



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	25th March 2021	Agenda Item	4.3
Report Title	SBUHB Operational Plan 2020/21 – Delivery of Q3 Actions		
Report Author	Maxine Evans, Head of IMTP Development and Implementation		
Report Sponsor	Siân Harrop-Griffiths, Director of Strategy		
Presented by	Siân Harrop-Griffiths, Director of Strategy		
Freedom of Information	Open		
Purpose of the Report	This paper provides the reported status against the actions agreed for Quarter 3 as part of the SBUHB Quarter 3&4 Operational Plan		
Key Issues	<p>Within the Q3&4 Plan, which was submitted to Welsh Government on 16th October 2020, a series of actions underpinned by milestones were identified with timescales for achievement.</p> <p>This paper provides a high level summary of the performance position against the actions and milestones at the end of Quarter 3, reflecting the breadth of work that has been undertaken across the individual plans. Where actions are off-track, mitigating actions have been highlighted.</p> <p>It has been agreed that delivery of the actions will be monitored and reported to the SLT/Executive Team with a quarterly report to the Performance & Finance (P&F) and Quality and Safety (Q&S) Committees, followed by the Board. The timeline for the reporting arrangements for the remainder of this year are included for information.</p>		
Specific Action Required (please choose one only)	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 and milestones identified within the Q3&4 Plan for Quarter 3; • NOTE the reported RAG status and supplementary comments against each action that is off-track; • NOTE the areas of achievement; • NOTE that reports are taken through the Performance and Finance Committee and Quality and Safety Committees on a quarterly basis, followed by Board; 		

	<ul style="list-style-type: none">• NOTE the timelines for the reporting arrangements for the remainder of 2020/21
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QUARTER 3&4 OPERATIONAL PLAN 2020-21 - DELIVERY OF THE QUARTER 3 ACTIONS

1. INTRODUCTION

This paper provides the reported status against the actions agreed for Quarter 3 as part of the SBUHB Quarter 3&4 Operational Plan.

2. BACKGROUND

Within the Q3&4 Plan, which was submitted to Welsh Government on 16th October 2020, a series of actions underpinned by milestones were identified with timescales for achievement.

This paper provides a high level summary of the performance position against the actions and milestones at the end of Quarter 3, reflecting the breadth of work that has been undertaken across the individual plans. Where actions are off-track, mitigating actions have been highlighted.

It has been agreed that delivery of the actions will be monitored and reported to the SLT/Executive Team with a quarterly report to the Performance & Finance (P&F) and Quality and Safety (Q&S) Committees, followed by the Board. The timeline for the reporting arrangements for the remainder of this year are included for information.

Tracker/Month	SLT/Exec Team	P&F	Q&S	Board
Full Q3 Performance	17/02/21	23/02/21	23/02/21	25/03/21*
Full Q4 Performance	19/05/21	25/05/21	25/05/21	27/05/21

*No Board in February

3. PROGRESS UPDATE

The Q3&4 Action Plan Tracker was developed, with identified service/planning leads and agreed timescales for achievement, attached for Quarter 3 as Appendix 1.

Overall the tracker provides assurance that a good level of progress has been achieved against the actions and milestones agreed for Quarter 3 with 64.9% completed, 30.8% on track to deliver and 4.3% off-track.

The four harms remain the context in which the Plan was developed. Each of the actions have been predominantly attributed to one of the four harms and demonstrates that these have been considered and addressed through the actions that are being delivered.

A summary of the performance position and some key areas of achievements are provided, see Appendix 2. Detailed feedback is also given for the nine off-track actions including revised milestones where required as set out below:

Theme	Off-Track Actions
Surgical and Theatres	1. <u>Action</u> : Reinstatement of theatres at NPTH

	<p><u>Status & Mitigation:</u> Gold decision to suspend elective inpatient activity in NPTH due to COVID bed requirements for HB. Reviewed in January and agreement to re-start operating from 22nd February for SBU and CTM which commenced as planned</p>
<p>Diagnostics & Imaging</p>	<p>2. <u>Action:</u> Neurophysiology – Implement proposals from business cases to increase capacity in the system to maintain pre-COVID performance</p> <p><u>Status & Mitigation:</u> Business case not funded for Q3&4. Waiting list growing. Put forward by service as a priority in Annual Plan 21-22 for consideration</p> <p>3. <u>Action:</u> Echo Cardiology - Extending working hours, weekdays and weekends</p> <p><u>Status & Mitigation:</u> Business case not agreed and therefore recruitment process not progressed. Locum support is in place (volumes are limited due to lack of availability of locums). Two additional machines agreed for 6 months and in place. Included by the service as a priority for the Annual Plan 21-22</p>
<p>Cancer & Palliative Care</p>	<p>4. <u>Action:</u> Develop RT case for hypofractionation for Prostate case to be developed jointly with Hywel Dda and SBU Urology Surgical colleagues.</p> <p><u>Status & Mitigation:</u> Case not yet finalised due to issues within team due to covid. Case is in draft version and has been circulated to colleagues for final feedback. Working on revised deadline of 26th March to get the case fully costed. Included by the service as a priority for the Annual Plan 21-22</p> <p>5. <u>Action:</u> To undertake SABR treatment for Lung Cancer patients in SWWCC</p> <p><u>Status & Mitigation:</u> WHSSC are taking the proposal through a service designation process .The Commissioning Assurance Framework for designating new services include a stage 1 report that makes a recommendation on whether a provider is potentially suitable. If the stage 1 decision is yes, then it moves to stage 2 business case submission and assessment. WHSSC has advised of an indicative timeline to complete with a recommendation in July 21.</p> <p>6. <u>Action:</u> Review cancer tracking resources</p> <p><u>Status & Mitigation:</u> Delay in decision being made to allow OCP process to commence. The Cancer Tracking posts have now been agreed and appointed to. Waiting on start dates which is anticipated to be the end of April 21.</p> <p>7. <u>Action:</u> Develop a number of recommendations for Improving End of Life Care and engaging with our Current Advanced Care Planning Team to take these forward along with the wider HB community including primary care</p>

	<p><u>Status & Mitigation:</u> Awaiting on decision if able to proceed. Work has now commenced on improving the end of life care recommendations and this will be a priority for the Annual Plan 21-22</p>
Children, Young People & Maternity	<p>8. <u>Action:</u> Submit peer review action plan. Complete review of neonatal workforce gaps against BAPM standards</p> <p><u>Status & Mitigation:</u> The peer review action plan was submitted to the Network in August 2020 and a workforce review was carried out. A Workforce Paper has been prepared which highlights the requirement to increase funded capacity from income generated by NICU specialist activity over the past 2 years, funded through the WHSSC LTA framework</p>
Digital Transformation	<p>9. <u>Action:</u> WCCIS – Commence Data Migration</p> <p><u>Status & Mitigation:</u> Workshops with SDGs to establish financial plan commenced and will continue in January. Workshops have been held in February and the SDGs are finalising their financial plans. There is a meeting at the end of March with the CEO and DoF to review them</p>

4. GOVERNANCE AND RISK ISSUES

This report is the fourth to be considered since the beginning of the Covid-19 pandemic. It has been agreed that delivery of the actions will be monitored on a monthly basis and reported to the SLT/Executive Team with a quarterly report to the Performance & Finance and Quality and Safety committees and Board.

5. FINANCIAL IMPLICATIONS

There are no direct financial implications from this paper.

6. RECOMMENDATION

Members are asked to:

- **NOTE** the actions and milestones identified within the Q3&4 Plan for Quarter 3;
- **NOTE** the reported RAG status and supplementary comments against each action that is off-track;
- **NOTE** the areas of achievement;
- **NOTE** that reports are taken through the Performance and Finance Committee and Quality and Safety Committees on a quarterly basis, followed by Board; **NOTE** the timelines for the reporting arrangements for the remainder of 2020/21

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	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		
<i>(please choose)</i>	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 Q3&4 Plan actions and their delivery in Q3		
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 Operational Planning 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 fourth report to the Senior Leadership Team on the performance status of the actions identified within the Quarterly Operational Plans	
Appendices	Appendix 1 – Q3 Operational Plan Action Tracker Appendix 2- Summary of Progress	

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

Key for 4 Types of Harm:

1. Harm from Covid itself
2. Harm from an overwhelmed NHS and Social Care System
3. Harm from reduction in non-Covid activity
4. Harm from wider societal actions/lockdown

