ABERTAWE BRO MORGANNWG UNIVERSITY HEALTH BOARD HEART DISEASE DELIVERY PLAN (20015/2016)

1. Background

"Together for Health – a Heart Disease Delivery Plan" was published by the Welsh Government in 2013 and provides a framework for action by Local Health Boards and NHS Trusts working together with their partners. It sets out the Welsh Government's expectations of the NHS in Wales to prevent avoidable heart disease and plan, secure and deliver high quality person-centred care for anyone affected by heart disease. It focuses on meeting population need, tackling variation in access to services and reducing inequalities in health outcomes across 6 themes.

For each theme it sets out:

- Delivery aspirations for the prevention and treatment of heart disease
- Specific priorities for 2013-2016
- Responsibility to develop and deliver actions to achieve the specific priorities
- Population outcome indicators and NHS assurance measures

2. ABMU Health Board Delivery Plan

The Abertawe Bro Morgannwg University(ABMU) Health Board produced its first delivery plan in 2014. In our delivery plan we set a number of key priorities. Considerable progress has been made against these priorities as highlighted below.

Theme	Priority	Progress
1	To increase in smoking cessation capacity within the ABMU health board. This was to be supported by the establishment of a minimum of 23 level 3 pharmacy smoking cessation services.	The Health Board has currently commissioned 30 pharmacies to implement level 3 smoking cessation services. This work will be underpinned by a communication strategy when services become fully operational
1	To Develop and deliver local strategies and services to tackle the underlying determinants of health inequality and risk factors for coronary heart disease.	C4B Staying Healthy Work Stream working with local PH Team to develop local strategies. Work underway with Communities First to have a more targeted approach to inequalities. Work is also underway on the Future Generations' Bill with Health Board Executives.
2	To implement the Service transformation Programme for Cardiology to include: • Rapid Access Clinic • GP with Special Interest service expanded referral triage arrangement	Fully implemented
2	Build on community network model for detection and management of patients with	During 2014/2015 the Health Board has provided investment to strengthen current anticoagulation arrangements across the

Theme	Priority	Progress
	atrial fibrillation, actively screening, investigating and treating patients in the community. A review of current anticoagulation services across the Health Board is underway. Recommendations on future models will be made to the Executive Team, with decisions on community models agreed at Locality level.	three HB localities. This is a recognised interim step, ahead of developing a Programme Budget Marginal Analysis (PBMA) approach for atrial fibrillation which will be established during 2015/2016.
2	Implement and evaluate the BHF funded Heart Failure service in Swansea.	Service fully implemented and significant benefits identified from the evaluation process including significant measured reduction in readmission for heart failure patients since establishment of the service.
3	Recruitment to Cardiology Consultant establishment in Princess Of Wales (POW) to support their 24/7 model (2 vacant posts).	Both consultants in post from February 2015
3	Full Implementation of the 36 recommendations outlined in the external review of cardiac surgery services	12 month review identified that: 17 recommendations have been fully implemented 16 have been partially implemented 3 have not been implemented 1. CITU/HDU physical collocation – not possible within building constraints 2. CITU/HDU nursing skill mix – skill mix review complete but investment not confirmed 3. Thoracic Level 1 area with appropriate staffing – investment not confirmed In summary the review stated that really good progress has been made in the last year and hope that the implementation of this new Action Plan will continue this improvement journey.
3	To deliver increased cardiac surgery through internal and external options.	Outsourcing programme established during 2014. There were 99 operations completed at the Royal Brompton and a further 39 planned. In addition 660 major cardiac operations have been completed at Morriston Hospital during 2014/15

Theme	Priority	Progress
3	Full participation in WHSSC cardiac surgery and Thoracic Surgery working groups	Delivered
3	Deliver prompt and equitable access to appropriate interventions, including new diagnostic procedures, technologies, treatment and techniques, in line with the latest evidence and guidance and with evidence based policies and priorities agreed by NHS Wales.	During 2014/2015 additional investment has been provided to increase diagnostic capacity for the following diagnostic pathways to significantly reduce the waiting times for the following tests: • Echocardiography • DSE • Cardiac MR • Cardiac CT • Plans have been progressed during 2014/2015 to deliver sustainable arrangements for the delivery of this additional capacity. The Health Board's IMTP plan for 2015/2016 needs to build on the year 1 work and add further diagnostic tests to the capacity plan.
3	Replacement of cardiac Catheter Laboratories in POW and Morriston Hospitals	Progress in qtr 3 the business case development, capital allocation and evaluation process which will underpin the catheter Laboratory replacement programme implemented during 2015/2016
3	Develop solution for cardiac short stay in Princess of Wales Hospital	Facility relocated next to the cardiology ward in the Princess of Wales Hospital, to provide a safer environment for recovering patients post procedure.
4	Deliver services to meet the on-going needs of people with heart disease	Funding secured from the Health Board(HB) to continue the Heart Failure(HF) service in Swansea following the conclusion of the 2 year pilot which was part funded by BHF
4	Cardiac Rehabilitation (inc psychological management and exercise)	A review of Cardiac Rehabilitation services across ABMUHB is underway with the support of Alan Wilson (ex 1000 Lives).
4	Drug and device management support for patients	HF nurse and pharmacist providing device and drug management in hospital clinic
4	Evaluate the requirement for an enhanced service for Arrhythmia nurse	Delivered - Funding secured for a band 6 nurse – commencing March 15
4	Full participation in the ACHD Implementation Group chaired by WHSSC	Delivered – funded service established - additional ACHD clinics commenced March 15
4	Full participation in All Wales Cardiac Rehabilitation Group to	Full participation at Group meetings. Actions being delivered at HB level via HF and CR

Theme	Priority	Progress
	develop the "care plan"	Steering Groups
4	Provide effective signposting to information and support	Work ongoing with Communications Dept to set up dedicated internet, Twitter, Facebook to share information with patients and carers
5	Put effective mechanisms in place for seeking and using patient's views about their experience of heart services.	Patient representative sits on both the cardiothoracic board and the cardiology service board. Patient representative was also part of the cardiac surgery external review team.
5	Health Board to fully participate in National Heart Failure Audit	Delivered

There are some priorities identified in the health boards heart disease delivery plan where progress has not been achieved during 2014/2015 these include:

The establishment of a corporate communication group specifically focused on raising awareness of healthy living issues linked to Coronary Heart Disease. to ensure general health promotion/awareness messages issued are consistent. This will need to be a focus during 2015.

Establishment of a single site for Cardiology Services in Swansea. The main barrier has been identifying the additional bed capacity required to support the plan. Alternative proposals are being developed as part of the 2015/2016 IMTP process to deliver some of the pathway improvements of a single site model, ahead of the formal transfer of services to a single site.

The development of a Cardiac Services IMT strategy. Whilst small projects have been progressed at an operational level to develop technological solutions to support effective cardiac pathways, the development of a comprehensive strategy remains to be completed and will form a key priority for early 15/16. The strategy will need to form an integral part of the overarching Health Board strategy to ensure effective implementation and delivery.

Establishment of a Health Board wide review of Cardiac Rehabilitation services.

All of these actions will form a key part of the 15/16 delivery plan priorities.

In delivering heart disease services, there are a number of service improvements that we have implemented locally, that have had a real impact on both patient care and outcomes. Examples of this include:

- Establishment of an integrated heart failure service in Swansea working across community, secondary and tertiary care as part of the British Heart Foundation funded pilot project. The project has shown:
  - a reduction in readmission rates from 12% to 4.5% (0.6 bed reduction)
  - Admission avoidance equates to 2.82 beds per year.
  - Full completion of data for National Heart Failure Audit
- Service Transformation initiatives including the expansion of the GP with special interest service and establishment of a rapid access chest pain clinic in Swansea.
- Enhanced Cardiac Physiology resource in POW to support timely pacing follow up

- Full and partial implementation of 31 out of the 34 recommendations made by the external review of the cardiac surgery service in Morriston Hospital.
- Investment through the Health Board's 2014/2015 IMTP process to increase capacity for a number of cardiac diagnostic tests with a view to reduce the waiting times for patients.
- Maintenance of the improvements in the reduction of transfer times for acute coronary syndrome patients to the cardiac centre for treatment. Step change delivery of further reductions in transfer times will be linked to implementation of enhanced ambulance transport arrangements which are being introduced in March 2015. Redevelopment of the Cardiac recovery Unit located in the Princess of Wales Hospital to a purpose built development adjacent to the Cardiology Ward.

3. The Vision

Our vision for heart care is that:

- People of all ages to have as low as possible a risk of developing heart diseases and, where they do occur, an excellent chance of living a long and healthy life, wherever they live in Wales.
- Wales to have incidence, mortality and survival rates for heart disease which are comparable with the best in Europe.

We will use a range of indicators to measure success. These are being developed and will be refined over time and will include indicators such as:

- Coronary disease prevalence rates: % patients under 75 living with coronary heart disease
- Circulatory disease mortality rates under 75 per 100,000 population.
- Survival following out of hospital cardiac arrest
- Cardiovascular death in relation to average life expectancy - potential years of life lost.

4. The Drivers

There are good reasons for heart disease to be a key priority area for ABMU health board

According to the latest figures available from the Welsh Health Survey, 20% of adults are being treated for high blood pressure and 9% for any heart condition, excluding high blood pressure.

