BETTER HEALTH | BETTER CARE | BETTER LIVES

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

IECHYD GWELL | GOFAL GWELL | BYWYDAU GWELL

OUR ANNUAL PLAN APPENDICES

2019/20

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Commissioning Intentions Draft v4.c

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Appendix 3 Targeted Intervention Priority Area Driver Diagrams and Performance Trajectories

DRIVER DIAGRAM HCAI PERFORMANCE

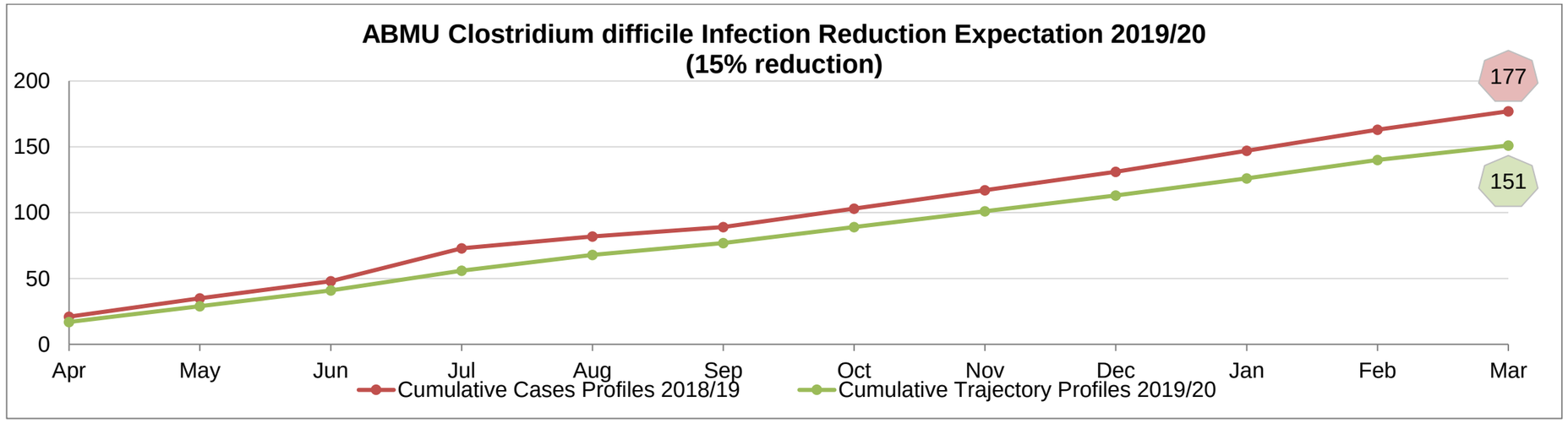
Aim
Reduce healthcare associated infections: Clostridium difficile, Staph. aureus bacteraemia, & Gram negative bacteraemia, e.g. E. coli bacteraemia

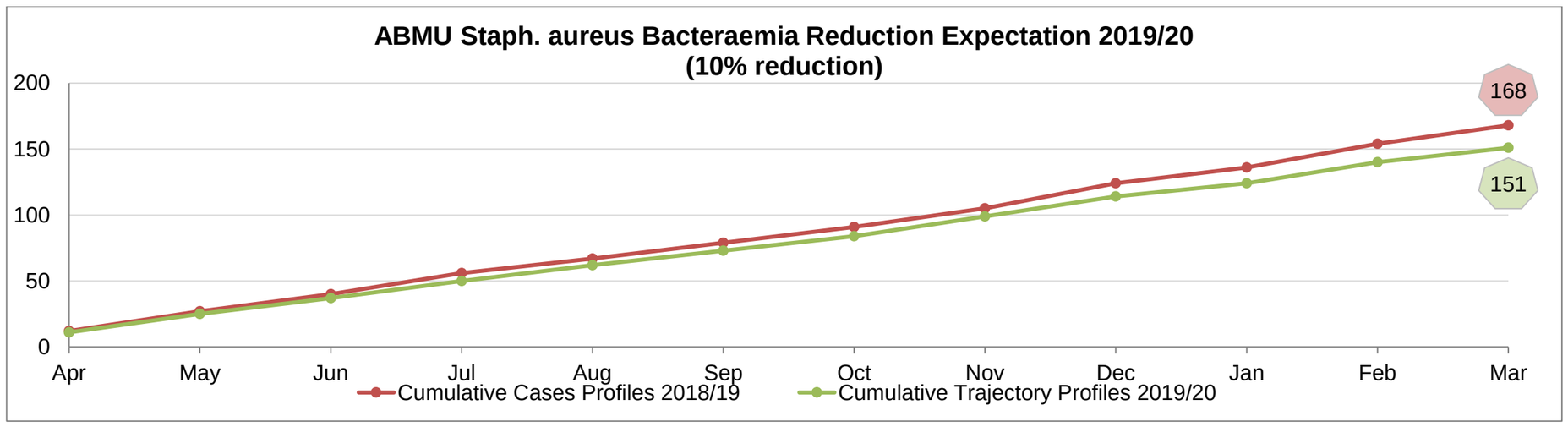
Drivers	Objectives	Measures
Prevent & Reduce *C. difficile* infection	Improve patient outcomes through: early detection; timely isolation; appropriate treatment / management effective decontamination of patient equipment and environment.	15% reduction in *C. difficile* infection (against 2017/18 profiles) 10% reduction in recurrent *C. diffi*cile cases (against 2018/19 baseline). Quarterly % improvement in samples sent to the laboratory within 24 hours of onset of symptoms. Quarterly % improvement in patients isolated within 2 hours of onset of unexplained diarrhoea. Quarterly % improvement in source bays decanted, deep cleaned and disinfected 95% compliance with hand hygiene
Prevent & Reduce *Staph. aureus* bacteraemia	Improve patient outcomes through: prevention of device related infections; MRSA Clinical Risk Assessment; accurate diagnosis; appropriate treatment	10% reduction in *Staph. aureus* bacteraemia (against 2017/18 profiles) Quarterly % improvement in ANTT competence assessed clinical staff. Quarterly % improvement in compliance with MRSA Clinical Risk Assessment against 2018/19 Q4 baseline. 95% compliance with hand hygiene
Prevent & Reduce *E. coli* bacteraemia	Improve patient outcomes through: prevention of UTI; accurate diagnosis of UTI; appropriate treatment of UTI	5% reduction in *E. coli (and other gram negative)* bacteraemia (against 2017/18 profiles) Quarterly % improvement in ANTT competence assessed clinical staff. 95% compliance with hand hygiene compliance with UTI prescribing guidelines
Improve antimicrobial stewardship (AMR)	Improve patient outcomes through: preventing infections; improving compliance with "Start Smart, Then Focus" audit & feedback of antimicrobial prescribing data.	50% reduction in Co-amoxiclav prescribing in secondary care (against 2017/18 baseline data) ≥55% total antibiotic consumption (DDD) in secondary care in WHO Access category Reduction in the proportion of antibiotics prescribed for which there are no specific Health Board antimicrobial guidelines.
Information	Improve quality of local healthcare associated infection data through ongoing support and use of ICNet electronic surveillance system, and its interface with Ward to Board Dashboards	Health Board to continue to fund use of ICNet Provision to Delivery Units of monthly data on HCAI, Informatics to scope with Public Health Wales & ICNet interface to facilitate import of HCAI data to inform Ward to Board Dashboard.

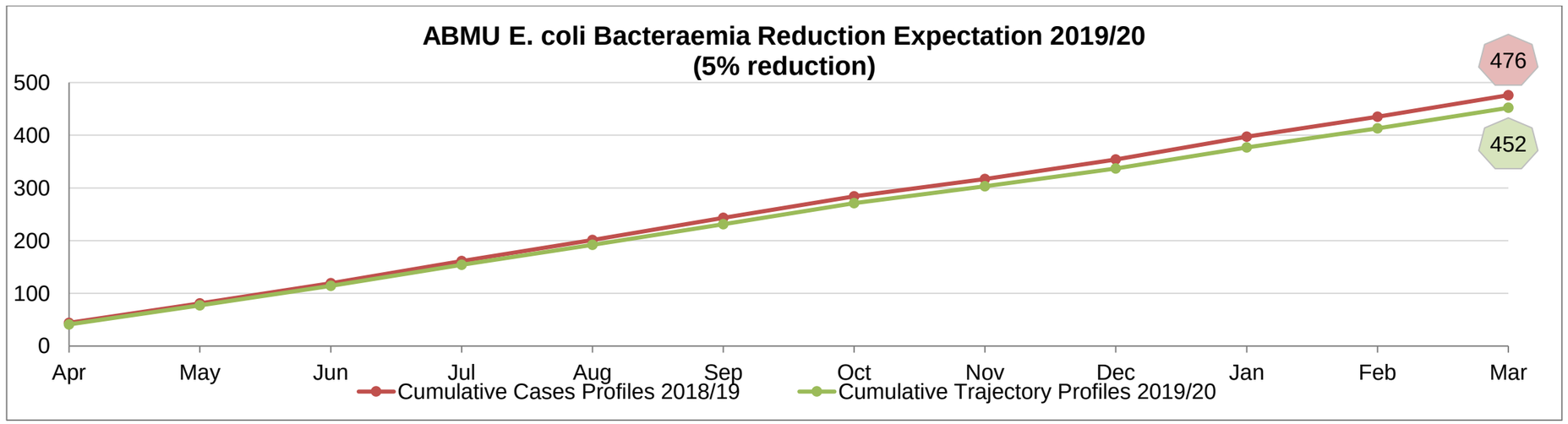
Actions

Undertake baseline audit & subsequent quarterly spot-check audit on time taken from onset of unexplained diarrhoeal symptoms to obtaining a sample, with feedback of results to Delivery Units for actioning. Undertake baseline audit & subsequent quarterly spot-check audit on time taken from obtaining diarrhoeal specimen and its receipt by the laboratory, with feedback of results to Delivery Units for actioning. Undertake baseline audit & subsequent quarterly spot-check audit on time taken from onset of unexplained diarrhoeal symptoms to isolation, with feedback of results to Delivery Units for actioning. Undertake *C. difficile* ward round on key wards once weekly (dependent on availability of Public Health Wales Consultant Microbiologist). Undertake baseline audit & subsequent quarterly spot-check audit of compliance with MRSA Clinical Risk Assessment, with feedback of results to Delivery Units for actioning.	Delivery Units to continue to ensure compliance with the number of relevant clinical staff that have been ANTT competence assessed in accordance with All Wales ANTT Policy. Delivery Units Quality Improvement Leads for Infection to lead on HCAI Improvement Programmes within each Delivery Unit. Develop specific Health Board Antimicrobial Guidelines for those antibiotic prescriptions that have been identified through bimonthly audits as not having dedicated guidelines available for prescribers. Continue to identify compliance with restricted use of Co-amoxiclav in secondary care. Develop Primary Care Antimicrobial Guidelines which support the restricted use of Co-amoxiclav. Informatics to include within their IMTP a resource to scope out the development work required to import data from ICNet to inform the Ward to Board Dashboards.

HCAIS – Performance Trajectories







DRIVER DIAGRAM UNSCHEDULED CARE

Aim
To achieve improvement in Unscheduled Care performance through a value based approach to delivering safe and sustainable care models.

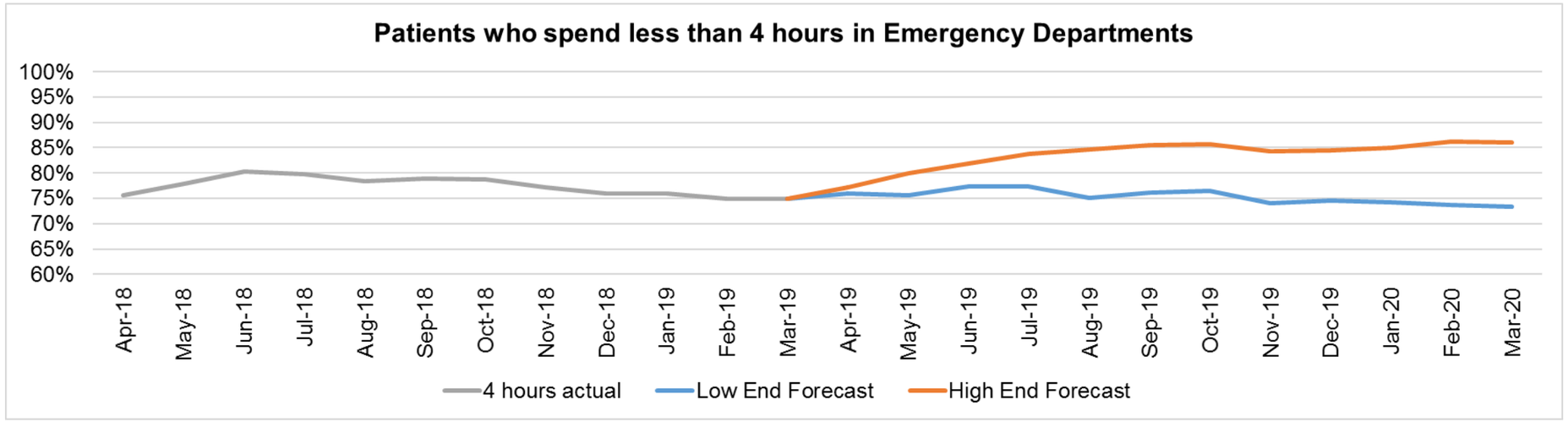
Drivers	Objectives	Measures
Living Well	Improved population health and well being	Acheivement of the NHS Wales Outcome Measures for Staying Healthy
Reduction in Unnecessary Hospital Attendance	Strengthen service models and [pathways of care that contribute to an admission reduction for the Big 5 hospital admissions in partnership with WAST	Reduction in medical admissions on March 2018 baseline Reduction in frequent attenders on March 2018 baseline Achieve target of 25% patients being seen through ambulatory care pathways
Timely Access to Urgent or Emergency Care	Continual development of service models that promote timely access to the right care professional 7 days a week e.g. acute clinical response teams, hot clinics, frailty services, 111, Primary care clusters	Achieve target of 25% patients being seen through ambulatory care pathways Reduction in admissions of patients for IVs Reduction in over 65s assessed at hospital (ACT to take from ambulance stack)
Reduce patient risk through reduction in avoidable delays and prolonged hospital stay	Implement NHS Wales Delivery Unit complex discharge audit recommendations and Right Care Right Place review recom mendations. Rebalacing medical bed capacity at Morriston.	Achievement of trajectories for NHS Wales Outcome Measures for A&E Achievement of LoS consistent with Welsh peer average Improvement on patient flow measures against 2018/19 baseline Achievement of DTOC (excluding mental health) consistent with annual plan trajectory

