

SUMMARY REPORT		ABM University Health Board			
Health Board		Date of Meeting 25th May, 2017 Agenda item: 2 (iii)			
Subject	IMTP (Annual plan) end-of-year report 2016/17				
Prepared by	Darren Griffiths, Assistant Director of Strategy				
Approved by	Sian Harrop-Griffiths, Director of Strategy				
Presented by	Sian Harrop-Griffiths, Director of Strategy				
Purpose					
<p>This report provides an update on the year end position in respect of the implementation of the Annual Plan for 2016/17.</p> <p>The performance position for 2016/17 is covered in more detail in the separate Integrated Health Board performance report although performance against the Approval Conditions is referenced here.</p>				Decision	
				Approval	
				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>The Health Board did not have an approved Integrated Medium Term Plan (IMTP) for 2016/17 but the plans set out for year 1 of the plan formed the basis of an Annual Plan for the year.</p> <p>It was a challenging year for the Health Board triggered in particular by a deterioration in the financial position, slow progress in delivering improvements in unscheduled care at Morriston Hospital and an unapproved IMTP. These were some of the key factors in raising the Health Board’s escalation status to “targeted intervention” in September 2016. This escalation has set the scene for the last half of the year and for our planning into 2017/18.</p> <p>This report looks back over 2016/17 and is supplemented in detail by Appendix A which is the full set of Joint Executive Team papers which covered performance in 2016/17 at the discussion held with Welsh Government on 3rd April 2017.</p> <p>In term of detailed performance assessments for key performance measures, these are covered in a separate report to the Health Board this month.</p>					

Key Recommendations

Members are asked to:

- **Note** the contents of the report

Main Report		ABM University Health Board
Strategy, Planning and Commissioning Committee		25th May, 2017 Agenda item XXX
Subject	IMTP (Annual plan) end-of-year report 2016/17	
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1. Introduction

The Health Board did not have an approved IMTP for 2016/17 but the plans set out for year 1 of the plan formed the basis of an Annual Plan for the year.

It was a challenging year for the Health Board triggered in particular by a deterioration in the financial position, slow progress in delivering improvements in unscheduled care at Morriston Hospital and an unapproved IMTP.

This report provides an overview look back over 2016/17 and is supplemented in detail by **Appendix A** which is the full set of Joint Executive Team papers which covered performance in 2016/17 at the discussion held with Welsh Government on 3rd April 2017. This narrative is therefore intended to complement the detailed Appendix with a summary review of the year.

In term of detailed performance assessments for performance measures these are covered in detail in a separate report to the Health Board this month, although a high level picture of the Approval Conditions position for 2016/17 is included here.

2. Overview

The purpose of this report is not to repeat the information we regularly share with the Health Board in respect of updates on the Annual Plan, but to look back over 2016/17 and set out how we intend to deal with these challenges, as a Health Board, over the next 12 months. We have learned from the challenges we faced in 2016/17 and we have now set out corporate objectives in our Annual Plan for 2017/18 which provides a clear focus onto the actions which are our highest priorities. Our aim is to restore confidence in the Health Board and to demonstrate that we are on the right path to deliver.

Developing Improvement Capability and Capacity

One of our objectives over the last year has been to harness the expertise of our small improvement hub in developing the improvement capability and capacity of the organisation so that we can embed a continuous improvement approach and empower the workforce. In simple terms, our vision is that every member of staff will be equipped to make an improvement themselves or will be able to contact someone who can help them make that improvement. A major focus has been on rolling out training: -

- 3,000 staff are trained on Bronze IQT
- 135 have undertaken the new Foundation Programme

- 17 have completed the Foundation in System Design
- 24 Consultants have participated in the Medical Leaders Programme.

We also have 1 Advanced Improvement Science Practitioner, 3 Improvement Science Practitioners and another 3 in training. A number of these are senior Consultants in leadership roles who are already using improvement methodologies to drive change. We will continue to build on this approach into 2017/18 and already we are getting tangible benefits from these individuals and their new sets of skills: -

- significant improvements in diagnostic waits for cancer patients
- redesign of oncology clinics to release capacity
- process improvements in chemotherapy to improve throughput
- changing the pathways of care for out of hours services and improved flow through ED.

These skills and expertise will be critical in helping us deliver on our Recovery and Sustainability Programme and the priorities within our Quality Plan. The challenge for the Health Board is to use this expertise to swiftly demonstrate stepped improvement in performance, robustly and sustainably across the Health Board.

Partnerships

We recognise that current challenges facing the Health Board have a much wider system impact. We know that we will need to make difficult decisions in 2017/18, and in future years, on a range of matters to ensure our services are sustainable. Building on our effective partnerships with the Community Health Council and our staff organisations will be critical to achieving this. Although we have navigated some difficult territory in relation to industrial action in HSDU services in Quarter 4, our relationships with staff organisations remain positive.

Two staff representatives and the Chair of the CHC are on our Recovery and Sustainability Programme Board. We will continue to participate in the Western Bay partnership to shape the interface between health and social care. The outcome of the White Paper consultation on local government reform may impact on this, given the question raised about Bridgend CBC, and in our response to this we set out that any proposals need to be explicit to ensure services to the residents of this area do not suffer. Challenges to patient flow through our hospitals has many causes and we know that our internal Health Board processes need improving. We are working on this but also know that at times during 2016/17 this has been affected by decisions made by local authorities. We will ensure that we engage meaningfully with our partners to develop solutions to support flow and ultimately ensure that our citizens receive care in the correct setting and only occupy hospital beds when absolutely necessary.

We continue to actively progress our role as statutory members of the Public Service Boards and shaping the agendas of the different Boards to ensure they are not just extensions of the former Local Service Boards. The recent announcement of the City Deal for Swansea will also provide an excellent opportunity to progress this joint working for the benefit of the people of South West Wales.

Culture and Values

Building on the progress made in 2015/16, we continued in 2016/17 to implement the work associated with our values and behaviour framework as we believe this is central to changing the culture of our organisation. We believe that we have seen the impact of this

programme in 2016/17 in our Staff Survey Results which have improved across the board, despite the fact that we have been through a challenging time post Trusted to Care. The clear focus on values is increasingly helping to attract an excellent calibre of staff to the organisation and we are steadily embedding the values as core business, for example, in relation to recruitment and appraisal. Equally, being this explicit about values means we are increasingly tackling behaviour which is not in line with our values and this is a learning curve for all of our managers and leaders. Holding on to our values is even more important at the current time, when the organisation is under significant stress with serious financial and service pressures. As an Executive Team we are determined to deal with these challenges in a values-based way and we know that this has the backing of the whole Board.

Recovery and Sustainability

We established this Programme in Quarter 4, with Board leadership, to drive the recovery process from 2016/17 into 2017/18 and to help build sustainable plans for 2018/19 and beyond. We appointed a Recovery and Sustainability Director in 2016/17 within the Executive Team to provide additional capacity and focus. The Programme is taking an integrated approach to service and financial challenges, recognising their interdependency and focusing on the opportunities to work differently and accelerate new thinking about service and workforce models. We have been clear that in establishing the Recovery and Sustainability Programme we have three priorities:

- Maintaining patient safety
- Improving our financial position
- Sustaining and improving our performance

We have already completed a substantial amount of staff engagement and we are encouraged by the positive and constructive approach that has been evident to date, along with the suggestions and support that we have had. We believe that if we get the engagement right this will be a critical vehicle in transforming our attitudes, expectations, and the culture of our organisation

Efficiency and Value

We recognise the value of benchmarking ourselves with other organisations, and our teams will continue to embrace the challenge of the National Planned Care Programme which has provided a coherent and clinically led approach to reducing variation and raising standards. As a Health Board we also have access to a wide range of benchmarking data and in 2016/17 we published “Baseline Assessment” packs for our operational units to inform their plans as part of our Recovery and Sustainability Programme. We have also used Qlikview to develop a dashboard to support plans to address unwarranted clinical variation and this is currently being rolled out to the operational units.

Planning

We have developed a robust long-term strategic direction, although we recognise the need to develop a coherent set of plans that build from the short term. We have set out the vision for the South West through the ARCH Portfolio Delivery Plan which we submitted in 2016/17 and have already started work on that by focusing on a master plan for the Morrision and Singleton Hospital sites and the opportunities we need to progress to help address current service pressures.

We recognise the need to build on the regional planning already underway and as a result of the further maturing of our relationship with Hywel Dda in 2016/17 we have some well

worked through clinical plans for regional services and a clear programme of work to progress further areas for 2017/18.

We are developing options for a clinical services strategy for Princess of Wales Hospital that reflects the outcomes of the South Wales Programme, but which also identifies other opportunities or options to support sustainable services across the Health Board. In addition, we intend to build on the good progress we have made in developing new models of care through our GP Cluster Networks thanks to excellent local GP leadership and we will be setting out our future vision and commitment to these models within a new Primary and Community Services Strategy.

3. Approval Conditions

The Board will be aware that Welsh Government has prioritised the performance areas where improvement is expected to enable the Health Board to move towards being able to have an approvable IMTP. These six areas are: -

- Unscheduled care
- Stroke
- Planned care
- Cancer access
- Infections Control
- Finance

The table below sets out the respective performance levels for each of the performance metrics at March 2016 and March 2017. Also included is the original IMTP trajectory for each metric. Finance is not included in this table and is subject to a separate report to the Board. Further detail on performance is provided in the new format performance report to the Board this month. There is a significant amount of detail within that report covering the Approval Conditions.

Aim/Target	Mar-16	Mar-17	IMTP Target
RTT 26 week (%)	87.70%	88.17%	90.01%
RTT 36 week waits (#)	3,843	3,485	2,857
Diagnostics 8 weeks (#)	0	320	0
Stroke - Direct admission to stroke unit within 4 hours	14.3%	32.1%	70.0%
Stroke - CT scan within 12 hours	90.0%	92.3%	95.0%
Stroke - Assessed by a Stroke consultant within 24 hours	62.9%	78.2%	80.0%
Stroke - Formal swallow assessment within 72 hours	97.1%	88.5%	97.0%
Cancer (non urgent suspected cases) (%)	90%	90%	98%
Cancer (urgent suspected cases) (%)	84%	79%	95%
A&E 4 hour waits (%)	74.37%	75.74%	95.00%
12 hour waits (#)	915	677	140
1 hour handover (#)	1,024	525	104
Clinical Response Model - 8 minutes (%)	65%	77%	65%
C difficile (rate)	42.69/100,000	51.54/100,000	20.30/100,001
Reduction in bacteraemias (rate)	33.61/100,000	33.61/100,000	15.80/100,001

Care must be taken when comparing end-of-month figures (in-month figures) as the service pressures in individual months can vary considerably, although there is a general expectation that by implementing the actions within the Annual Plan there is improvement in all areas month on month.

The table demonstrates improvement in a number of areas over the course of the 12 month period but the Health Board has faced a number of challenges in delivering the intended performance levels as set out in the original plan.

Areas where the Health Board has done well in 2016/17 are: -

- Sustaining diagnostic waits. Endoscopy has experienced a pressure at year end which will clear in Quarter 2. We are one of the highest performing organisations in Wales on this measure.
- Holding Out Patient access low (Not in the table above as not a National target but is a key pathway target locally)
- Stroke CT
- Ambulance Clinical response – 8 minutes

Areas where the Health Board needs to improve based on 2016/17 are: -

- Unscheduled care at Morriston Hospital continues to be challenge for the Health Board.
- Urgent Suspected Cancer
- Stroke 4 hour – in full
- Infection control
- Reducing volumes of the longest waiting patients

The Board has been routinely updated on these key performance issues through the regular report card updates provided at Board meetings.

4. 2017/18

It is acknowledged that it has been a challenging time for the Health Board and also that there will be a need for ongoing scrutiny, challenge and support for the foreseeable future whilst we implement our 2017/18 Annual Plan.

In 2017/18 the Health Board's primary focus will be to improve performance and resolve the financial position of the organisation. This will be further enhanced as our new Directors of Finance and Public Health join us by the end of Quarter 1.

We have simplified and shortened our lines of communication to our Delivery Units and we have refreshed our performance management arrangements for the year ahead. This will aid decision making and will help to clarify messages across the organisation during what we know will be a challenging year ahead. To support this a Finance and Performance Committee has been established which will hold its inaugural meeting on Thursday 8th June 2017 and will meet bi-monthly thereafter. We will also be completing a review of our performance framework in Quarter 1 with any changes required to be in place for Quarter 2.

To support delivery in 2017/18 the Health Board has developed an Annual Plan which is clear and focussed and we are implementing the actions which we are confident will ensure steady performance improvement through the year.

The Health Board is at a critical point in its planning cycle. 2017/18 will be a year of recovery and sustainability and it is our intention, through this plan, to be in a position to submit a three-year Integrated Medium Term Plan for 2018 to 2021 which will be a key milestone in managing our targeted intervention status. To enable the Health Board to challenge itself on the way it deploys its existing resources, 2017/18 will introduce a focus on value of the services we provide which builds on the principles of prudent healthcare. The aim is to both improve patient outcomes and reduce the cost of care thus delivering 'value' for patients i.e. outcomes that matter to them. Our IMTP for 2018-2021 will have a key focus on value and not just incremental planning which has been the more traditional approach taken.

The table below provides a quarterly summary of the delivery trajectories set out in the Annual Plan, together with current financial profiles. The latter are still under development as we strive to further reduce the forecast deficit for 2017/18.

Aim/Target	Trajectories/Timescales			
	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Total Savings £m (cumulative)	1.635	7.106	15.877	25.000
Financial Position £m (cumulative)	9.000	18.000	27.000	36.000
RTT 26 week (%)	Options currently being discussed			
RTT 36 week waits (#)	Options currently being discussed			
Diagnostics 8 weeks (#)	400	300	300	0
Stroke - Direct admission to stroke unit within 4 hours	60%	72%	63%	72%
Stroke - CT scan within 12 hours	95%	95%	95%	95%
Stroke - Assessed by a Stroke consultant within 24 hours	75%	75%	75%	75%
Stroke - Formal swallow assessment within 72 hours	97%	97%	97%	97%
Cancer (non urgent suspected cases) (%)	98%	98%	98%	98%
Cancer (urgent suspected cases) (%)	89%	90%	89%	90%
A&E 4 hour waits (%)	85%	86%	87%	90%
12 hour waits (#)	400	320	410	300
1 hour handover (#)	240	120	220	100
Clinical Response Model - 8 minutes (%)	74%	76%	74%	76%
C difficile (rate)	38/100,000	35/100,000	32/100,000	30/100,000
Reduction in bacteraemias (rate)	39/100,000	37/100,000	33.5/100,000	30/100,000

We are taking a balanced view between our financial position and the cost implications of working towards planned care stability and whilst we have a modest investment plan for Quarter 1 (which is included within the Board's financial plan) we will need to consider this again for the rest of the year in light of our focus on efficiency and productivity as well as cash releasing savings. Our plan for Quarter 1 is to commit the modest resources we have within our financial plan to sustain the March 2017 planned care position. We plan to further to explore opportunities for efficiency and productivity gain to reduce the risk of increased access times for planned care after Quarter 1 and we have agreed to engage in some supportive work with Welsh Government and Aneurin Bevan Health Board to share our plans in this regard.

For 2017/18 we need to constrain new costs as far as possible and deliver £25m of savings in 2017/18. These actions deliver a year-end forecast overspend for 2017/18 of £36m and work is ongoing to look for opportunities.

There is significant work to be done to support the delivery of the identified savings and to drive the further efficiencies needed to achieve and improve on the financial plan. The support to the Recovery and Sustainability Programme through a Programme Management Office (PMO) will be enhanced to ensure necessary actions are undertaken robustly at pace. Some key areas of work for the Health Board include:

- Theatres
- Outpatients
- Workforce

5. Summary

Whilst 2016/17 has been a challenging year in a number of ways, it has provided a platform from which a clear focus on priorities, recovery and sustainability will be built in 2017/18. We have achieved improved performance in a number of key areas but this has not been of the scale or pace that we would have hoped and we will look to accelerate improvement in 2017/18. Our Health Board has stronger partnerships and clearer agendas for these discussions which we will develop further to produce tangible benefits for our citizens as we move forward. We have also recognised the value of our workforce in 2016/17 through continued attention on our values and culture and we have seen the recognition of this through our survey work.

6. Recommendations

The Board is asked to note the report.



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**JOINT EXECUTIVE TEAM MEETING
MONDAY 3rd APRIL 2017**

ABERTAWE BRO MORGANNWG UHB
JET MEETING 3RD APRIL 2017

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Healthier Communities		
Planning requirement: CENTRAL ORGANISING PRINCIPLES: Prudent Healthcare		
IMTP Actions	Current Status	Actions planned for 2017/18
Developing Commissioning		
<ul style="list-style-type: none"> Learn lessons from 2016/17 commissioning priorities to inform setting of commissioning priorities for sustainability and 2017/18 Annual Plan (IMTP) and improve scale and impact of commissioning across the health board to ensure service change intentions are delivered on the ground. 	<p>Commissioning has had successes in delivering service change using prudent and value based healthcare approaches;</p> <ul style="list-style-type: none"> Reductions in inappropriate knee arthroscopy surgery, spend on prosthesis procurement and muscular skeletal outpatient demand Reduction in waiting times for lung cancer diagnosis 'Just Do It' Diabetes within resource improvements Increased up-take of smoking cessation to reduce burden of disease and mortality <p>And in completing plans for implementation;</p> <ul style="list-style-type: none"> Design of rapid diagnosis for cancer model and external funding Hyper acute stroke unit model, early supported discharge and end of life service change plans Thoracic surgery review & service change recommendations <p>A lessons learned evaluation is informing future commissioning approaches within the Health Board</p>	<ul style="list-style-type: none"> Sign off of commissioning priorities to support Recovery and Sustainability programme, strategic service changes and regional planning (through ARCH and South Wales Programme) Review of current commissioning structure to improve: <ul style="list-style-type: none"> Engagement of key influencers Streamlining/alignment of resource Approaches to support transition from plan to delivery Expansion of prudent and value based healthcare approaches
<ul style="list-style-type: none"> Improve commissioning intelligence capability to support prudent healthcare implementation and a shift toward value based healthcare service change 	<ul style="list-style-type: none"> The Commissioning intelligence centre of excellence (CICOE) concept has developed well; bringing together ex/internal partners into a virtual team to develop complex data to support prudent (PHc) & value based healthcare (VBHc) approaches whilst also reducing duplication and prioritising data production. The approach has identified opportunities in several areas including; 	<ul style="list-style-type: none"> CICOE work plan will support strategic planning and commissioning elements recovery and sustainability programme Identify and undertake further PBMA exercises to maximise outcomes and value for money – supporting the recovery and sustainability programme where appropriate

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	<ul style="list-style-type: none"> ○ Stroke ○ Respiratory ○ Diabetes <ul style="list-style-type: none"> • The CICOE now includes colleagues from patient harm, patient experience and the Public Health Observatory • Links have been made with Swansea University (SU) to improve ABMU access/use of SAIL through updated Memorandum of Understanding • ABMU & SU have worked together on a proposal to gain access to stroke related primary care data to inform work to reduce the stroke burden on secondary care. This will be a proof of concept. • Work has also been done to create access to Audit+ data to inform and improve service change planning. We are about to test this through a pilot on Chronic Obstructive Pulmonary Disease; a key service change challenge for ABMU. 	<ul style="list-style-type: none"> • Continue to seek and establish relationships which support ABMU with intelligence generation for effective service change planning • Finalise buy in from Local medical council and General Pharmaceutical Council Wales and re-negotiate contracts with the SAIL to enable primary care data access. • The NHS Delivery Unit has agreed capacity to support future data modelling for some key service change priorities and we have also negotiated analyst support from Welsh Cancer Intelligence and Surveillance Unit for prioritisation of future cancer priorities. • Undertake COPD pilot and then a Diabetes pilot proposal to support development of whole systems pathways which will support primary and unscheduled care pressures.
<ul style="list-style-type: none"> • Pilot Prudent Hospital site 	<ul style="list-style-type: none"> • Neath Port Talbot Hospital (NPTH) has been selected as a Prudent Hospital pilot site because of the unique nature of the Hospital, and the close connection it has with the local area which is an area of high socioeconomic deprivation and hence high use of the healthcare system. • ABMUHB is committed to applying the Prudent Principles in practice and recognises the need for a social and cultural change movement to be embedded into service transformation. NPTH is seen as an ideal environment in which to start the implementation of this due to the nature of the hospital and the willingness of the staff to take part in innovative projects. 	<ul style="list-style-type: none"> • The hospital, together with the wider community will be used as a live system to study the opportunities and practicalities of applying Prudent Principles across an integrated healthcare system in the real world setting. • It will be possible to evaluate the impacts that this approach has on the health and well-being of the population. The shared learning and insights will enable Team Wales colleagues to roll out the Prudent Principles on a whole population basis across the Welsh healthcare system.

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		<ul style="list-style-type: none"> • There will be a focus on co-production with patients and carers, efficiency and productivity in relation to assessment, flow, diagnostics, end of life care, and lastly tackling variation in practice which is leading to waste and harm.
<ul style="list-style-type: none"> • Undertake Diabetes PBMA 	<ul style="list-style-type: none"> • The terms of reference for the group have been agreed, and meetings are now underway. The priority areas of the Group have been agreed. 	<ul style="list-style-type: none"> • Options to be consulted upon in May 2017. Consultation and approval of products in Quarter 4.
Performance Against Any Relevant Delivery Profiles:		
<i>n/a</i>		

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Excellent Patient Outcomes and Experience		
Planning requirements: CENTRAL ORGANISING PRINCIPLES: Quality & Safety		
IMTP Actions	Current Status	Actions planned for 2017/18
PREMS		
<ul style="list-style-type: none"> • Patient feedback to be implemented across all Units and specifically to an integral component of the patient entertainment system at NPT Hospital 	<ul style="list-style-type: none"> • The Health Board has continued a phased roll out of Patient Feedback Systems across all Units, resulting in an increase in surveys completed by discharged patients from an average in 2015 of 9% to 12% in 2016. • The Health Board has improved its % of family and friends who would recommend the Health Board from 88% in 2015 to 94.5% which is 0.5% under the national benchmarking top 20 performing NHS Trusts. • Neath Port Talbot Service Delivery Unit have included a proposal within their IMTP to replace the inpatient entertainment system to a new system, which will include patient information/patient feedback options. 	<ul style="list-style-type: none"> • Continue increasing the number of Patients who provide feedback by 3% for the period of 2016/17. Continually improving towards the top 20% performing NHS Trust status. • Improve the % of family and friends who would recommend the Health Board by 1%, achieving a consistent 95.5% satisfaction rating, comparable to the top 20% performing NHS Trusts. • Implementation of the In-Patient entertainment system at NPT will be dependent upon available capital.
<ul style="list-style-type: none"> • Undertake 'proof of concept tests' of experience feedback mechanisms in the care home & dental practice settings (electronic if possible) 	<ul style="list-style-type: none"> • The Friends and Family test has been available within the secondary care setting since December 2016 • The Primary Care SDU has piloted a number of initiatives to seek feedback from patients within community settings. The pilot within a GP cluster has been evaluated successfully and is being rolled out as part of the Primary Care SDU Improvement Plan. • The SDU have also piloted the Friends and Family feedback within the dental setting with excellent feedback. • The Health Board has continued to utilise and learn from Patient Feedback and experience to inform service change and improvement, culminating in being shortlisted for the Patient Experience National Network Awards. (PENN), as finalists in 2 categories. The Health 	<ul style="list-style-type: none"> • Roll out to other dental providers • Implement the Friends and family feedback systems within District Nursing. • Continue to promote submissions to the PENN Awards.

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	Board has also submitted a number of best practice showcase examples in the 2016 PENN Awards to promote exemplar practice status.	
PROMS		
<ul style="list-style-type: none"> • Complete roll out of Amplitude in: <ul style="list-style-type: none"> ○ Orthopaedics ○ Include other clinical services where there are national validated tools and database as part of the national programme 	<ul style="list-style-type: none"> • Pilot continuing in Morriston Orthopaedics: <ul style="list-style-type: none"> - 9 Ipads in use to support data capture in clinic and on day of surgery - Roll out to include Spinal Service (admin support already in place there) - Plans in place to extend pilot to Plastic Surgery - System to support virtual Follow Up regime in Arthroplasty - Include MCAS as the front end of orthopaedic and spinal pathways for better pre-op data. 	<ul style="list-style-type: none"> • Appoint clinical lead for the national PROM programme in ABMU • Work with the national programme to enhance the national product and adopt when made available to us.
DNACPR		
<ul style="list-style-type: none"> • Implement the new DNACPR policy 	<ul style="list-style-type: none"> • Policy and forms were implemented by October 2015 as prescribed by WG. Confirmed by all- Wales audit undertaken in early 2016. 	<ul style="list-style-type: none"> • Continuing to engage with the rolling national review of the policy and form, including development of an electronic version of the form
Spot the sick patient		
<ul style="list-style-type: none"> • Implement “spot the sick patient” project 	<ul style="list-style-type: none"> • Four improvement teams have been formed: one in each acute hospital. A reformatted Steering Group including Unit representatives, WAST, Primary Care, Critical Care and Public Health has agreed model for spread of the proposed changes in a consistent way across the HB. 	<ul style="list-style-type: none"> • Implement model via policy, training, review of paperwork, metrics • Deploy “Nerve Centre” in Princess of Wales Hospital as part of the safety/flow national programme evaluation • Contribute to the national sepsis database

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Operation Enfield		
<ul style="list-style-type: none"> Update on Operation Enfield 	<ul style="list-style-type: none"> The Health Board Commissioned an External Review undertaken Professor Angela Hopkins into the Blood Glucometry incident (operation Enfield). The findings, recommendations and learnings were presented to the Board on the 30th of January 2017 and the Health Boards Public Quality and Safety Committee on 23rd February 2017. The Health Board presented and participated in a South Wales Police lead learning event on the 23rd February 2017. This positive multiagency event identified a number of key learning opportunities and actions for all agencies involved. The Health Board has already addressed a number of key learning points which can be provided separately if required. 	<ul style="list-style-type: none"> The Improvement Plan will be presented to the Health Boards Quality and Safety Committee on the 20th of April 2017 who will monitor implementation Professor Angela Hopkins is scheduled to provide feedback to the Princess of Wales Service delivery Unit on the 11th May 2017. The Health Board and Local Authority will present lessons learnt from the South Wales Police Event at the Western Bay Adult Safeguarding Board in May 2017. Post completion of the Nursing and Midwifery Council (NMC) investigation process and outcomes undertake a Health Board and NMC collaborative desktop learning review.
Infection Control		
<ul style="list-style-type: none"> Roll out the “big Fight” campaign targeting C Difficile infection and antibiotic resistance in primary care. 	<p>Met and exceeded the three Welsh Delivery Agreement Targets:</p> <p>Target 1 - Overall reduction in the use of antibiotics, in primary care, across ABMU HB by at least 1 percentage point better than the Welsh national average trend, December quarters.</p> <p>Performance 3.54% reduction in items per 1,000 STAR PU for ABMU vs 1.14% reduction nationally (2015 vs 2016)</p>	<ul style="list-style-type: none"> Continue collaboration with primary care to improve a range of national prescribing indicators, in excess with national targets to reduce prescribing of quinolones, cephalosporins and broad spectrum agents. Further work to continuously improve appropriate antibiotic prescribing, attending

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Target 2 - A reduction in variation of overall antibacterial prescribing in primary care across ABMU HB between December quarters.

