

'Our Health, Our Future'

Hywel Dda Interim Integrated Medium Term Plan Summary 2016/17 to 2018/19



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Hywel Dda
University Health Board



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Introduction

This Integrated Medium Term Plan signals a profound change for Hywel Dda University Health Board. We want to be more than just a provider of health care. We want to be a Population Health Organisation that promotes good health, prevents illness, manages disease and co-ordinates care holistically. We also want to use taxpayers' money well and deliver on Welsh Government targets.

So what difference can we make with our resources over the next three years? We have started by looking at what we have to do now to address our challenges over the next 10 years.

We cannot do everything at once. We must focus on those things that best support the health needs of our local population.

In this plan we set out our ten strategic objectives and the values which will guide us in their delivery. Strategic objectives 1 to 8 are the goals we have set to meet what local people need now and over the next ten years. Strategic objectives 9 and 10 focus on our financial position, national performance targets and the quality and safety of our services.

Our financial strategy sets out the steps to return to financial balance. To do this, we need to deliver almost £80m of improvements over the next 3 years. These are not service cuts. This is about getting the most out of our systems to provide care now and into the future. We forecast that we will stabilise and improve our deficit for the first time in 2016/17.

Key to this is solving our staffing challenges and reducing our service demand, particularly for emergency care. The answer lies in delivering more primary care and community services closer to and sometimes in your own homes increasingly using the opportunities afforded by the better use of technology.

Our plan also sets out the vision for our four hospitals. Over the coming 12 months, our clinical leaders and teams, working with patients and the public, will define the strategy for each hospital building from our desire to ensure 24/7 urgent and emergency services continue to be delivered across our three counties.

We want this document to be a publicly accessible plan with which we, as a Board, can be held to account. It is supported by enabling plans and annexes that describe how we will improve our population's health and become renowned for quality, good planning, transparency and partnership working. Links are provided to all these plans should you wish to look at them in more detail. Prudence runs throughout every plan and is the ethos upon which our Hywel Dda approach is based.



I hope that this document demonstrates our determination to tackle our challenges. We are not daunted by the size of the task but need the support of everyone to make this happen. The Board strongly believes the NHS is worth fighting for and what follows represents our 'call to action' to ourselves, our staff and the public we serve.

**Steve Moore,
Chief Executive**

Our Ambition

As a University Health Board, we have agreed that the difference we intend to make for the residents of Hywel Dda is:

- We will prevent ill health and intervene in the early years. This is key to our long term mission to provide the best health care to our population.
- We will be proactive in our support for local people, particularly those living with health issues and the carers who support them.
- We will put rapid diagnosis in place so that, if you think you have a health problem, you can get the treatment you need. If you do not need treatment, you can move on with your day-to-day life.
- We will be an efficient organisation that does not expect you to travel unduly or wait unreasonably; is consistent, safe and of high quality; and with a culture of transparency and learning when things go wrong.



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Our Organisational Values

Hywel Dda University Health Board's core culture will be: 'Remember, this could be you, or your family.' That's why staff, from community teams to Board level, have together agreed the following organisational values:




OUR TEN STRATEGIC OBJECTIVES ARE:

1 

TO ENCOURAGE AND SUPPORT PEOPLE TO MAKE HEALTHIER CHOICES FOR THEMSELVES AND THEIR CHILDREN AND REDUCE THE NUMBER OF PEOPLE WHO ENGAGE IN **RISK TAKING BEHAVIOURS**.

2 

TO REDUCE **OVERWEIGHT AND OBESITY** IN OUR LOCAL POPULATION.

3 

TO IMPROVE THE PREVENTION, DETECTION AND MANAGEMENT OF **CARDIOVASCULAR DISEASE** IN THE LOCAL POPULATION.



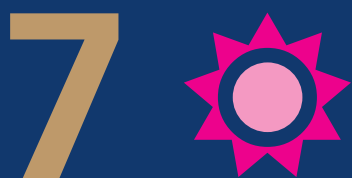
TO INCREASE SURVIVAL RATES FOR **CANCER** THROUGH PREVENTION, SCREENING, EARLIER DIAGNOSIS, FASTER ACCESS TO TREATMENT AND IMPROVED SURVIVORSHIP PROGRAMMES.



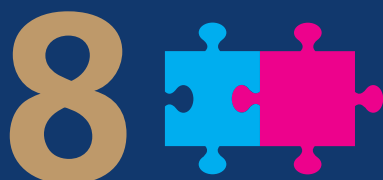
TO IMPROVE THE EARLY IDENTIFICATION AND MANAGEMENT OF PATIENTS WITH **DIABETES**, IMPROVE LONG TERM WELLBEING AND REDUCE COMPLICATIONS.



TO IMPROVE THE SUPPORT FOR PEOPLE WITH ESTABLISHED **RESPIRATORY ILLNESS**, REDUCE ACUTE EXACERBATIONS AND THE NEED FOR HOSPITAL BASED CARE.



