

Better Health, Better Care

Partnerships for Improving Health and Wellbeing

Ref	Priority	Summary Plan Action	SLT Lead	Exec Lead	Milestones				Measures	Ref	Description	Target	Q1
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20					
A_1	Neighbourhood Approach	Implement the Neighbourhood Approach Project Plan	Unit Director PCS	DoS		G No Q2 Milestone		Implementation Q3 Milestone Update: Implementation via Our Neighbourhood Approach programme		Evaluation for potential roll-out Q4 Milestone Update: Implementation via Our Neighbourhood Approach programme			
A_2		Improve health and wellbeing through Primary care prevention actions. (Primary Care actions are linked to Cluster transformation programme) This section focusses on Western Bay 'Our Neighbourhood approach' transformation	Unit Director PCS	COO		A No Q2 Milestone		Implementation via Our Neighbourhood Approach programme		Implementation via Our Neighbourhood Approach programme			
A_3	Suicide and Self Harm	Agree multi-sectorial Suicide and Self Harm Prevention action plans	Unit Director MH&LD	DPH		A Establish Multi-agency group		G RPB approval of Action Plan		Implement Action Plan			
A_4	Community Resilience	Take asset based approach to build community resilience and social connectedness.	DPH	DPH		A N/A							
A_5	Health and Housing	Work with partners, targeting at risk groups to improve Health and Housing including environmental factors, flexible housing, homelessness and future proofing.	DPH	DPH		G Identify key actions		R Develop work programme		Implement work programme			
A_6	Health in All Policies	Develop Health in All Policies Framework with partners developing enhanced green and blue spaces using Green Infrastructure mapping.	DPH	DPH		A Develop Proposals		R Develop Implementation Plan		Implement Plan			

Co-Production and Health Literacy

Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones				Measures	Ref	Description	Target	Q1
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20					
B_1	Wellness Centre	Develop integrated Wellness Centres in Swansea and Neath Port Talbot areas	Unit Director PCS	DPH		G Review of further sites completed for Swansea Wellness Centre; Scope opportunities for additional wellness centres and agreement in principle. UPDATE: Ongoing review of sites by project board. SLT support to progress Upper Afan Valley Wellness centre; initial scoping of Neath Wellness Centre commenced with practices		G Submit OBC		continue project in line with schedule of works			
B_2	Healthy Behaviours	Continue to promote smoking cessation particularly among pregnant women and improving the four week CO2 monitored quit rates	DPH	DPH		A No Milestone in Q2						NDF_6 The percentage of adult smokers who make a quit attempt via smoking cessation services 2.60%	
B_3		Improve uptake of childhood immunisations, particularly for those in areas of high deprivation	DPH	DPH		A No Milestone in Q1				Minimum 90% uptake childhoods imms, MMR vaccination in teenage population, HPV / Teenage booster. Improve uptake of Men ACWY in		NDF_7 The percentage of those smokers who are CO-validated as quit at 4 weeks 56%	
B_4	Healthy Behaviours	Improve Flu Vaccination uptake rates for Children, people with chronic conditions, people over 65 and staff through Flu immunisation campaign and Flu Action Plan	DPH	DPH		G Develop Plan		R Commence campaign				NDF_2 Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1 96.50%	
B_5		Improve healthy Eating through pre-referral advice for Under threes into flying start, Nutrition Skills for Life, pre-diabetes scheme and the Obesity pathway.	DPH	DPH		G Establish Nutrition and Dietetic service in Workplace Health Programmes		R		Increase dietetic capacity for Level 3 Obesity Service / Establish Foodwise programme within clusters		NDF_3 Percentage of children who received 2 doses of the MMR vaccine by age 5 91.10%	
B_6	Healthy Behaviours	Improve levels of Physical Activity through Exercise and Lifestyle Programme and Pulmonary Rehabilitation courses	DPH	DPH		G Implement Roll-out if Pilot successful		R		Evaluate Rollout		NDF_5 Uptake of the influenza vaccination among: 65 year old and over; under 65s in risk groups; pregnant women and; health care workers 65+ = 68.1% <65 are risk = 43% Pregnant women = 43.6% Healthcare Workers = 54.5%	
B_7		Roll out comprehensive training programme for health and non-professionals based on Health Literacy and MECC	DPH	DPH		A No Milestone in Q1				Develop a full programme of MECC training		NDF_4 Percentage of children who are 10 days old within the reporting period who are eligible for a contact and received the 10-14 days health visitor component of the Healthy Child Wales programme 89% in Q4 no Q1 figures available	
B_8	Substance & Alcohol Misuse	Alcohol Misuse and Substance Misuse	DPH	DPH		G Awareness campaign – Minimum Pricing Act		R Roll out Brief intervention Training to Primary Care					

Digitally Enabled Health and Wellbeing

Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones				Measures	Ref	Description	Target	Q1
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20					
C_1	Strategic Outline Plan	Develop a new Digital Strategic Outline Plan to support the first phase of the road map for the delivery of the digital plan in the new Health Board.	CIO	CIO		A Draft plan completed UPDATE: SOP to be developed as part of IMTP process for the HB. Timescales for delivery amended accordingly		A SOP approved by HB		Implement SOP			
C_2	WCCIS	Support Integrated Care via Digital Partnerships and transformation, working together with Local Authorities to roll out WCCIS to maximise benefit in terms of information sharing, integrated record keeping and mobilisation.	CIO	CIO		G Finalise deployment order UPDATE: Milestone has been amended due to Change of Scope from full Deployment Order to Community Nursing and Integrated Team Proposal, followed by full Deployment order. Actual milestone is to work on Full Business Case in readiness for IBG in Q3 2019/20. Deployment order commencement.		G Present Full Business Case to IBG Q3 2019/20. Complete Deployment Order and commence readiness work for Community Nursing and Integrated Teams proposal.		Continue Readiness work for implementation of Community Nursing and Integrated Teams proposal.			
C_3	Mobilisation	Workforce Mobilisation: Mobilising the workforce with digital technology through the national Mobilisation Policy.	CIO	CIO		G Evaluation report of Community Mobilisation project		G Use National Mobilisation Policy to support roll out pilots of mobile systems such as Nursing Documentation and e-Prescribing. Q3 Milestone updated - Funding from WG approved in October. Procurement and roll out of devices to support mobile working in Morriston and NPTH		Q4 Milestone update: - Continue roll out of devices in Morriston and NPTH to support mobile working.			
C_4	PKB	Patient/Citizen Empowerment through implementing Patients Know Best (PKB).	CIO	CIO		R Establish patients forums UPDATE: Milestone has been Amended to Work with NWIS to get WPAS event and WCRS Documents into PKB. Delayed due to Data Centre issue with NWIS. UPDATE: Contract extension agreed with IBG and PKB. Contract to be signed in October. Implemented to 9 services within Swansea Bay. Approval to roll out to Swansea staff and roll out commenced. Evaluation of pilot to be completed in 20/21		G Implement WPAS events and WCRS documents into PKB. Continue to work with services around the clinical services plan to implement PKB.		WPAS appointment letters into PKB. Continue to work with services aligned to the clinical service plan to implement PKB and measure the benefits in readiness for Evaluation and Business Case.		NDF_42 The average rating given by the public (aged 16+) for the overall satisfaction with health services in Wales 2016/17= 5.97 2018/19=6.40	

Best Value Outcomes from High Quality Care

Primary & Community Care

Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones				Measures	Ref	Description	Target	Q1
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20					
Da_1	Whole System Transformation (Clusters)	Roll out the Whole System Approach to Cluster-led, Integrated Health and Social Care System across all 8 Clusters (Funding dependent) including the further development of Cluster Plans and implementation of pace setter projects in line with cluster priorities.	Unit Director PCS	COO/DoS		G Phase 2: Llŷchwr & Upper Valleys Clusters. UPDATE: The milestones for this line were previously amended. To be amended as per row 66 of the PCS Q1 submission as follows: 'Initiative phase 1. Neath Cluster, appoint programme and project manager support for roll out.' Phase 1 has commenced, programme manager appointment, shortlisting complete for PM support.		G Implementation via Whole System Cluster Transformation programme		Implementation via Whole System Cluster Transformation programme		NDF_52 Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment Annual decrease 2017/18= 48%, 2018/19= 37.1%	
Da_2	Audiology	Expand Primary Care Audiology capacity and coverage	Unit Director PCS	COO	G	Recruit and train staff in Neath Cluster	G	New expanded service implemented and monitored	G	New expanded service implemented and monitored		NDF_53 Percentage of GP practices open during daily core hours or within 1 hour of daily core hours Annual increase 97%	
												NDF_54 Percentage of GP practices offering daily appointments between 17:00 hours and 18:30 hours Annual increase 86%	
												NDF_48 Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor Annual increase 2017/18= 83.4%, 2018/19= 93.7%	

