## **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

Theme	Action		Jul-20				Aug	RTER 2			Sep-	20	
lanaging Covid-19		Milestone	Lead	RAG	Comments on Status	Milestone	Lead	RAG	Comments on Status	Milestone	Lead	RAG	Comments on Status
anaging Covid-19	Distancing/Nosocomial Transmission	Conclude risk assessment process in clinical and non-clinical areas & respond accordingly	Dorotny Edwards	Green	Risk assessment in non clinical areas complete; final report being developed by end of August.								
		Implement actions from WG guidance from NTG and assessment implications	Dorothy Edwards	Green		Implement further guidance from NTG	Dorothy Edwards	Amber	Majority of actions have been completed but awaiting final decision on bed spacing.	Implement further guidance from NTG	Dorothy Edwards	Green	All guidance received to date has been implemented
		Local communications campaign	Dorothy Edwards	Amber	Communications plan produced and being implemented; amber as communication will need to continue over the Q3/Q4 period	Continue comms campaign	Dorothy Edwards	Green	This action continues.	Continue comms campaign	Dorothy Edwards	Green	Ongoing
	Covid Response Work programmes	Each cell to review key outstanding actions & produce legacy statements	Dorothy Edwards	Amber	Governance review started in August but not yet complet; delayed due to waiting for Internal Audit report	Consolidate legacy statements	Dorothy Edwards	Amber	A review of governance arrangements has taken place and we are restting programme actions in early October.				
						Refine Gold master plan ahead of Q3 Progress outstanding cell actions	Dorothy Edwards  Dorothy Edwards	Amber	In progress - will be completed by mid October. In progress - majority of actions were				
									complete but a small number will be carried forward to Q3 a next phase of programme plan.				
	Integrated capacity plan and modelling	Review and refine integrated capacity plan on a weekly basis	Dorothy Edwards	Amber	capacity plan now picked up via modelling cell; will be c/f in terms of requirements for Q3/Q4	Review and refine integrated capacity plan on a weekly basis	Dorothy Edwards	Amber	Capacity plan developed through Operational Planning Group. COVID response plans submitted and will be finalised as part of Q3/Q4 planning.	Review and refine integrated capacity plan on a weekly basis	Dorothy Edwards	Amber	Further work being undertaken on surge capacity planning via Operational Silver
	EPRR Response	Work with HD UHB to further refine Essential Service Model Board to consider initial 'hot	Dorothy Edwards  Dorothy Edwards	Green	Address via modelling cell complete and plan in place to	Implement key lessons and	Dorothy Edwards		Formal debrief held and lessons learned	Undertake further review at end of	Dorothy Edwards		Planning and response arrangements have
	Brexit	debrief and lessons learned  Develop contingency plans	Karen Jones	Green	consolidate all learning into 'insights' report  There is an overarching Brexit	imprement key ressons and continue to review and refine response  Develop and implement contingency	Karen Jones	Amber	being taken forward into next phase. Insights report development ongoing and should be completed in October.  As noted there is already an overarching	Q2  Develop and implement contingency	Karen Jones	Green	been reset in response to a debrief and internal reflections  Brexit Planning in place via EPRR Strategy
					Preparedness document, together with a lerent trisk register and the Health Board Business Continuity Plan framework which includes a 3trategic BC response, each unit that a "a roct all Continuity Plan to the property of t	plans.			preparations document. There is not a specific for joint for first. I full hand and service were asked to review their respective 8F / Bras diverge 2019 to seles on excent fireter in straining 2019 to seles on excent fireter in sense of the services in readiness for a follow up EPRF meeting in Segreptime. They have been asked to also now consider where a additional implications due to COVID many impact in Setting 1, services on the services of the ser	plans			oway with Ma wide representation. Attended as a Mandaman and Martin Amadaman and Marti
esting and TTP	Expand testing and tracing capacity in line with agreed	Full testing and tracing capacity able to be brought online –	Joanne Abbott-Davies	Green		Testing & tracing requirements flexed as necessary to meet	Joanne Abbott-Davies	Green	Tracing and Testing expanded in line with funding agreed by WG at 50% of required	Testing & tracing requirements flexed as necessary to meet	Joanne Abbott-Davies	Amber	Expansion of staffing to 100% staffing levels to cope with rapidly escalating
	plan	depending on demand & funding				changing demands			levels. Still utilising some repurposed staff but most returning to core roles and external recruitment undertaken.	changing demands			additional demands. May require further expanding of capacity and / or prioritisation of tracing activity at a national level.  MTU deployed and LTS established plus expanded use of UK - Gov portal testing to increase uptake.
	Recruit substantive staff to run TTP for 2020-21	HB/LA repurposed staff providing service.	Joanne Abbott-Davies	Green									
		External recruitment of workforce	Joanne Abbott-Davies	Amber	Underway, staff available from September in line with agreed programme	External recruitment of workforce	Joanne Abbott-Davies	Green	Still utilising some repurposed staff but most returning to core roles and external recruitment undertaken.	Full workforce in place across all organisations, with ability to flex to meet changing demands	Joanne Abbott-Davies	Amber	External recruitment underway for expanded teams but some core skills unavailable, particularly in communicable diseases / environmental health.
	Agree TTP Plans going forward including prioritisation of relative activities	Testing priorities revised and agreed on multiagency basis, synchronised with expansion plans for testing and tracing	Joanne Abbott-Davies	Amber	Antigen capacity increased and priorities agreed on a multiagency basis. Developing Multiagency Swansea Bay Regional Testing Plan by September as required by WG	Implementation of TTP plans, based on priorities set locally and nationally	Joanne Abbott-Davies	Green	TTP plan agreed and signed off by all partner organisations and being implemented.	Implementation of TTP plans, based on priorities set locally and nationally.	Joanne Abbott-Davies	Amber	Resetting of priorities and actions being undertaken on rolling programme to reflect changing patterns of demands.
	Establish and bed in arrangements for TTP across Region	SOPs and Flowcharts developed & regularly reviewed as TTP embeds and lessons are learnt	Joanne Abbott-Davies	Amber	In place for priority areas identified e.g. NHS care settings, schools etc. New SOPs being developed as high risk locations / settings identified on a rolling programme	Processes amended / established to reflect changing priorities	Joanne Abbott-Davies	Amber	As cases and clusters develop, learning applied to development of SOPs and Covid prevention and intervention plan, agreed with Welsh Government.	Processes amended / established to reflect changing priorities	Joanne Abbott-Davies	Amber	Ongoing learning and new situations arising requiring iterative work on processes and support arrangements for TTP.
	Establish serology programme	Complete antibody testing programme for Education Staff	Rhodri Davies	Green									
		Complete antibody testing programme for HB Staff	Rhodri Davies	Green		Roll out serology testing programme in line with WG expectations	Rhodri Davies	Amber	Ongoing due to continued requirments from WG	Roll out serology testing programme in line with WG expectations	Rhodri Davies	Green	
		Develop workforce plan in line with WG expectations around testing rollout	Rhodri Davies	Amber	Workforce plan will be finalised once Local Testing Plan is finalised	Plans amended / established to reflect changing priorities	Rhodri Davies	Amber	Ongoing due to continued requirments from WG	Processes amended / established to reflect changing priorities	Rhodri Davies	Amber	Requested by TTP Gold from October 2020 to staff Testing capacity to 100%.  Recruitment campaign initiatied in October 2020 to address this request
esetting Public pectations and the rategic Direction – A ealthier Wales	Secure views from staff, and set out expectations of new ways of working/new models of care	Live virtual Meet the Executive Team Staff engagement exercise on key	Hannah Evans	Green	Survey launched on 27 July to run to 31	Live virtual Meet the Executive Team	Hannah Evans	Green	Capturing Change survey carried out and	Live virtual Meet the Executive Team	Hannah Evans	Green	INSIGHTS 2020 Report going to November 2020 Board. Report pulls on all feedback from various sources
		learning from Covid response	· · · · · · · · · · · · · · · · · · ·		August. Mid way report developed to go to RLI Steering Group 25 August.	learning from Covid response			analysied. Information will feed into INSIGHTs report				
	Ensure clinicians lead the discussions on system wide new ways of working	Clinical Redesign Groups held, and Clinical Advisory Group used to support change	Richard Evans	Green		Clinical Redesign Groups held, and Clinical Advisory Group used to support change	Richard Evans	Amber	Progress made with acute medicine redesign account of the control	Clinical Redesign Groups held, and Clinical Advisory Group used to support change	Richard Evans	Green	Orgoing

1	Work with wider community	Meet the RPB Co-production group	Sian Harrop-Griffiths	Green						Consider through RPB arrangements	Sian Harrop-Griffiths	Green	
	groups to build on lessons learnt	to secure feedback and opportunities for future arrangements											
	Revised approach to					Revised consultation and	Joanne Abbott-Davies	Amber	Revised framework being developed,	Revised consultation and	Joanne Abbott-Davies	Green	Framework agreed by CHC and formally
	communicating and engaging with the public on service change					engagement framework agreed with CHC			coproduced with CHC, to enhance current arrangements, learning from experiences to date, and ensure consistent approach taken across organisation.	engagement framework developed with CHC and approved by Health Board			agreed by Health Board at September meeting.
Unscheduled Care & Winter Planning	Implementation of Rapid Discharge Process to improve flow and maintain lower numbers of medically fit for discharge (MMFD) patient numbers across all the hospital sites	Launch of the Rapid Discharge Policy on July 1st develop in conjunction with local authority partners and agreed by the West Glamorgan Partnership Board	Nicola Johnson	Green		Monitor the initial implementation and review effectiveness	Kate Kinsman	Green	This work is on-going. Operational group meets weekly to ensure that policy is embedded fully and effectively.	Monitor and review effectiveness	Kate Kinsman	Green	This work is ongoing. Project group has been re-instate. Project group meets on a weekly basis and reports to the H2H implementation group.
