

ABM University Health Board	
Date of Meeting: 29th March 2018 Name of Meeting: Health Board Agenda item: 2x	
Subject	<i>Quarter 3 Update on the Implementation of the Annual Plan</i>
Prepared by	Nicola Johnson, Head of IMTP Development and Implementation
Approved by	Darren Griffiths, Assistant Director of Strategy
Presented by	Siân Harrop-Griffiths, Director of Strategy

1.0 Situation

This report provides the Board with an update on the implementation of the Annual Plan 2017/18 at the end of Quarter 3.

2.0 Background

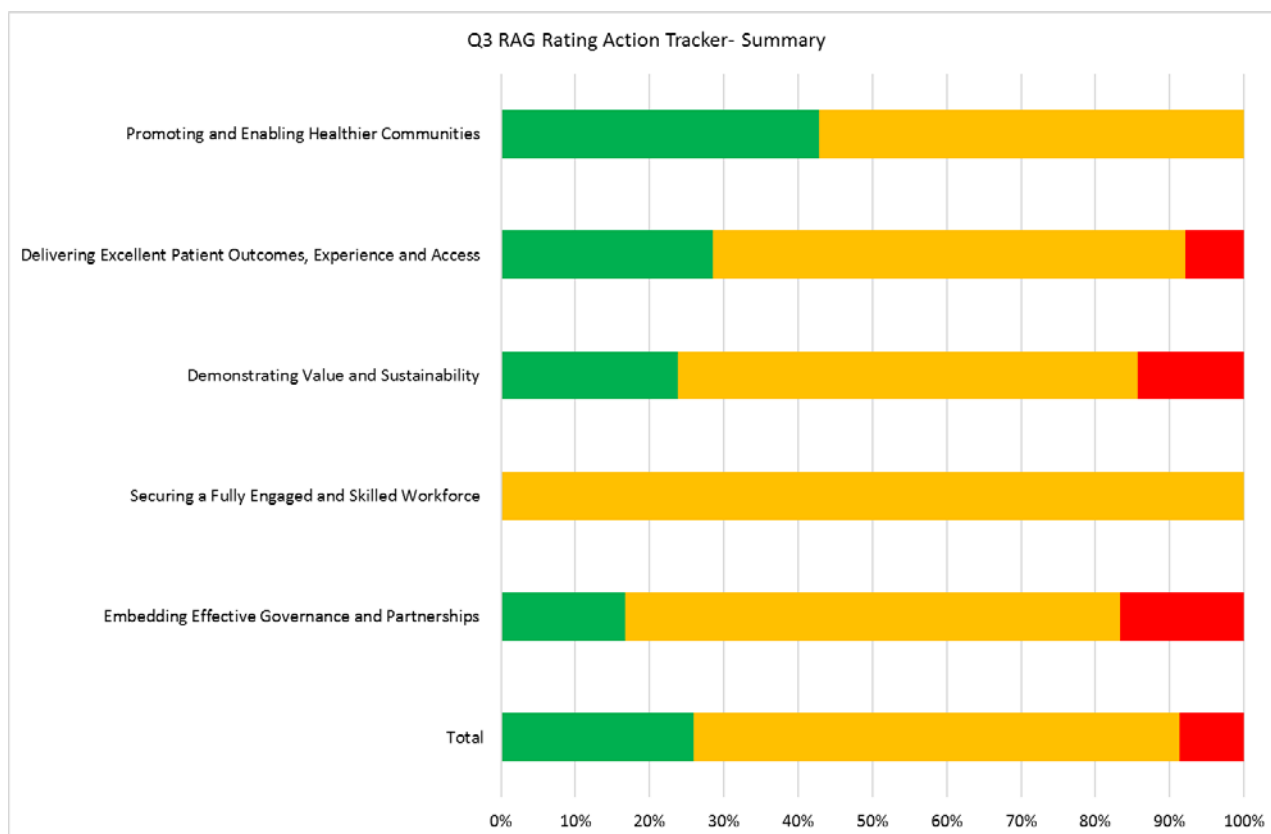
In line with the format of the Quarter 2 report the Annual Plan monitoring report for Quarter 3 is attached at **Appendix A** for the Board's consideration. This includes a narrative summary of the main issues as well as the detailed internal monitoring return.

3.0 Assessment

All of the required detail is contained within **Appendix A** which tracks all of the actions, timescales and progress of the actions set out in the Annual Plan 2017/18. By way of summary, the report is structured by each Corporate Objective which link directly to the Annual Plan document itself. These objectives are:

- Promoting and Enabling Healthier Communities
- Delivering Excellent Patient Outcomes, Experience and Access
- Demonstrating Value and Sustainability
- Securing a Fully Engaged and Skilled Workforce
- Embedding Effective Governance and Partnerships

Performance is assessed on a Red/Amber/Green (RAG) system and is summarised at the start of the report by Corporate Objective. The overall summary is set out in the figure below.



The table below sets out the number of measures in each objective and the RAG position.

	Green	Amber	Red
Promoting and Enabling Healthier Communities	3	4	0
Delivering Excellent Patient Outcomes, Experience and Access	18	40	5
Demonstrating Value and Sustainability	5	13	3
Securing a Fully Engaged and Skilled Workforce	0	7	0
Embedding Effective Governance and Partnerships	1	4	1
Total	27	68	9

The areas where the quarter 3 position have been assessed as red are set out below along with an explanation of the current position.

Action	Comment
Review opportunities, and if appropriate, finalise business cases to open two additional wards; one at Morriston and one at POWH	Considerations are being made alongside Recovery and Sustainability work stream on capacity redesign to ensure that any vacated space opportunities are factored into the overall bed requirements. Could move to green for Q4 given alternative actions in place
Develop regional dermatology service	Both health boards have agreed to

Action	Comment
	focus on local service delivery at present as initial scoping has not identified any immediate benefits from a regional model. Action can be closed as decision made.
Review business case and, if supported, implement plan to centralise all breast services at NPTH, within resources	Outpatient services moved but further plan will be considered in light of Bridgend boundary outcome given interdependencies with Bridgend service. Roll forward to next plan.
Implement WHSSC-funded increase in BMT	Recruitment issues have restricted ability to scale up service. 31 cases anticipated in 2017/18 which is short of the 50 requested by WHSSC. Discussion underway with Cardiff and Vale around options (Cardiff and Vale host the contract with WHSSC and sub contract to ABMU). Unlikely to be resolved in Q4, but discussions are underway.
Develop a plan to use the Tenovus Mobile Unit to increase capacity for chemotherapy (if revenue neutral)	Option suspended to firstly consider alternative capacity options such as home delivery. Outcome anticipated by end of Q4. Could move to green for Q4 given alternative actions in place
Supporting actions in planned care section to transform outpatients through reducing DNAs and follow-ups and validation	Detailed work is underway but not all returns have been received. Actions will now be escalated to recently reconstituted Planned Care Improvement Board (previously Planned Care Supporting Delivery Board). Could move to green for Q4 given alternative actions in place
Develop a clinical strategy for POWH	Work on hold pending consultation outcome on boundary change. Roll forward to next plan
Implement a review process to quantify benefits for existing and new developments	ICF being reviewed through Western Bay Internal processes now modified to channel investment decisions and benefits realisation through Investments and Benefits Group. Could move to green for Q4 given alternative actions in place
Develop an Organisational Strategy to align all of our existing strategies providing a coherent and consistent organisational direction	Clinical Strategy will be completed first (summer 2018) then organisational strategy will follow. Roll forward to next plan.

The number and proportion of completed (Green) actions has increased from Quarter 2 whilst the number of off track (Red) schemes has stayed static. The impact of the actions remains variable and this is explained in more detail in **Appendix A** and is aligned to the main Health Board performance report.

Welsh Government now requires each Health Board to forward the Board report on the quarterly reporting of progress of Annual Plan/IMTP implementation for assurance purposes and this document will be shared with Welsh Government in this regard.

4.0 Recommendations

The Board is asked to: -

- NOTE the progress with the implementation of the Annual Plan 2017/18; and,
 - APPROVE the assessment for sharing with Welsh Government

ANNUAL PLAN MONITORING – QUARTER THREE REPORT

This paper presents the progress made in quarter three (Q3) against the Annual Plan 2017/18 action plan. The report is laid out by Corporate Objective chapters but within each of the chapters the actions are grouped by the seven National Delivery Framework domains to enable cross referencing and consistency with the Integrated Performance and Quality Report.

The heading of each Corporate Objective chapter is colour coded as follows:

