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# Swansea Bay UHB Recovery & Sustainability Plan 2023/24 – 2025/26

Improving the health and healthcare of our patients and communities

DRAFT FINAL Board 31.03.23

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# Strategic Context

**Our aim as a Health Board is to keep people healthy, support them to avoid ill health and be there for our population with excellent healthcare when they need it.**

We are committed to our vision to become a high quality organisation where the best people come to learn, work and research and where we deliver services centred on the needs of patients, carers and our population. This will be based on the foundation of a major expansion of our hospital, community, mental health and primary care services within an integrated system, underpinned by exemplar digital networks and tools. Through strong leadership, the commitment of our workforce, rigorous performance management, accountability arrangements and targeted investments, we have continued to deliver transformational change. Most significantly, we have centralised acute medicine at Morriston Hospital which will contribute to reducing the pressure on the emergency department, moving to seven-day services and avoiding unnecessary admissions. The delivery of this milestone change is a major step toward delivering our centres of excellence, within a whole system approach. Our Recovery & Sustainability Plan details how we will continue to build on this success.

The next major milestones will include centralising elective orthopaedic surgery and rehabilitation at Neath Port Talbot hospital which will help reduce the time people have to wait for orthopaedic treatment. We will also be continuing the development of the South West Wales Cancer Centre (SWWCC) in Singleton Hospital, early intervention and support in Mental Health, the strengthening of children's and paediatric care and delivering more through primary and community services. This will also be done by developing our organisation to create a high quality, patient focused organisation. We have successfully delivered our financial plan this year, however, the unprecedented pressures on our health system; extreme financial cost pressures, extraordinary workforce challenges and ever-increasing demand will impact on what we can safely and successfully deliver in the coming year. We continue to monitor and manage the resultant ongoing risks putting in place every mitigation to ensure quality of care for our population. In our planning, we are reviewing all available options to improve our financial position through service and financial transformation. This xxx? commissioning clinically led pathways differently, efficiency and innovation and difficult service choices. The plan will be updated as these choices and changes are refined. We are continuing on our journey toward excellence as a high-quality organisation and this plan is the next part of our route map to get there.

## Our Principles for this Plan:

-  **Delivering our responsibilities as an Anchor institution:** to improve population health and wellbeing, and a greener, cleaner, fairer, and more equal Swansea Bay.
-  **One system of care:** pathways of care beginning with the principle of Home First, maintaining strategic partnerships in the community to allow the delivery of care in this manner.
-  **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 maximise digital, technology, estate utilisation and innovative solutions.
-  **Prioritisation:** reducing harm, improving quality and safety, 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.
-  **Responding to Covid-19:** proportionately enabling escalation responses to be embedded into business continuity and ensuring sustainable recovery from Covid-19.
-  **Increased clinical engagement:** ensure successful clinical engagement throughout development of the plan using new and sustainable engagement mechanisms.
-  **Health Literacy and Co-production:** work with people and communities to improve health literacy and support people to manage and improve their health and wellbeing.
-  **Maintain balance:** provide an effective harmony between Local and National priorities.

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. Progress against delivering the Plan will be reported through the Health Board's governance frameworks.

# Delivering our Plan: Achievements in 2022/23

## Quality & Safety

- ✓ Suicide Prevention - Training revised to include REACT and Suicide Prevention- this increased the number of staff we were able to train
- ✓ Sepsis – Teaching programme revised and rolled out in line with new National Guidance.
- ✓ SAFER rollout has begun with Morriston Hospital medicine directorate



## Our Workforce

- ✓ Organisational Culture Programme - The Big Conversation stage 1 completed
- ✓ Talent Development – Tiers 1-2 talent conversations completed
- ✓ Extended number and range of Apprenticeships offered with focus on local communities reflecting foundation economy commitments



## Urgent & Emergency Care

- ✓ Acute Medical Services Redesign (AMSR) Programme – Phases 1 & 2 complete and Phase 3 now implemented
- ✓ Acute Medical Assessment Unit opened Dec 2022 – providing single-site model for acute medicine
- ✓ Virtual wards rolled-out to all 8 clusters
- ✓ Reduced Ambulance conveyances (transport from home to hospital)



## Cancer

- ✓ Approval of the **SWWCC Strategic Programme Case** by Swansea Bay and Hywel Dda UHBs – 10-year strategic framework for Regional Radiotherapy and Oncology Outpatients Services.
- ✓ A new RDC clinic at Neath Port Talbot Hospital allowing a first sample to be checked before the patient leaves the hospital to avoid waiting for a diagnosis



## Planned care

- ✓ 38% reduction of patients waiting in outpatients over 104 weeks, and 18% reduction those waiting over 52 weeks
- ✓ Allocation of further £1m funding from Welsh Government to clear 900 more patients waiting >104 weeks in children's dentistry, general surgery and other key areas
- ✓ Creation of a new Day Surgery Unit at Singleton Hospital.



## Primary care

- ✓ Collaboration on large scale primary care contract reform: Ongoing preparation and understanding of national contract changes
- ✓ New Urgent Care Dental Pathways implemented
- ✓ Delivered Accelerated Cluster Development



## Mental Health & Learning Disabilities

- ✓ Business Case approved by WG for Single Point of Access for Mental Health & Learning Disabilities Services
- ✓ Improved access to Psychological Therapies by increasing the psychological therapy resource with current services
- ✓ Specialist Mental Health Provision in Wales - Draft Dual Diagnosis Strategy circulated to stakeholders for final comments



## Children, Young People & Maternity

- ✓ Specialist Consultant Paediatrician (Cardiology) recruited
- ✓ CYP Weight Management Service – Operational Manager and Consultant have been recruited to vacant posts and Tier 3 service has commenced on 1<sup>st</sup> March 2023
- ✓ Delivery Plan for CYP Emotional and Mental Health – NEST / NYTH Implementation co-produced with West Glamorgan Regional Partnership Board



## Digital Transformation

- ✓ Single Cancer Pathway Dashboard – New version of dashboard released to service and an improved version available under User Acceptance Testing.
- ✓ Patient Flow – Unscheduled Care Dashboard improved and released to service - integrated with the National Integrated Unscheduled Care Dashboard



## Regional & Partnerships

- ✓ Our Regional Partnership Board developed an integrated Health and Social Care Winter Plan that supported our communities including children, people with mental health or learning disability, older people and carers through the winter. The 'live' document progressed in parallel with the HB governance process



## Wellbeing of Future Generations & Sustainability

- ✓ Delivery of a number of 'First for Wales' projects including Green Labs, Inhaler recycling, Green Teams, and development of Procurement Tool
- ✓ Successful Green Team Competition, in collaboration with Hywel Dda, 12 projects made estimated savings of: 6,914,971.3 kg CO<sub>2</sub>e

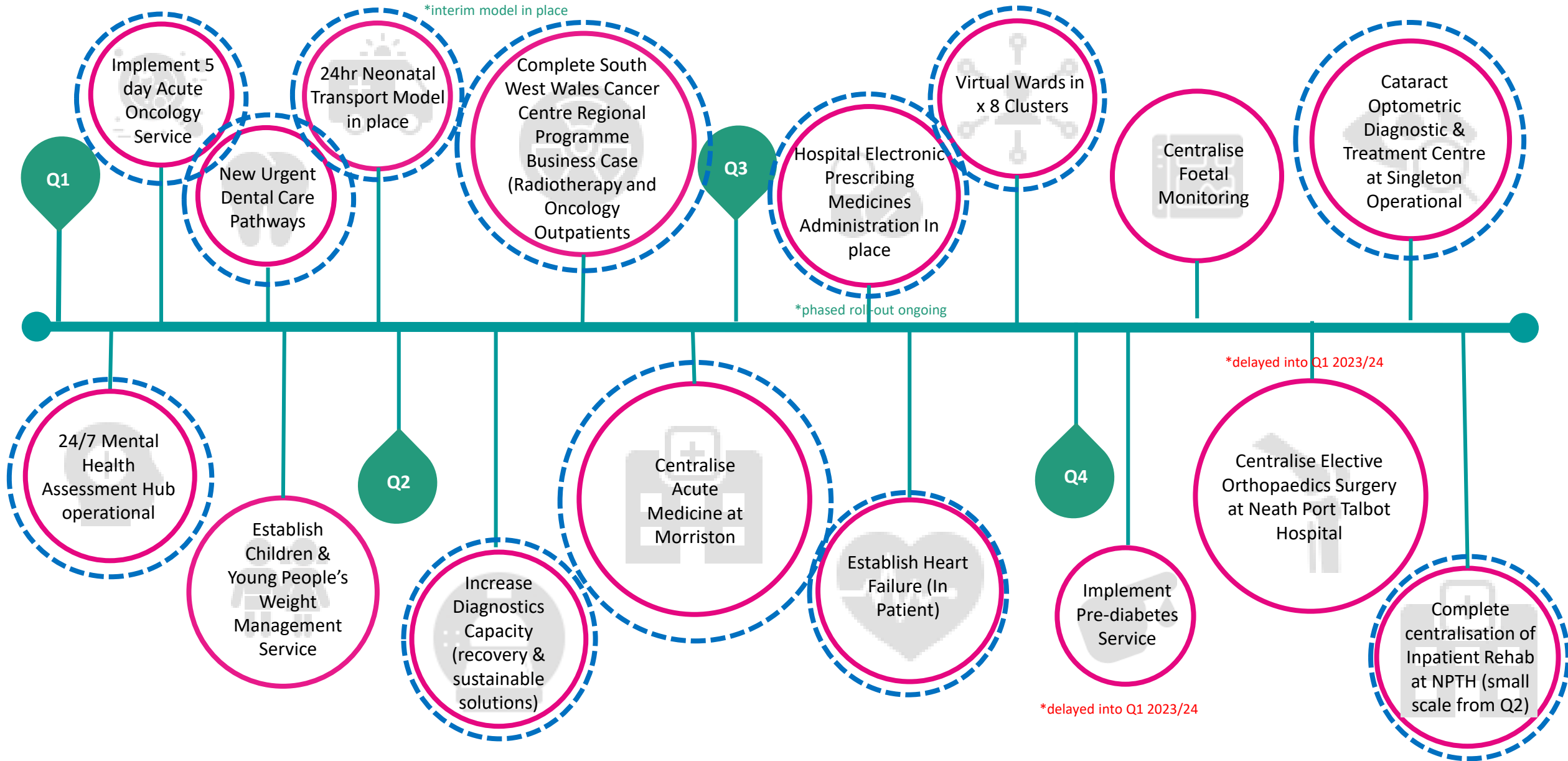


## Managing Our Resources

- ✓ On track to deliver the 2022/23 financial plan
- ✓ Achieved 4%+ savings plan with £30m planned to be delivered by the end of the financial year
- ✓ From April 2023 over 100 new arrivals will boost the number of nurses in Morriston Hospital thanks to the health board's first recruitment event in India.



# Key Service Changes Delivered in 2022-23

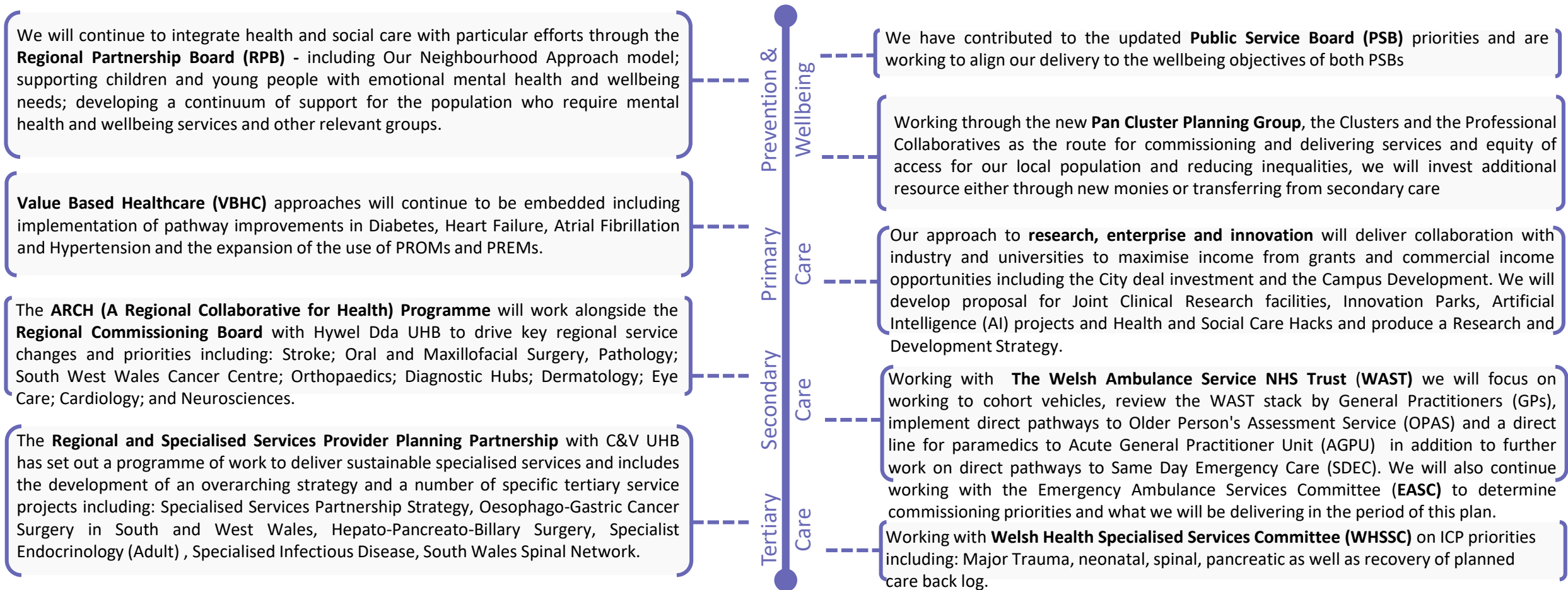


• Items with a dotted blue line have been completed in the 2023/23 Service Change Critical Path.

# An Integrated and Partnership Approach

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. 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 the Regional Partnership Board (RPB), Public Services Board (PSB), Primary Care Clusters, neighbouring health boards and regional mechanisms such as A Regional Collaboration for Health (ARCH) and the Regional and Specialised Services Provider Planning Partnership. We deliver coordinated regional planning, service transformation projects, recovery from Covid-19, 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. 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 the 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*



# Alignment of Joint System Priorities



Swansea Bay UHB	West Glamorgan RPB	Swansea PSB	Neath PT PSB
<p>Give every child the best start in life</p>	<ul style="list-style-type: none"> <li>Support children and young people to be safe, healthy and prosperous.</li> <li>Ensure that Children, Young People and Adults with a Learning Disability in West Glamorgan have a sense of belonging and can participate fully within inclusive communities.</li> </ul>	<p>Early Years: To ensure that children in Swansea have the best start in life to be the best they can be</p>	<p>All children have the best start in life</p>
<p>Provide opportunities to support every adult to be healthier and age well</p> <p>Seek to allocate our resources to meeting the needs of, and improving the population's health</p>	<ul style="list-style-type: none"> <li>People with mental health conditions and problems can access the services and support where, when and how they need it across health and social care.</li> <li>Work together to improve the wellbeing of carers in West Glamorgan by listening, being supportive and delivering changes through the Regional Partnership that meet the rights and needs of carers.</li> <li>Older People; Home First - support the effective development and delivery of the Discharge to Recover and Assess model</li> </ul>	<p>Live Well, Age Well: To make Swansea a great place to live at every stage of life</p>	<p>All our communities will be thriving and sustainable</p>
<p>Plan, commission, deliver and promote equitable, inclusive and accessible health and wellbeing</p> <p>Apply ethical recruitment practices and support health and care workers to be healthy</p>	<ul style="list-style-type: none"> <li>Plan and deliver care which reflects outcomes that matter to the people we serve and care for – we will check this through measures which reflect individual experiences and system wide impacts</li> </ul>	<p>Strong Communities: To build cohesive and resilient communities with a sense of pride and belonging</p>	<p>There are more green, secure and well-paid jobs. Skills across the area are improved.</p>
<p>Nurture and use the environment to improve health and wellbeing</p>	<ul style="list-style-type: none"> <li>Development of new and existing social and micro-enterprises</li> <li>Development of West Glamorgan Regional Volunteering Strategy</li> <li>Building community assets for preventative approaches where individuals can thrive, be heard and take control of their own wellbeing</li> </ul>	<p>Climate Change and Nature Recovery: To restore and enhance biodiversity, tackle the causes, and reduce the impact of climate change</p>	<p>Our local environment, culture and heritage can be enjoyed by future generations</p>

There is strong alignment between the Swansea Bay , NPT PSB Wellbeing Plans, the West Glamorgan Regional Partnership Board Area Plan and the Health Board's own Wellbeing Objectives. Furthermore, the alignment with the Health Board's developing Population Strategy is clear. Consequently, at a high level our Plan undoubtedly corresponds well to our partner's plans. There are some key areas where there is direct and tangible alignment such as with our Children & Young People; Maternity; Sustainability and Decarbonisation; and Workforce plans. These areas will be explored further, and in more detail, to strengthen our partnership offer and the steps where we could undertake joint working.

We have worked collaboratively with our Regional Partnership Board colleagues and set joint system priorities for our plans where possible and, where appropriate, building on the clear alignment of our wellbeing objectives as demonstrate opposite.

We are refreshing our Partnerships agenda for the 2023/24 period, and will strengthen the collaboration already embedded, to further align our plans, goals and outcomes, to support the population within Swansea Bay, as well as the wider South Wales and South West Wales communities.

# Commissioning Quality and Outcomes Driven Care

We have a duty to commission services that meet the needs of our population through assessing needs, planning and prioritising services and purchasing and monitoring the effectiveness of services in delivering the best health outcomes possible for our communities. A 2022 review identified how we could strengthen our commissioning approach and target it better to achieve greater benefit. We have therefore led extensive engagement to re-vision the future role of commissioning in the Health Board and the road map for delivery. In 2023/24 a new Commissioning Framework will be adopted to re-commission a suite of services where delivery of high-quality care and outcomes for patients is a significant challenge. We will be taking precise, focussed action on a small number of significantly challenging areas to agree commissioning plans that maximise the gains to the whole system; starting with;

- Commissioning agreements for resource re-alignment in five pathways to deliver earlier intervention and out of hospital care: Frailty, Diabetes, Muscular-skeletal, Cardiology, Respiratory
- A major overhaul of Continuing and Complex Care, including securing a Strategic partner to co-produce an Out of Hospital Commissioning Strategy to better meet the needs of this highly vulnerable patient cohort, over 300 of whom are in our hospital beds, rather than receiving their care closer to or in their own homes and communities .



We have agreed the following commissioning priorities with partners, to deliver improved quality, outcomes and experience for our populations with the resources we jointly have :

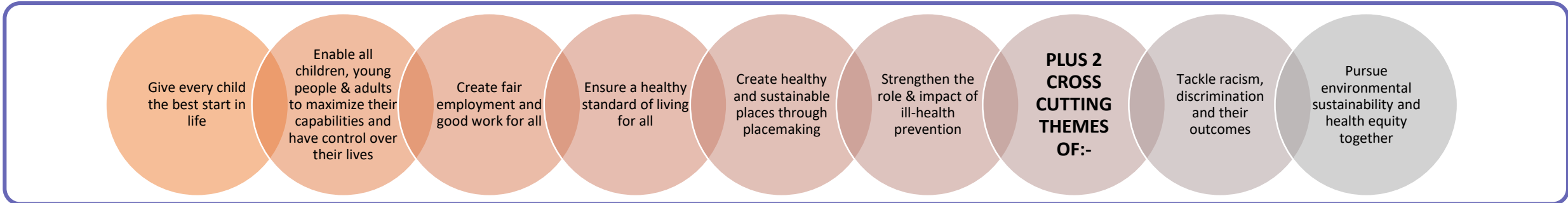
- A joint commissioning agreement with HDUHB for Regional Pathology Services which will optimise use of our joint resources and highly skilled workforce to deliver high quality services for the region
- An ambitious commissioning programme with CTMUHB, underpinned by and subject to rigorous clinical and equality impact assessments, and renegotiation of financial and contractual arrangements where necessary, will repatriate SBUHB residents to their local services for Orthopaedics, Cellular Pathology, Breast Services, as well as some ophthalmology, neonatal, cardiology and mental health services.
- The Specialist Services Commissioning Plan priorities agreed with Welsh Health Specialised Services Committee (WHSSC) for our residents will include Major Trauma, neonatal, spinal, pancreatic as well as recovery of planned care back log. In addition, the Health Board commissioning team will be reviewing the opportunities to work more closely with WHSSC commissioners at a pathway rather than service level.

Our new Commissioning Framework will strengthen and standardised our approach to redesigning our pathways; specifying for services to meet the needs of our most vulnerable patient cohorts; and allocating our resource and highly skilled workforce to where they can deliver the best possible outcomes and quality of care for our population.

# Becoming a Population Health Focused Organisation

Adopting a population health approach requires us to think and act very differently across all aspects of our business. It goes beyond simply focusing on single services or schemes. The healthcare we provide has the potential to improve health inequalities by only 10%. The remaining 90% requires us to take bold and considered action as an employer, anchor institution and working with and through partners and partnerships. Only then can we improve the overall health and wellbeing of our local population and reduce the gap between our least and most deprived communities.

Throughout 2022 we have worked to co-design our Population Health Strategy (PHS) which is evidence based, purposeful and draws on what we know works, based on the Marmot principles (below). Core to this is the need to strengthen the role and impact of prevention and to ensure that we understand, recognise and act to tackle the 'causes of the causes' of ill-health for our population. One size will not fit all and so we will need to be adaptive and ensure all aspects of our business & ways of working, embed and demonstrate action in line with the PHS. Taking a population health approach will help us move from responding to increasing demands on our services to prioritising and addressing the differential health needs of our population leading to a better, fairer Swansea Bay for all.



Our 'Four-Pillar' model (below) acknowledges the role we can play in contributing to improving our population's health, for a better future. These pillars represent our strategic intent and form the basis of actions we will take, across all 4 pillars, based on the Marmot objectives (above). We will use these pillars to guide the development of future plans and ways of working so that we become a population health driven organisation. The role we play and some indicative examples of the types of opportunities we have within the four pillars are detailed below.

<p>We are a provider of healthcare services that directly impacts and influences people's health</p> <p><b>Healthcare Provider</b></p> <ul style="list-style-type: none"> <li>Preventing illness alongside treatment when needed</li> <li>Becoming more capable of understanding a person's context beyond their specific condition &amp; responding holistically</li> <li>Gathering insight from those individuals who struggle to use / access our services</li> <li>Understanding what's working well and for whom</li> </ul>	<p>We are one of the largest employers in the region, employing over 12,500 people</p> <p><b>Employer</b></p> <ul style="list-style-type: none"> <li>Working environment that is safe, healthy &amp; inclusive</li> <li>Offering benefits that protect our staff from unmanageable debt / poverty</li> <li>Supporting those with disabilities to get into and stay in employment</li> <li>Employment practices that protect and enhance staff health and wellbeing</li> <li>Fair work principles &amp; practices that value our staff</li> </ul>	<p>We are an anchor institution whose long-term sustainability is tied to the wellbeing of our population</p> <p><b>Anchor institution</b></p> <ul style="list-style-type: none"> <li>Adopting and pursuing foundational economy principles in our procurement &amp; commissioning activities</li> <li>Offering apprenticeships to enhance skills &amp; employment for local people</li> <li>Maximising our estates for wider community benefit</li> <li>Reducing our environmental impact</li> <li>Championing &amp; modelling our civic responsibility</li> </ul>	<p>We can only make a difference by working with and through others including our communities</p> <p><b>Productive Partnerships</b></p> <ul style="list-style-type: none"> <li>Proactively involved in partnerships that act to address the social determinants of health e.g. poor housing, isolation, lack of green space, unsafe roads etc.</li> <li>Place based working &amp; joint investment in prevention</li> <li>Collaboration and shared community-led action</li> <li>Regularly listening to our patients / communities</li> </ul>
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# Becoming a Population Health Focussed Organisation

Population health cuts across all systems and services in the Health Board and beyond to our partners and becoming a population health focused organisation will enable the SBUHB to improve the overall health and wellbeing of the local population whilst reducing the gap between our least and most deprived communities - focusing on prevention and tackling the 'causes of the causes' of ill-health. Taking a population health focussed approach will help us move from responding to demands on our services to ensuring our services are meeting the population's health needs, leading to a fairer Swansea Bay.

Throughout 2022 we have worked to develop a Population Health Strategy which is evidence based, purposeful and built with broad engagement. The Population Health Strategy sets out the guiding principles by which the Health Board and it's partners will improve health and wellbeing and reduce health inequalities. Core to this is the adoption of the 'Marmot approach' whereby we will work to implement schemes and services which deliver the six Marmot Principles.

Give every child the best start in life

Enable all children, young people and adults to maximise their capabilities and have control over their lives

Create fair employment and good work for all

Ensure a healthy standard of living for all

Create and Develop healthy sustainable places and communities

Strengthen the role and impact of ill-health prevention

There are four pillar upon which we can build our population health approach. We use these pillars to review our plans and services and the opportunities we have in these areas to develop and implement actions which will deliver the Marmot Principles. The role we play and the opportunities we have within the four pillars are detailed below.