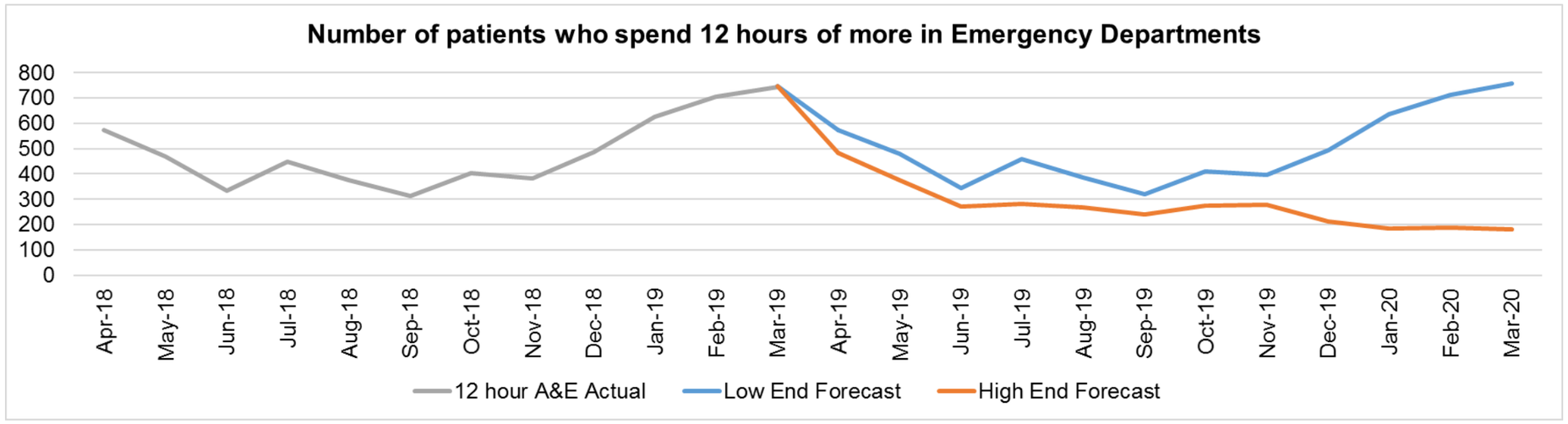
Actions

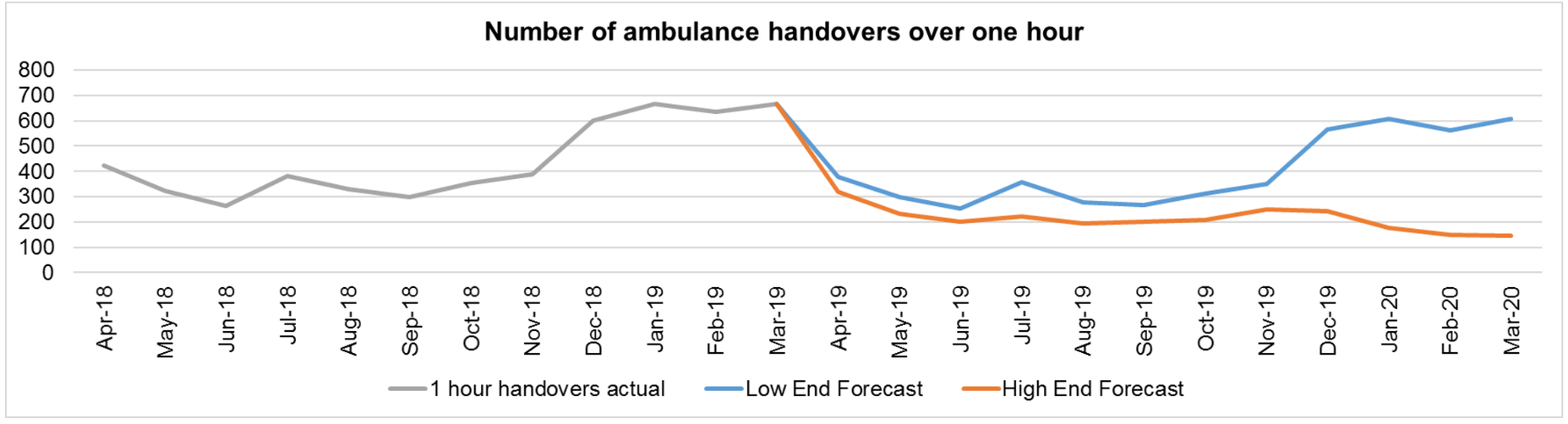
Evaluation of Care and Repair Wales pilot scheme and assessment of suitability for roll out
Recommendations of assessment of vascular, #NOF and AMAU effectiveness pathways to be implemented
Implement recommendations of assessment of ED pathways if supported in Q4 2018/19
Maximise use of Medicine Hot Clinics
Maximise use of Respiratory Hot Clinics
Maximise use of Cardiology Pathways
Maximise use of Neurology Hot Clinics and Flexible Beds
SAFER board rounds
Senior review before midday
MDT clinical management plans for each patient
Use of EDD methodology
Standardised identification of patients who are Medically Fit for Discharge
Improving assessment process for CHC
Focus on stranded patients
Use of Red2Green methodology

Improve Psychiatric Liaison service with aim of gaining RCPsych accreditation (if funding secured)
Revise the Escalation Policy and maximise use of the ‘safety huddle’ approach
Maximise use of Early Supported Discharge for COPD patients at Morriston and Singleton
Maximise use of community hospital frailty beds
Pathway Co-ordinators at Morriston (if funding agreed through Invest to Save)
Green to Go ward relocation (if funding agreed through Invest to Save)
OPAS plus to be implemented at Morriston (if funding agreed through Invest to Save)
Commence planning for the centralisation of the Acute Medical Take at Morriston by agreeing the Critical Path for change
Draft Transformation Fund Bid for Hospital2Home service to be submitted to WG for consideration including new discharge to assess and recover model, expansion in reablement at home, expansion in acute clinical teams & Single Point of Access.
Plan for the wraparound ward to be agreed.
Plan for the 2nd MRI scanner to be agreed.

Unscheduled Care – Performance Trajectories







DRIVER DIAGRAM PLANNED CARE

Aim
To deliver a sustainable service whilst providing improved performance to the overall clinical pathway with reduced waiting time / delays in individual patient treament plans

Drivers	Objectives	Measures
Reduced inappropriate referrals into secondary Care	Ensure that Patients referred into the secondary care services are appropriate and are then treated in a timely fashion	MCAS to continue seeing / triaging patients / extended service as appropriate MCAS waiting time reduction Audiology see / triarge / extended service being provided Waiting list reduction Improvement in the quality of referrals for advice / Consultation Primary Care ODTC model to be implemented
Increased outpatient clinic slots	Enable the maximised utilisation of outpatient capacity to see new patients referred into the service in a timely fashion	Appropriate referrals from MCAS / other referral routes / Audiology / Optometry Increase / Improved new to f/u ratio Reduced waiting times for patients Primary Care ODTC model to be implemented - releasing additional capacity in secondary care Implement PROMs with Orthopaedics (Hips / Knees)
Improved Theatre performance and access to beds	Ensure current available theatre and bed capacity is utilised effectively and efficiently to allow the maximum number of preocedures to be undertaken in a timely way.	Reduced Waiting times Utilisation rates increased Early starts / late Finishes reduced Bed utilisation and reduced cancellations on the day
Appropriate level of follow up care	Ensuring that patients following treatment are effectively managed	Appropriate review monitored through PROMs audits f/u levels consistent with WG Action Reporting R1, R2, and R3 Measures in ophthalmology Implement PKB within Urology PSA Services - self management roll out Sustainable services in place
Maximise use of all Health Board capacity for orthopaedics	Protect elective orthopaedic activity to improve efficiency, improve performance and reduce overall waiting times for patients needing surgery	Delivery of Clinical Services Plan aim to protect elective activity by splitting elective and non-elective surgery where possible across Health Board sites, based on complexity
Maximise West Wales Network arrangements	Agree service specification / potential Network with Hywel Dda for Dermatology and Ophthalmology services	Delivery of an agreed service specification model and in place to deliver Vacancies appointed Appropriate skill mix in place

Actions

Continue with MCAS arrangements and as appropriate extend service provision (ie Joint pain injections) - with waiting times to be maintained at 8 weeks maximum
Develop pathway referral processes and agree with Primary care
Use of e- referral / Tele dermatology for advice and support into General Practice
Introduce Audiology Pathway with referrals as appropriate directed into the Audiology Service.
Increased use of Optometry / Non Medical services to monitor and refer patients following appropriate guidlines
Reallocate f/u slots from introduction of Welsh Government priority action to new patients
Introduce Outpatient Modernisation actions
Bring on line the additional Ophthalmology Clinic space
utilise the new Ophthalmology equipment and resource staffing for virtual clinics - Reallocated f/u slots to new patients
Use of Tele dermatology
Ensure timely access to Beds
Improve Theatre efficiency and utilisation
Maximise use of all Health Board capacity and protect elective activity where possibel, base don complexity - including for orthopaedics
Continue with TNO utilisation and treatments directed to Outpatients in ENT
ENT access to Singleton theatres to utilise for routine and high activity capacityContinue with MCAS arrangements and as appropriate extend service provision (ie Joint pain injections) - with waiting times to be maintained at 8 weeks maximum
Develop pathway referral processes and agree with Primary care
Use of e- referral / Tele dermatology for advice and support into General Practice
Introduce Audiology Pathway with referrals as appropriate directed into the Audiology Service.
Increased use of Optometry / Non Medical services to monitor and refer patients following appropriate guidlines
Reallocate f/u slots from introduction of Welsh Government priority action to new patients
Introduce Outpatient Modernisation actions
Bring on line the additional Ophthalmology Clinic space

Utilise the new Ophthalmology equipment and resource staffing for virtual clinics - Reallocated f/u slots to new patients
Use of Tele dermatology
Ensure timely access to Beds
Improve Theatre efficiency and utilisation
Maximise use of all Health Board capacity and protect elective activity where possibel, base don complexity - including for orthopaedics
Continue with TNO utilisation and treatments directed to Outpatients in ENT
ENT access to Singleton theatres to utilise for routine and high activity capacity
Reallocated lost Funded theatre session in Morriston for Urology to enable return to a balanced service provision
Ensure Cataract throughput are equalised or improved upon in Ophthalmology.
Implement current agreed best practice in follow up management as agreed at the National Planned Care Board / Welsh Government priority
Implementation of NWIS systems to oversee PROMs activity and protocols in Orthopaedics
Implementation of "Open Eyes" or equivalent to oversee PROMs activity / protocols in Ophthalmology
Introduce / Embed Virtual Clinics and build into Consultant / Non Medical staff job plans.
Embed Ophthalmic Priority Measures across the Health Board.
Reallocated lost Funded theatre session in Morriston for Urology to enable return to a balanced service provision
Ensure Cataract throughput are equalised or improved upon in Ophthalmology.
Implement current agreed best practice in follow up management as agreed at the National Planned Care Board / Welsh Government priority
Implementation of NWIS systems to oversee PROMs activity and protocols in Orthopaedics
Implementation of "Open Eyes" or equivalent to oversee PROMs activity / protocols in Ophthalmology
Introduce / Embed Virtual Clinics and build into Consultant / Non Medical staff job plans.
Embed Ophthalmic Priority Measures across the Health Board.

Planned Care – Performance Trajectories

To Follow

DRIVER DIAGRAM STROKE

Aim
To improve access to care and support across the stroke pathway to deliver better patient outcomes.