Performance - Difference between highest and lowest prescribers was 193.78 items per 1,000 PU (2016) compared to a difference of 219.01 items per 1,000 PU (2016).

Target 3 - To achieve a reduction in overall *Clostridium difficile* infection (CDi) cases in non-inpatients by at least 1 percentage point better the Welsh National average trend. December quarters 2016 vs 2015

Performance – ABMU 38.10% reduction (13 cases vs 21 cases) National 24.77% reduction (82 cases vs 109 cases).

Additional performance:

- 90% of Nursing Homes within the ABMU community had been visited by the Big Fight Infection Prevention & Control Nurse by first week March 2017 to deliver a presentation to raise awareness of *C. difficile* infection and antimicrobial stewardship.
- Understanding is assessed at the end of each session and learning is apparent with staff having an increased knowledge of the need for prudent prescribing, *Clostridium difficile* and UTI.

clinical meetings at practice cluster and locality level.

- Supporting roll out of CRP Point of Care testing and prescribing strategies such as back up prescribing and educational materials to support co-production.
- Extend campaign engagement with other health care professionals, including community pharmacy, to improve Antimicrobial Stewardship through a range of contractual activities, including multidisciplinary audit and public health campaigns relating to antimicrobial resistance.
- Supplementary materials have been or are being developed to raise awareness of *C. difficile* infection in primary care, these include:
Decision aid for diagnosis and management of suspected urinary tract infection in older people in care homes;
Posters for Minimising the Risk of Clostridium difficile infection (CDi) & Good Practice Points in Primary Care; Risk of Clostridium difficile infection (CDi) & Good Practice Points in Care Homes; Risk of Clostridium difficile infection (CDi) & Good Practice Points for Secondary Care; Risk of Clostridium difficile infection (CDi) & Good Practice Points for Community Pharmacists

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<ul style="list-style-type: none"> • As well as implementing the Big Fight campaign in primary care, implement the actions to reduce the number of HCAs as laid out in the Approval Conditions Plan: <ul style="list-style-type: none"> ○ Develop a business case to introduce the Big Fight campaign to secondary care sites. ○ Implement the all-Wales electronic IPC surveillance system (ICNet) to facilitate improved case management, outbreak management and proactive local/national surveillance. ○ Commission an external strategic review of the decontamination of medical devices and equipment to inform the capital plan for 2017-20. ○ Develop plan to increase single room capacity, address inadequate bed spacing in some areas and develop negative pressure isolation facilities ○ Increase access to medical microbiology and establish the role of the infection control doctor (sufficient hours) ○ Agree a programme of Planned Preventative Maintenance in support of clinical areas in particular. 	<ul style="list-style-type: none"> • The Health Board has agreed to establish a multidisciplinary Antimicrobial stewardship Group for secondary care to support Antimicrobial Resistance Delivery Plan. This will be chaired by a Unit Medical Director and will support the identification of clinical champions across secondary care. • The next milestone in the implementation of the all-Wales electronic IPC surveillance system (ICNet) is on track to be achieved by the end of March 2017. • The recommendations within the strategic review of decontamination including upgrading of the endoscopy decontamination facilities within Princess of Wales Hospital and Singleton Hospital are being taken forward. Both initiatives will support movement towards JAG accreditation. • Plans to provide negative pressure isolation facilities at Morriston Hospital have been drafted and are provided for within the discretionary capital plan for 2017/18. • Further discussions have taken place between the Health Board and Public Health Wales regarding the provision of Medical Microbiology and Infection Control Doctor support. In the interim, one of the Medical Microbiologists has retired and, following recruitment processes, this post has been appointed to but only in a part-time capacity. As such, the existing resource has been further reduced. • Discussions have continued between ABMUHB and PHW to re potential options to increase clinical microbiology & the number of Infection Control Doctor hours. ABMU has supplied PHW with information on where it considers increased 'bedside' microbiology is essential. • Development of a programme of Planned Preventative Maintenance continues. 	<ul style="list-style-type: none"> • The next phase of ICNet implementation, establishing an interface with Patient Admin System, should occur in April 2017. Following training validated reports should be available in 3-6 months • Mobile PCs will be in place to support ICNet and this will increase clinical presence of Infection Prevention & Control Nurses on wards/units. • Work will be completed on upgrading and moving endoscopy decontamination facilities within each site and on HSDU improvements. • Subject to Board sign off work on the first negative pressure isolation room should commence once contracts have been awarded. • ABMUHB will work with PHW to draft an action plan for increased input • Undertake a six facet survey to support ongoing environment and preventative maintenance works.
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Falls prevention		
<ul style="list-style-type: none"> • Improve falls prevention as a key quality priority 	<ul style="list-style-type: none"> • There has been a reduction in the number of falls causing harm since 2015 of 3%. • Each Service Delivery Unit (SDU) is analysing their Datix incidents and root cause analysis and will present a thematic review of to the learning and assurance group in April 2017. • Within Primary Care, the team at Gorseinon Hospital are implementing the multi-factorial fall risk assessment and focusing on distributing staff more effectively to minimise the potential to fall of higher risk patients. • Effective mechanisms to review and plan work on Falls are being established at Unit and Health Board level. 	<ul style="list-style-type: none"> • Implement revised structure for Falls work • Service Delivery Units to <ul style="list-style-type: none"> ○ audit their compliance against the revised Falls Policy and Bed Rails use by end December 2017 ○ contribute to the National Falls Audit case note review and environment observation audit being undertaken in May 2017. • Changes to metrics to a graph illustrating rates for each SDU per 1,000 bed nights, and appropriate measures for primary and community services
Trusted to Care		
<ul style="list-style-type: none"> • Complete the implementation of the Trusted to Care Action Plan 	<ul style="list-style-type: none"> • Complete. 	<p>No additional actions required, work programmes embedded.</p>
Colonoscopy Services		
<ul style="list-style-type: none"> • Update on Colonoscopy Services 	<ul style="list-style-type: none"> • Gastroenterology and Endoscopy services for the Singleton, Morriston and Neath Port Talbot Hospital sites have been responding to significant pressures in 2016/17. • Access times are improving in the latter part of 2016/17 with 36 week breach figures reducing from a peak of 385 to 50 in March with further improvement anticipated in 2017/18. • Endoscopy pressures over 8 weeks have been significant, although this is now starting to recover. USC demand has been a key focus for the Health Board and this has displaced routine slots causing this pressure. 	<ul style="list-style-type: none"> • Dr U Dave submitted Colonoscopy data to Bowel Screening, waiting feedback. Weekly Colonoscopy sessions to be scheduled for Dr Dave to increase number of colonoscopies undertaken. • Ensure that 42 sessions per annum achieved on the Singleton site. Backfill of lost sessions to be prioritised to ensure minimum of 42 sessions. • Pooling of longest waiting patients across the ABMUHB and Hywel Dda to continue. • Health Board planning to recruit further one gastroenterology consultant posts. Job

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Plans to address colonoscopy pressures specifically are noted in the actions column.

descriptions to include willingness to become a screening colonoscopist as a desirable criterion.

- Review SSP workload and agree cross cover arrangements.

Performance Against Any Relevant Delivery Profiles

Chart 1: Number of Healthcare acquired pressure sores

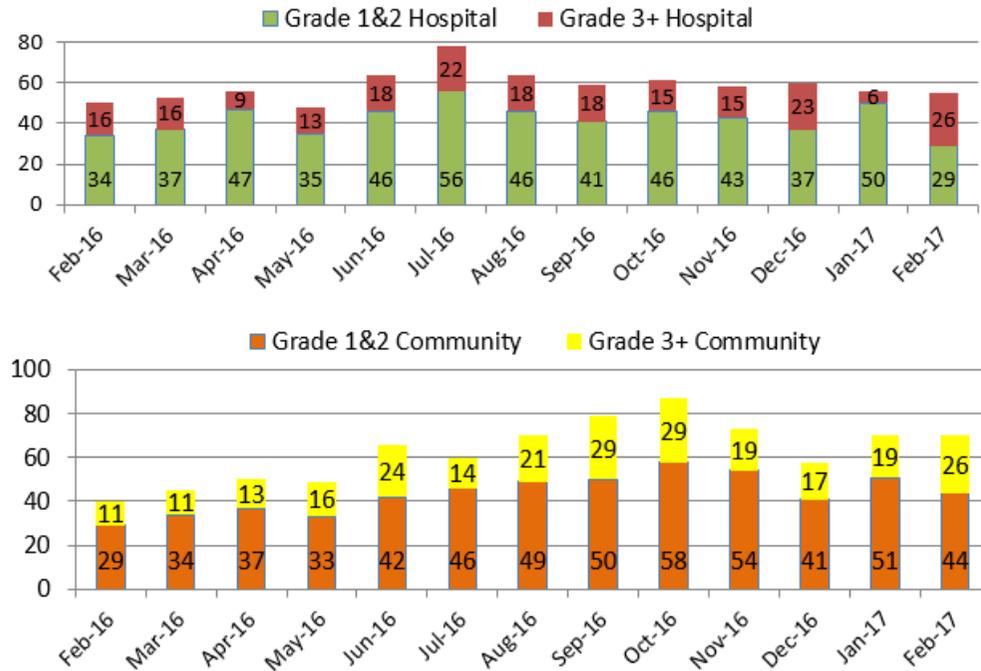
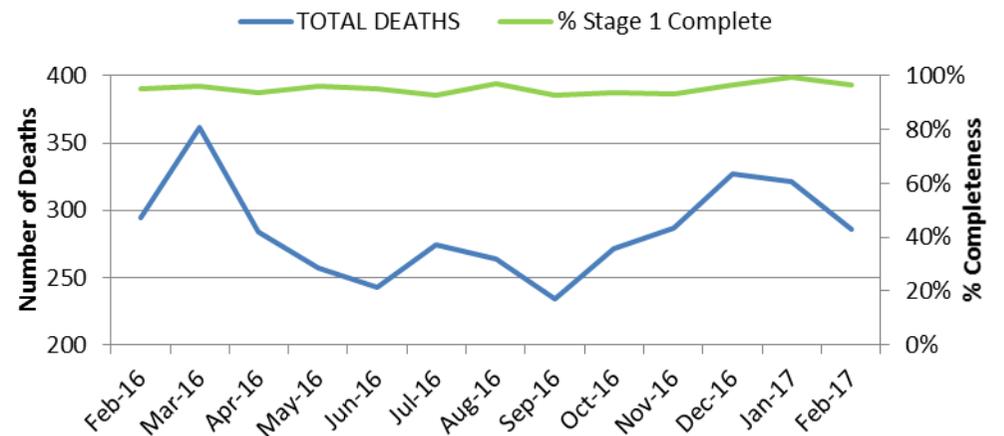


Chart 2: Number of Stage 1 Universal Mortality Review (UMR) forms completed



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Chart 3: Number of cases of C Difficile per 100,000 of the population
IMTP Profile (Feb 2017): 22.4

**Projected end of March 2017 position: 41*

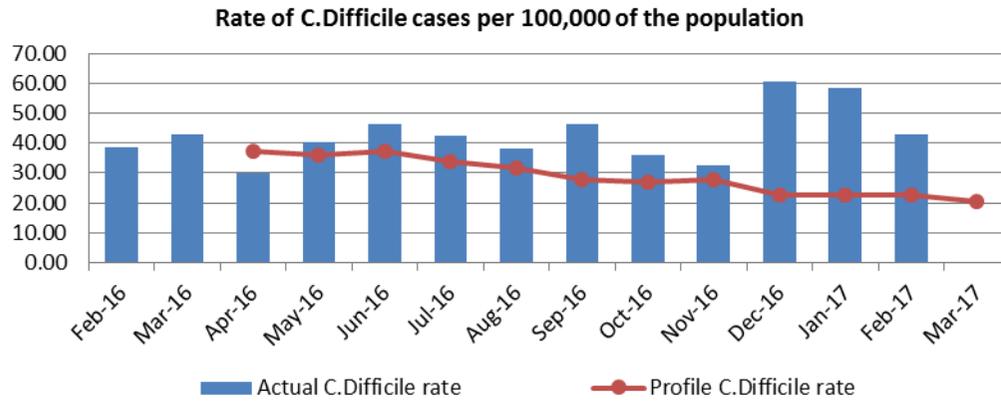


Chart 4: Number of cases of Staph. Aureus Bacteraemia per 100,000 of the population
IMTP Profile (Feb 2017): 17.5

**Projected end of March 2017 position: 42*

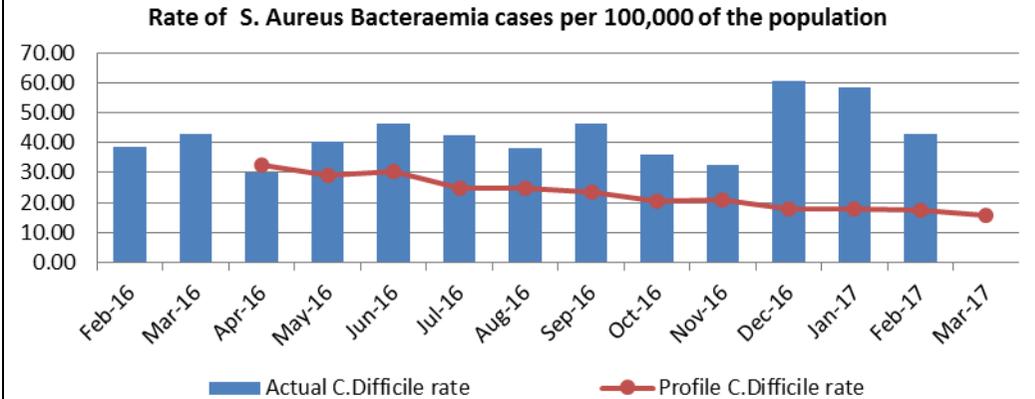


Chart 5: Crude hospital mortality rate (less than 75 years of age)
IMTP Profile (Feb 2017): 1.9%

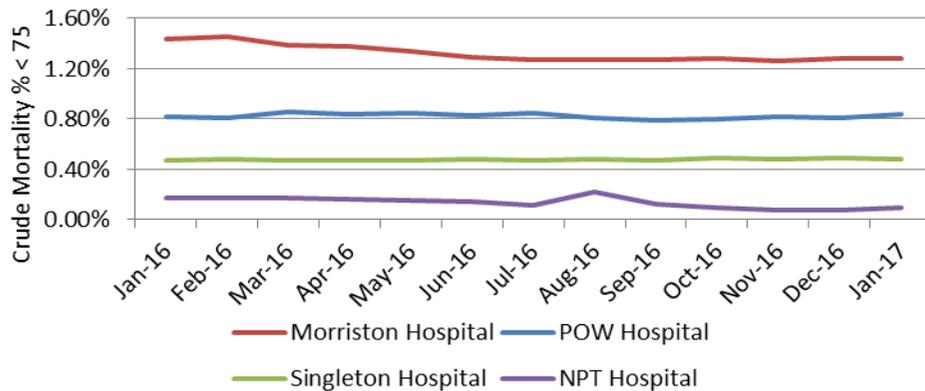
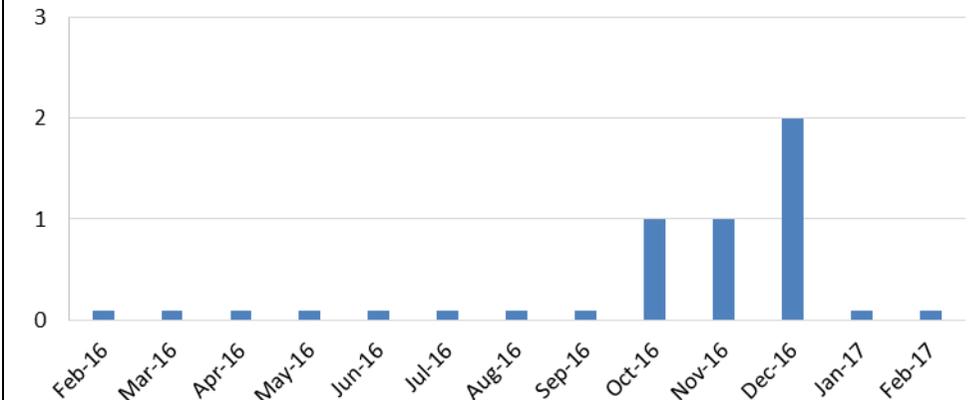


Chart 6: Number of new Never Events
IMTP Profile (Feb 2017): 0

**Projected end of March 2017 position: 0*



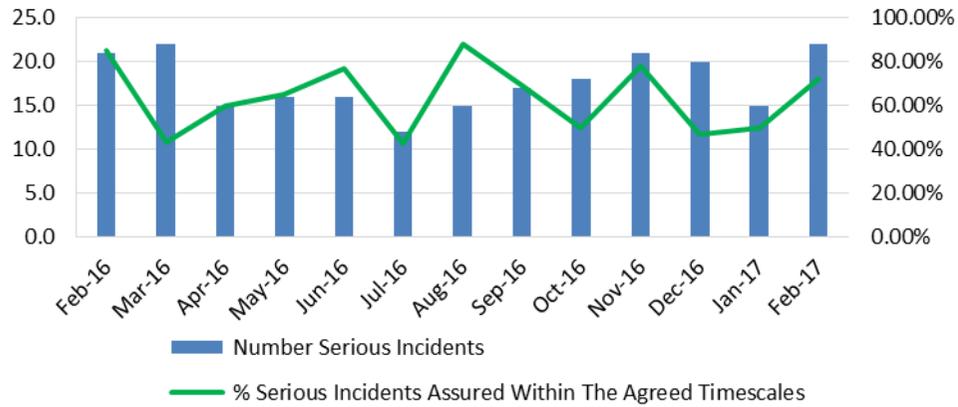
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Chart 7: Serious Incidents

1) Number of Serious Incidents

2) Of the Serious Incidents due for assurance within the month, % of which assured in agreed timescale

IMTP Profile (Feb 2017): 87.5%



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Healthier Communities		
Planning Requirement: CENTRAL ORGANISING PRINCIPLES: Health Inequalities		
IMTP Year 1 Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> Review the Strategic Health Needs Assessment to inform the IMTP. Develop a multiagency Physical Activity Strategy for implementation of resource neutral elements as soon as possible and with business case/s in 2016/17 IMTP Progress in implementing the Future Generations duties 	<ul style="list-style-type: none"> Continued emphasis on tackling inequalities through the prevention agenda of smoking cessation, tackling obesity, increasing activity and immunisations, working with Local Public Health Team. The multiagency ABM Physical Activity Alliance has developed a draft Strategy Population assessments have been undertaken for the Social Services and Wellbeing Act and for the Wellbeing of Future Generations Act and are due to be published at the end of March 2017. PSBs and Regional Partnership Boards are in place. 	<ul style="list-style-type: none"> Ongoing work with local services, patient groups and communities to pursue the prevention agenda. Subject to the HB's endorsement, implement the high level actions in the Physical Activity Strategy. Work with local services, patient groups and communities to review the findings of the population assessments and develop the Action Plans to address them.
Performance Against Any Relevant Delivery Profiles		
n/a		

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Healthier Communities		
Planning requirement: SYSTEMS SHIFT: Prevention and Health Improvement		
IMTP Actions	Current Status	Actions planned for 2017/18
Reducing smoking rates		
<ul style="list-style-type: none"> 40 Community Pharmacies to run Level 3 smoking cessation service, offering smokers motivational support and free nicotine replacement products. 	<ul style="list-style-type: none"> 72 Community Pharmacies are commissioned to deliver the Level 3 smoking cessation service which includes; motivational support and free nicotine replacement therapy. 65 are now fully accredited, with 42 actively delivering this service; this has increased from 31 for the previous year. 	<ul style="list-style-type: none"> Support National work via PHW/WG to drive a unified referral system Linking national and local promotion for the universal cessation umbrella brand 'Help me Quit' (launch April 2017) Progress improvement action plan as per ABM UHB Cessation Recovery Plan Continue to actively monitor the service and engage with community pharmacies who request support and guidance in delivering the service.
<ul style="list-style-type: none"> Meet WG targets for smoking cessation 	<ul style="list-style-type: none"> The most recent data from 2014/2015 estimates that 19.0% of ABMU's adult population, smoke. Smoking rates have decreased faster in ABM than for Wales, from 23% in 2013/14 (Wales 22%) to 19% in 2015 (Wales 20%). Given this current progress ABM would be on track to achieve the WG population target of 16% smoking prevalence by 2020 To achieve the 5% cessation target 4119 smokers need to be treated in ABM stop smoking services per year, with an average of 343 smokers treated per month. To date (January 2016) monthly activity data suggests that ABM treated 1674 smokers against the cumulative monthly target of 3433, achieving to date 2.0% of the 5% target. This is an improved performance of 0.5% compared with the same time last year in 2015/16, where 1385 smokers had been treated and 1.5% of the Tier 1 target was achieved 	<ul style="list-style-type: none"> Support National work via PHW/WG to drive a unified referral system Linking national and local promotion for the promotion of the universal cessation umbrella brand 'Help me Quit' (launch April 2017) Monthly scrutiny of performance from ABM Cessation services <p>Cessation</p> <ul style="list-style-type: none"> Align the work of the three ABM Cessation services more closely (the Local Public Health team are facilitating a new working group comprising all services) Progress improvement action plan for cessation services and priority groups – maternity, mental health, primary care as per ABM UHB Recovery Plan

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	<ul style="list-style-type: none"> • ABM has consistently achieved the target of 40% CO validated quits at 4 weeks <p>In light of performance, the Health Board has developed a Cessation Target Recovery and Delivery plan 2016-2020 outlining proposals as to how the Health Board could achieve the smoking cessation target over the next three years, and further reduce population smoking prevalence. This will be subject to funding opportunities.</p> <p>Priorities suggested for further action are:</p> <ul style="list-style-type: none"> • the expansion of the level 3 pharmacy smoking cessation service to cover all community pharmacies • the extension of the in house smoking cessation service to mental health inpatients • the provision of a smoking cessation service for pregnant women. 	<ul style="list-style-type: none"> • actively engage with all Primary care clusters to actively increase knowledge of local services and referrals <p>Wider tobacco control</p> <ul style="list-style-type: none"> • Support and implement locally the emerging work/actions from the all Wales Tobacco Board; and its cessation. prevention and denormalisation sub groups • Revise ABMU Smoke-Free Hospitals Policy. • Progress work with Delivery Units to nominate senior level champion to drive improvement work in preparation for PH Bill • Roll out smoke free school gates to Neath locality schools. • Continue Tobacco related work across ABM Health schools and pre schools programmes. • Provide support to partners such as local authorities in providing smoke free public places.
Increasing vaccinations and immunisations		
<ul style="list-style-type: none"> • Targeting children up to school age who are late for vaccinations 	<ul style="list-style-type: none"> • The Healthy Child Wales Programme launched in October 2016 now ensures a pre-school contact which priorities public health priorities and compliance to immunisation programme. • A Children's Immunisation group sits regularly to look at specific issues surrounding immunisations around the 11 clusters. • Immunisation rates are monitored in line with other Health Boards and remain stable. 	<ul style="list-style-type: none"> • The amalgamation of the children's immunisation group with the primary care immunisation group to prioritise strategic direction in relation to Immunisation trends. • Close links to be maintained with child health colleagues, and ongoing liason with practice nurses and GPS ensure that every opportunity is given to clients to access immunisations

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	<ul style="list-style-type: none"> • Immunisations continue to be encouraged by Health Visitors and other primary Care and Community services in the promotions of “Making every Contact Count”. • There have been opportunities in HB and Local authority events across the HB to promote immunisation uptake • Monthly Updates given to HV service on late/ missed appointments so that Health Visitors actively chase up missed appointments and offer domiciliary visits where appropriate. 	<ul style="list-style-type: none"> • To identify persistent defaulters and look to highlighting on GP system. • Health Visitors/ school Nurses to use every opportunity to promote immunisations in and around workplace, on the community and in clinics and schools across the HB and using Flying start venues and groups to promote timely vaccination to ensure that immunisation rates increase accordingly.
<ul style="list-style-type: none"> • Visit high performing GP practices and share best practice to increase flu vaccination uptakes. 	<ul style="list-style-type: none"> • Good practice has been shared via the PC flu vaccination resource pack, and also the MenACWY newsletter. 	<p>Practices with low Fluenz uptake will be offered additional support from the Public Health Team.</p>
<ul style="list-style-type: none"> • Improve the quality and timeliness of performance data to GP practices 	<ul style="list-style-type: none"> • In addition to the quarterly COVER data produced by PHW, each GP practice is in receipt of their individual practice level data which highlights uptake of immunisations at 4 years of age. This report compares the GP practice data to that of their cluster level data. There is also guidance for practices to consider on how they may improve uptake. The aim is to forward these individual practice reports within 2 weeks of the publication of COVER. • IVOR data is forwarded on a weekly basis to the named flu leads in each practice. • PHW refresh the Men ACWY uptake dashboard weekly which is accessible on the intranet. • PHW refresh the shingles uptake dashboard monthly which is accessible on the intranet. 	<ul style="list-style-type: none"> • We will continue to utilise the same methods for 2017/18.
<ul style="list-style-type: none"> • Identify flu champions to promote staff uptake 	<ul style="list-style-type: none"> • 124 Flu Champions were trained for the 2016/17 staff flu campaign to support Occupational Health staff resulting in 57% of frontline staff receiving the vaccination (as of March 2017). 	<ul style="list-style-type: none"> • Continue to build on the plans from 2016/17.

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Improving health at work		
<ul style="list-style-type: none"> Extend the Wellbeing at Work team to the ED and Critical Care Unit at Morriston and POWH 	<p>The team continues to provide bespoke multi-disciplinary support to address the underlying issues relating to high sickness absence i.e.</p> <ul style="list-style-type: none"> Undertaking wellbeing surveys Drop-in sessions with Physio and Occupational Therapy to address musculoskeletal and emotional health problems in the workplace '8 day welfare' letter piloted to inform staff taking sickness absence of staff health and wellbeing support Developing wellbeing notice boards along with leaflets distributed in staff payslips <p>Morriston Hospital Emergency Department</p> <ul style="list-style-type: none"> Cumulative sickness has reduced from 6.19% in October 2015 to 5.16% in October 2016) supported by stress Management sessions along with a Physiotherapy Walk In Clinic. In December 2015 Musculoskeletal related absence equated to 56.5% of overall sickness and reduced to 10.60% September 2016. <p>Critical Care Unit Morriston Hospital</p> <ul style="list-style-type: none"> As a result of input and the staff wellbeing surveys, a suite of programmes has been implemented by Learning and Development, to support the senior team. To improve communication across the 200 plus staff group, an official closed social media account has been launched to promote staff health and wellbeing. Four Wellbeing Champions have been trained to promote public health campaigns and increase awareness of support services. To improve retention, additional support for recently appointed staff has been implemented. 	<p>Supporting SAU in Singleton Hospital A staff wellbeing survey has recently been undertaken and the results of this will determine the future plans and actions for 2017/18</p> <ul style="list-style-type: none"> Developing Occupational Health Elements of the Invest to Save resource will be utilised within Occupational Health during 2017/18 in order to develop a prudent model of delivery, incorporating lessons learnt to date. Development of a case management approach to absence management The development of an MDT approach to absence management, with all areas involvement , Occupational Health, Wellbeing at work, HR and L&D is been broaden to encompass case reviews and hotspot areas, managers are actively involved in this process. Improving Health at work This will form an active part of improving attendance rates in the workforce recovery and sustainability work stream, working in areas where attendance is identified as an issue and supporting project work.

