view to place an order with the preferred supplier in Q3, and delivery expected by the end of Q4.

Quality and Safety

Table 4

Action	Due	Status	Mitigating response
Suicide Prevention			
Recruitment of key personnel to support delivery	31/10/2021	Off-track	Confirmation of resource Development of job description Advertisement and recruitment Commencement of post Intranet article to raise awareness
Sepsis			
Development of training plan to support achieving the priority	31/12/2021	Off-track	Collate and report mandatory training compliance within service groups Develop training needs analysis across HB (including Primary Care providers)
Recruitment of key personnel to support delivery	31/10/2021	Off-track	Confirmation of resource Recruitment to 2 x Clinical Sessions Development of job description Band 8A and Band 6 posts Advertisement and recruitment of posts Commencement of post
Falls Prevention			
Development of training plan to support achieving the priority	31/12/2021	Off-track	All Service Groups to confirm types of training/status re: Falls Develop training needs analysis across HB (including Primary Care providers)
Recruitment of key personnel to support delivery	31/10/2021	Off-track	Confirmation of resource Development of job description Band 8 Development of job description Band 7 Advertisement and recruitment Commencement of post

Primary Care, Community and Therapies

Table 5

Action	Due	Status	Mitigating response
Social Referral/Community Engagement	31/03/2022	Monitor	<ul style="list-style-type: none"> Feasibility studies received from Neath Port Talbot Council for Voluntary Service, and currently under review within the Primary, Community, and Therapies Delivery Group.

Mental Health & Learning Disabilities

Table 6

Action	Due	Status	Mitigating response
Learning Disabilities Re-design			
Commence operation of repurposed acute inpatient unit for repatriation and reassessment of a new operational pol	12/07/2021	Off-track	<ul style="list-style-type: none"> The repatriation unit has started to take patients, still recruiting to some of the support posts
Transforming Mental Health Services			
Engage external experts for supporting inpatient service model development with partner agencies and key stakeholders.	31/07/2021	Monitor	
Confirmation of Community Learning Disabilities Team core function and community pathway in line with the work following the Coupland review.	30/09/2021	Monitor	

Workforce and Leadership

Table 7

Action	Due	Status	Mitigating response
Workforce efficiencies			
Determine the medical establishments	31/12/2021	Monitor	<ul style="list-style-type: none"> Work is underway with Finance to agree a suitable approach to determining the medical establishment. Work is underway with the Morriston Delivery Group to determine the approach by the end of Q3, with a view to implement in all other Delivery Groups in Q4 onward.

Digital

Table 8

Action	Due	Status	Mitigating response
SIGNAL			
Development v3 phase 1 complete.	31/12/2021	Off-track	<ul style="list-style-type: none"> Development was scheduled to be completed by end of August – this has been delayed until November 15th.
User acceptance testing including sign off.	30/01/2022	Off-track	<ul style="list-style-type: none"> Testing environment will now be available from November 15th and not August as initially planned. Testing and sign-off expected by the end of December.
Electronic prescribing (HEPMA)			
Evaluate the implementation of HEPMA at Neath Port Talbot and Singleton Hospitals including benefits realisation.	31/08/2021	Off-track	<ul style="list-style-type: none"> Evaluation due to complete in October 2021
Theatre Operating Management System			
Electronic pre-assessment information to be made available in Single Digital Health Record (WCP).	30/06/2021	Off-track	<ul style="list-style-type: none"> Due in October 2021
Welsh Nursing Care Record (WNCR)			
New software release to be tested and deployed	30/09/2021	Off-track	<ul style="list-style-type: none"> Implementation due in Q3
Welsh Clinical Portal			
Support regional diagnostic services: Endoscopy reports to be made available in WCP within the Single Digital Health Record (WCP)	30/09/2021	Off-track	<ul style="list-style-type: none"> Implementation delayed to Q4.
Implement pathology phlebotomy module to support pathology test requesting (WCP)	31/12/2021	Off-track	<ul style="list-style-type: none"> Implementation delayed to Q4.
Pilot Results Notifications enabling paper reporting to be switched for selected [blood sciences] pathology reports [Rheumatology and Dermatology Singleton] including evaluation	31/07/2021	Off-track	<ul style="list-style-type: none"> Implementation delayed to Q4.

Outcome measurement

Tables 9-11 below details the benefit outcomes metrics have been developed to measure the changes delivered in Q2 across the COVID-19 response, Urgent and Emergency Care, and Planned Care Recovery programmes. Further work is being undertaken to establish baselines and outcome metrics across the other programmes and these will be reported on in Q3.

Table 9

Goal	Outcome measure		Jul	Aug	Sep
Deliver vaccination for priority groups 1-4 to reduce COVID-19 prevalence in the most vulnerable groups, fully vaccinating 200,000 people by Q2	Three MVCs established, with local delivery points established according to population need, fully vaccinating 200,000 people classed as the most clinically vulnerable under JCVI guidance.	Baseline 56,487	278,533	285,299	287,251
		Target 200,000			
	A mobile vaccination unit deployed, vaccinating 800 people per month.	Baseline 578	564	277	367
		Target 800			

Table 10

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

Table 11

Goal	Outcome measure		Jul	Aug	Sep
Implement a structured advice and guidance system to reduce referral demand and face to face attendances where appropriate	New Outpatient GP referrals	Base 20,301	-15.89%	-17.05%	-15.66%
		Target -20%			
	New Outpatient waits <36 weeks	Base	32,993	33,850	32,993
		Target <25,000			