



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Aneurin Bevan
University Health Board

INTEGRATED THREE YEAR PLAN

2017 – 2020

SUMMARY PLAN



Introduction

This document summarises the three-year plan for Aneurin Bevan University Health Board. It is a statement of our ambition to improve the health and wellbeing of the population we serve and to work with our partners to provide most care closer to home. At the same time, our plan sets out the need to ensure that we provide safe, timely and efficient hospital care in the most appropriate location, delivering the best possible outcomes to patients, by well trained staff who feel supported and valued.

The plan includes a reflection on the achievements of the last year and the opportunities and challenges ahead. We will face many challenges over the coming years, with growth in our population need, increased costs and financial constraints.

Our healthcare system needs to adapt to take advantage of the opportunities that science and technology offer patients, carers and those who serve them. But it also needs to evolve to meet new challenges, we live longer, with complex health and wellbeing issues, sometimes of our own making. One in five adults still smoke. Two in five of us drink too much alcohol. Two thirds of us are overweight with a quarter of the adult population being classified as obese.

Change is therefore inevitable, but although this will not be an easy journey, it allows us to develop and improve our healthcare system for those who use it and those who work within it. Fundamentally our plan builds on a more engaged relationship with patients, carers, partners and citizens so that, together, we can promote wellbeing and prevent ill health.

Collaboration across public and voluntary sectors to truly integrate our service and workforce models lies at the heart of sustainable and responsive care system. Respecting and valuing the role of the individual and building upon their own support systems and wider community is critical, not only in the context of increasing demand for scarce health care resources, but more importantly to enable individuals to take control of, and responsibility for their physical and mental health and well being.

Our plan set out our vision for a better NHS, the steps we must take to get us there, and the actions we need from others.

Content

About us: page 4

Welcome: page 5

Our Vision: page 6

Priorities: page 8

Progress made in 2016/17: page 9

Some achievements during 2016/17: page 10

Quality and Patient Experience: page 11

Quality Improvement plans: page 12

Workforce: page 15

Workforce priority plans: page 16

Delivering Success: page 17



About us

Aneurin Bevan University Health Board is responsible for promoting wellness, preventing disease and injury, and providing health care to a population of nearly 600,000 people, approximately 21% of the population of Wales. With a budget of £1.1 billion we deliver healthcare services to people who live in the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen and South Powys.

The Health Board was established on the 1st October 2009 and achieved University status in December 2013. We employ over 14,000 staff, two thirds of whom are involved in direct patient care. There are more than 250 consultants in a total of over 1,000 hospital and general practice doctors, 6,000 nurses including midwives, and allied professionals and community workers. Through these we provide community based and hospital services, this includes making sure people can access services they require in their community such as General Practice, Dentists, Pharmacy, Optometrists, Community Mental Health and Learning Disability teams, Community Nursing and Community Midwives as well as a wide range of hospital based services.

The Health Board is governed by a Board, which comprises Executive Directors and Independent Members, who make decisions about all our services and the care provided in our area. The Board is chaired by Ann Lloyd CBE and executive leadership is provided by Judith Paget our Chief Executive.

Until May 2017 the Health Board was chaired by David Jenkins OBE, who had led the organisation since its establishment in 2009. David retired from the Board following serving his maximum eight year term as Chair. The Health Board wishes to recognise the significant contribution that David has made to the development and performance of the organisation over this time and ensuring that the Health Board is focused on the health and well-being of the people we serve and our staff.



Welcome

(From the Chair and Chief Executive)

We are pleased to present this summary of Aneurin Bevan Health Board's three year IMTP (Integrated Medium Term Plan) 2017/18 to 2020/21.

Each year we are required to update our three year plan setting out how we will strengthen, modernise and develop our services to better meet the health and care needs of the people in the communities we serve. This has to be done within the monies allocated to us by Welsh Government. Our first three year IMTP was published in June 2016 and subsequent plans have built upon the successes and lessons learned from our approved plans over the past two years.

We work across many communities, systems and services; our ambition - ***to improve the health and wellbeing of the population we serve and to work with our partners to provide most care closer to home*** – will only succeed if it reflects the needs of our citizens and is aligned to the plans and priorities of our partners. We welcome the enactment of the Well-being of Future Generations (Wales) Act 2015. This is a further step towards joining the agenda of all public sector organisations to deliver positive change for the communities we serve.