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Although sickness absence continues to remain high (9.69% cumulative in January 2017) it is anticipated that this will now begin to decrease

Wards 7 & 8, POWH

- The team continues to support the staff groups in these wards at POWH where some long term sickness absence has been resolved. In October 2015 when the team commenced intervention on Ward 8, sickness absence was 7.79% cumulatively and in January 2017 this was 5.48%.

Performance Against Any Relevant Delivery Profiles:

Chart 8: % resident smokers make a quit attempt via Smoking Cessation Services

IMTP Profile (Dec 2016): 5%

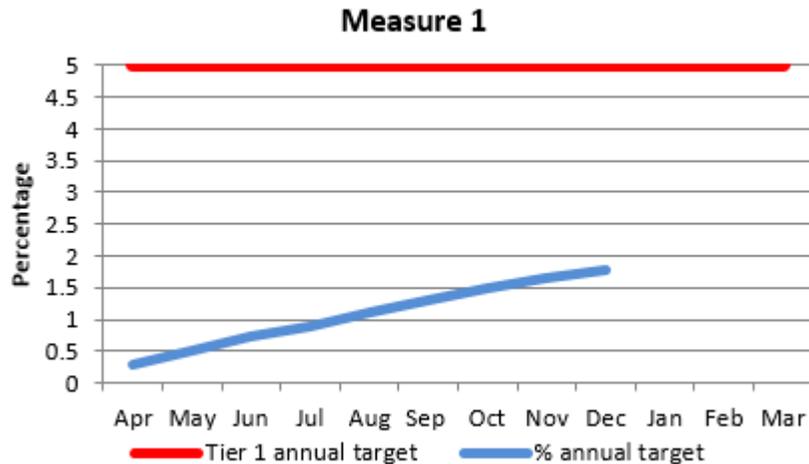
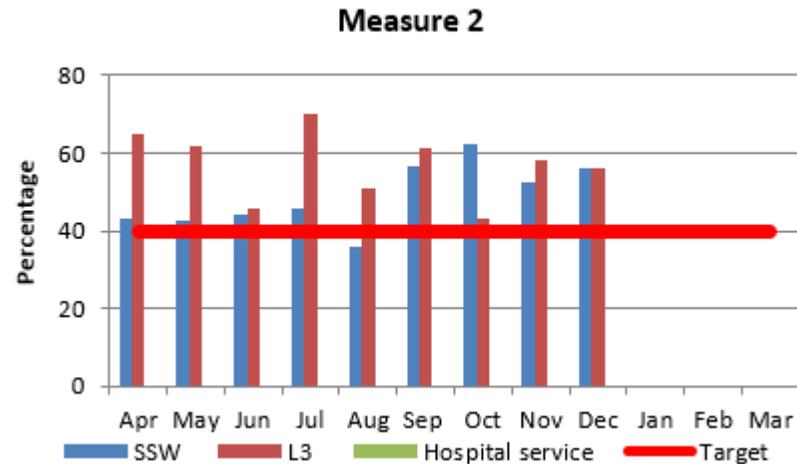


Chart 9: % resident smokers who are co-validated as successfully quitting at 4 weeks

IMTP Profile (Dec 2016): 40%



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Chart 10: % uptake of childhood scheduled vaccines (at age 4)

Measure 1: % uptake of 4 in 1 pre school booster
 Measure 2: % uptake Hib/MebC booster
 Measure 3: % uptake 2nd MMR dose
 Measure 4: % up to date in schedule at 4th birthday

Target: 95%

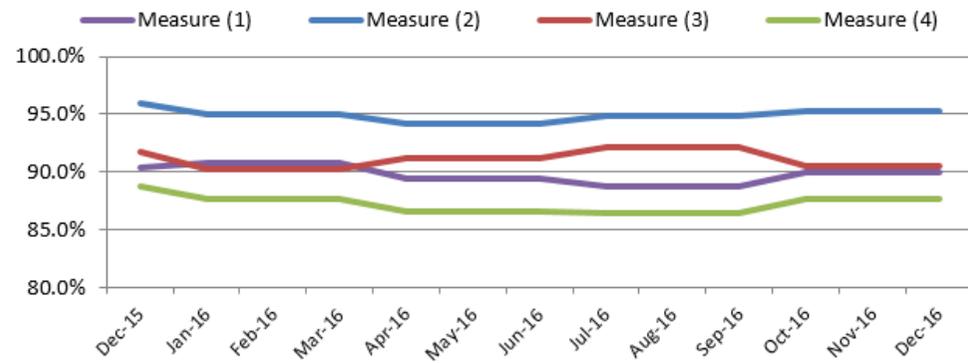
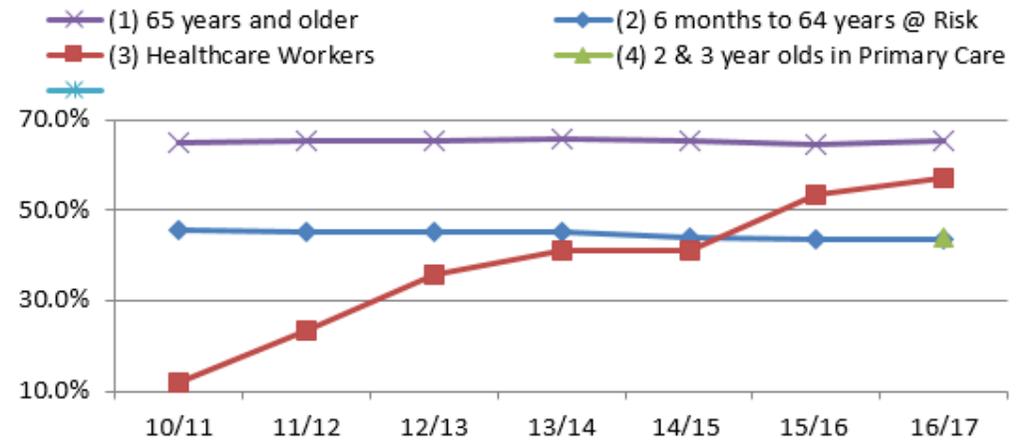


Chart 11: % uptake of the Seasonal Flu vaccine

Measure 1) 65 year olds and over
 Measure 2) Under 65's in at risk groups
 Measure 3) Healthcare Workers
IMTP Profile (Feb 2017): 75%

Measure 4) Healthcare Workers
IMTP Profile (Feb 2017): 60%



* 16/17 data is up to 9th Mar 2017

* Data not available for 2 & 3 year olds prior to 2016/17

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Excellent Patient Outcomes and Experience		
Planning Requirement: SYSTEMS SHIFT: Primary and Community Services		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> • Implement the package of quality improvement initiatives in PCS: Review the care of anyone who was being treated by us when they died to make sure that the care and treatment we provided was the best available; • Increase the use of Patient Reported Outcome Measures (PROMS) and develop at least two new tools; • Complete a peer review of clinical services / spot checks every two months; • Participate in all appropriate national audits and use the outcomes from these audits to benchmark as a basis for our own service developments; • Work with the Patient Experience Team to spread the Friends and Family surveys across community services; • Spread the Fundamentals of Care Audit across community settings; • Complete the final stages of action related to the Wales Audit Office report on district nursing; • Systematically review our complaints and compliments from patients, family members and carers to identify trends and implement actions for quality improvement based on feedback; • Encourage staff to feedback through the use of the staff survey; 	<ul style="list-style-type: none"> • The process for Mortality reviews is under development with Intermediate care consultants • End of Life Care discussion in General Practices has effectively been suspended with the national relaxation of QOF. • PROMS development is ongoing, audiology have implemented a tool and the same methodology is being considered for community services • Peer review/schedule of visits using 15 step challenge approach being developed • Contributed to the national intermediate care audit including service user questionnaires, Summary report due shortly • Friends and Family being tested in District Nursing and Primary Care settings. Technical issues being explored by Patient experience team. Dental Training Unit successfully using static ipad to collect feedback. Results are very positive • FOC in place across Community hospitals. Reviewing roll-out to District Nursing • FOC incorporated into the Regional Quality Framework which is being rolled out across the Care Homes in Western Bay • The WAO audit for district nursing all actions have been completed • System in place and reviewed via quality and safety group. Library of patient stories is growing within the Unit. • Staff survey is currently out for completion and staff are being encouraged to complete it 	<ul style="list-style-type: none"> • Develop process for conducting Mortality reviews led by Unit Medical Director. Timescale : September 2017 • Develop PROMS approach across the Unit. • Programme for peer review being developed by Governance team commencing April 2017. • Consider outcomes and finding of the CAPITA work reviewing community services April 2017. • Incremental roll-out to all areas over next 12 months. • Escalate for discussion at All Wales DN Forum April 2017. • An annual statement/ report will be produced detailing outcomes of RQF implementation • Complete • Core staff identified to undertake training to conduct patient stories September 2017 • Exit interviews to be conducted across service areas from March 2017. Themes to be reviewed by the Unit. • Unit to adopt co-production approach piloted by Podiatry which achieved positive outcomes. • Framework to be completed September 2017

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<ul style="list-style-type: none">• Align the personal objectives of all staff with the quality objectives; and,• Develop a Primary Care and Community Services Research Framework.	<ul style="list-style-type: none">• PADR processes are being reviewed as compliance is not high enough but where completed are aligned with quality objectives and Organisational values• Research framework is under development. Recent publication by ACRS in Nursing journal.	
Performance Against Any Relevant Delivery Profiles		
<i>n/a</i>		

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Accessible and Sustainable Services		
Planning Requirement: SYSTEMS SHIFT: Primary and Community Services		
Further develop a system shift to primary care		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> Continue to develop and consolidate primary care and community capacity to meet patient requirements - 17 schemes as follows: 		
<p>1. Neath Primary Care Hub (Pacesetter)</p> <ul style="list-style-type: none"> A collaborative project between the 8 GP practices which make up the Neath Cluster Network. Developed in response to the rising demand on GP practices due to the limited opportunity to increase GP capacity within the current model because of recruitment problems, demographic changes as people get older and more people develop chronic conditions and increased patient expectation. The project comprises two key elements, developed in two broad phases: <ul style="list-style-type: none"> Channelling patient demand for primary care through telephone triage Managing demand more appropriately by ensuring that patients have access to a wider range of shared professionals within cluster 	<ul style="list-style-type: none"> Team of Physiotherapists, Prescribing Pharmacist, and Mental Health Support Worker, with potential to expand Use of Vision 360 software to book real-time appointments. This is delivering a number of important outcomes and evidence shows a drop in the number of face to face consultations with GPs but an increase both in the amount of time the GPs are now able to spend with patients and also a rise in the number of patients which the GPs can manage with advice over the telephone. In relation to diversion of patients to the Hub professionals: <ul style="list-style-type: none"> ✓ In one year the Hub's pharmacist saw over 1,400 patients face-to-face and managed the needs of another 6,000 ✓ Over three months 574 patients were sent directly to the physiotherapists ✓ Over four months 112 appointments were made to see the mental health worker, resulting in 64 wellbeing assessments. All these contacts would have had to be done by the GPs were the Hub professionals not in post. Patient feedback indicate a high level of satisfaction with the project 	<ul style="list-style-type: none"> Full roll out to all 8 practices in the cluster Ongoing sharing of lessons learnt to other cluster networks and across Wales Increase in the range of professionals in the Hub e.g., introduction of an Advanced Audiologist into the team in Q1, Ongoing maturity and standardisation of practice telephone first/triage/consultation model across 8 GP practices in the cluster.

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<p>2. GP Federation (Pacesetter)</p> <ul style="list-style-type: none"> • Implement the GP Federation as a national pacesetter to demonstrate benefits of new organisational and governance models. • Six GP Practices in the East Network of Bridgend formed a Federation /Social Enterprise Business which will provide a platform for the individual independent contractors to legally join together and pool / hold funds. 	<ul style="list-style-type: none"> • Moving services out of hospitals into community settings: <ul style="list-style-type: none"> ○ The Federation has tested out means to provide the platform to accelerate the transfer of services and resources out of hospitals into local community for the benefit of local populations. E.g.,transfer of Vasectomy service into Federated Business model,. ○ Health Board commissioned support for the Pacesetter from Legal, HR, Procurement. Finance experts to advise the Federation. Federation have submitted a bid for a non NHS contract. ○ Shared learning across other clusters and developed a tool kit for sharing learning. • Two collaborative workshops held (January/March) involving three further clusters –over 100 stakeholders. 	<ul style="list-style-type: none"> • Continue to explore the opportunities identified in the Federation’s business case • Support other clusters in researching and developing new organisational forms
<p>3. Acute GP Outreach (Pacesetter)</p> <ul style="list-style-type: none"> • A model for MDT working with Consultant Geriatrician, GPs Acute Community Resource Team, WAST, Secondary care working closely to improve patients outcomes. • Meets needs of patients to address COPD exacerbation, LRTIs, UTI sepsis, Heart Failure monitoring, Cellulitis, Dehydration. Acutely unwell patients and falls. • Patients cared for in their own homes. 	<ul style="list-style-type: none"> • GP recruited under the leadership of the Intermediate care consultant • The service operates 5 days a week with a 4hr response time. • 193 patients visited through the programme to date,2207 bed days saved through hospital admission avoided in 132 cases. • Improved knowledge and capability of GPs and Acute Nursing staff. 3 GPs currently working with Consultants and ACRS. • Relieves pressure on GP practices through reduced home visits and prescribing. 	<ul style="list-style-type: none"> • Further expansion of service to increase number of GP sessions in support of the wider multi disciplinary team to increase number of patients who can be managed in their own homes.

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<p>4. Supporting and Developing Cluster Networks</p>	<ul style="list-style-type: none"> • New management structure in place strengthening the support to the clusters including the appointments of 2 Area Clinical Directors and 2 Cluster development managers. • 11 clusters have clinical leadership in place and multi disciplinary arrangements in place. • 8 Cluster Leads are attending the confident clinical leaders programme. • New Clinical Leadership forum developed into a regular Cluster Leads meeting under the leadership of the newly appointed Unit Medical Director 	<ul style="list-style-type: none"> • Cluster network development programme to be implemented to include: increased involvement of the full range of primary care professional. • Support for 4 clusters to accelerate collaborative working and new organisational models by March 2018. • Ongoing participation in national cluster development programme • Expand membership of Clinical Leadership Forum to other Units within the Health Board. Opportunity for Executive and NOM attendance.
<p>5. Diabetes Local Enhanced Service (Diabetic Injectables)</p> <ul style="list-style-type: none"> • To demonstrate the effectiveness of delivering a Diabetes Improvement plan • To reduce waiting times and referrals for DM outpatients • To improve quality of care of patients with Type 2 Diabetes Mellitus at convenient locations closer to home 	<ul style="list-style-type: none"> • Service model developed for the population of patients over the age of 25 years with Type 2 Diabetes Mellitus registered with practices of the Bridgend East Cluster, a programme of care <ul style="list-style-type: none"> ○ To demonstrate the effectiveness of delivering a Diabetes Improvement plan ○ To reduce waiting times and referrals for DM outpatients ○ To improve quality of care of patients with Type 2 Diabetes Mellitus at convenient locations closer to home 	<ul style="list-style-type: none"> • Continue to develop diabetic models in primary care, maximising benefits of cluster models and redesign pathway into secondary care as a key system shift priority
<p>6. Primary & Community Services Estates Strategy</p>	<ul style="list-style-type: none"> • Primary and Community Estates Strategy developed and is used to support the development of a sustainability plan for practices across the health board. • ARCH developments planned to develop Wellbeing Centres in Swansea, Neath and Bridgend. • Feasibility study for City Centre Well Being centre formally initiated and due to be completed in 1st Quarter of 2017/18. • Capital Schemes underway in Mayhill, Porthcawl and Vale of Neath. Brynhyfred scheme to be completed Q4 2016/17. • Improvement Grant in Aberkenfig underway. 	<ul style="list-style-type: none"> • Following development of ABM Primary and Community Services Strategy in Q1 17/18; Primary and Community Estates Position statement to be developed into an Estates Strategy to go Board later in 2018. • Practices supported to develop further improvement grant applications for submission to WG. • Future lease arrangements and Health Board position in relation to Head Leases to be finalised.

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	<ul style="list-style-type: none"> WG workshop on estates funding routes and strategic developments planned 18/3/17 	
7. Primary Care Audiology Service	<ul style="list-style-type: none"> Primary Care audiology services now in place in 3 clusters involving 8 Primary Care Practices. Evaluation underway. Good feedback from the practice managers and patients. Only 6% of patients seen by the Primary Care Audiologists needed to see their GP 	<ul style="list-style-type: none"> Partial role out to Neath Hub. Continue evaluation. Two more audiologists are completing training on ear – care and non-medical referral for diagnostics. Encourage roll out to other clusters subject to investment and recruitment
8. Development of Primary Care Dental Services 9. Dental Commissioning	<ul style="list-style-type: none"> In October 2016, work was completed through a tendering exercise to provide 7 specialist orthodontic providers across ABMU to deliver specialist orthodontic services. Addressing areas of high need, an increased general dental contract has been commissioned in the Afan Valley thereby freeing capacity for CDS to concentrate on their core work of providing dental care for patients with complex health needs. A revised model for out of hours urgent dental care was launched in May 2016, thus eradicating communication issues which were a significant source of patient complaints. Since its development, no complaints have been received in relation to any aspect of the service. A full review will be undertaken at the end of March 2017. A draft oral health services and financial framework has been prepared which includes potential additional investment to increase dental access in high need areas for 2017/18 onwards. 	<ul style="list-style-type: none"> ABMU has the second highest proportion of children treated under a General Anaesthetic in Wales; the Health Board will revise and/or develop care pathways and referral processes to provide robust reporting mechanisms for the purpose of clinical governance to ensure that care is provided in the best setting for the patient. Development of a Single Point of Access for all paediatric referrals by June 2017, with orthodontic referrals ear-marked as the next phase. ABMU continues to support the development of an alternative, more holistic, dental contract through the continuation of the pilot, now formally declared a prototype, in 2 practices. Continued roll out of the prototype model enable practices to consider skill mix to provide treatment and health promotion in children and adults through a co-production model.
10. Anticipatory Care <ul style="list-style-type: none"> To support the development of Anticipatory Models of Integrated Care that proactively manage the 	<ul style="list-style-type: none"> Although progress has been made in rolling out anticipatory care planning the exact model is still being debated – particularly in terms of “how preventative” the focus should be. 	<ul style="list-style-type: none"> Continue to refine and mature model of ACP across the Health Board Steadily roll out the model to cover all 11 clusters informed by lessons learned

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<p>most vulnerable service users who are at risk of losing their independence, avoiding unnecessary admission to hospital or Long Term Care Homes</p> <ul style="list-style-type: none"> • Objectives: to achieve more personal, co-ordinated , responsive, accessible and sustainable care that impacts on better health outcomes for local populations across the Western Bay and ABMUHB footprint 	<ul style="list-style-type: none"> • Excellent commitment has been seen from multi agency staff and positive dialogue established between range of professionals and GPs resulting in a more positive approach in accessing services including mental health • Information Sharing Protocol achieved with the Health Board, Local Authorities, GP Practices and WAST. • Feedback from patients/carers – provided good support to carers 	<ul style="list-style-type: none"> • Continue to evaluate process and track outcomes for individuals with a care plan in place – and impact on secondary care and primary care services • Development of risk stratification based on tested frailty models and test in pathfinder networks
<p>11. HMP Swansea</p> <ul style="list-style-type: none"> • The prison health service came across to the health board in Summer 2016 under TUPE arrangements 	<ul style="list-style-type: none"> • Prison Health Staff and now managed by the Health Board • Health Board systems being implemented to address efficiencies • Clinical Director for OoH extended role to include Prison Healthcare. Undertaking a review of the medical staffing arrangements to ensure safe and effective cover within the existing model 	<ul style="list-style-type: none"> • The Prison Health Care CD will formally review the medical model in HMP Prison Swansea and make recommendations for ongoing service delivery. • Dental SLA being reviewed • Access to wider health and social care community services as per the requirements of the HSCWB Act 2014 developing
<p>12. Llynfi Valley 20 Programme</p> <ul style="list-style-type: none"> • Programme to test joint multi agency working in the community, to address inequalities, ensuring that collaborative and streamlined programmes of work will improve the lives of reside. 	<ul style="list-style-type: none"> • The Programme has addressed issues relating to weight and Nutrition, jobs and skills, physical environment, dementia, substance misuse, sexual health and domestic violence. • Outcomes include: Specific dementia awareness/training sessions to further support the LV20 goal of making Maesteg a dementia friendly community. • All community pharmacies in the Llynfi valley area run the free Level 3 smoking cessation services and signposting to these services is actively promoted. • Improved access to sexual health information and advice for young people through establishing a condom-card scheme (c-card)implementation of peer led sex education in community youth settings engagement with young people to 	<ul style="list-style-type: none"> • Dementia Friendly Community concept rolled out to other towns in Bridgend County – Porthcawl and Pencoed under development. • The Health Equity Audit analysis will help to shape the structure of the programme in 2017/18 to inform actions which will result in tackling the communities’ health inequalities that are higher than other parts of the borough. • Due to report to Bridgend Public Service Board in May 2017

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	<p>identify what services/support they require in relation to sexual health and wellbeing.</p>	
<p>13. Pulmonary Rehabilitation Service Expansion</p> <ul style="list-style-type: none"> Pulmonary Rehabilitation provides multidisciplinary care to chronic respiratory patients through education and exercise 	<ul style="list-style-type: none"> Delivery sites for PR in community settings established in all 11 cluster networks. Waiting times have significantly reduced from a maximum of 18mths in Bridgend to approx 3-5 mths ABM wide. PR waiting times across ABM are now equitable. Bridgend Team piloting an expansion to also include Early Supported Discharge and admission avoidance. Team linked into the HB mobilisation project for remote IPAD working and remote PIMS access to improve efficiency. NHS awards submission. PR team partnership with Integrated Breathe Easy scheme' within ABMU Health Board 	<ul style="list-style-type: none"> Continue to focus on reducing waiting times, and building up opportunities for admission avoidance
<p>14. Osteopathy Service Development</p>	<ul style="list-style-type: none"> Osteopathy-The osteopathy service continues to run in collaboration with Swansea University and is delivered from SA1. The current contract runs until March 2017. The short term outcomes are positive and provides an alternative intervention to physiotherapy. 	<ul style="list-style-type: none"> Review of service being undertaken to determine level of service delivery to be provided in 2017/18
<p>15. Exercise Lifestyle Programme</p> <ul style="list-style-type: none"> Exercise on prescription scheme operating through clusters 	<ul style="list-style-type: none"> Programme introduced and review being undertaken to determine most effective model of delivery building on NERS programme. Dietician recruitment continues. 	<ul style="list-style-type: none"> Actions will depend on the outcome of the programme review
<p>16. Reduction of High Opioid Use</p> <ul style="list-style-type: none"> There has been a growth in some areas within the national context. Clinical concern caused by high opioid prescribing. 	<ul style="list-style-type: none"> Significant work undertaken by Medicines Management team to reduce annual spend on pain basket. Reduction by 1.26 (£151K) Work underway to separate opiate prescriptions for malignant pain and non malignant pain to identify the unwarranted variation in practice 	<ul style="list-style-type: none"> Continued improvement in prescribing to reduce clinical concerns with further potential for cost savings through engagement with clusters Review of chronic pain services to commence in April 2017.
<p>17. Anti-coagulation (INR) service</p>	<ul style="list-style-type: none"> A warfarin Enhanced Service Task and Finish Group has been established with dedicated project management and leadership from an Area CD to plan and deliver the enhanced service for Warfarin. 	<ul style="list-style-type: none"> Full implementation of the enhanced service and achievement of community based Point of Care testing INR monitoring through General Practices/Clusters or community

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<ul style="list-style-type: none"> • Development of a consistent approach across the Health Board 	<ul style="list-style-type: none"> • Mapping completed of current services provision in all 73 practices and hospitals • Options appraisal for future model completed. • The new Warfarin DES has been agreed nationally and this will be launched from 1st April 2017 	<p>Based clinics to circa 9,000 patients on a phased basis.</p> <ul style="list-style-type: none"> • As the service is developed we will undertake a review and examine the opportunities and learning
<p>18. Improve access to primary care</p>	<ul style="list-style-type: none"> • An access and Sustainability group with LHB , CHC and LMC membership continues to meet regularly and decides on policy and process surrounding access and support for struggling practices • 9 sustainability framework panels have been heard and a further 6 practices are in open discussion about sustainability and access • A Practice Support Team has been established with a Primary Care Clinical Director, two salaried GPs, an ANP (starts May 2017) and a practice development manager • The team has provided diagnostic consultancy to practices that the Sustainability framework Panel decide warrant intervention • As a result involved practices have developed multi professional team models of care to replace traditional GP heavy models, started Telephone 1st models, received locum GP support, received support to negotiate structural changes in buildings, practise areas and list size • GP access in Wales 2016 survey shows that 85% of ABMUHB practices are open at least within one hour of daily core hours per day which is also the Wales National average • Cluster networks have considered access as part of their annual plans and have introduced choose well/self care campaigns, increased access to third sector and increased access to a wider range of community based professionals including paramedics, cluster pharmacists, chronic conditions nurses, physiotherapists. • A practice merger framework has been developed and currently being piloted to increase access and sustainability 	<ul style="list-style-type: none"> • Further mapping of future sustainability issues to inform forward planning of models • National GMS negotiation are underway and may result in a contractual focus on Access to GP practices. This will dictate the form and structure to any quality improvement programme adopted by practices and clusters • Regardless of national negotiations, access definitions and standards, both minimum and optimal agreed between the LHB in 2015 will be audited for each practices in 2017. • Action will be taken to work with practices failing to meet these agreed standards to bring them into line. •

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<p>19. Implement priorities in cluster plans</p>	<ul style="list-style-type: none"> Funding of £1,742,000 has resulted in key developments being made in cluster networks. ABMU Health Board has encouraged clusters to determine local investment plans and supported them in implementation – anticipating funding to be spent in full. 11 cluster network annual reports are being finalised and will be agreed by 31st March 2017 setting out achievements for previous year. Good progress made in implementing priorities contained within plans. 	<ul style="list-style-type: none"> Finalise Primary and Community Services Strategy following engagement to inform the future direction of primary and community services over the next 5 years. Informed by the emerging Cluster plans for 2017/18. Maximise opportunities for sharing of the learning gained by cluster leads at the Confident Clinical Leaders programme.
<p>20. Mobilise our community workforce of 2000 staff</p>	<ul style="list-style-type: none"> We have procured devices (ipads) for our community staff and middleware (MobileIron) and a data bundle and deployed 500 so far in a phased roll out. We have commissioned external consultancy with expertise in digital community working (Channel 3) to ensure maximum benefits realisation. We have seen excellent engagement and adoption. 	<ul style="list-style-type: none"> Complete deployment to 2000 staff with changed ways of working and better patient experience and who already will be enabled to receive WCCIS when it is spread to ABMU

Performance Against Any Relevant Delivery Profiles

Chart 12: Primary Care Access

1) % GP practices offering appointments between 17:00 & 18:30 at least 5 week days
 2) % GP practices open during the daily core hours or within 1 hour of daily core hours