	Mobile unit to allowing cohorting of patients at entrance of Morriston ED to release ambulance crews	Site visit with Estates Department for company supplying Unit to establish location and connection to services	Craige Wilson	Amber	Awaiting confirmation of delivery dates for mobile unit.	Delivery of mobile unit on Morriston site and work with WAST to agree staffing model	Craige Wilson	Amber	Enabling works to facilitate delivery of mobile unit have been identified and cost agreed. Contract for enabling work to be placed.	Implement cohorting at Morriston in mobile unit, monitor and review effectiveness ahead of winter	Craige Wilson	Green	Mobile Unit due to be delivered to Morriston site last week of November and commissioned by the first week of December. Staffing to be provided through
	Central management of patient flow across the health board to maintain effective patient movement across all sites	Present and secure agreement with Executive Team for the establishment of a centralised patient flow team for Health Board	Craige Wilson	Amber	Proposal presented to SLT. Further work being undertaken to finalise the proposal.	Commence Organisation Change Process to facilitate development of centralised patient flow team	Craige Wilson	Amber	Accommodation and IT available for "command centre" established in Morriston Hospital. To be enacted as part of the escalation policy in response to a second Covid wave	Establish centralised patients flow team	Craige Wilson	Green	A control centre is to be established to manage flow into the Bay Field Hospital and the learning from this exercise will inform the future development of a central management of patient flow.
	Phased implementation of the Acute Medical Services Redesign	Development of implementation plan and agreement of priority pre- hospital pathways as part of AEC model	Karen Stapleton	Amber	Implementation plan has been designed & is a live document. Pre- hospital pathways have been prioritised & are in progess of being agreed	Secure agreement (including clinical "buy in") for plan Commence implementation of priority pre-hospital pathways Establish AEC model in Singleton	Karen Stapleton	Green	Project milestones on track. SIT agreement for plan, and Clinical leadership in place. Working with the Advisory board on wider clinical "buy in". A number of pre hospital pathways have been agreed and a Pilot AEC week took place in August to test model and pathways.	Commence i mpl ementation of phased plan	Louise Platt	Amber	2 week Ambulatory Emergency Care (AEC) pilot undertaken 21st September 2020. Evaluation report underway. Amalting outcome of the HB submission of AEC bid ook of the HB submission of AEC bid ook of the HB submission of AEC bid with the HB submission of AEC bid on the HB submission of HB submissi
	National Unscheduled Care Programme - six goals for urgent and emergency care which will help winter preparedness.	Develop an agreed action plan to address the 17 proposed key deliverables in conjunction with GP clusters and other key stakeholders	Craige Wilson	Amber	An action plan has been developed and is being presented to the Seniort Leadership Team as part of the Winter Plan for Q3/4 in August.	Implement and monitor and action plan	Craige Wilson	Amber	An action plan has been formulated and will progress will be monitored through the Unscheduled Care Board.	Implement and monitor and action plan	Craige Wilson	Green	Key priority for the quarter is the development of Phone First for ED. Staff are in currently being recruited for the "streaming hub" which will take call from 111. Planned implementation first week of
Surgery & Theatres	Patient Prioritisation and Management	Prioritisation of Levels 3 & 4 to be completed	Tersa Humphreys	Red	Progress remains slow in delivering this piece of work. Completion of prioritisation of levels 3 and 4 is critical to supporting demand and capacity requirements	Ongoing development of 'live vitals' dashboard to quantify and monitor level 2 & 3 demand	Tersa Humphreys	Amber	Dashboards completed. Proxy criteria identified for priority 3 and 4 categories and these are included as part of the dashboard analysis criteria				
		Second elective list at Singleton to come online utilising staff released as a result of the revised Theatre SOP	Tersa Humphreys	Green	Del Ivered	His wide approach for the systematic review and documentation of potential harm to patients as a result of treatment delayed beyond their expected timeframe	Neil Miles/Pankaj Kumar	Amber	Initial speciality harm reviews completed. Summary work ongoing to clarify themes and ongoing risks. Qualification or qualification of harm difficult to assess consistently continued to the control of the control of the production of the control of the control of harm difficult. Access to whether has improved but still not sufficient to meet chemand (for Ca12), Non catal to 2 operating remains unlikely and therefore lack of access to operating for majority of waiting list patients.				
	Theatre Capacity and Utilisation	Sustain Plastic Surgery Trauma and Cardiothoracic list(s)	Tersa Humphreys	Amber	Further capacity being developed for plastic surgery trauma will be in place by 31st August 2020								
		Principles agreed and signed off for re-zoning of theatres to gain efficiency in turnaround times and release of supplementary support staff  Finalise the revised 2nd wave surge	Tersa Humphreys	Green	Delivered	Develop monitoring tool for theatre utilisation, specialty activity and patient outcomes with support from IM&T around TOMS data	Tersa Humphreys	Red	TOMS redevelopment plan and timelines being developed. Pilot project being developed for targetting pathway improvement actions in 1 elective and 1 emergency theatre.	Development of TOMS redevel opment plan. Theatres and Anaesthetic quality and Business Analysis Manager being progressed to support Pathway Improvement Development of a whole system	Tersa Humphreys	Amber	TOMS redevelopment plan in development by IMT plan to present to Digital Transformation Leadership Group in October 2020. Quality and Business Analysis Manager job plan matched out to
		bed plan in line with new capacity options		Green	Completed - HB planning assumptions for second wave is to double level of general ITU beds which equates to 56 beds.					Development or a whole system model for NPTH as a centre for Orthopaedic and Spinal services, to include the scoping of ambulant trauma options and capital requirements	Nell Miles	Green	
		Review the critical care workforce plan for 2nd wave, assuming a % of additional staff would not return to support critical care in 2nd wave and continue with devel opment programme for additional support staff (this will be ongoing during August and September)	Tersa Humphreys	Amber	Work ongoing to deliver a workforce plan for S6 critical care beds. Plan includes PACU recruitment, use of CITU staff and exploring option for agency arrangement to support staffing. Reduced access to theatre staff in second wave as requirement to maintain level of planned operating for priority 2 patients.								
		Map out timeline and risks of capital works in General ITU ahead of potential 2nd Wave	Ters a Humphreys	red	No approval for capital works in iTU as at 10th August 2020. Revised options for works provided. Continued use of theatre recovery as part of baseline capacity for general ITU due to air handling and ventiliation issues in east unit.								
		Weekly Theatre capacity works tream reviewing demand and capacity in order to increase theatre capacity across all site but particularly Morriston. Reviewed theatres staffing establishment per Covid process to allow release of theatre teams to deliver additional theatre sessions	Tersa Humphreys	Amber	Esisting theatre programme maintained consistently with no loss due to annual leave or sickness. Plan being developed for step change in theatre programme from 31st August 2020 with return of non patient facing staff and repatriation of final staff from ITU.	Commence recruitment process for PACU development at Morriston (Phase 1)	Michelle Mason-Gawne	Amber	Job descriptions written and signed off for nursing staff who vacancy control form submitted to panel. Meeting in place week commencing 657,00 to final is needical staff requirement and vacancy panel forms will be submitted theresize. Financial scrutiny will be undertaken for all posts in the same panel meet and when/if approved will go to advert	Scope and undertake an option appraisal process for a PACU model at Singleton and NPTH to support enhanced care complexity	Michel le Mason-Gawne	Amber	Job descriptions written and signed off for mursing staff with vacancy control form submitted to panel. Meeting in place week commencing 60/10 to finalise medical staff requirement and vacancy panel forms will be submitted thereafter. Financial scrutiny will be undertaken for all posts in the same panel meet and when/if approved will go to advert
	Regional / Partnership Working	Seek regional agreement in principle around the equitable distribution of patients across the geographical boundaries. Progress with agreed priority areas of urulogy and gymae encology and spinal. Testing regional solutions for thyroid and vascular services	Conor Marnane	Amber	Agreement of principle of equitable distribution of patients for any regional working was agreed with Hywled Deal Healthboard. Some regional working was agreed with Hywled Deal Healthboard. Some regional collaboration has started successfully in grave encology and thyroid fendocrine surgery but that has been all to data. Discussions engoing to scoep potential use of additional capacity in Werdnei and PPHs to trail further regional solutions for other specialities (urrology and spine)								

						Agree a framework for the utilisation of staff / capacity within the independent sector, including potential for regional solutions	Craige Wilson	Amber	Framework established to utilise staff and capacity from Sancta Maria agreed and utilised but terminated. Discussions ongoing with Hywel Dda UHB regarding the use of Werndale.				
South Wales Trauma Network	Agree Go Live date for MTN and implement	Work with the MTC, TUs and pre- hospital providers to ensure all critical to go livel issues are resolved or mitigated against. This includes ensuring benefit from investment agreed by the HB (i.e. MTP agreements: -major trauma practitioners, rehab coordinators, rehab medicine consultant sessions and TARN coordinators)	Rachel Taylor	Green	Go live date set for September 14th. Welsh Government formal announcement was on July 24th. All providers on track ready for go live.	Go live set for September 14th 2020. Network went live as planned	Rachel Taylor	Green	Werndale.	Agree a model for the emergency surgical requirement for the HB to encompass emergency services provided regionally	Rachel Taylor	Green	
						Develop online e-learning platform to support education and training going forward. First training programme filmed	Rachel Taylor	Green					
										Develop and instigate a comprehensive communication plan	Rachel Taylor	Green	
										Develop formal network governance structure including M&M meetings across network. This incorporates ensuring data quality through the TARN database	Rachel Taylor	Green	Cross network goverance structures in place and first formal governance meeting taken place.
										Go Live as a Major Trauma Network	Rachel Taylor	Green	SWTN went live on 14th September
Critical Care	Supporting Critical Care capacity through second wave	Finalise the revised 2nd wave surge bed plan in line with new capacity options	Tersa Humphreys	Green									
		Review the critical care workforce plan for 2nd wave, assuming a % of additional staff would not return to support critical care in 2nd wave and continue with devel opment programme for additional support staff (this will be ongoing during August and September)	Tersa Humphreys	Green		Ongoing	Tersa Humphreys	Green	Second wave plan including workforce requirements including additional support staff requirements quantified. Actions on how to reduce call on thatter staffing and increase availability of other staff to support critical care being progressed.	Ongoing	Tersa Humphreys	Green	Health Board call for additional support staff for critical care undertaken. 11 discussions held with all additional support staff from the first wave to assess numbers available for second wave. Agency staff booked to support as first line of support to maintain operating capacity and support critical care.
