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GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Bae Abertawe
Swansea Bay University Health Board

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Swansea Bay UHB Recovery & Sustainability Plan 2022/23 – 2024/25

Improving the health and healthcare of our patients and communities

FINAL DRAFT VERSION 3.0

Contents

Strategic Context

We aim to keep people healthy, support them to avoid ill health and be there for our population with excellent healthcare when they need it. We want to deliver outstanding patient experience and outcomes. We had a strong transformational Annual Plan in 2021/22 which we have enhanced for 2022/23, underpinned by new leadership; rigorous performance management and accountability arrangements; stronger business case processes; additional investment to improve quality and deliver clinical transformation; meaningful involvement and coproduction with our local community and patients. Our 2021/22 Annual Plan is almost entirely delivered, with any exception due to the impact of COVID on population needs, system pressures and workforce availability. The most pressing challenge remains urgent care demand and flow, which we know requires system-wide solutions. We are absolutely focussed on quality improvement which we acknowledge is needed, especially in relation to infection prevention and control. The acute medical take centralisation in Morriston in 2022 will mark a major transformation and advance in successful delivery of our strategic objectives and plans.

Changing for the Future, our largest ever staff and public engagement, communicates the clear direction of travel set out in our Organisational Strategy and Clinical Services Plan; three specialised centres of excellence on our main acute hospital sites and major expansion of out of hospital, community, mental health and primary care services within an integrated system underpinned by exemplar digital networks and tools. The positive staff and public response to this, in the summer of 2021, has given us a mandate for change which we will build and act upon through the life of this plan. We have delivered our financial plans in 2020/21 and 2021/22 and we have set firm foundations for future financial sustainability. We have delivered the largest savings plan in Wales in 2021/22 and will deliver this recurrently along with ambitious future savings plans. Ongoing risks to delivery of our plans are workforce and capital, which we are mitigating for. Recruitment programmes, including internationally, have been prioritised, and the strength and relevance of our capital bids are understood by Welsh Government. We are on our journey to excellence as an organisation and this plan is our route map to get there. We are primed and eager to deliver outstanding services and outcomes for the people of Swansea Bay.

Our Principles for this Plan:

- **Delivering our responsibilities as an Anchor institution and as part of the Foundational Economy**: to improve population health and wellbeing, and a greener, cleaner, fairer more equal Swansea Bay
- **One system of care**: pathways of care beginning with the principle of home first
- **Better together**: creating strong partnerships, delivering regional solutions, based on highly engaged approaches with the public, our partners and staff
- **Right Care Right Place:** delivering care that maximises digital, technology, estate utilisation and innovative solutions
- **Prioritisation:** reducing harm, improving Q&S, delivering outcomes that matter to people, delivering value and driving performance excellence
- **Workforce:** prioritising wellbeing, operating within constraints, creating new innovative models and roles that prudently respond to health need
- **Building Resilience**: addressing short term challenges through long term sustainable solutions to enable recovery and future proof our services
- **Digital First and Data Driven:** improving our quality, safety and productivity via digitally enabled improvement and exploiting opportunities of data and its analysis in all that we do
- **Responding to COVID**: enabling escalation responses to be embedded into business continuity

In delivering this plan we will support ministerial priorities by:

- **A Healthier Wales:** Improving population health as the mechanism to deliver health equity, learning from the pandemic and addressing the impact of issues such as obesity and smoking on people's outcomes.
- **Population Health:** Developing and implementing our Population Health Strategy to shift resources and focus to population health, prevention, wellness and addressing inequalities.
- **Covid Response:** Responding to the Covid pandemic with a focus on vaccinations and safe environments for patients and staff.
- **NHS Recovery:** Implementing plans to address our waiting list and times and will deliver sustainable improvements across systems and pathways
- **Mental Health & Wellbeing:** Transforming mental health services focussing on community delivery, improvements in CAMHS and supporting the welfare of our staff.
- **Workforce Support:** Recognising the enormous efforts made by our staff over the past two years and continuing to strengthen our workforce planning, recruitment, retention and wellbeing
- **Social Care Collaboration:** Continuing to build strong relationships with the Regional Partnership Board and Public Service Boards to plan and deliver effective integrated services in response to population need
- **Managing Resources:** Improving our financial health and applying prudent principles.

[Where our system visions align to deliver the Ministerial Priorities these are indicated at the bottom of the page]

The Plan has been written at a point in time, based on the best available information and data, and it will be continually reviewed and flexed based on actual demand and activity including any further impact of COVID. Progress against delivering the Plan will be reported through the Health Board's governance frameworks.

Delivering our Plan to Improve the Health of our Population

The Health Board has made significant steps towards improving the health of our population in recent years, at the same time as responding to COVID. Our Clinical Services Plan is clearly focused on improving the health of our population, and is coming to fruition. The prime focus of this is early intervention and prevention, and we have invested our own resources to deliver this. For example, in 2021/22 we invested where the evidence has shown we will secure the greatest health improvements. For example, Virtual wards enable more people to be cared for at home, and to die at home if they choose. The wards in November 2021 and initial evidence shows a positive impact, with a significant statistical change evidenced compared to the predicted trend. In the same period, there was no significant statistical change in the data analysed for the other 4 clusters. Other investments include early diagnosis of cancer – and the Health Board's performance compared to the rest of Wales recognises this; additional therapy support over 7 days to help people achieve their potential more quickly; changing our pathways to be more focused on value – eg diabetes, COPD and heart failure; strengthening the role of clusters; and putting in place plans to reduce waits for elective care to improve people's outcomes. These all support A Healthier Wales and the National Clinical Framework

We have delivered our financial plan in its entirety, and now have a sound basis for future financial stability. Our approach to value based healthcare continues to mature and we are using a population health tool to help realign resources to better meet the needs and address inequalities.

Our Plan is clearly focused on improving services for our patients and communities. We have only been able to achieve this through our strong partnerships, with our staff, communities, stakeholders locally, and our neighbouring health boards. These will continue to translate into improved services and outcomes for our population's health.

Achievements in 2021/22:

Quality & Safety

- ✓ Infection prevention and control improvement plan to eliminate healthcare-acquired infections
- ✓ 7 day therapy services on older persons and trauma wards

Our Workforce

- ✓ Intense focus on staff health and wellbeing support
- ✓ Success in attracting more consultant breast, gynae-oncology and pancreatic surgeons to Swansea

Responding to Covid

- ✓ 827,000 vaccinations
- ✓ 1st in Wales to offer 5-11
- ✓ 94,000 tests at Fabian Way

Digital Transformation

- ✓ Patient Portal – leading the way in Wales in empowering patients with their own information
- ✓ Digital ward – Digital whiteboards, e-prescribing releasing time to care
- ✓ Welsh Emergency Department Systems in NPT MIU

Urgent & Emergency Care

- ✓ Significant palliative care investment
- ✓ 90 transitional care home beds for clinically-optimised patients
- ✓ Acute GP, urgent primary care and same day emergency care co-located at Morriston

Planned care

- ✓ Consultant Connect use >70%
- ✓ Increased use of Singleton and NPTH radiology
- ✓ 3 new theatres at NPTH approved
- ✓ >150 surgery sessions per week

Cancer

- ✓ Plans for backlog recovery (by tumour site)
- ✓ Commissioning of SABR Lung service approved by WHSSC
- ✓ £1.5m investment in surgery, endoscopy and scanning

Future Generations and Sustainability

- ✓ Morriston hospital solar farm live
- ✓ 1st Sustainability Planning Manager
- ✓ Decarbonisation action plan drafted

Primary care

- ✓ Virtual wards in 4 clusters each managing 50 patients
- ✓ Services shifted from secondary care
- ✓ 2,000 1st and 7,000 follow-up appointments per month

Mental Health & Learning Disabilities

- ✓ Public engagement on adult inpatient assessment completed
- ✓ e-Referrals live
- ✓ One-stop 111 service

Children, Young People & Maternity

- ✓ New perinatal unit at Tonna hospital
- ✓ Supported foetal monitoring business case

Managing Resources & Changing for the Future

- ✓ On track to deliver the 2021/22 financial plan
- ✓ Achieved 4% savings plan, twice that of next best Health Board
- ✓ Public engagement completed with clear mandate for change

An Integrated and Partnership Approach

We have an excellent track record of partnership working and, wherever possible and beneficial, we will continue to find and deliver regional and integrated solutions. To achieve this we will work with our partners directly and through Regional Partnership Board (RPB), Public Services Board (PSB), Primary Care Clusters, neighbouring health boards and regional mechanisms such as ARCH and the Regional and Specialised Services Provider Planning Partnership. We deliver coordinated regional planning, service transformation projects, recovery from COVID, and the provision of equitable and sustainable regional services. Locally, we will work with our partners and invest in our communities, third sector partners and volunteers to further build an asset and strengths based approach to developing local solutions to population needs. Delivering effective, safe care through integration of sector expertise between primary and secondary, health and social and physical and mental health services, whatever the organisational footprint or structure, is our ambition. This requires a cultural change at both clinical and management level and a shared vision across all areas of our system. In delivering this we will ensure that the foundational economy and sustainable development principles are embedded in our processes so that we continue to deliver for future generations.

Throughout plan we have highlighted actions as follows: | *Details of regional service changes indicated in pink* | *Details of service changes delivered with our partners indicated in green*

We will continue to integrate health and social care with particular efforts through the **Regional Partnership Board** including Our Neighbourhood Approach model; supporting children and young people with emotional mental health and wellbeing needs; developing a continuum of support for the population who require mental health and wellbeing services and other relevant groups.

We will review and comprehensively assess our **fragile services** and consider possible alternative delivery mechanisms including the third sector and where appropriate look to recommission services improving **equity of access**.

Value Based Healthcare approaches will continue to be embedded including implementation of pathway improvements in Diabetes, Heart Failure, Atrial Fibrillation, hypertension and COPD

The **ARCH Programme** will work alongside the newly established **Regional Commissioning Board** with Hywel Dda UHB to drive key regional service changes and priorities including: Pathology; Eye care; Dermatology; Neurological conditions; Cardiology and the South West Wales Cancer Centre. We will be scoping opportunities for future transformation in radiology, endoscopy, orthopaedics, HASU and oral and maxillofacial Surgery. *[Joint plan in Appendix A].*

The **Regional and Specialised Services Provider Planning Partnership** with C&V UHB has set out a programme of work to deliver sustainable specialised services and includes the development of an overarching strategy and a number of specific tertiary service projects including: Oesophago–Gastric Surgery; Paediatric Orthopaedics; Specialist Endocrinology; Hepato-Pancreato-Biliary Surgery; and Spinal Surgery.

Prevention & Wellbeing

We are addressing the agreed **Public Service Board** (PSB) priorities applying lessons from the pandemic to how the wellbeing objectives of both PSBs can be implemented

Primary Care Clusters will become the focus for commissioning and delivering services and equity of access for our local population and reducing inequalities. We will invest additional resource in them - either through new monies or transferring from secondary care; there will be more staff - either new or transferred and we will build on the expertise in our clusters to innovate and transform services.

Primary Care

Our approach to **research, enterprise and innovation** will deliver collaboration with industry and universities to maximise income from grants and commercial income opportunities. We will develop proposal for Joint Clinical Research facilities, Innovation Parks, AI projects and Health and Social Care Hacks and produce a Research and Development Strategy.

Secondary Care

Working with **WAST** we will focus on working to cohort vehicles, review the WAST stack by GPs, implement direct pathways to OPAS and a direct line for paramedics to AGPU in addition to further work on direct pathways to SDEC. We will also continue working with **EASC** to determine commissioning priorities and what we will be delivering in the period of this plan.

Tertiary Care

We are working with **CTMUHB** to fully disaggregate services prioritised by clinical risk, grounded in the understanding that for many clinical services the focus of their attention will be recovery from Covid-19 and stabilisation before services can be fully transferred. The return of services at NPT Hospital to Swansea Bay population is a priority

Working with **WHSSC** on ICP priorities including: Major Trauma, neonatal, spinal, pancreatic as well as recovery of planned care back log.

Planning Approach

The priorities for the Recovery and Sustainability Plan, and specifically for the 2022/23 element have been developed based on the following drivers:

- Addressing key risks to patient safety
- Standardising and embedding commitments from Annual Plan 21/22
- Shifting resource from acute care to primary care
- Developing more sustainable provider services, population health and service commissioning e.g. planned care, cancer, UEC
- Developing clusters and allocating resources for preventative or early intervention measures
- Resolving legacy issues

Addressing Risk

The top organisational risks addressed by this Plan include:

Risk	Description	Risk Score	Plan Reference
01 - Access to Unscheduled Care Service	If we fail to provide timely access to Unscheduled Care then this will have an impact on quality & safety of patient care as well as patient and family experience and achievement of targets.	25	pp. 25-26
50 – Access to Cancer Services	There is a risk of delay in diagnosing patients with cancer, and consequent delay in commencement of treatment, which could lead to poor patient outcomes and failure to achieve targets.	25	pp. 30-31
64 - H&S Infrastructure	Insufficient resource and capacity of the health, safety and fire function to maintain legislative and regulatory compliance.	25	pp. 18
51 - Compliance with Nurse Staffing Levels	Risk of Non Compliance with the Nurse Staffing (Wales) Act	25	pp. 39-40
16 – Access to Planned Care	There is a risk of harm to patients if we fail to diagnose and treat them in a timely way	20	pp. 27-29
4 – Infection Control	Failure to achieve infection control targets set by Welsh Government could impact on patient and family experience of care.	20	pp. 17-18
66 – Access to Cancer Services (SACT)	Delays in access to SACT treatment in Chemotherapy Day Unit	20	pp. 30-31
78 – Nosocomial Transmission	Nosocomial transmission in hospitals could cause patient harm; increase staff absence and create wider system pressures (and potential for further harm) due to measures that will be required to control outbreaks	20	pp.14-15, 17-18

Addressing Workforce Challenges

Covid continues to affect the availability of our workforce and staffing of services. Health & Wellbeing support for our workforce is now more essential than ever and requires delivery through cost effective and accessible plans.

- Our People Plan will ensure we have the right workforce, with the right skills at the right time to support the HB to deliver, ensuring we recruit, retain and develop our workforce.
- We will ensure our workforce is as efficient as possible by having processes in place to improve areas such as rostering and reducing bank & agency usage
- We acknowledge that in recovering from C-19, the backlog of work will be demanding. We will engage, communicate and manage our workforce transparently through collaboration for the improvement of patient care/services.

Capital Deliverability Assessment

The Health Board has an ambitious capital programme to maintain its existing asset base and implement major service change to ensure future sustainability of our services.. We have prioritised our capital programme against a clear set of principles which reflect the objectives of this plan.

- The programme will require funding support from the All Wales Capital Programme
- Whilst we continue to explore alternative funding streams, the ability to utilise revenue solutions will require capital funding support to support the new IFRS 16 Lease accounting standard.
- The current market conditions and long delivery lead in times are likely to continue to impact on deliverability in relation to price volatility and reduced availability of specialist advisors and building contractors.

Planning Approach

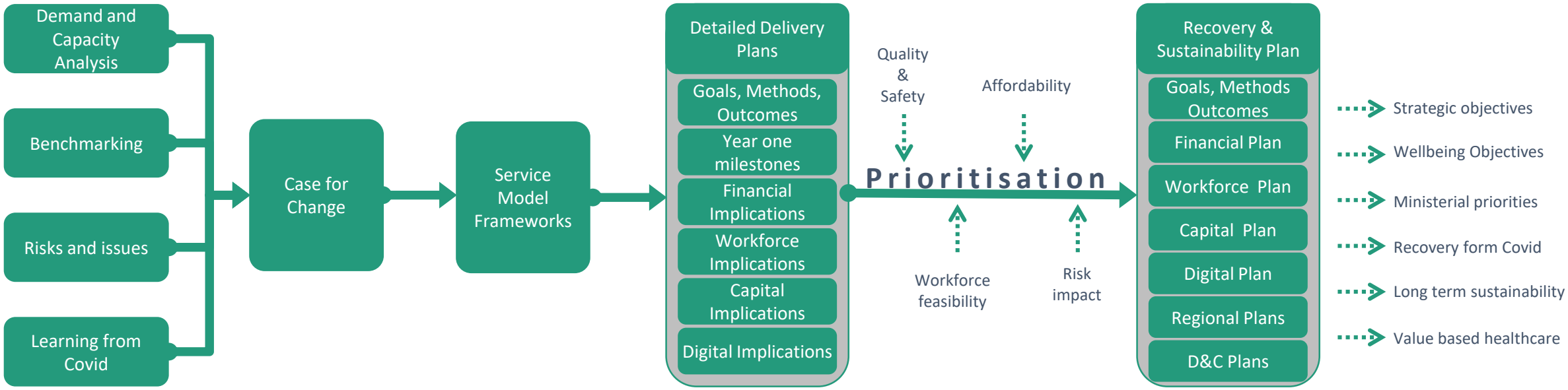
The service improvement proposals for this plan were developed through our system wide groups and extensive engagement with clinicians, service leaders across primary & secondary care and partners. The evidence to underpin the proposals was set out in 'Cases for Change' detailing key challenges, opportunities, learning from Covid, and system risks. Using this evidence and the National Clinical Framework and Quality Statements Whole System Frameworks describing the vision and proposals for pathway improvements were developed to build upon the Annual plan 2021/22 and deliver exemplar service models for the populations served by SBUHB. The improvement proposals have been refined into detailed Goals, Methods and Outcomes, with implications repeatedly tested and triangulated to align with finance and workforce plans.

Prioritisation approach: A robust prioritisation process was undertaken to assess the proposals against the principles set out above to create a "shortlist" of priorities for review against available funding streams. Where a funding source was unidentified the Clinical Executive Directors and Clinical Delivery Group Directors reviewed each proposal to determine those with the greatest benefit to quality and safety.

Priorities in the Plan which are set out as Goals and Methods have been classified into the following Tiers:

- Funded (F) – Monies identified and funding agreed, (e.g. investment approved by Health Board in 21/22, WG or WHSSC funded)
- Cost Neutral (CN) – to be delivered from within existing resource
- Tier 1 Priorities (T1) Schemes that have been identified for priority investment in year 1, subject to business case approval.
- Tier 2 Priorities (T2): Schemes where no funding has been allocated but will be considered for initial investment allocation subject to business case approval and additional monies being identified
- Tier 3 Priorities (T3): Schemes where no funding has been allocated but will be considered for investment subject to business case approval if specific /ring fenced additional monies become available.

We have indicated throughout the plan our expected quarterly progress whether in planning or delivery



All plans are supported by detailed delivery plans and delivery will be managed through the Transforamtion Team and our Programme Boards.

Deliverables

Our Strategic Objectives	What will we do?	What will this deliver?	What does this mean?
A focus on population health needs	• Develop SBUHB Tobacco Control approach • Deliver Adult Weight Management Service and obesity project in primary care and establish tier 2 and tier 3 CYP Weight Management Service • Develop Wellness Centre model across the SBUHB region. • Deliver Decarbonisation Action Plan	5% of adult smokers make a quit attempt via smoking cessation services per year Increased % adults losing clinically significant weight loss (5% or 10% of their body weight) through All Wales Weight Management Pathway 16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position	People are healthier, have fewer chronic conditions and have longer life expectancies Children have a healthy start in life
The transformation of primary and community care, mental health and learning disabilities	• Expand the Local Primary Mental Health Service (LPMHS) • Increase psychological therapy resources • Implement whole system value based healthcare pathways in Heart failure and Atrial Fibrillation, Diabetes, COPD • Roll out Virtual Wards in all 8 clusters including support for high risk and frail patients • Provide 24/7 CAMHS crisis service support in line with adult services • Deliver Home First pathways working with Local Authorities to support timely discharge of clinically optimised patients	95% patients wait <26 weeks for psychological therapies (specialist adult MHS) 10% admission avoidance of high risk patients with LOS >21 days. 100% urgent CAHMS assessments undertaken within 48hrs from receipt of referral Home first Pathway 2 capacity of 183-203 discharges	People are able to receive treatment at home and in their community People are able to receive the right Mental Health treatment and support
Networked hospitals and a systems approach **Benchmarking well with peers from a quality and performance perspective**	• Centralise medical take at Morriston including 7 day Same Day Emergency Care centre and amalgamated Urgent Primary Care Centre/ Ambulatory Emergency Care/ Acute GP Unit • Implement Outpatients Virtual Consultations and reviews • Implement centre of excellence for orthopaedics at NPT • Implement centre of excellence for surgery at Singleton • Implement plans for sustainable capacity in all diagnostic services • Expand Rapid Diagnosis Centre model • Expand treatment capacity for Cancer Services (including RT and SACT) at the South West Wales Cancer Centre	Increased % patients wait <4 hrs and <12 hrs in A&E (national targets = 95% & 100% respectively Significant increase in emergency patients seen outside of ED LOS reduction in ambulatory sensitive conditions 35% outpatients activity completed virtually Reduced number of patients waiting >104 weeks and >52 weeks for OPA Increased % patients have a diagnostic test within 8 wks Reduced number of patients waiting >104 wks for treatment and >36 week and Improved waiting times (all RTT stages) in General Paediatrics Increased % patients start definitive Cancer treatment within 62 days (national target = 75%)	People can get urgent care when and where they need it without long waits People receive the right care by the right people People have diagnostic test quickly People including children don't have to wait too long for treatment People diagnosed with cancer receive effective treatment quickly