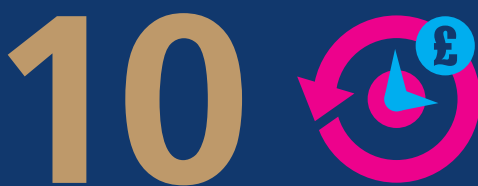
TO IMPROVE THE **MENTAL HEALTH AND WELLBEING** OF OUR LOCAL POPULATION THROUGH IMPROVED PROMOTION, PREVENTION AND TIMELY ACCESS TO APPROPRIATE INTERVENTIONS.



TO IMPROVE EARLY DETECTION AND CARE OF FRAIL PEOPLE ACCESSING OUR SERVICES INCLUDING THOSE WITH **DEMENTIA** SPECIFICALLY AIMED AT MAINTAINING WELLBEING AND INDEPENDENCE.



TO IMPROVE THE **PRODUCTIVITY AND QUALITY** OF OUR SERVICES USING THE **PRINCIPLES OF PRUDENT HEALTH CARE** AND THE OPPORTUNITIES TO **INNOVATE AND WORK WITH PARTNERS**.



TO DELIVER, AS A MINIMUM REQUIREMENT, **OUTCOME AND DELIVERY FRAMEWORK TARGETS** AND SPECIFICALLY ELIMINATE THE NEED FOR UNNECESSARY TRAVEL AND WAITING TIMES, AS WELL AS RETURN THE ORGANISATION TO A **SOUND FINANCIAL FOOTING** OVER THE LIFETIME OF THIS PLAN.



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Reducing Your Risk with Healthy Choices



Strategic Objective 1: To encourage and support people to make healthier choices for themselves and their children and reduce the number of people who engage in risk taking behaviours.

Why should this concern us?

- Because currently, 20% of adults in Hywel Dda smoke – that's 62,000 people.
- Because in addition, 22% of adults binge drink on at least one day.
- Because there are some 20,000 problem drug users in Wales.
- Because there are high levels of teenage pregnancies and rising levels of sexually transmitted infections.

So why is that important?

- Because smoking is the largest single preventable cause of ill health and premature death.
- Because more people die from alcohol related conditions than from breast cancer, cervical cancer and hospital acquired infections put together.
- Because drinking excess alcohol is a major factor in increased risk of liver disease and many cancers. It also puts babies at risk.
- Because more than 5000 bed days are used for alcohol-related conditions – costing us more than £5.2 million per year on inpatient treatment alone.
- Because drugs damage your health in a variety of ways and costs the NHS in Wales about £17.6m per year.

What do we need to do?

- We need to reduce the number of people smoking to 16% by 2020.
- We need to reduce the number of people who drink above the daily recommended guidelines by 1% by 2020.
- We need to reduce the number of people who binge drink on a weekly basis by 2% by 2020.
- We need to reduce teenage pregnancy and sexually transmitted infection rates.
- We need to design services to reduce misuse of drugs and alcohol and focus on education, prevention and early treatment.

How will we do this?

- We will increase the number of 'stop smoking' services in hospital and the community.
- We will focus on drug and alcohol use in young people and offer early support to stop.
- We will use alcohol liaison nurses and primary care screening to identify areas of need and support people to stop.
- We will develop a targeted approach to reduce health inequalities.
- We will integrate smoking prevention and cessation into our delivery plans.

You can see our action plan to achieve Strategic Objective 1 here (page 19 of the Hywel Dda Interim Integrated Medium Term Plan 2016/17 to 2018/19): www.hywelddahb.wales.nhs.uk/IMTP

Watching Your Weight



Strategic Objective 2: To reduce overweight and obesity in our local population.

Why should this concern us?

- Because 58% of adults and 28% of children aged 4 to 5 years old within Hywel Dda are overweight or obese.
- Because Hywel Dda area is worse overall than the Welsh average of 26.5% for child obesity problems. Carmarthenshire stands at 26.2%, Ceredigion at 28.7% and Pembrokeshire at 31%.
- Because the Welsh average stands at 26.5% of children 4 to 5 years old being overweight or obese compared to the Hywel Dda position of 28.3%.

So why is that important?

- Because being overweight or obese can cause many psychological and physical problems.
- Because it can increase risk of Type 2 diabetes, disease of the heart and blood vessel circulation systems, certain cancers and bone and joint conditions.
- Because it results in low self esteem and lack of confidence which can lead to social problems.

What do we need to do?

- We need to reduce adult obesity by 0.5% by 2020.
- We need to reduce childhood obesity by 1.0% by 2020.

How will we do this?

- We will work with maternity services and midwives to promote healthy weight during pregnancy.
- We will focus on preventing obesity in childhood, particularly in the first 1000 days of life.
- We will empower our health visitors to implement the 'Healthy Child Wales' programme which supports and promotes a healthy weight and prevents overweight and obesity in children and their parents.
- We will also put into practice the 'All Wales Obesity Pathway' developed by Welsh Government as a national approach for the prevention and treatment of obesity, ranging from community support and treatments, community and primary care weight management services, specialist weight management services and specialist medical and surgical services.

You can see our action plan to achieve Strategic Objective 2 here (page 24 of the Hywel Dda Interim Integrated Medium Term Plan 2016/17 to 2018/19): www.hywelddahb.wales.nhs.uk/IMTP

Having a Healthy Heart



Strategic Objective 3: To improve the prevention, detection and management of cardiovascular disease in the local population.

