

Better Health, Better Care, Better Lives

Partnerships for Improving Health and Wellbeing														
Ref	Priority	Summary Plan Action	SLT Lead	Exec Lead	Milestones						Measures			
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20			Ref	Description	Target	Q1
A_1	Neighbourhood Approach	Implement the Neighbourhood Approach Project Plan	Unit Director PCS	DoS	Project Office in place	No Q2 Milestone	Implementation Q3 Milestone Update: Implementation via Our Neighbourhood Approach programme	Evaluation for potential roll-out Q4 Milestone Update: Implementation via Our Neighbourhood Approach programme						
A_2		Improve health and wellbeing through Primary care prevention actions. (Primary Care actions are linked to Cluster transformation programme) This section focusses on Western Bay 'Our Neighbourhood approach' transformation	Unit Director PCS	COO	Complete recruitment and KPIs agreed across all project areas. UPDATE: Amend milestones to reflect those of the Project Management office (as per line above). SBU are not the lead agent for change but are a key partner. At this stage no elements within the formal plan for SBUHB to follow. Milestones to be amended the milestones tracking the Neighbourhood approach programme.	No Q2 Milestone	Implementation via Our Neighbourhood Approach programme	Implementation via Our Neighbourhood Approach programme						
A_3	Suicide and Self Harm	Agree multi-sectoral Suicide and Self Harm Prevention action plans	Unit Director MH&LD	DPH	Develop of Action Plan. UPDATE: The group has been established and is being led by PHW (Jennifer Davies) following stakeholder workshop in March. Action plan developed by October.	Establish Multi-agency group	RPB approval of Action Plan UPDATE: This is sitting with the Multi-agency group (MAG) . A draft set of priorities across Agencies, including SBUHB has been set by the MAG. The MAG reports to Swansea and NPT PSBs and this will be presented to them. Workshop will be run in early March (Quarter 4) to set actions against the priorities for 2020.	Implement Action Plan						
A_4	Community Resilience	Take asset based approach to build community resilience and social connectedness.	DPH	DPH	Map current assets	N/A	N/A							
A_5	Health and Housing	Work with partners, targeting at risk groups to improve Health and Housing including environmental factors, flexible housing, homelessness and future proofing.	DPH	DPH	Assessment of housing stock/issues	Identify key actions	Develop work programme	Implement work programme						
A_6	Health in All Policies	Develop Health in All Policies Framework with partners developing enhanced green and blue spaces using Green Infrastructure mapping.	DPH	DPH	Review assessment	Develop Proposals	Develop Implementation Plan	Implement Plan						
Co-Production and Health Literacy														
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones						Measures			
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20			Ref	Description	Target	Q1
B_1	Wellness Centre	Develop Integrated Wellness Centres in Swansea and Neath Port Talbot areas	Unit Director PCS	DPH	Submit SOC to Welsh Govt	Review of further sites completed for Swansea Wellness Centre; Scope opportunities for additional wellness centres and agreement in principle. UPDATE: Ongoing review of sites by project board. SLT support to progress Upper Afan Valley Wellness centre; initial scoping of Neath Wellness Centre commenced with practices	Submit OBC UPDATE: Feasibility study completed for Upper Afan Valley.	continue project in line with schedule of works						
B_2	Healthy Behaviours	Continue to promote smoking cessation particularly among pregnant women and improving the four week CO2 monitored quit rates	DPH	DPH	Realign local smoking cessation services	No Milestone in Q2	UPDATE: Work commenced to realign and integrate local smoking cessation services. progression has however been delayed due to the delay in the formal announcement by Welsh Government on transfer of SSW arrangements to Health Boards (was originally due 1st July, announcement now expected Q3). Input has been provided to the all-Wales National Stop Smoking Wales Project Transfer Board and planning process regarding the move of SSW staff to the Health Board.	UPDATE: The former Stop Smoking Wales service, now Help me Quit (HMQ) community, was moved from Public Health Wales under the management of the Health Board on 1.10.19. Primary care and community services delivery unit now host this service.			NDF_6	The percentage of adult smokers who make a quit attempt via smoking cessations services	5%	0.80%
B_3		Improve uptake of childhood immunisations, particularly for those in areas of high deprivation	DPH	DPH	No Milestone in Q1	No Milestone in Q2	No Milestone in Q3	Minimum 90% uptake childhoods imms, MMR vaccination in teenage population, HPV / Teenage booster. Improve uptake of Men ACWY in primary care			NDF_2	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1		96.5%
B_4		Improve Flu Vaccination uptake rates for Children, people with chronic conditions, people over 65 and staff through Flu immunisation campaign and Flu Action Plan	DPH (Susan O'Rourke)	DPH	Evaluation of previous campaign	Develop Plan	Commence campaign	Monitor update			NDF_3	Percentage of children who received 2 doses of the MMR vaccine by age 5		92.5%
											NDF_5	Uptake of the influenza vaccination among: 65 year old and over; under 65s in risk groups; pregnant women and; health care workers		65+ = 68.1% <65 are risk = 43% Pregnant women = 43.6% Healthcare Workers = 54.5%

B_5		Improve healthy Eating through pre-referral advice for Under threes into flying start, Nutrition Skills for Life, pre-diabetes scheme and the Obesity pathway.	DPH (Susan O'Rourke)	DPH	Expand the Nutrition Skills for Life programme.	G	Establish Nutrition and Dietetic service in Workplace Health Programmes	R	No Milestone in Q3		Increase dietetic capacity for Level 3 Obesity Service / Establish Foodwise programme within clusters	NDF_4	Percentage of children who are 10 days old within the reporting period who are eligible for a contact and received the 10-14 days health visitor component of the Healthy Child Wales programme	89% in Q4 no Q1 figures available	
B_6		Improve levels of Physical Activity through Exercise and Lifestyle Programme and Pulmonary Rehabilitation courses	DPH (Susan O'Rourke)	DPH	Review Exercise and Lifestyle programme pilot	G	Implement Roll-out if Pilot successful	R	Business Case approved from IBG Scrutiny for HB rollout and potential expansion commencing April 2020 in Swansea Bay	A	Evaluate Rollout				
B_7		Roll out comprehensive training programme for health and non-professionals based on Health Literacy and MECC	DPH (Susan O'Rourke)	DPH	No Milestone in Q1		No Milestone in Q2		Develop a full programme of MECC training	A	Roll out MECC Training Programme				
B_8	Substance & Alcohol Misuse	Alcohol Misuse and Substance Misuse	DPH	DPH	Area Planning Board Service Review	G	Awareness campaign – Minimum Pricing Act	R	Roll out Brief intervention Training to Primary Care	A					
Digitally Enabled Health and Wellbeing															
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					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20							
C_1	Strategic Outline Plan	Develop a new Digital Strategic Outline Plan to support the first phase of the road map for the delivery of the digital plan in the new Health Board.	CIO	CIO	Draft Plan developed	A	Draft plan completed UPDATE: SOP to be developed as part of IMTP process for the HB. Timescales for delivery amended accordingly	A	SOP approved by HB UPDATE: IMTP process has been delayed to incorporate outputs from KPMG review. Review of Digital IMTP planned early January	A	Implement SOP Q4 Milestone Update: Digital Services element of IMTP to be signed off.				
C_2	WCCIS	Support Integrated Care via Digital Partnerships and transformation, working together with Local Authorities to roll out WCCIS to maximise benefit in terms of information sharing, integrated record keeping and mobilisation.	CIO	CIO	Finalise deployment order UPDATE: Milestone has been amended due to Change of Scope from full Deployment Order to Community Nursing and Integrated Team Proposal, followed by full Deployment order. Actual milestone is to work on Full Business Case in readiness for IBG in Q3 2019/20. Deployment order commencement.	G	Continue to work on Full Business Case for IBG Q3 2019/20. Continue to work on Deployment Order. UPDATE: Capita appointed to support production of Full Business Case. 2 of 3 workshops held. Delays in supplying costs for implementation from supplier (Careworks) have impacted on delivery of the 3rd workshop.	G	Present Full Business Case to IBG Q3 2019/20. Complete Deployment Order and commence readiness work for Community Nursing and Integrated Teams proposal. UPDATE: Delays in supplier providing costing information. Supplier has offered a different commercial model that is being considered by NWIS that will be factored into the FBC. Readiness work has continued during this process.	A	Continue Readiness work for implementation of Community Nursing and Integrated Teams proposal. Q4 Milestone Update: Present Full Business Case to IBG Q4 2019/20. Commence work on Deployment Order and readiness work for Community Nursing and Integrated Teams proposal.				
C_3	Mobilisation	Workforce Mobilisation: Mobilising the workforce with digital technology through the national Mobilisation Policy.	CIO	CIO	Evaluation report of Community Mobilisation project	G	No Milestone in Q2		Funding from WG approved in October. Procurement and roll out of devices to support mobile working in Morriston and NPTH UPDATE: Mobile devices for Morriston procured and being rolled out alongside the SIGNAL project.	G	Q4 Milestone update: - Continue roll out of devices in Morriston and NPTH to support mobile working. Mobile devices for NPTH to be procured.				
C_4	PKB	Patient/Citizen Empowerment through implementing Patients Know Best (PKB).	CIO	CIO	Establish patients forums UPDATE: Milestone has been Amended to Work with NWIS to get WPAS event and WCRS Documents into PKB. Delayed due to Data Centre issue with NWIS.	R	Continue to work with new service to implement PKB within Swansea Bay. Evaluation delayed until Q1 2020/21. Seek IBG approval for 1 year extension of contract. Gain approval from Senior Leadership Team to offer PKB to all Swansea Bay staff. UPDATE: Contract extension agreed with IBG and PKB. Contract to be signed in October. Implemented to 9 services within Swansea Bay. Approval to roll out to Swansea staff and roll out commenced. Evaluation of pilot to be completed in 20/21	G	Implement WPAS events and WCRS documents into PKB. Continue to work with services around the clinical services plan to implement PKB. UPDATE: Issues raised during testing has resulted in a delay to the integration with Welsh PAS and WCRS documents, testing has restarted.	A	WPAS appointment letters into PKB. Continue to work with services aligned to the clinical service plan to implement PKB and measure the benefits in readiness for Evaluation and Business Case. Q4 Milestone Updated: Complete testing of WCRS documents continue enhancements to Welsh PAS appointment details. Plan to integrate WCRS documents in February 2020.	NDF_42	The average rating given by the public (aged 16+) for the overall satisfaction with health services in Wales	2016/17= 5.97 2018/19=6.40	
Best Value Outcomes from High Quality Care															
Primary & Community Care															
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Da_1	Whole System Transformation (Clusters)	Roll out the Whole System Approach to Cluster-led, Integrated Health and Social Care System across all 8 Clusters (Funding dependent) including the further development of Cluster Plans and implementation of pace setter projects in line with cluster priorities.	Unit Director PCS	COO/DoS	Phase 2: Llwchwr & Upper Valleys Clusters. UPDATE: The milestones for this line were previously amended. To be amended as per row 66 of the PCS Q1 submission as follows: 'Initiative phase 1 Neath Cluster, appoint programme and project manager support for roll out.' Phase 1 has commenced, programme manager appointment, shortlisting complete for PM support.	G	Implementation via Whole System Cluster Transformation programme	G	Implementation via Whole System Cluster Transformation programme UPDATE: Workshops and shadow leadership groups held in Q3, all four clusters prepared for initiation on programme.	G	Implementation via Whole System Cluster Transformation programme	NDF_52	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment	Annual decrease	2017/18= 48%, 2018/19= 37.1%
												NDF_53	Percentage of GP practices open during daily core hours or within 1 hour of daily core hours	Annual increase	97%
												NDF_54	Percentage of GP practices offering daily appointments between 17:00 hours and 18:30 hours	Annual increase	86%
												NDF_48	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor	Annual increase	2017/18= 83.4%, 2018/19= 93.7%
Da_2	Audiology	Expand Primary Care Audiology capacity and coverage	Unit Director PCS	COO	Recruit and train staff in Cwmtawe Cluster	G	Recruit and train staff in Neath Cluster	G	New expanded service implemented and monitored UPDATE: Completed	G	New expanded service implemented and monitored				