Promoting and Enabling Healthier Communities

Delivering Excellent Patient Outcomes, Experience and Access

Demonstrating Value and Sustainability

Securing a Fully Engaged and Skilled Workforce

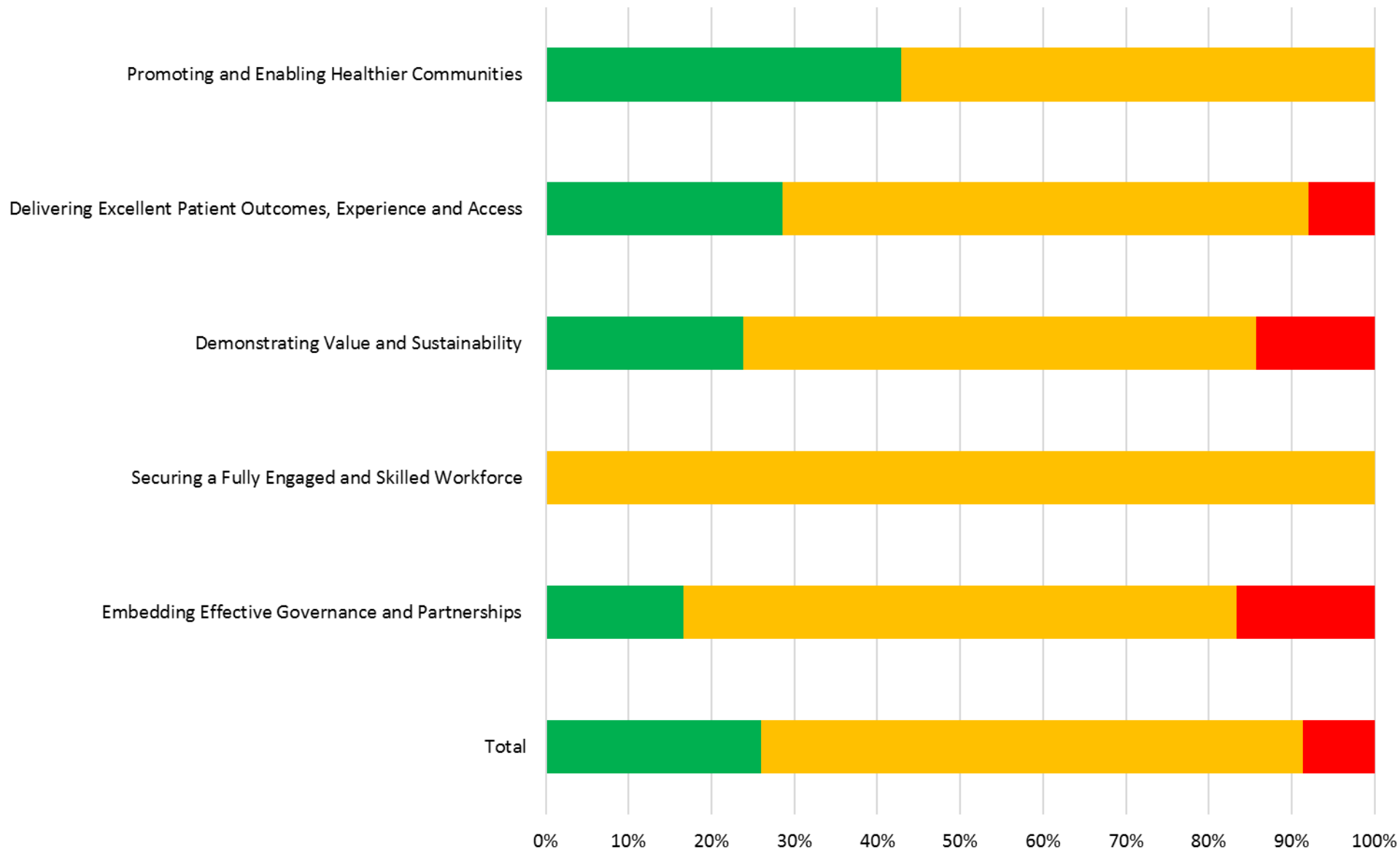
Embedding Effective Governance and Partnerships

There are 109 actions for quarter three and 27 of those actions have been completed demonstrating 25% of actions completed in the second quarter of 2017/18 and of the remaining actions, 62% are in progress and 9% identified as not progressing. Commentary on the current position of the red marked schemes is included in the cover report. The majority of these red schemes can either be closed due to alternative arrangements/decisions being made or rolled into 2018/19 given external factors such as Bridgend boundary consultation for example.

All key actions for Q3 are presented in this report with a summary on progress for each. The summary demonstrates where positive progress against the key deliverables is evidenced along with areas where more focussed action is required to recover performance in Q4.

A summary of Quarter 3 actions by Corporate Objective heading showing the percentage of Quarter 3 actions which are RAG rated Green, Amber and Red is set out below.

Q3 RAG Rating Action Tracker- Summary



The Children and Young People's Strategy was approved by the Board in September 2017 and an implementation plan is being developed. The Health Board has also completed the actions around the Violence Against Women, Domestic Abuse and Sexual Violence Act. The preventative

measures regarding smoking cessation, physical activity, vaccinations and immunisations are in progress with good progress having been made on childhood vaccinations. The flu vaccination campaign amongst staff was also successful this year with a 58% vaccination rate. The Physical Activity Strategy work has been proceeding and an action plan will be developed with partners in Quarter 4.

Corporate Objective 2 - Delivering Excellent Patient Outcomes, Experience and Access

Good progress is being made against the Quality and Safety priorities in the Annual Plan both in terms of the completion of the actions and achieving the measures that were set in the Plan. The Health Board has continued to reduce the number of falls reported and to improve patient experience reporting and performance. There is also good progress with meeting the targets for PREMs/PROMs, complaints handling compliance and patients with NEWS scores. The rollout of e-TOC is on course and e-prescribing is complete and the Clinical Portal is in place. All of these are significant achievements that will improve the quality of the services that we offer. Our progress is with regard to pressure ulcers has deteriorated however during the period.

We are also on-track with the actions to implement enhanced models of primary care through our Cluster Networks developing Telephone First and triage hubs. In unscheduled care the 111 service is completely implemented and this means that the Health Board has the lowest number of Healthcare Professional Calls to WAST in Wales. Our Winter Plan was agreed and is in place and the Clinical Portal is improving clinical communication with primary care. A number of actions relating to Bridgend have been suspended following the announcement of the consultation on the future of the locality including the centralisation of breast services. In planned care, there is evidence of an increase in theatre utilisation and our revised waiting list policies are in place. However, for cancer services, the planned increase in BMT funded by WHSSC has not proceeded due to recruitment issues and the business case for the use of the Tenovus mobile unit was not supported. The remaining actions in this section are proceeding and relate to the targeted intervention priorities of unscheduled care, stroke, planned care, cancer and healthcare acquired infections. However, our performance against these areas is covered in detail in the Integrated Performance Report and is not repeated here.

Corporate Objective 3 - Demonstrating Value and Sustainability

Good progress is being made against many of the Recovery and Sustainability Programme Workstreams with particular progress being made in reducing capacity redesign, clinical variation, procurement and theatre productivity. However, in the period the outpatient improvement and length of stay measures have deteriorated. In year the Health Board has also approved the Primary and Community Services Strategy. The Clinical Strategy for Princess of Wales hospital has been developed (although this is on hold pending the consultation about the Bridgend locality). The Strategic Frameworks for Mental Health and Learning Disabilities are in development and the emerging themes are being used to develop the Annual Plan 2018/19.

Corporate Objective 4 - Securing a Fully Engaged and Skilled Workforce

All of the actions in this section are in progress however there is a mixed record in terms of impact. Whilst there is evidence that staff engagement has improved and there has been a small reduction in sickness rates, the bank and agency usage in the period increased. This

may be due to the use of surge capacity during the winter period. Our PADR and mandatory training compliance is continuing to improve but there is still work to do to achieve the 85% target for each area.

Corporate Objective 5 - Embedding Effective Governance and Partnerships

The Health Board's financial position improved significantly in the quarter and at the end of Quarter 3 our overspend was less than the financial control total target for the period. The rest of the actions in this section remain in progress with the exception of the development of the Organisational Strategy, which has been put on hold pending the completion of the Clinical Strategy and the new Board being in place.

Corporate Objective 1- Promoting and Enabling Healthier Communities

Q3 Actions Tracker- Promoting and Enabling Healthier Communities



Promoting and Enabling Healthier Communities						Impact measure	
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available <i>(Qtr 3 unless otherwise stated)</i>
		Q1	Q2	Q3			
Implement the priorities of our Early Years Strategy to give children in our area the best start in life and prevent adverse childhood experiences							
Publish our Children and Young People's Strategy	Q4				<ul style="list-style-type: none"> The Head of Nursing of Neonatal and Children's Services has undertaken the development of the CYP Strategy. The work commenced in May 2016 and subsequently resulted in the presentation of the completed strategy to the Health Board meeting on September 28th 2017. 	Children and Young People's Strategy published by end 2017/18	
Improve our childhood vaccination rates within available resources through actions such as: appointing high-level immunisation champions and vaccination champions to cover	Q1-Q4				<ul style="list-style-type: none"> Dedicated Ward Nursing staff in situ should a child need a vaccine but no proactive vaccination. Children's Immunisation Group re-established Sept 17 with P/care and GP lead membership (actions e.g. continue with improvements in fluenz uptake). ChIG Action Plan refreshed with All Wales National Improvement Programme for childhood 	Childhood vaccination rates at age 4 reach 90% across all our communities and continue to improve towards achieving the 95%	86.5% (Sep-17)

Promoting and Enabling Healthier Communities					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
every ward, unit or practice; taking every opportunity to check a child's immunisation status; and actively promoting childhood and flu vaccinations.					<p>immunisations. New pathway drafted re default to child immunisations. Draft business plan for HV immunisations team under review for discussion with GP clusters.</p> <ul style="list-style-type: none"> • MMR task & finish group established September 2017 with GP Chair. Primary Care Team developed and issued guidance to GP Practices re cancelled immunisations clinics. In addition, in support of catch up of MMR for 5 - 18 year olds School Nurse time resource is being utilised in Easter school holidays on 1 day per week to support a GP cluster to vaccinate patients they identify and invite to attend.
Reduce Violence against Women, Domestic Abuse and Sexual Violence by implementing 'Ask and Act' in our pilot sites	Q1				<ul style="list-style-type: none"> • 10784 (77%) staff presently completed on-line "Ask and Act" Group 1 training. 100% of staff must complete by 31st March 2018 (statutory requirement). • Wider implementation of Group 2 "Ask and Act" training across the Health Board to commence in February 2018. Individual Service Delivery Units to deliver their own implementation plans. Health Board expected to deliver 90% of forecasted local training plan (previously submitted to WG). • Anticipated that by April 2018, the HB will be delivering the forecasted training as identified in the local training plan.
Reduce smoking					

Impact measure	
Measure	Current position where numerical measures available (Qtr 3 unless otherwise stated)
target	
Compliance with our statutory duty to roll out 'Ask and Act'	77% completion of Group 1 training by staff

Promoting and Enabling Healthier Communities					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
Implement actions within Delivery Units within resources to reduce smoking such as: senior level tobacco control champions and a champions to cover every ward, unit or practice; Health Board ownership and delivery; use of Making Every Contact Count (MECC) training including uptake of e-learning; implementing smoke-free environments on all our sites; and actively referring staff and patients to smoking cessation services.	Q1-Q4				<p>Integration of ABM Cessation services with Help me quit continues. ABM Cessation Services Steering group established. Reporting to Q and S Forum.</p> <ul style="list-style-type: none"> • Work commenced with NWIS and IT colleagues to scope improvement of recording of smoking status on patient clinical systems and electronic referral mechanism to hospital cessation service. • Primary care DU have commissioned and accredited 84 pharmacies to deliver level 3 service. This will rise to 100 by April 2018. • Burden of disease workshop held between Primary care DU and Public Health team. Reducing smoking prevalence key theme; actions for quick wins and longer-term progress identified, and implementation plan to be developed. • Maternal smoking being progressed at part of NHS Wales National Improvement programme. ABM Maternity Smoking in pregnancy working group established. Maternal audit showing significant improvement in compliance with NICE guidance. 96% of women have a CO reading recorded at booking. Launch of electronic referrals to 'Help me quit' via Myrddin system resulting increased cessation referrals. 100% of smokers now referred by midwives at booking. • Caswell Clinic (secure mental health unit) has become completely smoke-free environment from 1st October 2017 with positive effect on staff and patients. Evaluation in progress