The most significant[1] cause of heart-related ill health and death is coronary heart disease (particularly angina and heart attack). Although death rates in Wales have been falling over the last 3 decades, they remain around 15% higher than in England[2]. In addition, death rates vary significantly across Wales; the death rate in the most deprived fifth of wards is almost a third higher than in the least deprived fifth[3] - showing the pronounced impact of poverty and the socio-economic determinants of health. While coronary heart disease is a largely preventable cause of ill health and death, the latest figures show that major risk factors remain high[4]:

[1] Welsh Health Survey 2011, Welsh Government statistics released September 2012
[2] Trends in Coronary Heart Disease 1961-2011, British Heart Foundation, 2011
[3] The Cardiac Disease National Service Framework for Wales, Welsh Government, 2009
[4] Welsh Health Survey 2011, Welsh Government statistics released September 2012

- 23% of adults report smoking, with 20% of adult non-smokers reporting regular exposure to other people's tobacco smoke indoors
- 57% of adults were classed as overweight or obese; amongst children the figure was 35% (of whom 19% were obese)
- 43% of adults reported drinking above guidelines on at least one day in the past week
- Only 29% of adults reported being physically active on 5 or more days in the past week

These risk factors highlight the focus on coronary heart disease and promotion of healthy hearts as a theme. Coronary heart disease is, however, just one part of the picture and this Delivery Plan, covers heart conditions more broadly. It highlights the importance of providing high quality detection and treatment of all major heart diseases, including:

- Heart failure (predominantly caused by coronary heart disease)
- Arrhythmia management, including management of atrial fibrillation (frequently a consequence of coronary disease)
- Congenital heart disease (in children and adults)
- Inherited or idiopathic cardiac conditions, including cardiomyopathies

5. What do we want to achieve?

Our priorities for 2015/2016 are:

- Adopt the integrated heart failure service model in swansea as part of the health boards changing for the better services programme.
- Build on this service and ensure equitable access to heart failure service across the health board.
- Continue to build on the initial investment in 2014/2015 for increasing cardiac diagnostic capacity.
- Progress to implementation of the catheter laboratory replacement programme for POW Hospital and Morriston Hospital.
- Establish the Programme Budgeting Marginal Analysis Commissioning Framework for atrial fibrillation.
- Undertake a HB wide review of cardiac rehabilitation services.
- Continue to implement the current and new recommendations from the external review of cardiac surgery services.
- Progress alternative interim proposals to the development of a single site for cardiology services in Swansea.
- Develop a comprehensive IMT strategy for cardiac services which will provide a strong foundation for high quality audit and research.
- Deliver significant improvements in the overall waiting times for cardiac pathway in line with revised component waiting times of 16 weeks to be seen and 10 weeks to be treated.
- Progress a more integrated workforce approach for cardiology medical posts with Hywel Dda Health Board.

6. ABMU Health Board Overview

Abertawe Bro Morgannwg University Health Board was launched on 1st October 2009 and combines the former Abertawe Bro Morgannwg University NHS Trust (previously Bro Morgannwg NHS Trust and Swansea NHS Trust) and the three Local Health Boards; Bridgend, Neath Port Talbot and Swansea.

The Abertawe Bro Morgannwg University Local Health Board provides services to approximately 600,000 people, primarily serving the populations of Bridgend, Neath Port Talbot, Swansea and the Western Vale of Glamorgan and their respective communities. In addition, the LHB provides a large range of regional and sub-regional services, including Burns and Plastics, Cardiac Surgery, Forensic Mental Health and Learning Disability Services. A range of community based services are also delivered in patients' homes, via community hospitals, health centres and clinics.

The Health Board has close links with Swansea University, College of Medicine and is fortunate to have state-of-the-art research facilities within close proximity to Singleton Hospital. A Professor of Cardiology was appointed in September 2013.

The Health Board has a budget of £1.3 billion and employs over 17,000 members of staff, 70% of whom are involved in direct patient care.

Changing for the Better Programme
http://www.wales.nhs.uk/sitesplus/863/page/60278

In "Together for Health" (November 2011) Welsh Government described unprecedented challenges ahead, it called upon health boards to create services that are safe, sustainable and comparable with the best anywhere. Changing for the Better Programme is ABMU Health Board's response to that challenge.

Since January 2012 the programme has harnessed the experience, energy and commitment of over 300 people: clinicians, patient and carer representatives, partners from local authorities, the third and voluntary sectors, academia, management and emergency services. They have taken a fresh look at what we do well now, what we can learn from others, what the best practice standards tell us we should do and what our patients want and deserve.

In May 2012 the Health Board set out for our staff and citizens the scale of the challenge facing ABMU in "Changing for the better; why your local NHS needs to change."

Through seven clinical work streams the Health Board has looked at nearly every area of care. New thinking has been tested on hundreds of staff and citizens during twelve weeks of intensive engagement between September and December 2012 and received positive and helpful feedback as well as new ideas.

As a result the ***Changing for the Better*** programme is moving from ideas to implementation, focusing on how clinical and support services in the ABMU area will be transformed over the next few years to achieve this, whilst coping with the demographic changes which threaten to overwhelm our services if the way they are currently configured does not change.

This transformational work is progressing across the Health Board, focusing initially on 9 key projects:

- Hospital Services
- Community Services
- Women & Children
- Pre-hospital Services
- Staying Healthy

- Rapid Access
- Major Trauma Service
- Primary & Community sites for electives
- Outpatient Modernisation

ABMU Health Board Cardiac Services

The ABMU Health Board Cardiac Service covers all aspects of the care of patients with heart disease with the exception of organ transplantation. This includes comprehensive risk assessment and risk modification, involving medical treatment of symptoms of disease by drugs, non surgical intervention or surgery as appropriate. With the exception of N-STEMI, data is submitted to the National Institute for Cardiovascular Outcomes Research (NICOR).

Patients access the service through community, primary, secondary and tertiary care services.

Primary Care services vary across the Health Board from preventative programmes, targeted services 'at risk' individuals, management of individuals with identified disease, GP with special interest services and cardiac rehabilitation programmes.

Secondary and Tertiary Care services are accessed via a formalised system of care incorporating role delineation, services provided by individual hospitals, complemented by a network of formal referral, transfer and repatriation arrangements between individual clinical teams and hospitals.

Current referral patterns are driven by a range of factors including:
- Clinical Pathways
- Commissioning arrangements
- Geographic proximity
- Bed availability

A detailed summary of the services which make up the ABMU Health Board Cardiac Service are included in the first edition of the Health Board's Heart Disease Delivery Plan.

Cardiac Waiting Times

Table 1: Cardiology Performance against waiting times from January 2014 to May 2014

Specialty	Position	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Dec 2014
Cardiology	***Stage 1* > 26 Wks**	1	0	0	2	7	334
	Total Over 26 Wks	138	109	88	109	119	480
	Total Over 36 Wks	18	18	6	4	3	28
	Total Under 26 Wks	3486	3067	3027	3101	3291	2549
	Total PO	3624	3176	3115	3210	3410	3029
	% Performance	**96.19%**	**96.57%**	**97.17%**	**96.60%**	**96.51%**	**84.2%**

Stage 1 is the time measured from receipt of referral from the GP to the first hospital outpatient appointment.

Main issues for Cardiology during 14/15 has been pressure on Stage 1 waits for Cardiology in Princess of Wales and Neath Port Talbot. This is in part due to 2 consultant vacancies which the service has been carrying. 2 consultants have been appointed into these posts from

March 2015 and a improvement plan is being implemented to address the long waiting stage 1 waits.

Table 2: Cardiac Surgery Performance against waiting times target from January 2014 to May 2014.

Specialty	Position	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Dec 2014
Cardiac Surgery	***Stage 1* > 26 Wks**	0	0	0	1	1	0
	Total Over 26 Wks	150	155	154	176	197	101
	Total Over 36 Wks	102	109	101	102	119	71
	Total Under 26 Wks	307	287	269	226	211	114
	Total PO	457	442	423	402	408	215
	% Performance	**67.18%**	**64.93%**	**63.59%**	**56.22%**	**51.72%**	**53.02%**

Stage 1 is the time measured from receipt of referral from the GP to the first hospital outpatient appointment.

Diagnostic waiting times are an important component in the delivery of the Cardiac 26 week Referral to Treatment standard.

The maximum wait for access to **specified** diagnostics tests is 8 weeks. Table 3 lists the key cardiac tests/investigations provided in the Health Board and the current waiting time as at the end of May 2014 for an appointment categorised as routine.

Table 3: Cardiac Diagnostics - patient waiting over 8 weeks for each key Cardiac Diagnostics test

	May 2014	December 2014	Comments
Echocardiogram	241	597	IMTP investment made – sickness and absence and machine capacity have created issues plan remains to have 0 position over 8 weeks at the end of March 2015.
Perfusion Scanning	45	77	Included in IMTP for 15/16
Exercise Tolerance Test	24	3	
Dobutamine Stress Echo	503	426	Reduction plan in place from April 2015
Transoephageal Echo	233	101	
Cardiac CT	27	43	IMTP investment made in 14/15 however challenges in implementing additional capacity requirements
Cardiac MRI	109	33	IMTP investment made in 14/15 – additional non recurrent capacity put in

			place
Coronary Angiography	74	34	

Overview of Local Health Need and Heart Disease Challenge

The Heart Disease Delivery Plan requires each Local Health Board to carry out local population needs assessments to promote healthy hearts and treat heart disease, review their services in the light of that assessment, identify gaps between need and current provision and identify where service provision needs to change to meet demand.

The full local population needs assessment for ABMU Health Board is contained within a separate report. The key headlines from the needs assessment are included below.

ABMU Health Board covers three local authority areas: Swansea, Neath Port Talbot (NPT) and Bridgend and is home to around 522,390 people, 17 per cent of the population of Wales. It is one of the most densely populated health boards with 466 persons per square kilometres.

