GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

Integrated Medium Term Plan 2019/20 – 2021/22

Dyfodol Clinigol

Clinical Futures

Gofalu amdanoch chi a'ch dyfodol

Caring for you and your future

Our Change Ambition

In our area, people are looking after their own health and well-being and that of their families. When they need help, this is readily available at home and in their community and supported through innovative technology.

We work in a modern system that, with partners, delivers the best quality outcomes, utilising best practice in the most appropriate setting. Our service provides truly holistic care from home to home and continuously evolves so it remains leading edge.

Compassionate care is delivered by talented creative teams that we trust and respect to put the needs of our patients at the heart of everything we do.

Our staff tell us they feel empowered, equipped and driven to make a difference to the lives and outcomes of people. Our teams feel listened to, valued and trusted.

We are a dynamic organisation that cares, learns and improves together.

EXECUTIVE SUMMARY

The Aneurin Bevan University Health Board's 2019/20 – 2021/22 Integrated Medium Term Plan (IMTP) builds upon the Health Board's approved IMTP of the last four years. The Health Board is facing an exciting and ambitious phase of its Clinical Futures strategy, which will culminate in the opening of The Grange University Hospital in spring 2021 and transition to a new robust hospital network of high quality, citizen centred, health care. Of equal importance is the underpinning provided by a strong focus on prevention, reducing inequalities and transformative change in the provision of more integrated health and social care closer to peoples' homes.

The Plan has been strengthened to reflect the requirements of Welsh Government's Planning Framework with increased emphasis on the Health Board's role in realising the benefits of the Well-being of Future Generations (Wales) Act and A Healthier Wales. It describes how the Health Board will address the unprecedented changes that are required to support the opening of The Grange University Hospital in 2021, and also sets out the Health Board's commitment to playing a lead role in partnerships, regional collaboration and planning.

The Health Board's commitment to improving quality, safety and patient experience is at the centre of our work in seeking to achieve excellence. The Plan describes how the Health Board will deliver further improvements across the whole system, with a clear governance framework providing assurance.

The Health Board's Service Change Plans cover the spectrum of the Health Board's activities from well-being and prevention, to primary and community services and secondary care. The value programme increasingly underpins work programmes across the Health Board and the Plan describes how this and an increased focus on improving efficiencies to support the delivery of key performance improvements, aligned to the NHS outcomes and delivery framework supporting our ambition to be "Best in Class".

As part of the Health Board's commitment to the delivery of the Plan, ten key priorities have been identified which will be given enhanced Executive support to ensure delivery with pace and purpose. Other key enablers to delivery are also identified especially in terms of workforce, revenue and capital resourcing, technological advances and IT capacity to deliver the Health Board's ambitions.

The Plan describes financial balance over each of the next three years, subject to the management of risk and prior discussion with Welsh Government.

1. INTRODUCTION

1.1 Strategic Overview and Organisational Principles

This document sets out Aneurin Bevan University Health Board's plan for the next three years April 2019 – March 2022. It is a statement of the Health Board's ambition, working with partners, to improve the health and wellbeing of the population through services delivered closer to home. At the same time, the plan sets out how safe, timely and efficient hospital care will be maintained, in the most appropriate location, delivering the best possible outcomes to patients, by well trained staff who feel supported and valued. Informed by the Welsh Government's ambition for future generations, and the strategic direction described in "A Healthier Wales", the Health Board has devoted time and effort in the last year to strengthening collaborative working across the public and voluntary sectors as a key enabler in achieving change.

The Health Board works across many communities, systems and services, with an ambition of improving the health and wellbeing of the population we serve which will only succeed if it reflects the needs of citizens and is aligned to the plans and priorities of partners. This plan, together with the Area Plan, sets out a vision for a better NHS, playing its full part in creating a healthier Wales and the steps required to get us there.

During the last year the Health Board has continued to progress the Clinical Futures plan "Caring for You and Your Future". More services are provided in the community and closer to the people who need to use them. Construction of The Grange University Hospital is well underway and will treat its first patients within the life of this three year plan (spring 2021). More importantly this new hospital, a centre of excellence for specialist and critical care, will help to deliver the long standing clinical strategy designed to provide 21st century health care; a sustainable, value driven system of care designed to meet the needs of our population.

The fundamentals of this plan remain constant. The Health Board believes in what it is doing and how the plan is being delivered, working with partners in communities across Gwent to transform how health and care are delivered. Enhancing care in the community remains the cornerstone of this plan. Focusing on giving citizens access to more community based health and care services to keep them healthy and out of hospital, and when they do need hospital care, getting them back home sooner because there is more support for them near to where they live.

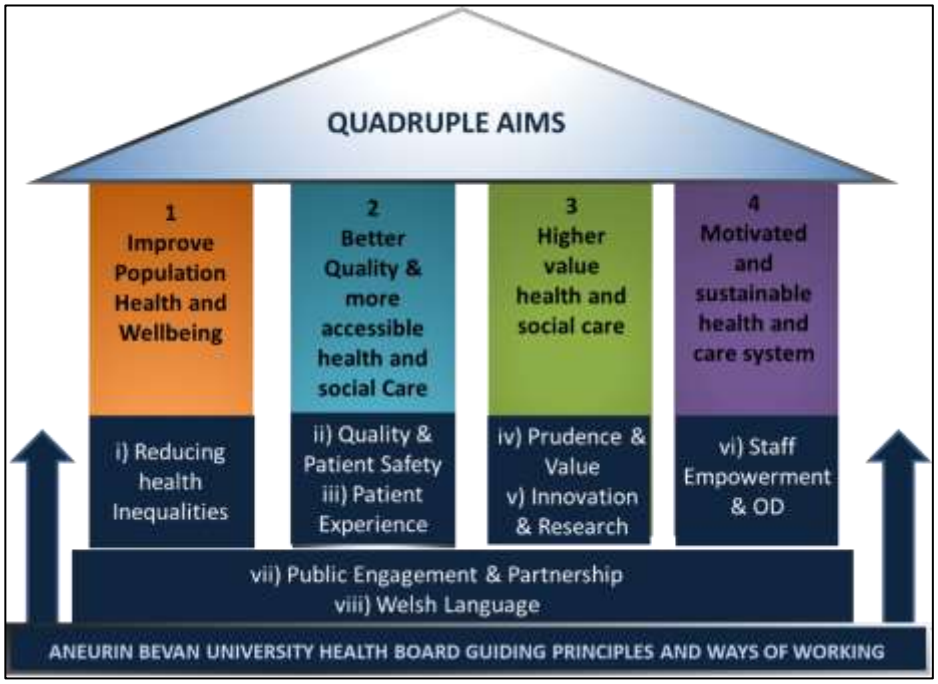
Figure 1.1 –Aneurin Bevan University Health Board's Vision and Values

Everyone who works within the Health Board share four core values that guide the approach we take to work, how we do things, how we treat each other and how we expect to be treated (see Figure 1.1 opposite).

Success will mean citizens are able to look after their own health and wellbeing and that of their families and friends. They will know when and how to access health and care services that deliver best outcomes (those that add value to people), in the most appropriate setting and delivered by compassionate and talented teams.

Our guiding principles and ways of working

Figure 1.2 – Our guiding principles



The Health Board commissions and delivers services based on a number of golden threads that are the principles that underpin the way in which we plan, deliver and improve services for our population.

Summarised in Figure 1.2 and set out in detail in our 2018 – 21 IMTP, our guiding principles are consistent and coherent with the Quadruple Aims and the 10 design principles. Public engagement and partnership is the foundation on which our ambitious agenda to modernise and transform the health and care system is built. The Health Board recognise the right of citizens to live their lives through either or both of the official languages of Wales, and remain committed to rise to the challenge of bilingual patient care.

1.2 Progress in Delivering the 2018/19 – 2021/22 IMTP

The Health Board has continued to make significant progress across the breadth of its complex agenda over the year and secured approval of its IMTP for the fourth consecutive year. The key achievements at an organisational level include:

- Good progress has been made across the spectrum of the Clinical Futures Programme from population health and well-being, to the strengthening of primary and community services and the work programme to support the opening of The Grange University Hospital.
- The Health Board is leading the way with its partnership work within Gwent. The Area Plan describes how the Regional Partnership Board is responding to “A Healthier Wales” and the transformation proposals describe how the region will increase the pace and scale of integrated working across health and social care.
- The Neighbourhood Care Network structure is at the heart of the Health Board’s ambitious Care Closer to Home Programme.
- Trail blazing work is being undertaken via Ffrind I Mi and the intergenerational working programme, demonstrating the Health Board’s commitment to the wellbeing of its population. A Partnership Board was established and developed an Intergenerational Strategy (over 50 local partners have ‘signed up’ to the strategy) and collaborative approach being progressed with Health Boards and Universities across Wales.
- The Health Board has secured the outsourcing of ophthalmology activity to deliver 100% compliance with the 36 week target.
- A mobile operating theatre suite was commissioned at the Royal Gwent Hospital (RGH) site for October 2018 delivering additional capacity for 4 major joint procedures per day and enabling the

Health Board to comply with RTT.

- Recovered the 8 week target for endoscopy during the first half of 2018/19 from a significant outlier position at the beginning of the year. Positon will be maintained on this and all diagnostics.
- The Health Board has led the regional plans for vascular services and for ophthalmology. The former will see a Regional Out-of-Hours Interventional Radiology Service implemented in February 2019 and ophthalmology has developed plans to deliver elective waiting times and is now turning its focus to plans to develop a regional high volume cataract centre.
- Good progress has been made in the delivery of the Health Board's Financial Plan and it is anticipated that financial balance will be achieved at year end through pro-active management of risk.
- Implemented a sustainable model of care for Older Adults delivering three inpatient centres of excellence for dementia assessment and one centralised unit for people with a functional mental illness together with an enhanced community service model in Monmouthshire.
- Learning Disability Residential Review has enable more people with a learning disability to live within communities and reduced the need for NHS residences.
- NHS Wales Staff Survey results demonstrate engagement index score for the Board is 3.87 (up from 3.70 in 2016) and is above the overall engagement index score for NHS Wales (3.82).

Delivering improvements on patient safety and quality of care

Patient safety and quality underpin all our plans and is assured primarily by the Board's Quality and Patient Safety Committee (QPSC). The Health Board aligns quality assurance and improvement efforts around the themes from the Health and Care Standards for Wales of safe care, effective care, dignified care and individual care as set out in **Appendix 1** - **Quality Assurance and Improvement**. Some of our key achievements to date are:

- Good progress across infection prevention and control action plan with agreement to invest in an infection control nurse in Primary and Community services.
- Dementia diagnosis rates improved to 55% with target of 57% by year end. Over 67% of staff have received dementia training.
- The Health Board's volunteering strategy has been relaunched along with a new marketing strategy to attract new volunteers.
- Hospital visiting hours have been extended across acute sites.
- Standardised training on inpatient falls developed and being rolled out to all hospital staff with a reduction in inpatient falls being consistently maintained. The pilot of the Care Homes Falls Protocol pilot (i-stumble) has been evaluated and is now being rolled out to other Care Homes. Continuation and expansion of the Falls Response Service, delivered in partnership with WAST.
- Continued embedding the sepsis trigger tool on all wards, to improve recognition of and response to the deteriorating patient. Vital pac implemented at Ysbyty Ystrad Fawr (YYF) and Nevill Hall Hospital (NHH). Also established projects to embed NEWS as the common language for deterioration in primary and community settings.

1.3 Opportunities and Challenges

The environment in which the Health Board operates has become increasingly complex and dynamic. Some of the key challenges include our ageing population, increasing demand for health and care, significant workforce challenges across the health and care system and increasing public expectation. Against the backdrop of these challenges, the Health Board recognises the need to work closely with social care and third sector partners to deliver more "place based services" in primary care and community settings.

A Healthier Wales extends the scope of challenge and opportunity to improve the economic, social, environmental, cultural, health and wellbeing of Gwent citizens. Through our Regional Partnership Board the public sector in Gwent have developed a bold and unified vision for the whole health and care system. The Gwent Transformation Offer, and the Integrated Care Fund (revenue and capital)

supported by Welsh Government provides an opportunity to create integrated health and care services that will deliver a step change in our efforts to improve population health and wellbeing, and drive value out of the health and care system.

The Grange University Hospital provides a clear focus for the transition of services from traditional DGH models to our new system based on the differentiated "hub and spoke" model set out in our Clinical Futures Strategy. There will be challenges in maintaining the current configuration of some services (where recruitment and/or retention of specialist staff present significant challenges) prior to the opening of The Grange University Hospital. The new hospital is also an enabler for wider regional change across South East Wales including the Satellite Radiotherapy Unit at Nevill Hall Hospital under the auspices of Velindre NHS Trust's Transforming Cancer Services Strategy.

The Health Board strives to continually improve its efficiency and productivity. As part of our internal IMTP process, targeted improvements in performance against a number of indicators in urgent and emergency and elective access are being actively pursued. Whilst the Health Board continued to improve performance on a range of measures and plans in 2018/19, there are a number of key lessons and challenges that have been considered in developing this IMTP, including:

- The scale of ambition versus what is realistically achievable over a 12 month period, in particular urgent and emergency care.
- Continued workforce pressure due to the national recruitment issues and additional costs that has resulted from over reliance on agency staff for medical and nursing staff in a number of specialties.
- Ability to deliver Clinical Future models and transition plans that are consistent with public consultation and expectation of the Health Board and Gwent residents.
- Need to deliver Regional change at pace across key services.
- Need to improve the pace of achieving efficiency and productivity improvements in support of financial sustainability.
- Need to align the service plans with available or realistic workforce assumptions.

As part of the Health Board's commitment to delivering this plan, ten key priorities have been extrapolated, they will be given greater focus and enhanced Executive leadership during 2019/20 to ensure delivery with pace and purpose.

Table 1.1 – Priority Areas

1	Progress at pace systems which support the positive engagement with and improving the well-being of our staff
2	An enhanced focus on smoking prevalence in our most deprived areas to reduce cancer inequalities across the Gwent region.
3	Fully implement the integrated well-being network, alongside the new workforce model for primary care in five NCN areas to improve sustainability of Primary Care Services.
4	An innovative and patient centred approach to meeting needs of complex care in mental health looking at new models of delivery supporting patients closer to home.
5	Implementation of a more integrated mental health and well-being services for children and young people (the ICEBERG model)
6	Significant improvement in the performance across the urgent and emergency care system with a focus on appropriate assessment, optimising flow and effective discharge to assess services with the ambition of eliminating 12 hour breaches.
7	An enhanced focus on efficiency, productivity and value based care with specific reference to clinical variation, theatre productivity and outpatient based projects including reduction in delayed follow ups.
8	An enhanced focus on our patient's experience and working across the system to improve services based on feedback and active involvement from patients to better understand what matters to the people that use our services.
9	Finalise and deliver transition plans leading up to the opening of The Grange University Hospital with a key focus on paediatric, obstetric and neonatal services in 2019/20.
10	Development of updated Cancer Strategy and 5 year plan including a key focus on delivering the single cancer pathway.

2. DELIVERING A HEALTHIER WALES

"A Healthier Wales" sets out a long term, future vision of a whole system approach to health and social care which is focussed on health and wellbeing and on preventing illness. The ambition is for the continued development of a seamless, integrated system of health and social care, predicated on a place based approach to service delivery, to improve service sustainability, quality and safety and to improve population wellbeing. The Social Services and Wellbeing (Wales) Act and Wellbeing of Future Generations (Wales) Act 2015 provide an enabling legislative framework which requires the Health Board and partners to work collaboratively in an integrated way across the whole system, involving the public in developing long term solutions to prevent avoidable illness and provide sustainable services in the future.

Through the Gwent Clinical Futures Programme and the Gwent Regional Partnership Board (Gwent RPB), the Health Board is already undertaking significant work to redesign how services are delivered to provide more care closer to home, breaking down health and social care boundaries to provide a more seamless system of care.

2.1 Health, Wellbeing and Prevention

Embedding the five ways of working defined in the Wellbeing of Future Generations (Wales) Act 2015 across the organisation is how the Health Board will bring about the organisational culture change needed to deliver on the ambition of 'A Healthier Wales'. The whole system redesign process the Health Board is undertaking to implement the Gwent Clinical Futures programme is providing the strategic opportunity to assess how well each of the proposed new service models demonstrates the five ways of working. Each part of the organisation is undertaking the Health Board's self-assessment programme to describe what full implementation of the five ways of working would mean for their part of the organisation and what changes are needed to how they work now. We have carried out a full self-reflection exercise of our progress across the organisation in meeting our Wellbeing Objectives and a summary of this exercise and references to the supporting evidence can be found in **Appendix 2**.

The five Public Service Boards across Gwent have each agreed a Wellbeing Plan, all of which reflect the Health Board's individual Wellbeing Objectives. The Health Board members of the five Public Service Boards (PSBs) are taking an active role in leading PSB programmes of work to give children the best start in life, to promote good child and adolescent mental wellbeing, to enable people to live healthy lives to prevent avoidable disease and to enable people to age well. These PSB programmes of work are being developed with the five local authorities, Natural Resources Wales, South Wales Fire and Rescue, Gwent Police, Gwent Police and Crime Commissioner, Gwent Association of Voluntary Organisations and other PSB partners. Activity underway includes the first 1000 days programme and the development of a Gwent wide approach to tackling Adverse Childhood Experiences (ACE's). Progress is reported to the Public Partnerships and Wellbeing Committee who provide Board oversight of the Health Board's delivery of its PSB commitments.

2.2 Level 1 Clinical Futures Programme

The Health Board is moving at pace to transform primary and community services in order to provide more care closer to home. A 'place based approach' is starting to be implemented to improve coordination across organisational boundaries. The Health Board has had some early success with implementing the new model of primary care utilising a new, multi-disciplinary workforce. Care navigation training has been provided for all practices and a range of community and health connectors are working with practices across Gwent. Using Pacesetter and Transformation Fund monies, the model is being tested in Brynmawr, Tredegar and other locations, bringing together primary care, social care and wider wellbeing services around a place based approach to service delivery and breaking down health and social care boundaries to provide a more seamless system

of care. The Health Board has well developed plans to build on these early successes to develop sustainable primary and community services delivering accessible, integrated services to people living in communities across Gwent which are set out in **SCP 2 – Delivering a Seamless System of Healthcare and Wellbeing**.

The Clinical Futures Programme provides the mechanism for moving services and resources from a hospital setting to a community setting and implementing new models of locality based care underpinned by the principles of Prudent and Value Based Healthcare. The Health Board is ambitious in its intention to re-model services to reduce unnecessary complexity and deliver more integrated, inter-professional ways of working across the public and third sector. Better quality and more accessible health and social care services are a key driver for change. Through the Clinical Futures Level 1 programme of service transformation and the Gwent Area Plan, the Health Board will build on the foundations already in place to drive forward system change at pace in primary and community care, Child & Adolescent Mental Health Services (CAMHS) and hospital discharge.

2.3 Gwent Regional Partnership Board

The Gwent RPB has secured additional funding provided by 'A Healthier Wales: National Transformation Fund' to fund its transformation programme. With this funding, the Health Board is working in partnership with social services, housing and third sector partners across Gwent to deliver a transformational improvement programme which will start to build the sustainable foundations required to achieve a system shift to a seamless system of care and wellbeing, with more care provided closer to home. The improvement programme focuses on supporting people to stay healthy and well, to self-care and to access a wider range of integrated services in primary and community care.

Table 2.1

Model of care	Initiatives / Solution	Impact
Integrated Well-being Network	▪ Place-based co-ordination and development of well-being resources and hubs identified as centres for resources in the community. ▪ Established systems for linking with Primary Care. ▪ Developing the well-being workforce. ▪ Communication and engagement to support whole system change.	▪ People remain active and independent in their own homes ▪ People maintain good health and wellbeing for as long as possible
Primary Care Model	▪ Integrated community teams in place. ▪ Multidisciplinary primary care workforce. ▪ Culture change creating an 'enabling environment' across the system. ▪ Compassionate Communities model. ▪ Primary Care Training Foundation.	Reduction of: ▪ Patients self-presenting to ED for non-medical emergencies. ▪ Inappropriate referrals for social care. ▪ Reduction in waiting times to see GP and reduction in GP locum expenditure. ▪ Prudent pathways using alternative disciplines.
Iceberg Model	▪ Establish a new model of integrated working across organisational boundaries. ▪ Strengthen prevention and early intervention. ▪ Build emotional resilience in children and young people address the root causes. ▪ Support emotional and mental well-being of children and young people.	▪ Enable children and young people and families to have the right support at the right time in the right place. ▪ Ensure that only those who need specialist intervention are able to access that service promptly. ▪ Voice of children and young people to co-produce a more accessible, equitable and seamless service.

Model of care	Initiatives / Solution	Impact
Home First Model	▪ Recruitment to domiciliary care market. ▪ Joint training across whole system pathway. ▪ Culture change to promote 'home first'. ▪ Integrated discharge process.	▪ Increase patients discharged to home first. ▪ Reduction in inappropriate referrals to social services. ▪ Improve access to assessment; Admission avoidance. ▪ Single point of contact for ward managers and clinical teams.

2.4 Next steps

A refreshed Health and Social Care Area Plan for Gwent, will be developed and agreed by the Gwent RPB in early 2019. The refreshed plan will set out a plan to deliver system transformation rather than a collection of specific programmes. It will reflect the increased pace and scope of partnership working across a wide range of activity, including the transformation programme and use of the Integrated Care Fund ICF award. It will set out plans to address workforce challenges through the development of a Gwent Workforce Academy as a substantive step towards a sustainable and appropriately skilled, wellbeing workforce.

The refreshed Area Plan will be developed and delivered through the established RPB governance model, with population focused Strategic Partnerships setting the strategic direction and local Integrated Partnership Boards acting as the engine room for delivery in each local authority area. The continued maturation of Neighbourhood Care Networks will enable the potential for integration at an NCN level to be realised, as new services, pathways and models of care are established. The unique Neighbourhood Care Network (NCN) model in Gwent provides a delivery mechanism across Gwent for a new place based approach at locality level, with local Integrated Partnership Boards (IPB) providing leadership, governance and accountability at a local authority level and the RPB providing strategic direction and oversight at the Gwent level.

3. DELIVERING THE CLINICAL FUTURES STRATEGY

The Health Board's ambitious clinically owned and led Clinical Futures strategy is delivered through Strategic Change Plans and a longer term transformation programme. Having been established for one year the transformation programme is now entering a different phase as it moves from planning to implementation.

3.1 Progress in 2018/19

The Programme is organised into six workstreams, each with their own unique set of deliverables and milestones. There is a high degree of interdependency between the deliverables of each workstream and these are co-ordinated at a programme level. There has been significant progress across the Clinical Futures Programme in 2018/19 and within specific work streams as set out below.

Table 3.1

Programme	▪ Established an effective governance reporting and assurance system which is an effective way to be able to communicate up, down and across the organisation. ▪ Recruited a dedicated, multi-disciplinary team (therapists, health scientists, nurses, GP system leads, acute medical lead, corporate and technical disciplines) supporting programme delivery. ▪ Commissioned an Office of Government Commerce (OGC) Gateway 0 review of the programme in summer 2018, to provide independent scrutiny in line with best practice. The review gave an amber confidence assessment for delivery and made eleven recommendations, all of which have been adopted for 2019/20 implementation plans. The Gateway review independently reached a similar assessment of programme progress to the internal assurance review processes. ▪ An increased focus on risk and non-financial benefits management as a way to clearly identify priority work areas with plans is being actively worked through and reviewed by the programme's Delivery Board. This has included industry standard training in benefits management across the organisation, the application of Managing Successful Programmes risk management and a detailed non-financial benefits strategy. This will focus the programme on its 'core' benefits to measure success in 2021 and beyond.
Service Redesign	▪ During 2018 the programme generated an enhanced level of service planning supported by a strong process and increased levels of enthusiasm across the workforce with many front line staff volunteering to review the key aspects of how they deliver their service. They have identified areas for transformation that enhance planning of safe and effective service in readiness for the opening of The Grange University Hospital. Their work is supported by robust processes to scrutinise and systematically capture the outcome of service model reviews. Clinical engagement has consequently been greatly enhanced. ▪ A Healthier Wales has provided a clear focus for progressing the Level 1 (Health and Care service provided out of hospital) component of the Strategy in collaboration with public sector partners. ▪ Service models have been categorised into three different priority tiers based on critical path area. Currently 54 service models that are being progressed demonstrating the level of ambition and scale of change within the Health Board. ▪ The Health Board uses two approaches to service re-design, firstly large scale internal events where senior clinical colleagues share service models with peers, secondly smaller focussed medial sessions with external, international experts for more complex models, initiated at the request of senior clinicians ▪ Site visit to Northumbria and Southmead have taken place, where senior clinicians collaborate with and learn from peers across the United Kingdom.
informatics	▪ All Clinical Futures IT programmes managed through single Health Board transformation mechanism with top ten priority areas identified, including mobile working and WCCIS. ▪ Key IT dependencies for 2021 changes making progress and implementation, particular focus on paper lite digital records, e-forms and e-referrals, roll out now well underway. ▪ Grange University Hospital ICT infrastructure procurement and commissioning delivering to design and plan including engaging BT for network connectivity.

Workforce and Organisational Development	▪ Extensive awareness programme delivered to improve understanding of the importance of culture including staff surveys to provide a base for measuring progress. ▪ Creation of an internal change ambition by the Board and Executive Team to give direction and purpose. ▪ Recruitment of 400 Clinical Futures champions. These are staff working on the front line who have signed up to be informal change ambassadors in their area. This has significantly increased capacity relating to communication and reviewing feedback from staff as well as testing new ideas and approaches. ▪ Management of change plan developed with Trade Union partners to agree how we work with staff during a time of significant change. ▪ Workforce plans refreshed with many being reviewed and due to be completed alongside the completion of the clinical models. ▪ Close review and monitoring of the advanced nursing practitioner recruitment and training, which is a critical path activity. ▪ Engagement with the Local Negotiating Committee to begin work on developing principles of job planning for future changes. ▪ Meetings with the Deanery to discuss service requirements and impact to the training plan with the junior workforce and training requirements remain under close review ▪ An Employee Experience Framework has been developed recognising links between staff engagement, well-being and impact on patient experience.
Strategic Capital and Estates	▪ Grange University Hospital build on time and on budget. ▪ Programme of clinical and stakeholder visits to the site to increase understanding of the space and the timeline. This has visibly helped to build enthusiasm in the programme. ▪ Draft equipment transfer and procurement lists updated and being actively managed. ▪ Procurement processes have commenced on time critical items, specifically diagnostic equipment and art commissions. ▪ Road signage work scoped and critical path defined. This will see the programme working with five local authorities as well as the Welsh Government Network Management Division. ▪ Strategic capital estates plan for all Health Board owned estate in advanced draft. ▪ Specific plans for Nevill Hall and Royal Gwent hospitals post 2021 drafted, require full review and re-work on conclusion of all service models. ▪ Brynmawr resource centre opened. Plans for Tredegar and Newport East Health and Wellbeing Centres well developed. ▪ The Strategic Outline Context for a Low-Secure Mental Health Unit was submitted to Welsh Government in June 2018. ▪ Hospital Sterilisation and Decontamination Unit Outline Business Case for the Llanfrechfa Grange site submitted to Welsh Government in October 2018. ▪ Planning work for the Satellite Radiotherapy Unit and Cancer Centre development is underway and working in collaboration with Welsh Government and Velindre. ▪ The development of Breast Centre of Excellence at Ysbyty Ystrad Fawr to enable the centralisation of out-patient and diagnostic services, and the overwhelming majority of surgery, and a means of transforming the clinical model and improving the timeliness of care and patient experience
Communication and Engagement	▪ Annual survey of staff awareness and engagement undertaken in September 2017 and October 2018, showing very high awareness and understanding of the programme benefits. ▪ Internal staff newsletters produced monthly for stakeholders and bi-monthly for all staff. Proven an effective way to increase involvement in some of the workstreams. ▪ Multiple roadshows, and some joint activities with Trade Unions partners. Internal conferences themed to Clinical Futures where appropriate to maximise awareness ▪ Aneurin Bevan Community Health Council (CHC) in attendance at Delivery Board and frequent presentation at CHC meetings locally and with Powys Community Health Council. ▪ Development of a four minute public facing video in English and Welsh, very positive feedback received. Over 18,000 views on Facebook with thousands of views of other related videos. ▪ Very strong social media presence from September 2018. 30 videos/publications per month with a reach of up to 118,000 people. These channels are used for internal and external engagement. ▪ Grasping opportunities to promote the Welsh language with key materials for the programme available in Welsh and English. ▪ Programme of external engagements through 'Talk Health' and borough based events continue. ▪ A detailed communications and engagement plan being developed for 2019 to guide activities.

Supporting Infrastructur	▪ Non-clinical support service models completed. ▪ Inter-site patient transport group established with WAST representation. Draft inter-site step up and step down numbers and escorting criteria. ▪ Sustainable travel plan being developed for acute hospital sites. ▪ Public transport providers initially contacted about Grange University Hospital opening.

Outcome of Service Redesign Work Stream in 2018

In 2018, a critical aspect of the Clinical Futures programme was to refresh the clinical models that had been set out in the Full Business Case (FBC) to test the original assumptions and to refresh the models using the most recent information and service planning assumptions. The programme has clear objectives that will be achieved through designing and delivering new models of care and all transformation work is delivered through a set of clinically developed design principles shown in Figure 3.1.

Figure 3.1 – Clinical Futures Programme Design Principles

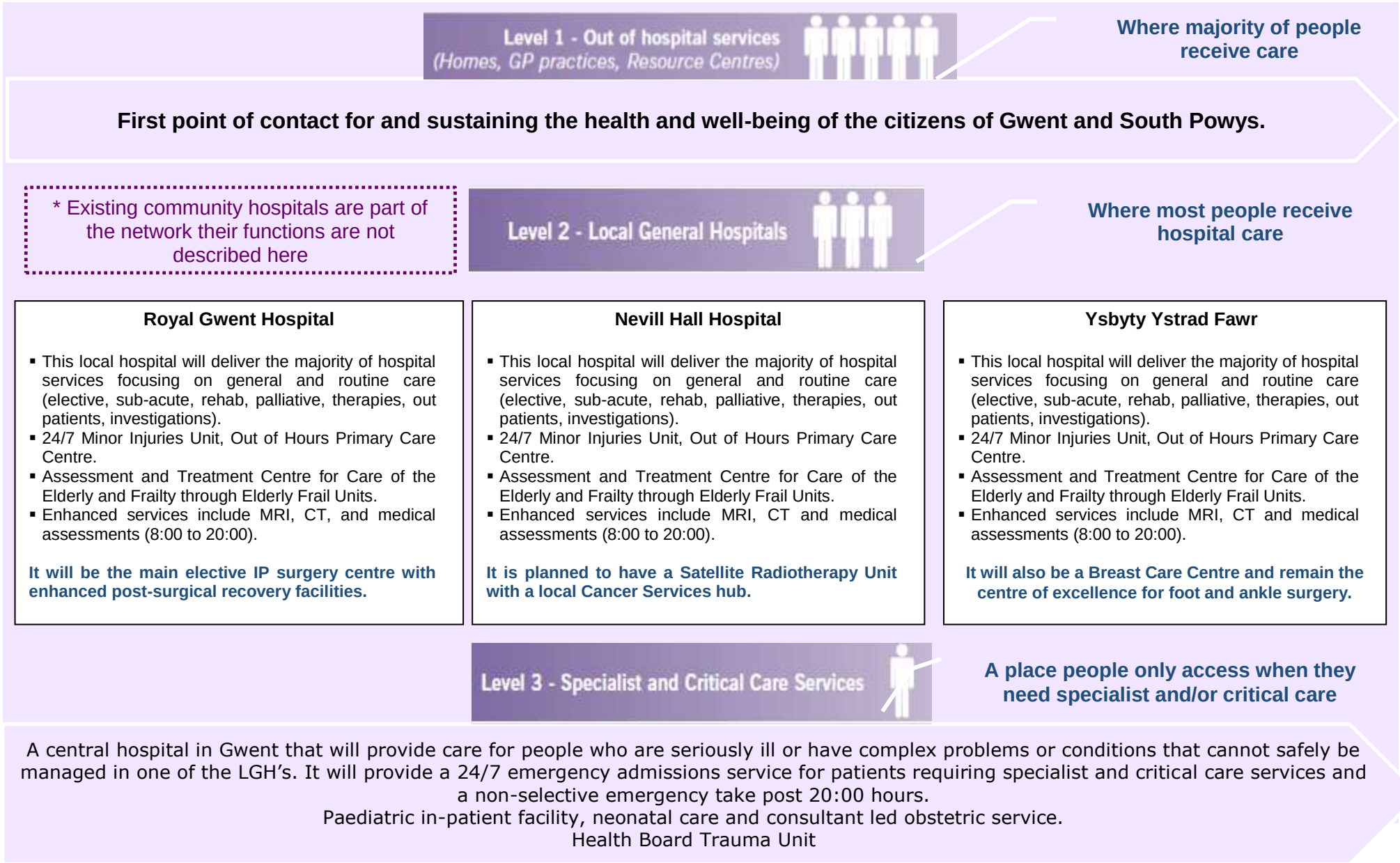
- **Patient centred**, concentrating on safety, quality and experience.
- **Home to home**: integrated services in the community to prevent illness and improve wellbeing, and providing care closer to home where appropriate.
- **Data** and **evidence driven,** patient **outcome** focussed.
- **Innovative** and transformative, considering new ways of organising and delivering care around the patient and their carers.
- **Standardised, best practice** processes and care pathways.
- **Sustainable** with efficient use of resources.
- **Prudent** by design, following NHS Wales' prudent healthcare principles.

Responsibility for refreshing service models sits with the Service Redesign work stream. Working in tandem with Divisions this exercise determines how services will be configured in the new system of care.

At the end of 2018 47 models have been refreshed, for many services these have been fundamental reviews of current service provision resulting in a significant amount of detail for each of the 47 models. The models have been consolidated to create a system wide map of service provision across our healthcare system to reaffirm and clarify the role and purpose for each site. This is broadly consistent with the model described within the original consultation of Clinical Futures Strategy.

In spite of significant workforce challenges, the organisation is committed to delivering the four site medical take model as per the original case and in order to maintain as much care closer to home as possible. This has been achieved through detailed workforce planning; a proactive, robust recruitment strategy along with a more collaborative approach with HEIW and the Deanery. This has allowed us to maintain the four site model, with The Grange University Hospital being the 24/7 Emergency centre and the other LGH's being equal with some additional focus in building unique roles for each site in our new system of care, that will deliver significant improvements and benefits to our patients. The role and purpose of each site is illustrated in Figure 3.2.

Figure 3.2 - Role and Purpose for Acute Hospital Network



Priority Areas of Work
The organisation is investing additional resource and the focus is at the interface of systems and in integration of models to create systems of care. The clinical teams have prioritised key areas of focus that will be driven forward and overseen by the Service Transformation Board. Priority work streams are:

- Frailty.
- Unscheduled care, including pathway transformation (7 day working, diagnostics, & condition specific improvements) Urgent Care Hubs.
- System wide principles for End of Life Care, Dementia and Anticipatory Care Plans.
- Diagnostics.
- Surgical Transformation, including surgical emergencies extended recovery model and regional anaesthesia.
- System wide configuration.
- MSK.