		Map out timeline and risks of capital works in General ITU ahead of potential 2nd Wave	Tersa Humphreys	Green	Completed. No formal approval to proceed with reduced programme of capital works. East Unit remains closed due to ventilation issues								
Diagnostics - CT	Extend the working day across all three acute sites	Morriston 8-7:30 pm Singleton 8-8pm Neath Port Talbot 9-5pm	Brian Owens	Green	Business case submitted outlining financial costs of extended days, use of Hywel Dda Gantry capaicty and ILS.	Assess options for weekend working	Brian Owens	Green	Options assessed and additional workforce requirements for extending working day across all sites includded in CT business case. Case submitted awaiting HB decision.	Assess options for weekend working	Brian Owens	Green	Case submitted, awaiting HB decision. Case agreed 21st Oct, to be progressed in line with plan
	Continue discussions with ILS for additional capacity 2 days / wk = 32 pts	Develop service specification for screened non Covid 19 cases and establish cost implications	Brian Owens	Green		Implementation if viable solution	Brian Owens	Green	Cost benefit assessment of ILS option undertaken and included in the CT business case. ILS option is a high cost option for the activity that could be delivered.	Implementation if viable solution	Brian Owens	Green	ILS remains a high cost option, other options remain more cost effective for delivery of activity. Doscounted option.
	Use mobile CT	Develop business case	Brian Owens	Green	Additional mobile CT secured for south west wales. CT scanner will be located in Hywel Dda University Health Board but access will be provided, with	Implementation if viable solution	Brian Owens	Green	Option included in the CT Business case which has been completed and submitted. HB decision awaited on funding outlined proposals.	Implementation if viable solution	Brian Owens	Green	DoH CT gantry sited in H Dda. Working to develop a service spec to support opportunities for additional activity.
	Implementation if viable solution	Review potential CT gantry capacity using Bay hospital to provide non- Covid pathway	Brian Owens	Red	Decision awaited on submitted business case.	Implementation if viable solution	Brian Owens	Red	CT business case completed and submitted. Health Board decision on proposal awaited.	Implementation if viable solution	Brian Owens	Green	Case submitted, awaiting HB decision. Case agreed 21st Oct, to be progressed in line with plan
Diagnostics - MRI	Utilise mobile MRI van	Complete QIA and business case to establish financial impact and risks associated with increased routine activity	Brian Owens	Green	Approval given to commission 1 month of mobile MRI van whilst case being developed for expansion to baseline capacity	Implementation if viable solution	Brian Owens	Green	MRI Business case completed and submitted. Mobile MRI is a short term option to bridge recruitment for sustainable staffing option. Month on month approval given for mobile van until final Health Board decision made on MRI business case.	Implementation if viable solution	Brian Owens	Green	MRI Business case completed and submitted. Mobile MRI month on month approval given for mobile van until final Health Board decision made on MRI business case. Case agreed 21st Oct, to be progressed in line with plan
	Further develop MRI plan to reduce waiting list	Ongoing assessments to be completed with additional alternative solutions	Brian Owens	Green	Business case submitted outlining financial costs of extended days and ILS.					Implementation if viable solution	Brian Owens	Green	Business case submitted, awaiting HB decision.
	Review rotas to increase capacity	Complete review of rota's & implement additional capacity	Brian Owens	Green	Business case submitted outlining financial costs of extended days and ILS.	Ongoing implementation	Brian Owens	Green	Baseline capacity for MRI included in the MRI business case.	Ongoing implementation	Brian Owens	Green	Baseline capacity for MRI included in the MRI business case. Rota's continue to be revised to add additional activity wherever
	Workforce review for MR services	Complete workforce review & develop business case	Brian Owens	Green	Business case submitted outlining financial costs of extended days and ILS.	Implementation if viable solution	Brian Owens	Green	Undertaken and capacity and demand gap for MRI included as part of submitted business case.		Brian Owens	Green	Undertaken and capacity and demand gap for MRI included as part of submitted business case.
	Continue discussions with ILS for additional capacity	Develop service specification for screened non Covid 19 cases and establish cost implications	Brian Owens	Green	Business case submitted outlining financial costs of extended days and ILS.	Implementation if viable solution	Brian Owens	Green	Value for money assessment of ILS option undertaken and sustainable HB solution provides better value.	Implementation if viable solution	Brian Owens	Green	Value for money assessment completed previously, sustainable HB solution provides better value. Discounted option.
Diagnostics - Ultrasound	Assess opportunity to utilise vascular lab to increased capacity	Complete assessment – potential 2 days / week – increasing capacity by 20 pts per week	Brian Owens	Green	Assessment undertaken by Radiology. Plans in place to commence clinics in month.	Implementation if viable solution	Brian Owens	Green	Implemented	Implementation if viable solution	Brian Owens	Green	Complete
	Assess radiologist support for scanning	Complete assessment–increasing capacity by 20 pts per week	Brian Owens	Green	Radiologist Rota review undertaken, Covid rota stepped down, lists to recommence late July.	Implementation if viable solution	Brian Owens	Green	Completed	Implementation if viable solution	Brian Owens	Green	Completed
	Deploy Head & Neck locum increasing capacity	Implement – adding 5 further pts per week	Brian Owens	Amber	recommence late usy.  Review of demand shows no need to increase currently. Service anticipates capacity to be exceeded Late August	Maintain capacity	Brian Owens	Amber	Delayed as the locum in post (neuro with some head and neck training) has been required to support shortages in neuro radiology predominantly. Resource not yet able to help with ultrasound (not had enough US experience) however, is providing some cross sectional head and neck reporting when required.	Maintain capacity	Brian Owens	Amber	QIA to be submitted to support delivery of additional Head & Neck activity now demand has increased to a level locum required.
	Review opportunities to extend the working day plus 7 day working	Complete review and commence implementation if viable	Brian Owens	Amber	Business case in development to be completed by 20th August 2020	Further implementation if viable	Brian Owens	Green	Business case completed for Non Obstetric US demand and capacity gap requirements and submitted to Health Board for consideration.	Further implementation if viable	Brian Owens	Green	Business case completed for Non Obstetric US submitted to Health Board, awaiting a decision. Case agreed 21st Oct, to be progressed in line with plan
	Further develop Ultrasound plan to reduce waiting list	Ongoing assessments to be completed with additional alternative solutions	Brian Owens	Amber	Business case in development to be completed by 20th August 2020					Further implementation if viable	Brian Owens	Green	Business case completed for Non Obstetric US submitted to Health Board , awaiting a decision.

Cancer Services	Phased and sustainable solution for the required uplift in endoscopy capacity that will be key to supporting both the Urgent Suspected Cancer backlog and future cancer diagnostic demand on Endoscopy Services	Restoration of endoscopy rooms and redeployment of specialist staff to their endoscopy units.	Fiona Hughes	Amber	EBUS Recommenced in Morriston. Thoracoscopy capacity available ERCP activity continues.	Restoration of all 5 Endoscopy rooms and redeployment of all staff	Fiona Hughes	Green	Action completed	Action completed	Fiona Hughes	Green	Action completed
		Plan for 25 Endoscopy sessions during July onwards to include Upper/Lower GI, EBUS, Bronchoscopy and Thoracoscopy sessions.	Fiona Hughes	Amber	Nursing establishment in place to suppo	sessions from August onwards for Upper and Lower GI sessions	Fiona Hughes	Amber	Difficulty in providing additional sessions due to Endoscopist availability. C+D plan developed to support the USC cohort and this will need funding agreed in Sept 20	Plan for further 4 additional Endoscopy sessions with appointment of new gastroenterologist and approval of C+D Plan	Flona Hughes	Amber	Business case submitted and approval to be confirmed in October 20.
		Weekly Clinical Leads Recovery planning meetings to provide leadership and assurance in terms or delivery	Fiona Hughes	Green	Weekly meetings in place since beginning of July 20	Weekly Clinical Leads Recovery planning meetings to provide leadership and assurance in terms or delivery	Fiona Hughes	Green	Weekly meetings in place since beginning of July 20 and as required surgucal team input	Weekly recovery meetings continue	Fiona Hughes	Green	Action completed
		Clear decision making and tracking of USC deferred and new referrals to continue.	Fiona Hughes	Green	Process in place and working well.	Continued prioritisation of new referrals and review of alternative diagnostics as appropriate	Fiona Hughes	Green	Process in place and working well.	Continued prioritisation of new referrals and review of alternative diagnostics as appropriate	Fiona Hughes	Green	Action completed
		Maintain use of the National Endoscopy Programme (NEP) for deferred patient tracking	Fiona Hughes	Green	Ongoing completion off the spreadsheet confirmed	Ongoing completion off the spreadsheet confirmed	Fiona Hughes	Green	Ongoing completion off the spreadsheet confirmed	Undertake analysis of lessons learnt and new ways of working in line with NEP	Fiona Hughes	Green	Action completed
		Continue planned implementation of FIT in USC groups of deferred patients	Fiona Hughes	Amber	USC COVID 19 deferred cases validation exercise undertaken. Over 50% of the patients have had FIT test, treated/TCI or removed. Membership on the National Fit Subgroup Meeting and reviewing alternative pathways	Advance discussions re: logistics for implementing FIT in low risk groups (as per NICE DG30 guidance)	Flona Hughes	Amber	Awaaiting National Steer	Implement FIT in low risk groups as per Business case triaged within primary care	Fiona Hughes	Amber	Workplan developed with pilot to be commecced in November 2020
		Capacity and Demand costed plan for 2020/21 to be approved and recruitment into eight additional Endoscopy sessions agreed and enacted	Fiona Hughes	Amber	C+D plan drafted.	C+D plan developed but funding to be confirmed	Fiona Hughes	Amber	Recruitment into additional Endoscopy Nurses as outlined in C+D Plan	Business case submitted and approval to be confirmed in October 20.	Fiona Hughes	Amber	Business case submitted and approval to be confirmed in October 20.
						Commence insourcing sessions as outlined in C+D plan	Fiona Hughes	Red	Buisness case developed in Sept 2020 and will need Executive approval				
						Maintain training lists for additional Endoscopists	Fiona Hughes	Green	Confirmed training lists in situ	Maintain training lists for additional Endoscopists	Fiona Hughes	Green	Confirmed training lists in situ
						Re-start Bowel screening colonoscopy for all new participants waiting following a positive screening FIT test	Fiona Hughes	Green	Bowel screening recommenced	Re-start Bowel screening colonoscopy for all new participants waiting following a positive screening FIT test	Fiona Hughes	Green	Bowel screening recommenced
	To explore the possibility of offering SBAR RT for high risk lung cancer patients in SWWCC	To undertake an assessment within RT Dept and Oncology to scope out the ability to be able to delivery SABR RT for high risk lung patient	Ceri Gimblett	Green	SBAR detailing how we could implement SABR in SWWCC has been drafted	Business case detailing the risks and benefits of delivery SBAR RT for high risk Lung Cancer patients in SWWCC	Ceri Gimblett	Green	completed and request for WHSSC to commissioning SABR for SWWCC was submitted to SLT and agreed				
		Work with VCC and WHSSC around the role out and availability of SABR RT within SWWCC	Ceri Gimblett	Green	Letter formally asking for support from WHSSC. Discussions with VCC have been supportive of SWWCC undertaking SBAR. Awaiting on response from WHSSC to commission this from us.								