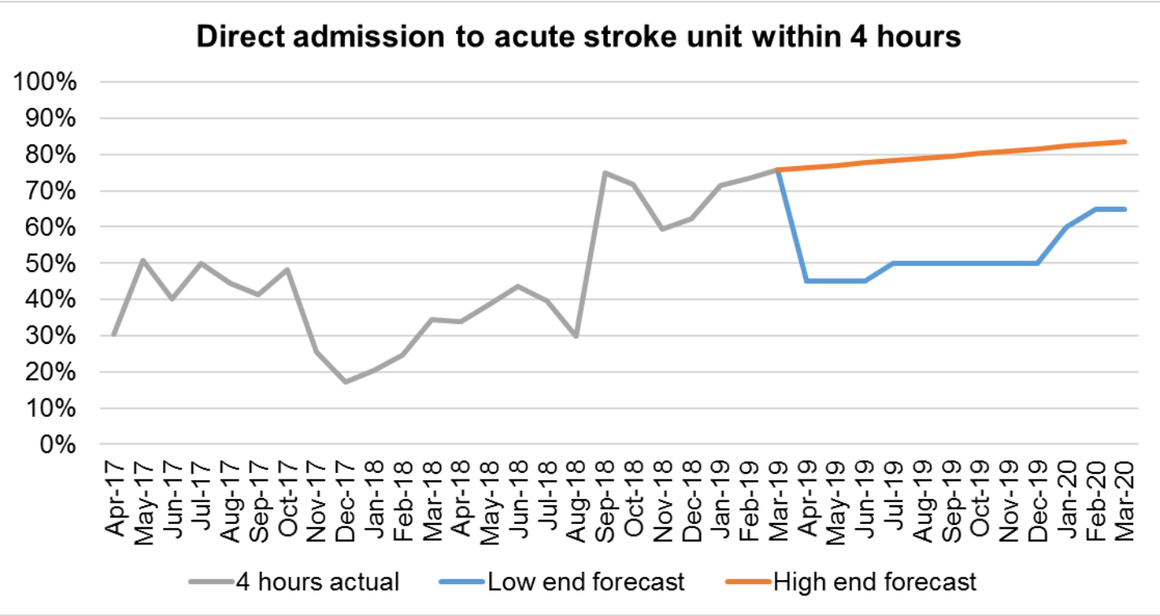
Drivers	Objectives	Measures
Living Welll and stroke prevention	Promote primary and secondary prevention through treatment and advice to manage lifestyle and provide the appropriate pre hospital interventions in conjunction with partner organisations	Prevention actions including increasing physical activity, reducing obesity, increasing health literacy and improving self-care See USC Plan for smoking cessation Increase the number of patients on anticoagulation therapy on 2018/19 baseline
The provision of FAST effective care	Provide early access to evidence based interventions, treatments and care in the most appropriate care environment	Access to TIA clinic within 2 days of referral Improve compliance with quality improvement measures and accesss to thrombolysis within 45 minutes and CT scan within 1 hour Business case agreed for HASU
The provision of rehabilitation services to aid recovery and to promote life after stroke services	Recognising and addressing the life long effects of stroke on the patient, family and carers and providing the right amount of therapy from the right therapists in the right environment that best serves the patient need	Increase the number of patients receiving early supported discharge through a community rehabilitation model. Reduction in the number of bed days associated with patients on the stroke rehabilitation pathway against 2018 baseline
End of life care	Recognising that stroke is a catastrophic and life limiting event for some individuals and ensuring that we provide the best palliative care for our patients and the best support to family and friends at this time	Increase the number of palliative stroke patients who are being managed on the end of life pathway.
Workforce Redesign	Adopt prudent health care principles within the stroke workforce model Targeted increases in the workforce to achieve to provide a consistent approach to stroke care 7 days a week.	Increase in the number of generic roles. Evidence of staff who have received stroke training awareness sessions

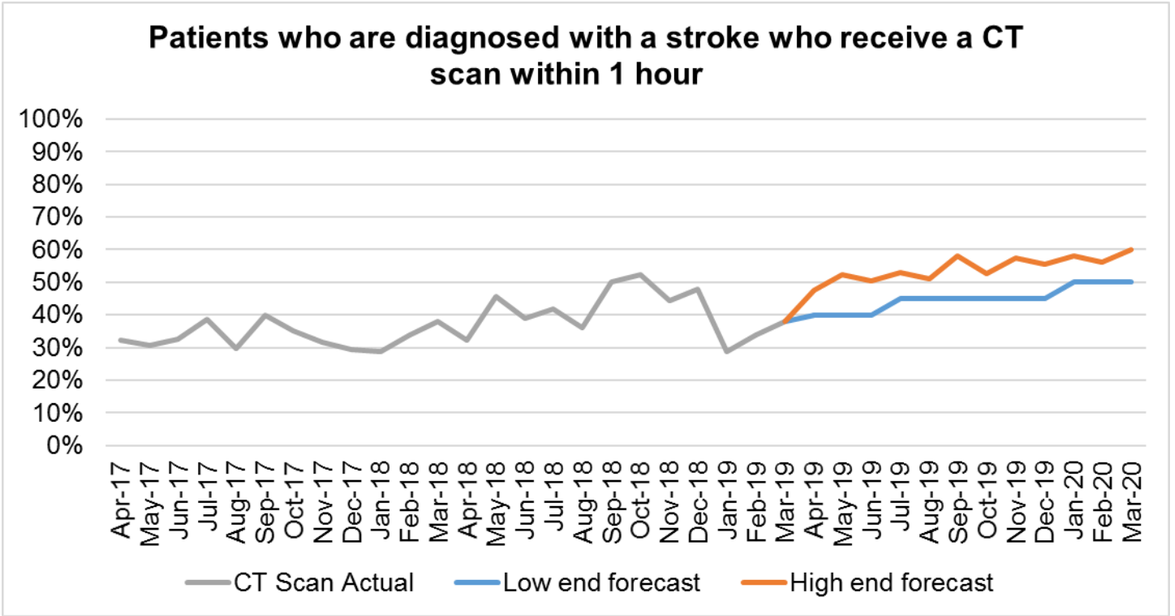
Actions

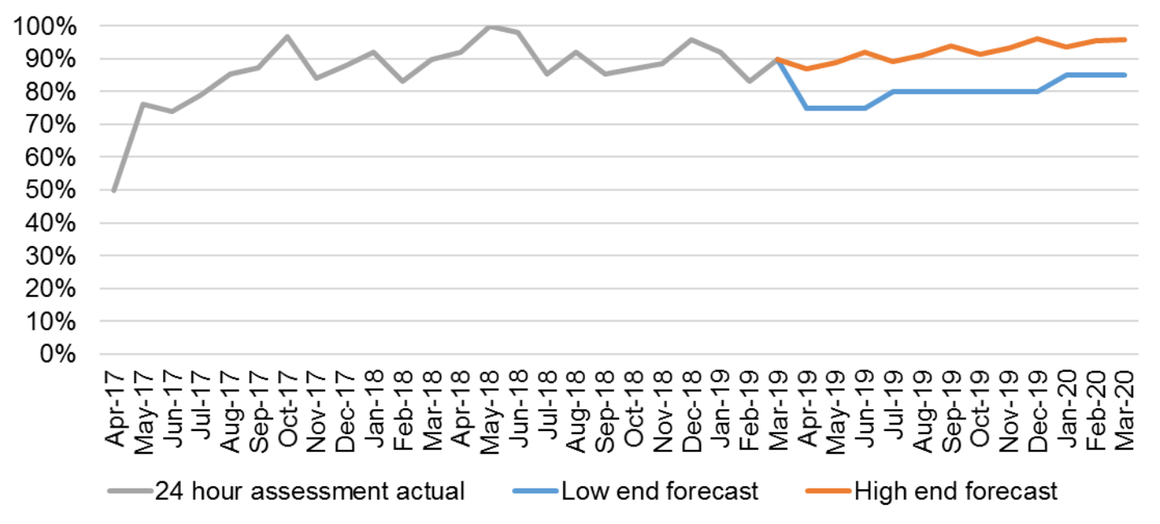
Full implementation of the anticoagulation local enhanced service
Increased uptake on smoking cessation programmes
Continuing work to improve physical activity and reduce obesity
Confirm thrombectomy pathway for ABMU residents
Promote FAST in the identification of strokes adult and children
Continue to develop TIA services
Explore the provision of Capture stroke system to support real time reporting.
Develop Joint Business case for the HASU at Morriston with Hywel Dda HB

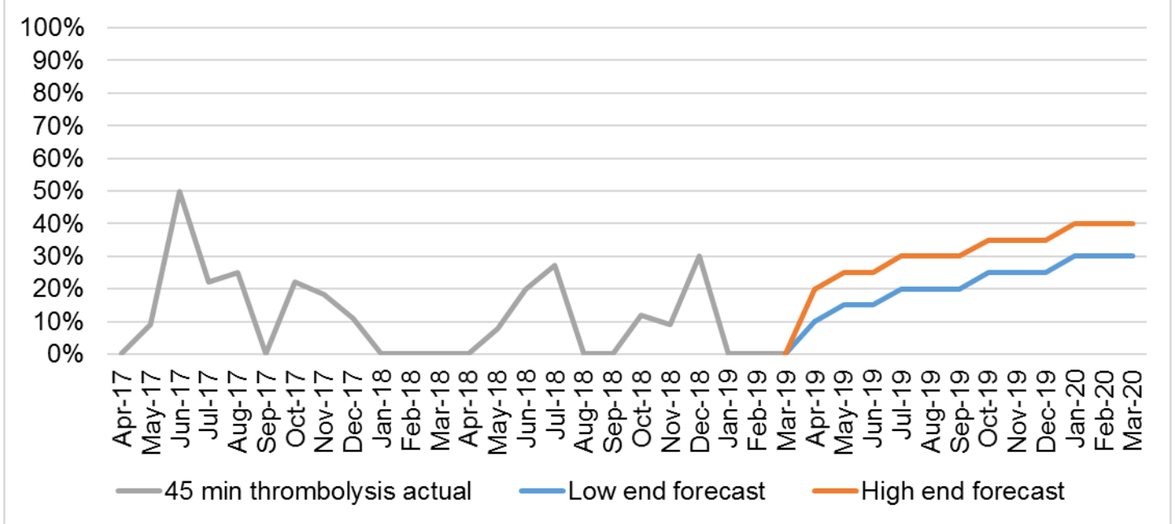
Capture patient reported outcomes
Improved access to Life after stroke clinics
Deliver the business case for an early supported stroke discharge service and use service redesign opportunities to develop an ESD service.
To ensure that all stroke palliative patients are managed in accordance with the end of life care pathway
Explore opportunities to expand targeted 7 day cover through workforce redesign.
Recruitment to medical vacancies at Morriston to support 4 hour bundle.
Continue staff training and awareness sessions of stroke pathway

Stroke – Performance Trajectories









DRIVER DIAGRAM CANCER

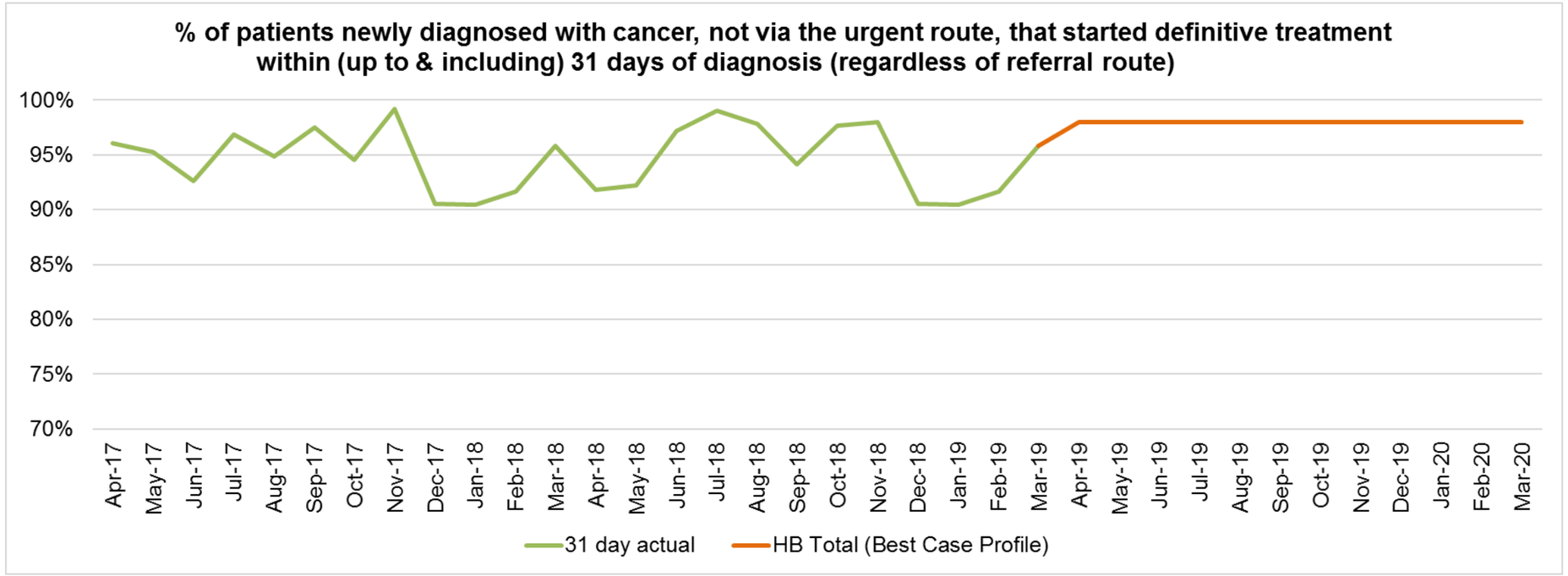
Aim
To have cancer-related health outcomes on par with equivalent populations in the UK and Europe and to receive the best evidence-based treatments at all levels delivered in a timely and appropriate manner.