Service Area	Priority	Action	QUARTER 3				Addressing the Four Harms
			Milestone	Lead	RAG	Comments on Status	
Managing Covid-19	Brexit National Planning	Nominated Leads at National Groups	Group in place	Karen Jones	Green		Harm 2
		To ensure Health Board planning arrangements and national planning arrangements are aligned	Planning arrangements in place	Karen Jones	Green	Planning is on going with a constant risk review assessment in process. Some high risks remain but mitigation measures in place and services noting high risks have included a RAID log process. Oversight remains from within EPRR Strategy Group and strategic risk log presented at C-19 Gold	Harm 2
	Health Board assurance of preparedness	Completion of service risk and impact assessments, with appropriate mitigation and ongoing monitoring	Risk and impact assessments in place	Karen Jones	Green	Full risk and impact assessment completed. constant integrated emergency management cycle approach to assess and review. Risks currently being revised further as a result of the end of transition period with a deal	Harm 2
		Review of Business Continuity Plans to ensure robust consideration of the impact of COVID-19 and Brexit implications	Review of Business Continuity Plan in place	Karen Jones	Green	Full assurance that all service business continuity plans are up to date to reflect C-19 and EU exit risks and appropriate mitigations in place. Mitigations articulated in risk log and RAID logs for high risks	Harm 2
		Compilation and analysis of assurance submissions to ascertain high risks, key interdependencies, gaps and further planning and training requirements	Compilation and analysis of assurance submissions in place	Karen Jones	Green	Complete and assurance provided to Board in December 2020. Following this analysis a risk register has been compiled and is reviewed in accordance to the strategic risk log review.	Harm 2
		Retain a live Brexit preparedness document	Live Brexit preparedness document in place	Karen Jones	Green	retained as a live document	Harm 2
		Robust oversight, command, control and coordination arrangements, with appropriate escalation and decision-making tool	Robust oversight, command, control and coordination arrangements in place	Karen Jones	Green	Part of C-19 Gold. Board updated. EPRR Strategy Group in place and focussing on EU exit issues currently. SITREP submissions to the Local Resilience Forum were occurring daily from 28.12.20, now returned to once weekly but with verbal reporting daily in order that the LRF can update WG in order to update UK Government	Harm 2
		Brexit Risk Mitigation measures included in service winter plans	Brexit Risk Mitigation measures in place	Karen Jones	Green	Risk assessment complete, risk log and register in place with oversight in C-19 Gold and EPRR Strategy Group. Risk log currently being reviewed due to the EU exit with a deal. Constant review process will remain to ensure adequate horizon scanning.	Harm 2
	Ensure effective Command & Response arrangements	Review governance arrangements, including establishing Operational Silver and re-align structure, & revise TOR aligned to current Health Board emergency response arrangements and multi-agency structures	Review of governance arrangements in place	Dorothy Edwards	Green	Review complete, cells in place appropriate to the current pandemic response requirements. All TOR's have been updated and signed off in C-19 Gold. C3 arrangements remain in place and currently Gold meetings 3 times a week, with Operational Silver twice weekly and silver cells meeting as required. Current focus is with regard to the mass vaccination programme and full structure in place.	Harm 1
		Develop an escalation framework /decision support tool including finalisation of local circuit breakers /triggers to align response and include overarching emergency response arrangements	Development of an escalation framework /decision support tool in place	Dorothy Edwards	Green	Escalation framework and decision making tool regularly referred to in Gold and Silver meetings as part of the discussion of options and contingencies going forward following a situational awareness update and as a mechanism for horizon scanning and alert to triggers/potential concurrencies	Harm 1
		Ensure all COVID pathways are reviewed and updated and cleanse internet to ensure easily accessible	To be in place by end of October	Dorothy Edwards	Green	Complete and updated pathways included on C-19 intranet web page.	Harm 1
		COVID Coordination Centre – refresh working arrangements to ensure effective situational awareness at CCC level supporting GOLD and SILVER	COVID Coordination Centre working arrangements in place	Dorothy Edwards	Green	CCC remains in place with overarching view of pandemic response.	Harm 1
		Develop reporting and intelligence to ensure effective oversight of response arrangements including refinements to dashboard and highlight reports both from internal cells, regional and national	Development of reporting and intelligence in place	Dorothy Edwards	Green	Digital reporting evidence referred as part of C-19 Gold agenda and in conjunction with escalation framework to ensure continued situational awareness and horizon scanning; allowing for ongoing planning.	Harm 1
		Incorporate learning from recent interim debriefs and internal/external exercises	Incorporation of learning from recent interim debriefs and internal/external exercises in place	Dorothy Edwards	Green	Identified lessons captured. a recent exercise; Ymarfer Yn Barod; all lessons identified and evidence of adoption; this will be confirmed in January Board Paper regarding updates on C-19 response.	Harm 1
Continue effective engagement through multi-agency C3 arrangements		Continuation of effective engagement in place	Dorothy Edwards	Green	Battle rhythm in place and structures updated to reflect current response arrangements	Harm 1	
Minimise nosocomial transmission and ensure an effective response to outbreaks		Establish a Nosocomial Transmission Silver (tactical) to oversee pathways and ensure effective outbreak control	Establishment of a Nosocomial Transmission Silver in place	Dorothy Edwards	Green	Nosocomial group in place and continues to retain oversight	Harm 1
	Ensure executive oversight of outbreaks/clusters within healthcare settings and appropriate linkage to IMT	Executive oversight and appropriate linkage in place	Dorothy Edwards	Green	OCT remains in place	Harm 1	
	Continue IMT structure for appropriate regional oversight of community clusters and outbreaks	IMT structure in place	Dorothy Edwards	Green	IMT continues to meet 3 times a week	Harm 1	
Ensure Effective Governance and Record Keeping	Embed archivist in team	Embedding archivist in team to be in place mid November	Karen Jones	Green	Archivist in post and developing SOPs and working through process. Identified as evidence of good practice in Wales by Wales Shared services Legal Team	Harm 1	
	Ensure detailed timeline of events from start of pandemic to include alignment of key guidance and policy	Detailed timeline of events in place by end of December	Karen Jones	Green	Undertaking a detailed timeline; licence purchase to allow an easier format and Archivist is pursuing this	Harm 1	
	Establish archiving model – digital and paper in line with good practice	Establish archiving model – digital and paper in line with good practice	Karen Jones	Green	Role established and progressing with requirements. These have been reinforced recently by Shared Services Legal Team and assurance given that highlighted issues to be addressed by each organisation are actioned. the role of the Archivist provides the skills required to undertake this to the standard required.	Harm 1	

Service Area	Priority	Action	QUARTER 3				Addressing the Four Harms
			Milestone	Lead	RAG	Comments on Status	
	Ensure effective communication with all stakeholders as part of our 'warning and informing' duties	Ensure effective staff communication with frequent bulletins and updated from Chief Executive/CCC.	Effective staff communication in place	Dorothy Edwards	Green	Regular staff bulletins continue, currently 3 times a week. Updates to Board and CEO briefings as required	Harm 1
		Continue stakeholder briefings & ramp up in light of situation	Stakeholder briefings in place	Dorothy Edwards	Green	Stakeholder briefings undertaken as required.	Harm 1
		Warn and inform through regular bulletins/media channels with patients/public and website, including transparency on outbreaks and management (some will be actioned via TTP Comms cell)	Warn and inform in place	Dorothy Edwards	Green	Communication strategy taken forward appropriate to the response	Harm 1
	Maintaining Robust Infection, Prevention and Control	Implement social distancing for staff and patients in communal and clinical areas	Continue to monitor compliance, review signage	Lisa Hinton	Green	Monitoring and compliance continued via IPC and H&S	Harm 1
		Health promotion/education: Raise awareness of general principles of IPC for staff, patients and visitors	Work with comms to ensure regular messaging. Comms to review effectiveness of messages. Ensure signage is prominent. Offer regular IPC related training for staff.	Lisa Hinton	Green	Communications strategy taken forward	Harm 1
		Ensure the most up to date guidance is implemented and disseminated in a timely manner	Ongoing review and refresh of SOPs	Lisa Hinton	Green	Undertaken by IPC	Harm 1
	Environmental decontamination	Ensure environmental cleaning and decontamination practices are in line with National guidance for COVID or other organisms as appropriate		Lisa Hinton	Green	Papers submitted to nosocomial group and Covid Gold to increase resources to meet the cleanliness standards for Covid. Areas are being cleaned in accordance with the requirements but there is a need for substantive staff. 4D process in use.	Harm 1
		Regular review of IPC practices and compliance with physical distancing	Signage relating to inpatient area maximum capacity to be implemented. Audit IPC practices and compliance with physical distancing	Lisa Hinton	Green	Signage in place. IPC audits undertaken within delivery groups and assurance audits by the IPCT as appropriate.	Harm 1
Test, Trace & Protect	Antigen Testing	Increase testing workforce in line with WG expectations around testing delivery – Liberty Stadium	Review of workforce in line with demand	Julie Morse	Green	successful recruitment campaign to provide optimal workforce - fixed terms contracts to maintain service stability.	Harm 2
		Develop Local Testing Plan	Implement actions included within plan	Julie Morse	Green	plan delivered - in line with national testing strategy. Reviewed regularly to take into account new testing policy and testing models	Harm 2
		Implement local testing sites targeting students, hard to reach areas, vulnerable public	Review range of testing options - accessibility key focus	Julie Morse	Green	enhanced testing capacity in place. Mobile testing units/ fixed site local and regional testing facilities - supported by Welsh Gov and DHSC	Harm 3
	TTP	Increase TTP workforce to meet additional demands – contract tracing	Review of workforce in line with demand	Julie Morse	Green	recruitment to optimise workforce has taken place. Fixed term contracts to ensure stability and continued response - until end June 2021.	Harm 2
	Antibody Testing	Provide antibody testing in line with national policy	Review of antibody testing capacity	Rhodri Davies	Green	Antibody testing service remains dormant following announcement by WG and workforce temporarily redeployed until further clarity on future of service from WG	Harm 1
Vaccination	Workforce Model	Finalise workforce model and flow calculations	Deliver	Dorothy Edwards	Green	Model in operation	Harm 1
		Populate first phase of rotas	Deliver	Dorothy Edwards	Green	Service up and running	Harm 1
	Digital	Identify digital requirements in line with national Welsh Immunisation System including booking solution once full functionality of WIS is known	Delivery – go live	Dorothy Edwards	Green	Service went live on 8th December	Harm 1
		Secure locations for Mass Vaccination Sites (beyond the Bay Field Hospital) and undertake site/logistics visits to finalise	Deliver	Dorothy Edwards	Green	3 MVCs in operation	Harm 1
	Logistics	Finalise in-reach/mobile model	Deliver	Dorothy Edwards	Amber	Imbalance will be available from st February; operational model being finalised	Harm 1
	Governance	Finalise SOPs/Action Cards	Deliver	Dorothy Edwards	Green	SOPS in place and signed off	Harm 1
Urgent & Emergency Care		Implementation of Discharge to Recover and Assess Pathways	Review Data and performance Measures and ensure alignment to SIGNAL.	Hilary Dover	Amber	On-going. Data and PM agreed through Community Silver. Work is on-going between partner organisations to ensure SIGNAL is aligned to the PM to enable digital reporting of agreed key measures.	Harm 2
		Implement Phone First in ED.	Implement Phone First in ED (January 2021)	Craige Wilson	Amber	Awaiting confirmation of launch start date from WAST/ 111. Memorandum of understanding review meeting 19th January.	Harm 2
		Urgent Primary Care Centres	Implementation of programme with a view to open December 2020	Anjula Mehta	Green	Service commenced with soft opening on 21st December.	Harm 2
		Mobile unit to allowing cohorting of patients at entrance of Morriston ED to release ambulance crews	Consider the alternative use of mobile unit	Craige Wilson	Green	Mobile unit now accommodating the OPAS which is now created additional capacity within the ED footprint.	Harm 2
		Central management of patient flow across the health board to maintain effective patient movement across all sites	To explore the co-ordination of elements of patient flow resource within the Health Board	Craige Wilson	Amber	Control centre established. Operational policy developed to support Bay Field hospital complete. No action on central management of patient flow	Harm 2
		Phased implementation of the Acute Medical Services Redesign	Delivery of Ambulatory care model in line with developed implementation plan	Jan Worthing	Amber	Outcome measures agreed. Inability to secure AEC Consultant Sessions due to COVID pressures. Rational for recurrent funding for 1 WTE AEC Consultant post escalated internally. Job description and Business case for AEC consultant post completed.	Harm 2
		Review of Acute Clinical Teams	Develop an options paper on the Medical Model for ACT for SBUJHB.	Tanya Spriggs	Amber	Paper has been developed. Milestone was slightly delayed due to COVID operational pressures. Paper presented to the KM@H. Comments to be submitted by 4th January 2021. Options to be costed and paper prepared for SLT in Q4.	Harm 2
		National Unscheduled Care Programme - six goals for urgent and emergency care which will help winter preparedness.	Monitor the implementation of the action plan and agreed Q3 milestones.	Craige Wilson	Green	Action plan will be monitored through the Urgent and Emergency Care Networking arrangements. Any slippage against key milestones outlined in the plan will be escalated via the UECNG.	Harm 2
Surgical and Theatres	Sustaining Elective Theatre Capacity and Utilisation	Scoping further development and implementation of the Theatre Operations Management Systems (TOMS)	Seek approval to TOMS Development Plan. Advertise and interview for post	Tersa Humphreys/Matt Knott	Green	Project Manager in post. Project initiation commenced. Clinical Stakeholder meeting established. TOMS development to commence April 2021.	Harm 3