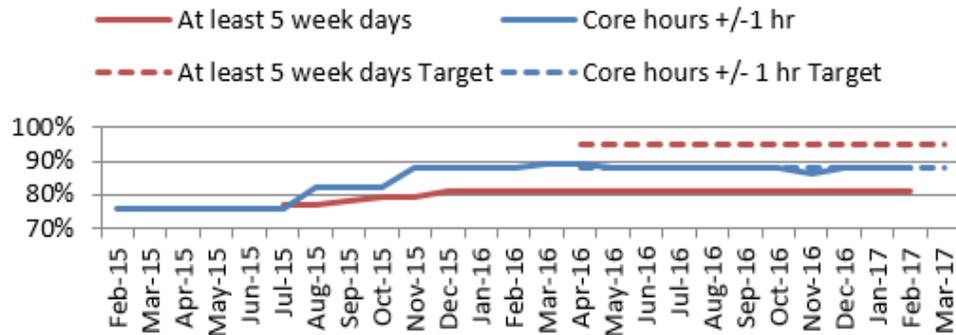
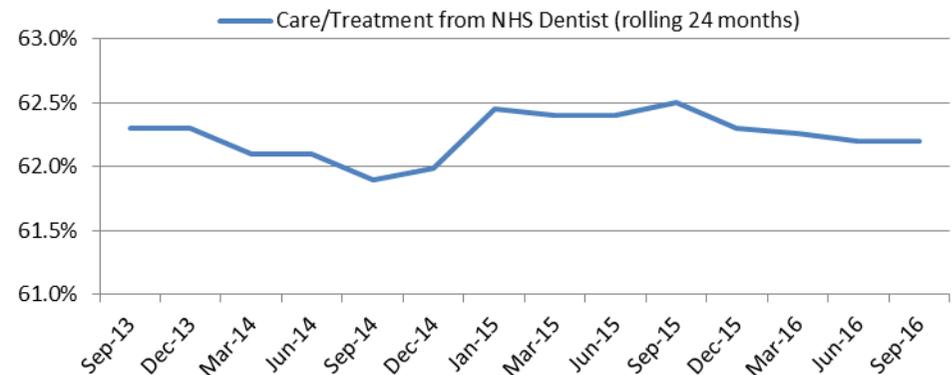


Chart 13: % patients who received care or treatment from an NHS dentist at least once in the most recent 24 months as a % of the population



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Strong Partnerships		
Planning Requirement: SYSTEM SHIFTS: Integration		
IMTP Year 1 Actions	Current Status	Actions planned for 2017/18
<p>Implement seamless community based models of care with partner organisations</p> <ul style="list-style-type: none"> Fully exploit benefits of Community Resource Teams 	<p>Continued implementation of optimal model for Community Resource Teams across Western Bay</p> <ul style="list-style-type: none"> Performance data shows that some benefits of the original business have been delivered – for example in relation to care home placements. However benefits in terms of bed days released in hospital have not yet been delivered. Analysis suggests that this may be in part due to demand and also congestion in core services, particularly domiciliary care. Formal evaluation underway. Work has also progressed on a care homes commissioning strategy and review of domiciliary care ICF funding in 16/17 was used to explore new models and initiatives to inform 17/18 eg non weight bearing pathways, enabling ward, discharge to assess, social worker in ED Completed National Benchmarking and national Audit of Intermediate Care and community Services to identify opportunities for improvement Evaluating the impact and outcomes of ICF investment (2nd tranche) to inform plans going forward See anticipatory care section above 	<ul style="list-style-type: none"> Commissioned CAPITA (across Western Bay) to complete capacity/demand of core Community Services – to identify any gaps and inform models that would deliver biggest potential return on investment. CAPITA report/ recommendations to be considered and implemented (May/June) Link use of ICF investment (2nd Tranche) on above (based on CAPITA report and ICF Outcomes analysis)

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Performance Against Any Relevant Delivery Profiles

Chart 14: Number of DTOCs per 10,000 population for non-mental health specialties (age 75+)

IMTP Profile (Feb 2017): 55

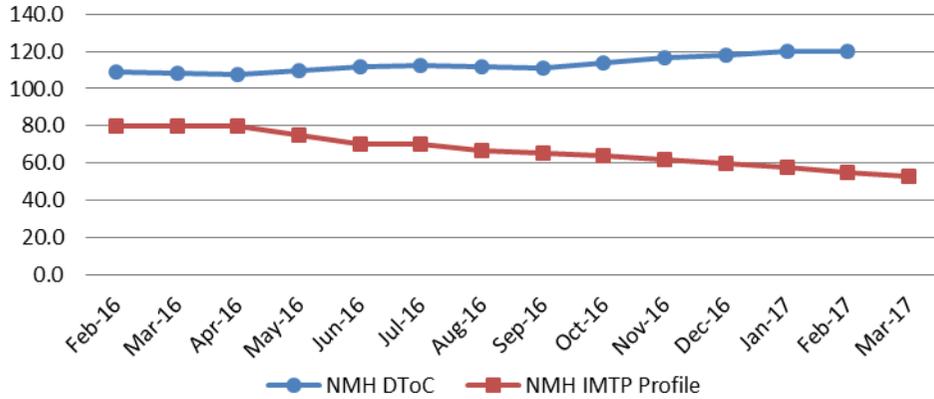
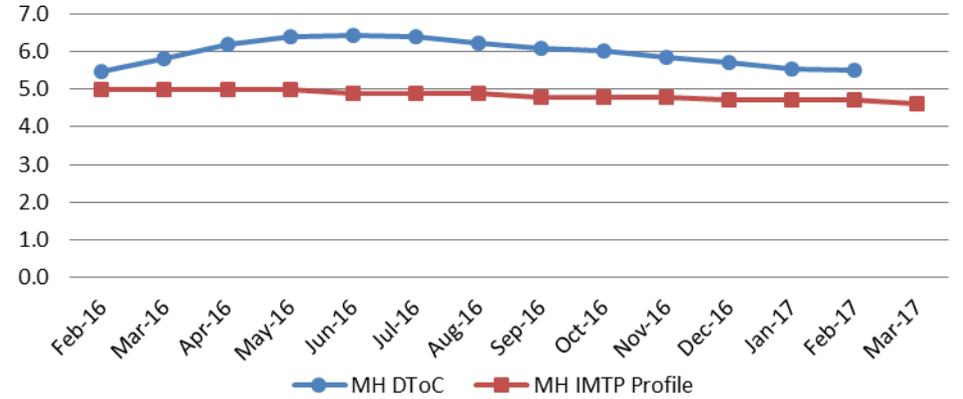


Chart 15: Number of DTOCs per 10,000 population for mental health (all ages)

IMTP Profile (Feb 2017): 4.7



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Excellent Patient Outcomes and Experience		
Planning requirement: PATHWAYS: Urgent and Emergency Care		
IMTP Actions	Current Status	Actions planned for 2017/18
Stroke Improvement		
<ul style="list-style-type: none"> • Implement the actions to improve compliance with the stroke targets as laid out in the Approval Conditions Plan: <ul style="list-style-type: none"> ○ Implement the funded psychology developments with a particular focus on life after stroke and neuro conditions. ○ Continue to develop Early Supported Discharge services across the Health Board to improve patient pathways and reduce length of stay. ○ Agree a Health Board wide model of care for stroke through the Unscheduled Care Commissioning Board to enable the development of a business case for a Hyper Acute Stroke Unit. ○ Implement the Atrial Fibrillation recommendations of the Unscheduled Care Commissioning Board 	<ul style="list-style-type: none"> • Steady progress made against the delivery of the quality improvement measures during 2016/17 against a profile of increasing demand on both sites equating to a 10% increase in confirmed stroke admissions at Morriston and 3.3 % increase at the Princess of Wales hospital. • Progress has been informed by a number of benchmarking visits to other Units in Wales to identify new ways of working and good practice. • Thrombolysis rates remain amongst the best in Wales. • Achieving sustained improvement against the 4 hour measure has been challenging during the winter months despite good progress in implementing strict ring fencing policies earlier in the year. • As previously highlighted patients undergoing thrombolysis in Morriston Hospital are looked after in CCU or Resus and cannot be admitted to the stroke unit due to nurse staffing issues. This affects performance figures but is not detrimental to the patients care. • New workforce models have been developed to address the nurse staffing issues using new Band 3 roles and a national recruitment campaign is underway with 3 qualified nurses recruited at a recent open day. • With 2 acute stroke units there have also been limitations on the extent to which full 7 day working is in place, and this restricts performance against the 24 hour measure. 	<ul style="list-style-type: none"> • Continue to implement unit based multi disciplinary plans to improve compliance against the stroke measures. • Continue to benchmark and learn from other units particularly in relation to ESD and HASU developments • Progress the agreed stroke services redesign model in conjunction with Hywel Dda Health Board under the umbrella of the ARCH programme. • Implement enhanced service for INR testing, and early detection of Atrial Fibrillation in Primary Care

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Table 1: % achievement of stroke quality improvement measures

Measure	Target	Mar 16	Feb 17	HB trajectory
4hr	95%	14.3%	31.3%	70%
12hr	95%	90%	95.3%	95%
24hr	95%	62.9%	71.9%	80%
72hr	95%	97.1%	98.4%	97%

- Develop a service model of USC and for stroke services through the USC Commissioning Board

- The Unscheduled Care Commissioning Board has completed the service redesign of stroke with a HASU flow model, stroke services specification and demand modelling. The Health Board has agreed that the HASU will be located at Morriston Hospital and Hywel Dda Health Board have agreed that it will support Hywel Dda population. ARCH Programme will now commence the implementation planning and plans will be developed to be aligned with the centralization of the acute medical take for Swansea at Morriston Hospital.

- HASU planning (and impact across whole system) to be developed alongside centralisation of the acute medical take at Morriston.

Performance Against Any Relevant Delivery Profiles

Chart 16: % compliance with stroke bundles

1) % compliance with stroke bundle (<4 hours)

IMTP Profile (Feb 2017): 69%

2) % compliance with stroke bundle (<12 hours)

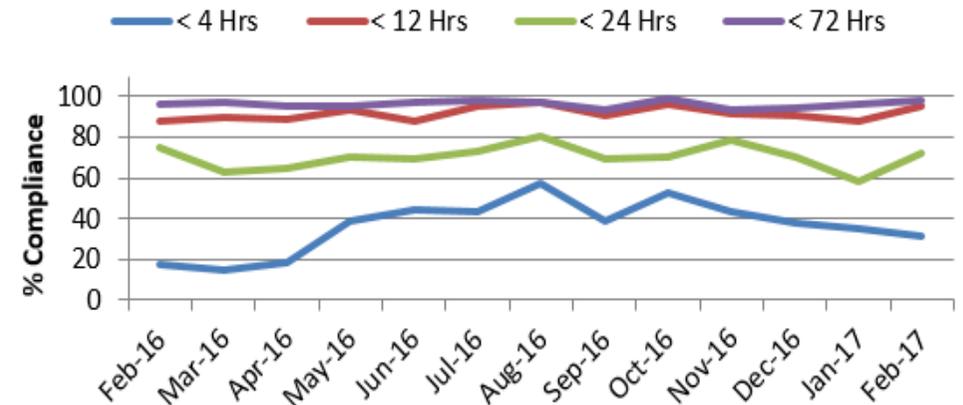
IMTP Profile (Feb 2017): 94%

3) % compliance with stroke bundle (<24 hours)

IMTP Profile (Feb 2017): 79%

4) % compliance with stroke bundle (<72 hours)

IMTP Profile (Feb 2017): 97%



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Accessible and Sustainable Services

Planning Requirement: PATHWAYS: Urgent and Emergency Care

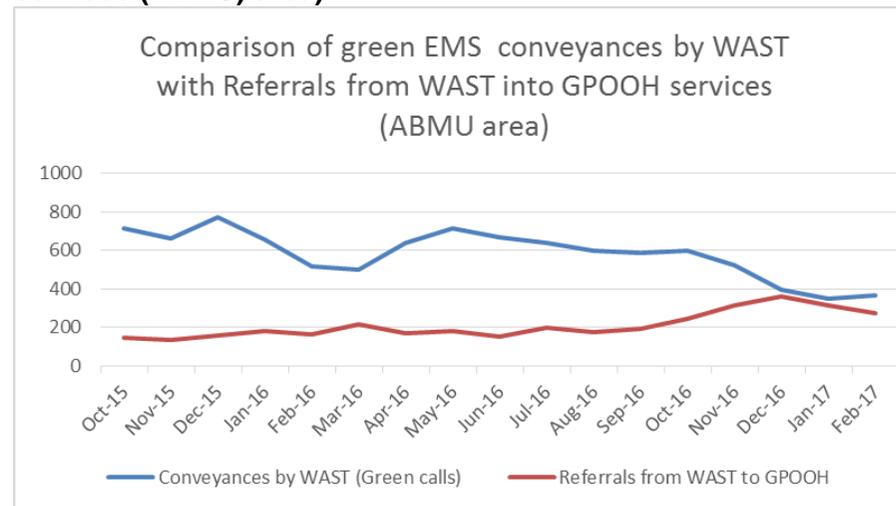
Develop sustainable unscheduled care services across the whole system

IMTP Actions	Current Status	Actions planned for 2017/18																				
<ul style="list-style-type: none"> Improve our patient flow to reduce the numbers of people waiting for unscheduled care and access to care outside hospitals post discharge 	<ul style="list-style-type: none"> The Health Board achieved a largely stabilised and improving performance until October but an increase in emergency admissions in the older age group from late Autumn over and above predicted levels has impacted on flow, capacity and unscheduled care performance over the winter months. This has been a particular challenge in Swansea despite the fact that Singleton Hospital is playing an extended role in relation to urgent and emergency care in Swansea. <p>Table 2: % achievement of A&E access measures</p> <table border="1" data-bbox="656 786 1379 963"> <thead> <tr> <th></th> <th>March 16</th> <th>Feb 17</th> <th>Trajectory</th> </tr> </thead> <tbody> <tr> <td>4hr</td> <td>74.37%</td> <td>77.12%</td> <td>95%</td> </tr> <tr> <td>12 hr</td> <td>915</td> <td>738</td> <td>140</td> </tr> <tr> <td>>1hr amb</td> <td>1024</td> <td>692</td> <td>104</td> </tr> <tr> <td>Cat A</td> <td>64.5%</td> <td>69.4%</td> <td>65%</td> </tr> </tbody> </table> <ul style="list-style-type: none"> The impact of close working with ambulance colleagues and development of new pathways has been seen both through containing overall ambulance demand and a reduction in proportion of green calls. The following chart maps the number of green conveyances to ED (within the ABMU area) against the number of referrals from WAST into GPOOH services. As can be seen, there is a positive correlation and suggests that the ability for the hub/GPOOH to be an accessible place for direct clinical advice for WAST crews whilst on scene should be a design feature of the 111 service going forward. 		March 16	Feb 17	Trajectory	4hr	74.37%	77.12%	95%	12 hr	915	738	140	>1hr amb	1024	692	104	Cat A	64.5%	69.4%	65%	<ul style="list-style-type: none"> Focus on roll out of intermediate care services optimum model and commissioning arrangements to work towards the provision of sustainable capacity solutions based on outcome of CAPITA review on community capacity. Continue to direct and signpost and increasing number of patients into alternative pathways avoiding ED through 111, WAST and community services
	March 16	Feb 17	Trajectory																			
4hr	74.37%	77.12%	95%																			
12 hr	915	738	140																			
>1hr amb	1024	692	104																			
Cat A	64.5%	69.4%	65%																			

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- Whilst the overall number of patients arriving at our emergency departments by ambulance has not changed materially, and has been fairly stable between October 2016 and February 2017 when compared to the same period for the previous year, the nature of the demand has changed, as evidenced by a marked increase in the number of priority calls (red and amber calls) of 16% and 5.8 % respectively.
- A separate briefing is attached relating to Unscheduled Care at Morriston Hospital as this is a key issue in the targeted intervention process.

Chart 17: Comparison of green EMA conveyances by WAT with Referrals from WAST into GPOOH services (ABMU area)



- Develop a short term plan to address the immediate capacity issues including:
 - commissioning an external assessment of the demand/capacity across the whole system;

- The winter plan was informed by an external capacity/demand modelling however the timing of peaks in demand is not consistent year on year and with current staffing constraints this presents a challenge to effective planning
- Surge capacity was developed at Morriston Hospital through an opportunistic delay in a capital scheme. This

- Local plans are focused on improving flow to enable release of bed days in order to implement the findings of the capacity demand modelling exercise.
- Business Cases for elective orthopaedic centre and additional ward at Morriston to support additional capacity on site to be

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<ul style="list-style-type: none"> ○ reviewing options for increasing capacity at Morryston Hospital. 	<p>enabled the Theatre Admissions Unit to be vacated for use as surge capacity for emergency patients.</p> <ul style="list-style-type: none"> • The main focus for creating permanent additional capacity at Morryston Hospital continues to be through the stand along elective orthopaedic unit and additional ward proposals. • The demand capacity modelling provided a 5 year forward view and an analysis of opportunities based on benchmarking to reduce bed days which are being implemented via the annual plan for 17/18 	<p>submitted to Welsh Government first quarter of 2017/18.</p> <ul style="list-style-type: none"> • Further opportunities to establish additional capacity at Morryston for winter 2017/18 will be completed by April 2017
<ul style="list-style-type: none"> • Continue to roll out Ambulatory Emergency Care to all hospital sites, building upon the progress made through membership of the AEC Network during 15/16. 	<ul style="list-style-type: none"> • A focus on implementing good practice in AEC has been maintained through a local “collaborative” approach which has been progressed via Health Board wide workshops, external speakers etc • Progress is summarised in the attached newsletter and includes, medicine, surgery and frail older peoples services.  <p>2016_DEC_AEC_Newsletter_ABMUHB.d</p>	<ul style="list-style-type: none"> • Continue to support Units to implement BAEC guidance on AEC as a key plank of the unscheduled care model. There is no “blue print” – each site needs to adapt the model to suit its local needs. • Improve recording and measurement of this activity.
<ul style="list-style-type: none"> • Continue to develop acute frailty teams and to improve Care of the Elderly (CoTE) services in our hospitals 	<ul style="list-style-type: none"> • Acute clinical response teams are in place across all 3 Local Authority areas as part of the optimal Community Resource Team model (previously this was confined to NPT). They have leadership from Consultant Geriatricians. They have developed strong links with the hospital services to support an increasing number of patients being managed in ‘virtual’ ward settings in the community. • The frailty workforce has been expanded with appointments of two Clinical Nurse Specialists at Morryston Hospital to support Consultants in continuing to implement frailty assessment services. 	<ul style="list-style-type: none"> • Development and redesign of frailty services will continue to be a major plank of the unscheduled care services in 17/18

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- | | | |
|--|---|--|
| | <ul style="list-style-type: none">• Work has been undertaken on pathways between hospitals to improve inter hospital transfers for frailty, rehabilitation and orthogeriatric services.• An innovative non weight bearing pathway has been implemented in Morriston hospital with residential home to improve patients experience and reduce Length of stay for appropriate patients• Investment and recruitment in additional consultants at Singleton hospital who will support the further development of the frailty/ ambulatory service model at the front door of this hospital following full establishment of the team in early 2017/18• Changes to the frailty model at the Princess of Wales hospital including the development of an acute frailty ward, where an existing ward was changed into an acute frailty ward on the 3rd February 2017. This change created a clinical environment designed to accept elderly patients needing admission, whose length of stay was felt to be between 5 – 7 days. The suitable patients are identified in the Acute admissions unit, the emergency department or in the community through the frailty assessment. This acute frailty ward sits adjacent to two Care of the Elderly wards where lengths of stay can be higher due to complex discharge issues. Initial data is positive. We have not seen an increase in the lengths of stay on the wards accepting patients that may need acute hospital services for more than 7 days but we have seen a steady increase in the bed turnover rate (see chart 18)• The discharge data is also promising with the suggestion of a gradual decrease in the percentage of those admitted staying more than 7 days (see chart 19). | |
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Chart 18: Bed Turnover Rate in POW Hospital



Chart 19: % of admitted patients staying over 7 days in POW Hospital



- Fully implement the recommendations of the Delivery Unit (DU) audits undertaken in December 2015 to improve patient flow, reduce delays and remove “exit block”

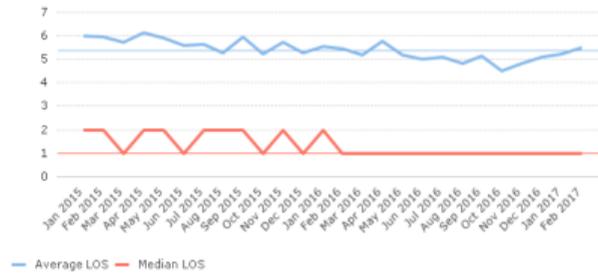
- New patient flow roles are now in place on each hospital site to support the discharge process.
- Continued focus on implementing the SAFER flow bundle with a particular focus on Board Round process and practice at each site
- Increased hospital based social work provision secured for target periods
- In some areas length of stay has decreased e.g. Morriston Hospital (see chart 20)
- However, in other areas length of stay have not improved due to outflow problems, for example in NPT where there are significant shortfalls in packages of care, which has an impact on patients awaiting transfer into this hospital site from the acute sites within ABMU (see chart 21).

- This will continue to be a major plank of the unscheduled care strategy and is critical to releasing bed days and getting patient to right place at right time
- Adopt #EndPJPparalysis as a major Health Board campaign to support the process improvements that have been made with a change in culture and thinking.
- Implement “red” and “green” days to further reinforce the SAFER flow bundle and reduce wasted bed days as a key component of our Recovery and Sustainability Programme

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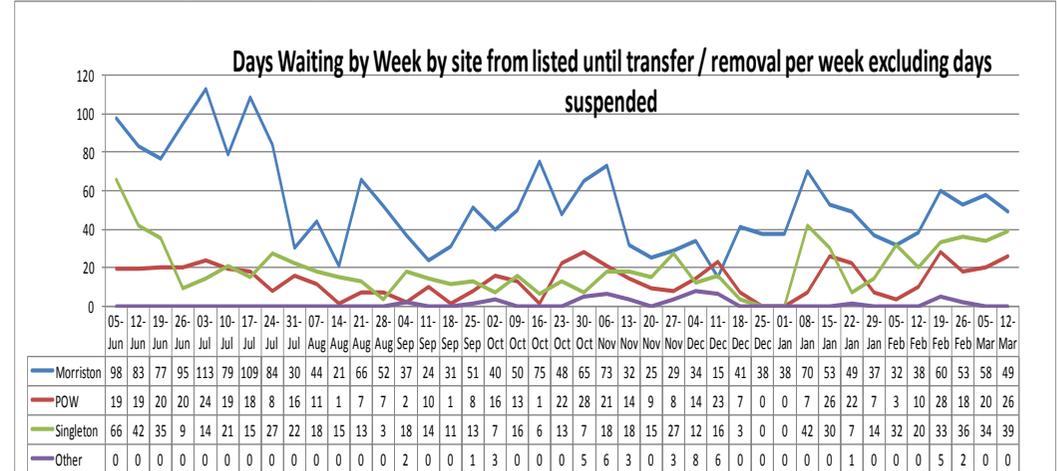
Chart 20: Morriston Hospital- Average length of stay for emergency admissions

Morriston Hospital –Average length of stay for emergency admissions.



Reducing length of stay despite increased emergency admissions.

Chart 21: Days waiting from listed until transfer/ removal



- Implement the 111 service from June 2016 as a pathfinder for Wales

- New 111 service successfully implemented from October 2016 with no disruption to core unscheduled care services.
- 111 builds on a robust and well managed GPOOH and a new Clinical Support Hub which provides an additional level of MDT support for frail/complex patients.
- Pharmacists are now embedded in the service model to support best use of GPs.
- The clinical support hub continues to support the wider unscheduled care system. The following graphs provide information on paramedic calls into the hub up to end February. Although the level of activity has decreased since December, there were only 4 weekends in February which help to explain the position. Further engagement with WAST CTLs is planned.

- Build on 111 service to implement new pathways that provide alternatives to hospital attendance.

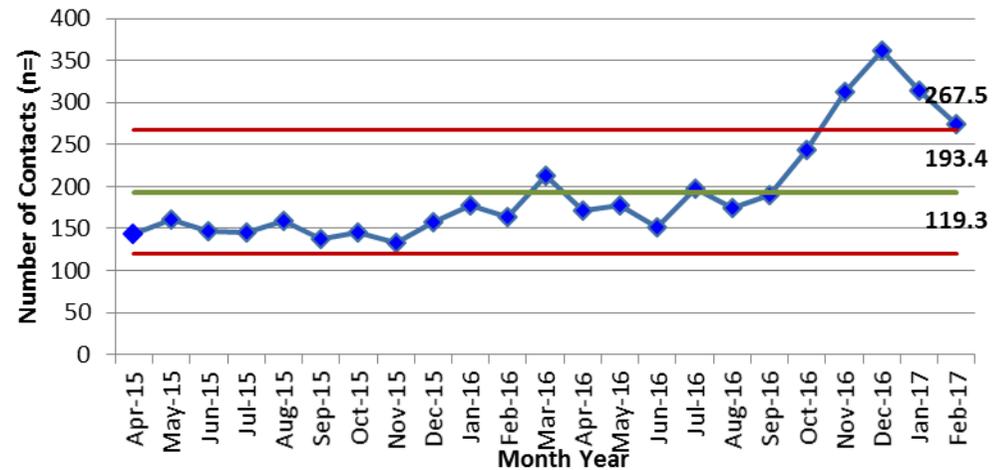
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- Recent analysis also confirms that 88% of callers did not have a record of attendance or call within the ED or 999 dataset within 48 hours of the original call to the 111 service. This demonstrates the effectiveness of the service in helping to support people to remain at home (see chart 22)

Table 3: 111 performance data

	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	March 2017 (up to 13/03/17)	Total (year to date)
Calls offered (Total demand)	6,839	11,637	15,333	14,052	11,846	5,476	65,183
Calls presented to queue for answer	6,344	10,635	14,116	12,867	10,887	5,016	59,865
Total calls answered	5,665	9,921	12,969	12,219	10,240	4,780	55,794
Abandonment rate	6.5%	4.75%	6.01%	3.48%	4.08%	3.07%	4.7%
Mean time to answer (secs)	85	81	104	62	67	61	78

Chart 22: WAST Contacts to 111/ GPOOH Apr 2015- Mar 2017



- Implement enhanced psychiatric liaison at Morriston and POWH

- New generic service (covering adult & older peoples) introduced from May 2016 with main focus in Morriston Hospital ED and now AMAU. . This is leading to more timely assessment of patients presenting at ED/reduction of breaches during service hours and all urgent referrals from inpatient wards seen on the same day with routine referrals being seen within 72 hours.
- Participation in Frequent Attenders Project has enhanced the multi-disciplinary approach to the management of this group of patients.

- Evaluate first 12 months of service to inform adjustments in service model and responsiveness
- Extend service to include Alcohol Liaison
- Implementation of Flexible Resource Team for inpatient wards at Morriston to reduce falls, violence & aggression and increase engagement in meaningful therapy this enhancing well-being and providing meaningful day opportunities for patients.