Da_3	Oral Health / Dental	Improve oral health of vulnerable groups (children, elderly, asylum seekers, homeless and housebound); Develop and implement integrated (GDS/CDS) domiciliary oral health pathway, targeting care; Increase access to general dental services (implementation of contract reform).	Unit Director PCS	COO	Review interim service. UPDATE: The summary action was split into 2 separate action areas and the milestones for each have been amended. Please see rows 85 and 78 of the PCS Q1 submission: 1. New intake of practices joining contract reform commences April 2019, 20% of SBU practices on scheme in line with WG expectation. 2. Ensure all required GDS practices (training practices and Contract Reform) trained and engaged on supporting the programme. 2. Implement new model for dental domiciliary care.	A	1. Monitor progress against CR phase 1 objectives. Actions/feedback provided to practices where data is an outlier against the Welsh and HB averages, monitor improvements in data 2. Establish pathway for Health Visiting service to secure access for children to GDS. 2. recruitment of project manager within primary care team to develop and implement new dental dom service. UPDATE: Practices continue to be monitored throughout the year with PC managerial/clinical support provided where necessary. Local CR meeting held with all practices on scheme and Project manager now in post to begin to develop and implement new dental dom service. T&F group to be established in Q3.	G	: Analysis of annual data. Practices meeting phase 1 objectives to be moved to phase 2 with a further reduction of UDAs. Practices not meeting phase 1 objectives remain at this stage/further support required from HB PC team	G		NDF_57	Percentage of health board population regularly accessing NHS primary dental care	4 quarter increase	62%
Da_4		Reduce reliance on face to face outpatient appointments for Oral Surgery/Cancer by introducing Primary Care oral medicine Clinician led Referral Management Centre, supported by local implementation of new Oral Medicine programme	Unit Director PCS	COO	Introduce new pathway. UPDATE: The milestones for this line has been amended. Please see row 81 of the PCS Q1 submission: Develop/Confirm Oral Medicine pathway with OMF5/Establish MDT Task and Finish Group - T&F Group agreed pathway for presentation at Board	G	Monitor new pathway MDT group to approve new service model. Commence formal tender process for provision of service within primary care setting UPDATE: Tendering process completed during qtr. 2 new service model will be implemented during qtr. 3 along with evaluation framework	G	Review new pathway UPDATE: The pathway commenced on the 1st November. The biopsy element of the pathway was removed before the contracts were awarded. Meeting scheduled towards the end of January 2020 to discuss impact on the overall project deliverables.	G	Scope for additional pathway reform	NDF_62	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care specialities		16,586
Da_5	Out of Hours Primary Care	Remodel Urgent Primary Care service (GP-led Out of Hours service), creating multi-disciplinary model; reshaping the staffing mix to reduce reliance on GPs, and introducing new types of practitioner i.e. paramedic, pharmacist and advanced nursing input.	Unit Director PCS	COO	Please see row 92 of the PCS Q1 submission: No milestone in Q1 and Q2 amended as described in Q2.	A	In place - complete using Pharmacists, Paramedics, ANP and HCSW, Administrators, GPS and Drivers. Work progressing to redesign the clinical model. UPDATE: Work underway to re-locate DNs with GP OOH team in Morriston Hospital.	A	New primary care contracts to be in place. New service pathway to have commenced. Monitor of new pathway. UPDATE: OOH DN Team working through OCP consultation to relocate team with Urgent Primary Care Team in Morriston Hospital. HCSWs starting training with UCP in Morriston Hospital.	G	New pathway embedded. Continued monitoring of service in Q4.	NDF_55	Percentage of OOH/111 patients prioritised as P1CH that started their definitive clinical assessment within 60 minutes of the initial call being answered	90%	96%
												NDF_56	Percentage of OOH/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) base appointment seen within 60 minutes following completion of their definitive clinical assessment/face to face triage	90%	100%
Da_6	Primary & Community Led Pathways	Redesign Primary Care Workforce including further development of Advanced Nurse Practitioners, developing a framework and opportunities for staff rotation across primary and community care settings and develop the role of Community Paramedics within more urban settings	Unit Director PCS	WOD	Undertake training needs analysis	A	Identify training requirements and develop plan UPDATE: Working towards training requirements and plan	A	Liaise with University providers UPDATE: PCS wide nursing workshop dedicated to workforce planned for 27th January 2020	A	Develop an Health Board rotation plan	NDF_48	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor		2017/18= 83.4%, 2018/19= 93.7%
												NDF_52	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment		2017/18= 48%, 2018/19= 37.1%
Da_7	Eye Health/ Ophthalmology	Reduce reliance on face to face ophthalmology outpatient appointments by further increasing number and percentage of patients receiving pre-operative assessment and post op follow up in primary care (Optometry) practice	Unit Director PCS	COO	Monitor new pathway. UPDATE: This milestone has been amended to 'Joint Hospital and Primary Care Eye service review and agreement on priority pathways to transfer care to the latter'. Community Optometry capacity map completed	A	Commence implementation of at least one new pathway: UPDATE: Complete	G	Scope additional pathway reform UPDATE: Collaboration continues between PCSDU and Singleton, opportunity for a new Paeds pathway being considered.	G	Develop plan for further pathway reform	NDF_62	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care specialities		16,586
												NDF_63	95% of ophthalmology R1 patients to be seen by their target date or within 25% in excess of their target date for their care or treatments	95%	62.4%
Da_8	Primary Care Estate	Continue to improve the Primary Care Estate	Unit Director PCS	DoS	Complete refurbishment of Murton and Penclawdd. UPDATE: The milestones for this line was previously amended. Please see row 63 of the PCS Q1 submission: Services relocated and main refurbishment works commenced (Murton and Penclawdd)	G	Refurbishment works continued (Murton and Penclawdd); prepare for consultation on service provision in Cwmllynfell/Ystalyfera to inform future estates requirements UPDATE: Refurb works ongoing; planning for wider Upper Amman Valley PC provision engagement ongoing	G	Refurbishment works completed (Murton and Penclawdd); Review outcome of consultation UPDATE: Preparing for wider patient engagement.	G	New Facilities signed off and opened (Murton and Penclawdd) ; Agree future estate need Cwmllynfell and Ystalyfera.	NDF_48	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor		2017/18= 83.4%, 2018/19= 93.7%
Unscheduled Care & Stroke															
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones						Measures				
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20			Ref	Description	Target	Q1	
		Reduce Unnecessary Hospital Attendance through admission reduction for the Big 5 in partnership with WAST (see Appendix 9), continuing multi agency approach to manage frequent attenders, and Care and Repair Wales pilot scheme rollout. Including falls response vehicle to reduce un-necessary conveyance to hospital.			Reduction in frequent A&E attenders (2018 baseline) / Evaluation of Care and Repair pilot scheme UPDATE: Funding for full time commitment ceased after winter. Included as an option in 19/20 unscheduled care plan.	UPDATE: Proposal submitted to Healthier Wales fund in July but not approved. Full time frequent attenders nurse and administrative support has been subsequently funded by WG on a non-recurrent basis until 31st March 2020.	No Milestone in Q3	Reduction in medical admissions (March 18 baseline) Reduction in the conveyance of non-injury falls patients from 18/19 baseline./ 25% patients seen in ambulatory care pathways			NDF_76	Number of ambulance handovers over one hour	0	721	
											NDF_77	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	75.0%	