Impact measure	
Measure	Current position where numerical measures available (Qtr 3 unless otherwise stated)
Smoking prevalence falling in line with trajectory to meet 16% prevalence by 2020	21% (2016/17)
Continue to improve trajectory towards 5% of smokers to make a quit attempt via smoking cessation services; with at least a 40% co-validated quit rate at 4 weeks	Smokers making quit attempt= 1.6% (Nov-17) CO validated= 49.30% (Oct-17)
Health board set target for uptake of MECC	not yet decided

Promoting and Enabling Healthier Communities					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
					<p>Making Every Contact Count (MECC):</p> <ul style="list-style-type: none"> • Work progressing with Health Board's co-production implementation group to integrate MECC and coproduction approaches through four levels – induction, e-learning, workshops and train the trainer. • Some of the Allied Health Professionals trained to deliver MECC continue to champion it in their service and there is evident embedding into practice. • MECC level 1 e-learning developed and now available on ESR for NHS Staff and on the MECC website for non-NHS staff.
Reduce obesity and increase physical activity					
Implement our Physical Activity Strategy	Q1-Q4				<ul style="list-style-type: none"> • ABM Physical Activity Strategy finalised by Physical activity alliance. • Letter from ABMU Chair (and chair of Alliance) has been sent to strategic partnerships and PSB partner organisations, asking for endorsement and commitment to delivery of the Physical Activity Strategy. • ABM Physical activity alliance review meeting held October 2017. • Planning in progress for a workshop to be held in Q4 to develop the ABM Physical Activity Action plan with ABMU and partner organisations.

Impact measure	
Measure	Current position where numerical measures available (Qtr 3 unless otherwise stated)
Increase in physical activity rates as measured by national surveys of adults and school aged children	

Promoting and Enabling Healthier Communities					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
Implement actions within Delivery Units within resources to reduce obesity such as: use of MECC; providing and promoting healthy eating options for staff and patients; and ensuring that hospital IT systems record BMI and physical activity levels.	Q1-Q4				<ul style="list-style-type: none"> MECC coordinated with co- production agenda, steering group established and programme of training activities (4 levels) are in development. Review of in-house & commercial, non-patient food provision to promote healthy eating established within Health Board Nutrition and Catering action plan. Partial compliance with Welsh Government Vending Policy. Limited progress in embedding recording of BMI and physical activity levels within hospital IT systems. Measurement and recording of BMI established within maternity services.
Meet or exceed Welsh Government targets on immunisation and vaccination within available resources					
Implement actions within resources to improve our flu vaccination rates for 1, staff; 2. pregnant women, over 65s and the 'at risk' groups	Q3-Q4				<ul style="list-style-type: none"> ABM UHB's flu vaccination campaign began in September 2017. At present, no IVOR reports have been generated to comment on current performance. The ABMU Staff Flu Vaccination Campaign has been supported with additional resources and at the end week two, 5006 staff had been vaccinated. At 21st Feb 2018, 9453 staff had received the vaccination and 58% of front line staff had been vaccinated.

Impact measure	
Measure	Current position where numerical measures available (Qtr 3 unless otherwise stated)
Reduction in % of population who are obese	2.1% with a BMI of 40 and over (2007-2012)
Obesity as measured in reception aged children	
% of children aged 4-5 years who are obese	11.8% (2014/15)
Working towards capturing maternal weights at booking	recorded
Influenza immunisation rates to reach 75% in clinical at-risk groups, pregnant women and those over 65 years of age	
	Clinical risk= 43.7% Over 65 yrs= 65% Pregnant women= 81.5% (2016/17)
Influenza immunisation uptake rates to reach 60% in our staff	2017-18 campaign started in September and 58% achieved

Corporative Objective 2- Delivering Excellent Patient Outcomes, Experience and Access

Q3 Actions Tracker- Delivering Excellent Patient Outcomes, Experience and Access



Delivering Excellent Patient Outcomes, Experience and Access						Impact measure	
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available <i>(Qtr 2 unless otherwise stated)</i>
		Q1	Q2	Q3			
Implement the priorities of our Quality Plan for 2017/18 (see also stroke and HCAI sections)							
Reduce the number of grade 3+ pressure ulcers	Q1-Q4				<ul style="list-style-type: none"> The rate of Grade 3+ pressure ulcers has increased since Q2, from 11 in September 18 in October and November and 19 in December 2017. Of the 19 Grade 3+ pressure ulcer incidents reported in December, 6 were classified as deep damage. No Grade 4 pressure ulcers were reported. Singleton Hospital has seen a significant improvement the number of pressure ulcer incidents. They have increased the frequency of their panels to weekly since the end of October to rapidly identify and address risks identified. The Princess of Wales Hospital remains the hot spot for pressure ulcer development. This is being closely 	10% reduction from 209 in 2016/17 (188) in 2017/18)	158 (April - Dec 17) Compared with 151 (April - Dec 16)

Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale					Impact measure		
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
					<p>monitored by the Unit Nurse Director.</p> <ul style="list-style-type: none"> •The Pressure Ulcer Prevention Strategic Group (PUPSG) held its 3rd meeting in December 2017 and progressed work on the Strategic Quality Improvement Plan. • Pressure Ulcer Peer Review Scrutiny Panels are held in all SDU's and learning from incidents translated into improved prevention plans and shared at the PUPSG meeting. • A spot check of Serious Incident closure forms is to be conducted in early February to identify themes for causal and contributory factors for pressure ulcer development. The findings from the review will be used to plan peer review scrutiny panel training. A pilot workshop training session will be delivered in late February. 		
Reduce falls causing harm	Q1-Q4				<ul style="list-style-type: none"> • The number of Falls reported via Datix shows a decrease in December to 318 from 350 in November 2017. • The number of falls causing harm in December 2017 was 94, this is below the target of 137. In November 115 falls causing harm were reported and 93 in October. This indicates a positive move towards the Health Board target to reduce the number of Falls that cause harm. • The FPMG continues to meet monthly actions from the meetings have included: • The Falls policy has now been reviewed and will be circulated to the members of the Nursing and Midwifery 	10% reduction from 2016/17 (1648 in 2017/18)	94 (Dec 17)

Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale					Impact measure		
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
					<p>Board for discussion at the February 2018 meeting and will be taken forward for ratification to the Quality and Safety Forum for implementation in March.</p> <ul style="list-style-type: none"> • All SDU's have Falls Scrutiny panels. • The FPMG will undertake a training needs analysis and review of training provision (by Feb 2018). • Base line audit and review of all equipment relating to falls management will be discussed at the February 2018 FPMG. • The Health Board are in the process of purchasing a quantity of high low beds. Further work will be scheduled for (April 2018) to review other equipment needs. 		
Meet WG compliance standards for serious incidents	Q4				<ul style="list-style-type: none"> • Performance against the WG target to gain assurance on the reports within 60 working days (80%), remains consistently above the 80% target since April 2017. • All submitted closure forms received assurance by WG in December 2017 evidencing continues improvement in the quality of forms submitted. • The SI Team continued to provide support to the Delivery Unit (DU) in providing documentation/further information as part of their targeted interventions on the HBs serious incident and never event processes. The anticipated issue date for the draft report remains the end of January 2018. • In response to new Never Events an executive led strategy meeting has been held. The Serious Incident Team have proposed that a learning and reflection event will be held in due course. This approach will be 	Meet 80% target	80%

Delivering Excellent Patient Outcomes, Experience and Access								
Actions and timescale						Impact measure		
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)	
		Q1	Q2	Q3				
					trialled on the previous NE in Morriston.			
Improve complaints performance	Q4				<ul style="list-style-type: none"> The Health Board has consistently achieved over 70% response rate to the 30 working day target since March 2017. The overall Health Board response rate for 30 day responses, on aggregate, for the period April to December 2017 is 79%. The Deputy Director of Nursing & Patient Experience is continuing to hold performance meetings with the SDU Directors to monitor trends and challenge the 30 day response rate for SDU's as well as the quality of responses. The staff within the Units are continually improving their complaints processes with the aim of consistently achieving the 80% target of sending a response to complainants within 30 working days while ensuring the quality of the investigations and responses sent is appropriate. 2 day acknowledgements are consistently being maintained at 100%. 	Meet 80% target for response within 30 working days.	80%	
						Meet 100% target for acknowledgement within 2 working days.	100%	
Improve patient experience feedback	Q4					Improve % Family and	95%	

Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale					Impact measure		
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available <i>(Qtr 2 unless otherwise stated)</i>
		Q1	Q2	Q3			
(PREMs) and PROMs					<ul style="list-style-type: none"> For the second time this year the Health Board Friends & Family patient satisfaction level in November reached 96% although slightly reduced to 95% in December. The December returns for the friends and Family are lower; this is a trend for December seen in 2016/17 and 2015/16. A pilot on the use of iPads in five areas in the Health Board to collect patient experience surveys has been completed which is being extended to Maternity and NPT SDU. The Patient Experience Team (PET) are working with the Modernisation Group to explore the use of SMS Texting to gain retrospective feedback for Friends and Family from service users. The Snap Patient Feedback System and ABM IT Department are working together to set up self-reading system for the Friends & Family cards. The Health Board's performance in October was 27% which is slight decrease compared to 28.9% for September 2017. With the exception of October 2017, the Health Board's performance for discharge feedback rate has increased from April 2017. 	Friends who would recommend the Health Board by 1%	
						Improve the level of feedback per discharge to 15%	27% (October 2017)
Roll out e-TOC	Q4				<ul style="list-style-type: none"> Every Unit has targeted improvement adopting a "no summary – no discharge approach". There has been a sustained improvement in performance and it is now possible to target individual clinical teams. During Q3, 73% of EToC forms were approved and 	Improve e-TOC compliance from 50% to 70%	67%

Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
					sent, however only 61% were approved and sent within 5 working days.		
Maintain percentage of patients with NEWS scores	Q4				<ul style="list-style-type: none"> The target is that 100% of adult inpatients have their NEWS score recorded. In December 2017, the Health Board compliance was 99.3%. Both NPT and POW achieved 100%, Morriston 99.7% and Singleton 97.4%. A scientific study is ongoing in Paediatrics to determine the best approach there. 	Maintain at 98%	98.60%
Suicide prevention	Q1-Q4				<ul style="list-style-type: none"> Regional forum relaunched covering the geographical area served by Hywel Dda and ABMU Health Boards. Regional Forum met on 2nd October 2017 and using the national guidance issued in will produce a multiagency action plan. Specific group set up by South Wales Police to write a Suicide Prevention Strategy for Bridgend, as per Welsh Government's requirements in Talk to me 2. Health Board participating in National Clinical Audit & Outcome Review Programme on Suicide in Children and Young People. 	Measures in development	
Roll out e-prescribing	Q2-Q4				<ul style="list-style-type: none"> Recruitment of ABMU e-prescribing project team underway with a view full team will be in post by end of March 2018. 3 team members in post, 2 offers made with a view resources will commence in Feb 18 and 3 posts will shortly be issued for advert. NWIS have appointed a technical architect with a view design, development and integration will complete in Q1 FY18/19 in readiness for testing and piloting by 	e-Prescribing rolled out in line with Digital Programme	

Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale					Impact measure		
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
					ABMU.		
Reduce our rates of healthcare acquired infections to meet or exceed Welsh Government targets							
Redesign our structured approach to Infection Prevention and Control, making the best use of existing resources.	Q2				<ul style="list-style-type: none"> Clinical Lead for Microbiology Services appointed for Swansea PHW Lab is a positive first step in reviewing the Microbiology services resource deficit. Reduction in senior IPC expertise when Assistant Director of Nursing IPC left the organisation on 29th September 2017. This post has remained vacant whilst reviewing service design. 	Reduce rates of clostridium difficile infections to 30/100,000 by end of March 2018	52.91
Adopt ANTT across the Health Board using existing resources	Q1				<ul style="list-style-type: none"> More than 3500 ABMU staff completed ANTT e-learning programme. Direct Observation of Practice assessors in each Service Delivery Unit undertaking competency assessments. All Wales ANTT policy adopted by ABMU in November 2017. 		
Review all existing policies and SOPs to ensure they are current and evidence-based.	Q3				<ul style="list-style-type: none"> 75% IPC policies are current. 		

Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
Roll out ICNet across the Health Board.	Q1				<ul style="list-style-type: none"> • Timely reports received from ICNet. • Weekly generated reports on bacteraemia circulated to Delivery Units. • Interface with PAS still not available. Information Department working with NWIS and ICNet to resolve this as soon as possible, but unlikely that the link will be established until the end of Q4. • ICNet has been invaluable during end of December/beginning of January for monitoring trends of Influenza in a timely way. 		
Implement the year 1 recommendations of the decontamination review.	Q4				<ul style="list-style-type: none"> • Centralisation of endoscopy decontamination in HSDU has gone live in Singleton. • New washer disinfectors in Morriston facilitated removal of local decontamination equipment in theatres. • Introduced automated process for decontamination of nasendoscopes in Morriston. • Continuing to progress decontamination review plan within agreed timescales. 	Reduce rates of MSSA infections to 30/100,000 by March 2018	37.36
Complete the isolation pathway in Morriston by developing three isolation rooms	Q4				<ul style="list-style-type: none"> • Work has commenced on the negative pressure isolation facility in Morriston. Project build completion anticipated by end of Q4. Room will be available for use once NWSSP have undertaken, and verified, regulatory validation checks of the air handling unit. 		

Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
Review opportunities, and if appropriate, finalise business cases to open two additional wards; one at Morryston and one at POWH	Q1				<ul style="list-style-type: none"> No definitive plan in place for additional wards in Morryston and Princess of Wales. 		
Improve our stroke care and performance to meet or exceed Welsh Government targets							
Continue to implement unit –based multi-disciplinary action plans to improve compliance with the stroke measures	Q1-Q4				<ul style="list-style-type: none"> Q3 improvement maintained in 12, 24 and 72 hour bundles. The 4-hour access bundle has deteriorated and has been affected by workforce capacity and unscheduled care pressures. Out of hours capacity and cover remains a risk in terms of stroke compliance. Increasing stroke demand. Remodelling stroke demand with support of Delivery Unit to assist with development of HASU model (ABMU and Hywel Dda). External funding has been secured to support the appointment of a project manager for 1 year to support the development of the HASU service model. Weekly MDT review of stroke bundles and compliance to support continual improvement approach in the stroke pathway. Key actions include ongoing recruitment, training and awareness of staff on the stroke pathway. 	By end March 2018:	
						Achieve 72% compliance with <4 hours bundle	26%
						Achieve 95% compliance with <12 hours bundle	95.50%
						Achieve 72% compliance with <24 hours bundle	89.80%

Delivering Excellent Patient Outcomes, Experience and Access						Impact measure	
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
Reduce risk factors through wider prevention agenda	Q3-Q4				<ul style="list-style-type: none"> Implementation of Directed Enhanced Service for INR from October. The Health Board is implementing a suite of improvement actions in 2017/18 to support people to live a healthy lifestyle, including smoking cessation, and weight management programmes. 	Maintain 97% compliance with <72 hours bundle	98.00%
Sustaining and improving our performance against the Welsh Government unscheduled care targets supported by targeted intervention at Morriston Hospital							
Maximising the role of 111 in selecting the right access option.	Q1-Q4				<ul style="list-style-type: none"> 111 continues to evidence a positive uptake of the 111 service by paramedics, care homes and redirection to alternative health care professionals. Paramedic, pharmacy and nurse practitioner input is provided to 111 to enhance the team capacity and provide increased resilience and redirection of patients to alternative services. •Out of hours GP cover is becoming increasingly challenging. Ongoing GP recruitment in the short term, with longer term sustainability options under development. 	Overall Welsh Government measures for Unscheduled Care by end March 2018:	
						4 hours – 90%	72.96%
						12 hours – 300	648
						1 hour – 100	904
						Red calls – 76%	69%
					Reduction in conveyances to hospital		
Ensuring existing alternative WAST and Community Resource Team pathways are used appropriately and consistently across the Health Board area.	Q1-Q4				<ul style="list-style-type: none"> ABMU has the lowest proportion of HCP (green calls) in Wales. New pathways of care, the 111 service have supported the reduction of green calls and redirection of calls. The acute clinical care team is piloting direct access to ambulance control to select appropriate patients they can manage at home, avoiding conveyance to hospital. 	Improved ambulance handover times	Evidence of lower HCP (lower acuity calls) being conveyed to hospital compared with December 2016

Delivering Excellent Patient Outcomes, Experience and Access							
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Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
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Implement site change plans within resources to increase the number of patients following Ambulatory Emergency Care pathways in accordance with BAEC guidance.	Q4				<ul style="list-style-type: none"> Evidence of continuous improvement approach to managing increased number of patients through ambulatory care pathways in line with RCP Acute care toolkit 10. Delivery unit review of ambulatory emergency care within the HB undertaken in August– final report awaited. 	Target for 2017/18 is AEC on all sites 9am-5pm Monday-Friday.	
						Reduce 4 hour and 12 hour waits	December 2017 4, 12 and 1 hour ambulance handover performance deteriorated by 3.49%, 34% and 33% respectively when compared with December 2016
						Reduce avoidable admissions and associated bed days	
Improve compliance with the SAFER flow bundle on every ward in every hospital supported by an internal accreditation	Q1				<ul style="list-style-type: none"> Executive led patient flow workstream in place to support ongoing implementation of SAFER flow focus on: <ul style="list-style-type: none"> * Red to Green days. * Estimated Date of Discharge. 	Number of wards with SAFER patient flow bundle implemented.	34% increase in 12 hour waits

Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale					Impact measure		
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		Q1	Q2	Q3			
process.					<ul style="list-style-type: none"> * Increased number of patients discharge home before lunch. * Increasing communication and awareness of the impact of delayed discharge on patient outcomes (deconditioning). SAFER flow awareness sessions held within the delivery units to promote and support systematic implementation of SAFER flow. Health Board wide sessions arranged 8th and 9th February externally facilitated by NHS improvement England. • HB Safer flow policy will be updated to reflect NHS Wales guidance received at the end of February. 	Reduce 12 hour waits in ED	34% increase in 12 hour waits
Rolling out the Clinical Portal and ensuring it is used effectively.	Q1				<ul style="list-style-type: none"> • WCP all Wales results viewing, electronic test requesting and access to the GP record is deployed and available for use. Uptake of this functionality has increased significantly during Q3. 48 out of a total of 256 locations across ABMU are now actively requesting pathology tests electronically via WCP. During December 2017, 3,274 pathology tests were requested electronically, 84,940 pathology results were viewed in WCP with the GP record accessed via WCP 4,304 times. • WCP programme board established and implementation plans developed and shared with SDUs for sign off. • 97% of all electronic referrals are being prioritised electronically via WCP. • New functionality to display all Wales documents completed development in December with a view this will go live in January 2018. 	Reduce LoS and bed days used.	