We are a healthcare provider that directly impacts and influences people's health

## Health Provider

- Impact across whole life course
- We are a trusted messenger
- Prevention first focus
- Delivery focussed on differential needs

We are one of the largest employers in the region, employing over 12,500 people

## Employer

- Our staff are part of our communities
- Employment practices can protect and enhance staff health and wellbeing
- Good quality work for fair pay
- Advocates for patients and communities

We are an anchor institution able to leverage significant economic power and human and intellectual resources

## Anchor institution

- Purchasing and commissioning power
- Apprenticeships to enhance skills and employment
- Infrastructure as a community asset
- Environment impact
- Model civic responsibility

We have different partnerships with many different organisations, communities and people

## Productive Partnerships

- Share and adopt learning:
  - within the health sector
  - With external organisational and agencies such as RPB, PSB and
- With communities through co-production and co-design

# Becoming a Population Health Focused Organisation

To become a population health focussed and competent organisation, able to deliver/progress the Marmot principles, leveraging our role across the four pillars and delivering our Wellbeing objectives requires us to review our current ways of working and to embed population health approaches across all parts of the organisation and our services. We have recognised as part of the Strategy development that whilst we have pockets of good practice in many areas of our business, we don't currently have the infrastructure to comprehensively, accurately or confidently, assess our current strengths, abilities & current achievements across all aspects of our business. However, we have set this as an aspiration for the coming year and intend to develop an approach that enables us to recognise good practice, build on that good practice and map our progress, achievements and future aspirations as part of our journey to becoming a population health competent organisation. As part of that it will include our ability to assess our Goals, Methods and Outcomes in our plans alongside our wider work, demonstrating where we are delivering in alignment with the Marmot Principles, the four pillars and our Wellbeing Objectives.

	Marmot Principles						Four Pillars				Wellbeing Objectives					
	1	2	3	4	5	6	1	2	3	4	1	2	3	4	5	6
Quality & Safety			■	■			■		■			■		■	■	■
Urgent & Emergency Care	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Planned Care		■	■	■		■	■		■			■		■	■	■
Cancer	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Mental health & LD	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Children & Young People	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Maternity	■	■	■	■		■	■	■	■		■	■		■	■	■
Primary Care & Therapies	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Workforce		■	■	■	■	■	■	■	■			■	■	■	■	■
Digital	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Capital & Estates					■		■	■	■	■			■		■	■
Finance	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Sustainability			■	■	■	■	■	■	■	■		■	■	■	■	■

- Marmot Principles:**
1. Give every child the best start in life
  2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
  3. Create fair employment and good work for all
  4. Ensure a healthy standard of living for all
  5. Create and Develop healthy sustainable places and communities
  6. Strengthen the role and impact of ill-health prevention

- Four Pillars:**
1. Health Provider
  2. Employer
  3. Anchor Institution
  4. Productive Partnerships

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

# Ministerial Priorities

The Minister for Health and Social Care has set out a number of priorities and expectations which has informed the direction and basis of our Plan. With a clear charge to deliver services on a regional and collaborative basis to maximise opportunities to deliver quality patient care in an effective and equitable manner, our 2023/24 Plan looks to strengthen and improve on the achievements made in 2022/23.

SBUHB, and the wider NHS, faces a myriad of challenges in the coming year; relentless pressure of demand is being compounded by external factors such as the cost-of-living crisis and the wider consequences of Brexit, and the Minister has made clear that over the coming year we will need to concentrate on a smaller number of priorities whilst still delivering our core health services, to ensure that capacity and resources are being used to make a difference to patients.

The golden threads of quality of care, the preventative agenda, reducing health inequalities, improving health outcomes and ensuring delivery on commitments for climate change are pivotal to meeting the expectations of Welsh Government, and we have worked to ensure our 2023/24 Plan has an emphasis on these areas for the development of pathways and services. We are cognisant of the wider NHS requirements to deliver services aligned to the Cluster Planning framework, the National Clinical Framework, as well as meeting our Duties of Candour and Quality for Health Services. Prevention and improvement approaches are also framed within our wider strategy; including a focus on healthy weight, tobacco control, vaccination, screening and disease elimination.

Ministerial priority areas and how we are responding to them are set out below. (See Link to Appendices for further detail).

## Delayed Transfer of Care

We will further develop our close working relationship with local government to tackle issues of delayed transfer of care and delivering the objectives of **A Healthier Wales**. We will ensure that we utilise the **Pathways of Care Reporting Framework** for delayed transfers of care (DTOC) in 2023 to monitor the safer & timely discharge of patients and deliver care closer to home and in our communities. A core focus will be on doing the right things to support our **ageing population**.

**We have links to these priorities in GMOs in our Population Health, Cancer, Primary & Community Care, Planned Care and UEC sections of our Plan.**

## Primary & Community Care

We will demonstrate an emphasis on improving access across general practice, dentistry, optometry and pharmacy. Opportunities for development include; independent prescribing, increased self-referral to a wider range of community based allied health professionals (i.e., rehabilitation, mental health and audiology) to provide more options for patients.

We demonstrate clear alignment between our Recovery and Sustainability Plan, Pan Cluster Planning and Regional Partnership Board Area Plans.

**We have links to these priorities in Goals Methods Outcomes (GMOs) in our Primary & Community Care sections of our Plan.**

## Urgent & Emergency Care (UEC)

We have prioritised the implementation of a 7-day service for **Same Day Emergency Care (SDEC)** and the implementation of **111 'press 2' for mental health**.

The delivery of the **Six Goals**, including the improvement of ambulance patient handover, sits alongside these intentions. No one should wait more than 60 minutes from arrival to handover when arriving by ambulance at the ED.

**Our Six Goals Programme aligns to these priority areas, along with GMOs in our UEC section of our Plan.**

## Mental Health & Child and Adolescent Mental Health Service (CAMHS)

We will demonstrate the integration of improvements across all age services; providing equity and parity of mental health services and physical health counterparts. Priorities for this plan will be:

- Expansion on tier 0/1 support for easy access to lower-level mental health issues
- Improvements to services across CAMHS, Adults & Older Adults Services
- Implement 111 press 2 for urgent mental health support
- Early intervention and routine access for Eating Disorders services
- Timely diagnosis and treatment for memory assessment services
- Improved access to a full range of all age mental health & wellbeing services
- Emphasis on prevention support and de-medicalisation of the approach to mental health services where appropriate.

**We have links to these priorities in GMOs in our Mental Health & Learning Disabilities and Primary & Community Care sections of our Plan.**

## Planned Care & Recovery

The National Recovery Programme has established specific targets for SBUHB, and these are included in our Recovery and Sustainability Plan for this year.

Regional diagnostics centres and treatment centres are at the forefront of our plans for future delivery. Our Plan emphasises the movement of services, funding and workforce into the community and demonstrates how we will deliver a significant increase in the rate of patients undertaking pre-habilitation. **We have links to these priorities in GMOs in our Planned Care and Primary & Community Care sections of our Plan.**

## Cancer

The Quality Statement on Cancer is enacted in our plan.

We will ensure a reduction in the backlog of patient waiting times on their cancer pathway.

We have prioritised meeting the Cancer targets set by the Welsh Government and exceeding them wherever possible.

**We have links to these priorities in GMOs in our Cancer section of our Plan.**










## Core supporting functions:

Our plan is reinforced by **Digital, innovation, technology & transformation** to allow us to deliver optimum care and services. We have aligned our innovation infrastructure and activity to research and education; working collaboratively with Universities and industry partners in our innovative approach. Developing core **workforce planning**; focusing on using existing resource to the best effect is fundamental in the delivery of our Plan. There is a focus on multidisciplinary team working, role redesign, developing new roles, advanced practice models, to allow our workforce to develop their careers. We have ensured we are clear about the impact of workforce constraints on the delivery of our plan and have captured the mitigations that we will need to undertake to ensure delivery. Delivery of our plan will be achieved in an extremely challenging **economic and financial outlook**. We have a renewed focus on cost reduction value improvement to ensure the ongoing sustainability of our services. We have a robust financial planning model that is fully integrated with service and workforce planning, along with strict financial governance and alignment to decarbonisation.

**We have links to these priorities in GMOs in our Resources sections of our Plan.**

# Planning Approach

The priorities for the Recovery and Sustainability Plan, and specifically for the 2023/24 element have been developed based on the following drivers:

 Addressing key risks to patient safety	 Resolving legacy issues	 Shifting resource from acute care to primary and community services
 Developing more sustainable provider services, population health and service commissioning	 Developing clusters and allocating resources for preventative or early intervention measures	 Standardising and embedding commitments from Annual Plan 21/22 and R&S Plan 22/23
 Transformation of service delivery using prudent workforce redesign and innovative digital solutions	 Secure operational and financial efficiency – focus on quality & value, improved productivity	 Investment in and replacement of estates to ensure these are safe and fit for purpose environments

## Addressing Risk

The top organisational risks addressed by this Plan include:

Risk	Description	Risk Score	Plan Reference
01	<b>Access to Unscheduled Care Service</b> - 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. There are challenges with capacity/staffing across the Health and Social care sectors.	25	31-33
50	<b>Access to Cancer Services</b> - 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	36-38
81	<b>Clinical Staffing levels: Maternity</b> - Midwifery absence rates are outside of 26.9% uplift leading to difficulty in maintaining midwifery rotas in the hospital and community setting.	25	43,47
16	<b>Access to Planned Care</b> - There is a risk of harm to patients if we fail to diagnose and treat them in a timely way.	20	33-35
04	<b>Infection Control</b> - Risk of patients acquiring infection as a result of contact with the health care system, resulting in avoidable harm, impact on service capacity, and failure to achieve national infection reduction goals.	20	20-22

## Workforce Feasibility Assessment

We continue to be ambitious in delivering significant service changes at pace. The workforce will be central to delivering on these. There will be an increased focus on ensuring strong, robust and agreed workforce plans are in place to deliver the additional workforce required. Mitigation includes a streamlined recruitment process and stronger employer branding to attract new recruits, overseas recruitment, retention initiatives, commissioning additional education places and increasing grow our own options (e.g. apprentices) and the identification of new roles (including support roles) to supplement our current workforce.

## Quality Approach

Our commitment is to making changes to how we work, so that the quality of care we provide to our patients is at the heart of everything we do. The Health Board Board's responsibilities embedded through this plan in respect of quality are:

- To ensure that minimum standards of quality and the safety of our patients are being met by every service within the organisation;
- To ensure that the organisation is striving for continuous quality improvement and excellence in every service, and;
- To ensure that every member of staff is supported and empowered to deliver our vision for quality.

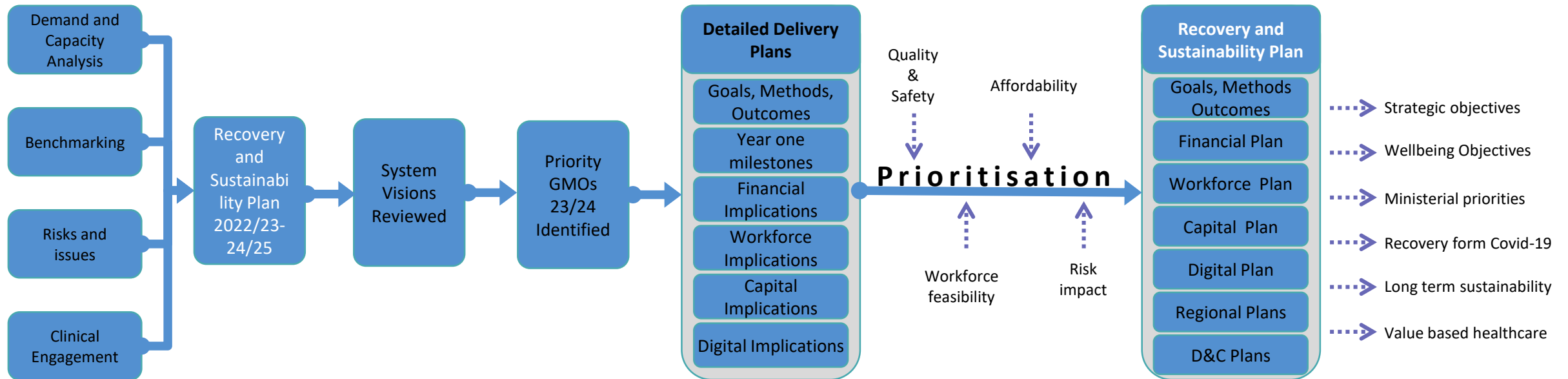
# Planning Approach

The Goals, Methods and Outcomes (GMOs) have built on those included in the 2022/23 Plan, and have been developed through our system wide groups and extensive engagement with clinicians and service leaders across primary & secondary care, plus other partners. The evidence to underpin the proposals was set out in our Planning Guidance issued in October 2022. This detailed the key challenges, opportunities and system risks. Using this evidence and the review of delivery of our 2022/23-24/25 Recovery and Sustainability Plan System Visions were updated. GMOs were then developed and refined with implications repeatedly tested and triangulated to align with finance and workforce plans.

**Prioritisation approach:** A robust prioritisation process was undertaken by the Clinical Executive Directors to assess the GMOs and the impact on quality and safety, risks and reputation. The prioritised GMOs were tested back with Service Group Leads and Clinical Leadership with feedback considered in further rounds of prioritisation.

**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 22/23, WG or WHSSC /EASC funded). Included in main body of the Plan
- **Cost Neutral (CN):** To be delivered from within existing resource . Included in main body of the Plan
- **Tier 1 Priorities (T1):** Schemes that have been provisionally agreed for Investment following Clinical Exec Prioritisation and Star Chamber, release of funding subject to Business Case and full assessment in light of Financial position. Included in main body of plan.
- **Tier 2 Priorities (T2):** Schemes with no funding attached. Business Case will be considered if funding is identified. NOT included in main body of plan (in appendix).
- **Tier 3 Priorities (T3):** GMO with no funding attached. Will not be prioritised unless risk/Quality impact changes in year. NOT included in main body of plan (in appendix).



All plans are supported by detailed delivery plans and delivery will be managed through the Transformation 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**

- Deliver a Whole System Approach to healthy weight in line with the Welsh Government Obesity Strategy 'Healthy Weight Healthy Wales
- Implement year 1 priority actions within the SBUHB Tobacco Control plan with a focus on establishing a maternal smoking service and developing a HMQ in Hospital approach, alongside the continued operation and improvement of the integrated Help Me Quit smoking cessation service.

- ✓ Increase in the proportion of people who lose 5 or 10% body weight through the All Wales Weight Management Pathway
- ✓ Reduced smoking prevalence in the Swansea Bay population, with particular focus on key high risk/target groups

- People are healthier, have fewer chronic conditions and have longer life expectancies
- Children have a healthy start in life

**Networked hospitals and excellent Primary, Community care and Mental Health and LD services working effectively through a systems approach.**

- Establish the Orthopaedic Centre at Neath Port Talbot Hospital
- Roll-out Physio First Contact Practitioners across all eight Clusters as part of the Health Board MSK pathway redesign.
- Continue the further development of the Home First Programme approach to ensure Care closer to home.
- Continue to develop and deliver an Urgent Primary Care Centre (UPCC) as part of a single system of Urgent Primary Care in Swansea Bay
- Expansion of the Acute Care Team Services to deliver more treatments in community settings to prevent hospitalisation
- Develop an Assessment Hub to provide a single point of contact for Mental Health Services to support the 111 press 2 referral pathway
- Development of a Dual Diagnosis Strategy and implementation plan for the Region

- ✓ Increased number of patients diverted from the Emergency Department into the acute hub and reduce ambulance conveyancing rates by 20% or 10 a day
- ✓ Increased discharge rates from Morriston Hospital by 100 per month from Q1 23/24 and 123 per month September 2023
- ✓ Reduction in Psychological Therapy Waiting List (baseline 38 weeks; Service Level Target 26 weeks)

- People receive the right care, at the right time by the right person in the right place.
- People are able to receive treatment at home and in their community
- People are able to receive the right Mental Health treatment and support

**Deliver excellent services for our population which benchmark well with peers from a quality and performance perspective**

- Design and plan for General and Surgical Paediatric services to be located in a designated Children's Unit that meets the needs of the service
- Sustain and expand cancer treatment services, improving access and quality of services e.g. Expand Stereotactic Ablation Radiotherapy Service and increase access to radiotherapy services
- Develop pathways for Atrial Fibrillation and Hypertension, Diabetes and Heart Failure through a value based healthcare approach
- Further develop the Same Day Emergency Care model
- Implement clinical model to support Centralised Inpatient Rehabilitation at NPT Hospital

- ✓ Reduced number of Emergency Department Attendances
- ✓ Reduced % patients spending more than 4 hours in ED to above 80% in 4 hrs by September 2023
- ✓ Improved trajectory towards a national target of 75% of patients starting definitive treatment within 62 days from point of suspicion of Cancer

- 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 tests 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**

- Reduce Health Care Acquired Infections (HCAIs) as per the Health Board refreshed IPC Improvement plan 2023/24 including focussed work in Primary Care and community settings.
- Recognition and treatment of all patients with SEPSIS within the hospital setting including improving 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
- Reduce mortality and incidence of falls

- ✓ Reduced injurious falls and mortality levels, associated with injurious falls, across the HB
- ✓ Increase number of patients being recognised, assessed and treated for Sepsis
- ✓ Reduced rates of Hospital acquired infections

- Hospital environments are safe and clean
- The risk to people in acquiring hospital acquired infections is very low
- People have the support and interventions they need to avoid falls

**Deliver Excellent staff experience**

- Support staff to continue to be resilient, well and in work by ensuring there are a range of responsive and targeted interventions which aid restoration and recovery
- Support service leaders and clinicians to achieve workforce efficiencies through the introduction and improvement of workforce information & data.
- Support the delivery of the required workforce redesign associated with the agreed outcomes in the Plan
- Through our Recruitment & Retention Strategy we will support widening access and enabling a sustainable workforce to be developed.

- ✓ Reduction of "normal" time to hire period by circa 20 days based on current performance
- ✓ Measurable improved experience of individual and team they work in reflected in evaluation results
- ✓ Reduce turnover by 0.5% overall but in nursing by 0.75%
- ✓ 5 Staff Networks are operational including, Calon, BAME, Disability, Neurodiversity and Gender.
- ✓ At least 600 staff members REACT trained in 2023/24

- Staff are happy, well and in work
- Services are appropriately staffed

**Delivering care in safe, modern environments supported by innovative digital solutions**

- Support the improvement of care through the provision of appropriate digital solutions.
- Delivering the right Digital tools and infrastructure to provide quick and highly resilient digital services
- Delivering our Estates Strategy
- Deliver our Decarbonisation Action Plan

- ✓ Improved utilisation of digital resources (NHS and non-NHS)
- ✓ Clinicians are supported in diagnosis assessments through automated processes releasing time to care
- ✓ 16% reduction in HB internal carbon emissions by 2025

- Buildings are safe and clean
- Our natural environments are improved
- Staff are enabled to work efficiently and effectively

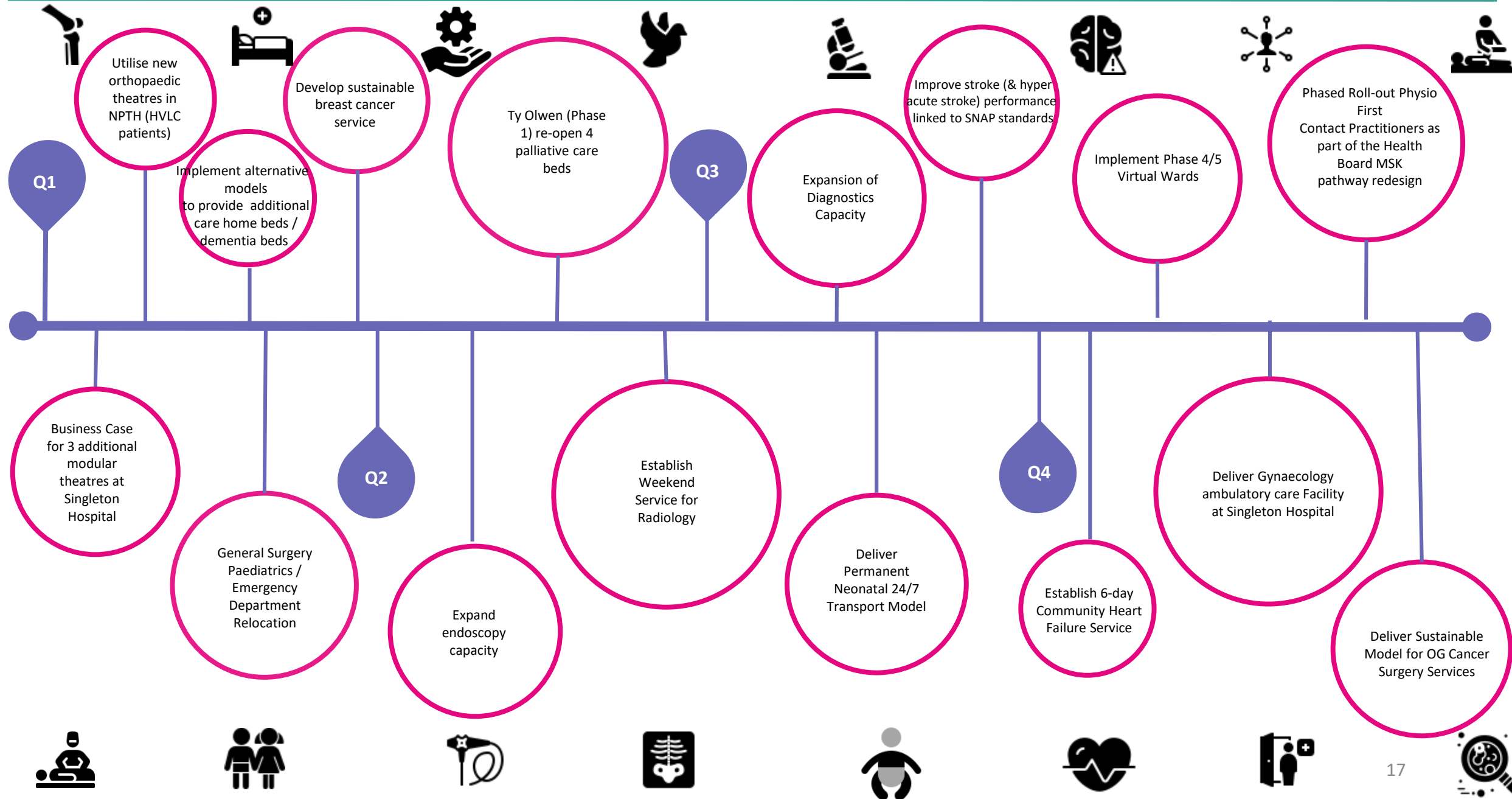
**Maintain and deliver sustainable financial health**

- Shift resources from secondary to primary care where possible to support whole system transformation
- Deliver cost improvement plans

- ✓ Achieve savings plan
- ✓ Deliver agreed financial plan

- Investments can be made in new services

# Key Service Changes Critical Path 2023-24



# Demand and Capacity Assumptions and Modelling

## Approach to Demand and Capacity Planning

- Following on from the success of last years work, the focus this year is on enhancing the demand and capacity planning within outpatient services.
- Aim to produce formal, signed off demand and capacity plans at consultant and specialty level based on job planned sessions and linked to core capacity being undertaken.
- 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.
  - Actual capacity being commissioned and delivered.
- The 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.

## Addressing Workforce Challenges

The system recovery from Covid-19 continues to affect our workforce and staffing of services. This is compounded by national shortages across certain professions, geographical, economic and infrastructure challenges with recruitment and a fatigued workforce. 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 Covid-19-19, the backlog of work will be demanding. We will engage, communicate and manage our workforce transparently through collaboration to improve patient care and 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.

The Health Board has several major critical building maintenance needs and key service developments, for which we need the support of Welsh Government to address to secure the operational resilience of our services. Or services will fail in certain areas.

# Minimum Data Set 22/23

To be completed by 31st March 2023

The tables below set out some of the Minimum Data Set (MDS) metrics and key Ministerial Priority Measures in the MDS including the actual 21/22FYE, projected 22/23 FYE activity & forecasted activity for 23/24. The full suite of metrics and detail on month/quarterly projections are included within the MDS Appendix C.