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<ul style="list-style-type: none"> Develop a business case for a Surgical Assessment Unit at POWH to remove surgical GP admissions from A&E 	<ul style="list-style-type: none"> Business case finalised by the Princess of Wales delivery unit however this will need to be reviewed in light of current financial situation to explore other options in more detail. POWH is one of 13 hospitals participating in the Chole Quic project 	<ul style="list-style-type: none"> Opportunities to provide interim facility to support direct surgical admissions currently being explored in addition to increasing surgical ambulatory care pathways.
<ul style="list-style-type: none"> Implement the local unit plans for unscheduled care 	<ul style="list-style-type: none"> Unit level focus has been maintained in recognition of the operational nature of many of the challenges and the need to ensure good local relationships with other partners. Progress is still reported through to the Unscheduled Care Delivery Board Specific Executive attention continues to be provided to Morrision Hospital on a monthly basis, and has involved support/advice/visits from NHS Grampian, Cardiff and Vale, ECIP. 	<ul style="list-style-type: none"> Local Unit Plans will be developed within a Health Board framework of unscheduled care Metrics to monitor the impact of local plans will be a key part of the Recovery and Sustainability Programme.
<ul style="list-style-type: none"> Through the commissioning board agree a service model for unscheduled care and stroke for our whole Health Board, through the Unscheduled Care Commissioning Board 	<ul style="list-style-type: none"> The Unscheduled Care Commissioning Board has completed the service redesign of stroke with a HASU flow model, stroke services specification and demand modelling. Board has agreed that the HASU will be located at Morrision Hospital and Hywel Dda UHB have confirmed that it will support Hywel Dda population. ARCH Programme will now commence the implementation planning and plans will be developed to be aligned with the centralization of the acute medical take for Swansea at Morrision Hospital. Description of the network of services for unscheduled care across the whole system is nearing completion and will be used to support future plans. 	<ul style="list-style-type: none"> Modelling to be developed further through ARCH to detail a clear future plan for Singleton and Morrision Hospitals which addresses short-term bed shortfalls but which are strategically linked to the long term plans for the sites (to include the facilitation of the single medical take model for Swansea).
<ul style="list-style-type: none"> Deliver radiology service plans 	<ul style="list-style-type: none"> Complete 	<ul style="list-style-type: none"> Complete

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Performance Against Any Relevant Delivery Profiles

Chart 23: % new patients spending no longer than 4 hours in an Emergency Department
IMTP Profile (Feb 2017): 94%

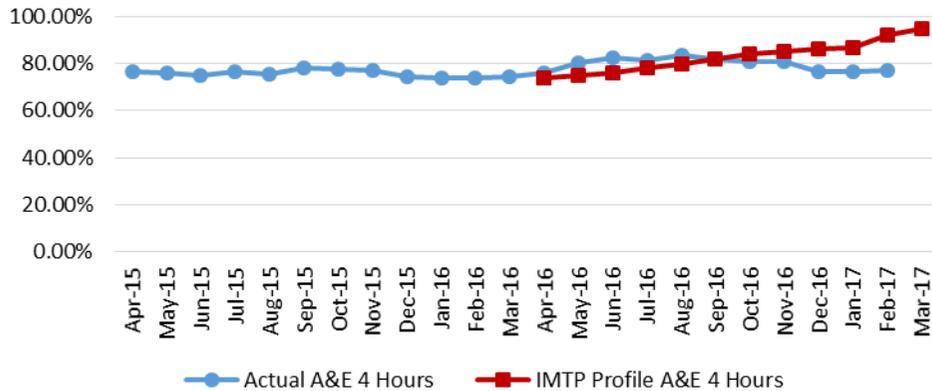


Chart 25: Ambulance Handovers
1) Number of over 1 hour handovers
IMTP Profile (Feb 2017): 94%

2) Number of over 2 hour handovers
Target: 0

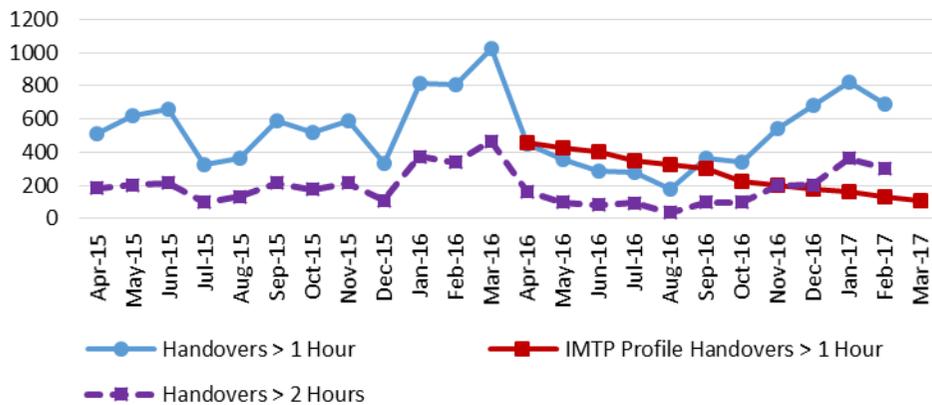


Chart 24: Number of patients spending 12 hours or more in A&E
IMTP Profile (Feb 2017): 94%

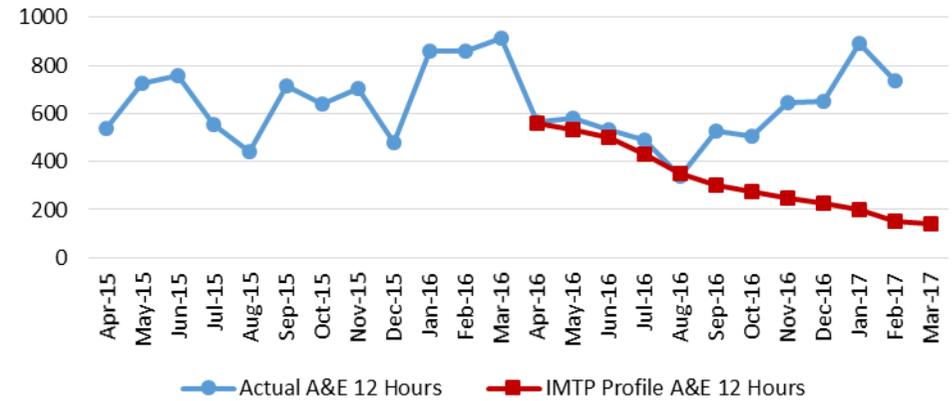
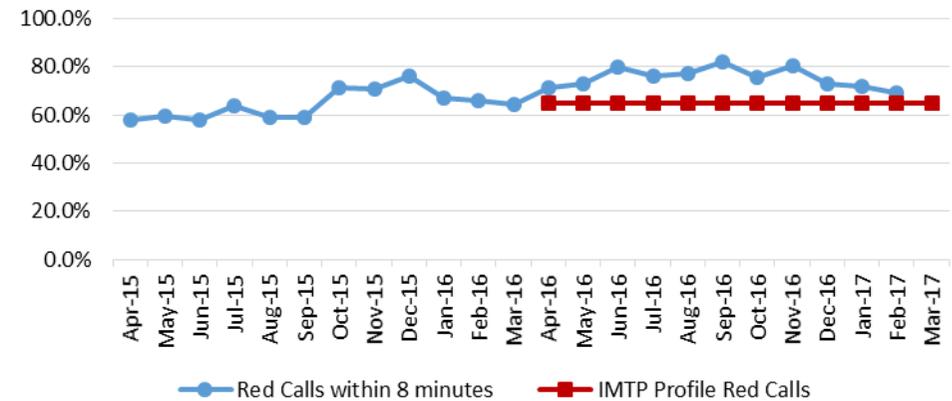


Chart 26: % of Red Calls responded to within 8 minutes
IMTP Profile (Feb 2017): 94%



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Accessible and Sustainable Services		
Planning Requirement: PATHWAYS: Planned Care		
Planned Care		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> • Improve the efficiency of our surgical pathways through reviewing standard procedures for the whole patient pathway, including <ul style="list-style-type: none"> ○ pre-op assessment ○ INNU ○ efficient use of theatres ○ day case rates ○ ERAS ○ pre - op assessment ○ surgical pathway redesign ○ benchmarking, removal of variations 	<ul style="list-style-type: none"> • Performance baseline assessments undertaken for each service delivery unit which identifies opportunities for both productivity and service improvement aimed at delivering additional 'value' from available resources. • All Units participate in national work stream and have undertaken benchmarking visits to other Health Boards • Investment agreed in pre op assessment and theatre staffing. • INNU policy reviewed via associate medical directors and medical director. 	<ul style="list-style-type: none"> • Agree 2017/18 RTT delivery plans to and implement performance management framework to challenge and monitor delivery. • Implement surgical efficiency and effectiveness plans in each service delivery unit (covering pre-operative assessment, theatre allocation, scheduling, workforce development and operational management of theatres). • Roll out transforming outpatients programme across all units and specialties. • Refresh and implement updated RTT policies and processes in line with new guidance to support delivery of RTT targets.
<ul style="list-style-type: none"> • Ongoing outsourcing programme to remove backlog in targeted specialties (Quarter 1 only) 	<ul style="list-style-type: none"> • Under the Framework Agreement, outsourcing for key specialties – ENT, General Surgery, Ophthalmology, Orthopaedics, Spines and Urology. Investment on planned outsourced activity of circa 1,900 cases @ £5.5m. 	<ul style="list-style-type: none"> • Focus on increasing opportunities for efficiency and productivity within the RTT delivery plans for 2017/18 before investment is considered. • Extension of Framework Agreement for a further 12 months to enable outsourcing to take place if required.
<ul style="list-style-type: none"> • Expand core elective capacity by: <ul style="list-style-type: none"> ○ Continuation of Theatre Admissions Unit in Morriston Hospital 	<ul style="list-style-type: none"> • TAU continues to treat trauma, cancer, urgent and routine long waiting cases. The percentage of long waiting patients through the TAU is around 25%. Around 2,500 cases have been treated through the TAU in the first 9 months of 2016/17. The unit was protected during the winter months through a relocation and has continued to support the elective work of the hospital throughout. 	<ul style="list-style-type: none"> • Review the impact of the TAU on RTT delivery and future model relative to the investment. • Consider permanent location on the Morriston site dependent on outcome of review.

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<ul style="list-style-type: none"> ○ Increasing surgical activity at Neath Port Talbot Hospital ○ Expansion of surgical activity in Singleton Hospital in vacated ENT capacity (if additional resources available) 	<ul style="list-style-type: none"> • To optimise capacity at NPT Hospital weekly scheduling meetings have been introduced to improve utilisation. are booked and patients contacted (potential to deliver an additional 700 cases per annum) • However, the elective ward at NPT has been used as part of the Health Board’s surge capacity for much of Q4. This helped avoid breaching ring fenced wards and the TAU at Morriston Hospital. • Available capacity is being utilised for the transfer of bariatric surgery and CLP revision surgery - all long waiting patients. • Additional ENT equipment purchased to enable the transfer of routine non-complex cases from Morriston. 	<ul style="list-style-type: none"> • Maximising utilisation of theatre capacity and Ward A capacity will be included within the unit surgical efficiency and effectiveness plans. • Progress the orthopaedic ‘transition’ plan as part of the sustainability solution for ABMU East. • Continued scoping of additional specialties that can be transferred for routine non-complex surgery under the RSO model.
<ul style="list-style-type: none"> • Implement the national frameworks for orthopaedics, ophthalmology, Urology and ENT to establish sustainable service models using prudent health care principle 	<ul style="list-style-type: none"> • “Transition plans” have been developed for each of the 4 specialties to map the shift to a sustainable model • Significant progress has been made in developing roles of audiologists, nurse practitioners, optometrists in these service models • Investments have been made in equipment to support efficiency and utilisation • Clinical collaboratives have been established in each specialty including Dermatology which will become the 5th planned care framework. These are all chaired by Unit Medical Directors to ensure high profile • Pathways amended in line with national frameworks • INNU / do not do’s – in place 	<ul style="list-style-type: none"> • Implement first phase of transition plans • Confirm and implement service changes to urology service model in PoW • Local assessment and implementation of Dermatology framework • Continue to participate fully in National Planned Care Programme
<ul style="list-style-type: none"> • Progress a business case for a stand-alone orthopaedic elective facility for Morriston Hospital 	<ul style="list-style-type: none"> • SOC to be submitted first quarter of 2017/18. Capacity released in main Morriston Hospital will be used to support medicine services and unscheduled care across ABMU. 	<ul style="list-style-type: none"> • In partnership with Welsh Government progress the case through OBC and FBC stages. Planned commissioning of unit in 2019/2020.
<ul style="list-style-type: none"> • Implement the Programme Budget Marginal Analysis project in 	<ul style="list-style-type: none"> • Clinically led PBMA process recognised opportunities for reductions in inappropriate knee arthroscopy surgery, spend on prosthesis procurement and muscular skeletal 	<ul style="list-style-type: none"> • Implement service changes and monitor and evaluate outcomes as part of overall PBMA assessment.

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<p>orthopaedics developed through the Planned Care Commissioning Board</p>	<p>outpatient demand. Service specification for service approved. The service is currently recruiting patients for the pilot with an anticipated start date of Quarter 1 2017/18.</p>	
<ul style="list-style-type: none"> Implement the local unit plans for planned care as set out in section 4.2.6 	<ul style="list-style-type: none"> In line with the Health Board's focus on developing an improvement science approach, each Unit has presented improvement projects on theatre and outpatient utilisation to the Planned Care Delivery Board throughout the year to encourage clinical leadership, local ownership and a focus on continuous improvement. <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;">  Morrison A3 Neurology September </div> <div style="text-align: center;">  NTP Unit A3 Rheumatology Bookin </div> <div style="text-align: center;">  POW A3 Template DSU late starts amend </div> </div>	<ul style="list-style-type: none"> Theatre and Outpatient modernisation / utilisation changes to be progressed Changes to Consultant Job Plans Improve quality of Information Improve pace of planned changes
<ul style="list-style-type: none"> Identify different ways to offer specialist advice for patients and clinical staff 	<ul style="list-style-type: none"> The ABMU Outpatient Improvement Group (OIG) provides support to the Health Board Delivery Units to review the current model of outpatient delivery and to explore new ways of working across the Health Board. The Service Delivery Units (SDUs), via the OIG process, have produced plans exploring alternative methods of service delivery including specialist telephone & email advice; virtual clinics, mobile phone applications and interactive patient portals. Regular implementation progress reports are provided by the SDUs to the OIG and also to the Health Board Planned Care Supporting Delivery Board. The A3s show how the Health Board has approached modernisation of services in order to improve efficiency (see above examples of A3s) 	<ul style="list-style-type: none"> Integration of approach within Consultant job plans to accommodate SOS/virtual clinics Reduction in face to face consultations (new and follow up) where clinically appropriate Optimise efficient use of outpatient capacity Service Improvement projects ongoing to implement alternative models of outpatient delivery and to identify opportunities for improvement. Continue to play an active role in the national outpatient learning collaborative to learn of and share best practice across Wales
<ul style="list-style-type: none"> Explore what health technology innovations can be used to transform the way patients are referred and reviewed and how advice and treatment can be provided as close to the patient's home as possible 	<ul style="list-style-type: none"> The Welsh Clinical Communication Gateway (WCCG) electronic solution for GP Referrals is in use in every GP Practice in the ABMU region. The ability to electronically prioritise these referrals will be adopted across all specialties by June 2017. 	<ul style="list-style-type: none"> Aim to "switch off" paper GP referrals by end of 2017. Plans are on track for the PKB pilot Approximately 490 devices have been rolled out as part of the mobilisation project.

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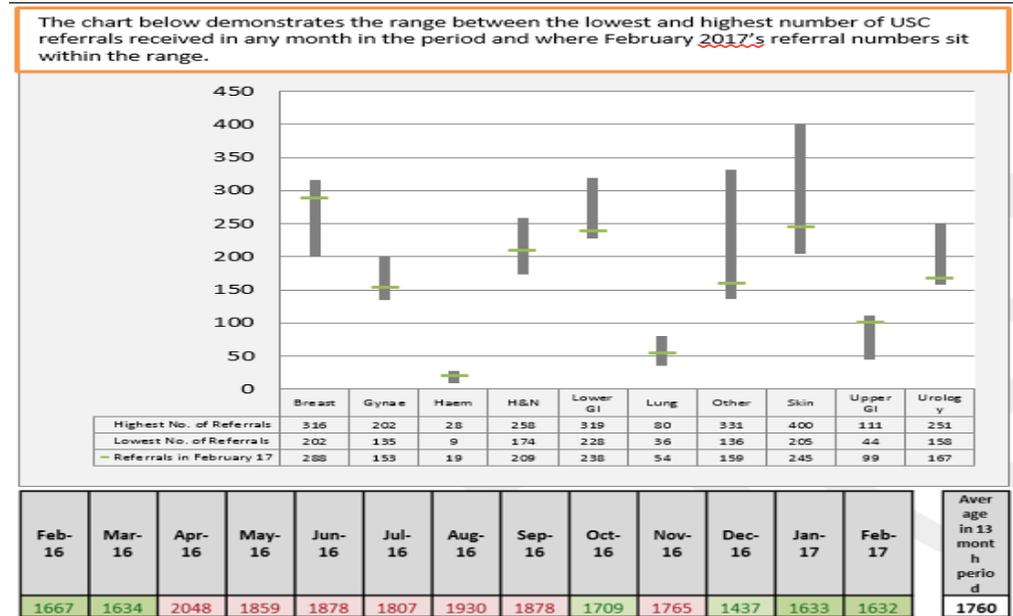
	<ul style="list-style-type: none"> • The Health Board is piloting the Patients Know Best (PKB) product along with Velindre NHS Trust – allows the patient to be an active participant in the management of their care and to control the sharing of information about their record. • Telehealth – plans to scale up the use of video conferencing facilities, such as Skype, to enable clinicians and patients to hold virtual consultations. • Mobilisation – mobile device rollout across the Health Board, to facilitate improved communication between clinicians and patients. Easier access to health guidelines and advice at the patient’s home. 	
<p>Improve Cancer Services</p>		
<ul style="list-style-type: none"> • Reduce the backlog of over 62-day cases to 20 to ensure sustainability 	<ul style="list-style-type: none"> • The backlog has been highly variable throughout the year and has not been reduced on a sustainable basis • A key factor has been a continued increase in demand, which the Health Board has endeavoured to address through increased performance and capacity • Improvements have been seen in our respective PTL targets when compared with April 2016 (see below for details) 	<ul style="list-style-type: none"> • Implement recommendations from CAPITA capacity and Demand activity • Undertake comprehensive review of Gastro and Endoscopy services in Swansea / NPT • Ensure benefits of capital equipment investments improve efficiency / performance • Commission Aseptic Suite to increase / improve resilience of medicines production and delivery

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Table 4: Cancer PTL performance data

	Previous – w/e 3 rd April 2016	Current – 5 th March 2017
PTL - Number of patients who will breach target in 1-14 days	86	48
PTL - Number of patients who will breach target in 15-28 days	193	119
PTL - Total number of patients who are still waiting without a decision to treat greater than 62 days	59	41
PTL - Number of patients who passed their breach date within the last 7 days (Without a decision to admit)	19	10
	April 2016	March 2017
Number of USC patients receiving treatment within 62 days of referral	95	136
	April 2016	February 2017
Average number of referrals received each month	1588	1760
	2015	2016
Average days over target per breach	26	16

Chart 27: USC Referrals Received (Feb 2016- Feb 2017)



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Chart 28: USC's & NUSC's treated in target

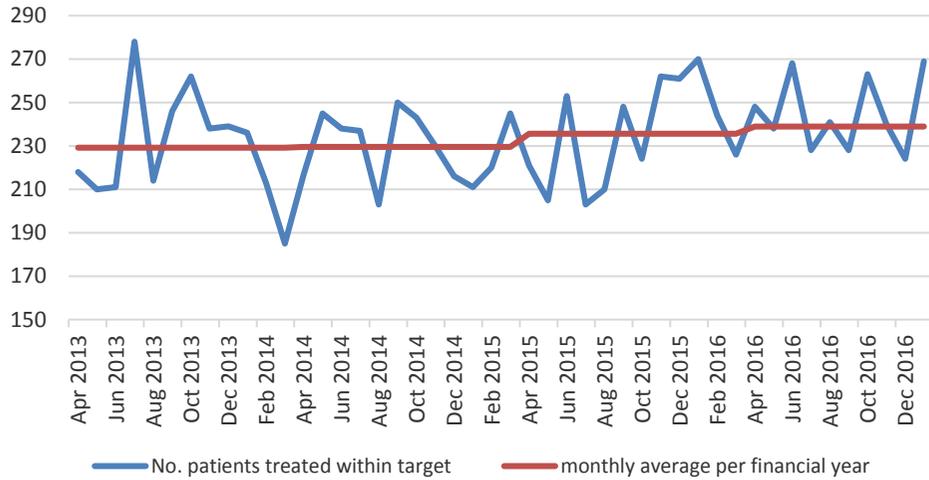


Chart 29: Treated USC and NUSC totals by month

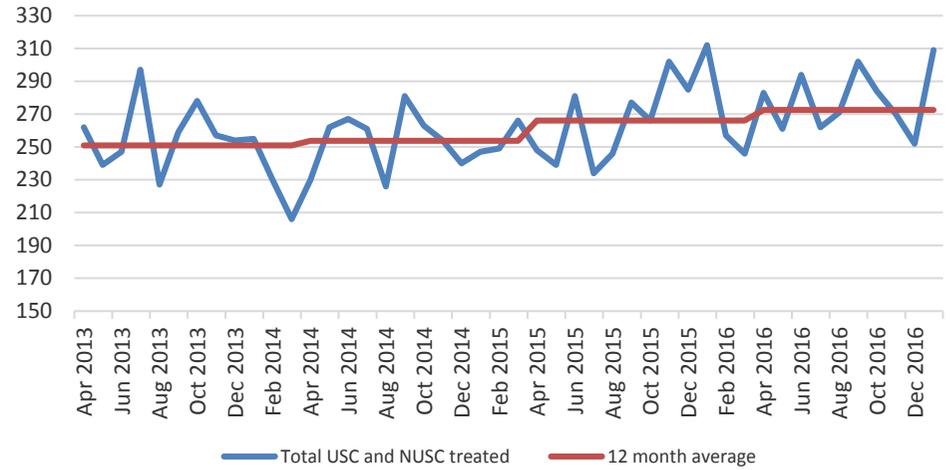


Chart 30: Urgent suspected cancer 62 day target backlog position

ABM Backlog Projections

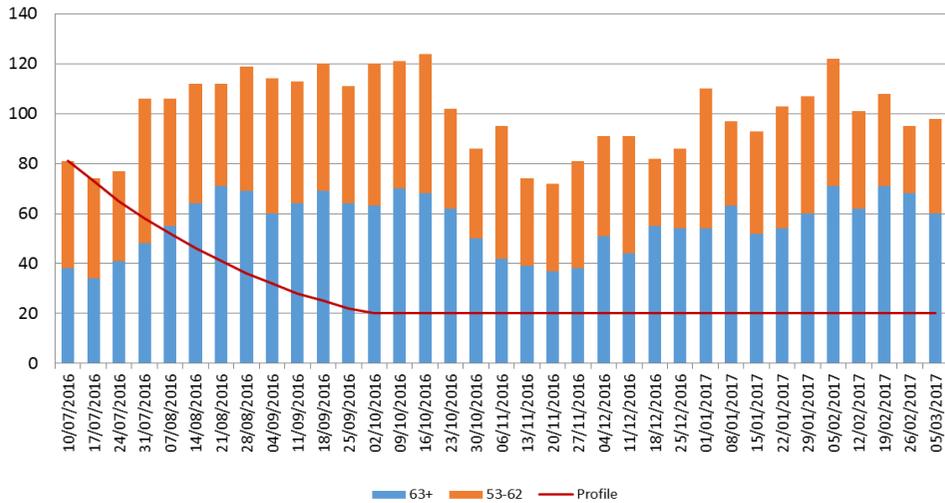
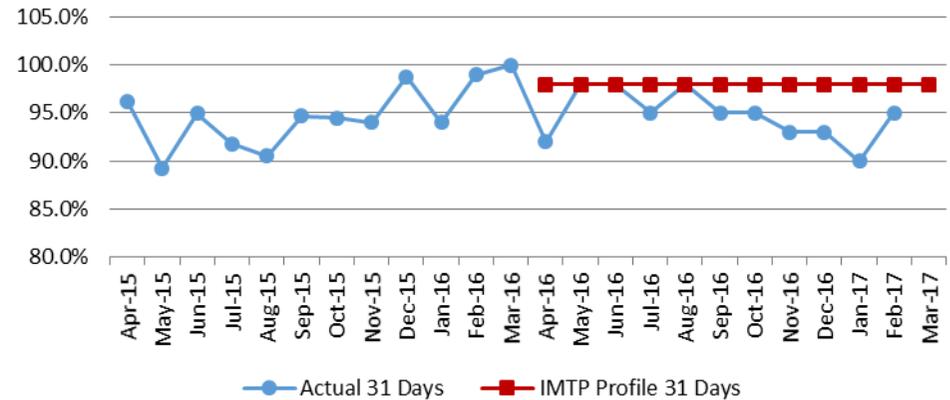
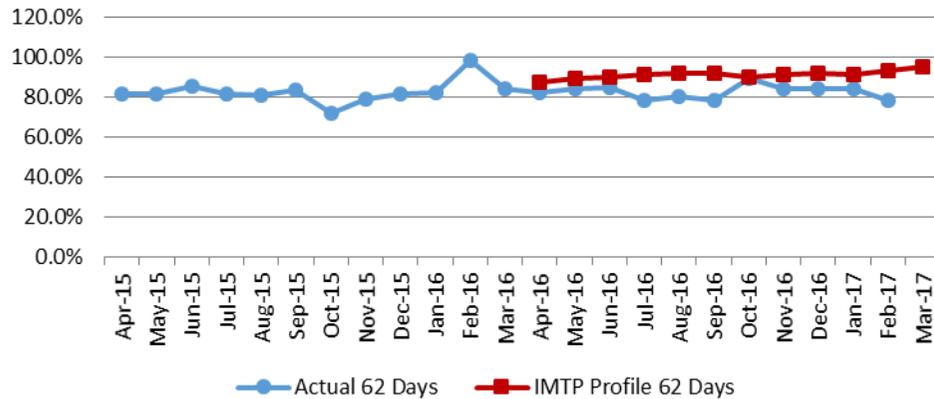


Chart 31: % of patients newly diagnosed with cancer not via the urgent suspected route that started definitive treatment within 31 days
IMTP Profile (Feb 2017): 98%



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**Chart 32: % of patients newly diagnosed with cancer via the urgent suspected route that started definitive treatment within 62 days
IMTP Profile (Feb 2017): 93%**



- Ensure there is sufficient outpatient and diagnostic capacity available in breast and colorectal tumour sites, building on the plans put in place in 15/16

- The Delivery and Support Unit have undertaken a review of Breast services across the Health Board and identified a number of areas that the Health Board and DU are currently following up with further action. Principally in managing Job plans of existing clinicians in a more balanced work plan across the week. This will provide for greater resilience of capacity and therefore performance across the year.
- CTC capacity has been increased by an additional 250 patient slots
- Improvements achieved in CT / MRI referral to report time. Radiology scans reported within 14 days – Swansea – April 2016 = 62.5%, and in Jan 17 = 91.86%
- New Mammography equipment purchased for Singleton, which will improve the resilience of the service as the previous equipment, had broken down on several occasions.