	Establishment of mobile unit to carry out PET/CT scans for Swansea and South West Wales patients	First PET/CT scanning day: 2nd July 2020. Commence mobile PET/CT diagnostic service on Thursdays and Fridays; 12 patients per day	Neil Hartmann	Green	Up and running								
	Introduce Covid testing for Oncology and Haematology patients and staff involved in service delivery in line with national guidelines	Continue work stream to roll out testing in order of clinical priority until the total of @250/300 patients is met. Staff would be in addition to this number	Ceri Gimblett	Green	Testing for priority 1 patients been in place since 27.07.20 via liberty	Maintain testing in line with any change in national guidance	Ceri Gimblett	Green	RT Lung patients are now being tested alongside SACT patients as part of priority 2	Maintain testing in line with any change in national guidance	Ceri Gimblett	Green	testing remains on track for our SACT patients
	Continue to expand Surgery capacity to allow complex cancer surgeries to deal with any backlog of patients	Weekly Theatre capacity works tream reviewing demand and capacity in order to increase theatre capacity across all site but particularly Morriston. Reviewed theatres staffing establishment per Covid process to allow release of theatre teams to deliver additional theatre sessions	Tersa Humphreys	Green	Increased programme commencing 31st August 2020 for emergency, cancer and non cancer category 2 patients	Incremental increase of theatre sessions to address priority 2 elective surgery demand	Tersa Humphreys	Green	end of August plan implemented plus additional trauma and cepod operating capacity established.	Incremental Increase of theatre sessions to address priority 2 elective surgery demand	Tersa Humphreys	Green	Increase seen in emergency and CEPOD operating 4 to 6 theather per day plus third list on weekend. Elective operating in Morriston 4 elective theather per day. Singleton Hospital Increased from 10 lists per week 10 zl sits per
	Convert interim PACU arrangements at Morriston to sustainable solution	WG funding already agreed PACU workstream established to agree actions required to deliver this development. Agree location	Michelle Mason-Gawne	Green	PACU workstream established and options appraisal process completed. Outcome to be discussed and agreed at next workstream meeting and taken to the overarching S&T Cell for sign off	Recruitment of staff, formulation of SOP's, agree date for delivery depending on staff appointments	Michelle Mason-Gawne	Amber	Recruitment of staff as above. SOPs are in the process of being drafted. Delivery date will be agreed when location is signed off, a paper has been drafted in regard to the agreed location and will be discussed in this months meeting		Michelle Mason-Gawne	Amber	Recruitment of staff as above. SOPs are in the process of being drafted. Delivery date will be agreed when location is signed off, a paper has been drafted in regard to the agreed location and will be discussed in this months meeting
Primary Care and Community Services	Support reset and restart of primary care contractor services – GMS, Dental, Optometry and Pharmacy in line with National direction. Of note: - dental and optometry services level of	Plan and implement (in line with national guidance) to deliver support to patients to ensure optimum service provision for face to face assessment and safety netting	Andy Griffiths	Green	Complete	Review – reactivation and monitor pressure levels	Andy Griffiths	Green	Weekly GMS reactiviation group meetings, informed by key data, i.e. vaccs and imms				
	escalation will reduce from red to amber as of 1st July 2020	Optometry Practices to commence opening in line with national guidance to include General Ophthal mic services provided. Eye Health Examilation services provided. Low Vision service provided (with careful consideration for this vulnerable group of patients)	Andy Griffiths	Amber	All practices except one has re-opened. The PCT and OA currently working with the practice to support re-opening.								
		Optometry - Acute domiciliary commissioned service to continue. Routine domiciliary service to remain suspended	Andy Griffiths	Green	Continued								
		Optometry - All practices to complete the National Wales Shared Services Partnership self-certification process for opening, including the Covid-19 training avail able through the WOPEC website	Andy Griffiths	Green	Complete								
		GDS Dental practices to be supported to offer wider range of services	Andy Griffiths	Green	Checklist developed and QA programme established to support practice start of AGPs from 17th August.								

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	Dental – establish urgent care dental centre hub and spoke model for delivery of AGP procedures	Andy Griffiths	Green	UDC network established, practices accepting referrals from UDC.								
	Pharmacy - Prioritise Flu Planning in line with national discussions	Andy Griffiths	Green		Pharmacy - Prioritise Flu Planning in line with national discussions	Andy Griffiths	Green	Complete				
	Develop and issue IPC checklists for	Andy Griffiths	Green	Complete	III IIIIe witii lattoliai discussions							
	contactor services implementation											
					Pharmacy - Implement national escalation tool and encourage uptake	Andy Griffiths	Green	This has been started with continued work into Q3 & Q4				
					Initiate planning for future implementation of digital platforms, e.g. Attend Anywhere in dental practices	Andy Griffiths	Green	This has been started with continued work into Q3 & Q4				
									Review of independent pharmacy based prescribling programme	Andy Griffiths	Green	Independent Prescribing commenced on 1st October in one pharmacy delivering Acute Conditions services. Early uptake has been oscillent with a further 2 iPs to commence by end of November 20. It is anticipated that the remaining 4 will follow later in 3021. IPs are commissioned for 2 sessions with a maximum of 18 consultations per week
									Pharmacy - Review Sore Throat Test and Treat programme for feasibility of re-activation in conjunction with WG	Andy Griffiths	Green	Review has been made on national programme, however STTT services have been suspended during Covid-19 pandemic
Phased re-activation of GMS	Phased 3-month programme -	Andy Griffiths	Green	Complete	Phased 3-month programme -	Andy Griffiths	Green	Complete all GMS recovery plans received	Phased 3-month programme -	Andy Griffiths	Green	Complete
additional and Directed, National and Local enhanced services in line with national guidance by 1st October 2020	working within national programme of restarting Additional and Enhanced services across contractor services – e.g. cervical screening is a priority for restart				working within national programme of restarting Enhanced services across contractor services.			majoirty of sevices recommenced 1 July, all restarted by 1st October.	working within national programme of restarting Enhanced services across contractor services.			
	Initiate planning for flu vaccination programme delivery in winter	Andy Griffiths	Green	Plan developed								
	Implement Revised Care Home Directed Enhanced Service	Andy Griffiths	Green	Complete	Review uptake of revised Care Home DES	Andy Griffiths	Green	Complete.				
	Extended roll out of Ask My GP	Andy Griffiths	Green	This results in 67% coverage of	DES							
	Increase usage of Consultant Connect and review uptake	Andy Griffiths	Amber	Review of usage in GP OOH to be undertaken								
	Increase access to urgent /out of hours primary care services			under taken								
Reset and restart of the Cluster Whole System	Reactivate Cluster meetings on virtual basis	Andy Griffiths	Green	8 Cluster meetings held during July								
Transformation Programme	Restart Transformation / Primary Care Forum	Andy Griffiths	Green	Revised governance structure currently being considered								
	Lessons learnt exercise with cluster	Andy Griffiths	Green	Revised TOR for Clusters currently								
	leads undertaken and reset of cluster to increase integration and as set out in the new primary care model			being developed								
	Complete stocktake of whole system cluster transformation programme and devel opment of priority re- activation proposals, including promoting digital platforms/ facilitating digital inclusion and review of HB community phlebotomy model	Andy Griffiths	Green	Complete	Implement Whole System Cluster Transformation projects informed by stocktake and development of transformation project proposals	Andy Griffiths	Green	New governance structure agreed at PC Transformation Forum on 68/09/2020. Transformation project team returning to substative posts. Implementation Group (8 Cluster Wide) to drive forward projects, 1st meeting planned end of Sept. HOPC to undertake review of cluster position with CLs.	Continue to implement Whole System Cluster Transformation projects aligned to refreshed programme of work	Andy Griffiths	Green	Complete
Reset and Recovery of Primary Care and Community Services via the Health Board Reset and Recovery Programme	Restart School Nursing Service to supporting the delivery of childhood imms vaccination (including influenza).	Andy Griffiths	Amber	1 School Nurse still supporting at CTU and 1 OTM. All dates set with primary schools for Fluent programme delivery. Catch up of Teen Booster and Men ACWY for year 9 pupils in schools not completed due to lock down has commenced with dates for those still outstanding set for September (in advance of Fluent programme commencing).	Restartservices in line with Reset and Recovery Group and review service delivery	Andy Griffiths	Amber	Catch up for remaining year 9 pupils of Teen Booster and Men ACWY underway from schools return September 1st. Fluent vaccine will be available one week earlier that originally advised and 19 primary school vaccination session dates have been brought forward in response.	Restart services in I line with Reset and Recovery Group and review service delivery	Andy Griffiths	Green	Catch up for year 9 programmes completed. Fluenz programme underway and will be completed at the end of the school Christmas term last 5M at CTU to return to service Novemeber 1st. OTM remains there in a seconded post to March 2021
	Restart Paediatric audiology and urgent hearing aid reviews – clinics to take place on reduced basis using non-acute sites only	Andy Griffiths	Green	Complete								
	Delivery of Cardiac rehab programme on face to face basis supplemented by virtual programme	Andy Griffiths	Green	Complete								
	Extend provision of community Wound clinics – reinstatement of	Andy Griffiths	Green	Complete								
	more venues MCAS, Podiatry and Orthotics face to face clinics for priority cases	Andy Griffiths	Amber	Face to face clinics for red flag cases ongoing provision. QlA submitted for reactivation of prioritised routine services.								
	Adult SIT services; face to face outpassent clinics and dysphagia services, FEIS and services  Dental Services - Restorative  Dental Services - Restorative	Andy Griffiths  Andy Griffiths	Green	Add \$12 Cide have now been purposed by the sear group. There are date scheduled for videofluoraccopy for September and we are in the process of reviewing the half its of patients requiring the half its of patients requiring face to face and felt's appointments are being blooked. Once face to face services for essential cases only, and knowing fully what that demand is, we will need to explore that demand is, we will need to explore sease, where virtual injurts a scoppide but not the preferred option from either the patient perspective or clinical.								
