| System | Method | Status | Funding | Business Case Status | Expected |
|------------------------------|---|------------------|--|--|----------|
| | | | £1M investment 22/23 earmarked for VW | | · · |
| UEC | Expand the 4 established Cluster based Virtual Wards model | TIER 1 | Case to BCAG March 22 - costed at £1.2M FY recurrent (Year 1 = £1M due to phasing) | Approved | Mar-22 |
| UEC | Home First pathway 4 – there is a question mark over funding for this pathway as WG funds ceased on the 31/3/22. | P4 unfunded | WG funds p4: £780k Note from Heledd - P4 funding is an on-going discussion and whether this can/ should be funded through the RIF funding allocation | | |
| UEC | Development of an in-patient heart failure service | TIER 1 | VBHc E1M earmarked -everything apart from the 250 k IP Service has been approved by CEO (Letter to the service dated 15/2/21) only element not approved and that required a BC was the IP Element. This has been re- submitted to CEO for consideration at Mgt Board 20/4/22. Case to BCAG March 22 costed at E250K FY recurrent | BC Approved | May-22 |
| UEC | Community Palliative Care Specialist Service | TIER 1 | Note from Heledd - there should be another BC for the expansion of the service that was funded in 2021/22. Need pick this up with Ceri and Gwen as the intention was to develop the BC in Q1, subject to the on-going discussions with MH. | | |
| UEC | IP Rehab | | likely to be a BC developed this year for IP Rehab. SAAR outlining workforce costs has been developed and sent to Jan/ Kate for consideration as part of the AMSR Business Case. However, unlikely the funding will be included with the AMSR BC costs and will therefore require a separate BC post relocation of W4 at NPT; | | |
| UEC | Planned Investigation Unit - focus on expanding WF and the core hours of the service (phased approach to core hours) | TIER 3 | *in PLan as funded - 0.7m allocated 21/22, utilisation to be confirmed Aligned to AMSR *Note - this was prioritised in Plan as Tier 3 | | Mid June |
| Planned Care Planned Care | Maximise breast reconstruction surgery/DIEPs at Singleton. Ambulatory Gynaecology Unit at Singleton | TIER 1 TIER 1 | No Funding currently identified Not currently prioritised against the Recovery Monies | TBC | |
| Planned Care | Delivering MSK pathways in Primary Care Cluster with a First Contact Practitioner (Physiotherapist) | TIER 1 | Not currently prioritised against the Recovery Monies | Business case developed | |
| Planned Care | Support for patients to be kept active and well whilst on a waiting list Prehab - Orthopaedics | TIER 1 | Planned Care Recovery monies | Business case developed | Jun-22 |
| Planned Care | Support for patients to be kept active and well whilst on a waiting list Prehab - Integrated Model (Cancer) Outpatients: Implement Intouch across Health Board - | TIER 1 | Not currently funded - proposal in development for Value Based Health Care allocation | Business case developed | Jun-22 |
| Planned Care Planned Care | Maximise utilisation of virtual platforms with the appropriate systems, support and guidance in place Phlebotomy: To redesign the Phlebotomy service within SBU | TIER 1 | This GMO is currently highlighted as funded, however the roll-out of Intouch is an additional cost | Business case developed | Jun-22 |
| Planned Care Planned Care | Lab Med - Workforce Cell Path - Workforce | TIER 1 | Planned Care Recovery monies Planned Care Recovery monies | In development In development | Q2 Q2 |
| Planned Care | Community Model: Community Diabetic Nurses for all practices to support insulin initiation and provide a consultant service at cluster level to manage insulin and its monitoring and deal with urgent referrals | TIER 1 | | In development | Q2 |
| | monitoring and deal with urgent referrals | TIER 1 | Monies identified £1M Cancer 22/23 investment | | |
| Cancer | Deliver sustainable model for OG Cancer Surgery Service | | To be costed Note this work is being taken forward through RSSPP due to joint work with CRVHB however SBUHB investment required for service will be set out in business case which will come to CPB for sign off | Delayed due to ongoing discussions re service model with CVUHB | |
| Cancer | Optimise management pathway for patients with metastatic spinal cord compression | TIER 1 | Monies identified £1M Cancer 22/23 investment To be costed | Signed off by CPB - for BCAG October 22 | Oct-22 |
| Cancer | Expand the Upper GI nutrition and dietetics service in order to improve patient outcomes for upper GI cancer patients | TIER 1 | Monies identified £1M Cancer 22/23 investment To be costed | Signed off by CPB - for BCAG October 22 | |
| Cancer PCT/ UEC | outcomes for upper of cancer patients. Sustainable Gynaeoncology service Continuing to develop and deliver an Urgent Primary Care Centre (UPCC) as part of a | TIER 1 | | For CPB in Q3 | |
| PCT/ UEC | Further development and continuing establishment of the Home First Programme | TIER 1 | WG Requested Bid Possible Case/bid for RPB | | |
| | approach to ensure Care closer to home | HEN I | Note from Heledd - Meeting between MH/ RR and Brian scheduled for the 25th to discuss further. There is also a meeting scheduled for MH and the 2 Directors of Social Services. | | |
| CYP | Commission additional two high dependency (HD) neonatal critical care cots in Singleton | | Total cost 479K - WHSSC funding flow *in Plan as funded | | |
| CYP | Deliver a permanent 24-hour neonatal transport model through the new Operational Delivery Network | | Total cost 2020 was 397k - WHSSC funded *in Plan as funded | | |
| CYP | Deliver a robust recruitment and retention campaign aligned to 'train, work, live', with a focus on undertaking overseas recruitment for specialist neonatal nurses to allow short term stability and improve skill mix in the service | | Total cost TBC - bid from Matenity and Neonatal Safety Support Programme- 1.2 m funding announced (FUNDING TO BE CONFIRMED) "in Plan as funded TBC | | |