Db_1	Reduced Attendance		USC Lead	COO		R	WAST falls level 1 response service has continued this financial year and has a 65% non conveyance rate. Amber and green call conveyance have continued to reduce compared with previous years, however red call conveyance is increasing. Medical admissions continue to reduce - however length of stay is increasing largely as a result of insufficient community capacity.	G				NDF_78	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	644
Db_2	Timely Access to Urgent Care	Ensure Timely Access to Urgent or Emergency Care through implementing assessment recommendations for vascular, Fractured neck of femur, Acute Medical Assessment Unit (AMAU) and ED pathways, maximising use of Medicine Neurology and Respiratory Hot Clinics and flexible beds.	USC Lead	COO	Implement recommendations Fractured neck of femur, AMAU, vascular improvement programmes	A	Monitor effectiveness of improvement programmes UPDATE: Medicine hot clinic, Neurology flexible beds in place and delivering impact. Ambulatory Emergency Care pilot undertaken in June/July 2019 with positive impact identified on patient flow from ED. Optimal model business case being developed, along with a phased approach to run pilot model over longer period. Confirmation received that ambulatory emergency care model funded over winter.	G	Monitor effectiveness of Hot Clinics UPDATE: Medicine hot clinic and delivering impact and forming a building block for the acute care optimal model. Building on the findings of the Ambulatory Emergency Care pilot undertaken in June/July 2019, Optimal model business case developed. MHDU senior team scrutiny of business case undertaken in December 2020 and element of plan building on June/July pilot developed into winter scheme to test ambulatory emergency care model further. Junior doctor roles recruited at risk to enhance medical cover on AMAU and ACP vacant posts out to advert end of qtr 3 which are a key part of the optimal model.	G	Implement recommendations ED pathways	NDF_77	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	75.0%
												NDF_78	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	644
Db_3	Length of Stay	Reduce patient risk through reduction in avoidable delays and prolonged hospital stay through implementing the NHS Wales Delivery Unit complex discharge audit recommendations and Right Care Right Place review recommendations.	USC Lead	COO	Implement key priorities from audit recommendations, Reduce variation in SAFER flow bundle, Discharge process improvements UPDATE: Unit exploring options to expand the OPAS service and the bed equivalent impact it can deliver. This is included in the Units unscheduled care plan	R	Implement revised Escalation and patient flow policies. UPDATE: Good Hospital care group and implemented as part of the Hospital to Home transformation programme.	A	Monitor impact and improvement UPDATE: Good Hospital Care scheme in place since November 2019 to re-inforce message of embedding good practice for flow i.e. SAFER, EDD and Board rounds	A	Improve Psychiatric Liaison service (funding required)				
Db_4	Medical Bed Capacity	Rebalance medical bed capacity at Morriston through maximising the use of Early Supported Discharge for COPD patients at Morriston and Singleton, and the use of community hospital frailty beds, pathway coordinators (funding dependent), Green to Go ward relocation (funding dependents) and implementing OPAS plus (funding dependent).	USC Lead	COO	Maximise early supported discharge for COPD and use of community hospital frailty beds	G	Implement Pathway Coordinators (funding dependent) UPDATE: Workforce redesign has allowed the Delivery Unit to introduce patient pathway coordinators within existing resources. Posts will be in place for winter 19/20 and along with implementation of signal whiteboard system, this change will support a strengthened, live patient flow and monitoring approach which has the potential to deliver a bed equivalent impact assessed as being circa 5/6 beds.	G	Implement OPAS plus (funding dependent) UPDATE: No funding secured for OPAS expansion although COTE team working as part of the Health Board clinical redesign group to develop integrated approach to frailty.	R	Implement Green to Go (funding dependent)				
Db_5	End of Life Care	Improve End of Life Care through reducing admissions to Acute Hospitals at the end of life & supporting patients to remain in their place of residence, including through better utilising digital technology top capture information, better engagement and outcome measures.	USC Lead	DoN	Better utilise digital technology		Audit against national and local standards/ Live queue dashboards in endoscopy and radiology		Recommendations of Audit/ Live queue dashboards in pathology/histology UPDATE: A Revised End of Life plan is being considered by the End of Life Steering Group in Q1 of 2020/21		Review admissions to acute hospitals at end of life				
Db_6	Redesign Acute Care System	Action updated: Develop an Acute Medical Model for Swansea Bay, clarify Delivery Unit roles and align with continued planning for the HASU (subject to any engagement/consultation requirements).	CSP Leads	COO	Commence planning and Critical path UPDATE: Health Board wide clinical engagement event held to discuss Outpatients and acute care. Small cohort of clinicians have been identified to be part of a group going forward to explore option for acute care and visit to north midlands has been organised for October to review their approach to Acute Care. To be noted action to be amended going forward to reflect revised language - Acute Care model. Future milestones will be revised to reflect the work now being undertaken by the newly established advisory group.	G	Plan for wraparound ward agreed UPDATE: Evidence gathering including visit to North Midlands NHS Trust set up, Acute Care Clinical Redesign Group established, and Ambulatory Care Workshop has been planned.	A	Update Q3 Milestone: Principles develop, Identified the high level model and the roles of the delivery units Plan for 2nd MRI scanner agreed UPDATE: Principles and outline model agreed by Transformation Board. Clinical redesign group established. AEC cubicles live. AMAU service model in development. Agreement to appoint planning manager secured.	A	Update Q4 Milestone: Review and mapping of KPMG flow opportunity to work streams. Refinement of acute care model service functions/alignments and roles of delivery units. Appointment of planning manager	NDF_76	Number of ambulance handovers over one hour	0	721
												NDF_77	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge	95%	75.0%
												NDF_78	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge	0	644
												NDF_66	Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	58.90%	57%

Db_7	Stroke Care	Provide Fast, Effective Care through promotion of FAST, continued development of TIA services, exploring the provision of Capture Stroke System to support real time reporting and establishing a Thrombectomy pathway through WHSSC.	USC Lead	COO	Review TIA services UPDATE: Current focus is on electronic process for receiving GP referrals into the TIA Service. Working with IM&T on prioritising this requirement.	R	Option appraisal completed decision made not to progress with capture stroke following a cost benefit analysis of the system - action should therefore be closed after this update.	Monitor development of TIA services - Morrison and NPT Delivery Unit to review TIA service with a view to offering a single 7 day service ACTION CLOSED	ACTION CLOSED		NDF_66 NDF_67 NDF_68 NDF_69	Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours	58.90%	57%	
		Develop the HASU Model through ARCH.	USC Lead	COO	Regional model including regional rehabilitation to be presented to Health Boards for approval	G	No Q2 Milestone	The regional model will not be completed by March 2020 however a report on establishing a SB HASU is on track for completion by March 2020.	A	Updated Milestone in Q4: Detailed implementation plan to be signed off		Percentage of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes	12 month increase	0%	
		Improve Rehabilitation Services through capturing patient reported outcomes, Life after Stroke clinics, early supported discharge service and service redesign opportunities to develop and Early Supported Discharge.	USC Lead	COO	No Milestone in Q1		Business case for ESD submitted for approval UPDATE: Business Case submitted but not supported financially	G	No Milestone in Q3			Improved access to Life after Stroke Clinics in place	CT Scan (<1 hrs)	54.50%	52%
		Ensure that all stroke palliative patients are managed in accordance with the End of Life Care pathway.	USC Lead	COO	Undertake Audit of pathway compliance		Audit Recommendations considered		Recommendations implemented			Monitor and review improvements			
		Implement Workforce Redesign exploring expanding targeted 7 day cover, recruitment to medical vacancies to support four hour bundle and continuing staff training and awareness sessions of stroke pathway.	USC Lead	COO	Staff training and awareness schedules in place UPDATE: Staff awareness training continues. Review of workforce arrangements to support 7 day working is ongoing as part of the HASU Business Case development.	A	No Q2 Milestone		No Milestone in Q3			Seven day cover in place	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours	84.40%	100%
Planned Care															
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones					Measures					
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Dc_1	Timely Access to Planned Care	Continue with MCAS arrangements and as appropriate extend service provision (i.e. Joint pain injections) - with waiting times to be maintained at eight weeks maximum.	Planned Care Lead	COO	New joint injection model to be implemented UPDATE: MCAS arrangement continues and looking to maintain list at 8 weeks	A	Complete further review of modernisation opportunities for MCAS model UPDATE: Combined spinal consultant/ advanced physiotherapy practitioner (APP) joint clinics for follow up patients seen in MCAS have been introduced to reduce the number being referred through to stage 1 waiting list and a business case has been put forward for upskilling of APP's in spinal injection therapy and Ultrasound guided injections.	G	Implement further actions identified through review. UPDATE: Review being undertaken into the effectiveness of MCAS in terms of demand management for secondary care T&O. The outcome of the review will identify further actions to take forward. The service is also looking to introduce a Physiotherapy lifestyle session for knees.	G					
Dc_2		Extended use of e-referral / Tele dermatology for advice and support into General Practice and extend funding of additional clinical fellows across Wales as part of national action plan.	Planned Care Lead	COO	Continue roll-out e-referral/Tele dermatology to GP practice UPDATE: Use of e-referral in Dermatology continues to be used and it has been agreed that there is no capacity to be able to train additional clinical fellows at the current time.	A	Finalise funding for clinical fellows		No Milestone in Q3		Recruitment of clinical fellows				
Dc_3		Introduce Audiology Pathway with referrals as appropriate directed into the Audiology Service.	Planned Care Lead	COO	Continue with monitoring new audiology pathway and reduction of referrals into secondary care	G	No Milestone in Q2		Extend pathway arrangements UPDATE: In place. Action completed and Closed.	G	Action Closed				
Dc_4		Increased use of Optometry / Non-Medical services to monitor and refer patients following appropriate guidelines.	Planned Care Lead	COO	Introduce ODTIC into strawberry place/Cwmtawe Cluster / Embed Ophthalmic Priority Measures across the Health Board.	G	Make available additional accommodation in Singleton for increased non-medical face to face contacts		Finalise manpower plan for ophthalmology/clinical nursing team UPDATE: ODTIC in place	G	Appointments into new skill mix	NDF_63	95% of ophthalmology R1 patients to be seen by their target date or within 25% in excess of their target date for their care or treatments	95%	62.4%
Dc_5	Outpatients Modernisation	Implement Welsh Government priority arrangement to new and follow up patients.	Planned Care Lead	COO	Continue with implementation of planned care programme / Update WPAS to accommodate new definitions around virtual clinics, see on symptom and self-managed care / Agree investment into validation team into IBG	G	Appoint into validation team UPDATE: Validation team in place - additional investments successfully agreed with WG and now being implemented. Refreshed Transformation Board in place.	G	No Milestone in Q3		NDF_62	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care specialities		16,586	

Dc_6	Theatre Efficiency	Improve Theatre efficiency and utilisation including ENT/ orthopaedics access to Singleton and Neath Port Talbot theatres.	Planned Care Lead	COO	Agree and implement action plans with delivery units / Agree information requirements with information team and delivery units / Re-energise existing theatre efficiency board	A	Monitor changes to efficiency and reallocate theatre sessions across delivery units as appropriate/Reallocate lost funded theatre session for urology to enable return to balanced service provision/Ensure Cataract throughput is equalised or improved upon in Ophthalmology./Implement "Open Eyes" or equivalent to oversee PROMs activity / protocols in Ophthalmology/Introduce / Embed Virtual Clinics and build into Consultant / Non-Medical staff job plans. UPDATE: Work currently being progressed around a medium term option of additional ward plus theatre in Morriston Hospital to support Orthopaedics. Focus on Urology increasing footprint in NPT.	G	UPDATE: IBG updated in December 2019 regarding option of creating a vanguard unit in Morriston Hospital for Elective Orthopaedics as part of a comprehensive plan for elective and emergency orthopaedics. Plan agreed to increase Urology capacity on the NPT Hospital site from January 2020. Challenges continued to be experienced with increasing operating capacity in the Singleton and Morriston Hospital site due to anaesthetics	A		NDF_63	95% of ophthalmology R1 patients to be seen by their target date or within 25% in excess of their target date for their care or treatments	95%	62.4%	
Dc_7		ENT access to Singleton theatres to utilise for routine and high activity capacity.	Planned Care Lead	COO	Establish one all day ENT operating list at Singleton Hospital. UPDATE: Plan to establish the all-day list at Singleton but we will not be able to do this from September due to anaesthetics pressures in the main. Plan to target an October start date.	R	No Milestone in Q2: To commence in October		Commenced UPDATE: Due to challenges with anaesthetic availability the requirement was ENT was integrated as a all day cleft/head and neck list.	A						
Dc_8		General Surgery access to Singleton theatres to utilise for routine and high activity capacity.	Planned Care Lead	COO	Establish one all day General Surgery operating list at Singleton Hospital and one all day list at Morriston UPDATE: Morriston are on track to start in September However it has been agreed not to commission the Singleton list.	R	To commence in Morriston in September		UPDATE: Post ongoing	G						
Dc_9		Implement a revised hand surgery model across plastic surgery and orthopaedics to stabilise capacity and demand.	Planned Care Lead	COO	No Milestone in Q1		Consultant recruited and delivering agreed new job plan UPDATE: Consultant in post from October, additional operating lists will start to be supported by anaesthetics from November 2019.	G	No Milestone in Q3							
Dc_10		Recruit two gastroenterology specialist nurses and two consultant gastroenterologists to increase sustainability of Gastroenterology service.	Planned Care Lead	COO	No Milestone in Q1		Post holders in place and delivering capacity UPDATE: Locum Consultant post for Morriston Hospital Delivery Unit out to advert. RCP approval for substantive posts in progress.	G	No Milestone in Q3							
Dc_11	Planned Care Pathway Redesign	Ensure Cataract throughput is equalised or improved upon in Ophthalmology.	Planned Care Lead	COO	Ensure delivery of revised baseline D&C model for sustainable ophthalmology cataract treatments	A	Ensure delivery of revised baseline D&C model for sustainable ophthalmology cataract treatments		Ensure delivery of revised baseline D&C model for sustainable ophthalmology cataract treatments UPDATE: The HMRC pension taxation issue has severely impacted upon core capacity. Outsourcing volumes are being maximised however the additionality is not being fully benefited due to the loss of core capacity. System engineering approach has been undertaken to increase core baseline capacity by c400 cases per annum.	A	Ensure delivery of revised baseline D&C model for sustainable ophthalmology cataract treatments		NDF_63	95% of ophthalmology R1 patients to be seen by their target date or within 25% in excess of their target date for their care or treatments	95%	62.4%

