





Meeting Date	27 th May 2021		Agenda Item	6.3										
Report Title	SBUHB Opera Actions	tional Plan 202	0/21 - Delivery	of Q4										
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	Implementation	1	-											
Report Sponsor	Siân Harrop-Gı	riffiths, Director o	of Strategy											
Presented by	Siân Harrop-Gı	riffiths, Director o	of Strategy											
Freedom of	Open													
Information														
Purpose of the		This paper provides the reported status against the actions												
Report	agreed for the end of Quarter 4 as part of the SBUHB Quarter 3&4 Operational Plan for 2020/21													
Key Issues	Government of underpinned by for achievement. This paper provious position against quarter 4, reflundertaken acroff-track, mitigate. It has been a monitored and with a quarterly	3&4 Plan, which on 16th October y milestones went. Vides a high level st the actions arecting the breamons the individuating actions have agreed that deligreported to the Ey report to the Pd Safety (Q&S)	2020, a seried and milestones for the plans. Where the been highlight very of the acceptormance & F	es of actions th timescales e performance or the end of at has been e actions are ted. etions will be gement Board inance (P&F)										
Specific Action	Information	Discussion	Assurance	Approval										
Required			\boxtimes											
(please choose														
one only)														
Recommendations	Members are a													
		ne actions and m	illestones identif	ried within the										
	Quarter 4;NOTE the reported RAG status and supplementary													
		•												
	 comments against each action that is off-track; NOTE the areas of achievement as described in 													
	Appendi		Sinovomont as	accombed in										

QUARTER 3&4 OPERATIONAL PLAN 2020-21 - DELIVERY OF ACTIONS FOR END OF QUARTER 4

1. INTRODUCTION

This paper provides the reported status against the actions agreed for the end of Q4 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 for the end of Quarter 4, 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 Executive Management Board with a quarterly report to the Performance & Finance (P&F) and Quality and Safety (Q&S) Committees, followed by the Board.

3. PROGRESS UPDATE

The Q3&4 Action Plan Tracker was developed, with identified service/planning leads and agreed timescales for achievement, attached for Quarter 4 as Appendix 1. The latest position as at the end of March 2021 is outlined below.

Overall the tracker provides assurance that a good level of progress has been achieved against the actions and milestones agreed for the end of March of Quarter 4. 62.7% completed, 11.9% on track to deliver into 2021/22 and 25.4% not delivered at year end. It should be noted that there are more actions rated Red across a number of service areas (Children and Young People, Cancer, Digital , Diagnostics and Imaging) than in previous quarters as actions have been identified as Red rather than Amber if they had not been completed at year end although the delivery continues into 2021/22. Outstanding actions will be carried forward into 2021/22 as per the Annual Plan 2021/22 and some key areas have been included in the proposals for recovery as part of the initial £100m being made available by Welsh Government and submitted on April 26th 2021.

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 at the end of March and some key areas of achievements are provided in Appendix 2. Detailed feedback is also given for the seven off-track actions including revised milestones where required as set out below:

Theme	Off-Track Actions
Surgical and	Action: Monitor activity and review capacity requirements for ortho-
Theatres	plastic trauma activity in Morriston from across Wales
	Status & Mitigation: Review of demand is ongoing. Further work is required to right size orthoplastic operating capacity in Morriston Hospital to deliver timely access and avoid negative impact on local trauma patients. A Task and Finish group has been established to undertake detailed analysis of orthoplastic demands.
Diagnostics & Imaging	Action: Radiology: MRI – Extending reporting capacity and CT extending working hours, weekdays and weekends and reporting capacity
	Status & Mitigation: Sustainable solutions not supported during 20/21. Continuing to utilise external provider solution for reporting. There is a lead in time in developing the internal capacity option, part of recovery plan for 2021/22.
	Action: NOUS – utilising additional location (Bay Field Hospital) to deliver service for 25 weeks
	Status & Mitigation: Sustainable solutions not supported during 21/22. The waiting list for NOUS remains high compared to pre covid position, although the numbers waiting over 8 weeks have reduced significantly. Additional NOUS capacity included as part of the recovery plan for 21/22.
Cancer & Palliative Care	Action: Development of Radiotherapy Case for released capacity from Breast to undertake additional Radiotherapy work and development of case for hypofractionations for Prostate case to be developed jointly with Hywel Dda and SBU Urology Surgical colleagues.
	Status & Mitigation: Recruited to posts as part of case for release of capacity from breast to undertake additional radiotherapy workto be in place by Quarter 2 with actions in place to mitigate the delay. Draft Case for hypofractionations for Prostate submitted as part of Annual plan 2021/22
	Action: To undertake Stereotactic body radiation therapy (SABR) treatment for Lung Cancer patients in South West Wales Cancer Centre
	Status & Mitigation: WHSSC decision expected in Quarter 2 of 2021/22.
	Action: Review tracking resources:
	Status & Mitigation: Organisational Change Process commenced for MDT co-odrinator staff to move from 1st May. Tracking staff now all in post
	Action: 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.
	Status & Mitigation: Decision not given in 20/21. Case is to be submitted as part of 21/22 Annual Plan Business Case process.
Primary Care, Community and	Action: Support the Redesign of Acute Medical Services (AMSR) in SBUHB
Therapy Services	Status & Mitigation: The AMSR programme of work was put on hold in October 2020 due to the second Covid surge. Discussions have begun in April 2021 on restarting the work at pace and aligning with the Frailty programme of work. Included in 21/22 Plan
Children, Young People & Maternity	Action: School Nursing: Immunisation and safeguarding - Deliver the HPV programme and MMR to all year 9 pupils. Dates are set and agreed across the 24 comprehensive school sites for March / April. And deliver the catch up Fluenz vaccination programme to aged 4 – 11 years in 52 Primary School sites across the HB area.
	Status & Mitigation: HPV programme and MMRpartially completed, outstanding schools set for April and May. Programme delayed due to school closures and workforce deployed to Mass Vaccs. Programme will re commence in January in the next 21/22 year to fall in line with correct time scales. Fluenz programme not completed due to schools closure. Expiry date of fluenz passed. Contingency plans of using alternative sites and venues will be put in place to offer catch up sessions.
	Action: Health Visiting: Increase Number of HCWP contacts and improved data for infant feeding
	Status & Mitigation: 89.7% completeness. Delay in return of data collection forms. There is sometimes a delay when returning Data Collection forms depending on when the child is born and when the 10-14 day contract is made or if the infant is still in hospital. For infant feeding: 10-14-days=86.7%, 6wks=71.8%, 6mths=68.2%. Some data forms will not have been submitted for this cohort as children are being called for checks at 8 weeks and will not have had exam as yet The Data Collection forms for March contacts will be sent during April.
	Action: Health Visiting: Numbers of Walk and talk sessions
	Status & Mitigation: No walking groups due to Covid restrictions. These will be restarted as restriction lift as soon as Welsh Government make a statement regarding meeting out of doors in groups of 10.
	Action: Childrens Services - Maintain Childrens Emergency Unit in Morriston Hospital
	Status & Mitigation: Business case to be developed during 21/22 for capital support for ward refurbishment at Morriston site. Service Model under further discussion with clinical teams and when agreed project Board will be re-established.

<u>Action:</u> Children and Young People (CYP) Emotional Health & Wellbeing - Regional CYP Website

<u>Status & Mitigation:</u> The development of the website has been delayed due to COVID. The website has now been validated by professionals and young people: May - all final updates and editing will be completed; June - website will be launched.