Current projections will see a rise in the older population (75 years and over) from 45,368 (9 per cent of total population) in 2006 to 75,986 (13 per cent of total population) by 2036.

The increase in the number of older people is likely to lead to a rise in chronic conditions such as circulatory and respiratory diseases and cancers. Analysis is being undertaken to try to understand the potential impact of this demographic change.

The population of the Health Board is predominantly white British with 18,700 or 3.9% coming from a black and minority ethnic background (Swansea 6%, Bridgend 2.2% and NPT 1.9%), which is lower than the Welsh average of 4.3%. It is important to remember that CVD risk for men from a South Asian background is increased by a factor of 1.4[5] as they are more at risk of developing CVD at a younger age and have higher rates of myocardial infarction.

Health inequalities have increased across ABMU HB over the last 10 years with the life expectancy gap increasing from 9.1 to 10.4 years for men and 6.6 to 7.3 for women between the least and most deprived communities across the HB.

- The **Coronary Heart Disease mortality rate across the HB** is 44.6 per 100,000 population aged less than 75 years**, the second highest in Wales** and significantly higher than the Welsh average.

- The Welsh Health Survey suggests that the prevalence rate for CHD is 10% or 52239 of the registered population of ABMU HB which, along with Cwm Taf Health Board, is the highest in Wales.

- 23% of ABMU Health Board residents over 16 report smoking. Neath Port Talbot has the highest rate of smoking across the HB at 26%, although this is not significantly higher than the Wales average. There is a marked relationship between smoking and deprivation and a two-fold difference in self-reported smoking prevalence between the community networks.

[5] Including, for example, Stop Smoking Wales, Fresh Start Wales, Change 4 Wales

- Only 31% of the ABMU HB population report eating 5 portions of fruit and vegetables a day, the lowest being Bridgend at 28%.

- Only 28 per cent of adults report meeting the recommended guidelines for being physically active across the ABMU HB.

- There is a marked relationship between obesity and deprivation, with levels ranging from 6% in the least deprived areas to 14% in most deprived areas.

- Across the HB 44% of adults admit to drinking above recommended limits on at least one day and 29% binge drinking on at least one day a week. Recent trends show reported prevalence of excess drinking and binge drinking is increasing in older age groups. Hospital admissions due to alcohol and drugs are more common than in Wales as a whole, with particularly high levels found in Swansea.

- ABMU has 80,140 people currently on the chronic disease register as having hypertension, 15.3% of the total population, but this figure may be an underestimate.

- Around 82% of patients on a GP hypertension register achieved a blood pressure below 150/90mmHg, similar to the Wales level.

- In ABMU the cost of prescribing anti-hypertensives in primary care in 2012/13 was £2,503,423.

- Prescribing costs for lipid lowering drugs in the ABMU Primary Care Directorate were £2,606,467 in 2012/13.

- Although ABMU HB has the joint highest incidence of heart disease in Wales, emergency admission rates for NPT and Swansea and for the HB as a whole appear to be below the Welsh average.

- There has been a 10% increase in emergency admissions made directly to the cardiology specialty in 2011/12 when compared to 2010/11 data.

- The number of elective admissions increased between 2010/11 and 2011/12 but has reduced again since. This peak in activity may be a result of iniatives designed to reduce waiting times for patients for elective procedures and is for further analysis.

- The ABMU Health Board 2011-12 revascularisation rate of 132 per 100,000 EASR is above the Welsh average at 116. Within this the rate for Swansea residents was 144, NPT residents 136 and Bridgend 107. Residents of the HB in 2011/12 had the longest wait in Wales for coronary artery bypass graft.

- The Health Board 2011-12 angiography rates are 270 per 100,000 EASR which is significantly higher than the Welsh average of 226. This is made up of 241 in Swansea, 291 in NPT and 295 in Bridgend. As with revascularisation rates, carrying out more angiograms per head of population does not necessarily result in proportionally better outcomes.

- The Health Board has a Tertiary Cardiac Centre in Morriston Hospital that provides angiography, complementing this there are angiography facilities at Princess of Wales Hospital. An understanding of access to these services needs to be developed in the further development of the needs assessment.

7. Participation in Clinical Audit

ABMU Health Board is now fully compliant with submissions to the National Heart Failure Audit.

Improvement is however required in the Health Boards completion of MINAP audit information for NSTEMI cases.

8. Development of ABMU Health Board Local Delivery Plan for Heart Disease

The process followed by the Health Board has been to undertake a review of our progress against the year 1 priorities identified in the heart disease delivery plan, which is summarised in section 2 of this document.

A refresh of the year 2 actions has been undertaken to include:

- ensuring the continued relevance of year 2 actions from the first edition of the plan;
- Refresh of year 2 actions, in light of progress made with year 1 actions; and
- inclusion of new actions/priorities which have emerged over the last 12 months

The refreshed year 2 heart disease delivery plan will form an integral part of the overall ABMU Health Board's IMTP refresh process for 15/16.

9. Our Priorities

Following the completion of our review of progress made over the last 12 months we have now reviewed and assessed our delivery plan priorities and actions for the coming 12 months. Our action plan for heart disease includes actions against each of the priorities within the Welsh Government's Heart Disease Delivery Plan (2013) and actions to implement the Cardiac Disease NSF and the Welsh Health Specialised Services Committee Review of Cardiac Services.

<u>Promotion of healthy hearts</u>

The priorities for 2013 – 16 are:

1. Work with a broad range of partners (including Local Service Boards and the third sector) to:

    - Raise awareness of healthy living
    - Signpost existing sources of information, advice and support relating to lifestyle change[6]
    - Develop and deliver local strategies and services to tackle underlying determinants of health inequality and risk factors for coronary heart disease
    - Target resources in population areas of high risk (such as areas of deprivation) and areas of high impact (including early intervention actions with children to tackle prevention from outset of life)

[6] Including, for example, Stop Smoking Wales, Fresh Start Wales, Change 4 Wales

2. Support and facilitate GPs, practice nurses and community pharmacists to proactively:

    - Use every opportunity in primary care to promote healthy lifestyle choices and smoking cessation
    - Ensure consistent provision of testing and treatment for risk factors such as high blood pressure and cholesterol

The main health board priorities for 2015/2016 are to:

- Continue the work to increase smoking cessation capacity within the health board and embed the level 3 pharmacy smoking cessation services.
- Form a strategic group to encompass Cardiovascular risks and current pathways i.e. smoking, obesity, physical activity that will co-ordinate an approach across ABMU that is consistent to the needs of the population.

Timely detection of heart disease

The priorities for 2013 – 16 are:

1. Identify and implement ways of raising public awareness of the symptoms of heart disease and the importance of seeking urgent medical advice and raise awareness of when to ring 999, seek advice from NHS Direct and when to contact their GP
2. Provide GPs with timely access to diagnostic testing and procedures for heart disease, increasing direct access to testing (at the point of care or from a central laboratory), without need for secondary referral, where appropriate
3. Provide rapid access services to meet GP and patient need
4. Provide GPs with timely access to specialist cardiology advice through telephone and email, speeding diagnosis for people who may not need referral to a clinic
5. Ensure adequate access to cardiac catheter laboratories, matched to population need
6. Raise symptom awareness of GPs and ensure through audit that people are referred to secondary and tertiary care in line with national guidance and referral protocols and pathways agreed by the cardiac networks
7. Provide specialist cardiology advice within 24 hours for those admitted to hospital with suspected heart disease - reorganising delivery of services to achieve this where necessary
8. Ensure effective collaboration between the All Wales Medical Genetics Service, Cardiac Networks, Hospital Lipid Clinics and GPs to use the Familial Hypercholesterolaemia Cascade Testing service to identify and treat individuals with Familial Hypercholesterolaemia and reduce the high risk of this group developing early onset heart disease
9. Ensure effective use of arrhythmia specialists and the All Wales Medical Genetics Service to ensure patients with inherited heart conditions have appropriate advice and testing and that specialist advice is provided to interpret the results

The main health board priorities for 2015/2016 are to:

- Focus on a small number of key cardiac pathways:
    - adopt the integrated heart failure service model in Swansea as part of the health boards changing for the better Hospital Services Programme

- Build on the foundation of this service and ensure equitable access to heart failure service across the health board
- Establish the Programme Budgeting Marginal Analysis Commissioning Framework for atrial fibrillation building on the investment in anticoagulation services across the three HB localities.

Fast and effective care

The priorities for 2013 – 16 are:

1. Organise services to ensure people admitted because of diagnosis with heart disease are assessed by a consultant cardiologist[7], within 24 hours of admission to hospital
2. Start definitive treatment in a timely manner, with a focus on driving down waiting times and meeting clinical need. As a minimum treatment must start in line with the 26 week Referral to Treatment waiting times target for cardiac disease
3. Deliver prompt and equitable access to appropriate interventions, including new diagnostic procedures, technologies, treatment and techniques, in line with the latest evidence and guidance and with evidence based policies and priorities agreed by NHS Wales
4. Ensure all complex surgery is undertaken with peri-operative care standards as in the Enhanced Recovery After Ssurgery (ERAS) project
5. Use the 1000 Lives Plus Programme to implement improvements to services for people with acute coronary syndrome, heart failure, atrial fibrillation and in need of anti-coagulation
6. Manage effective transition to quaternary services in England where needed
7. Coordinate effective discharge and timely repatriation of patients to local hospitals as soon as clinically appropriate following treatment in line with discharge plans and the All Wales Repatriation Policy
8. For patients who need it, ensure effective transition to appropriate palliative and end of life care, in line with the *Delivering End of Life Care Plan*
9. Develop an NHS Wales policy on Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions, ensuring that this always respects individual patient wishes
10. Review provision of defibrillators in public places and community first responders, within LHB areas, ensuring - in liaison with the WAST and the British Heart Foundation - that there is adequate provision and training and an effective first responder in place

The main health board priorities for 2015/2016 are to:

- Continue to build on the initial investment in 2014/2015 for increasing cardiac diagnostic capacity.
- Progress to implementation of the catheter laboratory replacement programme for POW Hospital and Morriston Hospital.
- Continue to implement the current and new recommendations from the external review of cardiac surgery services.
- Progress alternative interim proposals to the development of a single site for cardiology services in Swansea.

