Bundle Public Board 24 September 2020

3.1 Developing the 3 Year Plan for the Period 2021/22 - 2023/24 / Datblygu'r Cynllun 3 Mlynedd ar gyfer y Cyfnod 2021/22 - 2023/24

Presenter: Steve Moore

SBAR Developing the 3 Year Plan for the Period 2021/22 - 2023/24 - Strategic and Planning Objectives

Appendix 1 - Strategic and Planning Objectives 17.09.20

Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	24 September 2020
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Developing the 3 Year Plan for the Period 2021/22 – 2023/24 – Strategic and Planning Objectives
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Steve Moore, Chief Executive
SWYDDOG ADRODD: **REPORTING OFFICER:**	Steve Moore, Chief Executive

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The COVID-19 pandemic has required the Health Board to move at unprecedented pace, reconfiguring almost every aspect of its operation and establishing new services in weeks and months that may have previously taken years. Our teams have had to find innovative solutions to daunting problems and have worked together to overcome the challenges we have faced. Supporting our dedicated and talented front line staff and working closely with partners has always been important but never more so than in the last few months.

We are still in the grip of this pandemic but it will end, as they all do, and we need to be in the strongest possible position to accelerate the delivery of our strategy – *A Healthier Mid and West Wales* and bring our organisation values fully to life. There is much that needs rebuilding, a great deal of innovation that needs to be embedded and a palpable desire from our staff and partners to maintain the sense of empowerment and team working that we have seen over the last few months.

With this in mind, I have been leading a programme of work to take stock of where we are as an organisation, the decisions we have made and the progress achieved so far towards our strategic vision over the last 3 years. From this, I am proposing a refreshed set of Strategic Objectives that set out the aims of the organisation – the horizon we are driving towards over the long term – as well as a set of specific, measurable Planning Objectives, which move us towards that horizon over the next 3 years. These, in turn are underpinned by Specific Requirements (where appropriate) that must be addressed in the delivery of the overall Planning Objective.

Our strategy remains unchanged; we will deliver on the ambitions of our strategy - *A Healthier Mid and West Wales* as well as the requirements of Welsh Government, our regulators and others, whilst building the organisation firmly around its values. This revised approach will help us to identify gaps and opportunities and track progress as a Board towards meeting these Strategic Objectives.

Cefndir / Background

The Health Board has made many decisions over the last 3 years – some wide ranging – including a major re-organisation of hospital based services in the south of the Hywel Dda area and a shift towards a "social model of health" and long term community driven prevention focus. Others have related to more specific service issues such as the development of individual services or health care facilities.

All of these decisions have moved us towards the future we set out in our main strategy documents published since 2017/18. Until now, however, these accumulated decisions have not been collected together and organised in a way that allows the Board to clearly see whether progress is being made equally on all fronts and identify new opportunities to accelerate us towards those Strategic Objectives.

The COVID-19 pandemic and our response to it has underlined the need for clarity in setting out what we are trying to achieve which then allows Executive Directors and their teams to think creatively about how they can be achieved. The great sense of empowerment reported by many staff and captured in our Strategic Discover Report arose from this disciplined approach. The approach set out in this paper is an attempt to build this way of working into the organisation as a permanent feature of the way we work.

In developing the Planning Objectives, all outstanding decisions by the Board have been reviewed and a clear audit trail established to show how they are being addressed. A further paper will be developed for committee scrutiny showing this audit trail so that the Board can be confident that all undelivered Board decisions have been incorporated or otherwise dealt with.

For clarity, the Planning Objectives were arrived at by collating all the organisational objectives and commitments listed in the following sources:

- 3 year plan and annual plan
- Decisions made by the Board since 2017-18
- Recent Strategic Discover Report, published in July 2020
- Gold command requirements for COVID 19
- Input from Executive Directors

Asesiad / Assessment

The Strategic Objectives proposed for Board adoption are:

People

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services

Services

4. The best health and wellbeing for our individuals, families and our communities
5. Safe, sustainable, accessible and kind care
6. Sustainable use of resources

Our organisational values form the first 3 Strategic Objectives - they have resonance with our staff, many of whom contributed to their development. They place humanity at the centre of what we wish to be as an organisation.

The 3 service aims bring together our ambitions to focus on population health and wellbeing in its widest sense, the need to deliver now, and for the future, the key aims that guided our *Transforming Clinical Services* consultation and the need to manage all our resources in a sustainable manner.

Taken together these 6 Strategic Objectives encapsulate the quadruple aim as set out in *A Healthier Wales* whilst maintaining local resonance.

Whilst the focus of the Board will be on the more detailed Planning Objectives that move us towards these Strategic Objectives in the next 3 years, there will be a need to open a conversation with our staff and partners in the coming months to stimulate a shared sense of purpose across our health and care system. This will be led by the Communications and Engagement Director once appointed.

Planning Objectives and Specific Requirements

The initial set of Planning Objectives are set out in Appendix 1 together with those Specific Requirements that must be addressed in their delivery. Executive Director leads have been identified for each although it should be noted that many will require the support of other members of the Executive Team.

Whilst it has been a significant piece of work to condense all existing decisions, plans and requirements into clear and measureable Planning Objectives, they are still open to adjustment over the coming months. The process, following Board ratification, will be to start the work on developing the “tactical response” which will need to be largely completed by the December 2020 Board seminar. From January 2021, directorates and teams can begin the process of implementing those plans and the Board will be asked to ratify the 3 year plan at its public meeting for onward submission to Welsh Government. These objectives therefore need to be clear and complete enough to allow this work to happen at pace whilst allowing for adjustments along the way.

Some of these Planning Objectives are very ambitious. We learnt during our response to the pandemic that we can often achieve things that may not have seemed possible previously. Planning Objectives therefore need to be ambitious enough to provoke new and innovative thinking without being fundamentally unachievable. Some Planning Objectives may therefore not be achieved, at least in part but I have attempted to strike the right balance as far as possible and in conjunction with the lead Executive Director.

Linked to this point, every planning objective relies and builds on the others to some extent. As an example, without a system to capture learning (3.H) we may miss the opportunity to understand why an objective was not achieved and, thereby improve our ability either to create a realistic work programme or formulate new planning objective that are suitably ambitious in the future.