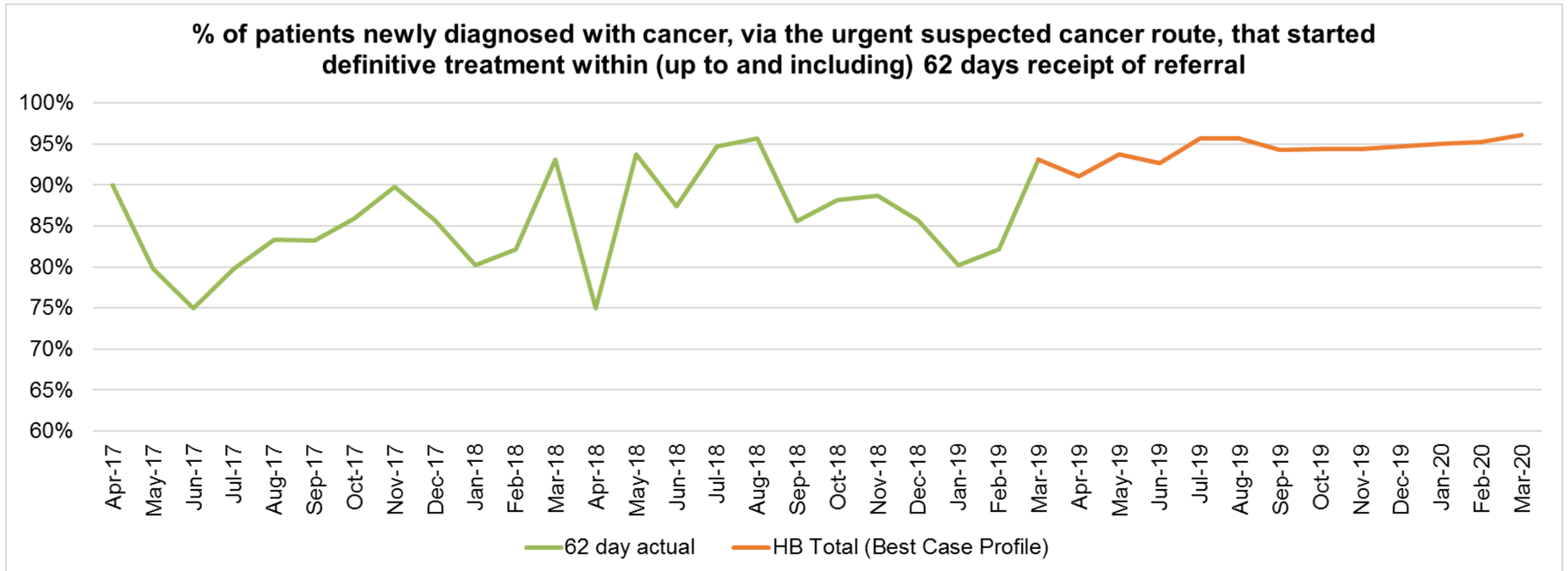
Drivers	Objectives	Measures
Prevention of cancer	Support the development of a sustainable health and care system focused on prevention and early intervention	By 2030, by working with Welsh Government and others and by involving people in our decision-making, Public Health Wales will have: delivered year on year increases in the proportion of children and young people who are smoke free and helped an increasing number of smokers to quit. Implementation of a new national obesity prevention and reduction strategy. Development of a new comprehensive programme of prevention of alcohol related harm
Detecting Cancer earlier	Improve patient outcomes through early detection - more curative, less intensive and less expensive treatments.Reduce new cancer diagnoses made in an emergency setting	Established Rapid Diagnostic Clinic Improved diagnostic capacity to achieve the diagnostic part of the pathway within time scales stipulated in the SCP(20%) Improved bowel cancer outcomes by optimisation of the bowel screening programme and the development of sustainable endoscopy services Seamless handover between primary and secondary care. Delivery and developed evidence based national population screening programmes in line with UK National Screening Committee and WG Recommendations
Delivering fast, effective treatment and care	Our patients receive prompt, effective high quality treatment and care in an equitable and sustainable service for their cancer so that they have the best chance of optimising their quality of life and improving survival, reciprocated by patients taking responsibility for lifestyle choices that positively contribute to their treatment and care	Implementation of the Single Cancer Pathway including pathway standardisation and detecting cancer early programme. Compliant with all agreed national optimal cancer pathways. Patients with Metastatic Spinal Cord Compression (MSCC) diagnosed have a whole spine MRI within 24 hours and then a surgical opinion within 6 hours Achievement of Cancer Waiting Times Targets Compliance with Peer Review Programme Robust Governance arrangements for Regional/Specialist MDT's
Meeting People's Needs	Our patients to be placed at the heart of cancer health care with their individual needs identified and met so that they feel well supported, informed and able to manage the effects of living with and after cancer.	Framework on the strategic direction of Clinical Nurse Specialists caring for patients with cancer. 100% of people diagnosed with cancer in ABMU will be allocated a Keyworker 100% of people diagnosed with cancer will be offered a Holistic Needs Assessment (HNA) and associated care plan at key times of need. This will include adopting an opt-out approach to offering Welfare Benefits Advice (WBA). 100% of people diagnosed with cancer in ABMU will have a Treatment Summary to support patients in primary care beyond their cancer treatment and recovery Established Cancer Information and Support Service
End of Life	Reduce admissions to Acute Hospitals at the end of life & supporting patients to remain in their place of residence	Increase in patients dying in their preferred place of care. Reduce admission to hospital for care in the last days of life where appropriate Outcomes measures that more accurately reflect the experience of the patient Patients have access to Bereavement care & appropriate facilities
Improving Cancer Information	Access to automated data in a useable, extractable, visual based format which tells the user the current health of the component parts of the SCP .	Demand & Capacity Vitals Charts programme used across planned stages within the SCP. Implementation of the cancer information solution to replace the CaNISC functionality and the developments to improve Tracker 7 to support the implementation of the Single Cancer Pathway
Research	Our patients affected by cancer should have equitable access to participate in clinical trials and other well designed studies, including opportunities to be involved in and engaged in research	Over the next three years increase the number of trials open to recruitment
Cancer Strategy & Leadership	A Cancer Strategy, that is clinically lead and supported by Executive Directors. Leadership and accountability for the delivery of the Cancer Delivery Plan defined.	A Cancer Strategy, that is clinically lead and supported by Executive Directors. Leadership and accountability for the delivery of the Cancer Delivery Plan defined.

Actions

Fully implement the existing Help Me Quit programme. Maximize the use of technology to develop a wider range of support options increase the proportion of smokers who are aware that quitting with NHS help provides the best chance of success and help health professionals support smokers to access the best help for them. Continued implementation of social marketing programme. To support Welsh Government to develop and implement a new national obesity prevention and reduction strategy and to implement fully the current 10 Steps to a Healthy Weight programme. Develop a new comprehensive programme of prevention of alcohol related harm The Cancer Improvement Board to support/agree the business case to secure funding to maintain and expand the RDC service. Establish Demand & Capacity planning/modelling as core business in service delivery plans. Ensure service delivery plans account for the capacity required for the introduction of a new first-line Faecal Immunochemical Test (FIT). Establish routine liaison mechanisms between primary and specialist care We will work alongside our partners to support the development of sustainable and accessible health and care systems focused on prevention and early intervention. This will include a focus on national population-based screening, reducing variation and inequality in care and harm in its delivery and supporting care moving closer to the home. Provide capacity for bespoke Stock & Flow modelling of services to establish if any capacity gaps for SCP are present within the existing service . Agreed MSCC pathway between ABMU & C&V Cancer Improvement Board to focus on immediate performance issues as well as sustainable improvement Support and Challenge Panels to continue to ensure constructive challenge; update and support to each MDT. Continue participation in the cancer peer review programme and deliver on peer review action plans Provide regional models of delivery, innovation, intergrated pathways, create economies of scale and provide more specialist treatment closer to home Clear plans to deliver compliance with the single suspected cancer pathway by June 2019 Governance arrangements for regional/specialist MDT's to be agreed and MUO's to be implemented as recommended by WCN. Finalise and implement Non surgical Cancer Strategy. On recommendations of ICHOM take value based health care approaches forward. To further develop Acute Oncology Service and plan for the sustainability of the service Develop a framework for support, development and ultimately transformation of not only Macmillan CNS posts, but for all cancer nursing posts, improving delivery on key worker, holistic needs assessments, written care plans and patient experience. Name and date of Keyworker is to be recorded electronically on a yet to be identified system. Implementation of the e-HNA across the tumour site teams in the Health Board. Encourage co-production -patients agreeing a joint set of actions aligned to their values and to achieve their personal expectations of	Provide services as locally as is feasible Ensure prompt information provision, signposting and onward referral to wider health and social care teams such as TYA service, learning difficulties and where to access welfare benefits advice. To establish a steering group within the health board to provide direction and accountability for the establishment of CISS within Singleton, Morriston and Neath Port Talbot Hospital delivery units. Establish routine liaison mechanisms between primary and specialist care to meet people's ongoing and post-treatment care needs and ensure seamless handover between primary and secondary care. To Identify processes to support the enquiry and recording of preferred place of care and preferred place of death. Identify and understand current pathways and how these may be modified to optimise patient and family support. Enhance transition from paediatric to adult specialist palliative care service Enhance Hospice at Home provision for children Work with All Wales PREMs, PROMs and Effectiveness Programme to identify All Wales solution to PROMs Identify current services involved in supporting bereavement care. Enable our experienced clinical staff to deliver an enhanced educational experience with potential links with local universities to provide the appropriate support to education around delivery of end of life care. Increase understanding of current delivery of end of live care across all care setting through audit against national and local standards Better utilising digital technology to ensure that end of life information is captured in a way that supports the delivery of better care Promote delivery of end of life care on the neonatal unit Complete first OPA queue dashboard for the SCP, embed dashboards into management process for each area. Realise live queue dashboard views for endoscopy and radiology across the health board Realise live queue dashboard views for pathology/histology part of the diagnostic pathway Assess current position of dashboard developments realised in q1-3 and fine tune existing products where required. Realise ambition of live queues for patients currently waiting for chemotherapy. Start to link up all of the component stage queues in order to model how stage level changes in one part of the system effect all other parts Agree Phase one research clinic becomes permanent Aim to increase the number of Commercial trials open Seek funding for a Research assistant to support the set up process Seek funding for a Research support worker to support clinical requirements of pharmaceutical trials Secure further funding from April 2020 to support the Radiotherapy Research Strategy Seek funding for a second research radiographer Work with Cancer Clinicians to write the Medical Oncology Research Strategy to compliment the Radiotherapy research strategy Recommendations submitted to the Executive Team to be taken forward Role of the Corporate Cancer Information Team and Health Board Cancer Lead defined and clarified

Cancer – Performance Trajectories





Appendix 4 Transformation Fund Bid for Whole System Rollout

Whole System Transformation Roll

Appendix 5 Phase 2A National Primary Care Quality and Delivery Measures

A report on our performance against the measures is included on the hyperlink below.

http://howis.wales.nhs.uk/sites3/Documents/743/3iv.%20Primary%20Care%20Measures%20Report.pdf

Appendix 6 Review of ABMUHB Primary Care Pacesetter Programme

ABMU Submission Pacesetters final 18.

Pacesetter Summary v2 draft.docx

Appendix 7 Primary Care Transformation Questionnaire

IMTP Questionnaire - Primary Care Transformation

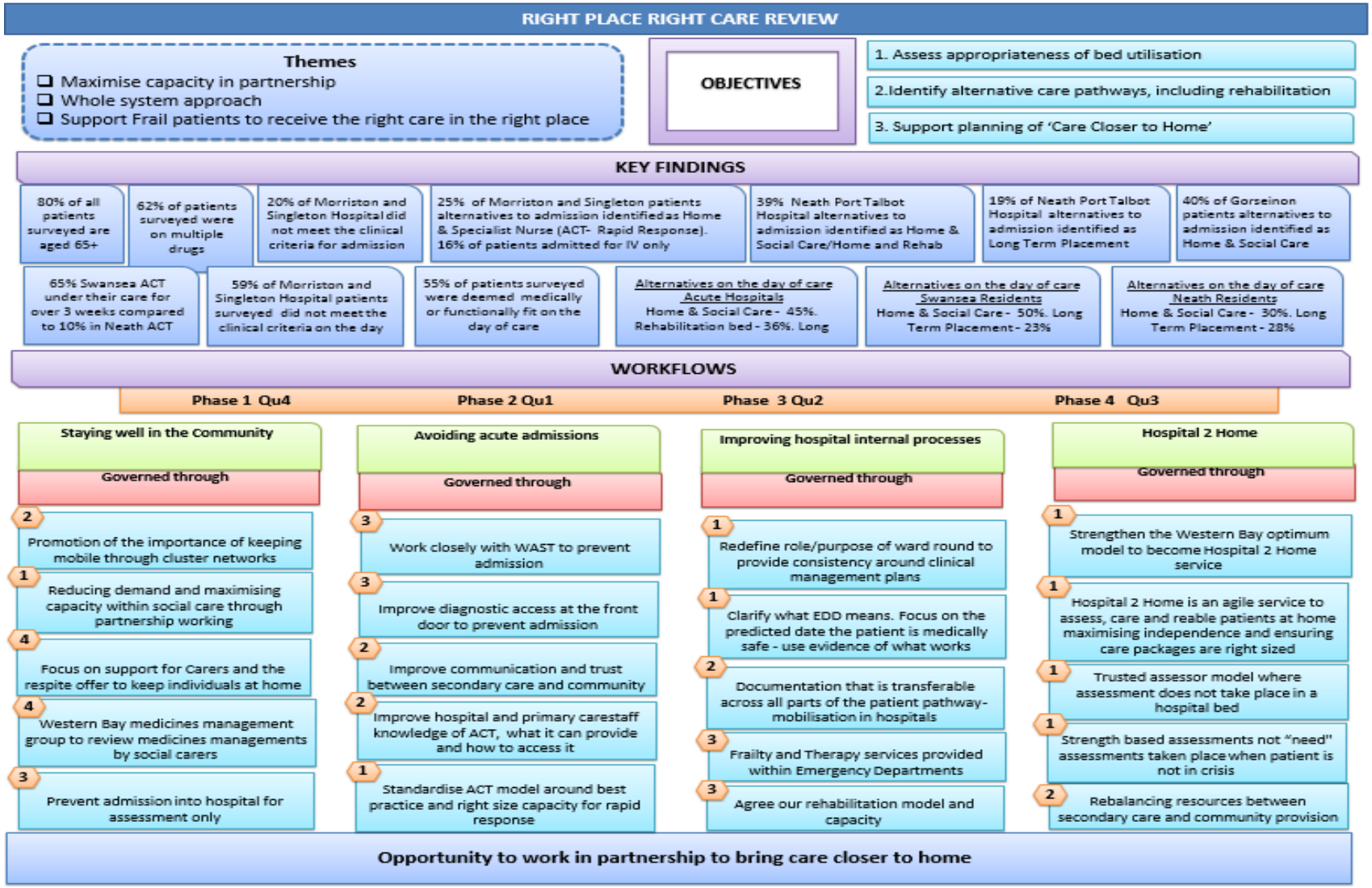
Component of PC Transformation	Evidence of Transformation	Please complete relevant column			Reflective notes
		Fully referenced (IMTP page numbers) **PAGE NUMBERS TO BE UPDATED**	Partially referenced (IMTP page numbers)	No reference in IMTP	
1. Informed Public	The IMTP evidences Cluster Communication and Engagement Strategies, with systems for public engagement and communication	31			Health Board is committed to the use of the 'So Tell Us What You Think' methodology.
2. Empowered Citizens	The IMTP highlights plans for active engagement and involvement of service users, with systems to capture user feedback	40			Co-production for individual patients and patient groups will be entrenched through people designing services as a collective, using digital technology wherever possible.
3. Support for Well-being, Disease Prevention and Self Care	The IMTP references cluster plans that promote well-being and self-care using technology, social prescribing, signposting / navigation systems for information and support	27			Our aim is to embed an ABCD approach that empowers people and neighbourhoods to co-design services to meet their needs better and to focus on developing assets within communities.
4. Community Services	The IMTP references plans for a wide range of community services, providing both clinical and non-clinical care and support, accessed through self-referral, social prescribing or clinical triage systems	59-61			Through the Western Bay Regional Partnership Board, ABMUHB has worked with partners to design and deliver an optimum model of Integrated Community Services