ACUTE CARE - UNSCHEDULED CARE	Actual activity at FYE 21/22	Projected activity at FYE 22/23	Projected activity at FYE 23/24
METRIC	No's		
A&E Attendances			
Emergency admissions			
Ambulance: Total incident Volume [Data from WAST]			

SIX GOALS FOR URGENT AND EMERGENCY CARE	Target	Projected Q4 22/23 activity	Projected Q4 23/24 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		
% total emergency bed days accrued by people with LOS over 21 days	4 quarter reduction trend		

PLANNED CARE	Projected activity Q1 23/24	Projected activity Q2 23/24	Projected activity Q3 23/24	Projected activity Q4 23/24
METRIC	No's			
Elective Inpatients and Daycase: Total Activity (Core + Additional)				
New Outpatients: Total Activity face to face and Virtual (Core + Additional)				
Follow up Outpatients: Total Activity Virtual (Core + Additional)				
Diagnostics (MRI, CT, NOUS, Endoscopy): Total Activity (Core + Additional)				

CANCER CARE	Actual activity at FYE 21/22 (month avg.)	Projected activity at FYE 22/23 (Month average)	Projected activity at FYE 23/24 (Month Average)
METRIC	%		
SCP performance - Improvement trajectory towards 75% national target	61%	52%	

PLANNED CARE	Target	Forecast at Mar 23	Forecast at Mar 24
MINISTERIAL MEASURE	No's		
Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024		
Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022		
Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022		
Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026		

MENTAL HEALTH	Actual activity at FYE 21/22	Projected activity at FYE 22/23	Projected activity at FYE 23/24
METRIC	No's		
Number of Mental Health Crisis referrals (CRHT)	1,435	1,812	1,800
Number of Child and Adolescent Mental Health (CAMHS) – Referrals and Assessments	52	42	600

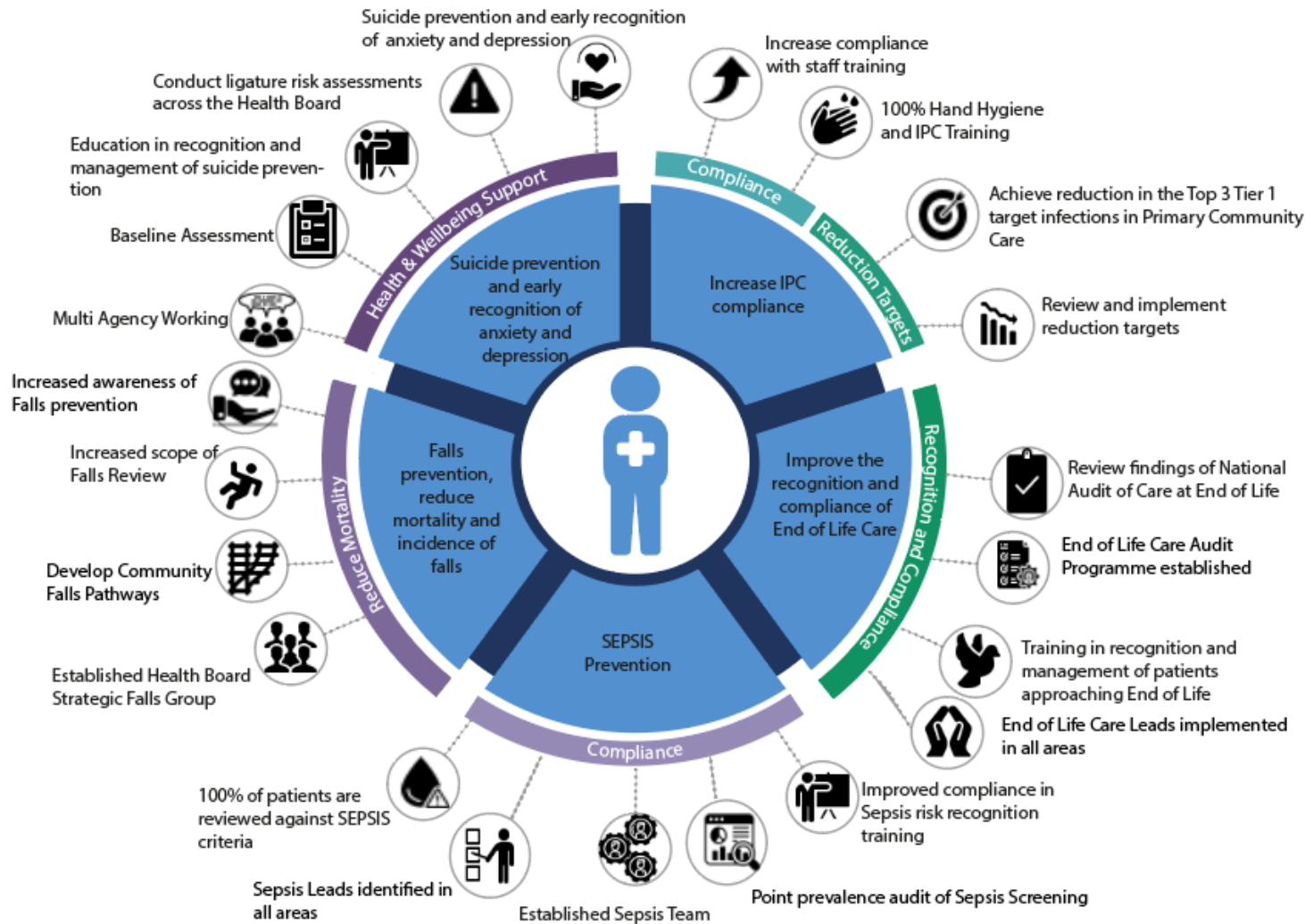
PRIMARY AND COMMUNITY	Actual activity at FYE 21/22	Projected activity at FYE 22/23	Projected activity at FYE 23/24
METRIC	No's		
Dental: Number of courses of treatment			
Optometry: Acute eye care presentations (EHEW Band 1)			
Number of admissions where the primary diagnostic reason for admission is exacerbation of COPD/ Asthma			
GP: Urgent Cancer out patient department referral numbers			

# **SERVICE CHANGE AND IMPROVEMENT**

# Quality and Safety Vision and Outcomes

In line with our responsibilities under the Duty of Quality, Quality and Safety remain fundamental to our prioritisation of schemes in the plan, quality cuts across all aspects of our systems transformations and the impact on quality should inform all of our decision making. We have developed our five year Quality and Safety Strategy which sets out our quality ambitions and goals. Within this we have set out how we will prioritise areas at an organisational level, as well as the principles by which service groups will prioritise areas for improvement. In this regard, the current quality and safety priorities for 2022/23 will remain in place for 2023/24. Following engagement undertaken as part of the Quality Strategy development, we have identified four additional areas requiring focussed improvement, namely: Nutrition & Hydration, Pressure Ulcers Dementia audit Quality Improvement Capacity & Capability. These are also a feature of the new Quality Strategy and Implementation Plan. The Chief Nursing Officer priorities will support the work being taken forward under the quality and safety agenda.

## Vision



## Outcomes

- Increase number of patients being recognised, assessed and treated for Sepsis
- All patients to be recognised and receive End of Life Care wherever they are being cared for/treated within the HB.
- A strategy for the reduction of suicide across the Health Board, including a sustainable means of developing staff skills in identifying the risk of suicide
- 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)
- Reduced conveyance to hospital for patient who fall in the community
- Reduction in the number of patients who die in hospital

## Approach

- Delivery of the Duty of Quality across the HB, including work to strengthen:
  - Quality Planning
  - Quality Control
  - Quality assurance
  - Quality Improvement
- Implementation of a Quality Management System to support delivery of the Quality Strategy. Focussing on- Patient Safety, Experience, Outcomes and Clinical Effectiveness
- Execution of deep dives into particular areas of concern
- Revision of quality assurance processes to increase local accountability
- Review of Quality Improvement training and development of a Quality Improvement academy
- Development and implementation of annual quality priorities for 2023/24, which reflect our emphasis on quality & safety
- Continuation of Patient Safety Congress, Service Group Quality Summits and a Health Board Quality Improvement Community of Practice
- A greater link between patient experience, staff experience and clinical outcome for services
- Development of a Patient Experience Framework
- 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

<b>Falls Prevention</b> Reduce mortality and incidence of falls	QS_FP_001	Develop joint quality improvement workstreams with partners within the community including WAST	F	Q1	Q2	Q3	Q4
	QS_FP_002	Continue to reduce inpatient falls by 10%	F	Q1	Q2	Q3	Q4
	QS_FP_003	Strengthen use and application of Multi Factorial Risk assessments for all over 65s - target 100%	F	Q1	Q2	Q3	Q4
	QS_FP_004	Deliver quality improvement project to reduce conveyance as part of Safe Care Collaborative	F	Q1	Q2	Q3	Q4
	QS_FP_005	Participate in and implement recommendations from NAIF (National Audit of inpatient falls)	F	Q1	Q2	Q3	Q4
	QS_FP_006	Embed Hot debrief tool across all site areas	F	Q1	Q2	Q3	Q4
<b>Infection Prevention &amp; Control</b> Infection Prevention and Control(IPC) and reduction of HCAs as per the Health Board refreshed IPC Improvement plan 2023/24	QS_IPC_008	Review and implement reduction targets for primary and secondary care in line with Welsh Government Tier One Targets maintaining review against NHS organisations in the UK sharing and adopting best practice. Key focus on reduction of S aureus rates in community through preventative measures.	CN	Q1	Q2	Q3	Q4
	QS_IPC_009	Focussed work in Primary Care and community to achieve reduction in top 3 Tier 1 target infections building on lessons learnt in 2021/22 to include focused review on appropriate reduction in antibiotic prescribing to ensure best practice and a reduction of C. Difficile with comparisons with other high performing Healthcare organisations in the UK sharing throughout the HB.	CN	Q1	Q2	Q3	Q4
	QS_IPC_010	Achieve compliance with staff training (MDT) - all available staff. Increase compliance with staff training. Working toward IP&C Training, Level 1 and Level 2 – ≥85% (available staff) (Level 1: 87%; Level 2: 21% @ Feb 2023)	CN	Q1	Q2	Q3	Q4
	QS_IPC_011	Environment – Cleaning Compliance scoring matrix >95% (97% - September 2021) and review of estate to ensure the fabric of wards are compliant. Progress on decant facilities to undertake the above . Decontamination of and compliance with national programme on Endoscopes and HSDU core services to develop and maintain national accreditation	CN	Q1	Q2	Q3	Q4
<b>Suicide Prevention</b> Early recognition of anxiety and depression leading to risk of suicide	QS_SP_014	Develop sustainable model of training for suicide prevention within the HB	F	Q1	Q2	Q3	Q4
	QS_SP_015	Develop HB wide suicide prevention strategy	F	Q1	Q2	Q3	Q4
	QS_SP_016	Develop Quality Improvement projects to reduce the risk of suicide amongst high risk groups including those living in HMP	F	Q1	Q2	Q3	Q4
	QS_SP_017	Continue to deliver Sharing Hope project	F	Q1	Q2	Q3	Q4
<b>End of Life Care (EoLC)</b> Increase proportion of Swansea Bay residents receiving the right care at the right place at the right time in the last year, months, weeks, days of life	QS_EOLC_018	Increased correct identification of people who may be in the last year of life	CN	Q1	Q2	Q3	Q4
	QS_EOLC_019	Increased accurate identification of people with chronic conditions who are transitioning from one phase of illness to the next – (stable, unstable, poorly responsive to treatment, dying)	CN	Q1	Q2	Q3	Q4
	QS_EOLC_020	Increased communication with patients with chronic conditions about “what matters to me”	CN	Q1	Q2	Q3	Q4
	QS_EOLC_021	Increased conversations with patients about their condition, possible treatment options, likely outcomes	CN	Q1	Q2	Q3	Q4
	QS_EOLC_022	Increased conversations and communication about remaining treatment escalation options	CN	Q1	Q2	Q3	Q4

# Quality and Safety Goals and Methods

<b>End of Life Care (EoLC)</b>	QS_EOLC_023	Increased proportion of staff given resources to support high quality EOLC	<b>CN</b>	Q1	Q2	Q3	Q4
	QS_EOLC_024	Identify and produce systems that support sharing of advance and future care planning across all care settings	<b>CN</b>	Q1	Q2	Q3	Q4
<b>Sepsis Prevention</b> Recognition and treatment of all patients with SEPSIS within the hospital setting	QS_SEP_023	Launch revised Sepsis screening tool	<b>F</b>	Q1	Q2	Q3	Q4
	QS_SEP_024	Ensure Sepsis compliance is captured across the HB to benchmark on a national basis: Aim all patients (100% compliance) are reviewed against SEPSIS criteria	<b>F</b>	Q1	Q2	Q3	Q4
	QS_SEP_025	Launch revised Sepsis training to reflect revised tool and national guidance	<b>CN</b>	Q1	Q2	Q3	Q4
<b>Nutrition &amp; Hydration</b> Reduce patient harm related to nutrition and hydration	QS_NH_026	Develop a Quality Improvement programme to reduce patient harm related to poor nutrition and hydration	<b>T1</b>	Q1	Q2	Q3	Q4
	QS_NH_027	Agreement of governance structures to support quality priorities (QP)	<b>CN</b>	Q1	Q2	Q3	Q4
	QS_NH_028	Confirmation of Senior Responsible Officer for QP	<b>CN</b>	Q1	Q2	Q3	Q4
	QS_NH_029	Quality Improvement projects commenced within service groups by Q3	<b>CN</b>	Q1	Q2	Q3	Q4
<b>Pressure Ulcers</b> Reduce patient harm related to pressure damage	QS_PU_030	Develop a Quality Improvement programme to reduce harm related to pressure damage	<b>T1</b>	Q1	Q2	Q3	Q4
	QS_PU_031	Agreement of governance structures to support QP	<b>CN</b>	Q1	Q2	Q3	Q4
	QS_PU_032	Confirmation of SRO for QP	<b>CN</b>	Q1	Q2	Q3	Q4
	QS_PU_033	Quality Improvement projects commenced within service groups	<b>CN</b>	Q1	Q2	Q3	Q4
<b>Dementia Audit</b> Implement the findings of the dementia audit	QS_DEM_034	Complete Dementia audit and feedback findings and recommendations to existing Dementia steering group	<b>T1</b>	Q1	Q2	Q3	Q4
<b>Quality Improvement Capacity &amp; Capability</b> Develop and Implement robust information to support quality improvement capacity and capability	QS_QICC_035	Implement the infrastructure to support Quality Improvement Capacity and Capability - a critical success factor for all QP	<b>T1</b>	Q1	Q2	Q3	Q4

# Quality and Safety Goals and Methods

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## Impact of Non-Delivery

Across the HB there is a risk to delivery if we do not have sufficient infrastructure to support from within the QSI team- this is support in terms of Quality Assurance, QI and support to deliver our Quality Management System.

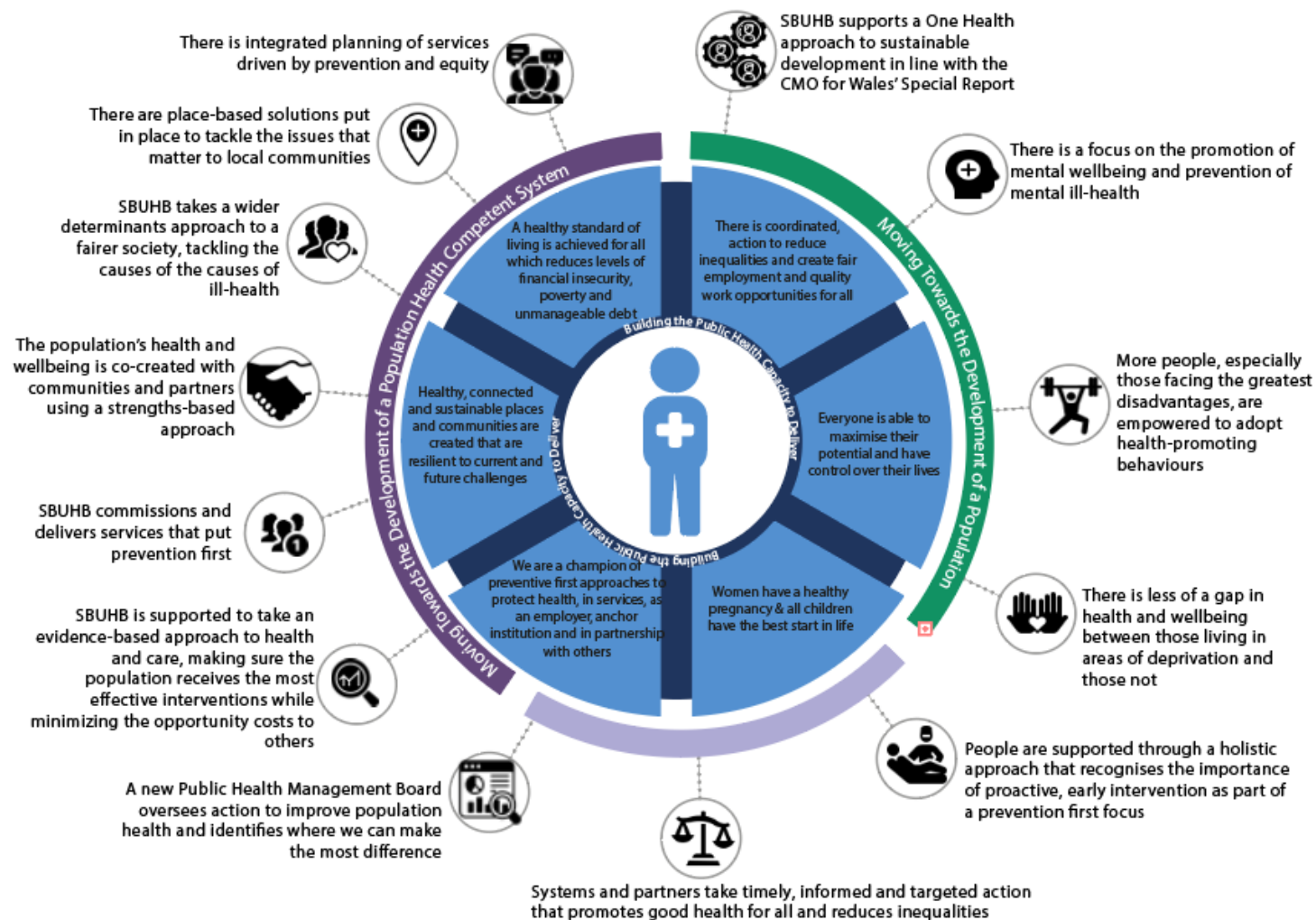
There is a risk to the quality priorities if we do not have adequate engagement from within service groups and clinical engagement, we are mitigating against this through service group involvement in the steering groups and the requirement for service groups to mirror corporate Q and S structures.

For EOLC we have a risk to delivery if we do not have adequate digital support in term of recording discussions regarding care at end of life.

# Population Health Vision and Outcomes

Through the process of co-designing our Population Health Strategy (PHS), we have been able to identify the next steps for the Health Board to progress towards becoming a population health competent organisation. A priority in achieving this is establishing an appropriate governance structure that sets and agrees our strategic goals and actions, in line with the 4-Pillars approach. As part of our approach, we intend to build population health into our existing ways of working and policy approaches as part of an integrated and sustainable approach to delivering more effective action aimed at preventing ill-health, 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 the development of 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 the population health development agenda can be supported and fostered, recognising existing performance management structures. Similarly, we will develop and strengthen the machinery that supports delivery of well-being approaches through partnerships.

## Vision



## Outcomes

- SBUHB develops a population health intelligence function & capability to support planning and delivery of services that address health inequalities and improve health outcomes
- SBUHB takes action across all six (plus 2) of the Marmot policy objectives
- An appropriate Population Health governance structure is established that agrees and oversees our strategic intent and implementation
- The Health Board's capability in population health is improved and supports the embedding of population health action as part of its core / routine business
- Local outcomes meet the expectations set by national Welsh Government directed programmes such as Health Weight Healthy Wales, the Tobacco Control Strategy for Wales and Healthy Schools
- Population 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

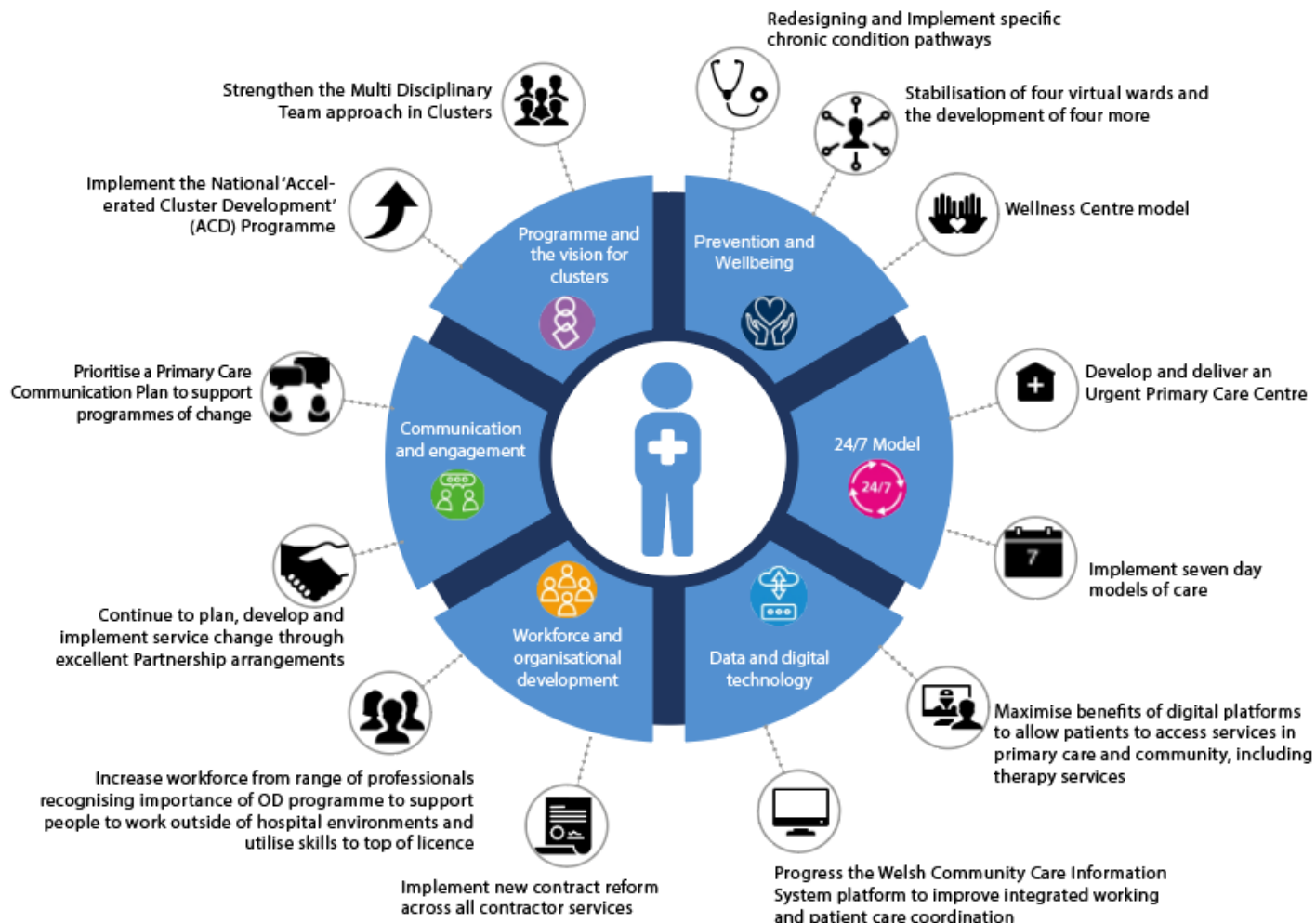
# Population Health Goals and Methods

<b>Implementation of Swansea Bay's Population Health Strategy:</b> Work with partners internally & externally to implement the recommendations arising from the Strategy, co-ordinate and direct cross sector & collaborative action across the region to improve the population's health and wellbeing and reduce inequity.	PH_001	Develop internal strategic & system leadership to agree organisational strategic priorities emerging from the PHS, to include actions as a healthcare provider; as an employer; as an anchor institution; and through our external partnerships that address the root causes leading to health inequities	T1	Q1	Q2	Q3	Q4
	PH_002	An action plan is developed for implementing year 1 priority actions aligned to the organisational strategic priorities emerging from the PHS	T1	Q1	Q2	Q3	Q4
	PH_003	Supporting programme/project support infrastructure & capacity is established to help drive forward implementation of PHS goals/priorities and cross organisation delivery/response	T1	Q1	Q2	Q3	Q4
	PH_004	Health Board's internal processes & structures are adapted/developed to act as enablers to whole system/organisation thinking and acting, leading to detailed delivery plans & responses that expressly address population health challenges	T1	Q1	Q2	Q3	Q4
	PH_004	Operational delivery mechanisms are established that take account of system wide responsibility and accountability for delivery of population health outcomes	T1	Q1	Q2	Q3	Q4
	PH_006	Review & develop our regional and local leadership & partnership opportunities & functions in relation to delivery of PHS priorities & where needed, agree a development programme/journey to improve ways of working leading to productive partnerships that deliver population health gain - with measurable impact on inequity	T1	Q1	Q2	Q3	Q4
<b>Building the capacity &amp; capability to deliver population health gains:</b> Development of a programme to build understanding, awareness and competency by embedding supporting tools, infrastructure and technical advice/support to ensure effective sustainable action is directed to achieve maximum population health gain and reduce health inequities.	PH_007	Develop a population health intelligence function and products that ensure data & intelligence led decision making	T1	Q1	Q2	Q3	Q4
	PH_008	Planning, service development & commissioning approaches are informed by population health intelligence & evidence based practice, with a focus on addressing drivers of health inequities.	T1	Q1	Q2	Q3	Q4
	PH_009	Public health technical expertise & function is used to embed a focus on addressing health inequities at a population level, including addressing their root causes, through programmes, strategies and partnerships internally & externally (within capacity and prioritised based on need).	T1	Q1	Q2	Q3	Q4
<b>Tackling Population Health challenges:</b> Taking action to improve health outcomes and reduce inequalities through a focus on health behaviours	PH_010	Implement year 1 priorities of the All Wales Weight Management Programme (AWWMP) Healthy Weight Healthy Wales (HWHW) in full delivery plan and establish / develop / refine reporting processes & mechanisms with a particular focus on establishing an integrated level 2 and level 3 services for (higher risk) adults (and holistic / root causes / behavioural science approach)	T1	Q1	Q2	Q3	Q4
	PH_011	Develop a Whole System Approach to healthy weight in line with the HWHW strategy through system mapping and social network analysis to better understand the causes and systems contributing to healthy weight at a population level, working at a regional level in collaboration with HDUHB.	CN	Q1	Q2	Q3	Q4
	PH_012	Implement year 1 priority actions within the SBUHB Tobacco Control plan with a focus on establishing a maternal smoking service and developing a Help me Quit (HMQ) in Hospital approach , alongside the continued operation and improvement of the integrated Help Me Quit smoking cessation service.	T1	Q1	Q2	Q3	Q4
	PH_013	Implementation of national immunisation framework	CN	Q1	Q2	Q3	Q4

# 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 continued 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. musculoskeletal (MSK) and chronic conditions
- Rollout of National Contract reform programme to Dental, Community Pharmacy, Community Optometry and General Medical services.