[7] A consultant cardiologist is someone on the General Medical Council's specialist register with a Certificate of Completion of Training (CCT) or Certificate of Completion of Specialist Training (CCST) in cardiovascular medicine or cardiology, who is employed as a consultant, spends the majority of their direct clinical care programmed activities caring for patients with heart disease and who undertakes regular continuing professional development of relevance to the care of patients with heart disease.

- Deliver significant improvements in the overall waiting times for cardiac pathway in line with revised component waiting times of 16 weeks to be seen and 10 weeks to be treated.
- Progress a more integrated workforce approach for cardiology medical posts with Hywel Dda Health Board.

Living with heart disease

The priorities for 2013 – 16 are:

1. Plan and deliver services to meet the on-going needs of people with heart disease as locally as possible to their home and in a manner designed to support self management and independent living. This should include as appropriate:
    - Evidence based follow-up in the community where possible
    - Drug and device management
    - Cardiac rehabilitation (including psychological management and exercise)
    - Exercise programmes (such as the National Exercise Referral Programme)
    - Guidance on healthy lifestyle and self-care to minimise further ill health
2. Assess the clinical and relevant non-clinical needs of people with a diagnosis of a long term heart disease and – in liaison with patients (and where appropriate family/carers) - record relevant clinical and non-clinical needs and wishes as the basis of implementing care in a care plan. This should include adults with congenital heart disease. The care plan should include information on what the diagnosis means for the patient, what to look out for and which service to access should problems occur; it should be reviewed at appropriate points along the pathway
3. Make arrangements to ensure that information in the care plan or GP letter is available both to the patient and recorded on clinical information systems - and is accessible to others who have clinical responsibility for the patient, including out-of-hours GP services, on a 24/7 basis
4. Provide access to expert patient and carer programmes when required
5. Work proactively with third sector services and provide effective signposting to information and support, enabling patients to easily access support services

The main health board priorities for 2015/2016 are:

- Undertake a Health Board wide review of cardiac rehabilitation services.
- Provide access to expert patient and carer programmes for cardiac patients.

Improving Information

The priorities for 2013 – 16 are:

1. Ensure IT infrastructure supports effective sharing of clinical records/care plans
2. Put effective mechanisms in place for seeking and using patients' views about their experience of heart services
3. Monitor and record performance against the Cardiac Disease National Service Framework and through annual self-assessment against the Quality Requirements and use the results to inform and improve service planning and delivery
4. Ensure full (100%) participation in mandatory national clinical audits, delivering significant improvements on current low participation rates - to support service

improvement and support medical revalidation of clinicians – and ensure that findings are acted on
5. Participate in and act on the outcome of peer review
6. Publish regular and easy to understand information about the effectiveness of heart services

The main health board priorities for 2015/2016 are to:

- Complete a cardiac services IMT strategy which is fully integrated into the HB IMT strategy.
- To continue to participate in the wide range of national clinical audits
- To ensure more comprehensive submission of accurate information on NSTEMI patients to MINAP.

Targeting Research

The priorities for 2013 – 16 are:

1. Support and encourage protected research time for clinically active staff (in primary as well as secondary and tertiary care)
2. Build on and extend academic training schemes to develop a highly skilled workforce
3. Promote collaboration with key research initiatives such as CVRG-C and HBRU
4. Promote public health research, for example to identify the best ways of working with those who are most disadvantaged or to demonstrate how services meet individual and population needs
5. Invest in accurate collection of key clinical data in a format that can be incorporated into the SAIL (Secure Anonymised Information Linkage) database for population-level health and social care research including focus on epidemiology, impact of interventions on outcomes, clinical trail scoping and service delivery modelling and assessment
6. Collaborate effectively with universities and businesses in Wales to enable a speedier introduction of new evidence-based and cost-effective technology into the NHS

The health board focus for the Targeting research theme in 2015/2016 is to continue to focus on developing and strengthening the building blocks required for high quality research. The development of a comprehensive IMT strategy for Cardiac Services is integral to this.

The Heart Disease Implementation Group has agreed a small number of priorities for the 12 months that will be addressed at a national level. This includes the Introduction of component waiting times for cardiac pathways and a national commissioning process for increasing cardiac MRI capacity in the population of Wales.

ABMU Health Board has already acted as an early adopter site for the work being progressed on a national level on a change in the monitoring and reporting of cardiac waiting times.

The health board has reviewed its internal processes in readiness for the requirement to monitor and report the waiting times for the full range of cardiac diagnostic tests not just those which are currently formally reported.

In addition the Health Board has tested the operational challenges of introducing the revised reporting measures for cardiac pathways, which are:

- all patients should be seen within 16 weeks and
- all patients treated within 10 weeks.

As part of the 2014/2015 IMTP the Health Board made a small investment to increase the capacity for Cardiac MR. The Health Board welcomes the national approach to this issue and will fully participate in the process of developing the business case for expanding

10. Performance Measures/Management

The Welsh Government's Heart Disease Delivery Plan (2013) contained an outline description of the national metrics that LHB's and other organisations will publish:

- Outcome indicators which will demonstrate success in delivering positive changes in outcome for the population of Wales.
- NHS assurance measures which will quantify an organisation's progress with implementing key areas of the delivery plan.

Progress with these outcome indicators will form the basis of our annual report on heart disease.

THE ACTION PLAN 2015 – 2016

Theme 1 – Promoting Healthy Hearts People are aware of and supported in minimising their risk of premature heart disease through healthy lifestyle choices and medication where appropriate.						
No	**Priority**	**Actions**	**Expected Outcome**	**Risks**	**Timescales/Miles tones**	**Lead**
1	Work with a broad range of partners					
	Raise awareness of healthy living	1.1 Develop a corporate communication group specifically for CHD.	A standard approach to raising awareness in new and innovative ways. Lobby media and business in relation to policy.		2015	ABMU communications team (SB)
	Signpost existing sources of information	1.2 Continue and develop the NHS direct directory of services.	Improved uptake of information.	Partner understanding Public usage Access	Ongoing	NHS direct CVS
	Develop and deliver local strategies and services to tackle the underlying determinants of health inequality and risk factors for coronary heart disease	1.3 Form a strategic group to encompass CVD risks and current pathways i.e. smoking, obesity, physical activity that will co-ordinate an approach across ABMU that is consistent to the needs of the population. 1.4 Improve working with partners to tackle the determinants of health which lead to inequalities i.e. deprivation, economic status, life chances, the immediate environment.	A clear plan of primary and secondary preventions and interventions. A partnership that has a co-ordinated approach to strengthen universal services and to tackle deprivation and inequalities i.e. communication first, flying start.	Exec support and priority	2015	Primary Care ABM Public health team
	Target resources in population areas of high risk (such as areas of high deprivation)and areas of high impact (including early intervention actions with	1.5 Address areas based on known need. 1.6 Develop smart working with partner groups to use health impact assessments and ensure that care and	Areas receiving consistent appropriate information to their population needs.	Partnership working Strategic support	Ongoing	Primary care Third sector Flying start Communication first ABMU public health

	children to tackle prevention from the outset of life)	services are not being inversely affected. 1.7 Investigate asset based community development working.				Team
2	Support and facilitate GPs, practice nurses and community pharmacies					
	Use every opportunity in primary care to promote healthy lifestyle choices and smoking cessation.	2.1 Develop a standardised approach for the 3 professional groups to ensure consistency of information.	A package of education to be developed for primary care practitioners. To ensure that patients are given valuable information and not a tick box that is required for QoF	Independent practitioners QoF	Continue into 2015/2016	Primary care Primary care development nurse Communication Team Pharmacy team
	Ensure consistent provision of testing and treatment for risk factors such as high blood pressure and cholesterol	2.2 Develop a standard across ABMU agreed on screening.	All patients in ABMU to receive the same access to screening and appropriate treatment	Independent practitioners QoF	Ongoing	Primary care Primary care development nurse Communications team Public Health Wales Pharmacy team
3	Increase capacity for smoking cessation					
	5% of smoking population making a quit attempt through smoking cessation services	• Implement a minimum of 23 level 3 pharmacy smoking cessation services • Development and implementation of hospital based smoking cessation services	Tier 1 target achieved	Additional funding to extend to 38 level 3 pharmacies (no. required to meet target) Clinical champion and host for service identified	27 pharmacies currently approved to deliver Ongoing	Public Health Wales and Pharmacy teams Public Health Wales and C4B Staying Health Project lead

		• Extend brief intervention training to all priority staff groups as part of the in hospital smoking cessation service.		Engagement from Workforce and OD	Ongoing	Public Health Wales and C4B Staying Health Project lead

