



> BETTER HEALTH

> BETTER CARE

> BETTER LIVES



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board

> IECHYD GWELL

> GOFAL GWELL

> BYWYDAU GWELL



# Swansea Bay Annual Plan 2020/21 (March 2020)

# Message from the Chair and Chief Executive Officer



We are pleased to present Swansea Bay University Health Board's three-year context and Annual Plan for 2020/21. Following the transfer of commissioning responsibility for the Bridgend population to Cwm Taf University Health Board in March 2019, 2019/20 was the first year of our new organisation.

We have a clear strategic direction through our Organisational Strategy and Clinical Services Plan and are focussed on becoming a population-health led organisation putting quality and safety of service provision at the heart of everything that we do. Our leadership team is stable with a new Executive Team, and a new Board has been formed under the leadership of our Interim Chair. We are pleased that in a recent assessment, the Welsh Audit Office found evidence of an open and engaged leadership style and a systematic approach to governance and risk and we continue to promote our core organisational Values.

We have been successful in securing funding to implement the Primary Care Model for Wales through our Primary Care Clusters, and we are the only Health Board in Wales to be doing this across all of our population area. We are also working closely with our Local Authority and other partners to improve our service delivery, for example, through our Hospital2Home service which was launched in December 2019 and improved service delivery for children with mental health needs. We have also improved our performance in three of our Targeted Intervention priority areas, namely stroke, cancer and infection control and have maintained our strong service provision in maternity services and mental health.

We know we have very significant challenges remaining. We remain in Targeted Intervention and we have experienced severe pressures in our unscheduled care and planned care systems in 2019/20. This meant that despite an enormous amount of effort on behalf of all our staff we did not achieve the targets that we set ourselves in the year. These pressures also contributed to a very disappointing performance against our financial plan.

Our three-year context sets out our plans and actions to address our challenges and to deliver sustainability in the medium term. In the short term our Annual Delivery Plans describe our 2020/21 actions, deliverables and milestones improvement trajectories with specific detail on unscheduled care, planned care and financial performance, as well as the underpinning workforce requirements. We will also continue to improve our rates of infection control and maintain our quality services for maternity, children and

young people and mental health and learning disabilities patients, as well as improving services provided by the South West Wales Cancer Centre. Through our Transformation Portfolio we will deliver a new operating model and will support our clinical leaders to make strategic change happen through our Clinical Services Plan programmes.

We are nothing without our people and throughout the next year we will focus on improving workforce engagement through our strategic approach to ensure that the Health Board is a great place to work. We are also a leader within Wales in digital transformation and we will be continuing our exciting work to radically change how we provide services and functions through technology. Our medium term plans also include the enabling works to right-size the Morriston campus and through our Clinical Services Plan, ensure we are focussed on having one system of care within our own network of hospitals and community services and the wider region.

We will continue to work closely with our partners in local government and the third sector, and increasingly, with other NHS partners in Hywel Dda, Cwm Taf Morgannwg and Cardiff and Vale University Health Boards and Swansea University to achieve the vision of 'A Healthier Wales' for our population and the wider region.

Our plans are based on a realistic assessment of our financial challenges and opportunities which have been informed by the efficiency assumptions underpinning our Clinical Services Plan and recent work commissioned by Welsh Government. We know that we have significant work to do to deliver our financial plan in 2020/21 and to aim for financial balance over the next three years, but we remain committed to this goal to ensure that the organisation becomes successful and sustainable for the long term.



Emma Woollett  
Interim Chair



Tracy Myhill  
Chief Executive





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# 1. Strategic Overview



## 1.1 Organisational Principles and Values

Swansea Bay University Health Board is an improving organisation with successes in many areas in 2019/20, particularly in cancer and stroke care and infection prevention and control. We recognise that we still have significant challenges, particularly in relation to Unscheduled Care, Planned Care and our financial position. This document describes with three-year context setting out how we will deliver our Organisational Strategy and Clinical Services Plan over the medium term to enable us to thrive and our Annual Delivery Plans set out the deliverables to ensure improvement and stabilisation in 2020/21. Our plans to tackle our challenges are based on our strengths; our approach to the Wellbeing of Future Generations, digital healthcare, Value-based Healthcare, improving staff engagement, our approach to quality and safety and our efficiency opportunities.