Developing new Planning Objectives – the role of the Transformation Steering Group

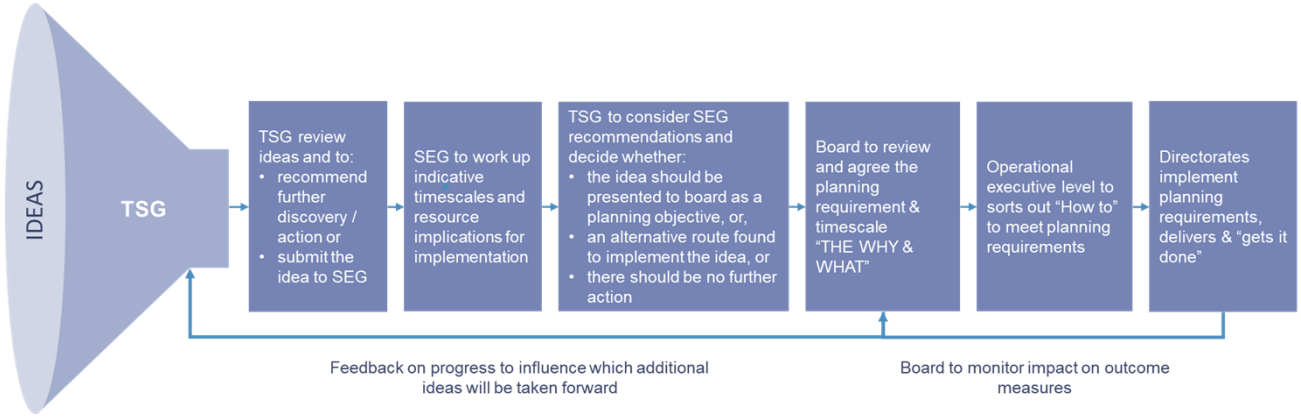
The Transformation Steering Group (TSG) was constituted in June 2020 to capture learning from the COVID-19 pandemic and our response to it; to translate that learning into practical applications; and to support the transformation of our services over the lifetime of our Health

and Care Strategy. The TSG receives ongoing intelligence from multiple sources (local, regional, national and global), using this to assist the Health Board planning and decision making process.

The TSG plans to invite people to submit new ideas in support of the strategic objectives on a continual basis. It will receive ideas from a wide range of sources including individual members of staff, staff networks, clinical advisory groups, our local population and wider networks as well as the Board itself. A toolkit to enable people to submit and present their ideas to TSG is currently being developed.

The TSG will review new ideas, and recommend which ones should be taken forward as planning objectives. It will then commission the Strategic Enabling Group to work up indicative timescales and resources required to deliver the planning objectives, along with an assessment of constraints and opportunities. These will then be presented these to the Board for approval. All planning objectives approved by the Board will be delegated to Executive Directors and their Directorates for detailed planning and implementation.

Diagram 1 shows the process relating to new ideas.



Conclusions

The need for clarity in large organisations has always been understood but has proved particularly challenging in organisations such as the NHS with many, often competing, demands. The way in which our staff and partners at all levels responded to a once-in-a-century pandemic event underlined not just the importance of clear objectives but also the huge benefit such clarity can bring to innovation, team working and personal empowerment. Whilst the Planning Objectives set out in this document will move us forward, it will be the discipline and process that underpins their on-going development which will enable us to take the most positive aspects of the last few months and use them to keep moving us towards our longer term strategic ambitions.

Argymhelliad / Recommendation

The Board is asked to:

- **APPROVE** the Strategic Objectives and Planning Objectives included in Appendix 1 to allow the process of developing deliver plans to commence.
- **DELEGATE** scrutiny to the People, Planning and Performance Committee of the audit trail linking previous Board decisions to the Planning Objectives and Specific Requirements set out in this paper.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Risks to achievement of strategic objectives will be identified and assessed following approval by the Board.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	3 year plan and annual plan Decisions made by the Board since 2017-18 Recent Discover report, published in July 2020 Gold command requirements for COVID 19 Input from Executive Directors
Rhestr Termau: Glossary of Terms:	Incorporated within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	TSG Executive Directors

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Incorporated within Appendix 1
Ansawdd / Gofal Claf: Quality / Patient Care:	Incorporated within Appendix 1
Gweithlu: Workforce:	Incorporated within Appendix 1
Risg: Risk:	Incorporated within Appendix 1
Cyfreithiol: Legal:	Incorporated within Appendix 1
Enw Da: Reputational:	Incorporated within Appendix 1
Gyfrinachedd: Privacy:	Incorporated within Appendix 1
Cydraddoldeb: Equality:	Incorporated within Appendix 1

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Strategic Objectives, Planning Objectives & Specific Requirements

September 2020

Strategic Objectives

People

1. Putting people at the heart of everything we do
2. Working together to be the best we can be
3. Striving to deliver and develop excellent services

Services

4. The best health and wellbeing for our individuals, families and our communities
5. Safe, sustainable, accessible and kind care
6. Sustainable use of resources

1 Putting people at the heart of everything we do

#	Planning Objective	Exec Lead
1.A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to workforce within the next 3 years (see specific requirements 1.A.i)	Lisa Gostling
1.B	Building on the success of the command centre, develop a longer-term sustainable model to cover the following: • One single telephone and email point of contact – the "Hywel Dda Health Hub" • This will incorporate switchboard facilities and existing service based call handling functions into one single call-handling system linking patient appointments, online booking and call handlers • All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact • Further develop the operation of the surveillance cell set up to support Test, Trace, Protect (TTP) • Further develop the incident response and management cell set up to support our COVID-19 response • Further develop the SharePoint function, or look at similar other systems that our Local Authority partners use, to facilitate tracking, auditing and reporting of enquiries, responses and actions • Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years	Mandy Rayani
1.C	By December 2020, design a training and development programme to build excellent customer service across the Health Board for all staff in public & patient facing roles for implementation from April 2021. This programme should learn from the best organisations in the world and use local assets and expertise where possible. The organisation's values should be at the heart of this programme	Lisa Gostling
1.D	By September 2021 propose new planning objectives for the following year to pilot and test innovate approaches to offering people with complex and/or rising health and care needs (accounting for 15% - 30% of our population) greater control over the choice of care and support they need. The aim of these approaches must be to improve the value (outcome vs cost) from the services we provide.	Jill Paterson
1.E	During 2020/21 establish a process to maintain personalised contact with all patients currently waiting for elective care which will: 1. Keep them regularly informed of their current expected wait 2. Offer a single point of contact should they need to contact us 3. Provide advice on self-management options whilst waiting 4. Offer advice on what do to if their symptoms deteriorate 5. Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation 6. Offer alternative treatment options if appropriate 7. Incorporate review and checking of patient consent This process needs to roll out through 2021/22	Mandy Rayani