Action: Children Services - Named Doctor Safeguarding

<u>Status & Mitigation:</u> Recruitment not successful during March 2021. Community Paediatric Consultants continue to support role. Post to be re-advertised.

<u>Action:</u> Childrens Services - Neurodevelopmental service – Develop capacity plan and recruit to vacant posts including permanent clinical lead role

<u>Status & Mitigation:</u> Demand and capacity work and review of service model, including benchmarking has highlighted the requirement for further posts to support the capacity gap and long waiting times within this service. Requirement for additional funding to support service will be considered for funding from mental health/CAHMS bids.

Action: Childrens Services- SARC

<u>Status & Mitigation:</u> SARC Programme Director appointment at All Wales level, await further Programme meetings imminently.

<u>Action:</u> Maternity Services Continuity of Care – review of Community Services and Neonatal workforce – BAPM Standards and Peer Review

Status & Mitigation: Review of Community Maternity Services service delayed due to COVID. Birth Rate+ completed and received at Quality & Safety Committee. Whilst SBUHB is currently BR+ compliant, financial review is required to ensure sustainability. Maternity Strategy meeting has also been convened to support the staff rotation and reallocation in line with BR+. The review of the community workforce and realignment of staff will complete in July 2021. The review of Neonatal workforce is complete, and staffing gaps have been identified as a result. Decision on funding expected imminently.

Partnership Working

<u>Action:</u> Develop recommendations for oesophageal and gastric cancer surgery service in South and West Wales

<u>Status & Mitigation:</u> Workstream paused whilst temporary urgent service change was implemented. Proposal for recommencing workstream and developing a revised timeline agreed at March RSSPPP.

<u>Action:</u> Develop service specification for tertiary HepatoPancreatroBiliary Services

Status & Mitigation: Document completed, with impact assessment and Equality Impact Assessment - However, implications to be considered by RSSPPP in May before submission to the NHS Wales Health Collaborative in May for approval in principle. **Digital Services** Action: Swansea Bay Patient Portal (SBPP) - continue rollout to support outpatients transformation. Status & Mitigation: Action dependant on Information Commissioners Office (ICO) to complete judicial review and this has not been completed. It is unclear from the ICO when this will now happen. Discussions are underway internally on the registration model. These conversations require engagement with the legal team (who supported original discussions). No timeline for completion of the work has as yet been agreed. SBPP continues to be rolled out Action: Implementation of digital solutions including: Welsh Clinical Portal (WCP) - Phlebotomy module commence implementation. Medicines Transcribing and Edischarge (MTED) all implementations complete Welsh Emergency Department Systems (WEDS): Commence User Acceptance Testing (UAT). Signal: commence development of V3 – phase 2 Open Eyes: commence testing of system and integration. Status & Mitigation: WCP: Phlebotomy module implementation to take place in June. MTED implementations commenced and due to complete in June. WEDS: UAT now scheduled for June due to delays in Hardware refresh which commenced in March and are due to complete in May. Signal: New delivery date for phase 1 development agreed -July. Delays due to COVID wave 2 and change requirements needed for existing system. Open Eyes: Delays in the all Wales Programme have impacted the development of a local plan. Regional plan to be developed by July. Action: Networks Telephony – Singleton back up system go live. Status & Mitigation: Delayed due to an issue with asbestos. Awaiting for options on resolution before proceeding. It is anticipated that the solution will be fully implemented by September. Action: Develop Business Case for the refurbishment of Main ITU, Capital Morriston Status & Mitigation: Welsh Government 24/11/20, confirmed a business case is not required. External approvals will progress on basis of a cost form submission only. Designed and being procured via SCAPE framework. Initial feasibility costs indicating higher than original estimate. Meeting arranged on 7th May 21 with

NWSSP-SES to determine way forward for procurement.

4. GOVERNANCE AND RISK ISSUES

This report is the fifth to be considered since the beginning of the Covid-19 pandemic. It was agreed that delivery of the actions 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.

The detailed mechanisms and reporting arrangements for the tracking of the Annual Plan 2021/22 are being finalised.

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 Quarter 4;
- **NOTE** the reported RAG status and supplementary comments against each action that is off-track:
- **NOTE** the areas of achievement as described in Appendix 2.

Governance ar	nd Assurance	
Link to Enabling	Supporting better health and wellbeing by actively empowering people to live well in resilient communities	promoting and
Objectives	Partnerships for Improving Health and Wellbeing	\boxtimes
(please choose)	Co-Production and Health Literacy	\boxtimes
(product enroces)	Digitally Enabled Health and Wellbeing	\boxtimes
	Deliver better care through excellent health and care service outcomes that matter most to people	es achieving the
	Best Value Outcomes and High Quality Care	\boxtimes
	Partnerships for Care	\boxtimes
	Excellent Staff	\boxtimes
	Digitally Enabled Care	\boxtimes
	Outstanding Research, Innovation, Education and Learning	\boxtimes
Health and Car		
(please choose)	Staying Healthy	\boxtimes
(Safe Care	\boxtimes
	Effective Care	
	Dignified Care	\boxtimes
	Timely Care	\boxtimes
	Individual Care	
	Staff and Resources	
Quality Safety	and Patient Experience	
The paper refle	cts the impact of Quality, Safety and Patient Experier ainst the Q3&4 Plan actions and their delivery in Januar	
Financial Impli	cations	
	rect financial implications from this paper.	
	ons (including equality and diversity assessment)	
Projects and ac	tions detailed within the Tracker are considered on the relopment of the Quarterly Plans.	ir own merit
Staffing and wo	rkforce performance against the actions in the plan is i	ncluded in the
paper and track		
	olications (including the impact of the Well-being o Vales) Act 2015)	f Future
	al Planning arrangements will aim to deliver our Strate	egic Objectives
which were alig	gned to our Wellbeing Objectives through the deve	
Organisational S		
Report History	This is the fifth report on the performance statu actions identified within the Quarterly Operation	
Appendices	Appendix 1 – Q4 Operational Plan Action Trac	
	Appendix 2- Summary of Progress	

Rules for Managing Tracker

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

Handling of Actions:	Actions that were completed in Q1	Close
	Actions that were not completed in Q1	Roll into Q2 Tracker
	Actions that are duplicated in both plans	Use narrative from Q2 Plan

Reporting:	Monthly to SLT	Third Weds of the Month
	Quarterly to PFC, Q&S and Board	Same Paper to all 3 Audiences

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

Digital

Identify digital

requirements in line with national Welsh Immunisation System including booking solution once full functionality of WIS is known