Delivering Excellent Patient Outcomes, Experience and Access								
Actions and timescale						Impact measure		
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)	
		Q1	Q2	Q3				
Increase the number of patients having a frailty assessment at each acute site underpinned by the Comprehensive Geriatric Assessment	Q2				<ul style="list-style-type: none"> Plan to continue and enhance frailty models during Quarter 4 through additional non recurrent resources from Welsh Government through: Increased discharge to assess capacity. Accelerated Placement Team in NPT Senior community nurse at Singleton SAU Embedding redesigned frailty model in PoW Frailty service in Morriston with increased physiotherapy support. The Intermediate Care Consultants in Swansea, NPT and Bridgend all use CGA in a very proactive way. 	Reduce avoidable admissions and associated beddays	DTOCs increased by 13 (from 79 in Dec 16 to 86 in Dec 17)	
					Reduce LoS and DToCs			
Increase the health and social care capacity available to support admission prevention and timely discharge through effective use of ICF	Q3				<ul style="list-style-type: none"> Recruitment underway to enhance community capacity for frailty services supported through ICF funding (£600k). Increased risk in relation to domiciliary care capacity – particularly in Swansea. 	Reduce 12 hour waits in ED	34% increase in 12 hour waits	
						Reduce discharge fit and DToCs	DTOCs increased by 13 (from 79 in Dec 16 to 86 in Dec 17)	
						Reduce LoS and beddays used		
Continue to implement any additional recommendations of the external review of performance at Morriston Hospital as part of targeted intervention status	Q1-Q4				<ul style="list-style-type: none"> Ongoing implementation of the USC improvement plan supported by Everybody Counts approach in Morriston. Additional actions implemented to support patient flow from non-recurrent winter pressures funding and learning from Breaking the Cycle. 	NHS Wales Outcomes Measures		

Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
Review all the opportunities to increase bed capacity at Morriston including re-provision of the therapies space	Q1 & Q4				<ul style="list-style-type: none"> Therapies solution not achievable in 2017/18. Vanguard unit installed and operational at Morriston from January 2018 to support increased ambulatory care and emergency flow capacity and protect elective operating capacity. Support being sought to retain Units through until end of Winter 2018/19. 	Plans agreed in Qu 1 to increase bed capacity at Morriston (therapies re-provision in Qu 4)	
Improve winter resilience through effective multi-agency plan agreed by August 2017 (revenue required)	Q2				<ul style="list-style-type: none"> Winter plan submitted to WG on 22nd September. Focus on: <ul style="list-style-type: none"> * Breaking the cycle. * Enhanced capacity – hospital and community. * Targeting increased support and improvement for 5 big conditions/admission avoidance. Additional targeted investment agreed - £500k. Additional non-recurrent investment confirmed by WG in January 2018 - allocated to support increased capacity/ staffing across the USC system. 	NHS Wales Outcomes Measures	
Continue to develop primary care focussed pathways for diabetes and respiratory medicine through our Commissioning Boards	Q1 & Q4				<ul style="list-style-type: none"> High level pathways and community models have been developed for both Diabetes and COPD; Outline change cases have been approved by the Investments & Benefits Group (IBG) for both Diabetes & COPD and full business cases were considered by the Group scrutiny panel in December 2017. The Diabetes full business case was not taken to the IBG meeting and requires further work up. The COPD full business case was approved for funding through an ABM invest to save fund. A paper is being prepared for the March IBG meeting to outline savings, outcomes and benefits phasing. Setup 	Number of diabetes patients having new and Follow up outpatient appointments in secondary care Number of clusters with pulmonary	Dec-16 compared with Dec-17: Endocrinology New outpatient appointments= 18% reduction Follow-up attendances= 13% reduction

Delivering Excellent Patient Outcomes, Experience and Access						Impact measure	
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
					meetings are already taking place with Singleton and Morriston management and operational teams <ul style="list-style-type: none"> • Strong clinical engagement and input across the pathway for both services. 	rehabilitation and early supported discharge for COPD	
Improving access to enhanced models of primary care							
Increase the number of clusters offering:							
<ul style="list-style-type: none"> • Telephone first access models 	Q3				<ul style="list-style-type: none"> • Standards developed in consultation with the LMC and CHC and endorsed by the Primary and Community Services Board in October 2017 (embedded below). • Q3-4 Telephone First standards formally launched on 27th February 2018. All triaging GMS practices to be invited to self-assess against the ards and action plan how they will address any shortfalls in their current operating model against the standards. • Telephone First Access to be introduced into the Health Board managed practice Q4 2018/19. 	Number of clusters offering these services	3
<ul style="list-style-type: none"> • Integrated triage hubs 	Q2				<ul style="list-style-type: none"> • Neath Pacesetter hub consolidation and evaluation progressing, to inform Business case for sustainable service going forward. • Learning from the hub being rolled out to other clusters – similar hub emerging in Bridgend West, Upper Valleys and planned for Afan; adapted to local geography and practice access models. • Hub and Spoke Pacesetter developed and submitted to WG for funding for 2018/19 to support the development of hub spokes in the valley communities and pump prime the planning of the hubs in Swansea 		

Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
					and NPT.		
<ul style="list-style-type: none"> Advanced audiology 	Q3				<ul style="list-style-type: none"> Advanced Audiology service expanded from previous 3 pilot cluster sites to include a 4th Cluster in 2017/18. Evaluation framework and benefits realisation in place to support the development of a business case for further investment / realignment of current resources to roll the audiology hub model out to the other 7 clusters in the HB over the next 3 years (in line with staff training and funding availability). 		
<ul style="list-style-type: none"> MSK services 	Q3				<ul style="list-style-type: none"> A number of clusters have invested in Triage and/or treat Physiotherapists in their cluster/hub services; joint posts have also been recruited to between the cluster and MSK. A GP led Cluster ultrasound guided joint injection pilot has been initiated in Bridgend North; evaluation awaited, may impact on secondary care pathways. 		
Sustaining or exceeding our performance against Welsh Government planned care targets, maximising the opportunities of the national planned care programme to establish sustainable solutions, subject to available resources.							
Roll out Transforming Outpatients programme across all specialties and Units	Q1				<ul style="list-style-type: none"> Long established Outpatient Improvement Group within the Health Board, which also feeds into National Steering Group. Recovery and Sustainability Outpatient Workstream 	Reduction in number of new and follow up outpatients	Apr- Dec 16 compared with Apr- Dec 17: New outpatients attendances

Delivering Excellent Patient Outcomes, Experience and Access							
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		Q1	Q2	Q3			
					<p>established to focus on adding value to the unit delivery and savings plans.</p> <ul style="list-style-type: none"> Outpatient Appointment Text Reminder implementation ongoing. 		<p>reduced by 1.4% Follow-up attendances reduced by 1.3%</p>
						Reduction in DNAs and CNAs	<p>Dec-16 compared with Dec-17: DNA for new outpatients reduced by 0.5% DNA for follow-ups increased by 0.4%</p>
						Improved patient satisfaction	<p>96% family and friends who would recommend the Health Board</p>
Implement surgical efficiency and effectiveness plans in each Delivery Unit	Q1-Q4				<p>Morrison Hospital</p> <ul style="list-style-type: none"> Priority focus on unscheduled surgery at Morrison with establishment of second CEPOD and second orthopaedic trauma operating Monday to Friday. 2nd CEPOD established (sept 2017) further work on 2nd orthopaedic trauma required. Maximise the utilisation of elective operating capacity in Morrison Hospital for cancer, urgent and complex surgery and balance theatre and bed capacity (Theatre improvement project). Dual site model for bariatric surgery running for 12 months, delivery of significant improvements. 	Improve theatre utilisation	<p>Dec-16 compared with Dec-17: Theatre utilisation rates improved by 4% (68% to 72%)</p>
						Reduce cancellations	
						Reduce LoS	
						Increase productivity through core capacity	

Delivering Excellent Patient Outcomes, Experience and Access						Impact measure	
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
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					Singleton Hospital <ul style="list-style-type: none"> Increased pre-assessment capacity planned for Ophthalmology (Singleton). Job planning focus on theatre allocation and utilisation – maximising backfill opportunities (Gynaecology). 	Reduce WLIs and outsourcing	
Refresh and implement updated RTT policies in line with new guidance to support delivery of RTT targets	Q2				<ul style="list-style-type: none"> Local Patient Access Policy to support managers and clinicians in the appropriate management of RTT pathways has been developed and implemented across the Health Board. Awareness sessions delivered across all Service Delivery Units within the Health Board targeting key RTT keys. All internal corporate guidance documents have been revised to align with new waiting times rules. 	Guidance issued to units Training delivered Improved DNA rates, reduced cancellations	Guidance issued to Units and targeted training delivered throughout Q1 by RTT manager. DNA rate for new outpatients reduced by 0.7%
Implement the sustainability requirements within the national Planned Care Programme Plans for the 4 Phase I specialties.	Q1-Q4				<ul style="list-style-type: none"> National Priority targets for Follow Up - Plans in place to make continuous improvement through to agreed target dates for each specialty. Clinical variation themes – cataracts / Orthopaedic prosthesis -work completed with agreements for increased Cataract procedures per theatre session in place and a reduction of available orthopaedic prosthetics. Commissioning / implementing investment changes - processors in Path Labs, new theatre stacks etc. to improve efficiencies. 	Transitional plans agreed and milestones within each plan achieved	Good progress being achieved for F/U Plans. Cataract / Orthopaedic utilisation will need monitoring. New equipment in place and either utilised / being commissioned.
Develop sustainability plans for the next tranches of the national Planned Care	Q2-Q3				<ul style="list-style-type: none"> Dermatology Planned Care Board set up with Unit Medical Director Chair. Existing practices / Pathways under review against National Action plan for the Specialty. 	Sustainability plans submitted	

Delivering Excellent Patient Outcomes, Experience and Access						Impact measure	
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
Programme, starting with dermatology					<ul style="list-style-type: none"> Electronic systems rollout to General Practice - Cameras available for GP's and In Swansea as well as a roll out of Web based systems in place. NPT and Bridgend reviewing option for Web based solution. 		
Develop regional pathways and services:							
<ul style="list-style-type: none"> regional vascular surgery service 	Q1				<ul style="list-style-type: none"> Work on track for vascular with TIA pathway agreed and lower limb at risk pathway agreed. 	Welsh Government support for submission of business cases setting out quantifiable benefits in terms of service sustainability across the region.	
<ul style="list-style-type: none"> regional dermatology service 	Q2				<ul style="list-style-type: none"> Not being progressed at present. Focus for dermatology is local service delivery. 		
<ul style="list-style-type: none"> regional ophthalmology service (review in 2017/18, implementation in years 2/3 is supported) 	Q1				<ul style="list-style-type: none"> Ophthalmology workshop held in September. Short, medium and long-term actions identified. Full plan to be developed by January 2018. 		
Submit a business case to Welsh Government for a regional elective orthopaedic centre at Morriston	Q1				<ul style="list-style-type: none"> Healthcare Planners appointed to review scope of development and report submitted. SOC already in preparation, will need scope and costs to be updated. Scope agreed with Hywel Dda HB. 		