Cancer

Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead
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Milestones			
Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20

Measures			
Ref	Description	Target	Q1

Dd_1	Detecting Cancer Early	Detect Cancer Earlier through maintaining and expanding the service of the Rapid Diagnostic Clinic (RDC) (funding dependent), ensuring effective partnership working with primary care and Macmillan GP lead.	Cancer Lead	COO	Rapid Diagnostic Yearly Outcome Report UPDATE: SBUHB have agreed that they will continue to support the Rapid Diagnostic Clinic (RDC) at Neath Port Talbot Hospital. The Welsh Cancer Network have provided additional funding to enable the RDC to complete a 2 year local operational evaluation and also provide clinical data to facilitate a national evaluation of the pilot. The RDC clinic will continue to be held at Neath Port Talbot Hospital and 2 clinics a week will be held until the evaluation takes place. Further scoping work is currently being undertaken to determine the feasibility of extending the scope of the clinic to take referrals from AGPU in Singleton and A&E departments. The Senior Team are also in discussions with Executive colleagues with regard to the future direction of the clinic. RDC Team are presenting yearly outcome report at the August Cancer Improvement Board.	G	Develop Business Case for RDC Expansion UPDATE: Further funding has been received from WCN to extend the pilot until March 2020. Discussions are taking place with respect of the boundary changes and patient flow, and this will need to be completed prior to any development of a business case.	A	No Milestone in Q3	Macmillan/Primary Care pilot areas identified			The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)	98%	94%
Dd_2	Single Cancer Pathway	Single Cancer Pathway - Deliver the Single cancer Pathway Delivery Plan to implement the Single Cancer Pathway.	Cancer Lead	COO	Stock & Flow modelling to establish capacity gaps UPDATE: WG have requested Implementation/Action Plans are updated and resubmitted at the end of August. This will be discussed at the next SCP meeting. Work has commenced with Lung to map and compare pathways against the Optimal Pathway to understand variance and consider improvements required at the various steps. The Macmillan QI Manager will be presenting her findings to the Cancer Improvement Board in September. New processes to identify patients at the earliest opportunity have been implemented from Radiology and from Outpatient attendances within the new outpatient build at Morriston. To ensure engagement with the wider staff groups and disciplines, drop-in sessions were held at each of the main hospital sites in July. Attendance was best at the Morriston site, however attendance from management and some expected staff groups such as co-ordinators and tracking staff was poor. Workshops with the H&N, UGI and LGI teams was postponed to September and October due to lack of attendance due to leave and Breaking the Cycle. Revised guidelines for the management of Cancer Waiting Times Targets (USC/NUSC and SCP) have been developed by the WCN and WG. HB's were	G	Review pathways against national optimal pathways UPDATE: The National Optimal pathways will be published in tranches. Tranche 1 were published on October 2nd 2019 via a WHC. These 7 pathways have been approved by the Collaborative Executive Group and the Cancer Implementation Group and include pathways for lung, breast, head & neck mucosal, neck lump, gastric, colorectal and oesophageal. Tranche 2 is in development and will include 15 new site specific NOPs extending coverage to over 80% of all diagnosed cancers. These are expected to follow the same pathway to approval. Work is ongoing with Lung to map and compare pathways against the Optimal Pathway to understand variance and consider improvements required at the various steps. The Macmillan QI Manager presented her findings to the Cancer Improvement Board on the 20th September 2019. A Head & Neck Cancer Workshop was held on the 12th September 2019, facilitated by the Cancer Information Team which was well attended by the Head & Neck Cancer Multidisciplinary and Management Team. The workshop provided the team time to measure where we are against these pathways. Measuring performance against the optimal pathway will	A	Unit action plans to comply with optimal pathways.	Unit action plans implemented	NDF_64 NDF_65		The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days of receipt of referral	95%	81%
Dd_3	Fast, Effective Treatment	Deliver fast, effective treatment including through ensuring robust Spinal Surgery Access for patients diagnosed with Metastatic Spinal Cord Compression (MSCC), and developing a strategic holistic plan regarding how the Acute Oncology Service will be developed and resourced.	Cancer Lead	COO	MSCC Pathway agreed with C&VUHB UPDATE: At the July Cancer Improvement Board, the HB Executive Cancer Lead informed the group that there is a plan for spinal surgery coming forth in the next month in terms of how this will be managed. A conversation will need to take place, in order to decide how Spinal Surgery will be supported in Morriston temporarily. Recruitment plans are taking place up to May next year, and will be looking to Cardiff to see if something can be agreed between the two Health Boards in the meantime	A	Review of service and gaps identified UPDATE: Swansea Bay University Health Board and Cardiff and Vale University have an established Regional and Specialised Services Provider Partnership, comprised of ourselves, our Medical Directors, our Chief Operating Officers and our Strategy/Planning Directors. Spinal services are within the scope of that partnership group, which focuses on priority services requiring collaborative, regional solutions. At the last meeting our Medical Directors updated us on work done to develop an outline model for future services that is focused on providing a sustainable regional service for South West and South East Wales. It relies on recruitment to a post in Swansea Bay University Health Board from April 2020. As well as addressing challenges with the current pathways, it takes into account the emerging role of the Major trauma Network and Centre in the management of spinal trauma.	A	No Milestone in Q3	Acute Oncology Service Plan developed					

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

Mental Health & LD

Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones				Measures						
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Ref	Description	Target	Q1			
De_1	Learning Disabilities Services	Long-term rationalisation of our NHS learning disability estate to reduce number of isolated small inpatient units by bringing units together according to population needs.	Unit Director MH&LD	COO/DOS	Agreement to joint statement on commissioning intent. UPDATE: Joint statement on commissioning intent agreed by Cardiff and Vale and CTM Health Boards. ICF bid for expansion of LDIST was not successful. 2 formal meetings between 3 health boards and 7 local authorities held so far regarding common service model and modernisation. Agreed that this will be high level to capture the things that should be done regionally without being a block to local developments. Developed a joint proposal for the use of non recurrent funding made available by WG to address health inequalities for people with LD as a test of working across multiple partnerships.	A	Engagement with individual local authorities to share outline intent for change to the service UPDATE: Proposed Mental Health Transformation Programme reviewed by CSP programme board, revised and resubmitted to West Glamorgan Adult Transformation Board Programme where it was agreed. Multiagency project leads confirmed. Recruitment to project management posts to support transformation programme commenced.	A	Development and agreement of multiagency proposal UPDATE: Project capacity and infrastructure proposal presented to Joint commissioning and performance meeting on the 6th December. Overall approach approved but further work on governance arrangements and relationships between 3 RPBS required. TO be represented in Q4 after collaboration with key individuals in Cwm Taf and C&V.	A	Discussion about change programme bridging funding to invest in community expansion	NDF_9	The percentage of people with learning disabilities who have an annual health check	75%	2018/19= 29.3%
De_2		Development of Adult Acute Business case to replace the not fit for purpose estate still in use at Cefn Coed Hospital.	Unit Director MH&LD	COO/DOS	Development of Strategic outline Case (SOC). UPDATE: In progress, capital planning group has been set up and well attended. The front end of the Business Justification Case (BJC) process has been largely developed, these being the technical solutions of delivery and not the implementation, timetabling, funding or delivery end.	A	Submission of SOC & plan for development of Outline Business Case UPDATE: The governance arrangements have been agreed and the framework service scope and solution options have been identified. However, the new date for the SOC to be submitted is now Q1 2020. The project group is up and running and well established. This is chaired by SHG.	A	Outline Business case development and stakeholder engagement. UPDATE: Engagement exercise held with MH operational managers to test service model and initial thinking on options. First draft of SOC reviewed by programme board. Timeline for completion of SOC revised to April 2020 along with a refresh of indicative dates for subsequent Business cases.	A	To be amended. OBC Work for submission in 2020/21	NDF_30	Number of health board mental health delayed transfer of care		27
									NDF_87	The percentage of health board residents in receipt of secondary mental health services (all aged) who have a valid care and treatment plan (CTP)	90%	89%			