# Primary Care and Community Services Goals and Methods

To maximise opportunities to roll out prevention and wellbeing initiatives in primary care clinical and non-clinical settings as a key component towards the transformation of the SBUHB health and care system	PCT_005	Increase delivery of pre-diabetes programme within all clusters from 150 to 2400 people and to reduce pre-diabetes in SBU population	<b>F</b>	Q1	Q2	Q3	Q4
	PCT_007	Explore opportunities to roll-out substantively Physio First Contact Practitioners across all eight Clusters as part of the Health Board MSK pathway redesign to reduce stage 1 orthopaedic waiting times by 20% in year 1 rising to 40% once programme fully rolled out (2-year programme) to all Clusters (all benefits to be subject to confirmation via business case) and support phased redesign of physiotherapy services towards Primary care settings and 3rd sector collaborations	<b>T1</b>	Q1	Q2	Q3	Q4
To 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 across Wales vary depending on the time of day and location.	PCT_018	Large scale change to support and manage the implementation of GMS Contract Reform	<b>CN</b>	Q1	Q2	Q3	Q4
	PCT_019	Large scale change to support and manage the implementation of GDS Contract Reform	<b>CN</b>	Q1	Q2	Q3	Q4
	PCT_020	Large scale change to support and manage the implementation of a NEW Optometry Contract	<b>CN</b>	Q1	Q2	Q3	Q4
	PCT_021	Large scale change to support and manage the implementation of Community Pharmacy Contract Reform	<b>CN</b>	Q1	Q2	Q3	Q4
	PCT_026	The integration of ACT Services to deliver immediate rapid response services for acutely deteriorating patients in community, care homes and admission units by introducing a new single point of access model in ACT.	<b>CN</b>	Q1	Q2	Q3	Q4
	PCT_027	Wider expansion of the ACT Services to deliver more treatments in community settings to prevent hospitalisation by investing in prompt services over 7 days and improved medical staffing and extended hours to reduce acute admissions and hold a caseload of 70 cases across the Health Board.	<b>T1</b>	Q1	Q2	Q3	Q4
	PCT_029	Explore opportunities to increase palliative care provision to meet the needs of those who wish to die at home	<b>T1</b>	Q1	Q2	Q3	Q4

# Primary Care and Community Services Goals and Methods

Data and digital technology is a key enabler of transformational change to support the new primary care model. Focus will be on ensuring that relevant information is accurate, complete, up to date and shared between everyone responsible for the individuals care through digital solutions.	PCT_031	Development of Digitally available resources for self-management via the HB website for the Occupational Therapy service.	CN	Q1	Q2	Q3	Q4
	PCT_032	DMS (document management system) roll out within Therapies.	CN	Q1	Q2	Q3	Q4
To support the workforce transformation within primary care through the continued development of a multidisciplinary team approach and ensuring workforce is deployed in the most efficient way.	PCT_033	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 and to reduce Ear Nose Throat outpatient outpatient referrals.	F	Q1	Q2	Q3	Q4
	PCT_034	Delivery of the Health Delivery Plan and Health Inspectorate Wales recommendations within His Majesties Prison Swansea to deliver health and wellbeing in an equitable and safe manner.	T1 – PRT F	Q1	Q2	Q3	Q4
	PCT_035	District Nursing (DN) Services to have a headroom model built into their structure by 5% per annum by 23/24 to improve capacity/sustainability in DN services. This will create opportunities for increased 7 day out of hours cover and increasing palliative care provision.	T1P RTF	Q1	Q2	Q3	Q4
	PCT_036	School Nursing to implement Health Care Support Worker workforce to administer Fluenz vaccination.	F	Q1	Q2	Q3	Q4
	PCT_037	Introduce the national strategic programme for Community Nursing across SBUHB	F	Q1	Q2	Q3	Q4
To accelerate the implementation of the full primary care model at cluster level key links will be made with transformation programmes, both at national and local level so that any learning is shared quickly across primary care and further informs the vision for clusters.	PCT_038	Continued implementation of the National 'Accelerated Cluster Development' (ACD) Programme. This remains a significant piece of work to be completed and coordinated on a National and HB basis which will see change to how Cluster based planning and delivery is undertaken in line with commissioning frameworks.	CN	Q1	Q2	Q3	Q4
	PCT_039	Service group to support the delivery of Local Cluster Collaboratives Recovery and Sustainability Plans and Pan Cluster Planning Group (PCPG) three year plan (full plans to be approved via Cluster governance processes)	CN	Q1	Q2	Q3	Q4

## Impact of Non-Delivery

If a GMO is not approved/delivered, then service levels will remain at 2022/23 levels

# Pan Cluster Planning

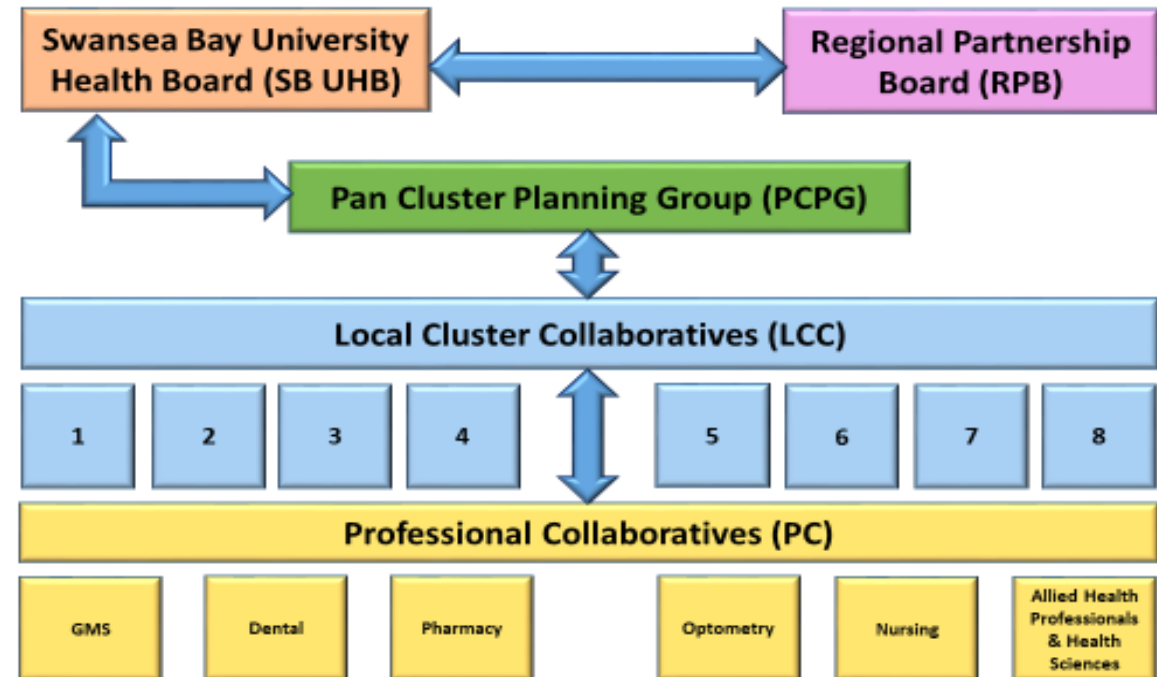
Cluster planning and Cluster IMTPs have been a featured of Health Board planning for a number of years, and in 2022/23 this was strengthened via a nationally driven by the Accelerated Cluster Development (ACD). The creation and purpose of the Pan Cluster Planning Group (PCPG) in 2022/23 is to deliver the aims of the Social Services and Wellbeing Act 2014 (the Act), The Wellbeing of future Generations Act (2015) and A Healthier Wales. The group has provided a platform for the eight clusters to work together and give a voice for Cluster-led activity to be translated into Health Board and Regional Partnership Board priorities. It comprises senior level representation from the Health Board, local authority, public health and third sector where planning at a county, health board/ regional level is undertaken.

The ACD programme has broadened and strengthened the clinical leadership and engagement across eight Local Cluster Collaboratives (LCC) through the newly developed Professional Collaboratives which are, in turn, able to influence Health Board and Regional Partnership Board decisions. It oversees all 8 Local Cluster Collaboratives, and utilises the RPB Population Needs Assessment to inform its planning.

The eight Local Cluster Collaborative 2023-24 Integrated Medium Term Plans have utilised the RPB created Population Needs Assessment, the Public Service Boards Wellbeing Assessments and the local clinical experience and knowledge to help set out recommendations for the PCPG to consider for planning and commissioning through the Pan Cluster Plan.

The planning approach for the Local Cluster Collaborative and the PCPG has been aligned to the same priority areas as the Health Boards plan. This has allowed for a cohesive and 'whole system' plan to emerge, enabling citizens to see how all elements of health services are working together to improve our populations health.

Critical to the success of the Local Cluster Collaboratives and the delivery of their IMTPs will be the sustainability of the wider Primary Care system. 2022/23 saw the implementation of the contract reform across General Medical Services (GPs), Community Pharmacy, Dental and Optometry services. Contract reform will continue to be a major development and workstream in 2023/24 to ensure that the wider primary care health care system is fit for purpose and able to respond to the challenges of providing quality services to our population



# Pan Cluster Priorities

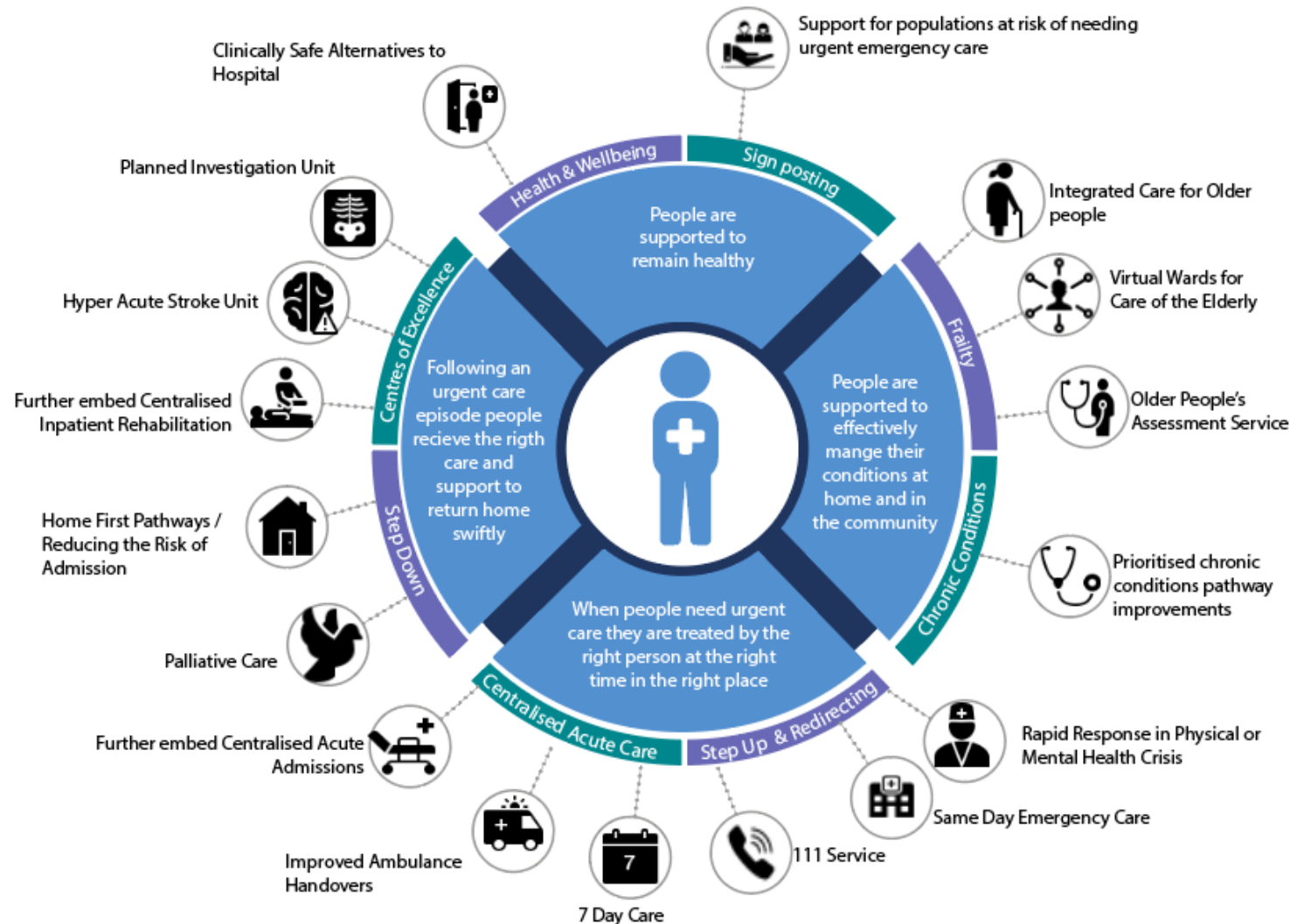
The following sets out GMOS agreed by the Pan Cluster Planning Group. Further detail on Cluster GMOs, including the full list of individual actions being undertaken by each of the 8 Clusters can be found in the SBUHB Clusters IMTPs.

Primary Care Audiology	Service offering wax management and first contact hearing and tinnitus assessment and advice in the community. Onward referral to secondary care management .	F	<b>Aligns with PCT 033</b>
Training and enhanced service for Domestic Abuse	Provision of IRISi across all Cluster populations. A general practice-based domestic Violence and Abuse training support and referral programme.	F	
Virtual Wards	Increased range of patient pathways.	F	<b>Aligns with UEC Goal 3</b>
All-Wales Diabetes Prevention Programme	Expansion of the programme to all 8 Clusters during 2023/24	F	<b>Aligns with PCT 005</b>
Cancer Pre-habilitation	Programme aimed at optimisation prior to Cancer treatment, using time on the waiting list for positive intervention	F	<b>Aligns with PC 015</b>
Improving early diagnosis of cancer through better screening uptake	Deliver targeted interventions to cancer screening non-responders	CN	
Addressing organisational impact on Climate Change through decarbonisation	Changing of prescribing activity for inhalers (roll out) Implementation of the inhaler recycling scheme (pilot area roll out)	CN	
Improve Optometry and Dental care for patients with key population health needs: Learning Difficulties, CYP, MH, Physically impaired, Older People, Overweight	Provide Optometry and Dental Practices with map of available services to refer patients to including 3 <sup>rd</sup> sector and SBUHB especially around mental health	CN	
Ensuring Heart Failure patients correctly coded	Reconcile searches for all GP patient registers to review heart failure coding categories, ensure correct coding prior to annual Heart Failure Review	CN	
Improving access to appropriate Mental Health Services	Delivering community based low level and enhanced Mental Health Services including Complex Needs Worker, psychological therapies, Cluster based triage function, reviewing the cluster-based model. Included for substance misuse, domestic violence, Attention Deficit Hyperactivity Disorder	T1	<b>Aligns with UEC Goal 5 UEC 005 &amp; MHLD 037</b>
Enhance physiotherapy in the community	Deliver an extra 10 wte First Contact Practitioner posts across the clusters Deliver an extra 4 Band 7 and 4 Band 6 Physiotherapists to integrate with the Virtual Ward	T1	<b>Aligns with T1 PCT 007</b>
Address Low Level Mental Health, Vocational Rehab and all other long-term conditions that do not fall in Virtual Ward remit	Increase OT staffing to work outside the Virtual Ward criteria (1 wte per cluster)	T1	
Reduction in lower limb ulcerations and amputations, increased detection of Atrial Fibrillation, reduction in CV crisis including heart attack and stroke	Provision of podiatry led vascular diagnostic service	T1	<b>Aligns with T1 PCT 001</b>
Safeguarding – General Medical Services	Single point of contact (SPOC) in each cluster for safeguarding (GMS) & a peer support network across clusters	T1	
Support families to reduce incidence of childhood obesity	Scope options for delivery of HENRY in clusters. Options are training existing health, social care and third sector cluster staff or employment of a new team dedicated to delivering HENRY	T1	
Improve outcomes for those with Dementia/Autism	Raise awareness through training of frontline staff across Local Cluster Collaboratives (LCCs) via Dementia/Autism buses	T1	
Improve access to community Sexual Health Services	Scope out the opportunities to deliver a consistent cluster approach to managing contraception (Coils)	T1	
Better care for Menopausal women	Scope out opportunities to deliver a coil service for menopausal women with in clusters	T1	

# Urgent and Emergency Care Vision and Outcomes

Our vision, which supports the national Six Goals of Urgent and Emergency Care [UEC], 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. This will be achieved through consistent and integrated delivery of the Six Goals to help achieve the best possible clinical outcomes, value and experience for patients and staff involved in the delivery of care. The Goals focus on: Co-ordinated planning and support for populations at greater risk of needing UEC; Signposting people with UEC needs to the right place, first time; Clinically safe alternatives to hospital; Rapid response in a physical or mental health crisis; Optimal hospital care and discharge practice from the point of admission; Home first approach and reduce the risk of re-admission.

## Vision



## Outcomes

- Reduced number of Emergency Department Attendances
- Reduced % patients spending more than 4 hours in ED (target = 95% seen under 4 hrs) to above 80% in 4 hrs by September 2023
- Reduced number patients spending more than 12 hours in ED (target = 0 waiting more than 12hrs) to > 60 per month (June 2023), >30 (October 2023)
- Increased number of patients diverted from the Emergency Department into the acute hub and reduce ambulance conveyancing rates by 20% or 10 a day
- Reduction in total estimated bed days, equating to increased admission avoidance and reduced length of stay
- Reduced Average Length of Stay for all emergency admissions
- Increased discharge rates from Morriston Hospital by 100 per month from Q1 23/24 and 123 per month September 2023 (baseline Feb 2023)
- Virtual Wards phase 4/5 – to reduce 60 inpatient beds by Q4 2023/24
- Increased number of patients using ambulatory care services and pathways e.g. SDEC & Medical Investigation Unit
- Home First – Increased number of discharges per month in with line RPB agreed trajectories
- Heart failure – Significant reduction in length of stay and hospital re-admissions
- Develop orthopaedic rehabilitation at NPT to enable additional 20 patients to be transferred to NPT per month (based on 6 weeks rehabilitation)

# Urgent and Emergency Care Goals and Methods

<b>Programme 1: Co-ordination, signposting &amp; alternatives to admission</b> <ul style="list-style-type: none"> <li>• Ensure Co-ordination planning and support for populations at greater risk of needing UEC</li> <li>• Signpost people with UEC needs to the right place, first time</li> <li>• Provide clinically safe alternatives to hospital</li> </ul>	UEC_001	Focused management of at risk UEC patients via expansion of virtual wards/ Fracture Discharge Service to avoid admission to acute settings.	CN	Q1	Q2	Q3	Q4
	VBHC_AF_001	Explore opportunities to utilise improved continuous ECG monitoring technology: Establish a VBHC Learning Collaborative; Identify and compare VBHC approaches; Collectively identify, use, collate and compare VBHC measures; Share learning journey, intervention impact and evidence; Enabling an open sharing and learning approach	F	Q1	Q2	Q3	Q4
	VBHC_AF_003	Improvement programme for Arterial Fibrillation Patients – improving management of existing patients, increasing number of people diagnosed, establish a Values Based Health Care (VBHC) Learning Collaborative for AF & Hypertension (VBHC)	F	Q1	Q2	Q3	Q4
	UEC_003	Offer a clinic based, annual review for ALL Heart Failure patients who are correctly coded as having heart failure on GP Practice Registers	F	Q1	Q2	Q3	Q4
	VBHC_HF_001 - VBHC_HF_017	Enhance & strengthen the Core Community Heart Failure Service to provide a 6-day a week service - to include home visiting, Virtual Wards, direct book post discharge rapid access clinics and increase existing clinic capacity.	F	Q1	Q2	Q3	Q4
	VBHC_HF_001 - VBHC_HF_017	Diagnostic Heart Failure Hub at Gorseinon community hospital to be permanently resourced.	F	Q1	Q2	Q3	Q4
	VBHC_HF_001 - VBHC_HF_017	Improve the quality and efficiency of diagnosis and treatment for patients admitted to hospital in SBUHB with a primary diagnosis of heart failure.	F	Q1	Q2	Q3	Q4
	UEC_004	Implement improvement programme for Type 1 & Type 2 diabetes. Implementation of pre-diabetes services and diabetic nurses for all practices to lower admissions into secondary care and reducing Length of Stay.	F	Q1	Q2	Q3	Q4
	VBHC_DIAB_001 - VBHC_DIAB_004	Secure 95% compliance to national diabetes audit process targets on a 12-month rolling average at cluster level, by Q1 23/24.	T1(PH)	Q1	Q2	Q3	Q4
	VBHC_DIAB_001 - VBHC_DIAB_004	Implement early detection programme for pre-Diabetes in five clusters. <b>(Link to PCT_005)</b>	T1(PH)	Q1	Q2	Q3	Q4
UEC_005	Increased psychology presence in the Primary Care Clusters (Link to MH Plan)	T1	Q1	Q2	Q3	Q4	
<b>Programme 2: Integrated Front Door</b> <ul style="list-style-type: none"> <li>• Signpost people with UEC needs to the right place, first time</li> <li>• Provide clinically safe alternatives to hospital</li> <li>• Ensure a Rapid response in a physical or mental health crisis</li> </ul>	UEC_008	Further develop Same Day Emergency Care (SDEC) model, inclusive of Older Persons Assessment Service and merging of the Urgent Primary Care Centre/ Ambulatory Emergency Care/ Acute GP Unit) so as to reduce presentations and admissions at ED to reduce 10 admissions a day by June 2023	T1	Q1	Q2	Q3	Q4

# Urgent and Emergency Care Goals and Methods

<b>Programme 3: Acute Hospital flow and discharge</b> • Ensure optimal hospital care and discharge practice from the point of admission	UEC_018	Improve and expand surgery services (e.g. Surgical Decision Making Unit) so as improve the assessment and treatment of surgical patients in a timely manner to meet demand and waiting list targets.	T1	Q1	Q2	Q3	Q4
	UEC_019	Improve stroke (& hyper acute stroke) performance linked to SNAP standards	T1	Q1	Q2	Q3	Q4
	UEC_020	Improvements to repatriations/ transfers for patients requiring specialist rehab (neuro/ stroke/ orthopaedics) To increase by 20 pts per month (based on 6 weeks rehab)	C/N	Q1	Q2	Q3	Q4
	UEC_023	Embed centralised acute admissions model at Morriston	CN	Q1	Q2	Q3	Q4
	UEC_024	Implementation of Single Point of Access/Integrated Discharge Hub for all community services	CN	Q1	Q2	Q3	Q4
	MOR_047	Expansion of Stroke Early Supported Discharge to reduce Length of Stay for Stroke patients	T1	Q1	Q2	Q3	Q4
<b>Programme 4: Integrated Discharge</b> • Deliver a Home first approach and reduce the risk of re-admission	UEC_006	Extend Sanctuary Service provisions (link to MH Plan)	F	Q1	Q2	Q3	Q4
	UEC_015	Implement alternative service models for current bed areas Neath Port Talbot /Singleton hospitals for patients in community settings - 90 additional care home beds to reduce bed capacity at Singleton and Neath Port Talbot by August 2023 and reduce 60 acute beds at Singleton by August 2023.	T1	Q1	Q2	Q3	Q4
	UEC_013	Implement clinical model to support Centralised Inpatient Rehab at NPT hospital (phase 2)	T1	Q1	Q2	Q3	Q4
	UEC_014	In conjunction with RPB further development of the Home First Programme approach to ensure Care closer to home	CN	Q1	Q2	Q3	Q4
	UEC_016	In conjunction with the RPB provide 15-20 additional dementia care home assessment placements to provide discharge to assess services	T1	Q1	Q2	Q3	Q4
	UEC_022	Ty Olwen : re-open 4 inpatient beds (GMO being developed)	T1	Q1	Q2	Q3	Q4

# Urgent and Emergency Care Goals and Methods

## Impact of Non-Delivery

The Health Board recognises that there are Six Goals UEC portfolio risks and broader system risks that may impact on the timely delivery of our transformational change schemes. Mitigations are in place for these portfolio risks whilst it is also acknowledged there will be project risks that will be mitigated at a project level. To mitigate the broader system risks we recognise that tackling the UEC challenge requires whole system thinking and as such will tackle the whole system via the 4 programmes of work already outlined - this with the aim of providing an alternative to our acute sites, achieving the best clinical outcomes when at our acute sites and encouraging timely discharge and appropriate provision of care within our communities.