### STABILISE

### RECOVER

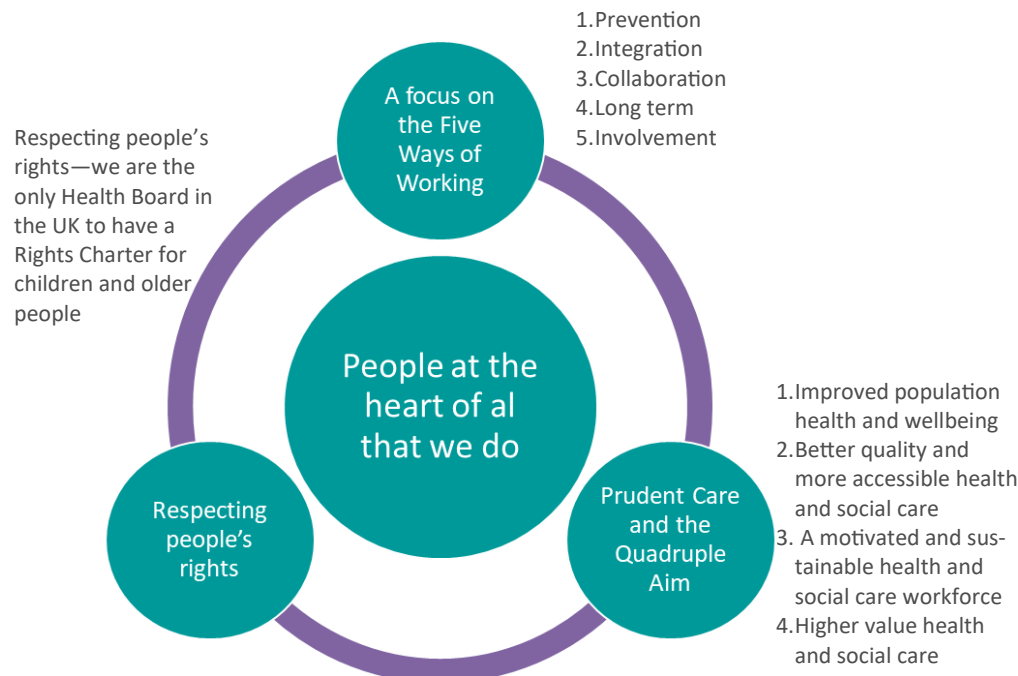
### SUSTAIN

### THRIVE

We have a clear direction in our Organisational Strategy that describes our ambition, our aims and our objectives and this document sets out how we plan to achieve these, underpinned by the Wellbeing of Future Generations, over the next three years. The Health Board has two equally important functions to fulfil; we must improve population health so that people can stay well and we must deliver high quality care when people need it and these are shown in our strategy on a page overleaf. We also have a 5-year Clinical Services Plan which is described in section 1.8. Our immediate improvement challenges in 2020/21 are addressed by our Annual Delivery Plans.

### Principles

The Health Board has established the following principles to underpin all that we do.



### Values

Our ways of working are underpinned by our Values and Behaviours, which were developed following thousands of conversations with staff, patients, their relatives and carers.

CARING for each other | Working TOGETHER | always IMPROVING

#### Caring for each other in every human contact in all of our communities and each of our hospitals



We will: Be approachable, helpful, attentive to other's needs; be thoughtful and flexible about how to meet the needs of each person; be calm, patient, reassuring and put people at ease; protect others' dignity and privacy and treat others as we wish to be treated.

#### Working together as patients, families, carers, staff and communities so we always put patients first



We will: Listen closely; consider other's views and include people; appreciate others: be open, honest and clear; give constructive feedback and be

#### Always improving so that we are at our best for every patient and for each other

We will: Be vigilant about safety and risk; never turn a blind eye; look for opportunities to learn; enthusiastically share ideas and actively seek solutions; be accountable for our behaviour and hold others to account; keep promises; be positive, a role model and inspiration to others.