Service Area	Priority	Action	QUARTER 3				Addressing the Four Harms
			Milestone	Lead	RAG	Comments on Status	
		Sustain theatre programme	Sustain delivery of enhanced theatre capacity at July 2020	Tersa Humphreys	Amber	Maintain delivery of the theatre programme across the three Hospital sites. Decision made early December to suspend operating on inpatient cases in NPT to be reviewed mid January 2021 to create access to model beds across the health system. Agreed reduced theatre programme over the Christmas/New Year period, but still enhanced compared to previous Christmas and New year theatre programmes.	Harm 3
		Ongoing review external guidance in regard to theatre rezoning	Implement ongoing advice and guidance re theatre rezoning	Tersa Humphreys	Amber	No change introduced to the screening for paediatric pathways. Main issues are insufficient red staff to be able to deliver emergency theatre programme and maintain the same level of theatre capacity for paediatric surgery and increasing community prevalence.	Harm 3
		Expanding the workforce	Progress with recruitment of theatre staff to support MSK theatre hub. Develop an integrated workforce plan for theatres and anaesthetics to support a phased delivery plan	Tersa Humphreys	Green	Posts in place	Harm 3
	Increasing and Sustaining Emergency Theatre Capacity and Utilisation	Commencement of Major Trauma Network and ortho-plastic trauma activity in Morriston from across Wales	Monitor activity and review capacity requirements	Tersa Humphreys	Amber	Further revisions the CEPOD/Trauma allocation made to reinstate 5 day Plastic Trauma from within the allocation with 3 half days allocated to hot lap choles.	Harm 2
		Utilise released theatre workforce	Maintenance of enhanced emergency operating capacity compared to pre-Covid	Tersa Humphreys	Amber	Ongoing as above	Harm 3
	Orthopaedic Surgery at Neath Port Talbot Hospital	Reinstatement of theatres	Monitor theatre activity and case mix	Neil Miles	Red	Gold decision to suspend elective inpatient activity in NPTH due to COVID bed requirements for HB. Reviewed in January and agreement to re-start operating from 22nd February for SBU and CTM which commenced as planned	Harm 3
		Development of Capital Business Case	SOC approval and OBC commencement	Neil Miles	Amber	Awaiting Welsh Government feedback/scrutiny. Expected late January 2021	Harm 3
		Scope interim modular theatre solution	Modular detailed development and procurement	Neil Miles	Amber	Quotes received from one company awaiting WG SOC feedback before pressing any bridging solutions.	Harm 3
	Assessing Potential Harm	Specialty Harm Assessments to be carried out	Develop monitoring mechanisms against key harm metrics	Neil Miles	Amber	Consideration of refocusing harm assessment in the context of recovery programme	Harm 2
		Consideration of evidence gathered referencing any harm	Monitoring of harm during any potential 2nd wave. Implement any emerging evidence as appropriate	Neil Miles	Amber	No actions taken during period	Harm 2
Engage with patients over current waiting times and explore possible alternative options for their treatment		Engage with patients over current waiting times and explore possible alternative options for their treatment	Neil Miles	Amber	Community Health Council questionnaire to 2000 orthopaedic long waiting (Over 36 weeks random sample) agreed and will be delivered in January 2021 back to CHC. Outcome will inform approach to other patient groups through Planned Care Board led 21/22 recovery plan	Harm 2	
Supporting Alternative Environments for Critical Care Patients	Progress PACU Development following Options Appraisal Process (Sept 20)	Successful candidates in post. Medical Workforce model agreed and implementation progressed (Consultant and Jnr Doctor Tier)	Jo Davies	Amber	Medical workforce had been agreed, but this is now under review from a meeting we had on Friday. During meeting Pembroke was formally agreed as the location for PACU. A review of medical workforce requirements should be end of Feb.	Harm 2	
Diagnostic and Imaging Services	Endoscopy – Increase capacity in the system to manage USC, Urgent and routine referrals	Introduce additional sessions	Additional 10 weekly sessions introduced through insourcing	Fiona Hughes	Green	ID Medical undertaking 10 sessions weekly in NPTH.	Harm 3
		Increase capacity at NPT	Continual increase in capacity capsules to manage backlog	Fiona Hughes	Green	Agreed plan in place	Harm 3
		Maintain use of FIT in USC Group and plan to introduce FIT in low risk groups	Implementation of key actions within plan	Fiona Hughes	Amber	Consultant workforce constraints limiting ability to implement actions fully	Harm 2
		Redesign of Straight to Test (STT)	Clinical sign off of pathway	Fiona Hughes	Amber	Further amendments required.	Harm 2
	Radiology – Implement proposals from business cases to increase capacity in the system to manage USC, Urgent and routine referrals	MRI – extending working hours, weekdays and weekends	Agreement to continue Mobile MRI	Brian Owens	Green	Good progress in delivering pre covid waiting times and waiting list position for MRI, using a blend of mobile MRI and internal overtime	Harm 3
		MRI – Extending reporting capacity	Band 7 recruitment process initiated		Amber	Not able to no ongoing funding. Continue locum working arrangements	Harm 3
		CT - extending working hours, weekdays and weekends	Agreement to commence HD additional gantry	Brian Owens	Green	Good progress in delivering pre covid waiting times and waiting list position for CT using internal overtime and baseline capacity	Harm 3
		CT – Extending reporting capacity	Band 7 recruitment process initiated		Amber	Not able to no ongoing funding. Continue locum working arrangements	Harm 3
		NOUS – utilising additional location (Bay Field Hospital) to deliver service for 25 weeks	Appointment to posts. Appoint Locum posts alongside recruitment.	Tersa Humphreys	Amber	Locum options not available but service using internal overtime and Bank band 2/3 support and some additional consultant sessions to deliver the in year plan. Detailed review of the long waiting patients undertaken to develop the delivery plan. Majority of over 8 week patients are being addressed although risk around head and neck specifically.	Harm 3
	Cellular Pathology – Implement proposals from business cases to increase capacity in the system to manage USC, Urgent and routine referrals	Change workflow process through Digitisation (Specialist Software)	Implement system	Hannah Evans	Amber	Delays encountered and implementation now expected in January	Harm 3
Neurophysiology – Implement proposals from business cases to increase capacity in the system to maintain pre COVID performance	Modernisation of service delivery	Review of roles and competencies	Hannah Evans	Red	Business case not funded for Q3&4. Waiting list growing. Put forward by service as a priority in Annual Plan 21-22 for consideration	Harm 3	
Nuclear Medicine	Reinstate services across region	Ensure infrastructure in place. Implement remote consultations	Hannah Evans	Green	Services commenced	Harm 3	
Echo Cardiology	Extending working hours, weekdays and weekends	Appointment to posts	Hannah Evans	Red	Business case not agreed and therefore recruitment process not progressed. Locum support is in place (volumes are limited due to lack of availability of locums). Two additional machines agreed for 6 months and in place. Included by the service as a priority for the Annual Plan 21-22	Harm 3	
Cancer and Palliative Care Services	Increasing and Sustaining SACT Treatment Capacity - Proposal for optimising SACT capacity in Swansea CDU	Development of a SACT recovery plan, which is a proposal for optimising SACT capacity in Swansea Chemotherapy Delivery Unit (Joint project with MSD and GE).	Take forward decisions agreed on proposal document	Ceri Gimblett	Amber	Case delayed in being finalised due to staffing issues due to covid	Harm 3
	Increasing and Sustaining Radiotherapy Treatment Capacity and reducing backlog – for	Development of RT Case for released capacity from Breast to undertake additional RT work	Advertise and recruit to posts	Ceri Gimblett	Green	posts out to advert	Harm 3