Deliverables

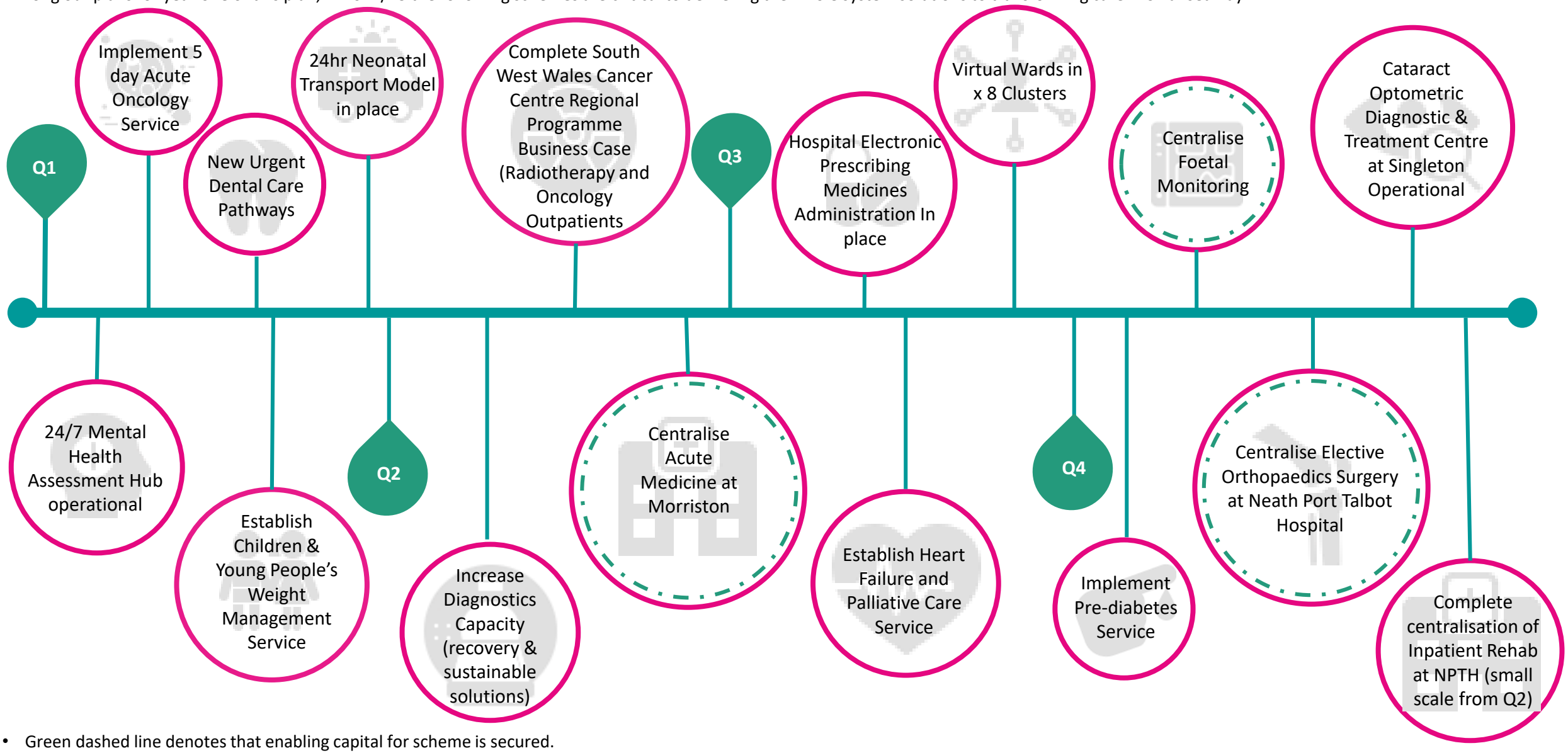
What do we want to achieve?	What will we do?	What will this deliver?	What does this mean?
Demonstrably improved safety, quality and reduced harm	• Implement Infection prevention and control reduction targets for primary and secondary care • Improve the recognition and compliance of End of Life Care • Reduce mortality and incidence of falls • Recognition and treatment of all patients with SEPSIS within the hospital setting • Early recognition of anxiety and depression reducing risk of suicide • Deliver our Estates Strategy including establishing decant Wards • Recover dedicated paediatric outpatient space at Morriston	Reduction in Healthcare Acquired Infections Reduction in inpatient falls Increase number of patients being recognised, assessed and treated for Sepsis. Reduction in number of suicides across SBUHB	Hospital environments are safe and clean People receive the right mental health interventions at the right time
Excellent staff experience	• Deliver a Staff Health & Wellbeing Strategy • Deliver Organisational Culture programme • Support staff to continue to be resilient, well and in work as we continue to manage the impact of Covid • Implement the agreed recruitment strategy • Develop an organisation-wide approach to developing talent within Swansea Bay UHB • Develop and implement a retention strategy	12 month reduction trend in 2% of sickness absence rate of staff by Service Group Increase in engagement with people to complete engagement survey (5% increase) 12 month reduction trend in bank and agency spend by circa 10%	Staff are happy, well and in work Services are appropriately staffed
Improved financial health	• Invest in Value Based Healthcare projects for Heart Failure, Diabetes and Hypertension • Invest in Cancer Services • Invest in population health schemes • Invest in extending virtual wards across clusters • Shift resources from secondary to primary care where possible to support whole system transformation • Deliver cost improvement plans	£27m of savings plan delivered £7m investments made	Investments can be made in new services

Through delivering our plan we will be working toward achieving our wellbeing objectives and contributing to the seven wellbeing goals for Wales to support the wellbeing of future generations.

Give every child the best start in life	Nurture and use the environment to improve health and wellbeing	Provide opportunities to support every adult to be healthier and age well	Seek to allocate our resources to meeting the needs of, and improving the population's health	Plan, commission, deliver and promote equitable, inclusive and accessible health and wellbeing	Apply ethical recruitment practices and support health and care workers to be healthy

Key Service Changes Critical Path 22/23

Among our plans for year one of this plan, in 2022/23 the following schemes are critical to delivering the whole system solutions to transforming care in Swansea Bay.

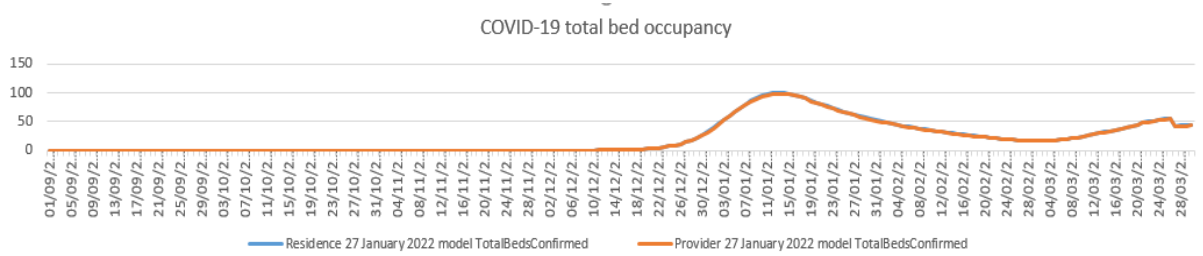


- Green dashed line denotes that enabling capital for scheme is secured.
- Workforce delivery challenges have been considered and assessed our assumptions and mitigations are described on pages 6, 38, 47 and our detailed assessment of Tier one schemes is included in Appendix C.

Demand and Capacity Assumptions and Modelling

Demand and Capacity Assumptions:

- The pandemic has altered patterns of demand for NHS care, and the virus continues to affect the demand for services and will do for some time to come. We will need to flex services accordingly to escalate/ de-escalate plans in response to COVID and surges in demands, in line with national guidelines.
- Capacity remains constrained as we recover from the pandemic, therefore it is not productive to build the recovery D&C plan based on job plans that were signed-off pre-March 2020 as much of that capacity still cannot be realised.
- In line with current national guidance and modelling, Level 1 'Low COVID' will be reached by 1st April 2022 and IPC requirements will revert to the business as usual position, i.e. UK Infection prevention and control guidance that was first issued in November 2021 and revised on January 17th 2022.



Workforce Assumptions:

- Future business plans include detailed workforce plans that ensure workforce is available and other services are sustainable.
- Shortages will be covered through different workforce design and/or different ways of working.
- Workforce education commissioning via HEIW is embedded into business plans to ensure future supply of workforce is planned and delivered.
- Recruitment streamlining is based on realistic and accurate plans.
- Workforce planning on a regional basis will deliver regional services that are co-ordinated, deliverable and effective.
- Apprenticeships, kick start programmes and other initiatives will continue to be developed to support local people into employment thereby meeting the HB's responsibilities of widening participation as an anchor organisation.

Approach to Demand and Capacity Planning

- Aim to produce formal, signed off demand and capacity plans at specialty level and Service Group level by end of March 2022.
- Methodology used to plan the recovery and sustainability of our services is based on developing iterative demand and capacity plans to describe:
    - current increased referral patterns matched by reduced capacity – recovery
    - "normal" referral patterns matched by core commissioned capacity and backlog reduction plans – sustainability.
- Methodology has been developed by Healthcare Systems Engineering and Digital Services Teams in collaboration with clinical and managerial stakeholders to develop models that will facilitate a shared understanding between the "commissioner" and "provider" functions of the Health Board on demand, capacity, bottlenecks and constraints.
- **Recovery D&C planning –** based on derived demand, actual activity being delivered and additional activity being planned (outsourcing, insourcing and WLI sessions).
- **Sustainable D&C planning –** developing balanced plans that are baselined on what the Health Board is commissioning at specialty and sub-specialty level. Initial work undertaken in Nov/ Dec 2021 highlighted significant data quality issues which need to be worked through to ensure our source data systems are clean. In essence, the work will identify how much capacity has been commissioned via job plans for:
    - New outpatients
    - Follow-up outpatients
    - Diagnostics
    - Surgical interventions

This bottom-up analysis will be used in conjunction with other parameters to define:

- Any recurrent capacity gap / surplus within services
- Specialties where demand per head of population is more than those seen in peer organisations
- The maximum RTT wait by specialty
- The sustainable waiting list volume by specialty

The SBUHB Minimum Data Set has been completed based on the above approach.

Minimum Data Set 22/23

The tables below set out some of the Minimum Data Set (MDS) metrics and key Ministerial Priority Measures in the MDS including the actual 20/21 FYE, projected 21/22 FYE activity & forecasted activity for 22/23. The full suite of metrics and detail on month/quarterly projections are included within the MDS Appendix D.

ACUTE CARE - UNSCHEDULED CARE	Actual activity at FYE 20/21	Projected activity at FYE 21/22	Projected activity at FYE 22/23
METRIC	No's		
A&E Attendances	94,608	126,376	126,977
Emergency admissions	36,226	50,403	49,415
Ambulance: Total incident Volume [Data from WAST]	52,296	57,795	59,693

SIX GOALS FOR URGENT AND EMERGENCY CARE	Target	Projected Q4 21/22 activity	Projected Q4 22/23 activity
MINISTERIAL MEASURE	No's		
Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	4 quarter reduction trend	1,176	798
% total emergency bed days accrued by people with LOS over 21 days	4 quarter reduction trend	37.3 %	27.2%

PLANNED CARE	Projected activity Q1 22/23	Projected activity Q2 22/23	Projected activity Q3 22/23	Projected activity Q4 22/23
METRIC	No's			
Elective Inpatients and Daycase: Total Activity (Core + Additional)	4,068	4,068	4,068	4,068
New Outpatients: Total Activity F2F and Virtual (Core + Additional)	27,705	27,705	27,705	27,705
Follow up Outpatients: Total Activity Virtual (Core + Additional)	58,085	58,085	58,085	58,085
Diagnostics (MRI, CT, NOUS, Endoscopy): Total Activity (Core + Additional)	33,141	33,693	32,531	33,430

CANCER CARE	Actual activity at FYE 20/21 (month ave.)	Projected activity at FYE 21/22 (Month average)	Projected activity at FYE 22/23 (Month Average)
METRIC	%		
SCP performance - Improvement trajectory towards 75% national target	64%	61%	71%

PLANNED CARE	Target	Forecast at Mar 22	Forecast at Mar 23
MINISTERIAL MEASURE	No's		
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	9,379	6,070
Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	2,384	1,855
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	10,186	7,220
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	4,437	7,845

MENTAL HEALTH	Actual activity at FYE 20/21	Projected activity at FYE 21/22	Projected activity at FYE 22/23
METRIC	No's		
Number of Mental Health Crisis referrals (CRHT)	1,569	2,736	1,800
Number of Child and Adolescent Mental Health (CAMHS) – Referrals and Assessments	2,475	3,008	3,700

PRIMARY AND COMMUNITY	Actual activity at FYE 20/21	Projected activity at FYE 21/22	Projected activity at FYE 22/23
METRIC	No's		
Dental: Number of courses of treatment	66,661	125,100	162,624
Optometry: Acute eye care presentations (EHEW Band 1)	5,308	10,953	12,000
Number of admissions where the primary diagnostic reason for admission is exacerbation of COPD/ Asthma	812	977	972
GP: Urgent Cancer OPD referral numbers	20,026	18,269	18,264

COVID RESPONSE

Covid Response

We will transition from response to the C-19 pandemic into a business as usual model to maintain an appropriate level of oversight to the ongoing risk posed by circulating C-19; anticipate and prepare for future C-19 threats (re-emergence and Variations and Mutations of Concern) by embedding surveillance data; to deliver programmes designed to mitigate the impact of C-19 such as vaccination, testing and tracing; and to continue the transition to recovery in a controlled manner in order to 'Live with COVID'.

Vaccination Programme

Our COVID Vaccination Programme will remain responsive and in line with JVCI guidelines and the office of the CMO. Current planning assumptions are based on the 'most likely scenario' directed nationally and reflect the need to prioritise vaccinations for the elderly, vulnerable and those at greatest clinical risk, whilst retaining the flexibility to 'surge' should an urgent response be required through a robust workforce vaccination plan. We will continue our approach to vaccine equity established in 21/22, including deployment of the mobile vaccination unit.

TTP

Tracing: Routine contact tracing finishes the end of June

Testing:

- From 1st April 22, the general public can no longer access PCR tests if they have symptoms, they can use lateral flow tests instead.
- From April, there will be different advice for health and social care and special education provision staff on which tests they can access and how.
- Testing sites will close on 1st April (This includes Mobile Testing Units, Regional Test Site and Local Test site). The only site left will be Margam which will carry out Health Board and pre operation testing.
- Routine asymptomatic testing in childcare and education settings, except special education provision, will cease at end of term (8th April).

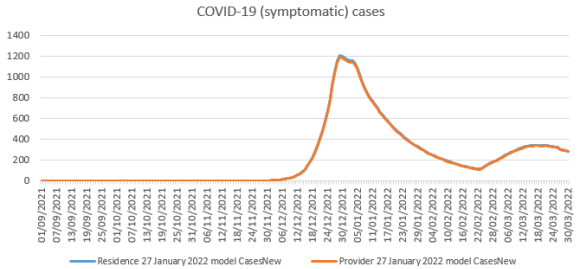
Long Covid

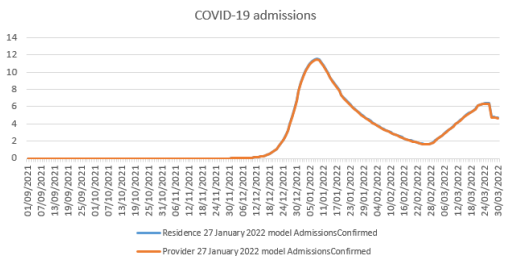
We have established a multi-professional Long Covid steering group that has developed a pathway for individuals with Long Covid, using the National Clinical Framework to ensure the pathway is fully inclusive. This pathway has been digitalised and is available for all health and social care colleagues, with links to services and electronic referral forms.

Operational Management and Control Arrangements : *Transition to 'Living with COVID' – managing ongoing COVID risks through existing SBUHB structures.*

In keeping with reducing levels of system risk, the health Board's Command Control and Communication activity and capacity have recently been reduced. COVID is now one of a number of issues that are contributing to operational pressures and is no longer the predominant factor. It is timely to transition to a 'Living with COVID' model, aligned with business as usual approaches acting to manage/oversee the residual COVID risks and issues which require specific attention as part of an anticipated recovery period; recognising that some elements of the recovery period will be protracted.

The organisation continues to horizon scan for likely concurrent risks and updated modelling has been received; current modelling suggests low numbers of COVID infections in the near future. Longer term modelling is also being pursued to aid service planning together with ongoing use of surveillance data.





Transition to recovery structures now requires focussed attention and the proposal is to formally step down from pandemic response and commence transition to 'Living with COVID' on 30th April 2022.

Our staff and partners have continued to work tirelessly to serve our communities in Swansea Bay and respond to the enormous challenges of the Covid **Pandemic**

Covid Response Goals and Methods

Delivery of Long Covid Rehabilitation Services/ Pathway. The interventions provided are varied and fall into 3 categories, in line with the national approach. Those are self-management, supported self-management/virtual intervention and direct interventions.	• Primary Care to maximise the use of the Long Covid pathway	Q1	Q2	Q3	Q4
	• Continue delivery within existing Pulmonary Rehabilitation team and Occupational Health staff service.	Q1	Q2	Q3	Q4
	• Develop sustainable workforce to be able to deliver programme with ongoing resource.	Q1	Q2	Q3	Q4
	• Ongoing development of Virtual Group Consultations for patients with long Covid	Q1	Q2	Q3	Q4
	• Ongoing provision of staff well being service for long Covid.	Q1	Q2	Q3	Q4
Offer Spring Booster to all applicable cohorts in line with JVCI guidance, with a main vaccination window of April - May 2022	• Offer appointments to patients via WIS • Deliver vaccines through established and agreed mechanisms e.g. use of Local Vaccination Units, Mass Vaccination Unit, and gain support from Primary care and local Pharmacies. • OUTCOMES– all eligible adults offered a spring booster and annual vaccination; Vaccine delivered to >80% eligible adults	Q1	Q2	Q3	Q4
Offer Autumn/ Winter Annual Booster to all applicable cohorts in line with JVCI guidance, with a main vaccination window of September – December 2022.		Q1	Q2	Q3	Q4
Agree alterative MVC delivery site	• Explore options available following planned exit of BFH site in July, decision required on new site by Q1 to facilitate move	Q1	Q2	Q3	Q4
Develop an integrated immunisation workforce that supports a culture of preventive service, whilst remaining flexible and responsive to surge demand relating to COVID position	• Develop and agree robust and sustainable workforce model	Q1	Q2	Q3	Q4

Risks

The organisation continues to horizon scan for likely concurrent risks and issues and high risk scores remain concentrated within three themes:

- **Workforce:** The resilience of the workforce has remained a significant risk and the Health Board continues to work with staff side partners to manage
- **Capacity:** constraints and operational pressures arising from the need to retain C-19 pathways and to minimise nosocomial incidences and the compromise of normal services remains. Significant capacity constraints to deliver the Annual booster due to limitation to deliver at Mass Vaccination sites
- **Nosocomial**: Inpatient screening has helped to mitigate the risks in terms of allowing appropriate placement of patients in wards; this has been further strengthened by an inter-hospital transfer

SERVICE CHANGE AND IMPROVEMENT

Quality and Safety Vision and Outcomes

The quality and safety priorities for 2020/21 will roll over to 2022/23. Working with the Health professionals Forum additional priorities will also be considered. The Chief Nursing Officer priorities will support the work being taken forward under the quality and safety agenda. Quality has been central to our prioritisation of schemes in the plan and quality cuts across all aspects of our systems transformations.

Vision

Outcomes

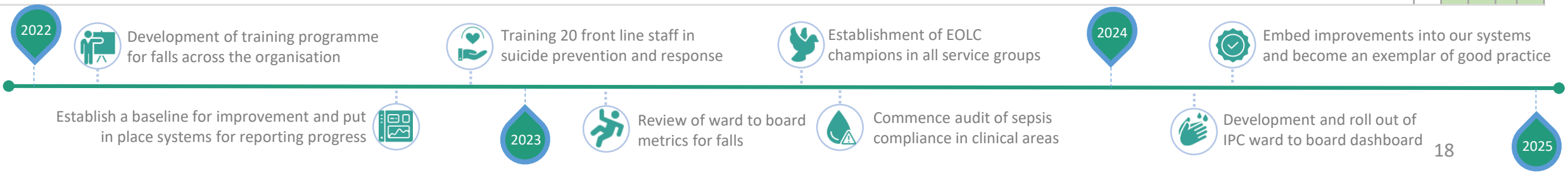
- Increase number of patients being recognised, assessed and treated for Sepsis.
- All patients to be recognised and receive EOLC wherever they are being cared for/treated within the HB.
- An overall reduction in the numbers of suicides across the HB. A service which takes suicide seriously and embeds the knowledge of recognising and managing suicide and self-harm across the HB.
- Health Board specific target of cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa
- Health Board specific target of cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile
- Reduce injurious falls and mortality levels, associated with injurious falls, across the HB (including within Primary, Community and Secondary Care).

Approach

- Refreshed approach to Quality and safety governance, focusing on Patient Safety, Experience, Outcomes and Clinical Effectiveness
- Execute deep dives into particular areas of concern, including zero tolerance approach to HCAI
- Development and implementation of annual quality priorities for 2022/23, which reflect;
- 2 workshops looking at what is important to focus on/achieve good outcomes
- Development of a minimum set of standards for service groups and quality governance groups to ensure consistency.
    - A greater link between patient experience, staff experience and clinical outcome for services
    - A mortality reduction plan
    - A clinical outcomes improvement plan
    - A clinical audit plan which complements our key quality priorities and wishes with a mandated core set of audits and some which are formulated within services

