

ID	Goal	Method	Action	Assignee	Name	Start date	Due date	Last update	Status	Dependent on	Desired outcome	Enablers
SRC101	Learning from patient safety incidents	We will review our processes for working with patients and their families when things go wrong, i.e. ensure that incidents involving the safety of our patients, complaints, mortality and morbidity reviews are joined up from the patient/family perspective and they have a key and clear point of contact.	Implementation of Duty of Candour	Assistant Head of Concerns	Sue Ford	01/04/2023	31/03/2024		On-track		Improved patient experience	Delivery of Duty of Candour
	Learning from patient safety incidents	We will review and strengthen our arrangements for learning from serious incidents.	Review of process and paper to PSC	Assistant Head of Concerns	Nicola Anthony	01/04/2023	31/03/2025		Not started		Improved organisational learning and patient safety	
	Learning from patient safety incidents	We will adopt an open 'no blame' approach to incident investigation and learning in order to achieve a more restorative approach to patient safety.	Review of process and paper to PSC	Assistant Head of Concerns	Nicola Anthony	01/04/2023	31/03/2025		Not started		Improved organisational learning, patient safety and staff experience	
	Learning from patient safety incidents	We will contribute to national work to ensure that there are effective incident reporting systems in place for independent contractors	Contribution to and roll out of national system	Assistant Head of Risk and Assurance, CD Primary Care	Neil Thomas	01/04/2023	03/04/2024		Not started			
SRC102	Learning from patient safety incidents	We will continue to focus on encouraging incident reporting and systematic incident analysis, implementation of risk reduction actions	Timely management of incidents in line with HB process	Assistant Head of Risk and Assurance,	Neil Thomas	01/04/2024	31/03/2025		Not started		Timely learning from incidents in order to promote improved patient safety	
	Learning from patient safety incidents	We will review levels of reporting lower levels of harm and near misses and set target for increasing these rates in line with national profiles	Review of incidents against national profile, targeted programmes within areas of low incident reporting	Chair PSC Group	Heidi Maggs	01/04/2025	31/03/2026		Not started			
	Preventing Peri-operative Never Events	We will sustain 95 per cent compliance in the use of the WHO surgical safety checklist	Monitoring of WHO compliance through audit and incident review	Service group medical directors (Morriston, NPTSSG)	Mark Ramsey, Dougie Russel	01/04/2023	31/03/2024		On-track		Improved patient outcomes	
	Preventing Peri-operative Never Events	Zero peri-procedure never events for a year	Incident monitoring and audit	Assistant Head of concerns	Nicola Anthony	01/04/2024	31/03/2025		Not started		Improved patient outcomes	
SRC103	Medicines safety including at the point transfer of care (medicines optimisation)	We will set a target for the number of patients with complex medicines referred for a post discharge community pharmacy review	Target developed, method of measurement agreed, communication with Community Pharmacies	Head of Integrated Medicines Management and Head of Primary Care	Judith Vincent	01/04/2023	31/03/2024		Not started		Improved patient outcomes	
	Medicines safety including at the point transfer of care (medicines optimisation)	We will achieve the target we have set for post discharge community pharmacy review	Report to Medicines Management Board	Head of Primary Care	Judith Vincent	01/04/2024	31/03/2025		Not started		Improved patient outcomes	
	Medicines safety including at the point transfer of care (medicines optimisation)	'Get it on time', develop an approach to ensure patients receive their Parkinson's medicines within 30 minutes of the prescribed time	Programme developed	Head of Integrated Medicines Management	Alan Clatworthy	01/04/2023	31/03/2024		On-track		Improved patient outcomes	
	Medicines safety including at the point transfer of care (medicines optimisation)	Deliver on Get it on Time	Programme delivered	Head of Integrated Medicines Management	Alan Clatworthy	01/04/2024	11/04/2025		Not started		Improved patient outcomes	
SRC104	Medicines safety including at the point transfer of care (medicines optimisation)	Zero medication incidents involving high risk medicines (such as insulin) resulting in moderate or severe harm	Development of local processes for gaining assurance within service groups	Service group nursing and medical directors	Judith Vincent	01/04/2024	31/03/205		Not started		Improved patient outcomes	