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	Implementing Hypofractionation for specific tumour sites	Develop RT case for hypofractionations for Prostate case to be developed jointly with Hywel Dda and SBU Urology Surgical colleagues.	Advertise and recruit to posts	Ceri Gimblett	Red	Case not yet finalised due to issues within team due to covid. Case is in draft version and has been circulated to colleagues for final feedback. Working on revised deadline of 26th March to get the case fully costed. Included by the service as a priority for the Annual Plan 21-22	Harm 3
		Develop case for Clinical leadership fellow to support QI and shortened fractionation work	Advertise and recruit to post	Ceri Gimblett	Green	out to advert	Harm 3
	Increasing and Sustaining Radiotherapy Treatment Capacity - Radiotherapy case for undertaking Stereotactic Ablative Radiotherapy SABR (Lung hypofractionation work in SWWCC)	To undertake SABR treatment for Lung Cancer patients in SWWCC	Equipment commissioned	Ceri Gimblett	Red	WHSC are taking the proposal through a service designation process .The Commissioning Assurance Framework for designating new services include a stage 1 report that makes a recommendation on whether a provider is potentially suitable. If the stage 1 decision is yes, then it moves to stage 2 business case submission and assessment. WHSC has advised of an indicative timeline to complete with a recommendation in July 21.	Harm 3
	Reducing Cancer Backlog	Review tracking resources	OCP process concluded	Ceri Gimblett	Red	Delay in decision being made to allow OCP process to commence. The Cancer Tracking posts have now been agreed and appointed to. Waiting on start dates which is anticipated to be the end of April 21.	Harm 3
	Supporting Patients and Clinicians - Improving End of Life Care following our learning from COVID (Wider than Cancer)	Develop a number of recommendations for Improving End of Life Care and engaging with our Current Advanced Care Planning Team to take these forward along with the wider HB community including primary care.	EOLC educator in post and working with ACP team	Ceri Gimblett	Red	Awaiting on decision if able to proceed. Work has now commenced on improving the end of life care recommendations and this will be a priority for the Annual Plan 21-22	Harms 2
Primary Care, Community and Therapy Services	Maintain access to essential, additional and enhanced services in all primary care contractor services; General Practice, Dental, Optometry and Community Pharmacy, in line with national guidance	Deliver essential, additional and enhanced services	Proactive support to contractor services – informed by daily reporting and monitoring of national escalation tool for GP and Community Pharmacy practices	Andy Griffiths	Green	GP Escalation levels reported daily. Weekly escalation levels discussed at weekly service group Silver meeting.	Harm 3
		Provide increased access to primary care services to patients via digital solutions	Initiate roll out of Attend Anywhere in Dental & Optometry practices	Andy Griffiths	Green	National roll out commenced. Transformation monies to support infrastructure costs and to encourage uptake.	Harm 2
		Provide support protect the most vulnerable people in our communities, in particular care home residents	Implement mechanisms to encourage GP practices to take up Care Home DES – increase no. of Care Home residents covered – aim for 95% uptake/ 95% coverage by Dec 2020	Andy Griffiths	Amber	Uptake remains 30/49 Practices. Further work to consider MDT role within practice, buddy mechanisms and discussion at cluster level.	Harm 4
	Maintain provision of urgent and essential Health Board primary care, community and therapy services	Maintain provision of services agreed for reactivation by Health Board Reset and Recovery	Monitor impact and patient flow within services – align with Health Board position / Reset & Recovery, stand down non-essential services as required. Deploy staff as per workforce plan	Andy Griffiths	Green	Complete.	Harm 3
		Sustain reset and recovery programme	Develop proposals to reactivate more services where safe to do so and in line with Health Board position	Andy Griffiths	Amber	Reset and Recovery with PCT was maintained and further QIA approvals to restart services were received, however, some have delayed implementation as they may need to stand down due to Managed Retreat Programme.	Harm 3
	Remaining responsive and prepared for subsequent COVID waves	Continue engagement and proactive monitoring of national and local situation, ensure respond plans remain updated	Utilise the <i>Strategic Programme for Primary Care</i> toolkit (due for update Oct 2020) with the latest guidance. As and when required implement response plans as per COVID Response Plan and enact service Business Continuity Plans. Support contractor services to implement national guidance. Re—activate COVID-19 hubs and urgent and emergency care centres for dental and optometry as required. Deploy Health Board workforce as per Workforce Plan	Andy Griffiths	Green	Complete.	Harm 1
	Deliver the Flu Vaccination Plan	Protect those most risk from flu in the coming season and ensure that the opportunity for co-circulation of flu and COVID-19 is kept to a minimum	As per SBUHUB Annual Influenza Vaccination Plan 2020/2021	Andy Griffiths	Green		Harm 2
Deliver the Rehabilitation Framework	Assess rehabilitation services against the framework and develop plans informed by this work.	Develop an immediate plan for winter 2020/21	Andy Griffiths	Amber	Early discussion on rehab framework and how to support to primary care cluster IMTP to deliver the rehab framework with clear linkages to existing pathways and services . Meeting to be planned with DoTH's team, HOS and primary care leads.	Harm 2	
Cross-system working and with partners to deliver key transformational initiatives	Deliver Whole System Cluster Transformation Programme	Refresh programme of work and re-prioritise projects. Submit business case for extension of WGov transformation funding past Mar 2021	Andy Griffiths	Green	Complete. Further work to maximise 2020/21 spend.	Harm 2	
	Deliver Seasonal Plan initiatives, jointly with West Glamorgan Regional Partnership Board	As per Health Board & West Glamorgan Regional Partnership Seasonal Plan 2020/2021	Andy Griffiths	Green	See USC Tracker for detail on progress with milestone	Harm 2	
	Support the Redesign of Acute Medical Services in SBUHB	As per Acute Medicine Redesign Programme	Andy Griffiths	Amber	Therapies are involved with AEC planning via service leads and DoTH's - need to clearly link with rapid discharge pathway and community services. Therapies are also required to support new initiatives /demands such regional redesign e.g.- major trauma and thoracic services	Harm 2	
Mental Health and Learning Disability	Modelling for additional demand expected for 'lower level' mental health in the community	Meeting increased demand for Primary mental health care	Consider development of commissioning specification for Tier 0 services.	Gareth Bartley	Green	Agreed Mental Health Link Practitioner post with primary care for use of additional recurrent resources, which aims to encompass some of the aspects that the previous pilot did not include which will better facilitate the pathway between primary care and the Part 1 service, amending the operation of the LPMHSS. Development of commissioning plan to increase the availability of low intensity psychological therapies to address anticipated demand due to Covid , particularly for young adults included in Annual Plan prioritisation process for 21/22.	Harm 4
	Timely access to Psychological therapies	Psychological therapies	Psychological Therapy Project Group to review stepped care model service options	Gareth Bartley	Green	Stepped Care model agreed by Multiagency group and that aspect of project to be closed once model published.	Harm 3

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	Improving access and simplified referral pathways.	Embedding revised Covid-19 Pathways (community and inpatient)	Evaluation report of Single point of Access & crisis response. Develop capital plan to support modernisation of LD services.	Gareth Bartley	Amber	Welsh Government are sponsoring a pathway to local MH support for people phoning 111. Some resource available for this and project trying to incorporate these developments with existing plans for access to support without first going to a GP. Collecting data on SPOA usage across region which will provide better understanding of demand across continuum of needs using the UK Mental Health Triage Scale. Proposal for scoping work of LD capital requirements presented to SLT. Scoping work to be considered in prioritisation process for annual plan. Inpatient single admission point pathway embedded and fully operational.	Harm 2	
		Progress development of interim Mother and Baby unit	Commence recruitment for all roles for new service	Gareth Bartley	Green	Recruitment underway. Building to be handed over 22/2/21. On track for commencement of service for South Wales in April 2021	Harm 4	
		Outpatient modernisation	Commence FUNB waiting list validation across targeted areas. Develop monitoring reports to track FUNB waiting list reduction against target trajectories.	Gareth Bartley	Amber	Limited Validation undertaken. Discussions being held with central validation team regarding centralised admin validation of MI and OPMHS FUNB lists. Monitoring reports in place. Plan for February commencement of central validation.	Harm 3	
Children, Young People and Maternity services	Maintain Essential Services – re-start of services	Children's Services -Outpatient recovery	Sign off all QIA's for Phase 2 . Work with Morriston DU to resolve access to paediatric Outpatients. Explore sub speciality areas for PIFU and SOS . Evaluate drive through Diabetes testing and explore further options for drive through services. Pilot Dr for Allergy and Enuresis. Focussed FUNB validation.	Sam Williams	Green	Morriston Paediatric OPD unavailable until additional ITU capacity is stood down. Paediatric outpatients continue at Singleton and NPTH. FUNB validation ongoing with improved performance. Diabetes drive through undertaken at Hafan Y Mor Singleton over Christmas period. Dr Dr progressed with Allergy and Enuresis.	Harm 3	
		Children's Services Digital working	Access to WPAS for Community Paediatrics - Includes DMS, text reminder, digital dictation	Sam Williams	Amber	WPAS roll out delayed due to capacity in corporate team. Digital dictation quote received funding stream to be identified	Harm 2	
		Children's Services Performance	Administrative validation of FUNB and RTT to ensure all outcomes collected during Covid and effectively prioritise. Covid and effectively prioritise. Work with transformation team to focus work to improve performance. Focus improvement plans for PDR and Mandatory training across all areas.	Sam Williams	Green	Slight deterioration in December due to short notice clinic cancellation as a result of staff self isolating, and reduced activity over Christmas period. RTT 82, FUNB 1204	Harm 2	
		School Nursing: Immunisation and safeguarding	Deliver catch up of Teen Booster and Men ACWY. Deliver the Fluenz vaccination programme to over 29,000 pupils aged 4 – 11 years in 141 Primary School sites across the HB area.	Susan Jones	Amber	Not completed due to schools closure	Harm 2	
			Deliver the Fluenz vaccination programme to over 29,000 pupils aged 4 – 11 years in 141 Primary School sites across the HB area.	Susan Jones	Amber	Not completed due to schools closure.	Harm 2	
		Neonatal workforce – BAPM Standards and Peer Review	Submit peer review action plan. Complete review of neonatal workforce gaps against BAPM standards	Sam Williams	Red	The peer review action plan was submitted to the Network in August 2020 and a workforce review was carried out. The Unit Finance Business Partner and Corporate Finance have prepared a Workforce Paper which highlights the requirement to increase funded capacity from income generated by NICU specialist activity over the past 2 years through the LTA framework	Harm 2	
		Children's Services: Progress paediatric surgical recovery plan	Maintain Category 2 list. Increase number of paediatric operating lists	Sam Williams	Green	maintaining 3 lists per week, additional cleft lists on Saturdays in January	Harm 3	
		Maternity Services - Family Centred Care - A Women's engagement strategy is being developed to ensure full consultation and involvement of the local population in how maternity services are delivered now and developed in the future.	Re -commence engagement with women through maternity services liaison committee, recruitment of new lay members	Jane Phillips	Amber	The Women's engagement strategy for the next 5 years is in development. This includes a detailed plan for the introduction of the maternity Voices Partnership, This includes a business plan for sustainability.	Harm 2	
		Health Visiting: Increase Number of HCWP contacts	10-14 day contacts > 90%	Michelle Davies	Green	90.4% completed for December	Harm 3	
		Health Visiting: Improved data for Infant feeding	10-14 days 6 week 6 month	Michelle Davies	Green	Completed data for 10 day=89.5%6 week = 71.2% 6 month data =82.5% This data is for children eligible for reporting in November and December	Harm 3	
		Health Visiting: Number of virtual groups facilitated	Health Visiting: Number of virtual groups facilitated	Michelle Davies	Green	4 breast feeding groups	Harm 3	
		Health Visiting: Numbers of Walk and talk sessions	Health Visiting: Numbers of Walk and talk sessions	Michelle Davies	Green	9 walk and talk groups 4 other groups delivered, including virtual	Harm 3	
		Improving services to build resilience against COVID 19	Childrens Services - Maintain Childrens Emergency Unit in Morriston Hospital	Develop joint staffing model for CEU in conjunction with ED and Morriston DU. Maintain flow for Covid suspected and elective surgery	Sam Williams	Amber	Project Board to be reinstated to draft capital case for additional space required in CEU template, together with ward refurbishment. links to future plans for Dyfed, and repatriation of dental GA from parkway	Harm 2
			School Nursing: Safeguarding work to be prioritised in line with WG expectations. Maintain specific statutory LAC health services	Maintain all partnership working [including Primary Care, LA Social Services, Education & the Police] to support and protect children & young people at risk utilising virtual ways of working to maintain direct contact as appropriate	Susan Jones	Green	All in place and Health Assessments continue to be carried out virtually to ensure compliance with statutory LAC HA responsibilities	Harm 2
			School Nursing Phone advice line pilot for comprehensive pupils and their parents/carers	Service to be offered and continually evaluated with move to Attend Anywhere considered	Susan Jones	Green	No calls to phone line and pilot abandoned at month end in readiness to deploy staff to MCV Programme as schools not reopening	Harm 2
CYP Emotional Health & Wellbeing - Regional CYP Website	Review and agree work programme with partners		Michelle Davies	Amber	Regional website due for validation with partners in February - project delayed due to COVID.	Harm 4		
CAMHS - Implementation of Emotional Health & Wellbeing Service	Review and agree work programme with partners		Michelle Davies	Amber	CAMHS Service to review feedback following meetings with feedback and update model, prior to service roll-out.	Harm 4		
Developing sustainable and safe services	Childrens Services - Progress Neonatal 24-hour transport proposal		Agree nursing roster to support model Support process to identify lead provider	Sam Williams	Green	implemented	Harm 3	
	Childrens Services - Transitional Care Unit and Cot capacity	Equip vacated space in critical care	Sam Williams	Amber	Proposal submitted to COO and DOF to balance cot capacity, converting IC cot to HD	Harm 3		
	Children Services - Named Doctor Safeguarding	Review entirety of safeguarding service across acute and community. Explore options to provide ongoing training to third sector	Sam Williams	Green	Interviews scheduled 26 January 2021	Harm 3		
	Childrens Services - Neurodevelopmental service	Finalise capacity plan and recruit to vacant posts	Sam Williams	Green	start dates for new staff in February 2021. Performance improving against 26 wk target, from 23% - 27% at end December	Harm 3		
	Childrens Services- SARC	Support new SARC programme meetings	Sam Williams	Amber	Assessment of Sapphire Suite against ISO Standards to take place in January 2021. Programme meetings not yet scheduled for 2021.	Harm 3		