Quality and Safety Goals and Methods

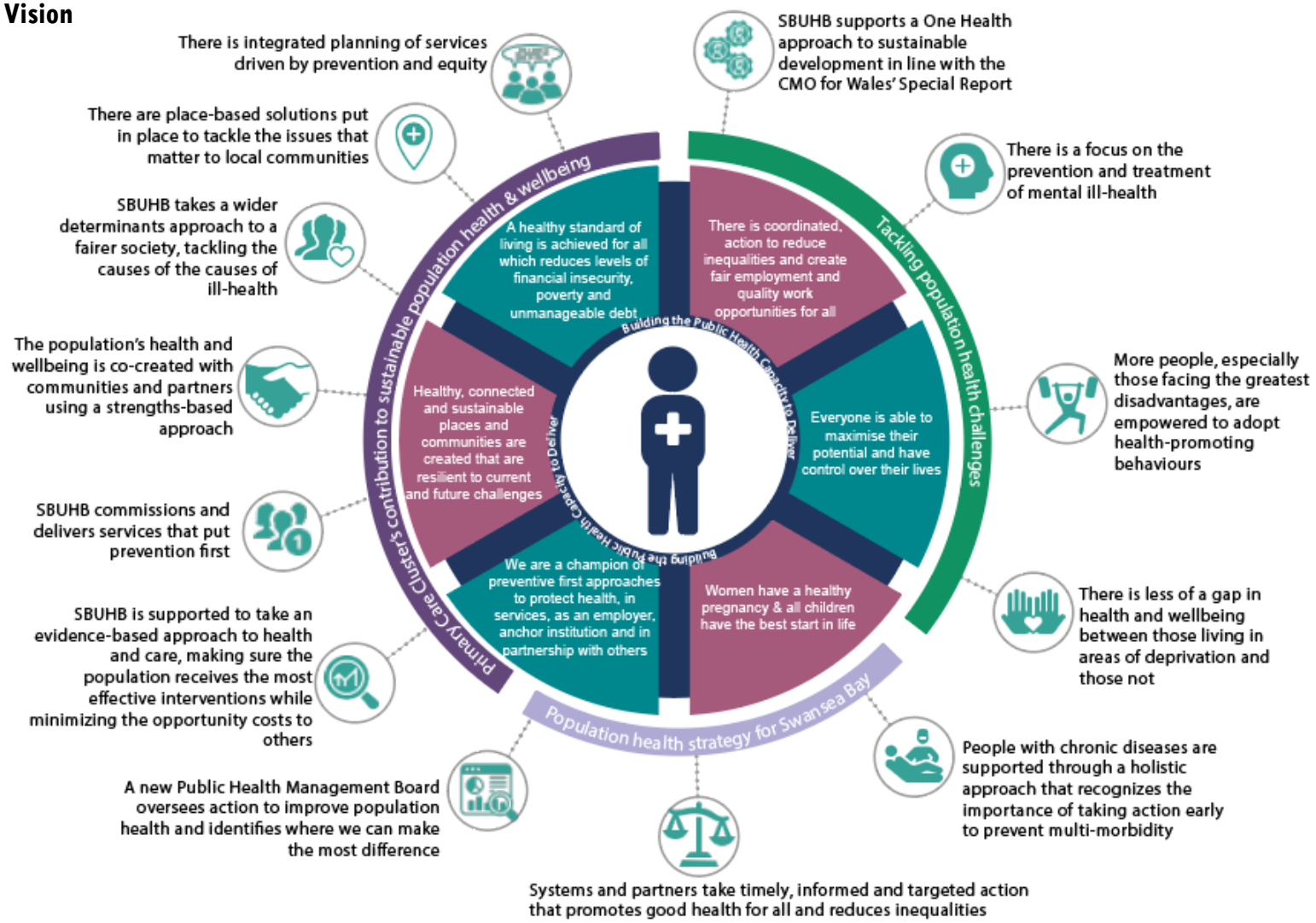
Suicide Prevention - early recognition of anxiety and depression leading to risk of suicide	• Education of all available staff across the HB in recognising and managing suicide.	F	Q1	Q2	Q3	Q4
	• Continue to support and work with Swansea NPT Multi Agency Group and other stakeholders across the HB in relation to obtaining a baseline assessment of suicide cases and map against national trends.	CN	Q1	Q2	Q3	Q4
	• Occupational Health and Wellbeing support for staff with anxiety/depression to prevent escalation in risk of suicide	F	Q1	Q2	Q3	Q4
	• Remove ligature risks across all HBs premises.	F	Q1	Q2	Q3	Q4
Infection Prevention and Control(IPC) and reduction of HCAIs as per the Health Board approved IPC Improvement plan 2022/23	• Review and implement reduction targets for primary and secondary care in line with best performing organisations, requires benchmarking: primary care across Wales; secondary care across the UK.	CN	Q1	Q2	Q3	Q4
	• Focussed work in Primary Care and community to achieve reduction in top 3 Tier 1 target infections to understand mechanism of transmission and ensure learning is undertaken and shared across the HB.	CN	Q1	Q2	Q3	Q4
	• Achieve compliance with staff training (MDT) - all available staff. Increase compliance with staff training. Working toward: Hand Hygiene – 100% , IP&C Training – 100% (available staff) (82% - Nov 2021)	CN	Q1	Q2	Q3	Q4
	• Environment – Cleaning Compliance scoring matrix >95% (97% - September 2021)	CN	Q1	Q2	Q3	Q4
Improve the recognition and compliance of End of Life Care (EOLC)	• Review findings of National Audit of Care at End of Life (NACEL): Build in feedback mechanism from HB mortality Reviews, All Patients to be recognised and receive EOLC throughout HB (working toward 100%)	CN	Q1	Q2	Q3	Q4
	• Ensure training in recognition and management of patients approaching EOLC from 1yr down: Review of Mandatory and Statutory training to ensure EOLC adequately provided, >95% staff compliance (available staff)	F	Q1	Q2	Q3	Q4
	• Develop the use of digital technology to map compliance and notification of patients who require or receiving EOLC.	F	Q1	Q2	Q3	Q4
Sepsis prevention - Recognition and treatment of all patients with SEPSIS within the hospital setting	• Improve compliance with education of patient-facing MDT staff in the recognition of patients at risk of Sepsis and acute deterioration and Develop a Health Board wide standardised teaching programme.	CN	Q1	Q2	Q3	Q4
	• Ensure Sepsis compliance is captured across the HB to benchmark on a national basis: Aim all patients (100% compliance) are reviewed against SEPSIS criteria	CN	Q1	Q2	Q3	Q4
	• Establish a dedicated SEPSIS TEAM. Identify sepsis champions for wards. Develop a Health Board wide standardised teaching programme	F	Q1	Q2	Q3	Q4
Falls Prevention - Reduce mortality and incidence of falls	• Establish HB Strategic Falls Group with oversight across entire HB, including Primary, Community and Secondary Care.	CN	Q1	Q2	Q3	Q4
	• Widen scope of current review to include community, WAST and secondary care.	CN	Q1	Q2	Q3	Q4
Health & Safety – Identify areas of compliance and non-compliance, covering; health and safety; fire safety; violence & aggression; manual handling and case management, minimising the risk to the Health Board	• Education of all identified staff across the HB in health and safety, identifying and communicating roles and responsibilities and providing support in health & safety.	T2	Q1	Q2	Q3	Q4
	• Continue to support service groups and undertake audits/surveys to obtain a baseline assessment of key health& safety areas i.e. COSHH; Fire; Moving & handling; V&A and case management.	T2	Q1	Q2	Q3	Q4
	• Work with workforce and OD, Occupational Health and Wellbeing support teams to provide professional health & safety advisory service in areas covered by the health & safety team	T2	Q1	Q2	Q3	Q4
	• The Health Board will identify funds that will immediately prioritise health & safety resources and will begin a 12 – 18 month programme on revised workforce arrangements for the Board.	T2	Q1	Q2	Q3	Q4



Population Health Vision and Outcomes

The Health Board will build on existing policy approaches as a platform for delivering more effective action aimed at preventing ill-health and supporting good health and well-being and addressing inequalities. This requires consistent and concerted action across a range of endeavours. This will be informed by good local intelligence and supported by an appropriate culture and behaviours that value well-being and prioritise its creation and maintenance. We will establish a cross-cutting forum within the Health Board where health and well-being are regularly discussed. Similarly, we will develop and strengthen the machinery that supports delivery of well-being approaches, both organisationally and through partnerships.

Vision



Outcomes

- SBUHB has access to population health intelligence to support planning and delivery of services
- SBUHB takes action across all six of the domains set out in the Marmot Review[1]
- A Public Health Programme Board is established
- The priorities of the population health workstream of the new National Clinical Framework are delivered locally
- Local Public Health Team staff are successfully transferred from Public Health Wales to SBUHB
- Local outcomes meet the expectations set by national Welsh Government-funded programmes such as Health Weight Healthy Wales, the Tobacco Control Strategy for Wales, and Healthy Schools
- Public health initiatives are successfully delivered through primary care, such as implementation of the All Wales Diabetes Prevention programme, delivery of the Adult Weight Management service, and childhood immunisations

1. https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf

Population Health Goals and Methods

Population Health Strategy for Swansea Bay: Collaborative development of a Population Health Plan that co-ordinates and directs cross sector & collaborative action across the region to improve the population's heath and wellbeing.	• Co-design of public / population health strategy with communities and stakeholders to reduce health inequities, focused on addressing the root causes and used to inform service delivery within the HB, with sustainable development as the central organising principle	CN	Q1	Q2	Q3	Q4
	• Establish a SBUHB Public Health Programme Board (or equivalent) as focal point for population health discussions & direction setting	CN	Q1	Q2	Q3	Q4
	• Develop regional and local leadership & partnership functions and support to ensure delivery of a population health approach & plan	**CN**	Q1	Q2	Q3	Q4
	• Develop and lead local delivery of the population health workstream of the National Clinical Framework	CN	Q1	Q2	Q3	Q4
Building the public health capacity & to deliver: Development of a specialist public health workforce and supporting tools to ensure effective sustainable action is directed to achieve maximum population health gain and reduce health inequities.	• Recruitment, reconfiguration & embedding of Local Public Health Team	CN	Q1	Q2	Q3	Q4
	• Manage the safe transfer of the Local Public Health Team from PHW to SBUHB	CN	Q1	Q2	Q3	Q4
	• Establish new regional (Hywel Dda + SB UHB) HWHW leadership team	CN	Q1	Q2	Q3	Q4
	• Develop a population health intelligence function and products, in collaboration with HB colleagues and key partners	CN	Q1	Q2	Q3	Q4
	• Development of new Business Intelligence products to support HWHW system leadership work programme	CN	Q1	Q2	Q3	Q4
	• Provision of public health technical expert guidance & support – including the pan-cluster planning group (aligned to the Accelerated Cluster Development programme), PSBs, RPBs and other fora as indicated by capacity and need	CN	Q1	Q2	Q3	Q4
Tackling Population Health challenges: Taking action to improve health outcomes and reduce inequalities through a focus on health behaviours	• Develop a regional HWHW delivery plan and reporting mechanisms	**CN**	Q1	Q2	Q3	Q4
	• Supporting the development of a SBUHB Tobacco Control approach in line with the emergent all-Wales Strategy	CN	Q1	Q2	Q3	Q4
	• Supporting the implementation of a Public Health Approach to Tackling Substance Misuse with West Glamorgan RPB	CN	Q1	Q2	Q3	Q4
	• Co-design of a regional cross sector suicide & self-harm plan with partners	CN	Q1	Q2	Q3	Q4
	• Healthy schools scheme delivery across Swansea Bay in line with national requirements	CN	Q1	Q2	Q3	Q4
	• Climate change and sustainability- developing a population health approach to climate change, including mitigation, adaptation and circular economy approaches	CN	Q1	Q2	Q3	Q4

NOTE: The development of the Population Health Strategy for Swansea bay will determine the schemes and ambitions for 2022/23- 2024/25 and beyond.







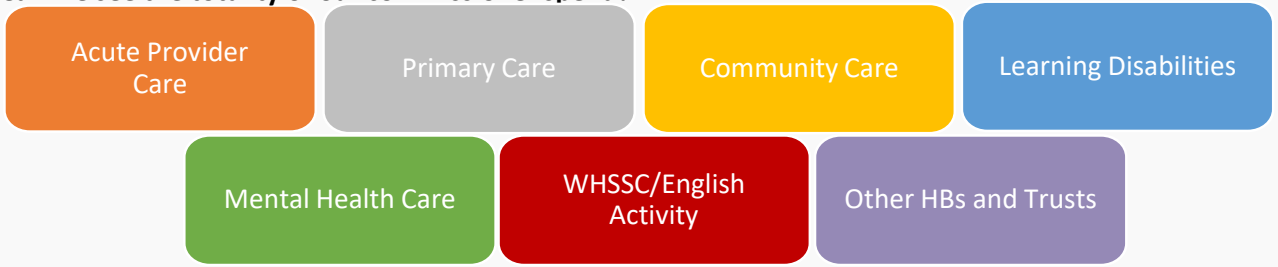

Population Health – Focus for Future

The Health Board is strengthening its approach to commissioning which will be precision based, reflect the evidence to enable us to allocate our resources to maximise health outcomes, improve population health and ensure our resources are allocated to deliver best value. We are developing our reporting functionality that will enable us to understand the totality of resource consumption across our population to:

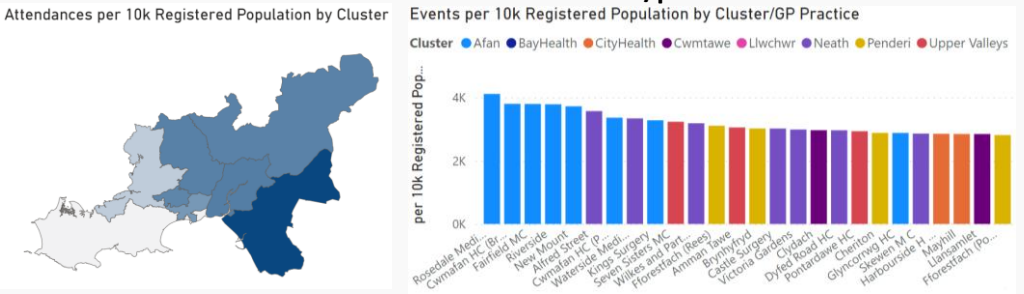
- Identify potentially unwarranted variation and inequity.
- Enable us to focus investment to those areas of the population where it will be of greatest benefit
- Inform the movement of resource between sectors ('Shift Left')
- Align with the wider Value Based approach being embedded within the organisation.

This will this also enable us to ask further questions, for example:

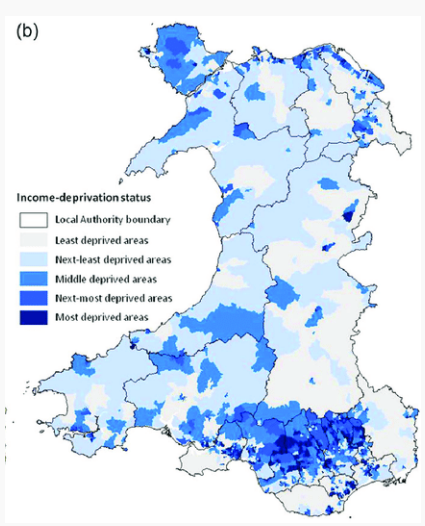
Can we see the totality of our commissioner spend?

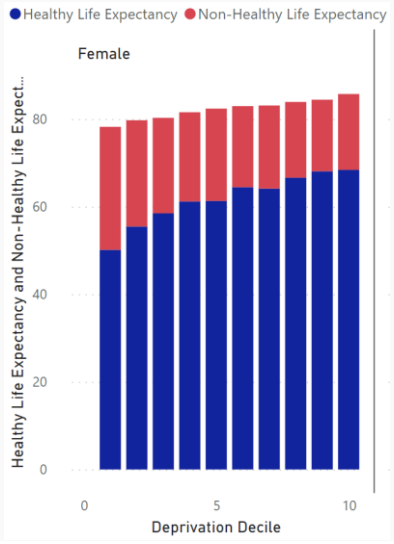


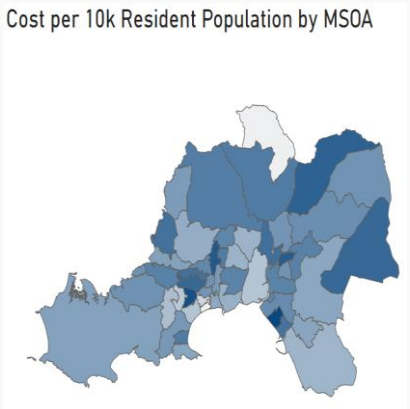
Do we have unwarranted variation between clusters/practices?



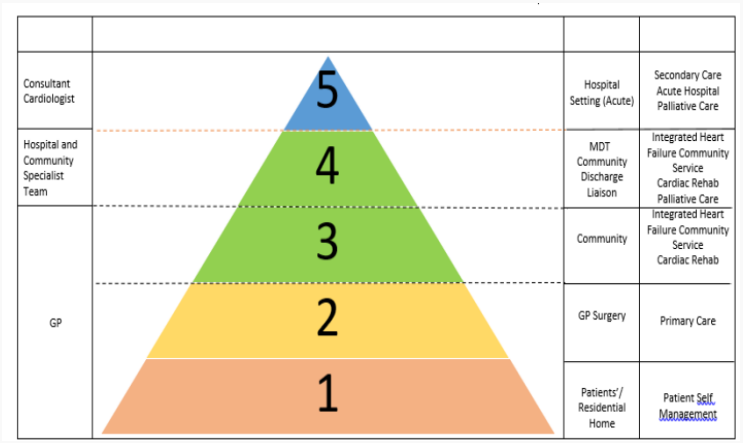
Are we spending our allocation in an equitable manner?







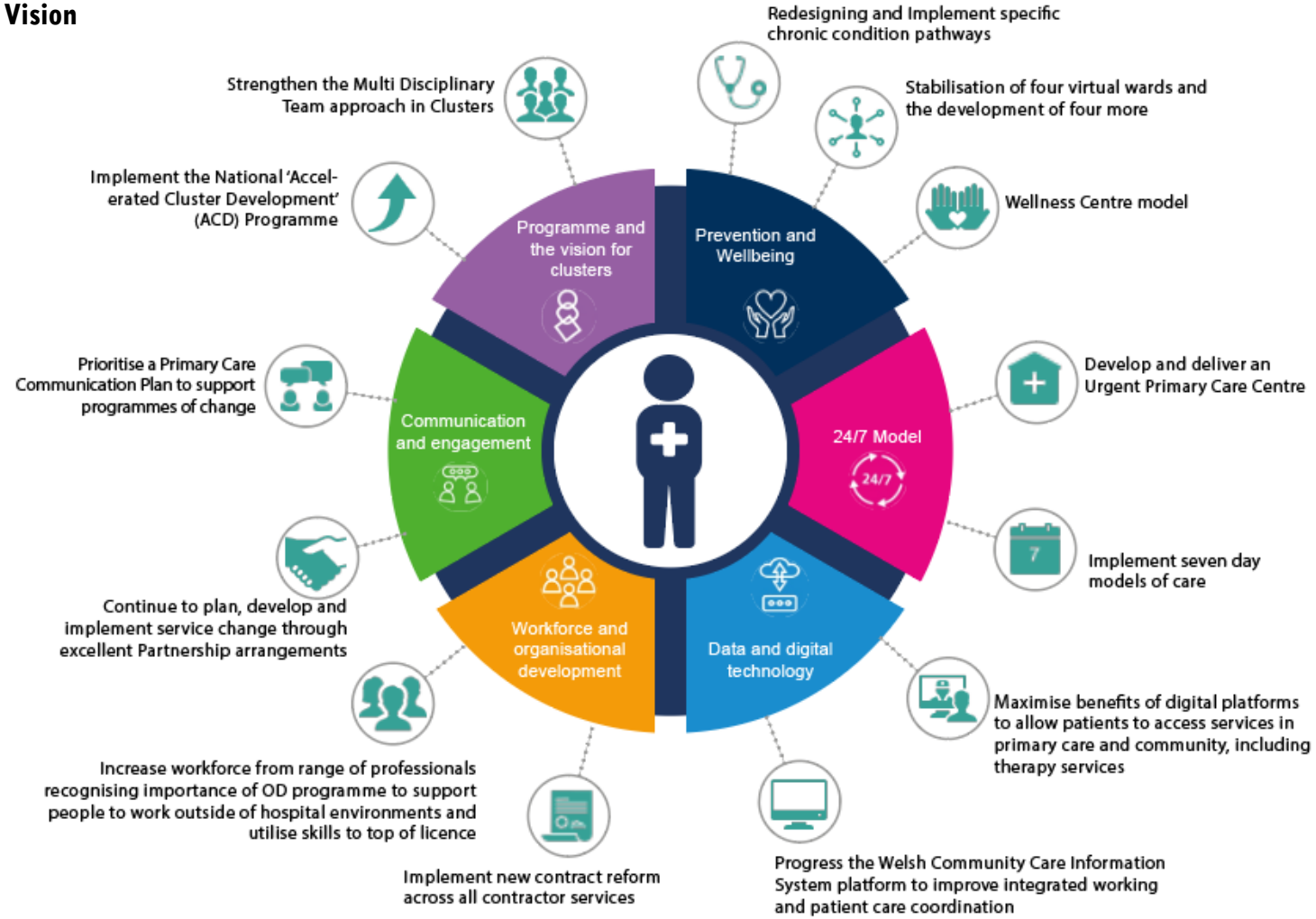
Are we shifting care from hospital to primary/community? And where are the resources going?



Primary and Community Care Vision and Outcomes

At the heart of our SBU Primary and Community vision is the ongoing development and delivery of the Primary Care Model for Wales (PCMW), especially the implementation of the extensive programme of contract reform being undertaken in Wales and the Accelerated Cluster Development Programme (ACD) . Focussed around the communities and Clusters within Swansea Bay we will ensure care is better coordinated to promote the wellbeing of individuals and communities. We work with our partners including the Regional Partnership Board to transform primary and community care to strengthen integration between primary and secondary care, to ensure whole system approaches and to support sustainability of services. This will be achieved as Clusters acting together at scale and pace, with clear alignment to the Health Board's recovery and sustainability plan. The links between clusters and the Regional Partnership Board will be strengthened to enable implementation of the ACD programme.

Vision



Outcomes

- Increased number of patients being treated in Urgent Primary Care settings and through Virtual Wards = Reduced Emergency Department Attendance/ Emergency admissions
- Increased number of patients managed in the community through virtual wards leading to 10% reduction in bed days (reduction in LOS) for high risk adult cohort
- 7 days services – improved access to primary care
- Improved digital access to primary and community services
- Reduced number of patients referred from primary care to secondary care for specific planned care pathways e.g. MSK and chronic conditions

Primary Care and Community Services Goals and Methods

Maximise opportunities to roll out prevention and wellbeing initiatives in primary care clinical and non-clinical settings.	• Delivering programmes of patient activation and coproduction within Podiatry and Orthotics for sustainable change and to improve population skills and confidence to self manage their health	CN	Q1	Q2	Q3	Q4
	• Delivering on the Welsh Government Obesity Strategy 'Healthy Weight Healthy Wales' incl Tiers 2 and 3 Adult Weight Management Service	T3	Q1	Q2	Q3	Q4
	• Delivery of pre-diabetes programme within all clusters (x5 Clusters funded, x3 clusters for funding via business case development to HB)	F	Q1	Q2	Q3	Q4
	• Wellness Centre models development to enable and support new models of care to support our population to receive care closer to home and to avoid needing to use hospital based services	P	Q1	Q2	Q3	Q4
	• Substantive roll out of Physio First Contact Practitioners in 5 Clusters (Bay, Neath, Penderri, Afan and Upper Valleys)	T3	Q1	Q2	Q3	Q4
	• Support continued rollout of Iris training across Clusters	T3	Q1	Q2	Q3	Q4
Ensure that as far as possible primary care is consistent on a 24/7 and geographic basis	• Large scale change to support and manage the implementation of National Contract Reform across x4 primary care contractors (GMS, Dental, Optometry and Pharmacy) This will include implementing the new community pharmacy clinical consultation service and a new contract for optometry.	F	Q1	Q2	Q3	Q4
	• Expand the existing local gender identity service	T3	Q1	Q2	Q3	Q4
	• Roll out of Healthy I O (for wound management) app within Community Nursing	T3	Q1	Q2	Q3	Q4
	• Review and implement new urgent care pathways and single point of access model within Dental Services	F	Q1	Q2	Q3	Q4
	• Maximise 'shift left' opportunities for dental services by reviewing referrals, acceptance and discharge criteria across the system	T3	Q1	Q2	Q3	Q4
	• Improve access and sustainability for Dental GA and sedation services by re-establishing GA POW list and establishing medium term sustainability plans based on a relocation to SBUHB; transfer of Paeds GA service from community into acute hospital setting	T3	Q1	Q2	Q3	Q4
	• Improve Oral Health for older people in Care Homes as part of Frailty reduction measures by establishing service as core and use its principles to establish rolling programme for similar services at hospital sites;	F	Q1	Q2	Q3	Q4
	• Develop and strengthen the Primary Care and Sustainability Team; continued use of the GMS Merger Framework	F	Q1	Q2	Q3	Q4
Support the workforce transformation within primary care through the continued development of a multidisciplinary team approach	• Roll out of Primary Care Audiology Programme which includes First Contact Advanced Audiologists providing hearing and tinnitus assessment and advice. Combined with routine and complex wax removal. Continued development of associate audiologist pathway	T3	Q1	Q2	Q3	Q4
Accelerate the implementation of the full primary care model at cluster level	• Implementation of the National 'Accelerated Cluster Development' (ACD) Programme	F	Q1	Q2	Q3	Q4
	• Delivery of Cluster IMTPs – see Overarching Cluster GMOs summary next page	F	Q1	Q2	Q3	Q4
	• Implementation of Whole System Prison Healthcare Improvement plan incorporating: o Digital o Workforce o Prevention	T3	Q1	Q2	Q3	Q4