Da_3	Oral Health / Dental	Improve oral health of vulnerable groups (children, elderly, asylum seekers, homeless and housebound); Develop and implement integrated (GDS/CDS) domiciliary oral health pathway, targeting care; Increase access to general dental services (implementation of contract reform).	Unit Director PCS	COO	Review interim service. UPDATE: The summary action was split into 2 separate action areas and the milestones for each have been amended. Please see rows 85 and 78 of the PCS Q1 submission: 1. New intake of practices joining contract reform commences April 2019, 20% of SBU practices on scheme in line with WG expectation. 2. Ensure all required GDS practices (training practices and Contract Reform) trained and engaged on supporting the programme. 2. Implement new model for dental domiciliary care.	A	1. Monitor progress against CR phase 1 objectives. Actions/feedback provided to practices where data is an outlier against the Welsh and HB averages, monitor improvements in data 2. Establish pathway for Health Visiting service to secure access for children to GDS. 2. recruitment of project manager within primary care team to develop and implement new dental dom service. UPDATE: Practices continue to be monitored throughout the year with PC managerial/clinical support provided where necessary. Local CR meeting held with all practices on scheme and Project manager now in post to begin to develop and implement new dental dom service. T&F group to be established in Q3.	G	Cont. to monitor/review progress against phase 1 objectives by existing practices. October'19 new practices invited to join the programme. WG to set new target of practices to be on scheme.	: Analysis of annual data. Practices meeting phase 1 objectives to be moved to phase 2 with a further reduction of UDAs. Practices not meeting phase 1 objectives remain at this stage/further support required from HB PC team	NDF_57	Percentage of health board population regularly accessing NHS primary dental care	4 quarter increase	62.3% in Q4 18/19, Q1 data not available	
Da_4		Reduce reliance on face to face outpatient appointments for Oral Surgery/Cancer by introducing Primary Care oral medicine Clinician-led Referral Management Centre, supported by local implementation of new Oral Medicine programme	Unit Director PCS	COO	Introduce new pathway. UPDATE: The milestones for this line has been amended. Please see row 81 of the PCS Q1 submission: Develop/Confirm Oral Medicine pathway with OMFS/Establish MDT Task and Finish Group - T&F Group agreed pathway for presentation at Board	G	Monitor new pathway MDT group to approve new service model. Commence formal tender process for provision of service within primary care setting UPDATE: Tendering process completed during qtr. 2 new service model will be implemented during qtr. 3 along with evaluation framework	G	Review new pathway	Scope for additional pathway reform	NDF_62	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care specialities		67.90%	
Da_5	Out of Hours Primary Care	Remodel Urgent Primary Care service (GP-led Out of Hours service), creating multi-disciplinary model; reshaping the staffing mix to reduce reliance on GPs, and introducing new types of practitioner i.e. paramedic, pharmacist and advanced nursing input.	Unit Director PCS	COO	Please see row 92 of the PCS Q1 submission: No milestone in Q1 and Q2 amended as described in Q2.		In place - complete using Pharmacists, Paramedics, ANP and HCSW, Administrators, GPs and Drivers. Work progressing to redesign the clinical model. UPDATE: Work underway to re-locate DNs with GP OOH team in Morriston Hospital.	A	New primary care contracts to be in place. New service pathway to have commenced. Monitor of new pathway.	New pathway embedded. Continued monitoring of service in Q4.	NDF_55	Percentage of OOH/111 patients prioritised as P1CH that started their definitive clinical assessment within 60 minutes of the initial call being answered	90%	96%	
											NDF_56	Percentage of OOH/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) base appointment seen within 60 minutes following completion of their definitive clinical assessment/face to face triage	90%	100%	
Da_6	Primary & Community Led Pathways	Redesign Primary Care Workforce including further development of Advanced Nurse Practitioners, developing a framework and opportunities for staff rotation across primary and community care settings and develop the role of Community Paramedics within more	Unit Director PCS	WOD	Undertake training needs analysis	A	Identify training requirements and develop plan UPDATE: Working towards training requirements and plan	A	Liaise with University providers	Develop an Health Board rotation plan	NDF_48	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor		2017/18= 83.4%, 2018/19= 93.7%	
											NDF_52	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment		2017/18= 48%, 2018/19= 37.1%	
Da_7	Eye Health/ Ophthalmology	Reduce reliance on face to face ophthalmology outpatient appointments by further increasing number and percentage of patients receiving pre-operative assessment and post op follow up in primary care (Optometry) practice	Unit Director PCS	COO	Monitor new pathway. UPDATE: This milestone has been amended to 'Joint Hospital and Primary Care Eye service review and agreement on priority pathways to transfer care to the latter'. Community Optometry capacity map completed	A	Commence implementation of at least one new pathway: UPDATE: Complete	G	Scope additional pathway reform	Develop plan for further pathway reform	NDF_62	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care specialities		67.90%	
											NDF_63	95% of ophthalmology R1 patients to be seen by their target date or within 25% in excess of their target date for their care or treatments	95%	64.30%	
Da_8	Primary Care Estate	Continue to improve the Primary Care Estate	Unit Director PCS	DoS	Complete refurbishment of Murton and Penclawdd. UPDATE: The milestones for this line was previously amended. Please see row 63 of the PCS Q1 submission: Services relocated and main refurbishment works commenced (Murton and Penclawdd)	G	Refurbishment works continued (Murton and Penclawdd); prepare for consultation on service provision in Cwmilyfelli/Ystalyfera to inform future estates requirements. UPDATE: Refurb works ongoing; planning for wider Upper Amann Valley PC provision engagement ongoing	G	Refurbishment works completed (Murton and Penclawdd); Review outcome of consultation	New Facilities signed off and opened (Murton and Penclawdd); Agree future estate need Cwmilyfelli and Ystalyfera.	NDF_48	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor		2017/18= 83.4%, 2018/19= 93.7%	
Unscheduled Care & Stroke															
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones					Measures		Ref	Description	Target	Q1
					Q1 2019/20					Q2 2019/20		Q3 2019/20		Q4 2019/20	
Db_1	Reduced Attendance	Reduce Unnecessary Hospital Attendance through admission reduction for the Big 5 in partnership with WAST (see Appendix 9), continuing multi agency approach to manage frequent attenders, and Care and Repair Wales pilot scheme rollout. Including falls response vehicle to reduce un-necessary conveyance to hospital.	USC Lead	COO	Reduction in frequent A&E attenders (2018 baseline) / Evaluation of Care and Repair pilot scheme UPDATE: Funding for full time commitment ceased after winter. Included as an option in 19/20 unscheduled care plan.	R	UPDATE: Proposal submitted to Healthier Wales fund in July but not approved. Full time frequent attenders nurse and administrative support has been subsequently funded by WG on a non-recurrent basis until 31st March 2020. WAST falls level 1 response service has continued this financial year and has a 65% non conveyance rate. Amber and green call conveyance have continued to reduce compared with previous years, however red call conveyance is increasing. Medical admissions continue to reduce - however length of stay is increasing largely as a result of insufficient community capacity.	G	Reduction in medical admissions (March 18 baseline) Reduction in the conveyance of non-injury falls patients from 18/19 baseline./ 25% patients seen in ambulatory care pathways		NDF_76	Number of ambulance handovers over one hour	0	721	
											NDF_77	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	75%	
											NDF_78	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	644	
Db_2	Timely Access to Urgent Care	Ensure Timely Access to Urgent or Emergency Care through implementing assessment recommendations for vascular, Fractured neck of femur, Acute Medical Assessment Unit (AMAU) and ED pathways, maximising use of Medicine Neurology and Respiratory Hot Clinics and flexible beds.	USC Lead	COO	Implement recommendations Fractured neck of femur, AMAU, vascular improvement programmes	A	Monitor effectiveness of improvement programmes UPDATE: Medicine hot clinic, Neurology flexible beds in place and delivering impact. Ambulatory Emergency Care pilot undertaken in June/July 2019 with positive impact identified on patient flow from ED. Optimal model business case being developed, along with a phased approach to run pilot model over longer period. Confirmation received that ambulatory emergency care model funded over winter.	G	Monitor effectiveness of Hot Clinics	Implement recommendations ED pathways	NDF_77	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	75%	
											NDF_78	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	644	
Db_3	Length of Stay	Reduce patient risk through reduction in avoidable delays and prolonged hospital stay through implementing the NHS Wales Delivery Unit complex discharge audit recommendations and Right Care Right Place review recommendations.	USC Lead	COO	Implement key priorities from audit recommendations, Reduce variation in SAFER flow bundle, Discharge process improvements UPDATE: Unit exploring options to expand the OPAS service and the bed equivalent impact it can deliver. This is included in the Units unscheduled care plan	R	Implement revised Escalation and patient flow policies. UPDATE: Good Hospital care group and implemented as part of the Hospital to Home transformation programme.	A	Monitor impact and improvement	Improve Psychiatric Liaison service (funding required)					
Db_4	Medical Bed Capacity	Rebalance medical bed capacity at Morriston through maximising the use of Early Supported Discharge for COPD patients at Morriston and Singleton, and the use of community hospital frailty beds, pathway coordinators (funding dependent), Green to Go ward relocation (funding dependent) and implementing OPAS plus (funding dependent).	USC Lead	COO	Maximise early supported discharge for COPD and use of community hospital frailty beds	G	Implement Pathway Coordinators (funding dependent) UPDATE: Workforce redesign has allowed the Delivery Unit to introduce patient pathway coordinators within existing resources. Posts will be in place for winter 19/20 and along with implementation of signal whiteboard system, this change will support a strengthened, live patient flow and monitoring approach which has the potential to deliver a bed equivalent impact assessed as being circa 5/6 beds.	G	Implement OPAS plus (funding dependent)	Implement Green to Go (funding dependent)					
Db_5	End of Life Care	Improve End of Life Care through reducing admissions to Acute Hospitals at the end of life & supporting patients to remain in their place of residence, including through better utilising digital technology top capture information, better engagement and outcome measures.	USC Lead	DoN	Better utilise digital technology		Audit against national and local standards/ Live queue dashboards in endoscopy and radiology		Recommendations of Audit/ Live queue dashboards in pathology/histology	Review admissions to acute hospitals at end of life					
Db_6	Centralising Acute Take	Action updated: Develop an Acute Medical Model for Swansea Bay Centralise the Acute Medical Take at Morriston and align with continued planning for the HASU (subject to any engagement/consultation requirements).	CSP Leads	COO	Commence planning and Critical path UPDATE: Health Board wide clinical engagement event held to discuss Outpatients and acute care. Small cohort of clinicians have been identified to be part of a group going forward to explore option for acute care and visit to north midlands has been organised for October to review their approach to Acute Care. To be noted action to be amended going forward to reflect revised language - Acute Care model. Future milestones will be revised to reflect the work now being undertaken by the newly established advisory group.	G	Plan for wraparound ward agreed UPDATE: Evidence gathering including visit to North Midlands NHS Trust set up, Acute Care Clinical Redesign Group established, and Ambulatory Care Workshop has been planned.	A	Update Q3 Milestone: Principles develop, identified the high level model and the roles of the delivery units Plan for 2nd MRI scanner agreed	Update Q4 Milestone: Plan for in year redesign opportunities in place. Planning for HASU and Acute Medical Take aligned	NDF_76	Number of ambulance handovers over one hour	0	721	
											NDF_77	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	75%	
											NDF_78	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	644	
											NDF_66	Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	58.90%	57%	
Db_7	Stroke Care	Provide Fast, Effective Care through promotion of FAST, continued development of TIA services, exploring the provision of Capture Stroke System to support real time reporting and establishing a Thrombectomy pathway through WHSSC.	USC Lead	COO	Review TIA services UPDATE: Current focus is on electronic process for receiving GP referrals into the TIA Service. Working with IMT on prioritising this requirement.	R	Option appraisal completed decision made not to progress with capture stroke following a cost benefit analysis of the system - action should therefore be closed after this update.		Monitor development of TIA services - Morriston and NPT Delivery Unit to review TIA service with a view to offering a single 7 day service		NDF_66	Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	58.90%	57%	
											NDF_67	Percentage of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	12 month increase	0%	
											NDF_68	CT Scan (<1 hrs)	54.50%	51%	
											NDF_69				

