Annual Plan 24/25: GMOs Delivery Timelines Position at end of Sept 2024

GMO - as agreed by Board in March 2024	Q1 Delivery – what has been achieved	Q2 Delivery – what has been achieved	Q3 Delivery – what will be achieved	Q4 Delivery – what will be achieved
PRIMARY CARE - Delivery led by PCT Service Group				
Deliver First Contact Practitioners for all Clusters based on re-modelled resources	Explored all funding opportunities and work with IT to develop a direct patient digital booking system & identify clinic space for a Hub model	Started implementation of direct patient digital booking system	Continue roll-out of direct patient digital booking system	Review outcomes of Hub model
Large scale change to support and manage the implementation of Contract Reform (GMS/ GDS/ Optometry/ Community Pharmacy)	GMS- Drafted Access Contractual Framework . Agreed programme to review and improve Primary care Estates provision.	Undertaken GMS-Annual Sustainability Assessment. Optom - Commence implementation of WGOS 4 and 5 pathways	GMS - Commence CAF Reviews GDS - Evaluation of endodontic pilot	Implementation of GMS enhanced services (inc CareHomes and Minor surgery) GMS -Complete CAF Reviews
Operational delivery within ACT services through re-prioritised objectives:	Completed detailed scoping of the portion of resource required to support WAST in care homes. Agreed understanding of service offer for primary care (GP referrals) because of resource prioritisation	Implement supporting WAST stack and primary care.	Review of Q1 and Q2 and to understand impact on admission avoidance and ED presentations	Review of service and development of priorities for 25/26
Improve capacity/sustainability in District Nursing services	Reviewed data for variable pay, end of life patients and discharges from secondary care on DN caseload.		Scope out increased opportunities to integrate DN services with specialist palliative care services	Introduce a robust audit system to review improvements within DN EoL care
Ensure delivery of all actions/recommendations from HMP Swansea HIW inspection reports alongside delivery of Health, Care and Wellbeing Delivery Plan (HCWDP) 2023-25.	Explore all funding opportunities both external and internal in order to fully achieve all outstanding actions in the Health care and Wellbeing Delivery Plan. 5 actions remain open (of 28) All 5 of these actions require Local Authority input.	**Revised milestones as agreed in Q1:** Review establishment, identify any possible additional staffing from a forensic review of all nursing workforce plans in conjunction with a deep dive review of all the activities that require a RGN in HMP. **October 2024 Update: 2 actions remain open (of 35). 1 is closing the HCWDP, the other is regarding staffing levels (funding dependent). Regarding the HCWDP: 5 actions remain open (of 28), all 5 of these actions require Local Authority input**	**Revised milestones as agreed in Q1:** Dependant on identification of resource, further progress against actions in the Health Delivery Plan. Continue to establish re-profiled milestones for Q3 and Q4, together with a possible revised outcome. Given the complex and fragile situation surrounding this GMO, changes may be required each quarter.	
Continued implementation of the National 'Accelerated Cluster Development' (ACD) Programme. Development and delivery of a Pan Cluster Planning Group (PCPG) plan. x8 Clusters working independently and where needed in unified manner to develop and deliver on IMTPs that support the local population	PCPG and Cluster IMTPs approved for Delivery	Implement LCC plans	Continued implementation of LCC 2024/25 plans and commence developing 2025/26 plans Implementation of any funded PCPG priorities	Close down of projects as necessary. Approval by PCPG of 2025/26 IMTPs and PCP Alignment of IMTPs and PCP with RPB Area Plan
Application of Community Psychology plan across 4 cluster areas	Cwm Tawe community psychologist commenced	Recruit to remaining cluster	October and August staff to commence in role	Pool outcome information from Cwm Tawe and scoping need and assets in other clusters
National Primary and Community workforce strategy implementation	Develop local implementation plan in response to national strategy, within available resource		Approval and implementation of local implementation plan.	

GMO - as agreed by Board in March 2024	Q1 Delivery – what has been achieved	Q2 Delivery – what is being completed	Q3 Delivery – what will be achieved	Q4 Delivery – what will be achieved
CANCER - Delivery led by NPTS Service Group				
Develop WG capital business case for 2nd CT SIM (Radiotherapy treatment planning machine) at SWWCC	SBUHB and HDd Boards approved 2nd CTSIM BC (HB revenue and WG capital)		Await outcome of WG approval of capital. Est capital timelines for 2nd CT SIM to be in place / operational - June 2025 at earliest	
Undertake Options Appraisal for 5th Linac (Radiotherapy treatment machine) preferred site in South West Wales and commence development of WG capital business case (	Completed options appraisal questions for 5th bunker within SWWCC with SBU and HDd stakeholder group, and developed approach for agreeing future regional model.		Agree strategic options appraisal for future model and confirm preferred site for 5th Linac by both HBs	Initiate Capital planning/ development of BC as per preferred site for 5th Linac – TBC with WG
Planning for local implementation of molecular radiotherapy	JCC to develop and agree service spec and national strategic plan		Develop local implementation plans of AWMOL strategic plan	
Continue with implementation and use of recommissioned CT SIM (CT1) at SWWCC, Includes AI software based outlining and planning	Recommissioned CT up and running and in clinical use, operating at 0.25 WTE capacity until decommissioning date of Dec 24 (machine can no longer be supported by the manufacturer as is end of life)		To be removed and replaced with new CT (as per 2nd CTSIM business case)	Gap solution' of extended day working in place to mitigate loss of 2nd CT SIM until new permanent machine in place (June 25 at least)
Develop sustainable regional oncology outpatients hub and spoke model service across South West Wales, including provision of oncology outpatient rehab services	Hywel Dda and Swansea Bay meeting bimonthly as the Outpatient Oncology Group under ARCH governance. Completed Mapping of all activity across the footprint and overlaid with financial/ commissioning activity.		SLA/LTA review completed and agreed with Boards – way forward on commissioning and payment for Oncology OP services based on current model	
Support development and implementation of National TRAMS programme whilst ensuring the correct Pharmacy resource is at SWWCC for RP and SACT.	Detailed data on drugs and doses used across SWW region provided to facilitate production of a product catalogue and development of a workforce plan for the hubs. Funding approved to purchase radio pharmacy isolators for IP5 to replace lost capacity in SEW.	Continued development of the PID and scope of the work.	Review outcomes or modelling work. Update actions against revised timeline for TrAMs SE /SW model	
Scope options to Increase Systemic Anti-Cancer Therapy (SACT) Capacity	Completed draft options appraisal		Final Options appraisal and SBAR completed, next steps agreed	
Review current service and explore potential further expansion of AOS and AOHAU	Draft options appraisal completed		Options reviewed and agreed	
Develop a ring-fenced Haematology Elective Bay on Ward 11 to increase elective capacity, reduce treatment wait times and improve patient flow across Singleton and Morriston sites.	Beds on W11 utilised to support the bed pressures on W12 and therefore not being utilised for its intended purpose at all times. Some elective chemotherapy patients have occupied the beds, however, often they are being utilised for Haematology patients from W12 to create capacity. This work is unfunded. KPI's reviewed and agreed.		Decisions to fund or close beds based on KPI/options appraisal	
Introduction of Contact Radiotherapy (led by JCC)	Site visits at Clatterbridge and Guildford undertaken to establish what is required in the service specification.		Commissioning by JCC	Clinical Service set-up and start delivering service
PET CT at Singleton (capital)	The PET/CT building plans approved by City & County of Swansea Planning Dept and the construction building works went to tender on 28 May 2024. Capital and revenue case developed (JCC funding anticipated) and progressed through BCAG process		Approval of business case at Sept Board and awaiting approval of capital by JCC/ WG	
Adoption of the Moondance piloted pathways and expansion of core service (vague symptom pathway) within the Rapid Diagnosis Centre (RDC)	Business Case now fully approved by Executive Board and funding available to be drawn down. Recruited permanent posts to support the expansion of the RDC service – now complete	Services operational		
Ensure cover for lone workers in CNS workforce utilising Band 4 CNS co-ordinator roles	Draft options appraisal completed		SMART plan of next steps agreed within available resource/	
Ensure Cancer Services have a robust electronic prescribing and administration (ePMA) system for Systemic Anti-Cancer Therapy (SACT) across the SWW Cancer Centre region	Signed off briefing paper for the procurement tender issued, and responses received.	TBC with NWSSP to agree securing a single contract for Wales is expected to either maintain or marginally improve the ongoing cost of maintenance of the system		