2022

Improved MDT approach in primary care

Increased range of services available in primary care

2024

Excellent partner relationships across community sectors

Further development of virtual ward model

2023

Further development of wellness centre model including progression to capital business case stage/ construction

2025

Delivery of whole system pathways through our Clusters

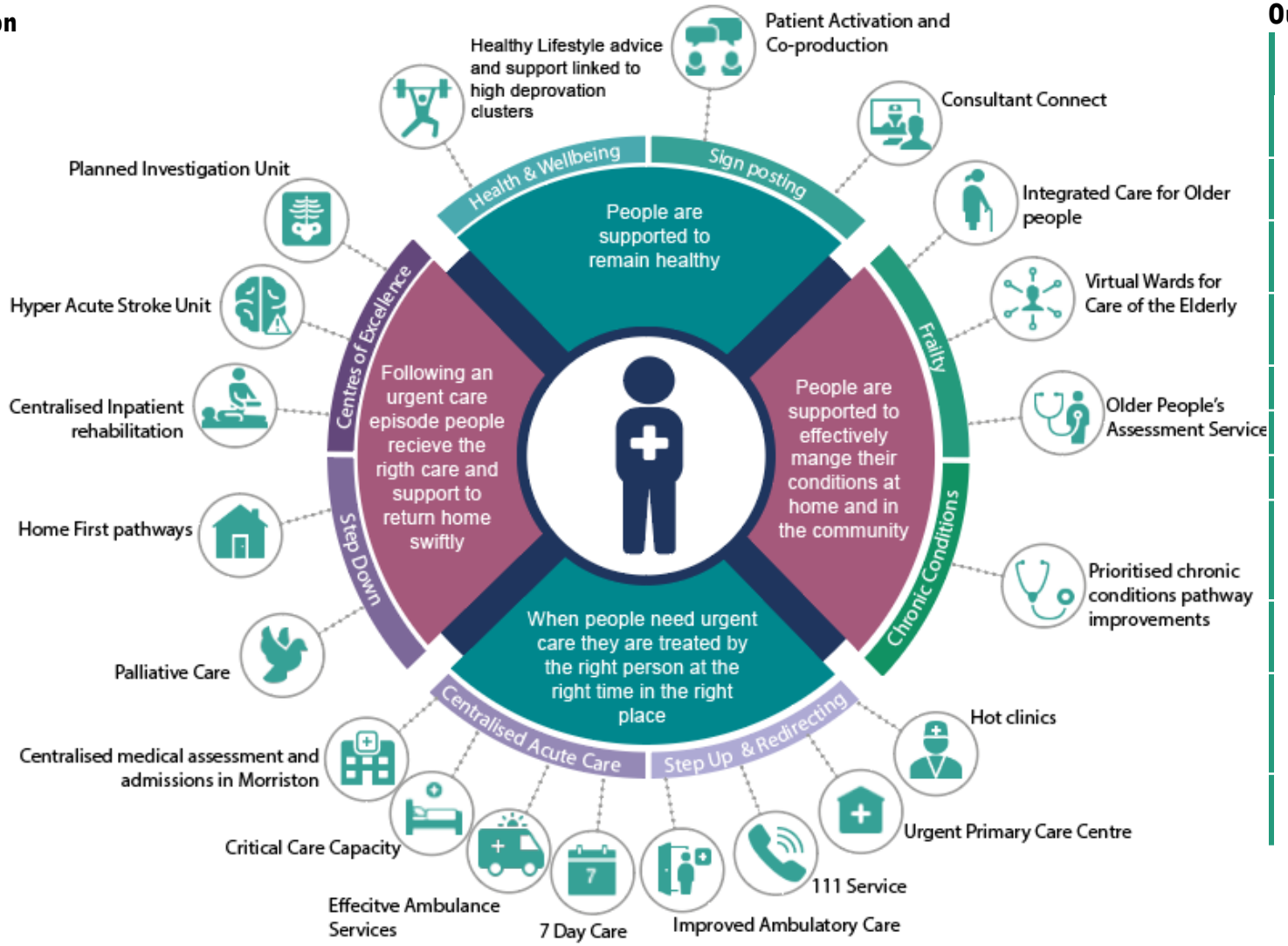
The following sets out a summary of actions (GMOs) across the six priority areas being prioritised by more than half of the eight primary care clusters. There are other priorities being implemented in relation to areas such as carers, smoking, nutrition, minor surgery and maximising the use of technology such as consultant connect, these may not appear in all cluster IMTPs this year but may have been prioritised previously. Further detail on Cluster GMOs, including the full list of individual actions being undertaken by each of the 8 Clusters can be found in the SBUHB Clusters IMTPs, also submitted to Welsh Government on 31st March 2022.

PRIORITY AREA	GOALS	METHODS	OUTCOMES
Improving Planned Care	Reduce unnecessary impact on secondary care through accelerating pathways for heart failure, diabetes, respiratory	• Introduce cluster spirometry project • Encourage uptake of diabetes education programme for patients newly diagnosed with diabetes	• Reduce backlog of COPD patients awaiting spirometry • Increased attendance at Diabetes education Programmes • 100% of patients to have documented care plan
		• Support and optimise housebound patients at home through expanding chronic conditions workforce	• Optimised care for difficult to access housebound patients
	Improve diagnosis and management of Hypertension	• Support patients to self-monitor their Blood Pressure, incl. support through expanded chronic conditions workforce	• Early diagnosis and management of Hypertension
Improving Urgent and Emergency Care	Development of integrated care particularly the care of frail elderly into cluster MDT and delivery of palliative/ EOLC in the community	• Aligned to virtual wards roll out across all clusters, develop frailty workforce to support and develop cluster wide approach to frailty and provision of 24/7 palliative and end of life care	• Identification and management in community of 30% of patients classified as frail
			• Support reduced hospital admissions
			• Reduced unnecessary admissions to hospital
		• EOL Care: Engage with Compassionate Communities Programme	• Increased patients supported to die at home if desired and appropriate to do so
	Enable patients to access most appropriate care	• Signposting and working closely with community pharmacies to increase uptake into Common Ailments Scheme	• Increased number of patients accessing the common ailments scheme
		• Deliver the new model of primary care for Optometry services	• Improved access to primary care including on same day basis • Reduce inappropriate attendance of dental patients at GP Practices
		• Continued improvement of digital channels to support access to primary care	
Improving Cancer	Improve outcomes for Urgent Suspected Cancer patients	• Engage in Cancer Prehabilitation project by supporting patients with USC referrals to make lifestyle changes	• Optimise patient health prior to treatment
	Improve Health of Cluster through increased uptake of screening projects – cancer prevention and early detection	• Promote screening uptake –scope opportunity with SCVS to support eligible non responders, review outcome of 2021/22 cancer non responder project, aligning promotion to access of mobile screening units from PHW	• Increase uptake of breast and cervical screening - Working towards target of 75% but by March 23 increase to 69%
		• Promote model developed for Bowel Screening Wales (in partnership with PHW)	• Increase in the uptake of Bowel screening
Improving Mental Health	Develop services to improve patient mental health and wellbeing	• Develop and implement service model for Primary Care Mental Health, e.g . 3rd Sector LPMHSS / link worker, social prescriber, Young People's Wellbeing project and Cluster Mental Health Practitioner roles, access to therapies e.g. counselling.	• Reduction in demands on GP services, medicines.
			• Reduction in impact on Mental Health Services, Social Care
			• Rapid access to psychological therapies
Children, Young People and Maternity Services	Improve outcomes for most vulnerable families within the NPT clusters and ensure safeguarding is prioritised	• Review and support the Specialist Health Visiting pilot service providing advice and supporting best practice between professionals e.g. social services	• Improved outcomes for the most vulnerable families
		• Roll out Adverse Childhood Events (ACE) Training	• Reduction in inappropriate appointments with GPs
	Improve health of pregnant women and their unborn child, and children	• Increase vaccination uptake across target groups including pregnant women and children	• Increased uptake of vaccination in target cohorts
Prevention and Reducing Health Inequalities	Identify and manage patients who have pre diabetes and improve outcomes of obesity related conditions	• Deliver the pre-diabetes project, encompassing blood tests and lifestyle advice • Provide community-based educational programme to facilitate lifestyle change in patients with pre-diabetes, past history of gestational diabetes, obesity and/or non-alcoholic fatty liver disease. • Deliver the All Wales Diabetes Pathway in 2 Clusters	• Reduction in / delayed risk of onset of Type 2 diabetes • Reduced medication and risks of developing other chronic disease • Early identification and management of patients at risk of developing diabetes
	Increase awareness of substance misuse services and improve treatment outcomes for patients	• Deliver Mental Health/ Substance Abuse/ Complex needs services and share knowledge across clusters of services available	• Improved access to services available
			• Reduce deaths from overdose
		• Implement and evaluate City Cluster ARBD project for those with heavy alcohol use	• Increased number of patients seen & interventions undertaken by Alcohol Worker

Urgent and Emergency Care Vision and Outcomes

Our vision, which supports the national six Goals of urgent and Emergency Care, is to create 'one urgent and emergency care system' which clearly supports patients and communities in knowing where and when they can get the care they need in an emergency and patients have access to 'the right person, in the right place, at the right time' every time. We are shifting from a secondary care centred 'illness' organisation to a health and social care integrated organisation that plans to keep people healthy as its first priority. At the heart of our vision for the future pattern of urgent and emergency services is a 'single point of entry' where the appropriate clinicians review and decide, with patients and their families, the most appropriate care and/or treatment they need and the best way to provide it, in hospital or the community. The whole health and care system is working together to deliver this vision, reflecting, e.g. Home First

Vision

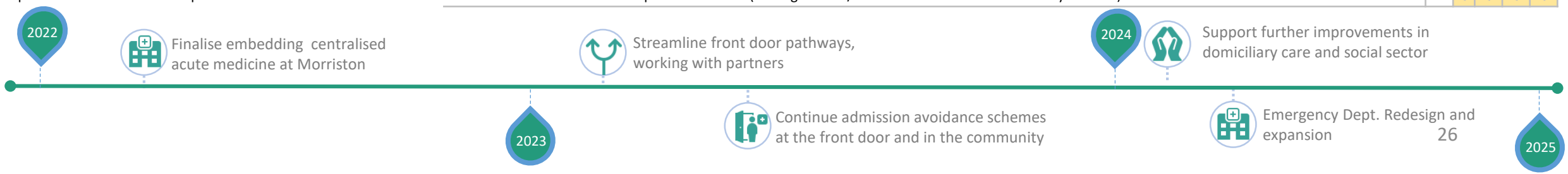


Outcomes

- Reduced number of Emergency Department Attendances and Emergency Admissions
- Reduced % patients spending more than 4 hours in ED (target = 95% seen under 4 hrs)
- Reduced number spending more than 12 hours in ED (target = 0 waiting more than 12hrs)
- Diversion of a minimum of an additional 6 patients a day from the Emergency Department into the acute hub
- Reduction in total estimated bed days, equating to increased admission avoidance
- Reduced Average Length of Stay for all emergency admissions
- Discharge rate of 85% via OPAS
- Virtual wards phase 1 (x4 clusters) = 8,000 bed days saved per year
- Virtual wards phase 2 (roll out to additional x4 clusters) circa 3,500 bed days saved 22/23 (implementation from month 6 onwards) / 8.000 bed days saved FYE
- Home First pathway 2 – 183-203 discharges per month (subject to RPB revision and SBUHB approval)
- Home First pathway 4 - Reduce average length of stay for residents returning to, or moving to a care home (from 13 weeks to 3 weeks) for up to 56 individuals a month (subject to RPB revision and SBUHB approval)
- Heart failure - Reduction in LoS from a 13 days median LOS to 7 days median; Reduce hospital re-admissions by 38%

Urgent and Emergency Care Goals and Methods

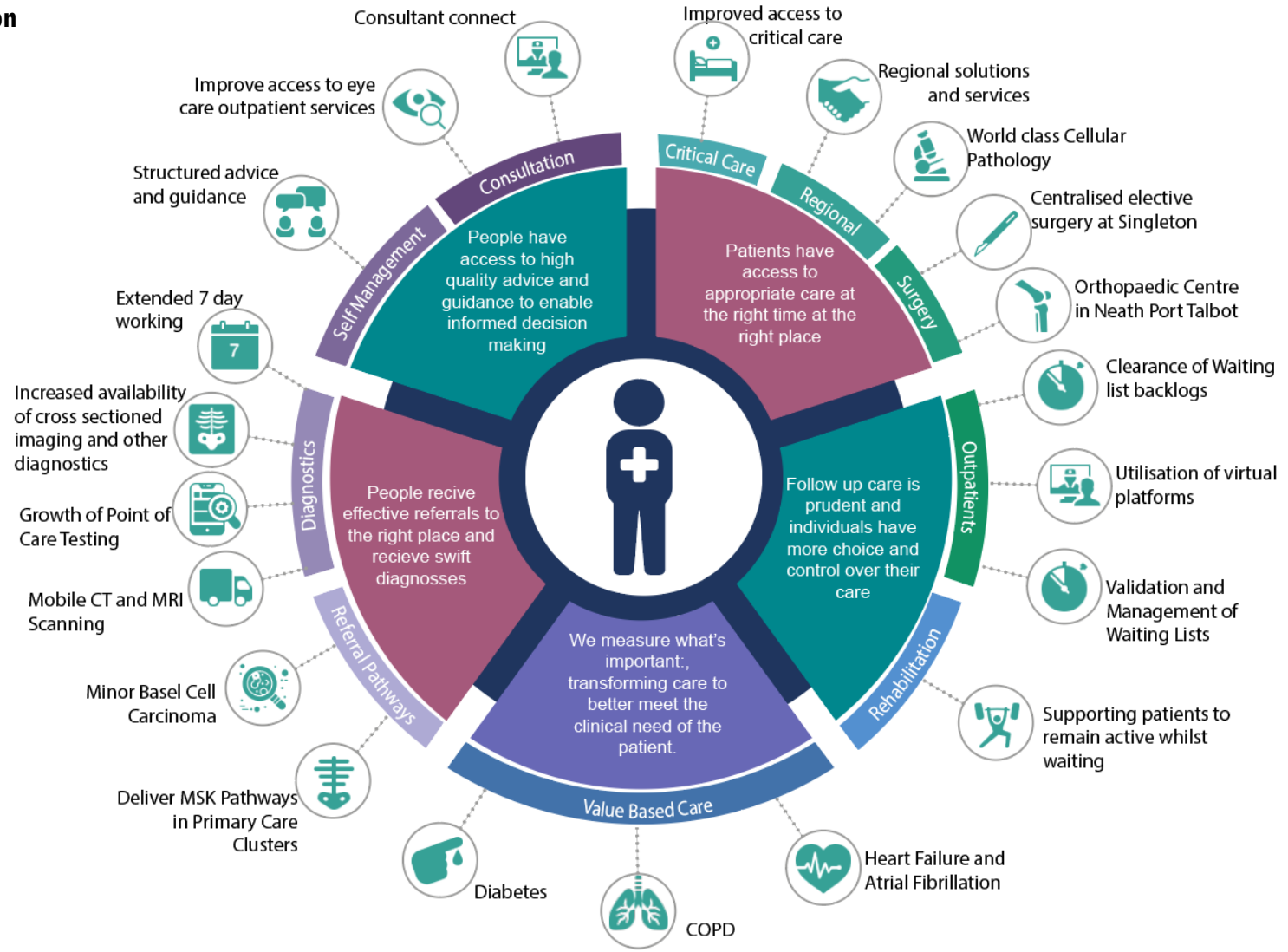
Centralised Acute Medicine model implemented at Morriston based on single ambulatory assessment and admission. An Ambulatory Assessment Unit integrated with acute care community teams and clusters, to reduce admission rate, improve patient experience and reduce LOS. Improved GP access to manage deteriorating patients through access to specialty hot clinics	• Establish an AMAU in Morriston including Same Day Emergency Care (SDEC) developments	F	Q1	Q2	Q3	Q4
	• Establish a Short Stay Unit (aligned to the AMAU) in Morriston	F	Q1	Q2	Q3	Q4
	• Embed Hot Clinics - from Acute Hub and AMAU - establish next day "hot" clinics to enable patients to be safely discharged with active follow up	F	Q1	Q2	Q3	Q4
	• Continue to deliver and evaluate impact of schemes to reduce ambulance handover delays including HALO ambulances, Ambulance Coordinators and red release framework	F	Q1	Q2	Q3	Q4
Ensure that as far as possible primary care is consistent on a 24/7 and geographic basis as there is a recognition that primary and community care services vary depending on the time of day and location.	• Embed Virtual Wards (MDT "wards") to support high risk patients in the community implemented across 4 Clusters	F	Q1	Q2	Q3	Q4
	• Extend Virtual Wards across remaining 4 Clusters	T1	Q1	Q2	Q3	Q4
	• Continue to develop and deliver an Urgent Primary Care Centre (UPCC) as part of a single system of Urgent Primary Care in SBUHB	F	Q1	Q2	Q3	Q4
Improve the outcomes and length of stay for patients requiring active therapy rehab and OT intervention	• Continue to establish 7-day working, particularly for physio & OT services, focused at "front door" and rehab services	F	Q1	Q2	Q3	Q4
	• Develop a Planned investigations unit at Singleton Hospital	T3	Q1	Q2	Q3	Q4
	• Implement alternative service models for current bed areas NPT/Singleton for patients in community settings	T3	Q1	Q2	Q3	Q4
Implement an integrated Medicine for Older People pathway	• Extend OPAS service to support admission avoidance at the ED front door	F	Q1	Q2	Q3	Q4
	• Integrate ICOP services as part of short stay unit	F	Q1	Q2	Q3	Q4
Establish centres of excellence across the Health Board reducing LOS at acute sites.	• Centralise Inpatient Rehab at NPT Hospital and enable faster transfer of active inpatient rehab patients to NPT, embed pathway across the HB	F	Q1	Q2	Q3	Q4
Improved patient flow resulting in admission avoidance and earlier discharge, where appropriate	• Home First pathway 2 - enhance the staff in the domiciliary / social care sector to "pull" patients from hospital	F	Q1	Q2	Q3	Q4
Implement system wide VBHc pathways for Respiratory; Improve the outcomes for COPD patients and reduce the impact of COPD patients on the front door	• Investment to expand the COPD ESD (Early Supported Discharge) Team, that covers front door working, ED, AGPU, Primary Care and admission avoidance working with WAST and GPs for Singleton, Morriston and NPT. • Development of integrated working, collaboration and co-production between COPD ESD Team, PCC and WAST to provide seamless care and support patients in a community setting.	T1	Q1	Q2	Q3	Q4
Improve the quality and efficiency of diagnosis and treatment for patients admitted to hospital with a primary diagnosis of heart failure and atrial fibrillation	• Develop in-patient heart failure and palliative care service to include: Early identification of patient with suspected heart failure on admission; Specialist review within 24 hours of admission; Prioritisation of echo cardiology; Deliver specialist team review through the admission; Patient education and empowerment; Co-ordination of discharge and transfer of care to community services i.e. Community Heart failure team, Virtual Ward, specialist palliative care services.	T1	Q1	Q2	Q3	Q4
Improve the outcomes for Stroke patients	• Stroke Pathway improvements - implement HASU (with participation from Hywel Dda). Once established we will explore the benefits of making the HASU accessible to the Hywel Dda population and develop the long term plan working with WHISCC to develop thrombectomy services	T3		Q2	Q3	Q4
Improve outcomes for trauma patients	• Increase trauma beds & respite trauma care (Orthogeriatrics/ Neck of Femur Fracture and 7 day services)	T2	Q1	Q2	Q3	Q4



Planned Care Vision and Outcomes

Our over arching vision for Planned Care within Swansea Bay is that we will maximise new ways of working, pathway redesign, innovation and digital services to improve access to advice, diagnostics, therapy and interventions across the planned care system for patients. We will make the plans developed in 2021/ 22 sustainable, including core activity, transformation initiatives, and re-modelling of services. A key enabler to realising the benefits is the separation of planned and unscheduled care as outlined in the clinical services plan, establishing the surgical centres at Singleton and Neath Port Talbot and maximising opportunities for regional working

Vision



Outcomes

Follow up WL :
- Reduce 100% delayed follow ups by 55%
- 30% of FUWL to be removed through validation exercises
- No patient to be on a FUWL who hasn't been reviewed/seen in last 2 years

Stage 1 WL:
- No patient classed as urgent to be waiting over 52 weeks
- No patient waiting over 104 weeks for a first appointment
- Validate all patients waiting over 52 weeks

Virtual activity:
- 35% of all new appointments to be undertaken virtually
- 50% of all follow up appointments to be undertaken virtually

Appointment outcomes:
- 20% appointments outcomes to result in SOS or PIFU pathway
- Reduction in DNAs
- Reduce Hospital Initiated Cancellations by 50% by April 2023

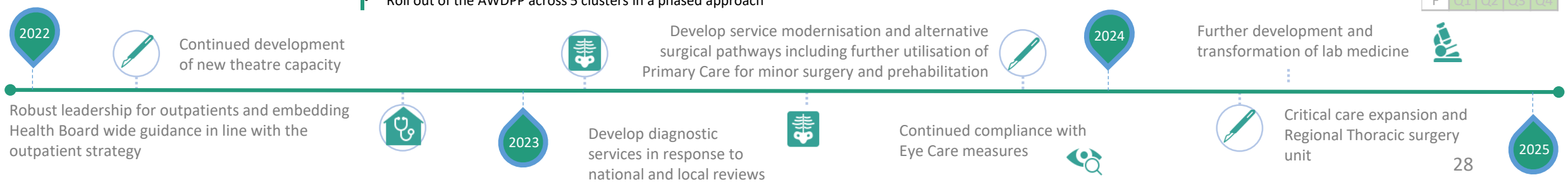
Diagnostics:
- Eliminate >8week waits for urgent endoscopy
- Reduce waits in cardiac, neurophysiology, nuclear medicine and pathology
- Eliminate >8 week waits in MRI
- Reduce CT and NOUS waits to <6 weeks

Orthopaedics:
- Ortho elective surgery insourcing 480 day cases and 240 inpatient cases by end of Mar 23
- Ortho elective surgery outsourcing 36 inpatient cases by end of Mar 23

Diabetes:
- Increased % patients (age 12 years+) with diabetes receive all 8 NICE recommended care processes
- Increased % patients (age 12 years+) with diabetes achieve all 3 treatment targets (BP readings/ cholesterol values/ HbA1c) in preceding 15 months