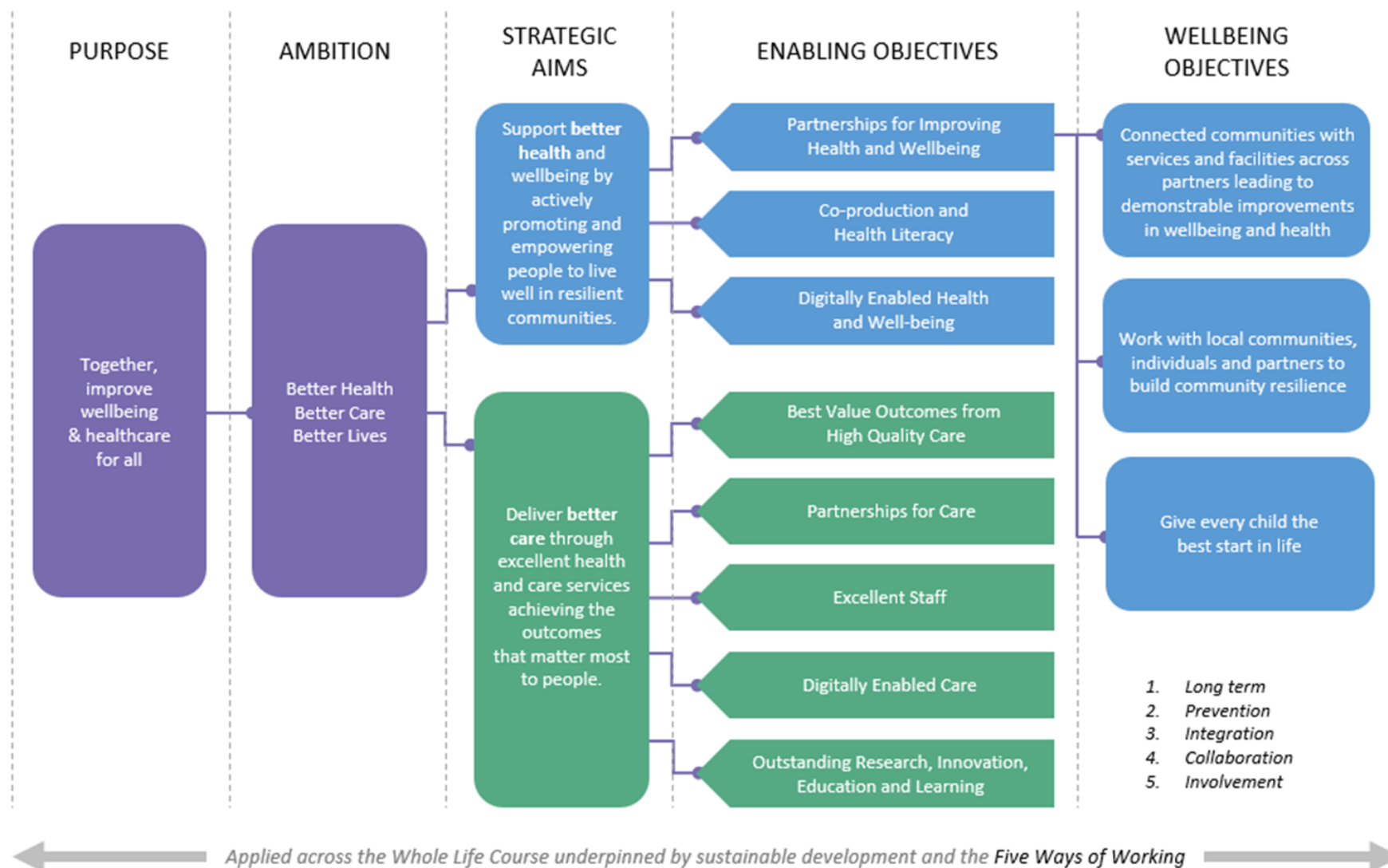




# 1. Strategic Overview



## 1.2 Our Strategy on a Page



# 1. Strategic Overview



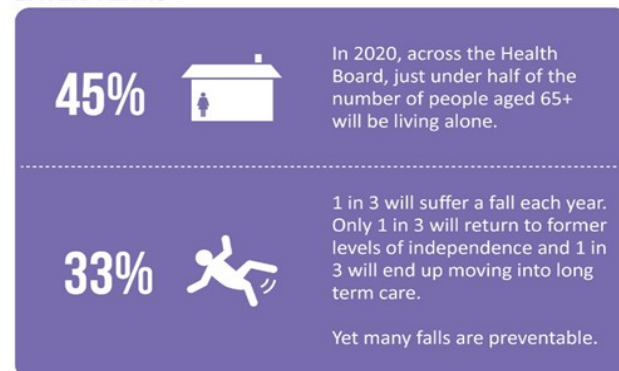
## 1.3 Population and Wellbeing Assessments

The health and wellbeing needs for our population shown below were used in the development of our Clinical Services Plan and the Whole System Plans which form the core of this three-year context. In conjunction with the revised funding allocation formula, Area Plan and Public Services Plans we are using this information with partners to ensure that we tackle the areas of high inequality (see section 1.7 for our approach).