Delivery Theme 2: Timely detection of heart disease Risk is managed and heart disease is detected quickly when it does occur, allowing timely progress to treatment						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
1	Provide rapid access services to meet GP and patient need.	1.1 Standardise pathways for key pathways across the health board to ensure consistent access and quality of care**. (Priority pathways are AF, Heart Failure and Chest Pain)**	Reduced variation in quality of referrals to specialists. Improved standards of cardiology management in primary care.		Qtr 2 14/15	GPs/Cardiology and Cardiothoracic Management teams/ Commissioning team
		1.2 Undertake a capacity and demand assessment for cardiac pathways using the revised monitoring and reporting component waits of 16 to be seen and 10 weeks to be treated.	Increased provision of services to stable patients closer to home. Reduction of demand on unscheduled care and access to specialist cardiac advice.		Qtr 4 14/15 Implementation during 15/16	Cardiology and Cardiothoracic management teams
		1.3 Following appointment of 2 consultants to the vacant posts undertake a comprehensive review of the cardiology pathways/service within Bridgend from primary care through to secondary care.	Improved patient outcomes Improved patient experience and quality of life. Improve access to expert opinion		15/16	Cardiology Clinical Lead/ ADGM Cardiology services
		1.4 Access to ambulatory pathways for patients with chronic heart failure, with day care unit established to enable diuretic titration and monitoring.	Reduced admissions for chronic heart failure. Improved patient experience.	Funding for service.	15/16 and 16/17	C4B Programme Rapid Access Workstream (RD)
		1.5 Establish a HB Wide review of Cardiac Rehabilitation Services			15/16	Head of Nursing Regional

Delivery Theme 2: Timely detection of heart disease Risk is managed and heart disease is detected quickly when it does occur, allowing timely progress to treatment						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
		1.6 Consolidate current facility arrangements for providing rehabilitation programmes for high risk cardiac patients on the acute hospital site.	Reduced readmissions for cardiac patients. Maintain patient safety. Scope to expand who CR can be provided to i.e. ICD/ congenital.	Ability to find new accommodation at MGH site, as current base due to be demolished within the next 12-18 months.	on-going 15/16	Services/ADGM Cardiac Services Director of Planning/ Cardiac Rehabilitation Leads
		1.7 Establish rehabilitation facilities and programmes in the community with capacity to provide cardiac rehab for stable patients with heart failure, post MI, CABG, Valve and PCIs.	Reduced numbers of admissions for cardiac patients. Increase in the number of patients able to access CR service. Improved quality of life for patients who previously would not have accessed the service.	Funding as current staffing levels would not be able to provide additional services both in community and hospital setting. Not able to find appropriate community locations.	15/16	AMD Primary Care/ Rehab Leads
		1.8 Implement the steps agreed to provide interim strengthening of anticoagulation services across the three HB localities.	Reduced numbers of TIA and CVS. Reduced USC hospital admissions.		Qtr 1 15/16	Regional Services/ 3 localities Medicines Management

Delivery Theme 2: Timely detection of heart disease Risk is managed and heart disease is detected quickly when it does occur, allowing timely progress to treatment						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
		1.9 Establish a Programme Budgeting Marginal Analysis approach for atrial fibrillation within the HB			15/16	Director of Planning/Medicines Management/ Regional Services/ 3 HB Localities
		1.10 Continue work to develop outreach services for Heart Failure patients in the community networks, through education and multidisciplinary team working	Up skilled practitioners in the community. Reduced USC admissions for patients with chronic heart failure. Improved patients experience and quality of life.		On-going	Heart Failure Steering Group
2	Provide GPs with timely access to specialist cardiology advice through telephone and email, speeding diagnosis for people who may not need referral to a clinic	2.1 Expand on current systems of communication, including phone advice lines, email and WCCG referral routes to support GPs by timely access to specialist opinion. Initial focus on POW service. 2.2 Work ongoing with C4B Rapid Access project to assess clinical need and establish technological systems to meet demand.	Timely provision of specialist cardiology treatment advice. Better communication between primary and secondary care. Timely provision of specialist cardiology advice through a multidisciplinary approach.	Information sharing protocols Agreement of clinical model and resourcing of model.	qtr 4 15/16	Rapid Access Workstream (C4B) (RD)

Delivery Theme 2: Timely detection of heart disease Risk is managed and heart disease is detected quickly when it does occur, allowing timely progress to treatment						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
		2.3 Develop the use of technology to support rapid access to advice, assessment and treatment, ensuring the patient record is updated in real time. Options include phone advice, email advice and e-referral communications.	As above.	Funding levels for development of diagnostic services.	To be confirmed	Rapid Access Workstream (C4B) (RD)
		2.4 Continue work of E- Discharge Communication Project to ensure GPs have high quality, timely information when their patients are discharged from acute care.	Improved care and reduced risk for patients. Educational opportunities for GPs. Improved communication and professional relationships across the hospital /community interface.		On-going	Cardiology Clinical Leads (Swansea and Bridgend)
3	Raise symptom awareness of GPs and ensure through audit that people are referred to secondary and tertiary care in line with national guidance and referral protocols and pathways agreed by the cardiac networks	3.1 Develop a prioritised training and education programme, using PT4L/PLTS training sessions across all 3 Localities and community network. 3.2 Use QoF component of GP contract to raise awareness of pathways and promote standardised best practice.	Up-to-date knowledge of NICE guidelines, palpitations and chest pain assessment. Meeting QoF measures e.g. blood pressure measurement used to	Consistency of knowledge levels across 3 Localities Engagement of non specialist hospital teams-unscheduled care.	On-going 15/16 To be confirmed	Cardiology Clinical Leads and Community Network Leads. Community Network leads/Primary Care

Delivery Theme 2: Timely detection of heart disease Risk is managed and heart disease is detected quickly when it does occur, allowing timely progress to treatment						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
			monitor assurance and Quality and Productivity Indicators which this year			Managers.
		3.3 Development of work through QPI's in AF and HF	focussed on promoting the use of pathways for AF and HF.		To be confirmed from action 1.9	Community Network Leads. Primary Care Managers/Cardiology Clinical Leads
		3.4 Develop Cardiac audit activity in community networks	Cardiac Audit activity this year has been directed to Heart Failure and will be directed as appropriate to match the requirements of the plan. Clearer guidance to Primary Care and Non Specialist hospital teams. Improved quality of referral information and timely discharge information.		To be confirmed	Community Network Leads. Primary Care Managers
4	4.1 Ensure effective collaboration between the All Wales Medical Genetics Service, Cardiac Networks, Hospital Lipid Clinics and GPs to use the Familial Hypercholesterolaemia Cascade Testing service to	4.1 Develop actions for inclusion in Community Network plans including regular audit of service provision. 4.2 Identified need for additional FH nurse in post. 4.3 Establish if there is funding for this	Reduce risk of individuals with FH developing early onset heart disease. Increased in identification of individuals with FH. Increase in service provision	Limited take up of service. Finance not available to fund 2nd FH nurse. Workload of current	To be confirmed To be confirmed	To be confirmed South Wales FH Nurse (DT) Cardiac Network Manager

Delivery Theme 2: Timely detection of heart disease Risk is managed and heart disease is detected quickly when it does occur, allowing timely progress to treatment						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
	identify and treat individuals with Familial Hypercholesterolaemia and reduce the high risk of this group developing early onset heart disease.	post with WG. 4.4 Develop business case for 2nd FH nurse. 4.5 Identified need to market the service again to both secondary and primary care. 4.6 FH nurse to link in with pharmacy to support the screening of potential patients for the service.	and awareness of the service, which will directly lead to increase in referrals to the service. Improved collaborative working between FH service and primary care to facilitate increased identification of FH patients.	FH nurse.		
5.	Ensure effective use of arrhythmia specialists and the All Wales Medical Genetics Service to ensure patients with inherited heart conditions have appropriate advice and testing and that specialist advice is provided to interpret the results.	5.1 Ensure Coroners inform ABMU Health Board clinicians of all SCD deaths Provide first degree relative screening for all family members of SCD. 5.2 Screening of high risk ICC relatives. 5.3 Provide SCD and ICC service for Mid and West Wales. 5.4 Establish bi-monthly genetics MDT. 5.5 Additional network (HD and ABMU) arrhythmia/SCD nurse to support further development of service 5.6 Develop dedicated clinics with	Patients with Inherited Heart conditions have appropriate advice and testing and specialist advice is provided to interpret the results.	Service development dependent on bids to Third Party funding e.g. BHF Development of Communication systems to support the service as it continues to develop.	To be confirmed	To be confirmed

Delivery Theme 2: Timely detection of heart disease Risk is managed and heart disease is detected quickly when it does occur, allowing timely progress to treatment						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
		Cardiology and Genetics input for timely and efficient assessment of families. 5.7 Introduce a simplified system for referral of SAD cases promptly established with pathologists and coroners for Hywel Dda and ABMU. Developing • a secure confidential portal for transfer of confidential post mortem reports • links with St Georges Hospital London as part of a molecular autopsy research study for SAD cases				

Delivery Theme 3: Fast and Effective care People with heart disease receive fast, effective treatment and care so they have the best possible chance of living a long and healthy life						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
1	Organise services to ensure people admitted because of diagnosis with a heart disease are assessed by a consultant cardiologist[8], within 24 hours of admission to hospital	1.1 To ensure equitable service model across the Health Board, centralisation of Acute/Emergency Cardiology patients on one site (Morriston Hospital) in Swansea.	Allows consolidation of secondary and tertiary cardiology consultant resource for Swansea on one site to support unscheduled pathways. Centralisation of cardiology inpatient services on one site to be supported by reconfiguration of wards on Morriston Hospital site. Move from Ward R to Ward C. Appointment of ACS Nurse Practitioners. Reduction in LOS for patients.	Diagnostic capacity - reconfiguration and additional capacity to meet the centralisation of cardiology inpatient services. Ward reconfiguration. Bed capacity on the Morriston Hospital site (18 beds for Cardiology) Workforce – appointment of ACS NPs with the right skills – also need likely need for additional physiology staff to achieve rapid diagnostics. A&E capacity to manage increased patient flow.	2015/2016	C4B Programme (Director of Planning) Acute Medicine Programme (Swansea Locality Clinical Director) Cardiology Clinical Lead (Swansea)

