Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

Annual Plan Tracker

Goal	Method	Apr	May	Jun	Q1 milestones	Lead	Jul	Aug	Sep	Q2 milestones	Lead	Oct	Nov	Dec	Q3 milestones	Lead	Jan	Feb	Mar	Q4 milestones	Lead
Responding to COVID-19																					
Deliver vaccination for priority groups 1-4 to reduce COVID-19 prevalence in the most vulnerable groups, fully vaccinating 200,000 people by Q2	Maintain establishment of mass vaccination centres (MVCs), and scope local vaccination centres (LVCs).				3 centres operational	Keith Reid				3 centres operational, with local vaccine centres scoped	Keith Reid				3 centres operational, with local vaccine centres scoped	Keith Reid				3 centres operational, with local vaccine centres scoped	Keith Reid
	Using the Primary Care COVID Immunisation Scheme, deliver vaccination of priority groups through General Practice, clusters, and community pharmacy.				Deployment of vaccine via General Practice and Community Pharmacies					Expressions of interest returned for booster deployment					Expressions of interest returned for booster deployment					Expressions of interest returned for booster deployment	
	Deploy a mobile vaccination unit ('immbulance') to target hard-to-reach groups.				Mobile vaccination unit deployed as part of vaccine equity plan					Mobile vaccination unit deployed as part of vaccine equity plan					Mobile vaccination unit deployed as part of vaccine equity plan					Mobile vaccination unit deployed as part of vaccine equity plan	
	Identify individuals within priority cohorts outlined by the UK's Joint Committee on Vaccination and Immunisation (JCVI), and offer vaccination to all individuals by appointment, through the Welsh Immunisation System.				All eligible adults offered a first dose					All eligible adults offered a first dose					All eligible adults offered a booster vaccine.					All eligible adults offered a booster vaccine.	
Fully vaccinate the entire adult population, fully vaccinating over 300,000 people by Q4.	Offer vaccination, by appointment, through the Welsh Immunisation System.				All eligible adults offered a first dose					Eligible adults for booster vaccine identified											
TTP																					
Deliver rapid testing for relevant cohorts	Priority testing for these cohorts, rapid lab processing Lateral Flow Device testing - rapid results										Keith Reid					Keith Reid					Keith Reid
Deliver a responsive regional Contact Tracing service	Contact made within 24 hours of index case identification Provide/receive mutual aid from other TTP teams where required																				
Identify Covid clusters/hotspots	Utilise MTU testing facilities to provide rapid response testing events																				
Review Covid epidemiological data and intelligence	IMT structure reviews weekly epidemiology data and intelligence																				
IMT "trigger" review and management	Covid prevalence rates trigger an agreed IMT response																				
Enhanced communications and enforcement	Comms Cell and PH Protection engage with relevant communities/issue population wide comms																				
Urgent and Emergency Care																					
Improve quality of care and outcomes for acutely unwell patients through rapid access to medical assessment, investigation, diagnostics, treatment and if appropriate admission to hospital;	Relocate the AGPU from Singleton to Morriston to provide a single service with single point of access for ED referral into the servce and develop into a 7 day service				Develop critical path for acute medical services re-design. Agree use of Enfys and Tawe wards External engagement with CHC. Tender and contract for estates work	Deb Lewis				Move GP Out Of Hours Sign off Organisation Change Policy Commence staff consultation and evaluation Commence critical recruitment	Kate Hannam				AMU Nursing and Support Model Commence staff consultation and evaluation Capital works AGPU move to Morriston	Kate Hannam				Acute Hub go-live	Kate Hannam
	Development of an AEC service model at Morriston -within the overarching Medical Short Stay Unit (MeSSU)																				
	Acute physician led AMAU at Morriston integrated with community teams and care pathways based on single ambulatory model																				
	Centralised acute medical admissions with single specialties for older people, gastroenterology respiratory and cardiology on Morriston site																				
	Development of 7-day working of therapy and clinical support services (also including Local Authority TBC)																				
	Standardised hot clinics linked to Consultant Connect around medical and elderly care five days per week																				
Implement an integrated Medicine for Older People pathway across SBU to - Support Older people to live well in the community	Establish Cluster based Virtual Wards				External engagement with CHC. Development of e-risk stratification tool.	Brian Owens				Approve clinical model and SOP for Acute Frailty, and Inpatient Rehabilitation Commence critical recruitment. Approve orthogeriatric business case	Brian Owens				Bed base analysis, and staff gap analysis. Clinical engagement with staff. Virtual Ward recruitment. Virtual Ward digital solution. Virtual Ward training. Inpatient rehab.	Brian Owens				Virtual Ward go-live Transfer of inpatient rehab Organisation Change Policy	Brian Owens
	Establsih Emergency Frailty Unit (EFU) based on Older Peoples Assessment Service (OPAS) Model in ED																				
	Establish Acute Frailty Unit (AFU) based in the Medical Assesment Unit at Morriston Hospital Based on iCOP model.																				
	Re-configure bed based rehabilitation services across NPTH/Singleton/Gorseinon hospitals																				
Increased Hospital to Home capacity and expanded intermediate care model	Increased Hospital at Home capacity and expanded intermediate care model																				