This plan includes the next steps for our Clinical Futures Strategy. The approval of the Specialist and Critical Care Centre (SCCC) provides a key enabler for strengthening acute services and is a core component of the safe and sustainable healthcare system for the 600,000 citizens we serve.

We, like all Health Boards across Wales, are experiencing unparalleled challenges across health and social care in the form of ageing populations, rising numbers of long-term conditions, and a host of other health issues coupled to rising patient expectations, finite resources and recruitment challenges.

Irrespective of these challenges we are committed to treating every patient we care for with respect and kindness, and maintain dignity at all times.

We are confident that our plan puts Aneurin Bevan University Health Board in a strong position to ensure local services are safe and effective and organised to deliver the best possible outcomes to those who use them. If we are successful we will have:-

- ✓ Reduced health inequalities with fewer premature deaths from conditions such as cancers, heart attack and stroke;
- ✓ Improved the health of people of all ages in our communities;
- ✓ A more equal relationship between citizens and healthcare professionals with individuals having more control over their conditions and share in decision making on the care that is right for them;
- ✓ Strengthened primary, community and social care services in each of our Neighbourhood Care Areas, shifting from reactive to proactive (anticipatory) care and meeting most care needs outside of traditional hospital settings;
- ✓ For the most part emergency assessment and treatment services will be delivered on the same day without the need for an overnight stay in hospital (Ambulatory Care)
- ✓ Sustained specialist services in advance of the opening of the SCCC in 2021.

We will achieve this through the use of innovative workforce models and by working in partnership with our staff, partners and local communities. At the same time we will deliver change that helps us consistently achieve our quality and performance standards within a financial envelope that represents best value for the public purse.

Ann Lloyd, CBE
(Chair)

Judith Paget
(Chief Executive)

Our Vision and Values

Our vision as Aneurin Bevan University Health Board is to work with our communities for a healthier future, to care for patients when they need us and for our staff and services to strive for excellence in all that we do.



Everyone who works within the University Health Board share four core values that guide the approach we take to work and our interactions with others



Through our shared values we ...

Listen to patients, carers and visitors concerns and take action

Give priority to actions that improve the service and promote patient safety

Always report incidents or near misses that could cause harm to others

Take pride in our own work and that of our team

Celebrate success and share good practice

Be a positive role model, be smart, be professional

Actively looking for ways to improve patient experience

"How can we do better?"

What is "Best in Class?", are we there yet?

Use initiative to solve problems and inform others of potential issues

Challenge unhelpful behaviour

Go the extra mile for patients and act on their feedback

Lead by example

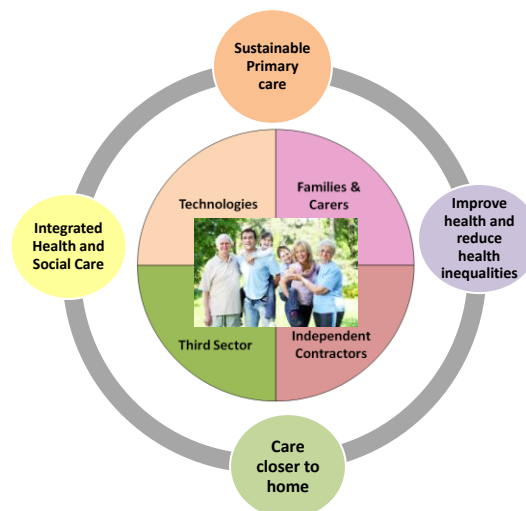
We do this by:

- Supporting our citizens to live healthier lives, ensuring they are as knowledgeable as they can be about their own health, know how to self care, and be involved in decisions about the healthcare they receive;
- Working with people, particularly in our most deprived communities, to identify risks to their health, help them to make changes to prevent chronic conditions taking hold and where treatment is necessary ensuring they access to the most effective care regimes
- Introducing a broader range of clinicians into General Practice, such as practice pharmacist, to improve access and ensure patients can see the most appropriate clinician to meet their needs
- Building on our proud tradition of working in partnership with Local Authorities, the voluntary and the independent sector, Welsh Ambulance Service and others to create integrated services designed around the needs of people, carers, families and communities
- Delivering services of the best quality and value, through our dedicated staff, focusing on achieving good clinical outcomes through the most efficient and effective models of care
- Preparing and planning how we can continue to provide safe services in the face of staff shortages and growing restrictions on how junior doctors can be deployed
- Being clear about how we modernise clinical services to ensure they are fit for purpose, now, during our transition to the Specialist and Critical Care Centre and in the future.
- Using our University Board status to work closely with our academic partners, embracing clinical and non-clinical research and innovation, embedding service evaluation as part of the way we do things here to ensure the best possible outcomes for our patients and communities.

To achieve our vision we have been, and will continue, to work on a range of initiatives. Our Clinical Futures Strategy sets out how we are moving to a better balance of care by:-

- ❖ delivering most care close to home;
- ❖ creating a network of local hospitals providing routine diagnostic and treatment services; and

Primary and community services are at the heart of the model and central to developing a new relationship with patients as partners in preserving, maintaining and improving their own health and well being. Investing in and strengthening primary, community and social care services to create the capacity to support and treat patients in their homes and communities is a core component of our strategy.



We recognise this requires even closer working within primary, community and secondary care services and across Social Care and third sector organisations. Each of our 12 Neighbourhood Care Networks (NCNs) are developing plans and delivering new services for their local communities.

Examples of this work over recent years includes our 24 hour District Nursing Services, Stay Well Plans for older citizens, integrated health and social care community resource teams which enables patients to be assessed and supported in their own homes.

In October 2016, the Cabinet Secretary, Vaughan Gethin AM, approved the business case for the **Specialist and Critical Care Centre**. This welcomed announcement signals a turning point in our plans to improve services for people with critical, life or limb threatening conditions. Consolidating these services on one site will allow us to organise and deploy our clinical teams and our hospital resources to improve access to routine and specialist services for our population.

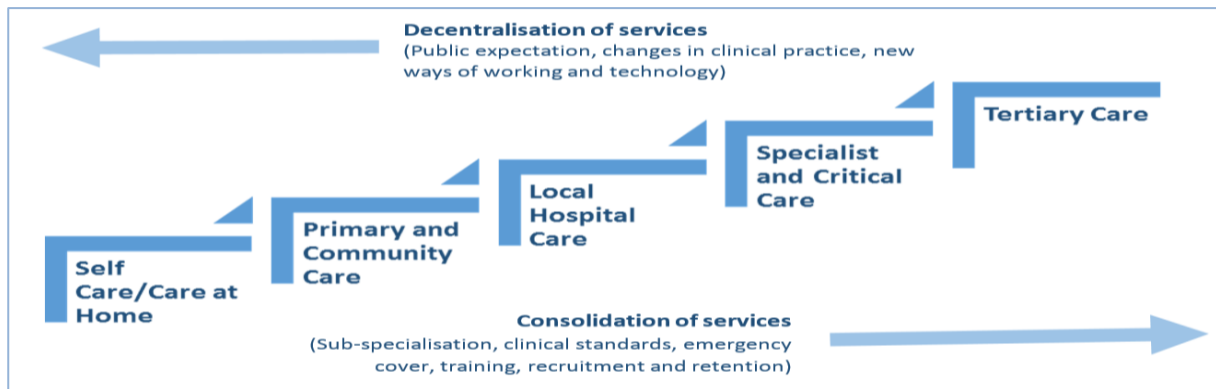
Full details of our plans for 2017/18-2021 are available in the [Full Three Year Integrated Plan](#), which is available on our website.