### POPULATION OF THE HEALTH BOARD



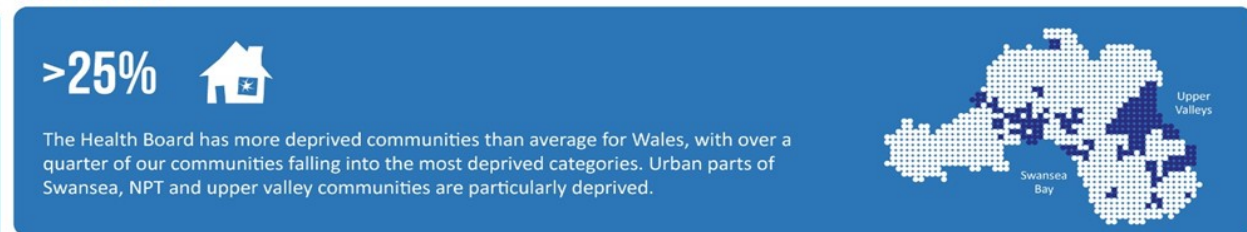
### LATER YEARS



### BEHAVIOURS AFFECTING HEALTH ( ALL WALES )



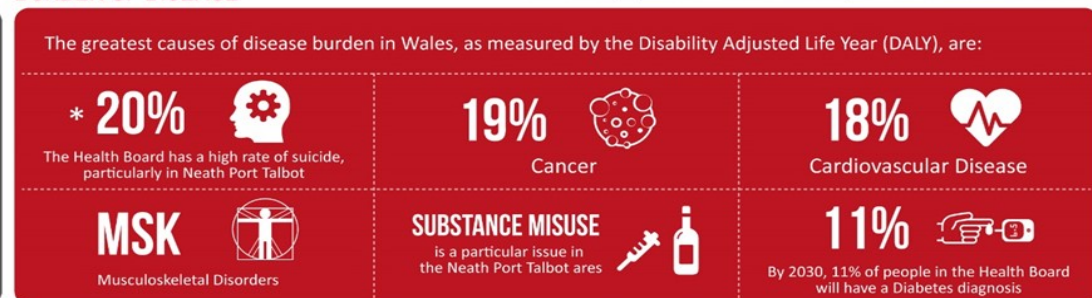
### DEPRIVATION



### CANCER



### BURDEN OF DISEASE



### CHILDREN AND YOUNG PEOPLE



### LIFE EXPECTANCY CONTINUES TO RISE



# 1. Strategic Overview



## 1.4 Working for Future Generations

The Health Board is committed to delivering services and improvements with future generations at the front of our minds. The enabling objectives of our strategy support the immediate transformation and improvement of services for our population and also align to deliver our local wellbeing objectives, the 5 Ways of Working and the National Wellbeing Goals for Wales as described below. We have also integrated the sustainable development principle.

### National Wellbeing Goals

Goal 1	Goal 2	Goal 3	Goal 4	Goal 5	Goal 6	Goal 7
A Prosperous Wales	A Resilient Wales	A Healthier Wales	A More Equal Wales	A Wales of Cohesive Communities	A Wales of Vibrant Culture and Thriving Welsh Language	A Globally Responsive Wales

□ Primary Contribution

● Opportunities between the objective and the goal

		Local Wellbeing Objectives			National Wellbeing Goals						
		1	2	3	1	2	3	4	5	6	7
<b>Aim 1:</b> Support better health and well-being by actively promoting and empowering people to live well in resilient communities	1 Partnerships for improving Health and Wellbeing	□	□	□	●	□	□	□	□	□	□
	2 Co-production and Health Literacy	□	□	□	●	□	□	□	□	●	●
	3 Digitally Enabled Health and Wellbeing	□	□	□	□	□	□	□	●	●	□
<b>Aim 2:</b> Deliver better care through health and care services achieving outcomes that matter most to people	4 Best Value Outcomes from High Quality Care	□	□	□	●	●	□	□	●	●	●
	5 Partnerships for Care	□	□	□	●	□	□	□	●	●	□
	6 Excellent Staff	□	□	□	□	□	□	●	●	□	●
	7 Digitally Enabled Care	□	□	□	□	□	□	□	●	●	●
	8 Outstanding Research, Innovation, Education and Learning	□	□	□	□	□	□	□	●	□	□

### Local Wellbeing Objectives

Wellbeing Objective 1	Wellbeing Objective 2	Wellbeing Objective 3
Giving every child the best start in life	Connecting communities with services and facilities	Maintaining health, independence and resilience of individuals, communities and families



# 1. Strategic Overview



## 1.5 Working across Systems

The Health Board aims to become a population health focused organisation, commissioning services to meet health and wellbeing needs. Our two strategic aims **Supporting Better Health**; and **Delivering Better Care** and associated enabling objectives are clear in our ambition for change. We are committed to fulfilling our duties under the Future Generations Act and the Social Services and Wellbeing Act and in delivering A Healthier Wales by working with partners across the region and across systems. The Health Board directly provides, commissions and work with partners to deliver a significant number of services and improve the health and wellbeing for people both within the Swansea Bay area and beyond.