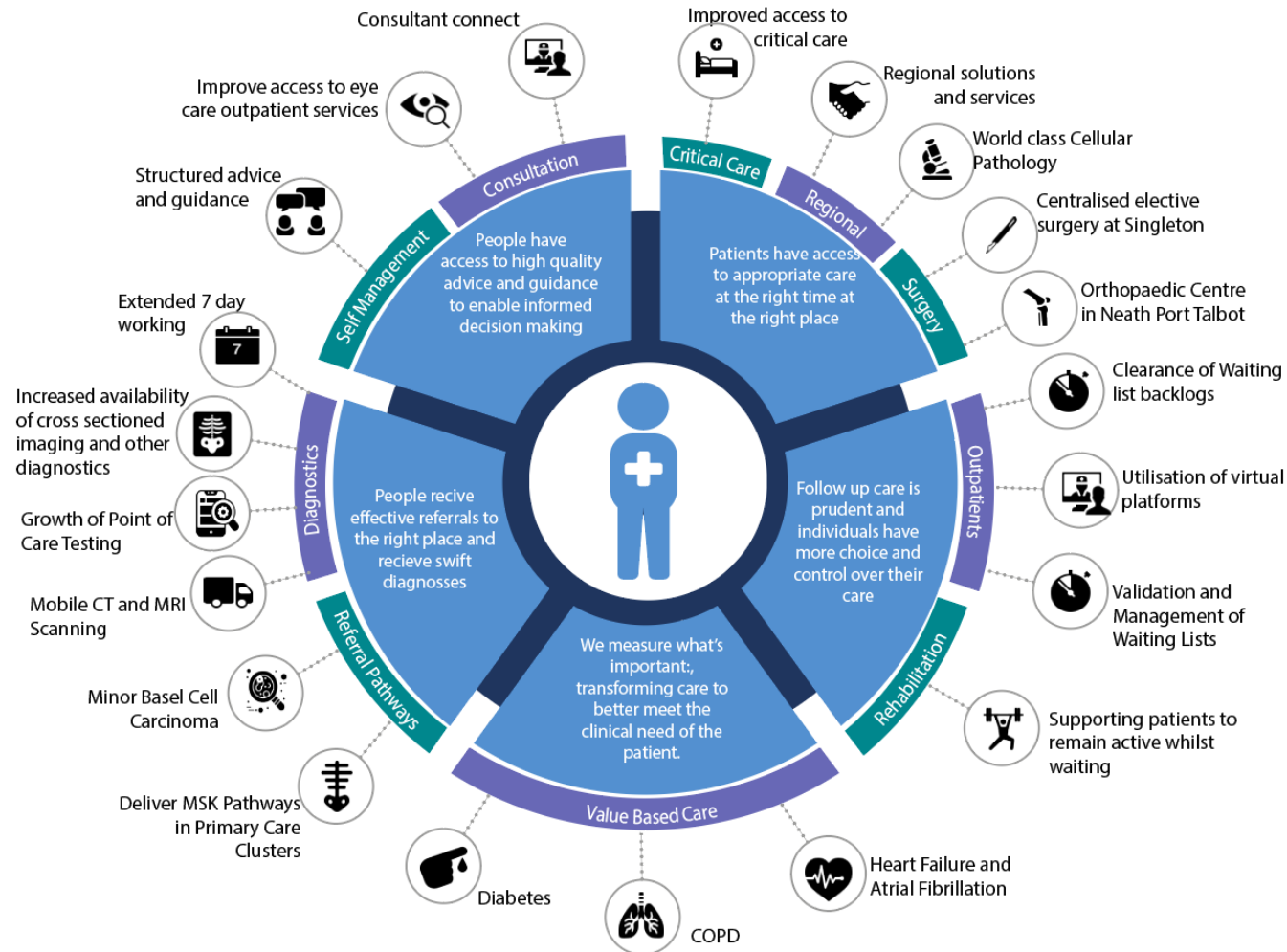
The risk remains high in terms of delivery of Tier 1 targets – these are not just those at the front door but also relate to time sensitive conditions, such as stroke and fractured neck of femur, and the ability to support patients within the community.

Risk	Risk Description	Mitigation
<b>Funding</b>	Provision of Six Goals funding may not be permanent and stable	Portfolio Board will continue to monitor expenditure and ensure an open dialogue with 6 Goals national team re; ongoing funding allocation(s)
<b>Resources</b>	There may be a limit on available resource to deliver the projects and programmes with the portfolio of works	The Portfolio Board will task Programme leads with the responsibility to provide sufficient resource to deliver. The Portfolio Board will also monitor resourcing of teams involved in the implementation of work-streams to ensure that transformational change can continue to be undertaken
<b>Delivery timescales</b>	Risk of not being able to implement the Six Goals projects within desired timescale – potentially linked to broader system pressures impacting on resource available	A clear well-resourced project team will be put in place to progress project roll-out in timescale outlined – this will be monitored by the Portfolio Board
<b>Lack of buy-in/ push back</b>	Lack of buy in due to limited appropriate communications across organisation and partners may impact on delivering the portfolio in timescales required	Communications plans and activities will be developed and targeted at stakeholders at all levels. Planned engagement with key personnel as Champions to drive forward the roll-out and sell the benefit of an improved health & social care system
<b>Workforce fragility</b>	Workforce fragility across primary care and community services negatively impacting on ability to divert away from the front door	<ul style="list-style-type: none"> <li>Investigate staffing models based around the patient and skills mix roles.</li> <li>Portfolio opportunities (across health &amp; social care)</li> <li>Advanced practitioner/ Emergency practitioner role growth</li> <li>As a system risk the workforce risk remains significant also in acute care with regards to medical staffing and nursing – incl. challenges to recruit therapy and pharmacy across the board is a significant risk to delay. Risk also in recruiting into rehab workers and dom. care as part of the workforce system risk.</li> <li>The heavy reliance on temporary workforce impacts on quality and safety and also the ability to embed change as well as the affordability element</li> </ul>
<b>Cultural challenges within NHS</b>	Destabilisation of primary care Cultural challenges and risk of an inability to embrace change	<ul style="list-style-type: none"> <li>System integration</li> <li>Selling the benefits to change – develop system change ‘Champions’</li> </ul>
<b>Access to Urgent Emergency Care (by the public)</b>	Risk that public/ patient expectation does not align with ability to deliver care ( culture change)	<ul style="list-style-type: none"> <li>Education and information to the public on access to services, there is always a focus on what matters to people.</li> <li>A clear, long-term approach to recruitment and retention of the right workforce to manage the right patient demand</li> <li>A clear approach to measuring value, quality, safety, patient and staff experience across the urgent and emergency care pathway</li> <li>Harnessing digital change, new technologies and informatics systems that are robust</li> </ul>

# 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 innovation to improve access to advice, diagnostics, therapy and interventions across the planned care system for patients. We will improve on developments made in 21/22 and 22/23; maintaining recovery of our Planned Care system, whilst developing sustainable services; 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 follow up waiting list 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 See-On-Symptom or PIFU pathway
- Reduction in Do Not Attend rates
- 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

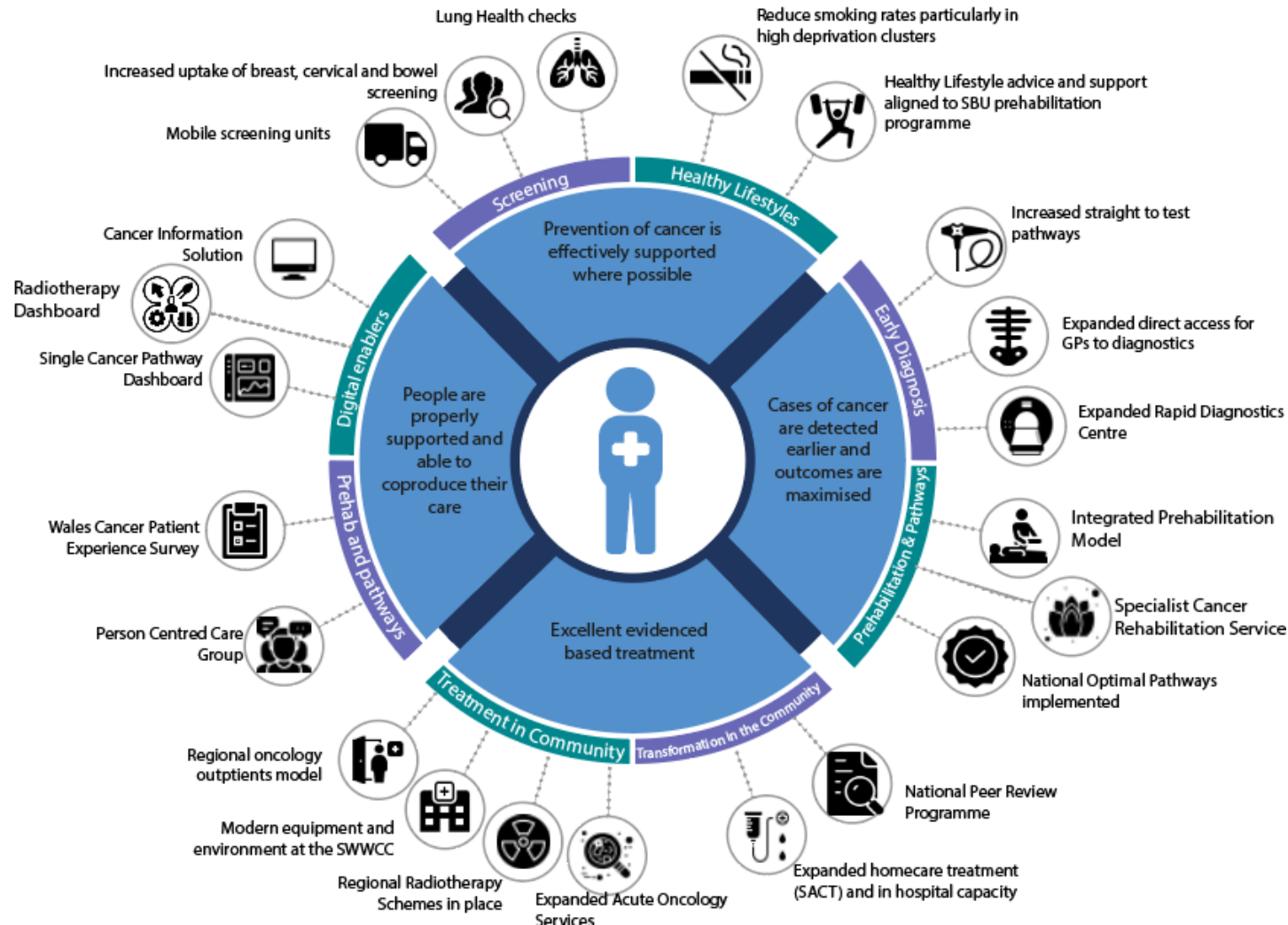
# Planned Care Goals and Methods

<b>Deliver orthopaedic strategy to eradicate the &gt;24 month stay. Stage 5 waits by March 24.</b>	PC_001	Provide protected elective capacity on Clydach Ward in Morriston for those patients with the highest acuity.	F	Q1	Q2	Q3	Q4
	PC_002	Work with colleagues in Hywel Dda to explore the possibility of utilising orthopaedic capacity in Prince Phillip Hospital to accommodate high acuity patient as part of a regional approach.	T1	Q1	Q2	Q3	Q4
	PC_003	Utilise the high care facility in Neath Port Talbot Hospital to accommodate suitable Low Volume High Complexity patients with suitable transfer arrangement to mitigate any risks.	T1	Q1	Q2	Q3	Q4
	PC_004	Utilise the new orthopaedic theatres in Neath Port Talbot Hospital for High Volume Low complexity patients.	T1	Q1	Q2	Q3	Q4
<b>Create greater capacity at Singleton to eradicate &gt;24 waits in all specialties by June 2024</b>	PC_005	Finalise business case and secure financial support to develop a 3 theatre module in Singleton	T1	Q1	Q2	Q3	Q4
	PC_006	Expand colorectal / general surgery sessions by 15 including increasing consultant numbers by 2 WTE for benign surgery	T1	Q1	Q2	Q3	Q4
	PC_007	Deliver gynaecology ambulatory care facility at Singleton to increase capacity for hysteroscopies and additional theatre sessions.	T1	Q1	Q2	Q3	Q4
	PC_008	Create 5 Ear Nose Throat sessions at Singleton	T1	Q1	Q2	Q3	Q4
<b>Deliver out-patient waits &gt;52 weeks (with the exception of orthopaedics) by June 2023 and 36 week wait by March 24.</b>	PC_009	Continue current improvement trajectory for outpatients utilising additional capacity where necessary and through efficiency gains. Develop further initiatives in primary care to reduce demand including the introduction of at least 50 Health Pathways.	F (Prt)	Q1	Q2	Q3	Q4
<b>Reduce the number of patients on the Follow Up Not Booked (FUNB) waiting list by 30% by March 24</b>	PC_010	Establish alternative pathways to follow up appointment across all specialties including maximising the use of patient initiated follow up and see on symptom	F	Q1	Q2	Q3	Q4
<b>Deliver the Ministerial target for diagnostic waiting of no waits of &gt; 8 weeks by end of March 2024</b>	PC_011	Expand endoscopy capacity through regional solutions with Hywel Dda.	F	Q1	Q2	Q3	Q4
	PC_012	Increase core capacity in radiology through a combination of additional machine and reporting capacity and working regional with Hywel Dda to identify opportunities for mutual support.	T1	Q1	Q2	Q3	Q4
	PC_013	Expand dual energy X-ray absorptiometry (DEXA) capacity across the south west Region.	T1	Q1	Q2	Q3	Q4
	PC_014	Increase cardiac, respiratory and neurophysiology diagnostic, capacity including direct access for primary care.	T1	Q1	Q2	Q3	Q4

# Cancer Vision and Outcomes

Our vision is to deliver cancer care and services that improve patient survival, outcomes and experience. Swansea Bay UHB hosts the South West Wales Cancer Centre (SWWCC) which provides non surgical oncology treatment for the population of South West Wales (including patients from Hywel Dda UHB). Swansea Bay is the only Health Board which delivers the entire pathway of care for cancer for the region, apart from a small proportion of very specialist services (SBUHB's commissioner share of Velindre Cancer Centre equates to 0.64%). Delivering our vision 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. Our vision is aligned to and locally delivers the Cancer Quality Statement (2021) and Cancer Improvement Plan for Wales (2023).

## 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 Systemic Anti Cancer Therapy (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

Sustain and expand cancer treatment services, improving access and quality of services.	CAN_001	Expand Stereotactic Ablation Radiotherapy Service (SABR) in SWWCC, Singleton, with phased roll out to other tumour sites (for commissioning by WHSSC)	CN	Q1	Q2	Q3	Q4
	CAN_002	Regional Radiotherapy as per SWWCC Strategic Programme Case 23/24 - 33/34: Deliver 4th Linac (Lin D) replacement business case at SWWCC, Singleton	T1	Q1	Q2	Q3	Q4
	CAN_003	Regional Radiotherapy as per SWWCC Strategic Programme Case- Develop WG capital business case for 2nd CT SIM at SWWCC	T1	Q1	Q2	Q3	Q4
	CAN_005	Progress intention to commission from WHSSC the first in Wales 'contact/ papillion' low energy portable radiotherapy service in SWWCC for early stage rectal cancer	F	Q1	Q2	Q3	Q4
	CAN_007	Implement weekend working for Radiotherapy: to increase Computed (axial) Tomography (CT) capacity. reduce time to treatment pathway/ reduce breaches in targets and increase training	T1	Q1	Q2	Q3	Q4
	CAN_010	Artificial Intelligence software based outlining and planning of Radio Therapy plans	CN	Q1	Q2	Q3	Q4
	CAN_015	Embed and improve existing 5 day Acute Oncology Service	F	Q1	Q2	Q3	Q4
	CAN_017	Stabilisation and expansion of haematology service - Strengthen the current middle grade tier by recruiting additional doctors and increasing the Clinical Nurse Specialist (CNS) complement. This will enable the recruitment of consultants and reduction in high cost agency staff	T1	Q1	Q2	Q3	Q4
	CAN_018	Deliver sustainable model for Oesophageal Cancer Surgery Service and non resection surgery service	T1	Q1	Q2	Q3	Q4
	CAN_020	Transfer PMB service (Bridgend activity) to CTM	T1	Q1	Q2	Q3	Q4
	CAN_021	Develop sustainable breast cancer service with capacity that matches demand for SBUHB footprint (includes transfer of Bridgend breast activity back to Cwm Taf Morganwng)	T1	Q1	Q2	Q3	Q4
Improve cancer prevention, early detection and timely access to diagnostics	CAN_026	Colonoscopy backlog solutions: needs based not time based	F	Q1	Q2	Q3	Q4
	CAN_027	Develop a Navigational Bronchoscopy Service (Funding to be confirmed – Moondance)	F	Q1	Q2	Q3	Q4
Maximising outcomes for patients with cancer;' for example, embedding population health interventions, prehabilitation, rehabilitation, value based healthcare approaches	CAN_028	Undertake project work (supported by the Wales Cancer Network) in the priority tumour sites of lung and urology in 23/24, to support achieving the vision set out in the National Optimal Pathways.	CN	Q1	Q2	Q3	Q4
	CAN_029	Establish Consultant Allied Health Professional Lead Cancer post	F	Q1	Q2	Q3	Q4
	CAN_032	Provide an equitable, quality service for Head and Neck patients within SWWCC through the introduction of Oncology CNS service	F	Q1	Q2	Q3	Q4

# Cancer Goals and Methods

Implement digital infrastructure and intelligence developments to support greater integration of care and provide the relevant data to guide service development in Cancer Services	CAN_034	Implement Phase 1 Cancer Information Solution (CaNISC replacement - national programme by Welsh Cancer Network (WCN)/ Digital Health & Care Wales)	F	Q1	Q2	Q3	Q4
	CAN_035	Embed and improve local SCP dashboard aligned to Delivery Unit development work on National Single Cancer Pathway (SCP) Dashboard and National Optimal Pathways (NOPs)	CN	Q1	Q2	Q3	Q4
Supporting all people living with cancer across their whole pathway of care	CAN_036	Establish Person Centred Care Steering Group to identify and take forward priorities to improve patient experience for those with cancer. To be confirmed programme of work to include appropriate population health interventions a e.g. making every contact count (MECC), reducing inequalities and psychological therapies – and aligned to All Wales Patient Experience Survey due for publication late 2022	CN	Q1	Q2	Q3	Q4
Patients referred on suspected cancer pathway for lower GI symptoms receive optimising intervention in primary care	CAN_PREH_AB_001	Embedding the prehab model into Primary Care including digital tools and education	F	Q1	Q2	Q3	Q4
	CAN_PREH_AB_002	Identify suitable patients via cancer tracker	F	Q1	Q2	Q3	Q4
	CAN_PREH_AB_003	Lifestyle GP clinics to ensure optimisation of key prehabilitation criteria including medication, nutrition, smoking, alcohol, mental health, anaemia, blood pressure/activity levels	F	Q1	Q2	Q3	Q4
Patients referred on suspected cancer pathway for lower GI symptoms receive optimising intervention in primary care	CAN_PREH_AB_004	Onward referral making best use of local and health board wide pre-existing services.	F	Q1	Q2	Q3	Q4
	CAN_PREH_AB_005	Embedding pharmacists into the RDC Model to provide prehabilitation service to all patients	F	Q1	Q2	Q3	Q4
	CAN_PREH_AB_006	Integrated use of the PROMS platform to run an optimisation clinic focusing on medication, nutrition, smoking, alcohol and mental health	F	Q1	Q2	Q3	Q4
	CAN_PREH_AB_007	Communication of the intervention to patients own GP team to ensure coordinated and streamlined care	F	Q1	Q2	Q3	Q4
	CAN_PREH_AB_008	Improvement in the following areas following intervention; - Alcohol consumption - Mental Health - Blood Pressure - Weight - Activity Levels	F	Q1	Q2	Q3	Q4

# Cancer Goals and Methods

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## **Impact of Non-Delivery**

One of the main risks associated with the Cancer centre is rising demand. Across Wales there has been a 25% increase in new cancer diagnoses in 2019 compared to 2002 caused, in the main, by increasing number of older people who have the highest risk of cancer with more complex case needs. Increased pressure on the system is also being driven by the increasing number of new cancer patients needing non-surgical treatment, rising by an estimated 165,000 each year.

It is therefore essential that we continue to work to improve our pathways in these areas to mitigate against the growing demand and complexity of patients and improve outcomes for patients. The risk in not progressing with these goals will mean that Services within the SWWCC will continue to struggle to meet timely access to treatments for patients which ultimately will have adverse effect on outcomes.

Workforce constraints with National shortages of specialist roles pose a real risk which we can only mitigate and tackle if we continue to look at advanced roles such as the Consultant Radiographers, innovation solutions like Artificial Intelligence, skill mixing and utilising of our non-specialist staff groups like CNS Support workers and utilising of AHP roles to support improvements in pathways and patient outcomes.

Some of the mitigation of these risks will be supported by the Cancer Centre taking the results of the WPES report to implement work streams that will empower patients and will aim to provide our patients with knowledge and practical help to make healthier lifestyle choices that should improve their health and wellbeing throughout their treatment pathways.

Similarly the work streams run in parallel with providing our staff with skill set and knowledge to reinforce the same information in our patient programmes. Continuing our focus on compassion fatigue and taking time to value each other promotes a culture where staff feel able to regain their sense of why they entered health care profession and conceivably reinforces their health and well-being alongside our patients.

There is also risk with regards to engagement and funding from Hywel Dda which we attempting to mitigate via our SWWCC Strategic Programme Case and via our commissioning framework.