Priorities

As a University Health Board our key priorities are to:

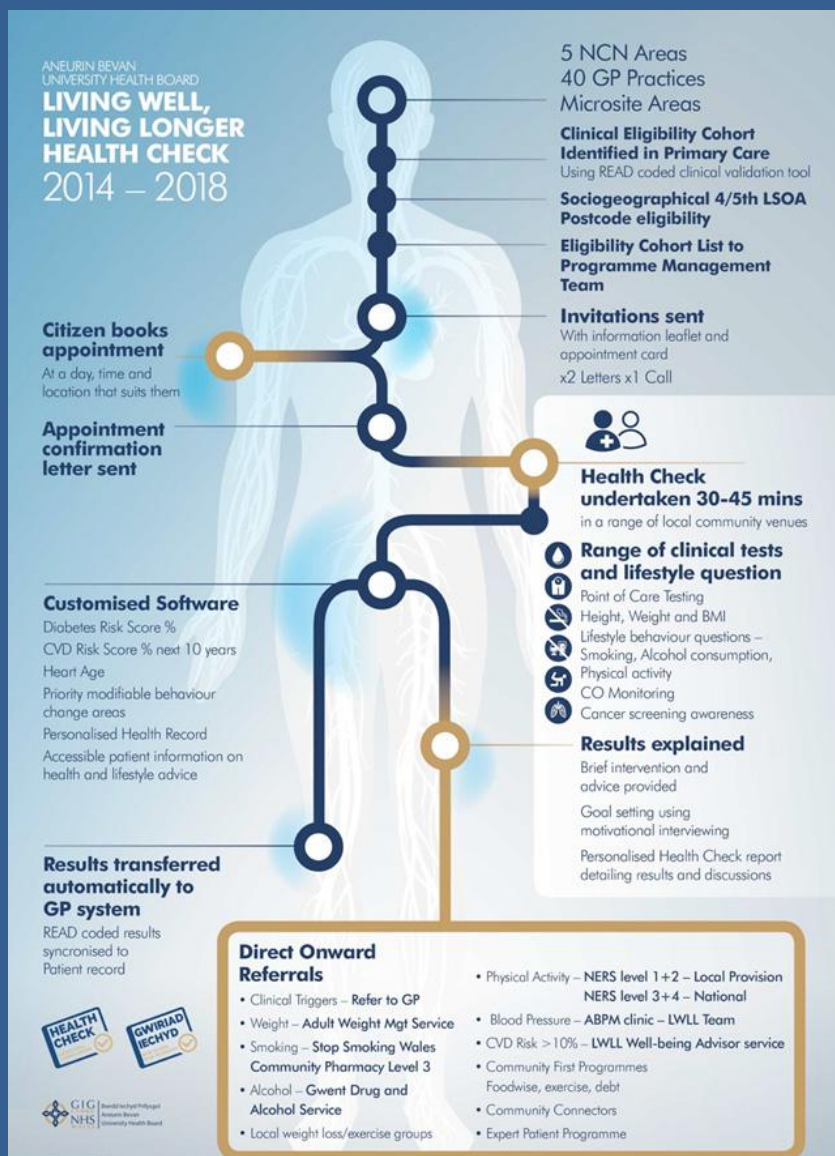
- Continue to listen to and learn from patient and carer experience ensuring that we deliver patient centred care;
- Continue to roll out our “Living Well, Living Longer” programme reducing the gap between healthy life expectancy between our communities;
- Engage with an increasing number of citizens through our “Talk-Health: ABUHB Engages” programme and through social media to ensure that our local populations are involved in the design and development of new service models, both in and out of hospital
- Finalise and deliver our “Care Closer to Home” Strategy to ensure that people have access to local services that meet their needs at the earliest possible point, this will see a shift of services from hospitals to community based care;
- In partnership with Local Councils and others to continue to develop joined-up health and social care to meet the physical, psychological and social needs of our most vulnerable citizens including older people, people with mental health and learning disability needs;
- Continue to improve the way we manage waiting times and emergency admissions to improve timely access to services for our citizens ;
- Continue to develop and implement our Clinical Services Strategy, including planning for the Specialist and Critical Care Centre, developing transitions plans where necessary to ensure service sustainability;
- Continue to work with Health Boards across South East Wales to strengthen regional planning for the benefit of our citizens;
- We want to be “Best in Class” in the way we organise and deliver care across all our services. Our citizens can be confident that we are using our staff, our facilities and all our resources in the most effective and efficient way possible;
- Continue to engage with and developing our workforce; and
- Manage within the resources that are available to us by making sure our services deliver high quality care, reduce costs, limit harm and variation in delivery and contribute to a positive outcome for the patient.