		Implement Workforce Redesign exploring expanding targeted 7 day cover, recruitment to medical vacancies to support four hour bundle and continuing staff training and awareness sessions of stroke pathway.	USC Lead	COO	Staff training and awareness schedules in place UPDATE: Staff awareness training continues. Review of workforce arrangements to support 7 day working is ongoing as part of the HASU Business Case development.	A	No Q2 Milestone			Seven day cover in place	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	84.40%	100%
--	--	---	----------	-----	---	---	-----------------	--	--	--------------------------	---	--------	------

Planned Care

Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones				Measures					
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Ref	Description	Target	Q1		
Dc_1	Timely Access to Planned Care	Continue with MCAS arrangements and as appropriate extend service provision (i.e. Joint pain injections) - with waiting times to be maintained at eight weeks maximum.	Planned Care Lead	COO	New joint injection model to be implemented UPDATE: MCAS arrangement continues and looking to maintain list at 8 weeks	A	Complete further review of modernisation opportunities for MCAS model UPDATE: Combined spinal consultant/ advanced physiotherapy practitioner (APP) joint clinics for follow up patients seen in MCAS have been introduced to reduce the number being referred through to stage 1 waiting list and a business case has been put forward for upskilling of APP's in spinal injection therapy and Ultrasound guided injections.	G	Implement further actions identified through review.					
Dc_2		Extended use of e-referral / Tele dermatology for advice and support into General Practice and extend funding of additional clinical fellows across Wales as part of national action plan.	Planned Care Lead	COO	Continue roll-out e-referral/Tele dermatology to GP practice UPDATE: Use of e-referral in Dermatology continues to be used and it has been agreed that there is no capacity to be able to train additional clinical fellows at the current time.	A	Finalise funding for clinical fellows		Recruitment of clinical fellows					
Dc_3		Introduce Audiology Pathway with referrals as appropriate directed into the Audiology Service.	Planned Care Lead	COO	Continue with monitoring new audiology pathway and reduction of referrals into secondary care	G	No Milestone in Q2		Extend pathway arrangements					
Dc_4		Increased use of Optometry / Non-Medical services to monitor and refer patients following appropriate guidelines.	Planned Care Lead	COO	Introduce ODTG into strawberry place/Cwmtawe Cluster / Embed Ophthalmic Priority Measures across the Health Board.	G	Make available additional accommodation in Singleton for increased non-medical face to face contacts		Finalise manpower plan for ophthalmology/clinical nursing team	Appointments into new skill mix	NDF_63	95% of ophthalmology R1 patients to be seen by their target date or within 25% in excess of their target date for their care or treatments	95%	64.30%
Dc_5	Outpatients Modernisation	Implement Welsh Government priority arrangement to new and follow up patients.	Planned Care Lead	COO	Continue with implementation of planned care programme / Update WPAS to accommodate new definitions around virtual clinics, see on symptom and self-managed care / Agree investment into validation team into IBG	G	Appoint into validation team UPDATE: Validation team in place - additional investments successfully agreed with WG and now being implemented. Refreshed Transformation Board in place.	G			NDF_62	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care specialities		67.90%
Dc_6	Theatre Efficiency	Improve Theatre efficiency and utilisation including ENT/ orthopaedics access to Singleton and Neath Port Talbot theatres.	Planned Care Lead	COO	Agree and implement action plans with delivery units / Agree information requirements with information team and delivery units / Re-energise existing theatre efficiency board	A	Monitor changes to efficiency and reallocate theatre sessions across delivery units as appropriate/Reallocate lost funded theatre session for urology to enable return to balanced service provision/Ensure Cataract throughput is equalised or improved upon in Ophthalmology/Implement "Open Eyes" or equivalent to oversee PROMs activity / protocols in Ophthalmology/Introduce / Embed Virtual Clinics and build into Consultant / Non-Medical staff job plans. UPDATE: Work currently being progressed around a medium term option of additional ward plus theatre in Morriston Hospital to support Orthopaedics. Focus on Urology increasing footprint in NPT.	G			NDF_63	95% of ophthalmology R1 patients to be seen by their target date or within 25% in excess of their target date for their care or treatments	95%	64.30%
Dc_7		ENT access to Singleton theatres to utilise for routine and high activity capacity.	Planned Care Lead	COO	Establish one all day ENT operating list at Singleton Hospital. UPDATE: Plan to establish the all-day list at Singleton but we will not be able to do this from September due to anaesthetics pressures in the main. Plan to target an October start date.	R	No Milestone in Q2: To commence in October		Commenced					
Dc_8		General Surgery access to Singleton theatres to utilise for routine and high activity capacity.	Planned Care Lead	COO	Establish one all day General Surgery operating list at Singleton Hospital and one all day list at Morriston UPDATE: Morriston are on track to start in September However it has been agreed not to commission the Singleton list.	R	To commence in Morriston in September							
Dc_9		Implement a revised hand surgery model across plastic surgery and orthopaedics to stabilise capacity and demand.	Planned Care Lead	COO	No Milestone in Q1		Consultant recruited and delivering agreed new job plan UPDATE: Consultant in post from October, additional operating lists will start to be supported by anaesthetics from November 2019.	G						
Dc_10		Recruit two gastroenterology specialist nurses and two consultant gastroenterologists to increase sustainability of Gastroenterology service.	Planned Care Lead	COO	No Milestone in Q1		Post holders in place and delivering capacity UPDATE: Locum Consultant post for Morriston Hospital Delivery Unit out to advert. RCP approval for substantive posts in progress.	G						
Dc_11	Ensure Cataract throughput is equalised or improved upon in Ophthalmology.	Planned Care Lead	COO	Ensure delivery of revised baseline D&C model for sustainable ophthalmology cataract treatments	A	Ensure delivery of revised baseline D&C model for sustainable ophthalmology cataract treatments		Ensure delivery of revised baseline D&C model for sustainable ophthalmology cataract treatments	Ensure delivery of revised baseline D&C model for sustainable ophthalmology cataract treatments	NDF_63	95% of ophthalmology R1 patients to be seen by their target date or within 25% in excess of their target date for their care or treatments	95%	64.30%	