De_3		Interim solution to re-provide Psychiatric Intensive Care Unit.	Unit Director MH&LD	COO/DOS	Interim solution scoped. UPDATE: Agreement to incorporate requirement of PICU within the main adult acute business case. Milestone closed.	G	Engagement with partners, public and staff UPDATE: This is linked with the Adult Acute Business Case and will take place in Q3.	A	Plans developed for interim solution incorporating engagement UPDATE: PICU provision will continue to be provided by CTMUHB from POWH. Long term solution to be delivered through capital project to re-provide adult acute inpatient facilities. This action to be closed.	R	To be Amended: This action to be closed. Interim PICU solution implementation plan agreed and progressing. ACTION CLOSED				
De_4	Adult Acute Care	Implementation of the Adult Mental Health Strategic framework.	Unit Director MH&LD	COO/DOS	Identification of priorities within optimum model and agreement of phased change. UPDATE: Proposed transformation programme described within Health Board and presented to Adult Transformation Board of Regional Partnership for project management resources to support delivery. Agreed priorities by Wellbeing and Mental health Board used to inform programme structure for year 1. Proposals not universally agreed and in the process of revising and preparing project documentation for agreement and to enable recruitment of project managers	A	Formal sign off of priorities with local authorities for 2019/20 Development of investment plan for Welsh Government Health and Social care funding UPDATE: Proposed Mental Health Transformation Programme reviewed by CSP programme board, revised and resubmitted to West Glamorgan Adult Transformation Board Programme where it was agreed. Multiagency project leads confirmed. Recruitment to project management posts to support transformation programme commenced.	A	Work streams established, phased delivery of service models planned Review of Third sector mental health provision to inform commissioning plan UPDATE: Projects established with leads identified. 2 of 3 project managers appointed to support the programme along with admin support. Re-advertising 3rd post. Review of third sector MH provision rolled forward to Q4 to fit timelines of Voluntary sector framework procurement	G	Engagement/ consultation on service changes and identification of Capital requirements	NDF_30	Number of health board mental health delayed transfer of care	12 month decrease	27
												NDF_72	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	85%
												NDF_87	The percentage of health board residents in receipt of secondary mental health services (all aged) who have a valid care and treatment plan (CTP)	90%	89%
												NDF_88	All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place	100%	100%
De_5		Implementation of a sustainable service for providing high intensity psychological therapies to meet new 26 week access target.	Unit Director MH&LD	COO	Complete demand and capacity analysis & recruitment to new roles for sustainable delivery. UPDATE: Recruitment has begun with 2 lead therapists recruited. The Demand and Capacity analysis is to begin in Q2. Looking to appoint 2 B6 therapists using the Psychological Therapies funds.	A	Redesigned stepped model of care & pathway UPDATE: Progressed with appointment of critical posts to increase capacity to progress with workstream in September 2019. Phase two of the project plan on the re-design of Psychological therapies has commenced. Focus on access thresholds, referral pathways and modes of therapy delivery, in line with NPTMC recommendations.	G	Implementation of revised service model UPDATE: We have achieved our target and have sustained gains made, with respect to the 26 Week waiting time target (so we are Green in relation to the Target).The investment from Welsh Government has been utilised to establish new posts to deliver high intensity psychological therapies. Access criteria and new ways of evidence based working have been introduced. For example high intensity Group based interventions. Objectives running through Q4 and into 2020 focus on defining stepped care in more detail, working through the interface of the psychological therapies service with LPMHSS, Secondary care and New service initiative i.e., Single Point of Access	A	Routine performance monitoring to maintain 26 week wait and evaluation of impact.	NDF_71	Percentage of patients waiting less than 26 weeks to start a psychological therapy	95%	100%
												NDF_72	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	85%
De_6	Community Mental Health Services	Work with partners to ensure robust alcohol and substance misuse services are in place.	Unit Director MH&LD	COO	Review of Service model by Area Planning Board. UPDATE: Workshop from external review has taken place and the report is being shared back to the Area Planning Board. The delivery unit has been a part of this and will continue to be.	G	Outcomes of review considered for implementation UPDATE: Workshop in November arranged by APB to validate external review First meeting within DU around developing the draft to follow.	A	Multiagency agreement of revised service model UPDATE: The APB still haven't formally accepted the external review document. When they do they will need to develop an implementation plan so all organisations can participate in the service remodelling.	A	Agreement of modernisation plan for implementation of revised service model	NDF_8	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	4 quarter decrease	441.9
												NDF_86	Number of calls to the DAN 24/7 helpline (drugs and alcohol) by Welsh residents per 100,000 of the population	4 quarter increase	41.30

Women & CYP

Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones				Measures	Ref	Description	Target	Q1
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20					
Df_1	Neonatal Care	Progressing work aligned to the Neonates Transitional Care unit and a Workforce Plan to meet BAPM standards.	Unit Director Singleton	COO	Implement workforce planning proposal to increase medical and nursing cover including increased midwifery weekend cover.	Implement Psychology support UPDATE: Head of Psychology started in post. Currently setting up service, recruiting to support posts. Limited input to Neonates at present.	Meet with WHSSC to review neonatal baseline activity across the Region to support increased income to deliver BAPM standards. UPDATE: Psychology support in place. Follow up meeting with WHSSC scheduled 5th February expect outcome of review of activity. In additional Neonatal peer review report received 30th January, to be reviewed to report against standards	Increase therapy input into the neonatal unit					
Df_2		Children's Strategy Board to ensure delivery of the children's plan closely linked to the work of the Western Bay Regional Partnership Board.	Unit Director Singleton	COO	Membership reviewed and meetings reinstated	Commencement of work plan UPDATE: Meeting frequency changed to bi-monthly. Next meeting November to agree priorities for work programme next year from CYP IMTP	Ongoing completion and monitoring of work plan UPDATE: Key priorities agreed: Emergency Paediatric pathway Morriston; children with complex needs; public health obesity; emotional health & wellbeing; transition. Workstreams to be confirmed. Reporting structure of strategy board not yet confirmed.	Review of achievement and agreement of next year's work plan					

Df_3	Child Health Development	Agile working and technology enhancements in Child Health Development.	Unit Director Singleton	COO	Source alternative accommodation to Central clinic	Move dept. to Singleton Site UPDATE: Location sourced on Singleton site. Quotes received from Porta-cabin. Location sourced for health records and quotation obtained for racking. OCP process underway with staff. Archive of records underway with The Maltings Final sign off from Wellness Centre Project Board required to progress transfer.	A	review waiting list processes UPDATE: Porta-cabins no longer an option, seeking alternative accommodation on Singleton site	R	Implement DMS				
Df_4		Neurodevelopmental team development to improve staff and patient experience.	Unit Director Singleton	COO	Complete capacity and demand modelling.	Centralise Neurodevelopmental team to a single site UPDATE: Centralised in September 2019.	G	Increase pre and post diagnostic support to families UPDATE: Clinical lead and Co-ordinator appointed. Capacity plan revised. Additional staff to be advertised being finalised January 2020. Performance improvement trajectory to be developed February 2020.	A	Centralise Neurodevelopmental team to a single site				
Df_5	CAMHS	Phase 2 of an integrated model for CAMHS.	AD for Strategy and Partnerships	DoS	Review demand and capacity for the single point of access - Milestone revised as D&C completed in Q4 18/29 New milestone Q1 - Single accommodation base for CAMHS identified to support the Single Point of Access	Revised Service Model for CAMHS agreed UPDATE: A revised service model for CAMHS was presented to the CYP Emotional & Mental Health Planning Group in September. The high-level service model was accepted, and consultation with staff will now continue.	G	Detailed consultation with staff on future service model commenced UPDATE: Formal staff consultation initiated in relation to accommodation w/c - 13/01/20, and will run for a 8 weeks. Discussions in relation to the service model are expected to continue until 31st March 2020. Referrals are now being received to one central point, and a consistent assessment process of referrals is now in place. An action plan for full implementation of the single point of access will be agreed in Q4.	G	Single Base and Single Point of Access implemented				
Df_6		Community Paediatrics sustainable service model.	Unit Director Singleton	COO	Sustainable service model for audiology medical cover	Review workforce opportunities; increase specialist nurse input in continence pathway. UPDATE: Review of nursing workforce and continence pathway started	G	Sustainable service model for audiology medical cover UPDATE: Workforce review underway will be progressed in Qtr 4	A	Implementing psychology support				
Df_7	Paediatrics	Developing a single point of access and sustainable workforce model for Acute Paediatrics.	Unit Director Singleton	COO	Set up project team and present to Executive Team	Option appraisal UPDATE: Review of site requirements and Morrison and draft workforce implications will be completed by Mid November 19	G	Workforce Plan UPDATE: Revised rota in place from Jan 2020, further work required to finalise sustainable middle grade and consultant model. Job planning scheduled for February to support this work	A	Outline business case				
Df_8		Required changes to meet the Additional Learning Needs and Educational Tribunal (Wales) Act.		COO	Complete capacity and demand modelling	Assure and verify data through regional partnerships UPDATE: Supporting ALN Transformational Steering Group – appropriate attendance at key regional events agreed at November meeting		Develop job description and undertake recruitment to meet service need. No update received	R	Appointment of a Designated Education Clinical Lead Officer				
Df_9		Noted that actions are required to be included on the development of the SARC. This will be included in Q2 report												

Older People

Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead
Dg_1	Hospital 2 Home	Draft Transformation Fund Bid for Hospital2Home service including new discharge to assess and recover model, expansion in reablement at home, expansion in acute clinical teams & Single Point of Access.	Unit Director PCS	COO/DOS
Dg_2	Older People's Mental Health Service Modernisation	Reconsideration of service model for Older People's Mental Health in patient care with local authorities as a result of boundary change.	Unit Director MH&LD	COO/DOS

Milestones			
Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Final bid and service model signed off by RPB	Recruitment and communications plan UPDATE: Comprehensive comms programme undertaken in MHDU during September/October	Prepare implementation UPDATE: Service launched on 10th December 2019 and to date NPT have facilitated 18 discharges on Pathway 2, ESD continue to facilitate Pathway 1 for NPT residents. Swansea have facilitated 70 people via H2H pathways 1 and 2.	Implementation
Reviewing safe staffing across services ; Evaluation of occupancy and admission rates UPDATE: Staffing levels have been examined in line with the Nurse Staffing Act guidelines and the OPMH service has been included in this. Daily conference calls are in place to monitor admissions. There has been a reduction due to the impact of community in reach services. Evaluation has not yet been undertaken.	Agreement of multiagency modernisation plan for actions of National Dementia Strategy UPDATE: The sub group of Older Peoples Transformation programme for MH has had its first meeting to work with all the agencies. To take the modernisation forward.	Implement any further changes to community provision based on evaluation. UPDATE: Group established; currently conducting a SWOT analysis on options to inform the SOC	Commence implementation of revised service model for inpatient services

Measures			
Ref	Description	Target	Q1
NDF_31	Number of health board non mental health delayed transfer of care	12 month decrease	70
NDF_46	Percentage of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia	Annual increase	2018/19= 59.4%
NDF_72	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral	80%	85%