1.F	Develop a programme by December 2020 for implementation by July 2021 to co-design with our staff every stage and element of our HR offer that embody our values. This will address: 1. the way the Health Board recruits new staff and provides induction; 2. all existing HR policies; 3. the way in which employee relation matters are managed and 4. equitable access to training and the Health Board's staff wellbeing services. The resulting changes to policies, processes and approaches will be recommended to the Board in September 2021 for adoption	Lisa Gostling
1.G	Develop and implement a plan to roll out OD Relationship Managers to every directorate in the Health Board from April 2021. Their role will be to support the directorates in their day to day operations, as well as helping them to widen diversity and inclusion, develop their workforce, foster positive relationships and deliver successful and supportive home working arrangements for their teams.	Lisa Gostling

2 Working together to be the best we can be

#	Planning Objective	Exec Lead
2.A	Develop a Health Board specific plan by December 2020 that responds to the Regional Carers Strategy, and complete implementation by March 2024	Ros Jervis
2.B	In relation to equality, diversity and inclusion, develop and implement a rolling programme of training to raise the awareness of all Health Board staff and, as part of the process: 1. ask participants to agree specific actions they can take as either individuals or teams in their areas to create/enhance genuinely inclusive and accessible services for our population and support for our staff 2. establish a process to monitor and feedback to Board on progress and successes. This programme should be completed by March 2024 and progress reported to Board at least annually as well as providing the basis of evidence for the Stonewall Workplace Equality Index, the first submission of which needs to be completed by the end of September 2021	Ros Jervis
2.C	By December 2020, review our capacity and capability for continuous engagement in light of COVID 19 and the ambitions set out in the continuous engagement strategy approved by Board in January 2019, and implement improvements over the next 1 year	Steve Moore (via the Comms & Engagement Director)
2.D	By December 2021 develop a clinical education plan with the central aim to develop from within and attract from elsewhere, the very best clinicians. This plan will set out the educational offer for nurses, therapists, health scientists, pharmacists, dentists, doctors, optometrists, public health specialists and physicians associates. It will also set out how we will support this with access to the best clinical educators, facilities (training, accommodation and technology) and a clear plan to grow both the number of clinicians benefiting from education and the capacity to support this	Lisa Gostling

2.E	By March 2021 develop a programme of activities which promote awareness of the Health Board charity and the opportunities available to raise and use funds to develop community engagement in line with the social model for health. Develop clear processes for evidencing the impact of fundraising activities and expenditure on our staff, the patients and the public with the aim of being a charity in the top quartile in our region within the next 3 years. Implementation of the programme to start from April 2021	Mandy Rayani
2.F	By December 2020 develop a plan to introduce a comprehensive quality management system to support and drive quality across the organisation. Implementation to begin by April 2021 and completed within 3 years	Mandy Rayani
2.G	By October 2021 construct a comprehensive workforce programme to encourage our local population into NHS and care related careers aimed at improving the sustainability of the Health Board's workforce, support delivery of the Health Board's service objectives (both now and in the future) and offer good quality careers for our local population. This should include an ambitious expansion of our apprenticeship scheme	Lisa Gostling
2.H	By October 2021 construct a comprehensive development programme (incorporating existing programmes) for the whole organisation which nurtures talent, supports succession planning and offers teams and individuals the opportunity to access leadership development.	Lisa Gostling

3 Striving to deliver and develop excellent services

#	Planning Objective	Exec Lead
3.A	From 1st April 2021 implement a revised approach to performance that is clear on expectations and accountability arrangements for all staff with managerial responsibilities. This will include regular, timely and individualised feedback on performance targets, provision of training, development, peer support and tools/ways of working to enable delivery. The focus will be to motivate and support staff at all levels of management to strive for excellence.	Huw Thomas
3.B	Over the next 3 years to deliver the requirements arising from our regulators, WG and professional bodies. See specific requirements (3.B.i) for the full list.	See Specific Requirements for lead Executive
3.C	By September 2021 complete a review of all Health Care Standards including evidence of compliance. From this review, propose new Planning Objectives for implementation in 2022/23	Mandy Rayani
3.D	During 2020/21 establish a new process to continuously identify and propose new planning objectives for Board and Statutory Partner's consideration which enhance and accelerate the delivery of the Board's 6 strategic objectives. The process should provide ongoing opportunities for our staff, partners, stakeholders, national and international thought & system leaders and our local population to propose new ideas and approaches that drive us forward. It should also allow the Board and Statutory Partners themselves to stimulate the production of planning objectives in pursuit of its strategic objectives where it sees gaps and opportunities.	Steve Moore

3.E	Business intelligence and modelling – to establish real-time, integrated (across the patient pathway), easily accessible and comprehensible data to support our clinicians and managers with day to day operational planning as well as support the organisation's strategic objective to improve value of its services and shift resources into primary and community settings. The initial phase of this, involving as a minimum hospital data, should be in place by September 2021 with full inclusion of all health and social care data (as a minimum) by March 2024	Huw Thomas
3.F	By December 2020 develop a Board Assurance Framework to support the delivery of the HB strategic objectives over the 3 years from April 2021 supported by a clear, comprehensive and continuously updated Risk Register	Jo Wilson
3.G	Develop and implement a 3 year strategic plan to increase research, development, and innovation activity, and number of research investigators sufficient as a minimum to deliver the Welsh Government and Health and Care Research Wales expectations and improvement targets (see specific requirement 3.G.i). The plan will be developed in partnership with universities, life science companies, and public service partners so as to maximise the development of new technologies and services that improve patient care and health outcomes. While making further progress in established areas including respiratory, oncology, and diabetes studies, the portfolio will target and expand into areas of organisational clinical and academic strength, including ophthalmology, orthopaedics, anaesthetics, and mental health. A function spanning clinical engineering, research and innovation will also target a threefold increase in technology trials. (see specific requirement 3.G.i)	Phil Kloer
3.H	From April 2021 establish a process to gather and disseminate learning from the delivery of all Planning Objectives as part of the organisation's formal governance systems with equal importance placed on this as is placed on risk management and assurance. This learning will come from both within the organisation as it implements objectives and from our local population in their experience of the services delivered as a result of the objective being achieved	Jo Wilson

4 The best health and wellbeing for our individuals, families and our communities

#	Planning Objective	Exec Lead
4.A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related public health within the next 3 years (see specific requirements 4.a.i)	Ros Jervis
4.B	Develop and implement plans to deliver, on a sustainable basis, locally prioritised performance targets related to public health within the next 3 years (see specific requirements 4.b.i)	Ros Jervis
4.C	For each of the three WG supported Transformation Fund schemes, develop and implement a plan to enhance, continue, modify or stop. These initiatives must form part of the planning objective to develop locality plans (5i) by March 2022	Jill Paterson
4.D	Develop and implement plans to deliver, on a sustainable basis, national performance targets related to bowel, breast and cervical screening within the next 3 years	Ros Jervis