Review impact of breast SLA disaggregation to ensure new model is fit for purpose and provides sustainability, and amend model as necessary	Developed business case within resource envelope available, and progressed through BCAG process (due Sept)	Implement revised model in line with agreement by Board Oct 24 Update: Awaiting confirmation that proposal (within agreed resource envelope as per finance plan 24/25) is formally approved by Execs.		
Disaggregation of PMB/Hysteroscopy and Colposcopy SLA's with CTM	Status paper written, completed Benefit and Impact Assessment and present at SMT.	• Commence Task and Finish Group with CTM colleagues to progress plan for disaggregation of PMB/Hysteroscopy and Colposcopy SLA's. • Present current Gynae Oncology wait times paper to Management Board and Quality & Safety. • New Locum Consultant start date July 2024. • Hysteroscopy training due to commence September 2024. • Continue running scan only clinics with Radiology until end of July. Review if PMB one stop model is efficient • Map pathways and plan/discuss with key stakeholders i.e. Digital/WPRS	Disaggregate from CTM	
Agree and implement sustainable service model for gynae-oncology	Established Executive led process. Demand and Capacity review of Operating Theatres	Demand and Capacity review of whole system pathways	Implement Actions following Exec decisions in Q2, based on outputs of D&C review	
CANCER – Delivery by Morriston Service Group				
Development of an OG - oesophageal cancer pathway and long term plan for non-resectional patients as an interim plan in place with outreach surgeon from Cardiff but long term local pathway needed	Workshops undertaken to agree model and pathway for OG Cancer and to inform the development of a sustainable plan for SBUHB. Agree service model and pathway for OG cancer.		Undertake focused patient experience / engagement exercise in SBUHB. Subject to advice from Llais undertake Public Engagement Exercise.	Submit recommended model through appropriate governance mechanisms for approval by Health Boards +/- CEMT. Subject to approval of model, develop business case for Lead OG Consultant and Clinical Nurse Specialist.
CANCER – Delivery by PCT Service Group				
Develop and implement a prehabilitation programme to those with colorectal cancer	Establish workforce model needed. Recruit to workforce posts (funding available via VBHC team). All recruited with exception of dietetics post	Induct workforce into team. Collaborate with MDT. Develop pathway and commence prehab programme.	Delivery of prehab. Gather outcome measures and analyse. Education for MDT and primary care.	Embed delivery of service and use outcomes to consider scoping impact of prehab in other tumour site areas
CANCER – All Sites				
Deliver Tumour Site Recovery Action Plans to improve SCP % and reduce backlog in line with TI expectations	Developed overarching Cancer action plan taken to Targeted Intervention (TI) meetings chaired by the COO. Developed individual tumour site actions plans which feed into TI monitoring.	Ongoing delivery against targets and trajectories		
Note – Improvement of Cancer system is also impacted by a number of Planned Care GMOs as per below section				

GMO - as agreed by Board in March 2024	Q1 Delivery – what has been achieved	Q2 Delivery – what has been achieved	Q3 Delivery – what will be achieved	Q4 Delivery – what will be achieved
PLANNED CARE – Delivery by NPT Singleton Service Group				
Develop plans for regionalisation of ophthalmology services with Hywel Dda	Regional scoping meeting with COOs undertaken		TBC action plan to be agreed following Regional meeting	
Orthopaedic Regional working with Hywel Dda				
Singleton Modular Theatres. Development of 3 new theatres	TBC awaiting approval from WG following submission of capital and revenue business case			
Establish a Theatres Board and theatres infrastructure that is fit for purpose to address the efficiency and utilisation priorities	Theatres Board established and first meeting took place 11th June, TOR and scope of programme agreed	Initiate Surgical Pathway Delivery Programme, to improve theatres productivity and efficiency, supported by HCSE and Transformation. This will focus on the surgical model in NPTH as agreed in the first Theatres Board. Specific aim agreed to deliver x 4 arthroplasties per list at NPTH.		
Deliver Ministerial targets in specialities - Gynae	Reviewed Minor Ops and Hysteroscopy suite business case, updated business costs and review of equipment costs undertaken by Storz. Progressing well with securing additional theatre capacity for general Gynae. NPTH Theatres being used as an interim measure (Until End of July. All consultants have undertaken an initial Job plan meeting and Job plans updated on allocate. Identified key clinical roles and action plan developed to implement GIRFT recommendations in Gynae.	• Establish T&F Group and work with estates and clinician colleagues for planning stage of Outpatient hysteroscopy/minor ops service at Singleton Hospital. • Allocate and operationalise further theatre lists for general Gynae. • Sign off Governance Structure to allow monthly progress monitoring of GIRFT recommendations in Gynae.		
Deliver Ministerial targets in specialities – T&O, Spinal, Theatres and Anaesthetics	Established CPET task and finish group established with good progress made on business case and job planning. Appointed 4 anaesthetists, one with specialist interest in CPET. Appointed AMD for Surgery. Insourcing solution scoped and costed. The performance and scrutiny group decided that the 3rd theatre capacity should be allocated to Gynaecology and Plastics as priorities for the short term, whilst recruitment is hopefully addressed. The Gynae activity will go live by mid-June. Following agreement to pursue Option 3 from the Clinical Oversight Group, extension of the ACCTS retrieval service was piloted in line with the Higher Level Care Unit and the temporary solution for blood bank agreed	Finalise CPET Business Case and progress to BCAG process.		
PLANNED CARE – Delivery by Morriston Service Group				
Endoscopy sustainability plan to increase capacity to improve 8 week Tier 1 diagnostic target position	Options appraisal completed and presented to Management Board. Demand and capacity plan completed for 24/25. Trajectory set and submitted. Good progress being made through Q1 and in-line with forecasted position.	• Continue with recruitment plan and training of newly appointed staff. • Maximisation of pathways and further efficiency work ongoing. Focus on cancellations with target of 25% reduction. • Weekly meetings with HB transformation team for ongoing scrutiny. • Engagement with National Endoscopy programme. • Continue ARCH Regional work programme		
Develop a HVLC Centre of Excellence for Urology at NPTH (OR1)	Business case developed and progressed through BCAG/ HB process.		Submission of capital and revenue case to WG following approval by Board (Sept)	TBC await approval from WG
Mobilising the Surgery Robot: Implement Robotic Theatres to improve patient outcomes and to be competitive in the recruitment of high calibre staff and trainees to SBUHB	2 x weekly Urology lists running. 3rd list to active from end of July due to cleaning agreement with CVUHB		Secure HB agreement to support colorectal, pancreatic and thoracic robotic lists. **October 24 Update:** • **Progress halted due to financial constraints in the HB.** • **All other BC's on hold due to cost pressures associated.** • **Robotic Board has been paused until financial position improves.** • **Plan for the Robotic Board is that it becomes a Steering Group feeding into Theatre Board when reconvened.**	

			• **Robotic Colorectal BC declined at Morriston Board following discussions with the COO who has requested that the BC be amended to reflect the need for a second robot at Singleton. This is to ensure that the bed base at Morriston in not negatively impacted.**	
Development of integrated service model for Hepato Pancreato Biliary (HPB) Surgery (RSSPP Priorities)	Shared Service Group meetings established.	Develop business case for approval. Pending outcome recruit Clinical Lead and Network Manager. Development of launch plan. **Update October 2024: Consultation on service specification completed - outcome to be presented to the September meeting of the Project Board. Agreement from CEMT that responsibility for commissioning the Shared Delivery Network should be delegated to the NWJCC.**	**Revised milestones as agreed in Q2:** Agree commissioning arrangements with JCC, secure funding to initiate launch plan and implement pathway and service specification.	Implement, monitor, evaluate, prepare for transition into the Shared Delivery Service.
Address baseline capacity deficit in Cardiac CT and MR.	Waiting list management transferred in May. Waiting list validation completed. D&C Plan Shared as part of recovery planning. Outsourcing to St Josephs commenced and further provider sourced for outsourcing. Negotiated a lower cost per case and contract and procurement processes progressing to commence utilisation of new provider. Additional sessions in place for Cardiac CT on an ongoing basis - ADH/WLI. In readiness for BC approval - MSK radiologist sourced to support release of DCC in substantive job plans toward Cardiac diagnostics. Job planning mapped to support additional DCC to commence in June with VCF for MSK cover to be submitted alongside BC. VCF's also being developed for both Substantive Cardiologist & Radiologist sessional support. Additional locum support also found to assist in interim delivery of backlog management Cardiac SharePoint training completed with RSM, buddy link for FAQ's developed between Cardiology medical secretariat and Radiology interim business support while Cardiac Waiting lis co-ordinator role is being recrioted.	Finalised tracker to monitor spend and activity delivered via additional funded capacity) Review Job plans to achieve any marginal gains, recruiting to other specialty areas with Radiology Recruit Cardiac waiting list tracker Band 3 to support RTT management and waiting list validation across Radiology & Cardiology	Continue to monitor performance trajectory to elicit any additional activities required to meet targets Benchmark national practice and establish any options to improve performance	Monitor performance to understand trajectory and any further activities required to decrease backlog Implement any additional outsourcing measures to ensure targets are met as required
Radiology Service Improvement Programme: Ensure the Health Board strategy mirrors national strategic developments and the investment plan outlined by ARCH and Wales	1) capacity v demand update completed further HCSE project completed with feedback on additional capacity required. 2) Portfolio revised across staff to release 2 days per week within service toward cancer improvement plans. Staff identified and meetings commenced with Cancer management team. 3) Initial meetings completed with Capital and engagement with national imaging procurement lead to establish best route for business case. Further engagement activities completed with OEM's and external providers to map opportunities for revenue solutions (managed service/CDC as per last years sustainability plan)	1) Develop and commission a design for the works, including provision of estimate of indicative costs 2)Commence work to develop draft business case for submission to WAG in collaboration with capital planning colleagues	1) Combine both the current strategic workforce plan and the demand v capacity workforce plans to provide a singular 5 year plan 2) Develop, revise and update all non Radiographic Job descriptions for all roles within the Radiology workforce plan. 3) Engage with HR to establish recruitment options that could be added into the plan alongside; retention; engagement and & training plans. 4) Recruit to any roles identified within the plan as funding streams allow	4) Submit five year workforce plan providing a strategic view for service development in tandem with activity v demand based workforce plans and a staff engagement and training plan to support recruitment & retention