	Dentistry/ Community Dental Service and Dental Training Unit – treatment for urgent / essential dental care in line with national guidance – Amber phase			commenced /QIA R&R process started								

										I			
Mental Health & Learning Disabilities	Demand & Capacity analysis for Primary Mendal Health to meet anticipated growth due to pandemic to pandemic	Confirm current telephone triage assessment as standard practice across all areas	Gareth Bartley		Demand analysis has been completed by a been completed by a based on a sample from one of the Deggest referral into mental health one of the Deggest referral into mental health or the Complete of the Deggest referral into mental health article. For goingle information and accuracy additional information and accuracy additional information and accuracy additional complete from the Deggest referral information to apple or easons for Ferral which will inform future resource allocation.	Review Tier O provision	Gareth Bartley  Gareth Bartley	Amber	belivering Responsive Community Services projects. A planning meeting is scheduled with Seems on thy for Violantary Service in segmenter to discuss to with scan be considers all peer led and community institutes to support mental health wellings. Once complete this work will form the basis of the service pathway paging which will fee the SPAD. Psych Theraples and for the SPAD. Psych Theraples and Feed of the SPAD of the SPAD of the SPAD of the SPAD of the SPAD of the SPAD of the SPAD of SPAD of the SPAD of SPAD of the SPAD of the SPAD of the SPAD of the SPAD of the	Review additional resource requirement	Gareth Bartley  Gareth Bartley	Green	UtherSis review under way through Transforming Mel Proteot or, changes in demand against price to changes in demand against price to the common against price with the second technique of the activation of the activation of the activation of the second technique of the second technique of activation of the second technique of project "Additional Sic 13m secured from Wesh over written this service improvement fund downwritten the Sic written the Sic written the Westings with cluster leads to film tune role. Recruit ment to commence October 2020
	Intensity Psychological Therapies	Waling ills redev. This Group Work with Microsoft Trains.	Gareth Bartley		group was Jaunchell in July 20 to met weekly to identify and implement actions for notice the backleg of the particular statement of the property of the prope	introduce Low intensity workers	Gareen Barriey	Amber	1.0 WIT (in orleantly workers commenced in July 20 with a further XVIT currently undergoing per-employment checks. Soft in condensity per-employment checks. Soft in the Soft in the Soft in S	Completed recruitment to outstanding additional Band 5 & 6 posts	Garren Barroy	Green	Backleg of high intensity psychological therapy addressed and reaches cleared Confining to interrupt effects to assist the psychological backet pairs in a stepped model. Low intensity group pilloted and outcomed being analysed. Considerating the psychological backet psychological b
	Progress development of interim Mother and Baby unit	Option appraisal of permanent solution for Mother and Bay Unit	Gareth Bartley		The unit will be based on the froma Mospiral sixth. Ex-chemic is currently out to tender. Tenders have been returned on the 14th August and revalidated on the 20th August with follow on with regard to budget costings through the preferred to building work targeted for October 2020. The process for advanced recruitment has been commerced for the point of convince of the point of convince of manager and ward manager.	Advanced recruitment commences for Key staff.	Gareth Bartley	Green		Building work commences on Site	Gareth Bartley	Green	Work underway.
	implement single point of admission for adult mental health	Medical staffing agreement. Pathway commences	Gareth Bartley	Green	In response to Covid 19 guidelines, a plan was put in place to reduce the mumber of admission points into mental health services. Uncheduled care previously had 3 admission wards, fendrod and Clyne in Cefn chepstal and Ward F.NPT. All admissions now go to Ward F, NPTH. The model is reviewed currently on a fortnightly basis by all stakeholders.					Review single point of admission	Gareth Bartley	Green	Single point of admission reviewed and remains operational. Orgonize molitoring and adjustments as necessary on advice of IPC.
	implementing the findings of the CLDF Review	Refren is pocial int gathways development pain out revised implementation dates	Gareth Bartley		There are groups established looking is behaviored that of large complex executions, but desired and the control is, AGD, treastrion execution, the demonstration of the control is, AGD, treastrion in the control is an extended and is in due to be reviewed in the grown as the control in the	Participation in Health Equality Framework project as asses COVID 19 impact for people with LD	Gareth Bartley	Green	Compilete, estational report received by MHLD D	Overdigeneet of implementation graphs for use of letted figurality framework within inpatient services.	Gareth Bartiey	Amber	Being developed as part of modernis astor- plans for LD.
CAMHS	Covid response for CAMIS	Monitoring and adjusting of current working practices in line with Covid restrictions / guidance with Covid restrictions / guidance	Michelle Davies	Green	Capacity plans are being developed honey) the Book Children's Centre and Children's Centre face appointment.	Monthsing and adjusting of current working puzzles in line with Coold carterior by publishing the Coold carterior y publishing the Coold carterior y publishing the Coold carterior by publishing the Coold carter	Michelle Davies	Amber	The response to COVID is continuously under more for continuously under more for continuously under more for continuously under more for continuously under the continuously under the continuously under the continuously under the largest concern currently due to the need for a physical examination.	Monitoring and adjusting of current working puzzles in line with Coold market on the working puzzles in line with Coold market down / publishes	Michelle Davies	Amber	There has been a slight increase to demand the property of the property of th

	Single base for CAMHS Staff	Finalise staff meetings/ consultation		Green	Staff move from the Cefn Coed site planned for September.	Finalise staff meetings/ consultation	Michelle Davies	Red	Fairfield is now vacant, and the majority of staff have now moved across to the Neath Port Talbot site. There remain a few members of staff in Trehafod, this is being escalated by CTM senior team.	Swansea Team vacate Cefn Coed and move to NPT	Michelle Davies	Red	Some members of staff remain in Cefn Coed. Discussions are on-going and are being escal ated by CTM as part of the staff consultation arrangements. SBUHB have a CYP Accommodation meeting on 4th November where the issue will be discussed and next steps will be agreed.
Children's Services	Sustainable workforce plan	Agree sustainable rota model for	Michelle Davies Sam Williams	Red	Locums recruited to improve paediatric	Develop staffing model for CEU with	Sam Williams	Amber	medical staffing model improved via	Agree medical and nursing staffing	Sam Williams	Amber	Nursing model to be agreed with Morriston
	to maintain CEU in Morriston	paediatric wards and OOH			medical staffing model - meeting with ED scheduled end of August 2020 to complete medical and nurse staffing proposal	ED and Morriston DU			recruitment. nurse staffing model currently being developed. lack of availability of "assessment" area ie old paeds ED is an issue	model			delivery unit. Meetings scheduled. Availability of short stay assessment area will prevent implementation of full model
	Progress Neonatal 24-hour transport proposal	Meeting to review proposal scheduled 15 July 2020	Sam Williams	Amber	second task and finish meeting taken place August. Business case invited for lead provider	Support task and finish group meetings	Sam Williams	Amber	await decision from task and finish group	Submit business case for lead provider and respond to consultation document	Sam Williams	Amber	Funding agreed with WHSCC and staffing model agreed. Proposed implementation date of interim model 4 Janaury 2021
	Transitional Care unit	Resolve water testing issues and commission unit	Sam Williams	Green	water testing resolved	Water testing resolved	Sam Williams	Green	water testing resolved. Unit to open Thursday 8th October 2020	Commission Unit	Sam Williams	Green	Unit open and operational
	Outpatient recovery	Final ise requirements for Phase 2 and complete risk assessments, including roll out of Attend Anywhere Work to increase number of	Sam Williams	Green	Final QIA's submitted for approval 18- 8-2020		Sam Williams	Green	phase 2 completed	Source additional theatre canacity	Sam Williams	Green	paediatric outpatients maintained across the sites
	Progress paediatric surgical recovery plan	Work to increase number of paediatric theatre sessions available	Sam Williams	Amber	insuffient theatre capacity	Category 2 list updated and monitored	Sam Williams	Red	scheduled Monday 5th October to review	Source additional theatre capacity for paediatrics including private providers	Sam Williams	Amber	three lists per week currently provided to Paediatrics which is slowly reducing Cat 2 backlog
	Named Doctor Safeguarding	Agree alternative options following failure to recruit	Sam Williams	Amber	long term plan required. Review of safeguarding pathway across HB. Seek alternative options to provide third sector training	Meeting with Head of Safeguarding, named doctor duties (essential) shared amongst clinical team	Sam Williams	Amber	department reviewing job description to readvertise in light of interest in post	long term plan required. Review of safeguarding pathway across HB. Seek alternative options to provide third sector training	Sam Williams	Amber	Interested candidate approached the department. To be advertised.
	Neurodevel opmental service	Finalise capacity plan and recruit to vacant posts	Sam Williams	Amber		Capacity plan completed	Sam Williams	Amber	posts approved at vacancy panel in september to go live by the end of the month	Recruit to vacant posts	Sam Williams	Amber	posts advertised on TRAC closing dates 31 October 2020
	Meet the statutory duties of the SEN regulations in a flexible and practical manner	Respond to requests for information as well as complete medical statutory assessments within the timeframe	Natalie Vanderlinden	Amber	All services understand their duties under the current SEN legislation and use virtual platforms to meet their statutory duties or adapt service delivery in a flexible and practical manner where possible.	Completion of statementing template	Heads of Service	Amber	Services have maximised virtual lifestreaming opportunities, as well as maintaining contact through telephone calls. However, the deployment of staff away from core service has meant that attendance at annual reviews and statutory assessments have not been done reliably.				
	As part of re-establishing essential services, re- introduce school-based service delivery	Develop organisational recovery plan to include crosscutting paediatric therapy services	Natalie Vanderlinden	Amber	Plans in development to re-establish school-based service delivery part of a blended approach from 1st September 2020		Heads of Service	Green	In discussion with Education a plan has been devised to re-introduce school-based services.				