Why should this concern us?

- Because currently, the number of people with heart disease (including irregular and often abnormally fast heart rate) in Hywel Dda is increasing, particularly for those over 75 years.
- Because more than 57,000 people in Hywel Dda have high blood pressure. Over 20% of adults have high blood pressure and 9% have a heart condition.
- Because there are over 5,000 emergency admissions relating to disease of the heart and blood vessel circulation systems disease every year.
- Because we admit around 750 people a year with a stroke.
- Because 1985 working days were lost to heart, cardiac and circulatory problems in our workforce in 2015/16.

So why is that important?

- Because a significant proportion of people have diseases of the heart and blood vessel circulation system leading to increased use of hospital services.
- Because stroke is the highest cause of death in our population and it is a leading cause of adult disability.
- Because 25% of strokes occur in people under 65 years old and has a higher risk in ethnic minorities.
- Because high blood pressure is a significant risk for developing numerous conditions including stroke and heart disease.

What do we need to do?

- We need to increase the number of patients over 50 years old who have had their blood pressure measured to 92%.
- We need to increase the number of patients diagnosed with irregular and abnormally fast heart rates and taking medicines to prevent blood clots to 90%.
- We need to further improve the number of people who survive for more than 30 days after a heart attack or stroke.

How will we do this?

- We will improve our prevention and primary care services.
- We will improve our participation in clinical audits.
- We will develop our service model and workforce to deliver a sustainable service and reduce waiting times.
- We will improve community rehabilitation, working in an integrated way across secondary, primary and community care.

You can see our action plan to achieve Strategic Objective 3 here (page 29 of the Hywel Dda Interim Integrated Medium Term Plan 2016/17 to 2018/19): www.hywelddahb.wales.nhs.uk/IMTP

Tackling Cancer



Strategic Objective 4: To increase survival rates for cancer through prevention, screening, earlier diagnosis, faster access to treatment and improved survivorship programmes.

Why should this concern us?

- Because 1 in 3 people in Wales will be diagnosed with cancer before the age of 75 years and 4 in 10 during their lifetime.
- Because around 8,400 people die of cancer every year and this is increasing.
- Because cancer is one of the top causes of death in Hywel Dda and we have the highest breast cancer rate.
- Because there is wide variation in 5 year survival rates for different cancers.
- Because cancer is greater in more deprived areas. The root causes – obesity, smoking, drinking and substance misuse – may be responsible for 40% of cases.
- Because it can be difficult to get a timely appointment for urgent suspected cancers due to high demand for key specialties, the complexity in diagnosing some cancers and lack of capacity at tertiary cancer centres.
- Because 3522 working days were lost due to workforce cancer in 2015/16.

So why is that important?

- Because we want to improve cancer outcomes for our population.
- Because we want to minimise the risk of developing cancer for people of all ages and, when it does occur, give them an excellent chance of surviving.
- Because we want cancer patients to have rapid access to the care they need.
- Because we want Wales to have cancer incidence and survival rates comparable with the best in Europe.

What do we need to do?

- We need to meet referral and access targets.
- We need to increase the uptake of bowel screening by 5% by 2020.
- We need to meet all NHS Outcomes Framework referral and access targets.
- We need to improve compliance with survival rates and patient experience targets and increase the number of patients on end of life pathways.

How will we do this?

- We will focus on preventing cancer, particularly through stopping smoking, preventing obesity and reducing alcohol use.
- We will improve uptake of detection via national screening programmes.
- We will improve the timeliness and effectiveness with which we deliver care as stated in our Cancer Delivery Plan.
- We will improve the way in which we meet people's needs via improvements to out of hours care and provision of key worker support.
- We will improve end of life care using our 'End of Life' care delivery plan.
- We will provide more patient information in partnership with the third sector.
- We will undertake research projects with the South West Wales Cancer Centre at Abertawe Bro Morgannwg University Health Board.

You can see our action plan to achieve Strategic Objective 4 here (page 35 of the Hywel Dda Interim Integrated Medium Term Plan 2016/17 to 2018/19): www.hywelddahb.wales.nhs.uk/IMTP

Driving Down Diabetes



Strategic Objective 5: To improve the early identification and management of patients with diabetes, improve long term wellbeing and reduce complications.

Why should this concern us?

- Because diabetes is rapidly becoming the epidemic of this century.
- Because 5.8% of people in Hywel Dda have Type 2 diabetes compared to an England and Wales average of 4.7% – that's more than 22,000 people.
- Because the number of people in Wales being diagnosed with diabetes is increasingly driven by ageing populations and increasing obesity.
- Because people with diabetes have a substantially higher risk of serious illness, hospitalisation and premature death.
- Because diabetes is more prevalent in deprived areas.

So why is that important?

- Because we need to develop more services to support this increasing demand and to prevent people getting diabetes in the first place. This includes reducing smoking and obesity and encouraging healthy eating and activity.
- Because, once diagnosed we need to reduce the risk of complications, ensure appropriate referrals are made and that hospital assessments are undertaken appropriately. This will enable people to live healthier for longer.
- Because people need support to change their lifestyles, to look after themselves better and live more independently and to access health care at the appropriate time.