Cellular Pathology: Workforce Sustainability plans:	Outlined Business Management Structure needed for Pathology (Service Wide) Start development of Cell Path BI dashboard Evaluated of Mortuary Winter Plan against activity	Continue development of Cell Path BI dashboard Agree process for moving to revenue model for replacing equipment	Develop Business case for Cell Path to meet demand in light of efficiencies realised through new equipment	Review feasibility of extending BI dashboard to include Hywel Dda data in line with ARCH
Regional Pathology ODN	Regional ODN Development Board established and sub groups Transitional MOU to provide organisational governance framework for 2024/25	Ongoing prep for ODN Launch from April 2025		
Deliver capital investment in Pathology estate in South West Wales via Welsh Government Capital Business Case Route	Preliminary work towards OBC, including design team engagement, revenue modelling and service change proposals	Ongoing development of OBC		
Laboratory Medicine: Workforce Sustainability plans:	POCT reviewed to match demand with capacity and a defined process to support service expansion	Review staff turnover and understand any changes	Assess progress/competence of new starters. Confirm position on agency usage in light of retention plans	Impact assess staff retention plans
PLANNED CARE (Outpatients) – Service Group wide but led by NPTSSG and supported by delivery of Outpatients Transformation Programme in line with National Programme				
No patient waiting >52 weeks for First OPA	Maintained target of 0 patients waiting >52 weeks	Continue to maintain target in line with speciality level OP D&C plans (delivery within core / funded resource)		
Reduce the number of patients on a Follow Up waiting list by 30% (on the March 2019 baseline)	Digital validation underway. Completed planning to replicate model in CVUHB. Recruited project manager and started June. Developed FUNB vitals dashboard.	Complete development of SOP Verification testing and roll out of new FUNBs vital dashboard across all specialities (in dashboard) Undertake staff training Monitor position using dashboard and refining in response to end user feedback		
Reduce the number of patients who are more than 100% delayed on their Follow Up appointment by 30% (March 2019 baseline) and achieve Targeted Intervention target 15% reduction in the number of patients delayed by 100% for their follow up appointment in three consecutive months and maintained for 3 months (Based on the November 2023 baseline)	Delivery plan developed and approved, identified specialities that will be in the scope of work. Progress delayed due to DHCW known WPAS "bug" preventing removals from list which is creating a false baseline figure.	Progress resolution of FUNB reporting with DHCW. Digital validation with downtrend in number of patients more than 100% delayed Development of SOP Staff training		
SOS and PIFU Activity to demonstrate an annual increase as agreed within the Outpatient Steering Group	Appointed Project Management, established task & Finish group, SOP developed. Identified pathways appropriate for SOS, PIFU & direct discharge by speciality, in line with GiRFt Guidelines.	Ongoing validation of lists and modify approach according to outcomes as appropriate. Staff training		
Show an annual increase in the number of pathways where virtual appointments and reviews are carried out virtually	Digital colleagues scoping available replacements for Attend Anywhere	TBC Awaiting recommendations from digital colleagues as current contract ends September 2024. Attend Anywhere - WG asked to reconsider the funding position, and in the meantime extend the current contract until March 2025 in order to allow sufficient time to explore (and possibly implement) alternative options		
Demonstrate an annual incremental improvement trajectory to achieve 50% reduction in Hospital Initiated Cancellations by 2026	Scoping undertaken and agreed *to be picked up as part of job planning programme* New dashboard built and verified for consultant performance to be visualised **Follow up attendance Cancellations;** March 2024 - 16.24% April 2024 - 11.23% May 2024 - 9.93%	Build into ongoing performance scrutiny meetings. Development of SOP and staff training Achieve Reduction in hospital initiated cancellations towards 50%		
DNA rate to be no more than 5% for new and follow up patients	Achieved 3 Month consecutive reduction in DNA rate with 2 months consecutive alignment to the 5%> target. **New** March 2024 -5.30% April 2024 - 4.93% May 2024 - 4.87% **Follow Up** March 2024 - 4.38%	Deliver staff training Monitor performance through scrutiny meetings		

	April 2024 - 4.61% May 2024 - 4.97%		
WOMEN'S HEALTH, MATERNITY AND CHILDREN'S - Delivery led by NPTS Service Group			
Develop Women's Health Strategy, based on the Welsh Government (WG) Quality Statement 2022	Review of National Women's Health Strategy and completion of action plan underway.	Task & Finish (T&F) Group to be established, with Terms of Reference (ToR), to work through action plan. Impact on all services not only Women's Health.	ToR to be circulated and key stakeholders contacted to take this work forward. Action plans to be addressed and new process embedded.
Develop and implement a robust recovery plan for Wales Fertility Institute	Revised escalation to level 3		
Ongoing implementation of the maternity workforce transformation plan, particularly in relation to the new models for community maternity services and the Obstetric Unit, and the increase in establishment required for Ante-Natal Clinics to meet BR+ standards	WF plan submitted at end of Q1, in collaboration with Singleton Hospital.	Reinstatement of community intrapartum-led services	
Assessment and implementation of support staff requirements, including obstetric HCA's, phlebotomists, and clerical support as a consequence of the MCA roles and revised HCSW framework ®. This is a recommendation from the HiW report.	Unregistered staff workforce review underway.	Review of unregistered workforce service requirements ongoing	Findings and recommendations of workforce review to be presented to Senior Leadership Team.
Undertake a review of routine and specialist antenatal clinics and capacity, and implement revised schedule of obstetrician clinics with appropriate number of patients in each.	Review of WF/D&C and specialist clinics underway at end of Q1.	Review of WF/D&C and specialist clinics continued	Findings and recommendations of workforce review to be presented to Senior Leadership Team.
Assessment of sonography requirements and implementation of subsequent workforce plan, in conjunction with radiology. Development of midwifery-led sonography clinics at NPTH	Review of D&C underway at Q1-end	Review of D&C continued	
Engagement with Digital Maternity Cymru and support for the implementation of a national maternity record and development of local/national performance dashboards	Cost analysis required; not complete at Q1-end	Meeting arranged with Digital colleagues to discuss how to proceed with GMO(s) **Update October 2024: Some HB have decided to withdraw from national programme on the basis of sorting a local solution. SBUHB currently in engaged - BC is being written.**	TBC awaiting update from National Programme
Ensure access to maternity care is equitable for all women regardless of ethnicity, geography or socio-economic status or other protected characteristic	Diverse Cymru: Work to benchmark services against the framework, as well as exploration of how information is shared with women using the service, was not within any one of the current establishments' job plans by Q1-end. This will be addressed by the newly appointed Clinical Lead, in future.	Meeting arranged to explore how to complete scoping utilising existing workforce	SBUHB will be a PILOT site for the implementation of the All-Wales Core Questionnaire, an SMS push notification survey consisting of 4 surveys throughout the pregnancy, postnatal and once for families with babies admitted to NICU. Implementation plans and go live date to be advised. This will provide longitudinal data to support the service on areas for improvement.
Implementation of Dilapan for induction of labour	Business case has been shared with SLT at NPTSSG. Further discussion required around decision to submit to BCSG/BCAG process.	Team were ready to go with the use of Dilapan and training was underway. However, C&V have stopped using this and further review is required in house on the benefits. The reason for stopping use was due to the increased c-section rate and the need to use another drug with the Dilapan which increased. Other NHS England providers are utilising Balloon Catheters we have reached out to Bath to get some data on success rate. TBC progress awaiting further guidance	

Development of a digital maternity plan in line with Digital Maternity Cymru timelines. Opportunities for digitalisation of discharge process & community rostering to be scoped.	Scoping of current discharge process underway at Q1-end.	Improvement plan to be created based on the discharge process mapping conducted		
Development of a capital development programme for maternity services, particularly focused on resolving concerns about the 2nd Obstetric Theatre, location of bereavement room on labour ward, and the expansion and relocation of the Bay Birthing Unit. Y1 Planning - HiW Report specifics.	T&F Group with Capital Partners to begin scoping exercise in relation to CDP was in the process of being established by Q1-end	Gain confirmation of funding available in order to proceed with planning process **October 24 Update: All Wales Capital prioritisation outcomes not yet available from WG**		
Appointment of a Strategic Breastfeeding Lead across Maternity and NICU per HiW and MatNeo requirements	At Q1-end, further scoping of links to Mat WF plan was required	T&F Group, ToR and action plan are established by the end of Q2	Implement agreed action plan	
Nat Neo SSP Improvements	Complete MatNeo SSP Action Plan; work underway at Q1-end	Continue work on MatNeo SSP Action Plan		
Refresh the current Children and Young People Strategic Plan with aim to put in place a 5-year strategic framework and direction for all specialities who deliver services for Children and Young People within Swansea Bay UHB.	Strategic Board meetings stood down until after CYP Summit, which was to be held on 06.0624. Feedback from the summit was to dictate future arrangements, i.e., monthly strategic board meetings or a more focused bi-monthly meeting.	Quarterly Strategic Board meetings being held to deliver key strategic actions **October 24 Update: Paper presented to Management Board August 2024 - supportive of holding another summit inviting GP Clusters, 3rd sector and partner agencies to ensure all services that span CYP agree in developing a strategy**		
Work with RPB and colleagues within Mental Health services to undertake a review of services required for children with learning disabilities, to identify gaps in service provision, unmet need and priorities for development. Implementing the multi-agency CYP Emotional Wellbeing & Mental Health Delivery Plan.	Plans to initiate a Health Board-wide review had not been carried out by Q1-end. Liaison was underway with WGRPB to understand whether this piece of work falls under any WGRPB programmes/tasks to eliminate duplication of work.	**Revised Milestone:** Identify lead within Health Board to work with WGRPB in undertaking analysis		Present outcome of review to CYP Strategic Board members
Revise business case in line with recommendations from Welsh Government ND Improvement Programme in readiness to bid for future recurrent funding (RPB funding)	Reduction in the number of children waiting over 103 weeks for a ND diagnostic assessment, however, demand remains high	Workforce plan to retain current level of staffing, provide adequate capacity to meet demand and start to address the backlog of children and young people awaiting assessments, including finalising a proposal for insourcing support to start to reduce the backlog of patients waiting for an assessment is in development. **Off track due to considerable staffing issues related to staff leavers and sickness, paper was presented to Management Board in March 2024 and posiiton is unchanged**	**Revised Milestone as agreed in Q2**: Implement short and medium term actions identified from deep dive service review carried out Sept - Dec 2024.	**Revised Milestone as agreed in Q2**: Utilise the non-recurrent funding from WGH in best way to support families, children and service
Develop a robust workforce plan to include recruitment, retention of specialist neonatal nurses and increase medical Consultant cover in order to progress toward meeting BAPM standards	Reduction in level of vacancies / reduced agency spend noted at Q1-end. Fixed Term Neonatal Consultant post interviews undertaken in June 2024.	Continually review CYP establishment and recruit to vacancies, as necessary		
Commission 6 ITU, 9 HDU and 9 SCBU neonatal cots (JCC Phase 1 Neonatal Review)	Continuous recruitment campaign in place until reach Nursing staffing levels required.	Continuous recruitment campaign in place until reach Nursing staffing levels required.		
Develop sustainable psychological support services to meet the needs of babies, their families and the staff who work on the Neonatal Unit (as per GMO above re workforce Plan)	Post advertised and appointed to during Q1, with planned start date of September 2024.	Psychologist commencing in post, inducted into the NNU and into the Child Psychology Department.	Resources and processes for provision of psychological intervention to be developed.	Initial 6 months service delivery and plan for future delivery to be reviewed.