	Support the DECLO in progressing the preparations for the requirements of the ALNET Act					Establish children' Services response to the Organisational ALN Implementation Action Plan	Sam Williams	Green	childrens services map and gap completed				
Outpatient Transformation	es sential outpatients for each Unit required	Commence phased introduction of the reset and recovery plan	Craige Wilson	Green	All Reset and Recovery plans for phase 1/2 completed for all sites and agreed at R&RCG and phased approach implemented - all clinics have commenced on sites.	Monitor implementation plan with a view to increasing number of face to face consultations where deemed essential	Craige Wilson	Green	Phase 2 Pian completed Qtr 3-4 report includes details of implementation.	Monitor implementation plan with a view to increasing number of face to face consultations where deemed essential	Craige Wilson	Amber	Successful in securing Welsh Government, Inding for 2020/21, and plans are in development to provide more momentum to these projects. Due to delays in the most recent WPSS update, there will be a delay to the implementation; however, plans are in place to complete the agreed targets by end of Q4. Incorporated into PROMS work programme
	Continuation of eye health initiatives focused on reducing follow up not booked (FUNB) numbers in ophthal mology	Re-introduction of face to face appointments in ODTC, additional Virtual Clinics and Community based Clinics of medical retina	Craige Wilson	Green	Ophthalmology clinics recommenced by at significantly reduction capacity. Consequently FUNB numbers continue to increase. Reinstated clinics in Strawberry place - first week of July.	Monitor and report impact of re- introduction of schemes on FUNBs	Craige Wilson	Amber	Identifying a place for the ODTC in an optometric practice, however a site has not yet been identified.	Monitor and report impact of re- introduction of schemes on FUNBs	Craige Wilson	Green	Successful in securing Welsh Government funding for 2020/21, and plans are in development to provide more momentum to these projects. Alternative site for ODTC in Strawberry Place Surgery secured
	Expand self-management /patient knows best (PKB)	Start to register patients for the Diabetes team	Craige Wilson	Amber	Due to the WG bids not being approved, appointment to posts have been delayed, the bid would fund additional resource to accelerate the roll out of PKB.	Continue to work with all teams on implementations	Craige Wilson	Amber	Task and finish group has been established to identify stable patients who can be moved to PKB.	integration with WPAS	Craige Wilson	Amber	Integration has been delayed however is planned for December
	Facilitate and support the implementation, adoption and mainstreaming of SOS and PIFU pathways	Appoint project and clinical lead together with associated staff	Craige Wilson	Amber	Due to the WG bids not being approved, appointment to posts have been delayed, validation of historic SOS data is being reviewed.	Develop implementation plan for adoption of SOS and PIFU pathways	Craige Wilson	Amber	Proposal to standard the management of SOS patients has been drafted and waiting approval.	Commence the mainstreaming of SOS and PIFU with clinical staff.	Craige Wilson	Amber	Due to delays in the most recent WPAS update, there will be a delay in the implementation until December; however, plans are in place to complete the agreed targets by end of Q4.
	Expand the use of virtual activity (inc PROMS)									Implement triage & prioritisation tool for heart failure + 1 other speciality	Craige Wilson	Green	Incorporated into PROMS work programme
Field Hospitals	Ensure all elements of the patient journey have been tested to ensure robustness of clinical and non-clinical model	Undertake 'patch' tests to walk through key elements of a patient's journey at Uandarcy Field Hospital. Undertake 8 hr walk through at Uandarcy	Hilary Dover	Green	Completed at Llandarcy for IT infrastructure, Digital, Medicines Management, Resuscitation, Patient admission & transfer, Nursing								
	Develop option transferring operational model at Llandarcy Field Hospital to Bay Field Hospital	Undertake table-top exercise with all key players to test the potential new model	Hilary Dover	Green	Completed on 21 July 2020								
	Based on new modelling	Undertake 12 hr walk through at Bay Field Hospital Develop and finalise plans based	Hilary Dover	Amber	To completed once full decant of Llandarcy to Bay is achieved	Implement plans to consolidate							
	consolidate services into one Field Hospital to service SBUHB footprint and possible a supra regional footprint	on table-top and walk through exercises	Hilary Dover	Amber	Awaiting confirmation of Regional approach for Bay Field Hospital.	into one Field Hospital then enter dormancy phase until/if Field Hospital is required in a super surge scenario	Hilary Dover	Green	Consolidation into one field hospital ( Bay ) completed. LFH handed over to capital planning for decommissioning	Return Llandarcy Field Hospital to Ospreys following transfer of all equipment/services to Bay Field Hospital.	Hilary Dover	Green	Complete
	Consider alternative use for Bay Field Hospital during dormancy phase	Develop and agree a proforma for completion and submission to Operational and Exec leads to include ability to exit the building within 24 hrs to accommodate reactivation as needed	Hilary Dover	Green	Consolidation of services and resources at Bay FH has commenced for SBUHB.	Implement plans for alternative usage or enter dormancy phase	Hilary Dover	Green	Use of site agreed for wide range of internal and external services/ Ongoing consideration to further opportunies by Field Hospital Operational Group	Implement plans for alternative usage or enter dormancy phase	Hilary Dover	Green	Complete
	Transfer of site management from PCS Project leads when sites become used for alternative services or become dormant	identify Site management role and appoint. Project Leads to return to substantive roles to reactivate PCS services	Hilary Dover	Amber	Site Management in place for Llandarry and Bay Field Hospitals. Project Lead for Llandarcy now returning to substantive role, awaiting plans for release of Project Lead for Bay.	Identify Site management role and appoint. Project Leads to return to substantive roles to reactivate PCS services	Hilary Dover	Green	Site management roles in place. L'andarcy Field Hospital Project Lead has returned to substantive post. Bay Field Hospital Project lead continues in post to make ready the Field Hospital.				
Partnership Working	To continue robust West Glamorgan RPB response	Implement Rapid Discharge process	Nicola Johnson	Green		Monitor	Kate Kinsman	Green	Monitoring is on-going through the weekly operational group.	Monitor	Kate Kinsman	Green	
1	arrangements	1	1							1			

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r	To ensure Safeguarding remains "everybody's	Operate extended Duty Desk Mon- Fri 8am-8pm	Nicola Edwards	Green										
t e	ousiness" and to ensure Safeguarding statutory duty													
1	s maintained													
		Support staff to make referrals/Reports to Local Authority for Children/Adults at Risk	Nicola Edwards	Green										
		Monitor Health Board Safeguarding	Nicola Edwards	Green										
		activity including Professional Concerns												
		Introduction of virtual Safeguarding Training Level 3 and "Ask and Act"	Nicola Edwards	Green		Facilitation of Safeguarding Level 3 and "Ask and Act" Training	Nicola Edwards	Green	Safeguarding Level 3 and "Ask and Act" training recommenced in July via a mixture of					
		Training Commencement of IRISi Training to	Nicola Edwards	Green		Progression of IRISI programme	Nicola Edwards	Green	virtual and facilitated means in line with IRISI programme is progressing and training					
		Primary Care staff Monitor and collate information re	Nicola Edwards	Green		.,			has commenced via a mixture of virtual and	Complete and Provide quarterly	Nicola Edwards	Comm		
		cases of FGM								FGM report to WG	NICOIA EDWARDS	Green		
		Contribute to regional Adult & Child Practice Review process	Nicola Edwards	Green										
		Coordinate HB response to PRUDIC	Nicola Edwards	Green										
		Engage and contribute to multi- agency Rapid Response to Suicides	Nicola Edwards	Green										
L		in Adults and Children meetings												
F	To continue to work in partnership to reactivate	Develop regional position on Field Hospitals	Hilary Dover	Amber	Discussions taking place at National Chief Executive Groups	Agree the position	Hilary Dover	Amber	Discussions taking place between Executive leads	Plan to implement	Hilary Dover	Amber	Regional solution initial discussions with CTM initiated end of Oct 2020. No	
F	essential elements of the Regional Clinical Services Plan with <b>HDUHB</b>												commitments made - further scoping/ planning discussions to take place in Nov /Dec 2020	
		Develop SLA for paediatric ophthal mology	Karen Stapleton	Amber	SLA for Paediatric Ophthal mology has been worked up (Jo Williams to sign off									
						Reactivate regional dermatology plan	Karen Stapleton	Amber	Agreement in place to pick and start work on regional Eye Care services, and Dermatology	Plan to implement	Karen Stapleton	Amber	Clinical Lead for Dermatology agreed. A regional Plastics/Dermatology Consultant	
						pian			projects and further priorities to be dicussed at ARCH Service transformation meeting on				Post agreed and JD under development. Exploring Regional Plastics (Laser) sessions	
									25th Sept				through a Retire and Return post. Regional Dermatology workforce review underway	
													linking to GP training programme. Review current capacity and demand and compare	
													to pre-Covid status.	
1	To continue to work in	Develop a regional position on	Hilary Dover	Amber	Discussions taking place at National	Agree the position	Hilary Dover	Amber	No specific discussions other than those					
· ·	partnership with CTM UHB on the legacy of the Bridgend boundary transfer	Field Hospitals			Chief Executive Groups				continuing to take place at National Chief Executive Groups - Ongoing					
		Make recommendations on the opportunities around surgery at	Neil Miles	Green	Restart plans for orthopaedic elective 'green' surgery to take place from	Agree the position, operationally planning for theatre restart in	Neil Miles	Green	Operational planning, staffing, ward allocation and staffing, theatre	Plan to implement	Neil Miles	Green	Theatre restarted as planned on reduced S Bay and Cwm Taf timetable utilising Ward	
		NPTH			7/9/2020 including associated ward, theatre staff. 'Go Live' protocols	September			refamiliarisaton, patient booking and isoalting all actioneed as planned				B2 pre and post opertaively on the 7th September 2020	
					developed for sign off through weekly NPTH Orthopaedic steering group									
					meeting. Discussions on going with Cwm Taf re theatre access and speicity									
					mix from OCtober onwards. Space allocated for Cwm Taf orthopaedics									
					from 7/9 alongside Swansea Bay surgery									
Ļ	To continue to work in	Update the baseline regional risk	Ian Langfield	Green	1.Regional OG cancer MDT to be	Launch supraregional MDT for OGC	Ian Langfield			Develop service specification for	Ian Langfield	Green	Project launched to clarify regional and	
F	partnership with C&V UHB	assessment			pilloted in September 2020 2 OG cancer service model workshop	Cancer Surgery				spinal surgery		Green	supraregional models for spinal surgery. Working groups established to advise on	
F	partnership with C&V UHB				<ol> <li>2.0G cancer service model workshop progressing work to identify preferred</li> </ol>	Cancer Surgery				spinal surgery		Green	Working groups established to advise on regional models, with wide stakeholder	
F	partnership with <b>C&amp;V UHB</b>				2.0G cancer service model workshop progressing work to identify preferred service model     3.Spinal Surgery launch workshop	Cancer Surgery				spinal surgery		Green .	Working groups established to advise on	
F		assessment			2.0G cancer service model workshop progressing work to identify preferred service model 3.Spinal Surgery launch workshop arranged for October 2020	Cancer Surgery						Gran	Working groups established to advise on regional models, with wide stakeholder membership	
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		Continue to maximise the benefits of Attend Anywhere and Ask My GP in Primary Care	Deirdre Roberts	Green	Just over 5800 consultations held in secondary Care by end of July. 701 Attend Anywher e consultations have been conducted in primary care. Ask My GP deployment was accel erated in 2020 and was implemented in 27 Practices from March to July, with a further 4 planned in August								
	Information and Business Intelligence	Develop Essential Services Dashboard	Lee Morgan	Green	Dashboard launched. Further enhancements to be developed in second iteration to inform Q3/Q4								
		Develop a Testing Dashboard: TTP, CTU and community testing	Lee Morgan	Green	Majority of testing reporting requirements have been included in COVID dashboard version 2.								