KEY:

- 1 Gorseinon
- 2 Singleton
- 3 Morriston
- 4 Cefn Coed
- 5 Tonna
- 6 Neath Port Talbot
- 7 Maesteg Community
- Community hospitals



- **Zone 1** – Primary, community, mental health, learning disability (also provided for Cwm Taf Morgannwg and Cardiff and Vale UHB residents) and local DGH services
- **Zone 2** – Regional services for Mid and West Wales
- **Zone 3** – Plastic, bariatric and pancreatic surgery, cleft lip and palate
- **Zone 4** – Burns service catchment area

In order to effectively operate within this complex planning and delivery landscape we are becoming increasingly focused on working more closely with partners and strengthening our partnership working to improve the wellbeing of our population and improve the seamless delivery of services. As a consequence, two of our eight enabling objectives are purposefully framed within the context of partnership working.—Partnerships for Health and Wellbeing and Partnerships for Care.

We also have in place robust joint working arrangements to ensure delivery, these include: Our Public Service Board arrangements including [Western Bay Area Plan](#), [Swansea PSB Area Plan](#) and [NPT PSB Area Plan](#); Our Regional Partnership arrangements through the [West Glamorgan RPB](#); the Joint Regional Executive Group with Hywel Dda UHB through which we have developed a [Regional Clinical Services Plan](#); the Joint Executive Group with Cwm Taf Morgannwg UHB through which we manage cross boundary service arrangements; and the Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB. We also proactively engage in national arrangements and priorities. The details of these arrangements and our work to deliver in partnership can be found in sections 2.1 Partnerships for Health Wellbeing and 3.2 Partnerships for Care.





# 1. Strategic Overview



## 1.6 Progress in 2019/20 This page shows a balanced picture of our progress in 2019/20, which has informed the Annual Plan for 2020/21.