Increase therapy support in order to progress toward meeting BAPM standards (as per GMO above re workforce Plan)	At Q1 end, further collaboration was required between CYP and Therapies to ensure Therapy staffing for Neonates is in line with BAPM standards and reflects cot reconfiguration. The cot reconfiguration uplift enabled the service to move from at risk, interim funded posts of 0.5 WTE per therapy post to permanent recruitment. The JCC plan to review provision of neonatal services across Wales will inform and fund any further uplift or reconfiguration of neonatal services, in line with demand.	Local engagement to implement WHSSC workforce recommendations within SBU underway. Collaboration between CYP and Therapies underway to ensure Therapies staffing for Neonates is in line with BAPM standards and reflects cot reconfiguration.	Recruitment to progress, subject to identified funding.	Staff to be onboarded.
Develop business case for JCC to permanently fund 24-hour neonatal transport model	**ON HOLD**: - JCC reached the decision not proceed to fund the ODN neonatal transport.			
Develop a MatNeo SSP Improvement Board to deliver a governance structure. Develop key action plan from discovery reports, recommendations to include: Focus on leadership: Focus on investment: Focus on learning and sharing of best practice: Focus on Teams	At Q1-end, further work was required to produce an outline business case of resources for actions required to deliver years 1 - 3 of the MatNeo SSP. MatNeo SSP Phase 2 launch day held on 15th May 2024 with key representatives from service attending. National steer awaited following the day held on 15th May. Action plan to be finalised and submitted by 17th June 2024 for MatNeo Phase2.	Present business case to the Executive Team through the newly formed Maternity and Neonatal structure		
Contribute to national work to develop data collection system. Liaison with WG and neonatal networks regarding national solution for data capture. Development of a local solution, possibly by the SBUHB Digital Team in SBUHB. Ensure education and training complies with new standards (This element is not agreed in Digital Plan.)	Limited progress made on a contribution to the development of a dashboard/system to capture data in order to report against the set standards. Meeting required with digital colleagues regarding this.	Contribute to the development of a dashboard/system to capture data in order to report against the set standards	Contribute to the development of a dashboard/system to capture data in order to report against the set standards	Dashboard to be implemented to capture the information required
Refurbishment of the current ward footprint, whilst developing a business justification case for a new build. (Tto include appropriate indoor and outdoor play facilities)	Completion of refurbishment actions already agreed in 2023/24. T&F Group established to oversee implementation of agreed actions.	Complete business justification case. Completion of refurbishment actions already agreed in 2023/24. **Update October 2024: Whilst a number of agreed actions have been completed; additional funding has been received from WG for repairs to the roof at Morriston hospital. The remaining pieces of work will be completed whilst this work is undertaken repairing the roof over Oakwood ward, Ward M and PAU**		
Develop a single point of access service model for acute paediatric/emergency care Y1 Planning - linked to ward refurb above	Exploration required of alternative ways of working with clinical team at Q1-end. Continuous dialogue ongoing around this.	Write up proposal for Single point of access and support required. Explore alternative ways of working with clinical team.		
Collaborative scoping to explore use of Advanced Practitioner posts to demonstrate prudent use of skill set, and release consultant capacity. Linked with SPOA work for Y2; there is a need to work around SPOA/Medical Workforce.	T&F Group established to discuss Advanced Practice roles, recruitment and governance arrangements in a bid to improve flow through Paediatric ED.	Develop joint business case, if finances identified. **Update October 2024: No finances identified therefore work not commenced**		
Deliver patient and victim-centred regional sexual assault service providing a focus on health needs and improved outcomes.	At end of Q1, refurbishment work was due to complete on the accommodation in Unit 3, SA1, during early June. Project Board had been established to ensure all activity is complete to operationalise the service.	Staff training and policy and procedure development underway toward achieving ISO accreditation. Key Consultant sessions and nursing/admin support being recruited, in addition to development of governance structure, training and development of staff.		Centre to start seeing patients
Work in partnership with WGRPB, Local Authorities and 3rd sector in delivering the CYP EHWB Delivery Plan	Work was progressing as per Delivery Plan at Q1-end.	As per plan, further 24/25 milestones yet to be confirmed		
Agree funding from RFI Welsh Government funding. Agree a service model for CYP and appoint to posts.	Service model agreed; presented at BCSG and BCAG. Funding agreed for appointment of a multi-disciplinary team.	Posts being advertised for recruitment.	Initial development of resources and service planning and engagement to commence	Initial service provision to occur

WOMEN'S HEALTH, MATERNITY AND CHILDREN'S - Delivery led by DoThs via DECLO				
Ensuring Project Management capacity is in place for the 2024/25 period to direct and support the continued monitoring, review and improvement of operational processes, meeting the requirements of The Act..	Assurance reporting framework finalised and implemented. Funding was not confirmed in time for the post to be in place for Q1. Recruitment required progression.	Project management capacity in place with ongoing implementation of operational processes. Assurance reporting framework being finalised for implementation. **Update October 2024: Funding has been confirmed for Project Management / Business Support post. Job role is being finalised but post not yet in place. .Deputy Director of Therapies is leading on developent of Project Management / Business Support job role and recruitment.**	Project management capacity in place with continuous reporting and plans to deliver improvements	Project management capacity in place with continuous reporting and implementation plans to deliver improvements
Monitoring and quantifying demands on operational services needed to fulfil statutory requirements of the ALN Act, to support service planning.	Initial snags / issues identified and addressed. Limited capacity of digital services to support this work had been a barrier, though this had been resolved and work was to progress.	**Revised milestone:** Work being undertaken to establish a framework for monitoring and quantifying demands.	Continued monitoring to occur	Continued monitoring to occur and a report to be produced to capture findings and implications on future service planning
Collaborative planning between the Health Board, Local Authorities and Further Education Institutes to support effective implementation of the ALN Act for those of above compulsory school age (16+).	Implementation of current 16+ plan continued.	Consolidation of learning occurring between Sept 23 and July 24; report being produced together with a plan for Sept 24 - July 25. Implementation of current 16+ plan continuing.	Implementation of Sept 24 - July 25 plan to commence.	Implementation of Sep 24 - July 25 plan to continue.
URGENT & EMERGENCY CARE UEC 6 GOALS				
Predictive identification of future high users of UEC - Data analysis & interpretation (demand forecasting of longer and shorter term trends to drive future portfolio activity)	**Planning – scoping of activity:** Population health colleagues have been involved in national work (primary care initiative) associated with population segmentation and risk stratification.	Data collection and review being undertaken; confirmation required of way forward and whether utilising existing internal resource is possible (population health, digital) **Update October 2024: Initial planning discussions taken place – recognised that due to current resource constraints unable to take forward meaningful project in year – request to defer project into 25/ 26**	**Revised milestone:N/A** Initial planning discussions taken place – recognised that due to current resource constraints unable to take forward meaningful project in year – request to defer project into 25/ 26	
Improved management of Long Term Conditions as admission avoidance - driven by data/ One Bay Way priorities.	12-month Executive review underway: MSK / Diabetes (8th May)/ Frailty (22nd May)/ Cardiology/ Respiratory were due to take place on the 19th June, however these were postponed to a later date, tbc). Process is to determine way forward for projects/ available funding etc. Further benefit realisation work is being undertaken by the Diabetes, MSK and Frailty pathways.	Support for Key pathways being redesigned **Update October 2024: Awaiting decision re; funding to take schemes of work forward** **GMO progress dependent on resource – Executive decision as to what will be progressed**	Driven by One Bay Way planned deliverables/ timeline: Undertake pathway analysis and review (test small scale changes)	Review work to date
Technology enabled care: Trialling the use of remote patient monitoring (RPM) technology within frailty and monitor the extent to which this technology can offer service efficiencies and/or improved patient care.	VW / Tech Cymru scheme went live on 22 April; impact will be evaluated closely moving forward. Equipment reviewed includes blood pressure, pulse ox. (able to do oxygen sat., perfusion, pleth., resp., and thermometer) – additionally scales, 6 line ECG and peak flow	Roll-out	Confirmation as to whether funding can be sourced / development of business case to occur; continuation of roll-out	Business case developed (or, if funding sourced, project underway) Review / evaluation of activity to date to be undertaken to determine whether delivery is to be continued within 25/ 26
Virtual ward expansion (Enhanced Community Care) - from 5-7 day service (to avoid admission and / or pull from acute sites for care in the community)	Agreed that no additional business cases require development (approval for VW scheme completed.) Update on plans, timelines for delivery etc to be taken through UEC Board for ratification/ assurance. **Next period priorities for consideration:** progress expansion in line with approved plan (VW to support frailty model	confirmation sought on resource required to drive forward project and roll-out / recruitment. **Update October 2024: Virtual Wards transferred to the Morriston Service Group for management.**	Pending confirmation as to whether funding can be sourced / development of business case: Recruitment of staff/ roll out	Business case developed (or if funding sourced project underway/ service developed) Embed expanded service as BAU