Clinical Leadership
Strong clinical leadership and involvement is critical to the success of the programme. As a result of the review of the clinical models, a series of changes have been made to the clinical leadership structures to allow the transformation agenda to develop. The programme now includes three GP system leaders, Clinical lead for Service Transformation, strong nursing leadership and innovative therapy leads in addition to the Deputy Medical Director role as clinical lead for the Clinical Futures programme. This is supported by a Senior Clinical Leadership Forum.

The Senior Clinical Leadership Forum has also evolved following a series of workshops with whole system representation from the clinical teams. This group will continue to meet to test, share and develop the systems and feed into the more formal Service Transformation Board that will have responsibility for the delivery of the Transformation agenda and configuration of services as a whole.

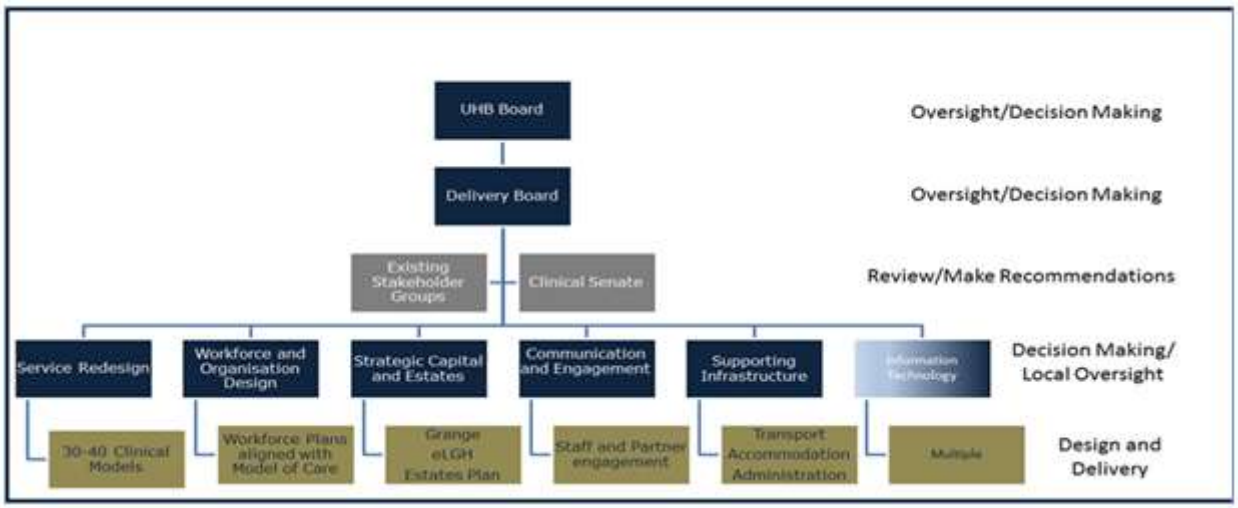
3.2 Overall Programme Approach

The key elements of the transformation programme delivery approach are:

- Clear and robust governance structure linking the innovative transformation work of clinicians and divisions up to an organisational level are firmly embedded across the organisation. Executive and Clinical roles have clear ownership, accountability and leadership responsibilities. The Chief Executive is the overall programme sponsor, each workstream has an Executive lead and Senior Clinicians lead service design.
- Organisation development and service improvement methodologies are complementary to programme management and key drivers for innovation and system transformation.
- Managing successful programmes (MSP) and PRINCE2 methodologies are used to manage the programme and projects and form the basis of the overall planning, delivery and risk assurance frameworks.
- Non-financial benefits management has been strengthened during 2018/19.
- The main refinement of the governance for 2019/20 reflects the progression from a planning to an implementation phase including the ‘Service Redesign’ workstream becoming ‘Service Transformation’, signalling the change in work from planning to delivery.

Governance
The governance structure of the Clinical Futures Programme is outlined below in Figure 3.3. To deliver this large scale transformation, the work is divided into six workstreams to facilitate monitoring and control. Each workstream conducts a monthly Board meeting which then feeds up to the overall Programme Delivery Board, chaired by the Chief Executive as the programme SRO. There is a clear change control process in operation that guides decision making, in line with the organisation’s standing financial instructions. This governance configuration allows for quick decision making and empowerment to the workstreams, ensuring the programme meets its deadlines and is able to work successfully with the Supply Chain Partner building The Grange University Hospital.

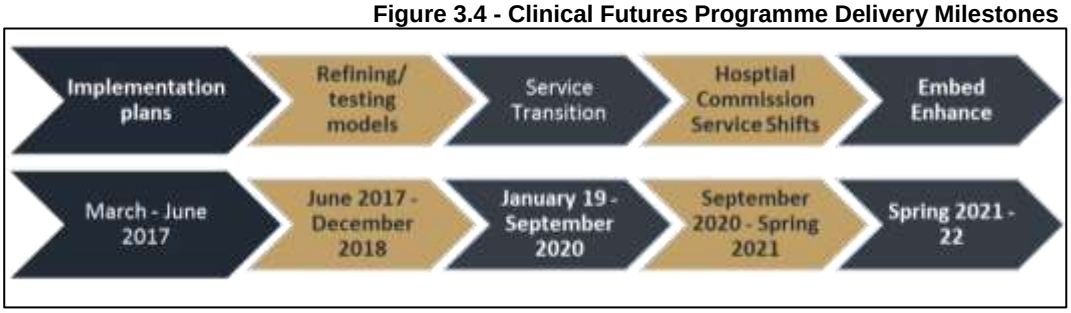
Figure 3.3 – Clinical Futures Programme Governance



3.2.1 Delivery Milestones

The four year transition plan was launched in June 2017, it includes all work streams, service re-design, workforce and organisation development, communication and engagement, strategic capital and estates and informatics. Whilst the opening of The Grange University Hospital in spring 2021 is a useful fixed point when developing Service Change Plans the scale of service transformation is much wider than the opening of the new hospital. A summary of the whole programme is set out in Figure 3.4.

Figure 3.4 - Clinical Futures Programme Delivery Milestones



3.3 Clinical Futures Programme - 3 Year Transition Plan

The last quarter of 2018/19 is being dedicated to the full write up of acute care services in 2021, identifying the key relationships and strategic changes in working with primary and community care to give a whole system operating plan. The operating plan will ensure changes that relate to workforce, capital and service are fully articulated and, in this round of IMTP planning, key service transitions are being identified for costing and planning.

A high level overview of the deliverables that make up the Clinical Futures transition plan are set out in this section. Key risks within the transition plan include the following and each have mitigation plans in place outlined in the following sections:

- Clinical workforce availability and the affordability of the service plan.
- Clinical engagement with system changes.
- Making the most of the opportunity to move services out of hospital and closer to home.
- Transport in the new model, including inter-site patient transfers and public transport availability.
- Engaging staff and citizens with service model changes and communicating complex health system changes to a wide and diverse audience.

Programme Finance and Performance Improvement
The development and implementation of the wider Clinical Futures Programme is closely linked with the Finance Department to ensure that robust plans and correctly costed, communicated and approved. Throughout the next 3 years a joined up approach to ensure common understanding will give assurance of financial sustainability for the organisation, despite the scale of change which lies ahead. This close relationship follows on from work in 2018 that saw a dedicated Finance team member as part of the multi-speciality Challenge and Support panel overseeing service model development.

Within each of the service models, an outline of expected performance improvement is laid out in line with the Clinical Futures design principles. At a programme wide level, there are a collection of 'core benefits' which outline the most prominent key performance indicators that will be tracked by the organisation up to 2021 and beyond to gauge performance. The core benefits span the full breadth of the programme and ensure the organisation is able to made future decisions based on objective performance metrics.

Year 1 – Overall Summary of the Year

2019 sees the programme moving from a largely planning phase to the start of the implementation phase. The focus will be getting the organisation ready for the significant change which could involve around 6000 staff directly. Where possible, initiatives will be implemented early in order to realise benefits for patients. By the end of 2019, both Health Board staff as well as the citizens in Gwent will have a much clearer understanding of what and where changes will be and what these changes will mean for them.

Table 3.2 - Workstream 1 – Service Transformation (formally Service Redesign)

Quarter 1	Whole system mapping of services - for decision; Finalise financial plan and approvals for delivery of models; Hospital@Night Business Case approved; Refinement and begin implementation of surgical and medical ambulatory care. Agreement of transition plan for Paeds / Obstetrics and Neonates.
Quarter 2	Pre- hospital streaming evaluation period; Prioritisation of models for delivery & key transformation drivers; Business Case development to support divisions; Medical staff job plans drafted
Quarter 3	Pre-hospital streaming - Business case completed & approved; Detailed resource and commissioning plans for models in Priority 1 and 2; Leadership to support Medi-park project to accelerate pace; Hospital@Night model implemented
Quarter 4	Review of models to inform IMTP; Detailed resource and commissioning plans for priority 3 models; Implementation of two urgent care hubs

Table 3.3 - Workstream 2 – Workforce and Organisational Development

Quarter 1	Development of underpinning comprehensive workforce plans to get to completion by March 2019; OD - Undertake training needs analysis of services to inform level of support required for change; Design format of pre-engagement roadshows to staff
Quarter 2	Staff roadshows / informal consultation; Agree post graduate funding / align with WF plans; Business case development supporting Service Redesign; Implement OD programmes for hot spot areas; Medical staff job plans finalised; Training for middle managers
Quarter 3	Staff roadshows continue; Training for middle managers continues; Develop and refine programme workforce plans for 20/21; Produce detailed transitional workforce plans
Quarter 4	Staff roadshows conclude; Assess risks of expression of interest of staff against original plans; Support staff in relation to interview and CV preparation

Table 3.4 - Workstream 3 - Strategic Capital & Estates incl. The Grange University Hospital

Quarter 1	Operational commissioning group established; Decision on hospital road signage; GUH Superstructure complete; Health Board Estates Strategy Finalised.
Quarter 2	GUH watertight/utilities connected; Group 2 equipment delivery window; Tredegar Health & Wellbeing Centre OBC submission to Welsh Government; Technical commissioning begins
Quarter 3	GUH energy centre complete; Review building handover position - 1 year out; Newport East Health & Wellbeing Centre OBC submission & Hospital Sterilisation and Disinfectant Unit FBC submission; Group 3 items procurement begins
Quarter 4	Commissioning plans finalised

Table 3.5 - Workstream 4 - Informatics

Quarter 1	GP Test Requesting rolled out to all GP surgeries; Continuing E-Form development; Internal GUH data cabling install; BT Openreach duct work takes place; Vocera data gathering
Quarter 2	WCCIS mental health & community go live; Royal Gwent Hospital WiFi refresh; Continuing E-Form development; Telehealth pilots begin specifically GUH model related; Mobile telephony survey; Patient flow national procurement begin
Quarter 3	WCCIS frailty go live; Telehealth pilots begin; Continuing E-Form development; Digital dictation / voice recognition delivered; Electronic Health Record - clinical letters implemented
Quarter 4	Critical care clinical information system implementation period; Continuing E-Form development; LOR begin to handover GUH computer rooms to Health Board IT; Patient flow pilots complete at YYF and NHH

Table 3.6 - Workstream 5 – Supporting Infrastructure

Quarter 1	Options appraisal & decision for inter-site patient transport; Develop sustainable travel implementation plan; Implementation plan for GUH admin & Hospital Management Structure. Agree retrieval process
Quarter 2	Begin commissioning patient transport option; Options appraisal for hospital management structure; Public transport plan developed and agreed
Quarter 3	Rollout period for new ways of working in ELGHs / implement hospital management structure; Implement sustainable travel recommendations, Develop clinical protocols support service with the new transport model, service improvement for transport
Quarter 4	Embedded new ways of working across services; Confirmation of JDs & rotas for Soft facilities management to support GUH opening; Implement plan for inter-site transfers

Table 3.7 - Workstream 6 – Communication and Engagement

Quarter 1	Preparation of key messages as a result of Service Redesign work; All staff newsletter released monthly through 2019 onwards
Quarter 2	Begin to communicate future service models WAVE 1 – External communications new phase - System updates; service focussed
Quarter 3	Work with WF&OD on pre-consultation roadshows; Ongoing increased activity of internal and external communications and engagement as per detailed plan
Quarter 4	WAVE 2- External communication ramp Up - Transport & expectations; Focus on external comms & engagement incl. potential for leaflet drops, poster campaigns

Year 2 - Overall Summary of the Year

2020 will see The Grange University Hospital become complete from a construction point of view and handed over to the Health Board to begin commissioning. Clinical services will be prepared and made ready to move and / or transform where applicable. Major equipment will be delivered and installed within The Grange University Hospital and work to decommission and reconfigure parts of the current hospital sites will have begun. The key out of hospital services will be in implementation.

By the end of 2020 a large proportion of the Clinical Futures Programme team will be focussed primarily on the operational commissioning of The Grange University Hospital. There will be constant liaison with services to ensure staff groups are trained, supported and made familiar with ways of working from 2021.

Table 3.8

	Key activities and deliverables in 2020
Service Transformation	**Clinical services preparation** - By 2020 there will be close links developed to each impacted service within the Health Board and this relationship will be vital in the preparation of services to move and transform. Lessons will have been taken on-board from any centralisation and transformation work conducted in 2019 to ensure any transition is as smooth as possible. Services will lead their transitions as much as possible, however there will be a range of programme staff and expertise available to ensure robust planning translates into clear and precise activities.

	Key activities and deliverables in 2020
Workforce and Organisational Development	**Staff formal consultation** - The 2019 staff informal consultation / staff roadshows will have had a major positive impact in engaging early and identifying exactly what staff wish to work across which sites. Leading off from this will be the formal consultation to ensure that a thorough exercise has been conducted to inform staff of changes. Specialist workforce staff will be on hand to support managers to enable this to happen and throughout the process trade unions will be constantly referred to and kept fully informed. **Implementation of workforce changes** - Once an analysis has been conducted after informal and formal consultation there will be a clear understanding of clinical and non-clinical posts that will need to be either redeployed or recruited. At present there is no plan requiring a large scale recruitment programme but instead to utilise current staff by offering a range of opportunities across multiple sites. **Staff training** - As part of the preparation for the opening of The Grange University Hospital, training will be required to be given to staff on a variety of future processes and ways of working. This will be managed and resourced by different parts of the programme.
Strategic Capital & Estates incl. The Grange University Hospital	**Building handover** - During the summer of 2020 there will be a formal handover from the supply chain partner to the Health Board programme team. This will signal the end of the construction and technical commissioning and the start of the period of time the Health Board has to commission the building. **Operational commissioning -** This period ranging between 3-6 months will most likely take place during the Winter months in 2020/2021 and will start as soon as the building has been formally handed over by the supply chain partner. This large task will involve every member of the programme team as well as utilising strong ties to all impacted Divisions and Directorates. This stream of work will have its own detailed commissioning plan which will allocate and dictate every stage to ensure the building is fit for purpose and opens as soon as feasibly possible. Public and intersite transport options will be fully decided and ready to being implementation **Group 3 deliveries and fit out** - As part of operational commissioning, there will be a large influx of group 3 equipment items. Level 3 equipment items are those that are procured and fitted as a responsibility of the Health Board. Examples of these include large clinical equipment items such as MRI scanners all the way to kitchen freezer units. **Hospital Signage Rollout** - In the approach to The Grange University Hospital opening and the Local General Hospitals reconfiguring, there will be a staged rollout of new and replaced road signage to ensure that citizens are guided to the right hospital.
Informatics	**Health Board IT team Network & IT commissioning** - At the beginning of 2020 the Health Board IT team will be granted access to The Grange University Hospital to begin the technical network commissioning as well as then moving onto the IT commissioning. This work will include installing telephony and computers as per the specification designed and agreed in 2019. **Supporting Service Redesign** - The IT workstream will work closely with the Service Redesign team and relevant services to ensure the best use of technology is being enabled. The use of systems such as WCCIS, Electronic Patient Flow and Electronic Health Records will enable services to work smarter and more efficiently. Funding requirements for some systems will be analysed and presented during 2019 into 2020 to ensure there will be technical delivery by 2021
Supporting Infrastructure	**Works and estates staffing** - The underpinning works and estates staffing structure will be implemented during 2020 including designing robust rotas and ensuring coverage as required across all sites at all times, meeting the needs of clinical services and patients. Where necessary redeployment and recruitment will be initiated to ensure there is sufficient coverage. **Detailed engagement with transport companies** - Agreements will have been made with local transport providers which will be implemented to ensure there are realistic bus services to and from The Grange University Hospital for our staff and visitors of patients. Timetables will be constructed which will feed into staff training and information provided. **Work with neighbouring agencies and groups** - There will be final preparations to ensure that organisations such as the Welsh Ambulance Service are clear on protocols of where future patients should be directed to according to their clinical requirements. Patient transport for inter-site transfers will be set up and ready to move into operation on opening of The Grange University Hospital. Plans will be drawn up to ensure that the movement of patients during the transition of The Grange University Hospital opening is resourced and that the Welsh Ambulance Service understands its role in the plan.

	Key activities and deliverables in 2020
Communications and Development	**Community flooding - communication and engagement campaign** - During 2019 into 2020 there will be a sustained communications and engagement campaign to ensure Gwent and South Powys 600,000+ population understand the upcoming changes. Every social and professional forum and method of communication will be used. There will not be a reliance on social media but also written and television media as well as face to face communication. **Internal staff communication** - Staff communication of changes will be channelled through a variety of mediums ranging from the continual staff newsletter to more bespoke and targeted communications. Clinical Futures Champions will be utilised to ensure feedback and questions are being addressed quickly. Support will be given to service managers to deal with any enquiries so staff feel informed and empowered about upcoming changes.

Year 3 - Overall Summary of the Year

2021 will see The Grange University Hospital commissioning completing and the site becoming operational. A new operational system will have been achieved and impacted staff will be working in different sites and in some cases working differently across multiple sites. This will be a significant milestone reached for the Health Board and the result of many years of hard work from a large number of clinical and managerial staff.

Focus on ensuring any 'teething' issues are dealt with immediately will be a priority. From this point, the focus will switch to the ongoing reconfiguration of the Enhanced Local General Hospitals with the options presented to the Executive Board. Other additional new capital funded infrastructure schemes will also come online during this period.

By the end of 2021 an early look at benefits realisation will have been achieved to gauge the measurable improvements gained up to this point. The Health Board will be in a place where informed decisions can be made in regard to further changes and where to focus future effort. This includes delivering changes against the Health Board Estates Strategy.

Table 3.9

	Key activities and deliverables in 2021
Service Transformation	**Enable services to transition** - The Service Redesign team will be working very closely with the Grange project team to ensure the movement and transition of staff and equipment is streamlined as possible, minimising disruption. There will be strong links to each of the impacted services and representatives from each will ensure there are clear lines of communication. **Provide options to continue transformation for services** - Once services have moved and the new system of operation is in place the Health Board will have reached a significant milestone. From this point there will be an analysis of what transformations have been completely successful and what services could still do more to improve the experience and outcomes of patients. Looking at benefit measures will help in this endeavour. Acknowledging that being able to change and adapt is vital within Healthcare, further service improvement work can be initiated as required to ensure services are sustainable.
Workforce and Organisational Development	**Staff Wellbeing** - An ongoing priority of workforce and OD centres around staff wellbeing. Staff will have been through a great deal of change up to 2021 and a number of initiatives can be put in place to ensure staff feel valued and supported in their work. There are options including the creation of staff wellbeing centres to allow staff to access a range of services and support. **Agile working** - The organisation has endorsed agile working principles and in tandem with decisions made on the use of estate, staff will be given the tools and support to work in a more agile way. This includes operating from whatever sites it is most appropriate for the job at hand rather than having a permanent base desk or office. Utilisation of communications technology such as skype video conferencing will help enable this and benefits such as a reduction is travel expenses could be gained.

	Key activities and deliverables in 2021
Strategic Capital & Estates incl. The Grange University Hospital	**GUH opening** - The Grange University Hospital will open according to a strict and mandated timeline and 'go / no go' criteria. Work up to this point will ensure that the transition is well planned and managed. It is likely the transition of the opening the new hospital will take place over 1 to 2 weeks. Patient safety will be the paramount concern throughout this transition and the final department to open is likely to be the Emergency Department. From this point the hospital will be fully operational as Gwent's specialist and critical care centre. **Decommissioning** - Where services have moved out of parts of the current hospital system, there will be a process of decommissioning which will involve either closing physical space or reconfiguring current services to use space differently. This direction and to what extent this reconfiguration and decommissioning work is done will depend on a small number of factors including the current demand for space as well as capital money available to fund any changes. **HSDU opening** - The Hospital Sterilisation and Disinfectant Unit at Llanfrechfa is due to be commissioned and completed by February 2021. This will ensure that The Grange University Hospital will have a local HSDU on site in line with current best practice guidance. If the hospital is delivered earlier than this point then there will be a logistical transport arrangement provided to ensure clinical equipment is appropriately cleaned without any undue delay. **Health & Wellbeing Centres at Newport East and Tredegar** - The two Health and Wellbeing Centres in current planning development are due to open during a window of December 21 to January 22. Dedicated project teams will be working on these initiatives to this point and working closely with Primary and Community Care to ensure an integrated range of services will operate from these centres, benefitting patients with a range of needs. **Estates strategy options** - The approved Health Board Estates strategy will provide a great deal of analysis and options for the Executive Board to take informed decisions on. Depending on capital funding as well as future demands, there can be a number of options presented to improve the Health Board's condition and use of its current estate
Informatics	**Supporting Grange University Hospital opening** - A dedicated IT team will ensure that the opening of the new hospital is fully supported from an IT technical viewpoint. Training on new or currently used/updated systems, such as Vocera, will be provided by relevant experts. Electronic Form development will have ensured that using paper forms in hospitals is a rare occurrence. This will speed up the process of medical and nursing staff accessing relevant information when they need it. Any 'teething' issues will be resolved promptly to ensure that the new service models are being fully exploited in their use of IT. **Supporting the Health Board's 10 IT Pillars strategy -** The following priority areas for IT within the Health Board will be taken further up to and beyond 2021: Electronic Health Record (Acute) – DHR / WCP; Electronic Health Record (non-Acute)- WCCIS; Patient Portal; Patient Flow; Diagnostics modernisation; Pharmacy Systems; Mobilisation; Telehealth; Sustainability & Cyber; The Grange
Supporting Infrastructure	**Transport enabled** - Patient, Non-patient / logistics and public transport services will move into operation across Gwent. Feedback gained over the first 3-6 months of operation will be captured to ensure that improvements can be made where required. Any service level agreements will be monitored. **Hospital Management Structure enabled** - A clear, empowered hospital management structure will be enabled at The Grange University Hospital. The relationship between this site and the other Gwent secondary care sites will be defined, including policies and procedures in the event of increased pressures or a significant health event taking place. This new structure will enable Gwent to operate in a more streamlined way and make the best use of staff and resources. This structure will also ensure that there is robust governance and control mechanism in place 24 hours a day / 7 days a week.
Communications and Development	**Reinforcement of messaging** - Even after the opening of The Grange University Hospital and reconfiguration of current hospitals there will be a regime of reinforcement messaging through different mediums of communication. This will embed to the citizens of Gwent what levels of care are available and what options are available to them. A push towards services such as 111 will be constantly encouraged to ensure the Clinical Futures model does not become blocked up in the secondary care space. **Obtaining feedback from citizens** - The Health Board will look to gain insight and feedback from its citizens in regards to the changes made. Any patterns in feedback captured will be fed directly back into the programme in order to address. Any long running themes will help in the direction of where any future transformation should head.

Due to the way the programme has developed its work the organisation is already starting to see cultural change and an increase in organisational effectiveness. The Health Board and the diverse population its serves are uniquely positioned with vibrant communities with assets themselves, productive partnerships, a health and social care system ethos, talented clinicians, strong innovation track record, thought leadership, investments in state of the art estate and focus on value.

Our ambition is to make the most of these unique opportunities to become a test and rapid roll out hub for patient and citizen improvements that can be shared across NHS Wales, aligned strongly with Welsh Government policy and direction. The Health Board will take the very best of what it does, transform and innovate much further and develop both published research, tool kits and advice for other Health Boards and Public Services to adapt and adopt.

4. DELIVERING OUR PLANS

Our Integrated Medium Term Plan sets out how we are developing and establishing services that better promote good health and wellbeing for everyone, build healthier communities and deliver quality health and care fit for the future with a focus on key plans over the next three years.

Figure 4.1

The Health Board plans across three levels, operational, tactical and strategic which allows the organisation to identify complementary work programmes across each level that will deliver our aims and objectives.

Operation plans set out to maximise the use of resources available to us to deliver core services and are delivered through Divisional IMTPs.

Tactical plans set out to create an environment that heighten the pace, scale, deliverability and impact of health and care services. They do this by facilitating the transition from traditional service models to the full adoption of the integrated system of care set out in our Clinical Futures Strategy.

We continue to adopt Service Change Plans as the mechanism to progress change that spans the tactical and strategic levels of planning.

4.1 Quality and Patient Safety

Quality and patient safety is at the centre of our work in seeking to achieve excellence. The Health Board aim to put the person first, so that every individual that uses our services, whether at home, in their community, or in hospital, has a good experience. To do this, the quality and safety of our care and services is a core focus throughout all our plans, both for the service the Health Board provide now, and for the changes we are making to our models of care as we move towards the opening of The Grange University Hospital, from small changes in one service to the driving force for Clinical Futures. In line with A Healthier Wales, the Health Board are changing patient pathways to deliver services closer to home and to enable people to live independently where ever possible.

Our approach to quality improvement is to ensure that all staff understand they have two roles, to continuously improve in their job and to see patients as equal partners in their care and the services provided. This will ensure that the highest quality services are provided for the people the Health Board serves. To empower staff to be able to do this, Improving Quality Together training is available to everyone, encouraging teams to undertake training together so that they all have an understanding of improvement methodology and share the same “common language” to support innovation and delivery of change. The focus is to empower staff to deliver significant improvement of patient flow across the healthcare system. In line with “A Healthier Wales”, the Health Board also aim to support people to manage their own health and wellbeing, as the evidence suggests that this leads to better health outcomes and incurs lower costs.

This is reflected in our values, which define what is important to the Health Board and how we behave when delivering care. They support a shared understanding about how staff relate to patients, the public and each other. Living our values (Figure 4.1.1) requires every member of staff to consider five simple questions, which align behaviour and culture, providing an environment in which quality flourishes, with the patient at the centre and an equal partner in their healthcare.

Figure 4.1.1 - Living Our Values

Core Priorities for Quality, Patient Safety and Experience

The 22 Health and Care Standards are the quality framework against which all our healthcare services are assessed. The Health and Care Standards are the same as the 7 quality themes identified in the NHS Outcomes and Delivery Framework and the Health Board continue to prioritise areas that reduce avoidable harm to patients, specifically:

- Avoidance, early identification and management of sepsis, healthcare associated infections, hospital acquired thrombosis, falls and pressure damage.
- Compliance with fundamental aspects of care including: nutrition, hydration, medicines management and continence care.
- Adopting prudent healthcare principles, ensuring that patients are equal partners and fully engaged in our improvement events.
- Embed identification of people living with dementia across all areas and appropriate management of their care and support for their carers.
- Learning from surveillance mechanisms like mortality reviews, scrutiny panels and National Clinical Audit about variance and system and process issues that impact on mortality and harm across our hospitals.
- Improving the quality improvement skills of our staff.
- Develop the bereavement service, with Medical Examiner requirements to provide an integrated service for bereaved families.
- Achieve a more system wide approach to the collection of PREM data, with Ward to Board reporting.
- Further development of the approach to concerns with focus on timeliness, quality of contact, and response and learning.
- Further develop approach to patient experience, with Clinical Futures working across the system developing and improving services informed by feedback and active involvement.

Quality, Patient Centred Care and Safety Culture across the Healthcare System

The Health Board is actively seeking to drive quality, patient centred care and a safety culture to cover the whole scope of its services, from the patient's home, through community services to hospital care for services it provides and those it commissions. We work across the healthcare system to ensure that any changes ensure the best possible outcomes and experience for the greatest number of people (examples illustrated in able below). There is close collaboration with partners in social care, the independent sector and the third sector to deliver improvements in quality. For example, the Dementia Board spans Health, Social Care and the 3rd sector, jointly setting and delivering a strategy for ensuring that people and their carers can live well with dementia, working together to increase the numbers of dementia friendly communities and ensuring acute hospital

wards have the skills and resources to provide effective and compassionate care for people with dementia.

Table 4.1.1 - Quality Improvements across the whole healthcare system

Home	Primary Care/NCN Team	Hospital
Acute Deterioration/Sepsis		
▪ District Nurses record baseline physiological Observations. ▪ Nursing Homes trained on recognising sepsis.	▪ GPs report patient observations when contacting hospital for admission. ▪ OOHs service using NEWS.	▪ NEWS used across all acute and community wards. ▪ Sepsis Screening Tool used at the front door and on wards to support recognition and response to sepsis.
Reducing C diff		
▪ Infection control training for Nursing Homes. ▪ Infection control Nurse for Community.	▪ Antibiotic prescribing practice informed by appointment of antibiotic pharmacist for primary care. ▪ Significant Event Review of each case of C diff.	▪ Antibiotic Consultant Pharmacist post to support good antimicrobial practice ▪ Deep cleaning prioritised ▪ Handwashing and bare below the elbow. ▪ Scrutiny Panels for cases related to C.difficile, Staph aureus, EColi.
Preventing Pressure Damage		
▪ Pressure damage prevention by district nursing utilising community pressure relieving equipment. ▪ Support for Nursing Homes to prevent and manage damage through TVN education and visits.	▪ Pressure Ulcer reporting for district nursing and Nursing Homes. ▪ Pressure ulcer scrutiny panels for significant damage – district nursing and Nursing Homes. ▪ TVN service to Primary Care and Nursing Homes. ▪ Welsh Government Improvement Initiative to targeted Nursing Homes.	▪ Pressure Damage Collaborative to test and spread good practice. ▪ Robust process for reporting of pressure damage. ▪ Pressure Ulcer Scrutiny panels with associated learning. ▪ Access to fit for purpose pressure relieving equipment.
Preventing Falls		
▪ WAST framework for responding to calls for a fall in a patients home developed with ABUHB. ▪ I-STUMBLE tool in Nursing Homes to reduce calls to WAST and unnecessary attendance at A & E.	▪ Community Falls Service.	▪ Training across all acute and community hospitals on preventing falls and using the MFRA and care plan. ▪ Review of every fall with a fracture to ensure learning about prevention of falls.

Patient Experience and Value Based Care

The Value Based Health care is collecting data that combines a number of measures that effect the treatment and interventions from the individual patient's perspective, especially functional outcomes, wellbeing and adverse effects of treatment. The Health Board is using the Dr-Doctor platform to collect data using a range of methods – remotely and/or in a clinic environment. Data collection now covers 15 specific disease areas, and there are plans to start in a further 10 areas in 2019-20. The data can then be used to improve the quality of care from the individual - to inform the doctor's discussion with the patient in the clinic, to the collective – to pull together into larger datasets that inform opportunities to improve or reconfigure services.

Quality Assurance
The Board monitors quality across the Health Board through a robust governance framework. The Board's Quality and Patient Safety Committee (QPSC) monitors key quality and safety outcomes and oversees assurance via a quality and patient safety assurance framework that is supported by a range of committees that covers clinical effectiveness, research governance, patient experience, patient safety and learning. This is further supported by the divisional quality structures.

Further assurance is provided through using many sources of data that together provide comprehensive surveillance and review. This starts with the patient voice by triangulating concerns, patient experience information, mortality reviews, national clinical audits, incident reporting (including serious incidents), complaints, Ombudsman and HIW reports. Details of our overarching approach and specific plans for quality assurance and improvement for this planning cycle are set out in an extended report in **Appendix 1**.

Aneurin Bevan University Health Board are committed to enhancing our engagement with patients and their families to seek their views on the care we provide so that we can listen and learn with the aim of improving patient and family experience. This year the Health Board have continued to build on the outcomes of the Evans Report, "Using the Gift of Complaints" on complaints handling in NHS Wales. This concluded that "Putting things right" is the right approach for managing complaints and concerns. The Health Board will continue this work, closely aligned to the patient experience and citizen engagement programme.

We welcome and encourage patients, relatives, carers and the public to communicate their views and experiences with us. In particular, the Health Board are encouraging people to raise their concern with us directly at an early stage so that we can work with them to resolve their issues before they escalate into a formal complaint. We have consulted on the Ombudsman Wales Bill in terms of future proofing our work in relation to complaints management and are working in collaboration with the Ombudsman's office and Welsh Risk Pool as part of the National Ombudsman's Network Group.

The Health Board are further developing the way that concerns are managed (Incidents and complaints) to ensure both the timeliness of the response and the quality of contact, openness and communication with those raising a concern.

The Health Board Executive Director of Nursing is the Executive lead for concerns. We have a Corporate Concerns Team who provide specialist advice and also support the Operational Divisions to manage Incidents and complaints. We have put in place the standards of the putting things right guidance and the standards that are articulated in the Welsh Government White Paper, "Services fit for the future", including an approach whereby the Health Board are open with those who complain and we aim to respond with information which is straightforward and easy to understand. We work with other organisations where concerns cross two or more NHS organisations.

We remain fully committed to using the learning from concerns to improve our service standards and user experience.

Independent Members are involved directly through championing specific issues and areas of service, providing challenge and support. They also consider a performance report on quality at every Quality and Patient Safety Committee and Board meeting, which monitors quality outcome measures, many of which are reflected in the quality improvements in this plan. Increasingly the measures reflect quality across the whole patient pathway. The reporting arrangements enable them to monitor against milestones that have been set, to ensure progress towards each outcome.

Some Key Achievements in 2018/19:
- Achieving the 10% reduction in in-patient falls on the 2016-7 baseline.
- Reducing the number of C diff cases in 2018-19, after the increase in 2017-18.
- Continuing the work of ABC Sepsis at the front door, with good recognition of sepsis and

compliance with the sepsis 6 bundle in 3 hours.

- Roll out of vital pac to Nevill Hall Hospital, and use of the electronic recording of observations to improve patient care.
- Roll out of the I-Stumble tool, which evaluated positively, to more Care Homes in the Health Board area.
- Successful pilot of the bereavement service at Ysbyty Ystrad Fawr.
- Continued roll out of the Value and Outcomes work in both Scheduled and chronic conditions.
- Aneurin Bevan University Health Board, in partnership with WAST and St John Cymru Wales, are operating two Falls Assistants who provide an initial response to safely lift patients from the floor when they have fallen at home, where there are no injuries or a minor injuries as a result of a fall.
- Caesarean section rate has continued to remain under Welsh Government target of 25% of births.
- Developed a tool kit to support person centred care and understand "What matters to Patients" to support improvement aligned to ABCi programmes.

