Sandra Husbands, Director of Public Health Siân Harrop-Griffiths, Director of Strategy

3 Years

By 2023, we will have put in place the foundations for community based approaches to health and wellbeing through strong partnership working enabling a shift to an asset-based community development approach to whole system thinking and working.

By 2023 we will have:

- Rolled out ambitious plan to create integrated multidisciplinary teams of health, local government and 3rd sector staff.
- Focused, through clusters and neighbourhoods, on improving well-being across the age spectrum, from childhood to old age, working with local citizens, patients, their families and communities to help keep people well in their own homes and build community resilience. We will have ensured that the most vulnerable people living in a Cluster and neighbourhood area are a key focus of this approach.
- Worked with partners, targeting at risk groups to improve Health and Housing including environmental factors, flexible housing, homelessness and future proofing.
- Supported the Public Service Boards' collective priority to improve workplace wellbeing

5 Years

By 2025, will will radically change the way we all deliver services, through true co-production with citizens, based on a neighbourhood focus and building on community assets rather than deficits. This will focus on supporting individuals and communities to take more control of their lives through supporting them by building on their individual and community strengths.

By 2025 we will have:

- Driven transformational improvements in wellbeing, health and care for the populations we serve through better practice, better services, better technologies and better use of resources.
- Supported health and social care working together to deliver a whole system approach and provide radically different solutions for our citizens, based on what matters to them, and their needs, rather than providing a limited range of fixed options, which may or may not meet these needs.
- Changed the way that we work with patients away from paternalistic care to shared responsibility and coproduction.
- Secured the delivery of seamless care which will meet the outcomes that matter to the people we serve and support through integration, earlier intervention and prevention
- Managed our common resources collaboratively and aligned or pooled resources wherever we can.
- Implemented our Neighbourhoood appraoch

10 Years

By 2030,we want to have strong partnership with communities where we are all taking responsibility for improving our own health and wellbeing, and those of others. We will work with our partners to deliver the priorities in our local wellbeing assessments and plans. We will also work with others to improve our environments – both built and green – to maximise opportunities for wellbeing and sustainability.

- Established more opportunities for new partnership working with communities and across organisation
- Embedded clinically led models of care focusing on prevention and wellbeing, early detection and improving health
- Connected communities with services and facilities across partners leading to demonstrable improvements in wellbeing and health
- Worked with local communities, individuals and partners to build community resilience
- Given every child the best start in life



CO-PRODUCTION & HEALTH LITERACY

3 Years

By 2023, we want significant improvements in healthy behaviour rates across our communities with staff and partners in all areas supporting health literacy and working with people to shape their care and manage their wellbeing.

By 2023, we will have:

- Continued to embedded co-production in the design and delivery of services.
- Improved flu vaccination rates for our at risk populations.
- Continued the improvement in the uptake of childhood immunisations and screening from key target groups such as those in areas of deprivation which historically have a poorer uptake as part of our work to address health inequalities.
- Increased brief intervention rates in support of reducing alcohola and substance misuse.
- Rolled out comprehensive training programme for health and non-professionals based on Health Literacy and MECC.
- Improved healthy eating and physical activity rates.

5 Years

By 2025, we want a radical change in our approach to population health through the adoption of an Integrated Cluster approach to care which facilitates healthy lifestyles, preventative programmes, self-care and out of hospital care.

By 2025, we will have:

- Created a new Wellness Centre, initially in Swansea
 City Centre and in Neath Port Talbot co-designed with
 the Cluster community providing health and wellness
 services that promote health and well-being and
 support people to live healthy lives, managing their
 physical, mental and social wellness.
- Worked to support patients with long term conditions to enable them to maintain their health and wellbeing at home, minimising the need to visit hospital and getting people back to normal life as soon as possible.
- Supported whole populations to develop healthy lifestyles, through preventative programmes, self-care and out of hospital care.

10 Years

By 2030, we want people to be actively engaged in designing and supporting their own health and wellbeing. This means that people will understand basic health information and the services they need to make the right health decisions for them.

