

SUMMARY REPORT		ABM University Health Board			
Health Board		Date of Meeting: 30th March 2017 Agenda item: 3 (ii)			
Subject	Annual Plan 2017/18				
Prepared by	Nicola Johnson – Head of IMTP Development and Implementation				
Approved by	Siân Harrop-Griffiths – Director of Strategy				
Presented by	Siân Harrop-Griffiths – Director of Strategy				
Purpose					
This paper is to request approval for the Health Board's Summary Annual Plan 2017/18 for submission to Welsh Government on 31 st March and to provide an update on the submission of the full Annual Plan 2107/18.		Decision			
		Approval	X		
		Information	x		
		Other			
Corporate Objectives					
Excellent Population Health	Excellent Population Outcomes	Sustainable & Accessible Service	Strong Partnerships	Excellent People	Effective Governance
X	X	X	X	X	X
Executive Summary					
<p>In January the Health Board agreed that the organisation is unable to submit a balanced financial plan and that an Annual Plan would be prepared for 2017/18. It was also recommended that the document would not be submitted at the end of January and further time was required to align the plan with the Recovery and Sustainability Programme before submission. A Summary Annual Plan was submitted to Welsh Government on 10th March.</p> <p>Further work will be undertaken on the plan before submission at the end of March, notably regarding the financial plan and our Referral to Treatment Times (RTT) projections. On this basis, the Health Board is asked to approve the Summary Annual Plan for submission to Welsh Government on 31st March and to note that the full document, which also includes the mandatory appendices required by Welsh Government, will also be submitted on this date.</p>					
Key Recommendations					
<p>The Health Board is asked to: -</p> <ul style="list-style-type: none"> • Approve the Summary Annual Plan 2017/18 for submission to Welsh Government; • Note that further work will be undertaken before submission on the financial plan and the RTT projections; and, • Note that the full document will be made available to Board members prior to the meeting and will also be submitted on this date. 					

Main Report		ABM University Health Board
Health Board		Date of Meeting: 30th March 2017 Agenda item: 3 (ii)
Subject	Annual Plan 2017/18	
Prepared by	Nicola Johnson – Head of IMTP (Integrated Medium Term Plan) Development & Implementation	
Approved by	Siân Harrop-Griffiths – Director of Strategy	
Presented by	Siân Harrop-Griffiths – Director of Strategy	

1.0 Introduction

This paper introduces the Health Board's Summary Annual Plan 2017/18 for approval by the Board and provides an update on the further work that is required regarding the financial plan and the RTT projections. The full Annual Plan will also be made available to the Board as a resource via Diligent and members are asked to note that it is intended to submit both documents to Welsh Government on 31st March.

2.0 Background

At the Board meeting in January it was agreed that the Health Board was not in a position to submit a balanced financial plan and that an Annual Plan would be prepared for 2017/18. Due to the need to align the Plan to the Recovery and Sustainability Programme it was also recommended not to submit the Annual Plan at the end of January. This was agreed by Welsh Government and a Summary Annual Plan was submitted on the agreed revised deadline of 10th March.

3.0 Summary Annual Plan 2017/18

The Summary Annual Plan 2017/18 sets out the Health Board's robust approach to recovery and sustainability whilst ensuring that patient safety remains a priority. Our Plan for 2017/18 is very firmly focussed on a year in recovery to enable ongoing sustainability. The Recovery and Sustainability Programme Board has been established to lead this major change programme and to embed sustainability of services within the Health Board. The Programme Board's priorities are clear:

- Patient safety and quality of care;
- Financial recovery; and,
- Sustaining and, where possible, improving performance

Since January the Executive Team has also been engaged in developing a set of corporate objectives for the organisation which will frame the implementation of the Plan and which will enable clear performance and risk management of our detailed plans. These corporate objectives and the detailed actions underpinning them form the basis of our Plan for 2017/18 and are set out in Appendix I of the document. The

detailed plans are specific, have clear, measurable milestones for delivery and the enablers are identified.

The Plan lays out our detailed plans to address our IMTP Approval Conditions and includes the supporting work that will be undertaken in workforce improvement and capital infrastructure (including ARCH and our digital programme).

4.0 Further Work

Prior to submission further work will be undertaken on the financial plan and the subsequent impact on our RTT projections. The financial plan that was submitted on 10th March was submitted as an initial draft with the acknowledgement that more work was required. This work is proceeding at pace through internal work with our Delivery Units, and through the work that is being undertaken by the external support secured from Prince Waterhouse Coopers. Both of these workstreams are being co-ordinated through the Recovery and Sustainability Programme.

In the context of the development of the financial plan, the Health Board is also working to confirm the projected RTT end of year outturn figures for 2017/18. We know that to continue to deliver improvement in this area will continue to require additional investment, even after taking account of a significant level of efficiency gain. This investment was not included in the financial plan that was presented on 10th March, but a summary was presented of the potential scenarios the Health Board is considering for planned care for 2017/18. We are currently engaged in working through the scenarios and the implications for our financial plan, prior to the final submission.

The Summary Annual Plan will be the Health Board's working document which we will use to manage delivery and performance in 2017/18. However, in order to meet the requirements of the NHS Wales Planning Framework, and to lay out our wider vision for delivering our strategy in the next 3-5 years we will also submit our full Annual Plan document on 31st March. This will be fully aligned with the Summary Plan and will be available to members via Diligent before the Board meeting on 30th. The full plan will also include the mandatory appendices required by Welsh Government.

5.0 Recommendations

The Health Board is asked to:

- Approve the Summary Annual Plan 2017/18 for submission to Welsh Government on 31st March;
- Note that further work will be undertaken before submission on the financial plan and the RTT projections; and,
- Note that the full document will be made available to members and will also be submitted on this date.

**ABERTAWE BRO MORGANNWG UNIVERSITY
HEALTH BOARD**

SUMMARY ANNUAL PLAN 2017/18

A FOCUS ON RECOVERY AND SUSTAINABILITY

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1.0 FOREWORD AND EXECUTIVE SUMMARY



This short Annual Plan sets out our robust approach to meeting the considerable recovery and sustainability challenges that ABMUHB faces. The Health Board's IMTP for 2016/17 was not approved, primarily due to the inability to align some of our performance and financial plans. In September 2016, the Health Board was escalated to 'targeted intervention' and we put in place a de-escalation taskforce to respond to this enhanced scrutiny and expectation.

The Health Board will not be able to deliver a balanced financial plan for 2016/17 and due to the anticipated workforce, performance and financial pressures for 2017/18 we have advised Welsh Government that an Annual Plan will be prepared for 2017/18, with the expectation that an Integrated Medium Term Plan will be prepared for 2018/19 onwards.

Our Plan for 2017/18 is very firmly focussed on a year in recovery to enable ongoing sustainability. To enable the Board to deliver these rapid improvements, a Recovery and Sustainability Programme Board has been established to lead this major change programme and to embed sustainability of services within the Health Board. The Board's priorities are clear:


- Patient safety and quality of care;
- Financial recovery; and,
- Sustaining and, where possible, improving performance.

Whilst this is a Plan for a single year, the Board is also clear that we have a strong strategic direction and that any actions taken this year must not lead to a deviation from this route, and must be in alignment with our organisational values. We have also developed a clear set of corporate objectives to frame the implementation of our Plan and to ensure clear performance and risk management of our detailed plans. These corporate objectives and the detailed actions underpinning them (set out in **Appendix I**) form the basis of our Plan for 2017/18.

Most importantly, we have clearly linked our service improvement plans, quality plans, workforce plans and Recovery and Sustainability Programme to our financial plan. These plans are integrated at Delivery Unit level to ensure that our financial plan is robust and deliverable.

In summary, the Health Board recognises that 2017/18 will be a challenging year for the organisation and we will maintain a robust and structured focus on recovery and sustainability. We know that we will need to implement the changes required in line with our values and in full communication and consultation with our staff and communities. We also recognise the opportunity that a fresh approach can offer us, and with the help of the external support that has been secured, we are confident

that this recovery year will provide the foundation for us to provide excellent quality, safe and sustainable services for our population into the future.

A handwritten signature in black ink, reading "Andrew Davies". The signature is written in a cursive, flowing style.

ANDREW DAVIES
CHAIRMAN
ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD

2.0 HEALTH BOARD CONTEXT

Figure 1: ABMUHB Local Catchment Area and Healthcare Services



ABMU Health Board has the third largest population of the seven Health Boards in Wales, serving a population of approximately 500,000 across three local authorities: Bridgend, Neath Port Talbot and Swansea. The Board is responsible for assessing the needs of our population and delivering care to meet those needs. The Board commissions primary care services and also directly provides almost all community, secondary, mental health and learning disability services for our resident population. We also provide tertiary care for some specialist services over a wider population.

The Health Board also serves a wider catchment given the regional and specialist role of a number of its services. The figure below illustrates the geography served by the Health Board:

- Zone 1 – Primary, community, mental health, learning disability (also provided for Cwm Taf and Cardiff and Vale HB residents) and local DGH services
- Zone 2 – Regional services for Mid and West Wales
- Zone 3 – Plastic Surgery, bariatric and pancreatic surgery
- Zone 4 – Burns service catchment area

Figure 2: ABMUHB Wider Service provision



The financial turnover of the organisation is approximately £1.3bn and we employ around 16,000 staff.

The Health Board has a clear organisational purpose, vision, and set of values. We have an approved Clinical Strategy, 'Changing for the Better' and a programme to develop other service strategies to inform the delivery and planning of our complex set of services over the next 5-10 years.

2.1 Corporate Objectives

The Health Board has set out clear corporate objectives for 2017/18, revising our previous six strategic aims. These provide the basis upon which our work programme and delivery of this Annual Plan will be performance managed throughout the year. Whilst these are focussed on recovery and sustainability, they also enable us to maintain our strategic direction. The high-level objectives are set out below and form the basis for the detailed action plan, which is attached at **Appendix I**.

Objective 1 - Promoting and enabling Healthier Communities

We will work with our local communities to make ABMUHB a healthier place to live by continuing to implement our actions to stabilise the life expectancy gap across the Health Board through:

- Implementing the priorities of our early years strategy to give children in our area the best start in life and prevent adverse childhood experiences;
- Reducing smoking;
- Reducing levels of obesity;
- Increasing physical activity; and
- Meeting or exceeding Welsh Government targets on immunisation and vaccination within available resources.

Objective 2 - Delivering Excellent Patient Outcomes, Experience and Access

We will ensure our patients achieve excellent outcomes and experiences and better access to care through:

- Implementing the priorities in the Quality Plan for 2017/18;
- Reducing our rates of healthcare associated infections to meet or exceed Welsh Government targets;
- Improving our stroke care and performance to meet or exceed Welsh Government targets;
- Sustaining and improving our performance against Welsh Government unscheduled care targets, supported by targeted intervention at Morriston Hospital;
- Improving access to enhanced models of primary care;
- Sustaining or exceeding our performance against Welsh Government planned care targets, maximising the opportunities of the national planned care programme to establish sustainable solutions, subject to available resources; and,
- Sustaining and improving our performance against Welsh Government cancer targets, using the outcome of the CAPITA demand and capacity review.