4.2 Prudence and Value Based Healthcare

In 2018/19 the Health Board drafted a Strategic brief which sets out its plan to embed and scale up its commitment to Prudent and Value Based Healthcare as the methodology so support change internally and externally across the organisation. All healthcare systems want to be sure the services they provide deliver the best possible experience and outcomes they can for their patients. In order to measure effectiveness, and what is good as well as bad is not easy to set out for any organisation, and the Health Board prides itself on taking the bold step to want to compare itself not only within Wales and the United Kingdom but on a broader international stage.

The Health Board's approach considers a Value Based Health Care system across the population of Gwent evidencing Value by collecting experience and outcome measures, combined with costs and other relevant data. Its sheer scale is ambitious, and unique and demonstrates the ability to work within a restrictive environment in an operational legacy system. Our programme supports a number of key National policies and priorities not least, Prudent Healthcare, the Wellbeing of Future Generations Act and A Healthier Wales: our Plan for Health and Social Care.

The Health Board defines Value as "achieving the experience and outcomes that matter to people whilst being good stewards of the finite financial resources available, working together to do the right thing across the whole system, improving Value for the population of Gwent". The Health Board have created a unique approach to its implementation of Value Based Health Care aligning to both the Digital Health and improvement agendas', using an Implementation Framework and functionality enabled via the technology with the work programme comprising:

Seamless Collection of Experience and Outcome Measures

Much of what has been historically collected and measured are not true outcomes but indicators, proxies or process measures often used as a benchmark of organisational performance, the Value Based Health Care programme will collect and combine a number of measures that effect the treatment and interventions from the individual's perspective, especially functional outcomes, wellbeing and adverse effects of treatment. Using the Dr-Doctor platform the Health Board has devised a flexible approach to collecting outcomes using a range of methods which enables data to be collected remotely and/or in a clinic environment, where the data is visible for clinicians to use as part of their direct consultation with the patient, as well as using larger data sets to help inform opportunities to re-configure services. 2019-20 will focus on improving its communication with patients, using the Dr-Doctor platform to encourage more remote completion setting a target for 80% completion remotely.

The programme is growing at scale, and enables the systematic collection of experience and outcomes across whole cycles of care to assess the true value of our interventions, ensuring delivery of the highest quality at the lowest possible cost, and the programme currently spans 135 outpatient

clinics across multiple hospital and off-hospital clinical sites, covering around 15 specific disease areas, ranging from surgical procedures to multiple chronic conditions, including heart failure and epilepsy. The scope of the work programme is summarised below:

Table 4.2.1

Scheduled	Chronic Conditions	Chronic Conditions
Cataract Surgery	Parkinson's Neurology	Parkinson's Care of the Elderly
Foot and Ankle	Dementia (Memory Assessment)	Dementia (IP & CMHT)
Trauma and Orthopaedics	Inflammatory Bowel Disease	COPD
Prostate Cancer	Pulmonary Rehabilitation	Paediatric Asthma
Urinary Flow	Epilepsy	Pleural Disease
ITU	Lung Cancer	Haematological Cancers
	Dermatology – Psoriasis/Eczema	Colorectal Cancer
	Inflammatory Arthritis	Heart Failure
	Alcohol Liaison Service	Stroke

Improving Two Way Communication with Patients

Integral to the success of a Value Based approach is the "Digital Health and Social Care Strategy for Wales (2015)", the programme is clearly aligned within one of the strategic enablers 'Information for you'. This stream enables:

- The use of text and email to communicate with patients, enabling the ability to amend/re-book by selecting appropriate slots (self-service booking).
- Educational resource for people to understand more about their condition by providing appropriate education and material and signposting to other appropriate information.
- Remote monitoring (self-service reporting) providing the opportunity for people to report and manage aspects of their health and well-being.

Supporting Improvements in Outpatients and Follow-up Management

Work is progressing utilising the Dr-Doctor platform to provide better visibility of the follow-up demand, and the use of outcome data including patient reported outcome measures (PROMs) to support decision making in direct patient care. This approach enables patients who would traditionally attend routine follow-up appointments to be seen based on need for example symptomatic, rather than routine, and enables clinicians to manage their follow-up demand, focusing on those with the greatest need first, and avoids following up patients unnecessarily through a review of their outcomes.

The Health Board are currently piloting this functionality in heart failure, psoriasis and ankylosing spondylitis where it is anticipated that around 25-30% of the follow-up appointments could be followed up using an alternative method, making the process more efficient and effective and ensure appropriate timely access for patients. During this next period the programme will look to explore more innovative ways of managing follow-up demand through offering alternative methods such as telephone, skype and virtual clinics as well as using the technology for patients to self-report using a remote monitoring tool.

Combing, Analysis, Presentation and Utilisation of the Data to Inform Service Re-design

Analysis of the combined data will allow the Health Board to assess the true value of the interventions made across the whole cycle of care for its population, and inform what parts of the system we should look to expand, and also any opportunities to stop providing services (based on low or high value) ensuring delivery of the highest quality healthcare at the lowest possible cost, addressing endemic problems of over-investigation, variation and over-treatment. Data will be presented at a number of different levels across the organisation using Qlik as the business intelligence tool via dashboards.

Partnerships

The Health Board have formed a number of new partnerships where Value Based health care will feature as a key component, these include academic relationships with Swansea, Cardiff and South

Wales Universities, as well as early discussions with Birmingham University specifically focussing on Patient reported outcome measures.

Technical Efficiency: Outcomes Based Procurement
The Health Board also hosts the National lead for Value Based Procurement working in partnership with NWSSP-Procurement Services. The work aligns itself with all National strategies and policies being adopted in addressing 'How do we know if we are getting good Value from the products and services that are provided to our population within a specific pathway. The NHS in Wales rarely connects its services end to end in terms of volume, costs and outcomes to assess whether it is addressing the population needs and linking costs to outcomes.

Procurement in NHS Wales has for many years been successful in driving a quality agenda as well as delivering significant savings year on year. However, because of the breadth and depth of contractual savings achieved on products and services across a vast range of category areas the opportunities for extensive traditional price savings are now fewer. An outcomes based approach to procurement is being developed and will assess the value, measuring outcomes that matter to the population, placing those outcomes at the heart of the decision making process. It is anticipated that these projects will continue to grow over the next 12 months creating a focus on the total cost of care adopting a system based approach.

4.3 SCP 1 – Improving Population Health and Well Being

Introduction

Increasing the proportion of the population who do not smoke, who are a healthy weight, who eat a healthy diet, are physically active and do not exceed guidelines on alcohol consumption would have population impact on rates of heart disease, stroke, diabetes, cancer and liver disease. Smoking in particular is the biggest risk factor for productive life lost due to disability and premature mortality. As well as impacting on quality of life for individuals and their families, the burden of preventable diseases due to lifestyle factors are putting current NHS treatment services under considerable strain. There is a high risk that the projected increase in lifestyle related disease will continue to create an unsustainable strain on NHS services and finances.

There is also a persistent issue of health inequities in our Health Board area. On average, men living in our most economically disadvantaged areas die 9 years younger and women 7 years younger than men and women living in our least economically disadvantaged areas. This gap has widened over the last decade, although life expectancy has been increasing for the population as a whole. Furthermore, the difference in average years spent in good health is over 18 years for both men and women. Much of this inequity in health is due to heart disease, stroke, cancer, diabetes, respiratory conditions and liver disease.

Well-being of Future Generations Act

The Health Board published its Well-being Statement with 10 Well-being Objectives in the Integrated Medium Term Plan (2017/18- 2019/20). The Health Board is able to influence overall population health, health inequalities and the associated impact on treatment services of preventable conditions. This is possible through both collective action and through system leadership at Public Service Board (PSB) level. Four of the Health Board's Well-being Objectives have been selected as priorities for PSB Well-being Plans on the basis that they can only be addressed successfully by working with PSB partners, these are:

Table 4.3.1

Our Aspiration to:	**Reduce health inequalities and improve the health of people in Gwent by working with our partners, focusing particularly on those in greatest need**	
Our priorities for PSB Well-being Plans	1. To provide children and young people with the best possible start in life.	2. To achieve impact on preventable heart disease, stroke, diabetes, cancer, respiratory and liver disease.
	3. To improve Community & Personal Resilience, Mental Health and Wellbeing.	4. To enable people to age well and for those that need care to receive it in their home or as close to their home as possible.

Success in achieving these objectives will depend on action across the public sector system, using the Well-being of Future Generations and Social Services and Well-being Acts to drive system-wide collaboration. These actions are set out in SCP 2.

To improve population health and reduce health inequalities, the Health Board will:
▪ The Health Board will continue to provide system leadership developing a strategic framework for action by September 2019. ▪ Use the strategic framework to inform collection action with Public Service Board partners to achieve measurable improvements in population health by 2030.

4.3.1 Provide Children and Young People with the Best Possible Start in Life

Disadvantage starts before birth and accumulates throughout life. Action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken. For this reason, giving every child the best start in life is a priority. There is a strong economic case for investing in the early years which will not only improve outcomes for the younger generation, but will prevent problems in the future.

Adverse Childhood Experiences (ACEs) are known to have direct and immediate effects on a child's health, often impacting on the long-term physical and mental wellbeing of an individual, which in turn can be inter-generational. The impact of ACEs is felt across the health, social, criminal justice and educational systems and so preventing and mitigating ACEs is our common purpose across the public sector in Gwent.

Young people are an important group, particularly as they are the parents of future generations. Evidence is emerging that brain structure is still developing and is not mature until the early 20s, and that after infancy, the brain's most dramatic growth spurt occurs in adolescence. The teenage years are thus a key stage for action to strengthen health behaviours, build resilience and ensure individuals reach their potential.

Oral health of children in the Health Board area is improving, but tooth decay rate (and dental general anaesthetic rate) is highest in the most deprived parts of the Health Board area and lowest in the least deprived areas. The Designed to Smile Programme will expand its focus to include children from birth to age 5 years.

The Gwent Childhood Obesity Strategy 'Fit for Future Generations' has been adopted by all five Public Service Boards in the Health Board's area, and provides a framework for coordinated, multiagency and evidence-based action. During 2018/19 a level 3 weight management service for children and families with severe obesity has been developed and will be launching in March 2019.

The Public Health (Wales) Act received royal assent in July 2017, and sets out a range of policy interventions aimed at improving population health. The Health Board will be supporting local implementation of relevant elements of the Act, including:

- Ensure local preparations are being made to coordinate and implement the restrictions of smoking in public places (including hospitals, public playgrounds and schools) by July 2019 in order to de-normalise smoking among children and young people.
- In preparation for the publication of an overweight and obesity strategy for Wales, we will continue to strengthen our prevention approach to address tiers 1, 2 and 3 of the Welsh Government Overweight and Obesity Treatment Pathway.

To provide children and young people with the best possible start in life the Health Board will:
▪ Further develop support for pregnant women to stop smoking (By March 2020). ▪ Inform partners who work in outdoor care settings for children, schools and public playgrounds that smoking on these grounds will be illegal from July 2019 to ensure they are prepared ahead of implementation and beyond. ▪ Fully implement the Healthy Child Wales programme with a skill mixed model, in line with approved business case, by March 2021 (see Table 3.1.3 for financial and workforce profile). ▪ Continue to implement refreshed Designed to Smile programme. ▪ Provide 6 Adverse Childhood Experiences Awareness training sessions for staff working with children and young people by March 2020. ▪ Develop a model for Level 2 weight management service for children and families and implement across NCNs March 2021 (subject to business case development and consideration). ▪ Contribute to the consultation on the All Wales Healthy Weight strategy and agree priority areas for action by March 2021.

4.3.2 Making Every Contact Count

Currently only 2% of the people living in the Health Board's area are achieving all five healthy lifestyle behaviours with 3% achieving none, 36% only two and 29% three.

Historically, policy and services have tended to focus on individual lifestyle risk factors but increasingly the importance of addressing multiple lifestyle risk factors is being recognised, and this is reflected in Health Board's Making Every Contact Count (MECC) strategy. The Health Board is committed to provide MECC training to 10% of its frontline staff each year to ensure that all opportunities to help our population to address their lifestyle risk factors are optimised.

To Make Every Contact Count, the Health Board will:
▪ By March 2020 provide MECC training for an additional 10% of frontline staff. ▪ Collaborate with academic partner to evaluate the MECC programme delivery and embedding across the organisation by March 2020. ▪ By March 2021 provide MECC training for an additional 10% of frontline staff. ▪ By March 2022 provide MECC training for an additional 10% of frontline staff. ▪ Systematically embed MECC approach into Integrated Well-being Network well-being workforce development by 2020.

4.3.3 Developing the Health Board as an Exemplar Health and Well-Being Employer

The health and well-being of employees can have a big impact on how well a workplace functions, including the quality of care that can be provided to patients in healthcare settings. Organisations that recognise this, and that actively support staff health and well-being have been shown to perform better, and provide better, safer services with less staff turnover and absenteeism.

As one of the largest employers in the area, Aneurin Bevan University Health Board has an opportunity to impact on population health by improving the health of the workforce, with a large proportion (over 80%) of staff living and working in the Gwent area. The Health Board has demonstrated its commitment to staff well-being by working towards revalidation for both Gold and Platinum Corporate Health Standard, and will continue to develop this work.

To improve the health and well-being of Health Board staff, through:
▪ Develop an active travel plan for the organisation by 2019. ▪ Develop a holistic workplace health programme to support the development of The Grange University Hospital and the implementation of Clinical Futures Strategy by March 2020 (see staff experience framework). ▪ Prepare for restricting smoking in hospital grounds ahead of legislation being introduced, including awareness raising with staff, patients and visitors, signage in place and reinforcement on-site once introduced, by July 2019.

4.3.4 Disease Prevention through population scale services to improve Health and Well-Being

To achieve impact on preventable heart disease, stroke, diabetes, cancer, respiratory and liver disease at a population scale will necessitate reaching thousands of adults living in the Health Board area to encourage and support them to make lifestyle modifications to reduce their risk of preventable disease. The scale of the challenge can be determined from the results of the National Survey for Wales (2016/17 - 2017/18) which tells us that in the Health Board's adult population:

- 19% of adults are smoking.
- 18% of adults are drinking 'above guidelines'.
- 33% of adults are a healthy weight.
- 53% of adults meet physical activity guidelines.
- At least 1 in 6 adults in Gwent experiencing poor mental health.

Transformation funding will enable development of Integrated Well-being Networks on NCN footprints to ensure the consistent offer of universal prevention programmes across Gwent, including integration between health, social care and wider well-being services such as housing, employment and debt advice. We will be working to ensure the Integrated Well-being Networks are relevant for children and families as well as working age and older adults.

In order to enable citizens to make informed and empowered choices that help them stay healthy and well, the Health Board will:
▪ Implement Integrated Wellbeing Network (IWN) programme using Transformation Funding on a phased basis by March 2020. ▪ Share the learning and implement Integrated Well-being Networks, including systems for linking patients to support that addresses the social causes of poor wellbeing in remaining NCNs by March 2021. ▪ Work with partners to develop a well-being workforce aligned to IWNs, including competencies in well-being & care navigation, health improvement, behaviour change (MECC) and mental well-being, by March 2020. ▪ Work with partners to ensure implementation of the healthy ageing interventions outlined in the 10 Year Population Health Strategy for Gwent by April 2022. ▪ Further develop the Health Board's Inverse Care Law Programme "Living Well, Living Longer". Informed by the results of the evaluation of the programme and implement a sustainable service model by March 2020.

Smoking remains the largest single preventable cause of ill health and death in Wales with high costs to the NHS, society and the economy. Smoking rates are 2.5 times higher in the most deprived populations and 4 times higher in the long term unemployed. The Health Board priorities for action will take into account Public Health Wales priorities on tobacco control and will be aligned with national tobacco control policy.

Physical activity is essential for good physical and mental health and contributes significantly to the prevention of ill health. It can reduce the risk of many chronic conditions, like cardiovascular disease by 35%, type 2 diabetes by 40%, cancers (colon and breast) by 20%, joint and back pain by 25%. Regular physical activity also helps maintain healthy weight, promotes mental health and prevents vascular dementia. Creating opportunities for active travel also contributes to environmental sustainability.

In line with the predicted rise across Wales, diabetes in adults in Gwent is predicted to rise to 10.7% in 2020 and 11.9% in 2023 (ABUHB DPH Report 2015). It is known that 85% of Type 2 diabetes is attributable to obesity, and as such it will also be important to halt the rise in obesity. The Gwent 'Fit for Future Generations' childhood obesity strategy outlines actions needed across the system. Poor mental wellbeing is strongly associated with unhealthy behaviours. Improving mental wellbeing is a necessary first step towards making lifestyle changes for many people, particularly in the most disadvantaged communities and amongst vulnerable groups. In order to address the impact of preventable diseases, the Health Board has plans for scaling up healthy lifestyle and mental well-being support services as part of Integrated Well-being Networks, to ensure a consistent provision across NCN areas and mapping of community assets has been completed.

To scale up healthy lifestyle support services, the Health Board will:
▪ Continue to implement local action plans to increase the number of referrals to NHS smoking cessation services, to reach the IMTP smoking cessation target to treat 5.0% of the adult smoking population and achieve a 40% CO validated quit rate by 2020/2021. ▪ Align all local smoking cessation services into one integrated service to improve service delivery, using nationally agreed minimum service standards by March 2021. ▪ Implement plans to extend the Alcohol Care Team to seven days a week and introduce an outreach service, informed by evaluation and subject to business case. ▪ Evaluate and review adult weight management services, including service provision for specific risk groups such as pregnant women and pre-diabetics by March 2020. ▪ Develop a business case to scale up delivery of Foodwise across Gwent as part of the All Wales Obesity Pathway by March 2021 (Level 1 – Community based prevention and early intervention) ▪ Develop a business case to expand Level 2 Adult Weight Management Services and maternity weight management services as part of the All Wales Obesity Pathway by March 2020 (Level 2 – Community and Primary Care weight management services). ▪ Further develop the mental well-being Foundation Tier as part of the IWN by integrating and making visible services which build resilience in the face of stress (including Road to Well-being), and community assets that enable people to be active, take notice, give, keep learning (Five Ways to Well-being) by March 2020.

4.3.5 Reducing Inequalities in the Incidence and Rates of Survival from Cancer

Health inequalities are particularly evident in cancer incidence and survival, and because of this the Director of Public Health's Annual Report 2018 has focussed on tackling cancers. The Annual Report highlights actions for the Health Board and other partners and the public to address the modifiable risk factors, such as smoking and physical inactivity, which would help to reduce the incidence of preventable cancers. Disease prevention measures highlighted elsewhere in this chapter (MECC) will contribute to this agenda.

As well as preventing cancer, we need to ensure that those who are diagnosed with cancer are identified at an early stage, as this helps to improve the chance of survival and quality of life. Patient behaviour is one of the factors that can influence how early a cancer is detected, this includes participation in cancer screening programmes. Inequalities in screening participation has been shown across Wales, with uptake decreasing with increasing deprivation. In particular, bowel screening uptake in the Health Board, although similar to Wales as a whole, is below target.

To improve Cancer Survival Rates the Health Board will:
▪ Work to encourage prompt presentation and uptake of national cancer screening programmes in the population to enable diagnosis as early as possible, by March 2020.

4.3.6 Population Immunisation Programmes

In 2016 the Health Board successfully implemented a new service model for providing the routine childhood immunisation programme in response to provide greater service capacity to deliver the extensions to the programme in recent years. Childhood immunisation is a highly effective population health measure.

Influenza vaccination is a highly effective population health measure to prevent older people, those with a chronic condition, pregnant women and children becoming ill with flu and developing serious complications. The Health Board has some of the highest community flu vaccination uptake rates in Wales and in 2018/19 implemented a focussed programme to improve uptake by Health Board staff.

To maintain and improve uptake of population immunisation programmes the Health Board will:
▪ Work with partners in NCNs to improve uptake of MMR vaccinations across the Health Board to meet the 95% uptake required to achieve population herd immunity (March 2020 – 94%, March 2021 – 95%, March 2022 – maintain 95%). ▪ Improve uptake of the school based flu vaccination programme, in primary school aged children, in line with national guidance. ▪ Improve uptake of flu vaccine in 2 to 3 year old children, delivered by General Practices. ▪ Build on the 2017/18 programme to achieve the 60% target and increase influenza uptake by Health Board front line staff (March 2019 – 60%, March 2020 – 62.5% and March 2021 – 65%). ▪ Maintain position as leading Welsh Health Board performance on influenza immunisation for over 65 year olds and those in at risk groups and reduce the variation in uptake through peer-led improvement at NCN level.

4.3.7 Population Health Protection

The Public Health Wales local Health Protection Team is responsible for protecting the population from infectious diseases and environmental threats to health, through the surveillance, prevention and control of communicable diseases, vaccine-preventable diseases and non-communicable public health incidents. It provides a local presence as part of a national health protection service that offers a source of expert reactive and proactive services that contribute to reductions in morbidity and mortality (including inequalities) linked to infections and environmental hazards. The Health Protection Team works closely with and reports regularly to the Health Board's Director of Public Health who has accountability for the Health Protection agenda.

To protect the population from infectious diseases and environmental threats to health, the Health Board will:
▪ Support Public Health Wales to review and revise the Communicable Disease Outbreak Plan for Wales to clarify the statutory responsibilities of both organisations during an outbreak investigation. ▪ Identify and mitigate potential environmental public health problems associated with the development of The Grange University Hospital (Specialist Critical Care Centre), supported by Public Health Wales' Health Protection Team who will provide advice to inform local planning decisions to maximise environmental sustainability while at the same time protecting and improving public health. ▪ Implement the re-designed Tuberculosis service and pathway using findings from the TB needs assessment. ▪ Work with Public Health Wales to re-engage patients who were exposed to Hepatitis C but were not offered treatment, by March 2020. ▪ Work with partners to develop a plan to attain the WHO target of eradicating Hepatitis B and C by 2030, by June 2019

The following table sets out the links to key enablers including finance, workforce and capital at a high level.

Table 4.3.2

Key Theme	Reducing health Inequalities and improving population health
Finance	Funding to deliver this SCP has been secured through national funding sources or existing resource. Where business cases are planned or have been approved, these are indicated below. **Implementation of Healthy Child Wales Programme** Business case approved, financial schedule: ▪ YR 1 (2019/20) - £576,000 ▪ YR 2 (2020/21) - £576,000 **Implementation of Foodwise (Level 1 Adult Weight Management)** A business case for additional funding required to scale up Foodwise Level 1 community adult weight management programme will be developed. Indicative costs for delivery of this service are £205,000 per year. **Implementation of Level 2 Adult Weight Management Services** A business case for additional funding required to provide Level 2 Adult Weight Management Services and maternity weight management services in line with national strategy will be developed.
Workforce	**Implementation of Healthy Child Wales Programme** Skill mixed model as per business case: ▪ 10.1 WTE Health Visitors, 5 WTE Early Years Workers, 2 WTE Admin ▪ YR 1 (2019/20) – 6.1 WTE Health Visitors, 5 WTE Early Years Workers, 2 WTE Admin ▪ YR 2 (2020/21) – YR 1 + Additional 4.0 WTE Health Visitors.
Capital	No capital implications.

4.4 SCP 2 – Delivering a Seamless System of Health, Care and Wellbeing

4.4.1 Implementing a Seamless System of Health, Care and Wellbeing

'A Healthier Wales' sets out a vision for a seamless system of care and wellbeing, providing more care closer to home through an enhanced range of integrated services provided in partnership by health, social care and housing. To achieve this will require a rebalancing of the system to create more prevention and early intervention services, to remodel primary and community care to provide a wider range of services closer to home, and to shift a number of models from a secondary care setting into the community in line with the strategic programme for primary care.

To do this in a way that creates lasting and sustainable service transformation requires changes to the planning and commissioning of services to result in new models of care and support. Using the quadruple aim, and ten design principles as a benchmark, a number of strategic service reviews are being undertaken through the Clinical Futures Level 1 programme to develop a comprehensive plan for more integrated services closer to home achieving a lasting shift away from secondary care. Much of this must be done in tandem with our partners in social care and housing. and Those integrated aspects of service transformation will be a core element of the refreshed Gwent RPB's Area Plan which will set out all activity to achieve 'integrated' service planning, commissioning and deliveryfor those services which require both a health and social care input. The development of an integrated health and social care 'wellbeing' workforce has been identified as a key enabler for delivery of the Area Plan.

The refreshed Area Plan will describe how the Gwent RPB's transformation programme, funded by an award from the Transformation Fund will act as a catalyst for wider system changes starting with an initial programme of 'transformative change' in four service areas. The transformation programme will include the delivery of Integrated Wellbeing Networks, the delivery of the new model of primary care, reform of CAMHS services, and the delivery of the HomeFirst hospital discharge service. Underpinning all of this will be a sustained focus on workforce development, to ensure the workforce capabilities needed to sustain and deliver the new models.

Over the next three years, services will be increasingly re-designed to provide more co-ordinated care, with fewer handoffs and reduced complexity. To do this will require a radical transformation of services which have been working in particular way for many years. The delivery of a seamless system of health, care and wellbeing will continue to be through the framework established for this SCP, to direct resources and service redesign across the following four tiers:

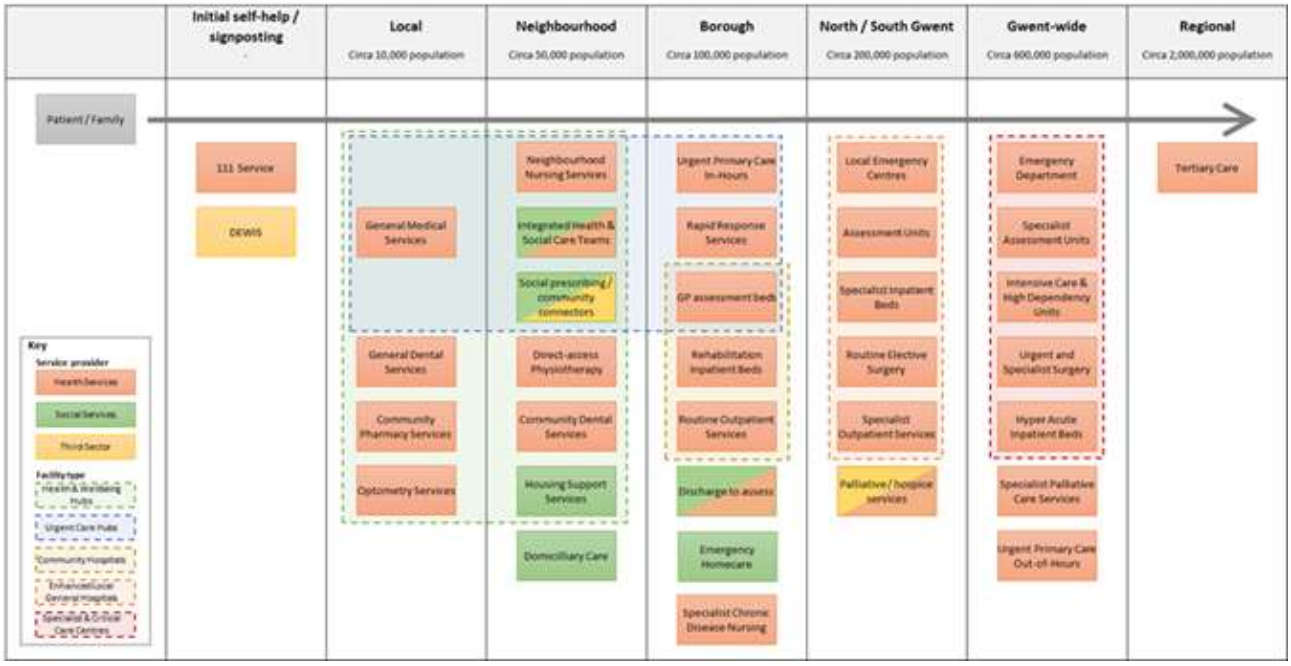
Figure 4.4.1

The population footprint for different services will range from local to regional as described in Table 4.4.1.

4.4.2 Tier 1 - Keeping People Healthy and Well

Details of the approach, priorities and programmes for keeping people healthy and well are set out in SCP1 - Improving Population Health and Wellbeing.

Table 4.4.1



4.4.3 Tier 2 - Self-Care

One of the most significant system shifts required is enabling patients, families and carers to become more empowered and informed about the services and support available to them.

A core element of the Gwent Area Plan is therefore focused on providing patients, carers and families with the appropriate information, advice and assistance to better manage their needs, enabling continued independence and effective long term conditions management in their own homes. Access to information, advice and assistance for patients and the public will be enhanced in the coming years, beginning with the introduction of the 111 system and the continued development of DEWIS across primary and community care services.

Use of other digital resources such as 'My Health Online' and services such as 'My Health Text' will also be developed, ensuring that digital enablers underpin the provision of more timely and accessible information, advice and support. Patient education and support groups will be further developed to support improved self-care with the proposed development and roll out of conditions specific groups over the next 12 months. Digital education films and dedicated websites, for schemes such as 'Ffrind i Mi' and patient support groups, will be rolled out to help people access more detailed advice using their smartphones or tablet devices. A programme to educate the public in the new ways of working and the new digital services available will be a priority.

The development and implementation of the wellbeing model of '*Compassionate Communities'* , in a way that aligns with the specific demographics and demography of Gwent, will dovetail with the development of Integrated Wellbeing Networks and the new model of primary care. '*Compassionate Communities'* seeks to draw together existing community resources in order to maximise wellbeing. Its value in this context is the development of new networks of support and services to enable people to better improve self-care and reduce reliance on 'traditional' medical services.

In Gwent the '*Compassionate Communities'* programme will embed social prescribing principles within primary care. The model features health connectors (1 per 10,000 population) based within and working directly with colleagues in primary care to support patients with non-medical issues, such as housing, debt advice, bereavement, isolation, among other issues, through creating connections with the wider community. Health connectors will also support the wider adoption of 'risk-stratification' approaches, thereby proactively working with those who are at greatest risk of

deterioration and putting in place measures to prevent this wherever possible through 'stay-well plans'.

Over the next year we will:
▪ Develop a programme to engage the public in the new ways of working and the new services available, using digital media. ▪ Deliver the Integrated Wellbeing Networks model linked to DEWIS to enhance availability of information to support improved wellbeing. ▪ Promote the use of 'My Health Online' and develop other new opportunities to use digital technology to support delivery of new models of care. ▪ Technology enabled care will be used to develop new on line learning platforms that patients, families and carers can access in their own homes, including an OAK on line learning platform for those patients who cannot attend a community group.

4.4.4 Tier 3 - Primary Care and NCN Teams

The Health Board is implementing the new model of primary care with increasing pace consistent with the national Strategic Programme for Primary Care. Significant activity will be undertaken to increase the pace of transformational change over the next twelve months, supported by additional funding from the Transformation Fund, to deliver care closer to home.

To deliver the new model of Primary Care we will:
▪ Use our experience of the Pacesetter Programme to increase pace and scale of change across the region through deployment of Transformation Funding. ▪ Implement six Integrated Wellbeing Networks over the next 12 months, in alignment with the delivery of the 'Compassionate Communities' (See SCP 1)' model and consider extension of the Older Persons Pathway across the same 5 NCN areas through the recruitment of 24 health connectors by March 2020. ▪ Commence construction of two new Health & Wellbeing Hubs in Tredegar and Ringland and determine the next priority developments to enable the new social model of primary care is a prominent feature of planning. Typically, these hubs will contain the following services: ▫ **Independent contractors**: General Medical Services, General Dental Services, Optometry Services and Community Pharmacy Services. ▫ **Integrated Service Teams**: Integration of local nursing and community resource teams in the first instance, with opportunities to incorporate local mental health and complex care resources in the future. ▫ **Social Care Services**: Including social work, housing & debt advice services as a core, with the option to include wider services. ▫ **Facilities for provision of care**: Including direct-access therapies and patient education groups as a core with the option to include wider services in the future ▪ Implement an incentive scheme to encourage uptake of the new skill mix model in primary care in the 5 NCN areas of Gwent with the greatest GMS sustainability challenges which are Blaenau Gwent East and West, Caerphilly North, Newport East and Torfaen North. This is expected to result in an uplift in new extended roles by March 2020. ▪ All reception staff in primary care will be trained in the West Wakefield care navigation model in order to facilitate the re-direction of patients to an alternative professional within the practice or signposting to alternative services elsewhere, such as 111, Common Ailments Scheme, Eye Health Examination Wales, General Dental Services or others. ▪ Offer more consultations through the Common Ailments Scheme as an alternative to a GP appointment and the increasing numbers of independent pharmacist prescribers within these services will mean that more and more patients will be able to access care quickly without the need to see a GP. ▪ Implement the 111 Service which will provide a central point of contact for primary care 24/7. The 111 Service will consist of both non-clinical call handlers and a clinical hub to assess, advise, and where necessary, refer patients to the most appropriate service in operation at that time. ▪ Take forward integration of local nursing teams and intermediate care services to ensure fewer handoffs between professionals working within the same geographical area with many of the same skills. ▪ Develop the capabilities of WCCIS to enhance integrated self-care, with a particular emphasis on utilising it across frailty services. ▪ Complete training of District Nursing staff in Buurtzog principles and use the funding to pilot the Buurtzorg nursing principles in Newport East 2018/9 and use the funding to determine the longer-term model for integrated community nursing

To deliver the new model of Primary Care we will:
▪ Provide ongoing support to care homes to continue to embed key protocols and pathways for the management of deteriorating patients, patients who have fallen, patients with palliative care needs, verification of death and other key areas of focus. It is planned to support care homes though nurse-led provision of the Care Home DES and to substantiate an urgent in-reach model following successful pilots in 2018/19 ▪ Embed a new skill mix in our urgent Primary Care Out-of-Hours Services with greater emphasis on new extended roles to support GPs in delivering the service. ▪ Increase routine dental access in areas of greatest need and extend appointment times.

4.4.5 Tier 4 - NCN Hub with specialist and enhanced services

To shift demand from secondary to primary care, providing more place based care closer to home we will:
▪ Enhanced access to urgent eye care and extend optometry services with referral on to specialist Ophthalmology Service only when the severity of the condition requires it. ▪ Undertake a review of all endodontic, periodontal and sedation services and determine options to use national funding to move services to primary care and away from secondary care. ▪ Assess opportunities to move audiology services to a primary care setting. ▪ Conclude and evaluate the pilot use of healthcare support workers overnight in Blaenau Gwent to determine future expansion and integration with Integrated Nursing Teams and / or Urgent Primary Care Out-of-Hours. ▪ Review Frailty Services and ensure they are part of local integrated teams and reduce any duplication or inefficiencies created by the segmented models current in place. ▪ Finalise plans and begin implementation of a new, equitable Palliative Care model across Gwent, featuring improved utilisation of hospital and hospice capacity, Bereavement Support Service and enhanced training to hospital-based and community-based staff. ▪ Continue work to reduce falls and their adverse implications through evaluation of the extended Falls Response Service during the winter period, continued training and availability of equipment to care homes and development of a new Community Falls & Bone Health Strategy to standardise best practice. ▪ Implement a 'graduated care' model in community hospitals, featuring a range of interventions to best support patients outside of acute hospital settings including Frailty-led hot clinics, ambulatory care treatment centres, short-stay assessment beds, nurse-led rehabilitation wards and 'virtually-home' beds with full assistive technology. ▪ Embed the Home First model and trusted assessors to ensure that patients do not experience unnecessary delays in discharge from hospital or can access a discharge to assess service to prevent admission. ▪ Establish a single discharge pathway with clear communication across the whole integrated system.