4.E	Implement a plan to train all Health Board Therapists in “Making Every Contact Count”, and offer to their clients by March 2022	Alison Shakeshaft
4.F	Develop a plan by September 2021 to improve the life chances of children and young people working with the “Children’s Task Force” and begin implementation in April 2022, prioritised on the basis of the opportunity to improve the lives of the most deprived	Ros Jervis
4.G	Develop a local plan to deliver “Healthy Weight: Healthy Wales” and implement by March 2022	Ros Jervis
4.H	Review and refresh the Health Board’s emergency planning and civil contingencies / public protection strategies and present to Board by December 2021. This should include learning from the COVID 19 pandemic. The specific requirement set out in 4.H.i will be addressed as part of this	Ros Jervis
4.I	Achieve Gold level for the Defence Employers Recognition scheme by March 2022	Ros Jervis
4.J	By March 2022 publish a comprehensive population needs assessment covering both the health and wellbeing needs of the local population. This will need to be done in full partnership with Public Service Boards (PSBs) and the Regional Partnership Board (RPB). By April 2023 publish a revised Area Health and Wellbeing plan based on these assessments. Implement the 1st year of these plans by March 2024.	Ros Jervis
4.K	By September 2022, arrange a facilitated discussion at Board which is aimed at agreeing our approach to reducing Health Inequalities. This must include an analysis of current health inequalities, trends and causes, potential options to address the inequalities (e.g. Allocate disproportionate resource to the most disadvantaged or by “Proportionate Universalism”) and identify tools and interventions aimed at addressing the causes. Develop specific planning objectives by September 2023 in preparation for implementation in 2024/5.	Ros Jervis
4.L	By March 2021, design and implement a process that continuously generates new proposals that can be developed into planning objectives aimed at constantly moving us towards a comprehensive “social model for health” and cohesive and resilient communities. The process needs to involve our local population as well as a diverse set of thought and system leaders from across society	Phil Kloer
4.M	In relation to the Llwynhendy TB outbreak complete all outstanding screening and establish sufficient service capacity to provide appropriate treatment to all patients identified as requiring it by March 2021	Ros Jervis
4.N	Create and implement a process in partnership with local authorities, PSBs and other stakeholders that engages and involves representatives of every aspect of the food system. This will include growers, producers, distributors, sellers, those involved in preparation and the provision of advice to individuals & organisations and thought leaders in this field. The aim is to identify opportunities to optimise the food system as a key determinant of wellbeing. The opportunities identified will then need to be developed into proposed planning objectives for the Board and local partners for implementation from April 2023 at the latest	Phil Kloer
4.O	Develop and implement a food health literacy programme for Year 5 children with a pilot taking place in 2021/22, with scaling to all 3 counties of Hywel Dda within the next 3 years. The longer term goal will be to make this routine for all children in the area within the next 10 years	Alison Shakeshaft

5 Safe, sustainable, accessible and kind care

#	Planning Objective	Exec Lead
5.A	Develop and implement plans to deliver, on a sustainable basis, NHS Delivery Framework targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.a.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"	See Specific Requirements for lead Executive
5.B	Develop and implement plans to deliver, on a sustainable basis , locally prioritised performance targets related to Quality & Safety, Primary care, Secondary care and MH services within the next 3 years (see specific requirements 5.b.i). These plans must be consistent with the Health Board's Strategy - "A Healthier Mid and West Wales"	See Specific Requirements for lead Executive
5.C	Produce a final business case by March 2024 for the implementation of a new hospital in the south of the Hywel Dda area for the provision of urgent and planned care (with architectural separation between them). This will be on a site between Narberth and St Clears. Using the experience and change brought about by the COVID pandemic, the plan should be focussed on minimising the need for patients and staff to attend and, for those who require overnight care, the shortest clinically appropriate length of stay. (see specific requirements 5.C.i)	Karen Miles (Huw Thomas in the interim)
5.D	Produce and agree the final business case by March 2024 for the repurposing of the GGH and WGH sites in line with the strategy published in November 2018 (see specific requirements 5.D.i)	Karen Miles (Huw Thomas in the interim)
5.E	With relevant partners, develop a plan by 2024 to address access, travel, transport and the necessary infrastructure to support the new hospital configuration taking into account the learning from the COVID pandemic (see specific requirements 5.E.i)	Karen Miles (Huw Thomas in the interim)
5.F	Fully implement the BGH strategy over the coming 3 years as agreed at Board in November 2019 taking into account the learning from the COVID pandemic (see specific requirements 5.F.i)	Andrew Carruthers
5.G	Implement the remaining elements of the Transforming MH & develop and implement a Transforming LD strategy in line with “Improving Lives, Improving Care” over the next 3 years and also develop and implement a plan for Transforming specialist child and adolescent health services (CAMHS) and autistic spectrum disorder and ADHD. (See specific requirement 5.G.i)	Andrew Carruthers
5.H	Develop an initial set of integrated Locality plans by September 2021 (with further development thereafter) based on population health and wellbeing and which are focused on the principles of sustainable and resilient services, timely advice and support to the local community on health and wellbeing, maintaining social connection, and independence and activity. This will require co-production with Local Authority Partners and the Third Sector. The scope of this will include all Community, Primary Care, Third sector, Local Authority and other Public Sector partners. These integrated Locality Plans will require a review of resources that ensure the optimal use of technology and digital solutions, Primary care and Community estate and a multiprofessional /skilled workforce that enables new ways of working in order that the following principles are achieved -	Jill Paterson

	1. Increased time spent at home 2. Support for self care 3. Reduction in hospital admission 4. Safe and speedy discharge 5. Support for those at the end of life (See specific requirements 5.H.i)	
5.I	By December 2020 undertake a comprehensive assessment of all Health Board Children & Young People Services to identify areas for improvement. From this, develop an implementation plan to address the findings by March 2024 at the latest. The assessment process and implementation plan should include the voices of children and young people and have clear links to the wider work being progressed by the RPB	Andrew Carruthers
5.J	Develop and implement a comprehensive and sustainable 24/7 community and primary care unscheduled care service model	Jill Paterson
5.K	Establish a new process that involves all clinical service areas and individual clinical professionals, whereby we assess ourselves against local and national clinical effectiveness standards/NHS Delivery Framework requirements and fully contribute to all agreed national and local audits (including mortality audits). All areas and clinicians will need to be able to demonstrate their findings have been used to learn and improve and the process needs to be embedded within the Health Boards Quality and Governance process. (See specific requirement 5.K.i)	See Specific Requirements for lead Executive
5.L	Implement the making nutrition matter – dietetics expansion plan within two years as agreed at Board on 26th September 2019	Alison Shakeshaft
5.M	Implement the existing national requirements in relation to clinical and other all-wales IT systems within expected national timescales. Develop a plan and implement the full role out of the electronic patient record within 3 years. This should be real time, easily accessible, comprehensible, relevant, secure and integrated (See specific requirements 5.M.i)	Karen Miles (Huw Thomas in the interim)
5.N	Implement all outstanding plans in relation to National Networks and Joint Committees. This will include commitments agreed with Swansea Bay UHB/A Regional Collaboration for Health (ARCH), Mid Wales Joint Committee, Sexual Assault Referral Centre (SARC), National Collaborative (see specific requirements 5.N.i)	See Specific Requirements for lead Executive
5.O	Develop and implement a plan to address Health Board specific fragile services, which maintains and develops safe services until the new hospital system is established (see specific requirement 5.O.i)	See Specific Requirements for lead Executive
5.P	During 2021 produce a care home Market Position Statement and, based on the insights gained, develop new Planning Objectives for implementation from April 2022 aimed at stabilising, enhancing and reshaping the role of care home provision in the Hywel Dda area.	Jill Paterson