Planned Care Goals and Methods

Embed Outpatients Recovery Plans and implement structured advice and guidance as part of core service system to reduce referral demand and face to face attendances where appropriate	• Promotion of advice & guidance tools to maximise utilisation across all systems and specialties	T3	Q1	Q2	Q3	Q4
	• Joint review of waiting lists in all high demand specialties between primary and secondary care to identify and develop alternative pathways	T3	Q1	Q2	Q3	Q4
	• Increased focus on validation and management of waiting lists provided by central support, co-ordination and validation staff roles	F	Q1	Q2	Q3	Q4
	• Develop and implement new ways of working	F	Q1	Q2	Q3	Q4
Improve access to outpatients (new and follow-up) and clear waiting list backlog	• Maximise utilisation of virtual platforms with the appropriate systems, support and guidance in place	F	Q1	Q2	Q3	Q4
	• Implement plans to improve access and increase utilisation of accommodation	T3	Q1	Q2	Q3	Q4
	• Delivery of Internal Waiting List Initiatives to improve RTT stage 1 position	T1	Q1	Q2	Q3	Q4
Improve position on elective orthopaedics through bridging solutions and transfer of service to NPT	• Increase the use of the current theatres to six day working	T2	Q1	Q2	Q3	Q4
	• Repatriate Orthopaedic capacity to Bridgend to increase theatre capacity (6 to 8 sessions during 22/23)	T1	Q1	Q2	Q3	Q4
	• Introduce consultant anaesthetist role, 5 days p/wk, to support the transfer of higher acuity cases (ASA 3)	T2	Q1	Q2	Q3	Q4
	• Capital development of four additional theatres at NPTH agreed with Welsh Government.	T1	Q1	Q2	Q3	Q4
Expand elective services at Singleton and rebalance specialist surgical activity at Morriston	• Maximise colorectal and ENT surgery in Singleton and implement enhanced care services at Singleton with appropriate clinical model	T2	Q1	Q2	Q3	Q4
	• Maximise breast reconstruction surgery/DIEPs at Singleton	F	Q1	Q2	Q3	Q4
Surgical Services Modernisation	• Establish Ambulatory Gynaecology Unit in Singleton	T1	Q1	Q2	Q3	Q4
	• Establish PACU at Morriston	F	Q1	Q2	Q3	Q4
	• Develop OBC for Hybrid Theatres at Morriston – for submission to WG in 22/23	P	Q1	Q2	Q3	Q4
	• Maximise existing capacity through 7 day working	T2	Q1	Q2	Q3	Q4
Surgical Services Redesign – providing alternative pathways / support	• Deliver Primary care pathways – MSK services with First Contact Physiotherapist, Minor BCC surgery and Spirometry in primary care	T1	Q1	Q2	Q3	Q4
	• Support for patients to be kept active and well whilst on a waiting list – includes optimising patients on cancer pathways and orthopaedic prehab,	T1	Q1	Q2	Q3	Q4
	• Ultrasound Scan Machine for use by multiple Musculoskeletal services within Primary and Community Care.	T3	Q1	Q2	Q3	Q4
Value based Healthcare approaches to transform priority pathways	• Targeted work on agreed pathways to include Heart Failure, Atrial Fibrillation/Hypertension	T1	Q1	Q2	Q3	Q4
	• Invest to expand the COPD ESD (Early Supported Discharge) Team, that covers front door working, ED, AGPU, Primary Care and admission avoidance working with WAST and GPs for Singleton, Morriston and NPT. And Development of integrated working, collaboration and co-production between COPD ESD Team, PCC and WAST to provide seamless care and support patients in a community setting.	T1	Q1	Q2	Q3	Q4
Transform Diabetes Care through a Value based healthcare approach	• Community Diabetic Nurses for all practices to support insulin initiation and provide a consultant service at cluster level to manage insulin and its monitoring and deal with urgent referrals	T1	Q1	Q2	Q3	Q4
	• Workforce support on a cluster/practice level to increase diabetes reviews and reduce current backlog	T1	Q1	Q2	Q3	Q4
	• Roll out of the AWDPP across 5 clusters in a phased approach	F	Q1	Q2	Q3	Q4



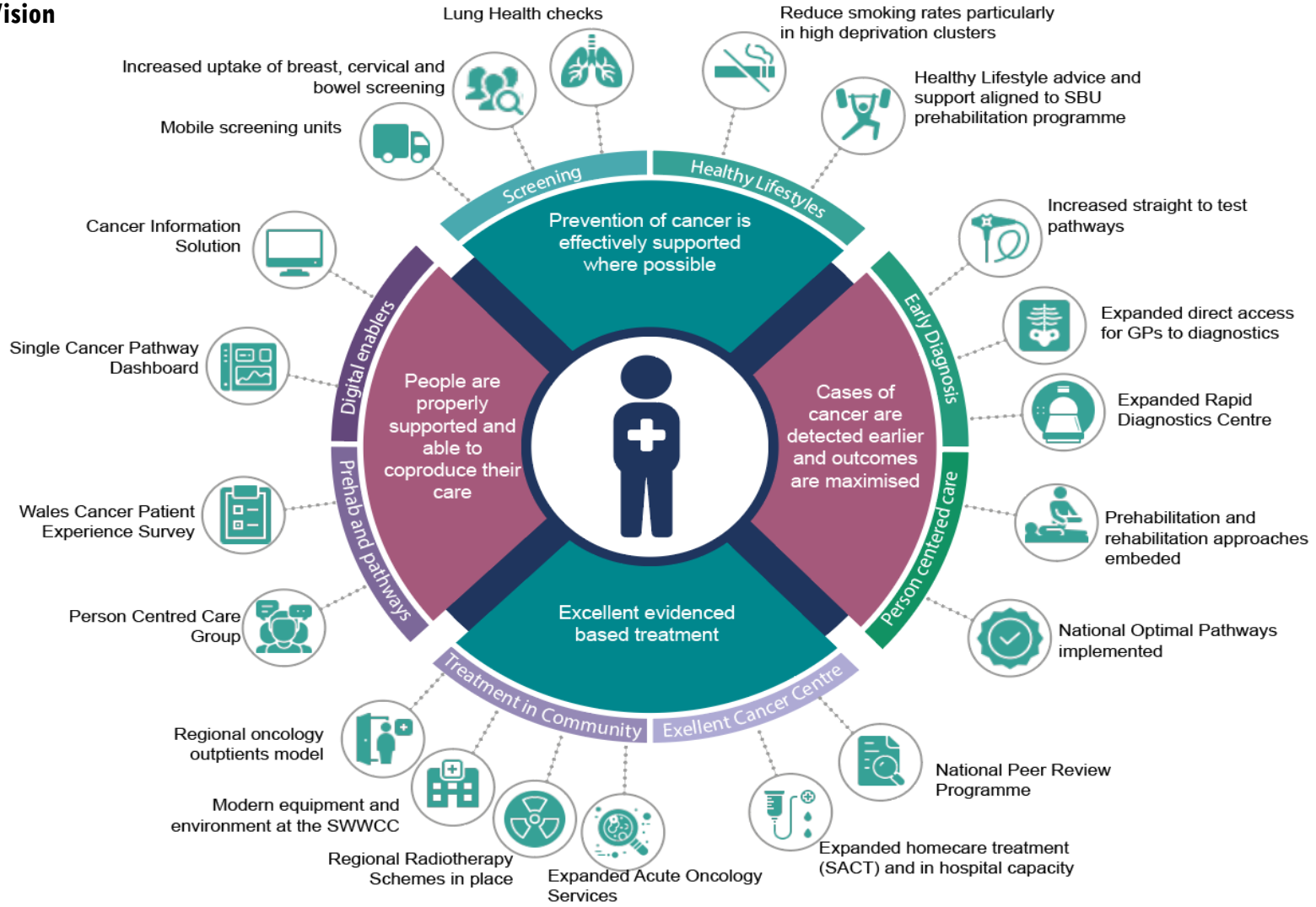
Planned Care Goals and Methods

Maximise access to Diagnostics - deliver recovery plans and sustainable solutions	• Cardiac Investigations: Maximise cardiac diagnostic capacity in the short to medium term by utilising Insourcing and University capacity, and in the long term through recurrent investment into additional echo sonographers; Move to 6 day working; Secure additional Cardiology Consultant Capacity to support reporting of Cardiac MR and CT	T1	Q1	Q2	Q3	Q4
	• Cardiac investigations: Implement service development as a result of primary care pilot; Implement recommendations of ARCH project supporting regional approaches to demand management, enhanced capacity provision and work with University to identify training opportunities for cardiac physiology staff; Implement findings of the National Imaging Programme.	T3	Q1	Q2	Q3	Q4
	• Radiology: Development of a community model for MRI; Move to 6 day working (CT & MRI); Establish CT and MRI Mobile Van Service; MRI outsourcing; Expand Non Obstetric Ultrasound capacity; Support additional workforce requirements across Radiology to deliver sustainable service	T1	Q1	Q2	Q3	Q4
	• Radiology: University ILS partnership to expand MR & CT capacity; Review of market & development of a Talent pipeline; Development for further MRI & CT Scanners at Morriston or delivery via managed service.	T3	Q1	Q2	Q3	Q4
	• Neurophysiology: Expand service and capacity to meet demand from interdependent services; Role redesign to enable staff to work to top of licence; Increase capacity to deliver safe and quality diagnostic service though WLI & outsourcing	T1	Q1	Q2	Q3	Q4
	• Lab medicine: Maintain Core Service by utilising additional agency support; recruit and train associate practitioners to ultimately support the out of hours provision; Recruit and train BMS staff in specialist services in order to ensure succession planning; Recruit into posts to provide ongoing support for mass training and service redesign; Recruit additional technicians to support the ongoing POCT input required for devices implemented during COVID and the anticipated future growth of the service	T1	Q1	Q2	Q3	Q4
	• Cell Path: Recruit to refreshed skill mix laboratory posts to increase capacity to meet demand and prepare work for reporting in the appropriate timescale; Recruit to consultant posts to increase reporting capacity and report in appropriate timescale; Ensure capacity is flexible and planned to meet peaks in demand without compromising the clinically appropriate timescales for turnaround; Cancer Optimisation Pathways - Implement clinically driven framework for cancer pathways, driven by national guidance but adapted for local pathways using MDT dates to drive target reporting date; Recruit to consultant posts in specialty capacity gaps; Recruit to management posts to support the improvement of operational processes; Improve business intelligence within service and integration across systems to provide transparency of patient pathways allowing for responsive and adaptive capacity management	T1	Q1	Q2	Q3	Q4
	• Redesign phlebotomy provision across in-patients, outpatients and community services; Develop Commissioning approach to understand demand and capacity information for right-sizing service to the agreed funding level; Build a resilient workforce for the future	T1	Q1	Q2	Q3	Q4
	• DXA/ Nuclear Medicine: Ensure maintenance of current reporting capacity; Provide access to a nurse specialist to offer improved access to advice & guidance, and partnership working across sub specialities.	T1	Q1	Q2	Q3	Q4
	• Endoscopy: Continue insourcing; Appoint substantive staff for sustainable service; Provide diagnostic tests in primary care for early and robust diagnosis (e.g. FIT and FCP)	T1	Q1	Q2	Q3	Q4
Clearance of Stage 5 WL backlog	• Delivery of Outsourcing and Insourcing across a range surgical specialities to improve RTT stage 5 position	T1	Q1	Q2	Q3	Q4
Improved access to critical care	• Expansion of critical care workforce – roles in rehab, psychology, pharmacy, tracheostomy, MH Liaison Nurse	T1	Q1	Q2	Q3	Q4
	• Expansion of critical care capacity to centralise burns into one location and upgrade theatres	T2	Q1	Q2	Q3	Q4
Improve access to Eye Care services	• Continue AMD referral refinement scheme; Additional Glaucoma ODTC in north Swansea community; Further outsourcing of Cataract referrals> 26 weeks and treatment; Deliver Extra Day Unit theatre (10 theatre sessions) in Singleton as part of the regional eye care solution; Reinstatement of all job planned theatre sessions	T1	Q1	Q2	Q3	Q4
	• Continue Diabetic Retina referral refinement scheme; Develop further Ophthalmic technician only clinics; Enhance patient pathway links with Primary Care local Optometrists with 'Open Eyes' EPR / e-referral roll out; Funded ECLO to support patients with visual impairment; Increase physical accommodation in North Swansea to enable face to face service provision	T3	Q1	Q2	Q3	Q4
Implement sustainable plans for Dermatology Services	• Deliver business plan to address workforce sustainability challenges by developing regional service. Expand teledermatology scheme & develop business case for regional service.	P	Q1	Q2	Q3	Q4
Strengthen regional Neurological Conditions Services	• Develop the regional model for Neurological services including epilepsy service and IP model; Deliver agreed joint business case for Functional Neurological Disorder (FND) service	P/F	Q1	Q2	Q3	Q4
Regional Tertiary Services	• Paediatric Orthopaedics: work with commissioners (Health Boards and WHSSC) to support the implementation of the service specifications to inform service delivery and commissioning.	P/F	Q1	Q2	Q3	Q4
	• Specialist Endocrinology (Adult): develop an integrated endocrine surgery service, which will improve resilience of service provision across South and West Wales	P	Q1	Q2	Q3	Q4
	• Hepato-Pancreato-Biliary Surgery: Address short and medium term actions to improve service provision across the whole patient pathway, and develop an integrated service model for South and West Wales in line with the All Wales Service Specification.	P	Q1	Q2	Q3	Q4
	• Spinal Surgery: actively support the Spinal Services Operational Delivery Network addressing key deficits in the delivery and commissioning	F	Q1	Q2	Q3	Q4

Cancer Vision and Outcomes

Our vision is to deliver care and services that improve survival and reduce cancer mortality. Swansea Bay UHB is the South West Wales Cancer Centre, and the only Health Board which delivers the entire pathway of care for the region, apart from a small proportion of very specialist services (SBUHB's commissioner share of Velindre Cancer Centre equates to 0.64%). Resourcing needs to reflect this, and delivering this will require a 'one cancer system', which provides timely access to 'the right care, by the right person at the right time' and working 'better together' with patients, their families, primary and secondary care and third sector partners. This will involve the use of clusters as bases for designing and delivering services, where it is safe and adds value to patients' outcomes. Our vision is aligned to and locally delivers the Cancer Quality Statement.

Vision



Outcomes

Single Cancer Pathway (SCP)

- % of patients starting definitive treatment within 62 days from point of suspicion (regardless of the referral route) – improved trajectory towards a national target of 75%
- Reduced number of patients waiting over 63 days

Reduced radiotherapy wait times

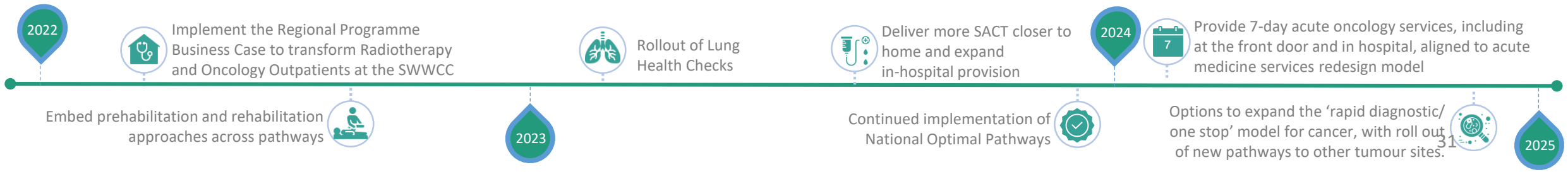
- Scheduled - % within 21 days (80% target)/ % within 28 days (100% target)
- Urgent SC - % within 7 days (80% target)/ % within 14 days (100% target)
- Emergency - % within 1 day (80% target)/ % within 2 days (100% target)
- Elective delay - % within 21 days (80% target)/ % within 28 days (100% target)

Reduced SACT wait times – improved trajectory towards 100% compliance

- Priority 1 (Emergency -within 48 hours) Urgent/Priority 2 - within 14 days (for Curative, Palliative/Disease Control, Haematology remission and Neoadjuvant intent)
- Routine/Priority 3 - within 21 days (for adjuvant intent)

Cancer Goals and Methods

Recover, Sustain and Expand Treatment Capacity for Cancer Services, including those delivered on a regional basis for Hywel Dda patients (Radiotherapy and Oncology Outpatients as set out in SWWCC Regional Programme Business Case – to be finalised Q2 22/23)	• Regional Radiotherapy: Implement prostate radiotherapy hypofractionation and introduce fiducial marker service with ongoing patient monitoring (funding share from HDUHB TBC)	F	Q1	Q2	Q3	Q4
	• Deliver and embed sustainable SABR Lung Service commissioned from WHSSC and develop proposal to expand service to Oliogometastatic and Heptocellular treatments	F	Q1	Q2	Q3	Q4
	• Regional Radiotherapy - Deliver LinacC replacement business case including completion of construction works; and start construction of Linac D replacement	F	Q1	Q2	Q3	Q4
	• Implement contact' / 'papillion' low energy portable RT service for early stage rectal cancer as an organ preserving (no surgery) strategy	T2	Q1	Q2	Q3	Q4
	• Develop WG capital business case for 5th linac/2nd CT scanner/ 6th bunker; Undertake 6th Linac Options Appraisal for siting this in Hywel Dda UHB (5-10 year element of PBC)	P	Q1	Q2	Q3	Q4
	• Regional Radiotherapy - Develop and implement investment cases for further tumour sites hypofractionation RT as required.	T2	Q1	Q2	Q3	Q4
	• Regional Oncology Outpatients - Develop and implement sustainable option for service	T2	Q1	Q2	Q3	Q4
	• Deliver Time to Radiotherapy and SACT performance measure changes to pathways	CN	Q1	Q2	Q3	Q4
	• Develop and implement business cases for sustainable delivery of Systemic Anti-Cancer Therapies through the maximisation of home delivery: PHASE 1 Prostate cancer and Oral SACTs at home, Pharmacy SACT review clinics for Lung, Prostate & breast and train non-medical prescribers	F	Q1	Q2	Q3	Q4
	• Develop and implement business cases for sustainable delivery of Systemic Anti-Cancer Therapies through the maximisation of home delivery: PHASE 2	T2	Q1	Q2	Q3	Q4
	• Increase Systemic Anti-Cancer Therapy SACT Capacity: Implement plans to relocate Chemo Day Unit to main Singleton Hospital and increase number of chairs	T2	Q1	Q2	Q3	Q4
	• Deliver sustainable OG cancer surgery service – supporting outreach to the South West and 24/7 OG rota in C&VUHB	T1	Q1	Q2	Q3	
	• Deliver sustainable OG cancer non surgical service	T2	Q1	Q2	Q3	Q4
	• Expand the AOS workforce to support triage of cancer patients, increase reviews of patients in non- cancer beds, senior decision making for ambulatory areas - 5 day service	F	Q1	Q2	Q3	Q4
Improve cancer prevention, early detection and timely access to diagnostics	• Expand Rapid Diagnosis Centre NPT - embed pathways in place for suspected colorectal, neck lump, malignancy of unknown origin and NPT biopsy service	F	Q1	Q2	Q3	Q4
	• Pilot Ovarian One stop clinic, 1 x per week in NPT offering same day USS /clinical assessment, +/- direct reporting same CT and fast track MRI for high risk pts	F	Q1	Q2	Q3	Q4
	• Deliver Permanent PET CT Service at Singleton	P	Q1	Q2	Q3	Q4
Maximise outcomes for patients with cancer using evidence based approaches; embedding prehabilitation, rehabilitation and value based healthcare approaches across whole cancer pathway in addition to tumour-site specific pathway work	• Undertake gap analysis for top 5 tumour sites; Lower GI, Upper GI, Lung, Prostate, Sarcoma; to assess SBUHB position against National Optimal Pathways	CN	Q1	Q2	Q3	Q4
	• Implement prehabilitation project in primary care	F	Q1	Q2	Q3	Q4
	• Implement sustainable Gynae-oncology physiotherapy service	T1	Q1	Q2	Q3	Q4
	• Support increased sarcoma rehabilitation service pressures by expanding specialist therapy provision in the service	T2	Q1	Q2	Q3	Q4
	• Optimise management pathway for patients with metastatic spinal cord compression by supporting a sustainable specialist therapy service	T1	Q1	Q2	Q3	Q4
	• Expand the Upper GI nutrition and dietetics service in order to improve patient outcomes for upper GI cancer patients	T1	Q1	Q2	Q3	Q4
	• Expand Specialist Palliative Care service to maximise the impact of specialist rehabilitation to improve the quality of life for patients with complex cancer/palliative care needs	P	Q1	Q2	Q3	Q4
	• Undertake Peer Review as per national programme, aligned to local MDT review against Cancer Standards	CN	Q1	Q2	Q3	Q4
Support all people living with cancer	• Repurpose existing Person Centred Care Steering Group, to identify and take forward priorities to improve patient experience for those with cancer	CN	Q1	Q2	Q3	Q4



Mental Health and Learning Disabilities Vision and Outcomes

Our vision is that people have easy access to tools and support to maintain and improve their mental wellbeing. We will do more to improve the quality of life for people who have been diagnosed with and treated for mental illness and Learning disabilities. Pathways within Mental Health and Learning Disabilities are complex and often delivered within different parts of the overall model of services, so we need to streamline these. We have made significant progress in moving from a predominantly inpatient model to a more community focused service, and moreover, we need to centralise our adult acute mental health inpatient service into a modern facility. This will provide a better patient and staff experience, improve outcomes and enable more sustainable staffing.