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		Childrens Services - Support the DECLO in progressing the preparations for the requirements of the ALNET Act	Complete childrens Services response to the Organisational ALN Implementation Action Plan including Map and Gap exercise	Sam Williams	Green	continue to support ALN work programme	Harm 3
		Childrens Services - Child health department Central Clinic	Undertake Staff consultation exercise to transfer school nursing and health visiting administrative resource to primary care. Transfer Community Paediatrics booking resource to Childrens Centres	Sam Williams	Green	OCP consultation completed. Planned transfer of health visiting and school nursing teams to primary care 1 February 2021. Community booking teams to transfer to childrens centres on completion of minor works	Harm 3
		Childrens Services - Covid planning	Ensure Morrision template fit for purpose including increased cubicle capacity if necessary. Operationalise TCU to support neonates. Maintain safeguarding rota for community paediatrics	Sam Williams	Amber	Covid capacity in place and monitored. TCU operational for neonates. safeguarding rota maintained.	Harm 3
		Maternity Services Safe & Effective Care - Increasing the number of women who stop smoking through pregnancy as this has been highlighted as a theme in the cases reviewed. This will require the development of a Maternal Advice for Maternal Smoking Cessation Support MMAMS service; a business case currently being developed to support the introduction.	Business case complete	Jane Phillips	Amber	Appointed to Public Health Midwife role. Connections made with help me quit team, and progressing with business case. Timescales to be confirmed. CEO monitoring not being done for pregnant mothers.	Harm 2
		Maternity Services Safe & Effective Care – Implementation of the All Wales perinatal mental health pathway	Business Case complete	Jane Phillips	Amber	Business case complete, and submitted to business manager for consideration. JD under development to employ 0.4WTE for mother & baby unit.	Harm 3
		Maternity Services Continuity of Care – review of Community Services	Complete evaluation survey	Jane Phillips	Amber	Work underway to review working patterns and on calls for community midwives. midwives continue to provide essential services under COVID pandemic restrictions	Harm 3
		Skilled & multi professional teams -Prompt Wales training	Recommence training programme with COVID adaptations	Jane Phillips	Green	PROMPT audit information received and letter received by CEO.	Harm 2
		Skilled & multi professional teams Implementation of Community PROMPT in line with WRP recommendations	Evaluate pilot and plan future sessions	Jane Phillips	Green	Pilot for community PROMPT conducted, and evaluated with good outcomes.	Harm 2
		Sustainable Quality Services - Awaiting final staffing recommendation requirements following recently completed Birth rate + assessment on maternity workforce requirements	Report BR + compliance at WG performance board.	Jane Phillips	Green	December Board cancelled. Board now planned for early spring/ summer. Preparation undertaken.	Harm 3
		Sustainable Quality Services – appointment of 2 midwife sonographers	Set-up of task & finish group	Jane Phillips	Green	Completed University applications. Group set-up.	Harm 3
Outpatients Services	Maximise roll out of Outpatients Transformation Programme	Agree 'high' priority speciality areas with DU's/Service Groups	Roll out of digital solutions to priority areas as identified in Implementation Plans	Craige Wilson	Amber	DrDr quick question now mandated as agreed by service group directors. Implemented in gynaecology and rheumatology. There is an plan in place to roll-out across all specialities, in Morrison to commence on the 25th January.	Harm 3
	Implementation of waiting list management solutions via Digital, service redesign solutions (Pathways)	Redesign approaches to improve waiting list management via pathways and digital solutions	Review Patients on the waiting list that would be suitable for a SOS pathway. Rollout of Dr Doctor	Craige Wilson	Amber	Plan in place to rollout across all specialities. Testing proof of concept has taken longer than anticipated.	Harm 2
	Increased access to consistent and accurate outpatient analytics (Hourly updates or Daily – TBC)	Develop Outpatient dashboard (updated hourly or daily TBC)	Script handed over to the developers to create dashboard in BI	Craige Wilson	Green	Complete.	Harm 3
	Re-start of face to face essential services	Re-start of face to face essential services	Improve communication for patients	Craige Wilson	Amber	Script developed for an animated video on outpatients to encourage virtual appointments and utilisation of Swansea Bay Patient Portal.	Harm 2
	Demand Management via working collaboratively/service redesign new care models for better integrated working in the Primary Care and Community Setting	Collaborative working/redesign for better integrated working in the community	Increase promotion of consultant connect and agree areas for collaborative working	Craige Wilson	Amber	Transformation team have supported and covered costs for additional costs. Usage has increased and where there are some areas that are slightly behind - targeted work is ongoing. Workstream set-up by Medical Directors Office	Harm 2
Partnership Working	Maintaining access to oesophageal and gastric cancer surgery	Establish joint supraregional Oesophageal Gastric Cancer MDT meeting, to ensure that consistent approach for patients across South and West Wales	Implement formal MDT joint meeting arrangements	Ian Langfield	Green	Original action superseded - in absence of local surgeon, the South East OG cancer surgery network are temporarily supporting the MDT and outpatients clinic.	Harm 3
	Oesophageal and gastric cancer surgery service model	Develop recommendations for oesophageal and gastric cancer surgery service in South and West Wales	Finalise criteria. Finalise short list of site specific options.	Ian Langfield	Amber	Timeline to be reviewed, following temporary urgent service change to maintain access to OG cancer surgery for SBUHB residents. CHCs briefed on delay.	Harm 3
	HepatoPancreatoBiliary Services	Develop service specification for tertiary HPB services	Finalise draft specification document in partnership with clinical leads and key stakeholders	Ian Langfield	Green	Service specification document issued for consultation on 16/12/20 until 31/01/21.	Harm 3
	Collaborative working	Develop memorandum of understanding with Cardiff and Vale UHB	Approve MoU through agreed governance processes	Ian Langfield	Green	MoU approved by Senior Leadership Team, awaiting signature from both CEOs (CVUHB & SBUHB)	Harm 3
	Maintaining a collaborative approach to resilient services for the region	Progressing the Regional Pathology Service SOC with all partners	SOC Investments Infrastructure Board scrutiny panel	Sharon Hughes	Green	A regional team presented to the IIB end of October which was well received. WG in receipt of the SOC and awaiting approval/finalisation to move forward with the OBC. A meeting with WG took place on the 12/12/20 on developing the programme business case (PBC) which could enable access to funds for the new road. The aim is for SBUHB/HDUHB to submit high-level, strategic intent PBC to WG by March 2021.	Harm 3