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Alleviating unintended variation and inequalities in the provision of whole system Heart Failure pathway.	Investment to SUSTAIN current service changes in Heart Failure services					Carey Edwards				Develop Heart Failure PROMs indicators Review and refresh the use of PROMs within Heart Failure service. Link with ABUHB on use of PROMs in Heart Failure	Carey Edwards				Support Step Up Step Down model to patients with highest risk of admission. Re-design process for routine assessments within Primary Care for 2022/23. Concentrated approach to risk assessment for all referrals	Carey Edwards				95% of patients receive an urgent / routine specialist assessment within 2 / 6 weeks 30% reduction in acute admissions before specialist review 100% of patients seen within 1 week after diagnosis for education and start of treatment 100% of patients seen within 2 weeks of discharge from hospital 100% of urgent patients referred into Community Nursing Team are seen within 2 weeks 100% of patients are discharged to primary care when patient is stable	Carey Edwards
	Investment to ENHANCE HF Service with Value Based HealthCare approach																			Halve the average length of stay (LoS) for patients admitted with Heart Failure (primary diagnosis). SBuHB Baseline Average = 17 days, National HF Audit (England) Average = 9 Reduce bed occupancy by 1% of all in-patient beds, delivered through early access to diagnosis and specialist team and early supportive discharge.	
Improve the outcomes for COPD patients and reduce the impact of COPD patients on the front door through a whole system pathway approach.	Investmentment in COPD ESD				Critical recruitment Extension into admission avoidance with ED and AGPU	Rhian Finn				Work with WAST to accept admission avoidance referrals. Support Virtual Wards with COPD care.	Alison Lewis				Work with WAST to accept admission avoidance referrals. Support Virtual Wards with COPD care. Re-establish Clinical Redesign Group	Alison Lewis				Reduce NOP GP referrals by at least 20%	Alison Lewis
	Development of integrated working, collaboration and co-production between COPD ESD Team, PCC and WAST to provide seamless care and support patients in a community setting.																				
Implement pathway for Type 2 patients living with Diabetes	Roll-out of the Diabetes Enhanced Service					Steven Bain				Develop resource model for options appraisal Develop business in line with NICE guidance Link with ABUHB for overview of community model (including staffing, and benefits)	Steven Bain					Steven Bain				20% reduction in follow up Outpatient appointments and emergency admissions 35% reduction in Hospital DNAs Waiting times - for all measures - zero weeks 30% improvement to Target value for all National Diabetes Audit -Care Processes	Steven Bain
	Development of Diabetes Community Model Business Case - Investment required																				
Improved access to multi-professional support for patients with diabetes	Provide dedicated Psychological Support for adults and young people																			10% reduction in DKA admission rates (pilot undertaken in Wrexham saw a 45% reduction in DKA admissions over 5 years.	
	Dedicated dietetic support for young adult clinics																			Compliance with 2017/ 18 Welsh Government Transition Standards	
Diabetes Structured Education/ Improved Self Management	Type 2 X-pert education																			Increased patient self-management and activation	
	Type 1 DAFNE education - centrally co-ordinated																			Increased patient self-management and activation Offer structured education programme within 6-12 months of diagnosis	
Diabetes - Commuication and information sharing	Improved access to patient records																			Providing care with an integrated approach - reducing the risk to patients	
Deliver improved outcomes for stroke patients; A Hyper Acute Stroke Service compliant with national standards	Investment to create Hyper Acute Stroke Unit				CT scanner requirements linked to HASU development HASU development	Tai Arjum				CT scanner requirements linked to HASU development HASU development	Tai Arjum				HASU development	Tai Arjum				100% stroke patients seen within 72hrs & deliver national standards	Tai Arjum
Planned Care Recovery																					
Advice and guidance to reduce referral demand and face to face attendances where appropriate	Implement a structured advice, guidance and triage service offered in the top 10 high demand specialties, offering a consistent service for 4 hours daily Monday – Friday				Implement Consultant Connect in priority specialties. Implement Consultant Connect in specialty pathway areas, and additional services to	Cr				Mandate use of Consultant Connect for urgent advice in acute areas	Cr				Extend use of Consultant Connect and WCCG to all services, and national pathways.	Cr				Reduce NOP GP referrals by at least 20%	Cr