Deliver

Dorothy Edwards

							Addressing the	Board Assurance	l						
Service Area	Priority	Action		Mar-21			Four Harms	Committee							
			Milestone	Lead	RAG	Comments on Status									
Managing Covid-19	Maintaining	Implement social	Continue to monitor compliance,	Lisa Hinton			Harm 1								Γ
	Robust	distancing for staff and	review signage												İ
	Infection,	patients in communal and													Ĺ
	Prevention and	clinical areas													Ĺ
	Control	Health	Work with comms to ensure regular	Lisa Hinton			Harm 1								Γ
		promotion/education:	messaging. Comms to review												İ
		Raise awareness of	effectiveness of messages. Ensure												İ
		general principles of IPC	signage is prominent. Offer regular												1
		for staff, patients and	IPC related training for staff.												1
		visitors													İ
															1
		Ensure the most up to	Ongoing review and refresh of SOPs				Harm 1								П
		date guidance is													İ
		implemented and													İ
		disseminated in a timely													İ
		manner													
		Environmental	Ensure environmental cleaning and				Harm 1								İ
			decontamination practices are in line												i
			with National guidance for COVID or												İ
			other organisms as appropriate												İ
															İ
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		Regular review of IPC	Signage relating to inpatient area				Harm 1								İ
		practices and compliance	maximum capacity to be												İ
		with physical distancing	implemented. Audit IPC practices and												İ
			compliance with physical distancing												İ
															╄
Test, Trace &			Review workforce in line with	Julie Morse	Green	Continuing to review. Able to flex to	Harm 2								İ
Protect		in line with WG	demand			address demand as required									İ
		expectations around													İ
		testing delivery – Liberty													İ
		Stadium													İ
															İ
		Davides Lead Testing Disc	Roll out any revisions to plan	Julie Morse	Croon	Dall aut any radicions to plan	Harm 2							-	⊢
		Develop Local Testing Plan	Roll out any revisions to plan	Julie Morse	Green	Roll out any revisions to plan	Harm 2								İ
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															İ
		Implement local testing	All testing options in place -	Julie Morse	Green	In place as reported in province	Harm 3	1	l	 		 	-	+	⊢
		sites targeting students,	accessibility key focus	Julie Morse	Green	In place as reported in previous	1101111 3		l	l					ĺ
		hard to reach areas,	accessionity key locus			update	İ		1	1		1			1
		vulnerable public					1		l	l					İ
		vamerable public					1		l	l					İ
	TTP	Increase TTP workforce to		Julie Morse	Green	Continuing to review. Able to flex to	Harm 2					 			Н
		meet additional demands		June Morse	Green	address demand as required			l	l					ĺ
		– contract tracing				asa.css acmana as required	1		l	l					i
		contract tracing					1		l	l					1
							1		l	l					ĺ
Vaccination	Workforce	Finalise workforce model	Deliver	Dorothy Edwards	Green	Workforce model established for	Harm 1		1			1		1	۲
• acciniation	Model	and flow calculations	Denvel	Dolothy Luwards	Green	registrant and non-registrant			1	1		1			ĺ
	···ouci	and now calculations				immunisation.	İ		1	1		1			1
		Describes from 1 1	Delliner	December 5.1		mmamsation.	11 4		 	 	 	 	—		 ⊢
		Populate first phase of	Deliver	Dorothy Edwards		1	Harm 1	1	ı	ı		1	ı		1

Requirements identified and well

understood. WIS is used in operation.

Harm 1

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		Mass Vaccination	Secure locations for Mass Vaccination Sites (beyond the Bay Field Hospital) and undertake site/logistics visits to finalise		Dorothy Edwards	Green	3 MVCs in operation. Delivery through Primary Care established with General Practice in all 49 practices. Pilot with delivery through Community Pharmacies established.	Harm 1					
			Finalise in-reach/mobile model	Deliver	Dorothy Edwards	Green	Mobile unit deployed for hard-to- reach communities. In-reach and house-bound model developed.	Harm 1					
			Finalise SOPs/Action Cards	Deliver	Dorothy Edwards	Green	SOPS in place and signed off; reviewed and revised, with operational plan being developed for substantive service beyond milestone 3.	Harm 1					
	Theatres	Sustaining Elective Theatre Capacity and Utilisation	Scoping further development and implementation of the Theatre Operations Management Systems	Progress development phase of TOMS. Post holder to develop planned programme for 21/22	tersa Humphreys/Matt Knott	Green	On target with development phase of TOMS programme	Harm 3					
			Sustain theatre programme	Sustain delivery of enhanced theatre capacity at July 2020	Tersa Humphreys	Green	sustained delivery of agreed theatre programme with minimal distruption during 2nd wave.	Harm 2					
			Ongoing review external guidance in regard to theatre rezoning	Implement ongoing advice and guidance re theatre rezoning	tersa humphreys	Green	No change to current postion. Next step for qtr 1 21/22 to consider implementation of national guidelines for green pathways based on reduced community prevelance and transmission.	Harm 3					
			Expanding the workforce	Posts in place.	tersa humphreys	Green	Secure additional staffing via agency to increase paediatric surgery lists from 3 to 5 per week.	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	Red	Review of demand ongoing. Further work required to right size orthoplastic operating capacity in Morriston Hospital to deliver timely access and avoid negative impact on local trauma patients. Task and finish group established to undertake detailed analysis of orthoplastic demands.	Harm 2					
			Utilise released theatre workforce	Maintenance of enhanced emergency operating capacity compared to pre- Covid	tersa humphreys	Green	Review of demand ongoing. Assessment of impact of increased emergency operating capacity on pre operative length of stay undertaken. Positive impact on length of stay identified for CEPOD cases.	Harm 3					
		Orthopaedic Surgery at Neath Port Talbot Hospital	Reinstatement of theatres	Monitor theatre activity and case mix	Neil Miles	Green	Weekly reported theatre activity monitoring in place	Harm 3					

		Development of Capital Business Case	OBC submitted to WG	Neil Miles	Amber	SOC scrutiny received in January 2021. Resubmitted in March 2021. Presented SOC to WG IIB on 22nd April. Decision awaiting, pending WG election period re 6th May. Only then can OBC timeline be confirmed	Harm 3					
		Scope interim modular theatre solution	Modular construction and siting and handover for Q1 start of operating	Neil Miles	Amber	developed incl preliminary costing. Proposal developed and submitted. Lead-in time and funding to be confirmed. Anticipation of Q4 operating (21/22) in annual planning cycle	Harm 3					
	Assessing Potential Harm	Specialty Harm Assessments to be carried out	Develop monitoring mechanisms against key harm metrics	Neil Miles	Green	All specialties have reviewed waiting lists and specialist advice via RCS and identified those patients at most risk of harm. Utilised in cat 2 prioritisation process and allocation of theatre timetables. Intra department review of RCS Cat 2 priority listing underway to ensure consistency of approach and application of RCS guidance.	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	Scheduled changes to green pathway in line with NICE guidance from 2nd May will improve access to treatment (increased uptake) and flexibility (easier to backfill capacity if patients are unable to continue to surgery due to covid status changing etc) Emerging evidence remains that delivering required operating volumes is still the best way of mitigating risk. All Wales 52 week outpatient validation and clinical validation exercise will assist in ensuring restricted capacity is targeted at those patient in most need	Harm 2					
Diagnostic and Imaging Services	Endoscopy – Increase capacity in the system to	Introduce additional sessions	Additional 10 weekly sessions introduced through insourcing	Fiona Hughes	Green	ID Medical undertaking 10 sessions weekly in NPTH. USC backlog managed and urgent backlog reduced.	Harm 3					
	manage USC, Urgent and routine referrals	Increase capacity at NPT	Reinstate PH menometry and breath tests procedures	Fiona Hughes	Green	Recommenced for priority patients	Harm 3					
		Maintain use of FIT in USC Group and plan to introduce FIT in low risk groups	Plan agreed and to be rpesneted to Cluster leads in March 2021	Fiona Hughes	Green	Cluster Leads presentation March 31st and pathway agreed	Harm 2					
		Redesign of Straight to Test (STT)	Pathway to be approved within primary and secondary care and mapping of referral process confirmed	Fiona Hughes	Green	Cluster Leads presentation March 31st and pathway agreed	Harm 2					
	Radiology – Implement proposals from business cases	MRI – extending working hours, weekdays and weekends	Action Closed	Brian Owens			Harm 3					
	to increase capacity in the system to manage USC, Urgent and routine referrals	MRI – Extending reporting capacity	Commence training position (12 months)	Tersa Humphreys	Red	Sustainable solutions not supported during 20/21. Continuing to utilise external provider solution for reporting. There is a lead in time in developing the internal capacity option, part of recovery plan for 2021/22.	Harm 3					