5. Cluster Working ***5.1 Cluster planning***	Cluster plans are integral to the IMTP, underpinned by population needs assessments. Gaps in cluster services are being actively addressed	58			Each of the 8 Clusters have undertaken assessments of needs within their geographical area and have produced Cluster Plans that they intend to implement to achieve the better health and wellbeing for the individuals and communities within its area.
5.2 Integration	Integration and partnership working are actively promoted within the IMTP, with examples of new services that evidence integration of health and care agencies	26-27			Western Bay Neighbourhood Approach evidenced throughout the plan with examples of new services that evidence integration of health and care agencies.
5.3 Sustainability	The IMTP describes planned improvements in the organisation and function of Primary Care Support Units, particularly in relation to the short-term sustainability of GP practices				
	The IMTP reflects the central role of workforce planning to develop capacity / capability across primary and community care, ensuring medium- to long-term sustainability of primary care clusters	61 144- 153			Within the Health Board's Primary and Community Strategy 2017-2022, workforce redesign is a key driver to support service redesign. The strategy seeks to blur traditional healthcare professional boundaries, with the development of new and innovative roles for health and social care professionals working alongside GPs. This will create more capacity in the community; provide continuity and timely access to care closer to home
5.4 Cluster development	The IMTP supports cluster development and functioning through appropriate cluster governance arrangements and support for MDT professional development	61 144- 153			As above
5.5 Evaluation	The IMTP makes a commitment to improve access to information and health intelligence for cluster teams, enabling evaluation of cluster progress, innovation, quality and safety of their services	156-158			Evidenced throughout the Digitally Enabled Care chapter.

5.6 MDT working	The IMTP promotes the transformation of primary care through real increases in workforce capacity and capability across all clusters, improving access to services through integrated multi- professional teams	61 144- 153			Within the Health Board's Primary and Community Strategy 2017-2022, workforce redesign is a key driver to support service redesign
6. Call-handling, Signposting, Clinical Triage / Telephone First Systems	The IMTP highlights the importance of safe and effective triage processes within clusters, directing people to the appropriate professional and service and outlines plans to support practices to consider new ways of telephone access	60			Professionals have access to a several online signposting tools including 111 Directory of Service, DEWIS and **Infoengine**.
7. 111 and Out-of-Hours Care	The IMTP plans for systems-level integration of in- and out-of-hours services to ensure continuity of care, with standards applied	59-60			
	The IMTP promotes the delivery of OOH services by multi-professional teams, using standardised pathways for common issues	59-60			
8. Shifting Resource	The IMTP references plans to actively move services / resources out of hospitals into the community, underpinned by financial systems that locate resources where service users need them	58-61 85 100			Evidenced in a number of the service plans including; • Mental Health • Planned Care • Children and Young People
9. Complex Care in the Community	Reference is made to developing Clinical Outreach Services for people needing specialist / complex care in the community, delivered by multi-	100-101			Specific reference made for Mental Health and Learning Disabilities

	professional teams with access to community diagnostic services				
10. Infrastructure to support Transformation	The IMTP sets out plans to invest in a sound primary care and community infrastructure to support transformation: cluster IT systems & new technologies; estates and facilities, community diagnostic services	61 156-158			
11. Further comments the Health Board wishes to be noted in the IMTP Review:					

Appendix 8 Right Care Right Place Review Plan on a Page



Appendix 9 EASC and NUSC Tables and Winter Plan Evaluation


NUSC v1 EASC ABMUHB March sub


FINAL EASC v2 Commissioning Tem


Winter Pressures MASTER FINAL 22.1.

Appendix 10 Regional and National Planning Arrangements

1.0 South West Wales Region including ARCH and Swansea City Deal

Our plans to improve the health and wellbeing of our population and through our joint regional planning and delivery mechanisms with Hywel Dda University Health Board, and Swansea University (through ARCH) are laid out in detail in the document embedded below.

Regional Narrative
HD ABMU ARCH v7 E

2.0 South-East Wales Region and Cardiff and Vale University Health Board

We are also a member of the Regional Planning and Delivery Forum in South East Wales. The structures are different in South East Wales with an overarching regional planning forum receiving reports from specialty/service specific groups. We are members of following groups and contribute fully to these discussions and plans:

- Concluding implementation of the outcome of the South Wales Programme;
- Ophthalmology;
- Orthopaedics;
- Diagnostics; and
- ENT service redesign.

Implementation of the South Wales Programme
As part of the implementation of the recommendations from South Wales Programme ABMUHB has been working with Cwm Taf and Cardiff Vale University Health Boards to plan together the future flows of paediatrics, obstetrics and neonatal services. Our responsibilities in this arena will change significantly after the Bridgend transfer although we will still be involved to manage any pathway effects of change in the Bridgend region into obstetric and neonatal services at Singleton hospital.

Joint Work with Cardiff and Vale University Health Board
As well as the formal work through the South East Wales Regional Forum, NHS Wales Collaborative and WHSSC, the Health Board is engaged with Cardiff and Vale University Health Board around a range of specialised or fragile services to explore opportunities for joint working and improving sustainability.

3.0 Welsh Health Specialised Services Committee (WHSSC)

3.1 Overview

The Health Board continues to work closely with The Welsh Health Specialised Service's Committee (WHSSC) in the development of its Integrated Commissioning Plan (ICP) and acknowledges the importance of aligning our Annual Plan with the ICP.

The 2019-22 ICP has been developed in the context of more patients requiring specialised services due to an ageing population and advances in medical technology within what remains a challenging financial environment .In response WHSSC have adopted the approach of increasing engagement and co-production with patients, clinicians and the public, ensuring that its plan meets the requirements of the prudent healthcare agenda whilst driving the development of patient pathways and services.

The development of the ICP has been underpinned by an extensive programme of baseline review, horizon assessment, risk assessment and prioritisation that was concluded in December 2018.

3.2 Financial Impact

The agreement of a balanced financial plan has been a challenging process but ABMUHB has adopted a considered approach to prioritisation across specialist commissioned and locally delivered services and consequently agreed to fund its share of the WHSSC ICP as detailed below:

	Abertawe Bro Morgannwg UHB £m
2019/20 Opening Allocation (inc. Perinatal allocatio	**72.746**
Topsliced: Genetics Test Directory	0.290
2019/20 Opening Baseline	**73.036**
M8 18/19 - Forecast Performance	(0.548)
Reinstate Non Recurrent Writebacks	1.295
Adjustments for Non Recurrent Performance	0.386
Full Year Effect of Prior Year Investments	0.356
New Cost Pressures / RTT / Growth in IPC	0.805
Mandated High Cost drugs	0.154
Mandated ATMP	0.544
VBC workstreams	(0.403)
Underlying Deficit & Growth	**2.589**
CIAG Schemes	0.546
Strategic Specialist Priorities	0.089
New Commissioned Services	0.150
NHS England tariff uplift (inc. pay)	**0.087**
NHS Wales 2% provider inflation	**1.100**
NHS Wales 1% Healthier Wales uplift	**0.000**
2019/20 WHSSC Additional Requirement	**4.561**
HB Previously Stated Provisions	**4.455**
New Provision	**4.561**
Current Gap for IMTPs	(0.000)

The net pressure of for £4.56 represents an uplift of 6.2% on the baseline.

The magnitude of the uplift is explained by the inclusion of a number of exceptional step up costs:

- The introduction of new advanced therapeutic medical products
- The inclusion of strategic priority investments in Cystic Fibrosis and Neonatal transport
- The expansion of WHSSC's commissioning portfolio to include Thrombectomy.

Other developments have been subject to a prioritisation process undertaken by the Clinical Impact Assessment Group (CIAG) incorporating independent Health Board medical representatives and WHSSC Management Group Members. CIAG has assessed, and prioritised:

- New Clinical Interventions identified through horizon scanning and brought forward by a Prioritisation Panel;

- Schemes prioritised but not funded during 2017/18; and,
- New schemes identified by commissioners and providers.

The schemes that have been funded through the ICP are as follows:

High Priorities (Over 20 Score)

CIAG Mean Score	Clinical Impact Schemes score > 20	ABM UHB SHARE
23.38	PET new indications	0.037
22.07	TAVI	0.124
22.00	AAC	-
21.99	BCU P&M - wheelchairs	0.050
21.70	Paeds Endocrine	0.064
21.62	BCU ALAS - war veterans	-
21.54	Cleft lip and palate	0.045
21.31	Paeds Rheumatology	0.036
20.70	Genetic test directory (Funded by WG))	-
20.08	BAHA & Cochlears replacement & maintena	0.045
	Total	**0.400**

Medium Priorities (>19.5<20 Score)

CIAG Mean Score	Clinical Impact Schemes score < 20	ABM UHB SHARE
19.93	Neuro-oncology	0.014
19.92	Adult Congenital Heart Disease	0.054
19.77	Paeds MRI	0.011
19.54	Neuro rehabilitation	0.016
19.53	IBD project trials saving + service model	0.050
	Total	**0.146**

The plan only includes High and Medium priority schemes. A further tranche of schemes was categorised as low priority and their financial impact not included in the plan:

	Table 9c - Lower Priorities NOT FUNDED	ABM Share
19.47	Paeds Ketogenic Diet	0.009
19.33	Micro Processor Knees	0.043
19.00	Anakinra	0.050
18.46	Inherited Metabolic Disease	0.007
17.31	Neuro Endocrine Tumours	0.054
15.45	LVA	0.007
	Total	**0.171**

The consequences of not progressing these schemes will continue to be monitored through the WHSSC Risk Management framework.

3.3 Affordability and Risk
The agreement of the plan was underpinned by a number of key assumptions:

- Current level of Cardiology growth levels off
- Current Cardiac Surgery Underperformance is not made good.
- The development of perinatal Mental Health Services will be funded from Mental Health Funding not yet allocated to Health Boards
- Health Boards will be able to access funds held centrally for the provision of AAC equipment.
- Health Boards will be able to access centrally held critical care funding to cover AICU growth pressures included in the plan.
- HRG4+ and CQUIN risk is outside of the plan at this point pending further Welsh Government consideration of the final position on these matters.
- There is no requirement for commissioners to fund the revenue consequences of the Major Trauma Centre during 2019/20.

All of these assumptions carry varying levels of risk which will require close monitoring as the year progresses.

3.4 Provider Perspective
Included in the funded CIAG priorities are key ABMUHB provider developments:

TAVI - Funding to accommodate activity levels appropriate for the revised WHSSC commissioning polices and resource to establish the service on a sustainable basis.
Cleft Lip and Palate - Funding sustain robust MDT arrangements and develop the service for non-cleft Velopharyngeal dysfunction (VPD)
IBD Service Model - Funding made available to address a number of deficiencies in Haemophilia service provision across Wales.

In addition ABMUHB will be engaging with Cardiff & Vale UHBin the development of network arrangements facilitated by additional funding for:

- Paediatric Endocrinology
- Paediatric Rheumatology
- Adult CHD.

3.5 Whole Pathway Working

The development of Value-based whole pathway working underpins the both the ABMUHB Annual Plan and WHSSC's ICP and it is important that a coordinated approach is adopted for those pathways partly commissioned by WHSSC. A particular priority will be to ensure that the local Diagnostic and Rehabilitation pathways are in place to support the commissioning of Thrombectomy.

ABMUHB will be seeking to engage with the value based project being developed by WHSSC in partnership with Welsh Government's value based healthcare team and the Value Based Procurement Team in Shared Services on the pathway of stroke care and aortic stenosis / heart valve disease the key components of which will be:

- Analysis of variation
- The range of products and differential cost
- The variety of processes across services and opportunities for improvement
- The measurement of patient outcomes including clinical outcomes and patient reported outcomes.

4.0 Emergency Ambulance Services Committee (EASC) and National Programme of Unscheduled Care (NPUC)

4.1 EASC

EASC as a Joint Committee of the Health Boards is responsible for the commissioning of the following services:

- Emergency Medical Services (EMS)
- Non-Emergency Patient Transport Services (NEPTS)
- Emergency Medical Retrieval and Transport Services (EMRTS)

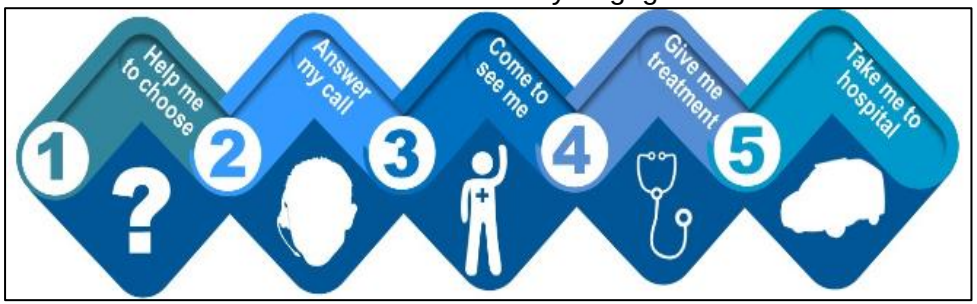
Quality and Delivery Frameworks

EASC sponsors the use of CAREMORE®as its collaborative commissioning method focusing on **C**are Standards, **A**ctivity, **R**esources **E**nvelope, **M**odel of care, **O**perational arrangements, **R**eview of performance and **E**valuation. This establishes Quality and Delivery Frameworks via the National Collaborative Commissioning Unit (NCCU) on behalf of EASC to detail what does good look like (commissioning);how assurance is given for 'what is required' (quality); and how the 'what is required' will be achieved (delivery). These Quality and Delivery Frameworks enable the philosophy of Prudent Healthcare and its associated values to be applied.