						Cancer dashboard – incorporate information from Chemocare	Lee Morgan	Green	Complete				
										Develop Outpatients transformation Dashboard	Lee Morgan	Green	Development commenced and progressing well - Ongoing
										Develop Theatres Dashboard using	Lee Morgan	Red	On-hold. Will be linked to redevelopment of
										Power Bi			TOMs. Temporary enhancements to reporting provided in the meantime
	Streamlined Comms, Business Processes	O365 – go live with Forms in 3 service areas; commence roll out of Pro Plus; proof of concept for booking app; move Occupational Health intranet to SharePoint online Develop stent registry	Carl Mustad/Matthew Knott	Green	Booking app live in Phlebotomy (Morriston and Bay Studios) PoC complete August New build I aptops imaged with Office Pro Plus. Veterans services now all-digital using Forms and SharePoint online Development complete, in UAY				Booking app live in Phlebotomy (Morriston and Bay Studies) PoC complete August New build I aptops imaged with Office Pro Plus. Veterans services now all-idigital using Forms and SharePoint online	O365 – realignment of licences complete	Carl Mustad	Green	Work well porgressed and due to finish end of October.
	Digital Enabling Programmes	Commence rollout of Community	Carl Mustad	Green	22/68 sites complete								
		and Learning Disability Services WiFi			Final completion estimated December 2020								
		O365 – start pilot of MS Intune	Carl Mustad	Green	Initial work for pre reqs in progress Due to pilot in September	O365 - re-provision Skype conference equipment to teams	Carl Mustad	Green	Complete	Pil ot Intune	Carl Mustad	Red	Not yet commenced due to licence realignment and COVID activities - now planned for Q3.
										Migration of data to new BI server complete	Carl Mustad	Green	Migration completed
										Commence infrastructure requirements in readiness for	Carl Mustad	Green	Working alongside capital planning
										national critical care system WICIS	Carl Mustad	Green	Work ongoing
										requirements for Omnicell in theatres	Carr mustau	Green	Work ongoing
Infection Prevention Control	Implement social distancing for staff and patients in	Communications to publicise on social media, internal screens,	Lisa Hinton	Amber	Social distancing in place. Audit tool developed. Audits to be commenced in	Monitor compliance with social distancing in a variety of areas	Lisa Hinton	Green	Sample audit undertaken. To be integrated into IPC routine audits.	Continue to monitor compliance, review signage	Lisa Hinton	Green	Ongoing
Control	communal and clinical areas	posters and floor markings			Q2 to monitor compliance.	uistanting in a variety of areas			into ire rodine addits.	review signage			
	areas	Set up social distancing cell	Dorothy Edwards	Green	Cell in place since June 2020								
			Mark Parsons		There are no known issues with the								
	Health promotion/ education: Raise awareness of general principles of IPC for staff, patients and visitors	Continue to work with procurement around supplies of hand wash and gel	Mark Parsons	Green	inere are no known issues with the supply and distribution of hand wash or gels. These are removed from the restricted line Items covered under PPE in June 2020. As for the education element IPC lead on training and education.								
		Ensure communications are in place in relation to hand hygiene, symptoms, catch it, bin it, use of	Lisa Hinton	Amber		Seek feedback on the comms related activity for effectiveness	Lisa Hinton	Amber	Plans in place to undertake a survey.	Review and amend comms strategy as required	Lisa Hinton	Amber	Patient and staff survey being developed inconjunction with patient experience team. To be undertaken in Q3
		masks and how to apply etc											
	Ensure the most up to date guidance is implemented and disseminated in a timely manner	Review all IPC related guidance as it is published and ensure it is implemented, developing local SOPS or relevant information as appropriate	Lisa Hinton	Amber	Ongoing. SOPs updated and reviewed in line with National developments	Ongoing review and refresh of SOPs	Lisa Hinton	Green	Reviewed and updated on a continuous basis.		Lisa Hinton	Amber	Continuously reviewed and updated according to National and local changes/requirements
	Environmental decontamination	Ensure environmental cleaning and decontamination practices are in line with National guidance for COVID or other organisms as appropriate	Lisa Hinton	Amber	3 month HPV in place with a managed service and UVC technology utilised within each of the acute sites. Electronic system for monitoring being explored by support services.	Develop systems for recording when enhanced cleaning or decontamination are required and completed	Lisa Hinton	Amber	Systems being explored to capture this. This information is captured on a paper basis but will be more effective electronically. This action is monitored by the environmental decontamination task and finish group a sub group to the infection control committee.	Ensure systems for recording enhanced technologies are in place	Lisa Hinton	Amber	Bectronic solution being explored. Paper based process in place. Cleaning products in use as per National guidance.
Value Based Healthcare	Supporting Essential Services	Develop & roll out Triage and Prioritisation tool in areas/specialties with greatest need aligning with the Essential Services Guidance	Navjot Kaira	Amber	working with OP team to promote use of QQ tool	Embed approach and methodology	Navjot Kalra	Green		Review	Navjot Kal ra	Green	QQ been sent out for Paedactrics, Rhematology & Audiology. Currently working with respiratory. Also developing process to use a generic triage QQ, and engaging with more specialities.
	PROMS	Continue collecting PROM's in Heart Fallure and Ophthalmology	Navjot Kalra	Green	currently collecting PROMs in HF Hub, need to start collecting in community clinics when back up and running, Also currently collecting PROMs in Cataracts - baseline only.	Implement	Navjot Kalra	Green		Implement	Navjot Kalra	Green	Phase 2: Scoping meeting arranged on 2nd Nov - to collect PROMs along new HF pathway. Meeting arranged with coders to establish a way to automas sending of cataract PROM post surgery. Currently only collecting pre surgery
		Review PROM collection processes in existing services in Rehabilitation particularly ELP and MCAS	Navjot Kalra	Green	Reviewed process for ELP, this will be collected in DrDoctor, anticipated go- live Dec 2020 (project delayed due to Covid-19)	Implementany changes as a result of review	Navjot Kalra	Green		Monitor	Navjot Kalra	Green	ELP are looking to collect PROMs in PROMAPP. the supplier is currently gaining Cyber Security with Digital services. In readiness for service commencing in Feb 2021.
						implement digital integrations to be able to automate processes and use the full functionality of the PROW's solution (WPAS and DrDoctor)	Navjot Kalra	Amber	Waiting for WPAS integration documentation from HDd Value team, which should be w/c \$5/10/20, once received WPAS extract into DrDoctor should be quite straightforward, as all server integrations have already been set up for the first extract with PIMs.	Monitor	Navjot Kalra	Amber	WPAS integration booked with DrDoctor & Digital on 23rd Nov 2020.
										Commence collection of PROMs & Triage tool in Lymphedema	Navjot Kal ra	Green	on target to go live collecting proms to use to triage and for direct patient care on w/c 9th Nov 2020.
Capital	Outpatients	Reduce Outpatients routine appointments in alignment with the OP Modernisation programme in T&O, McCAS, Ophthalmology, Cardiothoracic Surgery, Gastro, Cardiology, Dermatology, Cardiology, Dermatology in line with detailed plan	Navjot Kalra  Simon Davies	Amber	orthapedics, cardiol ogy and optimalogy (PROMs) air eady included in the work programme. Further discussions required about chosing between 180 and Rheumatology as the 3rd speciality on DrOctor. Quick question tool has been offered to all specialities within the OP modernis ation programme.	Reduce Outpatients routine appointments in alignment with the OP Modernisation programme in T8O, McAS, Ophthalmol ogy, Cardiothoracic Surgery, Gastro, Cardiology, Dermatology, Chapter of the Cardiology in line with detailed plan	Navjot Kalra	Green		Reduce Outpat lents routine appointments in alignment with the OP Modernisation programme in T&O, McCAS, Ophthal mology, Cardiothoracic Surgery, Gastro, Cardiology, Dermatology, Nephrology and Rheumatology in line with detailed plan	Navjot Kalra	Green	Aligned with OP programme with implementation of quick gustion and PROMs in Rheumatology, IBS, Heart Fall ure and Lymphadems.
Capital	Field Hospitals	Agree final accounts for Field Hospitals.	Simon Davies	Green	Work ongoing	Agree final accounts for Field Hospitals	Simon Davies	Green	Work ongoing				

	Updated capital plan	Scope & design potential oxygen adaptations for the Bay Field Hospital Hosp	Simon Davies Simon Davies tan MacDonal d	Amber  Amber	Design for installation of bottled corgon into the triage / treatment room area of the bay studios and explore area of the bay studios and explore opportunity for a linked building ( portacible style gladpent to the Frield ethospital. Pentse management plan and ethospital. Pentse management plan and bottled oxygen use in these a reass.)  Estimated at ESIGN to reinstale but this has yet to be agreed with PPT Council and Scott's the builders.  Revised plan approved by Board and WG.	Scope & design potential oxygen adaptations for the Bay Field Hospital Hospital Agree reinstatement costs for Usendarcy Field Hospital	Simon Davies	Green Amber	Agreed to install mobile portable engage cyclinders within triage & treatment room area. X-IIII also have engage concentrations area. X-IIII also have engage concentrations at which will deliver \$1.0 organ and \$2 which will deliver \$1.0 organ \$3.0 ket to tage of cylinders counted will also be provided. A support of the support of the support of cylinders counted and greed that model all model would be revised to reflect lower level. Glamated \$2.000 to reinstate but this has yet to be agreed with NPT Council and Scott's the builders.	Undertake works for possible organ adaptions at Bay Field Hospital  All current works identified has been agreed with NPT Council. Two outstanding items: Replacement of Spitch & Rooring manih hall. If ital accounts for reinstatement works as yet to be agreed.	Simon Davies	Amber	Seans as Council continuing to under take maintenance on the roal as it continues to least. Final account riginal works final lited. Final ascount riginal works final lited - not as yet completed for additional works and reinstatement.