	Medicines safety including at the point transfer of care (medicines optimisation)	Utilisation of the electronic prescribing and medicines administration system to audit and improve the quality of medicines management across the Health Board.	Reporting into Medicines Management Board	Head of Integrated Medicines Management	Judith Vincent	01/04/2023	31/03/2025		On-track		Improved patient outcomes	
	Understanding, measuring and reducing patient mortality	We will identify the top ten causes of adult mortality, from this we will develop learning to support and enhance our patients' safety and quality improvement programmes	Development of mortality action plan based on top 10 themes. Feedback from learning into Patient Safety Congress programme	Deputy Executive Medical Director	Raj Krishnan	01/04/2023	14/04/2024		On-track		Improved patient outcomes	
	Understanding, measuring and reducing patient mortality	Review our maternal and neo-natal mortality data and use this to develop a safety and quality improvement programme	Development of local processes for gaining assurance within service groups	Deputy Executive Medical Director	Raj Krishnan Sue Jose	01/04/2023	15/04/2024		On-track		Improved patient outcomes	
SRC105	Understanding, measuring and reducing patient mortality	Delivery of the maternal and neo-natal in perinatal safety and quality improvement programme	Development of QI workstreams resulting from review of mortality information	Service group medical director, Deputy Head of Quality and Safety- Maternity and Neo-natal	Raj Krishnan Sheena Morgan	01/04/2024	31/03/2025		Not started		Improved patient outcomes	
	Understanding, measuring and reducing patient mortality	Thematic review of deaths within mental health services	Review of deaths presented within service group	Medical director- MH and LD	Richard Maggs	01/04/2023	31/03/2024		Not started		Improved patient outcomes	
	Understanding, measuring and reducing patient mortality	Development of safety and improvement programme based on outcome of the review MH	Development and delivery of improvement programme	Medical director- MH and LD	Richard Maggs	01/04/2024	31/03/2025		Not started		Improved patient outcomes	
	Understanding, measuring and reducing patient mortality	Thematic review of deaths within learning disability services	Review of deaths presented within service group	Medical director- MH and LD	Richard Maggs	01/04/2023	19/04/2024		Not started		Improved patient outcomes	
SRC106	Understanding, measuring and reducing patient mortality	Development of safety and improvement programme based on outcome of the review LDs	Development and delivery of improvement programme	Medical director- MH and LD	Richard Maggs	01/04/2024	31/03/2025		Not started		Improved patient outcomes	
	Improving outcomes and learning from National audits, registries, confidential enquiries and PROMs	95 per cent of relevant published NICE guidance will be formally reviewed by the Health Board within 90 days of publication.	Process for review and dissemination in place	Deputy Executive Medical Director	raj krishnan	01/04/2023	31/03/2024		Not started		Improved patient outcomes	
	Improving outcomes and learning from National audits, registries, confidential enquiries and PROMs	We will develop and implement new internal systems for identifying and monitoring compliance with national guidance	System developed	Deputy Executive Medical Director	raj krishan	01/04/2024	31/03/2025		Not started		Improved patient outcomes	
	Improving outcomes and learning from National audits, registries, confidential enquiries and PROMs	All clinical services (at sub-specialty level) will participate regularly in clinical audit (measured by registered clinical audit activity during each year of this strategy)	Audits completed and learning shared	Service group medical directors	Sharon Bagbell	01/04/2023	31/03/2025		On-track		Increased assurance and learning	
SRC106	Using data and benchmarking intelligence to understand variation in outcomes	To develop a quality dashboard for the organisation and service groups that give people live access to the quality information they need	Development and launch of dashboard	Business Intelligence Partner	Dai Williams	01/04/2023	31/03/2024		On-track		Increased use of data to support patient safety and outcomes	
	Using data and benchmarking intelligence to understand variation in outcomes	Review the current arrangements for the generation and reporting of quality, experience, outcome and effectiveness in order to provide reliable, accurate and timely information on the quality of our care	Review of quality measures across HB to support Duty of Quality	Head of Performance and Finance & Head of Quality and Safety	Angharad Higgins	01/04/2023	31/03/2025		On-track		Improved data quality to inform decision making	