6 Sustainable use of resources

#	Planning Objective	Exec Lead
6.A	By March 2021 develop a detailed 3 year financial plan based on the finance team's assessment of allocative and technical value improvements, income opportunities and 3rd party expenditure value-for-money that can be captured within that timeframe. This plan should support the Health Board's other objectives and command the support of Welsh Government and the Board. This will require a process to allocate these opportunities to relevant budgets and support budget holders to identify, plan and deliver the changes necessary to realise those opportunities. A clear monitoring and escalation process will be required to ensure budget holders deliver their plans and Board maintains clear oversight. (see 6.A.i for specific requirements)	Huw Thomas
6.B	By December 2020 establish an on-going process to review and refresh the assessment of technical and allocative value improvements and income opportunities open to the Health Board and use this both to maintain in-year financial delivery and future budget setting.	Huw Thomas
6.C	By March 2021 construct a 5 year financial plan that achieves financial balance based on securing the opportunities arising from the implementation of the strategy "A Healthier Mid and West Wales" and progress made in the interim period on the allocative and technical value improvements, income opportunities and 3rd party expenditure value-for-money improvements. This plan will command the support of Welsh Government and the Board.	Huw Thomas
6.D	Develop the capability for the routine capture of PROMS and implement in all clinical services within 3 years. Establish the required digital technology and clinical leadership and engagement to facilitate pathway redesign based on these insights and put in place impact measurement processes to evaluate changes at a pathway level.	Karen Miles (Huw Thomas in the interim)
6.E	Design and implement a VBHC education programme to be implemented by April 2021 with academic institutions for managers and clinicians that could also be offered to partners	Huw Thomas
6.F	Implement a VBHC pathway costing programme for all clinical services that is capable of being completed within 3 years, and prioritised based on the likelihood of generating change.	Huw Thomas
6.G	Develop a plan and begin implementation within the next 3 years to make all Health Board services carbon neutral by 2030 and establish Green Health initiatives across the health board estate building on the work currently underway. The aim will be to address the climate emergency at Health Board level, improve the natural environment and support the wellbeing of our staff and public.	Karen Miles (Huw Thomas in the interim)
6.H	To be completed by the end of 2021/22 undertake a full analysis of our supply chain in light of the COVID-19 pandemic to assess the following: - Length and degree of fragility - Opportunities for local sourcing in support of the foundational economy - Carbon footprint - Opportunities to eliminate single use plastics and waste The resulting insights will be used to take immediate, in-year action where appropriate and develop proposed Planning Objectives for 2022/23 implementation	Huw Thomas

6.I	By September 2021 propose new Planning Objectives to establish locality resource allocations covering the whole health budget (and social care where agreed with partners) and test innovative approaches to driving the shift of activity from secondary care settings to primary and community care. Additional aims will be to ensure secondary care thrives in doing only what it can do, shifts are based on the needs and assets of the local population, and localities progressively close the gap between budget and target resource allocation	Huw Thomas

Specific Requirements

1 Putting people at the heart of everything we do

1.A.i	Overall staff engagement score – scale score method	Lisa Gostling
1.A.i	Agency spend as a percentage of total pay bill	Lisa Gostling

3 Striving to deliver and develop excellent services

3.B.i	Audit Wales	Jo Wilson
3.B.i	Internal Audit	Jo Wilson
3.B.i	Community Health Council)	Karen Miles (Huw Thomas in the interim)
3.B.i	CIW / HIW Contractors	Mandy Rayani
3.B.i	Coroner Reg 28	Mandy Rayani
3.B.i	Health and Safety Executive	Mandy Rayani
3.B.i	Public Service Ombudsman of Wales Office - S16	Mandy Rayani
3.B.i	Delivery Unit	Andrew Carruthers
3.B.i	Mid and West Wales Fire and Rescue Service	Andrew Carruthers
3.B.i	Health Education and Improvement Wales	Lisa Gostling & Phil Kloer
3.B.i	Peer Reviews	Phil Kloer
3.B.i	Royal Colleges	Phil Kloer
3.B.i	Welsh Language Commission	Steve Moore (via the Comms & Engagement Director)
3.B.i	General Medical Council (GMC) secondary care	Phil Kloer
3.B.i	General Medical Council (GMC) Primary care	Jill Patterson
3.B.i	Local Medical Council (LMC)	Mandy Rayani
3.B.i	Health and Care Professions Council (HCPC)	Alison Shakeshaft

3.B.i	General Dental Council (GDC)	Jill Patterson
3.B.i	General Optical Council (GOC)	Jill Patterson
3.B.i	General Pharmaceutical Council (GPhC)	Jill Patterson
3.G.i	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies	Phil Kloer
3.G.i	Number of patients recruited in Health and Care Research Wales commercially sponsored studies	Phil Kloer
3.G.i	Number of Health and Care Research Wales clinical research portfolio studies	Phil Kloer
3.G.i	Number of Health and Care Research Wales commercially sponsored studies	Phil Kloer
3.G.i	Respiratory Diseases Implementation Group (3.H - specific requirement)	Phil Kloer