- Supported people to live and age well within their communities
- Promoted healthy choices messages and opportunities
- Reduced the difference in health inequalities between adn within our different communities

3 Years 5 Years 10 Years By 2023, we will have established the foundations that will By 2025, patients and citizens will be empowered to By 2030, we want people to be able to support their own allow citizens and patients to engage with and manage mange their health and wellbeing through digital health and wellbeing through maximising the use of digital their health and wellbeing and will have strenthened our technology, and service planning will be digital first and technology. This means that people will be able to use the population need based planning. data driven. latest technology, in partnership with us, to maintain their own health and respond to their health needs. By 2023, we will have: By 2025, we will have: By 2030, we will have: Provided all citizens with access to their clinical Supported our citizens and patients in improving their Provided people with access to their full health record documents digital skills Supported our citizens, working with our partners i.e. Developed digital partnerships within and outside the Established, through working with our partners cross Digital Communities Wales, in improving their digital Wales, a single 'sign-on' model for citizen providing public sector skills so that they are able to access their online access to health and care and personalised clinical record information Expanded the use of technology enabled care tools Enabled patients and citizens to regularly access and (TEC) for the management of long term conditions use technology in relation to health and wellbeing through continuous support of digital skills ensuring Established, in partnership with Swansea University they can take advantage of the technology on offer and Public Health Wales, a rich data source and analytic capabilities to inform public health priorities in Established TEC as the norm for self-management of our area health and wellbeing in most clinical specialties Established the regular utilisation of a national data resource as part of direct patient care, health care management and service planning

3 Years

By 2023, want to have significantly improved the efficiencies of our planned and unscheduled care systems and expanded our integrated community services to enable transformative whole system changes.

By 2023, we will have:

- Expanded the range of services available at home and in the community, including services for therapies, pharmacy and those that support self -care and management of long term conditions.
- Supported the transition of care out of hospital into the community through integrated approaches to new service models, pathways, guidelines and standards of care for the above and starting with Frailty, Falls and Home2Hospital services including a single point of access and effective rehabilitation and re-ablement approaches.
- Radically changed our outpatient model through our use of digital technology, self-care, telemedicine, telephone and digital appointments and removing follow-ups as a default model; avoiding routine follow ups at set intervals and moving to only arranging appointments when needed by the patient.
- Improved patient waiting times and experience by making more efficient use of our theatres and bed capacity in Neath Port Talbot and Singleton Hospitals.
- Introduced a programme of surgical efficiency optimisation based on achieving best practice benchmarks for pre and post-operative assessment, length of stay and enhanced recovery approaches.
 Thereby improving patient access and reducing delays and cancellations.
- Implemented a step-change plan for unscheduled care services across all our sites to support the transition to a single acute in-take at Morriston Hospital achieving the CSP Scenario B efficiencies.

5 Years

By 2025, want to be integrating primary and community services, physical and mental health services, with our partners, and transitioning care out of hospital into the community on a Cluster basis, where possible to strengthen our care system as a whole and have redesigned are unscheduled and planned care service models to maximise efficency and improve patient experience.

By 2025, we will have:

- Designed a new sustainable surgical model for delivery across all our hospital sites, to better meet patient needs and to reduce unnecessary travel to hospital.
- Created a 'one system' approach to managing and delivering both planned and unscheduled surgical services across our hospital sites to maximise the efficiency of our surgical services and improve patient experience, particularly in relation to waiting times, cancellations and out of area treatments.
- Changed current 'routine' out-patient appointment approaches, where appropriate, to models that are responsive to the needs of the patient.
- Re-organised diagnostic, pre-operative, surgical, surgical support and post-operative services across our hospital sites, and where appropriate for minor surgery, in primary and community services
- Reduced inappropriate care and length of stay through more effective urgent care, post-acute rehabilitation and re-ablement allowing for resources to be redeployed.
- Created 'one unscheduled care system' which clearly supports patients and communities in knowing where and when they can get the care they need in an emergency,prroviding a single point of entry for rapid assessment, investigation, admission and treatment for life threatening illness without delay.

10 Years

By 2030, we want to ensure that the services that we deliver are of the highest quality, and respond to the most important things that matter to individual patients and families. This means that we will have services that are simple to understand; are fully integrated across the whole of our health and care system; make the best use of all of our resources and clearly reflect what people tell us works well and not so well.

By 2030, we will have:

Richard Evans, Medical Director

Gareth Howells, Director of Nursing Lynne Hamilton, Director of Finance Pam Wenger, Board Secretary

- Focused our services on outcomes that matter to people
- Eliminated unwarranted waste, harm and variation, to maximise efficiency and productivity
- A clear accountability framework to enable decision making
- Seamless, integrated pathways for all conditions across the whole health and care system, with more access to care in the local communities
- The highest standards of patient safety and quality of care
- Care provided to people in places that are safe, welcoming and efficient

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3 Years

By 2023, we will have excellent partnership structures in place to enable the development of regional solutions and we will have delivered significant improvements in regional pathways and services.