# 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

- Reduction in Emergency Department Mental Health attendances (baseline TBC)
- Reduction in ambulance see, treat, convey (baseline TBC)
- Reduction in Out of Hours (OOH) GP attendance (baseline TBC)
- Reduction in Community Mental Health Team Duty Officer Assessments (baseline TBC)
- CAMHS Specific Targets
  - Part 2: 90% Compliance
  - Part 1b: 80% Assessed within 28 days
- Reduction in Psychological Therapy Waiting List (baseline 38 weeks; Service Level Target 26 weeks)
- Reduction in Waiting List for Eating Disorder Service (Service Level Target 4 weeks; baseline TBC)
- Development of Dual Diagnosis Strategy in collaboration with Substance Misuse Area Planning Board
- Reduced waiting times from > 22 weeks currently, improved sexual health, reduced unwanted pregnancies linked to the PHW agenda
- Reduced length of stay (LOS) of Male Patients on Adult treatment and rehabilitation wards Baseline LOS 2021/22 Averages: Ward F 22 days; Fendrod 70 days; Clyne 60 days)
- Reduction in Follow Up Not Booked patients by 30%
- Reduction in DNA rates to < 10%
- % of patients on PIFU, SOS as per Welsh Government Policy - 30% of all follow up patients
- Reduction in waiting lists for assessment and diagnosis for ADHD - current number on waiting list >400 pts, current wait > 2 years
- Increased availability of Positive Behavioural Support practitioners in community teams
- Reduction in dependence on hospital based services

# 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	MHLD_001	Development of an Assessment Hub to provide a single point of contact for Mental Health Services to support the 111 press 2 referral pathway to allow all category c assessments to be undertake by the hub.	F	Q1	Q2	Q3	Q4
Centralised 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	MHLD_002	Following approval of the Strategic Outline Case (SOC ) by Welsh Government develop and submit the outline business case for the scheme. Complete the outline business case for submission to WG.	P/C N	Q1	Q2	Q3	Q4
Audit CMHT services and benchmark against NHS Wales Health Collaborative Adult Community Mental Health Services "Our Vision for the future" and develop an action plan / review of current model	MHLD_003	Benchmarking against recommendations contained in paper. Producing action plan to implement the standards and enable CMHTS to deliver core business.	CN	Q1	Q2	Q3	Q4
Disaggregate and transfer Community CAMHS to Swansea Bay. Consolidate team and services and review impact of transfer.	MHLD_004	Establish service and embed into Mental Health and Learning Disability (MH&LD) Service Group. Identifying risks and baseline for performance monitoring	T1	Q1	Q2	Q3	Q4
Continue to modernise mental health services to meet future demands and needs.	MHLD_007	Continue to improve access to psychological therapies by increasing the psychological therapy resource within the current service	F	Q1	Q2	Q3	Q4
	MHLD_009	Development of a Dual Diagnosis Strategy and implementation plan for the Region in conjunction with the Substance Misuse Area Planning Board. (Public Health Funding)	T1	Q1	Q2	Q3	Q4
	MHLD_010	Development of a Dual Diagnosis Strategy and implementation plan for the Region in conjunction with the Substance Misuse Area Planning Board.	F	Q1	Q2	Q3	Q4
	MHLD_013	Extend Sanctuary Service provision to provide a second sanctuary hub within the HB area.	F	Q1	Q2	Q3	Q4
	MHLD_014	Evaluate Acute In-Reach Rehabilitation (AIRR) service with a view to expand the service for male patients and roll it out to our Female population.	F	Q1	Q2	Q3	Q4
	MHLD_015	Improve access to Outpatient services by reviewing and developing outpatient pathways and development of a single point of referral through growth of the existing single point of access (SPOA) function to cover all geographical areas within Mental Health. Become more embedded with the wider Health Board outpatient modernisation program. Develop digital options as part of modernisation (Included in Service Wide GMO for Develop Digital Priorities for Service Group)	F	Q1	Q2	Q3	Q4
	MHLD_016	Improvement of Attention deficit hyperactivity disorder (ADHD) Pathway through participation in the national meetings regarding neurodiversity services and implementation of a structured and resourced ADHD service requiring new Consultant, nursing and therapies investment. CMHTs to provide additional support and undertake physical health clinics within community settings, with a focus on monitoring of patients being prescribed ADHD medication.	F	Q1	Q2	Q3	Q4

# Mental Health and Learning Disabilities Goals and Methods

Expand community specialist LD services to support effective step down of complex LD mental health patients	MHLD_019	Revising the delivery of positive behavioural support across all community Learning Disability services (in line with Coupland Review)	T1	Q1	Q2	Q3	Q4
	MHLD_020	Demand & Capacity work to inform business case development for expansion of acute liaison nurse resource.	CN	Q1	Q2	Q3	Q4
To have a medium and low secure model of service following redesign that is fit for purpose, and meets the population needs	MHLD_024	Continue to work jointly with WHSCC on their 3-5 year plan for Specialist Mental Health Provision in Wales. Overall review of service model within Medium and Low Secure Services, reviewing inpatient care model, infrastructure and security as well as workforce redesign to enhance modernisation so that it meets the needs of the population, including repatriation of Welsh patients from the private sector as well as meeting the expectations from WHSCC Strategic plan	F	Q1	Q2	Q3	Q4
Improved management of the demands of the CHC expenditure.	MHLD_025	Implement the findings of the work completed by CHS (CareHome Selection Ltd) for the Service Group following external reviews of the Continuing Health Care cases. Work with the Health Board regarding the HB's review of Complex Care across the three Service Groups. Continue with the joint working with the West Glamorgan Regional Partnership program on the Complex Care Process. Continue to work with the West Glamorgan Regional Accommodation Group on the development of supportive Living provision of care for mental health services.	CN	Q1	Q2	Q3	Q4
Recruitment of Service Users / carers to undertake role of an "expert by experience"	MHLD_026	Recruitment via the established apprenticeship scheme within the Health Board	F	Q1	Q2	Q3	Q4
Develop Digital Priorities for Service Group	MHLD_027	Roll out SIGNAL across in patient areas in MH & LD services with appropriate IT infrastructure-large screens, access to PC's.	F	Q1	Q2	Q3	Q4
	MHLD_028	Implementation of Hospital Electronic Prescribing and Medicines Administration (HEPMA) into Service Group	F	Q1	Q2	Q3	Q4
	MHLD_029	Development of Dashboards to assist modernisation of services such as outpatients, psychological therapies, Mental Health Act Team (MHA), Implementation of Welsh Community Care Information System (WCCIS) / Welsh Clinical Portal (WCP) into Service Group, Implementation of Swansea Bay Patient Portal (SBPP), Implementation of Paper lite / Hybrid mail / Virtual, Consultations in line with out patients modernisation GMO, Explore options for Hospital to Hospital Referrals	CN	Q1	Q2	Q3	Q4
Reducing Health Inequalities across the service group	MHLD_030	Patients have access to Public Health Wales Physical Health Screening programmes in Forensic Services	CN	Q1	Q2	Q3	Q4
	MHLD_031	Improve patients access to routine Dental treatment in Forensic Services	F	Q1	Q2	Q3	Q4
	MHLD_032	Working with Primary Care & Community Service Group to deliver additional support for the delivery of annual health checks for people with learning disabilities in line with national action plan	F	Q1	Q2	Q3	Q4
	MHLD_033	Included above as part of "Improvement of ADHD Pathway" (line 23). CMHTs to provide additional support and undertake physical health clinics within community settings, with a focus on monitoring of patients being prescribed ADHD medication.	F	Q1	Q2	Q3	Q4
Improve access to Psychological Therapies for CAMHS	MHLD_036	Review the existing service of psychological therapies for CAMHS.; Review the psychological needs in CAMHS; Develop a plan for the best use of the current resource and identify priority gaps for development.	F	Q1	Q2	Q3	Q4
Create a psychology presence in the Primary Care Clusters to work with GPs, District Nursing, Health Visiting & other AHP colleagues to identify individuals and families at risk of the impact of adverse childhood experiences ACE's	MHLD_037	Undertake screening to identify at risk households; Provide education in relation to adverse childhood experiences (ACEs) ACEs and Trauma informed care; Co-produce community intervention plan, teach skills; Promote social norms that protect against violence and adversity; Provide consultation and network formulation to develop plans for high risk cases. 4 Cluster in Year 1, 4 in year 2.	T1 44	Q1	Q2	Q3	Q4

# Mental Health and Learning Disabilities Goals and Methods

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## Impact of Non-Delivery

For Mental Health the key risk areas are CAMHS, Outpatients Modernisation, ADHD pathway and psychological therapies. The CAMHS service is transferring from Cwm Taf Health Board from 1<sup>st</sup> April 2023 and risk areas include data migration, workforce issues and performance monitoring, a full evaluation of the service will be undertaken to identify further service requirements to provide a safe CAMHS service within SBUHB. Work is ongoing with workforce, finance, digital and Clinical colleagues as part of the transfer. Outpatients modernisation holds risks that relate to continued high levels of did not attend, follow up not booked and breaches of waiting lists if transformation work is not undertaken. Work is ongoing with the Outpatients' Transformation team and digital colleagues to develop a transformation plan and an Outpatient Clinical Redesign Group has been established to work on this. There is a need to develop a robust ADHD pathway or risk an increase in the waiting list for assessment and diagnosis for ADHD, work is being done on a national level to improve the pathway. Psychological therapies current target is 26 weeks, the risk would be not being able to continue to meet this target with an increasing referral demand for the service, work is ongoing to develop an action plan to address the increase in demand for this service and look at options to support capacity in sustainably providing this service.

For Learning Disabilities, the main risk area is around the repurposing of Dan-Y-Deri, the building is currently unfit for purpose and in order to modernise LD Services and repatriate patients, the building requires investment. If funding is not received the environment will remain unfit to repatriate patients. Design fees have been agreed and a business case is being developed.

For Forensic Services, all parts of the plan link in with the 3-5 year WHSCC strategy reviewing the current inpatient care model with the need for repatriation but one area of risk relates to the need to develop LD & women's forensic services, at present there is no service for this and the risk will be that this remains the status quo, however work is ongoing with WHSCC in line with the WHSCC strategy to develop this for the future.

For CHC, the risk is we do not get agreement for joint funding of identified case and the HB continues to pay higher costs for placements. Work is ongoing with local authorities colleagues to agree action plans, joint processes as well as reviewing in-house processes to ensure no unnecessary high cost cases.

Our Digital Infrastructure holds risks if not delivered, as the service group will not be aligned with HB Digital programmes and there will be implications relating to data management and collection, recording keeping and clinical systems. Work is ongoing with digital colleagues to develop a service group digital programme which is monitored via the service group digital services group.

The rest of the Recovery and Sustainability have limited or no risks identified in relation to delivery as they have recurring funding, are in the planning stages for development or are cost neutral and will be utilizing current service group or HB resources.

# 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. We strongly believe that by working in conjunction with the goals of the **Healthy Child Wales Programme**, we will support a positive impact to children's health, social and educational development; optimising their longer-term potential. Our Maternity Services, including Midwifery and Neo-natal services, support women with the knowledge, skills and confidence to make informed decisions about their care, and the care of their children. By addressing key public health factors, such as smoking cessation, we aim to improve the health of future generations and reduce the need for interventions in the birthing process. Maternity Services will focus on the 5 key principles of the **All Wales Maternity Vision**

## Vision



## All Wales Maternity Vision:

1. Women will receive personalised care, planned in partnership with them and reflecting their choices and health needs
2. Women will receive safe and effective care; with risk, intervention and variation reduced wherever possible
3. Women will experience continuity of carer across the whole of their maternity journey
4. Women will receive care from multi-professional teams, with access to specialist services
5. Women will receive maternity services which are sustainable and the highest quality possible

## Outcomes

- Delivering 70% cot occupancy (equates to additional 521 occupied bed days)
- 24/7 Neonatal Transport - 50 transfers per annum
- Achieve British Association of Perinatal Medicine (BAPM) standards of a minimum of 0.5 wte per Allied Health Professional
- Deliver sustainable balanced service to reduce waiting times and provide timely assessment outcomes. This will need an increase in monthly capacity from 38 initial assessments to 90 in order to meet demand (baseline 42)
- Improved monitoring of provision of care and governance reporting methods.
- Implementation of the Delivery Plan for Children & Young People's Emotional & Mental Health

# Children and Young People Goals and Methods

<b>Deliver a sustainable Neonatal Service that is commissioned to meet the local and national population needs of Wales and includes workforce levels that meet recommended national standards</b>	CYP_001	Support and participate in the WHSSC reconfiguration of cot capacity across South Wales ensuring adequate cot capacity and appropriate tariffs for number of births per Health Board.	F	Q1	Q2	Q3	Q4
	CYP_002	Deliver a permanent 24-hour neonatal transport model through the new Operational Delivery Network	F	Q1	Q2	Q3	Q4
	CYP_004	Increase therapy support to recommended BAPM standards	F	Q1	Q2	Q3	Q4
<b>Provide safe &amp; sustainable community, neurodevelopment and continuing care nursing services that enables equity of access, timely support and improves outcomes for Children and Young People</b>	CYP_010	Participate in and deliver agreed actions in Transforming Complex Care Programme: Develop and implement a fit for purpose Continuing Care pathway working with multiagency partners	F	Q1	Q2	Q3	Q4
	CYP_011	Support and participate in the regional Sexual Assault Referral Centre (SARC ) programme to deliver patient and victim centred sexual assault service providing a focus on health needs and improved outcomes develop business case for additional resources to support hub should this be based in Swansea	F	Q1	Q2	Q3	Q4
	CYP_012	Work with RPB and colleagues within Mental Health services to undertake a review of psychological and multi-disciplinary services required for children with learning disabilities, to identify gaps in service provision, unmet need and priorities for development	CN	Q1	Q2	Q3	Q4
	CYP_015	Agree transition pathway to Integrated Autism Service (IAS) for CYP on waiting list when they reach 17 years and 9 months as directed by CAMHS Lead in WG in April 2021	CN	Q1	Q2	Q3	Q4
	CYP_016	Develop and implement action plan in response to external review of Continuing Care Nursing Service	T1	Q1	Q2	Q3	Q4
<b>Implement the Delivery Plan for Children &amp; Young People's Emotional &amp; Mental Health Delivery Plan to provided improve accessibility to advice &amp; support in all settings across the whole system and strengthening partnership working to improve multi-agency working for better outcomes for children &amp; young people</b>	CYP_022	<ul style="list-style-type: none"> <li>Implementation of the Delivery Plan for Children &amp; Young People's Emotional &amp; Mental Health Delivery Plan including:</li> <li>Improved accessibility to advise &amp; support in all settings across the whole system</li> <li>Strengthen partnership working to improve multi-agency working, and support the delivery of the Transforming Complex Care Work Programme</li> <li>Develop plans for CAMHS Prevention &amp; Wellbeing</li> <li>Improved access to Psychological therapies</li> <li>Monitor and review services with regular engagement from children &amp; young people throughout the life of the Delivery Plan</li> </ul>	CN	Q1	Q2	Q3	Q4
	CYP_023	Provide CAHMS 24/7 crisis service support in line with adult services	F	Q1	Q2	Q3	Q4
	CYP_025	Deliver sustainable workforce plan for general Paediatric services - undertake medical and nursing workforce review to ensure model is stable in the short term and resilient for service delivery, improved wellbeing and reduced reliance on agency spend	F	Q1	Q2	Q3	Q4

# Children and Young People Goals and Methods

<b>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 &amp; their families</b>	CYP_027	Design and plan for General and Surgical Paediatric services to be located in a designated Childrens unit (not new build) that meets the needs of the service	T1	Q1	Q2	Q3	Q4
	MOR_003	Paediatric Emergency Department linked to above	T1	Q1	Q2	Q3	Q4
	CYP_028	Taking into account the outcome of a Briefing Intelligence regarding the needs of our adolescent patients -design and plan age appropriate accommodation, taking their health and well-being and as well as the impact on parents and other patients of not having a dedicated space (linked to above)	P	Q1	Q2	Q3	Q4
	CYP_030	Embed children's rights in line with our Children's Rights Charter and SBUHB 'Promises'	CN	Q1	Q2	Q3	Q4
	CYP_032	Return of Morriston Paediatric outpatient department and increase theatre capacity to pre-Covid-19 levels and more will allow increased outpatient/theatre clinic capacity to allow increased activity and in turn reduction of waiting times to 26 weeks	CN	Q1	Q2	Q3	Q4
	CYP_034	Work collaborative with Health Boards and WHSSC to develop a sustainable service model, basing Paediatric Neurology services at University Hospital Wales whilst providing satellite service at SBUHB for South West Wales. This will provide succession planning of pending Consultant retirements and build a sustainable workforce model including specialist posts such as care advisor and physio role expansion for neuromuscular service	F	Q1	Q2	Q3	Q4
<b>Increase funded therapy provision across children's services to support improved outcomes for children in addition to enhancing workforce skill mix in line with prudent healthcare principles</b>	CYP_035	Strengthen succession planning in order to develop a skilled paediatric Occupational Therapy, Physiotherapy, Speech and Language Therapy and Dietetic workforce to allow varied experience within Paediatric Therapy posts in the future. Support student placements within paediatric disciplines and influence commissioning of student numbers from Universities	CN	Q1	Q2	Q3	Q4
	CYP_036	Collaborative scoping to explore use of Advanced Practitioner posts to demonstrate prudent use of skill set, and release consultant capacity	CN	Q1	Q2	Q3	Q4
	CYP_037	Continued collaboration with the local authorities to support implementation of Additional Learning Needs Act (Wales) 2018, with development of regional pathways and local operational procedures for Wales	CN	Q1	Q2	Q3	Q4
	CYP_042	Undertake gap analysis review of dietetic provision for Paediatric Diabetes service	CN	Q1	Q2	Q3	Q4
	CYP_049	Undertake a demand and capacity review of SLT delivery pathways, ensuring efficiency and prudence in all areas	CN	Q1	Q2	Q3	Q4
	CYP_050	Increase resilience of paediatric dysphagia service through upskilling our Speech and Language Therapists (SLT) workforce via additional training to ensure dysphagia skills are present in all service areas	CN	Q1	Q2	Q3	Q4

# Children and Young People Goals and Methods

<p>Ensure robust operational and governance arrangements are in place for CYP Division, including strengthening of leadership capacity, enhancing collaborative working across services/ stakeholders and improved utilisation of digital solutions</p>	<p>CYP_051</p>	<p>Undertake a workforce review to ensure Divisional Structure is fit for purpose, whilst strengthening leadership and multi-disciplinary working through facilitated team building events and providing increased governance processes/ support</p>	<p><b>CN</b></p>	<p>Q1</p>	<p>Q2</p>	<p>Q3</p>	<p>Q4</p>
<p>Ensure robust operational and governance arrangements are in place for CYP Division, including strengthening of leadership capacity, enhancing collaborative working across services/ stakeholders and improved utilisation of digital solutions</p>	<p>CYP_053</p>	<p>Implement a formal Executive led Programme Board to provide oversight and governance of recovery and sustainability of Childrens services, with delivery supported by Strategic Planning Manager for Children and Young Peoples Service</p>	<p><b>CN</b></p>	<p>Q1</p>	<p>Q2</p>	<p>Q3</p>	<p>Q4</p>

# Children and Young People

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## Impact of Non-Delivery

- A key risk of non-delivery of the centre for sexual assault victims would be the unavailability of a centre in the West for Children, currently children are travelling to Cardiff, there are concerns that there is an unmet need as victims are not taking up the service due to the length of travel involved when in a distressed state. The only mitigation to highlight is that the service users would continue to travel to Cardiff. If funding is not available, SBUHB will not be able to staff the second hub in Swansea.
- A number of risks relating to staffing levels, including the suspension of services, are being mitigated by utilising temporary staff which can in turn incur additional costs for the service. Developing a sustainable workforce will not only deliver safer quality efficient services but also retain current staff in service. Staffing continues to be the main area of concern within the CYP Service. If no additional operational staffing is secured waiting times will continue to rise in 2023/24. The main areas for which inadequate staffing resource is an issue is the ND service and the ALN Act. Without securing additional staff whilst the ALN team work to assess longer-term demand / capacity implications of the ALN Act, the Health Board will routinely breach its statutory duties under the ALN Act. This is currently on Health Board Risk Register with a score of 20.
- The All Wales Review of NDD services resulting in additional funding of £12m across Wales to support the development of the Neurodevelopment disorder service and to reduce waiting times has resulted in the service finalising a revised business case, which will provide a further reduction in the waiting times position over a three-year period. However, there remains risks associated with the transferring the Business Case into reality with on-going difficulty in recruiting to posts, volume of posts and considering all Health Boards will be aiming to recruit to similar posts. Interim funding up to March 2023 of £182,000 has been allocated to SBUHB for adult and CYP services – proposals approved by RPB and plans being implemented. Although Welsh Government have announced further non-recurrent funding to the ND Service across Wales (longer term funding uncertain at this time), it is likely that neighbouring Health Boards will be competing for the same skilled individuals and as yet it is unknown what the Health Board's share of the allocation is likely to be until the DU have published their findings following their assessment of how the money is to be shared across the Nation. This being an "unknown" it is difficult to assess at this point in time whether the funding will be adequate create a sustainable reduced waiting list for children to be assessed knowing that demand is increasing.
- Recruitment of key posts remain challenging in a number of areas including the CYP Children's Continuing Care Service. The service is looking to develop a number of roles in order to attract different skill sets and as well as developing "our own".
- Waiting times and the number of children waiting to be seen/assessed will also continue to raise if the outpatient space in Morryston Hospital is not returned to the Paediatric service and investment is not confirmed in the ND Service.
- All available outpatient space is currently being utilised where possible but this is not sustainable. It is imperative that the space is returned during 2023/24 in order to reduce the length of time children are waiting to be seen.
- The current design and layout of the Paediatric wards at Morryston are no longer suitable. The physical condition of the wards are poor, with several vital elements needing complete replacement whereas the layout and departmental relationships are ineffective and the wards are physically cramped. Patient privacy & dignity is often compromised. This means that, despite excellent clinical care good patient experience is overshadowed. Patient experience will continue to be of a negative nature and staff will continue to be unable to carry out professional activities to the standards required unless funding is provided for the refurbishment of the Paediatric wards at Morryston Hospital to give the patients and families the experience they would expect from 21<sup>st</sup> century healthcare provider.

# Maternity Goals and Methods

<b>Safe and Effective Care – women receive safe and effective care; with risk, intervention and variation reduced wherever possible</b>	MAT_0007	Develop network for external peer review of serious clinical incidents	CN	Q1	Q2	Q3	Q4
	MAT_0008	Mechanisms for recognising themes and trends in care ‘failings – red flags NICE maternity staff reporting and responding	CN	Q1	Q2	Q3	Q4
<b>Continuity of Carer – women experience continuity of carer across the whole of their maternity journey</b>	MAT_0009	Workforce review and plan developed with the aim of ensuring that women are cared for by no more than 2 midwives in the community	CN	Q1	Q2	Q3	Q4
	MAT_010	For women who need obstetric care, we will undertake a full review of our ante-natal clinics to ensure care pathways and specialist services are available with a view to ensuring that most women see no more than 2 different obstetricians through their pregnancy	CN	Q1	Q2	Q3	Q4
<b>Skilled Multi-Professional Teams – women receive care from multi-professional teams, with access to specialist services</b>	MAT_011	The Multi-Professional Team will be provided with foetal surveillance training in line with Welsh Government standards (6 hours per year) delivered by a specialist midwife and obstetric lead	CN	Q1	Q2	Q3	Q4
<b>Sustainable Quality Services – women receive maternity services which are sustainable and the highest quality possible</b>	MAT_012	Develop a robust workforce plan across all services, ensuring we meet Royal College of Obstetricians & Gynaecologists (RCOG), Birthrate+ and Guidelines for the Provision of Paediatric Anaesthesia (GPAS) standards	CN	Q1	Q2	Q3	Q4
	MAT_013	Develop competency frameworks and increase the numbers of Health Care Support Workers and Maternity Care Assistants within all areas of maternity services to free up registered midwives' time and ensure all staff are working at the top of their license		Q1	Q2	Q3	Q4
	MAT_014	Develop a staff wellbeing strategy to aid retention and reduce levels of sickness absence.		Q1	Q2	Q3	Q4
	MAT_015	Develop a community midwifery model which improves leadership and team working, and which improves retention of midwives.		Q1	Q2	Q3	Q4

## Impact of Non-Delivery

- A number of risks relating to staffing levels, including the suspension of services, are being mitigated by diverting services to Singleton, using the current workforce. However, this has the knock on effect of increased workload for other areas. A planned review, Revised skill-mix and alternate ways of working will be considered to mitigate the risks, and a Workforce Transformation Board is under development to progress this.
- Risks around not delivering the Smoking Cessation Plan are being mitigated by using the generic Smoking Cessation Service currently.
- Risks around non-delivery of care pathways for obesity, and therefore potential risk of pregnancy complications, are being mitigated by the monitoring of weight gain and provision of advice on healthy eating.
- There are also risks around failing to meet National Institute for Health and Care Excellence. (NICE) / Health Education and Improvement Wales (HEIW) / Perinatal Institute / other Statutory Guidance and this impacts our HB reputation (requiring reporting mechanisms to be in place to identify these issues to the necessary bodies), as well as impacting our ability to provide appropriate services to expectant mothers. A Workforce Plan will mitigate these issues and allow the identification of gaps in service so that improvements can be identified and put in place.

# Regional Services Vision and Outcomes: ARCH and RSSPPP

We have two unique partnership arrangements for regional working in South Wales; ARCH (A Regional Collaborative for Health) in collaboration with Hwyl Dda University Health Board and Swansea University, and our Regional and Specialised Services Provider Planning Partnership (RSSPPP) in partnership with Cardiff & Vale University Health Board. Our vision is to deliver outstanding patient outcomes through the provision of high quality and effective specialised healthcare, and to work collaboratively across the region deliver meaningful change to improve the health, wealth and wellbeing of the population., whilst creating a vibrant and sustainable environment for people to live, learn and work.

## ARCH

Hwyl Dda and Swansea Bay continue to work on a regional basis both through ARCH (in collaboration with Swansea University) and bi-laterally between the two Health Boards. Our approach is to consider regional partnerships and regional solutions a core principle of a whole system approach to the planning and delivery of services. The ARCH Partnership will be delivered through proven joint working arrangements. We have also established an executive led 'Regional Commissioning Group', which works alongside ARCH to realise our respective strategies in 'A Healthier Mid and West Wales' and 'Changing for the Future Engagement & Recovery and Sustainability Plan'. In addition to the NHS transformational priorities below we will prioritise the following:

- **Workforce, Education, & Skills:** Education programmes to meet services needs and underpin NHS service transformation projects by developing targeted educational programmes; ARCH Senior Leaders Development Programme and other management and leadership development; Innovation Intensive Learning Academy; Value Based Healthcare Intensive Learning Academy.
- **Research, Enterprise, & Innovation:** Supporting the foundational economy, research excellence, underpinning and enabling our innovative approach to NHS service transformation projects, collaborating with industry, and maximising income from grant and commercial income opportunities. This year will develop the ARCH Innovation and Research Strategy, including Regional Pathology Laboratory; maximising impact on health outcomes from Swansea City Deal 'Innovation Park' capital projects in Pentre Awel, Singleton, & Morriston; developing our Joint Clinical Research Facilities; regional impact innovation activities such as Health Hack and Social Care Hack, ARCH Innovation Forum, Artificial Intelligence projects and appointing an ARCH/AgorIP (Swansea Uni support programme to commercialise Innovation) / Healthcare Technology Centre Technology Transfer Manager to stimulate, develop and commercialise regional innovation.