Cancer

Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones				Measures					
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Ref	Description	Target	Q1		
Dd_1	Detecting Cancer Early	Detect Cancer Earlier through maintaining and expanding the service of the Rapid Diagnostic Clinic (RDC) (funding dependent), ensuring effective partnership working with primary care and Macmillan GP lead.	Cancer Lead	COO	Rapid Diagnostic Yearly Outcome Report UPDATE: SBUHB have agreed that they will continue to support the Rapid Diagnostic Clinic (RDC) at Neath Port Talbot Hospital. The Welsh Cancer Network have provided additional funding to enable the RDC to complete a 2 year local operational evaluation and also provide clinical data to facilitate a national evaluation of the pilot. The RDC clinic will continue to be held at Neath Port Talbot Hospital and 2 clinics a week will be held until the evaluation takes place. Further scoping work is currently being undertaken to determine the feasibility of extending the scope of the clinic to take referrals from AGPU in Singleton and A&E departments. The Senior Team are also in discussions with Executive colleagues with regard to the future direction of the clinic. RDC Team are presenting yearly outcome report at the August Cancer Improvement Board.	G	Develop Business Case for RDC Expansion UPDATE: Further funding has been received from WCN to extend the pilot until March 2020. Discussions are taking place with respect of the boundary changes and patient flow, and this will need to be completed prior to any development of a business case.	A	Macmillan/Primary Care pilot areas identified					
Dd_2	Single Cancer Pathway	Single Cancer Pathway - Deliver the Single cancer Pathway Delivery Plan to implement the Single Cancer Pathway.	Cancer Lead	COO	Stock & Flow modelling to establish capacity gaps UPDATE: WG have requested Implementation/Action Plans are updated and resubmitted at the end of August. This will be discussed at the next SCP meeting. Work has commenced with Lung to map and compare pathways against the Optimal Pathway to understand variance and consider improvements required at the various steps. The Macmillan QI Manager will be presenting her findings to the Cancer Improvement Board in September. New processes to identify patients at the earliest opportunity have been implemented from Radiology and from Outpatient attendances within the new outpatient build at Morriston. To ensure engagement with the wider staff groups and disciplines, drop-in sessions were held at each of the main hospital sites in July. Attendance was best at the Morriston site, however attendance from management and some expected staff groups such as co-ordinators and tracking staff was poor. Workshops with the H&N, UGI and LGI teams was postponed to September and October due to lack of attendance due to leave and Breaking the Cycle. Revised guidelines for the management of Cancer Waiting Times Targets (USC/NUSC and SCP) have been developed by the WCN and WG. HB's were given the opportunity to review and comment against them. These have been revised and issued back to HB's in draft for comment ahead of the document going through the WISB process for information standards assurance. WPAS Cancer Tracker 19.1 was deployed within the HB on the 24th July. Implementation has been successful with minimal disruption. Following an SCP implementation meeting with the WCN in July, all HB's using Cancer Tracker raised concern that development is needed to improve the tracking and reporting processes within Cancer Tracker. HB's met on the 5th August to agree and prioritise areas for development that will be provided to NWIS for assessment and consideration. This list is being finalised and will be discussed at the WPAS CAB meeting, possibly w/c 12th August if finalised ahead of the meeting. Stock and Flow modelling established and work has been shared with NWIS.	G	Review pathways against national optimal pathways UPDATE: The National Optimal pathways will be published in tranches. Tranche 1 were published on October 2nd 2019 via a WHC. These 7 pathways have been approved by the Collaborative Executive Group and the Cancer Implementation Group and include pathways for lung, breast, head & neck mucosal, neck lump, gastric, colorectal and oesophageal. Tranche 2 is in development and will include 15 new site specific NPs extending coverage to over 80% of all diagnosed cancers. These are expected to follow the same pathway to approval. Work is ongoing with Lung to map and compare pathways against the Optimal Pathway to understand variance and consider improvements required at the various steps. The Macmillan QI Manager presented her findings to the Cancer Improvement Board on the 20th September 2019. A Head & Neck Cancer Workshop was held on the 12th September 2019, facilitated by the Cancer Information Team which was well attended by the Head & Neck Cancer Multidisciplinary and Management Team. The workshop provided the team time to measure where we are against these pathways. Measuring performance against the optimal pathway will support improved system planning to achieve this aspiration and can be used as supporting documentation when delivering Service Delivery Plans and IMTP's. An action plan from the workshop is to be developed by the Head & Neck Team. This work will continue with the other tumour site groups. At the end of August, the HB received confirmation from WG on the SCP bids submitted. An allocation for the 2019-2020 financial year of £366,380 and an indicative (subject to the Welsh Government's budget settlement) allocation of a further £356,828 for the financial year 2020-2021. The successful bids were as below: • Straight to test – Joint bid between Surgery and Endoscopy • Pathology – Improving the digital Pathology process • Radiology – Upskilling staff and improving primary and secondary care interface, particularly for Cancer patients. A bid submitted by the three cancer centres for a Project Team was also successful.	A	Unit action plans to comply with optimal pathways.	Unit action plans implemented	NDF_64 NDF_65	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	98%	95%
Dd_3	Fast, Effective Treatment	Deliver fast, effective treatment including through ensuring robust Spinal Surgery Access for patients diagnosed with Metastatic Spinal Cord Compression (MSCC), and developing a strategic holistic plan regarding how the Acute Oncology Service will be developed and resourced.	Cancer Lead	COO	MSCC Pathway agreed with C&VUHB UPDATE: At the July Cancer Improvement Board, the HB Executive Cancer Lead informed the group that there is a plan for spinal surgery coming forth in the next month in terms of how this will be managed. A conversation will need to take place, in order to decide how Spinal Surgery will be supported in Morriston temporarily. Recruitment plans are taking place up to May next year, and will be looking to Cardiff to see if something can be agreed between the two Health Boards in the meantime	A	Review of service and gaps identified UPDATE: Swansea Bay University Health Board and Cardiff and Vale University have an established Regional and Specialised Services Provider Partnership, comprised of ourselves, our Medical Directors, our Chief Operating Officers and our Strategy/Planning Directors. Spinal services are within the scope of that partnership group, which focuses on priority services requiring collaborative, regional solutions. At the last meeting our Medical Directors updated us on work done to develop an outline model for future services that is focused on providing a sustainable regional service for South West and South East Wales. It relies on recruitment to a post in Swansea Bay University Health Board from April 2020. As well as addressing challenges with the current pathways, it takes into account the emerging role of the Major trauma Network and Centre in the management of spinal trauma.	A	Acute Oncology Service Plan developed					

Dd_4	Person Centred Care	Deliver Person Centred Care through a transformational approach to cancer nursing ensuring that 100% of people diagnosed with cancer have a recovery package that includes a keyworker, Holistic Needs Assessment, associated care plan, treatment summary in Primary Care.	Cancer Lead	DoN	CNS review undertaken in cancer services UPDATE: Provided a status report on 2016 CNS review	G	CNS review expanded - teams, activity, job plans Expanded to reflect current CNS workforce picture in HB activity. Review Job Plans and undertake CNS survey UPDATE: The Cancer CNS caseload review and job planning project brief have been approved by the Cancer Improvement board and Nursing and Midwifery Board. The Lead Cancer Nurse has just completed an engagement exercise with the Matrons, Senior Matrons and Cancer CNS's to share details of the projects aims and objectives. Data collection will begin in October 2019. A structured approach to Person Centred Care has been established to report to the Cancer Improvement Board. The structure consists of a Person Centred Care steering group that oversees five project groups: eMNA, Health and Well-being, Cancer information and Support Services, Treatment Summaries and cancer care review and rehabilitation. The projects groups each have a project lead to develop interventions that contribute to Person Centred Care. CNS review expanded - teams, activity, job plans. Expanded to reflect current CNS workforce picture in HB activity. Review Job Plans and undertake CNS survey	A	Evaluate efficiency and effectiveness of CNS teams	Report recommendations and key themes				
Dd_5	Cancer Planning & Leadership	Strengthen Cancer Planning & Leadership through the development of a Health Board Cancer plan that is clinically lead and supported by Executive Directors and ensuring leadership and accountability for the delivery of the Cancer Delivery Plan is defined.	Cancer Lead	COO	Finalise Cancer Plan UPDATE: Dr Richard Evans – HB Medical Director has been appointed as the new HB Cancer Lead Executive. The Cancer Standards & Quality Manager is currently working with the Head of IMTP Development and Implementation on drafting a Cancer Whole System Plan for 2020 – 2023. The first version of the plan will be presented and discussed at the August 2019 Cancer Improvement Board, chaired by the Cancer Executive Lead.	A	Cancer plan in place and Cancer lead appointed UPDATE: Dr Richard Evans – HB Medical Director has been appointed as the new HB Cancer Lead Executive. The Cancer Standards & Quality Manager is currently working with the Head of IMTP Development and Implementation on drafting a Cancer Whole System Plan for 2020 – 2023. The first version of the plan was presented and discussed at the August 2019 Cancer Improvement Board, chaired by the Cancer Executive Lead. Work is ongoing to ensure the Delivery Units Plans have robust actions in relation to the Cancer IMTP.	A	Implement Cancer plan	Review				

