

APPENDIX 1: R&S Plan 22/23 Achievements in Q2 & Priorities in Q3

| R&S Plan Programme/ System | Significant Achievements and Progress made in Q2 | Priorities for Delivery in Q3 |
|----------------------------------|---|--|
| <p>Quality and Safety</p> | <p>Suicide Prevention - Good engagement through Sharing Hope project. Revised Suicide Prevention training to increase accessibility / access to training.</p> <p>Sepsis – Completed Point prevalence audit for patients with news score >3. Active engagement of Sepsis clinical lead with SGs to promote sepsis identification and training.</p> <p>Falls – Developed Tool for SG reporting of Falls</p> <p>Development of Quality Strategy – ongoing engagement to support development of this. Leadership Touchpoint September focused on Quality Improvement and how to implement quality focused changes that are measureable and constructive; CEO R&S Plan Engagement sessions in September with SGs focused on quality being at the heart of the HB’s priorities to deliver.</p> | <p>Suicide Prevention – Develop Suicide strategy. Revisit GMOs to look at priority groups, with potential to extend to community.</p> <p>Sepsis - Roll out guidance on management of sepsis (awaiting national guidance from WG).</p> <p>Falls – Prevention Week W/C 2nd October, wide range of activities and communications taking place across the HB to support education, prevention and management of Falls.</p> <p>Patient Safety Congress taking place 6th October 2022.</p> |
| <p>Population Health</p> | <p>Establish a SBUHB Public Health Programme Board – Developed Draft ToR's developed. Initial meeting to agree ToR's, membership, governance etc. Lack of project support provided continues to hinder progress.</p> <p>Co-design of public / population health strategy - Completed review of phase 1 of Population Health strategy development. Wider stakeholder engagement has taken place, both internally across SGs and with range of external partners.</p> | <p>Manage the safe transfer of the Local Public Health Team from PHW to SBUHB taking place on 1st October 2022.</p> |

| | | |
|---|---|---|
| <p>Primary Community Therapies</p> <p>Care, &</p> | <p>Review and implement new urgent care pathways and single point of access model within Dental Services - Relocated Single Point of Access (SPA) team into suitable accommodation. Dental Operations Manager commenced in post in Q2 to implement final stage of SPA.</p> <p>Delivery of pre-diabetes programme within all clusters - Pre diabetes clinics in place for City & upper valleys cluster (AWDPP funded clusters) and Penderi cluster started clinics (SPPC funded)</p> <p>Improve Oral Health for older people living in care - Progression of WG funded GaB Programme in care homes. Training provided to ward staff in Singleton Hospital on a monthly basis by the GaB Team. GDS Domiciliary review undertaken and model proposed to the LDC for GDP contractors and a Dental Therapist led transformation programme.</p> <p>Develop and strengthen the Primary Care and Sustainability Team; continued use of the GMS Merger Framework – Continued RCGP liaison to plan roll out, informed by risk status identified in National Sustainability Framework (within limitations of this tool). One MOU returned, three awaited. Recruitment to x2 band 6 Primary care development managers underway.</p> | <p>Delivery of pre-diabetes programme within all clusters - Commence Pre-diabetes clinics for Bay and Llŵchwr clusters.</p> <p>Large scale change to support and manage the implementation of National Contract Reform across all x4 Contractor elements – Health Board Protected Learning Time deferred to Nov 2022. First cluster PLTS proceeding for 12 Oct 2022.</p> <p>Roll out of additional capacity Quick Start & Bridging Contraception training service in community pharmacy that will form a part of the CCPS in November 2022.</p> <p>Awaiting WG finalised documents on Optometry Contract Reform, expected implementation in Q3.</p> |
| <p>Urgent Emergency Care</p> <p>&</p> | <p>AMSR OCP Consultation Impact Considerations and Preference Exercise - Briefings to line managers 12th Sept. Preference exercise documentation released on 15th Sept.</p> <p>Therapy services 7-day working 1:6 rota launched weekend of 3/4 September.</p> <p>Centralise IP Rehab at NPTH - Workstream in place to drive forward the work programme of the group to enable stroke and</p> | <p>AMSR - Actions to enable delivery of Centralised Acute Medicine in December 2022 Note - All items were originally planned for delivery in July/Aug/Sept – date for centralisation of acute medicine moved back to Dec 5th:</p> <ul style="list-style-type: none"> • AMSR preference exercise - will be carried out over 11 weeks and staff who take part can expect to be notified of their substantive role by 1st |