The Clinical Futures Model



Progress made in 2016/17

During the last year we have continued to deliver solid and steady progress on our 3 Year Integrated Plan including moving more of our services into the community and closer to the people who need to use them. Three major highlights for the Health Board in the last year were:-



Winning the Health Service Journal prestigious award for our work to improve health outcomes through our Living Well, Living Longer programme which provides health checks and support for adults (40 – 64 years) at risk of heart disease, stroke or diabetes and helps them to change lifestyle behaviours and improve their health;

Launching Ffrind i mi/Friend of Mine where the Health Board works closely with our partners to tackle loneliness to help anyone who feels lonely or isolated to reconnect with their communities; and also

Securing Welsh Government approval for the £350m Specialist and Critical Care Centre – construction on this state of the art facility that will provide highly specialised care for people with complex and life threatening acute emergency needs will start this summer, with completion by 2021.

Our Board maintains a strong focus on quality, patient experience and delivery. The Health Board has also achieved financial balance in 2016/17, while delivering improvements in performance.

There continues to be pressure and challenges in relation to high and growing levels of demand for the services we provide. During the year we performed over **50,000** operations, had **125,781** attendances at our Emergency Departments with nearly **36,000** patients arriving by ambulance and **88,244** people called our GP Out-of-Hours service.

Whilst challenges remain going forward, we will continue to build on our achievements and celebrate our **9** success with notable improvements in performance and quality outcomes being delivered for our community.

Some of our achievements during 2016/17

Reducing Health Inequalities and Improving Population Health

- Over 9,000 citizens have attended for a Health Check, attending one of over 49 local venues across four of our Neighbourhood Care Network areas, from 21 General Practices. 2% were identified at high risk of cardiovascular disease and received clinical intervention from their GP, 14% at increased risk and now with lifestyle support services, the remaining 84% are now have advice, information and support to further reduce their risk
- Smoking rates have continued to decrease over the past three years, this year 3% of the total estimated smoking population were treated by NHS Smoking Cessation Services - 40% of these people have now stopped smoking
- Over 3,000 citizens have attended groups sessions as part of the Mental Wellbeing Service

Shifting Care Closer to Home

- Practice Based Pharmacists provided 2,819 hours undertaking work that would normally be done by a GP. In addition last year saw the introduction of practice based social workers, social prescribers and direct access physiotherapy
- The Older Person's Pathway is now available across Newport, helping older residents with plans and support to remain safely in their own homes
- Primary Care Diabetes Services are working closely with people who have Type 2 diabetes to control their HbA1Cs through the better use of diabetic medications
- New Services for Advocacy, Information, Advice and Assistance, Counselling and Community Well Being for citizens with mental health needs commenced across all localities in December 2016
- There has been a shift of resources and activity to Community Care Settings for both minor oral surgery and ophthalmology, 2,300 people have received their minor oral surgery treatment in a local dental surgery, and over 10,000 people have accessed ophthalmology services (glaucoma and Wet AMD). In August a pioneering Ophthalmic Diagnostic Treatment Centre was launched at a Newport optician

Improvement in Performance

- The redesigned Stroke Pathway which includes a hyper acute stroke services at the Royal Gwent Hospital, Newport, has allowed us to improve outcomes for our citizens, our performance is amongst the best in Wales
- We have delivered integrated models of care for diabetic, respiratory and cardiac patients this has allowed us to achieve 100% of targets for 36 and 26 weeks for these services
- The acute Elderly Frail service is delivering improved outcomes for older patients and reducing lengths of stay from 9 to 4 days
- Early recognition of and response to patients presenting in our emergency departments with sepsis continues to improve
- We have improved community advocacy, information and assistance services to support for people with mental health problems
- We have expanded emergency liaison services for children and young people with mental health crises and increased our capacity to support young people with eating disorders
- We have more than halved the number of people waiting more than 36 weeks and continue to make significant progress in meeting the target for all patients