Mental Health & LD

Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones				Measures	Ref	Description	Target	Q1
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20					
De_1	Learning Disabilities Services	Long-term rationalisation of our NHS learning disability estate to reduce number of isolated small inpatient units by bringing units together according to population needs.	Unit Director MH&LD	COO/DOS	Agreement to joint statement on commissioning intent. UPDATE: Joint statement on commissioning intent agreed by Cardiff and Vale and CTM Health Boards. ICF bid for expansion of LDIST was not successful. 2 formal meetings between 3 health boards and 7 local authorities held so far regarding common service model and modernisation. Agreed that this will be high level to capture the things that should be done regionally without being a block to local developments. Developed a joint proposal for the use of non recurrent funding made available by WG to address health inequalities for people with LD as a test of working across multiple partnerships.	A	Engagement with individual local authorities to share outline intent for change to the service UPDATE: Proposed Mental Health Transformation Programme reviewed by CSP programme board, revised and resubmitted to West Glamorgan Adult Transformation Board Programme where it was agreed. Multiagency project leads confirmed. Recruitment to project management posts to support transformation programme commenced.	A	Development and agreement of multiagency proposal	Discussion about change programme bridging funding to invest in community expansion			
De_2		Development of Adult Acute Business case to replace the not fit for purpose estate still in use at Cefn Coed Hospital.	Unit Director MH&LD	COO/DOS	Development of Strategic outline Case (SOC). UPDATE: In progress, capital planning group has been set up and well attended. The front end of the Business Justification Case (BJC) process has been largely developed, these being the technical solutions of delivery and not the implementation, timetabling, funding or delivery end.	A	Submission of SOC & plan for development of Outline Business Case UPDATE: The governance arrangements have been agreed and the framework service scope and solution options have been identified. However, the new date for the SOC to be submitted is now Q1 2020. The project group is up and running and well established. This is chaired by SHG.	A	To be amended. Outline Business case development and stakeholder engagement.	To be amended. OBC Work for submission in 2020/21			
De_3		Interim solution to re-provide Psychiatric Intensive Care Unit.	Unit Director MH&LD	COO/DOS	Interim solution scoped. UPDATE: Agreement to incorporate requirement of PICU within the main adult acute business case. Milestone closed.	G	Engagement with partners, public and staff UPDATE: This is linked with the Adult Acute Business Case and will take place in Q3.	A	Plans developed for interim solution incorporating engagement	Interim PICU solution implementation plan agreed and progressing.			
De_4	Adult Acute Care	Implementation of the Adult Mental Health Strategic framework.	Unit Director MH&LD	COO/DOS	Identification of priorities within optimum model and agreement of phased change. UPDATE: Proposed transformation programme described within Health Board and presented to Adult Transformation Board of Regional Partnership for project management resources to support delivery. Agreed priorities by Wellbeing and Mental health Board used to inform programme structure for year 1. Proposals not universally agreed and in the process of revising and preparing project documentation for agreement and to enable recruitment of project managers	A	Formal sign off of priorities with local authorities for 2019/20 Development of investment plan for Welsh Government Health and Social care funding UPDATE: Proposed Mental Health Transformation Programme reviewed by CSP programme board, revised and resubmitted to West Glamorgan Adult Transformation Board Programme where it was agreed. Multiagency project leads confirmed. Recruitment to project management posts to support transformation programme commenced.	A	Work streams established, phased delivery of service models planned Review of Third sector mental health provision to inform commissioning plan	Engagement/ consultation on service changes and identification of Capital requirements			
De_5		Implementation of a sustainable service for providing high intensity psychological therapies to meet new 26 week access target.	Unit Director MH&LD	COO	Complete demand and capacity analysis & recruitment to new roles for sustainable delivery. UPDATE: Recruitment has begun with 2 lead therapists recruited. The Demand and Capacity analysis is to begin in Q2. Looking to appoint 2 B6 therapists using the Psychological Therapies funds.	A	Redesigned stepped model of care & pathway UPDATE: Progressed with appointment of critical posts to increase capacity to progress with workstream in September 2019. Phase two of the project plan on the re-design of Psychological Therapies has commenced. Focus on access thresholds, referral pathways and modes of therapy delivery, in line with NPTMC recommendations.	G	Implementation of revised service model	Routine performance monitoring to maintain 26 week wait and evaluation of impact.			
De_6	Community Mental Health Services	Work with partners to ensure robust alcohol and substance misuse services are in place.	Unit Director MH&LD	COO	Review of Service model by Area Planning Board. UPDATE: Workshop from external review has taken place and the report is being shared back to the Area Planning Board. The delivery unit has been a part of this and will continue to be.	G	Outcomes of review considered for implementation UPDATE: Workshop in November arranged by APB to validate external review First meeting within DU around developing the draft to follow.	A	Multiagency agreement of revised service model	Agreement of modernisation plan for implementation of revised service model			
NDF_9		The percentage of people with learning disabilities who have an annual health check									75%	Awaiting publication of 2018/19 data.	
NDF_30		Number of health board mental health delayed transfer of care (rolling 12 months)											
NDF_87		The percentage of health board residents in receipt of secondary mental health services (all aged) who have a valid care and treatment plan (CTP)									90%	89%	
NDF_30		Number of health board mental health delayed transfer of care (rolling 12 months)									12 month decrease	21	
NDF_72		The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral									80%	77%	
NDF_87		The percentage of health board residents in receipt of secondary mental health services (all aged) who have a valid care and treatment plan (CTP)									90%	89%	
NDF_88		All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place									100%	100%	
NDF_71		Percentage of patients waiting less than 26 weeks to start a psychological therapy									95%	100%	
NDF_72		The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral									80%	77%	
NDF_8		European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales									4 quarter decrease	New measure for 2019/20. Awaiting publication of data	
NDF_86		Number of calls to the DAN 24/7 helpline (drugs and alcohol) by Welsh residents per 100,000 of the population									4 quarter increase	39.30%	

Women & CYP

Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones				Measures	Ref	Description	Target	Q1
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20					
Df_1	Neonatal Care	Progressing work aligned to the Neonates Transitional Care unit and a Workforce Plan to meet BAPM standards.	Unit Director Singleton	COO	Implement workforce planning proposal to increase medical and nursing cover including increased midwifery weekend cover.	G	Implement Psychology support UPDATE: Head of Psychology started in post. Currently setting up service, recruiting to support posts. Limited input to Neonates at present.	A	Develop a suite of monthly performance information to inform service development.	Increase therapy input into the neonatal unit			
Df_2		Children's Strategy Board to ensure delivery of the children's plan closely linked to the work of the Western Bay Regional Partnership Board.	Unit Director Singleton	COO	Membership reviewed and meetings reinstated	G	Commencement of work plan UPDATE: Meeting frequency changed to bi-monthly. Next meeting November to agree priorities for work programme next year from CYP IMTP	A	Ongoing completion and monitoring of work plan	Review of achievement and agreement of next year's work plan			
Df_3	Child Health Development	Agile working and technology enhancements in Child Health Development.	Unit Director Singleton	COO	Source alternative accommodation to Central clinic	G	Move dept. to Singleton Site UPDATE: Location sourced on Singleton site. Quotes received from Portacabin. Location sourced for health records and quotation obtained for racking. OCP process underway with staff. Archive of records underway with The Maltings Final sign off from Wellness Centre Project Board required to progress transfer.	A	review waiting list processes and	Implement DMS			
Df_4	CAMHS	Neurodevelopmental team development to improve staff and patient experience.	Unit Director Singleton	COO	Complete capacity and demand modelling.	G	Centralise Neurodevelopmental team to a single site UPDATE: Centralised in September 2019.	G	Increase pre and post diagnostic support to families	Centralise Neurodevelopmental team to a single site			
Df_5		Phase 2 of an integrated model for CAMHS.	AD for Strategy and Partnerships	DoS	Review demand and capacity for the single point of access - Milestone revised as D&C completed in Q4 18/20 New milestone Q1 - Single accommodation base for CAMHS identified to support the Single Point of Access	G	Revised Service Model for CAMHS agreed UPDATE: A revised service model for CAMHS was presented to the CYP Emotional & Mental Health Planning Group in September. The high-level service model was accepted, and consultation with staff will now continue.	G	Detailed consultation with staff on future service model commenced	Single Base and Single Point of Access implemented			
Df_6		Community Paediatrics sustainable service model.	Unit Director Singleton	COO	Sustainable service model for audiology medical cover	G	Review workforce opportunities; increase specialist nurse input in continence pathway. UPDATE: Review of nursing workforce and continence pathway started	R	Sustainable service model for audiology medical cover	Implementing psychology support			
Df_7		Developing a single point of access and sustainable workforce model for Acute Paediatrics.	Unit Director Singleton	COO	Set up project team and present to Executive Team	G	Option appraisal UPDATE: Review of site requirements and Morrison and draft workforce implications will be completed by Mid November 19	A	Workforce Plan	Outline business case			
Df_8	Paediatrics	Required changes to meet the Additional Learning Needs and Educational Tribunal (Wales) Act.		COO	Complete capacity and demand modelling		Assure and verify data through regional partnerships UPDATE: Supporting ALN Transformational Steering Group – appropriate attendance at key regional events agreed at November meeting	R	Develop job description and undertake recruitment to meet service need.	Appointment of a Designated Education Clinical Lead Officer			
Df_9		Noted that actions are required to be included on the development of the SARC. This will be included in Q2 report											

Lou I don't know what this is or means - in red they are not mine - could be health visiting - I would get in Qtr. 2, Qtr. 3 review waiting list processes and Qtr. 4 - not sure how you feed this back to Corporate

have changed this completed it was wrong
this is not Singleton Delivery unit why is it in here? Louise please flag this to whoever monitors this corporately

