

APPENDIX 1: R&S Plan (IMTP) 22/23 Achievements in Q4

R&S Plan Programme/ System	Significant Achievements and Progress made in Q4
Quality and Safety	<ul style="list-style-type: none"> ✓ Falls: Current falls per 1000 bed days- 4.3%, this is an 18% decrease in injurious falls compared to 21/22 ✓ End of Life Care: 26% of hospital deaths reviewed by the Medical Examiner had a Care Decision document in place ✓ Suicide Prevention: Over 450 staff members engaged through Sharing Hope project and Over 4000 staff trained in suicide prevention ✓ Sepsis: Sepsis audits undertaken across adult in patient areas and Sepsis champions identified in each service group. ✓ Infection and Prevention Control: Clear and improved governance structures for IPC in Service Delivery Groups and Service Delivery Group developed Improvement Plans. Timely senior level post-infection case reviews, to identify avoidability, primary source of infection, key contributory factors, lessons learned. Continuation of Executive scrutiny meetings with each Service Group. ✓ Health Board wide staff engagement to look at how we create and embed a high quality culture. Over 2,000 staff members across the organisation listened to as part of the process. Feedback being used to develop shared vision for the organisation and to describe how we take this vision forward together.
Population Health	<ul style="list-style-type: none"> ✓ Recruited to new senior roles in LPHT as part of building capacity & strengthening capability to drive forward population health approaches & programmes. ✓ Population Health Strategy and year 1 priorities for action by the organisation approved by Board and production of an external facing document for wider sharing and engagement with partners. ✓ Governance & leadership infrastructure for driving forward the Population Health Strategy agreed. ✓ Design and application of approach to support the organisation to realise population health potential across and within existing activity and ways of working. ✓ PSB Wellbeing Plans collaboratively produced and submitted for both Swansea and Neath Port Talbot. ✓ All Wales Weight Management Pathway development group in place bringing together stakeholders from across SBUHB and agreed a focus on and started development of weight management priorities for 2023-24. ✓ Tobacco control Development board in place, involving stakeholders from across Swansea Bay on a range of tobacco control priorities, including maternal smoking cessation, HMQ in Hospital and smoke-free sites. ✓ A maternal smoking cessation service specification & service model drafted and being shared for agreement with WG leads to draw down funding.

<p>Primary Community Therapies</p> <p>Care, & Therapies</p>	<ul style="list-style-type: none"> ✓ Implemented new Dental urgent care pathways and single point of access model. ✓ Large scale change to support and manage the implementation of National Contract Reform across all x4 Contractor elements. ✓ Improved Oral Health for older people living in care homes ✓ Developed and strengthened the Primary Care and Sustainability Team; continued use of the GMS Merger Framework ✓ Final service specification for MSK pathway drafted in preparation to be implemented during 2023/24 ✓ Funding has been secured through Welsh Government for Atrial Fibrillation Redesign as part of a regional bid with Hywel Dda and Cwm Taf. Primary Care Framework also developed and shared with practices for sign up.
<p>Urgent & Emergency Care</p>	<ul style="list-style-type: none"> ✓ Reduction in % of total emergency bed days accrued by people with LoS over 21 days (Q1 - 37.36%; Q2- 36.23%; Q3- 36.38%, Q4- 33.16%) Transformation Programme to reduce the numbers of Clinically Optimised Patients (COPS) rolled out with medicine beds capped to 99 at Singleton Hospital – first 15 beds to close in May 23 and all beds planned to close by Sept. 23 ✓ AMSR OCP Consultation process successfully concluded for 1,700 staff. Impact Considerations and Preference Exercise completed in late November 2022 (84% of all included in OCP offered first choice) and launch of Acute Medical Unit (AMU) short stay unit on 5 December 2022 – AMU/ single acute take model operational ✓ Phase 2 Virtual Wards expanded in 8 clusters including dedicated Mon-Fri in-reach model in ED and Virtual Wards Team co-located in SDEC ✓ Frailty expansion - extension of OPAS services from Morriston Hospital into care homes via Six Goals pilot project (project monies awarded Feb 23). OPAS remains 5 day service and expanding scope to be part of single SDEC service ✓ Collaboration with WAST - joint reviews of the WAST stack (including Contact First to sign post to alternative pathways/management) – WAST Advanced Paramedic Practitioners as part of exiting review team and collocated with SDEC