Objective 3 - Demonstrating Value and Sustainability

We recognise the need for services to deliver maximum value as a foundation for sustainability by:

- Accelerating the work of the Recovery and Sustainability Programme to reduce the financial deficit of the Health Board in 2017/18 with external support;
- Developing an IMTP for 2018/19 - 2021/22 that is sustainable from a service, workforce and financial perspective;
- Reviewing the developments made through investment and badged funding in the last two years to examine if the benefits have been achieved or whether monies can be re-directed or saved;
- Continuing to implement sustainable service strategies and plans to deliver the Health Board's strategic direction set out in Changing for the Better including:
 - A Primary and Community Services Strategy which will set out a sustainable approach to strengthening primary and community services and delivering more care closer to home.
 - A Clinical Services Strategy for the Princess of Wales Hospital which will clarify the future service model and relationships with other hospitals.
 - Develop a short to medium term plan for Morriston Hospital to enable it to maximize its capacity and performance as part of the Health Board system.
 - Develop Strategic frameworks for Mental Health/Learning Disabilities/CAMHS services; and
- Implement the A Regional Collaborative for Health (ARCH) Portfolio Delivery Plan when approved by Welsh Government.

Objective 4 -Securing a Fully Engaged and Skilled Workforce

We will have a fully engaged and skilled workforce committed to our values through:

- Improving staff experience and staff engagement by:
 - Implementing the staff experience strategy and action plan.
 - Implementing Health Board-wide and local recognition schemes.
- Developing a proactive and comprehensive recruitment and retention plan that maximises fill rates for substantive roles;
- Reducing reliance on agency and locum staff;
- Addressing key workforce deficits in nursing through a review of Band 2, 3 and 4 roles;
- Supporting managers to manage performance effectively through a programme of leadership and management training; and
- Improving performance in line with Welsh Government targets on
 - Sickness absence
 - PADR compliance
 - Mandatory and statutory training.

Objective 5 - Embedding Effective Governance and Partnerships

We will provide effective governance and assurance arrangements and continue to develop strong partnerships to improve services and outcomes through:

- Implementing the actions associated with the Health Board's targeted intervention status to address concerns, through open and transparent dialogue with Welsh Government;

- Implementing improved internal financial performance and accountability arrangements and transparency of decision-making to ensure the agreed financial targets are delivered;
- Developing and implementing plans to secure long term sustainable change through our statutory partnerships including the Western Bay Regional Partnership Board and Public Service Boards;
- Ensuring that commissioned services reflect the needs of our population;
- Ensuring our capital programme supports the delivery of sustainable services; and
- Developing an Organisational Strategy to align all of our existing strategies providing a coherent and consistent organisational direction.

2.2 Recovery and Sustainability Programme

The Health Board's IMTP for 2016/17 was not approved, primarily due to the inability to align some of our performance and financial plans. In September 2016, the Health Board was escalated to 'targeted intervention' and we put in place a de-escalation taskforce to respond to this enhanced scrutiny and expectation. The Health Board will not be able to deliver a balanced financial plan for 2016/17, and due to the anticipated workforce, performance and financial pressures for 2017/18 we advised Welsh Government that we would not be able to prepare an IMTP for approval for 2017/18 – 2019/20. Instead, an Annual Plan would be prepared with the expectation that an IMTP would be prepared for 2018/19 onwards.

2017/18 is very firmly focussed on a year in recovery to enable ongoing sustainability. The Board's priorities are clear:

- Patient safety and quality of care;
- Financial recovery; and
- Sustaining and where possible, improving performance.

Whilst this is a one-year plan, the Board is also clear that we have a strong strategic direction, and any actions taken this year must not lead to a deviation from this route. To enable the Board to deliver these rapid improvements, a Recovery and Sustainability Programme has been established to lead this major change programme and embed sustainability of services within the Health Board. The overall aim of this Programme is to ensure we are able to deliver excellent quality, affordable services for our patients that are able to cope adequately with current and future pressures. This needs to be achieved in the context of our longer-term strategy for the improvement of health and health services in ABMUHB.

The specific objectives of the programme include:

- Providing assurance that all effective financial controls and stewardship are in place across the Health Board to support financial recovery.
- Using benchmarking information to develop plans to improve efficiency in core clinical processes and to deliver a step change improvement in key cost drivers including workforce, medicines management,

procurement, service efficiency and optimisation, unwarranted clinical variation, and to oversee their implementation; and

- Considering options, where appropriate, to reduce the 'structural' cost of the Health Board's service configuration, in the context of, but not limited by, existing strategic direction.

This Programme will be based on an effective communications and involvement programme with staff and other partners, recognising their vital role in shaping and delivering the proposals. It is recognised that the need to ensure service and financial sustainability is just as much 'everyone's business' as the delivery of safe and good quality patient care and that all of these elements are critical to the organisation's success.

A Recovery and Sustainability Programme Board has been established, chaired by the Chairman, which will oversee the specific work programmes that are being progressed as shown below.

Table 1: Recovery and Sustainability Work Programmes

Recovery and Sustainability Programme Work Programmes	
Workforce	Medicines Optimisation
Unwarranted Clinical Variation	Estates Rationalisation/Back Office Functions
Service Optimisation (efficiency and productivity)	Clinical Sustainability Models
Digital Enablement	Procurement/Consumables

This work will be firmly based on our values of:

- Working together;
- Always improving; and,
- Caring for each other.

3.0 PATIENT SAFETY AND QUALITY

The Health Board's top priority is patient safety and quality, and our Quality Strategy will continue to be implemented during 2017/18. We have made significant progress following the Andrews Report: 'Trusted to Care' and we are clear that maintaining this as our prime focus is central to delivering recovery and sustainability.

We have a clear Quality Plan and our top ten priorities for 2017/18 are set out below:

Table 2: Our Top Ten Quality Priorities

No	Priority	Description
1	PREMs and PROMs	Improving the way we collect and use Patient Reported Experience Measures (PREMs) and Patient Reported Outcomes Measures (PROMs)
2	Stroke Improvement	Improving our stroke services by reconfiguring the patient pathway
3	Spot the Sick Patient (NEWS)	Improving the way we identify and manage a patient whose condition deteriorates by spreading across all hospitals and wards the 'Spot the Sick Patient' initiative.
4	DNACPR Policy (NEWS)	Improving End of Life care by implementing the all-Wales Do Not Attempt Cardiopulmonary Resuscitation Policy
5	e-Prescribing	Reducing medication errors by implementing electronic prescribing and administration of medicines
6	The Big Fight	Spreading the 'Big Fight' campaign which targets antibiotic resistance and the incidence of <i>clostridium difficile</i> infections in primary care
7	Suicide prevention	Improving risk assessment and support mechanisms to prevent those who are known to our mental health services from attempting or contemplating suicide
8	Falls	Improving the prevention of falls in hospital and community settings
9	Pressure Ulcers	Reducing avoidable harm by reducing the incidence of pressure ulcers across the Health Board but particularly in community settings
10	e-TOC	Sharing information accurately and in a timely fashion between clinical teams, particularly on discharge from hospital by compliance with our standard for an electronic discharge summary being sent.

As well as focussing on improving performance we will, through the recovery and sustainability programme, more clearly quantify the impact of improvements to quality and safety on our performance and financial position – for example through reduction in rates of Clostridium Difficile and Average Lengths of Stay. We will develop SAFER Flow Bundles on every ward and more closely link the outcomes of PROMs and PREMs to impacts on quality and safety.

3.1 Healthcare Acquired Infections

In terms of performance, our expected position on key targets at the end of 2017/18 are shown the following graphs.

Figure 3: Clostridium difficile trajectory 2017/18

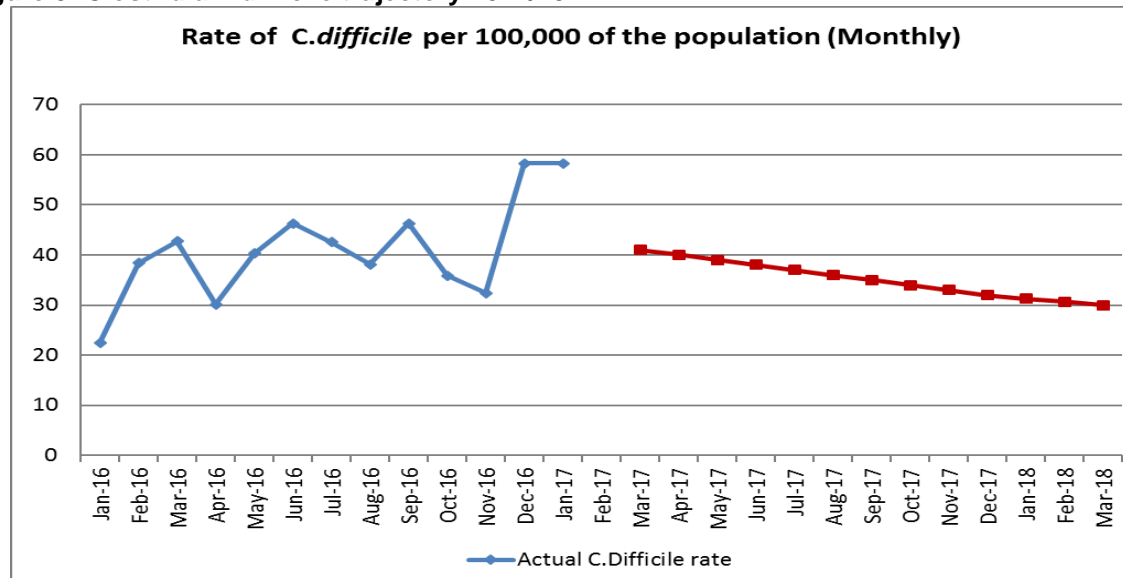
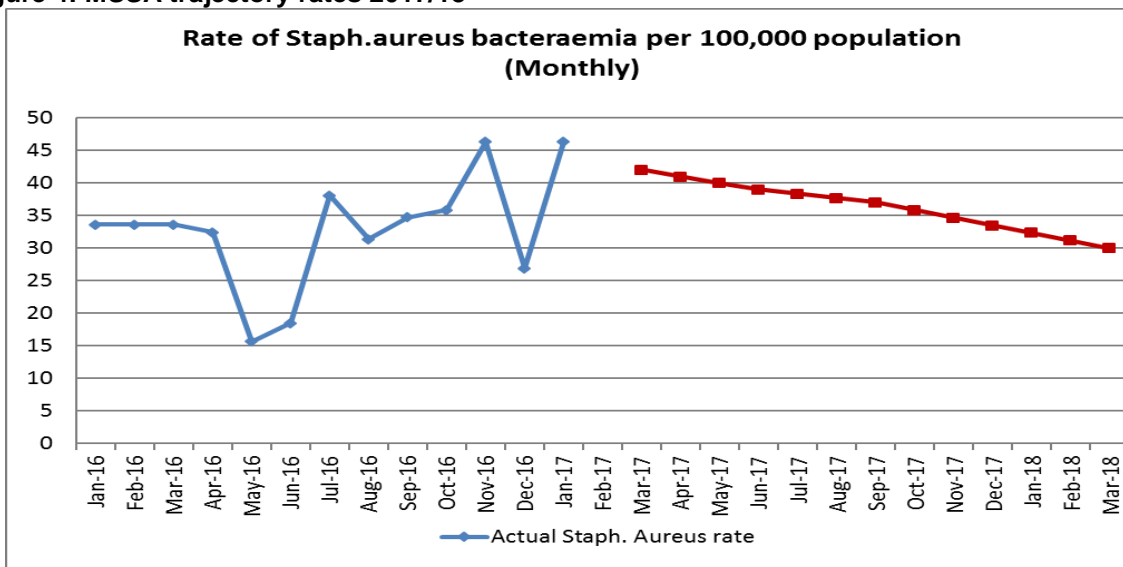


Figure 4: MSSA trajectory rates 2017/18



The main actions which we will take to deliver this are:

- Redesigning our structured approach to Infection Prevention and Control;
- Adopt Aseptic Non Touch Technique (ANTT) across the Health Board using existing resources;
- Reviewing all existing policies and Standard Operating Procedures to ensure they are current and evidence-based;
- Rolling out ICNet across the Health Board;

- Implementing the year 1 recommendations of the decontamination review;
- Completing the isolation pathway in Morriston; and
- Reviewing opportunities, and if appropriate, finalising business cases to open two additional wards; one at Morriston and one at POWH. These may be used as additional capacity to support unscheduled care in the first instance, and then improved environments of care when our unscheduled care system is sustainable.