Older People					Milestones					Measures						
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Q1 2019/20		Q2 2019/20		Q3 2019/20		Q4 2019/20		Ref	Description	Target	Q1
Dg_1	Hospital 2 Home	Draft Transformation Fund Bid for Hospital2Home service including new discharge to assess and recover model, expansion in reablement at home, expansion in acute clinical teams & Single Point of Access.	Unit Director PCS	COO/DOS			G	Recruitment and communications plan UPDATE: Comprehensive comms programme undertaken in MHDU during September/October	G	Prepare implementation		Implementation	NDF_31	Number of health board non mental health delayed transfer of care (rolling 12 months)	12 month decrease	112
Dg_2	Older People's Mental Health Service Modernisation	Reconsideration of service model for Older People's Mental Health in patient care with local authorities as a result of boundary change.	Unit Director MH&LD	COO/DOS			A	Agreement of multiagency modernisation plan for actions of National Dementia Strategy UPDATE: The sub group of Older Peoples Transformation programme for MH has had its first meeting to work with all the agencies. To take the modernisation forward.	A	Implement any further changes to community provision based on evaluation.		Commence implementation of revised service model for inpatient services	NDF_46	Percentage of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia	Annual increase	2017/18= 57.6%
													NDF_72	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	77%
Quality, Safety & Patient Experience					Milestones					Measures						
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Q1 2019/20		Q2 2019/20		Q3 2019/20		Q4 2019/20		Ref	Description	Target	Q1
Dh_1	Improving Surgical Outcomes	To improve surgical outcomes all clinical staff ensure patients have a standardised assessment and appropriate day case anaesthetic.	DON To be realigned to MD	DON				Monitor compliance		Monitor compliance		Report, evaluate, recommend improvements	As per report into NELA database			
Dh_2		Improve outcomes for older people: reducing length of stay through promoting SAFER framework and ensuring Comprehensive Geriatric Assessments (CGA).	DON To be realigned to MD	DON				Audit of patients defined age group receiving CGA	G	Implement and monitor		Evaluate				
Dh_3	Pressure Ulcers	Reduce acquired pressure ulcers both in hospital and the community monitored via current mechanisms and ward to board Dashboard	DON	DON			G	Monitor and initiate improvement actions as necessary UPDATE: There has been a 12% reduction in Grade 3, 4 and Unstageable pressure ulcers in Q1 2019 compared to Q1 2018 (n25 – 22)	G	Monitor and initiate improvement actions as necessary		Monitor and initiate improvement actions as necessary	NDF_27	Total number of pressure ulcers acquired in hospital	12 month decrease	64
Dh_4	Falls	Reduce avoidable falls, particularly in community settings, through multi agency collaboration and scaling up the Dance for Health Programme.	DON	DON			G	Revise Falls Strategic Improvement Group UPDATE: The inaugural Hospital Falls Injury Prevention Strategy Group has taken place 25.05.2019.	G	Scale up the Dance for Health programme			NDF_29	Number of patient falls reported as serious incidents		
Dh_5	HCAIs	Audits on time taken from onset of unexplained diarrhoeal symptoms to isolation, with feedback of results to Delivery Units for action.	DON	DON			G	Undertake baseline audit	G	Quarterly spot-check audit	A	Quarterly spot-check audit		Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening	12 month increase	43%
Dh_6		Audit the time taken from obtaining diarrhoeal specimen and its receipt by the laboratory with feedback of results to Delivery Units for action.	DON	DON			G	Undertake baseline audit	G	Quarterly spot-check audit UPDATE: Audit Completed	G	Quarterly spot-check audit		Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening	12 month increase	
Dh_7		Undertake C. difficile ward round on key wards once weekly *(where possible) with feedback of results to Delivery Units for action.	DON	DON			G	Undertake baseline audit	G	Quarterly spot-check audit UPDATE: Ward rounds underway	G	Quarterly spot-check audit		The number of potentially preventable hospital acquired thromboses	4 Quarter decrease	1
Dh_8		Audit of compliance with MRSA Clinical Risk Assessment with feedback of results to	DON	DON			A	Undertake baseline audit	A	Quarterly spot-check audit	A	Quarterly spot-check audit		Cumulative rate of laboratory confirmed Aureus bacteraemia (MRSA and MSSA) cases per 100,000 population	<20	34.6
Dh_9		Support Delivery Units to improve management of HCAIs through ensuring Quality Improvement Leads for Infections are leading HCAI Improvement Programmes in each Delivery Unit ensuring compliance with ANTT competence requirements and developing processes to determine avoidable versus unavoidable infections.	DON	DON			G	Quality Improvement Leads for Infection in place	G	Develop process determining avoidable/unavoidable infections UPDATE: In discussion with microbiology	A	Evaluate ANTT compliance		Cumulative rate of laboratory confirmed C.difficile bacteraemia cases per 100,000 population	<26	33.5
Dh_10		Improve infection control: specimen collection protocols, business intelligence informing ward dashboards, a 4D programme for environmental decontamination and a	DON	DON			G	Develop key specimen collection protocols	G	Development of '4D' Programme UPDATE: Fully implemented	G	Develop FMT process		Number of Patient Safety Solution Wales Alerts and Notices that were not assured within the agreed timescales	0	0
Dh_11		Develop, implement and monitor compliance with guidelines for antibiotic prescriptions without available guidelines for prescribers and to support restricted use of Co-amoxiclav in secondary and primary care settings.	DON	DON			G	Monitor Co-amoxiclav guidelines in secondary care.	G	Develop specific Guidelines for antibiotic prescriptions with no available guidelines		Implement primary care guidelines and monitor compliance	NDF_19	Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)	4 Quarter decrease	329.6
Dh_12	Patient Experience	Demonstrate improvement and learning from Patient Experience through the implementation of the patient experience plan.	DON	DON			G	Integrate patient experience as a measure of care for all areas of clinical pathway development.	G	Develop a patient engagement plan	G	Level of feedback as % of discharges at 25%	NDF_20	Fluoroquinolone, cephalosporin, clindamycin and co-amoxiclav items per 1,000 patients	4 Quarter decrease	8.20%
													NDF_44	Evidence of how NHS organisations are responding to service user experience to improve services		
													NDF_47	Percentage of adults (aged 16+) who had an appointment in the last 12 months, who felt that they were treated with dignity and respect	Annual increase	2016/17= 95.8%, 2018/19= 96.5%
													NDF_48	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor	Annual increase	2017/18= 83.4%, 2018/19= 93.7%
													NDF_49	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	Annual increase	2017/18= 89.0%, 2018/19= 92.9%
Partnerships for Care					Milestones					Measures						
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Q1 2019/20		Q2 2019/20		Q3 2019/20		Q4 2019/20		Ref	Description	Target	Q1
E_1	Regional Clinical Services Plan	Develop a Regional Clinical Services Plan for the South West Region (HDDUHB and SBUHB)	DoS	DoS			G	Review HDDUHB and SBUHB agreed strategies	G	Develop a draft RCSPP for agreement by the JRPDC in Quarter 2		Completed				
E_2	Endoscopy	Meet the requirements of the National Endoscopy Group. Key elements will be included: o 'Routine' endoscopy work o Implications of changes to the FIT test/Bowel Screening o Implications of the Single Cancer Pathway o Surveillance o Endoscopic Retrograde Cholangio-Pancreatography (ERCP).	COO	DoS			A	Development of 2019/20 feasibility plan to address the five priority areas UPDATE: An Endoscopy Capacity and Demand Plan has been submitted for 2019/20 for SBUHB and provides a plan to address current capacity issues and provide assurances that the Health Board will deliver a maximum waiting time for Endoscopy of 8 weeks. A Bid has been submitted against the National Single Cancer Pathway funding to implement straight to test for Endoscopy referrals. A Bid has also been submitted to the Bowel Screening programme regarding increasing capacity for screening.	A	Implement and monitor agreed plan		Implement and monitor agreed plan				
E_3	Catheter Labs	If funding is agreed, expand Tertiary Cardiology capacity based on commissioning third catheter laboratory at Morrision hospital.	COO	DoS			A	Funding agreed through WHSSC: Progress recruitment for the tertiary Catheter lab expansion UPDATE: Consultant sessions in place, supporting staffing part implemented via locum which will run until 30/8/19. Staff have been employed but require training post September start. This will take 12-18 months but a short term rotational plan is in place to allow this to be operational in Q4.	A	Planning work for replacement of 3rd catheter lab at Morrision in year 2 or 3 UPDATE: Planning for third cath lab replacement to commence during qtr. 4	G	Phase in additional activity as recruitment progresses		Phase in additional activity as recruitment progresses		
E_4	Orthopaedics	Enable a final plan to be agreed by the Joint Regional Planning and Delivery Committee	DoS	DoS			G	Consideration of joint strategic direction and action plan for 2019/20 UPDATE: JRPDC has agreed orthopaedics will be planned through respective HBs Annual Plans/IMTPs	G	UPDATE: Work recommenced following meeting with Orthopaedic Consultants to explore option of delivering increased capacity (theatre/ward) on the Morrision Hospital. Reinstatement of limited clean orthopaedic operating on the Morrision Hospital site being planned for end of October 2019.	G					
E_5	Vascular	Deliver the plan for the Vascular Surgery Steering Group	COO	DoS			A	The implementation of the regional Limb at Risk Pathway	A	No Milestone in Q2						