П		CT - extending working	Commence positions. Increase	Tersa Humphreys	Red		Harm 3					
		hours, weekdays and weekends	working hours. End HD ganry.			during 20/21. Continuing to utilise internal overtime option which is a limited option to increase capacity. Developing internal capacity option as part of recovery plan for 21/22.						
		CT – Extending reporting capacity	Commence training position (12 months)	Tersa Humphreys	Red	Sustainable solutions not supported during 20/21. Continuing to utilise There is a lead in time in developing the internal capacity option as part of recovery plan for 21/22.	Harm 3					
		NOUS – utilising additional location (Bay Field Hospital) to deliver service for 25 weeks		Tersa Humphreys	Red	Sustainable solutions not supported during 21/22. The waiting list for NOUS remains high compared to pre covid position, although the numbers waiting over 8 weeks have reduced significantly. Additional NOUS capacity included as part of the recovery plan for 21/22.	Harm 3					
Cancer and Palliative Can Services	Increasing and Sustaining Radiotherapy Treatment Capacity and reducing	Development of RT Case for released capacity from Breast to undertake additional RT work		Ceri Gimblett	Red	Recruited to posts- additionality of Radiotherapy work to be in place by Quarter 2.	Harm 3					
	backlog – for implementing	Develop RT case for hypofractionations for Prostate case to be developed jointly with Hywel Dda and SBU Urology Surgical colleagues.		Ceri Gimblett	Red	Draft Case submitted for submission in Annual Plan 2021/22	Harm 3					
	Increasing and Sustaining Radiotherapy Treatment Capacity - Radiotherapy case for undertaking Stereotactic Ablative Radiotherapy SABR (Lung hypofractionati on work in SWWCC)	To undertake SABR treatment for Lung Cancer patients in SWWCC		Ceri Gimblett	Red	WHSSC decision expected in Quarter 2 of 2021/22.						
	Reducing Cancer Backlog	Review tracking resources		Ceri Gimblett	Red	Organisational Change Process commenced for MDT co-odrinator staff to move from 1st May. Tracking staff now all in post.	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 recommendations for Improving End of Life Care and engaging with our Current Advanced Care Planning Team to take these forward along with the wider HB community including primary care.		Ceri Gimblett	Red	Decision not given in 20/21. Case is to be submitted as part of 21/22 Annual Plan Business Case process.	Harm 2					

Primary Care, Community and Therapy Services	to essential, additional and enhanced services in all primary care contractor services; General Practice, Dental, Optometry and Community Pharmacy, in line with	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	Proactive support to contractor services – informed by daily reporting and monitoring of national escalation tool for GP and Community Pharmacy practices	Harm 3					
	national guidance	Provide support protect the most vulnerable people in our communities, in particular care home residents	Develop long term plan for Care Home service provision aligned to Strategic Programme for Primary Care Framework	Andy Griffiths	Green	Work on a memorandum of understanding for a pooled bank of staff to support Care Homes on going . Discussions with LA providers underway to review commissioning Strategy and MPS for sector. Market stability reports to be undertaken	Harm 4					
	Maintain provision of urgent and essential Health Board primary care, community and therapy services	Maintain provision of services agreed for reactivation by Health Board Reset and Recovery	Monitor impact and patient flow within services – align with Health Board position / Reset & Recovery, stand down non-essential services as required. Deploy staff as per workforce plan. Comm and Therapy Outpatient services reduce waiting list breach position [subject to decisions on stand down of services]	Andy Griffiths	Green	Physio and OT are not in a breach position and Podiatry has cleared all patients waiting >14 weeks. Other areas (e.g Audiology) have significantly reduced their waiting time breaches. However, work is ongoing to continue to reduce breaches further	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 Strotegic Programme for Primary Care 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	Complete	Harm 2					

		Deliver the Rehabilitation Framework	Assess rehabilitation services against the framework and develop	Develop long-term plan aligned to the framework.	Andy Griffiths	Green	There is some progress in developing primary care rehab services in 2 primary care clusters for	Harm 2					
			plans informed by this work.				frail elderly only using the virtual ward concept, but have not formally						
							mapped this against the framework and the 4 cohorts • Pathway development and scoping						
							of the pathways, time frames for access is required						
							Pulmonary rehab has set-aside group interventions to support those						
							who require their skills D2RA pathways are in place and being reviewed						
							There is a launch of the rehab modelling tool in June and we have						
							attendance from the DoTH's team but will require a therapy Hos to attend						
ŀ		Cross-system	Deliver Whole System	Complete projects agreed for delivery	Andy Griffiths	Amber		Harm 2					
		working and with partners to deliver key transformationa	Cluster Transformation Programme	2020/2021			end of year report. Some schemes rolled into 21/22.						
			Deliver Seasonal Plan initiatives, jointly with	As per Health Board & West Glamorgan Regional Partnership	Andy Griffiths		As per Health Board & West Glamorgan Regional Partnership	Harm 2					
			West Glamorgan Regional Partnership Board	Seasonal Plan 2020/2021			Seasonal Plan 2020/2021						
			Support the Redesign of Acute Medical Services in SBUHB			Red	The AMSR programme of work was put on hold in October 2020 due to the second Covid surge. Discussions	Harm 2					
			350115				have begun in April 2021 on restarting the work at pace and						
							aligning with the Frailty programme of work. Included in 21/22 Plan.						
	Mental Health and Learning Disability	Improving access and simplified	Embedding revised Covid- 19 Pathways (community and inpatient)	Submission of OBC for adult acute (subject to SOC agreement and permission to proceed)	Dermot Nolan	Amber	Awaiting outcome of SOC submission to Welsh Government. Meeting schuduled with WG for the 22nd April	Harm 2					
		referral pathways.											
			Progress development of interim Mother and Baby	Service Commissioned subject to WHSSC agreement.	Dermot Nolan	Green	Service commenced on the 19th April 2021. Ongoing service stakeholder	Harm 4					
			unit				meetings continue to manage operational delivery of the service at this early stage.						
	l l		1				Junger					 1	