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

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

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	Expansion of Rapid Diagnostics Centre (RDC)									Complete Funding bid draft for submission to moon dance Establish clinical pathways workstreams - agree scope and membership. Commence development of detailed project plan and reporting in line with Moondance charitable funding requirements Agree RDC clinical pathways with clinical leads- colorectal, head & neck, biopsy and MUO. Draft business case for 2 year pilot, submit to Health Board Business Case Assurance Group for oversight and comments Finalise fully costed case to implement x 4 RDC clinical pathways, submit to Moondance for release of funding					Draft business case for 2 year pilot, submit to Health Board Business Case Assurance Group for oversight and comments Finalise fully costed case to implement x 4 RDC clinical pathways, submit to Moondance for release of funding					Charitable Funding approved and received from 'Moondance'; Capacity increase of RDC sessions by 50%.	
	WHSSC Business Case for structure for Lymphoma service									Develop and submit business case in line with timescales advised by WHSCC										Develop and submit business case in line with timescales advised by WHSCC	
Plan, secure and deliver well-coordinated 24/7 palliative and end of life care in line with published standards	Implement recommendations for Improving End of Life Care and rebrand and expand the Current Advanced Care Planning (ACP) Team to cover primary and secondary care. Improve choice for patient and care at end of life at front door									Submit paper to exec for funding of additional expansion of Ty Olwen capacity - Q2 Implement agreed proposals for specialist palliative care at front door and aligned to virtual wards - recruit to posts as per business case SPC Front door service fully operational Progress case for EOLC expansion of Ty Olwen beds					Implement agreed proposals for specialist palliative care at front door and aligned to virtual wards - recruit to posts as per business case					SPC Front door service fully operational	
Maternity Children and Young People																					
Develop a sustainable Neonatal Service, Neonatal care will be commissioned to meet the local and national population needs of Wales in line with the Bristish Association of Perinatal Medicine (BAPM) 3rd Edition Increase income Deliver 70% occupancy of cot capacity in order to become compliant with BAPM standards, together with increasing income opportunities	Implementation of a 24 hour transport model beyond the 6 months interim period with demonstrably governance arrangements, A 'Neonatal Flow' paper (covering capacity and workforce) has been completed and recommends that the HB commission 2 extra HD cots at Singleton, based on actual and projected additional income generated from increased flow. Gain approval of this proposal and in turn recruit appropriate workforce to meet BAPM standards and provide additional cot capacity, funding will allow delivery of appropiate therapy provision									Continue to deliver 24 hour transport model (increased from 12 hours since January 2021) and demonstrate effective governance processes across the 3 South Wales Centres Recruit appropriate level of workforce to meet BAPM standards require Medical and nursing support					Undertake a workforce review, benchmarking against national standards/other organisations in order to review specialist nurse establishment to ensure support in line with national standards					Undertake a workforce review, benchmarking against national standards/other organisations in order to review specialist nurse establishment to ensure support in line with national standards	
Deliver improvements to Urgent & Emergency Care for Children & Young People in fit for purpose accommodation	Refurbish and reconfigure paediatric footprint to create a single point of access, and refurbis`hment of paediatric wards with additional capacity for surgical activity (including dental) and dedicated space for adolescents.									Childrens emergency unit, PAU and short stay area Refurbishment of paediatric wards, Morriston Hospital (hosted by NPTSSG) Development of an appropriate adolescent facility Development of paediatric surgical day surgery area including repatriation of paediatric dental service from Parkway facility					Refurbishment of paediatric wards, Morriston Hospital (hosted by NPTSSG) Development of an appropriate adolescent facility Development of paediatric surgical day surgery area including repatriation of paediatric dental service from Parkway facility						