- Implement findings of DU review of breast services
- Continue to work with the Radiology services to improve performance and delivery. Work includes service improvement activity and linkages with MDT's around improved pathway redesign, information and eliminating diagnostic breaches in Cancer pathway as consequence of diagnostic delays.
- A focused Task and Finish group has been established to review and improve the Gastroenterology / Endoscopy services in Swansea – undertaking benchmarking, pathway redesign, and improving existing utilisation of capacity to meet the demand.
- Ensure benefits of capital equipment investments in Pathology and Radiology

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	<ul style="list-style-type: none"> • Currently piloting direct booking for radiology procedure from a specific colorectal clinic / consultant in Swansea to improve access and turnaround times. • General improvement in Morrision Outpatient 14 day first appointments - Number of Patients outside of 14 days of receipt of referral to be seen as a 1st outpatient appointment – Morrision – April 16 = 147, March 17 = 5. 	<p>improve efficiency / performance – expected improvements in Pathology investment anticipated to be at least a 1-day reduction in turnaround times to reporting and availability of report per patient.</p>
<ul style="list-style-type: none"> • Agree a plan to centralise breast services at Neath Port Talbot hospital 	<ul style="list-style-type: none"> • Scope of service in single location completed • Location identified which will accommodate the brief. • Space is available • Informal engagement with CHC to advise them of the potential service change 	<ul style="list-style-type: none"> • Business case to be reviewed by April 2017 to determine whether to proceed • Notionally allocated £200k from discretionary capital for essential design fees for BJC to be developed in 2017/18
<ul style="list-style-type: none"> • Agree a plan for Upper GI cancer surgery to implement the recommendations of Peer Review 	<ul style="list-style-type: none"> • Final proposal to centralise service for ABMU residents at Morrision Hospital agreed by Health Board meeting in January 2017 subject to detailed implementation plan. 	<ul style="list-style-type: none"> • Complete discussions with Cancer Network and Welsh Government on future service location. Development of revised pathways for centralised service continues.
<ul style="list-style-type: none"> • Redesign urology pathways where necessary to align with evidence based practice and the national Urology Plan 	<ul style="list-style-type: none"> • Sustainable service in place in Morrision Hospital • POWH has significant Consultant workforce pressures which have had an impact on access. Options for changes to the service model are currently under consideration. 	<ul style="list-style-type: none"> • Address Urology service pressures in PoW • Implement outcomes from recent Peer review process.
<ul style="list-style-type: none"> • Implement an increase in thoracic surgical activity in agreement with WHSCC 	<ul style="list-style-type: none"> • Agreement with WHSCC for further support and investment in service • Agreement in place for outsourcing capacity into third party provider in England due to local service challenges at Morrision Hospital • Two external reviews of this service have been completed 	<ul style="list-style-type: none"> • Deliver arrangements for outsourcing capacity • Implement recommendations of external review

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<ul style="list-style-type: none"> Implement an increase in autologous Blood and Marrow Transplants (BMTs) at Singleton 	<p>WHSSC has agreed to consolidate the over performance against the previously commissioned number of BMTs (20) into a new contract level of 50 per annum.</p> <p>The Health Board is currently developing its plans to deliver this increased capacity sustainably to manage the challenges presenting in terms of workforce and the physical environment available.</p>	<ul style="list-style-type: none"> Recruitment of staff as identified in Business case. Adverts placed, however difficulty recruiting nurses. Re-advertise posts. Meeting with BMT leads in C&VUHB to agree a training program as agreed in discussions re: business case. Identify new location for clinics – possibly new phlebotomy centre as part of ARCH work with University/Pathology. Meet with C&VUHB BMT representatives for updates re service provision.
<ul style="list-style-type: none"> Agree a sustainable plan for a regional oncology service 	<ul style="list-style-type: none"> Joint project board established with Hywel Dda and University through ARCH. Clinically led engagement process undertaken to focus on pathways enabling care to be provided as close to home as possible – digitally enabled and developing new workforce models wherever possible. Engagement with CHCs, third sector and patients/carers underway. 1st draft of South West non-surgical cancer Strategy by 31st March 2017. 	<ul style="list-style-type: none"> April – mid May 2017 finalise Strategy End June 2017 sign off by ABMU and HD Health Boards.
<ul style="list-style-type: none"> Create a corporate cancer support team 	<ul style="list-style-type: none"> Corporate team in place with Cancer Information Analyst taking up post on the 20th March. Improvements made to performance management information and local support to Unit performance meetings Published Golden Standards to reinforce pathway expectations Produced performance reporting against Golden Standards Implemented plan to test impact of increased tracking capacity in cancer services 	<ul style="list-style-type: none"> Further improve analysis of cancer activity and support shadow implementation of cancer pathway

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<ul style="list-style-type: none"> Additional Actions on Cancer 	<ul style="list-style-type: none"> Review of MDT functioning and roles undertaken recognising their critical impact on timeliness of decisions Roll out of Electronic Patient Referrals with a priority on cancer tumour site specialties Funding achieved to pilot Diagnostic pathway model for Neath Port Talbot patients 	<ul style="list-style-type: none"> Build resilience into MDT functions – clarity around roles and responsibilities / peer review / infrastructure support / information and pathway design. Ensure E-referrals communication improves delivery / communication between teams. Eliminate hard copy processes. Pilot improved access for primary care, capacity and referrals into secondary care through the Lung pathway initiative in NPT as part of the diagnostic investment.
<ul style="list-style-type: none"> Implement local unit plans for cancer 	<ul style="list-style-type: none"> Actions for each Delivery Unit in 17 / 18 being prepared Funding achieved to pilot Diagnostic pathway model for Neath Port Talbot patients 	<ul style="list-style-type: none"> Review previous investments to ensure value for money. Action plans to be implemented Action pilot in Diagnostics (NPT)

Performance Against Any Relevant Delivery Profiles

Chart 33: % of patients waiting less than 26 weeks for treatment- all specialties
IMTP Profile (Feb 2017): 89.38%

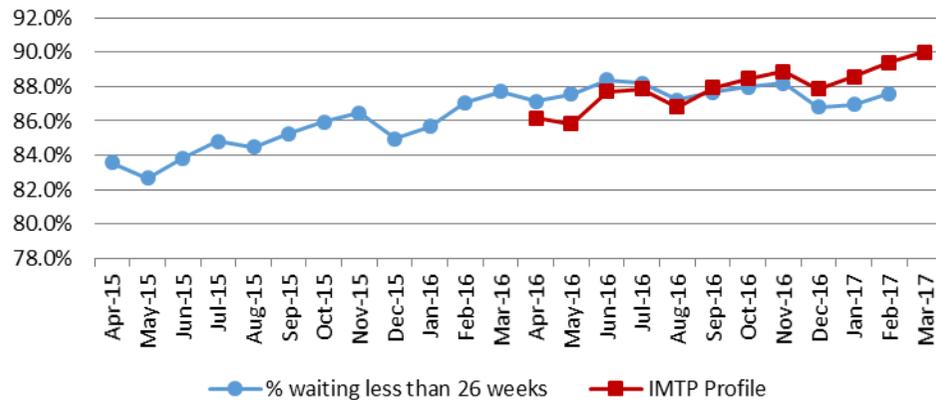
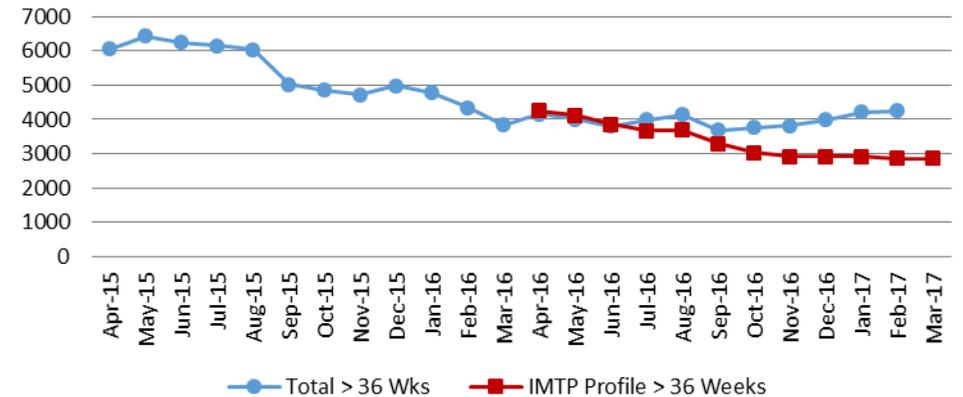
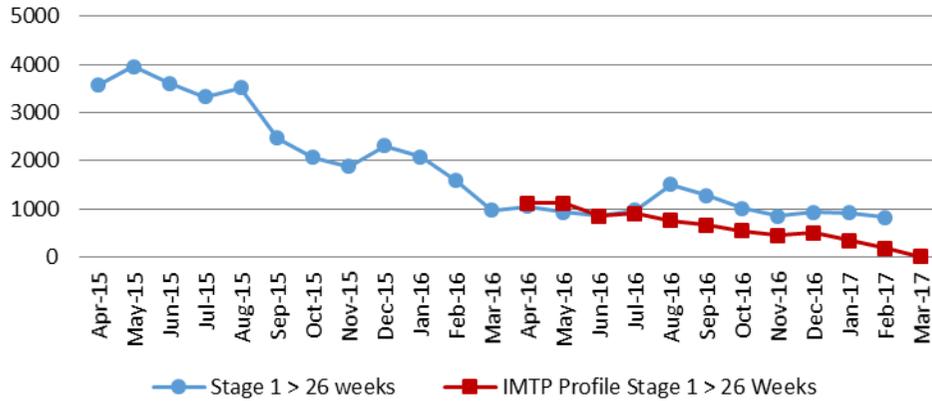


Chart 34: Number of 36 week breaches- all specialties
IMTP Profile (Feb 2017): 2,868



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**Chart 35: Number of outpatients waiting over 26 weeks (stage 1)
 IMTP Profile (Feb 2017): 176**



**Chart 36: Number of patients waiting over 8 weeks for specified
 diagnostics
 IMTP Profile (Feb 2017): 0**

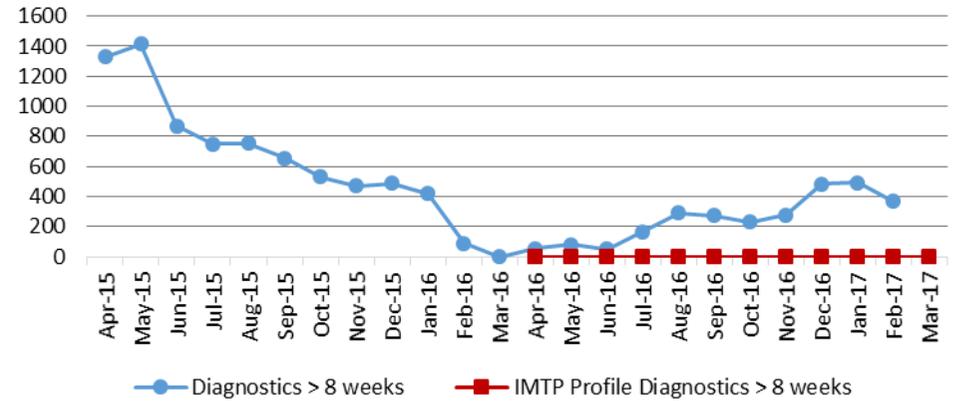
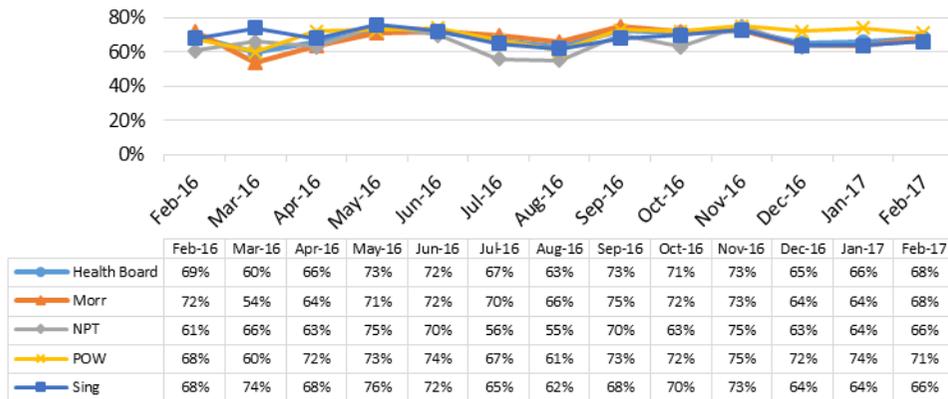
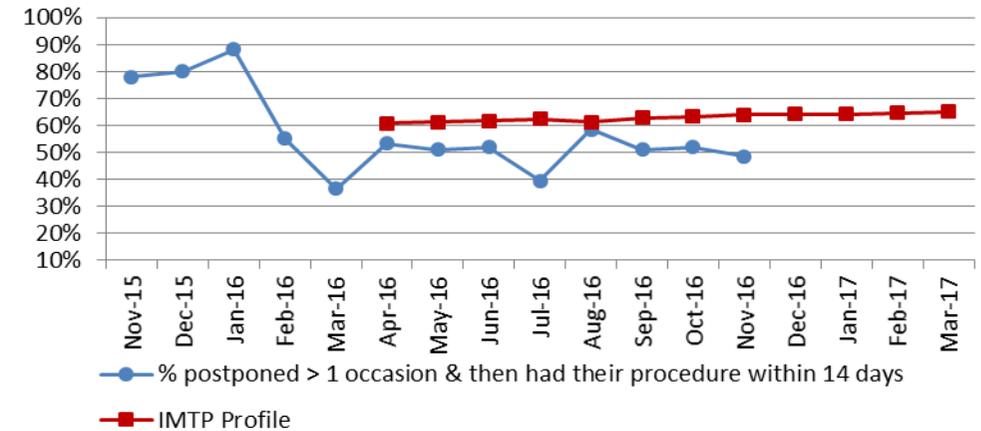


Chart 37: theatre utilisation



**Chart 38: % of patients who had their procedure postponed on more than
 1 occasion and then had their procedure within 14 days or at the patient's
 earliest convenience
 IMTP Profile (Nov 2016): 63.9%**



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Chart 39: Follow-up outpatient DNA rates
IMTP Profile (Feb 2017): 8.4%

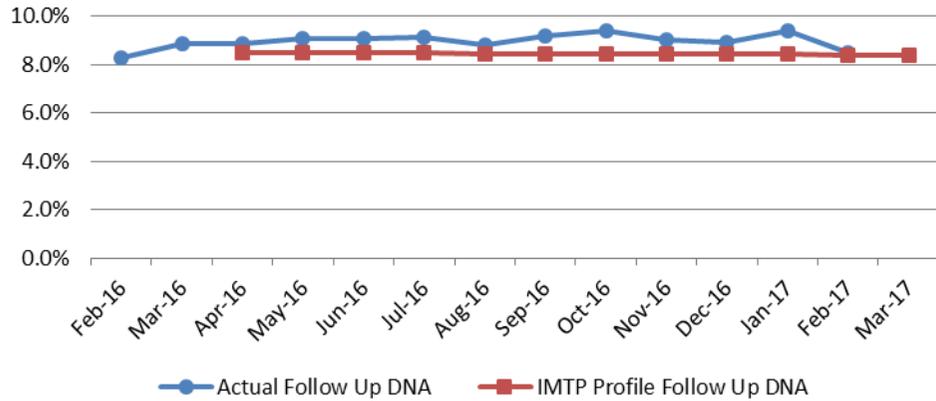


Chart 40: New outpatient DNA rates
IMTP Profile (Feb 2017): 8.4%

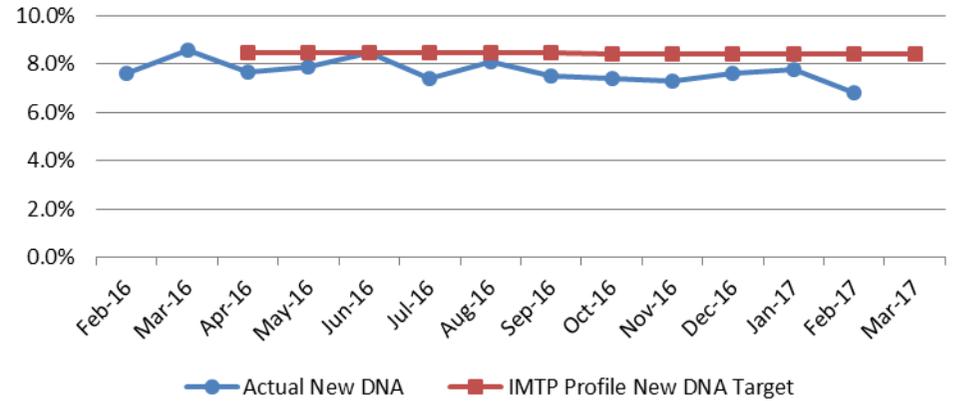
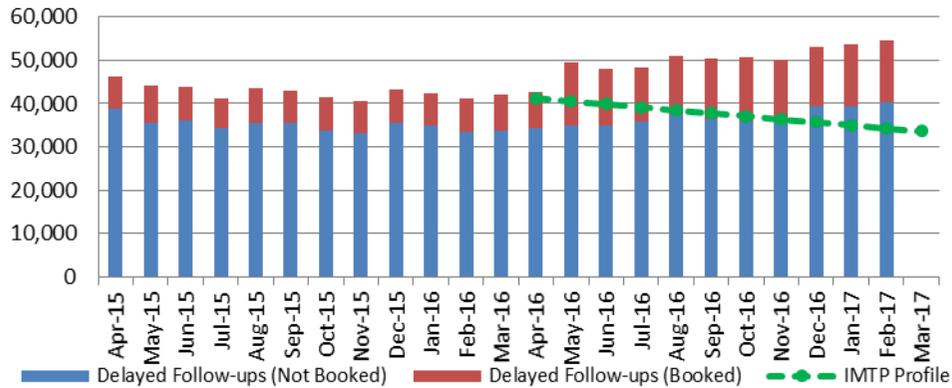


Chart 41: Number of follow-up appointments delayed past their target date (booked and not booked)
IMTP Profile (Feb 2017): 34,280



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Healthier Communities		
Planning requirement: SPECIFIC NEEDS: Maternal and Child Health		
IMTP Actions	Current Status	Actions planned for 2017/18
Reducing unhealthy eating and increasing physical activity (obesity)		
<ul style="list-style-type: none"> As part of maternal healthcare develop specialist antenatal clinics for obese pregnant women as part of a maternal obesity care pathway. These clinics would provide early intervention, risk management and healthy lifestyle support from a specialist Midwife and Dietician to prevent excessive weight gain at this time. 	<ul style="list-style-type: none"> Currently specialist midwife for public Health is running a weight management clinic in Neath Port Talbot Hospital for women who could be eligible for midwifery led care at the birth centre if they can maintain weight during pregnancy. Full evaluation of the service will be available April 2017. Healthy eating Training for community midwives continues to be provided. Weight at 36 weeks is not fully recorded 	<ul style="list-style-type: none"> Review outcomes for service in NPT identifying Increase recordings of maternal weight at 36 weeks in line with NICE guidance Explore opportunities to gain support from dietetic services for women with BMI's >40

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Accessible and Sustainable Services

Planning Requirement: SPECIFIC NEEDS: Delivery Plans

Develop sustainable unscheduled care services across the whole system

IMTP Actions	Current Status					Actions planned for 2017/18
<ul style="list-style-type: none"> Implement the priorities from the National Delivery Plans 		Q1	Q2	Q3	Q4	<ul style="list-style-type: none"> Review of the internal management practices and leadership for the management and implementation of these plans to reflect new Health Board management structure.
	Cancer Delivery Plan	Green	Green	Green		
	Heart Disease Delivery Plan	Red	Red			
	Diabetes Delivery Plan	Green	Green	Green		
	End of Life Care Delivery Plan	Yellow	Yellow			
	Critically Ill Delivery Plan	Green	Green			
	Stroke Care Plan	Green	Green	Yellow		
	Respiratory Health Delivery Plan	Green	Green			
	Neurological Conditions Delivery Plan	Green	Green			
	Liver Disease Delivery Plan	Green	Green			
	Mental Health Delivery Plan	Yellow	Yellow			
	Substance Misuse Delivery Plan	Yellow	Yellow	Green		
	Maternity Delivery Plan	Green	Green	Yellow		
	Oral Health Delivery Plan	Green	Green			
	Eye Health Care Delivery Plan	Yellow	Yellow	Yellow		
	National Ophthalmic Implementation Plan	Yellow	Yellow	Yellow		
	Organ Donation Delivery Plan	Green	Green	Green		

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	Rare Diseases Delivery Plan	Green	Green	White	White		
	Tobacco Control Delivery Plan	Green	Green	Yellow	White		
	Sexual Health and Wellbeing Delivery Plan	Green	Green	Yellow	White		

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Excellent Patient Outcomes and Experience		
Planning Requirement: SPECIFIC NEEDS: Mental Health		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> • Improve access to mental health services through implementing: <ul style="list-style-type: none"> ○ Expanding Crisis Resolution Home Treatment (CRHT) to be a 24hr service ○ Investment in IT systems ○ Training to improve risk assessment by MH staff in emergency departments ○ Investment in developing dual diagnosis service provision (co-occurring substance conditions) 	<ul style="list-style-type: none"> • No change to hours of operation of CRHT services. Welsh Government targets for gatekeeping all assessments are being met every month. • Pilot for Mobilisation Project has provided 120 Community Staff with mobile devices enabling new improved ways of working. • Roll out of single IT system within inpatient services completed with roll out of Clinical portal to Cefn Coed Hospital. Myrddin system is also now in place for outpatient appointments across all mental health services. • EToC is now in place across the majority of the DU. All Mental Health inpatient services are presently operating EToC as are Learning Disabilities. The use of the system has improved performance on discharge letters to a significant extent. • Single system information across community mental health services remains a deficit whilst LD currently do not have access to a community information system still being paper based. • The implementation of a RAID style psychiatric liaison service enables experienced staff from within the liaison team to deliver evidence based risk assessment with regard to potential likelihood of self-harm. Risk 	<ul style="list-style-type: none"> • Benefits review of mobile devices pilot • Project Board has been established to lead on WCCIS project, with a plan to commence implementation in early 2018. • Rollout of final phase of ETOC into Forensic and Drug and Alcohol Services. • Liaison service provided to Medical Assessment Unit to support older adults. 53% of patients assessed within one hour returned home.

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	<p>assessment is delivered to new staff via their induction programme.</p> <ul style="list-style-type: none"> • Investment in Psychiatric Liaison service in Morriston enables this service to operate 8am to 10pm weekdays and 8am to 4pm at weekends and bank holidays. • Training is provided twice a year to Junior Doctors specifically in ED on risk assessments. Nurse Practitioners are offered opportunities to shadow Liaison nurses carrying out assessments. • The service is currently undertaking a 3 month project using the FROM (framework of routine outcome measurement in Liaison Psychiatry) which will report on the outcomes of referrals and also provide patient/carer/referrer feedback on the service they have received. This outcome measure is recommended by The Royal College of Psychiatrists in partnership with NHS England and the Centre for Mental Health. • A dual diagnosis implementation plan has been jointly written by members of the Area Planning Board for substance misuse and representatives from ABMU, in response to the Welsh Government Dual Diagnosis Strategy. This was agreed by both the Local Partnership Board. 	<ul style="list-style-type: none"> • A review of the Liaison service is underway and any necessary amendments to the service model will be made to increase benefits derived. • Liaison Service to extend training offered to ED nursing and medical staff through formal teaching sessions and informal groups where staff can discuss case studies.
<ul style="list-style-type: none"> • Improve risk assessment and prevention of suicide for patients known to our mental health services 	<ul style="list-style-type: none"> • Development of an educational framework in LD in relation to risk assessment and management, linked to introduction of Wales Applied Risk Research Network WARRN • In addition, Positive Behavioural Support (PBS) training is provided via the Learning Disabilities Service, which is an evidence based multi component framework that is widely recommended across the UK and internationally. 	<ul style="list-style-type: none"> • Continue to develop and expand training in these areas

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<ul style="list-style-type: none"> • Improve antipsychotic prescribing for older people 	<ul style="list-style-type: none"> • Independent clinical review was carried out. Action plan developed in response to recommendations. Documentation agreed in Older People Services service group: to record reasons for prescribing and regular review of antipsychotics. This has been implemented in some clinical areas. Information leaflet for patients / carers 	<ul style="list-style-type: none"> • The Unit will arrange a further review of anti-psychotic prescribing practices months which could form part of a rolling internal audit program.
<ul style="list-style-type: none"> • Commence the 'Storytelling through Mental Health' project 	<ul style="list-style-type: none"> • Arts Council funded project employing three storytellers in residence starting March 2017 – two of the residencies are in mental health – one in forensic and the other in community location in Swansea. They will culminate in an international conference in Swansea in June which the participants may take part in. • Arts on Prescription pilot project running in the Bridgend area • Music project with the new Music Therapist as part of ABMU Arts Team 	<ul style="list-style-type: none"> • International Story Telling Conference to be held in Swansea in June 2017
<ul style="list-style-type: none"> • There is an ABMU Armed Forces Forum established which has broad representation from the 3 local authorities, MOD, CHC and third sector organisations specifically linked to supporting veterans and their families. <div align="center" data-bbox="271 1129 479 1246">  <p>ABMU Armed Forces Forum ToR.doc</p> </div>	<ul style="list-style-type: none"> • Further organisations have joined the Forum since its establishment – Change Step, SToMP (supporting Transition of Military Personnel), Army Families Federation and Alabaré which have all presented an overview of the work they do and are involved in. • There continues to be a good relationship with the 3 Local Authorities. The footprint of ABMU has not signed up to establishing a Strategic Regional Partnership. The 3 LAs continue to manage and hold Armed Forces Community Covenant Forums. Health is represented on each of these. Discussions are ongoing around the function and benefits of combining all 4 Forums. • The Forums focus on patient stories. • Veterans NHS Wales service is a key member of the Forum. The service is currently averaging 18 referrals per 	<ul style="list-style-type: none"> • Continue to develop the forum and raise awareness of veteran's issues. • treatment pathway depending on the • Develop strategic action plan to encompass health and social care community programme of work.

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ABMU Armed
Forces Forum Memb

month. Leading to long waits for treatment to commence following assessment. The service has developed an “At Ease” website for patients to refer to after their assessment for interim support whilst they wait.

- An ABMU Consultant Psychiatrist provides one session per month to support the local Veterans NHS Wales service.
- Raising awareness work has been undertaken with Primary Care through posters, leaflets, letters training etc
- A protocol has been developed and implemented across the HB to support staff in recognising and managing referrals received for veterans to ensure compliance with WHC (2008) 051 – Priority NHS Healthcare for Veterans.