TT		I	I			•		T					
	Maintain	Children's Services -	Continue to reduce long waits and	Michelle Mason-	Green		Harm 3		l				
People and	Essential	Outpatient recovery	FUNB	Gawne					l				
	Services – re-												
	start of services								1				
									l				
П		Children's Services Digital		Michelle Mason-	Green		Harm 2						
		working		Gawne									
		Children's Services		Michelle Mason-	Green		Harm 2						
		Performance		Gawne									
									l				
									l				
									l				
									1				
Ħ		School Nursing:	Deliver the HPV programme and	Victoria Kiernan	Red	Partially completed, outstanding	Harm 2						
		Immunisation and	MMR to all year 9 pupils. Dates are	victoria incinari		schools set for April and May.							
		safeguarding	set and agreed across the 24			Programme delayed due to school							
			comprehensive school sites for March			closures and workforce deployed to							
			/ April.			Mass Vaccs. Programme will re							
Ħ				Victoria Kiernan	Red	Not completed due to schools	Harm 2						
						closure. Expiry date of fluenz passed.							
			Deliver the catch up Fluenz			Contingency plans of using							
			vaccination programme to aged 4 –			alternative sites and venues will be							
			11 years in 52 Primary School sites			put in place to offer catch up							
			across the HB area.			sessions.							
		Neonatal workforce –	The review is complete, and staffing	Michelle Mason-	Red		Harm 2						
		BAPM Standards and Peer		Gawne		gaps have been identified as a result.							
		Review	A business case has been submitted			Decision on funding expected							
			to WHSSC, and escalated within the			imminently.							
			Health Board.										
H		Children's Consisses		Michello Meson	Croon		Harm 2						
		Children's Services: Progress paediatric		Michelle Mason- Gawne	Green		Harm 3		l				
		surgical recovery plan		Gawiie					l				
		Jangical recovery pidli							l				
H		Maternity Services -	Agree priorities for service provision	Susan Jose	Green	Presentation to CHC planned July	Harm 2		l				
		Family Centred Care - A	for 2021/22			2021.			1				
		Women's engagement	·						l				
		strategy is being							l				
		developed to ensure full							l				
		consultation and							l				
		involvement of the local							l				
		population in how							l				
		maternity services are							l				
		delivered now and							l				
		developed in the future.							l				
									l				
Η Ι			10.11						ļ				
			10-14 day contacts > 90%	Michelle Davies	Red	89.7% completeness. Delay in return	Harm 3		1				
		Number of HCWP				of data collection forms. There is			1				
		contacts				sometimes a delay when returning			l				
						Data Collection forms depending on when the child is born and when the			l				
						10-14 day contract is made or if the			l				
						infant is still in hospital.			l				
									1				
									l				

1 1	Health Visiting: Improved	10-14 days	Michelle Davies	Red	10-14-days=86.7%, 6wks=71.8%,	Harm 3					-	
	data for Infant feeding	6 week 6 month			6mths=68.2%. Some data forms will not have been submitted for this cohort as children are being called for checks at 8 weeks and will not have had exam as yet The Data Collection forms for March contacts will be sent during April.							
	Health Visiting: Number of virtual groups facilitated	Number of virtual groups facilitated	Michelle Davies	Green		Harm 3						
	Health Visiting: Numbers of Walk and talk sessions	Numbers of Walk and talk sessions	Michelle Davies	Red	No walking groups due to Covid restrictions. These will be restarted as restriction lift as soon as Welsh Government make a statement regarding meeting out of doors in groups of 10.	Harm 3						
Improving services to build resilience against COVID 19	Childrens Services - Maintain Childrens Emergency Unit in Morriston Hospital		Michelle Mason- Gawne	Red	Business case to be developed during 21/22 for capital support for ward refurbishment at Morriston site. Service Model under further discussion with clinical teams and when agreed project Board will be re- established	Harm 2						
	School Nursing: Safeguarding work to be prioritised in line with WG expectations. Maintain specific statutory LAC health services	All in place and Health Assessments continue to be carried out virtually to ensure compliance with statutory LAC HA responsibilities	Victoria Kiernan	Green	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	Pilot telephone line abandoned.Service to be considerd on different approaches and consideration given to Attend Anywhere.	Victoria Kiernan	Green	Pilot telephone line abandoned.Service to be considerd on different approaches and platforms	Harm 2						
	CYP Emotional Health & Wellbeing - Regional CYP Website	Website launched.	Michelle Davies	Red	The development of the website has been delayed due to COVID. The website has now been validated by professionals and young people. May - all final updates and editing will be completed. June - website will be launched.	Harm 4						
	CAMHS - Implementation of Emotional Health & Wellbeing Service		Michelle Davies	Green	Model agreed with partners.	Harm 4						
Developing sustainable and safe services	Childrens Services - Progress Neonatal 24- hour transport proposal	Sign off model for implementation Qtr 1 2021-22	Michelle Mason- Gawne	Green	Ths is green as interim model currently in place but awaiting further agreement re sstainable model post June 2021	Harm 3						
	Childrens Services - Transitional Care Unit and Cot capacity	Complete projection exercise of SB activity accommodated elsewhere in Wales to inform income model and additional cots.	Michelle Mason- Gawne	Green		Harm 3						
	Children Services - Named Doctor Safeguarding	Agree revised pathway including dedicated safeguarding room in Morriston and job planned safeguarding rota	Michelle Mason- Gawne	Red	Recruitment not successful during March 2021. Community Paediatric Consultants continue to support role. Post to be re-advertised.	Harm 3						

Childrens Services -	Appoint to permanent clinical lead	Michelle Mason-	Red	Demand and capacity work and	Harm 3					
Neurodevelopmental	role. Recruit to advertised band 7	Gawne		review of service model, including						
service	posts x 3			benchmarking has highlighted the						
Scriec	posts x s			requirement for further posts to						
				support the capacity gap and long						
				waiting times within this service.						
				Requirement for additional funding to						
				support service will be considered for						
				funding from mental health/CAHMS						
				bids.						
Childrens Services- SARC		Michelle Mason-	Red	SARC Programme Director	Harm 3					
Cililatetts Services- SANC		Gawne	Reu	appointment at All Wales level, await	maini 3					
		Gawiie		further Programme meetings						
				imminently						
				illillillenciy						
Childrens Services -		Michelle Mason-	Green		Harm 3					
Support the DECLO in		Gawne	0.00							
progressing the										
preparations for the										
requirements of the										
ALNET Act										
Childrens Services - Child		Michelle Mason-	Green	Awaiting further Board approval from	Harm 3					
health department Central		Gawne		PCTSG to accept transfer of Child						
Clinic				Health booking teams						
				-						
Childrens Services - Covid	Temporary partitioning being	Michelle Mason-	Green		Harm 3					
planning	provided for paediatric wards to help	Gawne								
	with infection control									
Maternity Services Safe &		Susan Jose	Green	Smoking Cessation Action Plan in	Harm 2					
Effective Care - Increasing				Place. Maternity service engaged						
the number of women	plan in process.			with corporate group Smoking Ban						
who stop smoking				on Hospital Sites,						
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	1									
Cessation Support										
MMAMS service; a	1									
business case currently										
being developed to										
support the introduction.										
1										
Maternity Services Safe &		Susan Jose	Green	Perinatal mental health Midwife	Harm 3					
Effective Care –		3030.13030	O. CCII	appointed 0.4WTE.						
Implementation of the All	1									
Wales perinatal mental	1									
health pathway										
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		Maternity Services Continuity of Care – review of Community Services		Susan Jose	Red	Review of service delayed due to COVID. Birth Rate+ completed and received at Quality & Safety Committee. Whilst SBUHB is currently BR+ compliant, financial review is required to ensure sustainability. Maternity Strategy meeting has also been convened to support the staff rotation and reallocation in line with BR+. The review of the community workforce and realignment of staff will complete in July 2021.	Harm 3					
		Skilled & multi professional teams - Prompt Wales training		Susan Jose	Green	All staff are allocated PROMPT training as required.	Harm 2					
		Skilled & multi professional teams Implementation of Community PROMPT in line with WRP recommendations	Finalise training plan to commence community prompt for all community/ midwifery led staff	Susan Jose	Green	Training plan completed. 1st community PROMPT day in May 2021. All community staff allocated through 2021/22	Harm 2					
		Sustainable Quality Services - Awaiting final staffing recommendation requirements following recently completed Birth rate + assessment on maternity workforce requirements		Susan Jose	Green	SBUHB compliant with BR+ midwifery staffing requirements. Introduction for streamlining of Midwife graduates from September 2021 as approved by executive DoF. Financial risk for the HB accepted in line with All Wales agreement	Harm 3					
		Sustainable Quality Services – appointment of 2 midwife sonographers	Training to commence	Susan Jose	Green	Two Midwives due to complete USS with certified qualification by October 2021. Appointement of MWS trainer to be made for further cohort training toward sustainable service	Harm 3					
Outpatients Services	Maximise roll out of Outpatients Transformation Programme	Agree 'high' priority speciality areas with DU's/Service Groups	Ongoing support and further implementations	Craige Wilson	Amber	Work is ongoing to ensure Consultant Connect is embedded in the top 10 specialities by June 21. This is being supported by Productive Partners who are working with Service Managers and Clinicians						
	Implementation of waiting list management solutions via Digital, service redesign solutions (Pathways)	Redesign approaches to improve waiting list management via pathways and digital solutions	The management of historic SOS cases to be completed by March 2021	Craige Wilson	Green	Completed	Harm 3					
	access to	Develop Outpatient dashboard (updated hourly or daily TBC)		Craige Wilson	Amber	Further work to be undertaken to make system available to General Practice.	Harm 3					