	Replacement of CT-SIM, West Wales Cancer Centre	Place orders for CT-SIM equipment.  Enter construction contract	Simon Davies Simon Davies	Green	Works on-going and Equipment / specification agreed. Contract due to be signed in September with works being complete by March 21.	Commence construction works.	Simon Davies	Green	Contract due to be signed in September with works being complete by March 21.	Continue construction works	Simon Davies	Green	On Track
	Replacement of Cladding, Singleton Hospital	Design of technical options for replacement of cladding.  Design of enabling package for	Simon Davies	Green	Work ongoing Design work ongoing	Design of technical options for replacement of cladding. Submission of enabling package for	Simon Davies Simon Davies	Green	Work Ongoing  Design work ongoing	Completion of technical business case for cladding replacement	Simon Davies	Green	FBC informally submitted to WG 30.10.20 Awaiting formal HB sign off 26.11.20
	Anti-Ligature Phase 2	contractor car park.  Review of risk associated with a reduced level of initial works	Simon Davies	Amber	Awaiting approval to proceed from the WG.	contractor car park.  Review of risk associated with a reduced level of initial works	Simon Davies	Amber	Awaiting approval to proceed from the WG. Works has been fully tendered.	Commencement of initial reduced level of capital works	Simon Davies	Amber	Still awaiting confirmation of funding from WG. Areas identified to undertake work in LD bunglaows & agreed by Dai Roberts.
Finance	Financial Plan	Complete critical review of original financial plan savings plans and investment plans	Darren Griffiths	Green	Savings requirements were discussed at the end of July finance review meetings. A refreshed version of the KPMG ippeline has been shared with unit trium/rates and plans have been requested for return for discussion and agreement at the end of August Financial Review meetings to be undertaken in September					Through finance review meetings increase assurance of robust capture of COVID 19 costs to support cost recovery from Welsh Government as funding becomes available	Darren Griffiths	Green	The Health Board has been notified of the available funding to support the pandemic response and the delivery of the Health Board forecast financial position. This will continue to be monitored and driven through the financial review meetings
	Capital Plan	Review the capital plan to reflect changes in funding assumptions from Welsh Government to maintain plan balance	Darren Griffiths	Green	This was completed by the end of July and a revised balanced plan was approved								
Workforce	Expansion of Occupational Health to support Covid-19	To recruit additional OH Nursing and admin staff to support ongoing OH Covid Work	Hazel Robinson/ Kathryn Jones	Green	Secondments agreed with staff deployed to OH who were already trained up.	To continue to Work with PHW to implement Health Care Worker surveill ance programme	Kathryn Jones	Amber	Work with PHW continues - staff have been randomly selected to take part in the programme and the surveillance has commenced with the offer of monthly blood tests.	To implement Health Care worker Covid-19 surveillance programme in partnership with PHW.	Kathryn Jones	Amber	Email sent out to identified staff and consent forms returned by participants. Meeting at Bay hospital who have agreed to undertake the phlebotomy. Awaiting link to booking system in Bay Hospital to commence offering appointments.
		To implement streamlined pre- morphyment process for educe recruitment waits.	Hazel Robinson/ Kathryn Jones	Green	Streamline Pre Employment process implemented. Walk for clearance significantly decreased.	Continue? Adup delivery of OH service as demand clitable induct and train new OH Parries and deliment staff and deliment staff shelding and to undertake assessments on staff return to work.	Kathryn Jones	Green	The service continues operating 2 days and recently operande where the Case 1 and to the increase in workload as a result of recent increases in service Good infections and the continues of the		Kathryn Jones	Amber	Programme speed at Health and safety Meeting, All resource complete, implementation schedule agreed 410H, MS and Clip (First Meeting, All Transcript Strating, Sessions All Clip Arthropis Strating, Sessions and NPTA, Additional training, Sessions planned, Band GO MINTER currently receiving training to undertake skins management referrals.
	Expansion of wellbeing service to support Covid-19	Additional fixed-term staff counsellors recruited to support significant increase in mental health referrals to the service		Green	Counsellors recruited and in post.	Procurement document developed to help identify provider to deliver TRIM training.	Kathryn Jones	Amber	Procurement exercise currently being undertaken to identify provider	To identify TRIM provider to deliver full 2 day training to critical acre staff	Kathryn Jones	Amber	Procurement tender exercise complete and identifying supplier to deliver 2 day training, Interim training (ReactMH) delivered to 240+ staff to support managing effects of trauma in the workplace.
		Promotion of 'Silver Cloud' (on-line CCBT) to HB staff		Green	Silver Cloud promoted to HB Staff via email and on intranet pages.	Initial meeting with wider partners to premote early intervention for mental health Promotion of Si level Cloud resulted in 300 having highest number of staff participants across Wales.	Kathryn Jones	Green	Continuing to work with partners (e.g. Time to Change Wales, HEIW, Jobie Futures) to increase mental health resources & support for staff and to enable supprosting via the Wellieing service, continuot to promote across. We organisation, Uptake by 380 staff continues to the highest across Heal in Boards in Wales.	To arrange Ministerial Visit to support the ESF funded 'In Work Support's ervice	Kathryn Jones	Amber	Due to the pressures of existing diary commitments the Ministerial visit has been postponed until February 2021. It is hoped that the visit will be face for face (if possible) with attended size able to participate virtually. Oue to the nature of the support provided by the MSS Service, the WG lead has suggested that it may be Minister for Mental health and Well beingl, instead of Vaughan Gething.
						Promoting ESF funded in Work Support Service' via I ocal media Including radio campaign on The Wave' radio station.	Kathryn Jones	Green	Continue to promote the service locally valles on the peep buils hed 21/9/20 and the Wave radio campaign continues resulting increased referrals. Invitation by peremy Miles MS for Neath to "Mental Health support in Neath meeting on 91/0/20 to promote the service. Next local businesses have been support information as to which the service can support in the continues of the service of the servi				

## 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													İ
			with National guidance for COVID or													İ
			other organisms as appropriate													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
																İ
																İ
																İ
		Implement local testing	All testing options in place -	Julie Morse	Green	In place as reported in province	Harm 3	1	l	<b> </b>		<del>                                     </del>	<b> </b>	+	-	⊢
		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					<del>                                     </del>				$\vdash$
		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		mmanisation.	11 4		<del>                                     </del>	<del>                                     </del>	 	<del>                                     </del>	<b>—</b>			⊢
		Populate first phase of	Deliver	Dorothy Edwards		1	Harm 1	1	ı	ı		1	1			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.						
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T		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			1				
						Data Collection forms depending on when the child is born and when the			1				
						10-14 day contract is made or if the			1				
						infant is still in hospital.			1				
									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 integrated working in the Primary Care and Community Setting	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 V3 – phase 2.	Matt Knott	Red	New delivery date for phase 1 development agreed - July. Delays	Harm 3					
		vs – phase 2.			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 to the JAC product to alleviate patient	Harm 3					
					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.									

П			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.								
Н			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	ii.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											
H			BI Development	Outpatients dashboard, stage 2	Lee Morgan	Green		Harm 3							
			Bi Developinent		Lee Worgan	Green		Halli 3							
				development.											
Ш															
		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								
		p		MS365 – mothball SKYPE for			Embedding of MS365 will continue								
				business.			through 21/22								
				Dusiness.			11100g11 21/22								
															- 1
Ш															
			MS365 Development	MS365 - Complete scoping work for	Matt Knott	Green	Provisioned the technical solution	Harm 3							
				new intranet.			within MS365. Site is ready for								
							content/design to be added. Next								
							steps - SRO and Project Board to be								
ш							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.								
							runy implemented by September.								
П			Infrastructure	Tech Refresh - Replacement of legacy	Carl Mustad	Green		Harm 2							
				devices.											
				devices.											
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															J
H			Cubor Socurity	Cubor Socurity - upgrada Winds	Carl Mustad	Green		Harm 2						-	
			Cyber Security	Cyber Security – upgrade Windows	Cari iviustad	Green		Hailli Z							- 1
$\vdash$				10.											
- [ ]	Workforce	Supporting NHS			Paul Dunning	Green		Harm 1							
		staff during	Occupational Health and												
11		Covid-19	Wellbeing services to												- 1
			support staff health &												
			wellbeing												J
															J
- [ ]			1												
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							Post Covid Staff Wellbeing Strategy								
				Developing Post Covid Staff			developed based on current evidence								J
11			1												
				Wellbeing strategy to support staff			with a focus on maximising staff								
				during 2021/22 with wide			resilience, utilising Occupational								- 1
Ш				consultation.			Health and Wellbeing services.								
				· ·		· · · · · · · · · · · · · · · · · · ·				_			 -	-	

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			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									
	Supp	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	Ī	Developing	Collect PROMs in new	Review & monitor PROM collection,	Navjot Kalra	Amber	KJ 14/04/21: PROM clinical lead	Harm 2							
	9	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	i						
			redesign & Business Case	respective Boards for approval in	rearjot nama	G.CC.	finalised to send to applicable Boards	Tidilli E							
			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	ļ.			5 H . H											
			Use of new digital	Full utilisation of PROMs in all 4	Navjot Kalra	Green		Harm 2							
	1	PROMs	platform to collect PROMs	specialities			proms in all 4 identified specialities:								
							Lymphoedema, Rheumatology, Heart								
							Failure & IBS. This action can be								
				l l			closed.								
							ciosca.								
Н			develop visualisation of	Improve PROM completion rate	Navjot Kalra	Amber	KJ 14/04/21: Continuing to review	Harm 2							
				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															
	1	Developing	Case studies to be	Lymphoedema Case Study	Navjot Kalra	Amber	KJ 14/04/21: DrDoctor are working	Harm 2							
	1	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												<b>  </b>			
			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								
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				l l											
Н	Finance I	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			1								
		line with		l l											
Н		current national													
		funding	Declaration of AWCP	Detailed review of financial profiles	Ian MacDonald	Green		Harm 2							
		constraints &	underspends to WG	and critical path activities			1								
Н			Installation of equipment	Equipment commissioning		Green	Project handed from Capital planning	Harm 3							
		CT-SIM, West	stanation of equipment	equipment commissioning		Green	end Feb 21								
Н			Main replace	Completion 2022	Cimon Desides	Curren		Harm 2		 -		1	-	 	
			Main replacement works	Completion 2023	Simon Davies	Green	Works ongoing	Harm 3							
		Cladding,		l l											
L	9	Singleton													

Capital	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.							
Ц													
		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							
	not required.					original estimate. Meeting arranged							
	BJC for	Develop Business Case	SLT, IM,s Board sign off before	Simon Davies	Green	0,0	Harm 3						
	Refurbishment		submitting to WG.			subject to minor conditions which are							
	of Ward G,					being addressed.		1					