Performance Against Any Relevant Delivery Profiles

n/a

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Accessible and Sustainable Services		
Planning Requirement: SPECIFIC NEED: Mental Health		
Mental Health & Learning Disabilities		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> Develop a revised Strategy for Learning Disabilities services Develop Strategic Framework and associated action plan for Learning Disabilities Services 	<ul style="list-style-type: none"> Western Bay agreement to develop strategic framework under which the 3 Local Authorities and Health Board will develop implementation plans for service change in an integrated way. Agreement that process will follow shortly after adult Mental Health framework so that learning can be applied. 	<ul style="list-style-type: none"> Implementation of process for development of new service model in line with adult Mental Health strategic framework outlined below
<ul style="list-style-type: none"> Continue to meet the NHS Wales Outcomes Framework measures relating to the Mental Health Measure 	<ul style="list-style-type: none"> The Delivery Unit continues to achieve targets in Part 1, 2, 3 and 4 of the Mental Health Measure. Discussions have been completed with Cwm Taf regarding data quality issues with Part 1 CAMHS data. Cwm Taf will provide information, which will ensure the indicator reported includes all appropriate referrals and assessment data for CAMHS. A community dashboard has been developed which will monitor waiting times and activity. The dashboard is currently out for user acceptance testing and the LPMHSS (Local Primary Mental Health Support Services) are to be included in this phase. 	<ul style="list-style-type: none"> Audit of Care and Treatment Plans (CTP) has been undertaken, this will be built on to ensure that the quality of CTPs is improved.
<ul style="list-style-type: none"> Develop revised Strategies for Mental Health and CAMHS Develop Strategic Framework and associated action plan for adult Mental Health Services 	<ul style="list-style-type: none"> Western Bay agreement to develop strategic framework under which the 3 Local Authorities and Health Board will develop implementation plans for service change in an integrated way. Innovative process developed to secure views from service users, potential service users and carers on how services need to change going forward based on the In your Shoes approach 	<ul style="list-style-type: none"> Undertaking engagement process for adult Mental Health services to develop key components and principles for services going forward April- May 2017. Compilation of good practice from other parts of the UK and beyond to develop key components of new service. April – May 2017 Agreement of new service model with commissioners, service providers, service users and carers June- September 2017

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		<ul style="list-style-type: none"> Consider opportunity to bring forward disposal of Cefn Coed Hospital subject to agreement of service model and public consultation.
<ul style="list-style-type: none"> Implement the local unit plans for mental health and learning disabilities services 	<ul style="list-style-type: none"> External review by Delivery Unit into Older People's services completed and action plan agreed. External Reviews by HIW into all Learning Disability services completed and action plans agreed. Through ICF funding Liaison Nurse appointed to achieve Health facilitation to improve links and pathway for secondary healthcare services for people with learning disabilities. ICF also funding Primary care educator role. Team for delivery specialist community services for people with complex needs, including borderline personality disorder, to receive help, support and appropriate psychological treatment fully established. First Episode Psychosis service continues to be developed through recruitment to posts. 	<ul style="list-style-type: none"> Plan to reduce bed base in Swansea, Neath / Port Talbot and Bridgend through efficiencies and investment in Community Services. Plan to reduce inpatient bed base, repatriate CHC placements and strengthen Community services. Bring forward plans for disposal of Cefn Coed Hospital as set out above if possible.. Agree a revised a consistent service model for drug and alcohol services, with all relevant partner agencies, across Western Bay. Evaluate outcomes from the investment monies allocated by Welsh Government to ensure benefits are maximised.

Performance Against Any Relevant Delivery Profiles

Chart 42: Mental Health Measures

1) % of assessment by the Local Primary Mental Health Support Service (LPMHSS) undertaken within 28 days from receipt of referral

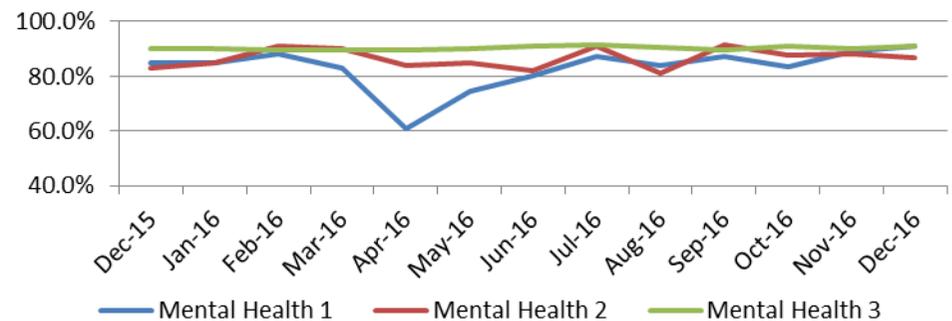
IMTP Profile: 80%

2) % of therapeutic interventions started within 28 days following an assessment by LPMHSS

IMTP Profile: 80%

3) % of Health Board residents in receipt of secondary Mental Health services (all ages) to have a valid Care and Treatment Plan (CTP)

IMTP Profile: 90%



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Strong Partnerships		
Planning Requirement: SPECIFIC NEED: Mental Health		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> Develop a comprehensive and joint CAMHS strategic framework and estates strategy with our partners 	<ul style="list-style-type: none"> Discussions underway with partners including the local authority in relation to the alternative suitable sites for delivery of CAMHS. Agreement that specialist CAMHS bases should be located in each Local Authority area Development of agreed implementation plan for improvement in specialist CAMHS waiting times and services 	<ul style="list-style-type: none"> Trial in Neath Port Talbot the co-location of the Neath Port Talbot specialist CAMHS team offices with Social Services Children's Services from early 2017-18 Discussions are also underway with the City and County of Swansea to find office accommodation for the Swansea specialist CAMHS team so that the closure of Cefn Coed can be achieved without further delay. April- May 2017 A review of the accommodation in Bridgend will be carried out to ensure that the facilities and bases are appropriate.. June- July 2017.
<ul style="list-style-type: none"> Develop a joint commissioning model for specialist CAMHS with Cwm Taf and Cardiff & Vale Health Boards 	<ul style="list-style-type: none"> In Q4 a contract sum was agreed between Cardiff & Vale, Cwm Taf and ABMU. Historically the contract sum has been undefined. An outline specification has been developed for tiers 3 & 4 and shared with Cwm Taf and Cardiff and Vale Health Boards Regular monitoring requirements agreed with CAMHS – initial monitoring reported to Health Board monthly on 5 key indicators Implementation of text notification system for specialist CAMHS to reduce DNA rate 	<ul style="list-style-type: none"> Gap analysis carried out by CAMHS to be reported to joint commissioning group with 3 Health Boards. May 2017. Develop a work programme based on the gap analysis. July 2017. Monitoring of wider range of indicators incorporated into Board reporting- ongoing Achievement of 28 day assessment target for specialist CAMHS referrals from April 2017 Achievement of 26 week assessment target for neurodevelopmental disorder referrals from July 2017
<ul style="list-style-type: none"> Implement the CAMHS plan as set out in section 5.2 of the draft IMTP 	<ul style="list-style-type: none"> Agreement to transfer primary care CAMHS from Cwm Taf to ABMU as part of integrated service model with local authorities 	<ul style="list-style-type: none"> Multi-agency group agreed with representation from Health, social services, education and third sector to plan new service model aimed at providing wider

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- Development of new services in line with Welsh Government funding

range of options to avoid referral to specialist CAMHS. April- December 2017.

- Completing appointments to new teams- May 2017
- Transfer of primary care CAMHS from Cwm Taf to ABMU – April 2018 subject to agreement across organisations

Performance Against Any Relevant Delivery Profiles

Chart 43: Child and Adolescent Mental Health Services (CAMHS) Performance Data

Measure 1: % of Urgent Assessment by the CAMHS undertaken within 48 Hours from receipt of referral

Measure 2: % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral

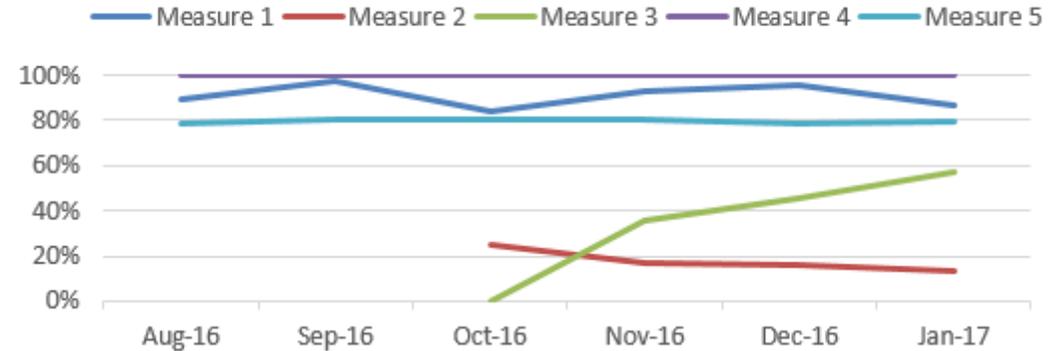
Measure 3: % Patients with Neurodevelopmental Disorders receiving a Diagnostic Assessment within 26 weeks

Measure 4: % of therapeutic interventions started within 28 days following assessment by LPMHSS

Target: 100%

Measure 5: % of Health Board residents in receipt of CAMHS to have a valid Care and Treatment Plan (CTP)

Target: 90%



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Excellent Patient Outcomes and Experience		
Planning Requirement: SPECIFIC NEEDS: Older People		
IMTP Year 1 Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> ▪ Develop the frail and elderly standards and dashboard in line with June Andrews recommendations. ▪ Implement the older person's commissioner standards and recommendations. ▪ Compliance with the Health and Care Standards including Board oversight and care of older people in care homes 	<ul style="list-style-type: none"> • A review of Evidence required for compliance with Older Peoples Dashboard has been undertaken and changes made to Dashboard with effect from April 2017. • The Quality Assurance Framework Toolkit has been piloted at Morrison. This provides assurance against the Older People's Commissioners 12 standards and recommendations, and the Health and Care Standards. • Engagement has taken place with Older Peoples Forums and Community Groups, to inform the development of the ABMU HB Older Peoples Charter. • Reviewed and updated Older People Commissioner's recommendations set out in "A Place to Call Home" • Regional Quality Framework adopted across Western Bay. • Individual nursing assessment undertaken for all people in nursing homes as per All Wales framework • Report on Retrospective Reviews provided to Health Board Audit Committee. • Fundamentals of care training programme developed and spread across Bridgend via Macmillan Nurse for Care Homes. 	<ul style="list-style-type: none"> • Ongoing work to triangulate patient experience feedback with Key performance indicators, as recommended by Older People's Commissioners 12 Standards. • Further Evaluation of the ToolKit. • Report to Quality and Safety Committee April 2017. • Sessions planned to engage with Health Board staff re Older People's Charter April 2017. • Proposed Launch of Older People's Charter December 2017. • Review effectiveness of the framework. • Consider the implications of the Social Services and Wellbeing Act and the requirements for pooled budgets. • Apply for additional Macmillan funding for Care Homes. • Roll-out training across ABM for all care homes.
Performance Against Any Relevant Delivery Profiles		
n/a		

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Excellent Patient Outcomes and Experience		
Planning Requirement: SPECIFIC NEEDS: Welsh Language		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> Ensure the Health Board is prepared for the forthcoming introduction of Welsh Language standards 	<ul style="list-style-type: none"> The Welsh Language Strategy Group has been meeting since November 2016 to oversee the development of a three-year strategy and delivery plan. The Group is reporting to the Board twice a year. Delivery Units are currently gathering information regarding progress on taking forward 'More Than Just Words' at service level and the skill set of staff to provide services bilingually. 	<ul style="list-style-type: none"> Implementation of the ABMU Bilingual Skills Strategy which was approved by the Workforce & Organisational Development Committee in January 2017. This advises on posts requiring Welsh Language Skills as either 'essential' or 'desirable'. Work with our educational partners to consider future training provision may be possible in the future and signpost staff to courses operating in the community
<ul style="list-style-type: none"> Response to 'More than just words...' strategy. 	<ul style="list-style-type: none"> ABMU is monitoring the roll-out of this Strategy through the Welsh Language Steering Group: The Neath Port Talbot (NPT) Unit won a Chairman's Award in 2016 on the multi-disciplinary work done to improve use of Welsh Language. <ul style="list-style-type: none"> Improved recording of a patient's language preference by using the Myrddin Patient Administration System is now in place All ABMU patient information leaflets continue to be produced in bilingual format. 	<ul style="list-style-type: none"> Language skills recorded via the Electronic Staff Record (ESR) to provide a more accurate picture of staff with language skills
<ul style="list-style-type: none"> Provision of key service user information in bilingual form 	<ul style="list-style-type: none"> Welsh Language Officer available for translation of correspondence and signage for delivery unit colleagues. Consultation/engagements with service users make the following available bilingually: <ul style="list-style-type: none"> Braille Talking Book Easy Read 	<ul style="list-style-type: none"> The Welsh language will be given due consideration as part of preparing the local Well-Being Plans reflecting its official status in Wales and the national well-being goal of 'a thriving Welsh language'

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	<ul style="list-style-type: none"> ○ British Sign Language (BSL) video ○ Large print 	
<ul style="list-style-type: none"> ● Outpatient Modernisation Project -patient appointment letters. 	<ul style="list-style-type: none"> ● New PAS has a facility to display the patients preferred language enabling reception staff to offer service in Welsh. ● The 'self-check-in' kiosks at Morriston Hospital outpatients department offer the patient a choice in terms of registering confirmation of attention through the medium of Welsh. ● Staff with Welsh language skills are continuing to highlight this via an orange 'Iaith Gwaith' badge or lanyard, clearly visible to patients. ● 	<ul style="list-style-type: none"> ● To enhance the Myrddin service further, we have commissioned bilingual system that will link with the large screens which alert patients that they are being called. This development is unique to ABMU and supports patients who need or chose to receive their care in Welsh. ● Launch of bilingual text reminders to patient regarding forthcoming appointments.
<ul style="list-style-type: none"> ● Patient feedback questionnaires 	<ul style="list-style-type: none"> ● ABMU 'Friends and Family' surveys continue to be available in bilingual form. ● ABMU Health Board launched a Twitter account for Welsh speakers on St. David's Day 2015 and a Welsh Language Facebook account in March 2017. Both are valuable sources of service user feedback. 	
<ul style="list-style-type: none"> ● Primary & Community Care 	<ul style="list-style-type: none"> ● The Welsh Language Officer has continued to raise awareness of the importance of offering bilingual services and has met with a number of GP Clusters. ● We hold current information as to the number of GP Surgeries/Medical Centres that are offering bilingual services and actively seek confirmation of the patient's language choice which is recorded on their health records. 	
Performance Against Any Relevant Delivery Profiles		
n/a		

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A Fully Engaged and Skilled Workforce		
Planning Requirement: ENABLERS: Workforce and OD		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> Improve staff engagement including responding to the outcomes of the staff survey 	<ul style="list-style-type: none"> ABMU took part in NHS Staff Survey between 15th August and 24th October 2016. 34% of staff responded to the survey against a national average of 38%. There has been an overall improvement in all categories against our 2013 scores and our engagement score has improved from 3.48 in 2013 to 3.68 in 2016, against a NHS Wales engagement score of 3.65 in 2016. ABMU Values Survey is currently underway (27th February to 19th March) which focuses on 5 drivers for engagement and linked directly to Staff Experience Strategy Staff Experience Strategy co-produced during 2016/17 	<ul style="list-style-type: none"> The outcomes from the NHS Staff Survey will be triangulated with the ABMU Values Survey and the Medical Engagement Scale to determine action plans and priorities for staff engagement during 2017/18 at departmental, unit and organisational levels. Staff Experience Strategy to be ratified in light of above Work on retention will be a key part of the workforce recovery and sustainability plan, this includes work on values based exit interviews, understanding the requirements of an ageing workforce and developing initiatives to support staff to work longer.
<ul style="list-style-type: none"> Continue initiatives to increase recruitment and retention of skilled staff. 	<ul style="list-style-type: none"> Continue to support local and overseas recruitment campaigns. 135 overseas nurses continue to be employed by the Health Board. 19 Doctors have commenced from overseas recruitment initiatives. Whilst the Health Board has successfully recruited candidates from overseas the Health Board has not been able to benefit fully from this due to the requirements of the IELTS, failure of candidates to pass the IELTS has meant that the expected number of starters has reduced significantly. A new registrant's forum has been developed along with clinical supervision and enhanced preceptorship for nursing staff. 	<ul style="list-style-type: none"> This is a key work stream for the workforce recovery and sustainability programme with the following actions <ul style="list-style-type: none"> Implement ABMU Branding and website Develop a Recruitment Strategy Ensure all vacancies are advertised Implement Retire and Return Policy. Review Job Evaluation Process. A further 36 Doctors are due to commence via international recruitment or BAPIO between March-June 17. Primary Care Academy is being developed with Swansea University to reinforce local recruitment and longer term retention.

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	<ul style="list-style-type: none"> • An interim exit interview process has been implemented from January 2017 to identify hotspots and develop action plans. 	<ul style="list-style-type: none"> • A plan to develop portfolio careers for GPs with a special interest. • Implement Retire and Return Policy • Utilise focus groups and local knowledge to understand key issues for staff in regard to recruitment and retention. • Implement working longer diagnostic tool
<ul style="list-style-type: none"> • Develop new ways to respond to workforce challenges through continuation of workforce redesign work. 	<ul style="list-style-type: none"> • Significant workforce diversification including Cluster Network-based pharmacists, pharmacy technicians, physiotherapists and mental health counsellors. • Development of the non-registered workforce eg development of a competency based Diploma for physiotherapy support workers. • We currently have 12 former Health Care Support Workers studying for their nursing degree. • Supporting the training of 7 Physician Associate students from Worcester. 	<ul style="list-style-type: none"> • Redesigning the workforce and skill mix review ensuring that the Health Board has a workforce that meets the needs of the service going forward and is fit for purpose is a key piece of work for the workforce recovery and sustainability programme. • Review current skill mix • Development of Allied Health Professional roles • Development of unqualified roles • Consider implications of nursing act • Continue to encourage and support development of new roles • Continue to develop primary and community workforce. • Appointment of 7 Physician Associates from November 2017.
<ul style="list-style-type: none"> • Support staff development through continuing training, learning and development activities . 	<ul style="list-style-type: none"> • A suite of programmes designed to support the care of the frail elderly in hospital will continue to be delivered following the Trusted to Care review. • Continue to maximise the use of digital technology and ESR to improve compliance with statutory and mandatory training requirements. • Delivery of leadership and management training programmes with a focus on behaviour and core people management skills linked to our Staff Experience Strategy. 	<ul style="list-style-type: none"> • Development of management skills at all levels is a key priority, the Health Board recognises the importance of this for staff experience, engagement and performance management • New people management skills programme, focusing on behaviours will be launched in April, prioritising attendance with service delivery units for front line managers new into post and those based in hot spot areas.

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		<ul style="list-style-type: none"> Development of a culture that supports and encourages performance is a work stream of the workforce sustainability and recovery programme.
<ul style="list-style-type: none"> Increase percentage of staff with a completed Personal Appraisal Development Review 	<ul style="list-style-type: none"> Compliance figures demonstrate gradual improvement in PADR compliance (46.63% in August 2016 to 55.54% in February 2017), but still below the NHS target of 85%. Training of managers within Singleton Ward areas is now complete and ESR team is monitoring PADR data entered via Supervisor Self Service compared to administrator access. 40 managers trained in Values Based PADR between November 2016 and January 2017 Group PADR pilot further role out- Pathology in POWH have started group PADR's following successful training for supervisors. Oncology Medical Secretaries have also implemented and completed 66% of their team using Group PADR's, sessions booked for March 2017 target to reach 100% compliance. As at end of January 2017 Facilities POW have achieved 94.2% compliance using Group PADR 	<ul style="list-style-type: none"> Continued focus on compliance through performance review. Action planning to give teams the skills to report accurate figures in ESR. Action plan to continue rolling out Values Based Group PADR where appropriate and in line with need. Focus on measuring the quality of appraisals during 2017. Planning has commenced to audit quality of PADR's in Singleton Delivery Unit.
<ul style="list-style-type: none"> Comply with new nurse revalidation process 	<ul style="list-style-type: none"> A Nursing Midwifery Council (NMSC) Revalidation Steering Group was established to ensure the Health Board's statutory duty is met by ensuring all Nursing and Midwifery registrants are fit to practice. 	<ul style="list-style-type: none"> Continue to implement the actions from the NMC Revalidation Steering Group.
<ul style="list-style-type: none"> Roll out targeted wellbeing at work programmes to sickness absence hotspots 	<ul style="list-style-type: none"> Implementation of Wellbeing Champions across the Health Board with the concept being accepted as a Bevan Commission Exemplar. continue to deliver a number of initiatives aimed at addressing stress, anxiety and depression including Schwartz Centre Rounds®, Stress Awareness and Mindfulness sessions 	<ul style="list-style-type: none"> Planning has begun to develop a case conferencing approach to manage complex long term sickness absentees. Training for managers to improve awareness of the remit of Occupational Health along with improving the quality of management referrals

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		<ul style="list-style-type: none"> • Senior HR Managers continue to work with Delivery Units to nominate line- managers to attend the Invest to Save funded 'Sickness Absence/Better Behaviours training' ('Nelson Training')
<ul style="list-style-type: none"> • Reduce sickness absence 	<ul style="list-style-type: none"> • Cumulative sickness absence as at Dec 16 has remained broadly static to that reported to the committee in January. However there has been an increase in sickness, overall between Nov16 and Dec 16.This is not unusual for the winter period. • Stress/anxiety/mental health absence remains our top reason for absence. • Long-term sickness increased in December compared to that reported in November and remains our main challenge; however we have also seen an increase in short term absence. • The Nursing and Midwifery (N&M) staff group, our largest staff group, is a hotspot for sickness absence having a cumulative sickness of 6.23% for the 12 months to the end of Nov 16 and is 0.7% higher than the all Wales average. • Interventions to reduce missed Occupational Health appointments has resulted in a reduction of these by 10% between June 16 and November 16. This has helped to reduce the waiting time for Doctors appointments by up to 2 weeks. 	<ul style="list-style-type: none"> • Reduction of sickness absence is a key work stream for the workforce recovery and sustainability programme, the above areas of work outline and those below detail the work plan. An approach that ensures robust management along with health and wellbeing programmes for staff and staff experience initiatives will support a reduction in absence. • Hotspot areas for N&M sickness in each unit have been identified and Human Resource managers are working with Unit teams to develop plans to address this trend. • Delivery units (DUs) are being supported in facilitating Staff Health and Wellbeing events and Murrison DU held a full week event at the end of January, providing staff with a range of advice in ways to manage their wellbeing.
<ul style="list-style-type: none"> • Continue to implement ways to improve staff experience and recognition 	<ul style="list-style-type: none"> • Staff Experience Plan co-produced during 2016/17 articulating our Staff Experience and Recognition plans for 2017/18. 	<ul style="list-style-type: none"> • Consider triangulated feedback from NHS Staff Survey (2016), Medical Engagement Scale (2016) and Health Board Values Survey (2017) to determine action planning at unit, department and organisational level.

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		<ul style="list-style-type: none"> • Launch 'Footprints' management programme in April 2017 focusing on behaviours and core people management skills • Implement Staff Experience Strategy action plan • It is expected that the work on staff experience and recognition will improve retention rates across the Health Board.
<ul style="list-style-type: none"> • Reduce variable pay 	<ul style="list-style-type: none"> • Working with Medacs through its Vantage and Direct Engagement models. This improves the supply of external medical locums. • The Health Board has undertaken a programme of work to improve the efficiency of nurse rosters. • Implementing the sickness absence improvement plan. 	<ul style="list-style-type: none"> • Reduction of variable pay is a key work stream for the workforce recovery and sustainability programme, the following work will be undertaken. • Review of authorisation process for agency and bank staff • Review of current bank arrangements, processes, and scoping of potential of one central bank for health board. • Produce guidance to support job planning that meet capacity demand • Train managers for job planning • E rostering project plan to improve roster management across the health board • Review roster policy in line with recommendations carter review • Review of leave policies

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Chart 44: % staff absence due to sickness

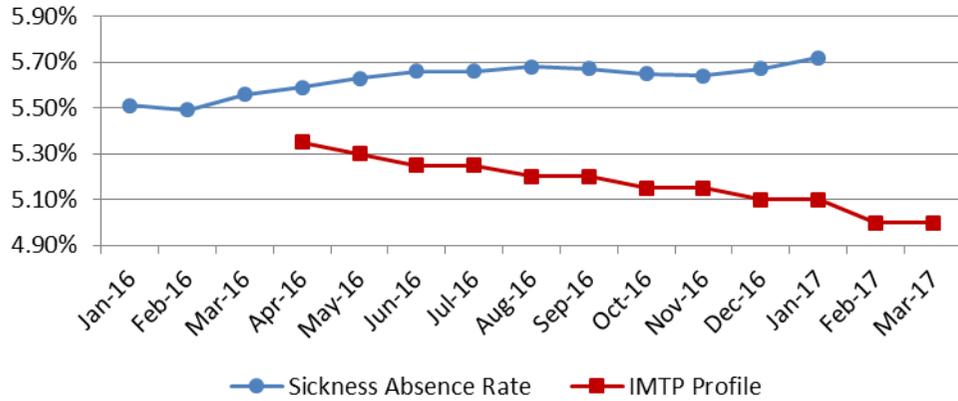
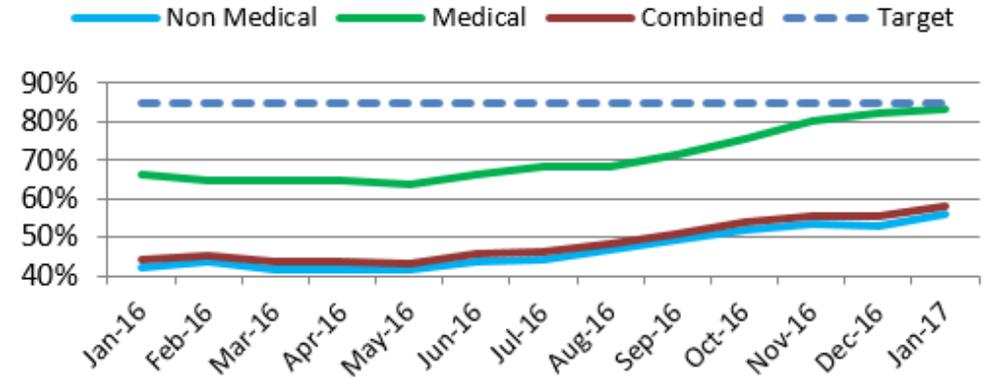


Chart 45: % of staff (medical & non-medical) undertaking performance appraisals



Source of figures:

- Non Medical: Electronic Staff Record (ESR)
- Medical : Medical Appraisal and Revalidation System (MARS)