Delivering Excellent Patient Outcomes, Experience and Access						Impact measure	
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
						of orthopaedics for Swansea and agreed elements of Hywel Dda population.	
Sustaining and improving performance against Welsh Government cancer targets using the outcome of the Capita demand and capacity review							
Pilot the rapid access diagnostic hub (Danish model) at NPTH (Revenue funded by the Cancer Innovation Fund).	Q1				<ul style="list-style-type: none"> Two year pilot at Neath Port Talbot Hospital funded by the Cancer Network live as at the 6th June 2017; Evaluation framework agreed, and reporting structure in place; Level of referrals is increasing, and the Clinic has now extended to two sessions a week. The pilot has been extended beyond the NPT Clusters, however there are no plans currently to further expand geographically. Targeted communication with GPs in the existing footprint is planned to raise the profile of the clinic will continue. Diagnosis rate 7% (Danish model – 8%), however 9% of patients referred are being monitored for Cancer. Patient feedback has been excellent. 	Cancer Commissioning Board to report on pilot – comparison of stage of cancers at diagnosis	
Implement actions not requiring revenue investment in our Cancer Delivery Plan and develop a Cancer Delivery Programme by the end of March 2017,	Q3				<ul style="list-style-type: none"> Focus continues on improving grip and rigour around tracking, cross unit pathway improvement and prioritisation. Progress made for recovery against USC target during Q3. Exceeded trajectory in October and November achieving 85% and 89% respectively against a 	Maintain 98% compliance with non-USC cancer target	94%
						Achieve 90% compliance with	82%

Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale					Impact measure		
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
using the Capita cancer demand/capacity report.					trajectory of 81% and 83%. December 2017 USC 82%, NUSC 94%. <ul style="list-style-type: none"> Understanding of specific constraints in 3 tumour sites with significant capacity issues (Breast, Urology and Gynaecology) with specific recovery plans, trajectory and timeframes. Improvement in Gynaecology for PMB pathway seen. USC outpatient Demand & Capacity analysis being undertaken by Cancer Improvement in support of these three tumour sites. 	USC cancer target	
Review business case and, if supported, implement plan to centralise all breast services at NPTH, within resources.	Q3				<ul style="list-style-type: none"> Uncertainty regarding progression of business case in light of potential boundary changes. In the meantime a number of clinics have already moved from POWH to NPTH. 	Business case developed.	POW Clinics will be moving to NPTH in this qtr provisional date is mid Feb 18
Implement the outcomes of the commissioning review of Upper GI cancer surgery	Q3				Report (Dec 17) confirms two site model of OG service with option of SW Wales OG service Planning Lead appointed to lead service plan development. Meeting Hywel Dda clinical leads to take place by 14th March 2018. Draft operational plan by the 1st May 2018.	Sustainable service model	
Continue Linear Accelerator replacement programme	Q1-Q4				<ul style="list-style-type: none"> Building works on 1st Lin Acc Replacement completed. Operational commissioning on-going. Design Team appointed for 2nd Linac Replacement and design completed. Tenders received and evaluated, revenue consequences being reviewed. BJC to be submitted to 	Work progressing on Lin Acc A.	
						Complete business case for Lin Acc B by March 2018.	

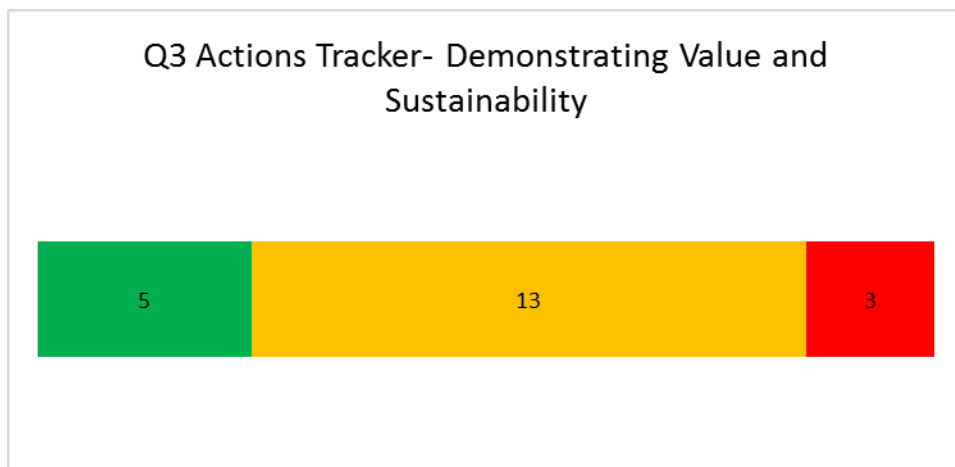
Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
					WG April 2018.		
Formally signal intention to WHSSC to develop PET-CT for the South-West Wales population through ARCH	Q1				<ul style="list-style-type: none"> Aspiration outlined in ARCH South West Wales Non-Surgical Cancer Strategy which was approved at November Board (held in December). 	Diagnostic waiting times delivered once PET-CT in place	
Implement recommendations of the external review of thoracic surgery	Q1 & Q3				<ul style="list-style-type: none"> Thoracic Surgery Implementation Group operational – jointly chaired by Morriston Hospital Unit Medical Director and Unit Service Director. Three workstreams identified to support delivery of the action plan: <ul style="list-style-type: none"> Clinical Processes & Pathways – led by Clinical Lead. Service Planning & Evaluation – led by Assistant Unit Service Director. Lung Cancer Site Specific – led by ABMU Lead Cancer Clinician. Action plan updates in place and RAG rated Key issues achieved to date include, thoracic nurse specialist, establishment and commencement of OD programme, revisions to theatre operating capacity, collaboration with the review of the future of thoracic surgery, confirmation or prehab funding to maintain enhanced service. 	Action plan to enable improved equity of access to resections for ABMU residents. New WHSSC Service Specification implemented.	
Implement WHSSC-funded increase in thoracic surgery	Q1				<ul style="list-style-type: none"> Prehab service which ensures patients' fitness for surgery implemented and funding confirmed for 18/19. Service is delivering in excess of commissioned activity levels. 	Number of lung cancer resections undertaken in	421 in 2016/17

Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale					Impact measure		
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
					<ul style="list-style-type: none"> Resection rates have improved in line with required target of 20%. 	ABMUHB	
Implement WHSSC-funded increase in BMT	Q2				<ul style="list-style-type: none"> BMT service has been unable to increase activity as planned due to inability to recruit to the nursing posts required to enable the increase. 	Number of autologous BMTs undertaken in ABMUHB	30 undertaken in 16/17. 9 undertaken in Q1 17/18. Anticipated to treat 31 patients in year 2017-2018. Nurse recruitment continues. 1.4wte vacancies against a need for 5.4 wte. Meeting to be arranged to discuss with C&VUHB re increasing contract formally
Develop a plan to use the Tenovus Mobile Unit to increase capacity for chemotherapy (if revenue neutral)	Q1				<ul style="list-style-type: none"> Option suspended in favour of alternative options for capacity. Pursuing home delivery opportunities which are anticipated to deliver faster results in alleviating capacity and also achieve VAT savings. Aim to implement November 2017. 	Reduction in waiting time for chemotherapy from current wait of 31 days.	Waits are 5 weeks at end Q1. Tenovus mobile unit is now used 2 Saturdays per month. Waiting times are now 2 - 3 weeks depending on the number of hours required to deliver treatment. 2 weeks for shorter duration, 3 weeks for 6 hours

Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated) plus.
		Q1	Q2	Q3			
Re-provide the Aseptic Unit at Singleton (pending move to Morriston as part of ARCH)	Q3				<ul style="list-style-type: none"> Existing Aseptic Suite at Singleton has been extended and upgraded. Contractors handed over new facility November 2017. Pharmacy commissioning started January 2018 and is on-going. MHRA to inspect the Unit before deciding to award a Licence and application is likely to be submitted May 2018 once internal commissioning is completed. 	Audit of standards and demand.	
Implement the priorities from the National Delivery Plans:							
Cancer Delivery Plan	Q4				Detail is provided within each plan. A RAG assessment has been made on plan status.	See NHS Planning Framework 2017/18	As per RAG rating
Critically Ill Delivery Plan	Q4						
Diabetes Delivery Plan	Q4						
Eye Health Care Delivery Plan	Q4						
Heart Disease Delivery Plan	Q4						
Liver Disease Delivery Plan	Q4						
Mental Health Delivery Plan	Q4						
Neurological Conditions Delivery Plan	Q4						
Oral Health Delivery Plan	Q4						

Delivering Excellent Patient Outcomes, Experience and Access							
Actions and timescale					Impact measure		
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
Organ Donation Delivery Plan	Q4						
Palliative and End of Life Care Delivery Plan	Q4						
Primary Care Delivery Plan	Q4						
Rare Diseases Delivery Plan	Q4						
Respiratory Health Delivery Plan	Q4						
Stroke Care Plan	Q4						

Corporate Objective 3- Demonstrating Value and Sustainability



Demonstrating Value and Sustainability					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
of lists, reduce number of cancellations, validation.					<p>as part of the plan to further improve compliance with the British Association of Day Surgery benchmarked performance.</p> <ul style="list-style-type: none"> • HB wide agreement on definitions to ensure status reporting is consistent and accurate. <p>Further progress on pre-assessment screening in POW with Gynaecology and Upper GI now benefitting from freed up face to face pre-assessment slots.</p>
ii. Outpatients	See planned care section				
Supporting actions in planned care section to transform outpatients through reducing DNAs and follow-ups and validation					<ul style="list-style-type: none"> • Health Board wide Outpatient Transformation Workstream overseeing delivery units plans to reduce DNAs and address follow-ups (the latter in accordance with recommendations from the Welsh Audit Office). • Delivery Units have been requested to develop and submit plans to deliver best in class DNA benchmark targets and plans to deliver the IMTP Delayed FUNB profile, providing assurance that patients are not coming to harm. Not all received. • Delivery Units undertaking review and monitoring of delayed FUNB categories A* and A to ensure patients are seen in a timely manner and if not are escalated accordingly.
iii. Length of Stay					<ul style="list-style-type: none"> • Executive led patient flow workstream in place to