4.0 SUSTAINING AND IMPROVING OUR PERFORMANCE

The Health Board has made progress in some key performance areas; however, we recognise that there is still much to do to improve access for patients. Demonstrating sustained and improved performance, particularly in terms of unscheduled care, stroke, waiting times, and cancer will be crucial to the recovery programme, as well as putting us in a strong position to secure an approved IMTP for 2018/19.

Sustaining and improving our performance will form the foundations of much of the Recovery and Sustainability Programme as these service challenges have a direct impact on the costs of our services. Key elements of this will be through service optimisation by improving efficiency and productivity in outpatient models, surgical pathway efficiency and patient flow. We will also be focusing on reducing unwarranted variation and in the medium term, ensuring our models of care are clinically sustainable.

4.1 Unscheduled Care and Stroke

There have been improvements in our unscheduled care performance in parts of our system - particularly in:

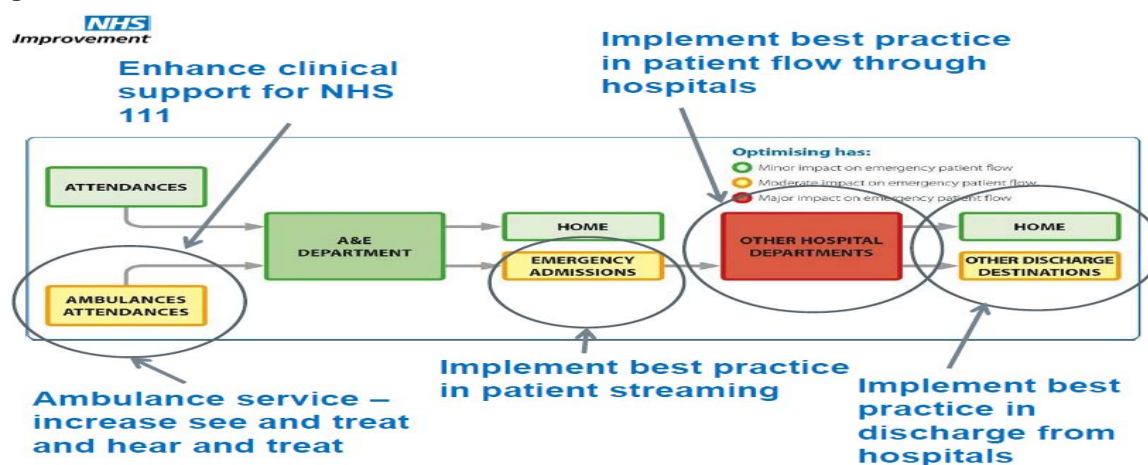
- Princess of Wales Hospital which now has a significantly better consistency of performance;
- Singleton Hospital which provides increased support to Morriston on a regular basis; and,
- the newly established 111 service which is demonstrating a positive impact and builds on our excellent Out of Hours Service.

However, we recognise that there are still serious pressures on the system, which manifest themselves particularly at Morriston Hospital which also plays a regional role in a number of unscheduled care pathways. These issues become particularly pronounced when there are increases in demand which we have seen this winter in terms of medical admissions despite a range of alternatives being in place. The priority for the Health Board, working with our partners, is to ensure that all parts of the care system across the Health Board geographical area play their full role in supporting this system. We have a detailed programme of work with the Welsh Ambulance Services Trust (WAST) to improve outcomes and will continue to implement our joint plans.

We will ensure that the processes and new models of care that have been put in place in recent years are delivering their maximum potential. These will be evaluated, and if not delivering as expected, we will look to disinvest and make choices to switch resources to more effective models of care or to contribute to our savings plans.

In 2017/18, the Health Board will be continuing to focus on key areas of opportunity – as evidenced in the CAPITA report, the Welsh Government Delivery Unit discharge audits, the NHS Scotland 6 Essential Actions and the NHS Improvement A&E Plan. Consequently, the main priorities are as shown in the following diagram.

Figure 5: ABM UHB Unscheduled Care Priorities



In particular, pressures are currently being caused by the amount of beddays used by unscheduled care patients in the system, a proportion of which are avoidable or add no value to the patient's experience. This represents poor quality care and ultimately impacts on other areas such as planned care and financial viability.

In stroke services, we have the foundations of Early Supported Discharge services in place, and have an agreed model of care to develop a Hyper Acute Stroke Unit (HASU) at Morriston, with Princess of Wales Hospital acting as an Acute Stroke Unit. Singleton and Neath Port Talbot Hospitals will support rehabilitation. We will continue to implement our unit-based action plans to improve our flow and compliance with the stroke measures within the current configuration of services and resources and this includes re-shaping the workforce model due to significant registered nursing vacancies. Whilst we intend to maintain our improved performance, it is unlikely that we will see a significant step change in performance in year as fully implementing Early Supported Discharge is not possible within the current financial framework, and the implementation of the HASU model is not planned until 2019/20, aligned with the centralisation of the acute medical take in Swansea.

Our expected performance at the end of March 2018 is set out below:

Table 3: Unscheduled Care and Stroke Performance 2017/18

Performance Area	Target	ABMUHB March 2018
A&E	4 hour (%)	90%
	12 hour (no)	300
	1 hour handover (no)	100
	Red Calls	76%
Stroke	4 hour	72%
	12 hour	95%
	24 hour	72%
	72 hour	97%