What do we need to do?

- We need to increase the number of people completing the Foodwise Programme by 50% over the next 12 months.
- We need to increase the number of annual community reviews undertaken by Diabetic Specialist Nurses by 30% over the next 12 months.
- We need to increase the number of Type 2 diabetes patients completing an education programme by 30% over the next 12 months.
- We need to reduce the rate of amputations for patients diagnosed with Type 2 diabetes by 0.4% over the next 12 months.

How will we do this?

- We will increase access to stop smoking and obesity services and health and well being programmes such as Foodwise, the Diabetes Self Management and the Xpert programmes.
- We will increase the number of annual reviews to prevent or slow down diabetes complications.
- We will work with the vascular and podiatry services to improve access for those who need care before amputation becomes necessary.
- We will work with the All Wales Diabetes Group to improve the care of all people with diabetes.
- We will implement the actions outlined in the peer review for paediatric services and review the outcomes of the primary care national audit, the national diabetes inpatient audit and national guidelines.

You can see our action plan to achieve Strategic Objective 5 here (page 45 of the Hywel Dda Interim Integrated Medium Term Plan 2016/17 to 2018/19): www.hywelddahb.wales.nhs.uk/IMTP

Better Breathing



Strategic Objective 6: To improve the support for people with established respiratory illness, reduce acute exacerbations and the need for hospital based care.

Why should this concern us?

- Because 15% of all deaths in Wales are due to respiratory disease – that's 1 in 7 people.
- Because the frequency and number of deaths from respiratory illness in Hywel Dda is higher than the Welsh average.
- Because the contributing factors to respiratory disease, smoking and obesity, are prevalent in Wales at 23% and 59% of adults.
- Because death due to respiratory disease is much higher in deprived areas and also higher for men.
- Because 4631 working days were lost in our workforce in 2015/16 due to respiratory and chest problems.

So why is that important?

- Because the impact of respiratory disease is a significant burden on health services including emergency admissions.
- Because we need to focus on other areas of respiratory disease that are now becoming significant.
- Because we have recruitment problems and are trying to staff a wide range of services from primary care through to specialised services.

What do we need to do?

- We need people of all ages to value good lung health, to be aware of the dangers of smoking and take personal responsibility for their lifestyle choices.
- We need people to get early and accurate diagnosis for effective treatment.
- We need to reduce lung disease and improve health care outcomes.
- We need to prevent respiratory disease by helping people to quit smoking maintain a healthy weight, take flu immunisation and address inequalities.
- We need to work with local authorities to minimise risks from the natural or industrial environment, such as air pollution.

How will we do this?

- We will increase the number of community based pharmacies providing stop smoking services by 30% over the next 12 months.
- We will increase the number of smokers attending secondary care stop smoking services by 15% over the next 12 months.
- We will increase the number of people attending a self management/ pulmonary rehabilitation course by 20% over the next 12 months.
- We will increase the number of patients provided with a self management plan by 25% over the next 12 months.
- We will increase the specialist training for healthcare professionals.
- We will reduce admissions and readmission rates due to a sudden worsening of symptoms and implement a new model of care.

You can see our action plan to achieve Strategic Objective 6 here (page 51 of the Hywel Dda Interim Integrated Medium Term Plan 2016/17 to 2018/19): www.hywelddahb.wales.nhs.uk/IMTP

Minding About Your Mind



Strategic Objective 7: To improve the mental health and wellbeing of our local population through improved promotion, prevention and timely access to appropriate interventions.

Why should this concern us?

- Because mental health problems affect 8% to 12% of the population each year – that's 1 in 4 adults.
- Because 7% to 10% of new mothers experience post natal depression and 10% to 20% suffer perinatal mental health problems.
- Because 10% of people aged 5 to 16 years old have mental health disorders.
- Because 7% of children under 12 years old deliberately self-harm.
- Because the suicide rate in Wales has increased by 30% and is the highest since 2004. Carmarthenshire is the 4th highest in Wales.
- Because 31,483 days were lost to anxiety, stress, depression or psychotic illness in our workforce in 2015/16 – that's 25% of all sickness absence.

So why is that important?

- Because mental health is equally as important as physical health.
- Because our extended range of mental health, learning disability and substance misuse services in primary and community care, specialist and secure care do not always feel joined up for mental health patients.
- Because the mental health needs of our society have changed over the last decade. Treatment advances mean people who previously went to hospital can remain at home with family and friends in community-based services.

What do we need to do?

- We need to promote mental wellbeing and prevent the onset of mental illness, reducing stigma and discrimination.
- We need to integrate services so people can easily be diagnosed and get timely access to early treatment and the care they need.
- We need to ensure primary mental health assessments happen within 28 days and all secondary mental health patients have treatment plans.
- We need more advocacy services, reporting and validating tools and to reduce the use of police custody as a place of safety by 60% over 3 years.

How will we do this?