Partnerships for Health and Wellbeing	Best Value Outcomes from High Quality Care	Co-Production and Health Literacy
<ul style="list-style-type: none"> <li>✓ Delivering Our Neighbourhood Approach model</li> <li>✓ First Health Board in Wales to develop a Green Growth project</li> <li>✓ Collaboration with National Botanical Gardens of Wales, Natural Resources Wales, Swansea University to promote health through increased access to Nature.</li> </ul>	<p><b>Targeted Intervention Priorities:</b></p> <ul style="list-style-type: none"> <li>✓ Improved and maintained cancer and stroke performance</li> <li>✓ Improved our position in relation to HCAs with more work to do to meet national targets</li> <li>✓ Severe challenges in unscheduled care and planned care meant that we did not deliver our IMTP trajectory profiles</li> <li>✓ Due to unscheduled care, structural change and other pressures the Health Board did not deliver its financial control total, the end of year position is a deficit of £16.3m</li> </ul> <p><b>Other areas</b></p> <ul style="list-style-type: none"> <li>✓ Developed a Quality Safety Assurance Framework to underpin all that we do</li> <li>✓ 95% of patients would highly recommend the HB</li> <li>✓ Concerns remain around TAVI and #NOF services</li> <li>✓ DToCs remain above the IMTP trajectory although there were improvements in the early part of the winter</li> <li>✓ Rolling out PC Model for Wales to all HB Clusters</li> <li>✓ Phase 1 of H2H launched in December</li> <li>✓ COPD Early Supported Discharge service operational.</li> <li>✓ New Integrated Autism Service (IAS) commenced</li> <li>✓ Consistently meeting or exceeding all Mental Health Act measures</li> <li>✓ CAMHS performance has improved</li> </ul>	<ul style="list-style-type: none"> <li>✓ Piloting Foodwise Weight Management Programme in Swansea</li> <li>✓ Maintained good performance in childhood immunisations</li> <li>✓ Leading performer in Wales for Influenza Immunisation for 2 and 3 year olds.</li> <li>✓ Front line staff flu vaccinations 60% - the highest ever achieved</li> <li>✓ Making Every Contact Count' training sessions delivered with Health Visitors focusing on healthy weight</li> <li>✓ Help me Quit (HMQ) community, transferred from Public Health Wales to Health Board management</li> </ul>
Digitally Enabled Health and Wellbeing		Digitally Enabled Care
<ul style="list-style-type: none"> <li>✓ Over 1300 patients and 370 staff members registered on Swansea Bay Patient Portal</li> <li>✓ DrDoctor pilot commenced in December across 5 heart failure community clinics</li> <li>✓ Proms National solution live with cataract, lung cancer, and hip &amp; knee replacement</li> </ul>		<ul style="list-style-type: none"> <li>✓ Prioritised the implementation at pace of SIGNAL across the HB to improve patient flow</li> <li>✓ Electronic test requesting live in 135/270 locations across the Health Board</li> <li>✓ 95% of GP electronic primary to secondary care referrals now prioritised electronically.</li> </ul>
Partnerships for Care	Research, Innovation, Learning and Education	Excellent Staff
<ul style="list-style-type: none"> <li>✓ Agreed Regional Clinical Services Plan</li> <li>✓ Renewed partnership arrangements through West Glamorgan RPB are delivering on priorities for change (e.g. H2H)</li> <li>✓ Social Care, Health &amp; Housing Group established,</li> <li>✓ Joint arrangements for redesign of Older People's Mental Health Services in place.</li> <li>✓ Strategic partnership with Cardiff and Vale UHB established</li> <li>✓ Established joint planning mechanisms with CTM UHB to manage legacy of Bridgend Boundary Transfer</li> </ul>	<ul style="list-style-type: none"> <li>✓ Continued development of the JCRF as a designated a centre of excellence for diabetes research.</li> <li>✓ Part of the successful gene therapy centre</li> <li>✓ Ongoing collaboration in 3D component printing and Bio-link and reconstructive plastic surgery.</li> <li>✓ Global co-lead for the SOUL study</li> <li>✓ Global co-lead for PIONEER 6 diabetes cardiovascular study</li> </ul>	<ul style="list-style-type: none"> <li>✓ Agreed our Workforce and OD Framework</li> <li>✓ Values and cultural change programme #LOV #LOV ACTUALLY being delivered</li> <li>✓ Sickness rates remain high at 6%</li> <li>✓ Improved Staff Wellbeing service – Bevan Exemplar</li> <li>✓ Maintained PADR compliance at 67% for non-medical staff, 97% compliance for medical appraisal</li> <li>✓ Introduced Guardian Service to support staff to raise concerns</li> <li>✓ Wellbeing Champions Network supporting staff health &amp; wellbeing – over 340 Champions trained.</li> </ul>

# 1. Strategic Overview



## 1.7 Opportunities and Challenges

The Health Board remains in Targeted Intervention and has been unable to develop a balanced Integrated Medium Term Plan. We have improved in three out of the six Targeted Intervention service areas; stroke, cancer, and Healthcare Acquired Infections but there are serious challenges remaining in unscheduled care, planned care and financial delivery. Based on our progress in 2019/20 our opportunities and challenges have driven our planning to improve in these areas in 2020/21 as we move towards sustainability in line with our strategic direction.