	<ul style="list-style-type: none"> ✓ Direct conveyance into SDEC from WAST in line with All Wales Paramedic Pathway Policy – Operational. ✓ Therapy services 5 day working in AMU in line with phased implementation of single acute take on 5th Dec 22 with ambition to move to 7-day working ✓ Centralisation of In-Patient Rehab for stroke patients @ Neath Port Talbot (NPT) Hospital - Completed ✓ COPD ESD Team for NPT have been recruited and supporting ESD, Virtual Wards and Admission Avoidance - Completed
Planned Care	<ul style="list-style-type: none"> ✓ Planned Care recovery trajectories – overachieved against predicted trajectories for both 104 and 52 week targets. ✓ Additional recovery measures – additional funding for Q4 targeted at reducing waiting times further in general surgery, oral medicine and paediatrics ✓ OWLS Scheme – four GP practices involved in pilot scheme – 2280 patients reviewed on FUNB lists for cardiology, gynaecology and orthopaedics. Initial data suggest up to 50% can be removed from waiting list. ✓ Surgery & Theatres additional capacity - Building work completed in the NPT for the Elective surgical hub for orthopaedics, spinal and urology, currently being commissioned will open w/c 5 June. ✓ Public consultation on repatriation of orthopaedic patients from CTM from June – 6 additional sessions available per week in NPTH which will increase capacity by >3000 joint operations/ year ✓ Radiology – only 336 patients waiting over 8 weeks across all modalities at the end of March 23, targeted intervention on CT and NOUS for Q1 ✓ Clinical editors – four GPs appointed to commence Health Pathways work. Five specialties areas agreed – 18 pathways for first 3 months.
Cancer	<ul style="list-style-type: none"> ✓ Regional SWWCC Strategic Programme Case completed and approved by SBUHB and HDdUHB Boards, confirming the strategic vision and direction of travel for regional non-surgical oncology services, specifically radiotherapy and oncology outpatients 2023/24 – 2032/33 ✓ Regional Radiotherapy - 4th Linac Replacement Construction completed. Linac delivered 07/01/23. Commissioning underway, planned go live Aug 2023.

	<ul style="list-style-type: none"> ✓ SACT Homecare expansion: Full home administration of Phesgo (breast cancer chemotherapy delivered as injection) ✓ Regular SACT Wait Time bimonthly reports now produced via Chemocare) in line with national reporting of SACT performance (introduced in 22/23). ✓ Established Ovarian one stop clinic (pilot – funded by WCN/Bevan Commission) to reduce time to diagnosis for women with high risk ovarian ca symptoms. ✓ National Optimal Pathways project work (supported by WCN): Urology - Reviewed PSA process and current pathways to compare against NOP and other HBs PSA process & management; Drafted GP Cancer Referral Guide; Initiated Onko remote Prehabilitation system pilot in Colorectal services, 100 patients funded by Macmillan until Oct 23.
<p>Mental Health and Learning Disabilities</p>	<ul style="list-style-type: none"> ✓ Improve Mental Health Crisis in Mental Health Services – Go Live of ‘111, press 2’ in August 2022 and SPOA went live in April 2022 ✓ Redesign of Older People’s Mental Health Inpatient Services – Capital Bid submitted for refurbishment of Tonna Hospital ✓ Modernising mental health services – recruitment of posts underway to increase access to psychological therapies, GP link workers in Local Primary MH services and Eating Disorder Services. ✓ Investment in Community LD teams to release in-patient beds – expansion of out of hours LDIST agreed, recruitment in progress ✓ Continued collaboration across 3 HBs to redesign current LD model of care for specialist inpatient services ✓ Development of OBC for Acute Adult Inpatient Provision – project board set up and work ongoing ✓ Agreement to disaggregate and transfer Community CAMHS to Swansea Bay UHB ✓ Funding agreed to Expand Sanctuary Service in NPT
<p>Children and Young People</p>	<ul style="list-style-type: none"> ✓ Initial work has commenced to scope out a permanent option for a Children's Emergency Department