	development – admission avoidance/ alternatives to admission)			
High Intensity Users (UEC) review and engagement/ service	Engagement with 6 Goals national teams and CTMUHB re; existing HIU models. Reviewed models already developed at Bristol and successes re; reducing demand. PM documentation developed, business case drafted and shared for comment. Engagement underway re; potential roll-out. **Next period priorities for consideration:** determine whether funding can be sourced to take forward preferred model of a specified role to work with HIU cohort and provide wraparound support/ plans to mitigate attendance at front door (model to support front door admission avoidance/ alternative treatment path)	Roll-out, subject to confirmation of whether function can be part of existing personnel role(s) or whether funding has been sourced. **Update October 2024: Supporting activity has been completed – lack of resource to drive forward. Activity to develop dashboard (re; high intensity users) in discussion and discussions underway with national colleagues – ability to progress service in preferred format dependent on accessing resource**	Confirmation to be sought as to whether funding can sourced/ development of business case Roll-out, subject to confirmation of whether function can be part of existing personnel role(s) or whether funding has been sourced	Business case to be developed (or, if funding sourced, project underway) Embed service as BAU/ review performance of service
Expansion of District Nursing OOH/ SPOA: Enhance the Community Nursing Service over 24hrs to support End of Life care	Achieved 60% capacity available OOH. SPoA is now available 7 days per week 8-5.	Revision occurring as per FF proposal Confirmation sought of additional resource required to enable recruitment of additional unregistered workforce provision. **Update October 2024: Noted that no funding available during 24/ 25 for activity – proposal to close the GMO (non-delivery)**	**Noted that no funding available during 24/ 25 for activity – proposal to close the GMO (non-delivery)**	
Productive ward(s) to reduce length of stay: Roll-out of key initiatives across the Health Board so as to encourage productive Board Rounds/ Wards and to encourage timely flow and discharge. Key initiatives to include: -SAFER -Red2Green -D2RA -Criteria Led Discharge (CLD) -Avoiding deconditioning -COP escalation & management -Other (TBC)	Long term team sustainability to drive forward actions in flux (hence amber status at Q1-end.) Activity undertaken includes: o SAFER – All ward wards on Morriston site reviewed on a quarterly basis and reports fed back to ward managers, Matrons and DHoN o Red2Green - Plan to introduce as quality improvement project across 2 wards, initially. Will improve quality of data around PoCD's and enable more focused work on these areas o D2RA have agreed to provide additional training across the Morriston site o Criteria Led Discharge (CLD): A CLD column will feature in the next release of Signal which will support staff in quickly identifying patients with CLD attached to their medical notes. o Avoiding deconditioning: Continue working as planned, linking in with the Health Board Lead and NHS Executive. o COP escalation & management: A PoCD Action group is being launched, with the intention of setting up an interim IDH on the Morriston site, whilst a full scoping exercise is completed to look at current available resources.	Rollout commencing **Update October 2024: Team to drive forward actions disbanded/ carrying out alternative work (hence amber) – however activity includes:** • **Multi Agency Discharge Event (MADE) completed and noted a number of key recommendations – these recommendations align with existing initiatives such as SAFER, D2RA, Red2Green, Avoiding deconditioning etc, COP escalation and management etc.** • **Moving forward confirmation required as to how MADE recommendations can be taken forward**	Rollout to continue	Aim to be in a position with improved metrics, in line with agreed process measures, and with all work undertaken to improve patient flow and discharge profile Evaluation of 24/25 activity to occur and confirmation of activity moving into 25/26
Pathways of Care Delays (POCD) action plan implementation	POCD action plan (working draft subject to update) submitted – project support allocated and governance being structure being put in place (POCD to form part of	• Roll-out of activity in line with agreed action plan and agreed leads • Ongoing updating of action plan and reporting on POCD progress • Review overall progress within 24/ 25 and activity rolled into 25/ 26		

	broader 'Integrated Discharge Action Plan' work(s)	**Update October 2024:** • **Further work on aligning POCD work-stream with Quality/Operational Improvement theme within Home First (HF) to ensure identified areas for delay are escalated, discussed and with actions to reduce.** • **A working group to be developed that focuses on Workforce, specifically resilience within the teams and an escalation framework highlighting priorities depending on risk level determined by numerous factors including staffing deficit.** • **Joint activity between HF/POCD programme team to scope Trusted Assessor delivery model**		
Optimising and Centralising Integrated Discharge Hub (IDH)	PCT to lead on piloting of IDH model at Morriston Hospital. Project resource allocated and project established. Review undertaken of current models in other Health Boards and Trusts, including a site visit to C&V for scoping purposes. 0.5 Band 8B secondment appointed to operationally lead and implement IDH pilot	Roll-out (commencement of process of forming teams from existing staff resource) Next steps: 1. Hold scoping workshop to help shape and influence delivery of IDH w/c 1st June 2024 2. Confirm working model utilising existing resource 3. Confirm timelines for implementation 4. Develop electronic referral form 5. Agree milestones/ measures		Model / service in place and to be embedded as BAU
Evaluation of current Home First discharge support and subsequent agreement / development of future intermediate bed provision (RPB & SBUHB in partnership) including Bonymaen beds	In planning phase at Q1, end. No delay per se, however, flagged by leads that Home First Programme Board has been discontinued by the RPB. Work is continuing but has been incorporated into the older persons' group. No plans noted to develop an evaluation or extend the programme, in current financial environment. Undertaking evaluation of Home First discharge support to see whether fit for purpose and/ or if amendments required and how this fits with broader intermediate bed provision			
Provision of additional EMI beds	Funding confirmed for 24/ 25 (via RPB funding) to continue with pilot approach, providing 8 complex dementia resettlement beds in Ty Waunarlwydd (targeted at stepping down from hospital from Swansea & NPT)	8 additional beds to be provided		Evaluation of impact of 8 additional beds in system to be undertaken. Confirmation of next steps moving into 25/26 to occur
MENTAL HEALTH & LEARNING DISABILITIES				
Bid to SBUHB Regional Partnership Board for Capital for planning phase of repurposing one 5 bed unit (Dan Y Deri) to a 5 bedded challenging behaviour unit. Tender for Capital works	Full design agreed and signed off	Designs submitted and to be considered for funding.	Tendering submitted pending funding agreement	
Review of LD Acute beds and in relation to use of seclusion and seclusion facilities.	Temporary closure of acute unit due to paucity of estate. This will provide further evidence of ability to cope with reduce beds. No capital identified for seclusion suite development. **Revised Timescale Q3**	**Revised in Q1**: Review opportunities for capital for seclusion suite development **Update October 2024: Capital prioritisation application submitted**	**Revised in Q1:** Seclusion room designs submitted and to be considered for funding.	Revised in Q1: Tendering submitted pending funding agreement
Review of Complex care unit In-patient beds to consider the bed requirements for Learning disability services.	Option appraisal undertaken but recommendations require further work. revised Timescale Q2	**Revised in Q1:** Option appraisal undertaken but recommendations require further work. Engagement with Llais by each Health Board. **Update October 2024: Further work on bed capacity undertaken and presented to Joint commissioning and performance Strategic group. Recommendations for bed capacity reduction were not accepted. Group endorsed risks and benefits but decided not to endorse the proposed reduction of bed capacity pending development of an overarching business case to outline this plan in greater detail. Timescale for this was felt to be longer review in Q3.** **Action for engagement with Llais at this point not necessary.**		
Role development for LD Primary Care and Secondary Care	Revised roles for recruitment of non registrants delayed. Recruitment subject to identification of existing roles to remove.	**Revised:** Revised roles for recruitment of non registrants delayed. Recruitment subject to identification of existing roles to remove.	Review impact of roles on demand for registered workforce regarding health facilitation. None	
Community Learning Disability Modernisaiton	Development of communication plan development and launch across all CLDT's Launch of Operational Policy with inclusion of core business update, to all CLDT's at the same time Pilot of care navigators agreed with case made for temporary posts as proof of concept. Awaiting job evaluation for recruitment	Initial phase of implementation of CLDT Operational Policy across all CLDT's, to include launch of associated supporting pathways. Recruitment to required B4 posts as identified and supported via Business Plan	Audit of Single Referral Pathway to be undertaken to gather data re referral theme, rate and flow. Implementation and embedding of B4 Care Navigator's within CLDT's, formulation of support network and supervision arrangements. implementation of ASD Diagnostic pathway. Pathway development and clinical sign off for Mental Health pathway.	Audit of associated pathways (eligibility, epilepsy, complex health) to be completed to gather relevant data. Any actions identified to be implemented within CLDT's. Implementation of Mental Health pathway.
Engage with service modernisation work, led by JCC, to define future role and function of Caswell clinic (specialist MH) inpatient	Work ongoing witin the Division. Awaiting formal feedback from Single Commisioner Workstreams regarding national approach.	**Revised in Q1:** Awaiting formal feedback from Single Commisioner Workstreams regarding national approach. **Update October 2024: Off track due to delays in progressing this work by commissioners. Clinical Workstreams have commenced but are currently under review by the JCC**		