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			Re-start of face to face essential services	Consider plans for phase 3 to increase activity within guidelines	Craige Wilson	Amber	Service Groups are maximising the footfall where possible but ensuring that Physical Distancing is maintained.	Harm 2					
		Demand Management via working collaboratively/ service redesign new care models for better models for models	Collaborative working/redesign for better integrated working in the community		Craige Wilson	Amber	Details of Top Ten elective specialties with longest waits shared with Primary Care colleagues to consider the potential role that they could provide in reducing referrrals into secondary care	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	Support Swansea OG cancer MDT and OD	lan Langfield	Green	Original action superceded - in absence of local surgeon, the South East OG cancer surgery network are temporarily supporting the MDT and outpatients clinic. Discussions ongoing to extend temporary support for a further six months.	Harm 2 & 3					
		Oesophageal and gastric cancer surgery service model	Develop recommendations for oesophageal and gastric cancer surgery service in South and West Wales	Refresh - objectives, criteria, and long list	lan Langfield	Red	Workstream paused whilst temporary urgent service change was implemented. Proposal for recommencing workstream and developing a revised timeline agreed at March RSSPPP.	Harm 3					
		HepatoPancreat roBiliary Services	Develop service specification for tertiary HPB services	Finalise Document	lan Langfield	Red		Harm 3					
		Collaborative wo	Develop memorandum of understanding with Cardiff and Vale UHB		lan Langfield	Green	MoU signed off	Harm 3					
	Digital Services	Patient and Citizen Empowerment	Swansea Bay Patient Portal	SBPP – review registration model completed subject to judicial review and national programme assessment. SBPP – continue rollout to support outpatients transformation.	Deirdre Roberts	Red	Action dependant on Information Commissioners Office (ICO) to complete judicial review and this has not been completed. It is unclear from the ICO when this will now happen. Discussions are underway internally on the registration model. These conversations require engagement with the legal team (who supported original discussions). No timeline for completion of the work has as yet been agreed. SBPP-continues to be rolled out	Harm 2					

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	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		Harm 2					
Hospital Patient Safety and Flow	WPAS	EMPI upgrade	Matt Knott	Green		Harm 2					
Salety and Flow											
	WCP	Phlebotomy module – commence implementation.	Deirdre Roberts	Red	Phlebotomy module implementation to take place in June.	Harm 3					
		MTED all implementations complete			MTED implementations commenced and due to complete in June.						
	WEDs		Deirdre Roberts	Red	UAT now scheduled for June due to delays in Hardware refresh which	Harm 3					
					commenced in March and due to complete in May.						
	Signal	SIGNAL – commence development of	Matt Knott	Red	New delivery date for phase 1	Harm 3					
		V3 – phase 2.			development agreed - July. Delays due to COVID wave 2 and change requirements needed for existing						
					system.						
	НЕРМА	HEPMA - Complete Singleton Implementation	Deirdre Roberts	Green	Agreed with Project Board to delay to March - given required enhancements	Harm 3					
					to the JAC product to alleviate patient safety issues. Pharmacy system upgrade in February with 16						
					enhancements to address patient safety concerns. Update: Go live of HEPMA						
					commenced in March as per the revised plan and is due to complete in June						
			_								
	WNCR	WNCR – complete roll out across NPTH.	Deirdre Roberts	Green	Project Board agreed to delay go live until April 21 to allow incorporation of additional functionality	Harm 3					
					Update - go live commenced in April as per the revised plan						
Integrated	wccis	WCCIS – National Tech refresh –	Deirdre Roberts	Green		Harm 3					
Health and Care		testing complete.									

			Primary care Virtual	Support PCCS with the evaluation of	Deirdre Roberts	Green	Ask my GP and Attend anywhere	Harm 3						
			Consultations	Ask my GP and Attend Anywhere.			contracts have been extended.							
				,										
П			Open Eyes	Open Eyes – commence testing of	Deirdre Roberts	Red	Delays in the all Wales Programme	Harm 3						
			open Lyes	system and integration.	Deliare Hoberts	cu	have impacted the development of a	nam s						
				system and integration.										
							local plan. Regional plan to be							
							developed by July.							
Ш														
			BI COVID response	Deliver work packages for modelling	Lee Morgan	Green		Harm 3						
				Cell										
П			BI Development	Outpatients dashboard, stage 2	Lee Morgan	Green		Harm 3						
				development.										
				development:										
Н						_	and the second second							
		Streamlined	MS365 roll out	MS365 – complete Intune rollout.	Carl Mustad	Green		Harm 2						
		comms and		MS365 – complete embedding of			Power app solutions launched							
		Business		MS365.			Intune roll out will progress through							
		processes		MS365 – launch power app solution.			21/22 to replace legacy system							
				MS365 - mothball SKYPE for			Embedding of MS365 will continue							
				business.			through 21/22							ļ
														ļ
														ļ
H			MS365 Development	MS365 – Complete scoping work for	Matt Knott	Green	Provisioned the technical solution	Harm 3						
			ivissos Developitient		IVIALL KIIOLL	Green		Hallii 3						
				new intranet.			within MS365. Site is ready for							
							content/design to be added. Next							
							steps - SRO and Project Board to be							
							identified.							
		Digital Enabling	Networks		Carl Mustad	Red	Delayed due to an issue with	Harm 2						
		Programmes		Telephony – Singleton back up			asbestos. Awaiting for options on							
		_		system go live.			resolution before proceeding. It is							
				, ,			anticipated that the solution will be							
							fully implemented by September.							
							rany implemented by september.							
			Infrastructure	Tech Refresh - Replacement of legacy	Carl Mustad	Green		Harm 2						
				devices.										
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		1												
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Ш		l												
			Cyber Security	Cyber Security – upgrade Windows	Carl Mustad	Green		Harm 2						
LI				10.										
П	Workforce	Supporting NHS	Extend/expand		Paul Dunning	Green	·	Harm 1						
]]		staff during	Occupational Health and		· ·									ļ
]]		Covid-19	Wellbeing services to											ļ
		1	support staff health &											
		1	wellbeing											
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														ļ
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		1												
		l					Post Covid Staff Wellbeing Strategy							
]]				Developing Post Covid Staff			developed based on current evidence							ļ
]]				Wellbeing strategy to support staff			with a focus on maximising staff							ļ
				during 2021/22 with wide			resilience, utilising Occupational							
		1												
Ц	ļ	l		consultation.			Health and Wellbeing services.		ļ	 		 	 	