E_6	Dermatology	Develop and implement innovative short term solutions and a joint approach for the medium to long term.	COO	DoS	Agree work plan and actions UPDATE: Support to develop a regional work programme has been endorsed by the Dermatology Regional Planning Group. Agreed actions included: Strengthen current dermatology workforce and address immediate issues and capacity gaps; National Dermatology Peer Review to take place during 2019 as part of the work of the national dermatology board - Dates confirmed: SBU – 18th July 2019 and initial feedback positive; A Dermatology Regional half-day workshop is planned for 3rd October Chaired by Chris White, Chief Operating Officer, SBUHB.	A	Update: A Dermatology Regional half-day workshop took place on 3rd October Chaired by Chris White, Chief Operating Officer, SBUHB.	G								
E_7	Ophthalmology	Agree an operational plan focusing on regional eye on-call service.	COO	DoS	Milestone updates: UPDATE: Agree model	A	No Milestone in Q2									
E_8	Cellular Pathology	Develop regional cellular pathology service	DoS	DoS	Resource schedule for OBC	G	Feedback on OBC from WG UPDATE: Welsh Government Gateway review 1 completed sept 2019 and amber rating achieved.	G			Complete OBC					
Digitally Enabled Care																
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones				Measures				Ref	Description	Target	Q1
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20								
F_1	Patient Appointment Reminders	Expand Patient Appointment Reminders to service areas that can adopt the reminder solution to include Community & Therapy appointments.	CIO	CIO	Evaluation of outpatient appointment service	A	Assessment of opportunities for further roll out UPDATE: Draft evaluation completed. Assessment of opportunities underway via KPMG	A	Commence next phase (subject to approval)							
F_2	HEPMA	Empower Clinicians implementing HEPMA across inpatient wards at Neath Port Talbot and Singleton hospital sites.	CIO	CIO	Go live HEPMA in Neath Port Talbot UPDATE: Milestone amended: Go Live HEPMA in NPTH adjusted from Q4 18-19 to Q2 19-20 by HEPMA Project Board on 09 May 2019. Tracker milestone should reflect system configuration, drug file building, and SDU engagement	G	Go live HEPMA in Singleton UPDATE: Issues from JAC has delayed the integration of the solution with WCP and therefore led to slippages in implementation in NPT. Project Board have approved go live in date NPT to be revised to end of November.	A	Complete HEPMA Implementation on 2 sites Q3 Milestone Updated: Milestone amended: Complete implementation NPT		HEPMA Business case and evaluation for Morriston Q4 Milestone Updated: Preparation for Go live in Singleton with view to go live early Q1					
F_3	WRRS/WCRS	Empower Clinicians through making all test results available nationally via the Welsh Results Reports Service (WRRS) and uploading records to the Welsh Care Records Service (WCRS).	CIO	CIO	Go live of additional diagnostic information and clinical documentation in WCP	G	Go live of additional diagnostic information and clinical documentation in WCP UPDATE: No issues	G	Go live of additional diagnostic information and clinical documentation in WCP		Go live of additional diagnostic information and clinical documentation in WCP					
F_4	Electronic Test Requesting	Complete rollout of Electronic Test Requesting to enable clinicians to request and review progress of tests electronically, reducing duplication.	CIO	CIO	Complete Singleton Inpatients Rollout UPDATE: Singleton implementation nearing completion while additional support provided to POWH wards	A	Commence and complete implementation in Morriston outpatients UPDATE: Singleton and Princess of Wales in patients implementation complete. Specification and approach agreed to staple inTouch to WCP for Morriston outpatients.	A	Complete Singleton outpatients Q3 Milestone Update: Commence and complete implementation in Morriston outpatients		Q4 Milestone Update: Complete Singleton outpatients					
F_5	WCCIS	Implement WCCIS.	CIO	CIO	No Milestone in Q1 Implement WCCIS.		Deployment order complete NOTE: Action is same as action C_2 to be removed in further updates and referenced as C_2 only.		Commence 12 month readiness programme							
F_6	Electronic Referrals	Rollout electronic referrals and prioritisation via WRRS ensuring safe and secure transmission of patient referral letters and referral information between Primary, Secondary and Tertiary Care Services.	CIO	CIO	Complete primary to secondary referrals implementation. 1st site live. UPDATE: Plans in place to go live with Cardiology West 1* to 2* w/c 05 Aug 2019	A	Evaluation of 1st site and plan agreed / Complete roll out to Morriston UPDATE: Cardiology West gone live with primary to secondary. Draft evaluation report complete.	G	Implementation across all specialties commences Q3 Milestone Update: National programme resources now focussed on Cardiology only. Cardiology secondary to secondary and secondary to tertiary referral testing commences.		Implementation across all specialties continues / Complete roll out to Singleton Q4 Milestone Update: Cardiology secondary to secondary and secondary to tertiary referral					
F_7	PROMs	Roll out PROMs aligned to the Clinical Services Plan through a technical solution including information repository.	CIO	CIO	Alignment of PROMs roll out plan to Clinical Services Plan	G	Technical solution for Proms agreed including information repository UPDATE: Pilots underway assessing a number of technical platforms for the delivery of PROMS	A	Commence roll out of PROMs		Continue roll out of PROMs					
F_8	Business Intelligence	Develop and launch a Business Intelligence Plan.	CIO	CIO	Continued development of BI plan	G	UPDATE: Initial draft developed to be shared with the Advisory Board for Feedback	G	Launch BI plan		Development of Implementation Plan					
F_9	Hybrid Mail System	Implement a Hybrid Mail System moving all patient letters from the WPAS (Invest to Save dependent).	CIO	CIO	No Milestone in Q1 Implement a Hybrid Mail System moving all patient letters from the WPAS (Invest to Save dependent).		Solution to be procured UPDATE: A working group has been established to review the options available to the HB for the adoption of Hybrid mail. The group has had presentation from a number of solution providers and users of hybrid mail across Welsh HBS	A	Implementation Plan Developed Q3 Milestone Update: Options paper to be submitted to Outpatients Modernisation Group		Implement solution Q4 Milestone Update: Solution requirements to be defined and approved and go out to procurement.					
F_10	Intranet	Enable staff to be more effective through providing fully mobile enabled intranet platform.	CIO	CIO	Procure solution	A	Development of project plan. UPDATE: Unable to recruit project manager resource. Project delayed because of the dependency on Office 365 and other priorities emerging e.g. SIGNAL	R			Implement for Corporate Directorates					
F_11	Document Management System	Development or procure a Document Management System to be supplemented into WCP.	CIO	CIO	Start Assessment of requirement	G	No Milestone in Q2		Start redevelopment of product/procurement Q3 Milestone Update: Project delayed until 20/21 due to dependency on Office 365 and other priorities emerging e.g. SIGNAL							
F_12	Electronic Outpatients Documentation	Deliver paper light outpatient clinics through implementation of Electronic Outpatient Documentation.	CIO	CIO	Electronic continuation sheet available for roll out	A	Milestone should be adjusted to read gather requirements from SBU clinicians in line with CSP UPDATE: Requirements confirmed with Cancer and shared with NWIS for development	G	Define resources in line with requirements							
F_13	Cyber Security	Ensure Digital Infrastructure and Cyber Security through approving a cyber-security plan and ensuring Windows 10 is rolled out. Produce a business case exploring the options for delivery of our data centres post boundary change and identify the model and investment required to meet the organisation's needs.	CIO	CIO	Recruit UPDATE: Delivery profiled to commence from Q2	R	Recruitment started UPDATE: Recruitment complete for 8a post. Recruitment process started for 2*band 6s.	G	Cyber Security Manager appointed		Develop Cyber Security plan/ Rollout of Windows 10 Complete					
F_14	Boundary Change	Business case to IBG UPDATE: Business case development deferred to align to CTM disaggregation BC and national architecture review	CIO	CIO	Business case to IBG UPDATE: Business case development deferred to align to CTM disaggregation BC and national architecture review	R	Deferred subject to national strategy on Infrastructure		Deferred		Deferred					
F_15	Digital Support	Review the need for the growth of Digital support model including 24/7 requirements.	CIO	CIO	No Milestone in Q1 Review the need for the growth of Digital support model including 24/7 requirements.		No Milestone in Q2		Review clinical services model in light of digital support services							
F_16	Radio Frequency Identification Solutions	Continue to implement the Radio Frequency Identification (RFID) Solution across the Health Board.	CIO	CIO	No Milestone in Q1 Continue to implement the Radio Frequency Identification (RFID) Solution across the Health Board.		System go live UPDATE: Completed testing of integration. Project go live now planned for November.	A								
F_17	WEDs in ED	WEDs – the introduction of the digital solution for ED to facilitate the improvements required in the management of patient flow through the department.	CIO	CIO	Assurance that national system is ready	A	Complete Health Board readiness UPDATE: Readiness commenced including baseline assessment of requirements vs specification developed in 2015.	G	Implementation Q3 Milestone Update: Implementation no longer planned in 2019/20 due to requirement to agree correction plan and therefore sign contract. Currently 3rd in the queue for implementation nationally.		Implementation Q4 Milestone Update: Implementation no longer planned in 2019/20 due to requirement to agree correction plan and therefore sign contract. Currently 3rd in the queue for implementation nationally.					
F_18	Theatre Management System	Further development of the Theatre management system (TOMS) to facilitate the improved utilisation of our theatres, increasing capacity and flow through our planned care pathways.	CIO	CIO	No Milestone in Q1 Further development of the Theatre management system (TOMS) to facilitate the improved utilisation of our theatres, increasing capacity and flow through our planned care pathways.		Establish way forward for TOMs nationally UPDATE: Resources reprioritised to other projects. New milestones to be set in 20-23 IMTP	R								
F_19	Nursing Documentation	Support NWIS in piloting the agreed product (developed by the Health Board) selected to support the electronic capture of nursing documentation to improve the effectiveness and efficiency of patient monitoring and handover.	CIO	CIO	Pilot national solution	A	Pilot national solution Update: Change in requirements across Wales. Now due to go live in January.	R	Phased implementation across Health Board Q3 Milestone Update: Testing completed		Phased implementation across Health Board Q4 Milestone Update: Go live in NPTH					
F_20	Managing Patient Flow	To continue the introduction of digital tools to help manage patient flow through our hospitals.	CIO	CIO	Evaluate roll out of local initiatives to determine next steps UPDATE: Milestone date for go live 23 September 2019. Q1 milestone should reflect development and readiness activities to support a Q2 go live	G	Support the national procurement process UPDATE: Local solution agreed for Swansea Bay implementation across the HB. Resource prioritised from other projects to support implementation in Morriston by end of Dec to support unscheduled care and hospital at home. Learnings and benefits from the implementation will be shared with the national process.	G	Support the national procurement process Q3 Milestone Update: Go live with SIGNAL (local solution) in Morriston. Learnings and benefits from the implementation will be shared with the national process.		Support the national procurement process Q4 Milestone Update: Go live with SIGNAL (local solution) in NPTH. Learnings and benefits from the implementation will be shared with the national process.					
Research, Innovation, Education and Learning																
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones				Measures				Ref	Description	Target	Q1
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20								
G_1	Quality & Value	Quality and Value.	DOM	DOM	Clinical leaders in post in primary and secondary care	G	Projects under way aligned to organisational priorities UPDATE: Progress being made with VBHC agenda and alignment to national strategy	G	Delivering against plans, with crossover/expansion of work streams		Roll-out of improvement plans and preparation for Year 2					
G_2		Increase in number of Health and Care Research Wales Clinical; Research Portfolio studies and commercially sponsored studies.	DOM	DOM	No Milestone in Q1 Increase in number of Health and Care Research Wales Clinical; Research Portfolio studies and commercially sponsored studies.		No Milestone in Q2		Increase in both commercial and non-commercial studies open and recruiting							
NDF_38		Number of Health and Care Research Wales clinical research portfolio studies											10% annual increase		97	
		Number of Health and Care Research Wales commercially sponsored studies											5% annual increase		37	