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

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Define the shared vision of a SBUHB primary care led health system, describing how we will transform the system to benefit our patients	Produce SBUHB Clusters Development Plan - complete by end of Q1 to be informed by x8 Cluster Annual Plans/ Health Board Annual Plan alignment review taking place in Q1.				Pilot communication engagement in some Clusters. Expand MDT in clusters.	Brian Owens				Pilot communication engagement in some Clusters. Expand MDT in clusters. Social Referral/Community Engagement Audiology – community-based service Lymphoedema – education and treatment Community-based echocardiogram Community-based Sleep Apnoea Virtual Ward (risk stratification) Scheduling system for community nursing Sexual Health Mobilisation IRIS – support for domestic violence and abuse victims Community Phlebotomy	Brian Owens					Brian Owens				Expand MDT in Clusters	Brian Owens
	Continue to develop MDT approach – including involvement of Dental Services.																				
	Contribute to the national review of Primary Care Model Wales 21/22 and lead on local delivery of the revised model.																				
Delivery of dedicated Cluster based services for the elderly, gastroenterology,	Deliver Whole System Cluster Transformation Programme 21/22														Social Referral/Community Engagement					Social Referral/Community Engagement	
Improving Mental Health and Learning Disabilities services																					
Scope expansion and develop business case for psychiatric and learning disability liaison at acute hospital sites, including substances misuse liaison.	Provide a 24hrs MH and LD liaison services if demonstrated from the scoping. Utilisation of MH transformational funding to achieve the expansion if needs demonstrated.																				
Finalising the expansion of CHC commissioning team for MH and LD services	Implement the action plans developed by the Service Group following external reviews of the CHC processes.									Further work with Community and Primary Care Service Group regarding pooling contracting lead posts					Further work with Community and Primary Care Service Group regarding pooling contracting lead posts						
	Implement potential outcomes from the West Glamorgan Complex care Review																				
Commissioning of Perinatal Mental Health Mother and Baby Unit	In line with WHSCC and SBUHB implementation plan to be commissioned in April 2021																				
Redesign of current LD Model of care covering specialist inpatient services and the expansion of community Learning disability community provision.	To be completed via the joint LD commissioning Group with the three Health Boards, SBUHB, CVUHB and CTMUHB to ensures consistency of approach and approval from all areas																			Development of the future model of service	
Scoping and redesign of the Older Peoples Mental Health Inpatient across the Service Group	Review current inpatient beds provision and the already enhanced community service provision to aim to develop the revised inpatient model					David Roberts					David Roberts				Consideration by HB of feedback from engagement Following meeting with HB Strategy Dept further meeting to be established with both LA's and the community Health Council	David Roberts					David Roberts
Adult Mental Inpatient provision business case	Continue to develop the full business case and complete the public engagement of the proposed provision of service														Following meeting with HB Strategy Dept to arrange meeting with CHC to discuss the required Public engagement					Centralised inpatient model of service within a purposed built environment meeting the needs of the patient population for the Health Board area	
To continue with the development of the programs under the Mental health Transforming Mental Health Services Programme.	Continue to develop and engagement this projects with Local Authority and the third sector partners														Agreement of multiagency operational policy CLDTs. Planned repatriation of patients 3 & 4 from out of area placements Improved access to psychological therapies. Utilise the WG MHSIF's to increase the therapy resource within the current service Expansion of the MH links workers within the GP Clusters. Expansion of the Eating Disorder services.							
Improving Quality and Safety through the five priorities																					