4.4.6 Enablers

Table 4.4.2

Enablers:	Over the next 12 months we will:
Skilled Workforce Creating a sustainable wellbeing workforce is critical to a substantive integrated health, care and wellbeing system. The transformation fund will provide the capacity for enhanced workforce planning and modelling to develop a clear 'Grow your own' approach in Gwent, so that we are able to sustain and train the required multi-disciplinary professionals to work in a community located, multi-agency environment.	▪ **Primary Care Training and Development Academy** Offer of nurse training posts and 3 newly qualified pharmacist posts in primary care by August 2019 extended roles already proven to be accepted and effective in a primary care setting (clinical pharmacists, advanced nurse practitioners and occupational therapists). ▪ **Gwent Academy for Health & Social Care** Workforce development opportunities will be created in conjunction with HEIW and Social Care Wales and will be supported through the development of a Gwent Academy for Health & Social Care. ▪ **New Role Development** –Test and expand new roles in primary care including physician's associates, social prescribers and care navigators.
Integrated Estates Strategy a seamless system of health care and wellbeing rooted in the community, will require an integrated estates strategy that supports the new model of primary	▪ Complete the primary care element of the Health Board's estate strategy including identifying where new developments for Health & Wellbeing Hubs will be required in areas of Gwent where there is no existing infrastructure in place to enable

Enablers:	Over the next 12 months we will:
care through better utilisation of existing estates and developed of new estate utilising capital and pipeline funding flows**.**	integrated, place-based care delivered by a multitude of organisations / agencies. ▪ Ongoing consideration of the role and benefits of Urgent Care Hubs and Frailty Day Units although it is unclear to what extent these should be developed until the final model is determined.
Digital Technology Advancements in digital technology present exciting opportunities to improve the quality and timeliness of care in the primary care setting. The Primary Care & Community Services Division have commenced work alongside Informatics Services to assess the opportunities and prioritise digital developments to support implementation of the new model of primary care.	▪ Introduce the Welsh Community Care Information System (WCCIS) into Community Resource Teams (October 2019) and District Nursing Services (March 2020). ▪ Introduce new digital capabilities into GP surgeries, including full implementation of electronic hospital discharge notifications and clinic letters and electronic diagnostic test requests. ▪ The process for sharing of Advance Care Plans (APCs) across all systems electronically will also be reviewed and refined. ▪ Introduce telehealth / virtual consultations, for Urgent Primary Care Out-of-Hours, Speech & Language Therapy, and Care Homes & Prisons as priority areas for 2019/20.

4.5 SCP 3 – Management of Major Health Conditions

4.5.1 Introduction

Tackling major health conditions and their causes is one of the biggest challenges facing the health and care system in Wales. Along with an ageing population, increasing expectations and the high cost of pharmaceuticals and treatments, ever-increasing rates of chronic conditions are putting unprecedented strains upon individuals, communities and the health and care system.

Over the past 40 years, the burden of disease has shifted from infectious diseases and injury, well suited to an episodic care model, towards chronic conditions requiring attention to prevention activities and coordinated management. Chronic conditions are occurring earlier in life, this means individuals require more services from a range of providers across the health and care system over extended periods of time. There is an inequitable burden of chronic conditions on our most deprived populations, where there is a higher prevalence of risk factors.

The Health Boards' first responsibility is to prevent as many people as possible from developing avoidable health conditions at every stage of the life cycle by ensuring every child has the best start in life, improving health literacy, early detection of risks/disease and improving the health and wellbeing of citizens. Our approach to improving population health and wellbeing is set out earlier in SCP1 and 2.

The Health Board recognises that the traditional approach to supporting people with, or at risk of, acquiring one or more major health condition has to change to deliver a sustainable health and care system for future generations. Since 2015/16 the systematic adoption of a longer term strategy "Living Well Living Longer" has been embraced by the Health Board and public sector partners. This programme seeks to prevent chronic conditions, provide better health outcomes and drive a value based health and care system. This approach is being further strengthened through the Area Plan and the development of Integrated Wellbeing Networks.

The Health Board also recognises that strategies to effectively manage chronic conditions are equally important, to minimise multiple morbidities, complications and associated disabilities and to optimise quality of life. By reducing the impact of chronic conditions, there is more to be gained than building an economically viable and sustainable health system. Reducing the physical, psychological, social and financial impacts of chronic conditions will improve quality of life and enhance health outcomes for individuals, families and communities.

4.5.2 Major Health Conditions Delivery Plans

Welsh Government has established a five-year vision for the Welsh NHS and its partners and included the creation of delivery plans for major conditions. National Delivery Plans set out agreed actions and defined performance measures and outcomes within a frame of reference for action by Health Boards in Wales. The Health Board has well-established, mature systems in place, a lead Executive Director and Senior Clinician to drive delivery of local plans across all major health conditions.

Figure 4.5.1

Plans are reviewed and refreshed annually with Annual Progress Reports. Detailed plans setting out work programmes that encompass prevention, early detection, fast/effective treatment and care, meeting people's needs, palliative and end of life care in addition to research, are published on the Health Board's website (**Local Delivery Plans and Annual Progress Reports**).

4.5.3 Transformation/Strategic Priorities

The Health Board's 2018-21 IMTP set out the 63 priority actions across major health conditions which remain extant. These actions are progressed through the relevant local delivery plans and will be reported through the current governance arrangements as set out in this document. At the request of Welsh Government policy leads, this IMTP will focus on the crucial actions, those that are essential to deliver significant benefits to citizens and to health and care system sustainability.

Cancer

When someone is diagnosed with cancer, they should be able to live for as long and as well as possible, regardless of their background or where they live. However, survival rates in Wales need to be improved, along with improvements in patient's experience, quality of life, reduced variation in access to services and better outcomes. The Transforming Cancer Services (TCS) Programme has shed a light on different ways to deliver modern, high quality services that are more accessible and local to the populations they serve. The Health Board welcomes the opportunity to lead on the development of first Radiotherapy Satellite Centre at Nevill Hall Hospital and are reflecting on how we can build more sustainable and responsive cancer services for our citizens.

Table 4.5.1

Priority Action	What and Why	When
Develop a 5 year Cancer Strategy to deliver the Health Board's vision for cancer services in the context of TCS. Develop implementation plan.	In 2018 we invested time in developing our vision for cancer services. Now require a 5 year strategy to realise that vision which includes role of cancer centre, the unification and integration of tumour site pathways and services, and living with and beyond cancer.	Quarter 1 April 2019 Quarter 2 June 2019
Implement the Single Cancer Pathway.	To ensure equality of access to cancer diagnosis irrespective of how a patient enters the pathway. Understanding of and solutions for diagnostic demand/ capacity to deliver pathway.	Quarter 1 April 2019
Optimise the bowel screening programme uptake in hard to reach populations and in particular to roll out of the FITT programme.	To ensure equality of access to at risk citizens and to reduce health inequalities.	Quarter 3 2019/20
Develop a sustainable endoscopy service underpinned by a 5 year demand capacity assessment. Including single cancer pathway.	Diagnostic capacity is not sufficient to meet future demand sustainably. Demography and service change drives the need for investment. Outline Business Case to be completed in context of local demand and regional capacity.	Quarter 4 2019/20
Develop a case for a Cancer Service Hub at NHH, including a Radiotherapy Satellite Centre.	To meet radiotherapy demand in South East Wales and provide a focus for cancer services in Gwent.	Quarter 4 2019/20

Critically Ill

The Health Board provides healthcare to a population of 600,000 people, with some of our communities amongst the most deprived in the country. We have the second lowest number of critical care beds per head of population in Wales (4/100,000 versus 5.6/100,000 population), which is already low when compared to England. The Health Board's strategic priority is twofold, firstly to expand core critical care capacity, building incrementally up to 2024; and secondly to develop alternative services to avoid unnecessary admissions or stays in a critical care bed.

Table 4.5.2

Priority Action	What and Why	When
Extend Critical Care Outreach service to a 12 hour (8am – 8pm) service over 7 days.	Strong evidence to support that this team reduces demand for a critical care bed by avoiding unnecessary admissions, reduce the length of stay and improves clinical outcomes for patients.	2019 - Business Case 1st call on HBs allocation of CC monies by WG

Priority Action	What and Why	When
Expand Critical Care Core Capacity in line with the Clinical Futures CC service model. 2018: 23 + 2 = 25; 28 beds by 2024	Insufficient Critical Care capacity to meet emergency and planning critical care needs of population. Immediate plan to increase by 2 beds	2019 - Business Case approved. Contingent on securing CC monies from WG
Expand Post-Anaesthetic Care Model at RGH from 3 – 6 beds	Clinical Futures Model relies on maintaining routine surgery in Local General Hospitals. PACU will ensure that transfers to Critical Care Unit at The Grange University Hospital are minimised.	2021/22

Diabetes

The incidence and prevalence of Type 2 diabetes is increasing exponentially and is recognised to be one of the most significant challenges facing health and care services. Our focus is on reducing and reversing this trend, by ensuring services are designed to support people who have been diagnosed to understand the options they have to improve their health and wellbeing, stunt the progression of the disease and avoid associated complications.

Table 4.5.3

Priority Action	What and Why	When
Implement the secondary care diabetes workforce plan (includes medical, nursing, dietetic and psychological roles) to provide an integrated service.	Business Case submitted and approved. To ensure a robust workforce with the capacity to pro-actively support in-patients with diabetes to improve safety, patient experience and reduce length of hospital stays.	Quarter 3 2018/19 Quarter 1 2019/20 to Quarter 1 2020/21
Increase the uptake of Enhanced Diabetes Services in primary care aiming at full uptake	To ensure that patients have local access to services that improve compliance with optimal care to reduce avoidable complications of diabetes. Ensure 100% availability across all GP practices	Quarter 4 2019/20
Improve services for children with diabetes	Adopt and implement the referral pathway for children with suspected diabetes.	Quarter 4 2019/20

Heart Conditions

During 2018/19 we have established community cardiology services making the best use of extra capacity to reduce waiting times and provide more timely diagnostics and care for patients with acute coronary syndromes (ACS) and atrial fibrillation (AF). Patient Recorded Outcome Measures (PROMS) are being actively used to inform service improvement in cardiac services for heart failure patients.

Table 4.5.4

Priority Action	What and Why	When
To implement the Out of Hospital Cardiac Arrest Plan for Wales	Agree and implement a locally enhanced pathway for patients who have out of hospital cardiac arrest in order to improve survival rates.	Quarter 3 2019/20
To implement and deliver prudent pathways to improve access, treatment times and outcomes for Acute Coronary Syndrome, Atrial Fibrillation and Heart Failure	Improve equity of service for citizens by reducing waste and variation in these clinical pathways. Heart failure and AF part of Value Based Healthcare Programme 2019/20	Quarter 4 2019/20

Respiratory Conditions

Respiratory care is the fifth highest level programme of expenditure within NHS Wales and accounts for £0.4bn of annual spend. Within the Health Board the burden of respiratory disease is also significant, within primary care 6.9% of practice populations have a diagnosis of asthma, and our acute hospitals have the highest number of respiratory related admissions across Wales.

COPD and Asthma continue to be national priorities with opportunities to improve pathways and reduced avoidable admissions, optimise pathways and enhance outcomes and value for patients.

These priorities are reflected locally although the approach adopted within the Health Board which focuses on integrated services for respiratory conditions rather than condition specific.

Table 4.5.5

Priority Action	What and Why	When
Develop integrated MDT Respiratory Services across primary and secondary care. Complete the TB Pathway Service Review Improve flu immunisation for asthmatic patients Implement new smoking cessation service model	Improve care planning in the community and management of deterioration/exacerbations of respiratory conditions in nursing homes.	Quarter 3 2019/20

Stroke

The Health Board achieved its plans to develop a Hyper-acute Stroke Unit and focus stroke rehabilitation into fewer centres in January 2016 with the benefit of improved performance on all quality improvement measures. The programme was focussed on a prudent workforce model and addressed some of the flow issues for stroke patients. The second phase will further address patient care and flow across the whole stoke pathway. A pathway and referral criteria for stroke thrombectomy are agreed and plans are in place for our commissioning leads to take forward discussions with providers to ensure appropriate thrombectomy rates for our patients in line with the WHSSC process.

Baseline data from Audit Plus is now available to NCN leads at individual practice level as part of the pilot 'Stop a Stroke' Project to reduce the number of strokes due to Atrial Fibrillation. The first practice went live in November 2018. A helpline will be available targeted in one area for the pilot.

Table 4.5.6

Priority Action	What and Why	When
Business case for 2nd phase Stroke Services Re-design which is necessary to deliver the Clinical Futures Stroke model of care.	Identify and appraise options to address patient flow through the whole stoke pathway, ensuring a prudent workforce model, in order to improve hyper-acute stroke care and improve performance, patient outcomes and patient/carer experience.	Quarter 2 2019/20
Evaluate "Stop a Stroke Project" in South Monmouthshire NCN and confirm plans across Gwent.	To initiate a sustainable approach to review the treatment and management of patients with atrial fibrillation to reduce the risk of having a stroke.	Quarter 2 2019/20

Palliative and End of Life Care

The Health Board has made excellent progress with empowering patients through Advance Care Planning and educating staff on serious illness conversations with the understanding that a healthy approach to dying, planning ahead and informing family and friends of their wishes can result in improved person centred care at the end of life.

A detailed independent review of palliative and end-of-life care services was carried out early in 2018 helping us (the health and care system) to understand the current position and options for the future. The findings and recommendations have been instrumental in our review of the Clinical Futures Palliative and End of Life Care Pathway.

Table 4.5.7

Priority Action	What and Why	When
Develop a Gwent wide acute bereavement service.	We recognise the impact of bereavement on the wellbeing of patients, families and carers and the pilot undertaken at YYF has demonstrated the importance of supporting people at times of extreme vulnerability.	Quarter 2 2019/20
Integrated model of Palliative Care for hospital settings	Too many people are dying in hospitals, where staff can be ill-equipped to create the palliative care ethos that is core to community and hospice care. Depending on pressures on the hospital system,	Quarter 3 2019/20

Priority Action	What and Why	When
	providing appropriate environments that respect dignity and privacy for the person and their family is challenging. The Health Board wants to do better.	

Liver Disease

Liver disease is the only major cause of death still increasing year-on-year. It is the fifth 'biggest killer' after heart, cancer, stroke and respiratory disease. One in five of us may be affected and it kills more people than diabetes and road deaths combined. The Health Board has high prevalence rates for the 3 biggest risk factors for liver disease: excess alcohol consumption; high rates of obesity; and risk factors for the acquisition of blood borne viruses. Consequently we have the highest rate of alcohol related liver disease admissions and alcohol specific in the whole of Wales. Local primary care networks lead the way in testing and assessment of those at highest risk of liver disease.

Table 4.5.8

Priority Action	What and Why	When
Identify a sustainable, value-based solution to embed and extend Alcohol Care Teams equitably across the Health Board.	Currently Alcohol Care Team at RGH is funded through National Delivery Programme until 2019/20. Working with Value Based Healthcare Programme to inform the case for sustainable funding.	Quarter 3 2019/20
Agree and implement options for providing a specialist dietetics service for liver patients.	Reduced morbidity & mortality and prevalence of malnutrition amongst patient with chronic liver disease through business case for specialist dietetics service that will support earlier intervention for inpatients with complex liver disease	Quarter 2 2019/20

Neurological Conditions

Neurological conditions span a broad spectrum of diseases including Multiple Sclerosis, Parkinson's, Epilepsy and Motor Neurone Disease. They can have sudden onset and acute stages and occur across the life cycle, although they become more prevalent with older age. Consequently the numbers of people with neurological conditions is set to grow sharply. Currently 10% of visits to Emergency Departments are for a neurological problem and 19% of hospital admissions require treatment from a neurologist or neurosurgeon. This suggests that many people access the system on an unplanned basis when it would be better for patients and the Health Board to develop a more coherent system of care.

Table 4.5.9

Priority Action	Why and Why	When
Raise awareness of neurological conditions with our staff and local communities.	Early detection, optimise treatments that manage symptoms and avoid complications and improve the quality of life for patients and their families.	Quarter 4 2019/20
Improving access to outpatient services for patients with neurological conditions.	Waiting time for new outpatients to be compliant with 95% seen within 26 weeks. Delays in follow up clinics will be addressed to promote timely access to services.	Quarter 4 2019/20 Quarter 4 2019/20

Chronic Fatigue Syndrome/Myalgic Encephalopathy and Fibromyalgia Syndrome (CFS/ME & FM)

Both ME/CFS and Fibromyalgia are complex conditions and although there are examples of good practice in Wales, challenges exist in accessing appropriate care and services. Within the Health Board we recognise the need to develop effective, reliable and accessible pathways for adults and children building on the pilot project that has been implemented in the Torfaen locality for patients with Fibromyalgia.

Table 4.5.10

Priority Action	What and Why	When
Develop, agree and implement effective pathways for children and for adults with ME/CFS & FM	To ensure that children and adults have clearly defined pathways to ensure timely diagnosis and effective management to enable people to find solutions and manage their condition in the community.	Quarter 2 2019/20
Increase awareness of ME/CFS and FM in primary care.		Quarter 3 2019/20

Rare Diseases

The Health Board adheres to national standards and best practice guidance to ensure patients are provided with a bespoke service to support and manage their condition. Work has been undertaken to ensure that patients with rare diseases receive timely diagnosis where possible, and have access to high quality, accessible information at all stages of their disease to help them make informed decisions.

A multidisciplinary approach is undertaken to support families which includes mutually developed and refined care plans, often with quite significant input across disciplines and agencies. Families are usually directed to on-line, national resources which tend to be of higher standard and kept up to date.

Table 4.5.11

Priority Action	What and Why	When
Identify and improve the pathways for patients with unknown or delayed diagnosis.	There is a need to identify groups of patients and retrospectively evaluate the "whole" pathway with a view to identifying areas for improvement and learning from best practice.	Quarter 2 2019/20
Ensure better use of patient feedback, best practice and evidence to improve pathways for primary, secondary and specialist services.	Primary, secondary and specialist services need support for responding to and meeting needs of people with rare diseases.	Quarter 3 2019/20
Improve reporting of rare disease information including epidemiology, significant event analysis and shared learning.	We want to develop a database relating to patients diagnosed with rare disease which will enable better reporting and inform future service planning both locally, regionally and nationally.	Quarter 4 2019/20

Organ Donation

We are committed to ensuring that services for people who are donating or receiving an organ are sustainable and that no opportunity is missed. In 2017/18, from 17 consented donors the Health Board facilitated 10 actual organ donations resulting in 27 patients receiving a life-saving or life-changing transplant. Specialist Nurses for donation work closely with staff supporting opportunities for education and performance data which is reported twice annually to the Health Board.

Organ Donation Priorities
Identify and support opportunities for educating health care professionals and the public about: ▪ The benefits of organ donation and transplantation. ▪ Understanding of the choices people have in an opt-out system. ▪ Encouraging individuals to talk to their families about their organ donation decision.

4.6 SCP 4 - Mental Health and Learning Disabilities (MH/LD)

4.6.1 Introduction

The Health Board's vision for mental health is underpinned by the national 'Together for Mental Health' Strategy, 'Together for Children and Young People Service Improvement Plans', the Mental Health Measure (Wales) 2010, local integrated strategies developed in partnership with Local Authorities and other statutory legislation and policy drivers. Based on these, our approach aims to focus on the following key principles:

- An emphasis on creating a culture and environment that is safe, therapeutic, respectful and empowering. This includes a foundation of "Inspirational leadership and a well-trained, competent workforce in sufficient numbers".
- A vision of services that are integrated, evidence-based and high quality; services which offer accessible information that will allow services users to experience hope and optimism about their future and their recovery and will empower them to develop their care in partnership with those that deliver care or offer support.
- An emphasis on working towards recovery and promoting independence where possible by providing the information and support required to sustain and improve mental health and self-managed mental health problems.
- Ensuring that people are treated and supported in environments and services that tackle stigma and discrimination.
- Developing services in partnership with the people that use them, including the design and evaluation of such services.
- Ensuring that the physical environment offers single sex facilities, usually in single rooms, gender safe, communal areas, family areas, privacy and safety and dignity for children and young people.

The challenges facing the Health Board continue to be the pressures of rising demographics, complexity and acuity and the ongoing difficulties with workforce recruitment and retention. Our plans therefore play an important role in supporting strategies for prevention and early signposting of mental health issues working in partnership with others.

4.6.2 Service Plans

The current service profile and operating context for Adult Mental Health and Learning Disabilities and Children and Young People Mental Health and Learning Disabilities services are set out in our Divisional IMTPs. All our programmes are underpinned by Prudent Healthcare and Value principles and have measureable impacts based on the National Outcomes Framework. The detailed milestones and outcome measures for these plans are available at the document linked above.

The Adult Mental Health and Learning Disabilities Divisional Plan includes plans for developing our specialist inpatient substance misuse service and alcohol liaison. Currently inpatient management of substance misuse is carried out on individual beds on adult and older adult mental health wards (as appropriate). Beds can only be accessed when they are not being used for mental health patients and this creates a waiting list for inpatient treatment. Generally patients requiring inpatient management have more complex comorbidities. They require timely admission, specialist supervision and psychosocial interventions which are not consistently available in the current model. While waiting patients often end up being admitted to A&E and having emergency detoxification on general medical wards.

Interim proposals to improve local access and expertise are linked to and dependent upon our acute mental health inpatient reconfiguration (see Crisis programme) and presentation to the Area Planning Board in 2019/20. Liaison and support for alcohol related presentations are also being strengthened between GSSMS and the Alcohol Care Team. Options for the longer term are subject to further discussions with Welsh Government on the need for a separate inpatient facility and scope for regional specialities such as Alcohol Related Brain Damage.

4.6.3 Transformation Programmes and Priorities

The Health Board's 2018-21 IMTP identified 5 major transformation programmes as its priorities. As illustrated above, some of which these are also divisional priorities. Two of these programmes, the redesign of the Older Adult Mental Health model and the Learning Disabilities Residential Services Review, are sufficiently on track to conclude in the near future and are therefore being removed from the priorities list in this refresh. The LD residential review has resulted in some residential properties being declared surplus to requirements for people with learning disabilities. The Assessment & Treatment Unit at Llanfrechfa Grange has recently been refurbished to provide a fit for purpose and more homely facility until such time as the proposed Low Secure/PICU/HDU development is commissioned. These programmes are replaced by two new integration programmes on young peoples' transition services (for the 15-25 age group), and developing service models that integrate physical and mental health care. A summary of their key achievements, opportunities and risks are outlined below along with a synopsis of the refreshed priorities for 2019-22..

The Health Board's 2018-21 IMTP identified 5 major transformation programmes as its priorities. A summary of their key achievements, opportunities and risks are outlined below along with a synopsis of the refreshed priorities for 2019-22.

Integrated Mental Health and Emotional Wellbeing Referral Service for Children and Young People (Iceberg model)
In 2018-21 plan focused on building emotional and mental health resilience in schools based on two pilot projects in Newport (ARROW) and the Welsh Government supported national CAMHS in-reach programme in Blaenau Gwent, Torfaen and South Powys. The ARROW project has recently been positively evaluated and funded for another 2 years and good progress is being made on the national in-reach pilot.

This has now been broadened into a much more ambitious and whole system transformation programme as part of the Gwent Transformation Fund "offer". Sponsored by the Gwent RPB and resourced with an allocation of the £100m transformation monies for Wales to implement "A Healthier Wales", it builds on the very strong collaborative working relationships between Health, Local Authorities and Education that enable the Gwent Strategic Partnership for Children and Young People. Development and implementation will take 3-5 years.

Specifically this part of the offer focuses on the implementation of a new service model redrawing the current landscape to provide a more sustainable model of care, by working in a different, expansive and more integrated model. The initial phases of the programme will establish a multi-partner leadership team and appoint a structure of senior community-embedded clinicians to create a Single Point of Access and provide psychologically based, ACE and trauma-informed support for a wide range of mental health and emotional well-being needs. From early 2019 the programme will recruit a number of local pacesetter initiatives across Gwent to develop new models spanning community-embedded family interventions, infant and parent-focused perinatal mental health support, strategic refocusing of school health nursing and further school in-reach support. Fundamentally, this approach will ensure that the children and young people who need the specialist intervention provided by S-CAMHS and related services are able to access that service promptly and will do so by re designing the current tiered approach.

Older Adult Mental Health Service Redesign
This is a whole system redesign involving multiple service change schemes. It includes; enhanced community service model, reconfiguration of inpatient services, improvement of the ECT service, provision of a flexible hospital resource team, piloting of a behavioural support service for dementia care and roll out of PLICS and ICHOM in dementia memory assessment services (MAS). There has been good progress across the work programme with many of the schemes completed and delivering benefits. It will therefore be carried forward into 2019 - 2022 as part of the Divisional IMTP.

Key achievements in 2018/19 have been the completion of the reconfiguration of inpatient services

to provide three centres of excellence for dementia assessment and one centralised functional unit. This has improved the quality of care and delivered a more sustainable staffing model. A new enhanced community service model has been developed in Monmouthshire with additional investment. The Memory Assessment Services have been standardised and improved and a new single pathway developed.

A bid for funding through the Dementia Action Plan (Priority 5) 'Living as Well as Possible', has been resubmitted to Welsh Government as a single phase study. If approved this will enable closer working with the Community and Family & Therapies Divisions in supporting EMI Nursing Homes to reduce the use of anti-psychotic medication.

Whole Person, Whole System Adult Crisis Support Transformation Programme
This is a major transformational programme managed under the auspices of the Gwent Mental Health and Learning Disabilities Strategic Partnership and covering the redesign of the acute patient pathway from acute crisis support and response with partners, through admission, discharge and follow up. The programme is anticipated to span 3-5 years to deliver a range of alternatives to admission including 24 hr crisis support, Crisis House short term accommodation and Sanctuary day care, Host Families, robust home treatment services and a broader range of discharge options. The work programme will also realign flow and acuity across inpatient services.

Key achievements in 2018/19 have been the delivery of a feasibility study for the Crisis House and Sanctuary components and a successful bid against the £1.3m allocation for the Health Board from the Mental Health Innovation and Transformation Fund. These monies have funded an expansion of the Crisis Resolution Home Treatment Team enabling multi-disciplinary roles to be recruited, the roll out of Care Aims training and investment in a Housing and Tenancy Support project. In 2019/20 they will also fund a pilot Host Families scheme with Shared Lives in the Newport borough with a view to this being fully rolled out in 2020-21 if proven effective. These initiatives focus on providing better support aimed at preventing crises from escalating and suitable alternatives to inpatient admission for people already experiencing a mental health crisis.

Options for the transformation of inpatient and Crisis Resolution Teams will be further developed and tested through a 12 month pilot with a view to identifying a preferred option and implementation by mid-2020. A separate bid for £1.4m capital funding from the Intermediate Care Fund (ICF) has been submitted for the establishment of a Crisis House to be run by the third sector. The aim is to begin development in partnership with Housing and the Third Sector in 2019/20 and to be fully operational by 2021. The development and piloting of a Sanctuary service in 2019/20 will be funded and led by the Third Sector. Its purpose will be supporting individuals in emotional distress who might otherwise escalate into a mental health crisis.

Complex Needs Transformation
The aim of this programme is to address a particular gap in the provision of suitable environments of care for this client group, where currently many have to take up placements outside Gwent to meet their needs. In order to better manage forecast rises in demand and costs, our work programme has developed options that provide further supported living facilities using the 'In One Place' special purpose approach and refurbishment of South Lodge for a service user placement. The longer term service transformation is focused on the development of an integrated mental health and learning disabilities low secure facility supported by an extended PICU and an HDU. This is expected to be a 3-5 year programme dependent on the availability of Welsh Government capital.

Key achievements in 2018/19 have been the submission of a Strategic Outline Case to Welsh Government for the LSU/HDU and PICU and an interim extension of the existing PICU due to open in Quarter 4 2018/19. These changes aim to provide a more integrated adult mental health and learning disabilities service and care closer to home. This programme has also benefitted from the Mental Health Innovation and Transformation Fund enabling us to recruit extra capacity to introduce a structured case load management scheme and extra management capacity to support a robust

strategic review of demand management approaches and other alternatives to placements outside Gwent.

Learning Disability Service Reviews
At the beginning of 2018, the Health Board's LD residential service had 24 residents across its five homes. The residential services review undertook detailed multi-disciplinary assessments with service users and their families to determine whether there was a primary health need and then discussed tenancy options for residential care or the appropriate package of care for those with continuing health care needs. This ensured service users would receive the environment of care and services most appropriate to their needs in line with Prudent Health Care principles.

The review also delivered significant cost savings. To date all service users have moved to new placements except for 7 who will be remaining in their current homes. This has enabled the closure of Bridgeview, Homelands and 2 houses in Mitchell Close with attendant financial savings. The service change has affected 90 staff, of which all but 6 have been found suitable alternative posts and are either in permanent posts, undertaking a trial period or discussing options. A new centre of excellence has been developed in Twyn Glas. This programme of change will be completed by close of 2018/19 and service user outcomes will be evaluated in 2019/20 once they have settled in.

Bringing Together Physical and Mental Health
In 2016, the King's Fund published a paper identifying 10 key areas for improvement in holistic care (*Naylor C et al, (2016), Bringing together physical and mental health; a new frontier for integrated care, King's Fund March 2016*). These ranged across all tiers of service provision, including:

- Prevention/public health (incorporating mental health into public health programmes, health promotion and prevention approaches for individuals with Serious Mental Illnesses (SMIs)).
- General Practice (management of unexplained symptoms, strengthening primary care to meet physical needs of people with SMIs or LD).
- Chronic Disease Management (supporting mental health and emotional wellbeing of people with CDMs and carers).
- Community/social care (integrated support for perinatal mental health and supporting mental health needs of people in residential care).
- Hospital care (mental health in DGHs and physical health in Mental Health inpatient facilities).

Some of these improvement areas already have delivery plans or services in place, including improving mental health well-being and improving access to primary care mental health services (see SCPs 1 and 2). This new work programme will therefore, in the first instance, oversee two under-developed areas of integration:

- Provision of a single psychiatric liaison service for acute hospitals across Gwent to support the transition to the Clinical Futures model by 2021.
- Integrating the physical health care support of individuals with mental health and learning disabilities.

Mental Health Liaison
A high prevalence of mental health problems is encountered by clinical professionals in general inpatient, outpatient and emergency department settings. Many general staff lack the confidence, skills or training to manage common mental health problems. Patients with co-morbid depression and acute needs tend to have longer length of stay, while patients with dementia often have delayed transfers of care. While the Health Board has a number of specialist Mental Health liaison teams working within departments, including RAID, Learning Disability Behavioural Support Team, there is a degree of variation in approach. The work programme will therefore focus on key pathways for streamlining liaison, education and training for general staff to ensure there is a consistent approach and more integrated working that will support the Clinical Futures model and ensure appropriate support at all sites including GUH.

Physical Care Liaison
There is evidence that people in mental health inpatient settings who have physical health needs are less likely to be registered with a GP, more likely to present late with physical symptoms and are more likely to have a serious condition under-recognised or sub-optimally treated. The inevitable impact of this is that people with mental health problems are more likely to have emergency rather than planned admissions to acute care, longer lengths of stay, poorer clinical outcomes and higher mortality rates.

The ambition of both liaison work strands is to develop a system of care that breaks down barriers between specialties, is age-inclusive, operating 7 days a week and covering all units. While there may be differences in the details, level of outputs, in general the programme will scope the education, training and support needs of staff in hospital settings alongside investment and alignment of appropriate specialist support for mental health and physical care teams, including the provision of out-reach services to primary care.

Transition Pathway for Young Adults 15-25
Transition planning for young people moving from child to adult Mental Health and Learning Disabilities services has long been recognised as disjointed and problematic. This new integrated work programme therefore aims to review the whole pathway from prevention to diagnosis, treatment and recovery in order to co-produce a coherent and inclusive model covering the 15 – 25 year old cohort. This is broader than the existing definition for transition. Shifting the focus to young people or "youth service", is envisaged will facilitate the design of more age appropriate and clinically effective pathways. The programme will begin with a series of stakeholder engagement events to agree the core principles, opportunities for new ways of working and desired outcomes and benefits, based on early intervention in psychosis, Serious Mental Illness (SMI) and eating disorders.

A summary of the key outputs for component elements of this SCP are provided in the table below.

Table 4.6.1

Priorities	Summary of Outputs
Whole Person, Whole System Transformation Programme (MH/LD).	Inpatient redesign, extended pilot separating Crisis assessment and Home treatment, MDT staffing in home treatment teams, developing admission alternatives; Host Families, Crisis House, Sanctuary, single point of contact, housing tenancy support.
Individuals with Complex Needs Strategic Transformation Programme (MH/LD).	Work streams on understanding demand, reducing demand, alternative ways of meeting demand, increasing efficiency and improving flow, increasing capacity. Also to carry forward LSU/HDU/PICU development, In One Place schemes, structured case management.
Bringing Together Physical and Mental Health (MH/LD & F&T).	Education, training and physical health liaison for inpatient MH units providing accessible information, improved screening for falls and frailty, reduced UTIs, improved nutrition and hydration management, improved surveillance of patients with diabetes, improved physical health monitoring of people on psychotropic medication. Division wide scoping of Clinical Futures bed model impact and best practice models. Develop proposals and business case for new single integrated MH liaison service model serving all DGH sites and outreach to PC.
Integrated Mental Health and Emotional Wellbeing Referral Service for Children and Young People (Iceberg model) (F&T).	Integrated children's emotional well-being service implementation. Ongoing pilots in schools, including Newport ARROW, Blaenau Gwent and Torfaen CAMHS inreach.
Transition Pathway for Young Adults 15-25 (MH/LD & F&T).	Whole pathway scoping and redesign for; early intervention in psychosis, SMI, eating disorders.

4.7 SCP 5 – Urgent and Emergency Care

In 2018 the Health Board set out its Service Change Plan for Urgent and Emergency Care in the context of a system that has been increasingly under pressure from changes in the patterns of demand being seen across the system. Difficulties included matching demand to capacity in the areas that would ensure people can be cared for at home first. The plan described an improved whole system approach that maximises the contribution of every service, with the aim of caring for patients in the right place, at the right time and by the right care team.

The pressure on the system has not diminished in 2018. The Health Board has experienced some of the highest volumes of attendances at its Emergency Departments over the summer since the Health Board's inception, together with high GP referrals for assessment, particularly in surgical assessments, which are resulting in admissions. Balancing elective and emergency care capacity has been difficult resulting in system blockages, high levels of escalation and lower than projected performance both in and out of hospitals.