| CYP | Increase therapy support to recommended BAPM standards | | *note limited Funding may be available from WHSSC tariff review - this will not however ensure full compliance. 0.5 Physio, 0.5 Dietitian and SLT recurrent funding leientfiled. As part of funding flow agreed so partial recrutiment has began. Remains below recommended BAPM staffing *in Plan as funded TBC | | |
| CYP | Complete budgetary review to allow stabilisation of medical rota through innovative workforce planning, to provide resilience to service delivery, improved well-being | | *Note in Plan as Cost Neutral | | |
| CYP | and reduce reliance on agency spend Secure dedicated psychology post embedded in NICU, meeting BAPM standards | | As abover part of WHSSC tarigg review. Total cost 60k - bid from Materilty and Neonatal Safety Support Programme- 1.2 m funding announced "Note in Plan as funded TBC | | |
| CYP | Support and participate in the regional SARC programme to deliver patient and victim centred sexual assault service providing a focus on health needs and improved | TIER 3 | Depending on review of service model, if centre in Swansea capital and staffing costs required - tbc. Await model | | |
| CYP | vactim centred sexual assault service provinging a focus on health needs and improved outcomes develop business case for additional resources to support hub should this be based in Swansea Develop Childrens Community Nursing Service Learning Disability nurse assessor/co- ordinator role | TIER 2 | staming costs required - toc. Await model "In plan as Tier 3 Included within Childrens Community Nursing Business case Band 7 cost required 58k. | Business case developed | |
| | | | Business case completed, submitted to BCAG but couldn't approve as no funding identified and no decision as yet *in Plan as Tier 2 | Business case developed | May-22 |
| CYP | Develop community nursing support of a bank of trained skilled nurses that can be mobilised at short notice to provide assessment and appropriate care for children at end of life | | Yes completed, submitted to BCAG but couldn't approve as no funding identified and no decision as yet "In olan as Planning 22/23 | Business case developed | May-22 |
| CYP | Continuously review demand & capacity for the ND Service to develop a sustainable service model and improve performance. Secure funding vi a business case in order to increase capacity to meet demand and clear backlog | TIER 3 | Minimum of 550k required - costs tbc - includes increasing establishment and WLI work to reduce backlog "in Plan as Tier 3 | | |
| CYP | Agree transistion pathway to Intergated Autism Service (IAS) for CYP on waiting list when they reach 17 years and 9 months as directed by CAMHS Lead in WG in April 2021 | | Monies identified - ICF/RIF Costs tbc through pathway review. Await model | | |
| CYP | Develop and implement action plan in response to external review of Continuing Care Nursing Services | TIER 3 | *in Plan as Funded TBC Business case completed, submitted to BCAG but couldn't approve as no funding identified and no decision as yet *In Plan as TIER 3 | Business case developed | May-22 |
| CYP | Develop sustainable workforce plan for community paeds service - undertake medical and nursing workforce review to ensure model is fit for purpose | TIER 2 | Service model to be reviewed to understand requirement *In Plan as Tier 2 | | |
| CYP | Develop new and dedicated multidiscplinary service for ARFID. Gastro and children with epilepsy services. Agree patient pathways in the interim while no dedicated | TIER 3 | Total cost 70k required - no source identified *In Plan as TIER 3 | | |
| CYP | service exists Develop a psychology post in each of the childrens centres and increase leadership time | TIER 3 | Total cost 232k required *In Plan as TIER 3 | Business case developed | May-22 |
| CYP | Provide CAHMS 24/7 crisis service support in line with adult services | TIER 2 | Business case submitted MH bid Total cost 125k required - no source identified ?WG Funding *In Plan as Tier 2 | | |
| CYP | Develop a transitional pathway between children and young peoples services and adult pathways, especially for those with chronic conditions Provide dedicated psychology sessions in perional paediatric plastic surgery service. | TIER 3 | Model TBC to be costed *in Plan as Tier 3 WHSSC funding | | |
| CYP | Provide dedicated psychology sessions in regional paediatric plastic surgery service Work collabarative with Health Boards and WHSSC to develop a sustainable service | | WHSSC funding | | |
| СҮР | model, basing Paediatric Neurology services at UHW whilst providing satellite service at SBUHB for South West Wales. This will provide succession planning of pending Consultant retirements Strengthen succession planning in order to develop a skilled paediatric Occupational Therapy, Physiotherapy, Speech and Language Therapy and Dietetic workforce to | TIER 3 | Model TBC to be costed *in Plan as Tier 3 | | |
| | allow varied experience within Paediatric Therapy posts in the future. Support student placements withtin paediatric disciplines and influence commissioning of student numbers from Universities | | | | |
| CYP | Establish a full CYP MDT comprising of OT, SALT and Dietetics to support children who require acute hospital care, including those who have elective surgery | TIER 3 | Total cost 3 posts 172k - source to be identified *In Plan as Tier 3 | | |
| CYP | Develop specialised paediatric dietietic service within Paediatic Allergy Service | TIER 3 | Total cost 57k - source to be identified *In Plan as Tier 3 | | |
| | Provision of Paediatric Specialist Physiotherapy to meet post op needs of children | | *In plan as Funded - as part of orthopaedics business case | | |
| CYP | undergoing ortho surgery as part of backlog Develop an Advanced Practice Paediatric Physiotherapy Practitioner post to release capacity to the Consultant Paediatric Orthopaedic Surgeons, supporting clinicians to | | Funded non recurrently *in Plan as funded | | |
| CYP | | | Funded non recurrently "In Plan as funded "In Plan as Planning | | |