Figure 6: A&E 4 Hours trajectory 2017/18

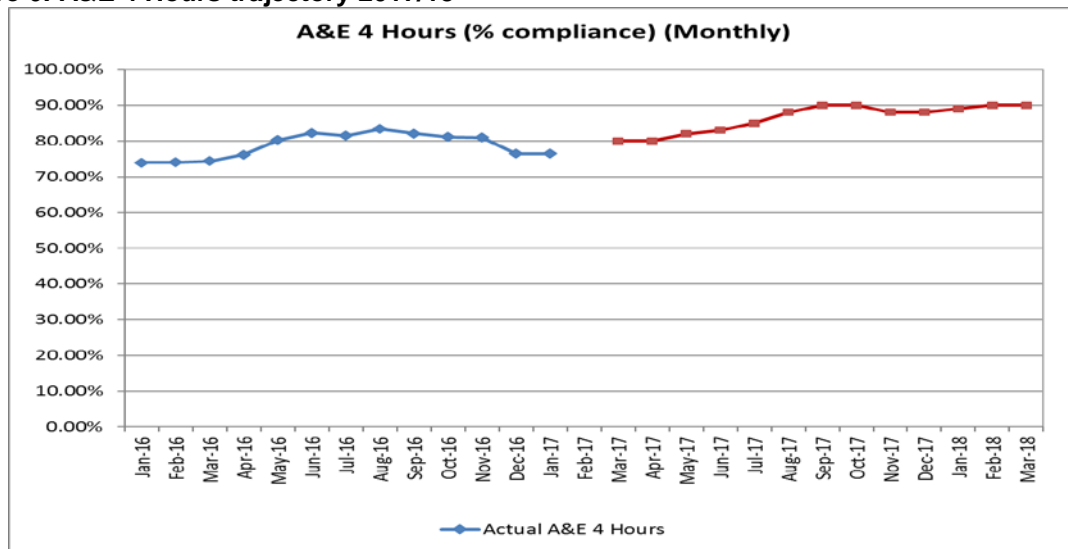


Figure 7: A&E 12 hours trajectory 2017/18

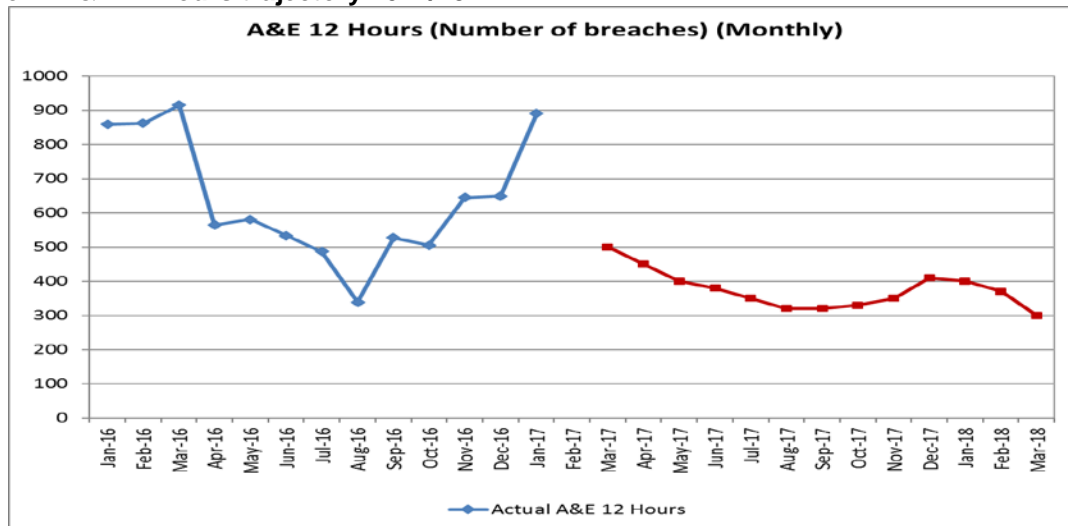


Figure 8: One hour handover trajectory 2017/18

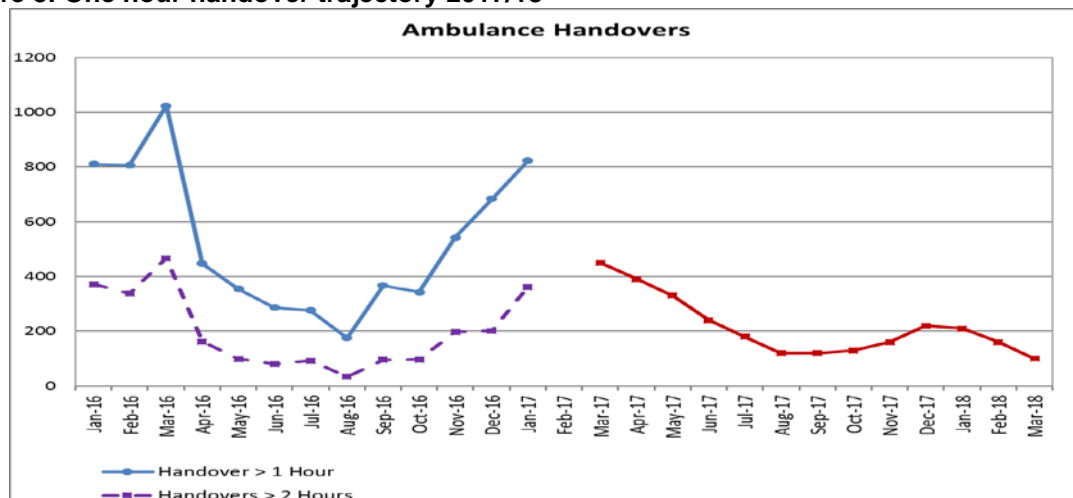


Figure 9: Red calls trajectory 2017/18

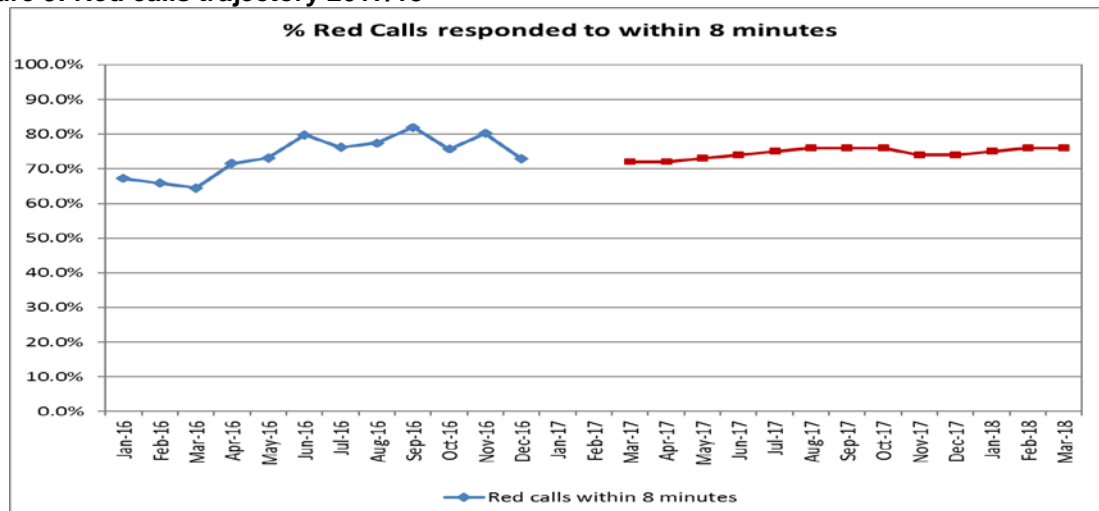


Figure 10: Stroke hour trajectory 2017/18

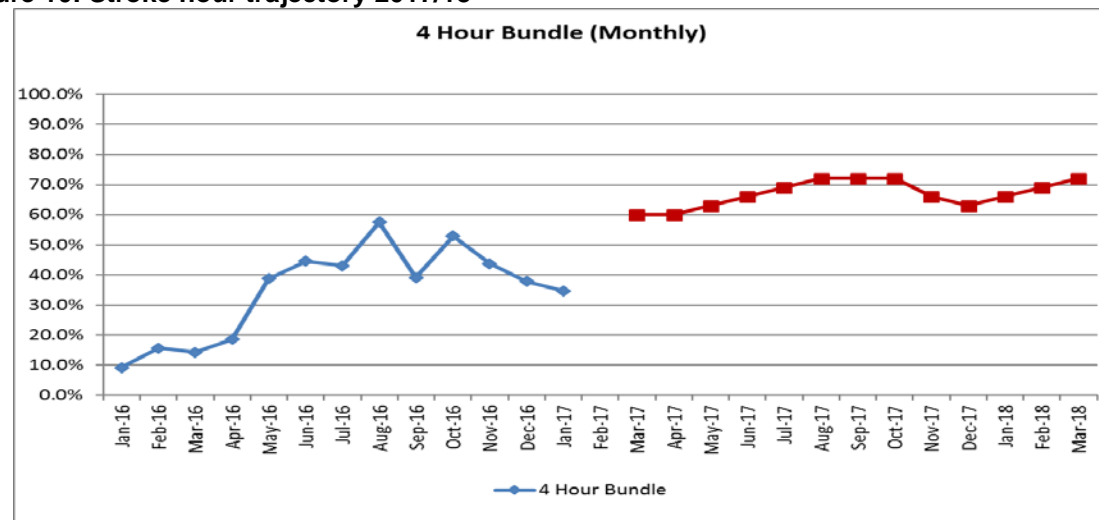


Figure 11: Stroke 12 hour trajectory 2017/18

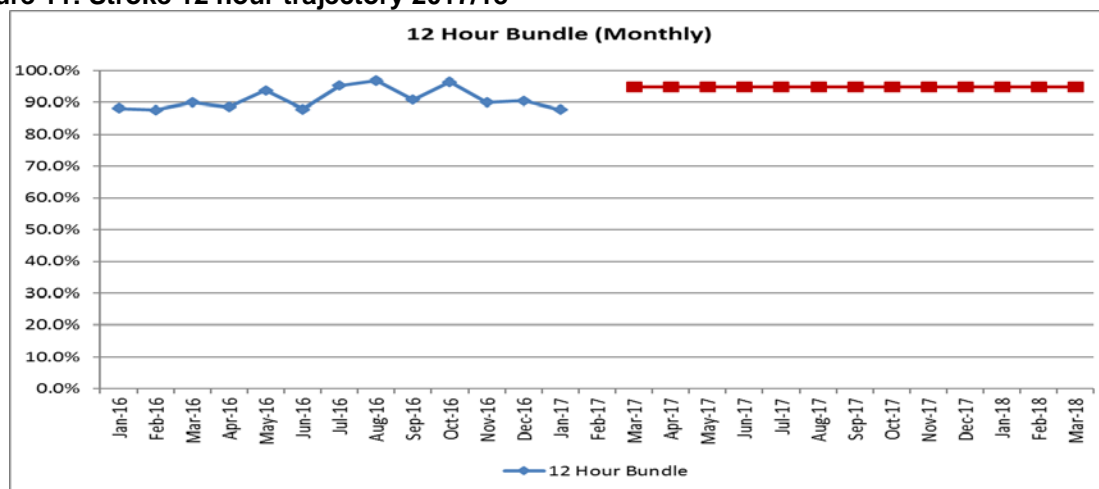


Figure 12: Stroke 24 hour trajectory 2017/18

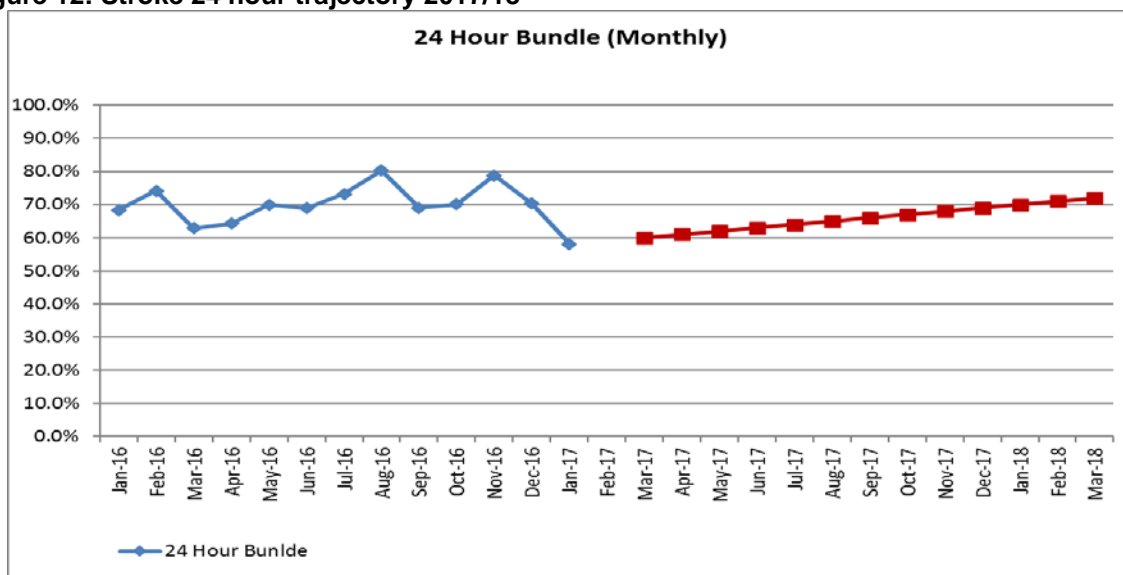
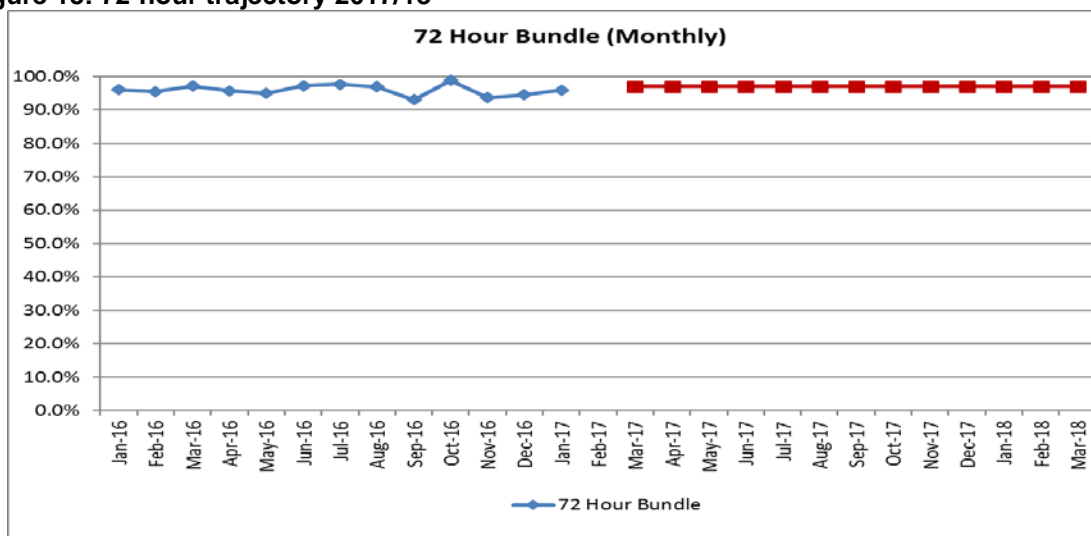


Figure 13: 72-hour trajectory 2017/18



The specific actions which we will take in relation to improving our unscheduled care and stroke performance during 2017/18 are:

- Continue to direct and signpost an increasing number of patients into alternative pathways avoiding ED through 111, WAST pathways, and Community Resource Teams to:
 - Improve ambulance handover times;
- Increase the number of patients following Ambulatory Emergency Care (AEC) pathways by continuing to implement AEC service models on each acute site in accordance with BAEC guidance to:
 - Improve 4 hour and 12 hour waits
 - Reduce avoidable admissions and associated bed days;
- Increase the number of patients benefitting from a frailty assessment process at each acute site, underpinned by the Comprehensive Geriatric Assessment, in order to :
 - Reduce avoidable admissions and associated bed days

- Speed up discharge planning and reduce length of stay;
- Improve compliance with SAFER flow bundle on every ward in every hospital, supported by an internal accreditation process to:
 - Reduce 12 hour waits in ED
 - Reduce discharge fit and Delayed Transfers of Care
 - Reduce excess lengths of stay and bed days used;
- Increase the health and social care capacity available to support admission prevention and timely discharge through effective use of ICF to:
 - Reduce 12 hour waits in ED
 - Reduce discharge fit and Delayed Transfers of Care
 - Reduce excess lengths of stay and bed days used;
- Continue to implement any additional recommendations of the external review to improve performance at Morriston Hospital as part of targeted interventions status (80% plus 4 hour waits);
- Continue to implement Unit based multi-disciplinary actions plans to improve compliance with stroke measures, in particular 4 hours, 24 hours and time to thrombolysis;
- Improve winter resilience through effective multi-agency plans agreed by August 2017;
- Rolling out the Clinical Portal; and
- Developing primary care focussed pathways for diabetes and respiratory medicine.