By 2023 we will have:

- Reviewed opportunities to develop regional approaches to improving women and child health, including access to timely Specialised care, and centralization of neonatal and maternity services.
- Have a modernisation plan for specialist learning disability services that will be worked up in partnership with local authorities for Merthyr, Rhondda Cynon Taf, Cardiff, Vale of Glamorgan, Bridgend, Neath Port Talbot and Swansea.
- Developed a Regional clinical Services Plan for the South West working with hywel Dda UHB.
- Implemented plan for regional Major Trauma Network.
- Explored opportunities for joint working and improving sustainabilit with Cardiff and Vale University Health Board around a range of specialised or fragile services.
- Developed a feasibility plan to meet the requirements of the National Endoscopy Group.
- Expanded Tertiary Cardiology capacity based on commissioning third catheter laboratory at Morriston hospital
- Undertaken further joint work on vascular surgery orthodaedics and opthalmology.
- Further developed Perinatal Mental Health Services for women and babies across South West Wales in line with Welsh Government planning priorities
- Established Morriston as the thoracic surgical centre for South Wales
- Re-established the strategic direction of the ARCH Programme to maximise the health, wealth and wellbing for the population of South West Wales.
- Strenghtend our partnership workgin with clusterswith strong Integrated Cluisters in Place across the Health Boad.

5 Years

By 2025, we will have developed and implemented excellent regional approaches and solutions across the South West Wales Region through strong partnerships working and will be workign in a fully integfrated way with our local partners to deliver community and neghbourhood approaches to delivering care.

By 2025 we will have:

- Explored opportunities for improving surgical services through regional working with our colleagues in Hywel Dda University Health Board including regional approaches to pre-habilitation and post-operative care.
- Agreed and delivered a sustainable service model for a Sexual Assault & Rape Centre across South West Wales.
- Further developed the South West Wales Cancer Centre, which will see the center moved to Morriston Hospital.
- Developed a Mid & South West Regional Centre of Excellence Cellular Pathology Laboratory and Regional Diagnostic Immunology Laboratory at Morriston Hospital.
- Developed a new regional Hyper Acute Services Unit at Morriston Hospital, which will provide services for the residents of South West Wales
- Developed and be robustly implementing a Tertiary Services partnership plan with Cardiff and Vale UHB.
- Delivered key components of our Clinical Serivces Plan in partnership including achieving a shift in resources from secondary to primary and community care settings,

10 Years

By 2030, we will have strengthened our partnerships, through the Regional Partnership Boards and more widely with other partners so that most of our services are delivered in partnership. This means that people will receive seamless and integrated services in their local communities and clusters, where appropriate, irrespective of which organisation delivers that care.

- More people actively participating in their care and helping to shape services
- Developed the regional health system for South West Wales, recognising our specialist expertise

3 Years

By 2023, clinicians will have significantly more electronic information at the point of care, staff will utilise digital solutions and have the appropriate skills to do so, and care will be increasingly available through virtual means.

By 2023, we will have:

- Reduced the need for patients to have face to face outpatient appointments through a combination of patient self-management and virtual communications
- Mobilised our clinical staff to have easy access to a patient's electronic information at the point of care
- Established a paper-light outpatient model
- Delivered significant digital solutions across the majority of our locations to support patient safety and patient flow in ED, MIU, assessment units and wards through to the backdoor. These solutions will include electronic prescribing and medicine administration, nursing documents, and end to end patient flow
- Enabled strengthened integrated care through the implementation of WCCIS working with Local Authority Partners including in Mental health services and clusters
- Collected patients PROMs inline with priorities of the Value Based Health Care Programme
- Significantly increased electronic data capture and the availability of electronic patient records, reducing the reliance on paper records and case
- Implemented a business intelligence model across the organisation in order to strengthen data driven decision making
- Supported our workforce in day to day delivery and through business change with increased digital skills, access to up to date digital tools and robust 24/7 ICT support e.g. office 365, digital dictation, single signon.

5 Years

By 2025, all clinicians and staff will primarily use digital tools in all parts of their role supported by digital solutions and robust 24/7 support services.

By 2025 we will have:

- Given all areas complete electronic patient records use of electronic data capture
- Implemented digital solutions across all sites and locations to support patient safety and patient flow in ED, MIU, assessment units and wards through to the backdoor. These solutions will include electronic prescribing and medicine administration, nursing documents and end to end patient flow
- Further supported integrated care though digital solutions and care closer to home through partnership approaches
- Continued the roll out of digital solutions across service delivery
- Rolled out PROMs across all services
- Enabled all key decision making is based up on rich business intelligence of service delivery and performance
- Developed a digitally confident workforce

10 Years

By 2030, we expect digital care to be at the forefront of what we do. This means that we will ensure that any service change is enabled by a digital approach with the supporting training and skills to maximise the benefits.