	<ul style="list-style-type: none"> ✓ Management Board approved the Provision of a Children and Young People Sanctuary Service funded by Welsh Government and delivered by a 3rd Sector organisation. This will reduce the number of patients referred to the paediatric wards from the Emergency Department. ✓ Consultant Paediatric emergency rota redesigned and implemented in January 2023. ✓ Partial investment provided for Childrens Community nursing service, recruitment is underway to fill critical posts. ✓ Progressing Business case to secure support to refurbishment Paediatric ward environment
Maternity	<ul style="list-style-type: none"> ✓ Midwife Sonography – 1st cohort of midwives now operational; 2 further midwives in training, part-funding provided by HIEW. Promotes compliance with GAP/GROW protocols, expansion of serial scans for all smokers, and a more holistic approach to ante-natal care. ✓ External review of Swansea Bay University Health Board Maternity Services conducted by the Wales Maternity & Neonatal Network. The review panel report provides assurance on the robustness of the governance arrangements within maternity service Certain areas were commended as best practice and the recommendations were made for improvements which the service has developed into an action plan ratified via the Maternity Board, Divisional and Service Group Quality & Safety Groups. ✓ MatneoSSP - Participating fully in the MatneoSSP National Programme ✓ Develop network for external peer review of serious clinical incidents – whilst the national work on this continues, an informal arrangement is in place with Hywel Dda Obstetricians for reciprocal obstetric and midwifery reviews. ✓ Workforce Planning – Workforce review completed and commitment to ensure compliance to BR+ and to propose a new workforce model in community and an obstetric unit on-call model. This will enable the Birthing model for the Health Board to support the re-opening of the NPH Birthing Centre. ✓ Maternal Care from multi-professional teams, with access to specialist services - Mandated attendance at multi-disciplinary training (PROMPT) annually, positive feedback from PROMPT faculty on delivery of PROMPT in Swansea Bay HB ✓ Central Foetal Monitoring System – implementation is underway, although some technical issues have delayed 'go-live' until early July 2023

	<ul style="list-style-type: none"> ✓ Maternity Voices Partnership – as the first HB in Wales to establish an MVP, the Partnership has had a very active and successful first year.
Workforce	<p>Wellbeing</p> <ul style="list-style-type: none"> ✓ Enhanced service provision to meet increasing demand for mental health and trauma in the workplace. <p>Recruitment and retention</p> <ul style="list-style-type: none"> ✓ Central resourcing team continued to recruit to key clinical and support roles, enhanced quality and speed of recruitment process. ✓ Continued local nurse recruitment plus International recruitment for 350 nurses for 2021/22 and 2023/24, ensuring internationally recruited nurses are supported to succeed both in the workplace and living in a new country. ✓ Establishing clear career pathways/entry points to unregistered clinical posts B2, B3 and introducing new roles such as B4 Associate Practitioners, Physician Associates and Anaesthetics Associates. <p>Workforce Efficiencies</p> <ul style="list-style-type: none"> ✓ Reviewed medical bank/Agency booking process & introduced revised management controls to standardise bank/Agency usage. <p>Organisational Culture Programme</p> <ul style="list-style-type: none"> ✓ Completed phase 2 of the culture work to focus on a culture audit through our ‘Big Conversation’ . Began the analytics of the messages from staff to feed back to the organisation. This will support the Quality Strategy and form part of the Quality Management System. <p>Staff Experience</p> <ul style="list-style-type: none"> ✓ Review undertaken of programme of staff recognition and reward based on staff feedback. Considering feasibility of securing budget for delivery as part of core business.
Digital	<ul style="list-style-type: none"> ✓ Swansea Bay Patient Portal (SBPP) – Supporting self-monitoring and virtual reviews - Over 100,000 patients registered to date. New functionality developed, including the provision of appointment letters via SBPP ✓ Video Consultations - During Q2, 31% of Follow-ups and 19% of new outpatient activity was undertaken virtually.

- ✓ **'Paper light' Outpatient Departments** - 7 services went live in 22/23. A total of 17,000 appts attended using WCP, without a paper record.
- ✓ **WCCIS** – The HB has 500 users live on the system through the Swansea Council implementation of WCCIS. Local business case and implementation plan approved. Awaiting outcome of WG review of national business case before formalising next steps.
- ✓ **Signal** – Implementation of Version 3 including seamless integration with the Welsh Clinical Portal and enhancements to support SAFER and board rounds.
- ✓ **AMSR** –Supported the AMSR programme through the configuration and implementation of digital solutions including, Signal, WNCR, HEPMA and WPAS
- ✓ **Hospital Electronic Prescribing and Medicines Administration (HEPMA)** The HEPMA solution is digitising paper drug charts across Swansea Bay in-patient settings. The implementation of HEPMA across all medical wards has concluded and surgical implementation commenced in Q4.
- ✓ **Nursing Care Record (WNCR):** The WNCR project aims to transform nursing documentation from paper to digital. The solution has been successfully rolled out to all Wards (53 clinical areas).
- ✓ **Emergency Department System (WEDS):** There are a number of “supplier” technical issues and the rollout to Morriston ED is currently on pause. Escalations to EMIS, strategic review commissioned by DHCW.
- ✓ **PROMS** – 16 clinical services digitally collecting & using PROM data. 1100 PROM forms on average being completed each month. 10 further PROM deployments in the develop/design phase (anticipated live FY23/24). Procurement of a supplier based on the All Wales PROM's Framework FY23/34.
- ✓ **WCP** – 73% of all secondary care requests were raised electronically.
- ✓ **Cancer** – Go live with breast MDT functionality. Readiness work for other MDT tumour sites and palliative care continues.