Delivery Theme 3: Fast and Effective care People with heart disease receive fast, effective treatment and care so they have the best possible chance of living a long and healthy life						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
				WAST – minimal impact		
2	Start definitive treatment in a timely manner, with a focus on driving down waiting times and meeting clinical need. As a minimum treatment must start in line with the 26 week Referral to Treatment waiting times target for cardiac disease.	2.1 Full implementation of the 16 recommendations partially implemented Full implementation of the recommendations which have not been implemented Full implementation of the 12 new recommendations identified from the 12 month review. 1. Continue to enhance the care provided by the CITU medical rota 2. Continue to build a health multi-disciplinary team working spirit 3. Substantive Directorate arrangements to bring cardiology and cardiac surgery together and cardiac theatre staff should transfer into the new Directorate 4. A proper outpatient service review is undertaken 5. Capacity planning for the ward area includes: day of surgery, transfer of post op patients to the referring hospital,	Improved patient experience Increased Cardiac Surgery Activity Improved quality outcomes	Capital investment	2015/2016	CD Cardiothoracic Surgery/General Manager

Delivery Theme 3: Fast and Effective care People with heart disease receive fast, effective treatment and care so they have the best possible chance of living a long and healthy life						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
		nursing skill mix review 6. Directorate and Theatre management to radically improve theatre efficiency 7. Increasing staff costs can lead to improved efficiency and throughput, enabling increased activity therefore lowering unit costs 8. Clarify new list of 'never events' introduced with the Andrews report 9. Create a positive vision and 5 year strategy for cardiac services 10. Review current monthly performance report 11. Repeat the internal peer review challenge process regularly 12. Ensure a robust legacy plan for the CITU Director role				
		2.2 To develop and deliver a programme of pathway efficiencies in line with recommendation of the Cardiac Surgery External Review Improvement Plan. ***(See Objective 7 ERAS)***	Improved Patient experience Reduced LOS		15/16	Clinical lead for Cardiothoracic Surgery/General Manager
		2.3 To assess the impact of additional operating on Cardiothoracic Ward bed capacity following implementation of	Increased Cardiac Surgery Activity and additional ward bed requirements plan.		15/16	CD Cardiothoracic Surgery Directorate Directorate General

Delivery Theme 3: Fast and Effective care People with heart disease receive fast, effective treatment and care so they have the best possible chance of living a long and healthy life						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
		the pathway efficiencies.				Manager
		2.4 To deliver increased capacity for Cardiac Surgery - External	To reduce the overall waiting time for Cardiac Surgery treatment in line with WHSSC plan.		15/16	Directorate General Manager
		2.5 Continued participation in the WHSSC Cardiac Surgery and Thoracic Surgery Implementation Group	Implementation of the WHSSC Cardiac Surgery and Thoracic Surgery an		15/16	CD/GM Cardiothoracic Surgery
		2.6 Establish planning process for the long term infrastructure requirements to deliver cardiac services in Morriston Hospital.	Plan developed for long term infrastructure requirements for cardiac services in Morriston Hospital.		April 2015	WHSSC/Director of Planning
		2.7 Replacement of 2 Catheter Laboratories (POW and Morriston).	Develop and implement replacement plans for POW and 1 Morriston Catheter Laboratory.	Capital allocation.	March 2015	General Manager/Clinical Lead Catheter Laboratories
		2.8 Increase utilisation of POW Catheter Lab from 3 days a week to 5 days a week. 2.9 Work with Hywel Dda Health Board to understand the implication of their plan to develop a new Catheter Laboratory in West Wales General	Release capacity in Morriston Hospital and improve access to treatment/therapy.	Patients may be required to travel further – additional staffing requirement.	On-going 2015/2016	Associate Clinical Director Cardiac Services/SCN Catheter Laboratories Associate Clinical Director Cardiac Services/General Manager

Delivery Theme 3: Fast and Effective care People with heart disease receive fast, effective treatment and care so they have the best possible chance of living a long and healthy life						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
		Hospital on patient flow for diagnostic angiography.				
3	Deliver prompt and equitable access to appropriate interventions, including new diagnostic procedures, technologies, treatment and techniques, in line with the latest evidence and guidance and with evidence based policies and priorities agreed by NHS Wales.	3.1 Maintain additional capacity requirements outlined in 2014/2016 for: • Echocardiography • DSE • Cardiac MR • Cardiac CT 3.2 Implement increased capacity plans for increased capacity for: • TOE • Perfusion Scanning • Invasive coronary angiography - additional catheter lab 3.3 Develop enhanced plans for Cardiac MR in line with WG plans. 3.4 To establish a formal timely process for reviewing and adopting new technologies and treatments.	Costed and phased implementation plan for Cardiac Diagnostic requirements presented as part of the three year IMTP.	Workforce Equipment Infrastructure.	2015/2016 15/16	General Manager/ Cardiac Team/ Clinical Support WHSSC/HB Commissioning team
4	Ensure all complex surgery is undertaken with peri-operative care standards as in the ERAS project.	4.1 To develop and implement ERAS for Cardiac Surgery and Thoracic Surgery as part of the surgical pathway improvement plan for Cardiothoracic Surgery	Improved patient experience/ outcomes. Reduced LOS post operatively. Increased level of fast	Need to formally establish thoracic rehab arrangements.	by March 2015	Clinical Lead Cardiothoracic Surgery

Delivery Theme 3: Fast and Effective care People with heart disease receive fast, effective treatment and care so they have the best possible chance of living a long and healthy life						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
			tracking of patients in Cardiac Surgery.			
5	Manage effective transition to **quaternary services** in England where needed	5.1 Clarify the referral process for quaternary services. 5.2 Undertake a baseline to assess the number of patients accessing quaternary services in England.	Confirmed process in place. Scope for this priority identified.		2015/2016	General Manager Regional Services
6	Coordinate effective discharge and timely repatriation of patients to local hospitals as soon as clinically appropriate following treatment in line with discharge plans and the All Wales Repatriation Policy	6.1 Establish a regular Cardiac clinical interface meeting with Hywel Dda Health Board to include Exec and Clinical representation.	Provide a forum for discussing interface issues relating clinical pathway of cardiac patients including: • Clinical pathways • Ambulance transport • Repatriation arrangements • Diagnostic support	HDda HB Heart Disease Deliver Plan.	2015/2016	Acute Care Alliance arrangement (Hywel Dda/ABMU/WAST)
7	For patients who need it, ensure effective transition to appropriate palliative and end of life care, in line with the *Delivering End of Life Care Plan*	7.1 To nominate appropriate Cardiology representative to sit on the HBs End of Life Delivery Plan Implementation Group. 7.2 To identify priority areas for action and agree implementation actions, across the three year timeframe. 7.3 Cardiac Surgery end of life working group established as part of the external review action plan.	To be developed.		On-going On-going	Cardiology / ABMU End of Life Delivery Plan Implementation group CITU director

Delivery Theme 3: Fast and Effective care People with heart disease receive fast, effective treatment and care so they have the best possible chance of living a long and healthy life						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
		7.4 Set up workshop supported by BHF with Palliative Care and Cardiology to look at referral to end of life care pathway. As part of the workshop agreed what the definition of end of life is in HF patients and how this differs from cancer patients.	Improved pathway for patients to end of life care. Clear definition of what end of life is in cardiac patients.	Possible resource requirements to train and educate staff. Stakeholder engagement.	15/16	Senior Clinical Nurse Cardiac (JT)/Heart Failure Co-ordinator
8	Develop an NHS Wales policy on Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions, ensuring that this always respects individual patient wishes.	8.1 Implement NHS Wales Policy on Do not attempt Cardiopulmonary Resuscitation (DNACPR) once developed. 8.2 Continue to raise awareness of importance of option of ICD deactivation on EOLC.	Consistency in documentation in DNACPR cases regardless of location of patient. Appropriate deactivation of ICD's in EOLC. Improved patient experience in EOLC.	Timescale for national policy development. Agreement to using one document. Dependency on All Wales group to produce policy. Communication of individual patient choices.	To be confirmed	To be confirmed See theme 4

Delivery Theme 4: Living with Heart Disease Whether in the community or in hospital, people are placed at the centre of heart care with their individual needs identified and met so they feel well supported and informed and able to manage the effects of heart disease						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
1	Plan and deliver services to meet the on-going needs of people with heart disease as locally as possible to their home and in a manner designed to support self management and independent living. This should include as appropriate: Evidence based follow-up in the community Drug and device management Cardiac rehabilitation (including psychological mgmt and exercise) Exercise programmes Guidance on healthy lifestyle and self-care	1.1 Undertake a HB wide review of current service provision for: Heart Failure; and Cardiac Rehabilitation 1.2 Business case to be developed for 16/17 IMTP process for HF rehab based on outcome of pilot project	Appropriate follow up in primary care for patients, including drug management. HF clinics now set up across Swansea. Increase provision in cardiac rehabilitation for heart failure and development of community based service. Support for patients with a device. Improved patient experience. Improved patient experience. Access to service quicker.	Ability of primary care to be to deliver follow up support for patients, due to time constraints on staff. Financial implications to be able to re-locate cardiac rehabilitation services in the community. Possible accommodation constraints. Funding to be able to provide additional staff to deliver Heart Failure Cardiac Rehabilitation and device Follow Up.	qtr 3 15/16 qtr 4 15/16	Heart Failure Steering Group HB Cardiac Rehabilitation Steering Group (yet to be established)