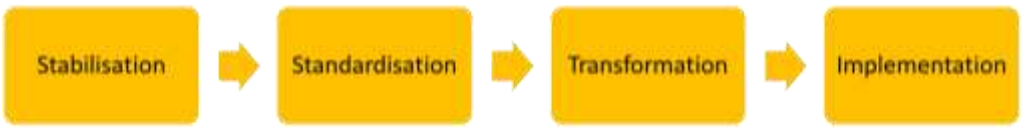
Delivering sustainable Urgent and Emergency Care system remains a top priority for the Health Board, with a clear focus on eliminating 12 hour waits in Emergency Departments. With its partners, the Health Board is driving change through the Urgent Care Board, this is a dynamic forum that agrees and sets shared clinical and management action across the care system. It seeks innovative solutions that deliver a proactive approach which balances and minimises competing clinical risks, including the identification and management of those at risk of becoming delayed when in hospital.

Last year's plan framed the approach to addressing the risks and issues in the Urgent Care system into three priority areas, which will be retained and strengthened in this planning cycle.

1. **Demand Management** - A preventative approach across the home to hospital pathway which identifies those at risk of being admitted to hospital and seeks to intervene to avoid attendance and/or admission to hospital where appropriate.
2. Redesigning the system to **Optimise Flow** - Effective systems and processes to identify and manage those who experience a delay in their discharge or transfer to a more appropriate setting seeking to reduce those delays through sustainable interventions.
3. **Discharge** – A system which optimises flow through the entire urgent and emergency care system, and expedites discharge from hospital.

Building on the changes that have been made in the system to date, this plan sets out the key actions that will drive the transformational changes required to deliver a sustainable system consistent with the Clinical Futures Strategy. In order to achieve this, year 1 of the plan is a period of recovery and stabilisation, as well as standardisation of practice. This will enable transformation and implementation of new models of care in years 2 and 3 of the plan in preparation for transition to The Grange University Hospital.

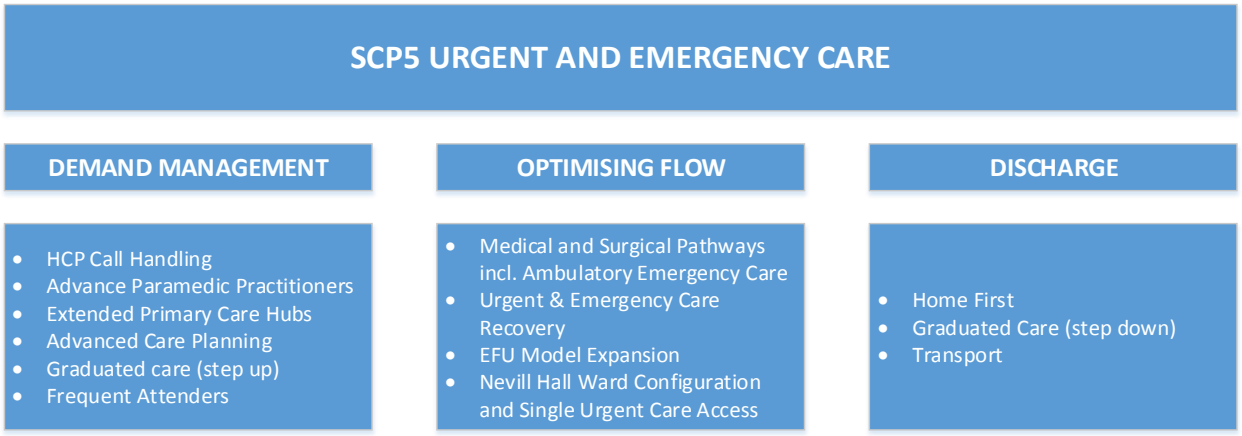
Figure 4.7.1



4.7.1 Urgent and Emergency Care Priorities

The next 3 years present both challenges and opportunities across the Urgent and Emergency Care system. This service change plan has set out the key areas of work that will deliver the service change required to transform services as the Health Board prepares to open The Grange University Hospital in 2021 and how the system will operate in the year after opening. The table below summarises the priorities identified in this SCP which are underpinned by detailed programme and/or operational delivery plans.

Figure 4.7.2



4.7.2 Demand Management

Whilst Emergency Department attendances on the whole have not seen a statistically significant shift in volume, the pattern of demand has changed. As improvements in WAST "See and Treat" and "Hear and Treat" initiatives have taken hold the Health Board has experienced a reduction in ambulance arrivals. However, the number of people self-presenting has increased at the same time as an increase in the number of people triaged to majors and resus. This indicates that the system is not necessarily busier due to volume, but due to acuity with a less predictable pattern of arrivals. In addition GP referrals for assessment continue to rise with a notable increase in requests for surgical assessments.

Health Care Professional (HCP) Call Handling
The models of care for The Grange University Hospital, the network of Local General (eLGH) and Community Hospitals are predicated on senior clinical, pre-hospital streaming to ensure patients as directed to the right service to meet their need. This programme of work will be brought forward to 2019. The Health Board will work with WAST and Primary Care to implement clinically led Health Care Professional (HCP) Call Handling to redirect patients to non-acute pathways, stream patients directly for assessment or schedule patients into Ambulatory Care or Hot Clinics (both surgical and medical). The Health Board will also work with WAST to schedule patient transport for assessment to manage the pattern of demand and release crews more efficiently.

The Health Board will also agree a preferred option for the location of its Out of Hours base on Royal Gwent Hospital site during 2019, with closer proximity to ED and MAU. The proposed change aims to increase the redirection of patients who can be managed by Primary Care and consequently reducing their wait times in ED.

The 111 Service is a joint initiative between the Health Board and WAST and its implementation is a shared priority across the whole system. It aligns to both the WAST five step model and the Health Board's ambition for out of hospital services, Urgent Care services and EASC's commissioning intentions. The full implementation of 111 will be delivered in 2019.

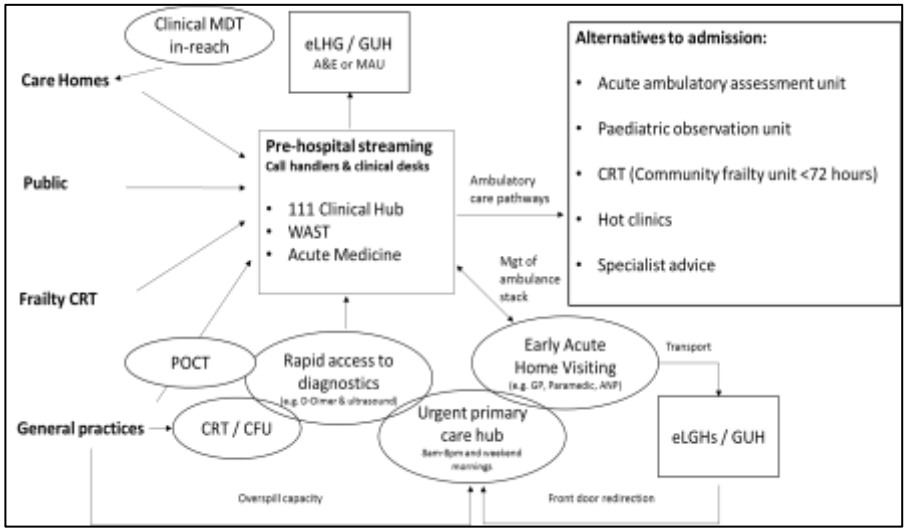
WAST – Advanced Paramedic Practitioners
The Health Board has worked with WAST to share and align both organisations IMTP priority programmes in the context of EASC Commissioning intentions. The WAST "Table 2" return to EASC reflects the key priorities noted below. Two of the key initiatives for WAST and the Health Board are i) the deployment of Advanced Paramedic Practitioners (APPs) across the Urgent and Emergency Care system; and ii) the increased clinical capacity within the WAST control centre. The Health Board will work with WAST in 2019 to deploy APPs where they will be most effective.

Enhanced Primary Care Hubs

The Urgent Care components of SCP2 set out the development of an Integrated System of Health and Wellbeing in order to reduce attendances at ED and admission to acute care. In order for the Urgent and Emergency Care system to work effectively and for The Grange University Hospital to operate successfully, it is vital that the out of hospital systems link seamlessly with acute urgent and emergency care services. The Health Board is developing models of care that will deliver a system that is less reliant on acute hospitals and seeks to improve how the system can respond to unplanned care needs in community settings and primary care, effectively converting unscheduled care to planned care where possible. Development of an integrated system could feature:

Figure 4.7.3

- Locality GP 'overspill' hub.
- Urgent treatment centres that receive patients streamed from ED.
- Early acute home visiting.
- Emergency multi-disciplinary units in community hospitals for sub-acute patients.
- Clinical MDT in-reach into nursing and care homes.



Care Closer to Home

Key components of the Health Board's Primary and Community Care plan that will be progressed in 2019 to manage demand are:

- Advanced Care Planning – increasing the take up in residential homes and a programme of education to improve Advanced Care Plan compliance.
- Graduated care (step up) – review of demand for step-up and step-down beds to determine the bed plan for community hospitals, training requirements in the community and estate requirement. The model comprises Community Frailty units at County Hospital, St. Woolos and Ysbyty Aneurin Bevan (YAB).
- Frequent attenders - investment in dedicated resources to co-ordinate the care for frequent attenders, this will be in place over winter and established permanently in quarter 1 2019.
- Tier 1 falls service with St. John's Ambulance operating during winter period will be reviewed and inform commissioning of a wider Falls Assessment and Response Service.

Table 4.7.1 - Demand Management - Delivery Plan

Programme	Anticipated benefits	Timescale
HCP Call Handling	▪ Reduction in attendance and admission at acute hospitals	2019/20
Extended Primary Care Hubs	▪ Reduction in attendance and admission at acute hospitals ▪ Care closer to home	2019-22
Advanced Paramedic Practitioners	▪ Support WAST to improve AQI17 and AQI19 non-conveyance performance ▪ Reduction in demand for acute urgent and emergency care services	Q1 2019/20
Advanced Care Planning	▪ Reduction in attendance and admission at acute hospitals	Q1 2019/20
Graduated Care/Step Up	▪ Reduction in attendance and admission at acute hospitals	2019-22
Frequent attenders	▪ Reduction in re-attendance/readmission ▪ Improved patient experience	Q1 2019/20

4.7.3 Optimising Flow

Throughout 2018 the Health Board has taken action to reduce periods of escalation, improve 4 hour, 12 hour and ambulance handover performance by focusing on and reducing the time taken to access specialty assessment. A key component has been the establishment of site management teams in the north and south of Gwent. Action was also taken to improve key quality and performance indicators, which focus on pulling patients from the front door and increasing the rate at which patients are assessed out, thus avoiding unnecessary admissions and enabling improvements in key performance metrics. Patient flow and escalation policies, procedures and key staff are now in place at all major hospital sites which includes the co-ordination of patient flow across the entirety of the system.

However, anticipated improvements in performance have yet to be realised, significantly in respect escalation status at the Royal Gwent Hospital and urgent and emergency care targets, driven by difficulties experienced overnight. Urgent and emergency care performance, particularly at the Royal Gwent Hospital, has deteriorated following the difficult summer period.

Four hour performance has deteriorated with performance in March 2019 projected to be no higher than 80%. Likewise the Health Board was unable to eliminate 12 hour breaches, as intended, by November 2019. Ambulance handover has become a shared concern across WAST and the Health Board, particularly at the Royal Gwent Hospital, where it has been increasingly difficult to offload ambulances in a timely way within the current configuration of the hospital estate. It is projected that there will be 355 > 60 minute handover breached March 2019, if improvements are not made immediately.

Whilst performance has been the focus of the Health Board's attention over the last year, it also sought to reduce surplus bed/trolley capacity in corridors and through outlying medical patients in surgical areas, in line with its Clinical Futures plans. Winter beds were closed later than planned in 2018 but there remains a policy of zero corridor capacity for patient care. As part of the Clinical Futures Organisational Capacity plan there is a focus on the bed reductions required prior to transfer of services to The Grange University Hospital, however during 2018/19 there has been no reduction in the Urgent and Emergency Care bed base.

Workforce remains a challenge, especially medical staffing in Emergency Departments and nursing establishment on wards. A Master Vendor arrangement has been put in place to address medical staffing gaps. Over winter the Health Board is using incentive schemes to manage nursing establishment to enable the required surge capacity in the system to manage demand.

Recovery
The Health Board has commenced an internal turnaround programme, led by a core medical, nursing and operational leadership team with support from an external Turnaround Manager. This will be in place at the beginning of this IMTP period, but in order to embed short term changes to sustain improvement over the longer term, there needs to be a shift in culture across the entire urgent and emergency care system leading up to the transition to The Grange University Hospital. The turnaround programme is backed by a detailed work plan and the terms of reference set out clear operational and clinical targets to be achieved, highlighting the importance of clear communication to ensure better management of interfaces and handover of patients between professionals.

It is also recognised that site management needs to be more robust, particularly overnight, reducing the reliance on "on call" systems to de-escalate sites. Therefore in 2019 the Health Board will finalise site team structures, including staffing the Royal Gwent Hospital later into the evening. A Hospital at Night model is being developed through the Clinical Futures programme. Efficient, effective and safe acute care services 24 hours a day and 7 days a week, requires funding of the established business case for an Outreach team, a priority within the "Critically Ill" workstream.

There will also be a re- focus on the SAFER bundle and model ward processes at Nevill Hall and the Royal Gwent Hospitals, as well as consistent application of Health Board policies (such as Choice and Patient Discharge policies) to ensure patients and their families are fully informed about their discharge from acute care. This will be supported by a review of the in-hospital transfer and discharge co-ordination resources, to ensure a prudent, system wide approach to flow.

Key actions to recover system include:
▪ Implementing the programme of recovery, focussing initially on Emergency Department processes and workforce alignment to demand, then moving out to standardising practices across acute and community wards, reiterating the importance of the SAFER bundle in improving flow; ▪ The turnaround programme will be supported by a Workforce and Organisational Development to embed a culture which supports short term recovery over a longer period to sustain improvements; ▪ Establishing standardised leadership, site management and consistent escalation across the system; ▪ Reviewing patient flow resources across the Health Board and configuring the teams to have the most benefit to the system as a whole; ▪ Ensuring accurate, consistent and real time data available to support performance and quality improvement and match capacity to demand. In 2019, the Health Board's newly acquired Business Intelligence system will be implemented across the Urgent Care system to provide this real time data capability; ▪ The Unscheduled Care Collaborative facilitated by ABCi will re-focus its work plan in support of Urgent and Emergency Care Recovery.

Pathways and Ambulatory Emergency Care

Over the next three years the Health Board, in conjunction with WAST, will develop its services to allow certain patient cohorts to bypass ED, including a range of direct admission and ambulatory care pathways. The Royal Gwent Hospital will implement an Ambulatory Emergency Care model in 2019 located in the Short Stay Unit, with a further 20 medical pathways being managed by ED consultants on the unit.

To address the rise in surgical referrals and admissions, the Health Board will establish the staffing for the T&O receiving unit permanently in 2019 and it intends to ring fence a bed for Fracture Neck of Femur patients, in order to stream patients more directly to the T&O ward and theatres.

Elderly Frail Units

There has been initial success in reducing lengths of stay in ED and assessment units for elderly frail patients due to the Phase 1 expansion of the Elderly Frail Unit (EFU) at Royal Gwent Hospital. When it is operating effectively, the EFU team has been able to provide comprehensive geriatric assessments at the front door, pulling patients from ED with an overall improvement in lengths of stay. However the service has been limited to 5 days per week, with no dedicated Ambulatory Care facility.

The Health Board also intends to create capacity to improve ambulance handover times through changes to ward configuration across the Health Board. Therefore, the Health Board will reconfigure wards at the Royal Gwent Hospital and will invest in a 7day EFU service, initially through winter resources and then recurrently which will provide capacity for an ambulatory care bay. The Health Board also intends to fully establish an EFU at Nevill Hall.

Nevill Hall Hospital

Once The Grange University Hospital opens, Nevill Hall Hospital will have a full (pre-screened) medical take. Single Urgent Care Access at Nevill Hall is therefore being progressed as a major strategic change. A Schedule of Accommodation will be agreed in quarter 1 2019/20 and a capital case developed to make the required changes over the next 3 years. The output will be co-located assessment, ambulatory care, Minor Injuries and GP Out of Hours with a single access point.

Table 4.7.2 - Optimising Flow – Delivery Plan

Programme	Anticipated benefits	Timescales
Pathways: Direct admission Ambulatory Emergency Care #NOF and T&O	▪ Reduction in ED and assessment area overcrowding. ▪ Support the improvement in 4hour, 12hour and ambulance handover performance. ▪ Improved patient experience through a clear focus on internal professional standards and emergency system quality indicators.	Q4 2019/20
Urgent and Emergency Care Turnaround	▪ Achieve 90% 4hour performance by March 2020. ▪ Eliminate 12hour breaches in ED by March 2020. ▪ Eliminate >60 minute handovers by March 2022. ▪ Improved patient experience through a clear focus on internal professional standards and emergency system quality indicators. ▪ Reduction in red escalation status.	Q2 2019/20
EFU Model Expansion	▪ Increase the rate of pull from ED and assessment areas to reduce overcrowding. ▪ Reduce LOS for elderly frail patients using an ambulatory care approach first. ▪ Increase the rate of discharges, earlier in the day. ▪ Improved patient experience.	Q4 2019/20
Nevill Hall Front door and ward reconfiguration	▪ Single urgent care access in support of acute medical take model. ▪ Improved assessed out rates. ▪ Increase the rate of discharges, earlier in the day. ▪ Support the improvement in 4hour, 12hour and ambulance handover performance. ▪ Improved patient experience.	Q4 2021/22

4.7.4 Discharge

Whilst there is a need to improve acute hospital ward processes to optimise flow, there remains system wide challenges to discharging patients in a timely manner, particularly early in the day. The Complex Discharge review by NHS Wales Delivery Unit highlighted a lack of consistency in MDT and board round compliance, early discharge (which remains at around 20% against a target of 33%), as well as other operational and clinical processes that aim to ensure timely discharge of medically fit patients. Not all delays in the system are the result of social care delays. Regular spot audits also show that at any time there are up to 100 medical outliers on surgical and other non-medical specialty wards, and in unplanned surplus capacity (such as Day Surgery Unit). Around half of these patients are medically fit. As noted above, these issues will form part of the turnaround programme.

Graduated Care

To support the acute and community hospitals to improve flow and to enable timely discharge, Primary and Community Care Division will continue to develop its Graduated Care model to deliver step down services in the community. This will build on developments in 2018, such as the Ysbyty Aneurin Bevan “Virtually Home” ward, to provide the right level of nursing, therapies and social care support to people in community hospitals and care homes to encourage their independence so that discharges are safe and successful.

Home First

For those patients that do require social support in order to enable their discharge, the Health Board has implemented the “Home First” model, delivered by Local Authorities and established using Welsh Government Transformational Funding.

“Home First” will operate 7 days per week at Nevill Hall and Royal Gwent Hospitals enabling discharges from ED and assessment areas to avoid admission to the body of the hospital. It will also enable more weekend discharges. Therapies staff will continue to play an important role in supporting the Urgent and Emergency Care system. There will be further resilience over winter months as therapies staffing is established over 7 days in these areas. The Royal Gwent Hospital

Discharge Lounge will also be opened on Saturdays to facilitate discharges and release capacity to flow patients from the front door.

Over the course of this IMTP, it will be the intention of the Health Board to gradually reduce delays in hospital through shifting resource into the community so that care capacity is available outside of hospital, thereby facilitating earlier discharges and reducing the reliance on the community hospital tier of graduated care.

Transport

The Health Board will work with WAST around the Transport model for Clinical Futures to ensure non-emergency transport is available to support timely discharge. In 2019, NEPTS services will trial "community first" discharges to move patients out of community beds by 9am (pre-booked the previous day) to enable transfers from acute beds to community before 12pm. This will improve flow across the system. The Health Board has also nominated a lead to work with WAST around the transfer of NEPTS commissioning to EASC and the local measurement required to ensure an effective non-emergency transport service to support the urgent and emergency care system.

Table 4.7.3 - Discharge – Delivery Plan

Programme	Anticipated benefits	Timescale
Graduated Care (step down)	▪ Increase in patients admitted directly to community hospitals for assessments. ▪ Reduction in unnecessary demand on Medical Assessment Units and unnecessarily long-stays in acute hospitals for frail elderly patients. ▪ Reduction in the average length of stay in community hospitals.	2019-22
Home First	▪ Expansion of trusted assessor model to Powys. ▪ Additional 25 discharges per week. ▪ Long term admission avoidance. ▪ Improved patient experience.	Q1 2019/20
Transport (NEPTS)	▪ Earlier in the day discharges from community and acute hospitals.	Q1 2019/20
Transport (Clinical Futures)	▪ Supporting infrastructure for Clinical Futures Transport and Retrieval model post-GUH opening. ▪ Timely transfer between GUH and eLGH network.	2019-22

4.7.5 Monitoring and Evaluation

This plan sets out the anticipated benefits for Urgent and Emergency Care that should result from the delivery of system wide change. The key milestones for delivery and benefits will be monitored through a Delivery Tracker, and progress will be overseen by the Urgent Care Board and reported into Executive Team and Finance and Performance Committee.

4.8 SCP 6 – Planned Care

This plan seeks to secure improvements in efficiency and productivity that in combination with prudent healthcare will improve access and deliver high quality, affordable and sustainable services. In particular, it describes how the Health Board will:

- Improve elective access, maintaining a zero 36 week breach position and achieving 95% compliance with the 26 week target by the end of March 2020.
- Deliver sustainable elective and diagnostic services, achieving transformation in accordance with the National Planned Care Programme.
- Implement regional plans for orthopaedics, ophthalmology and diagnostic services with our neighbouring Health Boards.
- Improve operational efficiency through transforming outpatient and theatre services.
- Ensure that changes to elective services are planned and implemented effectively and aligned with the Health Board's Clinical Futures programme.
- Sustain / improve cancer service access and deliver access targets against the new single cancer pathway.

It is designed to ensure that:

- Strategic context and alignment with other change management programmes.
- Existing elective service capacity is confirmed.
- Gaps in the capacity required to deliver IMTP access targets, and any other areas of risk or difficulty in achieving the Scheduled Care Division's required objectives are identified.
- Initiatives to be implemented to address and resolve the identified gaps are set out clearly.
- Benchmarking against national and regional upper quartile performance to ensure activity potential is maximised.
- Quantification of the improvements, benefits and milestones associated with the above initiatives.
- Assurance processes to be established to ensure that these improvements are delivered.

4.8.1 Strategic Context

To ensure optimal effectiveness and co-ordination, the SCP work programme is carefully aligned with a number of complementary programmes and work streams:

Clinical Futures Strategy and revised models of care
53 clinical models have been reviewed in the last 12 months as part of the implementation planning for The Grange University Hospital and transition to the Clinical Futures service model. The revised models confirm the following configuration of planned care service delivery:

Table 4.8.1

Site	Grange University	Royal Gwent	Nevill Hall	Ysbyty Ystrad Fawr
Service configuration	Head and neck surgery Thyroid surgery Patients needing level 2 or 3 support Vascular services Interventional radiology Critical care	All other elective surgical inpatients PACU and 24 hour anaesthetic cover Elective diagnostics Surgical day cases Ophthalmic surgery Surgical step down beds	Ring-fenced surgical day cases Elective diagnostics Surgical day cases Orthopaedic step down beds Cancer centre	Surgical short stay (current model) Elective diagnostics Breast unit

The Planned Care IMTP and SCP documents set out how these revised models will be established, through service, workforce and financial implementation action plans (*insert link to Divisional IMTPs*).

National Planned Care Programme Board (NPCPB).
The NPCPB oversees the benchmarking of efficiency improvements and sharing of best practice in elective care services across Health Boards in Wales, focussing on the five identified priorities of

urology, trauma & orthopaedics, ophthalmology, dermatology and ENT. Status reports for these services within the Health Board are considered as a standing agenda item on the Health Board's Planned Care Programme Board.

Regional Elective Collaborations (Ophthalmology, Orthopaedics and Diagnostics)
The Health Board continues to be an active stakeholder in three regional work streams which are driving efficiency improvements through collaborative planning in diagnostic, orthopaedic and ophthalmology services (the latter led by this Health Board). The ophthalmology work stream is led by the Health Board's Director of Planning, and collaborative planning has progressed with the submission of eye care sustainability fund bids jointly supported across the region, and with the discussion of options for a future cross-Health Board cataract facility. It is intended to accelerate the pace of regional planning work in 2019/20, with options for more formal programme management support to be progressed as a catalyst for future planning and sustainability. This would enable more robust and challenging programme plans to be established, with clear benefit milestones over the coming year and beyond.

The implementation of the revised eye care measures represents a major step forward for the quality and timeliness of ophthalmology care, and the Health Board views this as one of its highest Planned Care priorities over this IMTP period. The service is considered well placed to expedite the anticipated benefits as a result of the ODTC network already established. The Health Board is closely involved with the development of the National Ophthalmology Electronic Patient Record, and will form part of the first wave of roll out. It is intended to use this as a catalyst to extend and optimise ODTC capacity, complemented by the use of non-recurring eye care measure funding to drive further optometrist training and increase the number of patients receiving non-medical management of their condition. The resulting improvements and the timeliness of follow up care will be monitored closely, as indicated in Section 4.8.6.

These work streams will build on recent progress to optimise the added value of regional planning, finalise regional strategic plans for service sustainability and co-ordinate joint bids for investment where appropriate. Further detail is included at SCP 7.

Welsh Government/National Guidance and Recommendations
The Health Board's planned care assurance arrangements ensure that formal guidance and recommendations are incorporated into benchmark comparisons and improvement plans for its own services. This will include learning from national audit investigations and recommendations arising from best practice reviews, for example, the recent National Audit Office review of outpatient follow up management across Wales.

4.8.2 Access to Services

Referral to Treatment Time
The Health Board RTT performance was severely compromised in the last quarter of 2017/18 as a result of unprecedented winter pressures, resulting in a backlog of 36 week RTT breaches at the beginning of 2018/19. This position has been largely recovered, such that performance has been on track to eliminate 36 week breaches and to achieve a 26 week compliance rate of 92.5% by the end of March 2019. The current forecast is that these targets will be achieved at year end.

IMTP Intentions
The Health Board plans to enhance elective access to deliver RTT targets through the following:

- Maintaining a 'zero' 36 weeks breach position throughout the IMTP three year period.
- Maintaining 26 week compliance at 95% from March 2020 and maintaining this through the remaining IMTP period.
- Seeking further improvements through internal stretch targets, where these can be achieved and consistent with other targets and constraints including workforce and finance.
- Ensuring that optimal performance has been realised from existing capacity (through efficiency

improvements, re-engineered patient pathways, application of prudent healthcare principles), prior to any additional core capacity being commissioned.

Plan for delivery
Robust monitoring and escalation of any significant variation from profile will be maintained through the Health Board's established performance management infrastructure. This will include:

- Development of a new comprehensive planned care services dashboard.
- Daily and weekly monitoring at clinical directorate/divisional level, with escalation plans instigated if / as required.
- Executive scrutiny at weekly / monthly / mid-year performance reviews.
- Maintenance and adaptation of individual service sustainability plans.
- Strategic monitoring of improvement and transformation programmes where these are material to future RTT performance.

Service specific plans have been revised and finalised in each key specialty to ensure delivery and long term sustainability. The profile for delivery for the next three years is based on target maintenance as follows:

Table 4.8.2

	March 2020	March 2021	March 2022
36 weeks	0	0	0
26 weeks	95%	95%	95%

Accountability for the delivery of RTT targets lies with the Executive Director of Operations and the Directorates and Divisions, with regular reporting through the Finance and Performance Committee and the Planned Care Programme Board.

4.8.3 Improving Theatre Performance and Efficiency

Current Position
The Theatre Programme Board continues to meet regularly to oversee progress in theatre service performance and efficiency. The work of the Board has been strengthened by the establishment of a dedicated programme manager to drive improvements across all theatre suites through a series of specific projects and sub groups. A comprehensive data review has been used to identify key areas for improvement and set priorities for the year ahead.

IMTP Intentions
Specific plans for 2019/20 include establishing new benchmarks across all theatre suites for quality and safety incidents, list utilisation, late starts, early finishes, short notice cancellations, activity increases and stock control. Additional commercial intelligence and experience gained as a result of the establishment of a mobile theatre on the Royal Gwent Hospital site will be used to drive efficiency improvements in core service provision.

Plan for Delivery
A comprehensive and ambitious theatre transformation programme has been established and is driving a number of improvement initiatives, set out in six major work streams for 2019/20:

Table 4.8.3

Work stream	Aims
Stock Control	▪ Implement and embed new stock control system to optimise stock handing process.
Theatre management system	▪ Develop and implement latest system software upgrade to enhance information management across the whole patient pathway from booking to discharge.
Safety compliance and performance	▪ Optimise patient safety / quality and minimise variation / adverse incidents.
Capacity utilisation	▪ Maximise the utilisation of all theatre and suite capacity across the Health Board.
Theatre collaborative	▪ Facilitate rigorous benchmarking, bring existing teams together and share best practice using IHI methodology.

Work stream	Aims
Clinical Futures	▪ Finalise and implement new service model, to include: ▫ Effective workforce matched to service need. ▫ Optimal equipment and logistics support. ▫ Review role of Llanwenarth Suite. ▫ Development of mathematical capacity model. ▫ Development of day surgery unit at NHH.

A series of performance indicators with associated improvement milestones will be developed over the last quarter of 2018/19, and will form the basis for performance management and benefits realisation in 2019/20 and beyond.

4.8.4 Diagnostic Service Sustainability and Waiting Times

The Health Board has largely consolidated its previous year end position in respect of the eight week diagnostic access target, with endoscopy breaches virtually eliminated and all radiology modalities – including non-obstetric ultrasound - being monitored on revised profiles to a zero breach position by the end of March 2019.

IMTP Intentions/Plan for delivery
Our aim is to deliver high quality diagnostic services through the following actions and initiatives:

- Managing demand through the practical application of prudent/value-driven healthcare principles including referral audit and alternative patient pathways, recognising that the adoption of the single cancer pathway is likely to result in increased demand during 2019/20.
- Optimising capacity, improving productivity and efficiency.
- Eliminating backlogs and providing sustainable long term services.
- Establishing and maintaining a zero eight week breach position throughout the IMTP period.
- Increasing the proportion of investigations undertaken within six weeks of request.
- Working collaboratively across Health Boards to identify mutually beneficial/regional delivery plans.

The profile for compliance for the next three years is therefore based on target maintenance and enhancement as follows:

Table 4.8.4

	Sep 2019	March 2020	March 2021
% 8 week compliance	100%	100%	100%
% 6 weeks	90%	95%	95%

It is intended that the actions described above will enable the Health Board to address and manage anticipated growth in demand for key radiology modalities such as part of the move to a single cancer pathway. A radiology transformation programme has been established and is driving a number of improvement initiatives, set out in five major work streams for 2019/20:

Table 4.8.5

Work stream	Aims
Appropriate demand	▪ Simplify request protocols and optimise vetting process. ▪ Implement I-refer electronic referral system. ▪ Benchmark service practice against NICE guidance. ▪ GP advice line. ▪ Educational forum.
Flexible workforce	▪ Implement extended scope radiography roles. ▪ Review job planning to ensure alignment with service needs. ▪ Establish / consolidate seven day service model. ▪ Optimise arrangements for staff bank.
Performance and utilisation	▪ Implement patient reminder system as standard practice. ▪ Establish activity tracker / cancer dashboard. ▪ Review out of hours service provision at YYF.
Prioritisation	▪ Priority cancer pathways for neck / lower GI / lung.

Work stream	Aims
	▪ Optimisation of VIP service
GUH transition plans	▪ Finalisation and implementation of Clinical Futures model to provide optimal support to The Grange University Hospital

4.8.5 Orthopaedic Services

Ensuring timely access to orthopaedic care on a sustainable basis remains one of the most significant challenges within the Health Board. Following severe operational pressures in the final quarter of 2017/18, the service began the year with a backlog of 500 patients breaching the 36 weeks waiting time target. Despite continued pressures, performance has stabilised in 2018/19, with new initiatives including additional mobile theatre capacity and a revised trajectory to achieve a zero breach position prior to year-end.

Standards and Outcomes
The service continues to benchmark standards and outcomes against the Getting it Right First Time (GIRFT) report and recommendations, including assessment of demand/capacity balance, minimum critical volumes of specialist procedures, compliance with national guidance, optimisation of fractured neck of femur pathway and best procurement practice. An enhanced neck of femur pilot is currently ongoing to assess the impact over the winter period, pending consideration of long term funding.

Musculoskeletal Service Transformation
MSK transformation continues to be a key priority for the Health Board and across Wales, as a major component of the work to reduce orthopaedic waiting times. The principal aim of the work stream is to rebalance services and maximise the potential for non-medical management, thereby releasing and protecting additional secondary care elective orthopaedic capacity. There are close links with the National Planned Care Board agenda and with the Health Board's Value-Based Healthcare Programme. MSK initiatives are being clinically led through the Clinical Futures Service Redesign Programme, with stakeholders across the whole healthcare system. Regular updates of progress are provided to the Planned Care Programme Board.

4.8.6 Outpatient Transformation

The Health Board recognises the major impact of outpatient services and the potential gains to be made from innovative practice and improved efficiencies consistent with upper quartile performance. Outpatient services therefore represent a major element of the overall transformation programme, with a wide range of initiatives ongoing in a number of specialties. Many of these schemes were initiated as a result of the Outpatient Collaborative, which was established under the guidance of the ABCi team to stimulate innovation across the Health Board. The Collaborative sought evidence of best practice (including from national programme good practice guidance), facilitated staff training in quality improvement techniques and generated a series of pilot improvement projects. Progress against these schemes and against agreed national priorities is monitored by the Planned Care Programme Board, chaired by the Executive Director of Operations. Examples of schemes that have recently been completed or are ongoing across the Health Board include the following:

Patients in control See on Symptoms for follow-up Community based lower back pain Respiratory drop-in CPAP	**Optimising Resources/Streamlining** One stop head and neck lump clinic One stop varicose vein service Direct listing for hernia pathway
Technology: GP e-mail Advice Lines Doctor/Doctor reminder services Virtual Clinics (PSA urology, ENT, Rheumatology, Ophthalmology)	**Optimising Workforce** Nurse Injectors for AMD patients Nurse Led Annual Review for SMI (mental Health)

IMTP Intentions
It is recognised that there is considerable added value in co-ordinating the wide range of ongoing and future outpatient-related initiatives and in ensuring that lessons and best practice are shared across all sites as a consequence. The intention is to achieve this under five main improvement themes:

- Enhancing the roles of patients and communities.
- Changing professional roles and culture to optimise response to patient's needs.
- Re-thinking locations.
- Re-designing services through the use of new technology.
- Intelligent use of data and measurement for outcomes.