4.2 Planned Care and Diagnostics

Although, as a Health Board, we do well in terms of the percentage of patients waiting compared to other Health Boards, we recognise that there are still too many patients experiencing extended waits, particularly for treatments. The costs associated with RTT delivery are a key driver for the current financial position. In 2017/18 we know that we need to reduce our reliance on waiting list initiatives and outsourcing.

The focus will be on maximising the efficiency and productivity opportunities that exist throughout the outpatient and treatment pathway as well as moving individual specialties towards more sustainable models. The main actions which we will take are:

- Roll out the Transforming Outpatients programme across all specialties and Units to achieve:
 - A reduction in outpatient and follow up appointments
 - Fewer DNAs/CNAs
 - Improved patient satisfaction;
- Implement surgical efficiency and effectiveness plans in each Unit (covering pre-operative assessment, theatre allocation, scheduling, workforce development and operational management of theatres) to achieve:
 - Improved theatre utilisation
 - Reduction in cancellations due to patient and staff reasons
 - Reduced length of stay
 - Increased productivity through core capacity;

- Reduced reliance on WLI and outsourcing;
- Refresh and implement updated RTT policies and processes in line with new guidance to support delivery of RTT targets;
- Implement the sustainability requirements in orthopaedics, ENT, Ophthalmology, Urology in line with national planned care programme within available resources;
- Develop implementation plans for the next 4 specialties in line with national planned care programme starting with dermatology, supported with cross Health Board clinical engagement;
- Develop regional pathways and services for vascular surgery, dermatology and ophthalmology; and
- Submit a business case to Welsh Government for a regional elective orthopaedic centre.

The Health Board does not yet have confirmed end of year outturn figures for 2017/18, as we know that to continue to deliver improvement in this area will continue to require additional investment, even after taking account of a significant level of efficiency gain.

D.N. – Further information will be prepared on our expected RTT performance for 2017/18 once our financial plan has been confirmed.

4.3 Cancer

We have recently received the completed demand and capacity modelling work for cancer in ABMUHB which will further inform our plans for 2017/18 and beyond.

This does demonstrate that the volume of completed pathways per month for the USC pathway over the last three years exhibits a clear increasing trend; with an average of approximately 130 patients completed per month in recent months, up from an average of 110 per month in 2014. The rolling average number of referrals is also demonstrating a steady increase. Of the total number of patients treated per month there are an average of 25 breaches. At a high level there is a slight reduction in performance in meeting the 62-day target of treatment from initial referral, on an increasing volume of treatment. The total number of patients treated per month on an NUSC pathway is on average 142 per month across ABMUHB. Of these, there is an average 6 breaches per month of the NUSC target to treat within the 31 day target from decision to treat.

There are acknowledged constraints at the diagnostic and outpatient stages (many of which are related to diagnostics). However, it is clear that there are also a number of process issues which, if addressed robustly, could help us to improve our performance. These will be the key focus for us during 2017/18, and include the benefits of rolling out electronic referrals and implementing changes to MDTs.

The confirmed actions at this point in time are set out below, however, these will be further detailed once the recommendations arising from the demand and capacity analysis have been fully considered:

- Improve utilisation of e-referrals, outpatient capacity, diagnostic capacity, theatre utilisation and MDT pathways;
- Improve radiotherapy localisation reporting;
- Implement recommendations from external reviews of thoracic surgery to ensure consistent and equitable access to resection across the Health Board, and implement new WHSSC service specification;
- Implement the outcomes of the commissioning review of Upper GI Cancer Surgery;
- Test the Rapid Diagnostic Centre at Neath Port Talbot Hospital, and evaluate the outcomes with Cwm Taf Health Board and the Cancer Network;
- Review the business case and if accepted finalise the business case and implementation plan to centralise breast surgery;
- Continue our Lin Acc replacement programme and replacement of the Aseptic Unit;
- Implement WHSSC-funded increases in thoracic surgery and BMT; and
- Develop a plan to increase capacity for chemotherapy.

Our projected end of year position and detailed trajectories are set out below.

Table 4: Cancer Performance 2017/18

Performance Area	Target	ABMUHB March 2018
Cancer	31 day NUSC	98%
	62 day USC	90%

Figure 14: Cancer NUSC trajectory 2017/18

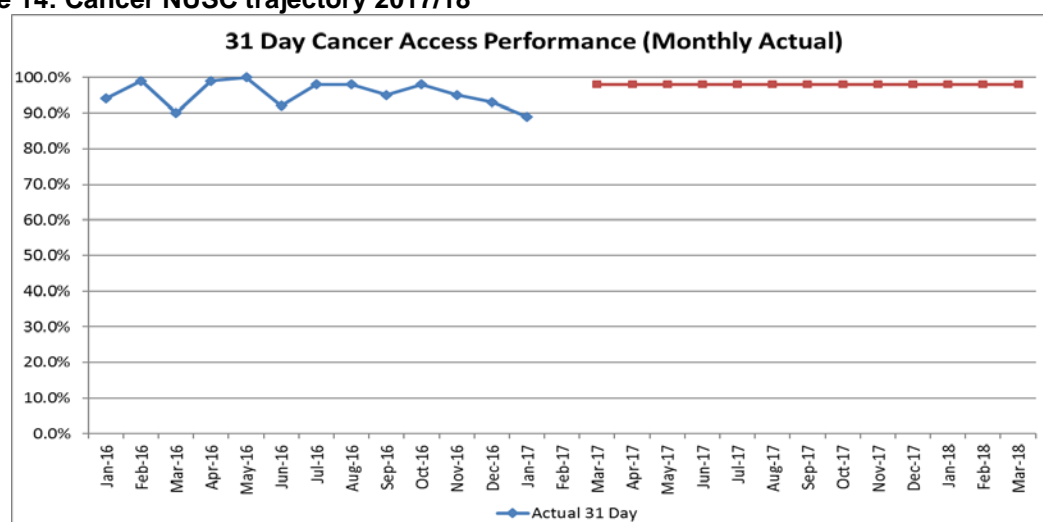
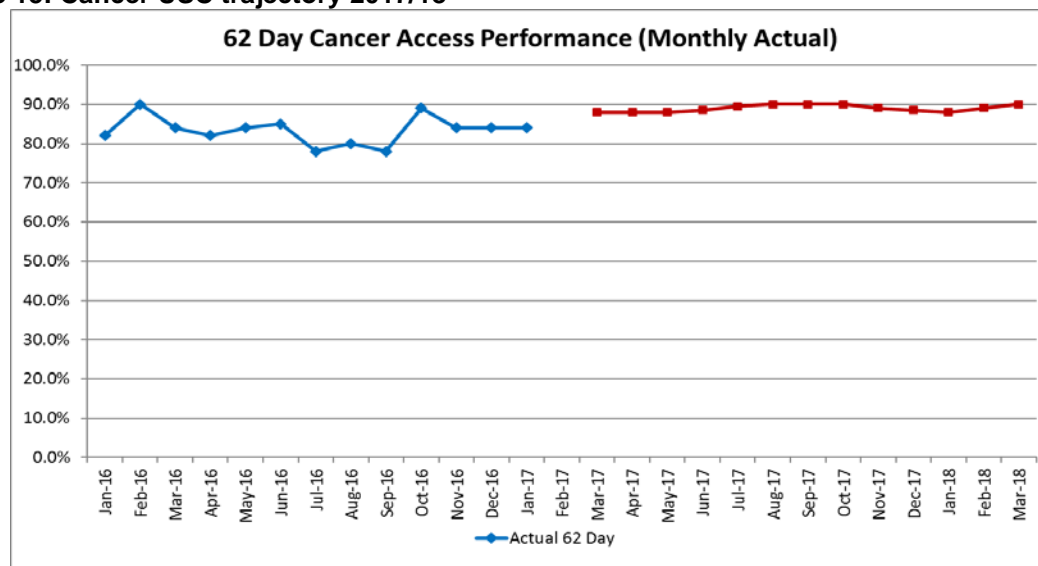


Figure 15: Cancer USC trajectory 2017/18



5.0 CLINICAL SUSTAINABILITY AND SERVICE CHANGE

The Health Board has some significant sustainability issues in terms of some of our models of care, and will progress these during 2017/18. We will review our Clinical Services Strategy 'Changing for the Better' to ensure the proposals continue to meet current needs. We will also consider other opportunities for service change which have emerged more recently. Some of these will need to be advanced in 2017/18 to support our recovery and sustainability programme. Others will require significant strategic service planning and engagement with possible formal public consultation to deliver change. All proposals will be developed on the basis of reflecting population need, delivering high value and outcomes and sustainable models of care in line with our strategic direction as a Health Board.

5.1 Service Change and Sustainability

The early areas of focus will be reviewing whether there are opportunities to develop detailed plans for the following:

- Implementing changes through the South Wales Programme and agreeing the Clinical Services Strategy for the Princess of Wales Hospital;
- Reviewing our workforce and service models of paediatric and obstetric care;
- Improving unscheduled care performance as manifested by pressures at Morriston by:
 - Progressing plans to centralise the acute medical take at Morriston
 - Developing an elective orthopaedic centre at Morriston
 - Considering the opportunity for an additional ward
 - Reviewing out of hours services;
- Reviewing the current configuration of urology services;
- Reviewing models of care in our Community Hospitals to take account of recent findings around patient flow;
- Bringing forward plans for the re-provision of inpatient care for mental health (adults and older adults) and learning disability services; and,
- Developing a new regional model for IVF.