STRENGTHS	PRIORITIES
<ul style="list-style-type: none"> <li>• A strong strategic direction for the Health Board with an agreed Organisational Strategy and the Clinical Services Plan</li> <li>• Renewed Leadership through a stable Executive Team and Board with evidence of open and engaged leadership improving approach to governance and risk</li> <li>• Demonstrable improvements in staff engagement evidenced through the Staff Survey and focus on delivery of our Workforce and Organisational Assurance Framework</li> <li>• High quality clinical services in many areas, and delivery of our new Quality Safety Performance Framework</li> <li>• Improvements in stroke and cancer performance indicators and maintenance of delivery against the Mental Health Act Measures</li> <li>• Improving partnership working with Local Authorities to improve outcomes for patients of all ages</li> <li>• Excellent relationships with Hywel Dda University Health Board and agreement of Regional Clinical Services Plan in alignment with the existing ARCH programme</li> <li>• Strong approach to digital transformation</li> </ul>	<ul style="list-style-type: none"> <li>• Improving performance in unscheduled care, and planned care underpinned by robust workforce plans and mitigation of risks</li> <li>• Deliver the savings plans, High Value Opportunities and other actions required to deliver the financial plan</li> <li>• Operate the new Delivery Framework and Operating Model, based on the KPMG recommendations</li> <li>• Continue to improve our rates of Healthcare Acquired Infections</li> <li>• Improve efficiency in line with the opportunities identified to provide the capacity to make the strategic changes required in our Clinical Services Plan</li> <li>• Improve the South West Wales Cancer Centre services</li> <li>• Redesign and engage our workforce so that we become sustainable, with significantly reduced reliance on temporary staff</li> <li>• Strengthen our partnerships with local authorities, communities and individuals to plan and deliver more services in an integrated way on a Cluster basis, enabling improved health and wellbeing</li> <li>• Continue to improve our delivery of the Wellbeing of Future Generations (FG) Act through our Steering Group, including FG Champions and sustainable travel</li> <li>• Shift the balance of care so more people receive care in their own homes to maintain their independence</li> </ul>
OPPORTUNITIES	RISKS & THREATS
<ul style="list-style-type: none"> <li>• Clear strategic direction and focus through our new operating model and Transformation Programme Delivery Framework</li> <li>• Building on our mature partnership arrangements with local authorities through the Western Bay Regional Partnership Board to radically transform the out-of-hospital offer and performance. This includes the Transformation Funded developments such as the Neighbourhood Approach and roll out of Cluster Model and new bio for H2H</li> <li>• Maximising efficiency opportunities across our healthcare system to become sustainable across all our services, as identified through our CSP, the Efficiency Framework and by KPMG</li> <li>• Developing regional and partnership working with Cwm Taf Morgannwg and Cardiff and Vale UHBs</li> </ul>	<ul style="list-style-type: none"> <li>• Continued focus on short term pressures distracts from long term change and sustainability</li> <li>• Impact of COVID-19</li> <li>• Impact of BREXIT as detailed national negotiations continue</li> <li>• Workforce shortages, particularly in nursing and some medical specialties make services highly fragile and difficult to make performance improvement and strategic change</li> <li>• Ability to improve flow across the whole system may impede ability to transform services and deliver performance improvement</li> <li>• Ongoing commitment to managing the impact of the Bridgend transfer including extensive LTA/SLA monitoring and ongoing, medium term clinical and corporate disaggregation of services</li> </ul>



# 1. Strategic Overview



## 1.8 Transformation Portfolio, Delivery Framework and Performance Management

### Transformation Portfolio

In order to deliver our strategic organisational objectives and priorities, the Board has agreed to adopt a portfolio approach to delivery under the leadership of a single Transformation Board. The purpose of the Better Health, Better Care, Better Lives Transformation Board is to govern the Health Board's Transformation Portfolio of programmes which include:

Service and System Transformation – delivering the Clinical Services Plan to transform population health and care, including working with partners through the Regional Partnership Board and our regional partners

Efficient and Effective Delivery – focussing on improvement to deliver services more efficiently and effectively with a significant focus on driving value for patients and the system

Fit for the Future – developing our Target Operating Model to ensure that we are well organised and governed to delivery our objectives

Enabling Programmes – including digital and workforce strategic change.

As part of the wider changes, the Board has integrated its change resources combining improvement expertise, a focus on Value Based Healthcare and the core Programme Management Office. In 2020, we plan to launch a new methodology, the 'Bay Way' focussing on how we manage change within the organisation. This will deliver a process to assess improvement priorities through a diagnostic tool before committing to action allowing the targeted deployment of resources. A benefits management methodology is also being adopted through the Portfolio to ensure that benefits are being identified, captured, assessed and evaluated. This will be integrated into our planning for delivery in 2020/21. We have also developed an integrated Quality Impact Assessment tool and as part of the project planning stage, any new scheme that has a potential saving, or is a change to the patient pathway will undertake a quality impact assessment. Our aim will be to build on this approach and to consider how we develop an integrated 'impact' assessment approach for the organisation aligning our equality, quality and health impact assessment processes into a single process.

### Value Based HealthCare (VBHc)

Part of the long term sustainability of the organisation lies in delivering VBHc where outcomes that matter to patients are assessed alongside the cost of delivering care so that more value is delivered.

The VBHc programme in Swansea Bay replicates the national strategic framework for improved outcomes and value in health and social care. Creating a system that is focussed on value in this way requires a significant change in both culture and processes and patient engagement is vital to the success of this approach, particularly in developing new models of care to improve patient experience in outcomes.

The Health Board has developed a rolling VBHc programme commencing in October 2019 and running until March 2021 to deliver the five national priorities and achieve the six National Goals as described in the National VBHc plan.