Specific initiatives will seek to demonstrate best practice in the management of timely outpatient follow up care, drawing on the conclusions and recommendations of the recent Welsh Audit Office report. These will include reduction in demand levels through the further rollout of 'see on symptoms' status and the extension of e-advice networks within and between primary care and secondary care. An improvement profile to reduce the numbers of patients waiting beyond their target date for a follow up appointment over the IMTP period is set out below.

Table 4.8.6

	Apr 2019	Jun 2019	Sept 2019	Dec 2019	Mar 2020	Mar 2021	Mar 2022
Number of delayed patients	20,800	19,200	16,250	13,800	12,000	6,000	5,000

Plan for Delivery
It has been recognised that the spread of outpatient services across several Health Board Divisions and functions requires robust and focussed co-ordination to ensure that benefits in one department are communicated, shared and replicated in all other areas of potential. In order to ensure this, it is proposed to establish a new Outpatients Improvement Board (OIB). The OIB would be chaired by an outpatient clinical lead and would have the following objectives:

- To agree priority outpatient transformation projects and programmes.
- To ensure that corporate outpatient improvement activities are aligned with the priorities of the OIB.
- To agree milestones for outcomes and benefits for each project and programmes.
- To monitor progress with programmes in accordance with agreed milestones and advise the Planned Care Programme Board accordingly.
- To ensure that ensuring that lessons learned and benefits achieved are shared and extended as best practice across all Health Board sites.

To ensure appropriate clarity and governance, the OIB would report to the Planned Care Programme Board. The latter will work with the existing outpatient collaborative/faculty groups and corporate prudent healthcare teams to ensure that their work priorities are aligned with those of the OIB. It is intended that the efficiency improvements arising as a result will form a benchmark for all outpatient services within the Health Board's Clinical Futures programme.

4.8.7 Cancer Services

The Health Board has consolidated its position in respect of cancer care over the past year, despite experiencing a further increase in referrals compared to 2017/18. Severe ongoing operational pressures have had some short term impact on performance against the core 31 day non-USC and 62 day USC targets. Shadow reporting has however been established against the new single cancer pathway target, which requires all patients to be monitored and to receive definitive treatment within 62 days of the original date of suspicion.

IMTP Intentions
2019/20 will see the first formal reporting of performance against the new single cancer pathway, with results expected to be in the public domain during the summer. A key objective of the Health

Board is to deliver exemplary cancer services in accordance with the revised access target and through the delivery of its broader strategic cancer plan. The IMTP intention will be to maintain target compliance across all tumour sites, monitored against the following milestones:

Table 4.8.7

Parameter	Mar 2019	Sep 2019	Mar 2020
Non USC	98%	98%	98%
Urgent Suspect Cancer	92.5%	95%	95%
Single cancer pathway	92.5%	95%	95%

Plan for Delivery

The Health Board has a Cancer Delivery Plan for each tumour site that covers both compliance with formal cancer standards and the delivery of cancer treatment times. Access time target performance will be monitored through a fortnightly cancer assurance meeting and the achievement of broader standards will be overseen by the Cancer Delivery Board, chaired by the Director of Planning.

In reviewing and managing service demand and capacity, a key concern for the Health Board is that the new single cancer pathway is likely to increase referral numbers by up to 20%. This represents a significant challenge to the services concerned, particularly in respect of diagnostic tests. The capability of the service to anticipate and track individual patient pathways has been enhanced through the procurement of upgraded tracking software, which has much improved connectivity with existing patient information and radiology systems. This is believed to be a leading development in Wales, in the context of the acknowledged constraints of previous cancer patient data systems.

Complementing the above at an operational level, local service initiatives continue within the individual tumour sites to ensure the optimal efficiency of patient pathways. These include rapid access one stop diagnostics clinics, direct diagnostic referral from primary care (against agreed minimum data sets and clinical criteria) and more flexible theatre capacity carve out for cancer interventions.

The Cancer Delivery Plan - and the individual tumour site standards contained therein - remains a key strategic priority for the Health Board in order to ensure continued high quality and timely cancer care and treatment for all our population. Further details of progress against strategic cancer priorities is contained within Service Change Plan (SCP) 3 for major health conditions.

4.8.8 Monitoring and Evaluation

The Health Board's Planned Care Programme Board is the principal vehicle for ensuring that improvements in elective service access, efficiency and effectiveness are delivered in accordance with plans and milestones. It seeks to ensure:-

- Alignment of discussion and focus with key national, regional and Health Board priorities.
- Application of prudent healthcare/value based commissioning principles to service planning and development.
- Robust oversight of progress and delivery.
- Consistent engagement and contributions from all Programme Board members.

The Executive Lead for SCP 6 is the Executive Director of Operations. The Programme Board continues to draw from a broad range of experience and expertise, including the NHS Wales Delivery Unit and the National Planned Care Programme.

In addition, the workforce and financial impacts of the RTT delivery plan are included within the Health Board's overall workforce and financial plans and will be subject to further scrutiny.

4.9 SCP 7 – Service Sustainability and Regional Planning

4.9.1 Introduction

As described in the Health Board's Clinical Futures Strategy, the sustainability of a number of acute specialties will ultimately be achieved through their centralisation at The Grange University Hospital in 2021, including inpatient care for high acuity elective and emergency surgery, paediatrics, obstetrics, neonatology, acute stroke, cardiology and gastroenterology.

The Grange University Hospital provides the enabling infrastructure and critical mass for such services, though it is recognised that there will be a challenge in sustaining services prior to 2021 and this section describes the transition plans the Health Board will develop to sustain a number of services together with its increasingly important Regional Plans.

4.9.2 Service Sustainability

The Health Board has a track record of transforming its services to deliver both improved outcomes and sustainability. The Health Board has successfully reconfigured its stroke, urology, ENT, ophthalmology and maxillofacial surgery services, centralising the inpatient elements of care. The Health Board has also implemented and maintained an innovative workforce model for its neonatal services following the redistribution of Tier 1 & 2 trainees to Singleton Hospital and the University Hospital of Wales, sustaining neonatal services at the Royal Gwent Hospital in a refurbished unit.

The feasibility of systematically reconfiguring medical and surgical specialities prior to the advent of The Grange University Hospital has been reappraised with clinical interdependencies such that there is limited potential to significantly change the physical configuration of services. As a consequence, the Health Board will seek, as far as is practical, to retain the existing configuration of acute services until the opening of The Grange University Hospital 2021, giving priority to standardising practice and introduce new models of care in advance wherever possible.

The key work areas for 2019/20 priority programmes are the Health Board's transition plans for inpatient paediatric, obstetric and neonatal services. Whilst this Service Change Plan describes the development of transition plans for a number of acute services, it is recognised that the scope of the Health Board's transition plans extends to its Primary and Community services and these are described in SCP 1 and SCP 2.

4.9.3 Paediatrics, Obstetrics and Neonatal Services

This SCP seeks to provide a transition plan for paediatric, obstetric and neonatal services within the Health Board prior to the anticipated opening of The Grange University Hospital in 2021.

Baseline Position

In 2015/16, the Health Board implemented new workforce models to sustain paediatric, obstetric and neonatal services at the Nevill Hall and Royal Gwent Hospitals to achieve Deanery requirements to centralise medical training at the Royal Gwent Hospital and enable improved quality of medical training. This has required the appointment of hybrid consultants, Clinical Fellows and specialist nursing posts at Nevill Hall Hospital. While the new workforce model has been implemented, it has not proven possible to recruit to substantive roles for all posts, notably Clinical Fellows and it is therefore over reliant upon medical agency staff to cover posts and is very fragile.

The Health Board has continued to manage risks within year and it has been necessary to introduce contingency measures on weekends, with limited changes in patient flows. Significant workforce pressures have however persisted despite a detailed action plan that sought to strengthen recruitment and retention. This is compounded by national recruitment difficulties and the calibre of some agency doctors which has resulted in their early release, exacerbated by maternity leave and sickness. The Health Board is working with Cwm Taf Morgannwg UHB and Powys THB on the

development of a transition plan for its paediatric, obstetric and neonatal services in advance of The Grange University Hospital centralisation.

In the light of the vulnerability of the current workforce model, and the anticipated opening of The Grange University Hospital in 2021, the Health Board will determine the optimal transition plan for inpatient paediatric, obstetric and neonatal services, and its enablers and associated timetable.

Desired Future State
The objective is to develop and implement a sustainable transition plan for inpatient paediatric, obstetric and neonatal services for the population of Gwent and South Powys, working closely with Cwm Taf Morgannwg UHB and Powys THB. Subject to the outcome of engagement, it is considered that this may require a planned service change with the potential for the centralisation of inpatient paediatric, obstetrics and neonatal services as a transition to the model described within the Health Board's Clinical Futures Strategy. The detailed planning includes the sustainable workforce model, enabling infrastructure changes and resultant financial impact across Health Boards in South East Wales.

Interdependencies
There are interdependencies with the plans of Cwm Taf Morgannwg, Cardiff and Vale and Abertawe/Swansea Bay UHBs in implementing the outcome of the South Wales Programme and the completion of relevant capital developments. It is anticipated that the completion of the capital development at the University Hospital of Wales in February 2019 will enable the delivery of the outcome of the South Wales Programme with regard to Cwm Taf Morgannwg and Cardiff and Vale UHBs in March 2019, and is a key enabler in potentially identify capacity to support service changes within the Health Board.

Workforce and Financial Issues
The financial costs of the current service are fully reflected in the Health Board's underlying position and the workforce and financial consequences of potential changes, including flows outside the Health Board, will be established as part of detailed planning.

Risks
The Health Board is heavily reliant upon agency and locum staff, together with consultants providing resident Tier 2 cover at nights. It has sustained services on this basis albeit through the adoption of contingency plans on weekends since October 2017. Whilst potential changes in the reconfiguration of services are being considered, the Health Board has continued to prioritise recruitment and retention.

4.9.4 Regional Planning

The Health Board is committed to working collaboratively and at pace with Health Boards in South East Wales to secure the benefits of planning a number of priority services on a regional basis. The work programme comprises legacy programmes and elective work streams, with the following achieved in 2018/19.

Table 4.9.1

Specialty Workstream	Progress in 2018/19
Paediatric, obstetrics and neonates.	▪ Cwm Taf Morgannwg completed a review of proposed activity flows based on updated local clinical pathways for Paediatric A&E emergencies and for obstetrics following local engagement with mothers-to-be. ▪ Revised flow arrangements shared with AMU UHB, C&V UHB and WAST to inform changes to planning assumptions for activity changes proposed in March 2019. ▪ Capital scheme at PCH completed and UHW NICU and Obstetrics capital schemes on schedule.
Vascular services.	▪ The commencement of a regional out of hours interventional radiology rota from the 4th February 2019, with agreement of a 4th Interventional Radiologist at Cardiff & Vale UHB.

Specialty Workstream		Progress in 2018/19
		▪ Following appraisal, agreement to plan for a single step approach for the centralisation of arterial surgery at Cardiff & Vale UHB, with spoke services at Royal Gwent and Royal Glamorgan Hospitals.
ENT.		▪ Work to develop an acute regional ENT model was, following agreement by the Region, stood down. However, Cwm Taf Morgannwg and Princess of Wales (POW) ENT teams have agreed a model which addresses sustainability issues for POW and will commence in 2019/20. ▪ Review has been undertaken of existing regional Head and Neck Cancer model which comprises cross organisational MDT with a clinical threshold for complex cases (defined as free flap / reconstructive maxillofacial cases) to be undertaken at University Hospital of Wales, Cardiff. ▪ A proposal has been finalised regarding provision of specialist and routine Head and Neck Cancer activity. Regional sign off of the proposal would see the service unchanged at this time. If the evidence base for further improving patient outcomes increases the service model would again be reviewed.
Diagnostics	T/MRI	▪ Regional demand and capacity work for CT and MRI was completed. ▪ Continued to utilise available capacity in MRI within CTUHB. ▪ Scoped and delivered the opportunity for C&V to house a mobile unit on the RGH site, so that they can increase capacity.
	Endoscopy	▪ All Health Boards completed an endoscopy service mapping exercise focused on facilities, workforce, and procedures. ▪ Initial demand and capacity work was completed.
	EUS	▪ Agreement reached to explore the options for a regional solution for a South East Wales EUS service. A service scoping exercise has been completed and the level of future demand a networked service is to be based on has been agreed. ▪ A workshop to undertake an option appraisal to be held early in 2019. It has been agreed that any option would need to be networked across health boards due to the workforce limitations and service fragility.
Ophthalmology		▪ Development of plans to eliminate long waiting patients by the end of March 2019. ▪ Agreement of a regional approach to eye care sustainability, with proposals submitted to augment community based services and their digital enablers. ▪ Following a strategic workshop, agreement that the case for a high volume cataract facility for South East Wales be prioritised.
Orthopaedics		▪ Collective demand and capacity plans developed. ▪ Service models and implementation plans for the development of community based assessment services shared. ▪ Service specifications for common pathways shared.

The 2019/20 work programme seeks to build upon progress made to date and the maturing approach to regional planning, with the following summarising the specialty work programmes.

Table 4.9.2

Specialty Workstream	2019/20 Work Programme
Paediatric, obstetrics and neonates	▪ Finalise detailed service specifications to reflect revised clinical pathways and flows ▪ Continuously and collectively monitor operational changes implementation during 2019-20 to ensure any ongoing service sustainability pressures are collectively addressed.
Vascular services	▪ Post implementation review of the Out of Hours Interventional Radiology Service. ▪ Detailed planned of the centralisation of arterial vascular surgery to enable implementation in 2019/20. ▪ Submission of a capital case for a hybrid theatre at the University Hospital of Wales to support centralisation.
ENT	▪ New ENT model for Cwm Taf Morgannwg and POW will commence mid 2019/20. ▪ Deliver Head and Neck Cancer cross organisational MDT services across Cwm Taf Morgannwg, POW and Cardiff and Vale, with complex cases continuing to be undertaken at UHW.

Specialty Workstream		2019/20 Work Programme
Diagnostics	Priority 1: Improving Capacity and Waiting Times	▪ Agreed to develop a standardised approach to demand and capacity planning with the support of the delivery Unit, to strengthen the planning of the regional work. ▪ As part of the collaborative approach, spare capacity within the CTUHB Diagnostic hub will continue to be offered up to partners in the region. ▪ Work on how the mobile MRIs currently in use in Cardiff will be managed regionally via Diagnostic Hub in 2019/20.
	Priority 2: Sustainability of Services	▪ Develop a standardised approach to demand and capacity planning for endoscopy with the support of the delivery unit. ▪ Assess demand and capacity and explore opportunities for joint working and shared working around solutions for meeting any shortfall in capacity. ▪ The group will consider options for the delivery of a regional service for EUS and review other emerging areas of fragility. ▪ CTUHB will be progressing plans to expand Endoscopy services as part of phase 2 of the Diagnostic hub project, which could provide opportunities for the region.
	Priority 3: Colonoscopy and FIT testing	▪ Work will focus on regional planning opportunities surrounding the expansion of bowel screening services in particular the impact of the introduction of FITT testing on colonoscopy. ▪ Work will focus on exploring the opportunities to pilot FIT in symptomatic patients outside of the bowel screening programme, where capacity allows.
Ophthalmology		▪ Refresh of regional plans to improve elective access, reduce and delayed follow ups that reflect the impact of revised prioritisation. ▪ Prioritise the digital enablers for the transformation of eye care services and community solutions, piloting the Electronic Patients Record and the Elective Referral on behalf of the All Wales procurement. ▪ Development of the case for a Regional High Volume Cataract Facility for South East Wales.
Orthopaedics		▪ Update and share 2019-20 demand capacity plans to identify opportunities for collaborative capacity-sharing. ▪ CEOs to confirm each UHB T&O strategic service configuration plans in order to identify and share regional capacity development proposals. Produce high-level regional capital & revenue implications across the South Central UHBs to compare with a centralised elective facility option.
Major trauma		▪ Supporting the NHS Wales Collaborative in the development of the Business Justification Case and in the actions to deliver compliance with relevant standards. ▪ Development of the Business Justification Cases for Major Trauma Units within Cwm Taf Morgannwg and Aneurin Bevan UHBs. ▪ Development of the Outline Business Case for the Major Trauma Centre at the University Hospital of Wales.
Transforming cancer services		▪ Development of an Outline Business Case for a Radiotherapy Satellite Centre at Nevill Hall Hospital as part of the Velindre NHS Trust Transforming Cancer Services Strategy. ▪ To support Velindre NHS Trust with the Transforming Cancer Services Programme Business Case and the Full Business Case for the new Velindre Cancer Centre.

The Health Boards will ensure that the resources required to deliver the above programme at pace are secured, for a combination of external and internal sources.

5. ENABLERS

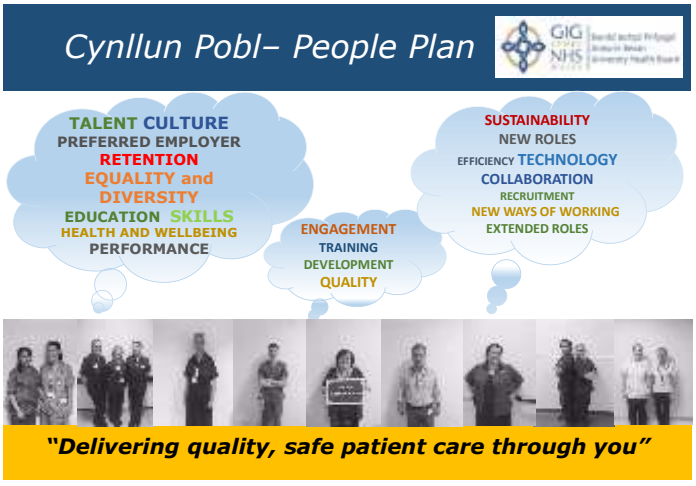
5.1 Workforce

The Health Board has an ambitious change and transformation programme that underpins the delivery of its Clinical Futures Strategy. With an ageing population and a rising number of people with complex and chronic conditions, transformational change is required in the way our services are delivered. Our workforce in turn must be ready to evolve and respond to the many challenges ahead.

The key overarching challenges are:

- Developing leadership strategies and a culture that delivers a highly engaged and healthy workforce.
- Continuing to develop and implement OD strategies to support service transformation and redesign.
- Workforce planning and redesign focussed on the need to deliver care closer to patient's homes and support them to maintain their independence and to stay as healthy as possible. This will require radical thinking about what skills are needed and the more effective use of the unregulated and volunteer workforce as well as top of licence working.
- Implementing an ambitious change programme to deliver redesigned services in line with Clinical Futures.
- Collaboration with our partners in other sectors including social services, housing, education, transport and the third sector.
- The affordability and sustainability of the current workforce due to increased agency and locum costs.
- Recruitment and retention of medical and non-medical staff in a highly competitive local, UK and international market place. Depending on the Brexit settlement, the UK's exit from the EU could have a profound impact on the NHS workforce.
- Sustaining sickness absence levels below the Welsh Government target.
- Commissioning adequate training places to meet the needs of the service.
- Maximising the use of digital technologies to support and accelerate change.
- Compliance with Welsh Language standards (See **Appendix 3 - Welsh Language**).

Figure 5.1.1



In 2018/19 IMTP the Health Board described a three year programme that was based around three themes, namely:-

- Productive and Efficient Workforce
- Engaging and Developed Workforce
- Sustainable Service Now and for the Future

This was designed to simplify a complex range of activities and describe these in a way that can be readily understood and supported by colleagues across the Health Board.

Our first People Plan was launched in 2018 and is an ambitious programme of improvement that ensures activities are fully aligned to the needs of the organisation now and during the transition to the opening of The Grange University Hospital in 2021/22. The People Plan is dynamic and under regular review to ensure that it meets the challenges faced by the Health Board. Key achievements that have been delivered together with a more detailed work plan can be found in **Appendix 4.** A high level summary of the People Plan is set out in Table 5.1.1.

Table 5.1.1 – People Plan: Overview of the Work Plan

Enabling our people to work productively and efficiently

We will:

Reduce sickness absence to >5% through well-being strategies and improved engagement.

Promote the new Managing Attendance at Work Policy with a changed emphasis on managing attendance as opposed to absence.

Invest in and improve access to Occupational Health & Well-being Services to support staff

Develop new ways of working and better use of technology through involving staff in the design of services and identification of informatics solutions.

Think "Digital First" solution to reduce unnecessary waste through travel costs and time (including Skype and tele-health)

Facilitate effective deployment of staff through improvements in e-Rostering

Maximise existing skills and competencies through effective deployment of our workforce

Continue to create easy to navigate systems and support tools for new staff and managers through improved ESR functionality

Ensure all medical staff have up to date job plans.

Introduce new roles with less reliance on traditional scarce resources and promote" top of licence" working.

Engaging And Developing Our Staff

We will:

Review PADR processes in line with the all Wales Pay Progression policy

Continue Culture Change programme of work embedding the Health Boards' Values and Behaviours Framework.

Empower Clinical Futures Champions to support transformational change

Promote and help deliver the Clinical Futures Programme.

Implement the new People Management core skills programme for new and aspiring managers with enhanced modules to support transformational change.

Launch the Employee Experience Framework enhancing staff engagement and well-being; and launch/evaluate the Psychological Debriefing network

Listen to our staff by acting on the staff survey results and continue with pulse surveys and deliver a Listening Service to address workplace bullying.

Achieve the Health Boards Strategic Equality Objectives

Increase the proportion of Welsh speaking staff to meet the needs of the local community.

Build staff confidence, skills, curiosity and opportunities for learning across sectors, systems, technology and digital applications

Increase awareness of Credit Unions savings through deduction from salary and an increased focus on financial well-being.

Continue to strengthen and embrace partnership working with Trade Unions

Strengthen the valuable contribution of Volunteering across the Health Board

Sustaining Services Now And For The Future

We will:

Implement innovative approaches to retaining staff by adopting excellent recruitment, development and employment practices and improve recruitment timeliness

Embrace and develop new and extended roles and continue to develop the workforce to deliver the Clinical Futures Programme

Collaborate with other Health Boards and partners to share experience, expertise and opportunities for workforce.

Support Primary Care to deliver workforce plans aligned with Neighbourhood Care Networks (NCN) to identify priorities that achieve sustainable service.

Enhance our offer of work experience and apprenticeships, with a particular focus on disadvantaged groups

Strengthen connections with schools to ensure promote health service careers.

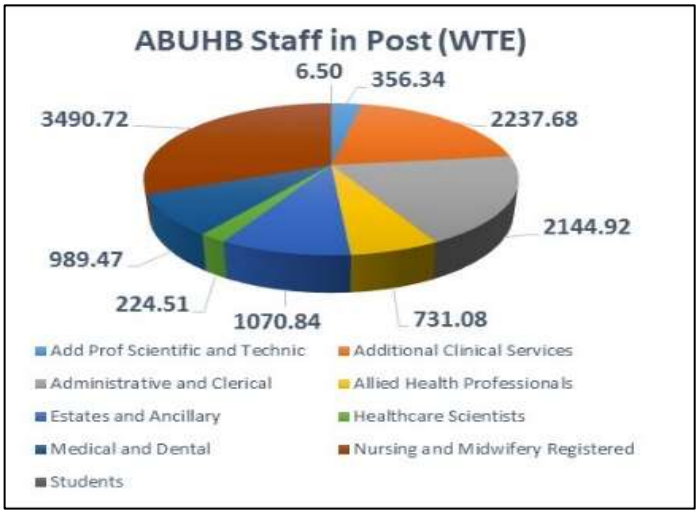
Collaborate with public sector partners to develop and deliver integrated Health & Social Care services. Continue to optimise workplace coaches following a partnership training programme with Gwent Police.

Widen access for local citizens to opportunities that support our social responsibility as one of the largest employers in the area.

Current Workforce

The Health Board employs 11,252 WTE (October 2018) and is the largest employer in Gwent. The staff group profile has remained relatively unchanged in the last year.

Graph 5.1.1



The largest staff group is Nursing and Midwifery at 30% of the total workforce followed by Additional Clinical Services at 20%.

There has been a 1% (110 WTE) increase in the workforce since October 2017 across a number of professional staff groups. The three highest are within Additional Prof Scientific and Tech (9.50%, Administrative and Clerical (5.00%) and Healthcare Scientists (4.00%).

Some Key Facts

- 80% of our workforce are female.
- 50% of the workforce are part-time.
- 25% of the workforce are over the age of 55 years and 40% are over the age of 50 years indicating an ageing workforce profile.
- There are 330 WTE nursing vacancies, 25 WTE Consultants and SAS doctors and 53 WTE Junior and Clinical Fellows.

Primary Care Workforce

Around 1,884 staff work in Primary Care including practice nurses, pharmacists, advanced specialist nurses, HCSWs and administration.

There has been some increase in Allied Health Professionals with the recruitment of multidisciplinary teams including Pharmacists and Physiotherapists.

There are currently 78 General Practices of which 4 are directly managed by the Health Board.

The Primary Care General Practitioners workforce is made up of 379 GPs in post and 8 of these work within the fully managed practices. 34% of the GP workforce is over 50 years, with the potential that 91 GPs could leave the service within the next 5 years.

Graph 5.1.2

Most nursing homes provide the Health Board with workforce information to inform the educational commissioning numbers. They report that they employ 176 nurses (126 WTE) but predominantly the workforce is made up of 671 (495 WTE) HCSWs and 161 support staff. These nursing homes are faced with similar recruitment challenges including a high turnover rate of between 8-10% due to the ageing workforce and labour market competition. To address these challenges, some nursing homes have worked with the University of South Wales to develop the enhanced HCSW role to support service delivery and the Health Board are supporting a training and education programme.

Primary Care - Sustainability

Components of the primary care transformation model have been tested across Wales as part of the Narional Primary Care. The focus will now shift to implementing all components together to achieve

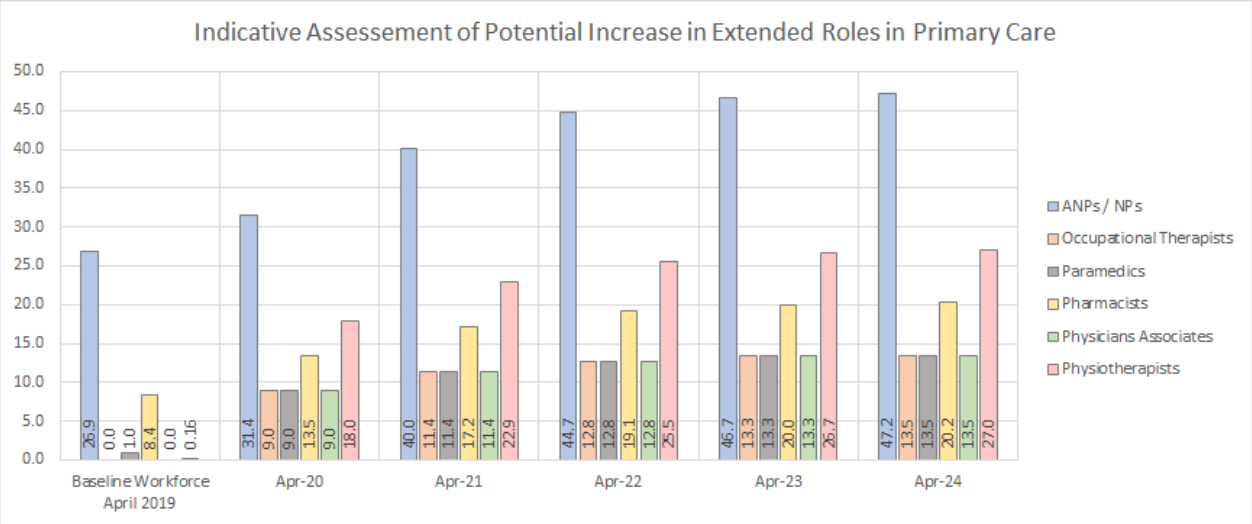
maximum value and spreading the new models at pace across areas where access to services is challenging and which support the sustainability of primary care. Funding from the National Transformation Programme will be injected into Primary Care Services to 'jump-start' the transition to the new ways of working. The increases in workforce to support these service changes have been included in the returned templates.

It is accepted that the number of whole time equivalent GPs is reducing at a time when this workforce is increasingly choosing to work part-time. This presents a significant challenge against a backdrop of increasing demands on GP services, an ageing population and a continuing drive to shift the balance of care from acute to primary and community settings. In order to sustain services, GP practices will continue to be provided with opportunities to adjust their practice skill-mix and to employ a wider range of clinical disciplines to absorb demand which does not require the skills of a GP.

The Health Board has developed a model predicated on 1 extended role clinician to 1 GP (GP+1 model). This would significantly increase the capacity and capability within primary care while also reducing the current GP vacancy factor, resulting in more sustainable services. The model mapped by the Primary Care Division takes account of the patient list size, location and number of GP shortages to determine workload intensity. It assumes that optimising skill mix will enable the redistribution of work traditionally undertaken by GPs, for instance an Advanced Nurse Practitioner might absorb 30% of the workload, a Pharmacist 25% of the workload and Allied Health Professionals (such as Physiotherapists, Occupational Therapists or Physician's Associate) a further 25%.

Based on this hypothetical model, the possible workforce requirement is shown below. It is unlikely that this model could or should be adopted in its totality across all practices and futher work is being undertaken to refine the model further through 2019.

Graph 5.1.3



Future Workforce Profile

There is a demanding workforce change programme required for the foreseeable future in order to meet the in-year challenges of minimising workforce costs, delivering the Clinical Futures Strategy and sustainable services, the Health Board will continue to ensure the existing workforce is deployed as efficiently as possible. Continually assessing the Health Board's position against national reports and case studies helps to reshape the workforce. The Compendium of New Roles is shown in **Appendix 5.** Further workforce modernisation opportunities identified within divisional and clinical future workforce plans are set out below.

Table 5.1.2

Area	Workforce Impact
Primary Care	▪ Increase practiced based pharmacists, social workers, social connector's therapy staff, HCSWs as well as advanced nurse practitioners and physician associates. ▪ Increased educational requirement to ensure Pharmacy teams have enough qualified pharmacists with independent prescribing. ▪ Use of paramedic practitioners and other skill mix to support GP Out of Hours. ▪ Development of integrated teams supporting continuing health care in the community. ▪ Support training and education within Primary Care and nursing homes to reduce admission avoidance into secondary care through improved advanced care planning. ▪ Implement District Nursing Principles to ensure greater sustainability / safer staffing levels and more prudent use of resources including consolidating services, improving skill mix, and education. ▪ Development of mental health practitioners in GP practices. ▪ Development of an Academy will allow a more proactive approach to recruitment and training of nurses, therapists, health scientists and pharmacists to gain skills required to work in primary care supported by transformational funds. ▪ Development of health and well-being hubs with independent contractors, integrated service teams, social care services and pulling together multi professionals into one place. ▪ Therapists and Health Scientists will be increasing out of hospital support to prevent people coming into hospital and ensuring that they stay well in the community. ▪ Population based workforce planning will be rolled out at each NCN level. This will offer rich information to support workforce sustainability and transformation.
Secondary Care	▪ Implementation and development of new roles such as physician associates, ANPs, HCSWs and extended scope practitioners in Therapies and Pharmacy to support service sustainability. ▪ Increase in advanced practitioners, acute medicine, paediatrics, ENP's. ▪ Dieticians with supplementary prescribing rights to avoid delays obtaining dietary medication. ▪ Band 4 nurses to support transitional neonatal cots. ▪ Increase in dual role HCSWs in areas such as portering. ▪ Physiotherapy injectors to support spasticity service. ▪ Development of non-registered workforce to improved sustained service delivery including theatres, critical care, midwifery theatres. ▪ Development of non-medical prescriber as an alternative to the traditional medical model. ▪ Appointment of consultant roles in pharmacy. ▪ Increase in prescribers in nursing and pharmacy to support inpatient ward areas. ▪ Increased radiographers to support increased access to diagnostics to meet cancer target and RTT. ▪ Developing enhanced roles for Orthoptists to support delivery of Ophthalmology performance ▪ Increase in pharmacy technicians and assistant technical officers to support medicine reconciliation at ward level and reduce workload of junior doctors. ▪ Development of blended therapy roles and therapy assistant practitioner support roles to mitigate growing challenges around recruitment and retention, potentially in areas such as critical care. ▪ Development of extended nurse role to deliver procedures and nurse led outpatients. ▪ Development of peer mentor roles in mental health.
Workforce and technology	▪ Virtual reviews in Gynaecology, Paediatrics, Sexual Health and Maternity. ▪ SLT Dysphagia assessment directly into nursing. ▪ Use of skype to deliver services in SALT, CAMHS on an individual and group level and access to medical advice. ▪ Creation of service specific apps to help support patients in their home. ▪ Maximise the use of technology such as DHR, digital dictation. ▪ Embracing technology and accessing data/information whilst mobile (Mobile Working - MoWIC) is a prerequisite for roll out of WCCIS project within community nursing. ▪ Maximise the use of benchmarking through benchmarking data. ▪ Implement recommendations from the Lord Carter report to maximise workforce productivity and efficiencies and reduce back office functions. ▪ Expansion of tele-medicine, theatre stock control system, e-prescribing, point of care, expansion of the Dr Doctor Service and the development of vacuum assisted biopsies. The workforce impacts will need to be evaluated as these projects are expanded and rolled out. ▪ Develop agile ways of working to improve productivity and efficiency.

The impacts of training and education to support these roles, and educational commissioning for the wider workforce have been assessed against turnover, aged profiles and service needs.

Our programme of workforce transformation and modernisation to support Clinical Futures is ambitous and a high level summary of this work is documented below. It is recognised that social model of care needs which focuses on wellbeing and prevention presents us with opportunities to work more collaboratively across the health, social care and third sector. This has already started with the Gwent Transformation Programme agreed by the Welsh Government and through our WOD programme and connections with the wider Workforce community.

Workforce Investments
There are a number of schemes seeking to increase core workforce and these include in 2019/2020:

- Transformation funds within Primary Care – CAMHS, Campasionate Communities, Primary Care Academy, Home First involving the recruitment and secondment of professionals and working with Local Authority partners.
- Clinical Futures requires a workforce that is trained in readiness for Care Closer to Home and The Grange University Hospital. This means an increase in roles such as ENPs, ANPs, ACCPs, First Contact Therapy Practitioners (FCPs) and PAs. It also requires recruitment of radiographers to support service transformation and delivery of cancer targets.
- Investment is required in Clinical Fellows and Speciality doctors to support the acute medical model in readiness for Clinical Futures.
- Increase in nurses to support Critical Care outreach and provide 7-day services.
- Meeting RTT plans will require an increase in core workforce which will result in reductions in WLI and locum and agency costs subject to business case approval.

The workforce plan to support the opening of The Grange University Hospital in 2021 has been refreshed and indicates the need for investment in a number of workforce models to support service delivery and 7-day services. Centralisation of a number of existing fragile emergency services will also generate efficiencies through reductions in locum and agency and variable pay costs that support current sustainability of those services across multiple sites.