Impact measure	
Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
Improved theatre utilisation (time)	Dec-16 compared with Dec-17: 2.6% reduction (216,667 to 210,952)
Reduction in LoS	

Demonstrating Value and Sustainability					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
Reduce length of stay through reducing medically fit for discharge delays, delays in inter-hospital transfers, improving flow and discharges earlier in the day, reviewing function and use of community hospitals. Also supporting the work outlined in in unscheduled care section regarding community services and intermediate care.					<p>support ongoing work within the Service Delivery units on the implementation of SAFER flow bundles. Focus on:</p> <ul style="list-style-type: none"> *Red to Green days. *Estimated Date of Discharge. * Increased number of patients discharge home before lunch. * Reduction in bed days lost due to stranded patients. * Increasing communication and awareness of the impact of delayed discharge on patient outcomes (deconditioning).
Digital Enablement	Q4				See action 13.
Achieve target for e-TOC as outlined in Corporate Objective 2, and implement the agreed digital programme for 2017/18.					
Medicines Optimisation	Q2				<ul style="list-style-type: none"> • Spend and clinical variation are closely monitored via primary care prescribing data • An action plan has been developed and is regularly reviewed and updated for new opportunities with progress regularly monitored • Target areas include national prescribing indicators,

Impact measure	
Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
Reduction in patients medically fit for discharge	Dec-16 compared with Dec-17 Discharge Fit: POW increased by 34%, Morr increased by 54%
Reduction in delayed inter-hospital transfers	Dec-16 compared with Dec-17: Morriston inter-hospital delays increased from 5 to 10 (+50%)
See Corporate Objective 2 - Quality Plan (70% compliance with e-TOC)	
Reduction in spend on medicines	Primary Care 12 month rolling cost (M) increased by 1.6% (Nov 16- Nov 17)

Demonstrating Value and Sustainability					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
Ensure spend on medicines is clinically appropriate and develop an action plan to reduce unwarranted variation in prescribing.					price concessions, respiratory, pain, medicines of low value etc.
Estate rationalisation/back office functions	Q2				<ul style="list-style-type: none"> • A&C total spend Qtr 2 is less than same period previous year. • Fairwood Hospital for sale, Coelbren Practice declared surplus to requirements. • WAST have confirmed their interest in leasing the 2nd Floor of One Talbot gateway. Negotiations underway on terms. Design underway on internal fit out works.
Reduce spend on management costs and corporate functions, rationalise the estate where possible, reduce rental payments.					

Impact measure	
Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
Reduction in unwarranted variation in prescribing practice	
Reduction in management costs	Corporate departments are £519k under agreed overdraft target as of Month 4. However much of this is made up of non- recurring items and there are identified expenditure risks going forward.
Reduction in room hire and hospitality costs	Hospitality Qtr 1 was £6751 versus £24052 for Qtr 1 2016/17
Reduction in rental payments	
Reduction in Health Board estates footprint	

Demonstrating Value and Sustainability						Impact measure	
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
Clinical Sustainability Models							
Develop a clinical strategy for POWH	Q3-Q4				<ul style="list-style-type: none"> Clinical strategy options developed and scoped. Focus is on ensuring POW alignment with South East regional delivery and planning opportunities via SE RPDF. Work on hold pending consultation on Bridgend boundary change. 	Reduction in cost of medical rotas / locum spend	
Centralise urology at Morriston	Q3-Q4				<ul style="list-style-type: none"> Internal networked plan agreed between POWH and Morriston Hospital - on hold due to consultation on future of Bridgend locality. 		
Ensure the function, cost and efficiency of our community hospitals are maximised	Q3-Q4				<ul style="list-style-type: none"> Throughput has increased through both Gorseinon and Maesteg hospital. Roles being reviewed as part of capacity redesign workstream (Recovery and Sustainability). 	Reduction in cost of out of hours services	
Make recommendations to improve the sustainability of vulnerable medical rotas	Q3-Q4				<ul style="list-style-type: none"> Participate in international recruitment to alleviate recruitment difficulties. Participation in BAPIO to establish a new pipeline of doctors in training. Wholesale review of junior doctor rotas to see if they can be redesigned to lessen reliance on locum cover. Trialling new rota design which is more flexible but will have built in cover whilst meeting the educational requirements from the Deanery. Agency cap from the 1st November may encourage some locums to join the NHS as substantive doctors. Role redesign and new roles ego advanced practice 		

Demonstrating Value and Sustainability						Impact measure	
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
					and roles such as Physician Associates.		
Confirm the plans for the future of the Cefn Coed site	Q3-Q4				<ul style="list-style-type: none"> • New option appraisal for the future location of adult assessment beds across the ABMU area carried out – included in Mental Health Strategic Framework described above, approved by Board and RPB in November 2017. • Use of remaining buildings reviewed and rationalised, vacated areas emptied, services disconnected and secured. Business case being developed. 	Agreement for Cefn Coed site	
Maximise the effectiveness of our IVF model	Q3-Q4				<ul style="list-style-type: none"> • Positive pregnancy cycle rates have increased although Neath is higher than Cardiff. Project closure report agreed by Executive Team following external reviews in 2016. 		Positive pregnancy outcomes increased for both centres in last quarter. WHSSC activity contract - on target to achieve contracted level at end of March 2018.
Procurement/Consumables							
Reduce total spend and variation by rationalising prosthesis and consumables spend across multiple suppliers	Q1				<ul style="list-style-type: none"> • Low Volume – High Cost Variation from the recommendations within the health board - All Wales Medical Consumables and Devices Strategy Group – Hip Prosthesis. • Variation – Staples, Trocars. • High Volume- Low Cost – Rationalisation. Gloves, Drapes, Commodes. This is on track. POW has 	Reduction in spend on consumables and prostheses	

Demonstrating Value and Sustainability						Impact measure	
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
					rationalised to two systems and Morrison has rationalised from 18 to eight systems for Hip Prosthesis.		
Develop an IMTP for 2018-22 that is sustainable from a service, workforce and financial perspective							
An integrated three-year plan for high-quality sustainable services within an approvable revenue envelope to be developed.	Q4				<ul style="list-style-type: none"> • Aim is to develop an integrated Annual Plan as agreed by the Board. • Delivery Unit and Corporate Plans received • Plan in drafting stage for approvals and Board in January. 	Agreement that a 3-year plan can be submitted to Welsh Government meeting their planning guidance requirements. (Note: approval may not be in 2017/18 year)	
Review developments made through investment and badged funding in last two years to examine if benefits achieved or monies can be re-directed or saved							
Implement a review process to quantify the benefits and make recommendations on developments made through:							
ICF monies	Q1				<ul style="list-style-type: none"> • Review of impact of ICF funding commissioned by Western Bay but primarily qualitative. WAO will also undertake a review of ICF • All investments now subject to approval and scrutiny by Investment and Benefit group –established August 2017. 	Recommendations made on whether schemes remain or monies are re-directed	
Mental health monies							
CAMHS monies							
Cluster funds							
Pacesetters							
IMTP development money							

Demonstrating Value and Sustainability						Impact measure	
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
Continue to implement the sustainable service strategies and plans to deliver the health Board's strategic direction set out in Changing for the Better							
Develop a Primary and Community Services Strategy which will set out a sustainable approach to strengthening primary and community services and delivering more care closer to home	Q1				<ul style="list-style-type: none"> Following a series of engagement workshops, a 5 year Primary and Community Services Strategy has been developed and was presented and accepted at the Health Board end of May 2017. The Strategy sets out a sustainable approach to strengthening primary and community services and delivering more care closer to home. Q3 work is progressing, again through a series of stakeholder workshops, to develop a prioritised implementation plan for the strategy to feed into the IMTP for 2018/19 and beyond. 	Strategy published	Strategy approved
Develop a Clinical Services Strategy for POWH with options which will clarify the future service model and relationships with other hospitals	Q1				<ul style="list-style-type: none"> Clinical strategy options developed and scoped. Focus is on ensuring POW alignment with South East regional delivery and planning opportunities via SE RPDF. Implementation on hold pending results of consultation on Bridgend boundary change. 	Strategy published	Clinical strategy options developed
Develop a short to medium term plan for Morriston Hospital to	Q2				<ul style="list-style-type: none"> The role of Morriston Hospital as a level 4 hospital as part of the ABMU and wider South Wales healthcare 	Plan published	In progress

Demonstrating Value and Sustainability						Impact measure	
Actions and timescale							
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
enable it to maximise its capacity and performance as part of the Health Board system.					<p>system has been clearly set out.</p> <ul style="list-style-type: none"> The capacity required to enable this has been set out, and business cases to support this are nearing completion – e.g. Elective Orthopaedic Unit, additional temporary ward, use of therapy template for additional capacity, diagnostic capacity and Infrastructure Modernisation. Plans to progress priorities in ARCH and City Deal underway. 		
Develop strategic frameworks for Mental Health/Learning Disabilities/CAMHS services	Q4				<ul style="list-style-type: none"> Draft strategic Framework for Adult Mental Health taken to Board in December 2017. Workshop in October jointly between ABMU, C&V and CT Health Boards to agree strategic way forward for Learning Disabilities services, which is likely to involve development of strategic framework and implementation plan. Delivery Plan developed for CAMHS. 	Strategic Frameworks published	To be taken to Board in November 2017
Implement the ARCH PDP when approved by Welsh Government							

Demonstrating Value and Sustainability						Impact measure	
Actions and timescale						Impact measure	
Action	Timescale	Progress			Quarterly commentary on progress	Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
		Q1	Q2	Q3			
Implement Year 1 ARCH priorities	Q1-Q4				<ul style="list-style-type: none"> • Actions focussed on developing regional service models, creating wellbeing centres in Swansea and Bridgend and ILS developments in Singleton and Morriston. • Continuing to progress within the resources available. • ILS/HTC developments being progressed through City Deal. • Clear work programme based on prioritisation for service transformation programmes, with short term priorities feeding into Joint Regional Planning. 	Sustainable models of care across region	

Corporate Objective 4- Securing a Fully Engaged and Skilled Workforce

Q3 Actions Tracker- Demonstrating Value and Sustainability



Securing a Fully Engaged and Skilled Workforce					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
Have a fully engaged and skilled workforce fully committed to our corporate values					
Implement the staff experience strategy and action plan and local and Health-Board wide recognition schemes	Q1-Q4				<ul style="list-style-type: none"> Following Feedback and action planning workshops with Service Delivery Units facilitated by Future Work Centre a focus has been on estates and Hotel Services. A programme of listening, with a supported management and leadership behavioural development programme (bespoke footprints) and action planning was developed during December 2017/ January 2018. Training for facilitators was delivered in January 2018. Roll out of listening events began in February 2018. Sessions have so far reached 80 individuals from Estates departments and thematic reviews of feedback have started.