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SUICIDE PREVENTION	Education of all available staff across the HB in recognising and managing suicide and self-harm. Continue to support and work with Swansea NPT Multi Agency Group and other stakeholders across the HB in relation to obtaining a baseline assessment of suicide cases and map against national trends. Create and recruit Registered Professional post 1x8C to lead and develop/support the service. OH and Wellbeing support for staff with anxiety/depression - to prevent escalation in risk of suicide.				Undertake Communication campaign to promote awareness of quality priority.Confirmation of resource Advertisement and recruitment	Christine Williams				Define governance structures to support the quality priority Identification of baseline data Development of communication and training plan to support achieving the priority Recruitment of key personnel to support delivery	Gareth Howells				Define governance structures to support the quality priority Identification of baseline data Development of communication and training plan to support achieving the priority Recruitment of key personnel to support delivery	Gareth Howells					Gareth Howells
	Remove ligature risks across all HBs premises.																				
INFECTION PREVENTION AND CONTROL	Review and implement reduction targets for primary and secondary care in line with best performing organisations, requires benchmarking: primary care across Wales; secondary care across the UK.				Confirmation of resources Development of Band 6 job description Advertisement and recruitment to post					Advertisement and recruitment to key posts Commencement of postholder Alignment of decontamination protocols					Define governance structures to support the quality priority Development of a ward to board dashboard to enable oversight of key indicators and enable early intervention Drive improvements in prudent antimicrobial prescribing					Achieve compliance with staff training Recruitment of key personnel to support delivery	
	Undertake HB rollout of Medicine Management – Electronic Prescribing and Administration system. Reduce antibiotic and antimicrobial usage and improve quality of prescribing in terms of compliance to guidelines, review of antibiotics, documentation and timely transfer of IV to Oral prescribed medications.																				
END OF LIFE CARE	Review findings of National audits (NACEL) Build in feedback mechanism from HB mortality Reviews				Review EOLC Group terms of reference to reflect quality priority Identification of GP representative within EOLC Board Identification of clinician in each service group to review notes Completion of notes review Ensure that Signal system records patients in last days of life Identification of Informatics Lead to support with data processing Confirmation of resource Development of job description					Establishment of governance structures to support the quality priority Participation in the National End of Life care Audit Review quality of care at End of Life Map Provision of End of Life care within District Nursing services Development of training plan to support achieving the priority Recruit EOLC Clinical Specialist Ensure training in recognition and management of patients approaching EOLC from 1yr down. Ensure training in recognition and management of patients approaching EOLC from 1yr down.					Review quality of care at End of Life Map Provision of End of Life care within District Nursing services Development of training plan to support achieving the priority Recruit EOLC Clinical Specialist Ensure training in recognition and management of patients approaching EOLC from 1yr down. Ensure training in recognition and management of patients approaching EOLC from 1yr down.					SIGNAL adapted in all clinical areas All patients to be recognised and receive EOLC throughout the HB (aim of 100% by Q4)	
	Ensure training in recognition and management of patients approaching EOLC from 1yr down.																				
	Effective EOLC Board to evaluate progress and evidence / recommend changes in practice.																				
	Develop the use of digital technology to map compliance and notification of patients who require or receiving EOLC																				
SEPSIS	Increase number of patients being properly recognised, assessed and treated for Sepsis - over the course of the year.				Review Terms of Reference for RADAR Group and overarching reporting structure to incorporate existing work in to increase recognition and treatment of sepsis across the health board Nominated representative from each Service Group to attend RADAR Group Agreement of service group reporting templates Confirmation of resource					Development of training plan to support achieving the priority Recruitment of key personnel to support delivery					Development of training plan to support achieving the priority Recruitment of key personnel to support delivery					Aim all patients (100% compliance) are reviewed against SEPSIS criteria. Sepsis assessments are embedded across the HB and Sepsis Team established.	
	Improve compliance with education of patient-facing MDT staff in the recognition of patients at risk of Sepsis and acute deterioration. Develop a Health Board wide standardised teaching programme.																				
	Ensure Sepsis compliance is captured across the HB to benchmark on a national basis																				
	Establish a dedicated SEPSIS TEAM. Identify sepsis champions for wards.																				
FALLS PREVENTION	Establish baseline of quality improvements				Terms of reference for overarching reporting					Development of training plan to support achieving the					Development of training plan to support achieving the					10% Annual reduction in injurious falls	