wards and set out associated workforce requirements.				
Caswell Clinic - Secure capital investment to build two seclusion suites and de-escalation areas	Work in progress to develop designs for the two HDU suites. Discussions ongoing with Capital Planning	Work in progress to develop designs for the two HDU suites. Discussions ongoing with Capital Planning **Update October 2024: Capital Finance has been secured from WG to commence this work. Project design work is now commencing with architects and Capital Planning Leads.**		
Forensic dental services - Disaggregation of SLA with CMTHB and refurb of suite	Initial site survey undertaken in May 2024 to develop a dental suite in Caswell Clinic. Capital Planning now reviewing plans.	Capital Planning complete review of plans. **Update October 2024: Initial Scoping exercise has commenced (in August led by the Strategy Dept) to identify the most suitable option to reinstate on site dental provision at Caswell Clinic. Meetings are ongoing.**	Funding agreed and programme of work developed	Programme of work agreed
Development of an Assessment Hub to provide a single point of contact for Mental Health Services to support the 111 press 2 referral pathway to allow all category c assessments to be undertake by the hub.	Unable to meet 85% target. Currently adjusting staffing to meet peak demand and continued enagement with National 111 Press 2 programme	**Revised in Q1**: Improve target response rate to 80%	**Revised in Q2** : Improve target response rate to 80%	**Revised in Q2**: Improve target response rate to 90%
Adult MH Inpatient Facilities (Cefn Coed)- Following approval of the SOC by WG develop and submit the outline business case for the scheme.	Awaiting decision from Welsh Government in relation to project bid submitted.	**Tbc awaiting WG decision on capital**		
CMHT Modernisation and SPOA	Diagnostic evaluation remains ongoing aim to consolidate findings by end of June	**Revised in Q1:** Partial implementation of elements of the revised operating model, including ANP working, revised clinic typing processes and potential new systems of outpatient booking **Update October 2024: CMHT Modernisation Board stalled due to personnel changes. Due to restart in October. Advice and support to be provided via the HB Outpatient Recovery & Redesign Group regarding outpatient booking processes.**	**Revised in Q2:** CMHT Modernisation Board to commence work and workstreams to be reviewed due to personnel changes. Timescales reassessed.	**Revised in Q2:** Develop workforce plan to expand SPOA to deliver one single point of access for Swansea & NPT potentially made up of redeployment of existing resources. Key constraint is accommodation which would need to be explored.
Align to the StEPS model in which patients referred to CDAT have rapid OST prescribing. .	APB led project. Funding only available for 12 month period. Risk around recruitment unable to accept funding. Risk remains with APB.	Partial implementation as 2 CNS posts are funded from APB for 12 month period. **Update October 2024: Discussions with APB regarding long term funding of the 2 CNS posts beyond April 2025. Information/outcomes have been provided to illustrate impact on waiting times.**	**Revised in Q2**: 2 CNS in post to operationalise plan for reducing waiting times and assess for rapid OST prescribing. Monitor impact	**Revised in Q2**: Evaluate impact of 2 CNS 'navigators' role and devise workforce plan to support future investment from APB
Reset and refocus in key areas such as Psychological Therapies, Eating Disorders, AIRR, EIP and monitor and review all other MHSIF schemes including CYP CAMHS and Tier 0/1	Evaluation of schemes via Quarterly Highlight report and escalated via WBM	Evaluation of schemes via Quarterly Highlight report and escalated via WBM		
Explore the ND pathway for ADHD across 5 CMHTs	Bid submitted and approved	Proposed ADHD pathway within outpatient modernisation plan	begin to implement pathway with relevant clinicians and professionals.	Evaluation of pathway via Highlight report to the outpatient modernisation board
Develop digital options as part of modernisation (Included in Service Wide GMO for Develop Digital Priorities for Service Group). Engage in wider corporate discussions regarding the support from the health board wide booking functions.	Comprehensive service group response submitted to WG on patient access and referral response guidance. Proposal written to develop service group based outpatient booking team for escalation to executives to explore opportunities to move MH into Central booking function wthin health board	Membership and attendance on Recovery & Redesign Group and confirm scope of work. **Update October 2024: Attendance at HB Outpatient Redesign and Recovery Group confirmed. 1st Meeting on 11.09.24. Discussions required at HB level in relation to access to centralised HB booking system. Baseline assessment against 7 HB transformation programmes completed. Service Group Outpatient Modernisation Group**	Work streams in progress and provide a monthly highlight report to the outpatient modernisation board.	Evaluation of progress.

		restarted with 1st meeting 26th September 24.		
Review MH acute Inpatient rehabilitation services.	Develop and establish the work stream to complete a baseline assessment of current situation looking and historical demand, lengths of stay, use of private placements etc.	draft service pathway agreed on what the new model of service would aim to provide	Once agreed, develop a business case to seek agreement within the Service Group to progress to implementation stage. Have an implementation plan developed as part of the business case.	Start to phase in the required changes to implement the new pathway and service model.
Renovation of Suite 4 Tonna	No further update received regarding funding from Welsh Government.	**Revised in Q1**: Await confirmation of funding from Welsh Government		
new build extension at Westfa to support co-located Older Persons' Community Mental Health Team's 1 & 2 in central Swansea facilities.	Email received from Capital Planning 04/06/2024 listing properties for consideration.	**Revised in Q1:** Engagement with Capital Planning to reinstate working group that was stepped down. Review previous design plans. **No further progress made. The scheme continues to require investment. The capital team are supporting the Directorate in sourcing alternative accommodation with nothing suitable at present.**	**Revised in Q1:** Submit design plans and secure funding.	**Revised in q1**: Begin tender process to identify contractor to undertake the project
CAMHS Crisis Service to meet the needs of YP in crisis out of hours. Operationalisation and evaluation of the CYP Sanctuary Service Pilot	Consultation completed. Due to begin the transfer to 24/7 services using a phased roll out and staff 'buddy' system by end of June 2024. Recruitment required for 1.6WTE staff members due to staff leaving post.	Ratified 24/7 Crisis service processes CYP Sanctuary Operational Groups and evaluation of CYP Sanctuary benefits/activity in place **Update October 2024:** • **OCP complete and currently in a roll out phase to 24/7. Staff sickness is impacting ability to roll out as planned.** • **Communication pathways are agreed and operationalised.** • **CYP Sanctuary running, but not 24/7 as commissioned. NHS Executive starting to engage regarding service evaluation**.	Draft CYP Sanctuary Pilot evaluation in line with Nationally identified criteria	**Revised in Q2:** Ratified evaluation of the CYP Sanctuary Service Pilot in relation to avoidance of admission Submission of the evaluation through the relevant NHS Executive Mental Health Implementation Network
Collaboration with multi-agency professionals to establish appropriate management and support of YP with complex care pathways .	1.75WTE substantive staff member employed to work across Swansea and NPT areas to support the development of complex care pathways. They have embedded into Swansea LA, and are beginning to embed into the NPT LA. Linked with PCT to establish an income pathway for all input provided by SBU CAMHS for LAC.	Clear understanding of 'gap' and clear plan for establishing complex care pathways and obtaining sign off **Update October 2024:** • **Complex care lead established within Swansea LA.** • **Ongoing discussions regarding commissioning agreements for CYP at executive level (meeting re CYP Complex Care held on 06/09/2024).** • **Established recharge process for LAC work**	Draft Complex Care procedures/ pathways and understanding of additional resource required	Approved Complex Care procedures/ pathways with associated business case for resources if required.
Align the CAMHS workforce model and capacity to the provision of CAMHS in a NEST/NYTH manner for high quality interventions and care which meet the MHM	Reviewed Part 1a workforce, as a priority, as performance is in Targeted Intervention.	Phased approach to developing the workforce plan based on performance outputs and priorities at the time.	Wider stakeholder engagement sessions complete with outcomes collected to inform the 'CAMHS Model' documentation	Submission of Model proposal to Service Group for scrutiny and approval
WORKFORCE AND ORGANISATIONAL DEVELOPMENT				
Deliver a people recognition programme	Funding confirmed and programme commenced.	Delivery and evaluation of SBU HB's annual staff recognition event, LOV Awards	Revised in Q2: Continued delivery of people recognition programme	Revised in Q2: Evaluation of people recognition programme

		long Service Recognition took place on 2nd July 2024 and a total of 15 Patient Choice Awards were held during June, July and August 2024 for NPTS and Morriston. PCTS and MH&LD events will be planned for October and November 2024. LOV Awards have been re-branded to One Bay Way (OBW) Staff Awards and will be held on 19th September 2024.		
In collaboration with our partners, deliver and embed the national Speaking Up Safely Framework Action Plan	Work commenced to complete action plan for NHS Wales Speaking Up Safely Framework. Speaking up Safely up-date and End of Year Report from the Guardian Service presented to Management Board, WODD Committee and Health Board Partnership forum June and July 2024.	In partnership with the Working Group, conclude the commitments set out in the Speaking Up Safely Framework Action Plan and embed across Service Groups **Update October 2024: Approximately 25% of actions have been delivered. Other competing priorities ahve effected delivery. Need to re-define milestones due to scope of work and the need to involve stakeholders**	Revised in Q2: Deliver 75% of actions	Revised in Q2: Deliver 100% of actions
Introduce preventative health checks for our people	Health Check SOP Completed. Nurse Training Completed and relevant signposting resources available.	Offered 20 appointments per week for staff health checks	Continue to offer 20 Health Check appointments per week. Evaluate 1st Quarter from employee feedback	Based on evaluation, implement improvements identified to health screening programme.
Agree a joint Compact between the organisation and trade union partners and communicate its principles	Agreed and published in people strategy	Initial cascade to service groups through local partnership forums	Cascade to corporate services	Reinforce principles and communication
Undertake a Best Practice review working with our trade union partners and managers to consider how best to manage our employee relations, including the principles of a just culture (fair, open, learning)	In partnership with TU - Management Review document introduced Avoidable employee harm workshops ongoing. Suspension Guidance for employer and employee developed. Disciplinary letters reviewed and updated. Investigation process mapped out	Respect and Resolution MAAW training refresh, sickness absence best practice shared across each service group. Long term sickness process realigned	Sickness and one further policy	Reinforcement and one further policy
Design and deliver an organisation wide retention plan for our people	Retention lead appointed and now in post.	Retention lead undertake a review of existing plans	Retention lead to develop action plan	Delivery of actions
Increase flexible working opportunities for our people	Tested recording system, revised launch to q2	**Revised**: launch recording system and SharePoint page	R**evised**: using self-rostering in one agreed service area	**Revised:** monitor self -rostering & evaluate, best practice review complete. Look to expand self-rostering to other service areas.
In collaboration with our partners, review, evaluate and update our Medical Clinical Work Observation Programme to promote inclusion	Advertised to educational institutes in the area. Attended the annual Faculty of Medicine Health Life Science Careers Fair at Swansea University. Partnership with the Aspiring Medics. 346 applications received.	Design, develop and implement programme	Collate information and complete evaluation	Update and feedback partners, review programme content for 2024/2025
Develop a Swansea Bay 'Widening Access to Careers in Healthcare' (WATCH) Programme	Staff absence and staffing levels in the team have delayed the work	Identify local community groups and create relationships **Update October 2024: overall programme likely to roll over due to increased partners involved in programme**	Revised in Q2: Continue to design the programme due to additional partners who are able to contribute to the programme	Revised in Q2: Launch programme. Roll over evaluation
Introduce 2 Gateway Academy programmes to pilot career pathways for specified hard to fill roles	identified one pathway to date. working with education providers to identify second.	Link with NPT College and Gower College to design, develop programmes Update October 2024: Funding available from Welsh Government for apprentice levy and personal learning accounts has changed therefore the routes being explored are having to be re-visited.	Revised in Q2:Continue discussions around potential learning opportunities and design programmes	Revised in Q2: Launch i.e. Advertise and recruit internal staff onto programmes (talent development and retention)
Grow our unpaid work experience offer	Delayed due to staff absence	Developed overarching framework	test framework	launch framework
Work with our finance colleagues to ensure our funded establishment is on ESR and is accurate	Completed data cleansing for one further service group (Morriston)		Post implementation evaluation and BAU processes in place across SBUHB.	None