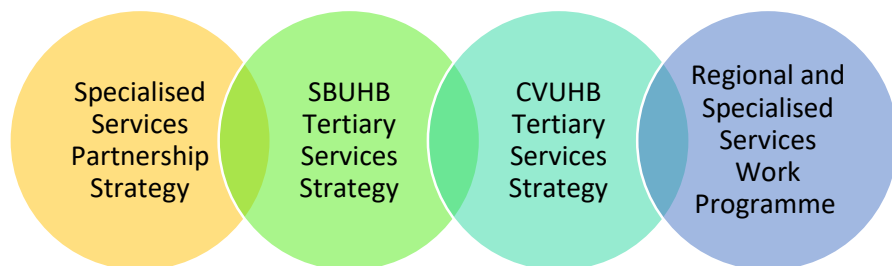
• Stroke including hyperacute and acute services; Pre-acute stroke services – believed stroke (process and conveyance); Post-acute stroke services (early supported discharge, rehabilitation); Post-diagnosis Not-Stroke (Mimic) services – linked to Functional Neurological Disorder;
• Oral Maxillofacial Surgery including identifying short to medium term regional solutions to waiting list position
• Regional Pathology Centre of Excellence including Cellular Pathology, Microbiology, Genomics, Laboratory Medicine, Digital
• South West Wales Cancer Centre including SWWCC Strategic Programme Case (SPC); strategic vision for regional non-surgical oncology services (2023/34)
• Orthopaedics including defining the scope of the work
• Diagnostic Hubs, with the work programme being defined to include Endoscopy, Radiology, Pathology, Orthopaedics, and Neurology
• Dermatology Eye-care including glaucoma; establishing Ophthalmic Diagnostic and Treatment Centre; Implement a Regional Diabetic Retinopathy Referral Refinement Scheme; cataract recovery plan.
• including teledermatology; longer-term business plan, primary care non-urgent suspected cancers
• Cardiology including improving the provision Cardiac Computed Tomography (CT) training; Echo/Cardiac Physiology extending working hours and building a resilient workforce; Cardiac Pacing Repatriation of Hwyl Dda patients; Cardiac Magnetic Resonance imaging (MR) service developments and improving the provision
• Neurosciences including an epilepsy business plan; neurophysiology; and neuromuscular disorders

# Regional Services Vision and Outcomes: ARCH and RSSPPP

## RSSPP

The Regional and Specialised Services Provider Planning Partnership programme is a collaboration between Swansea Bay UHB and Cardiff and Vale UHB to develop a shared view on the future delivery of sustainable specialised services across the two tertiary centres in South Wales. The programme includes a number of specific tertiary service projects, as well as the development of an overarching strategy for both health boards and as well as the partnership.

The programme has four distinct and interlinked components:



The partnership has developed the following products over the last three years:

- **All Wales service specification for :**
  - Tertiary Oesophageal and Gastric Cancer services – Published on the Welsh Cancer Network website.
  - Hepato-Pancreato-Biliary surgery services – Published on the Welsh Cancer Network website.
  - Non-Specialised Paediatric Orthopaedic Services – Published as a Welsh Health Circular.
  - Specialised Adult Endocrinology Services – Approved in principle by the CEG.
- **Transfer of commissioning responsibility for:**
  - Hepato-Pancreato-Biliary Surgery
  - Specialised Paediatric Orthopaedic Surgery
  - Paediatric Spinal Surgery
- **Specialised services provider partnership vision and framework** – a precursor for the development of the Specialised Services Partnership Strategy
- **Tertiary Services Oversight Groups** in both organisations to oversee the tertiary services workstream, and maintain a comprehensive and balanced portfolio of safe, sustainable and effective specialised services.

The partnership will progress the following workstreams in 2023/24:

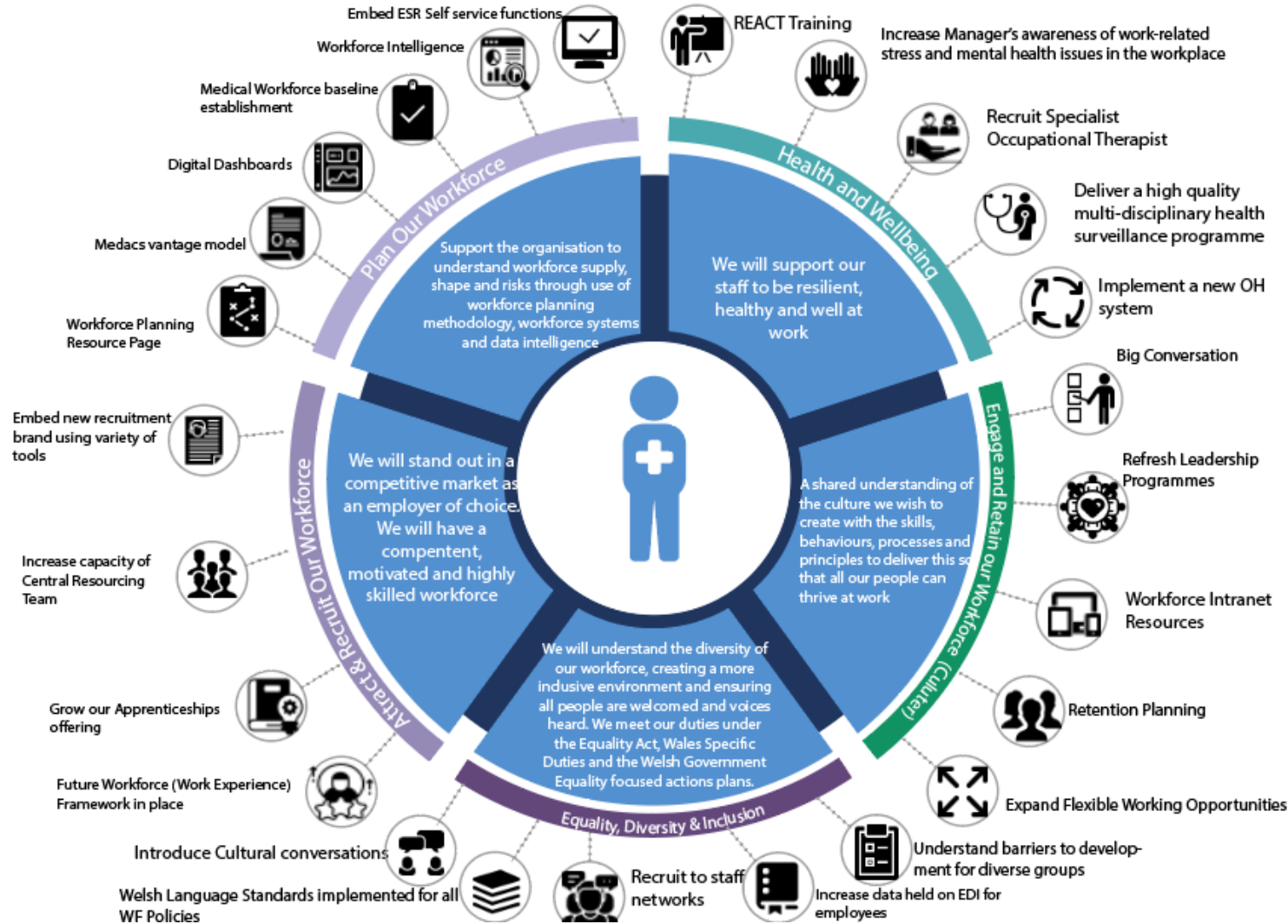
Development of a Specialised Services Partnership Strategy
Development and implementation of a sustainable service model for Oesophago-Gastric Cancer Surgery in South and West Wales
Improvement of current service provision for patients who require Hepato-Pancreato-Biliary Surgery, including the development of a pathway form patients with severe acute pancreatitis
Implementation of Specialist Endocrinology (Adult) Service Specification
Development of Specialised Infectious Disease Service Specification
Provide planning support to the South Wales Spinal Network
Refresh and review of the specialised service baseline assessments in both organisations to support: <ul style="list-style-type: none"> <li>• The assessment and prioritisation of business cases; and</li> <li>• The development of commissioning framework for non-commissioned specialised services</li> </ul>

# RESOURCES

# 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

- We will have clear medical establishments and greater clarity around the contingent medical workforce leading to a reduction in medical agency costs
- We will embed our new recruitment brand to increase interest in Swansea bay as an employer of choice, demonstrated by an increase in number of applications received by the Health Board
- We will increase the capacity of our central resourcing team to manage all registered and non-registered nurse recruitment to reduce time to hire and on-boarding attrition
- We will demonstrate our commitment to being an anchor institution for our communities by growing our apprentice offer and work experience opportunities
- We will refresh our leadership programme following the feedback from our big conversation engagement events, measuring their effectiveness through new evaluation methodology
- We will improve our retention rates by introducing a number of initiatives, such as increasing flexible working options for staff and developing new methodology to generate insights into why individuals decide to leave
- We will encourage staff to update their equality and diversity data on ESR to better understand our organisation's workforce profile
- We will prepare a report on barriers facing diverse groups of staff when accessing training and development opportunities to increase participation rates
- We will introduce cultural conversations and cultural ambassadors for our overseas nurses to increase retention
- We will implement a new OH system to streamline OH pre-employment check processes and enable managers to more easily track OH referrals to support with our sickness reduction target of 5.5%
- We will train staff in health surveillance, how to have psychologically informed conversations and how to identify work related stress and mental health issues in the workplace to encourage early intervention and sickness absence prevention

### Approach to planning the workforce

Service areas have been encouraged to develop robust workforce plans when designing and developing the workforce they need to deliver their services both now and in the future, with consideration being given to how they can use their current workforce differently, how they can capitalise on new roles to fill traditional gaps and how they might grow their own, particularly for hard to recruit posts.

# Workforce Goals and Methods

<b>Plan our workforce</b> Support the organisation to understand workforce supply, shape and risks through use of workforce planning methodology, workforce systems and data intelligence	WF_001	Continue to build capability in workforce planning skills and methodology across the organisation by developing a workforce planning resource page	C/N	Q1	Q2	Q3	Q4
	WF_002	Continue and increase the pace of refreshing and re-energising the Medacs vantage model	C/N	Q1	Q2	Q3	Q4
	WF_003	Develop a digital dashboard tracking the contingent medical workforce and costs	C/N	Q1	Q2	Q3	Q4
	WF_004	Work to sign up off contract agencies to Medacs supply chain	C/N	Q1	Q2	Q3	Q4
	WF_005	Develop methodology to agree baseline establishments for the medical workforce	C/N	Q1	Q2	Q3	Q4
	WF_006	ESR Self Service roll out to enhance WF intelligence for managers and exploit the strategic benefits of the ESS / SSS / MSS platform	C/N	Q1	Q2	Q3	Q4
	WF_007	Development of intranet workforce share point site for managers/staff to have access to policies/procedures/toolkits to support attendance management processes, disciplinary, capability, respect & resolution and raising concerns.	F	Q1	Q2	Q3	Q4
<b>Attract and recruit our workforce</b> We will stand out in a competitive market as an employer of choice. We will have an engaged, motivated and highly skilled workforce reflective of our population with the right numbers to meet a	WF_008	Embed our new recruitment brand which has been developed in 22/23 using a variety of tools including a new website, digital targeting & social media	F	Q1	Q2	Q3	Q4
	WF_009	Increase capacity of Central Resourcing team to manage all B2,3 and 4 non registered nursing workforce and B5 registered workforce	C/N	Q1	Q2	Q3	Q4
	WF_010	Use existing data on apprenticeships to grow our offering aligned to workforce design and need. This will include analysing apprentice turnover, retention within the Health Board and career progression. We will grow our library of apprentice stories to celebrate apprenticeships within the SBUHB and build these into recruitment and engagement.	C/N	Q1	Q2	Q3	Q4
	WF_011	Create future workforce infrastructure to grow our unpaid work experience offering.	F	Q1	Q2	Q3	Q4
<b>Engage and Retain our Workforce (Culture)</b> A shared understanding of the culture we wish to create with the skills, behaviours, processes and principles to deliver this so that all our people can thrive at work. Colleagues will feel engaged, valued, safe and supported at work. They will feel able to bring their whole selves to work and will recommend the organisation as a good place to work to the people around them.	WF_012	Roll out next phase of our Big Conversation, next steps and action planning	F	Q1	Q2	Q3	Q4
	WF_013	Refresh our leadership programmes (Impact, Footprints, Bridges, Optimise, Optimise Advance) to embed the learning from our Big Conversation ensuring that leaders are equipped to role model the behaviours of the Swansea Bay Way and delivering the culture change as set out in our Quality Strategy.	C/N	Q1	Q2	Q3	Q4
	WF_014	Aligned to the national Freedom to Speak up Framework due to be published in 2023, secure the ongoing commitment to enable independent speaking up mechanism within SBUHB.	C/N	Q1	Q2	Q3	Q4
	WF_015	Retention plan: Improve management awareness of their role in employee engagement and staff experience to support retention	C/N	Q1	Q2	Q3	Q4
	WF_016	Retention action plan: Implement a framework to help identify staff who are thinking of leaving and actions which will retain them	C/N	Q1	Q2	Q3	Q4
	WF_017	Retention Plan: Increase flexible working opportunities for our staff	C/N	Q1	Q2	Q3	Q4
	WF_018	Retention Plan: Improve supervision/mentoring/buddying process for staff in first 12 months of employment	C/N	Q1	Q2	Q3	Q4

# Workforce Goals and Methods

<b>EDI</b> We will understand the diversity of our workforce, creating a more inclusive environment and ensuring all people are welcomed and voices heard. We meet our duties under the Equality Act, Wales Specific Duties and the Welsh Government Equality focused actions plans.	WF_019	Encourage and Promote individual updating of Equality and Diversity data held on ESR	F	Q1	Q2	Q3	Q4
	WF_020	Recruit to staff networks agreed positions as agreed through Board subcommittees	C/N	Q1	Q2	Q3	Q4
	WF_021	Understand the barriers for BAME nursing staff to accessing training and development opportunities by building on themes identified in Our Big Conversation, using a range of methodologies tailored to the needs of these groups	C/N	Q1	Q2	Q3	Q4
	WF_022	Introduce a cultural conversation for our overseas nurses induction programme to enable them to settle and stay within Swansea Bay, developing cultural ambassadors as part of our Anti Racist Swansea Bay Action Plan.	C/N	Q1	Q2	Q3	Q4
	WF_023	Welsh Language standards –translation of workforce policies.	F	Q1	Q2	Q3	Q4
<b>Health and wellbeing</b> Support our staff to be resilient, healthy and well at work, by ensuring we have both comprehensive and evidence based interventions and also a focus on proactive and preventative approaches.	WF_024	Implement the new OH System, Civica-Opas G2	F	Q1	Q2	Q3	Q4
	WF_025	Deliver a high quality multi-disciplinary health surveillance programme	F	Q1	Q2	Q3	Q4
	WF_026	Recruit a Specialist Occupational Therapist to provide OH long-Covid-19 support on a permanent basis.	F	Q1	Q2	Q3	Q4
	WF_027	To train SBUHB staff in how to have a psychologically informed conversation using REACT training.	F	Q1	Q2	Q3	Q4
	WF_028	Increase manager’s awareness of work related stress and mental health issues in the workforce.	F	Q1	Q2	Q3	Q4

## Impact of Non-Delivery

The workforce GMOs aim to provide our workforce with a great experience of Swansea Bay UHB. Our overall goals are ambitious and need to be delivered in an ever changing context with limited financial resources.

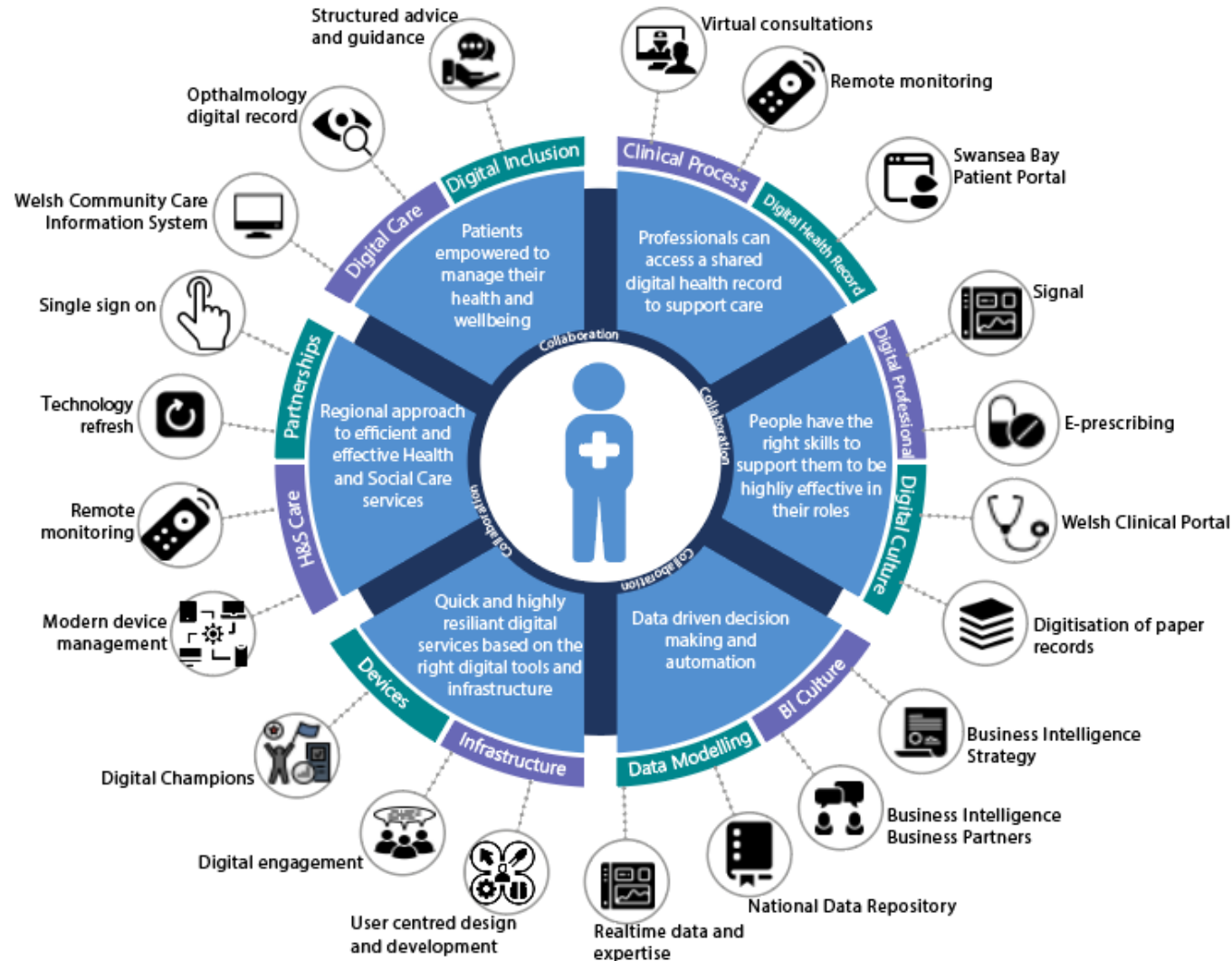
Most workforce GMOs for 23/24 are cost neutral, however, where funding is required, mitigation includes consideration of alternative ways to fund (e.g. top slicing).

Another risk to delivery is that while the workforce department can support the organisation to achieve some of the outcomes outlined in the workforce GMOs, the delivery of them often relies on the service groups. Mitigation for this includes the workforce department providing regular monitoring and guidance plus organisation wide initiatives to support delivery.

# Digital Vision and Outcomes

Recent years have demonstrated the criticality of the role that digital technology provides to 21<sup>st</sup> Century Health and Care. There is a significant demand for the provision of digital services and technology applications which act as a powerful enabler to facilitate and accelerate change within the healthcare setting. Digital transformation and technology will enable our health and care teams, citizens and patients 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. We will continue to collaborate with Digital Health Care Wales (DHCW), NHS Wales Collaborative and Regional Partnership Board to deliver national programmes, tailored to our local and regional needs, to support service development and redesign across the Health Board.

## 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

<b>Planned Care and Theatres</b> <b>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.</b>	DIG_001	Swansea Bay Patient Portal (SBPP)	F	Q1	Q2	Q3	Q4
	DIG_003	Virtual Consultations and Reviews Maintain and increase the use of remote and virtual ways of working introduced for outpatient, primary care and therapy services including utilisation of Attend Anywhere, SOS, PIFU and PROMs functionality	F	Q1	Q2	Q3	Q4
	DIG_004	'Paper light' Outpatient Departments Enabling safe care across multidisciplinary teams irrespective of clinical base	T1	Q1	Q2	Q3	Q4
	DIG_005	Digital diagnostics Enable and maintain digital diagnostic test requesting and notifications, and population of digital health records with results	F	Q1	Q2	Q3	Q4
	DIG_006	Theatre Operational Management System (TOMS)	F	Q1	Q2	Q3	Q4
	DIG_009	HEPMA Improve patient safety and quality by providing legible, unambiguous and timely access to medication charts, underpinned by a clinical decision support engine. Release time to care through more efficient medication rounds. Reduce medication errors and subsequent redress costs (cost avoidance).	F	Q1	Q2	Q3	Q4
	DIG_011	Signal	F	Q1	Q2	Q3	Q4
<b>Unscheduled and Emergency Care</b> <b>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.</b>	DIG_017	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 Neath Port Talbot minor injury unit. Improve patient safety by sharing information from ED with speciality teams and GPs e.g. A&E attendance letters, electronic casualty cards including observations at time of arrival in ED.	F	Q1	Q2	Q3	Q4
	DIG_018	Welsh Intensive Care Information System (WICIS)	F	Q1	Q2	Q3	Q4
<b>Integrated Health and Care - Availability of all relevant care and clinical information at point of care enabling more informed clinical decision, improving patient safety</b>	DIG_024	National electronic medicines prescribing administration (ePMA) Programme	F	Q1	Q2	Q3	Q4
	DIG_025	Implement Hospital Electronic Prescribing and Medicines Administration in Mental Health and Learning Disabilities to improve medication safety, efficiency and governance.	F	Q1	Q2	Q3	Q4
	DIG_028	AMAT - Implement a digital solution to support the audit assurance component of the quality and safety assurance framework for the health board to meet its duty of quality.	F	Q1	Q2	Q3	Q4
<b>Support Maternity services to provide safe and effective care</b>	DIG_034	Implement Signal	F	Q1	Q2	Q3	Q4
	DIG_035	Foetal monitoring system	F	Q1	Q2	Q3	Q4

# Digital Goals and Methods

Delivering the right Digital tools and infrastructure to provide quick and highly resilient digital services	DIG_056	Refresh old equipment to provide reliable and modern devices that can updated to protect against cyber threat	TBF	Q1	Q2	Q3	Q4
	DIG_057	Replace Data Centre environment by reprovisioning room next to existing data centre (old equipment moved).	F	Q1	Q2	Q3	Q4
	DIG_058	Procure new equipment for implementation and replacement hardware and software which will be out of warranty and effectively end of life. Required to ensure reliable and robust hosting of local digital applications and services	F	Q1	Q2	Q3	Q4
	DIG_059	Implement a fire suppression system at Neath Port Talbot data centre. Requires private finance initiative (PFI) support (Highlighted in a Welsh Audit Office (WAO) audit and required for protection of critical systems.)	TBC	Q1	Q2	Q3	Q4
	DIG_060	Develop a system that provides rapid deployment of devices and allows timely updating of software across laptops irrespective of the location (supports home working model) for modern desktop management using services that are already available as part of the national licence agreement to implement the modern desktop service.	F	Q1	Q2	Q3	Q4
	DIG_061	Procure standardised equipment and replace Polycom units to modernise video conferencing services by replacing Polycom equipment with Teams Meeting room hardware.	TBC	Q1	Q2	Q3	Q4
	DIG_062	Phase out 3rd Party Webbrowser and standardise on Edge	F	Q1	Q2	Q3	Q4
	DIG_066	Use existing tools already procured to undertake cyber security phishing exercises. Tests the ability to notice malicious emails for all staff. Those who click on an appropriate site will have targeted training. This is aimed to protect the organisation against cyber threats.	F	Q1	Q2	Q3	Q4
	DIG_067	Implement local security information and event management solution (SIEM)	F	Q1	Q2	Q3	Q4
	DIG_069	Continued implementation of Microsoft 365 solutions to streamline collaboration and processes. Modernise mobilisation services in terms of adopting Office 365 functionality and replacing MobileIron.	F	Q1	Q2	Q3	Q4
DIG_078	Expand the scope and scale of Imprivata Single Sign-on	F-Prt	Q1	Q2	Q3	Q4	

## Impact of Non-Delivery

There are a number of risks to delivering our digital plan in 2023/24. Below are the key risks and the mitigations in place to manage these.

- Recruitment and Retention of staff within Digital:** The health board are unable to provide sustainable digital services or deliver the digital transformation agenda due to the inability to recruit/retain staff with the necessary capabilities. Also including clinical staff who sit within the digital structure. (DATIX ref 3236, Digital Risk register). **Mitigation:** Establish a task and finish group to develop a Digital Service workforce plan that focuses on recruitment and retention, including an approach to attract school and university leavers, as well as looking at a range of options for recruitment and funding.
- Risk of dependencies upon DHCW and third party providers to develop systems :**There is a risk that some items identified in the plan, which have dependencies upon DHCW or third party suppliers to progress may be delayed, due to reasons beyond our control. **Mitigation:** Early engagement with DHCW and throughout. Ensure clarity in terms of legal and deployment documentation is present from the outset of any project. Maximise opportunities to exploit existing API's and feeds to/from national systems. (Risk no. 159, Digital Risk register).
- Limited resource within Digital:** Due to current financial pressures, coupled with some additional unexpected priorities, there is a risk that the delivery requirements for the year 2023/2024 will exceed the resources available to Digital services. (Risk no. 298, Digital Risk Register). **Mitigation:** Programme resource pragmatically, in line with timelines currently available. Explore funding options available to support ongoing delivery of digital.