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		Supporting the progression of the City Deal Campuses Project - Institute of Life Science (ILS) at Morriston	SU Joint Committee review agreement	Sharon Hughes	Green	The OBC for Campuses phase 1 was resubmitted to the City Deal regional office mid-December and we are awaiting feedback. A paper for Campuses phase 2 was submitted to the DLG in December setting out key priorities/next steps, the paper requires some amendments before it is presented to the ARCH Partnership in March for approval. Grant Thornton (GT) Consultancy were procured via a competitive EOI process to carry out external scrutiny on the OBC and provide specialist health, medicine and life sciences expertise to enable scoping and development of options appraisals for phase 2 – a Commissioning workshop was delivered by GT on 27/01/21 which had representatives from SBUHB, HDUHB, Swansea Uni and ARCH.	Harm 3
		Developing and maintain a sustainable Regional Dermatology service	GP training for enhanced roles plan developed and CNS workforce working to top of role	Sarah Gates	Green	Plans to link with HEIW to develop appropriate training	Harm 3
		Developing and maintain a sustainable Regional Eye Care service	Regional Glaucoma scoping project completed	Sarah Gates	Green	Programme of work linked between Community setting and secondary care for sustainability	Harm 3
Digital Services	Patient and Citizen Empowerment	Swansea Bay Patient Portal	SBPP – continue rollout to support outpatients transformation.	Deirdre Roberts	Green		Harm 2
		Digital Outpatients - paper light	Digital outpatients – Continue roll out to support Outpatients Modernisation.	Deirdre Roberts	Green		Harm 2
		Attend Anywhere	Continued Roll out of Attend Anywhere.	Deirdre Roberts	Green	Exceeded 20,000 consultations in secondary care with Attend anywhere	Harm 2
	Hospital Patient Safety and Flow	WPAS	Upgrade WPAS to include SOS and PIFU functionality.	Matt Knott	Amber	Testing commenced in readiness for upgrade. Agreed go live now for Dec. NWIS delays in integration provision.	Harm 2
		WCP	Phlebotomy Module integration complete.	Matt Knott	Green	Integration complete and handed over to NWIS for testing.	Harm 3
		WEDs	WEDS testing plan and strategy complete.	Deirdre Roberts	Amber	Deferred to Q4 - planning meeting with NWIS and EMIS in Jan to work through overall plan including testing. Change control for infrastructure signed off. Configuration signed off. Paper lite pilot. to commence in January	Harm 3
		Signal	SIGNAL – commence development of V3 – phase 1.	Matt Knott	Green	Development commenced	Harm 3
		WNCR	WNCR – phase 1 development complete.	Matt Knott	Green	Phase 1 complete	Harm 3
		DMS	DMS for Community and therapies – pilots complete.	Matt Knott	Green	Feedback from pilot being included in next development phase. (version 5).	Harm 3
		Integrated Health and Care	WCCIS	WCCIS - Commence Data Migration.	Gareth Westlake	Red	Workshops with SDGs to establish financial plan commenced and will continue in January. Workshops have been held in February and the SDGs are finalising their financial plans. There is a meeting at the end of March with the CEO and DoF to review them
	GPTR		GPTR - monitor uptake	Deirdre Roberts	Green	50% of tests completed electronically. Targeted communication to low requesting practices has also been issued.	Harm 3
	Information and Business Intelligence	BI Infrastructure	Complete Migration to 2017 server.	Lee Morgan	Amber		Harm 3
			Determine feasibility and plan to NDR into 2019 server.	Lee Morgan	Amber		Harm 2
		BI COVID response	Deliver work packages for modelling Cell	Lee Morgan	Green		Harm 3
		BI Development	Enhancements to Cancer services dashboard to support delivery of single Cancer Pathway.	Lee Morgan	Green	Development complete	Harm 3
	Streamlined comms and Business processes	MS365 roll out	O365 – realignment of licences complete.	Carl Mustad	Green	Complete	Harm 2
		CTU	CTU – Development of Test Management Solution complete.	Matt Knott	Green		Harm 2
MS365 Development		MS365 – start scoping working for new Intranet. MS365 – migrate veterans services to electronic forms.	Matt Knott	Green		Harm 3	
Theatres		Theatres - TOMS and Omnicell integration complete.	Matt Knott	Green		Harm 3	
Digital Enabling Programmes	Networks	Telephony System upgrade – complete upgrade across all sites.	Carl Mustad	Amber	Switchboard upgrade to be completed in Q4. All other telephony infrastructure in place and ready to be transferred once upgrade complete.	Harm 2	
	Mobile working	Connectivity – complete roll out of community Wi-Fi.	Carl Mustad	Green	Due to complete end of Feb. 95% of installations complete. PSBA circuit installs 100% Billing purposes (ceases of legacy) 95% WiFi installs 95% Switch installs 95%	Harm 2	
	Infrastructure	Tech Refresh – Replacement of legacy devices. Digital infrastructure- support Cimla single point of contact for community services. RADIS – complete upgrade. Digital Ward – refurb ward G – template for the ward of the future.	Carl Mustad	Green	All in line with scheduled work from Capital planning. RADIS - NPT and Swansea to be on a single instance by February	Harm 2	
	Covid Infrastructure	COVID – complete Digital infrastructure changes to support new services in field hospital.	Carl Mustad	Green	Complete. Ready to go on 72 hour notice. Vaccination call centre and Vaccination Centre set up. Margam and Goresinon vaccination planning ready for implementation in Jan	Harm 2	
	Cyber Security	Cyber Security – upgrade Windows 10.	Carl Mustad	Green	Ongoing	Harm 2	
Performance	Improved visibility and measurement of harm through regularly performance reports	Patient Experience measures to be included in the weekly monitoring report.	Commence reporting of weekly Patient Experience Data	Hannah Roan	Green		Harm 2
		Monthly performance reports continue to be enhanced to include additional measures that measure harm in the system	Work with Informatics and services to identify accurate and reliable data sources for new outcome based measures	Hannah Roan	Green	All measures in monthly performance report are aligned with the quadrants of harm. New measures continue to be added when as data becomes available and as required. New Covid measures and Critical Care DTOC measures now included.	Harm 2
		Visible reporting of planned care waiting times using new deferred target dates, based on a clinical assessment.	Implementation of WPAS update which will enable recording of deferred target dates	Hannah Roan	Amber	NWIS update to WPAS was due to be installed in November 2020 but delayed by NWIS until January 2021. Workaround is in place to capture the RSA codes, however the full functionality on WPAS will also provide a review date and removes the manual allocation of review dates.	Harm 2
	Reinstatement of executive led reviews with the Service Groups with a focus on the harm quadrants	Reinstatement of quarterly Planning, Quality & Delivery meetings with Service Groups	Mid-year Planning, Quality & Delivery meetings to be held	Hannah Roan	Green	Round of 20/21 mid-year performance reviews completed.	Harm 2

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Workforce	Supporting NHS staff during Covid-19	Extend/expand Occupational Health and Wellbeing services to support staff health & wellbeing	Support PHW Covid19 surveillance. Programme of staff	Paul Dunning	Green	Occupational Health continues to deliver 7 day service, supporting Covid-19 symptomatic staff for expedited testing, undertaking contact tracing and additional management referrals. PHW surveillance programme commenced. Working with L&D and Psychology colleagues to provide Coaching, leadership and resilience support to DG Matrons and LM's during 2nd Covid-19 wave. PHW Covid-19 staff surveillance continues.	Harm 1
		Early intervention/ prevention to support staff in critical areas with TRIM training (trauma identification and management model)	Deliver TRIM training to critical care staff	Paul Dunning	Green	Critical care and other Covid related areas have received TRIM ReactMH training with over 310 supervisors/line managers trained to identify early signs of trauma.	Harm 2
	Workforce Supply and Recruitment	Recruitment of Overseas Nurses	Overseas nurses arriving at the end of Nov to commence their OSCE training in preparation for exams at the end of January.	Kathryn Jones	Green	All commenced OSCE training in line with milestone	Harm 2
		Recruitment of newly qualified nurses	Confirm conditional offers for nurse students due to qualify in March 2021	Kathryn Jones	Amber	Finalising offers for students that were not allocated a post in the initial matching process	Harm 2
		Additional recruitment to Nurse, HCSW, Facilities and A&C bank	Undertake recruitment activity to increase workforce numbers onto our bank	Kathryn Jones	Amber	To date an additional 1324 new staff have been added to the resource bank under both Covid bank and non covid bank. Recruitment continues	Harm 2
	Workforce Training	Delivery of Medical & Dental Education Programmes Postgraduate & Undergraduate	Lectures and Inductions to be delivered virtually for both Postgraduate and Undergraduate teaching. Clinical Skills and Simulation continue to be delivered face to face with restricted numbers.	Kay Myatt	Green	Continuing as planned	Harm 2
		Recommence Covid Training Cell and Training Group	Recommence Training Cell and Training Group enable the central collection of data and planning of Training programmes and Content	Louise Joseph	Green		Harm 2
	Ensuring adequately skilled staff	New Registrant induction programme	Slightly condensed NRN induction programme delivered at the Liberty stadium	Miranda Williams	Amber	This is now all on line via teams and condensed into a shorter programme as not everything that was included in the original programme can be done on-line.	Harm 2
		IV workshops	On-going monthly IV workshops delivered at the Liberty stadium adhering to social distancing measures	Miranda Williams	Green	These continue on a monthly basis, currently being delivered at the Bay Field Hospital (risk if used as a super surge capacity for patients)	Harm 2
		Increase in HCSW induction programme to provide 120 places per month	Weekly induction programme to accommodate 30 HCSW's per week at the Liberty Stadium	Kathryn Jones	Green	Continuing and monitored through Training Cell	Harm 2
Requirement to re skill some of the workforce in readiness for redeployment		'Back to the floor' type training for RN's, HCSW's and AHP's to enable them to work outside of their current job role	Kathryn Jones	Amber	Monitored through training cell	Harm 2	
Value Based Healthcare	Outpatient Transformation- VBHC methodology using asynchronous Digital communication (Store and Forward techniques and PROM's) will enable capacity to be used more effectively.	Scope out use of PKB for IBD, Dermatology to share blood tests, imaging and PROM's via Patient Portal	Implementation of both	Navjot Kalra	Amber	KJ 21/01/21: recently used DrDoctor Broadcast Message to send text message to Rheumatology patients asking to sign up to patient portal. If this process works it will be used to invite patients from other specialties to sign-up to PKB. Due to resource constraints and need to optimise use in DrDoctor VBHC are unable to support collection of PROMs for IBD using Patient Portal.	Harm 2
	Implementing the Quick Question triage Tool to check severity of patients symptoms on holding waiting list	Use of new digital platform to utilise Quick Question tool (waiting list validation)	Scope for more specialities	Navjot Kalra	Green	KJ 21/01/21: Working with OP Modernisation project - Morrision Unit has agreed for QQ FUWL validation QQ to be sent to all their specialities, following pilot with Gynaec patients.	Harm 2
	Developing sustainable service models that align with outcomes that matter to patients	Collect PROMs in new Heart Failure Pathway	Implementation	Navjot Kalra	Amber	KJ 21/01/21: WPAS integration has been completed. Technical PROMs lead is working f/t on vaccination programme. VBHC team are picking up this work to config, engage & train the service.	Harm 2
		Heart Failure service redesign & Business Case	Submit Business Case to IBG	Navjot Kalra	Amber	KJ 21/01/21: Resource requirements have been collated from all areas of the service redesign. Finance lead started cost & benefit work. Business Case is still being finalised. We are on track to submit our priorities on the Annual Plan Priority Framework for consideration for funding next fy 21/22.	Harm 2
	Collecting PROMs	Use of new digital platform to collect PROMs	Collect PROMs in Rheumatology & IBD	Navjot Kalra	Amber	KJ 21/01/21: Forms have been designed & signed off. WPAS & PIMS integration has just been completed. On track to go live collecting PROMs in Feb 2021.	Harm 2
		develop visualisation of PROMs and increase PROMs collection above 50% above baseline figure	Dashboard to be live	Navjot Kalra	Amber	KJ 21/01/21: Data Analyst has picked up PROMs technical lead work as resource is working on vaccination programme f/t. This has taken priority in order to start collecting PROMs in other areas. PROMs dashboard will be developed when Data Analyst has finished config work in DrDr.	Harm 2
	Developing Toolkit for VBHC	Case studies to be developed and circulated via Clinical Senate	Rheumatology	Navjot Kalra	Amber	KJ 21/01/21: Case study has not been written. We are due to go live collecting PROMs in Rheumatology in Feb. Case study likely to be written Apr 21 when project can be evaluated.	Harm 2
Toolkit for triage /PROM's/TDABC		TDABC	Navjot Kalra	Green	KJ 21/01/21: FDU have published their VBHC TDABC toolkit. This is an excellent document and we will use this to adapt our own.	Harm 2	
Finance Action	Financial Plans and Forecast	Develop and further refine the financial forecast to ensure alignment with service and workforce models and constraints	Review actuals against plan to clearly articulate significant variations	Darren Griffiths	Green	Complete	Harm 2
		Ensure assumptions around national funding are clearly described	Monitor and report on any changes to planning assumptions	Darren Griffiths	Green	Complete	Harm 2
		Align and prioritise service response to within the Health Board funding envelope, including assessment of national allocations	Support and ensure scrutiny and prioritisation of service plans, understanding both deliverability and impact on 4 harms	Darren Griffiths	Green	Complete	Harm 2
		Ensure focus on efficiency measures to maximise core funding allocations and ensure benefits from rapid service changes are maximised.	Work with service workstreams to ensure opportunities identified through efficiency reviews including KPMG are being considered and maximised in the plans	Darren Griffiths	Amber	Not started due to second wave of COVID	Harm 2
	Financial Governance	Ensure clear and consistent mechanism in place for managing investments and disinvestments	Utilise the agreed scrutiny process and SLT approval mechanism established	Darren Griffiths	Amber	Paper prepared for SLT approval in January but now deferred to February meeting.	Harm 2
		Assess any recurrent impact of decisions made/service model changes during the pandemic	Review of decision logs to assess any recurrent impacts, consider benefit/efficiency opportunities	Darren Griffiths	Green	This will be a routine part of finance review meetings on a monthly basis until March 2020.	Harm 2
		Ensure core financial controls remain "fit for purpose" and support the core business assurance framework of the HB	Ensure regular reporting of non-compliance and variation from plan, through Finance Review meetings and Senior Leadership Team and agree escalation to Performance and Finance Committee	Darren Griffiths	Green	Complete	Harm 2