orthogeriatrics rehabilitation to move from Singleton to Neath NPT in line with the timescales of the centralisation of acute take at Morriston); Revised ToR and draft SOP developed; Ward and bed configuration at NPT agreed; Transition plans and timescales developed and agreed through the AMSR workstream; Nursing and therapy workforce model agreed, subject to the outcome of the OCP process and staff preferences exercise.

From an ortho geriatric perspective, work is on-going with the clinical team on agreeing the clinical model and workforce. Meetings have been arranged to progress this work; Initial meetings with Swansea and NPT Local Authorities taken place to review and propose arrangements for cross boundary working following re-location of stroke and orthogeriatrics at NPT.

Virtual wards phase 2 live from w/c 20/09/2022. All new clusters are up and running and accepting patients. 82% staff in place, further staff due to commence by October /November 22. Number of patients pulled from hospital to date by in-reach staff is increasing. Positive development regarding the short space of time (2 weeks) hospital staff have become aware and enthusiastic for the service, proactively identifying patients that are suitable for discharge by the virtual ward.

IP Heart Failure Service - All nurses are in post (1 WTE B8a - permanent/ 2 WTE B7 and 0.7 WTE B6 - secondment). 1 of the 2 consultants are in post.

COPD ESD - NPT team has been recruited (2 members of staff are on induction, 1 awaiting a start date, 1 in post). Now supporting ESD, all Virtual Wards, and admission avoidance which has been rolled out in one cluster. To be fully

December with a view to transitioning to their new roles starting 5th December.

- Completion of building works to enable handover of Enfys – expected 6th November (from original date 2nd Sept)
- Finalise date for acute take & IP centralisation and set out implementation plan – date for centralisation is 05.12.22
- Appointment to Medicine Clinical leadership structure – Divisional Clinical Chair appointed. Other Clinical Director and management posts expected to be appointed by end November 2022
- Gateway Review – confidence in ability to launch acute medical admissions centralisation plan. No date yet but propose one for end Oct and another for 3rd week Nov.
- Commence Consultant Job Planning - group job planning sessions 5th to 14th Oct & individual job plans 10th Oct to 28th Nov
- Finalise detailed clinical model/ SOPs

AMSR Actions to deliver wider-scale improvements to support centralisation of acute medicine:

- Ongoing focus to ensure Reduction in LOS/Improvement in key UEC performance measures (4hrs/12 hrs ambulance handover etc
- Increase in Pathway 2,3,4 discharges to target(s)

Virtual Wards Phase 2 - In reach Clinical manager in post Q2 and will provide increased focus in Q3 on embedding the role and increasing discharges from secondary care. Work through data capture of this element via SIGNAL through to enable dashboard reporting of activity relating to in-reach resource.

| | | |
|----------------------------|---|---|
| | <p>rolled out in the other 2 clusters during Q3 as staff complete induction.</p> | <p>Heart Failure IP Service - Recruitment of the second consultant planned for the end of December 2022. Anticipated that the service will be fully established by the end of December 2022</p> <p>IP Rehab NPTH -Key priorities for October: 1. Confirm medical model; 2. Sign off SOP; 3. Secure Cross boundary agreement with Las; 4. Commence transition plan</p> |
| <p>Planned Care</p> | <p>Waiting times Progress against the planned care trajectories was presented to Planned Care Board, highlighting that the biggest numbers are in Orthopaedics, OMFS, ENT and General Surgery – positive progress has been made against the >104 week trajectories with 12% ahead against cohort. The progress against the >52 weeks is slower, the overall position is 7% behind on cohort – additional meetings have been set-up with the Deputy COO and individual directorates to explore options to get back on track.</p> <p>Outpatients Validation continues to be a priority. Internal validation has continued with 3,000 patients validated to date.</p> <p>Engagement with Morriston clinicians in relation to outpatient accommodation has now completed, with 60% of clinics vacated from the Morriston site. However, the 40% that remain currently have clinical inter-dependencies with the Morriston site, and so further discussion is required.</p> <p>Diagnostics Phlebotomy - 2 out 4 community hubs have opened with Hub 3 (Gorseinon) having completed capital works and is due to open in October.</p> | <p>Service modernisation: Development of priority referral pathways from primary care to secondary</p> <p>Maximise activity within Primary Care Projects - Discussions between primary & secondary care to overcome digital and pathway challenges</p> <p>Plans for the GP lifestyle model clinics to commence on the 6th October, discussions are on-going in relation to the integrated prehab model.</p> <p>Outpatients Explore options for those outpatient services that must remain on the Morriston site</p> <p>Validation - Welsh Government have now commissioned an all Wales contract with HBSUK, due to start at the beginning of October.</p> <p>Diagnostics Agree trajectories for Diagnostics Services - Demand & Capacity plans have been developed for the majority of services, however not shared to date</p> |