Quality, Safety & Patient Experience

Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones				Measures	Ref	Description	Target	Q1
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20					
Dh_1	Improving Surgical Outcomes	To improve surgical outcomes all clinical staff ensure patients have a standardised assessment and appropriate day case anaesthetic.	DON To be realigned to MD	DON	Standardised assessments in place	Monitor compliance	Monitor compliance	Report, evaluate, recommend improvements	As per report into NELA database				
Dh_2		Improve outcomes for older people: reducing length of stay through promoting SAFER framework and ensuring Comprehensive Geriatric Assessments (CGA).	DON To be realigned to MD	DON	Audit of patients defined age group receiving CGA	Review Audit and develop recommendations/plan	Implement and monitor	Evaluate					
Dh_3	Pressure Ulcers	Reduce acquired pressure ulcers both in hospital and the community monitored via current mechanisms and ward to board Dashboard	DON	DON	Monitor and initiate improvement actions as necessary UPDATE: There has been a 12% reduction in Grade 3, 4 and Unstageable pressure ulcers in Q1 2019 compared to Q1 2018 (n25 – 22)	Monitor and initiate improvement actions as necessary	Monitor and initiate improvement actions as necessary	Monitor and initiate improvement actions as necessary	NDF_27	Total number of pressure ulcers acquired in hospital	12 month decrease	13	
Dh_4	Falls	Reduce avoidable falls, particularly in community settings, through multi agency collaboration and scaling up the Dance for Health Programme.	DON	DON	Revise Falls Strategic Improvement Group UPDATE: The inaugural Hospital Falls Injury Prevention Strategy Group has taken place 25.05.2019.	Scale up the Dance for Health programme	No Milestone in Q3		NDF_29	Number of patient falls reported as serious incidents			
Dh_5	HCAIs	Audits on time taken from onset of unexplained diarrhoeal symptoms to isolation, with feedback of results to Delivery Units for action.	DON	DON	Undertake baseline audit	Quarterly spot-check audit	Quarterly spot-check audit	Quarterly spot-check audit	NDF_14 NDF_15 NDF_16 NDF_21 NDF_22 NDF_23 NDF_24 NDF_25 NDF_26	Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening	12 month increase	43%	
Dh_6		Audit the time taken from obtaining diarrhoeal specimen and its receipt by the laboratory with feedback of results to Delivery Units for action.	DON	DON	Undertake baseline audit	Quarterly spot-check audit UPDATE: Audit Completed	Quarterly spot-check audit	Quarterly spot-check audit		Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening	12 month increase		
Dh_7		Undertake C. difficile ward round on key wards once weekly *(where possible) with feedback of results to Delivery Units for action.	DON	DON	Undertake baseline audit	Quarterly spot-check audit UPDATE: Ward rounds underway	Quarterly spot-check audit	Quarterly spot-check audit		The number of potentially preventable hospital acquired thromboses	4 Quarter decrease	2	
Dh_8		Audit of compliance with MRSA Clinical Risk Assessment with feedback of results to Delivery Units for action.	DON	DON	Undertake baseline audit	Quarterly spot-check audit	Quarterly spot-check audit	Quarterly spot-check audit		Cumulative rate of laboratory confirmed Aureus bacteraemia (MRSA and MSSA) cases per 100,000 population	<20	36.32	
Dh_9		Support Delivery Units to improve management of HCAIs through ensuring Quality Improvement Leads for Infections are leading HCAI Improvement Programmes in each Delivery Unit ensuring compliance with ANTT competence requirements and developing processes to determine avoidable versus unavoidable infections.	DON	DON	Quality Improvement Leads for Infection in place	Develop process determining avoidable/unavoidable infections UPDATE: In discussion with microbiology	Evaluate ANTT compliance	IPC nursing workforce in Primary Care and Community		Cumulative rate of laboratory confirmed C.difficile bacteraemia cases per 100,000 population	<26	24.9	
Dh_10		Improve infection control: specimen collection protocols, business intelligence informing ward dashboards, a 4D programme for environmental decontamination and a Faecal Microbiota Transplant (FMT) process for patients with recurring C.difficile infection despite optimal medical therapy.	DON	DON	Develop key specimen collection protocols	Development of '4D' Programme UPDATE: Fully implemented	Develop FMT process	Start ICNet work to inform dashboards reporting		Number of Patient Safety Solution Wales Alerts and Notices that were not assured within the agreed timescales	0	0	
Dh_11		Develop, implement and monitor compliance with guidelines for antibiotic prescriptions without available guidelines for prescribers and to support restricted use of Co-amoxiclav in secondary and primary care settings.	DON	DON	Monitor Co-amoxiclav guidelines in secondary care.	Develop specific Guidelines for antibiotic prescriptions with no available guidelines	Develop Primary Care Antimicrobial Guidelines which support the restricted use of Co-amoxiclav UPDATE: Primary care guidelines reviewed and co-amoxiclav removed where ever appropriate	Implement primary care guidelines and monitor compliance		Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	90%	40%	
			Demonstrate improvement and learning from Patient Experience through the implementation of the patient experience plan.			Integrate patient experience as a measure of care for all areas of clinical pathway development.	Develop a patient engagement plan	Level of feedback as % of discharges is 25%. Overall HB recommendation score for Q3 is 94%					
										NDF_19	Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)	4 Quarter decrease	294
										NDF_20	Fluoroquinolone, cephalosporin, clindamycin and co-amoxiclav items per 1,000 patients	4 Quarter decrease	13.9
								NDF_44	Evidence of how NHS organisations are responding to service user experience to improve services				
								NDF_47	Percentage of adults (aged 16+) who had an appointment in the last 12 months, who felt that they were treated with dignity and respect	Annual increase	2016/17= 95.8%, 2018/19= 96.5%		

Dh_12	Patient Experience		DON	DON		G		G		G			NDF_48	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/family doctor	Annual increase	2017/18= 83.4%, 2018/19= 93.7%
													NDF_49	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital	Annual increase	2017/18= 89.0%, 2018/19= 92.9%
Partnerships for Care																
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones								Measures			
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20					Ref	Description	Target	Q1
E_1	Regional Clinical Services Plan	Develop a Regional Clinical Services Plan for the South West Region (HDDUHB and SBUHB)	DoS	DoS	Review HDDUHB and SBUHB agreed strategies G	Develop a draft RCSP for agreement by the JRPDC in Quarter 2 G	Completed G									
E_2	Endoscopy	Meet the requirements of the National Endoscopy Group. Key elements will be included: o 'Routine' endoscopy work o Implications of changes to the FIT test/Bowel Screening o Implications of the Single Cancer Pathway o Surveillance o Endoscopic Retrograde Cholangio-Pancreatography (ERCP).	COO	DoS	Development of 2019/20 feasibility plan to address the five priority areas UPDATE: An Endoscopy Capacity and Demand Plan has been submitted for 2019/20 for SBUHB and provides a plan to address current capacity issues and provide assurances that the Health Board will deliver a maximum waiting time for Endoscopy of 8 weeks. A Bid has been submitted against the National Single Cancer Pathway funding to implement straight to test for Endoscopy referrals. A Bid has also been submitted to the Bowel Screening programme regarding increasing capacity for screening.	Implement and monitor agreed plan UPDATE: Develop a JAG project and Implementation Plan. Appoint Service Improvement Manager to support Endoscopy Service. Developer Regional Endoscopy Work plan A	Implement and monitor agreed JAG plan UPDATE: Develop Governance Framework to support implementation of plan. Complete tendering process in relation to insourcing G	Implement and monitor agreed plan UPDATE: Develop Governance Framework to support implementation of plan. Complete tendering process in relation to insourcing G								
E_3	Catheter Labs	If funding is agreed, expand Tertiary Cardiology capacity based on commissioning third catheter laboratory at Morrision hospital.	COO	DoS	Funding agreed through WHSSC: Progress recruitment for the tertiary Catheter lab expansion UPDATE: Consultant sessions in place, supporting staffing part implemented via locum which will run until 30/8/19. Staff have been employed but require training post September start. This will take 12-18 months but a short term rotational plan is in place to allow this to be operational in Q4.	Planning work for replacement of 3rd catheter lab at Morrision in year 2 or 3 UPDATE: Planning for third cath lab replacement to commence during qtr. 4 A	Phase in additional activity as recruitment progresses UPDATE: All expanded tertiary sessions in place and delivering. Planning for third cath lab replacement to commence during qtr 4. G	Phase in additional activity as recruitment progresses G								
E_4	Orthopaedics	Enable a final plan to be agreed by the Joint Regional Planning and Delivery Committee	DoS	DoS	Consideration of joint strategic direction and action plan for 2019/20 UPDATE: JRPDC has agreed orthopaedics will be planned through respective HBs Annual Plans/IMTPs G	UPDATE: Work recommended following meeting with Orthopaedic Consultants to explore option of delivering increased capacity (theatre/ward) on the Morrision Hospital. Reinstatement of limited clean orthopaedic operating on the Morrision Hospital site being planned for end of October 2019. G	UPDATE: IBG updated in December 2019 regarding option of creating a vanguard unit in Morrision Hospital for Elective Orthopaedics as part of a comprehensive plan for elective and emergency orthopaedics. Approval received to progress with exploring option on the MHDU Hospital site. A									
E_5	Vascular	Deliver the plan for the Vascular Surgery Steering Group	COO	DoS	The implementation of the regional Limb at Risk Pathway A	No Milestone in Q2 G	No Milestone in Q3 G									
E_6	Dermatology	Develop and implement innovative short term solutions and a joint approach for the medium to long term.	COO	DoS	Agree work plan and actions UPDATE: Support to develop a regional work programme has been endorsed by the Dermatology Regional Planning Group. Agreed actions included: Strengthen current dermatology workforce and address immediate issues and capacity gaps; National Dermatology Peer Review to take place during 2019 as part of the work of the national dermatology board- Dates confirmed: SBU – 18th July 2019 and initial feedback positive; A Dermatology Regional half-day workshop is planned for 3rd October Chaired by Chris White, Chief Operating Officer, SBUHB. A	Update: A Dermatology Regional half-day workshop took place on 3rd October Chaired by Chris White, Chief Operating Officer, SBUHB. G	No Milestone in Q3 G									
E_7	Ophthalmology	Agree an operational plan focusing on regional eye on-call service.	COO	DoS	Milestone updates: UPDATE: Agree model A	No Milestone in Q2 G	No Milestone in Q3 G									
E_8	Cellular Pathology	Develop regional cellular pathology service	DoS	DoS	Resource schedule for OBC G	Feedback on OBC from WG UPDATE: Welsh Government Gateway review 1 completed sept 2019 and amber rating achieved. G	No Milestone in Q3 G	Complete OBC G								
Digitally Enabled Care																
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones								Measures			
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20					Ref	Description	Target	Q1