Ensuring Service Sustainability

- Inpatient paediatric and obstetric services have been sustained at Nevill Hall Hospital throughout 2016/17 without loss of service continuity
- A revised workforce model to sustain neonatal services at the Royal Gwent Hospitals is in place following the loss of Tier 2 Deanery posts
- Surgical Specialities have achieved compliance with the new Education Contract and allows us to continue to provide acute surgical services at both District General Hospitals
- Continued to introduce new roles to improve the resilience of our services and workforce, including Emergency Nurse Practitioners to provide minor injury services, Advance Nurse Practitioners and Nurse and Therapist C

Service Change Plans for 2017 to 2020

Our values of putting people first, pride in what we do, passion for improvement and personal responsibility underpins our service change plans. These changes will ensure we deliver safe and effective services through staff who deliver care with compassion. We are committed to putting patients and carers at the centre of all our work, engaging and listening to everyone – those who use our services and the wider community – to inform quality improvements and service redesign.

Like all Health Boards in Wales, Aneurin Bevan University Health Board is facing significant challenges to address changes in the population; the associated growth in demand for health and care service at a time of constrained public sector finance. It is likely that the solution to the challenge will need to take an approach that transforms the way we deliver healthcare, working with our citizens to improve population health overall, creating resilient individuals, families and communities confident and capable of making prudent decisions about the way they will use healthcare.

It is more important than ever that we understand the way our population is changing and design our healthcare system to provide the right care, in the right place, at the right time and delivered by the right people and services. This means a system that is designed to meet more care needs closer to home, together with a hospital network that organises its specialist and limited resources to ensure our citizens have access to the care they need, when they need it.

Our Service Change Plans 2017 - 2020

Reducing Health Inequalities/Improving Population Health

- We will continue to roll out our Living Well Living Longer Programme, inviting eligible adults to a Health Check, supporting them to set personal goals, access support to reduce lifestyle risk factors and appropriate treatment
- We will implement our weight management service for children and families to reduce childhood obesity and prevent onset of Type 2 diabetes
- We will continue to scale up smoking cessation and alcohol treatment services with the aim of increasing uptake of smoking cessation services to 5% of smokers each year
- We will continue to improve uptake of population immunisation and vaccination programmes
- We will continue to support large scale physical activity programmes, encouraging our residents and our staff to be more active, more often through community development programmes
- We will continue to “make every contact count” to improve the physical and mental wellbeing of our citizens

Shifting Care Closer to Home

- Strengthening primary and community care services is a major priority for the Health Board. We will, working with our partners, implement our Care Closer to Home plans, in each Local Authority area
- We will continue to enhance our primary care workforce and use initiatives like “Ask my GP” to improve access
- We will prepare for 111 and ensure that our urgent care out of hours service redesign plans are delivered
- We will build on the success of our joint work with nursing homes to ensure our citizens receive the care they need in their normal place of residence
- We will continue to develop integrated community nursing services to increase the availability and range of services for our citizens

Improvement in Performance

- We will review, streamline and improve performance in our Emergency Departments by increasing availability of senior decision makers, and for the most part emergency assessment and treatment services will be delivered on the same day without the need for an overnight stay in hospital (Ambulatory Care)
- We will continue to implement the **SAFER** bundle in all our wards (a set of simple rules for adult inpatient wards to ensure that patients are treated without any avoidable delay making sure hospital stays are as short as possible)
- We will deliver more timely access for Local Primary Mental Health support services and continue to improve access to psychological services
- We will continue to improve access to diagnostic and treatment services, creating more efficient means of diagnosing, assessing and treating patients, our aim is to reduce delays for our citizens

Ensuring Service Sustainability

We will focus on the transition of services that are fragile and present significant sustainability challenges over the next three years in advance of the opening of the Specialist and Critical Care Centre, specifically transition plans for:-

- ❖ paediatric, obstetric and neonatal care
- ❖ acute surgical services
- ❖ acute medical services
- ❖ breast services
- ❖ vascular services
- ❖ transforming cancer services

Our plans will be developed and aligned with regional plans developed by NHS Bodies across South East Wales.



Artists view of the SCCC – construction to commence summer 2017

Quality and Patient Experience

Quality and patient safety is at the centre of our work in seeking to achieve service excellence. We always aim to put the patient first, so that every person that uses our services, whether at home, in their community, or in hospital, has a good experience. To do this, quality and patient safety is a core focus throughout all our plans, from small changes in one service to the driving force for our Clinical Futures Strategy.