| | | |
|--|---|---|
| | <p>Endoscopy continues with its recovery plans, including validation, with 80% of patients removed from the over 100 Weeks list and FCP roll-out which will see a reduction in the referrals received from Primary Care.</p> <p>Cardiology - Outsourcing is being used at St Joseph's and extra WLI's are running for the next 8 weeks to reduce the waiting list to 0 >8weeks.</p> <p>Trajectories remain unapproved, and discussions are ongoing with diagnostics leads.</p> <p>Workforce and staffing issues within Cell Path and Lab Med continue to put pressure on the service.</p> <p>Surgery & Theatres Building work has commenced on the Neath Port Talbot site for the Elective Orthopaedic Unit theatres, with the building of the modular units also commenced in the off-site factory.</p> <p>The project will now benefit from more robust clinical leadership with formal appointments made to the Clinical Director, Clinical Advisor and Senior Project Manager.</p> <p>Business Case development has been initiated for the Singleton theatres, with a deadline of the end of October for submission to Welsh Government.</p> <p>First meeting of the Surgery & Theatres Transformation Board held on the 26th September.</p> <p>Paper prepared in September to inform the Morriston Delivery Unit Senior Management Team and the Executive Team of the theatre workforce required to deliver the current and future planned (elective) and unscheduled (emergency) activity</p> | <p>Develop Commissioning Approach to Phlebotomy: understand demand and capacity information in order to right-size the service to the agreed funding level, with agreed processes for commissioning additional capacity - New staff starting September/ October.</p> <p>Surgery and Theatres Finalise clinical and workforce model for NPT Theatres - final version of workforce model to be considered by Management Board in October.</p> <p>Develop business case for Urology and Singleton Theatres by 1st November 2022</p> <p>.</p> |
|--|---|---|

| | | |
|----------------------|--|--|
| | <p>across Morriston, Singleton and Neath/Port Talbot hospital sites.</p> <p>Diabetes whole system pathways Community Diabetic Nurses commenced in 5 clusters support insulin initiation and provide a consultant service at cluster level to manage insulin and its monitoring and deal with urgent referrals.</p> <p>Improving access to Critical Care – rehab, pharmacy and MH Liaison nurse posts funded.</p> | |
| <p>Cancer</p> | <p>Regional Radiotherapy - Stereotactic Lung Radiotherapy service now well established (WHSSC commissioned). Currently at 15 patients treated (annual target 25)</p> <p>Radiotherapy Linac C replacement operational and in use- full capacity to be achieved by year end 2022.</p> <p>Health Board received the All Wales Radiotherapy Peer Review Report; action plan developed to address key issues (shared with CEO in early Oct).</p> <p>SWWCC Regional working - Commenced stakeholder engagement in support of developing SWWCC Regional Strategic Programme Case – including early engagement with CHCs in SBUHB, HDdUB and Powys.</p> <p>Expand Acute Oncology Service - Nursing staff in post (including Band 8A Acute Nurse Practitioner) and 5 day service in Morriston in place from September 2022.</p> <p>Sustainable delivery of Systemic Anti-Cancer Therapies (SACT) through the maximisation of home delivery - Started Phesgo (breast cancer tx) home delivery service in</p> | <p>SWWCC Regional Working – Complete and formally approve through SBUHB and HDduHB the Regional SWWCC Strategic Programme Case – to confirm the strategic vision and direction of travel for regional non-surgical oncology services over the next 10 year period (23/24 – 33/34). Provide update on development of case to Management Board 26th October 22 – this includes an update on developing an options appraisal for the siting of an additional (5th) radiotherapy.</p> <p>Operationalise prostate radiotherapy hypofractionation and fiducial marker service; first patient identified for treatment planned to start November 22.</p> <p>SACT - Produce regular SACT wait time monthly reports, generated from Chemocare and reviewed by QI practitioner (in post Q2). This will enable compliance with requirement for all HB/Trusts to report this to Wales Cancer Network from 1.3.2023</p> <p>Specialist Therapy Services - Secure approval from BCAG/ Management Board to fund Tier 1 business cases identified in R&S Plan to improve outcomes of</p> |