- We will reduce the number of adults with mental health needs to national levels.
- We will deliver an enhanced child and adolescent service and develop a perinatal service to increase detection and diagnostic by 10% over 3 years.
- We will deliver community mental health and well-being services for all ages.
- We will strengthen psychologically minded and unscheduled care services.
- We will reduce our suicide rate by 10% over 3 years, in line with 'Talk to Me'.
- We will support 'Time to Change Wales' to end stigma and discrimination.
- We will deliver the national 'Together for Mental Health' and local 'Mental Health and Wellbeing' strategies via robust partnership arrangements.

You can see our action plan to achieve Strategic Objective 7 here (page 59 of the Hywel Dda Interim Integrated Medium Term Plan 2016/17 to 2018/19): www.hywelddahb.wales.nhs.uk/IMTP

Frailty and Dementia



Strategic Objective 8: To improve early detection and care of frail people accessing our services including those with dementia specifically aimed at maintaining wellbeing and independence.

Why should this concern us?

- Because 10% of people aged 65 years have frailty, rising to between one quarter to one half of people over 85 years.
- Because frail people account for 60% to 70% of hospital inpatients and a high proportion of medical admissions. These people often have dementia also.
- Because frail people usually have longer stays, higher death rates and higher rates of re-admission and are more likely to be discharged to residential care.
- Because 10% of deaths in men and 15% of women over 65 years old die due to dementia.
- Because approximately 6368 people in Hywel Dda live with dementia, but only 37.2% have a diagnosis. If they go into hospital, they will stay longer.
- Because by 2021, it is predicted that there will be a 31% increase in dementia, with rural areas such as Pembrokeshire seeing a 44% increase.
- Because at least 40% to 50% of bed days are taken up with emergency admissions who have dementia.

So why is that important?

- Because older people living with frailty are at higher risk of a sudden deterioration in their physical and mental health, even if they are stable and low users of the health service.
- Because frail people have little or no reserve for relatively minor illnesses, increasing the chance of hospital admission.
- Because frailty is strongly associated with dementia and problems with mental ability, such as memory and thinking, among people aged 76 years and over.
- Because going into hospital is an older age event that often precedes disability and dependency for frail people and those with dementia.
- Because most older people admitted to hospital will have several conditions which may include both frailty and dementia.

What do we need to do?

- We need to increase the number of people with dementia receiving a diagnosis.
- We need to increase early detection and diagnosis rates of frailty.
- We need to develop and implement strong frailty services in our communities and hospitals in order to increase the proportion who retain daily life skills.

How will we do this?

- We will further develop our frailty services in our communities and hospitals.
- We will improve access for people with dementia to appropriate and integrated services.

You can see our action plan to achieve Strategic Objective 8 here (page 67 of the Hywel Dda Interim Integrated Medium Term Plan 2016/17 to 2018/19): www.hywelddahb.wales.nhs.uk/IMTP

Being Prudent In Healthcare



Strategic Objective 9: To improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.

Why should this concern us?

- Because the amount of funding we get is based on our population. Whilst nationally equitable, this does not take into account the fact that services in Hywel Dda are spread across four hospitals, primary and community services covering one quarter of Wales. This makes it an expensive model of care.

So why is that important?

- Because we rely on multiple staff rotas across all services to provide them safely and to meet clinical standards. This costs more and is challenging in terms of recruitment and retention, especially in our more rural areas.
- Because innovative staffing solutions require access to expertise, infrastructure and technology at an additional cost.
- Because clinical teams in our rural community and hospital services are smaller and more stretched than in an urban setting and do not have the same flexibility to deal with demand surges or staffing difficulties due to sickness and vacancies.

What do we need to do?

- We need to prevent people getting ill in the first place.
- We need to move care out of hospitals and bring them closer to home in primary and community care to improve access and patient experience.
- We need to flex our services as one hospital over four sites.
- We need to maximise use of information management, technology and tele-health solutions so that local people get equal access to specialist care.

How will we do this?

- We will approach these challenges through a Quality, Innovation, Productivity, Prudent (QIPP) approach working with our clinicians.
- We will establish a QIPP Executive Steering Group.
- The QIPP Executive Steering Group programme has ten areas of work which will focus on improvements to referral management; hospital productivity and efficiency; optimising the use of medicines; moving learning disability services to community settings; improving the flow of unplanned care; focusing on patient care; improved workforce planning; continuing healthcare; improved procurement; and bank and agency costs.

You can see the 10 QIPP work programmes to achieve Strategic Objective 9 here (page 73 of the Hywel Dda Interim Integrated Medium Term Plan 2016/17 to 2018/19):

www.hywelddahb.wales.nhs.uk/IMTP

Hitting the Target for Patients



Strategic Objective 10: To deliver, as a minimum requirement, Outcome and Delivery Framework Targets and specifically eliminate the need for unnecessary travel and waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan.

Why should this concern us?

- Because demand for services is growing which can cause difficulties in accessing care. We need to increase capacity for current services and plan for further rises in the future.
- Because sometimes patients wait too long for appointments and are called for follow up appointments which could have been dealt with in another way.
- Because sometimes our services are not joined up which leads to delays in receiving care or rehabilitation.
- Because sometimes patients have to travel unnecessarily.
- Because some of our clinical facilities need significant modernisation.

So why is that important?