F_1	Patient Appointment Reminders	Expand Patient Appointment Reminders to service areas that can adopt the reminder solution to include Community & Therapy appointments.	CIO	CIO	Evaluation of outpatient appointment service A	Assessment of opportunities for further roll out UPDATE: Draft evaluation completed. Assessment of opportunities underway via KPMG A	Commence next phase (subject to approval) UPDATE: Benefit review completed. A	Q4: Milestone Updated: Assess contract renewal to inform next phase. A				
F_2	HEPMA	Empower Clinicians implementing HEPMA across inpatient wards at Neath Port Talbot and Singleton hospital sites.	CIO	CIO	Go live HEPMA in Neath Port Talbot UPDATE: Milestone amended: Go Live HEPMA in NPTH adjusted from Q4 18-19 to Q2 19-20 by HEPMA Project Board on 09 May 2019. Tracker milestone should reflect system configuration, drug file building, and SDU engagement G	Go live HEPMA in Singleton UPDATE: Issues from JAC has delayed the integration of the solution with WCP and therefore led to slippages in implementation in NPT. Project Board have approved go live in date NPT to be revised to end of November. A	Complete implementation NPT UPDATE: System integration testing completed, and solution deployed to local test environment for sign off by users. A	Q4 Milestone Updated: Preparation for Go live In Singleton with view to go live early Q1. Complete implementation, and pilot go live in NPTH. A				
F_3	WRRS/WCRS	Empower Clinicians through making all test results available nationally via the Welsh Results Reports Service (WRRS) and uploading records to the Welsh Care Records Service (WCRS).	CIO	CIO	Go live of additional diagnostic information and clinical documentation in WCP G	Go live of additional diagnostic information and clinical documentation in WCP UPDATE: No issues G	Go live of additional diagnostic information and clinical documentation in WCP UPDATE: 7m radiology reports made available. G	Go live of additional diagnostic information and clinical documentation in WCP Q4 Milestone Updated: 12m additional pathology results made available. G				
F_4	Electronic Test Requesting	Complete rollout of Electronic Test Requesting to enable clinicians to request and review progress of tests electronically, reducing duplication.	CIO	CIO	Complete Singleton Inpatients Rollout UPDATE: Singleton implementation nearing completion while additional support provided to POWH wards A	Commence and complete implementation in Morriston outpatients UPDATE: Singleton and Princess of Wales in patients implementation complete. Specification and approach agreed to staple InTouch to WCP for Morriston outpatients. A	Commence and complete implementation in Morriston outpatients UPDATE: Commenced implementation in Morriston Outpatients. A	Complete Singleton outpatients Q4 Milestone Update: Complete implementation Morriston Outpatients. A				
F_5	WCCIS	Implement WCCIS.	CIO	CIO	No Milestone in Q1	Deployment order complete NOTE: Action is same as action C_2 to be removed in further updates and referenced as C_2 only.	Commence 12 month readiness programme As above in C_2.	As above in C_2.				
F_6	Electronic Referrals	Rollout electronic referrals and prioritisation via WPRS ensuring safe and secure transmission of patient referral letters and referral information between Primary, Secondary and Tertiary Care Services.	CIO	CIO	Complete primary to secondary referrals implementation. 1st site live. UPDATE: Plans in place to go live with Cardiology West 1* to 2* w/c 05 Aug 2019 A	Evaluation of 1st site and plan agreed / Complete roll out to Morriston UPDATE: Cardiology West gone live with primary to secondary. Draft evaluation report complete. G	National programme resources now focussed on Cardiology only. Cardiology secondary to secondary and secondary to tertiary referral testing commences. UPDATE: Started testing. G	Q4 Milestone Update: Cardiology secondary to secondary and secondary to tertiary referral. Complete testing. G				
F_7	PROMs	Roll out PROMs aligned to the Clinical Services Plan through a technical solution including information repository.	CIO	CIO	Alignment of PROMs roll out plan to Clinical Services Plan G	Technical solution for Proms agreed including information repository UPDATE: Pilots underway assessing a number of technical platforms for the delivery of PROMS A	Commence roll out of PROMs UPDATE: Testing of PROMs with Community Heart Failure using DrDoctor. A	Continue roll out of PROMs Q4 Milestone Update: Go live with Community Heart Failure using DrDoctor. A				
F_8	Business Intelligence	Develop and launch a Business Intelligence Plan.	CIO	CIO	Continued development of BI plan G	UPDATE: Initial draft developed to be shared with the Advisory Board for Feedback G	Launch BI plan UPDATE: Due to recruitment issues, launch of plan delayed. Work is ongoing. A	Development of Implementation Plan Q4 Milestone Update: Launch BI Plan. A				
F_9	Hybrid Mail System	Implement a Hybrid Mail System moving all patient letters from the WPAS (Invest to Save dependent).	CIO	CIO	No Milestone in Q1	Solution to be procured UPDATE: A working group has been established to review the options available to the HB for the adoption of Hybrid mail. The group has had presentation from a number of solution providers and users of hybrid mail across Welsh HBs A	Options paper to be submitted to Outpatients Modernisation Group UPDATE: paper taken to Outpatients Modernisation Group. Solution specification and PID to be drawn up. A	Solution requirements to be defined and approved and go out to procurement. G				
F_10	Intranet	Enable staff to be more effective through providing fully mobile enabled intranet platform.	CIO	CIO	Procure solution A	Development of project plan. UPDATE: Unable to recruit project manager resource. Project delayed because of the dependency on Office 365 and other priorities emerging e.g. SIGNAL R	Q3 Milestone update: On hold due to capacity constraints and evaluation of Office 365 functionality required. R	Implement for Corporate Directorates Q4 Milestone Update: On hold due to capacity constraints and evaluation of Office 365 functionality required. R				
F_11	Document Management System	Development or procure a Document Management System to be supplemented into WCP.	CIO	CIO	Start Assessment of requirement G	No Milestone in Q2	Project delayed until 20/21 due to dependency on Office 365 and other priorities emerging e.g. SIGNAL	Project delayed until 20/21 due to dependency on Office 365 and other priorities emerging e.g. SIGNAL				
F_12	Electronic Outpatients Documentation	Deliver paper light outpatient clinics through implementation of Electronic Outpatient Documentation.	CIO	CIO	Electronic continuation sheet available for roll out A	Milestone should be adjusted to read gather requirements from SBU clinicians in line with CSP UPDATE: Requirements confirmed with Cancer and shared with NWIS for development G	Define resources in line with requirements UPDATE: Engaged with national programme. R	Q4 Milestone Update: Align digital plans with Outpatient Modernisation agenda. Engaging with Oncology colleagues with a view to implement. R				
F_13	Cyber Security	Ensure Digital Infrastructure and Cyber Security through approving a cyber-security plan and ensuring Windows 10 is rolled out.	CIO	CIO	Recruit UPDATED: Delivery profiled to commence from Q2 R	Recruitment started UPDATE: Recruitment complete for 8a post. Recruitment process started for 2*band 6s. G	Cyber Security Manager appointed UPDATE: Cyber Security Manager in post. G	Develop Cyber Security plan/ Rollout of Windows 10 Complete G				

F_14	Boundary Change	Produce a business case exploring the options for delivery of our data centres post boundary change and identify the model and investment required to meet the organisation's needs.	CIO	CIO	Business case to IBG UPDATE: Business case development deferred to align to CTM disaggregation BC and national architecture review	R	Deferred subject to national strategy on infrastructure	Deferred	Deferred				
F_15	Digital Support	Review the need for the growth of Digital support model including 24/7 requirements.	CIO	CIO	No Milestone in Q1		No Milestone in Q2	Review clinical services model in light of digital support services UPDATE: Work ongoing to review digital support service model in line with Clinical Services Plan.	A	Q4 Milestone Update: CSP workshop to take place in February, which will inform requirements for the digital support plan.			
F_16	Radio Frequency Identification Solutions	Continue to implement the Radio Frequency Identification (RFID) Solution across the Health Board.	CIO	CIO	No Milestone in Q1		System go live UPDATE: Completed testing of integration. Project go live now planned for November.	A	Q3 Milestone Update: RFID go-live. UPDATE: RFID went live on 11/11/19.	G	Q4 Milestone Update: Transition to service. Preparation for the release of resources has commenced in line with the Welsh Government invest to save agreements		
F_17	WEDs in ED	WEDs – the introduction of the digital solution for ED to facilitate the improvements required in the management of patient flow through the department.	CIO	CIO	Assurance that national system is ready	A	Complete Health Board readiness UPDATE: Readiness commenced including baseline assessment of requirements vs specification developed in 2015.	G	Implementation no longer planned in 2019/20 due to requirement to agree correction plan and therefore sign contract. Currently 3rd in the queue for implementation nationally. UPDATE: Project board re-established, high level plan drafted for review, digital ways of working group established with ED colleagues.	A	Implementation no longer planned in 2019/20 due to requirement to agree correction plan and therefore sign contract. Currently 3rd in the queue for implementation nationally. Q4 Milestone Update: Sign off and agree plan with EMIS provider and NWIS (via project board), finalise PID.		
F_18	Theatre Management System	Further development of the Theatre management system (TOMS) to facilitate the improved utilisation of our theatres, increasing capacity and flow through our planned care pathways.	CIO	CIO	No Milestone in Q1		Establish way forward for TOMs nationally nationally UPDATE: Resources reprioritised to other projects. New milestones to be set in 20-23 IMTP	R	UPDATE: Project on hold due to recruitment.				
F_19	Nursing Documentation	Support NWIS in piloting the agreed product (developed by the Health Board) selected to support the electronic capture of nursing documentation to improve the effectiveness and efficiency of patient monitoring and handover.	CIO	CIO	Pilot national solution	A	Pilot national solution Update: Change in requirements across Wales. Now due to go live in January.	R	Testing completed UPDATE: Testing commenced and ongoing.	A	Phased implementation across Health Board Q4 Milestone Update: Q4 Milestone Update: Complete testing and go live in NPTH.		
F_20	Managing Patient Flow	To continue the introduction of digital tools to help manage patient flow through our hospitals.	CIO	CIO	Evaluate roll out of local initiatives to determine next steps UPDATE: Milestone date for go live 23 September 2019. Q1 milestone should reflect development and readiness activities to support a Q2 go live	G	Support the national procurement process UPDATE: Local solution agreed for Swansea Bay implementation across the HB. Resource prioritised from other projects to support implementation in Morriston by end of Dec to support unscheduled care and hospital at home. Learnings and benefits from the implementation will be shared with the national process.	G	Go live with SIGNAL (local solution) in Morriston. Learnings and benefits from the implementation will be shared with the national process. UPDATE: SIGNAL live in Morriston for Paediatrics, Surgical, AMAU East and West, and Ward D. Roll out to remaining wards to take place in Q4	G	Support the national procurement process Q4 Milestone Update: Go live with SIGNAL (local solution) in remaining General Medicine Wards, Gorseinon Hospital, Regional Services; engage with medical workforce; and continue to support the Hospital2Home programme.		