| | | |
|---|--|--|
| | <p>September. Continued increase of Oral SACTs delivery using pharmacy led clinics.</p> <p>Undertake project work in priority tumour sites; to help SBUHB achieve the vision set out in the National Optimal Pathways - Continued service improvement work as identified to support implementation of Lower GI National Optimal Pathway – e.g. Onko remote Prehabilitation Pilot (Colorectal) implemented in September.</p> | <p>cancer patients – 2 x cases; Metastatic spinal cord compression physio service, Expansion of specialist nutrition and dietetics service.</p> |
| <p>Mental Health and Learning Disabilities</p> | <p>Improve Mental Health Crisis in Mental Health Services - Go Live of '111 Press 2' in Aug 22.</p> <p>Adult MH inpatient provision business case - Completed public engagement exercise.</p> <p>Redesign Older Persons Mental Health Services - Submitted Capital bid for refurbishment of Suite 4 and Roof at Tonna Hospital. Awaiting decision to progress to BJC stage approved.</p> <p>Improve management of the demands of the CHC expenditure - CHS Pilot completed and Phase 2 report received. Findings shared and discussed with LA colleagues. Action plan developed to analyse and resubmit those cases that require review.</p> <p>Modernising mental health services – recruitment of posts underway to increase access to psychological therapies, Local Primary Mental Health Services and Eating Disorder Services</p> | <p>LD Model of care Redesign – following presentation to Health Board 25th August, paper to be developed outlining steps for next 3 years and timelines. Implement Overall Project Board to oversee project.</p> <p>Adult Mental Inpatient provision business case Appoint business and design partner to commence workup of OBC, this will continue into Q4.</p> <p>Mental Health Transforming Mental Health Services Programme - Further Mental Health Summit to be held on 10.10.22 to identify the regional priorities for the next year</p> <p>Work jointly with WHSCC on their 3-5 year strategy for Specialist Mental Health Provision in Wales (medium secure services) - Meetings planned with Director of MH & LD in WHSCC to discuss implementation of strategy in Q3.</p> |
| <p>Children and Young People</p> | <p>Increase therapy support in Neonatal Services to recommended BAPM standards - Successful candidates in post to meet minimum BAPM standard.</p> <p>Continuing Health Care- Agreed multiagency pathway for CYP with Complex Needs.</p> | <p>Recovery of the dedicated paediatric outpatient department space on Morrision commenced on the 30th September 1 day a week, with aim to return total department by 31st October 2022. The frequency of designated days will need to increase on a phased approach.</p> |