			-									
		Early intervention/prevention to support staff in critical areas with TRIM training (trauma identification and management model)		Paul Dunning	Green	Appointment of Band 5 Psychology Assistant to support full roll out of TRIM and procurement complete with identification of provider to deliver 'Train the Trainer' model.	Harm 2					
			310 supervisors/line managers trained to identify ealry signs of trauma									
	Workforce Supply and Recruitment	Recruitment of Overseas Nurses	8 x overseas nurses undertake OSCE examination and commence as Band 5 nurses if successful.	Kathryn Jones	Amber	This cohort of overseas nurses arrival was delayed and arrived at beginning of March due to Covid situation with the number reduced to 5. They will now sit their OSCE in April. Ongoing arrivals of overseas nurses will continue to experience some disruption due to the Philippines and India being added to the quarantine red list	Harm 2					
		Recruitment of newly qualified nurses	Newly qualified nurses recruited via student streamlining start to commence in vacant posts	Kathryn Jones	Green	Circa 50 newly qualified nurses to commencing via student streamlining following qualification and allocation of NMC PIN	Harm 2					
		Additional recruitment to Nurse, HCSW, Facilities and A&C bank	Undertake recruitment activity to increase workforce numbers onto our bank	Kathryn Jones	Green	Bank recruitment across the board has returned to normal levels in response to current demand. Long term strategy for A&C recruitment to FT and Bank under discussion.	Harm 2					
	Ensuring adequately skilled staff	New Registrant induction programme		Miranda Williams	Green	Overseas recruitment continues as planned though there has been some interruption to this due to COVID restrictions. Andrea Bradley has been appointed as the Matron for Recruitment and will now lead on this.	Harm 2					
		IV workshops	On-going monthly IV workshops delivered at the Liberty stadium adhering to social distancing measures	Miranda Williams	Green	IV workshops continue as monthly workshops but are now in the Bay FH	Harm 2					
		Increase in HCSW induction programme to provide 120 places per month		Miranda Williams	Green	HCSW recruitment has now returned to normal levels and therefore the induction programme has returned to being held monthly. We are still able to access the Liberty stadium in the short term to be able to deliver this training but are needing to secure alternative venues to deliver training.						
Value Based Healthcare	Implementing the Quick Question triage Tool to check severity of patients symptoms on holding waiting list	Use of new digital platform to utilise Quick Question tool (waiting list validation)	Continue sending out QQ message to validate FUWL > 100% over target date, over 16	Navjot Kalra	Amber	KI 14/04/21: Project & Quality Leads have left organisation. Continuing with what we can with QQ, due to meet CW - Operational Lead to confirm resources. Currently VBHc are picking up the change element of this process, working with services directly.	Harm 2					

П	[Developing	Collect PROMs in new	Review & monitor PROM collection,	Navjot Kalra	Amber	KJ 14/04/21: PROM clinical lead	Harm 2							
		sustainable	Heart Failure Pathway	with a view to extending collection in			currently off work. Review on hold								
		service models	·	primary care			until they return. Collecting in								
		that align with					Primary care also on hold due to the								
		outcomes that					2 pilot GP practices identified to								
		matter to					collect in are busy with the								
		patients					vaccination programme. Review this								
							in May 2021.								
			Heart Failure service	Finalise HF Business Case - take to	Navjot Kalra	Green	KJ 14/04/21: BC is currently being	Harm 2	İ						
			redesign & Business Case	respective Boards for approval in	,		finalised to send to applicable Boards								
			redesign & business case				in Primary, Community and								
				Primary, Community and Secondary											
				care.			Secondary care. HF GMO's have been								
							added to Annual Plan in Urgent								
							Emergency Care Board. TBC with								
							Execs on 15/04/21								
Н												 			
			Use of new digital	Full utilisation of PROMs in all 4	Navjot Kalra	Green		Harm 2							
	ļ	PROMs	platform to collect PROMs	specialities			proms in all 4 identified specialities:								
				l l			Lymphoedema, Rheumatology, Heart								
							Failure & IBS. This action can be								
							closed.								
							ciosca.								
Н			develop visualisation of	Improve PROM completion rate	Navjot Kalra	Amber	KJ 14/04/21: Continuing to review	Harm 2				1			
				improve ricolvi completion rate	ivavjot Kalia	Allibei		Halli 2							
			PROMs and increase				completion rates in all 4 specialities,								
			PROMs collection above				with the aim of increasing. Currently								
			50% above baseline figure				ranging from 25-43% competion								
							rates.								
Ш	ļ.														
		Developing	Case studies to be	Lymphoedema Case Study	Navjot Kalra	Amber	KJ 14/04/21: DrDoctor are working	Harm 2							
		Toolkit for VBHc	developed and circulated				with the national Lymphoedema								
			via Clinical Senate				team to develop a case study that								
							incorporates the national								
							involvement in this project.								
							involvement in this project.								
Н												 			
			Toolkit for triage	Identify regional priorities to take	Navjot Kalra	Green		Harm 2							
			/PROM's/TDABC	forward			agreed to concentrate on Acute								
				l l			Coronary Syndrome particularly from								
				l l			costing pathway perspective.								
				l l			O't								
				l l											
				l l											
				l l											
				l l											
Н	Finance	Maintain a	Review local risk	Assessment of risk through Capital	lan MacDonald	Green		Harm 2				1		1	
				Prioritisation Group	wacoonald	Green									
			assessments on existing	гнонизации отоир			1								
		financial plan in	asset base	l l											
		line with		l l											
Ш	ļ,	current national													
		funding	Declaration of AWCP	Detailed review of financial profiles	Ian MacDonald	Green		Harm 2							
		constraints &	underspends to WG	and critical path activities											
H			Installation of equipment	Equipment commissioning		Green	Project handed from Capital planning	Harm 3							
			matanation of equipment	Equipment commissioning		Green	end Feb 21	mann 3							
Н		CT-SIM, West													
			Main replacement works	Completion 2023	Simon Davies	Green	Works ongoing	Harm 3							
		Cladding,		l l											
		Singleton		<u> </u>					<u> </u>	 		<u>L</u>			

Capita	Replacement of	Installation of equipment	Commence site visits for selection of	Simon Davies /	Amber	Detail architectural design works	Harm 3					
	Gamma		equipment	Neil Hartmen		being undertaken. Due to design,						
	Cameras, West					tender and capital finance issues, the						
	Wales Cancer					SPECT/CT replacement project was						
	Centre					delayed until 2021/2022. An						
						additional amount of up to £1million						
						was received from WG. Work on the						
						enabling of the physical site should						
						start on 10 My 2021. The tender						
						process for equipment (scanners)						
						should be complete by 31 May 2021,						
						and then scanners should be in situ						
						by November 2021.						
Ш												
		Building works	Main works	Simon Davies	Green	Proposed start date May 21	Harm 3					
	Refurbishment	Develop Business Case		Simon Davies	Red	Welsh Government 24/11/20,	Harm 3					
	of Main ITU,					confirmed a business case is not						
	Morriston					required. External approvals will						
	WGov					progress on basis of a cost form						
	24/11/20,					submission only. Designed and being						
	confirmed a					procured via SCAPE framework. Initial						
	business case is					feasibility costs indicating higher than						
H	not required.					original estimate. Meeting arranged						
	BJC for	Develop Business Case	SLT, IM,s Board sign off before	Simon Davies	Green	0,	Harm 3					
	Refurbishment		submitting to WG.			subject to minor conditions which are						
	of Ward G,					being addressed.						