**GIG**  
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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

ID	Goal
PIO201	<b>Creating new opportunities for patient and public involvement</b>
	<b>Creating new opportunities for patient and public involvement</b>
	<b>Creating new opportunities for patient and public involvement</b>
PIO202	<b>Improving how we communicate with patients and their families</b>

	Improving how we communicate with patients and their families
	Improving how we communicate with patients and their families
	Improving how we communicate with patients and their families
PIO203	Improving the Experience of Patients and their Families
	Improving the Experience of Patients and their Families
	Improving the Experience of Patients and their Families
	Improving the Experience of Patients and their Families
	Improving the Experience of Patients and their Families
	Improving the Experience of Patients and their Families
	Improving the Experience of Patients and their Families
PIO204	Meeting Diverse Needs
	Meeting Diverse Needs

	<b>Meeting Diverse Needs</b>
	<b>Meeting Diverse Needs</b>
	<b>Meeting Diverse Needs</b>
PIO205	<b>Welsh language</b>
	<b>Welsh language</b>
PIO206	<b>Handling and resolving complaints effectively</b>
	<b>Handling and resolving complaints effectively</b>
	<b>Handling and resolving complaints effectively</b>

# QUALITY S

Method	Action
<p>We will create a range of new opportunities for people to be involved and create a Patient Experience Framework that support this strategy. It will include new opportunities such as:</p> <ul style="list-style-type: none"> <li>- Becoming subject experts and inputting to how we plan and deliver care</li> <li>- Working with the Bevan Advocate programme to promote community health leaders</li> <li>- Working with Community Health Council and Citizen's Voice body to listen to patients</li> <li>- Developing a toolkit of support for people who want to be engaged in our work and making this support available to all who need it</li> <li>- Providing public information on what we have done as a result of feedback, at local and health board wide levels</li> <li>- Developing tools to engage with people who have distinct needs</li> <li>- Working with Bay Youth to listen to young people's feedback and will develop tools to engage with children accessing our services</li> <li>- Continuing to develop the role of our Involvement Network as the 'go to' way for communities of interest to engage with us</li> </ul>	Development of framework
Developing and testing a 'patient governor' model in 2024, in order to strengthen our relationship with the community that we serve.	Development of proposed model and test
Delivering a programme of events and 'Big Conversations', including key questions about how we can best serve our population	
Working with patients and partners to develop a set of quality standards for communication with patients and their families	

We will develop and implement a plan to increase the use of the Patient Knows Best system in order to promote patient engagement in their care	
We will develop a model of PALS that is accessible to all of our patients, including the introduction of E-Pals and a PALS model for patients in primary care and community services	Development of proposed model and test
We will review our interpretation services and develop a plan for improvement	Review complete and plan in place
We will build upon our current 'You said/ We did' system of how we let people know how we have acted on their feedback and will make improvements to our systems to provide more specific information in real time	System for public facing information developed
We will improve the overall rating of quality of care, to consistently scoring over 90% in both the Friends and Family test and the All Wales NHS Patient Questionnaire and any successor versions	F and F and successor score reports at end of year
Develop systems for patients to report safety incidents	Model to be developed and tested
We will review and strengthen feedback mechanisms for patients accessing or seeking to access Primary Care services, and community services and how this feedback is reported and used within the organisation	Development of feedback routes
We will review our feedback systems so that we have feedback tools in place for people who have distinct needs, including, but not limited to children, young people, people with learning disabilities, people with a sensory loss, people with a cognitive impairment, people with limited literacy and people in the Criminal Justice system	Equality impact assessment of current tools and completion of any resultant actions
We will develop systems to routinely triangulate staff and patient experience as tools to evaluate the quality of our care	Development and implementation of system
Develop working links with our Strategic Equality Group and engage with this group through our quality and safety structures	Membership of Strategic Equality Group within PSEG and formal reporting routes established
Equality impact assess our implementation plan	EQIA complete

We will set out how we will engage with our communities in a structured manner in order to ensure we are an inclusive organisation	Paper with recommendations to QSG
Review our interpretation services in Primary and Secondary Care so that they meet people's needs	Paper to MB
We will proactively engage with minority communities within our area to understand how we can make our services accessible to them	Engagement plan developed in partnership with Strategic Equality Group
We will review how we ensure person-centred care for Welsh speakers with specific needs, including children and people with a cognitive impairment	Paper and recommendations to PSEG
We will continue to support work towards compliance with the Welsh Language Standards as they apply to the Health Board and will include achievement of specific targets within our implementation framework	Inclusion of Welsh language considerations within agendas for PSC and PSEG. Welsh language presentation to Patient Safety Congress
To have developed and delivered a training programme which includes Duty of Candour, early resolution and customer service	Delivery of programme
Over 85% of complaints will consistently be responded to within 30 working days, with extensions to deadlines made by exception only.	Achievement of target
Less than 5% of complainants will ask us to reopen their concerns	Achievement of target