Impact measure	
Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
Bi-annual improvement in the percentage of staff who feel engaged.	Staff engagement score improved from 3.48 in 2013 to 3.68 in 2016

Securing a Fully Engaged and Skilled Workforce					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
					<ul style="list-style-type: none"> • Conference planning has commenced for Medical Leadership Engagement Conference in May 2018. • The staff experience team coordinated 8 events over 5 days across units. 184 individuals received awards and 56 teams. 311 health board staff attended the events, 48 Local Authority staff attended, 78 Patients and Service users attended. • 105 individuals attended long service award ceremony celebration in October 2017. There was a total 3335 years' service recognised.
Develop a proactive and comprehensive recruitment and retention plan that maximises fill rates for substantive roles and reduced reliance on agency and locum staff	Q4				<ul style="list-style-type: none"> • Continued overseas recruitment e.g. BAPIO and Philippines. • Continued Health Board open days for nurse recruitment. • Implemented values based recruitment in mental health for HCSWs. • Vacancy management and control systems in place to scrutinise and monitor.
Address key workforce deficits in nursing through a review of Band 2, 3 and 4 roles	Q4				<ul style="list-style-type: none"> • Band 2 Healthcare support workers are being developed in line with the All Wales HCSW framework to develop their competencies to undertake observations for example. • Supporting HCSW to undertake level 4 CQFW over 2 years, which allows HCSW to apply to join nurse training from year 2 onwards. • Development of band 3 and 4 HCSW roles in

Impact measure	
Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
Reduction in current vacancies by 10%.	
Reduction in turnover by 10%.	
Reduction in bank and agency usage of 10%.	1% increase between Dec-16 and Dec-17 (£2.162m to £2.188m)
Increased number of staff employed in band 3 and 4 roles.	Band 2 & 4 has increased and band 3 has decreased

Securing a Fully Engaged and Skilled Workforce					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
					community Paediatrics and Neonates to increase their competencies as an example. •15 HCSW Apprentices appointed in Morriston SDU working towards level 2 in HCS. 6 successfully appointed into Band 2 HCSW roles and moving on to level 3 study.
Support managers to manage performance effectively through leadership and management training.	Q1-Q4				• Continued focus on values-based behavioural leadership and managing performance through roll out of 'Footprints' programme. Initial focus on bands 4-7 supervisory level. As at 1.02.18, a total of 280 staff have completed the programme since April 2017 and a further 100 managers are scheduled to attend before end 2018. • Over 50 attendees on Action Steps (action Learning programme) which looks at real life situations to develop leadership and management skills.
Improve performance in:					
Sickness absence	Q4				• Sickness absence - The 12 month rolling performance to the end of December 17 is 5.58% and represents an overall improvement of 0.12% since the beginning of 2017/18. However, this is off of our planned IMTP trajectory by 0.20%. • Conducting Sickness Policy audits across our worst performing areas in order to identify areas of non-compliance, with areas developing action plans to address areas of concern.

Impact measure	
Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
Contributes towards sickness, turnover, bank/agency and staff engagement targets.	
Reduction of 0.5% in year.	5.58% in Dec-17 (reduction of 0.12%)

Securing a Fully Engaged and Skilled Workforce					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
					<ul style="list-style-type: none"> • Conducting a directed approach to the management of LTS by focussing efforts on the top 10 worst LTS cases in each unit on a periodic basis via the HR teams in each unit. This approach has initially resulted in 30 of out of the longest 60 cases being resolved either due to a return to work or termination. • As a result of transformation of Occupational Health services, waiting times or staff to see a Doctor has reduced from 6 to 3 weeks as 21/2/18. Awaiting outcome for bid for resource from IBG to scan the paper record to enable a full electronic staff record, which will further reduce waiting times. • Successful bid to Welsh Government to develop a Staff Wellbeing Support and Advice Service (telephone based early intervention) aimed at supporting staff with stress, anxiety, low mood and musculoskeletal issues. Staff currently being recruited with aim of full service commencing June 2018.

Impact measure	
Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)

Securing a Fully Engaged and Skilled Workforce					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
PADR compliance	Q4				<ul style="list-style-type: none"> • PADR compliance is 61.17%, this demonstrates an improving position from 54.40% in April 2017, although still below the WG target of 85%. Quality audit of PADR in Singleton Delivery Unit complete, evaluations demonstrating benefit and positive feedback. • All Units restated target of 85% and this is monitored through Performance Review and endorsed by Internal Audit. • Group PADR will continue to be a focus in facilities following successful pilot and feedback from managers and staff (compliance in facilities in POWH now at 100% due to group PADR – 120 staff in team).

Impact measure	
Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
85% compliance.	64.20%

Securing a Fully Engaged and Skilled Workforce					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
Mandatory and statutory training	Q4				<ul style="list-style-type: none"> • Mandatory and statutory training compliance against the 10 core competencies is 43.8% as at 31.7.17. This figure has improved from 38.10% since April 2017. • Culture shift in staff completing e-mandatory training evidenced in national statistics reported in July 2017, with ABMU reported as second highest organisation in the UK for e-learning usage (43%). • Complete data cleanse of ESR records that have been transferred from Learning@NHSWales. • Individual updating and overriding of incorrect data. • Enabling resuscitation records to be updated on ESR records without double entry. • Continue to deliver face-to-face support for e learning to support shift in cultural change.

Impact measure	
Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
85% compliance.	<i>Data collection in development</i>

Corporate Objective 5- Embedding Effective Governance and Partnerships

Q3 Actions Tracker- Embedding Effective Governance and Partnerships



Embedding Effective Governance and Partnerships					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
Provide effective governance and assurance arrangements and continue to develop strong partnerships to improve services and outcomes					
Implement the actions associated with the Health Board's targeted intervention status to address concerns through open and transparent dialogue with Welsh Government	Q4				<ul style="list-style-type: none"> Performance and Finance Committee and meetings are held monthly and key focus is on the targeted intervention areas. Recovery and Sustainability Programme has been refreshed and areas of focus agreed for 2018/19. Regular meetings held with Welsh Government to discuss progress. Maintained Targeted Intervention status.

Impact measure	
Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
Removal of targeted intervention	Review of targeted intervention status in October 2017

Embedding Effective Governance and Partnerships					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
Implement improved internal financial performance and accountability arrangements and transparency of decision-making to ensure agreed financial targets are delivered	Q1				<ul style="list-style-type: none"> Performance and Finance Committee, and Investment and Benefits Group established. Improvements to transparency and accessibility and substance (forecasting and risk assessment) of Financial Performance Reporting, including savings plans for Recovery & Sustainability Governance purposes, using data visualisation techniques to support management and Board decision making. Unit (and Corp) pay and non-pay run rates targets to be issued following confirmation of RTT delivery agreement. Monitoring via weekly financial performance dashboard with management action and escalation process Actions being implemented in response to external financial governance review.
Developing and implementing plans to secure long term sustainable change through our statutory partnerships including the Western Bay Regional partnership Board and Public Service Boards	Q1-Q4				<ul style="list-style-type: none"> The Health Board is a member of all 3 Public Service Boards in our area as well as the Western Bay RPB and supporting structures. We are on track to achieve the development of Wellbeing Plans by April 2018 and the Area Plan by March 2018. Plans for ICF have been agreed through an inclusive process. Specification for a pooled fund for care home accommodation in development. Positive external evaluation of Community Resource Team funded by ICF.

Impact measure	
Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
Delivery of agreed financial targets	£26.003m overspend against a target profile of £27m
Full identification of savings requirements	£25m savings requirement full identified, however some slippage against planned savings delivery
Improved performance through integrated teams.	
Pressures on adult social care understood and plans in place to support care across system.	
Further pooled budgets established where appropriate.	

Embedding Effective Governance and Partnerships					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
Ensure that commissioned services reflect the needs of our population	Q1-Q4				<ul style="list-style-type: none"> • 2013/14 Population needs assessment refreshed 2015/16. SSWB and WBFGA assessments being used to inform clinical strategy and 2018/19 plan. • Service change priorities reflect needs assessment, e.g. Rapid Diagnosis Clinic, Diabetes and Respiratory pathways. • Adult Mental Health Strategic Commissioning Framework to Board in November 2017 & joint work with other Health Boards on Learning Disabilities services underpinned by needs assessment. • ABMU actively engaged in developing Wellbeing Plans with Public Service Boards (and leading priority workstreams, e.g. Wellbeing in Workplace; Early Years) and Area Plan for Western Bay.
Ensure our capital programme supports the delivery of sustainable services	Q1-Q4				<ul style="list-style-type: none"> • 3 Business cases, including the ARCH PDP, currently with WG awaiting comments. * ARCH. * Transitional Care Unit (Singleton Neonatal). * Clinical Digital Records Management System • Work is proceeding on 6 projects with approved Business cases. • 10 Business cases are being developed with plans to develop a further 8 already being investigated. • In addition there are a number of Informatics Business cares that are being developed for

Impact measure	
Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
Needs and Wellbeing Assessments used to inform plan development	
Improved performance to meet WG targets with commissioned services reflecting population need.	
Business cases delivered and approved to support improved quality of care and performance	

Embedding Effective Governance and Partnerships					
Actions and timescale					
Action	Timescale	Progress			Quarterly commentary on progress
		Q1	Q2	Q3	
					submission to WG.
Develop an Organisational Strategy to align all of our existing strategies providing a coherent and consistent organisational direction	Q2				<ul style="list-style-type: none"> Health Board has considered how to take this work forward. Executive Team have decided that initial priority is to update Clinical Strategy by the summer of 2018 with the Organisational Strategy to follow.

Impact measure	
Measure	Current position where numerical measures available (Qtr 2 unless otherwise stated)
Health Board has clear strategic direction across all elements of responsibility – clinical/quality/workforce etc. to support improved performance.	