# Capital and Estates

The implementation of the Health Board's Recovery & Sustainability Plan will require a significant capital investment to reduce the risk of delivering care from increasingly elderly estate, whilst ensuring the future sustainability of our services in line with our Clinical Services Plan - Changing for the Future. In 2022/23 the Health Board completed a 6-facet survey of its estate and produced Design Control Plans for the main hospital sites at Morriston, Singleton, Neath Port Talbot and Cefn Coed. This work has culminated in the production of our Estates Strategy, which is currently going through Health Board scrutiny and is due to be presented for Health Board approval in May 2023. The Estates Strategy will also consider our future disposal strategy and commercial arrangements, including retail and partnership opportunities.

We continue to look at alternative funding models 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 the West Glamorgan Regional Partnership Board in utilising the new HCF (Housing with Care Fund) and IRCF (Integrated and Rebalancing Capital Fund), housing associations and the independent sector. However, there will continue to be a significant requirement for All Wales Capital support. Some of our schemes which have revenue funded options will also require IFRS 16 technical capital support following the introduction of the new IFRS 16 Lease accounting standard from 1<sup>st</sup> April 2022.

The programme below shows our active business cases. Further work on prioritisation of our 10 year capital investment plan will form part of the Estates Strategy approval. Our ambitious modernisation programme is an update to the presentation made in November 2022 to the Welsh Government Investment Infrastructure Board of our Clinical Services Plan, Strategic Portfolio Case. Our detailed scheme by scheme 10 year investment profile is contained within the MDS. There are additional future year schemes which will require business case scoping sessions to be held during 2023/24, including the major ward and theatre infrastructure works at Morriston hospital.

Scheme Name	Site	Expected Funding Source	Business Case Status	Rationale	Additional IFRS 16 Impact	2023/24	2024/25	2025/26	2026/27	2027/28	Further Years	Total
						£m						£m
<b>A. Approved Schemes (AWCP)</b>						26.1	4.9					31.0
<b>B. List of Unapproved Schemes with Active Business Cases (Indicative Costs)</b>												
Adult Acute Mental Health Unit	Cefn Coed	WG - AWCP	SOC endorsed, OBC in development	Significant risk in estate, supports sustainability		1.6	2.0	8.0	20.0	22.0		53.6
Reconfiguration of Learning Disabilities, Dan-y-Deri	Swansea	WG - Regional	BJC in development	Meets quality priorities, sustainability and supports recovery		2.5	2.1					4.7
Catheter Lab A Morriston replacement	Morriston	WG - AWCP	BJC in development	Meets quality priorities, sustainability and supports recovery		3.0				3.5	3.5	10.0
Hybrid Theatre Morriston	Morriston	WG - AWCP	SOC Endorsed. Combined OBC/FBC in development	Meets quality priorities, sustainability and supports recovery		0.7	10.5					11.2
Morriston Access Road	Morriston	Mixed	Part of Regional Pathology OBC	Enabling infrastructure		1.2	0.6	14.5	4.9			21.2
Refurbishment of Burns ITU Phase 1	Morriston	WG - AWCP	BJC phase 1 submitted to WG 30/1/23	Meets quality priorities, sustainability and supports recovery		7.4						7.4
Refurbishment of Burns ITU Phase 2	Morriston	WG - AWCP	BJC phase 1 submitted to WG 30/1/23	Meets quality priorities, sustainability and supports recovery	Possible	0.5	12.0	12.0	16.5			41.0
Regional Pathology Centre	Morriston	WG - AWCP	SOC endorsed, OBC in development	Meets quality priorities, sustainability and supports recovery			3.0	17.0	30.0	33.7	6.7	90.4
Thoracic, Morriston	Morriston	WG - AWCP	SOC endorsed, OBC in development	Meets quality priorities, sustainability and supports recovery		1.0	1.8	14.0	13.4	2.8		33.0
Management Centre, Morriston	Morriston	City Deal	BJC in development	City Deal		1.3						1.3
Modular Theatres at Singleton Hospital	Singleton	WG - AWCP	BJC in development	Builds capacity for recovery	Possible	15.2	11.0					26.2
PET-CT (Permanent)	Singleton	WG - AWCP	BJC in development	Meets quality priorities, sustainability and supports recovery		1.0	4.8					5.8
Swansea Wellness Centre	Swansea	Mixed	SOC endorsed, OBC in development	Supports backlog maintenance, reduces risk, meets quality priorities		1.1	2.1	7.0	15.0	8.6		33.8
Tonna, Older Persons / Roof	Tonna	WG - AWCP	BJC in development	Significant risk in estate, supports sustainability		0.2	0.5	2.5	2.5	2.5		8.2
<b>B.Total Unapproved Schemes</b>						36.5	50.3	75.0	102.3	73.1	10.2	347.5
<b>C.Future Year Schemes</b>						0.9	22.2	39.4	105.3	95.0	202.0	464.8
<b>GRAND TOTAL</b>						63.5	77.5	114.4	207.6	168.1	212.2	843.4

Our discretionary and all Wales capital programme requirements are 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

## Active Business Cases

Site	Case	Business Case Status	2023/24	2024/25	2025/26	2026/27	2027/28
Cefn Coed	Adult Acute Mental Health Unit	SOC endorsed, OBC in development	OBC	FBC	Build	Build	Build
MH&LD	Reconfiguration/Refurbishment of Learning Disabilities, Dan-y-Deri	BJC in development	BJC/Build	Build			
Morrison	Catheter Lab A Morrison replacement	BJC in development	BJC/Build				
Morrison	Hybrid Theatre Morrison	SOC Endorsed. Combined OBC/FBC in development	OBC/FBC	Build	Build		
Morrison	Morrison Access Road	Part of Regional Pathology OBC	OBC	FBC/Build	Build	Build	
Morrison	Refurbishment of Burns ITU Phase 1	BJC phase 1 submitted to WG January 23	Build				
Morrison	Refurbishment of Burns ITU Phase 2	BJC phase 1 submitted to WG January 23	BJC	Build	Build	Build	
Morrison	Regional Pathology Centre	SOC endorsed, OBC in development	OBC	FBC	Build	Build	Build
Morrison	Thoracic, Morrison	SOC endorsed, OBC in development	OBC	FBC	Build	Build	Build
Morrison	Management Centre, Morrison	BJC in development	BJC/Build				
Singleton	Modular Theatres at Singleton Hospital	BJC in development	BJC/Build	Build			
Singleton	PET-CT (Permanent)	BJC in development	BJC/Build	Build			
Swansea	Swansea Wellness Centre	SOC endorsed, OBC in development	OBC	FBC	Build	Build	Build
Tonna	Tonna, Older Persons / Roof	BJC in development	BJC	Build	Build	Build	

## Future Business Cases

Site	Case	Business Case Status	2023/24	2024/25	2025/26	2026/27	2027/28
Morrison	New expanded ED, Critical Care and Theatre, Morrison Hospital	Scoping Meeting Required	PBC	OBC	FBC	Build	Build
Morrison	Ward Decant enabling works & purchase 6 modular wards	Scoping Meeting Required	BJC	Build	Build		
Morrison	Ward Refurbishment Programme, Morrison Stage 1 (Phases 1-2)	Scoping Meeting Required	PBC	OBC	FBC	Build	Build
Morrison	Ward Refurbishment Programme, Morrison Stage 2 (Phases 2-5)	Scoping Meeting Required	PBC				
Singleton	2nd CT-SIM at SWWCC	Scoping Meeting Required	BJC	Build			

# Sustainability and Decarbonisation

The Climate Emergency is a Health Emergency, with Welsh Government setting an ambition of the public sector being net zero by 2030, with NHS Wales aiming to reduce emissions by 34% by this point. Any actions taken to achieve this must consider wider environmental, social, cultural and economic impacts through the Well-Being of Future Generations Act's seven goals and five ways of working. Health Board emissions are estimated to be 133,392.71 tCO<sub>2</sub>e (2021/22), with over 80% generated from how we purchase services and goods, staff travel to and from work, and water and waste management practices. To tackle this the Health Board has moved to broaden the sustainability conversation and engage all directorates in addressing the challenge. Staff engagement has grown significantly with the formation of the Swansea Bay Green Group, a staff led collaborative space that challenges the Health Board on environmental sustainability and proactively takes forward change. The group is directly linked to the Sustainable Swansea Bay Steering Group, and has supported the Health Board to deliver a range of work including launching the first for Wales Green Teams Competition, Staff Bike Week, the Sustainable Travel Strategy and our first and highly participated in staff led sustainability survey. The Health Board is committed to further embedding sustainability and the Well Being of Future Generations Act, and to continue to reduce our emissions.



## Outcomes

- 16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position
- Evidence of improvement of the Health Board's contribution to decarbonisation as outlined in the organisation's plan
- Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process

# Sustainability and Decarbonisation Goals and Methods

Reduce Health Board related emissions from our procurement	Develop materials, linking to wider Wales work on decarbonisation and small and medium size enterprises (SMEs) reaching net zero	F	Q1	Q2	Q3	Q4
	Work with staff to demonstrate the opportunities to include sustainability into Procurement exercises	F	Q1	Q2	Q3	Q4
Reduce Health Board related emissions from our approach to healthcare	Digital to look at all existing and pipeline projects to understand how they support both the sustainability and decarbonisation agendas	CN	Q1	Q2	Q3	Q4
	Work with the Quality Improvement Team, FDU and Finance Team to assess scalability and sustainability of Green Teams programmes	CN	Q1	Q2	Q3	Q4
	Work with Quality Improvement team to integrate into training and support development of resources for staff to use during their Quality Improvement projects	CN	Q1	Q2	Q3	Q4
Reduce Health Board related emissions from our Buildings and Estate	Completion of a decarbonising option appraisal which considers how: Desteaming Morryston and Singleton	F	Q1	Q2	Q3	Q4
	Decarbonising Morryston and Singleton	F	Q1	Q2	Q3	Q4
	New buildings built to minimise emissions, and maximise opportunities to improve HB sustainability approach	CN	Q1	Q2	Q3	Q4
Our Culture and Ways of Working: Engage, enable and empower staff to be agents of change	Promotion of Green Group as a tool to engage	CN	Q1	Q2	Q3	Q4
	Provide training to all staff through ESR on climate change and Health, through promoting existing modules available	CN	Q1	Q2	Q3	Q4

## Impact of Non-Delivery

The key risks to delivering our sustainability and Decarbonisation plan and the mitigation actions are detailed below:

- **Scope and scale:** The increasing demands of managing the scope and scale of this programme outstrips available capacity. Currently 1WTE Band 7 Sustainability Planning Manager co-ordinates the Health Boards approach, governance and required reporting for Decarbonisation, Well-being of Future Generations and Foundational Economy, reporting to the Assistant Director of Strategy for Commissioning and Sustainability. In addition, there are a number of new HB duties to be introduced by WG on: Mainstreaming sustainability as a golden thread across **all plans**; Adaptation planning for climate change; Bringing cluster/pan cluster partnerships within decarbonisation scope; Additional quarterly reporting. **Mitigation:** Undertake a 'Sustainability Programme Review'.
- **Funding :** The scale of change and limited account of year on year spend increases, inflation, capital investment and Transport & Energy Infrastructure requirements. **Mitigation:** Seeking external funding, where possible.
- **Emissions calculations:** The lack of skills nationally & locally to assess carbon emissions, costs and potential financial savings achievable from individual and collective plans. **Mitigation:** Utilising CSH emissions calculations guidance, where possible and conversations initiated with FDU, Improvement Cymru and Welsh Government
- **Emissions reductions:** There has been 20% energy savings from the Re:Fit programme. However, this has only offset increased demand due to changes in Service provision with energy demands now exceeding the base year despite the 20% saving. Future developments, even with technology reducing emissions, will still contribute to an increase in total emissions across the Health Board. **Mitigation:** £3.6 million awarded to install battery storage at the solar farm, as well as an additional 1mw of solar capability and inclusion in all building designs.
- **Increasing regulatory requirements:** New legislation is being introduced in 2023/24 by Welsh Government, including: Social Partnership and Public Procurement (Wales) Bill, relevant to Procurement and Strategy (Social Partnership is on setting WB objectives); New waste & recycling regulations - October 2023, relevant to Estates, Capital Planning and Primary Care. **Mitigation:** Paper being prepared for Management Board on impact of new waste & recycling regulations

# Annual Financial Plan – 2023/24

For 2022/23 the Health Board is on course to deliver a balanced financial position, alongside the delivery of £30m of savings, for which this is the second year a savings target of £30m has been achieved. This is against a background of growing operational pressures seen through run rate and inflationary growth but offset by non-recurrent opportunities from the balance sheet, investment slippage and WG funding both linked to COVID and energy.

From the start of 2023/24 the current run rate pressures are anticipated to remain but tapering off as we go through the year to zero at the end of quarter 3. The foundations for reducing run rates were put in place in 2022/23 linked with the independent financial support brought in to consider operational pressures in one of the Health Board’s Service Groups. Further, the outputs from a run rate reduction workshop held in February 2023 and the establishment of five clinically lead work streams to focus on reducing spend through pathways will underpin our

The Health Board has demonstrated over the last 2 years its success in delivering significant savings through the focus provided by the Executive Team and the Board, supported by the established Savings PMO, which has been in place since 2021/22. Whilst work is required during Q1 of 2023/24 to strengthen the savings schemes and translate identified opportunities into deliverables, the Health Board has the expertise and focus to achieve this again in 2023/24. However the reduced target from £27m in the 2022-2025 IMTP to £22m in the 2023/24 Annual Plan reflects the acknowledgement that anything above 3.5% will be challenging.

The look forward into 2023/24 has identified further pressures, some of which are linked to inflation and demand growth along with others which are specific to service delivery. The Health Board has comprehensively reviewed all likely pressures and has already made choices on what it will be unable to invest in or financially support into 2023/24 in reaching the value within the current plan which co-locates quality, safety, workforce, finance and risk as per the plan. The Health Board acknowledges that there are other actions open to the Health Board (around immediately avoidable expenditure and reassignment of income allocations) that could reduce the planned deficit, which would need to implementation on a national basis across Wales, lead and directed by Welsh Government. There may also be other national policy decisions that could contribute overall.

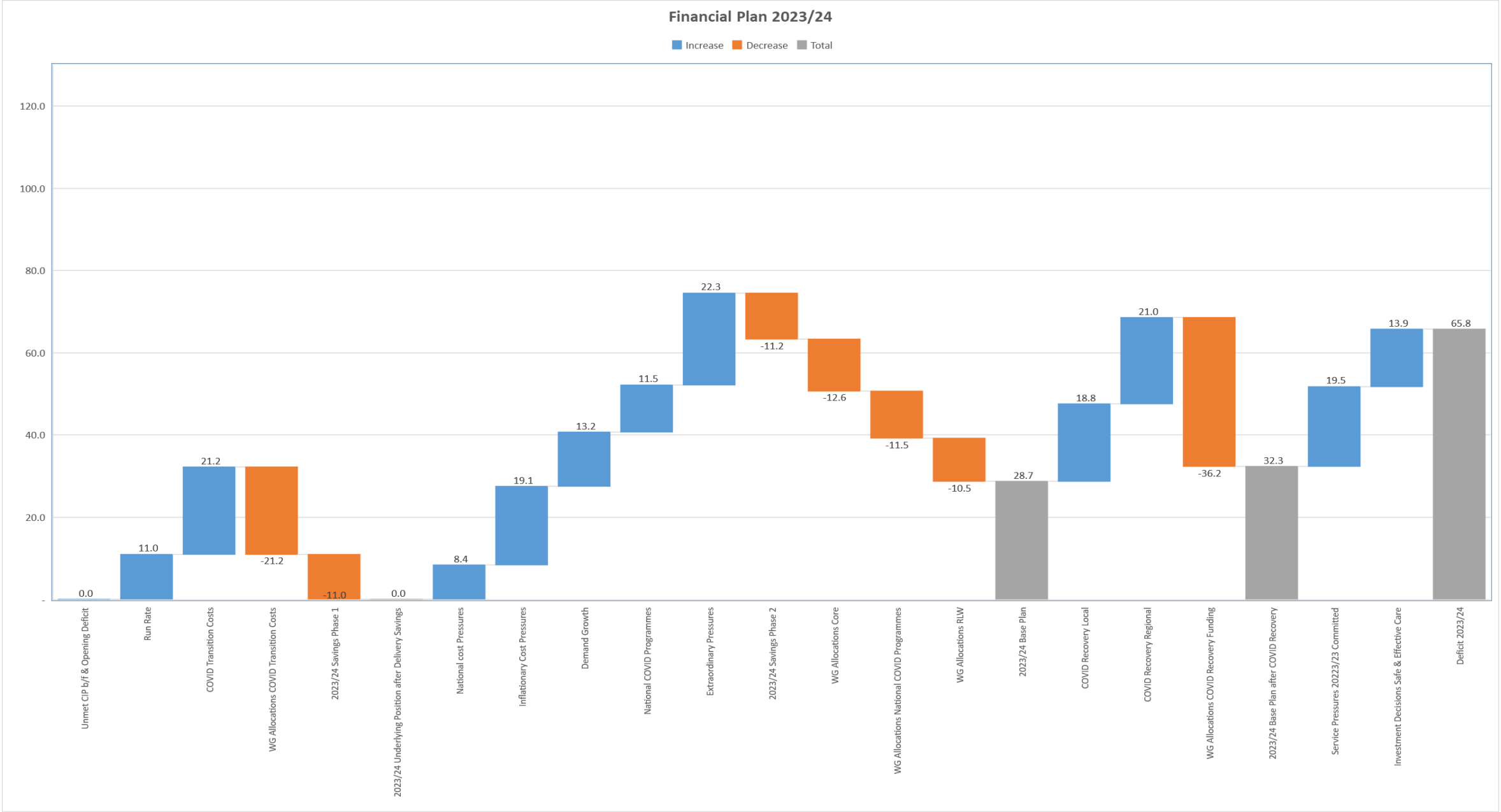
The ongoing macro economic pressures linked to inflation and energy, before the impact of growth in areas like CHC and Drugs, are forecast for 2023/24 to be far in excess of the 1.5% allocation increase provide by Welsh Government. So before the management of operations pressures the Health Board would be in financial deficit for factors which are outside its own control.

For 2023/24 based on the current cost, risk, quality, safety and funding assumptions outlined above, the Health Board cannot see a position where a safe and sustainable service model can be contained within a balanced financial plan for 2023/24. The plan has been through a rigorous governance process of check and challenge by the Board and the financial plan at the 30<sup>th</sup> March 2023 is reflected within the table below which shows a comparison of the 2023/24 Annual Plan to Year 2 of the 2022-2025 IMTP.

The Health Board does not see this as a fixed point plan and will continue to work to reduce the deficit as far as possible through the wide range of clinically led activities, creative financial solutions and workforce modernisation it has planned and that are currently underway.

	YEAR 2 2022-2025 IMTP	Financial Plan 2023/24
	£M	£M
<b>Section 1: 2022/23 Impact Into 2023/24 (Underlying Issues)</b>	22.9	32.2
<b>Section 2: 2023/24 Inflation, Demand Growth, National Programmes &amp; Extraordinary Pressures</b>	43.6	74.5
<b>Section 3: Health Board Specific Service Pressures</b>	27.1	73.2
<b>Section 4: Savings</b>	(16.3)	(22.2)
<b>Section 5: Allocations/Income Assumptions</b>	(77.4)	(92.0)
<b>Total</b>	<b>(0.0)</b>	<b>65.8</b>

# Annual Financial Plan – 2023/24



# Annual Financial Plan – 2023/24

Risks & Opportunities				
	Optimistic £M		Pessimistic £M	
<b>Opening Deficit Plan Value</b>		<b>65.8</b>	-	<b>65.8</b>
<b>Expenditure</b>				
WHSSC	-		4.6	
LTA Varaince Commissioniner/Provider Net Impact	- 2.6		4.5	
2023/24 Non Delivery over 2.5%	-		6.3	
Prescribing above plan	-		2.4	
Slippage on Investment	- 3.0		-	
CHC Growth Above Plan	-		3.0	
Recovery Spend to Delivery Activity Targets Above £15.2M	-		4.2	
Operational Pressures Not Retained within Planning Assumptions	-		13.9	
2019/20 Budget Setting Impact on PC Contract Funding	-		1.7	
Transitional Beds Pathway 5 (further 3 months)	-		0.5	
Waste Legislation	-		1.0	
Increase Overseas Nursing Above December Requirements of £3.7m	-		1.0	
Reduction in Inflation / Energy	- 3.0		-	
<b>Sub Total</b>		<b>- 8.6</b>		<b>43.2</b>
<b>Deficit Plan After Expenditure Risks &amp; Opportunities</b>		<b>57.2</b>		<b>108.9</b>
<b>Income</b>				
COVID Response 23/24 Not Funded	-		21.2	
<b>Sub Total</b>		<b>-</b>		<b>21.2</b>
<b>Deficit Plan After Income &amp; Expenditure Risks &amp; Opportunities</b>		<b>57.2</b>		<b>130.1</b>

## Key Risks:

- LTA Performance – Health Boards have been commissioned on a Block arrangements for the last 3 financial years, with a 10% tolerance for 2022/23. Should the Block arrangements end and NHS Wales return to the normal commissioning arrangements the financial impact on the Health Board is assessed at £4.5m excluding WHSSC.

*Mitigating Actions – proposal presented to DOFs in March provides hybrid model for 2023/24*
- Savings Delivery – the Health Board has delivered £60M over the last 2 financial years, with a 3.5% savings target for 2023/24 included in the plan.

*Mitigating Actions – the PMO are driving the delivery in collaboration with the Service Groups*
- Operational Pressures/Run Rate Reduction – seven specific areas of focus underway within the Health Board to reduce run rates but until the Health Board is into quarter 1 of the new financial year we will be unclear whether the actions have materialised through the financial ledger system.

*Mitigating Actions – clear budgetary management process in place from Month 1 to ensure there is accountability and prompt action on non delivery of run rate reductions.*

# Delivery and Execution

## Governance and Delivery

We will apply the following principles to the delivery of the Health Board's 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 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/ Recovery and Sustainability Plan
  - 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 Backlog:** The treatment backlog from Covid-19 continues, placing 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:** System pressures significantly challenge our ability to dedicate capacity and resources to delivering projects, programmes and service changes. Our Portfolio 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-19 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.

# Glossary

A Regional Collaborative for Health (ARCH)  
Accelerated Cluster Development (ACD)  
Accelerated Cluster Development Programme (ACD)  
Achieve British Association of Perinatal Medicine (BAPM)  
Acute General Practitioner Unit (AGPU)  
Acute In-Reach Rehabilitation (AIRR)  
Adverse childhood experiences (ACEs)  
All Wales Weight Management Programme (AWWMP)  
Artificial Intelligence (AI)  
Attention deficit hyperactivity disorder (ADHD)  
Child and Adolescent Mental Health Service (CAMHS)  
CHS (CareHome Selection Ltd)  
Clinical Nurse Specialist (CNS)  
Computed (axial) Tomography (CT)  
Delayed transfers of care (DTCO)  
Digital Health Care Wales (DHCW)  
District Nursing (DN)  
DMS (document management system)  
Dual energy X-ray absorptiometry (DEXA)  
Emergency Ambulance Services Committee (EASC)  
End of Life Care (EoLC)  
General Medical Services  
General Medical Services (GMS)  
Goals Methods Outcomes (GMOs)  
Guidelines for the Provision of Paediatric Anaesthesia (GPAS) standards  
Health Education and Improvement Wales (HEIW)  
Healthy Weight Healthy Wales (HWHW)

Help me Quit (HMQ)  
Hospital Electronic Prescribing and Medicines Administration (HEPMA)  
Integrated Autism Service (IAS)  
Integrated Medium Term Plan (IMTP)  
Length of stay (LOS)  
Local Cluster Collaboratives (LCC)  
Making every contact count (MECC)  
Mental Health Act (MHA)  
Musculoskeletal MSK  
National electronic medicines prescribing administration (ePMA)  
National Institute for Health and Care Excellence (NICE)  
Out of Hours (OOH)  
Pan Cluster Planning Group (PCPG)  
Planned Investigation Unit (PIU)  
Population Health Strategy (PHS)  
Primary Care Model for Wales (PCMW)  
Private Finance Initiative (PFI)  
Public Service Board (PSB)  
National Optimal Pathways (NOPs)  
Quality priorities (QP)  
REACT (Recognise, Engage, Actively listen, Check risk, and Talk)  
Regional and Specialised Services Provider Planning Partnership (RSSPPP)  
Regional Partnership Board (RPB)  
Royal College of Obstetricians & Gynaecologists (RCOG)  
Same Day Emergency Care (SDEC).  
Security information and event management solution (SIEM)

Sexual Assault Referral Centre (SARC )

Single Cancer Pathway (SCP)

Single Point of Access (SPOA)

Small and medium sized enterprises (SMEs)

South West Wales Cancer Centre (SWWCC)

Speech and Language Therapists (SLT)

Stereotactic Ablation Radiotherapy Service (SABR)

Strategic Outline Case (SOC)

Swansea Bay Patient Portal (SBPP)

Systemic Anti Cancer Therapy (SACT)

Theatre Operational Management System (TOMS)

Urgent & Emergency Care (UEC)

Value Based Healthcare (VBHC)

Values Based Health Care (VBHC)