- Maximised digital opportunities through promoting "Digital First" culture and being a data driven organisation
- · Developed staff skills in the use of technology

3 Years

By 2023, we will be doing the basics brilliantly, our managers will have excellent people management skills, coaching conversations will be the norm. Staff will understand the common objectives of the HB and what it means to them in their everyday work. The values will be embedded in everything we do.

By 2023 we will have:

- Improved our results across the staff survey
- Reduced sickness absence rates at 5% or below
- Appraisal compliance at 85%
- Mandatory and Statutory training rates at 85%
- Reduced our number of vacancies
- Reduced the number of consultant vacancy rates
- Improved retention rates in the first two years.
- Workforce plans in place that meet service need and spend
- Recognisable Swansea Bay brand in the recruitment market
- Growth in number of coaches and mentors across the HB
- Improved Employee Relations climate, less disciplinary, grievances and dignity at work
- Improved % staff having PDP plans in place
- Reduced agency and locum expenditure

5 Years

By 2025, we will continue to improve our manager's people management skills and ensuring that our staff are listened too. Staff will have good opportunity to develop their skills and practice to support the changing needs of the service. Team working ethos will be embedded.

By 2025 we will have:

- Capacity and demand matching job plans
- Career pathways in place for the unregistered workforce
- Improved junior doctor survey results
- Rotational posts in place between PCC and GP practices
- Apprenticeship programme aligned to future workforce plans and enable skills development, linked to career pathways
- Advanced Physiotherapist and Occupational Therapist roles within PCC
- Reducted agency and locum expenditure (move to 3 years)
- Clear talent and succession plans in place
- Increased Team job planning
- Team rostering to support seven day working

10 Years

By 2030, we will have strengthened our workforce, so that SBUHB is clearly seen as a great place to work. This means that we will have a workforce which meets our service needs, leads and supports change and is fully engaged in all that we do.

- Staff practising at the top of their competence focusing on outcomes that matter to people and working across boundaries
- Made "ABMU" a great place to work by listening and acting on staff and stakeholder views
- Clinically led service improvements and change
- Built great teams across the whole organisation and with partners



OUTSTANDING RESEARCH, INNOVATION, EDUCATION & LEARNING

Outcomes

Richard Evans, Medical Director

Hazel Robinson, Director of Workforce & OD (for Education & Learning???)

3 Years

By 2023, we will demonstrate excellence in the areas of research, education and training and innovation through strong links between the UHB and both Swansea and Cardiff Universities and collaborative opportunities through ACCELERATE and the Institute of life Sciences (ILS).

5 Years

By 2025, will be a leader in research and innovation with strong partnerhsips with Universities and our student and will be know to provide excellent educational opportunities for undergraduate and postgraduate studies.

10 Years

By 2030, we will have truly put the "U" at the heart of the Health Board – across all of our services. This means that we will be at the forefront of implementing research, enterprise and innovation and also influencing research to respond to our needs. Staff across all disciplines will be able to benefit from our University relationships.

By 2023 we will have:

- Embedded approaches to quality Improvement and Value-Based Healthcare that see clinical leaders primary and secondary care paired together to work on discrete projects.
- Adopted a different approach, whereby we involve our postgraduate trainees to a greater extent in the life of the organisation
- Established an innovation Hub for the UHB, with the intention that this should generate ideas and novel ways of thinking that contribute to the development of new clinical models.
- Portfolio studies and commercially sponsored studies.
- Increase in number of participants recruited into Health and Care; Research Wales Clinical Research Portfolio studies and commercially sponsored studies.
- Increased the role of clinical leadership in the organisation and appointed specific leads to take portfolios for Quality Improvement and Value-Based Healthcare.
- Increased the number of Health and Care Research Wales Clinical Research Portfolio studies and

By 2025 we will have:

- Worked with Swansea University to promote Clusters as innovative clinical arenas for high quality research, education and training for undergraduates and postgraduates.
- Successfully promoted University Research and Undergraduate and Postgraduate Education in a vibrant community setting
- Advanced Therapy and Treatment Centre to support future cell and gene therapy and promote our unique opportunity to be at the forefront of research into therapies for patients with challenging conditions.
- Successfully promoted University Research and Undergraduate and Postgraduate Education in a vibrant community setting
- Developed in partnership with Swansea University the Institute of Life Sciences on the Morriston campus.

- Made full use of our University Health Board status to drive research, learning and innovation
- Maximised benefits to the regional health economy
- Enhanced joint working with Universities to increase staff skills so that everyone contributes to learning and improvement