# STRATEGY PLAN 2023 -

Assignee	Name	Start date	Due date
Assistant Director of Insight, Engagement and Fundraising and Patient Experience Manager	Jo Abbott-Davies	01/04/2023	31/03/2024
Assistant Director of Insight, Engagement and Fundraising	Jo Abbott-Davies	01/04/2023	01/04/2024
Big Conversation Project Lead	Julie Lloyd	01/04/2023	31/03/2024
PSEG chair and Patient Experience Manager	Marcia Buchanan	01/04/2023	31/03/2024



	Craige Wilson	01/04/2023	31/03/2024
Chair PSEG	Hazel Powell	01/04/2023	31/03/2024
Assistant Director of Insight, Engagement and Fundraising	Jo Abbott-Davies	01/04/2023	31/03/2025
Patient Experience Manager	Marcia Buchanan	01/04/2023	31/03/2024
Patient Experience Manager in partnership with service group leads	Marcia Buchanan	01/04/2023	31/03/2024
Assistant head of risk and assurance	neil thomas	01/04/2024	31/03/2025
Patient experience manager in partnership with PCCT	marcia Buchanan Claire lewis	01/04/2023	31/03/2024
Patient feedback manager	marcia buchanan	01/04/2024	01/07/2023
Assistant Director of Insight, Engagement and Fundraising and Patient Experience Manager	Jo Abbott-Davies	01/04/2023	31/03/2024
Assitant Director of Insight, Engagement and Fundraising	Jo Abbott-Davies	01/04/2023	01/07/2024
Head of Quality and Safety	Angharad Higgins	01/04/2023	01/07/2024

Assistant Director of Insight, Engagement and Fundraising	Jo Abbott-Davies	01/04/2024	01/10/2024
Assistant Director of Insight, Engagement and Fundraising	Jo Abbott-Davies	01/04/2024	31/03/2025
Assistant Director of Insight, Engagement and Fundraising	Jo Abbott-Davies	01/04/2023	31/03/2025
Head of Children and YP services. Chair Dementia Steering Group	Vicki Burridge Stephen Jones	01/04/2023	31/03/2027
Head of Quality and Safety	Angharad Higgins	01/04/2023	31/03/2027
Assistant Head of Concerns Management	nicola anthony	01/04/2023	01/07/2023
Head of Concerns Management in conjunction with service groups	Sue Ford	01/04/2023	31/03/2027
Head of Concerns Management in conjunction with service groups	Sue Ford	01/04/2024	31/03/2027

Last updated		Status
		On-track
		On-track
		On-track
		Not started

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	On-track

	Not started
	Not started
	Not started
	Not started
	Not started
	Completed
	On-track
	On-track

Dependent on		Desired outcome
		Increased community engagement in work work
		Increased community engagement in work work
		increased staff engagement in quality
		Improved patient experience