Review and refresh our current suite of leadership development for all levels of clinical and non-clinical leaders	Reviewed alignment of our current suite of leadership programmes for alignment with Our Vision and engage with stakeholders.	Redesign and refreshed content	Engage with stakeholders to test updated content	Launch programmes
Review the Talent and Succession Planning Pilot (Tiers 1-3) and its implication for wider organisation cascade	Identified stakeholders and contact to review information from Talent and Succession Planning Project	Analysed data and identifed best practice from across service groups	Engage with key stakeholders and explore opportunities for the model to be integrated widely across the organisation	Use feedback and intel gathered to adapt the model to be presented for organisation cascade
Develop the existing cultural conversations for all our staff, and expand to other staff groups, including identifying and supporting Cultural Ambassadors	Design and develop cultural conversations model		Identify Cultural Ambassadors in SBUHB and the infrastructure support needed	Evaluate the new model of cultural conversations
DIGITAL				
Implementation of LIMS 2 on a regional basis alongside identity access management supporting a regional pathology hub	Work undertaken with Pathology and regional colleagues to establish Implementation Plan	Approval of plan sought		
Implementation of RISP	The Fuji extension was yet to be completed at Q1-end. Work to continue with supplier to agree the terms of the extension.	**Revised in Q1:** Fuji extension for completion. Detailed plan in preparation for execution of project. Reviewing data migration progress on PACS, Radis and Radcentre. Testing connection to new system. **Update October 2024: Delay from supplier in engagement establishing formal kick-off meeting, although this is still expected to take place in September. Extended time required to work up options for Fuji PACS extension, decision expected in September, if an extension is chosen - contract to be signed in Q3.**	Revised in Q2: Complete Fuji PACS contract extension. Data centre preparation to include - RISP Product Install - HB Testing Review data migration progress on PACS, Radis and Radcentre. Test connection to new system	Set up SBUHB Instance: -Continue data migration of PACS, RADIS and Radcentre -Set up integration
WCP - Implementation of: Paperlight 'Paper light' in Outpatient Departments, using a mix of WCP and e-forms.	Commencement of development and delivery of e-forms, as per the plan			
WCP - Implementation of: Hospital to Hospital Referrals	Neurology pilot progressed and evaluated. Progressed to the ED for referrals to Neurology and plan of implementaiton to further specialties agreed.	Implementing in further specialties, as per the plan, and scoping opportunity for further use cases.	Implement in further specialties, as per the plan. Share findings with other Health Boards and scope potential to implement cross-border.	Continue to implement, as per the plan
WCP - Implementation of the Phlebotomy Module	Fix applied but constraint on national LIMS resources pushed this into Q2.	Pilot commencing in NPTH **Update October 2024: Delays from DHCW and supplier - new software bug identified during testing requires fix & re-test. The fix and re-test are likely to complete by the end of September, but LIMS 2.0 priority risks further slippage.**	Revised in Q2: Commence pilot in NPTH	Revised in Q2: Evaluate pilot and implementation in NPTH
Pervasive roll out of WCP in LD and Paediatrics. Complete roll out of HEPMA in LD to support the WCP roll out.	Readiness activities for go live of WCP and HEPMA in LD undertaken. Implementation of WCP in Maternity underway.	Rolling out of WCP and HEPMA for LD sites	None	None
WCP - Implementation of Radiology Electronic Test Requesting (ETR)	Explored use of MRI electronic requesting in ED and AMU. -Went live with Paeds in Singleton and NPT - Went live with fracture clinic Plain Film & CT	Continuing to engage with service areas to encourage wider roll-out	Continue to engage with service areas to encourage wider roll-out	Continue to engage with service areas to encourage wider roll-out
Swansea Bay Patient Portal - Implement and embed Swansea Bay Patient Portal to expedite the digitisation and transformation of Outpatients and to support the 3P programme	Approval to use NHS login was received, anticipated go live in Q2.	Continuing with 3 P's Steering Group and Planned Care priorities. Continuing with NHS App alignment and supporting services to embed SBPP to deliver the above. **Update October 2024: Access to the NHS login function is imminent, service pack including collaboration agreement for use of log in function are developed and**	Revised in Q2: Work with the Outpatient Modernisation Group to agree an approach to implementation of SBPP coupled with the roll out of Hybrid Mail.	Revised in Q2: Implementation of SBPP in line with the agreed plan. Key functionality to include NHS login and Hybrid Mail to facilitate broad scale adoption of the SBPP.

		being reviewed by DHCW legal team on the assumption these will be approved by the end of September		
Hybrid Mail - Deliver a hybrid mail solution such that letters can be delivered electronically within SBPP.	Went live with Dermatology following successful implementation of new technical solution. Continued to work alongside services (ie ENT, Urology, T&O) on readiness activities for go-live aligned to 3 P's and Planned Care pirorities.	Continuing to work alongside other services (ie Gynae etc) in readiness activities for go-live aligned to Planned Care priorities. **Update October 2024: This is reported as off track due to the delays to the go live in ENT, however it is anticipated that ENT will be live before the end of Q2. Further implementation will be planned and aligned to the Planned Care priorities as outlined in Q3 milestone.**	Continue to work alongside other services (tba) in readiness activities for go-live aligned to Planned Care priorities.	Continue to work alongside other services (TBA) in readiness activities for go-live aligned to Planned Care priorities.
Work with the Transformation team and the service to advocate for and support (subject to the change request being accepted) required changes to the WCCG system.	Engaged with LMC to increase uptake on secondary care referrals. RFCs submitted to DHCW to align to the One Bay Way and Outpatient Transformation	Continued further uptake, based on service prioritisation	Continue further uptake, based on service prioritisation	Continue further uptake, based on service prioritisation
NHS Wales App - Implement and embed SBPP and the NHS Wales App to expedite the digitisation and transformation of Outpatients and to support the 3P programme	Approval to use NHS login received, anticipated go live in Q2.	Continuing to work alongside the DSPP programme to align new functionality as prioritised by the outpatient transformation and 3P's programme. **Update October 2024: Access to the NHS login function is imminent, service pack including collaboration agreement for use of log in function are developed and being reviewed by DHCW legal team on the assumption these will be approved by the end of September**	Continue to work alongside the DSPP programme to align new functionality as prioritised by the outpatient transformation and 3P's programme.	Continue to work alongside the DSPP programme to align new functionality as prioritised by the outpatient transformation and 3P's programme.
TOMS Re-development	Recruited Business Analyst and gathered requirements for re-development, future procurement	Developing an options appraisal based on requirement gathering. Identifying resource requirements and timescales for each option **Update October 2024: Theatre management solution will form part of the initial Digital Strategy implementation. The Theatres Board are looking at the wider theatre management processes, which will further inform the approach. Propose to remove from 24/25 GMOs.**	Revised in Q2: Remove from Plan	
Implement a Digital Assessment Solution (PROMs Solution)	First 3 services went live in Promptly; Lymphodeama, IBS, ICC. Configured next 3 services. Agreed requirements for interim integrations with Promptly for automatically triggering forms.	Going live with OT Fibro, Frailty, Stroke	Remaining 12 services to go live, priority to be agreed. Promptly integrations to go live.	Remaining 12 services to go live, priority to be agreed
Implement Open Eyes (Open ERS/Open EPR), including the optometry solution	Continued to work with the national team to understand funding, resources and commercial options for implementation. Testing underway on version 7 to support a go live in the Glaucoma Service.	Going live in Glaucoma Pathway, if dependencies have been met. Update October 2024: Continuing to work **with DHCW to resolve outstanding dependencies. A paper is being prepared outlining the current position, implementation options should funding be available to enable a go** live	Revised in Q2: Agree implementation plan and undertake pre go live readiness activities should the national dependencies be resolved and funding be available.	Revised in Q2: Awarding of contract subject to outcome of proposed procurement. Funding must be identified to support this work.
Signal - Development of the system to accommodate criteria-led discharge, as a function and as an ethos to documenting patient needs (MGH) - Development of the referral feature in Signal to ensure all inpatient Home First referrals can be processed through Signal	Developed release 3.3, including: - Criteria Led Discharge - Take and AMU enhancements - HEPMA Alerts - Previous case data - Referral enhancements	Releasing version 3.3 Completing requirements for Admission, Discharge and Transfer development **Update October 2024: Version 3.3 released as planned, including additional release (v3.3.1) to support Integrated Discharge Hub. Requirements 80% complete for Admission, Discharge and**	Development of v4 Signal - ADT integration with WCP	Release of v4 Signal