We need to know what you think about the health services that we provide, we are a learning organisation that seeks to continually learn from your experience of our services.

Being able to explain our challenges and the improvements that we are making through our integrated three year plan, and the difference they are making through the year is also vital. The Health Board has put in place a small, but important, Engagement Team. The people in this Team are out and about talking to you, bringing back your views, ideas and concerns. We can use these to ensure that we are changing the services we provide in the ways that you want us to, and making improvements where you tell us there are problems.

On 17th February 2017, our Talk Health public event considered and shaped our three year plan to incorporate key themes that matter most to our citizens.



Our Quality and Patient Experience Improvement Plans

Our Quality Delivery Plan sets out priority areas of focus that reduce harm to patients, including:-

- Avoidance, early identification and management of sepsis, healthcare associated infections, hospital acquired thrombosis, falls and pressure damage
- Meeting our Fundamentals of Care standards including dementia, nutrition, hydration, medicines and continence care
- Adopting prudent healthcare principles, ensuring patients are equal partners in their health care and fully engaged in our improvement events
- Improving the quality improvement skills of all our staff

Each year we publish our [Annual Quality Statement](#) which tells you about the quality of the Health Services we provide across the areas we cover, for people of all ages and ranging from visits to people in their own homes through to highly technical facilities like intensive care in acute hospitals.

Patient experience at the heart of quality



Talk Health – issues that matter to our citizens

- Investing in early years
- Helping citizens to be healthier (focusing on alcohol, smoking, obesity and mental health)
- Waiting times for General Practice and in Emergency Departments
- Lack of knowledge on alternatives to the way citizens currently access and use healthcare
- Untapped potential of the voluntary sector and of peer support
- Asking people about the way in which they want to receive information, and the way in which they want to be involved in decisions about their care
- Receiving more care closer to home – and choice of closest (near to me) rather than earliest appointment
- Usefulness of technology including text reminder services and “Doctor to Doctor”
- For suspected Cancer – quick access to diagnostics, results and choice in treatment. Recognise the importance of psychological support for individuals and their families
- Enabling citizens to understand the transition from what services we have now to what will be there in the future (not least how and where services are accessed before and after the opening of the new SCCC)

Engage children and young people in the design and delivery of Child and Adolescent Mental Health Services



Workforce

Our staff are our greatest resource and assets, the progress that has been made over the past year and the delivery of the plans we have set out in this three year plan is all down to the commitment and hard work of all our staff and those who work with us.

We are committed to enabling our staff to provide excellent care by providing the appropriate support such as education, safe working environments and the tools to deliver high quality patient care.

Despite high pressures and demands, our staff continue to appear on award shortlists, to win awards and to be recognised nationally for the excellent work they do work.

We are proud recipients of the Corporate Health Standard Platinum Award, recognising the steps we have taken to promote the health and well-being of our staff.





The Health Board employs 14,105 staff - the largest employer in Gwent.

80% said they are proud to work for us

Some of the key workforce challenges facing the Health Board over the next three years include:-

- Skills shortages leading to difficulties in recruiting nurses, therapists and some medical specialties
- Our workforce is ageing
- Sustainability of junior doctor rotas which will be affected by the reduction in training places provided by the Wales Deanery – most notably the withdrawal of a neonatal trainee
- Specialist skills are spread too thinly across existing sites
- Continuing to reshape services and ways of working to deliver more care in the community and in patients’ own homes, the centralisation of specialist services to improve access to reliable specialist services 24/7 and the remodelling of the hospital system associated with new ways of delivering services.
- Introducing new roles and career opportunities such as Nurse and Therapy Consultants, Advanced Practitioners in areas such as Emergency & Acute Medicine, paediatrics; Physicians Associates and continuing to develop the primary care team to include pharmacists, social prescribers and others

Workforce priority plans

Our programme of work is based around 3 priority areas:

	<p>Using our staff productively and effectively</p> <ul style="list-style-type: none"> • New Ways of Working (role of technology) • Maximise delegation and prudent workforce principles in all service design
	<p>Engaging and developing our staff</p> <ul style="list-style-type: none"> • Listening to our staff • New and enhanced skills • Management and leadership • Recognition and reward
	<p>Sustaining service now and for the future</p> <ul style="list-style-type: none"> • Primary and community care workforce plans • Collaboration across SE Wales • Work experience/apprenticeships

Our approach ...