5.2 Primary and Community Services

GP sustainability is a significant risk to the organisation and to our local population. Supporting and developing primary and community services through the GP cluster networks is vital for the long-term delivery of locally based care. The priorities for 2017/18 are:

- Supporting the sustainability of primary care service delivery;
- Improving the cost effectiveness of community and continuing healthcare;
- Ensuring delivery of contractual services and only paying for services delivered;
- Ensuring the appropriate use of our physical and ICT assets as services changes are rolled out; and

- Supporting the reduction of inappropriate prescribing and dispensing, to reduce harm and wastage.

By the end of 2017/18 we will have:

- Supported the reduction in the number of GP practices operating across the Health Board footprint from 73 to 65-68 in the first instance so that they become sustainable, both financially and in terms of workload;
- Evaluated all of our Pacesetter programmes, releasing and reinvesting resources from those which will be stopped or mainstreamed or continued for a further year;
- Full delivery and benefits realisation of the Optimum Western Bay model for Intermediate Tier services and the 'What Matters to me' model;
- Developed and started implementing new, community based models of care for diabetes and respiratory conditions, and completed the roll out of community cardiology services across the Health Board footprint - these have the potential to deliver a step change in primary/secondary care pathways;
- Improved uptake of childhood immunisations by age 4 to 90% and continue to improve towards the 95% target;
- Improved uptake of smoking cessation services and improved quit rates across our population;
- Improved uptake of screening services across the target populations to support a reduction cancer deaths;
- Completed the roll out of the Health Check Healthier Together cardiovascular screening programme across the North Cluster network;
- Introduced a new model of INR and wound care services across the Health Board to deliver safety and value for money;
- Increased the number of clusters offering telephone first access models, integrated centralised triage hubs and the number of clusters with an advanced audiology practitioner service and MSK service in place as alternatives to hospital settings;
- Developed the role of independent contractors and Allied Health Professionals in delivering care closer to home (e.g. optometrists and audiologists);
- Improvements in medicines wastage, ensuring appropriate levels of prescribing and dispensing activity;
- New workforce models to support recruitment and retention and multi-disciplinary working;
- A Primary and Community Services Strategy that will articulate our strategic vision for our services over the next five years; and
- A Primary and Community Services Estates Strategy that builds on our current Estates position statement to prioritise investment in future years.

5.3 Mental Health, Learning Disability and CAMHS Services

Whilst there has been a degree of service change in recent years, our mental health and learning disability services are still dominated by inpatient provision and poor environments. Developing modern, responsive services with a recovery philosophy is vital and this is a key strategic priority. There have been improvements in CAMHS services in the last year – particularly in terms of Tiers 3 & 4; however again, we know that there is much work to be done, not least with our partners in local authorities. We have established a partnership with Trieste to better understand their model of care and will use the learning from here to inform our new models of care.

Developed within the context of Together for Mental Health, the priority areas for mental health are:

- Changing the service model for older people's mental health services across health and social care to change the balance of care in favour of community based services;
- Identifying alternative service options for acute inpatient services away from Cefn Coed Hospital – this will require formal public consultation;
- Continue to review high cost residential and nursing placements to ensure models promote the progression pathway and a supportive rather than paternalistic approach to care; where possible developing local solutions;
- Simplifying how the increasing numbers of people with substance misuse issues are supported in relation to their mental health, in relation to our high prison population;
- Simplifying how people can access services taking account of the requirements of the Social Services and Well Being Act 2014;
- Setting out clear pathways for people with dementia to receive assessment and diagnosis to improve our responsiveness;
- Demonstrating the benefit from investment into psychiatric liaison support and intervention into our acute hospital sites; and
- Continue to meet our statutory requirements under the Mental Health (Wales) Measure 2010.

Working closely with partner Health Boards the priorities for Learning Disability services are:

- Changing the service model for learning disability services following an evaluation of demand and capacity of inpatient services to better match need and reduce reliance on "institutional care";
- Ensuring that people with learning disabilities are supported to live as independently as possible closer to home to improve quality of placements and reduce expenditure; and
- Reviewing high cost placements to ensure appropriate levels of support in appropriate settings, moving away from paternalistic care to care that is more supportive.

Priorities for CAMHS are to:

- Develop our CAMHS Strategic Framework for implementation in 2018/19 and 2019/20;
- Provide crisis assessment and intervention across extended hours as well as consultation and liaison to A&E, paediatric staff and GPs;
- Enhance the capacity of current services to promote achievement of all five elements of Part 1 of the Mental Health Measure;
- Develop partnerships between CAMHS and Adult Mental Health Services to support early intervention in psychosis services; and
- Develop the Neurodevelopmental Disorder service within ABMU which will be integrated and coordinated with, but differentiated from, the specialist CAMHS services provided by Cwm Taf UHB.

5.4 Princess of Wales Hospital Clinical Strategy

It is disappointing that we have not been able to implement the publicly consulted upon recommendations of the South Wales Programme and this is leading to some financial and sustainability pressures at this hospital. It has a crucial role in the local community, Health Board and as part of the South Wales healthcare system. The Hospital forms part of the South Central Acute Care Alliance and we will continue to work to implement the outcomes of the services consulted upon as part of the South Wales Programme – Emergency Medicine, Paediatrics, Obstetrics and Neonatology as far as we are able. We will continue to work with Cwm Taf, Cardiff and Vale and also Aneurin Bevan Health Boards to develop opportunities for regional solutions where appropriate. Initial options will be considered for orthopaedics and ophthalmology.

We will develop a clinical services strategy for the Hospital, setting out and agreeing future options for its role. These options may require formal public consultation.

5.5 Morriston Hospital Short to Medium Term Plan

Many of the pressures which the care system of ABMUHB finds itself under are manifested at Morriston Hospital, particularly through unscheduled care pressures. As a major provider of specialist and tertiary care, the hospital has experienced an increasing centralisation of services over recent years, particularly in relation to more complex care. This affects all areas of the hospital from the emergency department to the wards, theatres and critical care. The longer-term vision for Morriston is set out through the Changing for the Better and ARCH. However, in the short term the particular focus will be to take forward proposals to demonstrably relieve this pressure. These will particularly be around:

- Development of a standalone elective orthopaedic centre. This will release space within the main hospital building to support acute medicine, and will also support the transfer of the medical take from Singleton in the longer term. It will also provide an opportunity to develop a sustainable solution for orthopaedic services for Swansea, regional orthopaedic requirements from Hywel Dda (particularly spinal surgery) and residents from Amman Gwendraeth Valleys, and at a further point in time support development of a sustainable solution for Neath Port Talbot and Bridgend residents;

- Additional ward – as set out in the Quality and Safety section, options will be considered to provide a surge ward as well as much needed capacity to facilitate changes, refurbishments and upgrades to the environment of the hospital which will in turn improve patient flow and efficiency.
- Finalise the Clinical Decision Unit and Theatre Admissions Unit which will support both unscheduled and planned care.

5.6 ARCH

The longer-term future for Morriston and Singleton Hospitals specifically, are a central part of the ARCH Programme, and the Portfolio Delivery Plan has been submitted to Welsh Government for consideration. Both ABMU and Hywel Dda Health Boards consider the proposals contained within this as crucial to the clinical and financial sustainability of the healthcare system for South West Wales.

In addition to the short-term priorities set out above, the areas where we will jointly be developing proposals for regional working and possible solutions are:

- A South West Wales Non-Surgical Cancer Strategy will be completed by the summer of 2016 – engagement has already started on this, and may require public consultation;
- Explore the development of a regional ophthalmology solution;
- Develop a regional pathology service with the hub at Morriston;
- Develop regional models of care for: cardiology; neurology; vascular surgery; dermatology and interventional radiology and imaging; and
- Implement a Hyper Acute Stroke Model including a HASU at Morriston (which will be undertaken to coincide with the establishment of a single acute take for Swansea at Morriston).

ARCH is clearly much broader than the elements set out above, and in particular, will drive the development of Health and Well Being Centres in Swansea, Neath Port Talbot and Bridgend. It will also support innovative and sustainable workforce development and training models and maximise the benefits of research and innovation for the regional economy.

The Health Board's overall strategic service change plan is set out at **Appendix II**.

6.0 CAPITAL INFRASTRUCTURE PLAN

The Health Board will continue to deliver a number of key infrastructure investments to support our strategic direction. The key elements of these are set out are integrated into our service change plan in **Appendix II**.

As well as the priorities for Morriston and Princess of Wales Hospitals set out above, during 2017/18 we will focus on:

- Taking forward improvements to primary care practices in support of our recovery and sustainability programme and Primary Care Strategy;
- Submit a business case for a regional orthopaedic elective centre at Morriston;
- Environmental Modernisation on our three acute hospital sites – and submit further business cases on an ongoing basis;
- Demolishing redundant estate at Morriston to enable plans for a further multi-storey car park to be prepared;
- Review the opportunities and, if appropriate, submit a business case for additional wards at Morriston and Princess of Wales Hospitals;
- Submit a business case for additional neonatal capacity and a Transitional Care Unit at Singleton Hospital;
- Seek to bring forward plans to enable the disposal of Cefn Coed Hospital;
- Consider options for the centralisation of breast surgery at Neath Port Talbot Hospital;
- Continue with the replacement programme for Linear Accelerators;
- Review the options and consider preparation of a business case for a hybrid theatre at Morriston;
- Complete a Six Facet Survey to provide a comprehensive assessment of the condition of our estate;
- Undertake a review of the use of our estate to identify opportunities for rationalisation as part of the Recovery and Sustainability Programme;
- Continue the Cath Lab replacement programme; and
- Confirm and implement the location of the isolation rooms at Morriston and Princess of Wales Hospitals.

The Health Board's informatics ambition is to deliver digitally enabled world-class health, care and wellbeing for our population. We were the first Health Board to develop an IM&T Strategic Outline Programme which was approved by Welsh Government in 2015 and then refreshed in July 2016 and the Health Board has developed a Digital Strategy which is due to be approved in March 2017. The aim is that, in ABMUHB, by using digital technology, citizens and patients will be able to receive and share information online about their health and wellbeing. They will also be able to communicate with us digitally to support communication but also the investment will underpin a step change in their ability to take part in decision making with clinicians. Staff will use digital technology to become more data driven and evidence based, with robust and ever expanding decision support capability.

The initiative we have demonstrated to drive forward the digital agenda has been well received by NWIS and Welsh Government and has resulted in significant progress to date.

We will continue to implement a range of technology and information solutions to support the delivery of our plans and these are shown on the diagram in **Appendix II**. Our future projects will support significant service modernisation and efficiencies across primary, secondary, tertiary and community care. We will need to grow our capacity and capability and embrace innovative technologies and approaches whilst maintaining our existing infrastructure and systems.

The priorities for 2017/18 will be:

- Digital infrastructure and cyber security;
- Improving safety and quality through ICNet, e-Prescribing and e-TOC;
- Digitising the health record;
- Information and business intelligence;
- Mobilising the workforce;
- Patient empowerment through innovation and modernising outpatients;
- Patient flow – through EPMA, ED, WCCIS, modernising outpatients; and,
- Streamlining corporate and clinical workflow.

There will be strong focus on benefits realisation in all of the above to ensure that they contribute to improved patient care but also release of resources.