Service Area	Priority	Action	QUARTER 3				Addressing the Four Harms
			Milestone	Lead	RAG	Comments on Status	
Capital Services	Agree funding allocations for establishment of Field Hospitals and COVID Critical Care Capacity	Final account assessments & funding submissions for Bay Studios Field Hospital, Llandarcy Field Hospital and HVS Critical Care	Submit final account assessment for WG scrutiny and funding	Simon Davies	Green	Completed.	Harm 2
		Reinstatement costs for Llandarcy Field Hospital	NPT Local Authority to complete works.	Simon Davies	Green	No change.	Harm 2
		Additional works at the Bay Studios for installation of	Submit final account assessment for WG scrutiny and funding	Simon Davies	Green	NO PIPED OXYGEN IS NOW REQUIRED.	Harm 2
	Maintain a balanced capital financial plan in line with current national funding constraints & local risk assessment	Review local risk assessments	Assessment of risk through Capital	Ian MacDonald	Green		Harm 2
		Declaration of AWCP underspends to WG	Detailed review of financial profiles and critical path activities	Ian MacDonald	Green		Harm 2
	Replacement of CT-SIM, West Wales Cancer Centre	Installation of equipment	Procure equipment	Simon Davies	Green	Due to install in February 2021	Harm 3
		Building works	Building works	Simon Davies	Green	Completed.	Harm 3
	Replacement of Cladding, Singleton Hospital	Enabling works	Works	Simon Davies	Green	Completed.	Harm 3
		Main replacement works	WG approval of submitted technical FBC. Let works contract	Simon Davies	Green	Completed.	Harm 3
	Replacement of Gamma Cameras, West Wales Cancer Centre	Installation of equipment		Simon Davies	Green	Due to install 2021/22, following machine selection activities	Harm 3
		Building works	Complete tender	Simon Davies	Green	Completed.	Harm 3
	Refurbishment of Main ITU, Morriston WGov 24/11/20, confirmed a business case is not required. External approvals will progress on basis of a cost form submission only.	Develop Business Case	Submit tendered packages and costs to WG	Simon Davies	Green	Completed.	Harm 3
		Develop Business Case	Submit tendered packages and costs to WG	Simon Davies	Green	Submit tendered packages and costs to WG	Harm 3
	BJC for Refurbishment of Ward G, Morriston	Develop Business Case	Complete design	Simon Davies	Green	COMPLETED	Harm 3
		Develop Business Case	Complete tender	Simon Davies	Green	Tendering activities in hand. Tender returns due 4/12/20	Harm 3

PROGRESS UPDATE

Appendix 2

RAG Status

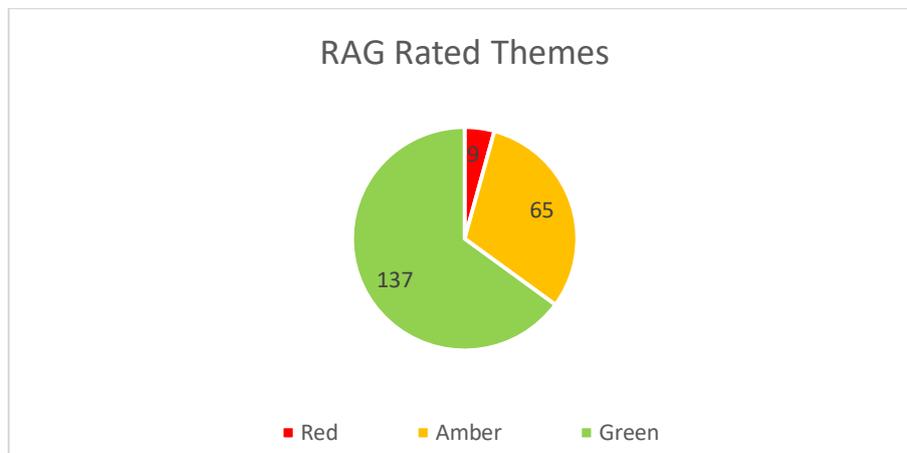
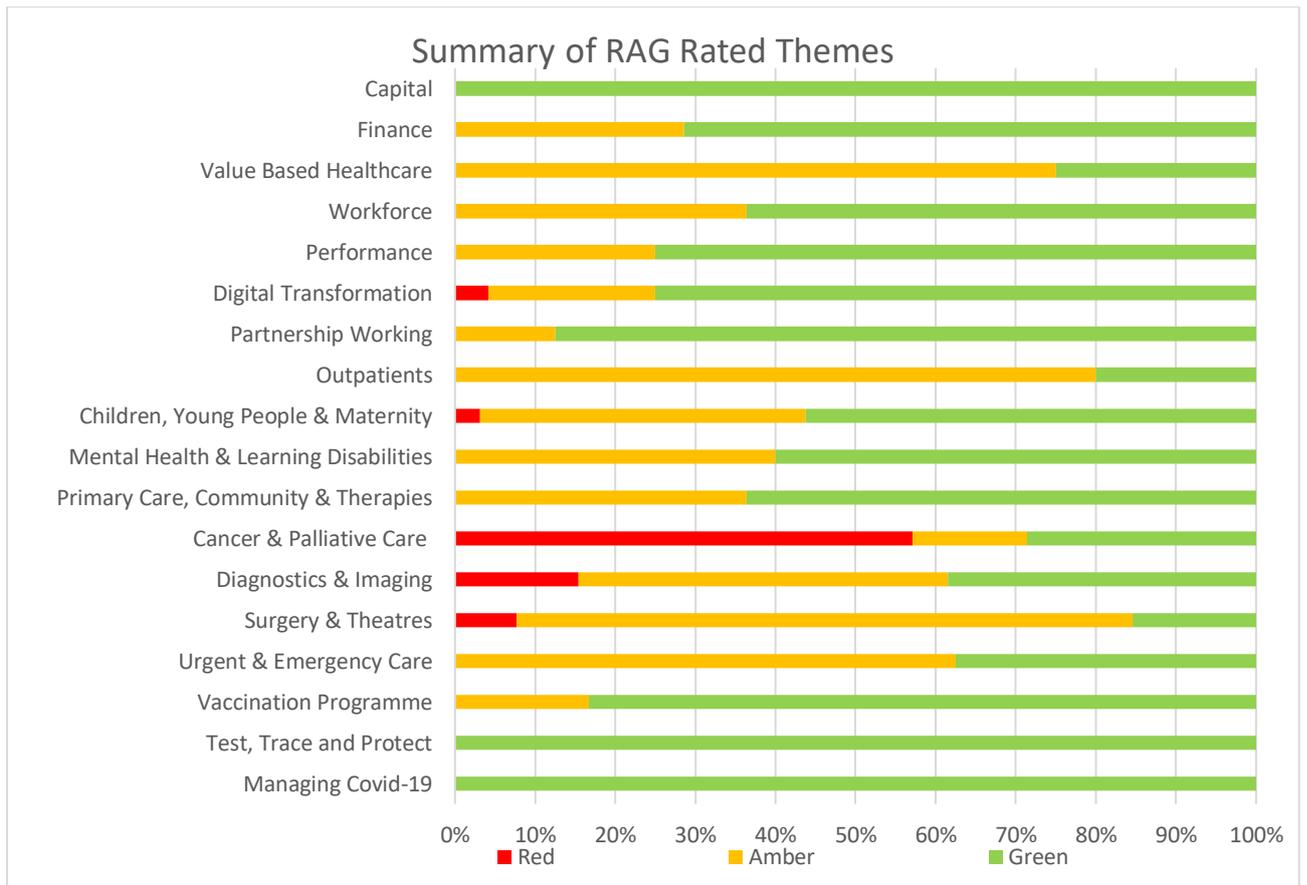
The Q3&4 Action Plan Tracker was developed, with identified service/planning leads and agreed timescales for achievement, attached for Quarter 3 as Appendix 1.

Performance is currently assessed on a Red/Amber/Green (RAG) system as defined below. The report is developed on an exception basis with comments requested when delivery is not on track e.g. rated Red.