Nursing Staffing Levels Act
As of 6th April 2017 all Health Boards and Trusts in Wales have a duty to comply with sections 25A of the act. There is no statutory guidance relating to Section 25A. In order to comply with this section of the Act the Health Board has reviewed and strengthened a number of systems and processes that can demonstrate that the Board has regard to ensuring that the services it both provides and commissions result in the supply of sufficient numbers of nurses to care for patients sensitively.

An action plan, monitored by the executive team, has been developed to support the implementation of the Staffing Act. In March 2018 a paper was prepared for Executives and Board to approve the staffing levels in readiness for April. Additional funding was requested for D4 West, C4 West and an uplift for maternity leave and ward managers equating to £0,260M was granted to support rosters.

Progress with Implementation
The Health Board has established a Staffing Act Implementation Group with representation from finance, workforce and the divisions to progress implementation of the Act and is aligned to the ongoing All Wales work. As a Health Board a work programme has been taken forward to ensure compliance and engagement with the Nurse Staffing Act (NSA) and its requirements:

Education and Raising Awareness of the Act ▪ Acuity masterclasses provided and education sessions. ▪ Nurse Staffing Act interactive presentation at Nursing Conference 2018. ▪ Individual and Group sessions on Staffing Act implementation and acuity training. ▪ Presentations at partnership forum and CHC meetings.	**Nurse Staffing Levels** ▪ Nurse Staffing Escalation Policy Developed and implemented – which is referenced in the HB's Escalation Policy. ▪ Reporting mechanism to escalate deviations from planned rosters from ward to board – reported weekly in a red, amber, green format. This forms part of the weekly executive huddle. ▪ Operational actions in place to ensure all reasonable steps are taken to respond to deviations from the planned roster.
Quality Metrics ▪ Further developed the triangulated approach to reviewing the ward staffing, with review of quality indicators that are particularly sensitive to care provided by a nurse. This includes patient falls, hospital acquired pressure ulcers and medication errors – this list is not exhaustive. ▪ DATIX reporting (incident reporting) relating to these quality metrics has been further developed within the HB to highlight any incidents associated with inadequate staffing levels. This work is being progressed on an All Wales basis.	**Recalculation of Ward Staffing and Triangulation** ▪ Further developed the ward staffing reviews with Executive panels held. ▪ Monthly Staffing Act meetings. ▪ Workforce meetings focusing on recruitment and retention. ▪ Patient acuity data capture, minimum requirement for data collection is January and June each year. As required ward are undertaking more regular data collection to allow more comprehensive understanding of patient needs and associated staffing requirements.

Means of informing patients

Section 25(B) of the NSA states that the Health Board must make arrangements to inform patients of the nurse staffing levels. All wards have the planned rosters clearly displayed at the entrance to wards. In addition each ward has a copy of 'frequently asked questions' on staffing levels which patients can access. This is provided in both English and Welsh and therefore complies with the relevant obligations under the Welsh Language Standards.

From April 2018 sections 25B and 25C of the Act commenced with supporting statutory guidance pertaining to acute adult medical and surgical wards. In line with the statutory guidance and the operational guidance issued, establishment reviews including finance, nursing and workforce took place in September 2108.

Bi-annual review

A bi-annual review took place in September 2018 as required by the Act, this review exercised a triangulated approach. Of the 12 Staffing Act wards in Scheduled Care, 2 required alterations to their rosters. Unscheduled Care required minimal amendments to the rosters requiring a minimal increase in funding which will be absorbed by the division following budget alignment. Family and Therapies consider their rosters to fit within the financial envelope allocated to them and the staffing has not changed since reported to Board in May 2018. However, due to recent changes and the development of an ambulatory care area they are currently undertaking a further review and re-calculation to ensure rosters are fit for purpose.

The wards within Scheduled Care requiring alteration to rosters are Ward D7 East in the Royal Gwent Hospital and Ward 3/1 in Nevill Hall Hospital (both Elective Orthopaedics) both have seen a significant increase in activity as a consequence of seven day theatre working. The staffing template has changed to reflect the change in activity which will be reviewed in 3 months to agree if this is to be recurrently funded on the basis of ongoing level of activity.

The biggest risk to the implementation of the Act relates to RN vacancies, currently Staffing Act wards within acute medical and surgical wards stand at, 94.39 WTE unscheduled care and 74.10 WTE scheduled care.

Workforce Savings
Workforce savings within the IMTP for 2019/20 are specifically generated through the reduction in variable pay spend in PICU within Mental Health, implementation of the new facilities management IT system, Pathology electronic requesting and DHR.

Summary and Conclusions
The People Plan reflects an ambitious change and transformation programme that can only be delivered through the effective use and deployment of all the skills available within our workforce. Our focus is on putting people first recognising that a healthy and engaged workforce provides better outcomes for our patients and our communities.

The Health Board will therefore continue to align it's WOD programme to support the implementation of the opening of the Grange University Hospital in 2021 and will continue to drive opportunties for workforce savings through ongoing implementation of its People Plan.

We recognise the importance of meeting language needs and the positive impact this has on patient experience and the delivery of safe, high quality care. Wales is a country with two official languages, Welsh and English, and we promote and support the right of the community we serve to live their life through either or both languages. This is an integral part of our values as an organisation in putting 'People First' and the culture we are continuously embedding. As documented in our Bilingual Skills Strategy, Welsh speakers can be found in all areas of our community. It is essential that services are proactively offered in Welsh for those that want and need this, without the burden of them having to ask for it – delivery of 'the active offer' is therefore a key consideration within both service development and workforce planning. A detailed supporting narrative, with delivery priorities, is included at **Appendix 3**.

5.2 Innovation and Research

The Aneurin Bevan Continuous Improvement (**ABCi**) team is a corporate resource focussed on supporting Quality Improvement (QI), with the ultimate aim of promoting high quality, safe and reliable healthcare. ABCi achieves this through:

- **Capability** – building improvement, leadership and modelling skills across the Health Board to enable staff to make meaningful change.
- **Innovation** – designing and testing new approaches to address some of the major challenges we face in healthcare.
- **Delivery** – running large scale improvement programmes, working with frontline staff to improve services for patients.

These three pillars are mutually reinforcing. Implicit in, and in the service of, all of them is also the building of networks, both within and outside our Health Board.

No single methodology is right for every improvement and ABCi encourages and supports frontline staff to find innovative approaches. Our evolving innovation strategy focuses on the relationship between innovation and improvement, and the infrastructure required to develop both.[1] Our goal is to contribute to the development of an infrastructure that naturally sustains innovation within the department itself and across the Health Board.

ABCi's focus in the last 12 months has been on establishing and leveraging its existing improvement capability to support high quality, safe and reliable healthcare across the Health Board. In the coming 12-18 months we aim to build on this to deliver a broader and more diverse range of improvement and innovation activities intended to better and more directly support the Health Board in its delivery

[1] Includes: leadership; identification of key needs; culture; ideation routes/methods; space; dedicated time; communications; internal/external linkages and partners; networks; projects; innovation platform.

of specific strategic priorities – in particular, the Welsh Government's Delivery Priorities cited in the NHS Wales Planning Framework for 2019-22, as well as the Health Board's own Clinical Futures Strategy.

Building Capability for Improvement and Innovation

Our most reliable route to achieving improvements in patient experience and optimising clinical outcomes and efficient use of resources lies in application of a rigorous methodology deeply rooted in the Science of Improvement. ABCi's proprietary Coaching for Improvement and Measurement for Improvement packages are now established as the mainstays of embedding frontline methodology and capability to test, measure, implement and sustain improvement, as well as reinforcing a culture of innovative thinking.

ABCi's unique mathematical modelling capability is also now being consistently used to build capability, with Cohort 2 of our Silver Mathematical Modelling fellowship graduating in December 2018 and applications being sought for Cohort 3. The modelling team is also lending close support to Clinical Futures. The core bed modelling in support of The Grange University Hospital has been completed but further modelling work is expected to be required in support of the wider Clinical Futures agenda (such as Primary Care). More widely, the team will continue to input to the broader QI priorities of the Health Board and nationally, for example in the coming 12 months through planned support to the Health Board's involvement in the National Emergency Laparotomy Collaborative.

Finally, we continue, to both deliver and evolve the Enhanced Leadership and Management (ELMP) and Leading People Programmes. Work is ongoing with the Clinical Futures team to ensure that training delivery is aligned with and supportive of their aims.

All of these lines of activity sit within our evolving dosing strategy, intended to engender a network of QI expertise, capability and capacity across the Health Board.

Table 5.2.1 - Summary Priorities for Building Capability

Building Capability In	Through	Aligned to Clinical Futures, Welsh Government Delivery Priorities (WGDP)
Improvement & Innovation	Coaching for Improvement and Measurement for Improvement: ▪ >100 trained Improvement Coaches and Measurement Leads now across ABUHB; ▪ 5yr plan for: 500 Improvement Coaches (>5 cohorts pa); 375 Measurement Leads (3 cohorts pa).	▪ Clinical Futures. ▪ WGDP: Mental Health (through building skilled network in support of Mental Health Collaborative – see 5.14.3). ▪ WGDP: Timely Access to Care (through continuing to support skilled networks in Unscheduled Care and Outpatient collaboratives – again, see 5.14.3).
Modelling	Modelling Fellowship Cohort 3	Clinical Futures.
	Clinical Futures modelling	▪ Clinical Futures. ▪ WGDP: The Primary Care Model for Wales.
	National Emergency Laparotomy Collaborative	WGDP: Reducing Health Inequalities.
ELMP	Development of leadership	Clinical Futures.

Creating the Conditions for Innovative Thinking

ABCi's focus is to continue to develop an infrastructure that sustains innovation within the department itself as well as across the Health Board. Led by our new Innovation Lead, we are further refining the collection and cataloguing of ideas, problems and possible solutions that may feed innovation or seem to have potential. These ideas will form the basis for the evolution of our existing 90-day innovation cycles within ABCi and/or the Health Board – supported with an evaluation procedure, potential applications for funding, and relationship building with industry partners. Sketching the team's observations in a centralised system will inform joint decision making for selecting potential innovation projects. The team's recently developed internal Sync-Matrix serves as a further supporting tool to ensure we protect time to support one 90-day project at a time.

An exciting new development is the prestigious Health Foundation Advancing Applied Analytics award we have secured to formally evaluate our modelling and analytics training. The evaluation will take place over the next 12 months in partnership with the University of Swansea. Additionally, we are seeking opportunities to pursue an innovative improvement programme in psychology with the Health Foundation and/or other external organisations.

We will continue to pursue commercialisation of innovations. This may be in the form of training courses bespoke for healthcare staff utilising innovative teaching methods (such as the modelling and psychology for improvement examples above), or targeted at tools like scheduling assistance devices (in Excel or Java which may or may not include machine learning features), via, for example, the AgorIP or Accelerate routes. Our intention in pursuing the commercialisation of at least some innovations is not, primarily, to generate income (though this may be a welcome by-product), but, rather, because we perceive that this route encourages in at least some cases a certain rigour, and provides opportunities to achieve spread and scale, which will ultimately result in greater patient benefit and greater impact in support of the strategic priorities of the Health Board, NHS Wales and Welsh Government.

Supporting Delivery of Strategic Objectives through Collaborative Methodologies
All three key ABCi improvement collaboratives cited in the last iteration of the IMTP (Unscheduled Care, Outpatient, Pressure Ulcer), are now well-established and – bolstered and given impetus by the influx of trained Improvement Coaches and Measurement Leads – are delivering very positive improvement for their respective areas (an insight into recent results from these Improvement Collaboratives can be provided on request).

In recent months, ABCi has undertaken an internal restructure, creating a number of additional posts. A dedicated Collaborative Lead has been appointed and tasked with strategic oversight of all collaboratives with the resources allocated to them – resources which now also include two new Continuous Improvement Support Manager roles. In the coming year we will focus resources on maintaining impetus in the existing collaboratives, as well as on seeking to spread and scale their success to other wards, departments and sites. We will also seek to use our enhanced oversight to recognise and optimise where collaboratives are complementary or interdependent, for instance where, in the interests of timely and safe care, Unscheduled Care and Pressure Ulcer Collaboratives are both simultaneously pursuing goals, such as MAU at the Royal Gwent Hospital. The additional capacity will allow ABCi to focus on new areas of opportunity aligned with Welsh Government Delivery Priorities, in particular in Mental Health and Learning Disability. Planning and training is in the early stages to enable a new collaborative in this area to commence in earnest early in 2019. Our intention, underpinned by an early influx of Improvement Coaches and Measurement Leads (training already begun), is to trial a new, more arms-length approach. If successful this will prove an important test of our Dosing Strategy and our aspirations to deploy the resources of our small team to optimal effect in support of QI across the Health Board.

Innovation and Research
Research should be a distinguishing character of University Health Boards, and a key enabler for NHS Wales to delivery “A Healthier Wales’ and ‘The Well-being of Future Generations (Wales) Act”. In Aneurin Bevan over the period 2017/18 the number of research studies we have been able to offer our patients has grown to 120, but more importantly the number of staff and the number of Specialities, Directorates and Divisions taking part in clinical trials has expanded. This is testament to the commitment across the organisation to embed University status and to ensure that we are actively progressing towards research becoming a core activity in all areas.

The increase in activity has been steady across commercial and non-commercial research, working with our university partners and industry across both areas. Working with Industry not only brings with it an increase in commercial research but also brings capacity building funding into the department to ensure sustainability of research in line with the current Research and Development Strategy.

Research Activity

Non Cancer Studies

The biggest growth in trial activity has been seen in non-cancer studies and this is a real achievement for patients. It is a mandatory requirement through the Cancer Standard to offer all patients with cancer the opportunity to take part in a clinical trial. However, there is no such drive for non-cancer. Over this period, the Health Board have opened and recruited to 83 (of 120) non-cancer studies across the following areas above.

Accident and Emergency	Dietetics	ITU	Ophthalmology	Public Health
Anaesthetics	ENT	Mental Health	Orthopaedics	Rheumatology
Cardiology	Gastroenterology	Neurology	Paediatrics	Stroke
Care of the Elderly	Gynaecology	Obstetrics & Neonatology	Physiotherapy	Vascular Surgery
Dermatology	Infection	Occupational Therapy	Primary Care	Wound Healing

Cancer Studies

General Surgery (dermatology, breast, colorectal, upper GI	
Palliative medicine	Urology (prostate)
Maxillofacial	Haematology
ENT	Adult respiratory

Cancer studies offer patients the opportunity to benefit from new and novel treatments and support the collection of evidence for the benefit of future generations. 24 (of 120) cancer trials are being carried out across many Directorates and Specialties in the Health Board, including the specialities to the left.

Support Services

Facilitating the Directorates and Divisions to deliver these clinical trials our pharmacy colleagues are currently supporting around 20 (of 120) Clinical Trial of an Investigational Medicinal Product (CTIMPs). Our Pathology Department not only supports patients going into trials in the Health Board but also enables our cancer patients the opportunity to take part in studies running in Velindre NHS Trust. There are currently 113 active trials supported by the Histology Department, 32 of which are commercial, of these histology are supporting six trials within the Health Board and 107 for Velindre NHS Trust.

Radiology also have an important role to play in ensuring IRMER compliance and that study protocols can be adhered to when radiology is required over and above standard of care. Their role cannot be under estimated, especially in cancer studies where Specialist Response Evaluation Criteria in Solid Tumours (RECIST) reporting is key to informing the primary and secondary outcomes of studies.

There is a growing body of evidence demonstrating that research active NHS organisations have better patient outcomes than non-research active NHS organisations. This is a key driver for the Health Board to be participating in as much research as possible. In the Health Board we are particularly proud to have been the host of the KERALINK study for Wales, for children suffering from Keratoconus (a progressive thinning of the cornea). Whilst adult patients are able to access cross linking therapy, there has to date been little evidence that this surgery is suitable for the paediatric population. In 2017 NICE stated that more long-term studies were needed to ascertain the effectiveness of this treatment in children. Taking part in this study meant that children from across Wales with the condition had the opportunity to be referred to the Health Board for randomisation to surgical treatment (cross linking therapy) or standard care.

5.3 Digital Health

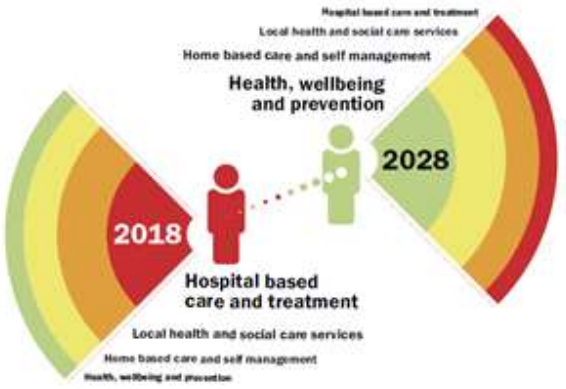
The Health Board has made significant progress over the last few years across the broad spectrum of the digital agenda and is committed to its role in contributing to the National Informatics Programme and priorities in the context of "Informed Health Care - Digital Health and Social Care Strategy for Wales" (2015). However the digital agenda continues to offer extensive opportunities for the delivery of health and social care services to our populations in the future and there is a need for significant escalation in relation to this agenda as set out in "A Healthier Wales".

5.3.1 Strategic Context

'A Healthier Wales (2018)' places a strong emphasis on technology assisting with:

- Making better choices about treatment.
- Artificial intelligence and machine learning assisting clinicians with decisions with better connected data about the individual, available to multiple disciplines across organisations to provide seamless care.
- Using technology to predict poor health and deterioration.
- To monitor conditions to alert staff to reduce harm.
- Use assistive technologies to keep people safe in their own homes for longer.

Figure 5.3.1



'A Healthier Wales' outlines the need to provide an online digital platform for citizens to give people greater control; become more active participants in their own health and wellbeing; make informed choices about treatment and care; contribute to and share information about their healthcare; manage appointments and coordinate their care and treatment around them for seamless delivery.

The population is becoming more digitally aware with more being done on-line, even among the elderly. The Health Board need to 'bring our offer in line with increasing expectations of technology in people's day to day lives' *(A Healthier Wales 2018)*. In the Health Board region, the National Survey for Wales (2012 – 2018) reports that overall internet usage has risen from 75% to 86%:

- 16-44 age range usage is nearly 100%;
- 45-64 age range usage has risen from 76% to 90%;
- 65-74 age range usage has risen from 47% to 74%;
- 75+ age range usage has risen from 18% to 39%.

Digital is becoming the go to place for communication and routine transactions such as shopping, banking and applying for things online. However for those who do not have access to digital, this could result in digital exclusion from services, especially if health aims to use portals and websites as the main mechanisms for engaging with the public. Digital exclusion is based on a number of social and digital factors for an area such as access to broadband, mobile coverage and level of digital skills. Age, education, income and health for social factors. The challenge for the Health Board is that there is a high level of exclusion in most of its regions. Digital exclusion is considered to be high in Newport, Blaenau Gwent, Caerphilly and Torfaen with only Monmouthshire rating medium exclusion. (http://heatmap.thetechpartnership.com).

To achieve the digital vision of 'A Healthier Wales' we will need to invest in future skills, accelerate digital change, develop an 'open platform' to digital innovation, increase investment in digital

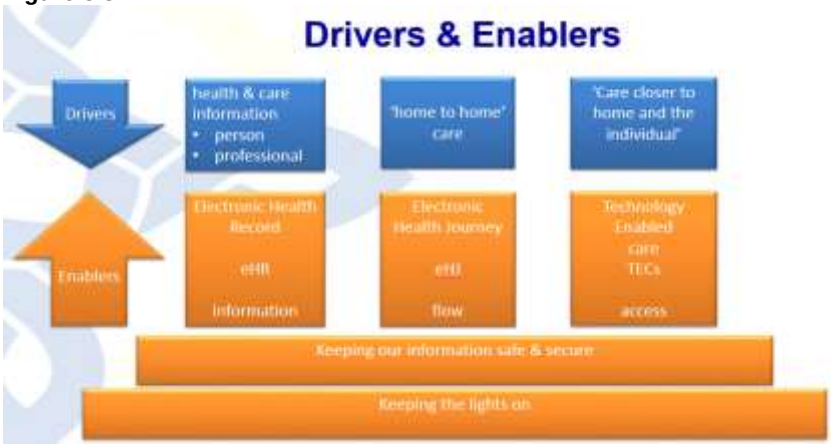
infrastructure and technologies and contribute to the national data resource to benefit from the understanding of big data.

Digital technology is recognised by the Health Board as a critical enabler to realise its Clinical Futures strategic aims and new models of care that will sustain and improve the experience and outcomes for citizens, patients, staff and the organisation. A newly established strategic Board for informatics has been established as the "Transformation to Digital Delivery Board" as part of the Clinical Futures Programme structure to ensure a clear focus and prioritisation of this complex agenda. Strategically the Health Board is focusing on developing a fully integrated electronic health record. Delivering the right information, at the right time, at the point of care, whether that is on the ward, in the community or in the patient's home. Complimenting that, the Health Board is prioritising how digital can make the end to end care pathway more efficient with the introduction of patient flow, improvements in diagnostics and pharmacy and in collaboration with national initiatives, doing things 'Once for Wales'. Smart mobile working will enable our staff to work in a more efficient way, reducing unproductive travel and the impact on the environment, whilst increasing the hours to care. Pilots to use telehealth are expected to provide evidence of reduced and avoidable admission to ED, helping to keep the person at home. The Health Board is also working with national initiatives to provide a patient portal. Underpinning this technology is the ongoing commitment to 'keeping the lights on' and keeping our information safe, secure and appropriately accessible. Finally, the Health Board has made great advancements in business intelligence to enable greater insight from our information to improve our health and care services.

The strategic objectives for the Health Board and corresponding informatics enablers can be summarised as follows:

- **Information about me - The Electronic Health Record**
  Removing paper health records and moving towards electronic health records more accessible to the person and the professional
- **Home to home - Patient flow**
  Digitally enabled seamless and efficient care centred around the person from home, care facilities and back to the home.
- **Digitally enabled health care - Telehealth and Mobile workforce**
  Exploiting the advances in technology to find new ways of delivering care closer to home whilst empowering our workforce to work more flexibly with the ability to access the information and colleagues they need to deliver care.
- **Keeping the Lights on - Sustainability, Cyber security, Information Governance**
  Ensuring the availability, performance and security of our information and IT systems are always there for our staff to deliver care.

Figure 5.3.2



The Grange University Hospital ICT infrastructure
Important for this IMTP is the delivery of the ICT infrastructure and user devices to bring the new Specialist Critical Care Centre on line.

5.3.2 Health Board Priorities

From the strategic objectives, 10 priorities have been identified and agreed by the Transformation to Digital Delivery Board as follows:

- Electronic health record (Acute);
- Electronic health record (Primary Care and Community);
- Citizen portal;
- Electronic Patient flow;
- Diagnostics modernisation;
- Pharmacy Systems;
- Mobile workforce;
- Telehealth – digitally enabled care;
- Sustainability, cyber security and information governance;
- The Grange ICT infrastructure.

The plans for Informatics for the next 3 years are described in terms of the 10 priorities. In order to strengthen the ambition and pace of delivery across each priority, a formal programme structure is being developed with Executive Leadership and supporting structures with clear milestones where possible and resource implications, which are at varying stages of maturity. Detailed plans are available on request.

Priority 1 - Electronic Health Record (acute)
Development of the electronic health record in the acute setting is well developed in the Health Board with three steams of work: digitisation of paper records; development of e-forms to capture data digitally from creation; and the implementation of interim paper-lite mechanisms as part of the journey to go paperless.

The **digitisation of acute health records** aims to have 95% of elective and emergency admission records digitised by March 2019 in Ysbyty Ystrad Fawr. A programme of digitisation of acute records at the other hospitals will be rolled out over the 3 years. The main driver being the need to be paperless as possible for The Grange opening as there will be no space for paper medical records. The records are scanned in advance and made available via the portal, negating the need to send paper whilst reducing the risk of paper records going missing.

The use of **e-forms** will capture information digitally from the outset leading to less paper being created and ultimately a reduced need for scanning records. The e-forms programme has identified many paper forms that could potentially be digitised. Over the next 3 years these forms will be digitised either locally or nationally again with The Grange University Hospital acting as the driver.

In the interim the '**orange wallet'** system provides a paper-lite mechanism for capturing on ward patient care which is subsequently scanned into the electronic health record. By the end of Dec 2019 it will be fully implemented in Ysbyty Ystrad Fawr, Ysbyty Aneurin Bevan and Nevill Hall Hospital and St Woolos and the Royal Gwent Hospitals by the end of December 2020. Exploration into how this information can further be digitally captured is underway.

Paper being generated between primary and secondary care in the format of **Clinical Letters & Correspondence** are now being transmitted to GP systems electronically enabling GPs to see outcomes sooner whilst ensuring the information goes straight into the patient's record. This is saving time, postage costs and removing yet more paper. Current transactions are in the region of:

- e-referrals from GPs circa 13,000 per month;
- e-Discharges sent to GPs circa 11,00 per month;
- e-clinical letters sent to GPS circa 51,000 per month;

Implementation is in progress and due to complete by September 2019. At present 87% of practices

are live. This project directly benefits the Clinical Futures 'home to home' goal by making the referral, discharge and decision support process much more efficient.

The **Welsh Care Record Service (WCRS)** is a national repository that is populated by all Health Boards with documents relating to a person's medical record. It is an important step to an integrated electronic health record especially for those individuals who may receive care from a number of different NHS organisations. Population of the WCRS with Health Board information will be ongoing for the duration of the 3 years and beyond as more document types are able to be consumed. This will contribute to the 'Healthier Wales' objective of developing a national data resource as will the WRRS to follow.

The **Welsh Results, Requesting & Reporting Service (WRRS)** is a national repository which like WCRS provides a joined up view of a patient's results regardless of where the request was reported. Currently the focus is on pathology results which aims to be fully implemented by March 2019. The next phase will focus on including cardiology diagnostic results.

Access to the electronic health record is to be extended to provide **EHR Paramedic access** via Clinical Work Station (CWS). Initially access will be enabled to the control centre whilst work on providing a mobile version is developed. The mobile version will be accessible to paramedics via tablets on ambulances, enabling them to have access to medical history and important information such as allergies at the point of care, wherever that may be.

Health Board Informatics will continue to work with NWIS to implement national products supporting the 'Once for Wales' premise. The Health Board already contributes to WCRS and WRRS. The roadmap for **WCP convergence** continues to be developed in collaboration and a senior project manager has now been appointed by the Health Board to drive it forward. In addition to providing e-forms, integration of data about the individual in specialist systems will contribute to the joined up electronic health record.

Ophthalmology require a system that will enable them to move away from paper to electronic health records, enable referral from optometrists to secondary care and provide management information. Ophthalmology will be moving to The Grange University Hospital so there is an urgency to implement a digital system prior to the hospital opening. The Health Board hope to make use of Welsh Government funding to assist with eye care initiatives, especially in relation to glaucoma in year 1.

Neurology are gathering requirements to inform a business case which will be developed during the first half of 2019. If funding is approved then procurement could commence September 2019 with implementation potentially starting July 2020 assuming restricted procurement timescales. Neurology will be moving to The Grange University Hospital, so there is the need to remove the reliance on paper records.

Critical Care generates intense amounts of paperwork which will not be housed when they move to The Grange University Hospital. An all Wales initiative to procure a **Critical Care Clinical Information System** which will automate the routine capture of observations from devices is at the business case stage and expected to move to procurement in January 2019. The Health Board are scheduled to go live first in December 2019. This will ensure that the system is bedded down within the department prior to the move to The Grange in 2020/2021. The benefit to the department will be the automatic capture of patient observations and alerts, liberating nurses to focus more on care whilst contributing information for benchmarking at an all Wales level.

The rollout of the **Infection control (ICNET)** system will continue with phase 3 – surgical site infections going live by September 2019.

Implementation of the national **Diabetic** system (Welsh Information System for Diabetes management - WISDM) is planned to commence Sept 2019 for a duration of a year. The system will integrate with Diabetic screening, WCCIS, WEDS, WCP, and GP systems, all contributing to the

electronic health record. Diabetology will also be moving to The Grange University Hospital so implementation of this system will complete in advance of that move.

Key to providing a holistic electronic health record for an individual is that information held about a person in different systems are joined up. This requires **integration**. The Informatics team have invested in information and technical architecture resource to deliver integration. Work will start in January 2019 on defining the integration engine strategy followed by design and procurement till the end of the year. From January 2020 and for the rest of the year, local data flows will be migrated over to the new integration engine including hospital to community flows with dental referrals scheduled to be in place by March 2021. The benefit of an integration engine is that it will ensure as updates to a person's details are captured in one system, they are kept consistent with other systems that hold information on that individual.

Priority 2 - Electronic Health Record (primary care & community)
In primary care and the community, the main benefit of an electronic health record will be for many different agencies to have visibility of the individual's history and care requirements. It will facilitate efficient working between agencies with, for example alerting community services to cancel services when an individual has been admitted to hospital.

The **Welsh Community Care Information System** will support a joined up approach to care. It aims to go live with mental health and frailty in year 1, community nursing and children's services in year 2 with families and therapies to follow in year 3. Integration with GP systems will take place. A business case will be developed to determine what happens to legacy paperwork and access to data in legacy systems.

Deployment of the **national e-referral** system for **dentists** and **optometrists** will enable referrals to secondary care to be more expedient reducing the waiting time for patients and providing speedier responses and dialogue between primary and secondary care on whether a referral is required.

Priority 3 – Patient/ Citizen Portal
The patient portal is a key deliverable of 'A Healthier Wales'. It will be the gateway for the individual to search for information on wellbeing, provide a directory of services, access to their health record, manage appointments, receive alerts, and complete PROMS & PREMS questions and surveys. This work directly relates to the 'Information for You' national work stream of the digital strategy. Early pilots in the Health Board have demonstrated that text reminders and appointment management using Dr Doctor has reduced the number of DNAs. Delivery of PROMS & PREMS via Dr Doctor is demonstrating that the number of follow-up appointments can be reduced. For The Grange University Hospital, a patient portal will be important in sign-posting individuals to the right hospital, as turning up at The Grange University Hospital in most cases won't be appropriate. A key dependency for the patient portal is the delivery of the **national patient identification and authentication** solution which allows the individual to securely logon which the Health Board are keen to see delivered so they can make use of it. Work will also commence on developing a strategy for patient information and empowerment.

Priority 4 – Electronic Patient Flow
The national electronic patient flow programme is based at the Health Board and has been piloting patient flow software that has resulted in a wealth of business change knowledge in addition to technical understanding. This pilot will continue within its existing scope (currently 19 wards across Ysbyty Ystrad Fawr and Nevill Hall Hospital) whilst a national procurement takes place with the aim of it being implemented before The Grange University Hospital goes live.

Priority 5 – Diagnostics Modernisation
Electronic test requesting will need to be pervasive for the Health Board prior to moving into The Grange University Hospital. Space for pathology staff in The Grange University Hospital is limited and designed on electronic requesting replacing manual booking of tests. The continued rollout of **GPTR** automating requests from primary care should complete in year 1, well in advance of The

Grange University Hospital opening. By automating the requesting and reporting of tests, the process of providing appropriate care becomes more efficient. Gaining visibility of what tests have recently been taken is reducing the requesting of duplicate tests and the results go straight into the individual's electronic health record in the GP system.

WCP test requesting is being rolled out to facilitate the seamless requesting and reporting within secondary care. This will remove the paper that is generated within the hospital.

Point of care testing devices that will reduce the need for blood to go to the lab will be further implemented in secondary care. The **WPOCT** software will ensure integration between the analysers and WLIMS system to ensure efficient capture of results.

Rollout of **INR point of care devices** in surgeries has reduced the need to send blood to the labs. The next stage is to develop integration between the analysers and the LIMS system. This is scheduled to commence May 2019.

The LINC business case and pathology system replacement also sits under this workstream and will be a key priority area for the next three years.

Priority 6 – Pharmacy
Pharmacy are operating on a 30 year old green screen system. A national business case for an **e-Pharmacy** system has been developed and is expected to go into procurement in year 1. If it is a restricted procurement, then it is anticipated that the new system can be implemented in advance of moving into The Grange University Hospital. A national business case being developed for **e-prescribing**, but is unlikely to be complete in time for the move to The Grange University Hospital.

At a primary care level, rollout of the national **Choose Pharmacy** – discharge medicines review module will be rolled out during 2019 and a pilot of **medicines management** software within residential homes will also take place as part of the national TECS programme of work.

Priority 7 - Mobile Workforce
With an electronic health record comes the freedom to access it from wherever care is being provided, be that at the bedside or in a patient's home. Within the Health Board a task and finish group are working on ensuring the IT service wrap for mobile working is in place. The Health Board is also host to the **national mobilisation programme** and is developing policy and readiness on an all Wales basis. One of the initial pieces of work has identified the need to invest in improving the capacity of the WiFi for all health and care organisations.

Priority 8 – Telehealth
The **national technology enabled care programme** is based at the Health Board and funded by Efficiency through Technology Funding (ETTF). The national programme team has been established with a local technical team to support Skype / video technology to enable care closer to home. A number of pilots are being established to trial the use of skype between OOH and residential homes, prisons and the speech and language services. Evidence from other studies have shown significant decreases in the number of people who present at ED as a result of using telehealth to triage. The aim is to learn from these pilots and Clinical Futures redesign scenarios to build up our skills in house to rollout in the Health Board further.

Priority 9 - Sustainability, Cyber Security and Information Governance
During the period of the IMTP, a number of systems will go end of life. These include the **emergency department**, **theatres**, **endoscopy**, **digital dictation** and **MedSecs**. In addition to these systems **CWS** will need to be re-architected for improved resilience and performance, especially given the increased dependency with it being the main access point to the electronic health record.

At an ICT infrastructure level, refresh of end of life equipment is an ongoing necessity to keep our systems supported and secure. During the life of this IMTP it will be necessary to migrate systems

from **SQL 2008 & 2012**, upgrade the server **operating systems** from 2008 & 2012 and **physically** refresh **servers** and **storage** that are going end of life**. Computer rooms** will require refresh of equipment such as uninterruptable power supplies – key to keeping the ICT going during a power cut. At a desktop level we will complete the rollout of Windows 10. There is a schedule of replacing **core network** at all the sites, but importantly the **WiFi** will be upgraded in the hospitals and community sites to support the Clinical Futures hub and spoke, mobile working and working in the community.

With regards to **cyber security**, we are in the process of recruiting a Cyber Security Team for the Health Board. Two positions have been filled out of four, including the team leader and we hope to fill the remaining positions before the end of the financial year (2018/19). The team will focus on compliance, measuring the health board against industry standards as well as raising awareness across the organisation. They will also contribute to national policy development as well as implementing local process and procedures to ensure that we are effectively managing the risk.

Over the next 18 months we expect to work towards compliance with standards and implement the recommendations from the Stratia report. This will include working with third parties to perform network scanning, as well as investigating **Security Information and Event Management** (SIEM) solutions for implementation. Following on from this we hope to have an established service that continues to monitor compliance and react accordingly to the continued threat of Cyber Crime.