7.0 WORKFORCE DELIVERY PLAN

Stabilising and enhancing our workforce is fundamental to our Recovery and Sustainability Programme. Continuing our recruitment programme is essential, but not sufficient, to deliver the change and improvements we need. We must make better use of the talent and experience of our workforce to provide services across traditional professional and care boundaries to create future workforce sustainability.

A summary of our workforce plans for 2017/18 are set out below:

Embedding our Values & Behaviours

- Ensure the values programme is connected to other work within Learning and OD, Staff Experience and Well-Being through work; and,
- Embed values and behaviours into our systems and processes such as; values based recruitment, induction, consultant appraisal and PADRs.

Recruitment

- Increase the number of students in relevant health and life science courses through the ARCH Skills and Education Programme;
- Maintain focus on recruitment through local and overseas recruitment campaigns for nursing and medical staff;
- Participate in the BAPIO scheme to recruit medical staff from India;
- Support the Welsh Government initiative “Train, Work, Live” to recruit medical staff;
- Offer NVQs, apprenticeships and traineeships across the Health Board; and,
- Work with Swansea University to develop flexible routes to support 30 HCSW who are registered nurses in their own country gain UK NMC registration.

Retention

- Continue to develop new registrant forum, clinical supervision and enhanced preceptorship for nurses;
- Implement rotational programmes to enhance skills, experience and learning;
- Introduce an exit interview process January 2017 for staff leaving within the first 12 months which will be rolled out thereafter, to understand the reasons for leaving and identify hotspot areas to inform local action plans;
- Participate in the development of a Primary Care Academy with Swansea University through ARCH to support the recruitment and retention of GPs;
- Support the development of portfolio careers for GPs who have a special interest;

- Provide a good induction; pastoral and mentorship care for medical staff; and,
- Working Longer Review – Utilise the working longer readiness tool once completed.

Enhancing Staff Experience

- Develop our staff experience strategy ‘In our Shoes: Creating Patient Care through Great Staff Experience in ABMUHB’;
- Develop our Workforce and Coaching Strategy to underpin our staff experience strategy;
- Continued use of recognition schemes at local and Health Board level;
- Utilise staff surveys to measure and continue to improve staff experience; and,
- Improve sickness absence.

Training and Development

- Continue with the delivery of a suite of programmes to support the care of the frail elderly in hospital following Trusted to Care;
- Maximise the use of ESR and digital technology to improve compliance with statutory and mandatory training;
- Support managers to manage performance effectively through leadership and management training;
- Implement an action plan to improve PADR compliance to reach the target of 85% and improve the quality of the PADR process; and,
- Maintain the 90% appraisal rate for medical staff.

Workforce Redesign

- Address key workforce deficits in nursing through a review of Band 2, 3 and 4 roles; and,
- Redesign and develop the wider primary care workforce to counter workforce deficits and support the move to providing more services in the community.

8.0 FINANCIAL DELIVERY PLAN

[DN: to be confirmed]

APPENDIX I – Annual Plan Action Plan 2017/18

Corporate Objective 1 - Promoting and Enabling Healthier Communities

Corporate Priority	Action	When				Measure	Enablers
		Q1	Q2	Q3	Q4		
Implement the priorities of our Early Years Strategy to give children in our area the best start in life and prevent adverse childhood experiences	Publish our Children and Young People's Strategy				x	Children and Young People's Strategy published by end 2017/18	-
	Improve our childhood vaccination rates within available resources through actions such as: appointing high-level immunisation champions and vaccination champions to cover every ward, unit or practice; taking every opportunity to check a child's immunisation status; and actively promoting childhood and flu vaccinations.	x	x	x	x	Childhood vaccination rates at age 4 reach 90% across all our communities and continue to improve towards achieving the 95% target	-
	Reduce Violence against Women, Domestic Abuse and Sexual Violence by implementing 'Ask and Act' in our pilot sites	x				Compliance with our statutory duty to roll out 'Ask and Act'.	-
Reduce smoking	Implement actions within Delivery Units within resources to reduce smoking such as: senior level tobacco control champions and a champions to cover every ward, unit or practice; Health Board ownership and delivery; use of Making Every Contact Count (MECC) training including uptake of e-learning; implementing smoke-free environments on all our sites; and actively referring staff and patients to smoking cessation services.	x	x	x	x	Smoking prevalence falling in line with trajectory to meet 16% prevalence by 2020 Continue to improve trajectory towards 5% of smokers to make a quit attempt via smoking cessation services; with at least a 40% CO validated quit rate at 4 weeks. Health board set target for uptake of MECC	-
Reduce obesity	Implement our Physical Activity Strategy	x	x	x	x	Increase in physical activity rates as	-

Corporate Priority	Action	When				Measure	Enablers
		Q1	Q2	Q3	Q4		
and increase physical activity						measured by national surveys of adults and school aged children	
	Implement actions within Delivery Units within resources to reduce obesity such as: use of MECC; providing and promoting healthy eating options for staff and patients; and ensuring that hospital IT systems record BMI and physical activity levels.	x	x	x	x	Reduction in %age of population who are obese Obesity as measured in reception aged children. %age of children aged 4-5 years who are obese Working towards capturing maternal weights at booking	-
Meet or exceed Welsh Government targets on immunisation and vaccination within available resources	Implement actions within resources to improve our flu vaccination rates for staff, pregnant women, over 65s and the 'at risk' groups			x	x	Influenza immunisation rates to reach 75% in clinical at-risk groups, pregnant women and those over 65 years of age. Influenza immunisation uptake rates to exceed 50% in frontline NHS staff.	-

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

Corporate Priority	Action	When				Measure	Enablers
		Q1	Q2	Q3	Q4		
Implement the priorities of our Quality Plan for 2017/18 (see also stroke and HCAI sections)	Reduce the number of grade 3+ pressure ulcers	x	x	x	x	10% reduction from 2016/17 (399 in 2017/18)	-
	Reduce falls causing harm	x	x	x	x	10% reduction from 2016/17 (1648 in 2017/18)	-
	Meet WG compliance standards for serious incidents				x	Meet 80% target	-
	Improve complaints performance				x	Meet 80% target for response within 30 working days Meet 100% target for acknowledgement within 2 working days	-
	Improve patient experience feedback (PREMs) and PROMs				x	Improve % Family and Friends who would recommend the Health Board by 1% Improve the level of feedback per discharge to 15%	-
	Roll out e-TOC				x	Improve e-TOC compliance from 50% to 70%	-
	Maintain percentage of patients with NEWS scores				x	Maintain at 98%	-
	Suicide prevention	x	x	x	x	Measures in development	-
	Roll out e-prescribing		x	x	x	e-Prescribing rolled out in line with Digital Programme	-
Reduce our rates of healthcare acquired infections to meet	Redesign our structured approach to Infection Prevention and Control, making the best use of existing resources.		x			Reduce rates of clostridium difficile infections to 30/100,000 by end of March 2018	-

Corporate Priority	Action	When				Measure	Enablers
		Q1	Q2	Q3	Q4		
or exceed Welsh Government targets	Adopt ANTT across the Health Board using existing resources	x				Reduce rates of MSSA infections to 30/100,000 by March 2018	-
	Review all existing policies and SOPs to ensure they are current and evidence-based.			x			-
	Roll out ICNet across the Health Board.	x					Capital (IT)
	Implement the year 1 recommendations of the decontamination review.				x		Capital
	Complete the isolation pathway in Morriston by developing three isolation rooms				x		Capital
	Review opportunities, and if appropriate, finalise business cases to open two additional wards; one at Morriston and one at POWH	x					Capital
Improve our stroke care and performance to meet or exceed Welsh Government targets	Continue to implement unit –based multi-disciplinary action plans to improve compliance with the stroke measures	x	x	x	x	By end March 2018: Achieve 72% compliance with <4 hours bundle Achieve 95% compliance with <12 hours bundle Achieve 72% compliance with <24 hours bundle Maintain 97% compliance with <72 hours bundle	-
	Scope plans for HASU/ASU model through ARCH		x				-
	Reduce risk factors through wider prevention agenda			x	x		-
Sustaining and improving our performance against the Welsh Government unscheduled care targets supported by targeted intervention at	Maximising the role of 111 in selecting the right access option.	x	x	x	x	Overall Welsh Government measures for Unscheduled Care by end March 2018: 4 hours – 90% 12 hours – 300 1 hour – 100 Red calls – 76% Reduction in conveyances to hospital	-
	Ensuring existing alternative WAST and Community Resource Team pathways are used appropriately and consistently across the Health Board area.	x	x	x	x		

Corporate Priority	Action	When				Measure	Enablers
		Q1	Q2	Q3	Q4		
Morrison Hospital						Improved ambulance handover times	
	Implement site change plans within resources to increase the number of patients following Ambulatory Emergency Care pathways in accordance with BAEC guidance.			x		Target for 2017/18 is AEC on all sites 9am-5pm Monday-Friday. Reduce 4 hour and 12 hour waits Reduce avoidable admissions and associated bed days	-
	Improve compliance with the SAFER flow bundle on every ward in every hospital supported by an internal accreditation process.	x				Number of wards with SAFER patient flow bundle implemented. Reduce 12 hour waits in ED Reduce discharge fit and DToC patients.	-
	Rolling out the Clinical Portal and ensuring it is used effectively.	x				Reduce LoS and bed days used.	Capital (IT)
	Increase the number of patients having a frailty assessment at each acute site underpinned by the Comprehensive Geriatric Assessment		x			Reduce avoidable admissions and associated beddays Reduce LoS and DToCs	-
	Increase the health and social care capacity available to support admission prevention and timely discharge through effective use of ICF			x		Reduce 12 hour waits in ED Reduce discharge fit and DToCs Reduce LoS and beddays used	-
	Continue to implement any additional recommendations of the external review of performance at Morrison Hospital as part of targeted intervention status	x	x	x	x	NHS Wales Outcomes Measures	-
	Improve winter resilience through effective multi-agency plan agreed by August 2017		x			NHS Wales Outcomes Measures	Revenue

Corporate Priority	Action	When				Measure	Enablers
		Q1	Q2	Q3	Q4		
	(revenue required)						
	Continue to develop primary care focussed pathways for diabetes and respiratory medicine through our Commissioning Boards	x	x	x	x	Number of diabetes patients having new and Follow up outpatient appointments in secondary care Number of clusters with pulmonary rehabilitation and early supported discharge for COPD	-
Improving access to enhanced models of primary care	Increase the number of clusters offering: <ul style="list-style-type: none"> Telephone first access models Integrated triage hubs Advanced audiology MSK services 		x	x x x		Number of clusters offering these services	-
Sustaining or exceeding our performance against Welsh Government planned care targets, maximising the opportunities of the national planned care programme to establish sustainable solutions, subject to available resources.	Roll out Transforming Outpatients programme across all specialties and Units		x			Reduction in no of new and follow up outpatients Reduction in DNAs and CNAs Improved patient satisfaction	-
	Implement surgical efficiency and effectiveness plans in each Delivery Unit	X	X	X	X	Improve theatre utilisation Reduce cancellations Reduce LoS Increase productivity through core capacity Reduce WLIs and outsourcing	
	Refresh and implement updated RTT policies in line with new guidance to support delivery of RTT targets		x			Guidance issued to units Training delivered Improved DNA rates, reduced cancellations	
	Implement the sustainability requirements within the national Planned Care Programme Plans for the 4 Phase I specialties.	x	x	x	x	Transitional plans agreed and milestones within each plan achieved	-