4 The best health and wellbeing for our individuals, families and our communities

4.A.i	% uptake of Influenza vaccination - 65 year olds and over	Ros Jervis
4.A.i	% uptake of Influenza vaccination - Healthcare workers with direct patient contact	Ros Jervis
4.A.i	% uptake of Influenza vaccination - Pregnant women (PHW Point of Delivery survey)	Ros Jervis
4.A.i	% uptake of Influenza vaccination - Under 65s in risk groups	Ros Jervis
4.A.i	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales	Ros Jervis
4.A.i	Percentage of children who received 2 doses of the MMR vaccine by age 5	Ros Jervis
4.A.i	Percentage of children who received 3 doses of the hexavalent ‘6 in 1’ vaccine by age 1	Ros Jervis
4.A.i	Percentage of eligible individuals with Hepatitis C infection who have commenced treatment	Ros Jervis
4.A.i	The percentage of adult smokers who make a quit attempt via smoking cessation services	Ros Jervis
4.A.i	The percentage of those smokers who are Carbon Monoxide (CO) validated as quit at 4 weeks	Ros Jervis
4.A.i	Uptake of cancer screening for breast cancer.	Ros Jervis
4.A.i	Uptake of cancer screening for bowel cancer.	Ros Jervis

4.A.i	Uptake of cancer screening for cervical cancer	Ros Jervis
4.A.i	Qualitative report detailing progress against the 5 standards that enable the health and wellbeing of homeless and vulnerable groups to be identified and targeted	Ros Jervis
4.A.i	Qualitative report detailing the achievements made towards implementation of the all Wales standard for accessible communication and information for people with sensory loss	Ros Jervis
4.A.i	Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations	Ros Jervis
4.A.i	Qualitative report providing evidence of implementation of the Welsh language guidance as defined in More Than Just Words	Steve Moore (via the Comms & Engagement Director)
4.B.i	% uptake of Influenza vaccination in pregnant women (locally verified data source)	Ros Jervis
4.B.i	Of those women who had their initial assessment and gave birth within the same health board, the percentage of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)	Ros Jervis
4.B.i	Percentage of 4-5 year olds who are obese	Ros Jervis
4.B.i	Percentage of children who are 10 days old within the reporting period who have accessed the 10-14 days health visitor contact component of the Healthy Child Wales Programme	Ros Jervis
4.H.i	By September 2021 complete a review of all Health Board health protection capacity and capability arrangements and develop planning objectives for implementation in the following 3 years to address any deficits and opportunities identified	Ros Jervis

5 Safe, sustainable, accessible and kind care

5.A.i	% assessed by Stroke Consultant <24 hours of the patient's clock start time - HDUHB	Alison Shakeshaft
5.A.i	% of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hours of the patient’s clock start time - HDUHB	Alison Shakeshaft
5.A.i	% of stroke patients receiving the required minutes for speech and language therapy - HDUHB	Alison Shakeshaft
5.A.i	% of stroke patients who receive a 6 month follow up assessment	Alison Shakeshaft

5.A.i	Number of patients waiting more than 14 weeks for specific therapy	Alison Shakeshaft
5.A.i	% of children and young people waiting less than 26 weeks to start a neurodevelopment assessment	Andrew Carruthers
5.A.i	% of critical care bed days lost to delayed transfer of care (ICNARC definition)	Andrew Carruthers
5.A.i	% of ophthalmology R1 patients to be seen by their clinical target date or within 25% in excess of their clinical target date for their care or treatments	Andrew Carruthers
5.A.i	% of Out of Hours (OoH)/111 patients prioritised as P1CH that started their definitive clinical assessment within 1 hour of their initial call being answered	Andrew Carruthers
5.A.i	% of patients starting first definitive cancer treatment within 62 days from point of suspicion	Andrew Carruthers
5.A.i	% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	Andrew Carruthers
5.A.i	% patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to & including) 31 days of diagnosis (regardless of referral route)	Andrew Carruthers
5.A.i	% patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to & including) 62 days of receipt of referral	Andrew Carruthers
5.A.i	Number of ambulance handovers over one hour	Andrew Carruthers
5.A.i	Number of health board mental health delayed transfer of care	Andrew Carruthers
5.A.i	Number of health board non mental health delayed transfer of care	Andrew Carruthers
5.A.i	Number of procedures postponed either on the day or the day before for specified non-clinical reasons	Andrew Carruthers
5.A.i	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (18 years and over)	Andrew Carruthers
5.A.i	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (aged under 18 years)	Andrew Carruthers
5.A.i	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (18 years and over)	Andrew Carruthers

5.A.i	Percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral (for those aged under 18 years)	Andrew Carruthers
5.A.i	Percentage of patients waiting less than 28 days for a first outpatient appointment for Child and Adolescent Mental Health Services (CAMHS)	Andrew Carruthers
5.A.i	Percentage of people who have been referred to health board services who have completed treatment for alcohol misuse	Andrew Carruthers
5.A.i	Percentage of therapeutic interventions started within (up to and including) 28 days following as assessment by LPMHSS (18 years and over)	Andrew Carruthers
5.A.i	Percentage of therapeutic interventions started within (up to and including) 28 days following as assessment by LPMHSS (for those aged under 18 years)	Andrew Carruthers
5.A.i	Qualitative report detailing progress against the 6 actions contained in the Learning Disability – Improving Lives Welsh Government Programme	Andrew Carruthers
5.A.i	Rate of hospital admissions with any mention of intentional self harm for children and young people (aged 10-24 years) per 1,000 population	Andrew Carruthers
5.A.i	The number of patients waiting for a follow-up outpatient appointment	Andrew Carruthers
5.A.i	The number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Andrew Carruthers
5.A.i	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 sub specialties	Andrew Carruthers
5.A.i	The number of patients waiting more than 36 weeks for treatment	Andrew Carruthers
5.A.i	The number of patients waiting more than 8 weeks for a specified diagnostic	Andrew Carruthers
5.A.i	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	Andrew Carruthers
5.A.i	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes	Andrew Carruthers
5.A.i	The percentage of patients waiting less than 26 weeks for treatment	Andrew Carruthers
5.A.i	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	Andrew Carruthers

5.A.i	% of adult dental patients in the health board population re-attending NHS primary dental care between 6 and 9 months	Jill Paterson
5.A.i	All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than two months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation	Jill Paterson
5.A.i	Number of women of child bearing age prescribed valproate as a percentage of all women of child bearing age	Jill Paterson
5.A.i	Percentage of children regularly accessing NHS primary dental care	Jill Paterson
5.A.i	Percentage of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia	Jill Paterson
5.A.i	Percentage of practices that have achieved all standards set out in the National Access Standards for In-Hours GMS Services	Jill Paterson
5.A.i	Number of patients aged 65 years or over prescribed an antipsychotic	Jill Paterson
5.A.i	Opioid average daily quantities per 1,000 patients	Jill Paterson
5.A.i	Percentage compliance for all completed Level 1 competencies within the Core Skills and Training Framework by organisation	Lisa Gostling
5.A.i	Percentage of sickness absence rate of staff	Lisa Gostling
5.A.i	Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job	Lisa Gostling
5.A.i	Qualitative report providing evidence of providing learning and development in line with the Good Work - Dementia Learning and Development Framework	Lisa Gostling
5.A.i	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)	Lisa Gostling
5.A.i	% concerns that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to and including 30 working days from the date the concern was first received by the organisation.	Mandy Rayani
5.A.i	Cumulative number of cases of Klebsiella bacteraemia	Mandy Rayani
5.A.i	Cumulative number of cases of Pseudomonas aeruginosa bacteraemia	Mandy Rayani
5.A.i	Cumulative rate of laboratory confirmed C.difficile cases per 100,000 population	Mandy Rayani
5.A.i	Cumulative rate of laboratory confirmed E.coli bacteraemia cases per 100,000 population	Mandy Rayani