	<p>Engagement we regularly test and hear what our staff, partners, patients, carers and citizens say about our services.</p>
	<p>Social sustainability we strive to be good employers and improve the life chances and health of our staff.</p>
	<p>Partnership we embrace the Trades Union Congress principles of partnership, we work closely with our Trade Union Partnership Forum promoting continuous engagement with staff and through them strengthen links with our communities</p>
	<p>Equality & Diversity all our plans seek to reduce inequalities we are proud to be recognised as a more inclusive employer of staff who are LGBT. We continue to work with public and third sector partners to improve experience and outcomes for all our citizens.</p>



Delivering Success

The plans outlined in this summary document (and set out more fully in our 3 year plan) will be delivered by our staff; individually, in teams, departments and services they will work with patients, carers, families, communities and other providers of health and social care to deliver the best outcomes for our citizens. Over the next three years we will strive to achieve:-

Reductions in Health Inequalities and Improvements in Population Health

- The uptake of national childhood vaccinations will be at or above the 95% target
- The uptake of influenza vaccination to be at or above the Welsh Government targets for all groups
- Fewer reception class children (aged 4/5) classified as overweight or obese
- Following Health Checks, adults in our most deprived Neighbourhood Care Network areas will know their risk of heart disease, stroke, diabetes, cancer, respiratory and liver disease and be supported to take the necessary action to reduce their risk
- The percentage of estimated smokers in the Health Board area treated by NHS stop smoking services will meet or exceed the 5% target. 60% of smokers treated by NHS stop smoking services will pass a breath test to confirm they have stopped smoking

Shifting Care Closer to Home

- Despite an aging population, the rate of emergency hospital admissions and readmissions for chronic conditions will decrease each year as patients are supported to manage chronic conditions at home
- 90% of GP practices will offer their patients appointment bookings and repeat prescriptions through My Health on Line
- We will have implemented key components of our Care Close to Home strategy, including systems of care that are easy to navigate, more service available in communities, fewer handoffs between professionals and care setting with care focused on the needs of the individual
- We will open new facilities to provide more care in local settings. During the life of this plan we will open a further 3 Ophthalmic Diagnostic Treatment

Improvement in Performance

- People will be treated quicker in our Emergency Departments, our focus will be on developing services where patients can receive tests which are reviewed by consultants as part of an urgent care assessment
- Frail older people will receive early treatment which helps recovery and reduces the need for hospital stays.
- More care will be delivered through integrated teams, in general practice, community and hospitals improving access and reducing waiting times
- We will continue to improve access to diagnostic and treatment services, creating more efficient means of diagnosing, assessing and treating patients. This will help us to consistently meet the referral to treatment times for our patients (cancer and non-cancer)
- Empowered citizens who have contributed to the design of services, have their say and give feedback on the care that they receive.

Ensuring Service Sustainability

- We will work in close collaboration with other Health Boards to ensure that we can safely maintain fragile services, such as inpatient paediatrics, for our citizens in advance of the opening of the SCCC
- We will work in close collaboration with Velindre NHS Trust to develop proposals for a Satellite Radiotherapy Unit to improve access for our cancer patients
- We will continue to review and develop our services in readiness for the opening of the SCCC. This includes services that will be delivered through primary and community care

Finance

We are responsible for improving the health of our population, prevent ill-health and provide safe and clinically effective care within available resources. We have statutory responsibility to achieve financial breakeven over the life of 3 year plan.

To do this we continue to deliver substantial service and workforce changes moving us toward the next phase of delivering our Clinical Futures Strategy. Many of our new service models shorten the patient journey enabling us to reduce reliance on hospital beds.

We are focused on services that add value to our citizens, and working with our citizens to deliver care as efficiently as possible.



THREE YEAR INTEGRATED PLAN

2017 – 2020

SUMMARY PLAN