Delivery Theme 4: Living with Heart Disease Whether in the community or in hospital, people are placed at the centre of heart care with their individual needs identified and met so they feel well supported and informed and able to manage the effects of heart disease						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
		1.2 Full establishment of the Adult Congenital Heart Disease service from March 2015	Enhanced service for Adult Congenital Disease. Each HB to hold own ACD clinics.		On-going review during 15/16	WHSSC/ACHD Clinical Lead/ ADGM Cardiology Services
		1.3 Evaluate the impact of 1 year funding for Band 6 0.8 wte to support device management support either in hospital or community setting Link in with Third Sector organisations to establish what support can be provided in delivering this priority. 1.4 Develop evaluation report and business case for 16/17 based on 12 month pilot.	Improved arrhythmia service to patients in ABMU and Hywel Dda Health Boards.	Finance to support 2nd Arrhythmia Nurse	Ongoing 2015/2016	ADGM Cardiac to link in with arrhythmia service regarding business case for IMTP.
2	Assess the clinical and relevant non-clinical needs of people with a diagnosis of a long term heart disease and – in liaison with patients (and where appropriate	2.1 To ensure Health Board representation on the All Wales Cardiac Rehabilitation group which has been tasked with defining what the 'Care Plan' should look like and developing this?	Development of 'Care Plan.' Improved communication between primary and secondary care.	Agreement from all Stake holders on what the 'Care Plan' should look like. Agreeing who will take	15/16	Cardiac Rehabilitation and Heart Failure Steering Groups.

Delivery Theme 4: Living with Heart Disease Whether in the community or in hospital, people are placed at the centre of heart care with their individual needs identified and met so they feel well supported and informed and able to manage the effects of heart disease						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
	family/carers) - record relevant clinical and non-clinical needs and wishes as the basis of implementing care in a care plan. This should include adults with congenital heart disease. The care plan should include information on what the diagnosis means for the patient, what to look out for and which service to access should problems occur; it should be reviewed at appropriate points along the pathway.	2.2 Confirm implementation process once all Wales guidance issued.	Supporting patients to be empowered to self manage their condition.	responsibility for providing the patient with the 'Care Plan'. Previous use of patient held care plan has not been successful Currently no funded congenital heart service provided within ABMU Health Board.		
3	Make arrangements to ensure that information in the care plan or GP letter is available both to the patient and recorded on clinical information systems - and is accessible to others who have clinical responsibility for the patient, including out-of-hours GP services, on a 24/7 basis.	3.1 Meet with IT to look at how this can be developed i.e. either care plan or discharge letter (Link to theme 5)	Improved patient pathway and care. Reduce duplication of services i.e. if Primary Care aware of what has been done in hospital in a timely way. Improve patient safety and experience.	IT supports to be able to develop an electronic system that is both accessible to secondary/tertiary and primary care. This may need financial investment to develop.	qtr 4 15/16	Cardiac Rehabilitation and Heart Failure Steering Groups.
4	Provide access to expert	4.1 Expert patient programme now re-	Awareness across the health	Lack of availability	15/16	ADGM Cardiac via

Delivery Theme 4: Living with Heart Disease Whether in the community or in hospital, people are placed at the centre of heart care with their individual needs identified and met so they feel well supported and informed and able to manage the effects of heart disease						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
	patient and carer programmes when required.	branded as Education Programme for Wales www.eppwales.org 4.2 Undertake baseline assessment of EPP provision available in Health Board. 4.3 Utilise baseline assessment to inform future actions. 4.4 availability to all relevant stakeholders	board of what provision is available and referral process. Increased support for self management for patients with all cardiac conditions	across the Health Board. Lack of interest in take up of the service.		Cardiac Rehabilitation and Heart Failure Steering Groups.
5	Work proactively with third sector services and provide effective signposting to information and support, enabling patients to easily access support services	5.1 Identify the role of Community Connectors. – only Swansea based. http://www.swansea.gov.uk/index.cfm?articleid=56712 5.2 Explore the use of Healthy Partnership project, CVS and Health, Social Care and Wellbeing Facilitators to raise awareness in Primary and Secondary Care of the services available in the Voluntary sector and how these can be accessed. I.e. arrange workshops. 5.3 Raise awareness of staff of how to signpost patients to information and encourage them to use the service i.e. NHS Direct, Wellbeing and Support	Increased role of third sector in supporting the delivery of services. Clear process to be established of how patients and relatives can be signposted to services.	Third sector capacity constraints. Resource to maintain and update regularly information.	15/16	ADGM Cardiac via Cardiac Rehabilitation and Heart Failure Steering Groups.

Delivery Theme 4: Living with Heart Disease Whether in the community or in hospital, people are placed at the centre of heart care with their individual needs identified and met so they feel well supported and informed and able to manage the effects of heart disease						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead**
		Directory. 5.4 Look at using new ways of communication information to patients i.e. Twitter/Face book. 5.5 To contact the communication department to progress setting up of intra/internet rehab page with links to services				
6	Develop MDT (Cardiologist/GPWSI/ Specialist pharmacist): Hypertension and complex CVD risk management clinic.	6.1 Clinic to be moved from Morriston Hospital to Singleton Hospital to facilitate changes	Pathway for HTN and complex CVD management Increase number of patients in place Training with hypertension and complex CVD reviewed and treated by specialist service	Funding Training	Clinic transferred by qtr 4 15/16	Associate General Manager Cardiology services

Delivery Theme 5: Improving Information Information systems to support high quality care, and performance, clinical audit and review information to drive service improvement						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead (s)**
1	Ensure IT infrastructure supports effective sharing of clinical records/care plans.	1.1 <u>Develop an outline Cardiac Information Strategy</u> This will be an iterative process requiring a comprehensive audit of all IT equipment and licensed software in order to identify hardware /systems reaching end of life. Identification of the key business objectives, specification of any corporate interfaces, option appraisal and development of a programme of replacement which ensures adequate support & governance & financial arrangements. This has to be focused across the whole patient pathway from primary, secondary and tertiary care.	High quality local cardiac data entry feeding a comprehensive operational, research, audit and governance system. Access to essential information will become easier and faster and improve the way we manage and deliver services by providing information to support systems for improving services, audits and management. Improved delivery and quality of care because all the relevant information is available to support effective decision making; Improve operational effectiveness by reducing duplication of data input and minimizing delays in accessing information to	Time & Money No internal resources currently identified for development of the business case No resources identified for system replacement which is likely to be more expensive than existing status quo Stagnation of the business case cycle model Resistance to change Relevant information is not available at the point of clinical	revised to 15/16	Cardiac Management Team /Lead Cardiac Clinician Informatics Lead/ICT Directorate

Delivery Theme 5: Improving Information Information systems to support high quality care, and performance, clinical audit and review information to drive service improvement						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead (s)**
			support clinical interventions. Improving clinical effectiveness and quality of outcomes through timely sharing of information between providers; Locally owned developments Improved forward compatibility & integration. Better quality source data. Improved HES data for research and contracting.	intervention. Lack of experienced staff – Insufficient resources in the organisation to implement this strategy.		
		1.2 Work with clinical staff to identify new ideas and opportunities to deliver care using different IT technological methods, e.g. digital technology. 1.3 Actively participate in National and ICT projects. Welsh Clinical Portal (WCP) being piloted in two areas in cardiac. 1.4 Participate in the Health Boards Quality assurance programme.	Staff feel engaged so less resistant to change/greater ownership so better chance of success/Improved efficiency. 100% participation.	Time/Lack of information infrastructure	On-going On-going On-going	Clinical Leads/Clinical Informatics Lead CD /DGM/HON

Delivery Theme 5: Improving Information Information systems to support high quality care, and performance, clinical audit and review information to drive service improvement						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead (s)**
		1.5 Ensure key staff receives appropriate training in data collection/entry and training is provided to all new staff including temporary and locum staff, together with refresher courses for existing staff.	Organisation meets data quality standards Level of Staff IT competency is increased.	Unable to release staff due to lack of backfill environment.		Cardiac Management Team/Heads of Department
		1.6 Work with clinical departments to improve the accuracy and timeliness of clinical coding. Monitor coding performance on a monthly basis.	Accurate coding of cardiac workload. HB is financially Remunerated for all workload undertaken.		On-going	Cardiac Management Team
		1.7 Explore existing links with partner organisations, e.g. Institute of Life Sciences Health informatics Department regarding use of clinical systems and resources, e.g. SAIL				Clinical leads/ Clinical Informatics Lead/Professor of Cardiology
		1.8 Comply with Caldicott/ access/ safeguard sensitive confidential information at all times by ensuring that all information technology and service provision is in line with our Information Governance and Information Security policies and guidance;	Organisation handles sensitive information appropriately for the protection of patients and the public.	Risk of litigation	On-going	Governance Group/Cardiac Board

Delivery Theme 5: Improving Information Information systems to support high quality care, and performance, clinical audit and review information to drive service improvement						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead (s)**
2	Put effective mechanisms in place for seeking and using patient's views about their experience of heart services.	2.1 Liaise with Mark Jackson Liverpool NCBC, Nicola Williams, Assistant director of Nursing to learn from existing solutions. 2.2 Consider PROMS reporting for elective cardiac procedures.	Sharing of good practice.		2014	Head of Nursing Regional services/SCNs/ Ward Managers