- Because we want to give patients timely access to definitive planned care.
- Because it is essential to create a smooth patient journey between our hospitals, primary, community, social and specialised services and the third sector. We need to work more closely with partners to ensure seamless care.
- Because we want patients to only travel when absolutely necessary and be transported safely to the right place.
- Because we have recruitment and retention challenges in line with the UK.
- Because we provide urgent and emergency care and it is essential for some specialities, such as acute medicine, anaesthetics and support services, to be on all four sites 24 hours per day, 7 days per week throughout the year.
- Because we will not accept accommodation or facilities that are below the minimum standard and need to provide a quality environment of care for patients and to attract the future clinical workforce.

What do we need to do?

- We need to implement our plans for planned and unplanned care (see boxes).
- We need to reduce outpatient and follow-up attendance backlogs and make changes to ensure that waiting is kept to a minimum.
- We need to expand use of new technology, telemedicine, and new and extended roles like advanced nurse practitioners and physicians associates.
- We need to review commissioning arrangements to ensure best outcomes for patients and test whether some services would be better provided by us.
- We need to build on recent recruitment successes by developing attractive roles for consultants. Our investment in academic, educational, clinical leadership and innovative service development will be crucial to this.
- We need to enhance our links with Abertawe Bro Morgannwg UHB through A Regional Collaborative for Health to plan and recruit to oncology, neonatology, neurology and vascular services. We will also work within the Mid Wales Health Collaborative to explore opportunities for joint service models and recruitment in the Mid-Wales region.

- We need to implement Phase 2 of the Neonatal Unit in Glangwili, the Cardiac Catheterisation Laboratory in Glangwili, and Withybush Chemotherapy Day Unit.
- We need to design service models for all other hospital specialties from a strong core of acute medicine and anaesthetics.
- We need to develop the vision for our hospitals led by our clinicians starting with acute medicine, anaesthetics and support services. This will be led by a Clinical Strategy Steering Group chaired by the Medical Director.
- We need to support the Emergency Medical Retrieval Service moving from a 12 hour service to a 24 hour service.

How will we do this?

Women and Children's Services

Work has commenced to address the recommendations for our women and children's services made in the Royal College of Paediatrics and Child Health report. Our aim is to provide services with maximum safety for patients that are sustainable in the long term and take into consideration the geographical challenges of the area. Actions include:

- Development of the Phase 2 business case with the help of relevant staff to design the patient accommodation at Glangwili Hospital.
- Improvements to transport with the support of the Voluntary Transport Services.
- Continued use of the dedicated ambulance vehicle in the future.
- Improvements to outpatient services at Withybush.
- A review of the current consultant on-call arrangements for paediatric and obstetrics/gynaecology out of hours.
- More active and visible clinical leadership from the Board and at divisional and specialty level.
- More active and evidence-based communication with patients, advisory groups and clinical staff.

An action plan is now being developed to address the recommendations of the Royal College:

<http://www.wales.nhs.uk/sitesplus/documents/862/Item12xiAnnex7aRoyalCollegeofPaediatricsandChildHealth%28RCPCH%29ActionPlanSBAR28.01.16.pdf>

<http://www.wales.nhs.uk/sitesplus/documents/862/Item12xiiAnnex7bActionPlanArisingfromRCPCHEvaluation.pdf>

Planned Care

- Last year, we stabilised our waiting times and avoided further increase in the number of people waiting more than 36 weeks from referral to treatment. Our ambition this year is to get rid of waits in excess of 36 weeks by March 2017.
- Last year, we undertook a capacity and demand analysis to inform service and performance plans. We will use this to focus on priority areas where capacity and demand are out of balance.
- Last year, we reduced the current backlog of patients waiting in excess of 36 weeks. This year, we will focus on reducing dermatology, respiratory, orthopaedics and general surgery backlogs.

Planned Care (continued)

- We will modernise outpatients' services working with clinical teams to explore alternatives to traditional methods of review and care, the development of referral pathways and expanded use of telehealth and telemedicine.
- We will improve the referral and diagnostic pathway.

You can see our action plan to deliver our Outcome and Delivery Framework targets, eliminate the need for unnecessary travel and waiting times and return the organisation to a sound financial footing here:

<http://www.wales.nhs.uk/sitesplus/documents/862/Item12viiiAnnex4HywelDdaFutureHospitalsVisionDocumentDated31.03.16.pdf>

<http://www.wales.nhs.uk/sitesplus/documents/862/Item12ixAnnex5HywelDdaRTTandFollowUpDeliveryPlan2016-2017Dated31.03.16.pdf>

Unscheduled Care

We have commissioned a review of unscheduled care. This review has created six work streams for the unscheduled care programme which meets monthly under the Deputy Chief Executive Officer. These six work streams promote integrated working and ensure quality across unscheduled care.