Commissioning Intentions
The NCCU on behalf of EASC develops Commissioning Intentions for EMS and NEPTS. The Commissioning Intentions are set of high level expectations from which there are specific requirements for WAST to:

- work with the NCCU to update the Framework Agreement;
- improve performance; and,
- jointly improve performance in collaboration with Health Boards.

The process for Alignment of EASC Commissioning Intentions has been detailed to NHS Wales' organisations and to the EASC meeting in November 2018. The Health Board is fully engaged with the work of EASC and our Unscheduled Care Service Improvement Plan has been developed in alignment with the EASC 5-Step Pathway (below). We have taken into account the EMS Commissioning Intentions and have worked with WAST colleagues to complete the monitoring Tables 2 and 3 for the WAST joint initiatives and national unscheduled care priorities initiatives that we are intending to develop and continue in 2019/20. Our unscheduled care plan describes in detail the work that we will be continuing to improve our prudent conveyances system to improve the quality of care for patients and reduce demand across the unscheduled care system.



The EASC and NPUC Tables are embedded in Appendix 9.

4.2 NPUC

Alongside its support to EASC for IMTPs as described above, the NCCU undertakes complimentary work for the NPUC. This includes the requesting and collating of service change initiatives from home to Emergency Departments which the Health Board is considering commissioning in support of improving the local Urgent and Emergency Care system. ABMUHB service change initiatives are detailed in the standardised national form known as Urgent & Emergency Care: service change initiatives (Table 3).

The Urgent & Emergency Care: service change initiatives (Table 3), is the same as the table included within the Allocation of Additional Winter Delivery Funding 2018/19 issued on 8 November 2018 by the Welsh Government. As stated in the letter this supports an understanding of the impact of local actions; enables the sharing of lessons and good practice following the winter period, and a consistent approach for evaluation. In order to ensure initiatives are shared, evaluated and learnt from on a national basis the Health Board's Table 3 and Additional Winter Delivery Funding 2018/19 Evaluation Table is included within the EASC IMTP and will also be reported to the NPUC Board.

Development Process 2019/20

EASC itself, its sub groups and the NPUC have supported the development of Commissioning Intentions and their alignment with IMTPs 2019/20 and the summarised position across each EASC commissioned service area is provided below.

4.3 EMS

- Inflationary uplifts for 18/19 and 19/20 pay awards and other planned uplifts for growth and healthy Wales plan – in accordance with Welsh Government assumptions provided to Health Boards.
- Adjustments for any non-recurrent items brought forward from 2018/19 and those known for 2019/20.
- Potential National pay issues for holiday pay on overtime and the impact of the pension discount rate change with the assumption that funding with flow through EASC from Welsh Government.
- Continued funding flow for pre 2018/19 initiatives to continue eg Band 6 Paramedics.
- Health Boards to make provision for recurrent effect 2019/20 of part year 2018/19 Welsh Government funded initiatives for (1) APPs and (2) Clinicians in Control; with (3) Falls having the ability to be funded on a non-recurrent basis at the discretion of each individual Health Board. *ABMUHB has agreed, based on the evaluation shared with the Health Board to fund a Joint Falls Response Vehicle a result of (3).*
- Health Boards to review the 60 joint WAST & Health Board performance improvement service changes which are at various stages of development (as at Nov. 2018) against the key joint performance improvements of: (i) HCPs; (ii) alternative to ED locations; (iii) referrals to alternative pathways following 'hear & treat' & 'see & treat', (iv) notification to handover delays, (v) use of '111' / NHS Direct – and identify those to be progressed, stopped, added. This aligns with the Amber Review finding re *NHS Services must improve and simplify their offering of alternative services*; plus WAST must ensure benefits across their service offerings are clear.

The EMS Joint Performance Improvements for the Health Board (Table 2) has been included within the EASC IMTP and for ease of reference is embedded in Appendix 9.

The financial commitment to EASC in respect of EMS services included in the ABMU IMTP is summarised as:

WAST	Abertawe Bro Morgannwg UHB £m
18/19 Commissioned Services baseline (WAST)	**20.983**
Adjust for Bridgend Boundary Transfer	(5.687)
Restate non recurrent adjustments: ESMCP (19/20 impact)	0.003
19/20 Opening WAST Commissioned Services baseline	**15.300**
2% Discretionary Uplift	0.305
18/19 & 19/20 Pay Award Through Commissioners	0.344
Agreed Developments:	
Clinical Desk Enhancements (full year impact of 18/19 development)	0.085
APP (full year impact of 18/19 development)	0.120
19/20 ARRP Adjustment	(0.017)
19/20 Additional Investment WAST	**0.837**
19/20 WAST Requirement through EASC	**16.137**

- Inflationary and Pay award funding will be passed on in compliance with the national framework.
- Clinical Desk Enhancement and APP developments funded in the winter of 2018/19 will be funded recurrently.
- A further development relating to the provision of a Falls Vehicle will be funded pending a cost benefit review of the 2018/19 pilot
- Further discussions will be held in respect of the application of the 1% Healthier Wales allocation.

The total financial value above contributes to the total financial sum available to EASC for EMS. Payment is made via WHSSC to WAST.

4.4 NEPTS

We are a member of the Non-Emergency Patient Transport Service (NEPTS) Delivery Assurance Group (DAG) and have an ongoing commitment to participate. We fully support the funding mechanism that have been agreed through the DAG. We recognise the new Commissioning Model which has been led by EASC and the expectation that there will be a mixed economy, with ABMUHB services transferring to the new model in during 2019. Detailed service changes which could impact upon NEPTS will be discussed with service provider and commissioners as required as part of change management. We also commit to working with WAST colleagues and the NCCU during

2019/20 to identify measures across the respective EMS and NEPTS pathways which are important for the populations served in order to improve services and pathways.

The NEPTS Joint Performance Improvements for the Health Board (Table 2) has been included within the EASC IMTP and in Appendix 9.

The financial consequences and timing of the transfer of commissioning responsibility are still subject to confirmation.

4.5 Emergency Medical Retrieval and Transfer Service (EMRTS)

Following the request from the Chief Executive, NHS Wales to explore the options and opportunities to extend the EMRTS in order to advise the Cabinet Secretary, a Service Expansion Review document has been prepared with the EMRTS Delivery Assurance Group (DAG). Since the Welsh Government Gateway Review in May 2017 there have been many discussions at EMRTS DAG meetings where Health Board representatives have had the opportunity to confirm the key challenges for their organisations. During these discussions, a number of national and regional programmes have been identified that have implications for EMRTS and for completeness these have been included in the service review. The principle of the review has been to establish a case for change based on a set of key strategic drivers underpinned by the analysis of current unmet demand over the 24 hour period. Following a robust process, a preferred option has been identified that will include:

- **2000-0800: Consultant and CCP at Caernarfon airport** with a Rapid Response Vehicle
- **2000-0800: Consultant and CCP at a South Wales base** with a Rapid Response Vehicle
- **Double Pilot crew and aircraft available at the South Wales base** to support the population of Wales and ensuring equality of service
- **Consultant, CCP and RRV operating 1400-0200** along the M4 corridor to meet the main peak of unmet demand
- **Extension of operating hours of Air Support Desk to cover whole 24 hour period**

It should be noted that the above will be additional to the existing 12 hour (0800-2000) service currently provided across 3 bases. The above will be implemented in a phased approach with an indicative timescale of 12 months per operational rota. All regions of Wales will benefit from each implementation phase and the 3 operational rotas included within the preferred option demonstrate a commitment to ensuring equity for the population of Wales, in line with the key investment objectives. The Health Board has committed, through EASC to support the expansion of EMRTS, on a part-year basis in 2019/20. The financial consequences of the above for EMRTS are as follows:

EMRTS	Abertawe Bro Morgannwg UHB £m
18/19 Commissioned Services baseline (EMRTS)	**0.583**
Adjust for Bridgend Boundary Transfer	(0.159)
Restate non recurrent adjustments: ABM inflation transfer	0.007
19/20 Opening EMRTS Commissioned Services baseline	**0.431**
2% Discretionary Uplift	0.009
EMRTS expansion plan	0.018
19/20 Additional Investment EMRTS	**0.027**
19/20 EMRTS Requirement through EASC	**0.457**

The total financial value above contributes to the financial sum available to EASC for EMRTS. Payment is made via WHSSC to ABMUHB as the host body of EMRTS.

Our financial plan for 2019/20 supports the agreements reached at the PDEG meeting on 15th January including continuing funding for the additional Advanced Practice Paramedics, the clinical desk enhancements and, in 2019/20 the agreed part-year effect of the EMRTS expansion. We have also committed to funding a Joint Falls Response Vehicle based on the positive evaluation of the service which was put in place during the winter of 2018.

5.0 NHS Wales Collaborative

The NHS Wales Collaborative undertakes planning for national and regional services which are not directly commissioned by WHSSC. Many of these services directly impact on our population and these are described in this section.

Major Trauma - **Wales Trauma Network -** The Health Board is the lead for developing the Major Trauma Network and will also host a Large Trauma Unit at Morriston Hospital. The Cabinet Secretary for Health and Social Services has agreed to provide funding for the programme management costs and this includes programme management support in ABMUHB for the development of the Major Trauma Network. Following the development of a detailed working plan, the Network Board has agreed the indicative timeline for the establishment of the Trauma Network by April 2020. It should be noted that this indicative timeline is ambitious, with a number of assumptions and dependencies, and subject to a critical path of activities.

WHSSC will lead the commissioning of the new arrangements and a regional implementation plan is being developed. The Morriston team will continue to work closely with UHW to agree how our role as trauma unit with specialised services can support the major trauma centre in Cardiff. This will include detail pathways being agreed for; plastic surgery and spinal surgery in support of trauma cases.

Sexual Assault Referral Centres (SARCs) - A review of SARC arrangements across mid and South Wales was undertaken in 2016 and a hub and spoke model was initially agreed including the provision of a hub for both adult and children's services in Swansea. Since this time the paediatric support for the children's provision in Gwent and the ABMUHB area has proved unsustainable due to retirements. The board is currently working to implement an interim service whereby children's SARC assessments are carried out in Cardiff for the whole of South Wales. Adult SARC services continue to be provided form the existing hub in Swansea however this site is proving increasingly unsuitable. Capital funding has been obtained from Welsh Government from the VAWDASV grant fund and Western Bay ICF funding to purchase a standalone building which will be refurbished specifically for this client group.

Upper Gastro-Intestinal (GI) Surgery Review - A review of Upper GI surgery in South Wales was completed in September 2017 and the recommendations have been considered by the Collaborative and the Cancer Implementation Group. A dedicated implementation group for the prioritised recommendations of the review is being established. Upper GI surgery is undertaken within the Health Board as well as supporting services and MDTs. This shape of the Upper GI services across South Wales may change on a networked basis as a result of the group's work and the Health Board will be fully engaged on a clinical and corporate level.

Adult Thoracic Surgery Review - A review of thoracic surgery has also been completed and the Health Board is working to implement the recommendations at Morriston Hospital. Consultation on the outcome of the review of thoracic surgery has also been completed. This concluded that the surgical part of the pathway should in future be delivered only at Morriston hospital for South Wales. Morriston is working with UHW and other Health Boards across South Wales to ensure that the new service can be implemented in a timely fashion.

Other Areas - The Health Board is also engaged on the other planning work being undertaken by the NHS Wales Collaborative including regional work around pathology and immunology.

6.0 Velindre NHS Trust

Velindre NHS Trust provide two core services, non-surgical tertiary oncology and blood and transplantation services which are commissioned by the Health Board to meet the needs of our population. The flows from our Health Board area will decrease with the Bridgend transfer although we will still be a commissioner through WHSSC or directly of some regional services. Our commissioning relationship continues to mature and we will continue to align our plans and service priorities to enable us to meet the future needs of the people we serve. ABMUHB will meet national inflation and pay award commitments in line with All Wales agreements and engage in discussion around the application of Healthier Wales funding.

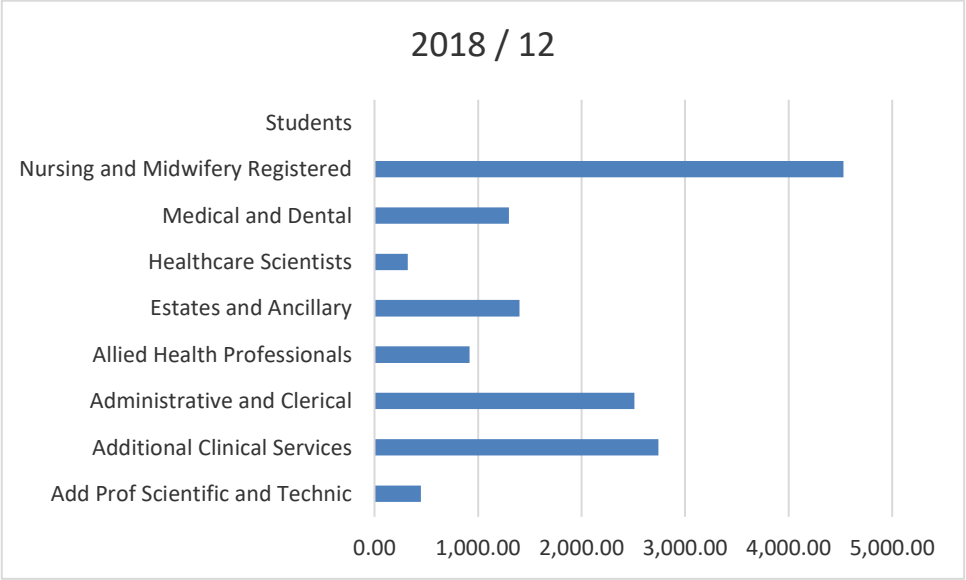
7.0 NHS Wales Shared Services Partnership (NWSSP)

NHS Wales Shared Services Partnership services are critical enablers to service change across Wales. When models of care change within the Health Board this has an impact on our recruitment, procurement and estates infrastructure. NWSSP can also provide valuable intelligence to organisations highlighting areas through procurement that they can make non-pay savings through reducing inappropriate variation. We will continue to work with colleagues in NWSSP to improve recruitment, procurement and best practice in use of our estates infrastructure.