Delivery Theme 5: Improving Information Information systems to support high quality care, and performance, clinical audit and review information to drive service improvement						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead (s)**
		2.3 Patient Experience 3 Year Strategy 2.4 Use patient stories/ patient satisfaction surveys/ feedback on HB Website/Fundamentals of Care 2.5 Patient story to be an agenda item at monthly Cardiac Surgery and Cardiology Board meeting. 2.6 Monthly Governance Meetings	Better patient experience. Improved services that meet the needs of the community. Open and transparent and learning culture.		On-going On-going	Patient Experience Involvement Team/Group Cardiac Surgery and Cardiology Services Management and Governance Team
3	Monitor and record performance against the Cardiac Disease National Service Framework and through annual self-assessment against the Quality Requirements and use the results to inform and improve service planning and delivery.	3.1 Baseline assessment of compliance with the Cardiac NSF undertaken as part of process and actions to address gaps incorporated into Delivery Plan. 3.2 Data already being submitted against the Quality Requirements.	Improved compliance against Cardiac Disease NSF 100% Compliance	Lack of time/resources	Completed 2013 On-going	Heart Disease Delivery Steering Group Cardiac Board/Governance Team

Delivery Theme 5: Improving Information Information systems to support high quality care, and performance, clinical audit and review information to drive service improvement						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead (s)**
4	Ensure full 100% participation in mandatory national clinical audits, delivering significant improvements on current low participation rates – to support service Improvement and support medical revalidation of clinician – to ensure that findings are acted upon.	4.1 Agree a Clinical lead for each NICOR audit. 4.2 Maintain data submission for : ➢ Heart Failure ➢ Cardiac Rehabilitation ➢ Coronary Angioplasty ➢ Cardiac Arrhythmia ➢ Adult Cardiac Surgery ➢ Acute Coronary Syndrome ➢ National Heart failure Audit 4.3 Assess information systems & clinical audit support requirements internally and externally.	Full participation in NICOR audits with consequent of Improvement in quality of research information (e.g. SAIL).	Funding & Time Lack of existing information systems to facilitate accurate data capture. Lack of funding for clinical audit staff.	2013/14 Ongoing Inclusion in 2015/2016 IMTP	Cardiac Services Management Teams Dr J Goodfellow/Dr J Barry Cardiac Rehab Service Leads Dr J Goodfellow/Dr C Weston/Dr G Jenkins Dr M Anderson Mr P Kumar Dr J Goodfellow/Dr S Dorman Heart Failure lead Clinical Informatics Lead/Cardiac Surgery and Cardiology Services Boards
5	Participate in and act on the	5.1 Monthly Clinical Governance	Lessons learnt and	Clinical pressures.	On-going	AGDM/Clinical

Delivery Theme 5: Improving Information Information systems to support high quality care, and performance, clinical audit and review information to drive service improvement						
No	**Priority**	**Actions**	**Expected outcome**	**Risks to delivery**	**Timescales / Milestones**	**Lead (s)**
	outcome of peer review.	Meetings. 5.2 Ensure professional representation from all clinical groups. 5.3 Put mechanisms in place to disseminate discussions and outcomes/plans.	measures taken to address areas in need of improvement. Reduced complaints/clinical incidents			Leads/Regional Governance Team
6	Publish regular and easy to understand information about the effectiveness of heart service (refer to delivery theme 6 for details)	6.1 Liaise with Communications Department. 6.2 Establish a cardiac communications group to review /develop patient information leaflets/website information. 6.3 Produce a monthly news sheet to be published on the Health Boards Website 6.4 Produce annual report.	Patients are better informed about heart disease, investigations, treatments and services provided by the Health Board. Public, other organisations and HB staff are better informed about cardiac services/developments / innovations etc		14/15 First report to be submitted by end of 2014	Cardiac Surgery and Cardiology Services Management Teams /Cardiac Systems Manager Cardiac Board

Delivery Theme 6: Targeting Research A commitment to research, delivering improved prevention and treatment options and outcomes						
No	**Priority**	**Actions**	**Expected Outcome**	**Risks to Delivery**	**Timescales/ Milestones**	**Lead**
1	Support and encourage protected research time for clinically active staff (in primary as well as secondary and tertiary care)	1.1 Review consultant and other professionals job plans to ensure dedicated research time activity. 1.2 Ensure relevant job descriptions and job plans identify involvement in research.	Increase in number of research projects undertaken. Improved patient outcomes /better decision making.	Lack of time/funding/resources/apathy	Annual Review via job planning process.	Clinical Director Regional Services/Cardiothoracic Surgery/Cardiac Surgery and Cardiology Clinical Leads/DGMs/HoN Professor of Cardiology
2	Build on and extend academic training schemes to develop a highly skilled workforce	2.1 Develop roles across all professions with major element related to research activity and training and link as appropriate to KSF dimensions, e.g. JD's/person spec, PDRs. 2.2 Ensure training is appropriate to meet professional and clinical /service needs and is linked to appraisal process. 2, 3 Provide opportunities for staff to have brief input and experience by working with current research projects. 2.4 Work with the Research and Development Department (R&D) and Clinical Research Unit (CRU) to promote, support and encourage staff to	ABMU Health Board becomes an excellent organisation by providing a culture that values and promotes research and innovation. Research and innovation are embedded in and aligned with routine clinical services, leading to significant health gains and efficiency improvements in health services delivery.	Workload pressures/ funding/time/resources.	Annual Appraisal/PDR process.	Clinical Director Regional Services/Cardiothoracic Surgery/Cardiac Surgery and Cardiology Clinical Leads/DGMs/HoN Professor of Cardiology

Delivery Theme 6: Targeting Research A commitment to research, delivering improved prevention and treatment options and outcomes						
No	**Priority**	**Actions**	**Expected Outcome**	**Risks to Delivery**	**Timescales/ Milestones**	**Lead**
		undertake and /or participate in research activity. Ensure outcomes of relevant degree and MSC dissertations (nursing, MDT staff) are disseminated. 2.5 Explore and strengthen existing links with University for under graduate and professional training. 2.6 Double the number of clinicians who have undertaken the training to be a principal investigator for research studies.				
3	Promote collaboration with key research initiatives such as CVRG-C and HBRU	3.1 Senior Cardiac Medical staff to participate in CVRG-C Executive and HBRU. 3.2 Identify and develop appropriate collaboration opportunities.	Improved research Infrastructure/increased level of collaborative working between academics and cardiovascular researchers/ cardiovascular users and research funders. Improved detection and treatment of patients at high risk of developing clots.		On-going	Professor of Cardiology
4.	Promote public health research, for example to identify the best ways of working with those who are	4.1 Develop local priorities for research questions, linked to the Health Board's strategic objectives and health needs of the local population.	Planned and co-ordinated research activity plan. Research evidence that informs commissioning		Development of Research strategy	Professor of Cardiology/ Public Health/Cardiac Services and

Delivery Theme 6: Targeting Research A commitment to research, delivering improved prevention and treatment options and outcomes						
No	**Priority**	**Actions**	**Expected Outcome**	**Risks to Delivery**	**Timescales/ Milestones**	**Lead**
	most disadvantaged or to demonstrate how services meet individual and population needs	4.2 Ensure outcomes of research projects are disseminated and encourage adoption of current research and evidence base. 4.3 Create a culture of adopting evidence based practice In healthcare and healthcare management. 4.4 Sharing of outcomes of relevant degree and MSC dissertations (nursing, MDT staff)	plans, for specialist commissioning, primary care, and health systems design, and which improves patient safety. Collaborations with partner organisations that lead to adoption and spread of evidence across a range of commissioning organisations and services.			Primary Care Clinicians
5.	Invest in accurate collection of key clinical data in a format that can be incorporated into the SAIL (Secure Anonomised Information Linkage) database for population-level health and social care research including focus on epidemiology, impact of interventions on outcomes, clinical trial scoping and service delivery modelling and assessment	5.1 Strengthen current informatics support infrastructure by seeking new monies to fund the following key posts: 1.0 WTE Band 5 1.0 WTE Band 3 Audit clerk (subject to Agenda for Change) 5.2 Following redesign of Cardiology services in the Health Board, use funded Cardiology SpRs posts in Singleton to create 1.00 WTE Clinical Fellow post.	Improved data collection/capture to support research.	Lack of funding Lack of Approval.	Ongoing into 15/16 15/16	Cardiology Services Board/Regional Services Senior Team
6.	Collaborate effectively with universities and businesses	6.1 Explore opportunities afforded from the development of ILS and			15/16	R&D/ADCD/Clinical Leads/Professor of

Delivery Theme 6: Targeting Research A commitment to research, delivering improved prevention and treatment options and outcomes						
No	**Priority**	**Actions**	**Expected Outcome**	**Risks to Delivery**	**Timescales/ Milestones**	**Lead**
	in Wales to enable a speedier introduction of new evidence-based and cost	appointment of Professor of Cardiology. 6.2 Use Health Board priorities to influence research in other organizations such as Institute of Life Science (ILS)/industry 6.3 Ensure all studies within the Health Board are costed in accordance with 'Attributing Costs of Research & Development' (AcoRD) the national costing guide.				Cardiology R&D/ADGM/Cardiac Managers
7.	Collaboration between Pharmacy, cardiology and Swansea University to enable the development of a PCI disease registry and the "Antithrombotic selection in Percutaneous Coronary Intervention evaluation (A SPICE)" Explore the use of SAIL for research in to Atrial Fibrillation and Stroke management	7.1 Recruit 2 x joint clinical & research pharmacists. 7.2 Develop academic link with Swansea University.	Development of PCI disease registry Multivariate analysis of PCI, co-morbidities, antithrombotic choice and patient outcomes.	Funding	On-going into 15/16	