Vision

Outcomes

- Improved % of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral
- Improved % of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS
- Reduced number of patients reliant on specialist MH beds
- Compliance with measure – 95% of those admitted between 0900-2100 will received a gate-keeping assessment by the CRHTS prior to admission
- Compliance with measure – 100% of those admitted without a gate keeping assessment will receive a follow up assessment by CRHTS within 24hrs of admission
- Reduced % of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health
- Reduced number of patients reliant on specialist older peoples MH beds

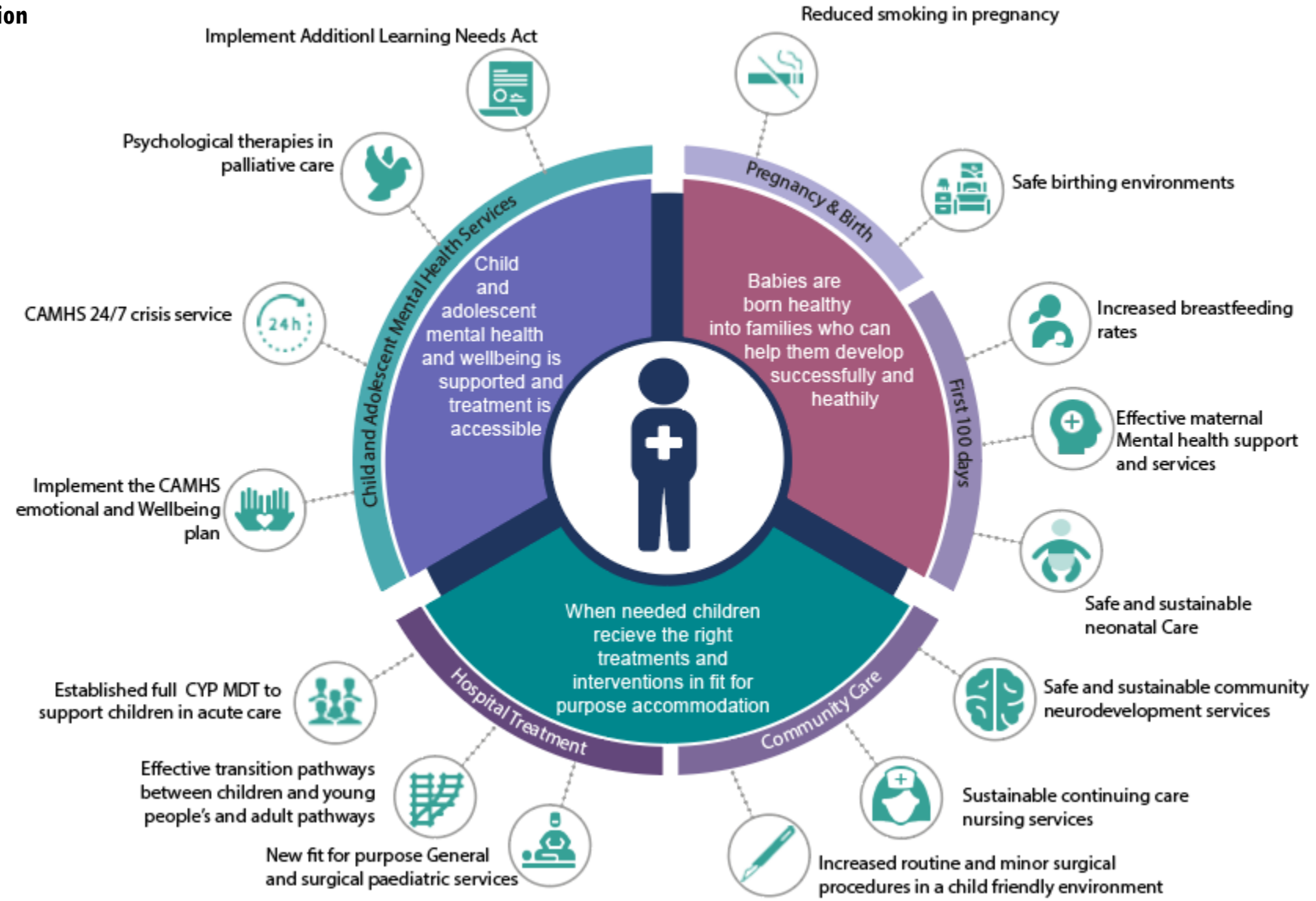
Mental Health and Learning Disabilities Goals and Methods

Improve Mental Health Crisis in Mental Health Services -develop a 24/7 initial access, response and triage system to provide early and proportionate responses to prevent escalation of mental health crisis.	• Extend the current 111 pilot of direct out of hours GP referrals on weekends to a seven day out of hours service.	F	Q1	Q2	Q3	Q4
	• Develop an Assessment Hub to provide a single point of contact using the national 111 template for mental health.	F	Q1	Q2	Q3	Q4
Improve management of the demands of the CHC expenditure.	• Implement the action plans developed by the Service Group following external reviews of the CHC processes.	F	Q1	Q2	Q3	Q4
Reduce dependence on LD hospital based services within our own estates and within the private sector. To have a LD model of service following redesign that is fit for purpose, and meets the population needs.	• Redesign current LD Model of care covering specialist inpatient services. • Expand community Learning disability community provision. • Collaboration via the joint LD commissioning Group, with the three Health Boards, SBUHB, CVUHB and CTMUHB to ensure consistency of approach and approval from all areas	P	Q1	Q2	Q3	Q4
Increase emphasis on enhanced community care and less reliance on specialist mental health inpatient beds across the Health Board Redesign Older Peoples Mental Health Inpatient Services across the Service Group	• Implemented redesign of Older Peoples Mental Health Inpatient Services (Q1). Report outcome of changes in relation to reduction of beds to CHC (Q2) • Review current inpatient bed provision and under utilisation of bed capacity over a number of years. • Monitor the benefits of the investment placed into community services to enhance the care provision in that part of the service and the ongoing benefits on reduced inpatient demand (Q4)	F	Q1	Q2	Q3	Q4
Centralise inpatient model of service within a purposed built environment meeting the needs of the patient population for the Health Board area (Adult Mental Inpatient provision business case)	• Following approval of the SOC by WG, develop and submit the OBC for the scheme (Q1) and FBC (Q4) • Implement the outcomes of the public engagement on the proposed provision of service (Q1)	P	Q1	Q2	Q3	Q4
Continue to modernise mental health services to meet future demands and needs.	• To continue with the development of the programs under the Mental Health Transforming Mental Health Services Programme. Reestablishment of the Mental Health & Wellbeing Board through the RPB mechanisms	F	Q1	Q2	Q3	Q4
	• Improve access to psychological therapies by increasing the psychological therapy resource within the current service	F	Q1	Q2	Q3	Q4
	• Expand the MH links workers within the GP Clusters by increasing the staffing resource within the current LPMHSS services	F	Q1	Q2	Q3	Q4
	• Expand the Eating Disorder services by increasing the staffing resource within the current service	F	Q1	Q2	Q3	Q4
	• Review current model of the Sanctuary Service pilot with the potential to extend further to March 2023	F	Q1	Q2	Q3	Q4
	• To continue to work jointly with WHSCC on their 3-5 year strategy for Specialist Mental Health Provision in Wales. Sub groups to develop detailed plans to fit into the overall strategy.	P	Q1	Q2	Q3	Q4

Children, Young People and Maternity Vision and Outcomes

Our vision is to deliver services that meet the health needs of children, young people, parents and carers in order to provide effective and safe care, through appropriately trained and skilled staff, working in a suitable child friendly and safe environment,

Vision



Outcomes

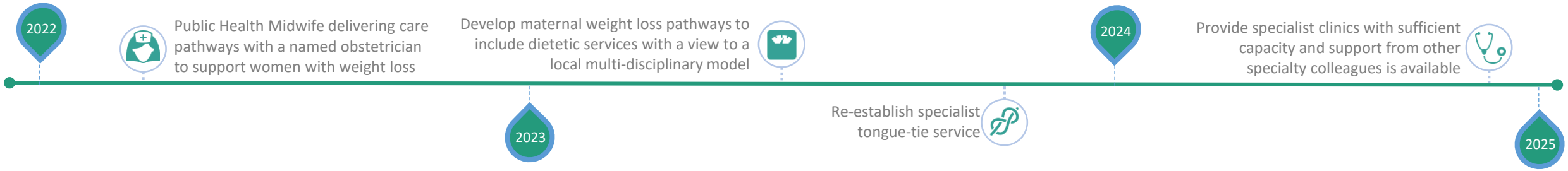
- Improved % Urgent Assessment by CAMHS undertaken within 48hrs
- Increased % of Routine Assessment by CAMHS undertaken within 28 days from receipt of referral
- Increased % of NDD assessment and intervention received within 26 weeks
- Reduced waiting list backlog (children waiting >26 weeks) in Community Paediatrics
- Improved waiting times (all RTT stages) in General Paediatrics
- Improved access to specialist paediatric services in South West Wales
- Reduced maternal smoking rates in line with All Wales targets
- Increased breastfeeding rates in line with All Wales targets

Children and Young People Goals and Methods

Working with partners to commission and deliver sustainable services, including on a regional basis where required, which meet the needs of the South West Wales population, offering timely access and assessment of children with early intervention for specialist care	• Commission additional two high dependency (HD) neonatal critical care cots in Singleton	F	Q1	Q2	Q3	Q4
	• Deliver a permanent 24-hour neonatal transport model through the new Operational Delivery Network	F	Q1	Q2	Q3	Q4
	• Develop a sustainable service model for Paediatric Neurology services for South West Wales (WHSSC funding TBC)	F	Q1	Q2	Q3	Q4
	• Deliver agreed service model, basing Paediatric Gastroenterology at C&VUHB whilst providing satellite service at SBHUHB	F	Q1	Q2	Q3	Q4
	• Support the regional SARC programme to deliver patient and victim centred sexual assault service	T3	Q1	Q2	Q3	Q4
Provide safe & sustainable community, neurodevelopment and continuing care nursing services that enables equity of access, timely support and improves outcomes for Children and Young People	• Explore opportunities to increase routine, minor surgical procedures being undertaken within an appropriate child-friendly environment	T2	Q1	Q2	Q3	Q4
	• Develop sustainable workforce plan for community paediatrics service	T2	Q1	Q2	Q3	Q4
	• Develop Childrens Community Nursing Service Learning Disability nurse assessor/co-ordinator role	F	Q1	Q2	Q3	Q4
	• Develop and implement action plan in response to external review of Continuing Care Nursing Services	T3	Q1	Q2	Q3	Q4
	• Continuously review demand & capacity for the ND Service to develop a sustainable service model and improve performance	T3	Q1	Q2	Q3	Q4
	• Support development of an All Wales pathway to support children and young people impacted by COVID and implement the pathways locally	T3	Q1	Q2	Q3	Q4
General, surgical and emergency paediatric care is provided by a right sized workforce, in fit for purpose accommodation that meets the needs of the service and patients & their families	• Appoint a Paediatrician with expertise in Congenital Heart Disease (CHD) and Echocardiography to develop and lead Services in Morriston	T3	Q1	Q2	Q3	Q4
	• Recover dedicated outpatient department space on Morriston site	CN	Q1	Q2	Q3	Q4
	• Review and improve the environment to meet the needs of adolescent patients	P	Q1	Q2	Q3	Q4
	• Scoping General and Surgical Paediatric services to be located in a designated Childrens unit (not new build) that meets the needs of the service	P	Q1	Q2	Q3	Q4
	• Develop transitional pathways between children and young peoples services and adult pathways, including integrated autism service	F	Q1	Q2	Q3	Q4
Increase funded therapy and psychological interventions and expertise to support improved outcomes for children and young people, in addition to enhancing workforce skill mix in line with prudent healthcare principles	• Continued collaboration with LAs to support implementation of Additional Learning Needs Act (Wales) 2018, with development of regional pathways and local operational procedures for Wales	T3	Q1	Q2	Q3	Q4
	• Establish tier 2 and tier 3 CYP Weight Management Service	F	Q1	Q2	Q3	Q4
	• Provide Specialist Physiotherapy service, establish Paediatric Physiotherapy Respiratory Outreach service and develop an Advanced Practice Paediatric Physiotherapy Practitioner post	F	Q1	Q2	Q3	Q4
	• Establish a full CYP MDT comprising of OT, SALT and Dietetics to support children who require acute hospital care, including those who have elective surgery	T3	Q1	Q2	Q3	Q4
	• Sustain psychology sessions provided in paediatric palliative care team	T3	Q1	Q2	Q3	Q4
Implement the Delivery Plan for Children & Young People's Emotional & Mental Health to improve accessibility to advice & support in all settings across the whole system and strengthening partnership working to improve multi-agency working	• Deliver the Transforming Complex Care Work Programme	F	Q1	Q2	Q3	Q4
	• Provide CAMHS 24/7 crisis service support in line with adult services	T2	Q1	Q2	Q3	Q4
	• Develop proposals to repatriate specialist CAMHS provision from CTMUHB to Swansea Bay	CN	Q1	Q2	Q3	Q4

Maternity Goals and Methods

Deliver personalised care, planned in partnership with women and reflecting their choices and health needs	• Launch the Maternity Voices Partnership and ensure there are multiple feedback methods	T3	Q1	Q2	Q3	Q4
	• Peri-natal mental health – review of clinics and develop model in line with current best practice, incorporating all Wales guidance	F	Q1	Q2	Q3	Q4
	• Deliver the Smoking Cessation Plan, including the recruitment of additional Maternity Care Assistants to deliver support to women	T3	Q1	Q2	Q3	Q4
Deliver the requirements of the all Wales Breast feeding five year action plan	• Appoint a strategic infant feeding lead in order to develop the plan to fully deliver requirements of the action plan	T3	Q1	Q2	Q3	Q4
	• Refresh the peer support network and provide training and support	CN	Q1	Q2	Q3	Q4
	• Act as key stakeholder in the decision making for Once for Wales accreditation programme	CN	Q1	Q2	Q3	Q4
	• Develop links with Swansea University who provide support services for breast-feeding to ensure all opportunities are promoted	CN	Q1	Q2	Q3	Q4
Provide safe and effective care; with risk, intervention and variation reduced wherever possible	• Implement the central foetal monitoring system with clear pathways and guidance for acting on findings	F	Q1	Q2	Q3	Q4
	• Develop network for external peer review of serious clinical incidents	CN	Q1	Q2	Q3	Q4
	• Implement mechanisms for recognising themes and trends in care 'failings'	CN	Q1	Q2	Q3	Q4
	• Develop improved pathway for women who require support after birth to ensure timely access to a formal debrief	CN	Q1	Q2	Q3	Q4
Establish continuity of care across the whole maternity pathway	• Develop workforce review and plan with the aim of ensuring that women are cared for by no more than 2 midwives in the community or 2 obstetricians in hospital	P	Q1	Q2	Q3	Q4
Improve access to specialist services which are delivered by skilled multi-professional teams	• Provide Multi-Professional Team with foetal surveillance training in line with Welsh Government standards	CN	Q1	Q2	Q3	Q4
	• Ongoing development of Midwife Sonography in conjunction with HEIW to meet the requirements of national guidelines	CN	Q1	Q2	Q3	Q4
Deliver maternity services which are sustainable and the highest quality possible	• Develop a robust workforce plan across all services, ensuring we meet RCOG, Birthrate+ and GPAS standards	CN	Q1	Q2	Q3	Q4
	• Review and ensure theatre staffing & anaesthetic cover for obstetrics in view of the increased surgical workload in Singleton	T3	Q1	Q2	Q3	Q4



RESOURCES

Culture and Innovation

Culture

Culture matters. Our organisation's culture either aids or hinders everything that we try to do. There is no grey zone. It is an essential enabler of our Organisation Strategy. Our prevailing culture limits the frequency, speed, spread and volume of occurrences of excellence, high quality innovation, and how we respond to incidents. We recognise that achieving the organisation culture we desire is challenged by specific issues - information, recognition, relationships, resources, risk-taking, targets and tools. We must address these to achieve a culture that supports us to execute our strategy.

We seek a culture that unifies us all to achieve on the four dimensions depicted below. Because aspects of culture connect our performance on all four dimensions, as we work on aspects of culture for one dimension, we support others. In accordance with our values and governance, all leaders need to bring about an environment where trust is a given, ideas and input are honoured and explored, and constructive challenge at critical moments in the interest of the people we serve is welcome, by achieving the seven outcomes below. It will support all to do their best for the population of Swansea Bay.

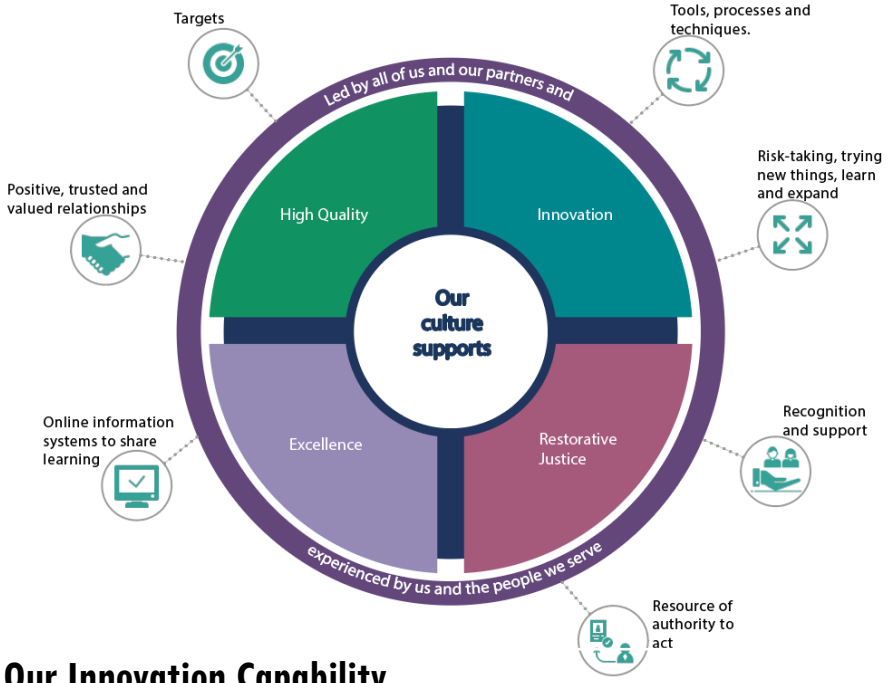
Innovation

For SBUHB and the wider health and care system to make the radical changes needed to recover from the pandemic and be sustainable, substantial innovation deliverables or outputs are required, from which value must be derived and benefits realised. We already have piecemeal collaborative arrangements for innovation which have helped get us to where we are now, but we must have a complete and effective innovation capability if we are to succeed. Working together as part of a local health and social care system, we will be best placed to identify, manage and deliver the innovations that make a real difference to the healthcare that our population receives.

Innovation is "the generation and implementation of new ideas for achieving our organisation strategy".

We will build our innovation capability alongside our people, quality and safety capabilities, to achieve the Quadruple Aim. It must be addressed systematically, with involvement from the Board to the frontline, but it needs only a minimalist, digitally-enabled, infrastructure that makes it easy to do the right things. We will, in 2022, be developing a Research and Development Strategy for the Health Board.

Welsh Government's single Innovation Programme for Health and Social Care, substantial local engines for innovation (Joint Clinical Research Facility, Regional Pathology Laboratory, and Swansea University Medical School), and coordination by the Research, Innovation and Improvement Coordination Hub within the provide national direction and access to innovation activity best organised and conducted under the Programme, and encourage regional integration as RIIC Hubs promote a portfolio of innovations to adopt (wherever they arose). We must be given autonomy to adapt for, and make decisions to meet, local requirements, but be held accountable for the achievements of the innovation capability we create.



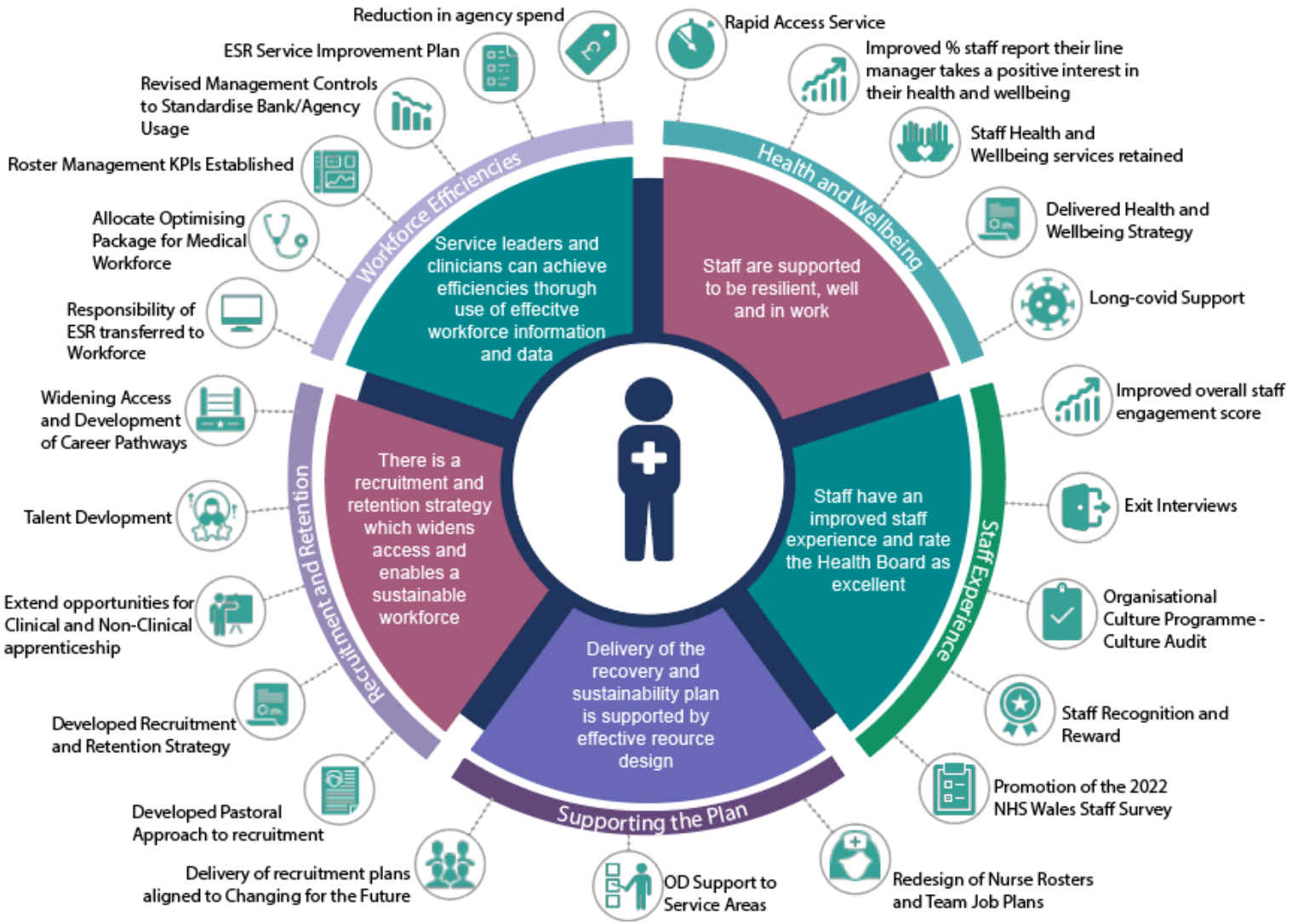
Our Innovation Capability

- integrating innovation management into existing governance processes
- freedom to innovate is everyone's privilege, and cultivates leaders
- incorporates the voice of patients and families
- measures, and helps leaders actively work on, those elements of culture that support the frequency, speed, spread and volume of innovation
- communicates permission to take appropriate risks
- decentralises decision-making and grants authority to act
- gathers, or signposts to, information, contacts, resources
- sets aspirational objectives in specific areas linked to key change initiatives and organisational goals
- appeals to individuals' intrinsic and personal motivation through frequent sincere appreciation and personal recognition,
- makes deliberate use of facilitative processes and tools to stimulate creativity and enable rapid progress
- encourages participation by anyone through a sense of common purpose and the clear need for teamwork for success to reinforce leadership responsibility

Workforce Vision and Outcomes

Our key priority is to support and look after our amazing staff who have worked tirelessly through these unprecedented times. During the pandemic workforce has been the biggest challenge both in terms of health and wellbeing and now resilience. To support the workforce and the Health Board's ambitions we will deliver the Staff Health & Wellbeing Strategy, improve staff experience, strengthen our training links with universities, improve recruitment availability and retention and widen access, support seven day services and improve workforce efficiencies.