Corporate Priority	Action	When				Measure	Enablers
		Q1	Q2	Q3	Q4		
	Develop sustainability plans for the next tranches of the national Planned Care Programme, starting with dermatology	x	x			Sustainability plans submitted	-
	Develop regional pathways and services: <ul style="list-style-type: none"> regional vascular surgery service regional dermatology service regional ophthalmology service (review in 2017/18, implementation in years 2/3 is supported) 	x x	 x			Welsh Government support for submission of business cases setting out quantifiable benefits in terms of service sustainability across the region.	ARCH
	Submit a business case to Welsh Government for a regional elective orthopaedic centre at Morriston	x				Deliver 26 and 36 week waiting times target for orthopaedic services. Sustainable in house provision of orthopaedics for Swansea and agreed elements of Hywel Dda population.	Capital
Sustaining and improving performance against Welsh Government cancer targets using the outcome of the Capita demand and capacity review	Pilot the rapid access diagnostic hub (Danish model) at NPTH (Revenue funded by the Cancer Innovation Fund).			x		Cancer Commissioning Board to report on pilot – comparison of stage of cancers at diagnosis	Revenue (CIF) Workforce
	Implement actions not requiring revenue investment in our Cancer Delivery Plan and develop a Cancer Delivery Programme by the end of March 2017, using the Capita cancer demand/capacity report. Implement during 2017/18: <ul style="list-style-type: none"> Utilisation of e-Referral Outpatient Capacity Diagnostic Capacity Theatre Utilisation 	x x x		 x		Maintain 98% compliance with non-USC cancer target Achieve 90% compliance with USC cancer target	-

Corporate Priority	Action	When				Measure	Enablers
		Q1	Q2	Q3	Q4		
	<ul style="list-style-type: none"> Radiotherapy localisation reporting <p>Implementation that may require some investment</p> <ul style="list-style-type: none"> Outpatient Capacity Diagnostic MDT Capacity 	x					
	Review business case and, if supported, implement plan to centralise all breast services at NPTH, within resources.			x		Business case developed.	-
	Implement the outcomes of the commissioning review of Upper GI cancer surgery			x		Sustainable service model	-
	Continue Lin Acc replacement programme	x	x	x	x	Work progressing on Lin Acc A. Complete business case for Lin Acc B by March 2018.	Capital
	Formally signal intention to WHSSC to develop PET-CT for the South-West Wales population through ARCH	x				Diagnostic waiting times delivered once PET-CT in place	-
	Implement recommendations of the external review of thoracic surgery	x		x		Action plan to enable improved equity of access to resections for ABMU residents. New WHSSC Service Specification implemented.	-
	Implement WHSSC-funded increase in thoracic surgery	x				Number of lung cancer resections undertaken in ABMUHB	Revenue (WHSSC) Workforce
	Implement WHSSC-funded increase in BMT		x			Number of autologous BMTs undertaken in ABMUHB	Revenue (WHSSC) Workforce
	Develop a plan to use the Tenovus Mobile Unit to increase capacity for chemotherapy (if	x				Reduction in waiting time for chemotherapy from current wait of 31	-

Corporate Priority	Action	When				Measure	Enablers
		Q1	Q2	Q3	Q4		
	revenue neutral)					days.	
	Re-provide the Aseptic Unit at Singleton (pending move to Morriston as part of ARCH)			x		Audit of standards and demand.	-

Corporate Objective 3 – Demonstrating Value and Sustainability

Corporate Priority	Action	When				Measure	Enablers
		Q1	Q2	Q3	Q4		
Accelerate the work of the Recovery and Sustainability Programme to reduce the financial deficit of the Health Board by the end of 2017/18, with external support.	Workforce Supporting actions outlined in Corporate Objective 4 regarding reducing dependence on variable pay.	See actions in Corporate Objective 4 – Securing a fully engaged and skilled workforce					
	Unwarranted Clinical Variation Reduce unwarranted clinical variation			x		Measures of unwarranted clinical variation	-
	Service Optimisation i. Theatres Improve theatre productivity including reducing DNAs through text messaging, optimum use of lists, consolidation of lists, reduce number of cancellations, validation.	x				Reduced cost of theatres Increased surgical activity Reduction in surgical DNAs Improved theatre utilisation (time)	-
	ii. Outpatients Supporting actions in planned care section to transform outpatients through reducing DNAs and follow-ups and validation	See planned care section					
	iii. Length of Stay Reduce length of stay through reducing medically fit for discharge delays, delays in inter-hospital transfers, improving flow and discharges earlier in the day, reviewing function and use of community hospitals. Also supporting the work outlined in in unscheduled care section regarding community services and intermediate care.		x			Reduction in LoS Reduction in patients medically fit for discharge Reduction in delayed inter-hospital transfers	-
	Digital Enablement Achieve target for e-TOC as outlined in Corporate Objective 2, and implement the				x	See Corporate Objective 2 -Quality Plan (70% compliance with e-TOC)	-

Corporate Priority	Action	When				Measure	Enablers
		Q1	Q2	Q3	Q4		
	agreed digital programme for 2017/18.						
	Medicines Optimisation Ensure spend on medicines is clinically appropriate and develop an action plan to reduce unwarranted variation in prescribing.		x			Reduction in spend on medicines Reduction in unwarranted variation in prescribing practice	-
	Estate rationalisation/back office functions Reduce spend on management costs and corporate functions, rationalise the estate where possible, reduce rental payments.		x			Reduction in management costs Reduction in room hire and hospitality costs Reduction in rental payments Reduction in Health Board estates footprint	
	Clinical Sustainability Models Develop a clinical strategy for POWH. Centralise urology at Morriston. Ensure the function, cost and efficiency of our community hospitals are maximised, make recommendations to improve the sustainability of vulnerable medical rotas, confirm the plans for the future of the Cefn Coed site and maximise the effectiveness of our IVF model and out of hours services.			x	x	Reduction in length of stay associated with inter hospital transfers Reduction in cost of medical rotas / locum spend Agreement of plans for Cefn Coed site Reduction in cost of out of hours services Increased income from IVF	-
	Procurement/Consumables Reduce total spend and variation by rationalising prosthesis and consumables spend across multiple suppliers	x				Reduction in spend on prostheses Reduction in spend on consumables	-
Develop an IMTP for 2018-22 that is sustainable from a service, workforce and financial	An integrated three-year plan for high-quality sustainable services within an approvable revenue envelope to be developed.				x	Agreement that a 3-year plan can be submitted to Welsh Government meeting their planning guidance requirements. (Note: approval may not be in	-

Corporate Priority	Action	When				Measure	Enablers
		Q1	Q2	Q3	Q4		
perspective						2017/18 year)	
Review developments made through investment and badged funding in last two years to examine if benefits achieved or monies can be re-directed or saved	Implement a review process to quantify the benefits and make recommendations on developments made through: ICF monies Mental health monies CAMHS monies Cluster funds Pacesetters IMTP development money	x				Recommendations made on whether schemes remain or monies are re-directed	-
Continue to implement the sustainable service strategies and plans to deliver the health Board's strategic direction set out in Changing for the Better	Develop a Primary and Community Services Strategy which will set out a sustainable approach to strengthening primary and community services and delivering more care closer to home	x				Strategy published	-
	Develop a Clinical Services Strategy for POWH with options which will clarify the future service model and relationships with other hospitals	x				Strategy published	-
	Develop a short to medium term plan for Morriston Hospital to enable it to maximise its capacity and performance as part of the Health Board system.		x			Plan published	-
	Develop strategic frameworks for Mental Health/Learning Disabilities/CAMHS services				x	Strategic Frameworks published	-
Implement the ARCH PDP when approved by Welsh Government	Implement Year 1 ARCH priorities	x	x	x	x	Sustainable models of care across region	ARCH Capital City Deal

Corporate Objective 4 - Securing a Fully Engaged and Skilled Workforce

Corporate Priority	Action	When				Measure	Enablers
		Q1	Q2	Q3	Q4		
Have a fully engaged and skilled workforce fully committed to our corporate values	Implement the staff experience strategy and action plan and local and Health-Board wide recognition schemes	x	x	x	x	Bi-annual improvement in the percentage of staff who feel engaged.	-
	Develop a proactive and comprehensive recruitment and retention plan that maximises fill rates for substantive roles and reduced reliance on agency and locum staff				x	Reduction in current vacancies by 10%. Reduction in turnover by 10%. Reduction in bank and agency usage of 10%.	Workforce
	Address key workforce deficits in nursing through a review of Band 2, 3 and 4 roles				x	Increased number of staff employed in band 3 and 4 roles.	Subject to the requirements of the Nurse Staffing Levels (Wales) Bill
	Support managers to manage performance effectively through leadership and management training.	x	x	x	x	Contributes towards sickness, turnover, bank/agency and staff engagement targets.	-
	Improve performance in:						
	Sickness absence				x	Reduction of 0.5% in year.	-
	PADR compliance				x	85% compliance.	-
	Mandatory and statutory training				x	85% compliance.	-

Corporate Objective 5 - Embedding Effective Governance and Partnerships

Corporate Priority	Action	When				Measure	Enablers
		Q1	Q2	Q3	Q4		
Provide effective governance and assurance arrangements and continue to develop strong partnerships to improve services and outcomes	Implement the actions associated with the Health Board's targeted intervention status to address concerns through open and transparent dialogue with Welsh Government				x	Removal of targeted intervention	-
	Implement improved internal financial performance and accountability arrangements and transparency of decision-making to ensure agreed financial targets are delivered	x				Delivery of agreed financial targets Full identification of savings requirements	PWC support Recovery & Sustainability Board
	Developing and implementing plans to secure long term sustainable change through our statutory partnerships including the Western Bay Regional partnership Board and Public Service Boards	x	x	x	x	Improved performance through integrated teams. Pressures on adult social care understood and plans in place to support care across system. Further pooled budgets established where appropriate. Needs and Wellbeing Assessments used to inform plan development	-
	Ensure that commissioned services reflect the needs of our population	x	x	x	x	Improved performance to meet WG targets with commissioned services reflecting population need.	-
	Ensure our capital programme supports the delivery of sustainable services	x	x	x	x	Business cases delivered and approved to support improved quality of care and performance	-
	Develop an Organisational Strategy to align all of our existing strategies providing a coherent and consistent organisational direction		x			Health Board has clear strategic direction across all elements of responsibility – clinical/quality/workforce etc. to support improved performance.	-

APPENDIX II – Our Integrated Service Change Plan



5 year look MASTER
V10 March 2017.xlsx

Major Service Change Plans (Service Change and Capital Schemes)

v8

- ARCH Schemes
- Capital Scheme
- Other linked service change
- Digital
- Service Change Requiring Revenue (including external funding and WHSSC) Does not include service or efficiency improvement within resources