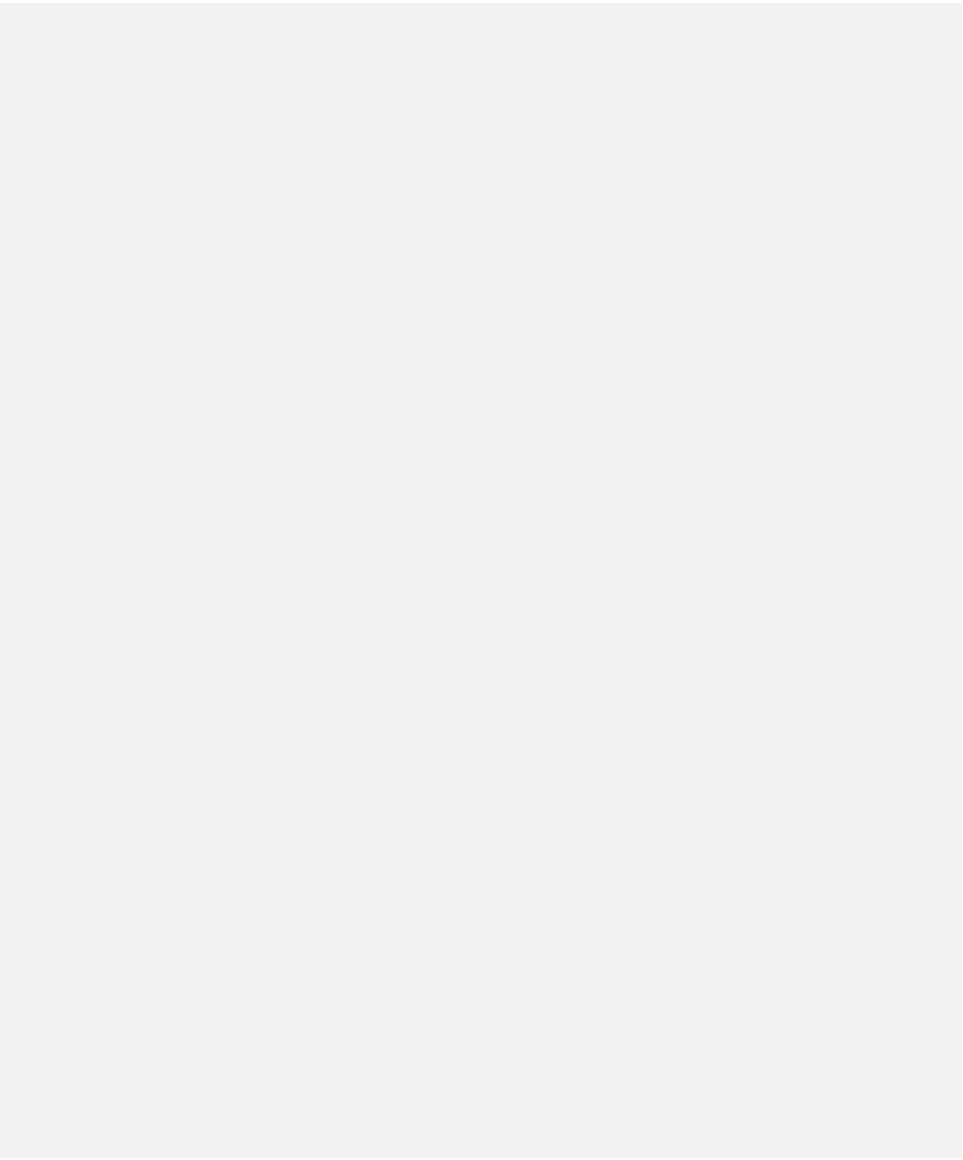
	increased patient activation
	Increase in concerns resolved through early intervention
	Improved patient experience and outcomes
	Increase community confidence in HB
	Improved patient experience
	Improved patient experience and outcomes
	Improved patient experience
	Improved patient experience
	Improved patient and staff experience
	Reduction in inequalities through improved engagement
	Reduction in inequalities.

PIO204	Reduction in inequalities through improved engagement
	Improved patient experience and outcomes
PIO204	Reduction in inequalities through improved engagement
	Reduction in inequality and improved patient experience and outcomes
	Increased awareness leading to reduction in inequalities
	Improved patient experience
	Improved patient experience
	Improved patient experience





[illegible]

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# QUALITY STRATEGY PLAN 202

Method	Action
Work with front line staff and partners to develop a quality improvement training programme that enables them to make a changes within their teams	Engage with teams and develop revised training offer
Identify staff within the organisation who have completed the quality improvement training and invite them to join a quality improvement Community of Practice	Development and maintenance of list of trained staff
Establish a Community of Practice where improvement leads can share learning and opportunities for improvement across the organisation	Establish Community of Practice and programme of events
Develop our training offer and establishment of a Quality Improvement Academy	Revised training offer in place
Review how we identify and celebrate good practice and success within our teams in order to scale and spread improvement activity	Presentation of completed projects to C of P. Intranet resource to share completed QI projects.
We will support colleagues in delivering quality improvements within Primary Care settings through reviewing their quality improvement capacity	Scoping exercise of QI skills in PCCT and gap analysis
Staff engagement through our 'Big Conversation' so that we can better understand their experience and any barriers to quality service	Delivery of Big Conversation
Establish staff experience forums in all areas	Staff forums across specialties and mechanisms in place for these to inform decision making at service group level
Improving rates of mandatory training and PADR compliance to over 85% across all areas	
Reducing incidents of bullying and harassment towards staff by other staff by 50%	
More than 80% of staff will rate the organisation as an excellent or good place to work	Development of tool to measure staff experience
We will also achieve year on year improvements in our annual staff turnover rates	