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Accessible and Sustainable Services		
Planning Requirement: ENABLERS: Infrastructure Investment		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> Progress the implementation of replacement for Catheter Lab B 	<ul style="list-style-type: none"> Building works were completed and handed over on the 10th February 2017. The equipment has been delivered to site and is in the process of being installed and commissioned which will take 6 weeks to complete. The completed Laboratory will be fully completed and available for use by the 24th March 2017 however it cannot be made operational until catheter Laboratory A is also commissioned into use due to the shared control and equipment room. 	<ul style="list-style-type: none"> Catheter Laboratory A will be completed by the end of March 2017 and both Laboratories to be made operational by the 19th May 2017
<ul style="list-style-type: none"> Deliver the discretionary capital plan 	<ul style="list-style-type: none"> The total Discretionary Capital Budget for 2016/17 is £13.828m. The allocation is fully committed and the forecast is for a breakeven position 	<ul style="list-style-type: none"> A draft Capital Plan has been developed. Maximising the benefits to ensure it supports the Recovery and Sustainability Programme will be a priority for 2017/18.
<ul style="list-style-type: none"> Deliver the All Wales Programme capital plan 	<ul style="list-style-type: none"> ABMU has completed 8 projects in the last year. Work is progressing on the 8 remaining approved all-Wales Programme Business Cases while approval is awaited for a further Business case submitted to Welsh Government. A further 11 Business Cases are being developed and are at various stages. The ARCH PDP has been submitted as well as two of the Informatics Business Cases 	<ul style="list-style-type: none"> Work will proceed on the Business cases already in development with the aim of submitting to Welsh Government during 2017/18. A number of cases are almost finalised and will be submitted during the first quarter of 2017/18
<ul style="list-style-type: none"> Morrison Site Development Plan 	<ul style="list-style-type: none"> The Morrison Site Development Plan is progressing well and the Master Planners are preparing to complete their work. 	<ul style="list-style-type: none"> The Master Planners will complete their plan in early April 2017

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Effective Governance		
Planning Requirement: ENABLERS: Finance		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> • Deliver the approved financial plan for 2016/17 	<ul style="list-style-type: none"> • The Health Board draft IMTP which was submitted to Welsh Government at the end of June identified a financial gap for year 1 (2016/17) of £20.1m. T • Consequently the plan was not approved and the Health Board has been working to a 1 year plan. • The escalating financial deficit has required the year-end forecast to be increased during the year and at month 9 had increased to £39.2m. • In the subsequent months this has been reduced, in part due to the internal actions taken and in part as a result of New Treatment Fund. • The year-end forecast is an overspend of £34.6m. • Within the overspend, the Health Board has delivered around £30m of the £45.5m savings requirement, including cost avoidance. Around 30% of the savings delivered are non-recurrent. • The following key action areas have been implemented as part of the Recovery and Sustainability Programme • Identification and full delivery of all savings including a robust review of Quarter 4 financial performance improvements to ensure they are sustained wherever possible. • Construction of clear nursing workforce plans to manage the effective deployment of staff resources and reduce variable pay. • Construction of clear plans to reduce agency and overtime costs across other non-medical staff groups. • Ensure robust management of Medical Staffing rotas to minimise the costs of required cover. 	<ul style="list-style-type: none"> • Draft 2017/18 Annual Plan has been submitted, with final submission due to WG by end of March 2017 informed by work of PWC and initial phase of Recovery and Sustainability Programme. • Maintain clear focus on financial controls • Implement changes to budget setting process • Implement more regular and robust reviews of CIP delivery • The Finance Function has detailed Plans to deliver the 2016/17 financial position and the associated annual accounts and processes in April and May 2017. • (NB these actions will be reviewed when new Finance Director is in post – end May)

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	<ul style="list-style-type: none"> • Cessation of outsourcing of low volume high cost activity to support RTT. • Restrict non-essential study leave. • Review and implement tighter control processes for authorising non-pay expenditure. • Continue to review and manage ChC placements, including review of expensive packages, management of demand and identification of alternative solutions. • Delivery of Medicines Management Plan for both Primary and Secondary Care prescribing to ensure growth costs can be contained within available growth funding and savings made from more appropriate and effective prescribing. • Review and consider all decisions to incur additional costs • Ensure options to explore alternative funding sources including use of charitable funds opportunities are explored fully. • Ensure effective communication plan for all staff. 	
<ul style="list-style-type: none"> • Establish a Strategic Finance Improvement Board 	<ul style="list-style-type: none"> • A Recovery and Sustainability Board has been established in Q4 to support the delivery of financial performance improvement and service productivity and efficiency gains. This replaced the previous Sustainability Board which did not have dedicated leadership/management capacity. • Critically the Programme is taking an integrated approach to service and financial pressures – it is about value not just cost • The Programme is led by a full time senior Recovery and Sustainability Director reporting to the Chief Executive and supported by a Programme Management office and team. The Recovery and Sustainability Director was in post from the 1st February 2017. 	<ul style="list-style-type: none"> • Implementation of Recovery and Sustainability work streams to reduce 17/18 deficit and develop an approvable IMTP

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| | <ul style="list-style-type: none">• This will be the vehicle for implementing the opportunities identified in the national work on the efficiency and value framework, which has been supported locally through more detailed benchmarking analysis in the form of a Performance Baseline Statement for each of the Units. This has been informed by using evidence derived from a number of benchmarking sources including Welsh Health Boards, CHKS Top 40, and Best in Class performers. Where possible, performance has been assessed against a variety of peer groups representing 'Average' and 'High Performing' organisations to provide a broad assessment of the range of opportunities undertaken in order to assess opportunity for improvement.• A dashboard to support work on unwarranted clinical variation has also been developed | |
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Performance Against Any Relevant Delivery Profiles

n/a

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Accessible and Sustainable Services		
Planning Requirement: ENABLERS: Service Change		
Have clear roles and functions for all our hospitals		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> Implement the outcomes of the South Wales Programme consultation in Princess of Wales Hospital 	<ul style="list-style-type: none"> We continue to work with Cwm Taf, Cardiff and Vale and Aneurin Bevan Health Boards to implement the outcomes of the South Wales Programme. We are disappointed that the changes have not yet been implemented. The PAU Pilot in Cwm Taf was completed in September 16. Initial feedback was that the exercise was a positive one with very few children needing to be transferred outside of the PAU activity to other hospitals. The outcome of PAU pilot and survey of mothers in Cwm Taf was reported to the PON Board in March 2017. Based on the survey of 300 mothers, there would be an approximate 50% reduction on the previous flows that were modelled under the SW Programme. The outcomes of the two pieces of work will potentially significantly impact on patient flows to the Princess of Wales Hospital 	<ul style="list-style-type: none"> Consider impact of outcomes of PAU audit and survey of mothers on services as part of development of clinical services strategy for Princess of Wales Hospital. Formalise options for the future clinical strategy for Princess of Wales Hospital in the first quarter of 2017/18. Complete and submit the business case for neonatal services in Singleton Hospital. Continue to plan service changes through the South Central Acute Care Alliance.
<ul style="list-style-type: none"> Further develop and implement service models for the South Central Acute Care Alliance 	<ul style="list-style-type: none"> ENT – Service model agreed by clinicians across all 3 Health Boards, however, it has not been possible to implement due to concerns raised by Cwm Taf Health Board re on call cover. 	<ul style="list-style-type: none"> Seek resolution to the outstanding issues to progress implementation.
<ul style="list-style-type: none"> Implement the recommendations of the NHS Wales Collaborative relating to the SARC in Swansea 	<ul style="list-style-type: none"> The Collaborative have prepared an end of project report that will be considered by the Health Board In May 2017. Cardiff and Vale UHB have been identified as the lead Health Board, subject to approval by their Board. 	<ul style="list-style-type: none"> Final report to be considered by Health Board in May 2017. Participate in implementation planning group to be led by Cardiff and Vale UHB.

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| | <ul style="list-style-type: none">• ABMU has agreed in principle to the recommendations however there are staffing and capital implications which are not currently able to be implemented. | |
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Performance Against Any Relevant Delivery Profiles

n/a

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Strong Partnerships		
Planning Requirement: ENABLERS: Service Change		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> • Submit at SOC Business Case for ARCH 	<ul style="list-style-type: none"> • The Portfolio Delivery Plan (PDP) was submitted end of February 2017 describing our regional plan to develop Health and Wellbeing Centres at a number of sites in South West Wales. 	<ul style="list-style-type: none"> • Awaiting comments from WG • Work required to deliver the plan for Morriston Hospital as the regional acute hub for South West Wales, including agreement on the most appropriate financial strategy for its development. • Development of business cases for the three core schemes for delivering Phase 1: <ul style="list-style-type: none"> ○ Regional Pathology Centre ○ Regional Elective Orthopaedic Centre ○ Single Acute Medicine take for Swansea • Deliver regional health planning and project management for nine regional specialties in ; <ul style="list-style-type: none"> ○ Non- surgical cancer strategy ○ Cardiology service model ○ Ophthalmology service model ○ dermatology service model ○ Interventional radiology service model ○ Vascular service model ○ Neurology service model ○ Pathology ○ Stroke Model • Develop Action Plan to respond to recommendations in the Gateway Review
Performance Against Any Relevant Delivery Profiles		
n/a		

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Excellent Patient Outcomes and Experience		
Planning Requirement: ENABLERS: Digital Health and Care		
Develop a digital strategy		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> • Hospital WIFI (Singleton & remaining Community Sites) with the following benefits: <ul style="list-style-type: none"> ○ Provide the enabling infrastructure required to provide clinicians access to the right information at the point of care ○ Deliver an effective wireless communication system for Singleton leading to increased efficiencies and safety • Provide patients with free WiFi in all ABMU large health care settings 	<ul style="list-style-type: none"> • To be operational by end 2017. 	<ul style="list-style-type: none"> • Plans are on track
<ul style="list-style-type: none"> • Introduce e-prescribing and digital administration in outpatients 	<ul style="list-style-type: none"> • System implemented in two outpatient specialties (Rheumatology and Dermatology) at POWH. Benefits from the pilot have been: • Ability to feedback quickly on prescribing trends to clinicians • Potential allergy contraindication alerts have been used to prevent at least one incorrect prescription being issued. • Agreement to postpone roll out until new version of software available to prevent the need for repeat training and to focus on inpatient e-prescribing. • Business case for inpatient HEPMA awaiting approval by Welsh Government. Has been approved by NWIS, National HEPMA programme and IPAD. 	<p>The priority for 2017/18 is the implementation of Inpatient ePrescribing and medicines administration to provide learning to the National Programme and realise the intended benefits noted, plus</p> <ul style="list-style-type: none"> • Reduction in bed days due to, for example, reduced adverse events and C.Difficile cases • Patient-centric alerts e.g. overdose warnings and allergies

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<ul style="list-style-type: none"> • Mobilising the Community Workforce to provide: <ul style="list-style-type: none"> ○ Reduction in number of journeys to base to use a computer ○ Increase in information available at point of care ○ More effective use of time and resources 	<ul style="list-style-type: none"> • Delivery timescales September 2016 – March 2018 	<p>Plans on track</p>
<ul style="list-style-type: none"> • Patient Flow / eObservations / Clinical Noting / Hospital@Night (Nervecentre Pilot). In line with the national Patient Flow programme ABMU will pilot in POWH. Intended benefits include: <ul style="list-style-type: none"> ○ Reductions in serious untoward incidents related to Early Warning Scores, sepsis, handover and communication ○ Nursing and doctor clinical time increased as a result of live patient information ○ Reduction in duplication of clinical data capture – information available to all ○ Improved patient flow information – live bed states ○ Tasks sent directly to doctors' smart device avoiding the need for bleep/phone delays 	<ul style="list-style-type: none"> • Pilot to commence 2017/18 	<ul style="list-style-type: none"> • Plans are on track
<ul style="list-style-type: none"> • Citizen facing portal: citizen access to own record and information services; co-produce care-plans; disease monitoring and instant notification; access to specialist advice; virtual appointments. Aim is to improve: 	<ul style="list-style-type: none"> • Initial implementation to pilot in 10 services in POWH throughout 2017-2019 	<ul style="list-style-type: none"> • Plans are on track, working with Velindre NHS Trust to deliver the wider benefits

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<ul style="list-style-type: none"> • Patient confidence and knowledge to self-manage • Better support for patients outside normal working hours • Medication adherence • Reduction in hospital attendance and admissions • Reduction in paper correspondence 		
<ul style="list-style-type: none"> • Implement the National Emergency Department System (WEDS - Symphony) to facilitate paperlite working in ED, Minor Injuries and Assessment Units, providing: • At a glance patient status avoids the need for information chasing which currently takes the clinician away from the patient • Efficient floor management • Live and validated data capture, reducing the time taken to QA discharge information 	<ul style="list-style-type: none"> • Project remains delayed due to issues identified during testing. Plans are in place to move into a live dual-run (current system and Symphony) testing phase at NPT MIU by end of March 2017 to prove all pathways and interfaces work as expected. The next steps will then include a live test phase at POWH ED whilst maintaining data capture on Accent (the current ED system). Accent will be switched off once sign off of all functionality has been received. The system will then be implemented at Morriston ED once the Go Live support phase at NPT and POWH is complete. 	<ul style="list-style-type: none"> • Resolve remaining software issues with NWIS and EMIS Health to permit Go Live in POWH and Morriston followed by Singleton and the hospital assessment units
<ul style="list-style-type: none"> • Complete implementation of the National Pathology System (LIMS) 	<ul style="list-style-type: none"> • Business Case submitted under the ABMU SOP and is awaiting approval by Welsh Government It is supported by NWIS and IPAD. 	<ul style="list-style-type: none"> • Procure and phased deployment of RFID case note tracking and “scan forward” technology to digitise the prospective record.
<ul style="list-style-type: none"> • Develop a business case and procure a scanning solution to support the transition to electronic records and workflow – and remove records duplication - subject to business case approval. Key benefits include: <ul style="list-style-type: none"> ○ Reduction in cost associated with the storage, handling and retrieval of paper records ○ Improved turnaround time for delivery of paper casenotes 	<ul style="list-style-type: none"> • Business Case approved by ESG. Awaiting response from Welsh Government on the outcome of the business case process. 	<ul style="list-style-type: none"> • Awaiting response from Welsh Government on the outcome of the business case process.

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<ul style="list-style-type: none"> ○ Reduction in estimate staff time allocated to collation of medical records data for litigation and complaints management 		
<ul style="list-style-type: none"> ● Implement electronic referral workflow in secondary care 	<p>Over 80% of specialties now prioritise referrals electronically, facilitating:</p> <ul style="list-style-type: none"> ● Reduction in time between referral and prioritisation ● Elimination of lost paper referrals <p>Improved referral communications between primary and secondary care</p>	<ul style="list-style-type: none"> ● Plans are on track to deliver the WPRS (electronic referral prioritisation) tool across all specialties by June 2017
<ul style="list-style-type: none"> ● Electronic Test Requesting (Welsh Clinical Portal) 	<p>Electronic test requesting successfully implemented in NPT facilitating:</p> <ul style="list-style-type: none"> ● Reduction in test requesting errors ● Reduction in duplicate/inappropriate tests ● Reduced turnaround times ● Reduced administration in labs 	<ul style="list-style-type: none"> ● Rollout across the other ABMU sites to fully realise the benefits
<ul style="list-style-type: none"> ● Implement the National PACS system (Fuji) Business Case approved. The once for Wales approach will deliver better sharing of images between organisations and improve the speed and effectiveness of diagnosis and multi-disciplinary team working 	<ul style="list-style-type: none"> ● System successfully implemented across ABMU in 2016-7 	<ul style="list-style-type: none"> ● No further action
<ul style="list-style-type: none"> ● Single Radiology Information System (RADIS) - A single instance across the organisation will support cross-organisational management of demand 	<ul style="list-style-type: none"> ● Implementation in Morriston and Singleton by end 2017. 	<ul style="list-style-type: none"> ● Working closely with NWIS – plans are on track.
<ul style="list-style-type: none"> ● Implement the National Cardiology PACS system deliver better sharing of images between organisations and improve the speed and effectiveness of diagnosis and multi-disciplinary team working. 	<ul style="list-style-type: none"> ● Planning commenced for the rollout of the system. ● Devices are in place and the data migration phase is to start April 2017. 	<ul style="list-style-type: none"> ● Full project plan to be developed April 2017.

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<ul style="list-style-type: none"> • Implement a single Endoscopy system with intended benefits: <ul style="list-style-type: none"> ○ A single instance across the organisation will support cross-organisational management of demand ○ Improve auditability of endoscopy pathway ○ Improved data validation and audit reporting ○ Achieve Joint Advisory Group (JAG) accreditation 	<ul style="list-style-type: none"> • System successfully implemented across all Endoscopy units in December 2016. 	<ul style="list-style-type: none"> • Evaluation of benefits to take place June 2017
<ul style="list-style-type: none"> • Introduce digital dictation as part of next phase of Morryston development to deliver: <ul style="list-style-type: none"> ○ Streamlined processing of clinical correspondence ○ Reduction in letter generation administration 	<ul style="list-style-type: none"> • Contract awarded to Big Hand. Project plan developed. Plans in place to implemented second quarter 2017/18 in Morryston SDU. 	<ul style="list-style-type: none"> • Implement in second quarter 2017/18 in Morryston. Continue with plans for implementation. Consider Health Board wide deployment
<ul style="list-style-type: none"> • Junior Doctor Additional Duty Hours Electronic Processing to provide: <ul style="list-style-type: none"> ○ Robust workflow-driven solution to manage additional duty hours ○ Reduction in incorrect payments to junior doctors ○ Fully auditable electronic process 	<ul style="list-style-type: none"> • To be implemented throughout 2017. 	<ul style="list-style-type: none"> • Plans are on track
<ul style="list-style-type: none"> • Patient food ordering system, aiming to: <ul style="list-style-type: none"> ○ Reduce food waste by ordering only what is required on inpatient wards. ○ Provide efficiency savings for ward staff by moving from manual systems. 	<ul style="list-style-type: none"> • 2017/18 – pilot on single wards in Morryston and Singleton hospitals. 	

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<ul style="list-style-type: none"> ○ Facilitate ordering closer to mealtimes through the use of mobile technology linked to the catering app will improve patient satisfaction levels and also reduce food wastage 		
<ul style="list-style-type: none"> ● Submission of electronic discharge summaries and clinic letters to primary care - e-TOC, to improve the availability, timeliness and quality of content of discharge information. 	<ul style="list-style-type: none"> ● The electronic discharge system is implemented at all sites to deliver electronic discharge summaries to Primary Care colleagues. ● The Health Board is focussing on improving the timeliness and accuracy of discharge information and there has been incremental improvement throughout the last period. 	<ul style="list-style-type: none"> ● The drive to improve performance continues. Service Delivery Units are being supported by Informatics colleagues in a project to escalate enhanced compliance with performance targets by adopting a “no e-discharge, no discharge” policy. ● Work with NWIS and RCP to develop MTeD and then adopt in ABMU
<ul style="list-style-type: none"> ● Provide all pathology and radiology results to primary care 	<ul style="list-style-type: none"> ● All pathology results are available electronically across ABMU primary and secondary care. ● Radiology reports for POWH and NPTH are also available, with Swansea reports only currently available in secondary care ● These results are also available to community care staff as part of the mobilisation project, providing easy access to this information at the point of care 	<ul style="list-style-type: none"> ● Radiology reports for Swansea will be made available to primary care in 2017/18
<ul style="list-style-type: none"> ● Electronic Pre-Operative Assessment to: <ul style="list-style-type: none"> ○ Eliminate paper in the pre-operative assessment pathway ○ Improve visibility of key information to all appropriate clinical staff ○ Increase number of patients treated each year by reducing cancellations on day of surgery 	<ul style="list-style-type: none"> ● 2017-18 (Morrison Pre Assessment Unit) – already operational on other sites 	<ul style="list-style-type: none"> ● Plans on track to deliver the system to Morrison.
<ul style="list-style-type: none"> ● Patient Appointment Reminders to: <ul style="list-style-type: none"> ○ Improve accuracy of patient contact details 	<ul style="list-style-type: none"> ● Pilot in ENT July 2017 then full rollout by end 2018/18 	<ul style="list-style-type: none"> ● Plans are on track

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<ul style="list-style-type: none"> ○ Reduce number of outpatient DNAs ○ Optimise OPD clinic efficiency 		
<ul style="list-style-type: none"> ● Deliver the Informatics Programme agreed for 2016/17 	<p>The Informatics Programme is progressing to plan, with the individual project statuses and benefits described above. In 2016/17 the Health Board has developed its Digital Strategy with the triple aim of:</p> <ul style="list-style-type: none"> ● enabling our health and care teams, by using digital technology to spend more time on their core competencies (working with citizens and patients), not managing digital or paper processes; ● realising the efficient productivity benefits (actually doing more at the same or higher quality level with the same or fewer resources) of digital technology investments already made and to come; and, ● better positioning our health economy to benefit from new digital technology ideas coming over the horizon to achieve the planned cost economies. ● 	<ul style="list-style-type: none"> ● Deliver the Informatics priorities for 2017/18 Develop and commence the implementation of the Digital Strategy roadmap
<p>Performance Against Any Relevant Delivery Profiles</p>		
<p>n/a</p>		

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Strong Partnerships		
Planning Requirement: ENABLERS: Innovation		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> Revise the guidance for job planning for medical staff regarding innovation Move to digital job planning using e-Jobplan 	<ul style="list-style-type: none"> Job Planning Guidance has undergone significant update and includes recognition of innovation and improvement activity as part of SPA activity. It has now been agreed with the BMA/LNC E-Jobplan procured and agreed with LNC. Project team established. Roll out commenced. 	<ul style="list-style-type: none"> Implement new job planning guidance Use electronic Job Planning platform Aim to complete job plans for all permanent medical staff in-year Complete move to digital job planning and release efficiencies
<ul style="list-style-type: none"> Develop public facing digital applications and technologies 	<ul style="list-style-type: none"> Small scale evaluation underway of Patient Knows Best (a patient held record) in Swansea: Developed and deployed WiFarer app for patients and staff to navigate Morriston Hospital Submit BJC for Wireless infrastructure for free public WiFi in our remaining inpatient sites Conclude engagement with public on our Digital Strategy "Destination Digital" 	<ul style="list-style-type: none"> Larger scale evaluation of Patient Knows Best in Princess of Wales, Bridgend County and Velindre Cancer Centre planned for 2017-8. Interfaces completed by NWIS to national held patient information. Consider wider application of WiFarer to other hospital sites Complete installation of free public WiFi in all our inpatient hospital sites Develop implementation plans for Destination Digital

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<ul style="list-style-type: none"> • Expand Enterprise and Innovation with Swansea University • Deploy mobile working in hospitals as part of our mobilisation of the workforce plan 	<ul style="list-style-type: none"> • Submit “business cases” for ILS at Morriston and Health Technology Centre at Singleton and expanded JCRF to WG/UK Govt under Swansea Bay City Deal • We have procured middleware (Mobile Iron) to allow secure Bring Your Own Device (BYOD) use in our hospitals. With access to clinical systems and the intranet. Around 700 users at March 2017 	<ul style="list-style-type: none"> • Pilot “Broadband on Prescription in one community (with O2) • Submit Invest to Save application for public facing digital technologies • Progress detailed planning of Morriston and Singleton Health Science Campuses with City Deal funding secured • We will complete installation of WiFi into all our hospitals and continue to make MobileIron available to all relevant staff (2500) and spread NHS email to more staff
<p>Performance Against Any Relevant Delivery Profiles</p>		
<p><i>n/a</i></p>		

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Strong Partnerships		
Planning Requirement: ENABLERS: Research & Development		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> • Increase the number of NISCHR studies 	<ul style="list-style-type: none"> • Health and Care Research Wales regional Research delivery staff successfully TUPE'd to HB in Oct 2016, integrated with R&D to enable cohesive approach to supporting studies of high priority and benefit gained. • Non-Commercial – up to Q3 16/17 <ul style="list-style-type: none"> ○ 92 open and recruiting studies. ○ 1,691 patients recruited ○ We are on track to attain the number of studies open and recruiting target however overall recruitment may be short of reaching the targets this year based on Q3 figures to date. <ul style="list-style-type: none"> ▪ Number of studies: 76% of target achieved ▪ Patients recruited: 55% of target achieved • Commercial – up to Q3 16/17 <ul style="list-style-type: none"> ○ 29 open and recruiting studies. ○ 208 patients recruited ○ Both Number of studies open and recruiting and overall recruitment may be short of reaching our targets this year based on Q3 figures. <ul style="list-style-type: none"> ▪ Number of studies: 69% of target achieved ▪ Patients recruited: 50% of target achieved 	<ul style="list-style-type: none"> • The fluctuating achievement of the recruitment targets is based on high recruiting studies closing and a time lag to set up new studies of equivalent scale - this issue will be addressed via the Health and Care Research Wales South West Wales planning group. • Re-focus on primary care recruitment. • Continued support to clinicians to attract research grants, through collaboration with Swansea Trials Unit. • Expansion of JCRF enabling increased scale of activity. • Harmonise IP Policy with HDD. • Effective engagement with AGORIP. • The research delivery team will continue to work closely with clinicians across the Health Board to identify and support research studies. We have recently appointed a research nurse to work in Morriston Hospital to provide support for clinical trials in the services that have relocated to Morriston. Our training team will also continue to work closely with clinical teams to ensure that they are suitably trained in “Good Clinical Practice” and are working with them to provide peer support to encourage research naïve teams to become involved with research.

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<ul style="list-style-type: none"> • Include all Research and Development (and Innovation) activity in Health Board reporting • Agree Memorandum of Understanding with Cardiff University 	<ul style="list-style-type: none"> • Improved capture of non-medical R&D across ABMU, especially with Swansea University and UWTSD • Draft MOU submitted to Cardiff University for consideration 	<ul style="list-style-type: none"> • We are also planning to increase activity in commercial trials which will help to develop further income to build capacity within the research workforce. • Retaining commercial R&D income, so that this can be reinvested into future R&D infrastructure and staff. • Continue to improve capture and expand to include other Universities • Conclude MOU and implement
<p>Performance Against Any Relevant Delivery Profiles</p>		
<p><i>n/a</i></p>		

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Effective Governance		
Planning Requirement: ENABLERS: Governance		
IMTP Actions	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> Fully implement the new management arrangements 	<ul style="list-style-type: none"> The new management arrangements have been fully implemented although vacancies remain with Morriston Service Delivery Unit. This has caused an element of disruption at certain points of the year but provides a solid base for 17/18 with new teams in place, many internal moves giving fresh perspectives and additional clinical leadership 	<ul style="list-style-type: none"> Fill or review vacancies Support new arrangements with an OD programme to maximise benefits
<ul style="list-style-type: none"> Update the IMTP tracker when the plan is approved 	<ul style="list-style-type: none"> Complete 	<ul style="list-style-type: none"> Use the same approach to monitor the implementation of the Annual Plan 2017/18. Corporate Objectives will be used as the basis for managing performance of Annual Plan.
<ul style="list-style-type: none"> Manage the risks to the delivery of the IMTP 	<ul style="list-style-type: none"> Provided in Appendix 1. <div align="center">  Appendix 1 IMTP risks.doc </div>	<ul style="list-style-type: none"> Provided in Appendix 1.
Performance Against Any Relevant Delivery Profiles –		
n/a		

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Additional Actions/ Updates	Current Status	Actions planned for 2017/18
<ul style="list-style-type: none"> • Plan of action following governance review 	<ul style="list-style-type: none"> • We await the visit of Deloitte to undertake a governance review and expect they report at the end of May. However, the Health Board has already taken stock of the information it supplies to the Board and looked to improve where possible. • The financial reports supplied to the Board in its public sessions are far more comprehensive than they previously were and non officers members are regularly asked whether they are content with its content. • The WAO Structured Assessment had also flagged up that the original finance reports going to the public session lacked content although they did acknowledge that far more comprehensive reports were going to the Board either in closed session or in Board briefings. • Executive Directors are now more conscious of the need to ensure that reports need to contain sufficient information to allow the Board to make decisions. 	