Appendix 11 Workforce Profiles

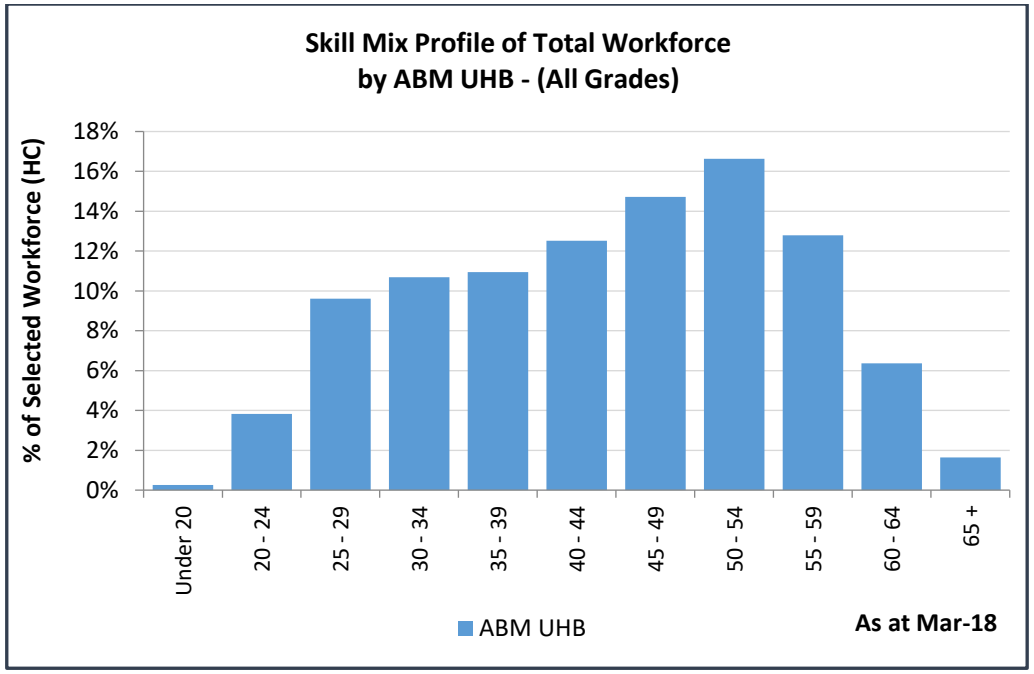
Excellent Staff - Workforce Profile

ABMU currently employs 14,173 FTE, an increase of 138.34 FTE over the last 12 months. This increase is mostly due to an increase in our employed nursing workforce.

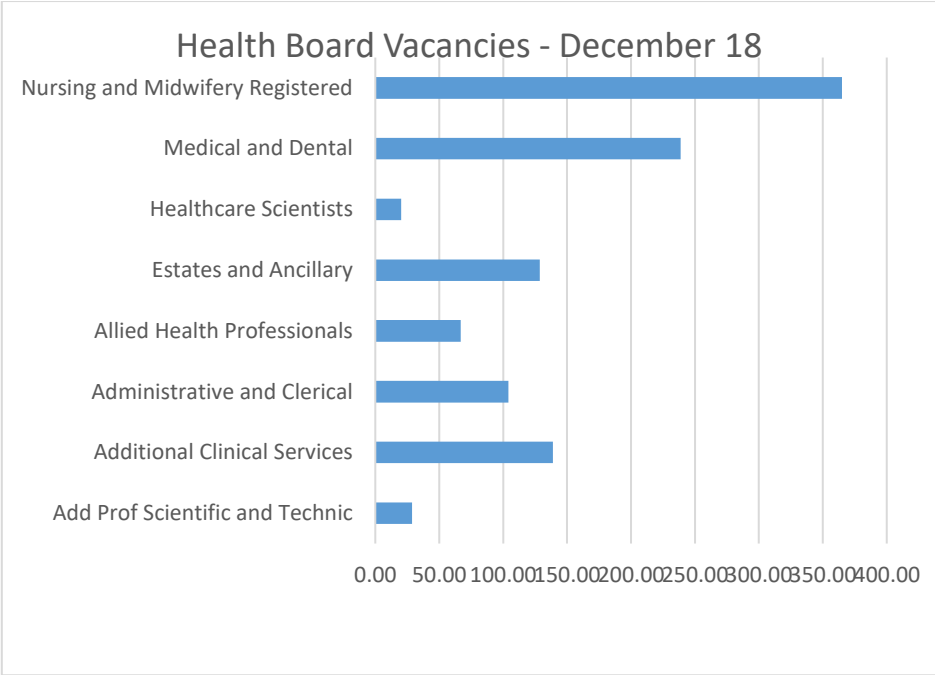


The age profile is challenging across many professions. Notably 37% of the nursing workforce is aged 50 or above. This is representative of the age profile of the total workforce as shown in the graph below.

Age Profile – Figure 1



Vacancies – Figure 2



As at December 2018 the total number of vacancies within the Health Board was 1086.52 WTE, across all the staff groups. Our registered nursing and midwifery staff group has the largest number of vacancies. This has improved significantly and stands at 364.93 WTE. This equates to a 7.5% vacancy level. The graph above shows our vacancy levels for each of the staff groups. Medical vacancies currently stand at 238.74WTE

Turnover – Figure 3

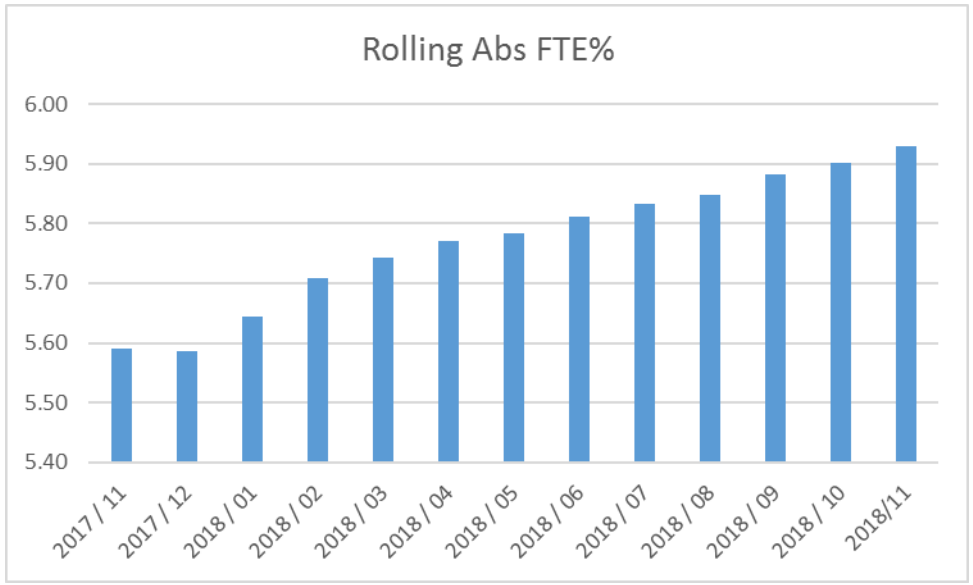
Staff Turnover - Health Board - 1 Jan 2018 to 31 Dec 2018

Staff Group	FTE	Headcount
Add Prof Scientific and Technic	8.65%	8.74%
Additional Clinical Services	7.47%	8.05%
Administrative and Clerical	7.39%	7.65%
Allied Health Professionals	9.82%	10.20%
Estates and Ancillary	4.66%	5.20%
Healthcare Scientists	7.22%	7.70%
Medical and Dental	10.83%	12.17%
Nursing and Midwifery Registered	7.94%	8.30%
Students	14.58%	28.24%

The turnover rate for all staff within the Health Board excluding junior medical and dental staff currently stands at 7.71% (December 2018), which has fallen by 1.3% over the last 12 months.

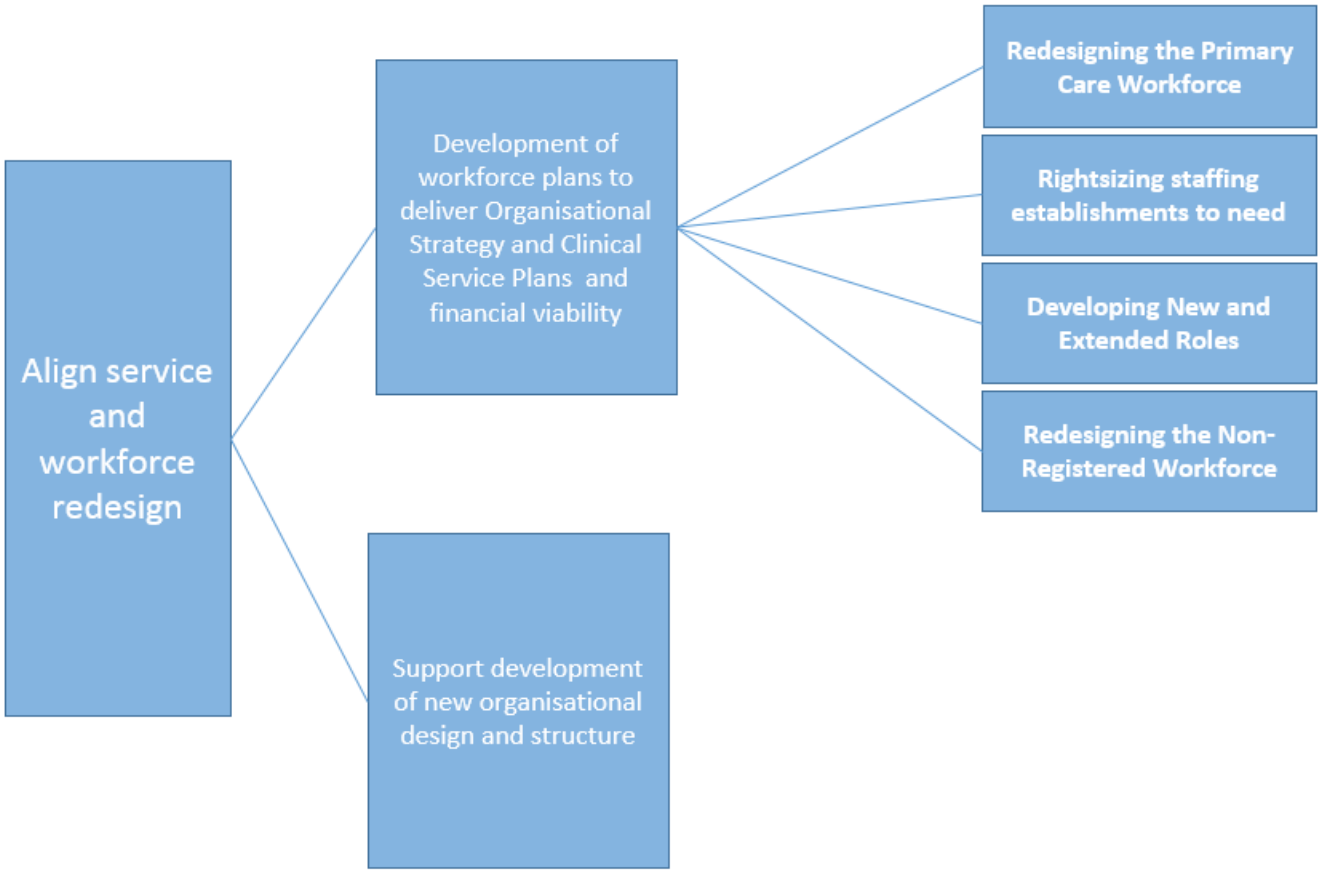
Sickness Absence – Figure 4

The current rolling 12-month performance as at November 2018 stands at 5.93% which is up from 5.90% in the previous month. Our in Month rate is 6.20%, which is an increase from 6.19% for October 2018. Our top reason for absence remains stress, anxiety, depression and other mental health illnesses, accounting for almost 32% of all absence. The graph below provides a breakdown of the rolling sickness absence levels for the last 12 months.