- **Informatics:** We are ensuring that we have the right data to provide the right care for our patients, understand our service gaps and provide challenge. We have already achieved a big step forward by providing locality-level weekly information about discharge journeys for patients.
- **Patient Flow:** We are ensuring that we deliver and review best evidenced medical care to patients on a daily basis. Our work already shows good use of patient flow board rounds and improvements in clinical decision unit operations. We will also increase our focus on lengths of stay in order to improve occupancy and avoid de-compensation of patients.
- **Joint WAST Work Streams:** We are developing good practice and have identified eight areas of joint work that will serve patients better, reduce calls to the Welsh Ambulance service and reduce admissions. Examples include mental health crisis pathways and an oversight system to review frequent users of Emergency Departments, GPs, Out-of-Hours, the Welsh Ambulance and Mental Health services.
- **Discharge Improvements:** We have already set some good discharge standards for care pathways. Work is ongoing to embed these and establish more capacity so that assessment beds are better used and we are providing alternatives to bedded care. This is a key opportunity to improve outcomes for patients.
- **Locality Development:** We are encouraging even more close working with community and GP cluster teams.
- **Workforce:** We are ensuring that we understand capacity not just by site or profession but across the healthcare system. This is a challenging area but resolving these gaps will improve care for patients and users of services.

Attracting and Valuing Our Staff

Why should this concern us?

- We have 9871 directly employed full-time and part-time staff, as well as primary care and other partnership arrangements. These staff provide primary, community and hospital services across a quarter of the land mass of Wales.
- We have a high staff turnover. Over the last three years, on average, this was 15% in medical and dental, 9% in health professionals and 7% in nursing.
- We have a significant number of staff nearing potential retirement – around 34% of our staff are between 46 and 55 years-old.
- At the end of 2015, we had more than 583 vacancies (WTE).
- There is a national shortage across the UK in some speciality jobs such as nursing, GP's, emergency medicine, radiology, histopathology, oncology, respiratory, acute medicine, surgery and anaesthetics.
- Our total pay spend last year was £345 million, which equates to more than 45% of our budget. £39m of this was spent on agency, bank and locum overtime.

So why is that important?

- It is a significant challenge to provide so many different services across wide geographical and rural and urban areas in a sustainable way.
- It is just as important to retain current staff as it is to recruit new staff.
- When staff retire, we need to replace them quickly in a planned way.
- As a rural area, Hywel Dda has a number of unique challenges in recruiting.
- This is made worse by the national UK shortage in some key specialities.
- Money spent on agency, bank and locum is neither economically sustainable nor does it provide the highest quality of care.

What do we need to do?

- We need to develop our current staff through a range of new roles and opportunities and modernise our workforce models, roles and practice.
- We need to sustain and, where possible, increase current recruitment.
- We need to make greater use of technology.
- We need to significantly reduce the variable pay bill by reducing our reliance on bank, locum and agency usage.

How will we do this?

- We will increase use of our own nursing workforce and develop our healthcare support workers, delivering cross profession opportunities.
- We will do this by using innovative recruitment methods to increase the number of substantive employees and become the employer of choice.
- We will use overseas recruitment and recruitment of student nurses with mentorship and preceptorship opportunities.
- We will develop our medical mentoring scheme.
- We will improve personal development, appraisal and mandatory training compliance.
- We will deliver the required changes to workforce arising from the new Nurse Staffing Levels Bill.

What Else Are We Doing?

To deliver our 10 strategic objectives, we have developed a number of supporting and enabling plans which are available below. The test of whether we are really embedding our values and principles will be our public, patient, carer, family and staff experience. Ultimately, it will be what we do and how we do it that counts.

Workforce, Education and Organisational Development

This plan aims to stabilise services and grow and develop our current and future workforce. It focuses on three key areas: our workforce; our communities; and our future. It can be found at: <http://www.wales.nhs.uk/sitesplus/documents/862/Item12xiiiAnnex8Workforce%2CEducationandOrganisationalDevelopmentStrategyandPlanDated31.03.16.pdf>

Nursing and Midwifery Improvement Plan

This plan focuses on the key nursing and midwifery improvements, establishing a nurse assurance framework and patient safety and experience actions. It can be found at: <http://www.wales.nhs.uk/sitesplus/documents/862/Item12xivAnnex9NursingandMidwiferyImprovementPlan2016-2017Dated31.03.16.pdf>

Research, Development and Innovation

This plan includes commercial and non-commercial research and development, including portfolio, in-house and transformational work and evidence of improved patient outcomes through research trials. It can be found at: <http://www.wales.nhs.uk/sitesplus/documents/862/Item12xvAnnex10ResearchandDevelopmentStrategy2016-2020Dated31.03.16.pdf>

Commissioning and Collaborative Working

These plans set out how we will work with our key partners and stakeholders and how we improve joint working with our universities and regional collaboratives such as Welsh Health Specialised Services Commission, A Regional Collaborative for Health, the Mid Wales Healthcare Collaborative, the West Wales Regional Partnership Board and the NHS Wales Collaborative. They can be found at:

<http://www.wales.nhs.uk/sitesplus/documents/862/Item12xviAnnex11ARegionalCollaborativeforHealth%28ARCH%29Dated31.03.16.pdf>

<http://www.wales.nhs.uk/sitesplus/documents/862/Item12xviiAnnex12MidWalesHealthCollaborativeDated31March2016.pdf>