| CYP | Increase resilence of paediatric dyshagia service through upskilling SLT workforce via additional training to ensure dysphagia skills are present in all service areas | | * In Plan as Cost Neutral | |
|-----------------|--|----------|--|---|
| CYP | Undertake a workforce review to ensure Divisional Structure is fit for purpose, whilst strengthening leadership and multi-disciplinary working through facilitated team building events and providing increased governance processes/ support | | *in Plan as Cost Neutral | |
| СҮР | Digital opportunities include: "Implement gligital solutions for storage and safe and timely procurement of life saving stock and equipments in neonatal services "Anvier to Welth 76 to malke community service to use eneroy text messaging to reduce the percentage of children not brought to outpatient appointments." -Introduce Digital dictation and further virtual clinics to ND service by introducing suitable IT equipment. | | in plan as Cost Neutral | |
| MHLD | No business cases expected 22/23 | | | |
| WOD | No business cases expected 22/23 | | | |
| ARCH | Cardiology refurbishment of a Cath Lab business case | Possible | £60k funding agreed | TBC |
| ARCH | FND Business Case (already agreed - subject to demonstrating/resolving the | | | |
| ANCH | resourcing link to the HASU/OND business case) | Planned | | TBC |
| ARCH | Regional Eye Care Long Term Business Case | Planned | Funding requirement, if any, is unclear | November |
| ARCH | Regional Dermatology Business Case | Probable | Funding requirement, if any, is unclear | ? |
| ARCH | Pathology Centre of Excellence | Planned | Welsh Government | Jul-23 |
| ARCH | Orthopaedics | Probable | Funding required - no clarity on funding sources | ? |
| ARCH | Radiology | Probable | Funding requirement, if any, is unclear | ? |
| ARCH | Endoscopy | Probable | Funding requirement, if any, is unclear | ? |
| ARCH | Oral Maxillofacial Surgery | Probable | Funding requirement, if any, is unclear | ? |
| ARCH | TRAMs (Transforming Access to Medicines) | Possible | National programme funding | ? |
| ARCH | Development or HASU and ODN Services Aligned with FND | Planned | National Stroke Programme seems like funder of change | TBC |
| ARCH | Regional Centre in Swansea and developments in Aberystwyth | Planned | National programme funding | June |
| ARCH | SWWCC Strategic Programme Case | Planned | Overarching regional vision for non surgical oncology services over 10 year portico. Defines regional service models for adiotherapy and concology outpatients. Investment asks to achieve visions/ service models will be articulated in subsequent individual business cases for schemes - likely requiring WG capital and revenue to be jointly funded by both Hiss. SPC sets out critical path for cases development. | SPC for Q3 sign off through ARCH forums |
| Teritary/ RSSPP | Hepato Pancreato Biliary Surgery: Address short and medium term actions to improve service provision across the whole patient pathway, and develop an integrated service model for South and West Wales in line with the All Wales Service Specification. | | IL advised case may be developed later in the year following agreement of service spec (via WHSSC) *in Plan as Planning for 22/23 | TBC |

National Programme report due end June. Presentation to ARCH Regional Recovery Group in July.

Clarity will emerge though the process

Workshops in June to progress

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This is a National Programme that looks like it will use the ARCH governance to aid delivery. Has been added to the ARCH Strategic Developments Group list of projects. Judith Vincent leads for SB.