Information Governance
The Health Board continues to recognise that good governance around information provides patients, families, partners, service users and staff with the confidence that the Health Board is creating, collecting, storing and using information correctly and within the law. The Health Board has developed the Divisions Information Governance Delivery Groups (IGDGs) during 2018-19. This approach is important to ensure that the new GDPR, Data Protection Act, NIS Directive and other security and confidentiality legislation and regulations are communicated and acted upon throughout the organisation.

The Health Board has appointed its Data Protection Officer and has increased its IG staffing resource to seven (from four) to accommodate the increased workload that these new rules and approach generate. Working with the Divisions through their IGDG's to implement IG requirements and increase ownership and accountability at Divisional level will be the main focus of the IG Unit work over the next 3 years.

The IG Unit will continue working closely with our partners to produce pragmatic policies procedures and guidance that are consistent across NHS Wales and will seek to integrate the new **National Integrated Intelligent Auditing Solution** (NIIAS) to monitor access to CWS.

Information
The Health Board is collaborating with the Farr Institute and Swansea University to improve data linkage and adopt **Natural Language processing** of information in patient records in order to gain more value from the data and improved **clinical coding**.

Investment in new **Business Intelligence** (BI) tools and hardware has been implemented including new data warehouse, BI enterprise servers and dedicated ETL platform to handle high volumes of data extraction and transformation. Qlik Sense BI solution was procured with advanced geoanalytics functionality and implementation of functionality will continue across the 3 years.

The national group of Assistant Directors of Informatics have recognised the benefit of having **national data repositories** with standardised data in to facilitate business intelligence across Wales. The Health Board will work with NWIS using the ADI group to ensure contribution from all parties, pace and delivery. These repositories are fundamental to providing the joined up electronic health record at the individual basis and also enabling better care planning for tomorrow at the macro level.
Priority 10 - The Grange University Hospital

2019 will be a busy year for implementing the ICT backbone for The Grange University Hospital building. Cabling starts in January 2019 with the first computer room coming available as early as October 2019. The wide area network will need to be delivered for this timescale and the internal core network will be commissioned as the computer rooms become available enabling other systems such as building management to be commissioned. In addition to this, the team continue to work with the services going into The Grange University Hospital to establish their IT kit and systems requirements. Mobile telephony will be commissioned once the building has been handed over and before it opens.

In addition to The Grange University Hospital new sites will be coming on line with the HSDU on the Llanfrechfa campus in March 2021, and two new Wellbeing Hubs in Tredegar and Ringland, East Newport towards the end of 2021. ICT Infrastructure will need to be implemented and funded in all these sites.

5.3.3. Summary

With the 10 digital priorities targeted in the 3 year plan, the Health Board will support the aims of "A Healthier Wales" whilst also taking the opportunity of introducing or expanding the use of digital as part of the Clinical Futures service redesign work.

Detailed work is underway to ensure the resource implications are adequately captured across the ten areas so they can be considered in the context of local priorities and the National Informatics Plan priorities of which there is good alignment and will enable consideration of the pace and scale of delivery that is achievable over the next three years.

The informatics workforce availability continues to be a key issue and work is ongoing at a national level and with other public sector organisations to consider how we can attract informatics specialists into the NHS and the broader public sector in the context of the growing private sector market which continues to a key challenge.

The Health Board is well placed and keen to play a pivotal role in NHS Wales in driving forward the digital agenda to support the ambition of its clinical futures strategy and plans and the commitments set out within "A Healthier Wales".

5.4 Finance

5.4.1 Financial Improvement and Sustainability

The Health Board's IMTP for 2019/20 to 2021/22 not only assumes that it will continue to meet its statutory financial duties, but that it will strengthen its underlying financial position, as the organisation moves through a period of significant service change. Improved financial flexibility will be important as the Health Board continues to deliver its key priorities, along with the opening of the new Grange University Hospital in spring 2021, implementing other components of the Clinical Futures Programme and managing the transitional arrangements.

As part of developing its service, workforce and financial plans the Health Board has tested its overall cost growth and savings assumptions by taking account of the following:

- **Efficiency Framework** – along with the all-Wales Framework, the Health Board has used its own efficiency compendium to identify the opportunities available to deliver cash releasing savings and productivity improvements.
- The **Health Foundation** report "The Path to Sustainability", where annually:

    1. Spending rises by an average of 3.2% in real terms to meet demographic demand and other costs.

2. Funding is assumed to increase, in line with GDP growth, by 2.2% (real terms).
3. Minimum cash releasing efficiency savings are delivered, of 1%.

- **Value based approach** – improvements in productivity have been built into plans to deliver elective and outpatient services and investment in out-of-hospital services based on improving outcomes for patients.

5.4.2 Resource Allocation

The Health Board has endorsed the following resource allocation principles, to prioritise resources and delegate budgets:

1. Plans should demonstrate:
   i. How service and workforce plans will be delivered within agreed resources.
   ii. How care will be provided which optimises outcomes for patients and makes best use of available resources aligned to the principles of 'A Healthier Wales'.
   iii. Efficiency and productivity improvements which achieve (or aim to achieve) excellence.
2. Addressing the underlying financial position – service and workforce plans which demonstrate 1. (above) should be funded appropriately before considering new investments.
3. Savings plans should demonstrate delivery before approving new funding or re-investment.
4. The Board may choose to establish reserves which support key priorities and where plans require further development. This may include non-recurrent, tapered or recurrent funding.
5. Pay awards to be funded in line with Welsh Government allocations.
6. The Board should consider and establish an appropriate contingency reserve, taking into account the level of financial risk within the IMTP.

5.4.3 Discretionary New Funding 2019-20

The Health Board welcomes the new, additional discretionary funding which has been allocated using the population needs based funding formula and factored into the Health Board's revenue funding allocation for 2019-20:

Table 5.4.1

	£m	**%**
Core uplift allocation	17.602	2
Less top-sliced allocation	(3.583)	(0.4)
	14.019	**1.6**
A Healthier Wales allocation	8.609	1
GMS A Healthier Wales funding	0.957	0.1
	23.58	**2.7**

5.4.4 Top-sliced Allocations 2019-20

In addition to the £6.1m allocation top-sliced in 2018/19 (£32.5m national), a further £2.9m funding allocations have been top-sliced for the following:

Table 5.4.2

£'000	**ABUHB**	**NHS Wales**
Primary care – wet AMD	161	409
Paramedic banding	301	1,573
Non-medical education	1,396	7,294
Postgraduate medical education	163	855
111 programme	369	1,930
Genomics Strategy	538	2,812
TOTAL	**2,928**	**14,873**

Note: *In addition – further top-slices (net reduction of £655k) relate to reductions/transfers of funding that have matching reductions/transfers in spend.*

5.4.5 Underlying Financial Position

The Health Board reported a net underlying financial deficit of £19.8m within its financial plan for 2018/19 financial year, with an expectation that a combination of further recurrent savings and non-recurrent spend would reduce the underlying deficit to £11.4m by the end of the 2018/19 financial year.

Further improvements in the underlying financial position are planned along with balancing essential investment in specialised services, local acute hospital based services and supporting the shifting delivery of services outside of the hospital setting. Whilst recurrent savings are planned to increase, there remains an element of non-recurrent annual savings which contribute to the underlying position. This should result in improved service and financial sustainability moving forward. Over the 3-year period of this Plan, the intention is to significantly improve and aim to achieve recurrent financial balance.

5.4.6 Savings

The Health Board's approach to improving its medium term financial sustainability includes:

- addressing the underlying financial position as a priority;
- moving towards a position of recurrent financial balance or better, to provide financial flexibility as it moves through a period of significant service change.

Cash releasing savings have been assessed as circa £15.1m at this point, cost avoidance opportunities have been used to mitigate expenditure estimates. Based on the opportunities identified within the Efficiency Frameworks, both national and local, there are further opportunities to increase cash releasing savings and productivity improvements to deliver improved value. As part of the ongoing delivery of plans, the achievement of greater efficiency will be a key priority.

Based on its assessment of potential savings, the Health Board will be developing further saving and efficiency plans to mitigate potential risks which may emerge during the 2019/20 financial year, these opportunities will also support future underlying improvement.

5.4.7 2018/19 Commitments

The Health Board committed to making a number of service investments during the 2018/19 financial year, in order to accelerate some of the service priorities required to deliver key priorities and service improvements aligned to A Healthier Wales and Wellbeing strategies. The full year impact of these in 2019/20 will be c£10.3m. These include investment in:

1. The urgent care system – including improved access, flow and discharge from hospital. Subject to evaluation (after March 2019) some of the services implemented during 2018/19 may be continued, to provide a more sustainable and effective urgent care system.
2. Preventative services – including early years/children services and infection prevention.
3. Re-provision of funding for Community and Neighbourhood Care Network service developments.
4. Community Glaucoma service expansion for care closer to home.
5. Clinical/diagnostic services – including pharmacy, pathology and radiology services.
6. Critical care outreach services – preventing escalation to ICU.
7. Digital – including cyber security and updating existing ICT.
8. Infrastructure – for example car parking.
9. Repayment of I2S loans.

5.4.8 2019/20 Provisions/Assumptions

Provision has been made for investments (c£24m) in the following areas:

- An assessment of cost growth has been made regarding continuing health care (CHC) for adult complex care and mental health and learning disability patients (c£6m). This will support the out of hospital sector sustainability working in partnership with social services colleagues.
- Prescribing and hospital drugs – based on an assessment of NICE guidance and likely growth (volume and price changes) (c£3m).
- Further development of Homecare medication provision, shifting delivery into the community.
- GMS – ring-fenced allocations will be used to support the Health Board's priorities to invest in out-of-hospital care utilising A Healthier Wales GMS funding.
- Externally Commissioned Services – this represents the most significant investment of new funding available to the Health Board in 2019/20 (c£15m):
    1. Healthcare agreements with other NHS service providers – funding has been allocated to meet the cost of pay, non-pay cost increases and growth consistent with that allocated by Welsh Government. This includes a 2% core uplift and a further 1% funding linked to service growth or improvements.
    2. Specialist services (WHSSC) and Emergency ambulance services (EASC) funding has been allocated based on the agreed commissioning plans of these organisations, these form the largest element of investment of new monies for 2019/20 available to the Health Board, equating to a growth value in excess of 7% for WHSSC and 5% for EASC.
- Urgent, Planned and Cancer Care - the Health Board has invested significantly in these services and therefore the demand/capacity and other related delivery plans will need to incorporate improved productivity assumptions prior to considering any further investment. It is recognised that further work is required on the detailed delivery plans and no further financial provision has been made.
- Given the significant investment made in the urgent care system, no further financial provision has been made with regard to plans for the 2019/20 winter period.

Where appropriate, financial provisions will be held corporately, subject to:

- Robust delivery plans being developed which are affordable.
- Delivery of further savings identified, to allow re-investment and support financial balance.

5.4.9 2019/20 Partnership Funding

The Health Board has multiple partnership agreements in place in the forms of SLA's, section 28's and section 33 pooled fund agreements. The Health Board has 5 local authority partners within its geographic partnership, the dynamic of a 6 partner region means that effective partnership governance arrangements need to be in place. From a pooled budget (section 33) perspective the Health Board has established 5 major schemes, described below, with a combined pooled budget value of £97m, with the Health board contributing £48m for 2019/20. A Healthier Wales funding, ICF and Transformation funding will form a key part of developing future services in partnership:

- **Monnow Vale Health & Social Care Unit (hosted by ABUHB)**
  Forecast Pool spend £3.443m, ABUHB contribution £2.288m
- **Gwent Wide Integrated Community Equipment Service (hosted by Torfaen CBC)**
  Forecast Pool spend £3.3m, ABUHB contribution £0.91m
- **Mardy Park Rehabilitation Centre (hosted by Monmouthshire CBC)**
  Forecast Pool spend £0.550m, ABUHB contribution £0.237m
- **Gwent Frailty Virtual Ward Programme (hosted by Caerphilly CBC)**
  Forecast Pool spend £16.5m, ABUHB contribution £9.6m
- **Care Homes Section 33 awaiting signature (hosted by Torfaen CBC)**
  Forecast Pool spend £73m, ABUHB contribution £35m

5.4.10 Integrated Care Fund – Building out of Hospital Capacity

The Gwent Region received £9.1m for 2018/19. The schemes focus on prevention initiatives and support out of hospital care services including building community services, admission avoidance and early discharge schemes. Plans for the optimum use of the additional £5.2m ICF ring-fenced allocations will be developed through partnership with the Gwent RPB to support the Health Board's and regional priorities to invest in out-of-hospital care and prevention.

5.4.11 Transformation Fund Plan

The Gwent area has been successful in securing funding of c£13.4m relating to the period Oct 2018 to March 2020. The funding is to support the continued development of a 'seamless system' of care, support and wellbeing in Gwent, in response to the Welsh Government's new long term plan for health and social care 'A Healthier Wales'. The joint Gwent proposal, developed through the regional partnerhsip arrangements, is aimed at delivering an early intervention, prevention and improved population Wellbeing system, and creating integrated models of health and social care across the 5 Local authority areas of Gwent.

5.4.12 Risks and Opportunities

- Delivery of identified savings plans and improvement in the underlying financial position of the organisation.
- Delivery of further cash releasing savings and productivity improvements.
- Implementation of The Grange University Hospital business case and wider Clinical Futures programme within available resources.
- Managing cost growth in line with or below assumed levels, whilst ensuring delivery of key priorities.
- IFRS16 - it is understood that the implementation of IFRS16 (lease accounting) in NHS Wales will be deferred until April 2020. However, it will be important that the accounting treatment and impact on NHS bodies' revenue and capital resource limits is fully considered prior to implementation. This includes decisions which may commit future resources (capital and revenue) regarding lease arrangements.
- NHS Pension Scheme Regulations - the current consultation assumes that employers pension contributions could increase from 14.3% to 20.68% from 1st April 2019. It is assumed that any increase in employers' pension contributions will be met from additional government funding, (nb. estimates excluding GP and GDS staff for ABUHB is circa £26m).
- Holiday pay (voluntary overtime) - this challenge is currently going through a legal process. The potential costs of meeting this liability, should it arise, have not been assumed within the Health Board's financial plans. (nb. Initial estimates for ABUHB employees is circa £0.6m for 2 years).

5.4.13 Access to Further Funding Allocations

The Health Board is aware of further revenue funding being held by Welsh Government in 2019/20 for the following areas:

- Digital investment.
- Prevention and early years.
- Mental Health and Learning Disabilities.
- Clinical plans, quality and value based healthcare.
- Transformation.
- Support for social services.
- Integrated Care Fund (ICF) – WCCIS implementation and Dementia care.

The Health Board has plans to develop service priorities, along with partners, in these areas. However, none of this funding has been assumed in the 3-year financial plans, at this stage.

5.4.14 3-Year Plan (2019/20 to 2021/22)

The financial plan takes account of the investment and disinvestment assumptions contained within the Full Business Case (FBC) which was previously approved by the Board and the basis for obtaining Welsh Government capital funding to build the new hospital. With the exception of additional funding for the acute medical model (£758k) and radiographers (£429k) which was approved by the Board, **no further provision, for subsequent changes in service and workforce models, has been made within the financial plans.**

Given the profile of some of the emerging transitional arrangements and more detailed delivery plans, there may be increased costs which are yet to be identified and reflected in the financial plans. Discussions may be required with Welsh Government regarding financial support during the transitional period.

Cost growth, efficiency and funding assumptions have been made which are in line with the assumptions made within the Health Foundation report (referenced earlier in this section). It also assumes that any changes in costs linked to pay awards, employers' pension or NI contributions, would be appropriately funded.

5.4.15 3-Year Financial Plan Table

Table 5.4.3 - IMTP 2019/20 to 2021/22

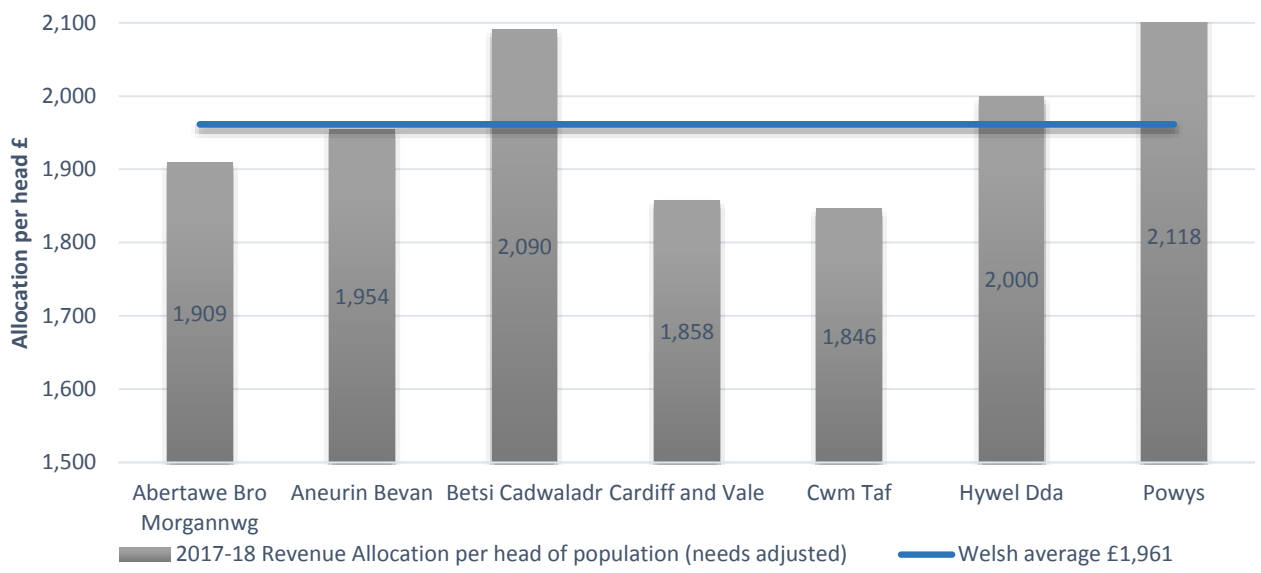
	2019/20 £m	2020/21 £m	2021/22 £m
Incremental additional allocation expected	41.76	27.3	27.9
Underlying deficit	7.9	4.5	3.2
Service demand, inflation, priorities and pressures	49.0	36.1	38.3
GUH FBC	0	1.5	1.6
Investment Plan	56.9	42.1	43.1
Savings, cost avoidance and accountancy gains	-15.1	-14.8	-15.2
ABUHB closing planned position	0	0	0

Estimates for years 2 and 3 of the plan are reflective of the Hetristtristalth Foundation report, namely 2.2% funding on total allocation, delivering 3.2% investment supported by 1% savings. Financial estimates are lower due to the opportunity for investment offered by the 'A Healthier Wales' additional allocation in 2019/20. The Grange University Hospital FBC investment is reflected for the transition year 2020/21 and recurrent service investment for 2021/22. Additional investment funding for future years has not been assumed.

5.4.16 Relative Funding Position

The Health Board welcomes the additional funding allocated to Health Boards as part of their baseline allocations and recognising Health Board's responsibilities to prioritise and allocate resources based on its population's relative needs. Based on the current needs based formula, the Health Board would receive c£4m additional revenue funding.

Graph 5.4.1 - 2018-19 Needs Adjusted Revenue Allocation Per Head (Health Boards)



5.4.17 Summary and Conclusion

The Health Board will continue to look at opportunities for further efficiencies – cash releasing and productivity improvements – linked to service and workforce delivery. The extent to which this is achieved will determine the pace and scale of implementation of some of these plans.

The Health Board's financial plan is a financial assessment of the service and workforce plans developed for the 3-year period, 2019/20 to 2021/22, and assumes the allocation of new resources and the re-allocation of some existing resources to help deliver the Health Board's priorities and achieve greater financial sustainability.

5.5 Capital and Estates

Introduction
This section sets out the Capital Funding outlook for the Health Board over the next 3 years leading up to the opening of The Grange University Hospital and sets out the emerging issues and risks. It also describes the work of the Strategic Capital and Estates Work stream and the management of the Health Board's Capital Programme.

It should be read in conjunction with the attached Health Board Estate Strategy which looks forward over the next 5 to 10 years.

5.5. All Wales Capital programme – Approved Schemes

In terms of AWCP approved schemes progress is set out below:

- **The Grange University Hospital -** Excellent progress continues to be made in 2018/19 following its approval in October 2016 (the project is slightly ahead of programme and scheduled to spend the current allocation of £123 million this financial year in accordance with Welsh Government expectations).
- **"111" Programme** (IP Telephony) **-** The procurement for a new 111 Technical Solution is progressing well. Shortlisting is complete with two suppliers remaining in the Competitive Dialogue process. The plan is on track for Dialogue and all evaluation activities to be complete by May 2019 with the submission of the Full Business Case to Welsh Government for June 2019.

The 111 Team has funded the development of a DEWIS app to support winter pressures, which has been invoiced and paid by 111.

- **CT scanner** (RGH) – Funding has approved to the sum of £2.185m to replace the CT scanner located in the Royal Gwent Hospital. This funding also includes all necessary enabling works in connection (the funding is over a 2 year period with £1.44m funded in year 2018-19 to acquire the CT Unit specifically, and the balance to be expended within the financial year 2019-20.

5.5.2 All-Wales Capital Programme – Schemes in development/not fully approved

Progress on these schemes is set out below:

- **Tredegar Health and Well Being Centre -** An external team has been selected to progress the OBC with a view to its submission to Welsh Government by the end of July 2019. A cash flow and programme for the OBC period has been agreed with Welsh Government and funding released to progress it.
- **Newport East Health and Well Being Centre** - An external team has been selected to progress the OBC with a view to its submission to Welsh Government by the end of September 2019. A cash flow and programme for the OBC period has been agreed with Welsh Government and funding is about to be released to progress it.
- **Ysbyty Ystrad Fawr Breast Unit -** Welsh Government comments on the SOC are currently being reviewed particularly the concerns regarding the location of the preferred option.
- **The Grange Hospital HSDU -** Welsh Government comments on the OBC have been addressed and it is anticipated that approval will be received early in 2019. If and when the OBC is approved it is planned to submit the FBC by July 2019.
- **St Cadoc's Hospital Low Secure Unit** -Welsh Government comments on the SOC have been addressed and it is anticipated that approval will be received in early 2019. This will allow a full external team to be selected to progress the OBC by end of March 2019.
- **Nevill Hall Hospital Cancer Centre/Satellite Radiotherapy Unit -** Discussions are continuing with Velindre NHS Trust and Welsh Government regarding the Case for Change for the Satellite Unit. Until these discussions are concluded the planned OBC cannot progress.

Table 5.5.2 sets out the capital costs and profiled capital expenditure for the above schemes.

5.5.3 Discretionary Capital Programme

Discretionary Capital is allocated directly from Welsh Government generally for the following priority areas:

- Meeting statutory obligations, such as health and safety and fire code.
- Maintaining the fabric of the estate.
- The timely replacement of equipment.

The Health Boards Discretionary Capital will always fall short to deliver all requirements under the headings above. This Capital is prioritises and allocated through the process of Risk Assessment across the respective Divisions of Care, with the intention of ensuring Health Boards key areas of risk are identified and managed accordingly. The high level timeframe for completion of this year's annual Capital Programme is identified in Table 5.5.1.

Table 5.5.1

2019/20 Capital Programme Timeline			
Develop Draft Capital Programme	**Submit to Capital Group**	**Submit to Executive Team**	**Submit to Health Board**
1st February 2019	21st February 2019	4th March 2019	20th March 2019

At this time the programme is an assumption on what is known from current divisional risk registers commitments, emerging estate strategies, and ongoing discussions. Based on this information the high level assumption has been identified in Table 5.5.2 for the proposed Capital Programme over

the next 3 years, including anticipated apportionment. It is likely that changes will occur due to risk, time and through the development process.

Table 5.5.2

	2019/20 £000	2020/21 £000	2021/22 £000
Discretionary Capital Funding	**10,814**	**10,814**	**10,814**
Expenditure			
Statutory Allocations	625	625	625
Commitments b/f from 2018/19	250	250	250
Informatics National Priority & Sustainability	1,000	1,000	1,000
Imaging Requirements including National Priorities	1,000	1,000	1,000
Service Developments - Potential AWCP	1,000	1,000	1,000
Sustainability Schemes - Works (incl. Ward Upgrade)	2,939	2,939	2,939
- Equipment Replacements	3,000	3,000	3,000
Total Capital Approvals / Requirements	**9,814**	**9,814**	**9,814**
Balance of Discretionary Funding Available (incl. Contingency)	**1,000**	**1,000**	**1,000**

5.5.4 Estate Strategy

An Estate Strategy has been submitted with the IMTP as requested by Welsh Government covering the period 2019/20 to 2027/28. It has been developed to reflect the changing demands on the estate as a consequence of changing demands of the clinical and non-clinical services. It sets out, at a relatively high level, how the estate will be developed to meet those challenges to provide the best buildings at the right time and to the right standard taking account of the recently completed Six Facet Survey. The attached draft Strategy seeks to provide an assessment of the current estate "where we are now", where the Health Board wants to be and the accompanying high level delivery plan sets out how we intend to get there.

Where we are now?
This initial section provides a comprehensive analysis of the current position and performance of the estate in relation to the service it provides and the facilities it uses. This section establishes a baseline against which the development of the strategy can be measured. Much of this data is based on the recently completed Six Facet Survey together with other data relating to the costs of the existing estate. Due to the complexity and size of the Health Board, estate information has been categorised under a) the Acute Hospital Estate, b) the Community Hospital Estate, c) the Primary and Community Estate, and, d) the Mental Health Estate.

Where do we want to be?
In this section the service aims and objectives of the Health Board are summarised along with agreed key principles which will underpin the development and configuration of the future estate. It takes account of the key conclusions from "Where we are now" and identifies measurable objectives for improvement in the context of relevant benchmark information from within the Welsh and English NHS. Eighteen Strategic Objectives have been identified.

How do we get there?
The final section of the document uses the information and objectives of the preceding sections to identify the practical steps that will need to be taken to achieve the desired way forward. A very high-level Programme has also been included which is set out in the table below. This includes the more advanced projects described above in section 5.5.2.

Table 5.5.2 - AWCP Capital Programme

Proposed AWCP Schemes currently unfunded:	2018/19 £000s	2019/20 £000s	2020/21 £000s	2021/22 £000s	2022/23 £000s	2023/24 £000s	2024/25 £000s	Total £000s
Primary Care Pipeline - Tredegar	350	850	3,500	5,050				**9,750**
Primary Care Pipeline - Newport East	250	950	5,500	8,300				**15,000**
Primary Care Pipeline – Ebbw Vale HWBC		30	500	2,500	1,000			**4,030**
GUH HSDU	323	7,117	7,322	-184				**14,578**
Breast Centralisation		400	1,600	3,000				5,000
Low Secure Unit		500	1,500	5,000	26,000	7,000		**40,000**
NHH Satellite Radiotherapy Centre	29	1,000	3,500	15,500	27,971			48,000
RGH Rationalisation	20	200	2,000	3,500	5,500	10,000	10,000	**31,220**
NHH Rationalisation	45	200	500	5,500	5,500	5,000		16,745
SWH Rationalisation		50	250	1,000	500			1,800
Maindiff Court Rationalisation		50	500					**550**
St Cadoc's (old hospital) Rationalisation			50	500	2,000			**2,550**
LGH (old site) Rationalisation			50	500	1,000			**1,550**
High Risk Infrastructure		2,000	2,000	2,000	2,000	2,000		**10,000**
County Hospital Redevelopment			50	1,000	5,000	8,000	5,950	**20,000**
Total AWCP Requirements	**1,017**	**13,347**	**28,822**	**53,166**	**76,471**	**32,000**	**15,950**	**220,773**

5.6 Governance

The Health Board has a clear organisational commitment to good governance, which includes having a strong vision and focus on public service values in everything we do and in our partnerships in the interests of the people we serve. We are, however, not complacent and are clear that we have further changes and improvements to make to our overall corporate and quality and patient safety governance and assurance framework and arrangements and we are committed to achieving these to enable the effective delivery of this IMTP.

The Health Board is also committed to continuing to learn and develop as an organisation to ensure that the health services we provide and commission are of the highest standard for our population. A key focus for the Health Board is the health and wellbeing of the population we serve and how this can be optimised and that we actively respond to any health inequities, especially access to services across the Gwent area.

The Health Board is also seeking to continue to work in new and innovative ways through our partnership approaches, particularly those offered by the Social Services and Well Being Act and the Well Being of Future Generations Act. These approaches foster the integration of health, social and community based services and ensure that these are appropriate now and sustainable for future generations as the Health Board continues to deliver its Clinical Futures Strategy and transforms health and health care services in our area. We have made significant progress in these areas, but recognise that there if further work to be undertaken within the organisation and with our partners to refine and further develop our accountability and governance frameworks for partnership.

The Health Board is also focused on ensuring that our organisation is structured, has decision

making arrangements and assurance processes in place that ensure that all that we do is aligned to citizen and patient centred goals and objectives and those of our IMTP and our Clinical Futures Strategy. Further improvements in these area will enable the organisation to be confident that it is delivering services of the highest standard and quality and to ensure that the Health Board responds promptly to any circumstances where our services do not meet our expected standards and expectations. The Health Board recognises that there is further work to do to improve our Putting Things Right arrangements and the promptness of our replies to concerns and complaints. The Health Board is making these improvements to ensure that the interests of patients and service users is clearly at the centre of all that we do.

These citizen centres valued and approaches are already well embedded in the organisation and have been borne out in our own and independent assessments over recent years. However, the Health Board is not complacent and we are aware that there is continuing work to be done to further develop, especially to continue to realise the opportunities and requirements of our status as a University Health Board and as we deliver our Clinical Futures Strategy.

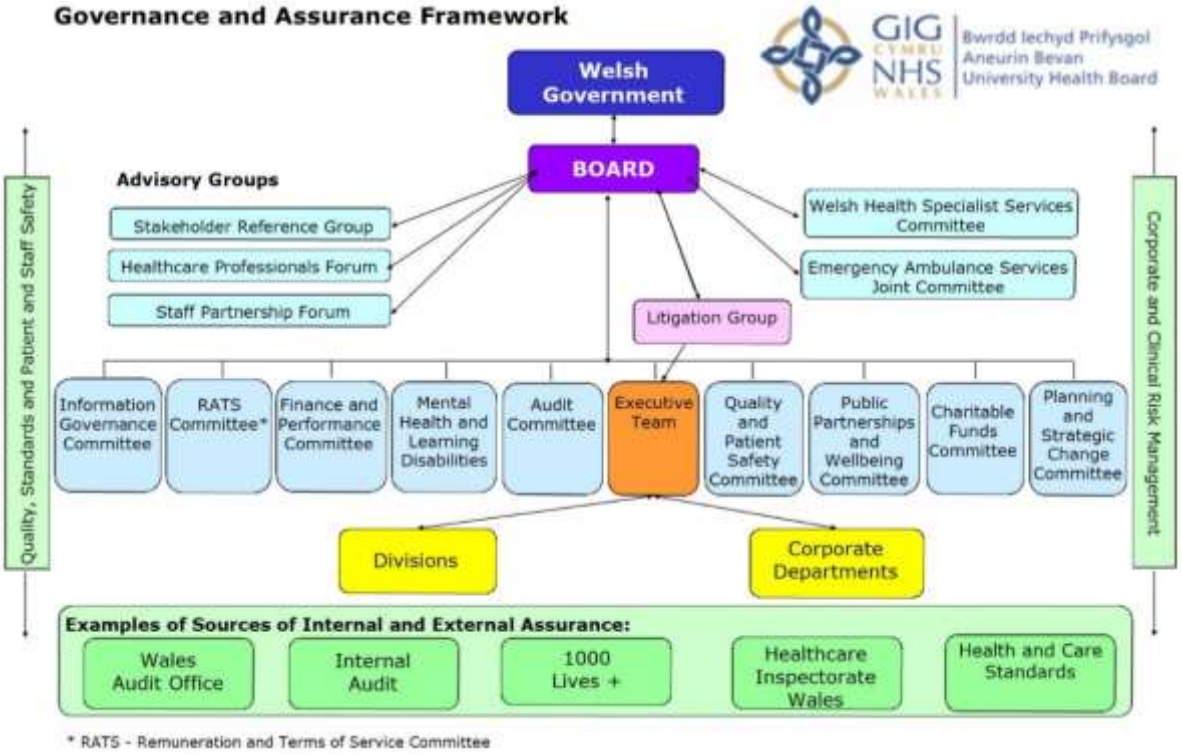
These are key features of the Health Board's current governance and assurance arrangements, but further work will be undertaken to ensure all our arrangements are fit for purpose and new Health Board Assurance Frameworks, both corporate and quality and patient safety focused, are being developed aligned to this IMTP. These will guide the organisation's approach and support our taking and giving of assurance and also our public reporting on the effectiveness and appropriateness of our services.

We have to ensure our governance and assurance arrangements are clear and our Board Assurance Framework will clearly map our current profile of risks and our required sources of assurance both inside and outside the organisation. This work will be completed by the end of March 2019 to support the delivery of this Plan. Also, we have to be clear about the threats and risks to the delivery of our stated objectives, as outlined in the IMTP. We have mechanisms in place to assess and track risks to the achievement of these objective, but recognise that further is required. The Health Board's approach to risk management is under review through am independent and comprehensive programme of activity. A new risk management system is being designed and will be introduced in line with this IMTP in April 2019.

Our Board is clear that it is accountable for these governance requirements and internal control within the organisation, with the Chief Executive (as Accountable Officer) responsible for maintaining appropriate governance structures and procedures and assurance arrangements. This responsibility includes a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives, whilst also safeguarding the public funds and the organisation's assets (in accordance with the responsibilities assigned by the Accounting Officer of NHS Wales).

Further information on the Governance framework and arrangements is included in the Health Board's Annual Accountability and Governance Report, Annual Report and the Annual Quality Statement, which are available via the Health Board's web pages. The Health Board's current governance and assurance arrangements are outlined in the following diagram.

Figure 5.6.1



The Wales Audit Office Structured Assessment Report for 2018 highlighted that the organisation's governance arrangements have continued to progress to meet our stated goals, however, further improvement work is required. The Health Board agrees that there is further improvement work to be done to respond to our stated ambitions as an organisation and to provide the best services for local people and we are committed to making the necessary developments and improvements to achieve this.

Progress against our key improvement actions as outlined in this section are being taken forward via the Executive Team and are being monitored by our Audit Committee, Quality and Patient Safety Committee and other key Committees of the Board and assurance report are made to the Health Board with a clear focus on assessments of outcomes and how organisationally we are realising the intended benefits of these actions. The Health Board is therefore actively developing and delivering a programme of improvement and support for our Board. This is to ensure that the organisation is best placed to ensure that the governance and assurance arrangements of the organisation and our wider partnerships harness and build on our arrangements and the expertise that exists in the Health Board by continuing to build on the Health Board's reputation for a commitment to good governance and a values based approach.