Assignee	Name	Start date	Due date
Quality Improvement Manager for Training	Emma Smith	01/04/2023	30/06/2024
Quality Improvement Manager for Training	Emma Smith	01/04/2023	01/10/2023
Quality Improvement Manager for Training	Emma Smith	01/04/2023	01/04/2023
Quality Improvement Manager for Training	Emma Smith	01/04/2023	01/10/2023
Quality Improvement Manager	Sheena Morgan	01/04/2024	30/09/2025
PCCT Nurse Director and Quality Improvement Manager	Sian Passey Sheena Morgan	01/04/2024	30/09/2025
Big Conversation Project Lead	Julie Lloyd	01/04/2023	30/06/2024
Head of Workforce and OD, Service Group Triumverates	Julie Lloyd	01/04/2023	31/03/2024
Head of Workforce and OD, Service Group Triumverates	Debbie Eyitayo	01/04/2024	31/03/2025
Head of Workforce and OD, Service Group Triumverates	Debbie Eyitayo	01/04/2024	31/03/2025
Assistant Director of Experience, Insight, Communication and Fundraising	jo abbott-davies	01/04/2026	31/03/2027
Heaed of Workforce and OD	Debbie Eyitayo	01/04/2023	31/03/2027





Last updated	Status
	On-track
	On-track
	Completed
	On-track
	On-track
	Not started
	On-track
	Not started
	Not started
	Not started
	Not started
	Not started



Dependent on	Desired outcome
	Revised training offer to include team training in addition to
	Clear understanding of QI skills and capacity across HB
ES301	Increased QI capacity within HB
ES301	Increased QI capacity within HB
ES301	Scale and spread of QI across HB
	increased QI capacity within PCCT
	Improved staff experience and engagement
	Improved staff experience and engagement
	improved staff experience
	Improved staff experience
	Improved staff experience



Enablers
Contemporaneous list of trained individuals
intranet functionality



## QUALITY STRATEGY PLAN 2023 - 2028

ID	Goal	Method	Action	Assignee	Name	Start date	Due date	Last updated	Status	Dependent on	Desired outcome	Enablers	Quarterly update
	<b>Cancelling Fewer Operations</b>	We will agree yearly performance targets to reduce the number of patients who are cancelled the day before their 'To come in' date. This is not a nationally mandated requirement, but we recognise that the impact		Service Group Director Morrison and NPTSSG	Kate Hannam Ceri Gimblett	01/04/2023	31/03/2024		On-track				
HQS402	<b>Reduce Patient Waiting Times</b>	We will develop a series of standards about how we communicate with people while they are waiting for our care		Patient Experience Manager	Marcia Buchanan	01/04/2023	31/03/2024		On-track				
	<b>Reduce Patient Waiting Times</b>	Deliver on the patient waiting time goals set out in our Annual Plan		Deputy COO	Craigie Wilson	01/04/2023	31/03/2024						
HQS403	<b>Sustainability</b>	We will include Green Quality Improvement in our quality improvement training programme	Included within revised training programme	Quality Improvement Manager for Training	Emma smith	01/04/2023	31/03/2024		Not started				
	<b>Reduce Patient Waiting Times</b>	Change the way we deliver chronic condition management to increase prevention and early intervention in order to reduce the impact of chronic conditions on people's lives		Deputy COO	Craigie Wilson	01/04/2023	02/04/2024		On-track				
HQS401	<b>Cancelling Fewer Operations</b>	We will implement reporting measures that closely monitor theatre cancellations for non-clinical reasons and implement processes to		Service Group Director Morrison and NPTSSG	Kate Hannam Ceri Gimblett	01/04/2023	31/03/2025						
	<b>Sustainability</b>	Promotion of the Green Team programme and improvement projects that reduce environmental impact	Green Team information on QI intranet pages	Quality Improvement Manager for Training	Emma smith	01/04/2024	31/03/2025		On-track		increase in the number of QI		
	<b>Sustainability</b>	Agree a set of measures to assess the environmental impact of our quality improvement work	Development and agreement of measures	Quality Improvement Data Manager	Emma smith	01/04/2025	31/03/2026		Not started		Measurable improvements in our		