Estates and Capital Planning

This plan focuses on both capital developments and estates backlog maintenance. It will address ward refurbishment programmes to deal with infrastructure and statutory backlogs, investment to upgrade Information Management and Technology infrastructure and replacement and standardisation of medical and radiology equipment to enable cross site working. It can be found at:

<http://www.wales.nhs.uk/sitesplus/documents/862/Item12xviiiAnnex13CapitalandEstatesPlanDated31.03.16.pdf>

Information Management and Technology

This plan focuses on implementing digital solutions, such as the national health information programme, to allow data to be seamlessly accessed and shared; investing in new computer systems and tools and strengthening digital information governance. It can be found at: <http://www.wales.nhs.uk/sitesplus/documents/862/Item12xixAnnex14DeliveringtheBenefitsofDigitalHealthcarewithinHDdUHB2016-2019Dated31.03.16.pdf>

Governance of the Board

This plan builds on the work achieved in the last 12 months to strengthen the governance framework and ensures that the University Health Board continues to develop its governance arrangements over the next 3 years. It can be found at: <http://www.wales.nhs.uk/sitesplus/documents/862/Item12xxAnnex15GovernancePlan2016-2017Dated31.03.16.pdf>

Quality, Safety and Service Improvement

These plans set out the key actions required to improve quality and safety. They focus on stabilising key service areas; improving processes to report, review and monitor incidents in order to capture learning; and service improvement using quality improvement methodologies to change practice and behaviours. They can be found at:

<http://www.wales.nhs.uk/sitesplus/documents/862/Item12xxiAnnex16aQualityandSafetyImprovementPlan2016-2017Dated31.03.16.pdf>

<http://www.wales.nhs.uk/sitesplus/documents/862/Item12xxiiAnnex16bQualityandServiceImprovementPlan2016-2017Dated31.03.16.pdf>

Patient Experience

This plan focuses on improving patient experience by putting patients at the heart of our thinking and creating improvements that reduce concerns and complaints; reviewing our Patient Experience Strategy; meeting our Redress obligations, improving learning from mistakes and how we can use appreciative enquiry methods to improve patient experience. It can be found at: <http://www.wales.nhs.uk/sitesplus/documents/862/Item12xxiiiAnnex17PatientExperienceImprovementPlan2016-2017Dated31.03.16.pdf>

Equality

This plan sets out to promote a positive and supportive culture around equality and diversity, empower staff and service users within a spirit of co-production, break down barriers and increase understanding, knowledge and expertise.

Welsh Language

This plan commits to delivering on the current Welsh Language Scheme and the forthcoming Welsh Language Standards by improving Welsh language awareness, implementing the Bilingual Skills Strategy, strengthening bilingual primary care services and medical records, providing a translation service and giving equal status to both languages. It can be found at: <http://www.wales.nhs.uk/sitesplus/documents/862/Item12xxivAnnex18WelshLanguagesServicesDraftPlan2016-2017Dated31.03.16.pdf>

Carers

This plan aims to ensure that the partnership working approach to supporting carers continues; that earlier support for carers is provided to ensure they can continue as carers; that carer's issues are mainstreamed into primary and secondary care; and that carers have access to information including their right to an assessment. It can be found at: <http://www.wales.nhs.uk/sitesplus/documents/862/Item12xxvAnnex19HywelDdaCarersStrategyDate31.03.16.pdf>

Communications and Engagement

These plans aim to put the values of the organisation into practice in terms of being open, honest and letting our staff and public know about our thinking or any issues at an early stage; build a culture of shared decision making and engagement; develop and nurture productive stakeholder relationships; maintain public confidence by being open and honest; and make the most of digital communications and engagement. They can be found at:

<http://www.wales.nhs.uk/sitesplus/documents/862/Item12xxviAnnex20aCommunicationsandEngagementDraftPlan2016-2017Dated31.03.16.pdf>

<http://www.wales.nhs.uk/sitesplus/documents/862/Item12xxviiAnnex20bCommunicationsandEngagementOverviewofActivityDated31.03.16.pdf>

Hywel Dda Health Charities

This plan sets the future direction of the charities and will form the basis for individual work plans for key areas of work such as corporate support, individual giving, marketing and communications. It will also provide a baseline to monitor and evaluate progress to report to the Charitable Funds Committee. It can be found at:

<http://www.wales.nhs.uk/sitesplus/documents/862/Item12xxviiiAnnex21HywelDdaHealthCharitiesDraftPlan2016-2019Dated31.03.16.pdf>

Finance

This plan will set out how we will deliver our 10 Strategic Objectives, in particular returning the University Health Board to a sound financial footing. It will also set out how we will improve the productivity and quality of our services using the principles of prudent healthcare and opportunities to innovate and work with partners. It can be found at:

<http://www.wales.nhs.uk/sitesplus/documents/862/Item12xxixAnnex22FinancialPlanandQuality%2CInnovation%2CProductivityandPrudencyDated24.03.16.pdf>



The status of this plan is currently interim pending further work with Welsh Government. The detailed operational plan for 2016/17 is drawn from this suite of documents following scrutiny and feedback from Welsh Government.

As this is a live document, Hywel Dda University Health Board would welcome your feedback. Please send your thoughts, views and opinions to:

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