Vision



Outcomes

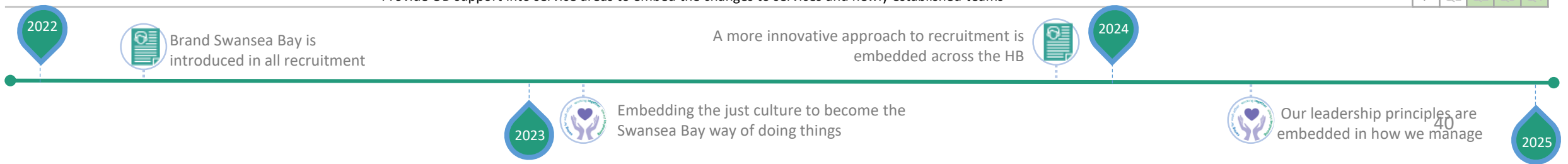
- 12 month reduction trend in bank and agency spend as a % of the total pay bill – (reduction in agency spend of circa 10%)
- Improved overall staff engagement score - % increase in engagement with people completing the survey and reflected in the engagement score
- Improved % of staff who report that their line manager takes a positive interest in their health and wellbeing
- Compliance to 85% for all completed level 1 competencies of the Core Skills and Training Framework by organisation
- 12 month reduction trend in % of sickness absence rate of staff - reduce sickness absence by service group by 2%
- Compliance to 85% of headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)

Approach to planning the workforce

- Realistic about what can be achieved with what we have got
  - Plan A – what can we do now?
  - Plan B – what can we do as we build the workforce through commissioning and Streamlining (3-year Plan)
  - Plan C – Long term (5-year Plan) – the final plan
- How can we use the current workforce differently – working differently/flexibly e.g., nurse therapists on the ward
- Capitalise on using PAs, B4 HCSW and other new roles to fill traditional gaps.
- Continue to develop greater capability within the HB around workforce planning including scenario planning.

Workforce Goals and Methods

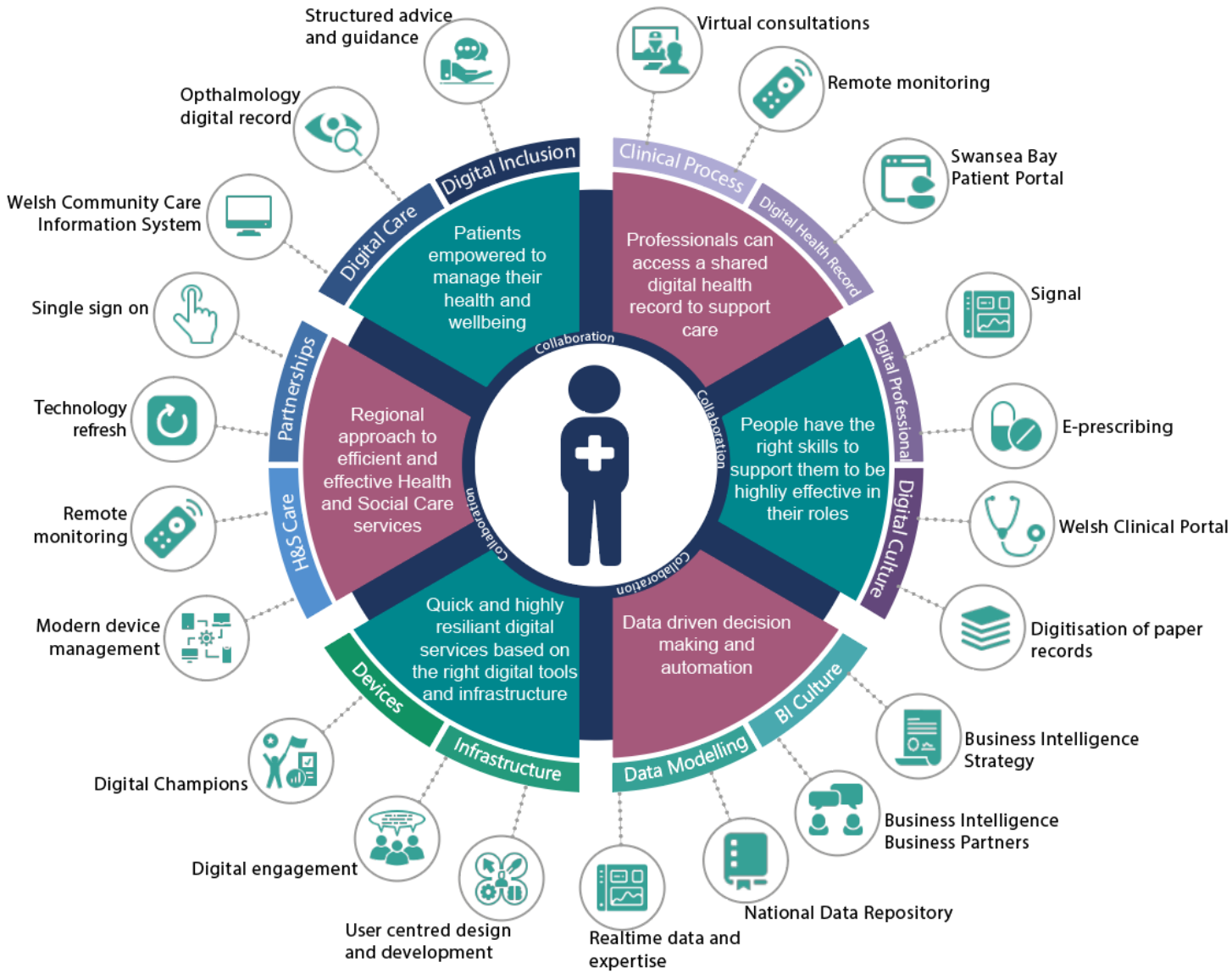
Health & Wellbeing. Support staff to continue to be resilient, well and in work as we continue to manage the impact of Covid, by ensuring there are a range of responsive and targeted interventions which aid restoration and recovery	• Deliver the Staff Health & Wellbeing Strategy	CN	Q1	Q2	Q3	Q4
	• Retain the enhanced Health and wellbeing services to support our staff	F	Q1	Q2	Q3	Q4
	• Continue to roll out and offer on an ongoing basis TRiM across the Health Board, including critical care, theatres & Emergency Department.	F	Q1	Q2	Q3	Q4
	• Continued Occupational Health staff support for long-Covid Syndrome dependent upon resource to support in 22/23	F	Q1	Q2	Q3	Q4
	• Rapid access service for staff with Covid19 related health impacts, including mental health, trauma & bereavement.	F	Q1	Q2	Q3	Q4
Workforce Efficiencies Supporting service leaders and clinicians to achieve workforce efficiencies through the introduction and improvement of workforce information & data.	• Review of bank/Agency booking process & introduce revised management controls to standardise bank/Agency usage	CN	Q1	Q2	Q3	Q4
	• Establish KPIs for roster management that are standard across the HB	CN	Q1	Q2	Q3	Q4
	• Continue the implementation the final part of the Allocate optimising package for the medical workforce	F	Q1	Q2	Q3	Q4
Staff Experience Improved staff experience, where more staff rate us as excellent, are effectively recruited and retained	• Promotion and co-ordination of the 2022 NHS Wales Staff Survey across SBUHB and roll-out of the 'We Said, We Did Together' staff engagement programme.	CN	Q1	Q2	Q3	Q4
	• Deliver Organisational Culture programme of work which will include, the roll out of a culture audit in Q4 21/22 to assess baseline	F	Q1	Q2	Q3	Q4
	• Develop an approach to individual, team and organisational development, which supports change and enables our staff to deliver excellent services and patient care.	F	Q1	Q2	Q3	Q4
	• Review undertaken of programme of staff recognition and reward based on staff feedback and with a view of securing a budget for delivery as part of core business	CN	Q1	Q2	Q3	Q4
	• Every member of staff that leaves the HB to receive an exit interview	CN	Q1	Q2	Q3	Q4
Recruitment & Retention Recruitment & Retention Strategy in place supporting widening access and enabling a sustainable workforce to be developed.	• Work with our local communities, schools, colleges and universities to further develop career pathways, focussing on widening access to reflect the communities we serve	CN	Q1	Q2	Q3	Q4
	• Develop an organisation-wide approach to developing talent within Swansea Bay UHB	CN	Q1	Q2	Q3	Q4
	• Extend the opportunities for apprenticeship in both clinical & non-clinical functions.	F	Q1	Q2	Q3	Q4
	• Develop a recruitment strategy in conjunction with professional heads to support the development of a sustainable workforce.	CN	Q1	Q2	Q3	Q4
	• Implement the agreed recruitment strategy through various interventions.	F	Q1	Q2	Q3	Q4
	• Develop a Recruitment Strategy implement a retention strategy with professional heads of service to address retention issues	F	Q1	Q2	Q3	Q4
	• Develop a pastoral approach to the recruitment of medical staff	CN	Q1	Q2	Q3	Q4
	• Utilise external agencies including Remeidum to fill extremely hard to fill medical posts	F	Q1	Q2	Q3	Q4
	• Establish a central resourcing team to recruit to key clinical and support roles ,adopting a pastoral approach to recruitment to maximise recruitment and retention.	CN	Q1	Q2	Q3	Q4
	• To work with SBW to develop the health board's branding and to support key campaigns to recruit to hard to fill posts	CN	Q1	Q2	Q3	Q4
Supporting the Plan (Workforce) Support the delivery of the required workforce redesign associated with the agreed outcomes in the Plan	• Continue to facilitate the development of workforce plans for all staff groups to outline the required workforce design based on demand capacity modelling. • Support the redesign of nurse rosters and team job plans to feed into Recruitment Strategy. • Commence formal consultation with staff on proposed changes outlined in Changing for Future plans	CN	Q1	Q2	Q3	Q4
	• Support the delivery of approved recruitment plans aligned to Changing for the Future	CN	Q1	Q2	Q3	Q4
	• Provide OD support into service areas to embed the changes to services and newly established teams	F	Q1	Q2	Q3	Q4



Digital Vision and Outcomes

Health, care and well-being activities carried out by everyone will, with pace and scalability, be using digital technology wherever optimal. The Health Board will enable our health and care teams, citizens and patients to use digital technology to improve care outcomes and improve the health and wellbeing of our population. The Health Board will realise the productivity benefits of existing and new technology investments to deliver more and higher quality care with the same or fewer resources.

Vision

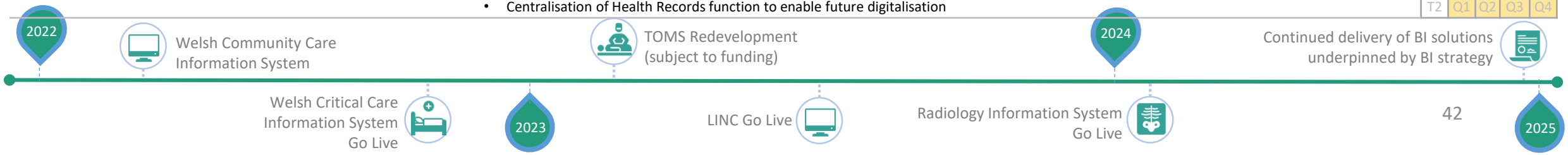


Outcomes

- Self-management and a reduction in unnecessary contacts whilst maintaining high levels of Health and Wellbeing
- Increase in patient satisfaction and timeliness of access to services and support
- Improved utilisation of digital resources (NHS and non-NHS)
- Increased use of data and modelling in design of patient services
- Increase in proactive rather than reactive decision making
- Reduction in use of paper and increase in electronic data capture
- Clinicians have access to information and decision aids at the right time at point of care
- Clinicians are supported in diagnosis assessments through automated processes releasing time to care
- Improved quality and safety of care provision
- Increased efficiency, releasing more time to care
- Improved efficiency and effectiveness of business processes
- Greater collaboration across teams
- Improved recruitment and retention of digital workforce
- Improved user satisfaction levels
- Increased adoption of digital technologies
- High availability and speed of Digital Services
- Increase in collaborative working and shared pathways to support citizens and increased collaboration and sharing with 3rd sector

Digital Goals and Methods

Planned Care and Theatres Support the transformation of planned care including outpatients and theatre pathways through the provision of appropriate digital solutions. Facilitate the improvements in efficiency, effectiveness and quality and safety to ensure the needs of our patients and citizens are met.	• Swansea Bay Patient Portal (SBPP) – Supporting self-monitoring and virtual reviews.	F	Q1	Q2	Q3	Q4
	• Referrals, structured advice and guidance - Extend existing functionality to include cross-organisational and internal referrals	CN	Q1	Q2	Q3	Q4
	• Virtual Consultations and Reviews - Increase use of remote and virtual ways of working across care settings including utilisation of Attend Anywhere, SOS, PIFU and PROMs functionality	F	Q1	Q2	Q3	Q4
	• ''Paper light' Outpatient Departments - Enabling safe care across multidisciplinary teams irrespective of clinical base	CN	Q1	Q2	Q3	Q4
	• Theatre Operational Management System (TOMS) - Redevelopment to address operational and cyber risks, facilitating improved demand and capacity planning and service transformation	F	Q1	Q2	Q3	Q4
	• Hospital Electronic Prescribing and Medicines Administration (HEPMA) – Enabling improved quality and safety	F	Q1	Q2	Q3	Q4
	• Welsh Nursing Care Record (WNCR) - Replacing paper nursing documentation, improving quality of care and releasing time to care	F	Q1	Q2	Q3	Q4
	• Signal – implementation of v3 to include seamless integration with the Welsh Clinical Portal	CN	Q1	Q2	Q3	Q4
Unscheduled and Emergency Care Improving quality and access to care through digitally enabled solutions, and facilitating improvements in efficiency, effectiveness and quality and safety to ensure the needs of our patients and citizens are met.	• Welsh Emergency Department System (WEDS) - Support the Acute Medicine model being implemented at the Morriston site. Improve flow into, within and out of the ED department and NPT minor injury unit. Improve patient safety by sharing information from ED with speciality teams and GPs	F	Q1	Q2	Q3	Q4
	• WAST Electronic Patient Care Record (ePCR) Integration with WEDS	T3	Q1	Q2	Q3	Q4
	• Digital solutions to support End of Life discussion, Advanced & Future Car Plans, Alerting	T3	Q1	Q2	Q3	Q4
	• E-Observations – develop strategy	T3	Q1	Q2	Q3	Q4
Integrated Health and Care - Availability of all relevant care and clinical information at point of care enabling more informed clinical decision, improving patient safety	• Welsh Community Care Information System (WCCIS) readiness and implementation in line with the recommendations of the strategic review	T3	Q1	Q2	Q3	Q4
	• Implement Hospital Electronic Prescribing and Medicines Administration at Morriston and Gorseinon Hospital to improve medication safety, efficiency and governance.	F	Q1	Q2	Q3	Q4
	• Open Eyes – An integrated electronic ophthalmology clinical system to provide real-time patient information across care settings	F	Q1	Q2	Q3	Q4
Supporting Cancer Services through Digital Solutions	• Cancer Informatics Programme - Implement Phase 1 Cancer Information Solution (Canisc replacement)	CN	Q1	Q2	Q3	Q4
	• Single Cancer Pathway Dashboard - Embed the local SCP dashboard	CN	Q1	Q2	Q3	Q4
Delivery of the Business Intelligence Strategy - To deliver actionable insights and intelligence in order to make better informed decisions.	• Review of BI Tools and Methods, Delivery of New Enterprise Data Warehouse, Establish Data Value and Literacy Programme, Disaster Recovery and Business Continuity and Establish certified Analytical Training Programme	CN/ T3	Q1	Q2	Q3	Q4
Delivering the right Digital tools and infrastructure to provide quick and highly resilient digital services	• Refresh old equipment to provide reliable and modern devices that can updated to protect against cyber threats, Develop a system that provides rapid deployment of devices and allows timely updating of software, Commission services to develop a hosting strategy for hybrid/cloud services and Continued implementation of Microsoft 365 solutions to streamline collaboration and processes.	F	Q1	Q2	Q3	Q4
	• Centralisation of Health Records function to enable future digitalisation	T2	Q1	Q2	Q3	Q4



Capital and Estates

The implementation of the Health Board's Recovery and Sustainability Plan will require a significant investment in capital schemes, both to reduce the risk of delivering care from increasingly elderly estate and to ensure the future sustainability of our services. In 2021/22 we have started to use alternative forms of funding to enable us to progress schemes – e.g. the procurement of modular theatres at Neath Port Talbot through a revenue solution to support the recovery of planned care. We will continue to consider alternative forms of capital, including working with local authorities, housing associations and independent sector.

However, there will continue to be a significant requirement for All Wales Capital support. Some of our schemes will also require additional technical capital support following the introduction of the new IFRS 16 Lease accounting standard from 1st April 2022.

Our discretionary and all Wales capital programme requirements has been prioritised based on the following principles:

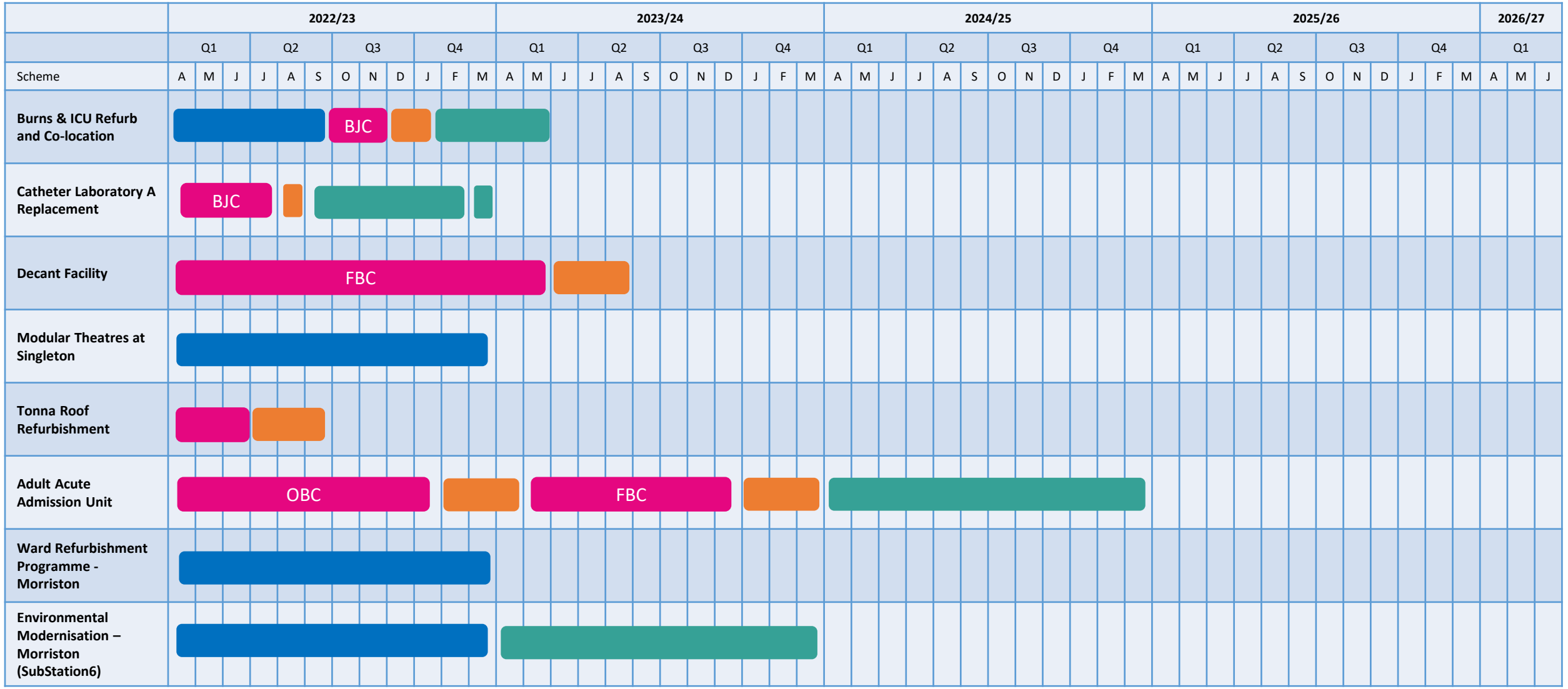
- Meet our backlog maintenance requirement
- Clear the major risks in the estate, and support reduction in the overall Health Board Risk Register
- Meet national and local quality and safety priorities
- Supports the long term sustainability of the Health Board from a revenue perspective
- Builds capacity for recovery

Based on these principles, the top 10 local priorities within the Health Board which will require All Wales Capital support are set out below. It should be noted that this prioritisation does not include the schemes which already have fully approved funding or regional schemes – Thoracic Surgical Services Centre, Pathology Services and the West Wales Cancer Centre, as these cover the population of South Wales and should not therefore be considered against the Swansea Bay capital priorities.