Annual Plan Tracker

Goal	Method	Apr	May	Jun	Q1 milestones	Lead	Jul	Aug	Sep	Q2 milestones	Lead	Oct	Nov	Dec	Q3 milestones	Lead	Jan	Feb	Mar	Q4 milestones	Lead
	Establish HB Strategic Falls Group with oversight across entire HB, including Primary, Community and Secondary Care. Widen scope of current review to include community, WAST and secondary care.				structure to incorporate existing work in reducing inpatient falls and fractured NOF Initial meeting of overarching group Establishment of sub-group structures Confirmation of resource					priority Recruitment of key personnel to support delivery Establish HB Strategic Falls Group with oversight across entire HB, including Primary, Community and Secondary Care. Widen scope of current review to include community, WAST and secondary care. Awareness campaign for National Falls Week					priority Recruitment of key personnel to support delivery Establish HB Strategic Falls Group with oversight across entire HB, including Primary, Community and Secondary Care. Widen scope of current review to include community, WAST and secondary care. Awareness campaign for National Falls Week Reduced mortality esp. Frail					
Population Health																					
Denormalise tobacco use at all sites	Establish cross-service group implementation of Smokefree regulations					Keith Reid					Keith Reid				Implement the necessary support infrastructure for cross-site tobacco reduction	Keith Reid				Zero Tobacco use on SBUHB sites Declining smoking rates for those who've received in-patient care Decline in smoking rates in staff	Keith Reid
Healthy weight	Develop terms of reference for weight management group														Establish the necessary support infrastructure, via the Weight Management service					Halt in rise of obesity rates in first instance Reduction of variance in obesity rates between highest and lowest deprivation deciles	
Substance misuse	Agree at APB to implement a commission approach to develop insights and formulate an action plan																			Substance misuse is seen as a Public Health issue Use of illicit drugs decreases across the Region	
	Develop a terms of reference for the 'Regional Drugs Commission'																			Alcohol consumption decreases across the Region Alcohol related harms decrease across the Region	
Workforce and Leadership																					
Health & Wellbeing. Support staff to be resilient, well and in work post Covid, by ensuring there are a range of responsive and targeted interventions which aid restoration and recovery	Develop Post-Covid Staff Health & Wellbeing Strategy				Consult with staff-side to inform the strategy development Develop Communication Plan to include social media Undertake assessment of training needs of wider Wellbeing clinicians in screening for trauma Undertake neuro-diversity training for wider clinical team and Occupational Health Nurses. Undertake Mental Health at work and managing suicide disclosures with Occupational Health Nurses Develop protocols to inform/support line-managers when dealing with suicidal disclosures from their staff Liaise with wider Clinical Psychology Service and local third sector to ensure bereavement needs of staff are met Develop Post Covid Staff Wellbeing Comms Plan including social media Engage with staff who cycle to inform charitable funds bid for location of cycle storage across the Health Board Deliver joint Wellbeing/Occupational									Develop the Staff Wellbeing service to support rapid access for staff with Covid related health impacts						
	Roll out TRiM to priority areas, including critical care, theatres & ED																				
	Establish Occupational Health staff support for Post Covid Syndrome – Long Covid Pathway																				
	Rapid access service for staff with Covid related health impacts, including mental health, trauma & bereavement																				
Workforce Efficiencies Supporting service leaders and clinicians to achieve workforce efficiencies through the introduction and improvement of workforce information & data.	Review of bank/Agency booking process & introduce revised management controls to standardise bank/Agency usage																				
	Establish KPIs for roster management that are standard across the UHB.																				

Annual Plan Tracker

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

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	Develop the Consultation Plan and support roll out in line with All Wales OCP. Support the implementation and embedding of change with required OD support.																				