5.A.i	Cumulative rate of laboratory confirmed S.aureus bacteraemias (MRSA and MSSA) cases per 100,000 population	Mandy Rayani
5.A.i	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	Mandy Rayani
5.A.i	Percentage of babies who are exclusively breastfed at 10 days old	Mandy Rayani
5.A.i	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	Mandy Rayani
5.A.i	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	Mandy Rayani
5.A.i	Percentage of staff who would be happy with the standards of care provided by their organisation if a friend or relative needed treatment	Mandy Rayani
5.A.i	Qualitative report: Evidence of how NHS organisations are responding to service user experience to improve services	Mandy Rayani
5.A.i	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product including biosimilar (for a selected basket of biosimilar medicines)	Mandy Rayani
5.A.i	The average rating given by the public (age 16+) for the overall satisfaction with health services in Wales	Mandy Rayani
5.A.i	The number of potentially preventable hospital acquired thrombosis	Mandy Rayani
5.A.i	Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)	Mandy Rayani
5.B.i	Number of patients waiting 14 weeks plus for Lymphoedema	Alison Shakeshaft
5.B.i	Number of patients waiting 14 weeks plus for Pulmonary Rehab	Alison Shakeshaft
5.B.i	Number of patients waiting 6 weeks plus for Clinical Musculoskeletal Assessment and Treatment (CMAT)	Alison Shakeshaft
5.B.i	% of Out of Hours (OOH)/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) based appointment seen within 1 hour following completion of their definitive clinical assessment	Andrew Carruthers
5.B.i	% patients who had their procedures postponed on more than one occasion for non clinical reasons with less than 8 days notice and are subsequently carried out within 14 calendar days or at the patient's earliest convenience	Andrew Carruthers

5.B.i	100% of service users admitted to a psychiatric hospital, who have not received a gate keeping assessment by the Crisis Resolution Home Treatment (CRHT), will receive a follow-up assessment by the CRHTS within 24 hours of admission	Andrew Carruthers
5.B.i	95% of service users admitted to a psychiatric hospital between 0900 and 2100 will have received a gate-keeping assessment by the Crisis Resolution Home Treatment (CRHT) service prior to admission	Andrew Carruthers
5.B.i	Cash Expenditure is less than the Cash Limit	Huw Thomas
5.B.i	Financial balance: Expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years (as agreed by the Planned Care Board; cumulative year to date)	Huw Thomas
5.B.i	Non NHS Invoices by Number are Paid within 30 Days (cumulative year to date position)	Huw Thomas
5.B.i	The Savings Plan is on target (cumulative year to date position)	All Executives
5.B.i	% of practices with extended opening hours and offering appointments after 18:30 at least one week day	Jill Paterson
5.B.i	% of practices with one half day closure per week	Jill Paterson
5.B.i	Number of Continuing Health Care (CHC) packages delivered	Jill Paterson
5.B.i	Percentage of GP practice teams that have completed mental health training in dementia care or other training as outlined under the Directed Enhanced Services for mental illness	Jill Paterson
5.B.i	Percentage of GP practices offering daily appointments between 17:00 and 18:30 hours	Jill Paterson
5.B.i	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment	Jill Paterson
5.B.i	Percentage of the health board population regularly accessing NHS primary dental care	Jill Paterson
5.B.i	Total Health board CHC spend	Jill Paterson
5.B.i	Appointment of a Paediatric Specialist to improve quality of service	Jill Paterson
5.B.i	Evaluate and roll-out salaried Dental services model pilot in South Ceredigion	Jill Paterson
5.B.i	All new dental contracts commissioned in line with Dental Contract Reform principles	Jill Paterson
5.B.i	Increase Eye Health Examination Wales (EHEW) utilisation	Jill Paterson
5.B.i	Additional Step Down Intermediate Care Beds (x6)	Jill Paterson

5.B.i	Reduction in orthodontics waiting lists	Jill Paterson
5.B.i	% of Desktop infrastructure patch with the latest updates	Karen Miles (Huw Thomas in the interim)
5.B.i	% of Server infrastructure patched with the latest updates	Karen Miles (Huw Thomas in the interim)
5.B.i	Indication of progress against the 21 criteria for the operational use of the NHS number	Karen Miles (Huw Thomas in the interim)
5.B.i	Number of National Intelligent Integrated Audit Solution (NIIAS) notifications for Family Record	Karen Miles (Huw Thomas in the interim)
5.B.i	Number of National Intelligent Integrated Audit Solution (NIIAS) notifications for Own Record	Karen Miles (Huw Thomas in the interim)
5.B.i	Percentage compliance of the completed level 1 Information Governance (Wales) training element of the Core Skills and Training Framework	Karen Miles (Huw Thomas in the interim)
5.B.i	Percentage of episodes clinically coded within one reporting month post episode discharge end date	Karen Miles (Huw Thomas in the interim)
5.B.i	Percentage of staff who have undergone information governance training as outlined in C-PIP Guidance	Karen Miles (Huw Thomas in the interim)
5.B.i	Percentage of compliance for staff appointed to new roles where a child barred list check is required	Lisa Gostling
5.B.i	Percentage of compliance for staff appointed to new roles where an adult barred list check is required	Lisa Gostling
5.B.i	Percentage of employed NHS staff completing dementia training at an informed level	Lisa Gostling
5.B.i	Variable pay (Agency, Locum, Bank & Overtime; monthly position)	Lisa Gostling
5.B.i	% compliance with Hand hygiene (WHO 5 moments)	Mandy Rayani
5.B.i	Completion of the All Wales Medication Safety Audit	Mandy Rayani
5.B.i	Fluoroquinolones, Cephalosporins, Clindamycin and Co-amoxiclav items per 1,000 patients	Mandy Rayani