Research, Innovation, Education and Learning

Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead	Milestones				Measures	Ref	Description	Target	Q1
					Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20					
G_1	Quality & Value	Quality and Value.	DOM	DOM	Clinical leaders in post in primary and secondary care	Projects under way aligned to organisational priorities UPDATE: Progress being made with VBHC agenda and alignment to national strategy	Delivering against plans, with crossover/expansion of work streams UPDATE: Projects under way aligned to organisational priorities Stock take completed for VBHC projects with FDU all projects aligned with the National three year VBHC plan.	Roll-out of improvement plans and preparation for Year 2 Q4 Milestone Update: Projects under way aligned to organisational priorities. PROMS are being captured at pace and scale. MDT working between National VBHC team, Swansea Bay VBHC, FDU and NWIS					
G_2	Research Portfolio	Increase in number of Health and Care Research Wales Clinical; Research Portfolio studies and commercially sponsored studies.	DOM	DOM	No Milestone in Q1	No Milestone in Q2	No Milestone in Q3	Increase in both commercial and non-commercial studies open and recruiting	NDF_38 NDF_39 NDF_40 NDF_41	Number of Health and Care Research Wales clinical research portfolio studies	10% annual increase	27	
G_3		Increase in number of participants recruited into Health and Care; Research Wales Clinical Research Portfolio studies and commercially sponsored studies.	DOM	DOM	No Milestone in Q1	No Milestone in Q2	No Milestone in Q3	Increase in both commercial and non-commercial number of participants		Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	10% annual increase	491	
G_4	Innovation Hub	Innovation.	DOM	DOM	Establishment of Innovation Hub	Work plan agreed, with mechanisms in place for testing UPDATE: Welsh Government decision to align Innovation Hubs to Regional Partnership Boards. Posts to be appointed to - in progress.	No Milestone in Q3			Number of patients recruited in Health and Care Research Wales commercially sponsored studies	5% annual increase	86	

Excellent Staff				
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead
H_1	Shape of the Workforce	Shape of the Workforce action plan to meet the requirements under the Nurse Staffing Act.	DON	DON
H_2	Workforce Resourcing	Workforce resourcing, reducing vacancies and turnover within the first 24 months of employment (particularly nursing staff).	WOD	WOD
H_3	Workforce Efficiency	Workforce Efficiency through effective rostering and a sustainable digital way of working.	WOD	WOD
H_4	Leadership, Culture, Values	Leadership, Culture and Staff Development.	WOD	WOD

Milestones			
Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Undertake a review of Band 2, 3 and 4 nursing roles to address qualified nursing deficits taking into account the Nurse Staffing Act. UPDATE: A new role of Assistant Practitioner at Band 4 is being introduced to some of the hospital wards. The role that can help employers to have the flexible mix of skills required to meet complex patient needs, whilst enabling registered practitioners to deliver what they have been uniquely trained for.	Develop and commence a phased implementation plan meet the requirements under the Nurse Staffing Act.	Continued delivery of the phased implementation plan for the Nurse Staffing Act	Continued monitoring of the organisations compliance with the Nurse Staffing Act
Develop action plans to reduce vacancy rate and turnover in 24 months UPDATE: Delivery units have actions plans in place to reduce vacancy and discussion are ongoing to further develop plans to increase retention.	Commence action plans to reduce vacancy rate and turnover in 24 months UPDATE: Plans being enacted	Continued delivery of action plans to reduce vacancy rate and turnover in 24 months UPDATE: Recruitment and Retention Strategy being developed. Work being undertaken specifically for Nursing Staff.	Review success of action plans to reduce vacancy rate and turnover in 24 months
Full review of shift patterns to ensure standardised shifts are established to meet service and patient needs UPDATE: Standardised shift patterns are being rolled out.	Implementation of the e-rostering system UPDATE: Roll out continues	Development of a digital workforce vision for the Health Board and a business investment case UPDATE: Morrision, Singleton & NPT have been completed. Mental Health are currently in consultation regarding their shift patterns. Scoping work for PCCS has begun and a plan will be developed.	Reduce sickness absence sickness to an interim target of 5%. Reduction in variable pay by 5% in year from the March 2019 baseline figure.
Continued focus on training managers to ensure incremental pay progression is achieved. UPDATE: Work continues to promote and ensure PADRs are up to date and value based and compassionate leadership programmes are being developed.	Further development of Values based PADR. UPDATE: Work continues. We are conscious of the work that needs to be undertaken to introduce the new PADR rules from April 2020.	Further implementation of Values based PADR. UPDATE: Awaiting national guidance around Pay Progression. This was discussed through the Health Board ESR assessment. PADR training continues to focus on quality PADRs.	Improvement in 2019/20 PADR compliance and improve mandatory and statutory training compliance by 10% in year from the March 2019 baseline figure.

Measures			
Ref	Description	Target	Q1
	Overall staff engagement score – scale score method	Improvement	3.81
NDF_94 NDF_92 NDF_93 NDF_95 NDF_96	Percentage of headcount by organisation who have had a Personal Appraisal Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	85%	64.3%
	Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	Improvement	2018= 55%
	Percentage compliance for all completed level 1 competencies within the Core Skills and Training Framework by organisation	85%	76.3%
	Percentage of sickness absence rate of staff	12 month decrease	6.03%

Corporate				
Ref	Priority	Summary Plan Action	Delivery Mechanism	Exec Lead
I_1		Ensure the Health Board is suitably prepared for the outcomes of Brexit.	DOS	DOS
I_2	Corporate Governance	Development of the Board Assurance Framework.	DOCG	DOCG

Milestones			
Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20
Review existing business continuity plans to ensure they are fit for purpose for Brexit	Risks identified across the organisation collated into risk matrix.	Dc-11	Q4 Milestone Update: The UK has not exited the EU with a no deal and Operation Yellowhammer, (national planning arrangements in relation to a no deal Brexit) has been stood down. During 2020 national trade deal planning will occur and evaluation of the political situation will be undertaken in July 2020, where further planning arrangements will be dependent on the position of trade deals and if the implementation period will be extended beyond 31 st December 2020.
New corporate risk register fully embedded UPDATE: The Health Board Risk Register is in place and reviewed by the Executive Team quarterly. There is further work to do in relation to the 'top' organisational risks and the development of a Board Assurance Framework.	Board Assurance Framework in place. UPDATE: The Board Assurance Framework (BAF) has been updated to incorporate feedback from internal audit and the Audit Committee, and has been cross referenced with the amendments made to the Health Board Risk Register at the September Executive Team meeting. Meetings are being held with key responsible executive directors to update the narrative within the BAF and a report is due to go to the Executive Team in October 2019 and to the Audit Committee in November 2019. The Risk Management group will monitor BAF updates in tandem with risk register updates from December 2019 onwards.	Implementation of required action plans monitored through the Risk Management Group: UPDATE: The Health Board Risk Register has been considered by the Board in November 2019. Regular updates on progress against the risks will be reviewed by Health Board Committees. The draft Board Assurance Framework has been reviewed by the Audit Committee and the Executive Board. An update will be provided to the Health Board in January 2020.	Evaluate progress and the effectiveness of the Board Assurance Framework.

Measures			
Ref	Description	Target	Q1

I_3	Welsh Language	Welsh Language embedded into the core business of the Health Board.	DOCG	DOCG	<p>Ensure our systems have been able to issue bilingual outpatient letters</p> <p>UPDATE: As of 31st December 2018 Abertawe Bro Morgannwg University Health Board now known as Swansea Bay University Health Board has made all out-patient appointment letters sent via the Welsh Patient Administration system bilingual. No new letters will be added to the system unless they are bilingual with contingency arrangements in place for any 'non-standard' text.</p>	G	<p>Bilingual Skills plan in place to increase the focus on Welsh Language skills particularly for patient-facing roles</p> <p>UPDATE: The Welsh Language Delivery Group have set up a task and finish group to specifically focus on broader bilingual IT developments across the HB. A Bilingual Skills plan in place and is being updated to increase the focus on Welsh Language skills particularly for patient-facing roles.</p> <p>It has been identified that SBUHB need to improve its completion rate for the Welsh Language Competency on the ESR system and targeted actions are being undertaken to address this.</p>	A	<p>100% compliance issuing bilingual outpatient letters:</p> <p>No update since the last quarter.</p>	A	<p>Have active Welsh language Twitter and Facebook accounts which help us to promote Welsh language services and events</p>	NDF_83	Qualitative report providing evidence of implementation of the Welsh language actions as defined in More Than Just Words
I_4	Financial Delivery	Delivery of Financial savings through delivery of the underlying deficit, management of cost pressures and delivery of high value opportunities.	DOF	DOF	<p>Phased implementation of the Financial Plan</p> <p>UPDATE: The HB has identified c99% of the original savings plan, however there has been slippage of £0.5m in Q1. We have identified the need to generate additional savings to assist with this savings slippage, continuing operational pressures and the Bridgend diseconomies, and work is now underway to provide detailed action and implementation plans. The required level of savings does not take account of the determination in relation to the Bridgend Financial Impact Assessment and this will need to be considered once the WG determination is known.</p>	R	<p>Continued implementation of the Financial Plan</p> <p>UPDATE: A key focus in this quarter has been on the delivery of the original savings plan, as well as the identification of additional opportunities to offset savings slippage, significant and continuing in-year operational pressures and the Bridgend diseconomies. At the end of Q2, the HB has increased its savings identification to c£26m, with year-end forecast savings delivery of c£20m. Actual savings delivery at the end of month 6 is £7.3m. In support of delivering a breakeven outturn position, the HB established a dedicated multi-disciplinary Delivery Support Team in Q2. This is now working alongside the Welsh Government externally commissioned support from KPMG, which commenced in early October 2019. The HB has received the outcome of the WG determination of the Bridgend arbitration, and this confirmed the level of transferred deficit to CTM UHB. WG has set out its intention to provide financial support to help mitigate against our retained costs and, now that the Bridgend due diligence review has concluded, we are expecting confirmation of the level of funding.</p>	R	<p>Assessment of targeted actions required to achieve delivery of Financial plan.</p> <p>UPDATE: Monitoring of targeted actions and identification of further opportunities to support delivery of the forecast £12.3m deficit</p>	R	<p>Focused interventions to ensure delivery of financial plan.</p>		
I_5	Facilities and Estates	Improving estates and modernising hospital facilities enabling improvements required across the Targeted Intervention Areas.	DoS	DoS	<p>Commence agreed plan following option appraisal on cladding on Singleton Hospital's Main Ward Block. Procure full design and tender through Design 4 Life.</p>	G	<p>Completion of Phases 1 replacement generator & phase 2 procurement of the replacement of substation 6 through Design 4 Life as part of Morriston Environmental Modernisations Programme. Full design of the New Road from M4 into Morriston Hospital to enable future development of services on site with planning application submitted by July 2020.</p> <p>UPDATE: Full detail design completed for the replacement of substation 6 and the replacement generator to be complete December 2019. WSP Appointed following a tender process to fully design the new road off the M4 into Morriston Hospital.</p>	G	<p>Continued implementation of the 2019 / 2020 Ward Refresh Programme Ward A Morriston Hospital.</p> <p>UPDATE: Procurement of Sub Station 6 through Design 4 Life will take place in April 2020. WSP appointed and will provide a full / hybrid planning application, timeline is now Feb 2021.</p>	G	<p>Planning and development of Hybrid Theatre and 2 storey wrap around ward at Morriston Hospital.</p>		