G_3	Research Portfolio	Increase in number of participants recruited into Health and Care; Research Wales Clinical Research Portfolio studies and commercially sponsored studies.	DOM	DOM	No Milestone in Q1	No Milestone in Q2							NDF_39 NDF_40 NDF_41	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	10% annual increase	2,276				
G_4	Innovation Hub	Innovation.	DOM	DOM	Establishment of Innovation Hub	A Work plan agreed, with mechanisms in place for testing UPDATE: Welsh Government decision to align Innovation Hubs to Regional Partnership Boards. Posts to be appointed to - in progress.	G							Number of patients recruited in Health and Care Research Wales commercially sponsored studies	5% annual increase	136				
Excellent Staff																				
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones								Measures	Ref	Description	Target	Q1			
					Q1 2019/20				Q2 2019/20				Q3 2019/20		Q4 2019/20					
H_1	Shape of the Workforce	Shape of the Workforce action plan to meet the requirements under the Nurse Staffing Act.	DON	DON	Undertake a review of Band 2, 3 and 4 nursing roles to address qualified nursing deficits taking into account the Nurse Staffing Act. UPDATE: A new role of Assistant Practitioner at Band 4 is being introduced to some of the hospital wards. The role that can help employers to have the flexible mix of skills required to meet complex patient needs, whilst enabling registered practitioners to deliver what they have been uniquely trained for.	G	Develop and commence a phased implementation plan meet the requirements under the Nurse Staffing Act.	G	Continued delivery of the phased implementation plan for the Nurse Staffing Act		Continued monitoring of the organisations compliance with the Nurse Staffing Act				Overall staff engagement score – scale score method	Improvement	3.81			
H_2	Workforce Resourcing	Workforce resourcing, reducing vacancies and turnover within the first 24 months of employment (particularly nursing staff).	WOD	WOD	Develop action plans to reduce vacancy rate and turnover in 24 months UPDATE: Delivery units have actions plans in place to reduce vacancy and discussion are ongoing to further develop plans to increase retention.	G	Commence action plans to reduce vacancy rate and turnover in 24 months UPDATE: Plans being enacted	G	Continued delivery of action plans to reduce vacancy rate and turnover in 24 months		Review success of action plans to reduce vacancy rate and turnover in 24 months			Percentage of headcount by organisation who have had a Personal Appraisal Development Review (PADRI)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	69.00%				
H_3	Workforce Efficiency	Workforce Efficiency through effective rostering and a sustainable digital way of working.	WOD	WOD	Full review of shift patterns to ensure standardised shifts are established to meet service and patient needs. UPDATE: Standardised shift patterns are being rolled out.	G	Implementation of the e-rostering system UPDATE: Roll out continues	G	Development of a digital workforce vision for the Health Board and a business investment case		Reduce sickness absence sickness to an interim target of 5%. Reduction in variable pay by 5% in year from the March 2019 baseline figure.			Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	Improvement	2018= 55%				
H_4	Leadership, Culture, Values	Leadership, Culture and Staff Development.	WOD	WOD	Continued focus on training managers to ensure incremental pay progression is achieved. UPDATE: Work continues to promote and ensure PADRs are up to date and value based and compassionate leadership programmes are being developed.	G	Further development of Values based PADR. UPDATE: Work continues. We are conscious of the work that needs to be undertaken to introduce the new PADR rules from April 2020.	G	Further implementation of Values based PADR.		Improvement in 2019/20 PADR compliance and improve mandatory and statutory training compliance by 10% in year from the March 2019 baseline figure.			Percentage compliance for all completed level 1 competencies within the Core Skills and Training Framework by organisation	85%	75.00%				
														Percentage of sickness absence rate of staff	12 month decrease	5.92%				
Corporate																				
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones								Measures	Ref	Description	Target	Q1			
					Q1 2019/20				Q2 2019/20				Q3 2019/20		Q4 2019/20					
I_1		Ensure the Health Board is suitably prepared for the outcomes of Brexit.	DOS	DOS	Review existing business continuity plans to ensure they are fit for purpose for Brexit	G	Risks identified across the organisation collated into risk matrix.	G	Implement mitigation measures to reduce the risks		Undertake assessment of effectiveness of mitigation measures									
I_2	Corporate Governance	Development of the Board Assurance Framework.	DOCG	DOCG	New corporate risk register fully embedded UPDATE: The Health Board Risk Register is in place and reviewed by the Executive Team quarterly. There is further work to do in relation to the 'top' organisational risks and the development of a Board Assurance Framework.	A	Board Assurance Framework in place. UPDATE: The Board Assurance Framework (BAF) has been updated to incorporate feedback from internal audit and the Audit Committee, and has been cross referenced with the amendments made to the Health Board Risk Register at the September Executive Team meeting. Meetings are being held with key responsible executive directors to update the narrative within the BAF and a report is due to go to the Executive Team in October 2019 and to the Audit Committee in November 2019. The Risk Management group will monitor BAF updates in tandem with risk register updates from December 2019 onwards.	A	Implementation of required action plans monitored through the Risk Management Group		End of year assessment of benefits achieved by enhanced management of risk and the Board Assurance Framework.									
I_3	Welsh Language	Welsh Language embedded into the core business of the Health Board.	DOCG	DOCG	Ensure our systems have been able to issue bilingual outpatient letters UPDATE: As of 31st December 2018 Abertawe Bro Morgannwg University Health Board now known as Swansea Bay University Health Board has made all out-patient appointment letters sent via the Welsh Patient Administration system bilingual. No new letters will be added to the system unless they are bilingual with contingency arrangements in place for any 'non-standard' text.	G	Bilingual Skills plan in place to increase the focus on Welsh Language skills particularly for patient-facing roles UPDATE: The Welsh Language Delivery Group have set up a task and finish group to specifically focus on broader bilingual IT developments across the HB. A Bilingual Skills plan in place and is being updated to increase the focus on Welsh Language skills particularly for patient-facing roles. It has been identified that SBUHB need to improve its completion rate for the Welsh Language Competency on the ESR system and targeted actions are being undertaken to address this.	A	100% compliance issuing bilingual outpatient letters		Have active Welsh language Twitter and Facebook accounts which help us to promote Welsh language services and events			NDF_83	Qualitative report providing evidence of implementation of the Welsh language actions as defined in More Than Just Words					
I_4	Financial Delivery	Delivery of financial savings through delivery of the underlying deficit, management of cost pressures and delivery of high value opportunities.	DOF	DOF	Phased implementation of the Financial Plan UPDATE: The HB has identified c99% of the original savings plan, however there has been slippage of £0.5m in Q1. We have identified the need to generate additional savings to assist with this savings slippage, continuing operational pressures and the Bridgend dis-economies, and work is now underway to provide detailed action and implementation plans. The required level of savings does not take account of the determination in relation to the Bridgend Financial Impact Assessment and this will need to be considered once the WG determination is known.	R	Continued implementation of the Financial Plan UPDATE: A key focus in this quarter has been on the delivery of the original savings plan, as well as the identification of additional opportunities to offset savings slippage, significant and continuing in-year operational pressures and the Bridgend dis-economies. At the end of Q2, the HB has increased its savings identification to £26m, with year-end forecast savings delivery of £20m. Actual savings delivery at the end of month 6 is £7.3m. In support of delivering a breakeven outturn position, the HB established a dedicated multi-disciplinary Delivery Support Team in Q2. This is now working alongside the Welsh Government externally commissioned support from KPMG, which commenced in early October 2019. The HB has received the outcome of the WG determination of the Bridgend arbitration, and this confirmed the level of transferred deficit to CTM UHB. WG has set out its intention to provide financial support to help mitigate against our retained costs and, now that the Bridgend due diligence review has concluded, we are expecting confirmation of the level of funding.	R	Assessment of targeted actions required to achieve delivery of Financial plan.		Focused interventions to ensure delivery of financial plan.									
I_5	Facilities and Estates	Improving estates and modernising hospital facilities enabling improvements required across the Targeted Intervention Areas.	DoS	DoS	Commence agreed plan following option appraisal on cladding on Singleton Hospital's Main Ward Block. Procure full design and tender through Design 4 Life.	G	Completion of Phases 1 replacement generator & phase 2 procurement of the replacement of sub-station 6 through Design 4 Life as part of Morriston Environmental Modernisations Programme. Full design of the New Road from M4 into Morriston Hospital to enable future development of services on site with planning application submitted by July 2020. UPDATE: Full detail design completed for the replacement of substation 6 and the replacement generator to be complete December 2019. WSP Appointed following a tender process to fully design the new road off the M4 into Morriston Hospital.	G	Continued implementation of the 2019 / 2020 Ward Refresh Programme Ward A Morriston Hospital.		Planning and development of Hybrid Theatre and 2 storey wrap around ward at Morriston Hospital.									