R	Action not on track by due date
A	Action on track by due date
G	Action complete

The overall summary of achievement of the milestones against the themes for Quarter 3 is set out in the following table:

Theme	No. of Actions	No. of Milestones	Red	Amber	Green	Total
Managing Covid-19	29	29	0	0	29	29
Test, Trace and Protect	5	5	0	0	5	5
Vaccination Programme	6	6	0	1	5	6
Urgent & Emergency Care	8	8	0	5	3	8
Surgery & Theatres	13	13	1	10	2	13
Diagnostics & Imaging	13	13	2	6	5	13
Cancer & Palliative Care	7	7	4	1	2	7
Primary Care, Community & Therapies	11	11	0	4	7	11
Mental Health & Learning Disabilities	5	5	0	2	3	5
Children, Young People & Maternity	32	32	1	13	18	32
Outpatients	5	5	0	4	1	5
Partnership Working	8	8	0	1	7	8
Digital Transformation	24	24	1	5	18	24
Performance	4	4	0	1	3	4
Workforce	11	11	0	4	7	11
Value Based Healthcare	8	8	0	6	2	8
Finance	7	7	0	2	5	7
Capital	15	15	0	0	15	15
Total:	211	211	9	65	137	211



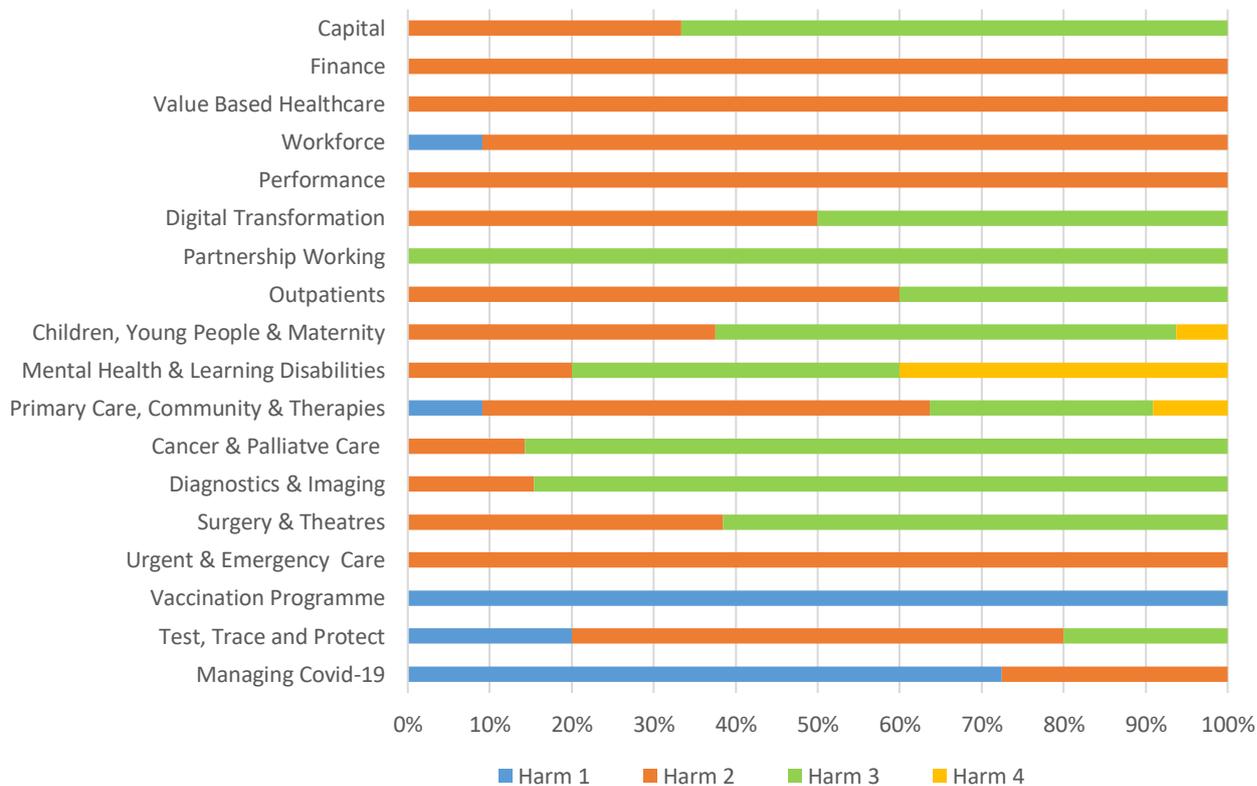
The position shows that there was a good level of progress achieved and delivered against the actions and milestones agreed for Quarter 3 with **64.9%** completed, **30.8%** on track to deliver and **4.3%** off-track.

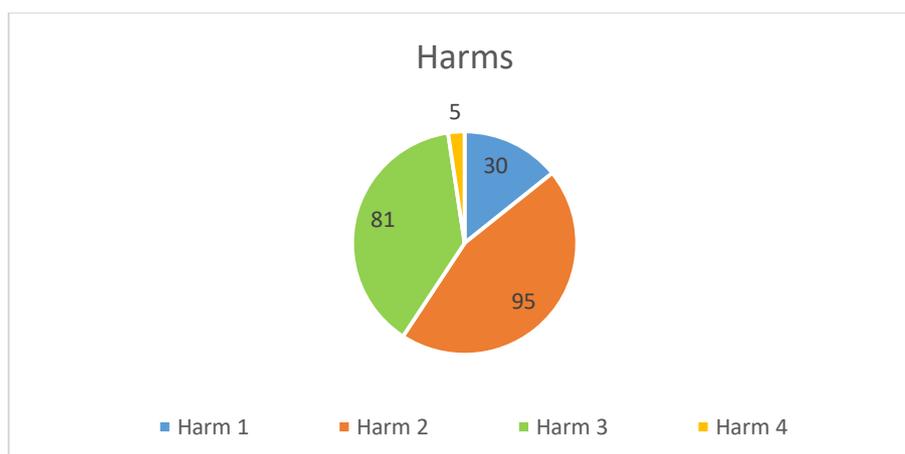
3.2 Four Harms

The four harms remain the context in which the Plan was developed to ensure that direct harm from Covid and indirect harms are considered and addressed. Each of the actions have been **predominantly** attributed to **one** of the four harms, as depicted in the following table and graphs however a large number of them will directly or indirectly address more than one harm.

Theme	No. of Actions	No. of Milestones	Harm 1	Harm 2	Harm 3	Harm 4	Total
Managing Covid-19	29	29	21	8	0	0	29
Test, Trace and Protect	5	5	1	3	1	0	5
Vaccination Programme	6	6	6	0	0	0	6
Urgent & Emergency Care	8	8	0	8	0	0	8
Surgery & Theatres	13	13	0	5	8	0	13
Diagnostics & Imaging	13	13	0	2	11	0	13
Cancer & Palliative Care	7	7	0	1	6	0	7
PCC&T	11	11	1	6	3	1	11
MH&LD	5	5	0	1	2	2	5
CYP & Maternity	32	32	0	12	18	2	32
Outpatients	5	5	0	3	2	0	5
Partnership Working	8	8	0	0	8	0	8
Digital Transformation	24	24	0	12	12	0	24
Performance	4	4	0	4	0	0	4
Workforce	11	11	1	10	0	0	11
Value Based Healthcare	8	8	0	8	0	0	8
Finance	7	7	0	7	0	0	7
Capital	15	15	0	5	10	0	15
Total:	211	211	30	95	81	5	211

Summary of Actions Addressing the 4 Harms





Key for 4 Types of Harm:

1. Harm from Covid itself
2. Harm from an overwhelmed NHS and Social Care System
3. Harm from reduction in non-Covid activity
4. Harm from wider societal actions/lockdown

3.3 Achievements (On-Track)

A short summary of some key areas of achievements are provided to reflect the breadth of work that has been undertaken across the individual plans through Quarter 3.

Theme	On-Track Actions
Managing Covid	<u>Action:</u> Ensure effective staff communication with frequent bulletins and updated from Chief Executive/CCC Regular staff bulletins continue, currently 3 times a week. Updates to Board and CEO briefings as required
Test, Trace & Protect	<u>Action:</u> Increase testing workforce in line with WG expectations around testing delivery – Liberty Stadium Successful recruitment campaign to provide optimal workforce - fixed terms contracts to maintain service stability
Vaccination Programme	<u>Action:</u> Secure locations for Mass Vaccination Sites (beyond the Bay Field Hospital) and undertake site/logistics visits to finalise 3 Mass Vaccination Centre's in operation
Urgent & Emergency Care	<u>Action:</u> Urgent Primary Care Centres Service commenced with soft opening on 21st December
Surgical and Theatres	<u>Action:</u> Scoping further development and implementation of the Theatre Operations Management Systems (TOMS) Project Manager in post. Project initiation commenced. Clinical Stakeholder meeting established. TOMS development to commence April 2021
Diagnostic & Imaging	<u>Action:</u> Endoscopy – Increase capacity in the system to manage USC, Urgent and routine referrals ID Medical undertaking 10 sessions weekly in NPTH

	<p><u>Action:</u> Extending working hours, weekdays and weekends across MRI, CT and NOUS</p> <p>Good progress in delivering pre covid waiting times and waiting list position using a blend of internal overtime, baseline capacity and locums in addition to a mobile van for MRI</p>
Cancer & Palliative Care	<p><u>Action:</u> Development of RT Case for released capacity from Breast to undertake additional RT work</p> <p>Posts out to advert</p>
Primary Care & Community	<p><u>Action:</u> Provide increased access to primary care services to patients via digital solutions</p> <p>Implementation of Ask My GP across all clusters has been rolled out to 33 practices – has gone live. Three further practices plan to adopt Ask My GP before the end of the year. National rollout commenced for Dental and Optometry practices. Transformation monies to support infrastructure costs and to encourage uptake</p> <p><u>Action:</u> Protect those most risk from flu in the coming season and ensure that the opportunity for co-circulation of flu and COVID-19 is kept to a minimum</p> <p>The Annual Flu Vaccination programme is on target with the 2020/21 Plan</p>
Mental Health & Learning Disability	<p><u>Action:</u> Meeting increased demand for 'lower level' Primary mental health care</p> <p>Agreed Mental Health Link Practitioner post with primary care for use of additional recurrent resources, which aims to encompass some of the aspects that the previous pilot did not include which will better facilitate the pathway between primary care and the Part 1 service, amending the operation of the LPMHSS.</p>
Children, Young People & Maternity	<p><u>Action:</u> Maintain Category 2 list. Increase number of paediatric operating lists</p> <p>Maintaining 3 lists per week, additional cleft lists on Saturdays in January</p>
Outpatients	<p><u>Action:</u> Roll out of digital solutions to priority areas as identified in Implementation Plans</p> <p>DrDr quick question now mandated as agreed by service group directors. Implemented in gynaecology and rheumatology. There is an plan in place to roll-out across all specialties, in Morrison to commence on the 25th January</p>
Partnership Working	<p><u>Action:</u> Progressing the Regional Pathology Service SOC with all partners</p> <p>A regional team presented to the IIB end of October which was well received. WG in receipt of the SOC and awaiting approval/finalisation to move forward with the OBC. A meeting with WG took place on the 12/12/20 on developing the programme business case (PBC) which could enable access to funds for the</p>

	new road. The aim is for SBUHB/HDUHB to submit high-level, strategic intent PBC to WG by March 2021
Digital Transformation	<p><u>Action:</u> Continued Roll out of Attend Anywhere</p> <p>Exceeded 20,000 consultations in secondary care with Attend anywhere</p>
Workforce	<p><u>Action:</u> Early intervention/ prevention to support staff in critical areas with TRiM training (trauma identification and management model)</p> <p>Critical care and other Covid related areas have received TRiM ReactMH training with over 310 supervisors/line managers trained to identify early signs of trauma</p>