and other referrals can be made using Signal to support the operational function of the IDH (MGH) - Further roll out of Signal to mental health wards (MH&LD) - ADT integration between Signal and WCP		Transfer development; remaining 20% dependent on delivery from DHCW - delivery expected by the end of September for requirements work to complete in October.		
Virtual Ward Digital Development	Confirmation on funding required in order to agree an approach on the required resources for Virtual Ward development.	**Revised Milestone:** Confirming agreement of funding and approach. **October 2024 Update: Dependent on ongoing Connected Care discussions and an agreed associated funding stream.**	TBA, dependent upon decisions made in previous quarterly milestones	
Canisc Replacement	**Reason for delay:** Although the quarterly milestone can be described as Amber, overall, the project is Red, due to the lack of assurance the necessary products will be available by the Canisc 'switch off' date. Palliative care testing has been completed, however, defects were identified in WCP and there are still outstanding fixes from previous rounds of testing. Continuing to work with DHCW to resolve the issues identified. Gynae and lung are live and the remaining areas are planned for Q2. **Mitigation in place:** Maintain contact with the service and ensure the risk around losing the system in October is documented and escalated. Continue to work with DHCW to progress, request plans for assurance and support the service in testing where possible.	**Revised Milestone:** Completing MDT and Dataset. Going live in screening and colposcopy. Continuing work on integration for radiology and radiotherapy solutions **Update October 2024: The Canisc decommission deadline has been extended to 31 March 2025 which although ambitious, should enable delivery of all workstreams.**	Revised in Q2: Commence Palliative Care Implementations. Complete MDT and Dataset workstream.	Revised in Q2: Completion of remaining workstreams. Screening and Colposcopy, Data and Reporting and integration of Chemocare and Radiotherapy Treatment Summaries.
Welsh Intensive Care Information System - Implementation	**Reason for delay:** Although the quarterly milestone is Green as the milestone has been hit, options evaluated and a response provided to the National Programme, the project as a whole remains at risk while an evaluation by Welsh Government relating to implementation will inform the direction forward. **Mitigation in place:** Work with DHCW and the local WICIS Project Board to establish next steps. Facilitate and review DHCW benefits work within the ICU to establish an updated benefits profile, locally, that will inform any decisions about next steps.WG is to facilitate the review, with DHCW having received early indications that this could take up to 6 weeks to complete. Further updates will become available as Q2 progresses.	TBC, based upon the National Programme Board decision **October 2024 Update: An Independent Assessment has been undertaken by WG to assess WICIS as a solution for Intensive Care**	Revised in Q2: Awaiting outcome of Independent Assessment from WG	
Welsh Nursing Care Record - Paediatrics	Dveloped DHCW, local representation and contribution to the national project board.	Continued DHCW development, local representation and contribution to the national project board.	DHCW development, local representation and contribution to the national project board to be ongoing	DHCW development, local representation and contribution to the national project board to be ongoing

Digital Maternity Cymru - Digitisation of maternity records	Gateway review undertaken nationally.	Prioritisation and Impact Assessment being undertaken nationally. **Update October 2024: Revised OBC (v10) and Commercial Strategy for Single Supplier Framework developed by DHCW, subject to health board and WG approval. Funding has not yet been identified.**	Revised in Q2: Procurement activities to commence subject to approval of OBC and Commercial Strategy. Funding to be identified to support this work.	Revised in Q2: Awarding of contract subject to outcome of proposed procurement. Funding must be identified to support this work.
Align the local ePMA solution to the National ePMA Framework and the recently published National Standards relating to interoperability	Update provided on outcome of procurement and negotiations with current supplier on extension to existing contract continued.	Commencing readiness activities, supporting national configuration and testing **The procurement activities for a new EPMA system were paused, due to contractual limitations with the current supplier and organisation pressures in unscheduled care. This will be aligned to the new digital strategy. Propose to remove from 24/25 GMOs**		Removed from GMOs
WCCIS Scope and identify alternative solutions for existing users of WCCIS that are currently on the Swansea Council contract Engage with the national and regional WCCIS programme to identify potential solutions post December 2025 to make a decision on the future direction of the health board. Explore the short term digitisation programme for therapies in the absence of WCCIS.	**Reason for delay:** Although this is not funded, work has continued locally to inform the national set of requirements. There is still a lack of clarity and understanding nationally as to how the proposed solution will meet the requirements of the integrated teams currently using WCCIS. **Mitigation in place:** Continue to work with the regional and national teams to inform the national requirements and procurement activities. DHCW to visit integrated teams in Swansea to understand their requirements.	Connecting Care - Procurement readiness: Working to understand resourcing requirements for implmenting alternative solution and agreeing a plan **Although this is not funded, work has continued locally to inform the national set of requirements, however there is still a lack of clarity and understanding nationally as to how the proposed solution will meet the requirements of the integrated teams currently using WCCIS. Meetings have been held with a potential supplier to outline the requirements of the integrated team. This work will continue into the next quarter.**		
Maximising use of WPAS ED to facilitate a digital first approach, including supporting any required changes to WPAS A&E	Continued to explore third party solutions via digital strategy work in readiness for a potential EPR Procurement	**Revised Milestone:** Continuing to explore third party solutions via the digital strategy work in readiness for a potential EPR Procurement	Continue to explore third party solutions via the digital strategy work in readiness for a potential EPR Procurement	
Re-enable the use of the 'In Touch' clinic outcome form and write back to WPAS	Digital funding was not secured to support a roll out of In-Touch. Testing of the integration between WPAS and the In-Touch outcome form progressed well. Go live date yet to be confirmed.	Implemented based on service prioritisation, in line with the outpatient transformation programme	Continue to implement based on service prioritisation in line with the outpatient transformation programme	Continue to implement based on service prioritisation in line with the outpatient transformation programme
Achieve a patient facing booking scheduler for MSK which can be scaled up to other services.	Finalised requirements and agreed solution for MSK booking scheduler to fulfil stage 1.	Working with solution to build and deploy stage 1 of booking scheduler. Continuing to work on stage 2 and 3 of requirements.	Work with solution to further build on stages of requirements.	Work with solution to further build on stages of requirements.
Centralisation of Health Records	Agreement to lease approved.	Renovation work to proposed unit.	Proposed commissioned handover to health board. Racking to be installed by SBUHB.	Movement of records and functions to new unit. Proposed to be completed by end of March 25.
ONE BAY WAY				
Cardiology: Eradication of patients over follow-up target date. PIFU model implemented. Creation of hot clinics. Improved patient management pathway.	A list of 130 patients was validated, with discharges made, as relevant, and outcomes of PIFU/SOS added, as required. The FUNB list has, consequently, been reduced.	Work underway to identify the next cohort of patients who it is possible to manage in this way. **Awaiting Executive decision on funding required**	Review of phase 1 progress to be undertaken and plans drawn up for rollout.	Review of progress and performance to be undertaken.
Deliver Physio First Contact Practitioners for all Clusters based on re-modelled resources which are currently available and roll-out digital booking system. (Listed under Primary Care MSK GMO PCT_01)	Funding opportunities and work with IT to develop a direct patient digital booking system & identify clinic space for a hub model commenced.	Commencing implementation of direct patient digital booking system, if funding identified. A**waiting Executive decision on funding required**	If funding identified, rollout of direct patient digital booking system to continue.	If funding identified, outcomes of hub model to be reviewed.
POPULATION HEALTH				
Development of integrated weight management pathway and service specification for level 1-3 services.	COO & Executive Medical Director agreement on ownership of weight management pathway reached 03.06.2024. Lead and clinical lead identified. Agreed to	Demand and capacity, and other data measures for services recognised as delivering weight management, being	Proposal and business case for local adult AWWMP model, to include workforce plan for delivery levels 1-3 with inclusive Maternity pathways, to be developed.	

Pathway development will integrate across existing One Bay Way work.	report progress through APOG, as a ministerial priority. Draft service specification for pathway produced by Public Health Team. Agreement reached to manage pathway and service specification under One Bay Way programme on 03.06.2024. 24/25 PEY funding confirmed by WG.	developed through process mapping exercise. **October 2024 Update:** • **Weight management pathway developed utilising One Bay Way approach.** • **Executive lead for development of weight management pathway identified.** • **Clinical lead identified** • **Outline measures developed within service specification. Current capacity for level 2 in dietetics is 360 patients per year. Process mapping of existing services delivered supported by VBHC team.** • **Commissioning commercial provision of Level 3 adult weight management service through NHSWSSP till March 25 utilising PEY funding. WG supporting this approach.** • **Validation of level 2 cohort for level 3 support utilising PEY funding in year.**	
Development of quarterly highlight report and evaluation papers to ensure ongoing sustainability of the Maternal service and HMQ in Hospital service is prioritised. Integrate into existing OBW work programme.	Implementation of PEY-funded Welsh Government priority, Maternal Smoking Cessation and NPT pilot pathways, underway and services specifications staff commenced in post. Gathering of robust evaluation data commenced. Noted requirement for ratification and agreement of governance of tobacco control plan.	PEY-funded work being delivered and evaluated. Developing a sustainable delivery model and business case, including workforce requirements, should funding become available from April 2025 onwards. **Update October 2024:** • **HMQ Maternal Smoking service launch 25/09/24. Limited progress on service evaluation.** • **Current financial climate not supporting development of a business case for investment.** • **Agreement to utiise One Bay Way approach for tobacco control**.	Delivery and evaluation of PEY-funded work to continue. Development of a sustainable delivery model and business case, including workforce requirements, should funding become available, or not.