RAG Status

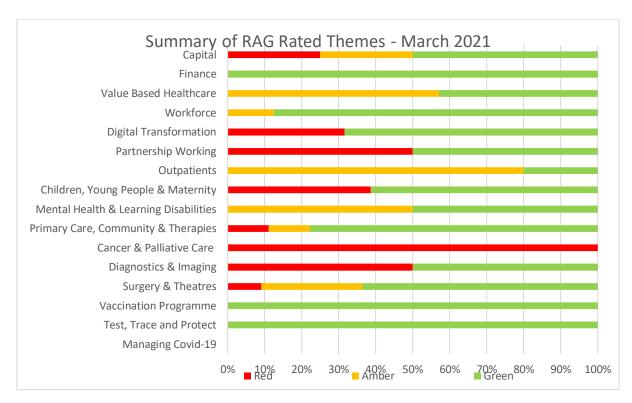
The Q3&4 Action Plan Tracker was developed, with identified service/planning leads and agreed timescales for achievement, attached for the end of Quarter 4 as Appendix 1.

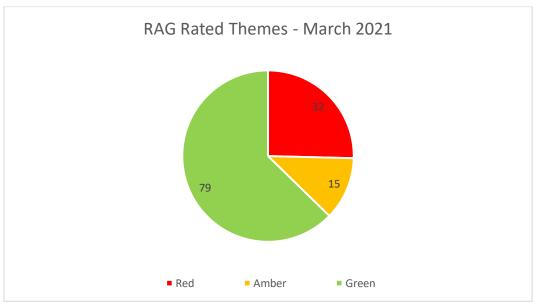
Performance is currently assessed on a Red/Amber/Green (RAG) system as defined below. The report is developed on an exception basis with comments requested when delivery is not on track e.g. rated Red.

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

The overall summary of achievement of the milestones against the themes for the end of March of Q4 is set out in the following table:

Theme	No. of Actions	No. of Milestones	Red	Amber	Green
Managing Covid-19	5	5			
Test, Trace and Protect	4	3			4
Vaccination Programme	6	6			5
Surgery & Theatres	11	11	1	3	7
Diagnostics & Imaging	9	8	4		4
Cancer & Palliative Care	5	0	5		
Primary Care, Community & Therapies	9	8	1	1	7
Mental Health & Learning Disabilities	2	2		1	1
Children, Young People & Maternity	30	19	12		19
Outpatients	5	3		4	1
Partnership Working	4	4	2		2
Digital Transformation	19	18	6		13
Workforce	8	6		1	7
Value Based Healthcare	7	7		4	3
Finance	4	4			4
Capital	4	3	1	1	2
Total:	132	107	32	15	79



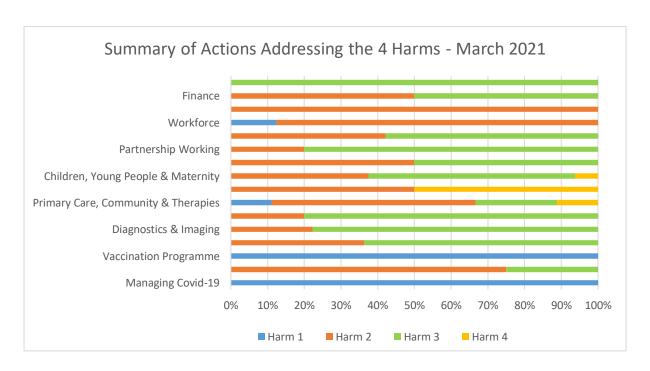


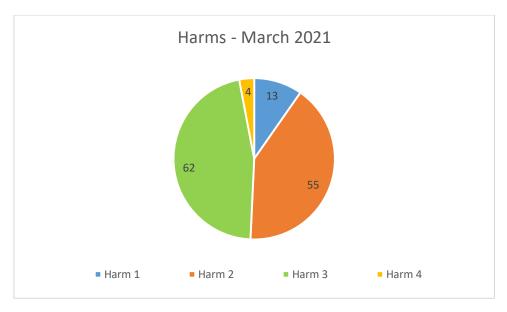
The position shows that there was a good level of progress achieved and delivered against the actions and milestones agreed for end of March of Quarter 4. **62.7**% completed, **25.4**% on track to deliver and **11.9**% off-track. It should be noted that there are more actions rated Red than in previous quarters as leads were asked to rate actions Red rather than Amber against delivering at year end.

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
Managing Covid-19	5	5	5			
Test, Trace and Protect	4	3		3	1	
Vaccination Programme	6	6	6			
Surgery & Theatres	11	11		4	7	
Diagnostics & Imaging	9	8		2	7	
Cancer & Palliatve Care	5	0		1	4	
Primary Care, Community & Therapies	9	8	1	5	2	1
Mental Health & Learning Disabilities	2	2		1		1
Children, Young People & Maternity	30	19		12	18	2
Outpatients	5	3		2	2	
Partnership Working	4	4		1	4	
Digital Transformation	19	18		8	11	
Workforce	8	6	1	7		
Value Based Healthcare	7	7		7		
Finance	4	4		2	2	
Capital	4	3			4	
Total:	132	107	13	55	62	4





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 at the end of March 2021 are provided to reflect the breadth of work that has been undertaken across the individual plans through to the end of Quarter 4.

Theme	On-Track Actions
Test, Trace &	Action: Implement local testing sites targeting students, hard to
Protect	reach areas, vulnerable public
	All testing options are in place with accessibility a key focus.
Vaccination	Action: Secure locations for Mass Vaccination Sites (beyond the
Programme	Bay Field Hospital) and undertake site/logistics visits to finalise
	3 Mass Vaccination sites are in operation. Delivery through
	Primary Care has been established with General Practice in all 49
	practices and a pilot with delivery through Community Pharmacies
0	has also been established.
Surgical and	Action: Sustain theatre programme - Sustain delivery of enhanced
Theatres	theatre capacity at July 2020.
	Delivery of agreed theatre programme has been sustained with
	minimal disruption during the second COVID wave.
Diagnostic &	Action: Increase Endoscopy capacity at NPT - Reinstate PH
Imaging	menometry and breath tests procedures
Inaging	menomony and broad reside procedures
	This has been recommenced for priority patients
Primary Care &	Action: Provide support protect the most vulnerable people in our
Community	communities, in particular care home residents - Develop long term
	plan for Care Home service provision aligned to Strategic
	Programme for Primary Care Framework

	Work on a memorandum of understanding for a pooled bank of staff to support Care Homes is ongoing. Discussions with Local Authority providers is also underway to review the commissioning Strategy for the sector. Market stability reports are to be undertaken
Mental Health & Learning Disability	Action: Progress development of interim Mother and Baby unit
	Service commenced on the 19th April 2021. Ongoing service stakeholder meetings continue to manage operational delivery of the service at this early stage.
Children, Young People & Maternity	Action: 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.
	Priorities for service provision for 2021/22 agreed and presentation to CHC planned July 2021.
Outpatients	Action: Redesign approaches to improve waiting list management via pathways and digital solutions
	The management of historic SOS cases has been completed.
Partnership Working	Action: Develop memorandum of understanding with Cardiff and Vale UHB
	Memorandum of understanding has been signed off.
Digital	Action: Primary care Virtual Consultations - Support with the
Transformation	evaluation of Ask my GP and Attend Anywhere.
	Ask my GP and Attend anywhere contracts have been extended.
Workforce	Action: Extend/expand Occupational Health and Wellbeing services to support staff health & wellbeing.
	A post Covid Staff Wellbeing Strategy has been developed based on current evidence with a focus on maximising staff resilience, utilising Occupational Health and Wellbeing services.