5.B.i	Fluroquinolone, cephalosoporin, clindamycin and co-amoxiclav items as a percentage of total antibacterial items dispensed in the community	Mandy Rayani
5.B.i	Number of new never events	Mandy Rayani
5.B.i	Number of Patient Safety Solutions Wales Alerts and Notices that were not assured within the agreed timescale	Mandy Rayani
5.B.i	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales	Mandy Rayani
5.B.i	Percentage compliance for mandatory training on safeguarding adults for employed staff	Mandy Rayani
5.B.i	Percentage compliance for mandatory training on safeguarding children for employed staff	Mandy Rayani
5.B.i	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	Mandy Rayani
5.B.i	Percentage of adults (aged 16+) who had a hospital appointment in the last 12 months, who felt they were treated with dignity and respect	Mandy Rayani
5.B.i	Percentage of Nutrition Score Completed and Appropriate Action Taken within 24 hours of admission	Mandy Rayani
5.B.i	The number of healthcare acquired pressure sores in a Community setting	Mandy Rayani
5.B.i	The number of healthcare acquired pressure sores in a hospital setting	Mandy Rayani
5.B.i	The percentage of C-sections versus vaginal deliveries	Mandy Rayani
5.B.i	Consultants/Specialty and Associate Specialist (SAS) Doctors with a job plan	Phil Kloer
5.B.i	Consultants/SAS Doctors with an up to date job plan (reviewed with the last 12 months)	Phil Kloer
5.B.i	Individual Patient Funding Request (IPFR) - Total number approved	Phil Kloer
5.B.i	Individual Patient Funding Request (IPFR) - Total number declined	Phil Kloer
5.B.i	Individual Patient Funding Request (IPFR) - Total number received	Phil Kloer
5.C.i	Implement the requirements of “My Charter”, to involve people with a learning disability in our future service design and delivery	Karen Miles (Huw Thomas in the interim)
5.C.i	Ensure the new hospital is easily accessible for the most vulnerable in society by public transport, particularly both rail and bus	Karen Miles (Huw Thomas in the interim)

5.C.i	Ensure the new hospital uses digital opportunities to support its aims to minimise the need for travel, maximise the quality and safety of care and deliver the shortest, clinically appropriate lengths of stay	Karen Miles (Huw Thomas in the interim)
5.D.i	Implement the requirements of “My Charter”, to involve people with a learning disability in our future service design and delivery	Karen Miles (Huw Thomas in the interim)
5.E.i	Implement the requirements of “My Charter”, to involve people with a learning disability in our future service design and delivery	Karen Miles (Huw Thomas in the interim)
5.F.i	Implement the requirements of “My Charter”, to involve people with a learning disability in our future service design and delivery	Andrew Carruthers
5.G.i	Implement the requirements of “My Charter” in relation to Annual Health checks for all learning disability clients and a Health Passport App to support their access to appropriate care	Andrew Carruthers
5.G.i	Implement the requirements of “My Charter”, to involve people with a learning disability in our future service design and delivery	Andrew Carruthers
5.G.i	Implement the outcome of the outcome of the WG school in-reach project	Andrew Carruthers
5.H.i	Crosshands and Llanelli Wellness Village	Jill Paterson
5.H.i	Implement the requirements of “My Charter”, to involve people with a learning disability in our future service design and delivery	Jill Paterson
5.J.i	This needs to address the fragility of the current GMS out of hours service	Andrew Carruthers
5.K.i	Percentage of clinical coding accuracy attained in the NHS Wales Informatics Service (NWIS) national clinical coding accuracy audit programme	Karen Miles (Huw Thomas in the interim)
5.K.i	Crude hospital mortality rate (74 years of age or less) Excludes Day cases.	Phil Kloer
5.K.i	Percentage of deaths scrutinised by an independent medical examiner	Phil Kloer
5.K.i	Percentage of patients (age 60 years and over) who presented with a hip fracture that received an orthogeriatrician assessment within 72 hours	Phil Kloer
5.K.i	Percentage of survival within 30 days of emergency admission for a hip fracture	Phil Kloer
5.K.i	Amenable mortality per 100,000 of the European standardised population	Phil Kloer
5.K.i	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death	Phil Kloer
5.K.i	National Institute for Health and Care Excellence (NICE) Royal Colleges	Phil Kloer

	Other UK and European professional bodies, for example (again by far not exhaustive) Pharmaceutical Guidance National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Public Health Wales – Interventions Not Normally Undertaken (INNU) National Safety Standards for Invasive Procedures (NatSSIPs) Public Health Guidance World Health Organisation Scottish Intercollegiate Guidelines Network (SIGN) Chief Medical Officer/Chief Nursing Officer Guidance (e.g. during pandemic) Welsh Health Circulars NHS England and NHS Improvement	
5.M.i	• LINC (re-procurement of the Laboratory Information Management System) • Antigen / Antibody Booking System • Welsh Immunisation System (utilising current Cypris platform – this is the Child Health System) • Office 365 • Welsh Community Care Information System (WCCIS) • CANSIC replacement (Cancer System) • Welsh Nursing Care Record system (WNCR) • Replacement Pharmacy system (called WellSky) • Attend Anywhere deployment • Eyecare (deployment of OpenEyes) • Once for Wales Concerns Management System • Welsh Intensive Care Information System (WICIS) • NWIS procurement of second data centre due to requirement to move out of the Blaenavon Data Centre by the 31/03/2021	Karen Miles (Huw Thomas in the interim)
5.N.i	Mid Wales	Steve Moore
5.N.i	ARCH	Phil Kloer
5.N.i	National Pathology Workforce and Education Group (PWEG)	Karen Miles (Huw Thomas in the interim)
5.N.i	Implementation of Laboratory Information Network Cymru (LINC)	Karen Miles (Huw Thomas in the interim)
5.N.i	National Imaging Programme	Andrew Carruthers
5.N.i	Lymphoedema Network Wales	Andrew Carruthers

5.N.i	National Endoscopy Programme	Andrew Carruthers
5.N.i	SARC	Andrew Carruthers
5.N.i	Mid Wales Joint Committee	Andrew Carruthers
5.N.i	Swansea Bay	Andrew Carruthers
5.N.i	Acute medicine and elective care inc. a regional service for cataracts	Andrew Carruthers
5.N.i	Sustainable dermatology services	Andrew Carruthers
5.N.i	Regional cancer opportunities	Andrew Carruthers
5.O.i	Paediatrics	Phil Kloer
5.O.i	Stroke and early supported discharge / rehab	Alison Shakeshaft
5.P.i	Develop and implement longer term model for Funded Nursing Care (FNC) rates from 2021/22	Jill Paterson

6 Sustainable use of resources

6.A.i	Implement the pathology plan as set out in Strategic Outline Case (29.3.19)	Karen Miles (Huw Thomas in the interim)
6.A.i	Implement the laundry business case	Karen Miles (Huw Thomas in the interim)