	Scheme Name	Rationale	Additional IFRS 16 Impact	2022/23	2023/24	2024/25	2025/26	2026/27	Total
				£m					£m
A. Approved Schemes (AWCP)				**20.3**	**2.8**			**0.0**	**23.1**
B. List of Priority SB Schemes (Indicative Costs)									
1	Refurbishment of Burns/ITU	Meets quality priorities, sustainability and supports recovery	Yes	16.9	0.0	0.0	0.0	0.0	**16.9**
2	Catheter Lab A Morriston replacement	Meets quality priorities, sustainability and supports recovery		2.9	0.0	0.0	0.0	0.0	**2.9**
3	Ward Decant enabling works	Supports backlog maintenance, reduces risk, meets quality priorities	Yes	2.9	0.0	0.0	0.0	0.0	**2.9**
4	Modular Theatres at Singleton Hospital	Builds capacity for recovery	Yes	4.5	0.0	0.0	0.0	0.0	**4.5**
5	Ward G, Morriston Refurbishment	Supports backlog maintenance, reduces risk, meets quality priorities		2.1	0.0	0.0	0.0	0.0	**2.1**
6	Tonna, Older Persons / Roof	Significant estate risk, supports sustainability		0.1	4.5	0.0	0.0	0.0	**4.6**
7	Adult Acute Mental Health Unit	Significant risk in estate, supports sustainability		1.0	2.0	8.0	20.0	22.5	**53.5**
8	Acute Hospital IT Network and Server Upgrades	Significant digital risk		0.0	5.3	1.3	0.0	0.0	**6.6**
9	Ward Refurbishment Programme, Morriston	Supports backlog maintenance, reduces risk, meets quality priorities	Yes	0.0	0.0	10.0	10.0	10.0	**30.0**
10	Environmental Modernisation BJC 2.2 Sub Station 6 Morriston	Clears estate risk		1.5	7.6	0.0	0.0	0.0	**9.1**
Other Schemes				9.0	33.8	49.6	61.7	88.6	**242.6**
B. Total Swansea Bay Local Priorities				**40.8**	**53.2**	**68.9**	**91.7**	**121.1**	**375.7**
C. Total Regional Schemes				**5.2**	**16.4**	**42.0**	**37.5**	**48.7**	**149.8**
D. Total Carbon Reduction/Refit				**0.0**	**6.2**	**0.0**	**7.5**	**7.5**	**21.2**
GRAND TOTAL				**66.3**	**78.7**	**110.9**	**136.7**	**177.3**	**569.8**

Five Year Critical Path – Capital Priority Schemes

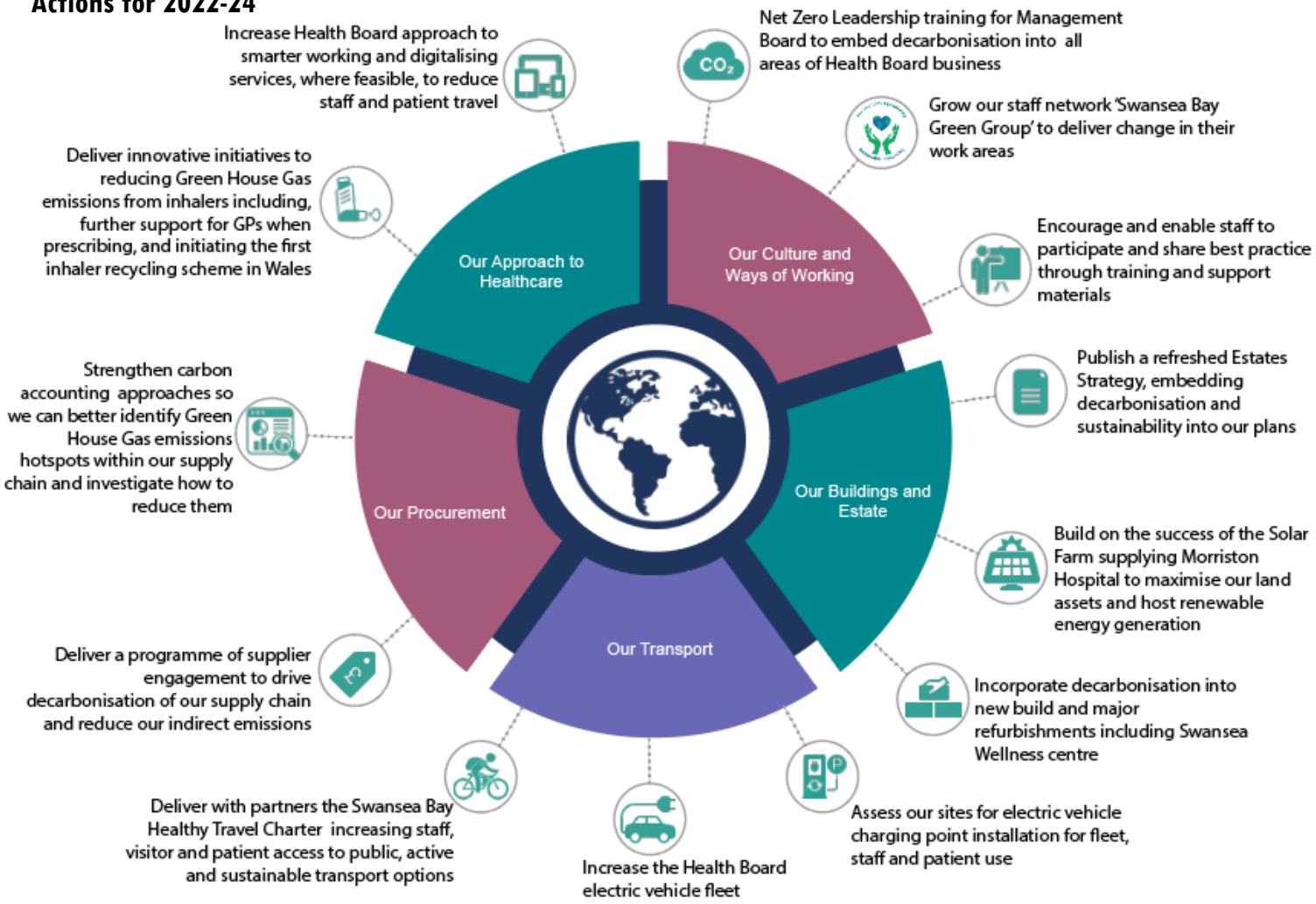
Construction and commissioning | Business Case Stage | WG Approval | Feasibility &Planning



Sustainability and Decarbonisation

We are engaged in delivering exciting, innovative and transformational carbon reduction projects that currently lead the way in the UK and Europe. Visible change includes how our estate is powered, the greening of our spaces, digitising of our services and reductions in staff commuting. However, total HB emissions are still estimated at 81,467.99 CO_2e (2020-21) the equivalent of the carbon held by over 99,000 acres of forest. Over 70% of this is from how we purchase services and goods, staff travel to and from work, and how we manage water and waste services. We are committed to delivering the Well Being of Future Generations Act 2015 and to reaching the NHS Wales target of net zero by 2030. To achieve this we have committed to delivering a SBUHB Decarbonisation Plan and our staff have formed their own green group to support this. Our 2022-24 commitments are;

Actions for 2022-24



Outcomes

- Emissions report for Welsh Public Sector Net Zero Carbon Reporting - 16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position
- Report progress and evidence of improvement of the Health Board's contribution to decarbonisation as outlined in the organisation's plan
- Report on Foundational Economy in Health and Social Services 2021-22 Programme – Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process

To Date:

- 26% Morriston Hospital electricity from solar, saving estimated £500,000 a year
- 7.6 Acre Community Supported Agriculture (CSA) project utilising Health Board land
- 15.2% recycling rate and 40.8% energy from waste in 2020/21
- 6 electric fleet vehicles & 256 electric vehicles on salary sacrifice
- £1 M project with Biophilic Wales developing green spaces across our sites

Finance Plan – Revenue

The Health Board has met the financial challenge of the ongoing pandemic in 2021/22 and maintained financial stability in 2021/22 with the delivery of its forecast deficit of £24.4m. During 2021/22 the Health Board has continued to deliver its recurrent savings programme at scale, which has delivered significant recurrent saving and over 2 financial years will deliver savings totalling £54m. The Health Board is committed to continue with this drive and focus on the delivery of savings, with the establishment of the PMO, to drive the delivery of efficiencies and saving as part of the day to day work.Through the pandemic we have gripped our deficit and prevented this from deteriorating. By combining our cost control, targeted investments, significant savings plans and utilising the 2.8% uplift in 2022/23 we can reduce the £42.1m deficit to £24.4m as a core plan. In addition to the core plan there are extraordinary cost pressures and aspects of COVID legacy forecast in 2022/23 which are beyond our ability to address and so the we have developed our plan in three phases.

- Phase 1 - a core plan which combines the Welsh Government allocation, our assessment of routine cost pressures likely in 2022/23, our modest investment intentions and a further CIP of 4% building on 4% delivered in 2021/22.
- Phase 2 - an assessment of extraordinary cost pressures above core cost pressures for utility prices increases, the impact of Real Living Wage and the impact of the increased employers' costs required to fund the Social Care Levy; and
- Phase 3 - a COVID assessment which assumes that we will fully commit the £21.6m recovery funding we have received, but in addition that there remain ongoing transition costs of responding to pandemic.

Base Plan = £24.4M

As outlined above the Health Board has managed to maintain its underlying deficit without deterioration, driven by cost control and significant savings plans.

Extraordinary Pressures = £19.9M

For the three areas of Energy, Health & Social Care Levy and real Living Wage the Health Board will act to manage these to minimise the impact and where possible mitigate any costs.

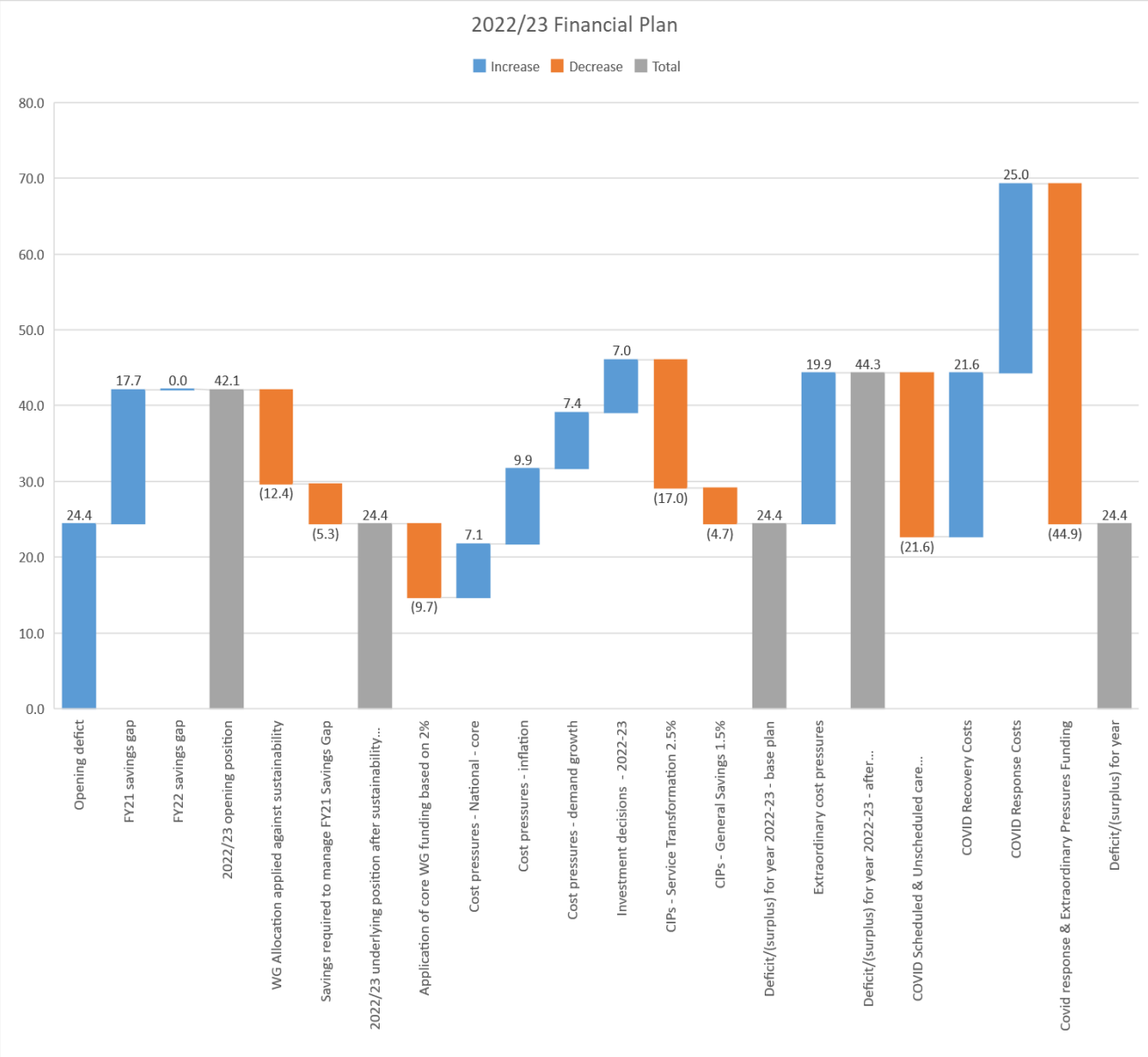
Covid Transition = £21.6M + £25M

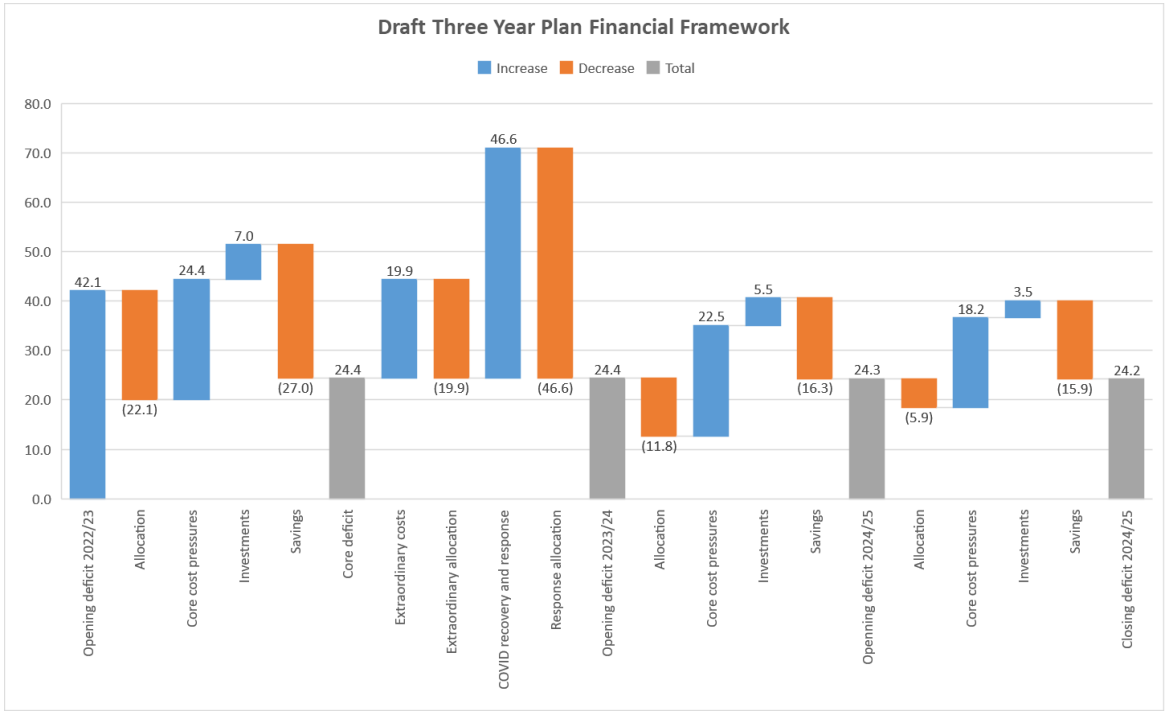
The Health Board will manage the COVID recovery within the funded levels of £21.6m. On COVID transition costs the Health Board will ensure that we maintain quality and safety but that we also eliminate all costs where we can safely do so, with a clear programme to oversee the exit of these costs during 2022/23 and 2023/24.

SBUHB Financial Plan 2022/23	Updated Assumptions (£m)
Opening deficit	24.4
FY21 savings gap	17.7
FY22 Savings gap	0
2022/23 opening position	**42.1**
WG Allocations applied against sustainability	(12.4)
Savings required to manage FY21 savings gap	(5.3)
2022/23 underlying position after sustainability application	**24.4**
Application of core WG funding based on 2%	(9.7)
Cost pressures – National – core	7.1
Cost pressures – Inflation	9.9
Cost pressures – demand growth	7.4
Investment decisions – 2022/23	7.0
CIPs – Service Transformation 2.5%	(17.0)
CIPs – General savings 1.5%	(4.7)
Deficit/(surplus) for year 2022/23 – base plan	**24.4**
Extraordinary cost pressures	19.9
Deficit/(surplus) for year 2022/23 – after extraordinary pressures	**44.3**
COVID scheduled & unscheduled care sustainability funding	(21.6)
COVID Recovery costs	21.6
COVID Response Costs	25.0
Covid response & Extraordinary pressures funding	(44.9)
Deficit/(Surplus) for year	**24.4**

	22/23 £m	23/24 £m	24/25 £m
Opening position – deficit/(surplus)	**42.1**	**24.4**	**24.3**
Anticipated increase in QG allocations	(22.1)	(11.8)	(5.9)
Cost pressures – National core	7.1	6.5	5.0
Cost pressures – Inflation	9.9	8.5	6.5
Cost pressures – demand growth	7.4	7.4	6.7
Investment decisions	7.0	5.5	3.5
CIPs required against FY21 savings gap	(5.3)	0.0	0.0
CIPs - transformation	(17.0)	(12.8)	(12.8)
CIPs - general	(4.7)	(3.5)	(3.1)
Extraordinary national cost pressures	19.9	(3.0)	(5.0)
Deficit/(surplus) for year before COVID	**44.3**	**21.3**	**19.2**
Covid Expenditure	**£m**	**£m**	**£m**
COVID funding	(21.6)	0.0	0.0
COVID recovery costs	21.6	0.0	0.0
COVID transition costs	25.0	(10.0)	(15.0)
Deficit/(surplus) for year after COVID	**69.3**	**11.3**	**4.2**
Funding Assumptions & Extraordinary Pressures & COVID	**£m**	**£m**	**£m**
COVID transition funding	(25.0)	10.0	15.0
COVID recovery costs	(19.9)	3.0	5.0
Deficit/(surplus) for year after additional funding	**24.4**	**24.4**	**24.2**

Finance Plan – Revenue (year 1 detail and 3 year)





The Chart to the left illustrates the component parts of the fincial plan in detail for 2022/23 and this is supported by the narrative on the previous page of this plan.

The Chart above condenses the detail in the plan but shows how a balanced three year plan is delivered, recognising that this remains a deficit plan. Key planning assumptions are: -

- Wage award continues to be funded centrally
- Extraordinary cost pressures will be funded in direct relation to changes in key drivers, principally energy prices
- COVID response costs whether national or local will be funded subject to rigorous test and challenge and meeting of guidelines set out by Welsh Government and Finance Delivery Unit
- Inflationary pressures on the core plan will reduce over the three years but any variation from this plan will be met from adjustment of the savings and investment choices to balance.

Finance Plan - Risks

Risks and Opportunities	£m
Assessed Deficit/(Surplus) for year	24.4
LTA 'GO Live' with 10% tolerance	7.2
Demand Growth able to be reduced by 25%	-3.2
Slippage on planned investments	-3.0
Savings Delivery above 2.5% not able to be delivered	10.0
Learning Disability Commissioning Arrangements	1.1
WAST Transition Plan Full Year Impact	1.6
CTM SLA disaggregation	1.0
Net Impact ALN	0.3
Service Group Cost Pressures excluding COVID Response	3.0
Digital Service cost Pressures linked to SLA	1.2
ICF / RIF	0.5
Children's service response	0.8
COVID Recovery not able to be constrained within funding	9.1
Deficit/(surplus) for year including risks	**54.0**

Keys Risks:

- LTA Performance – Health Boards have been commissioned on a Block arrangements for the last 2 financial years. Should the Block arrangements end and NHS Wales returns to the normal commissioning arrangements the financial impact on the Health Board ability to deliver the LTA activity levels required is assessed at £7.2m. *Mitigating Actions – All Wales Group is assessing the LTA arrangements for 2022/23 to create a hybrid model.*

- Savings – the Health Board has delivered £54M over the last 2 financial years, with a 4% savings target for 2022/23 included in the plan. Total value of schemes identified at end of February is £19m. *Mitigating Actions – the PMO are driving the delivery in collaboration with the Service Groups*

- Covid Recovery – The Health Board received £21.6M of recurrent funding from WG to support sustainability and recovery. Demands against this funding stream may exceed the allocation provided. *Mitigating Actions – Planned Care Recovery Board are assessing and prioritising the utilisation of this fund to remain within the envelope provided.*

Allocation	Initial Allocation	Temporary Hold	Proposed Plan		
	£000				
Discretionary Funding	-8,496		-8,496		
Approved AWCP Funding	-22,320		-22,320		
Assumed Funding for Business Case Fees	-1,680		-1,680	Annex A Discretionary Requirement	2,911
Income	**-32,496**	**0**	**-32,496**		
AWCP & Other Contractual Commitments	27,791	-2,560	25,231		
PFI	2,655		2,655		
Project Management	1,907		1,907		
Refresh Allocation – Digital Infrastructure	410	-160	250		
Refresh Allocation – Estates	740	-370	370		
Refresh Allocation – Clinical Area Works	1,567	-1,507	60		
Refresh Allocation – Medical Equipment	1,344	-1,331	14		
Business Case Fees	1,325		1,325		
Phlebotomy Hubs	400		400		
Cefn Coed Disposal Costs	150		150		
Contingency	135		135		
Expenditure	**38,423**	**-5,927**	**32,496**		
Total – Under / Over Commitment	**5,927**	**-5,927**	**0**		

Keys Risks:

- Capital – The Initial draft of the Health Board's capital plan as set out in the table above showed an over-commitment of £5.927m.

- Through detailed discussion focussed on risk and profiling, the Health Board has developed a plan which delivers the Capital Resource Limit (CRL) by delaying intended spend set out in the plan. This will be assessed on a balance of risk basis as the year progresses and also in close liaison with Welsh Government to ensure that our plan remains agile and supports service provision through a risk assessed approach.

Delivery and Execution

Governance and Delivery

As a result of lessons learnt through delivering the Health Board's Annual Plan 2021/22, we will apply the following principles to the delivery of the Recovery and Sustainability Plan:

- Execution delivered through the management structure / Service Delivery Groups, with the role of Programme Boards (where established) to direct, monitor and oversee delivery of Improvement programmes, aligned to the Service Change and Improvement 'GMOs' set out in the R&S Plan.
- Improvement programmes will support and enable delivery where a system response is required,
- Programme and project roles are clearly defined,
- Improvement programmes will:
    - Develop a clear vision for change, aligned to the Organisational Strategy/ Clinical Services Plan/ IMTP
    - Identify clinical leadership for all projects,
    - Identify managerial leadership and operational support,
    - Include the wider multi-professional team,
    - Have a system focus, bringing together primary, community, secondary, and specialist care (and local authority where relevant),
    - Be underpinned by best practice programme and project management, including critical paths and management products which are provided through the Transformation Portfolio Management Office
- Clear and transparent Quarterly reporting to Management Board, Performance and Finance Committee and Board with mechanisms in place to manage changing delivery timescales and shifting resources.

Business Cases

The Health board's established Business Case Assurance Group will oversee the Business Case process including supporting development of cases, providing scrutiny and feedback and recommendations for approval by the Management Board. This process will be managed in line with the Tiered priority approach set out in this plan.

Delivering for Future Generations

Across Health Board activities, from planning to delivery, we will continue to ensure alignment to our Wellbeing Objectives; Equality Objectives; the Sustainable Development Principle; to the principles of the Foundational Economy and our responsibilities as an anchor institution in Swansea Bay.

Mitigating Risks to Delivery

All risks have mitigating actions and are continually reviewed through the Health Board Risk Register. The Plan is a dynamic document and risks to delivery are constantly assessed and acted upon. Key risks to delivery include:

- **COVID-19:** The pandemic will continue to place increased demand pressures on all services, we will flex services accordingly to escalate/ de-escalate plans in response to COVID and surges in demands, in line with national guidelines.
- **Covid Backlog:** The treatment backlog from Covid continues to grow, placing increasing pressures on services across the system and negatively impacting the timeliness of care received by patients. Our whole system transformational solutions will deliver long term sustainable improvements to services. In the short to medium term we will also deliver outsourcing and insourcing across a range surgical specialities, deliver an outpatient recovery programme and maximise access to diagnostics to deliver recovery plans.
- **Capacity to Deliver and Winter Pressures:** System pressures significantly challenge our ability to dedicate capacity and resources to delivering projects, programmes and service changes. Our Transformation Team is in place to provide expert dedicated resource and support to plan, manage and deliver priority programmes and projects and our programme governance arrangement will ensure a clear focus on delivering our priorities. We will also ensure robust winter plans are in place to manage seasonal pressures.
- **Workforce:** Covid continues to affect the availability of our workforce and staffing of services. Our robust prioritisation approach to planning has identified the workforce required to deliver our priorities and we are confident that we can attract the workforce required and we have put a number of steps to mitigate any risk such as Embedding clinicians in the planning; refreshed recruitment strategies, branding and attraction campaign; newly introduced recruitment team; increased focus on international recruitment; Internal recruitment trackers; and we have developed health, wellbeing and pastoral support.
- **Capital:** The Health Board has an ambitious capital programme to maintain its existing asset base and implement major service change to ensure future sustainability of our services. We will continue to take a prioritised approach to our capital schemes based on agreed principles.