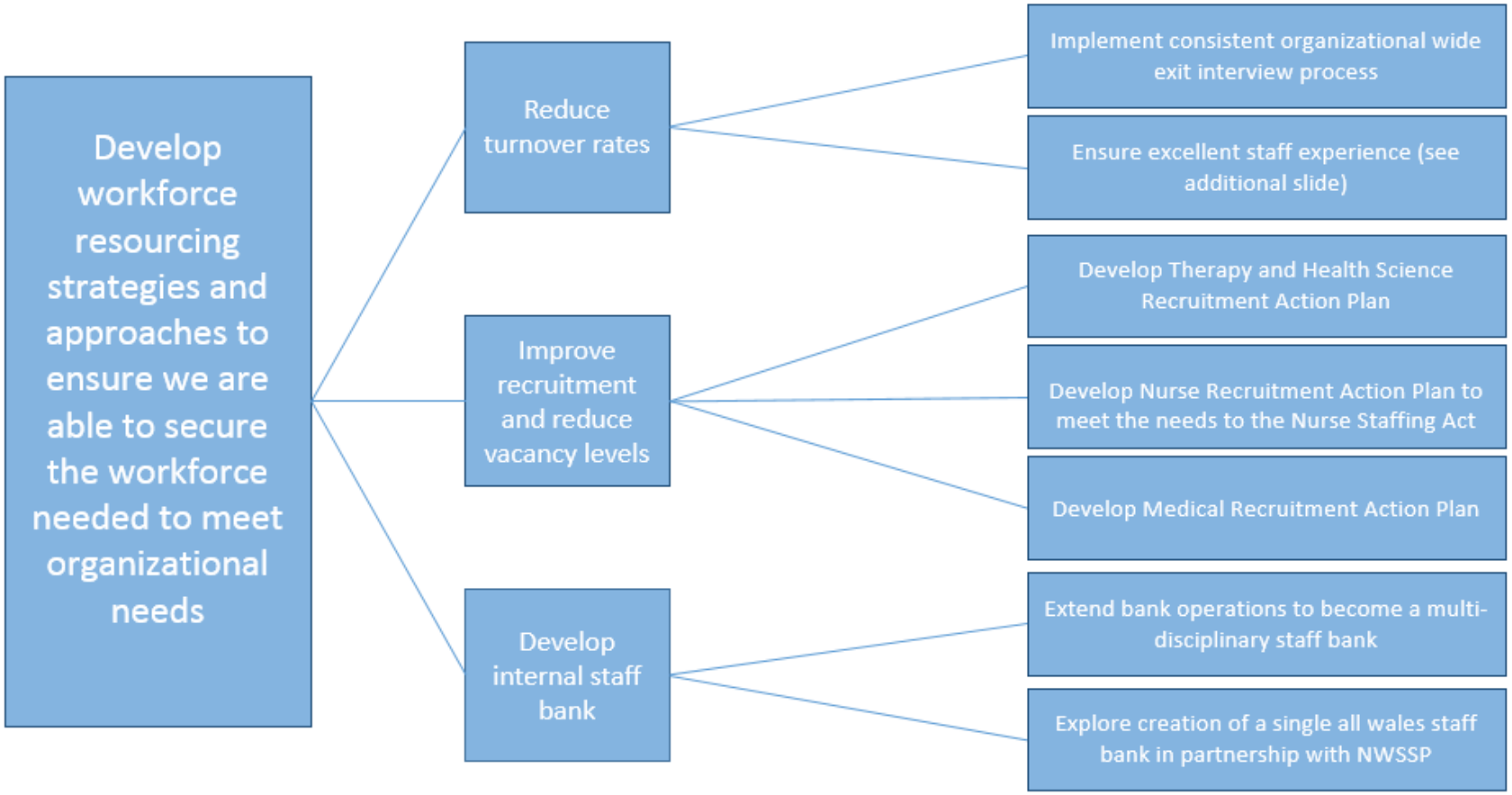

Rolling Abs FTE%
6.00
5.90
5.80
5.70
5.60
5.50
5.40
2017 / 11
2017 / 12
2018 / 01
2018 / 02
2018 / 03
2018 / 04
2018 / 05
2018 / 06
2018 / 07
2018 / 08
2018 / 09
2018 / 10
2018/11

Appendix 12 Workforce and OD Framework Driver Diagrams

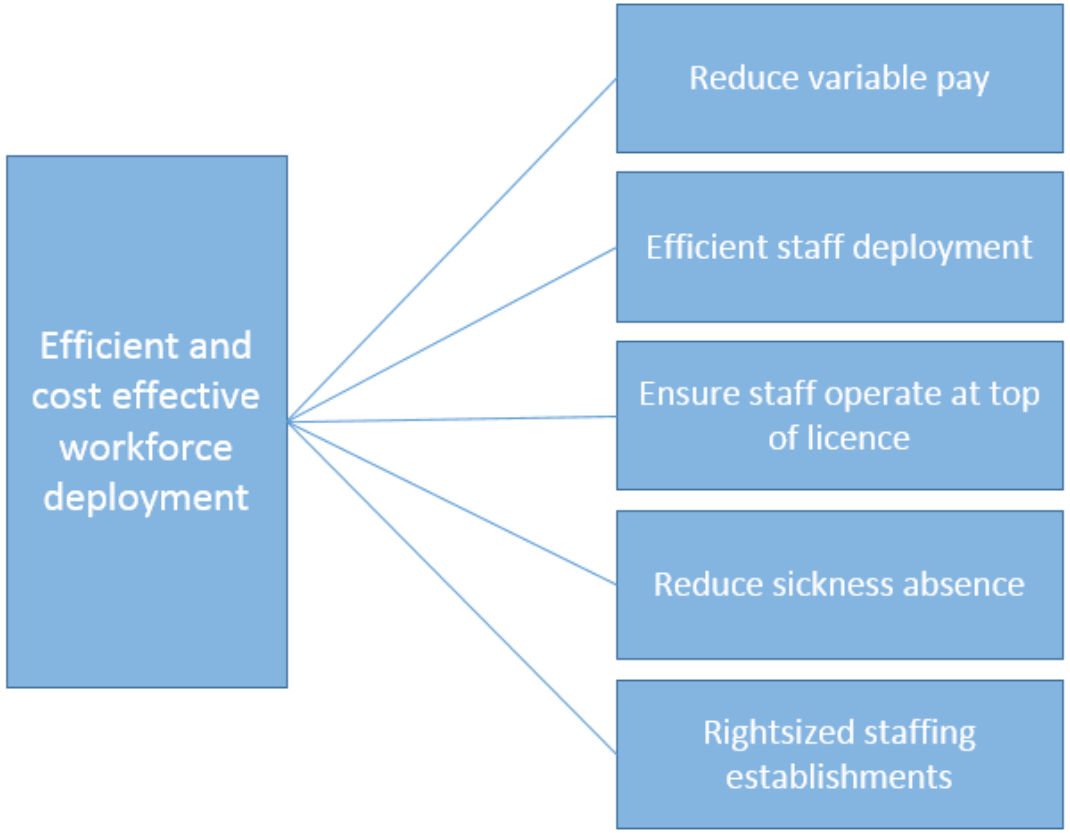
Workforce Challenges – Shape of the Workforce



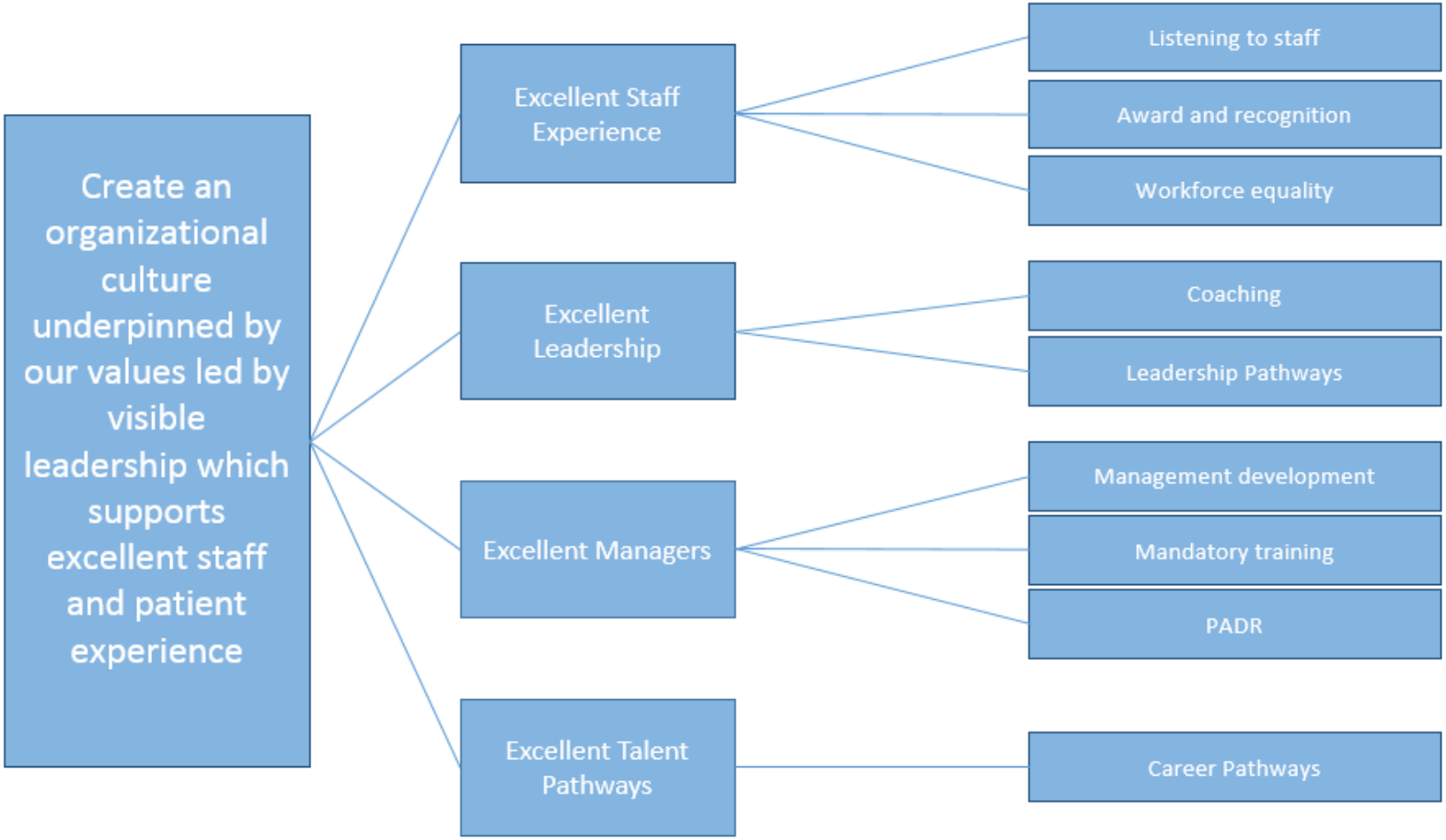
Workforce Challenges – Workforce Resourcing



Workforce Challenges – Workforce Efficiency



Workforce Challenges – Leadership, Culture, Values



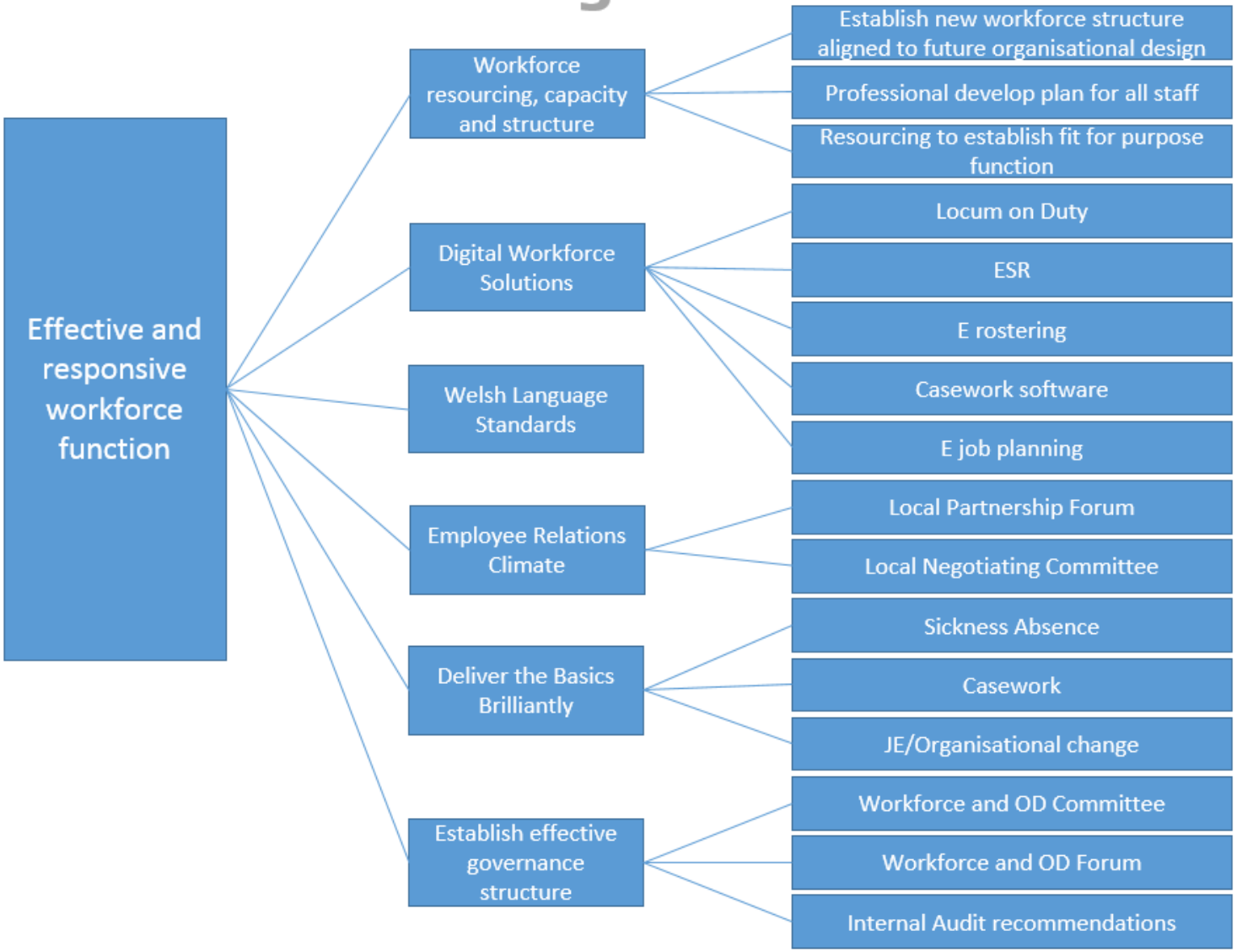
Workforce Challenges - Reward

Pay and T&Cs

Exploring opportunities to better reward our workforce

Incentivise bank arrangements to increase supply	Creative design of junior doctor roles to enhance recruitment	GP retainer scheme to encourage GPs to continue in practice

Workforce Challenges – Workforce Function



Appendix 13 List of Measures

List of Measures v1.xlsx

Appendix 14 All Wales Capital Programme

A5a AWCP 5 Year Capital Programme 2