| | | |
|-----------|--|--|
| | <p>CAMHS Drafted Service Specification drafted and shared with Board in September 2022, providing baseline for services that should be provided by CTM.</p> <p>Develop community paediatrics sustainable service model - Piloted an initial/combined assessment model "Initial Developmental Assessment Pilot" for 3months in Swansea due to highest need in the area.</p> <p>Established Tier 2 CYP Weight Management Services – recruitment to all posts as required.</p> <p>Deliver Paediatric Gastroenterology at Cardiff and Vale Health Board whilst providing satellite service at Swansea Bay Health Board South West Wales – Strengthened Consultant support from July 2022, ongoing recruitment issues at Cardiff and Vale Health Board; as such delivery not fully supported but increased sessions agreed from July 2022 as phased approach.</p> | <p>Regional Paediatric Neurology services at UHW - Interim plan being worked through by November 2022, whilst formal work has started to develop Pan South Wales service hosted by C&V Health Board, commissioned by WHSSC (funding already released to Cardiff and Vale HB).</p> <p>Tier 3 CYP Weight Management Services to be implemented in Q3</p> <p>Transition pathway to Integrated Autism Service (IAS)- Demand and capacity/activity has been requested by NHS Wales Delivery unit to inform SBUHB funding allocation. Business case revised to support SBU's share of allocation - the allocation received will increase establishment and will fund WLI to reduce backlog.</p> <p>Paediatric Physiotherapy Respiratory Outreach Service pilot ceases in September. This pilot demonstrates admission avoidance for young people with respiratory diseases. A formal business case is now being developed by Paediatric Physiotherapy service to secure permanent funding in Q3.</p> |
| Maternity | <p>Ensure dedicated governance resource to support safe and effective maternal care - Revised governance structures.</p> <p>Peri-natal mental health review of clinics and develop model in line with current best practice, incorporating all Wales guidance – Specialist nurse in post delivering training to community midwives, supporting avoidable admissions to inpatient facilities.</p> | <p>Network for external peer review of serious clinical incidents – in place for Q3.</p> <p>Central foetal monitoring system with clear pathways and guidance for acting on findings – implement in Q3.</p> <p>Refresh the Breastfeeding peer support network after Covid and provide training / support</p> |

| | | |
|-----------|--|---|
| | <p>Maternal Care from multi-professional teams, with access to specialist services - Mandated attendance at multi-disciplinary training (PROMPT) annually</p> | |
| Workforce | <p>Recruitment and retention - Established central resourcing team to recruit to key clinical and support role, adopting a pastoral approach to recruitment to maximise recruitment and retention</p> <p>Staff Experience - Review undertaken of programme of staff recognition and reward based on staff feedback and with a view of securing a budget for delivery as part of core business</p> <p>Workforce Efficiencies – Undertaken review of bank/Agency booking process & introduce revised management controls to standardise bank/Agency usage</p> <p>Every member of staff that leaves the HB to receive an exit interview – ESR review underway to establish baseline numbers</p> | <p>Deliver Organisational Culture programme of working - Big Conversation to begin Autumn 2022</p> <p>Support the delivery of the required workforce redesign associated with the agreed outcomes in the Plan – Complete recruitment to provide OD support into service areas to embed the changes to services and newly established teams</p> |
| Digital | <p>Swansea Bay Patient Portal (SBPP) – Supporting self-monitoring and virtual reviews - Over 13,000 patients registered to date. New functionality including sharing of appointment letters delivered - being used in Rheumatology as initial service.</p> <p>'Paper light' Outpatient Departments -3 services went live in Q2. 1400 appts per month delivered without paper record.</p> <p>Hospital Electronic Prescribing and Medicines Administration (HEPMA) Implementation of e-prescribing on medical wards at Morriston and Gorseinon Hospitals is underway. The medical implementation was paused for 2 weeks (from 16 - 31 August) to allow the pharmacy team additional time to work through their newly introduced digital</p> | <p>Welsh Nursing Care Record (WNCR) -Planning for Morriston implementation in readiness for rollout during Oct and Nov.</p> <p>Virtual Consultations and Reviews - Requirement to deliver 35% of new appts and 50% FUNB appts virtually. Work underway with the Transformation team to plan way forward to achieve targets.</p> <p>Signal – Progression of v3 implementation to include seamless integration with the Welsh Clinical Portal.</p> <p>HEPMA – Conclude implementation across Morriston General Medicine (end October)</p> |

| | | |
|--|--|--|
| | <p>processes and find solutions and workarounds to better support the new ways of working. Additional training support provided by the HEPMA Team and the implementation recommenced on 31 August 2022. However there was an additional pause on 13th September caused by unprecedented pharmacy staffing pressures. The implementation plan has now re-started and is being reviewed on weekly basis.</p> | <p>AMSR – Support AMSR programme through implementation of digital solutions include Aداstra and HEPMA.</p> |
|--|--|--|