The national clinical priorities that we are focussing on are:

- Hip and Knee Osteoarthritis
- Cataracts
- Stroke

We are building momentum within the programme and we will continue to take forward a number of local initiatives, as well as driving national priorities during 2020/21. We are now building a pipeline of further projects to enhance our local capability in driving VBHc forward as well as building a network of clinical champions across the Board. Our major focus in line with the national plan is to increase our collection of PROMs significantly during 2020/21 and to use these to facilitate change within services but also to increase our ability to combine this with other intelligence. We will be identifying local priorities that are in line with transformation priorities for synergy and to build on areas that are already developing momentum, for example our work to embed healthcare systems engineering in the delivery of surgical services.



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As we mature in collecting PROMS, we aim to use predictive analytics and Artificial Intelligence to build sophisticated models in personalised care for our patients.

The benefits of a VBHc approach include improved health literacy for our patients and empowering patients to view their test results in real time as well as the use of PROMS in direct patient care by clinicians to promote co-production and help patients make choices based on good information. This will lead to improved knowledge and awareness and ultimately to wider system benefits such as an increase in patient activation and patient self-management, better choices and consequently to reductions in utilisation (for example, outpatients), decrease unwarranted variation and low value care; shifting from generalised care to personalised care.

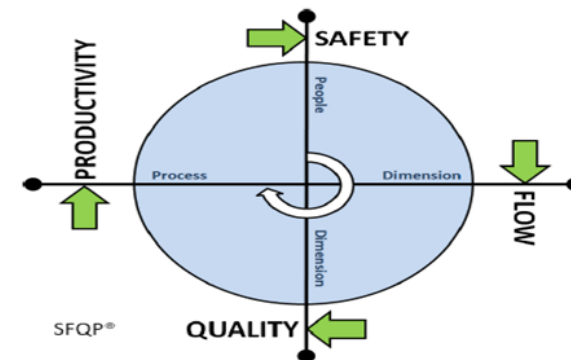
To support a focus on driving best value and delivering optimum care, we are also adapting our approach to improvement with the right mindset, tool-set and skillset in place to develop Swansea Bay as an organisation that is driven through continuous improvement. Building on a successful improvement event held in November, and aligning with changes at a national level being driven by Improvement Cymru, we now have a clear view of how we will remodel our approach to improvement.

The re-alignment of improvement expertise within the Transformation team allows us to deploy skillsets focussed on our priority areas. We are finalising our approach to improvement as part of the development of the “Bay Way” but have already realigned internal expertise into core priority areas within the Clinical Services Plan and Transforming Care programmes including surgery and outpatient improvement. Our goals for 2020/21 are to:

- develop a new methodology and approach to improvement based on ‘cycles of change’ focussing on ‘sprint methodology’ and utilising 30-60 -90 day programmes of work
- align our work on value and improvement so that we are focussing on opportunities to embed patients voices and outcomes into our improvement work – using patient experience to lever change

We are also planning a step change in our deployment of Healthcare systems engineering as a core methodology within the Board. This methodology differs from more typical improvement science as it starts with the design of a safe system but also focusses on flow and quality through the use of complex physical system models.

The advantage of using this in a complex adaptive system is that it focusses on how to design resilient systems that are able to cope with often high levels of variability. Early results from cancer services, and more recently ophthalmology, is that the return on investment is high with the potential for significant productivity improvements. We are planning on rolling this out into outpatients and unscheduled care during 2020/21 whilst still maintaining a programme around surgical services.



Finally, we are in the process of finalising our approach to benefits management. The framework is part of the development of the ‘Bay Way’ and will focus on embedding good benefits management across our programmes and projects as well as strengthening post-investment benefits review within business case context.

## Delivery Framework

The overall delivery framework for 2020/21 is underpinned by the financial planning and support work commissioned by Welsh Government and undertaken by KPMG during the latter part of the 2019/20 financial year. The purpose of the commission was to support the Health Board to improve its financial position and to review the organisation’s delivery framework. Four products were delivered, together with a number of supporting documents and these included:

- An assessment of the financial grip and control environment of the Health Board with key recommendations to implement and enhance controls
- An assessment of the 2019/20 financial plan including assumptions, risks and cost drivers





# 1. Strategic Overview



- Identification of opportunities to mitigate delivery risks, including developing a pipeline of potential savings to support in-year and recurrent financial recovery
- An assessment of the governance and broader delivery framework in place to drive and oversee financial recovery and recommendations to facilitate a step change in performance.

The four formal reports were supplemented with a series of Project Initiation Documents (PIDs) and Charters setting out the potential approach to delivery of a range of opportunities which were formed through workshops, benchmarking, detailed analysis and good practice from other organisations. PIDs provide a level of detailed analysis to support the opportunity, whilst Charters that provide a high level summary of the potential opportunity for further exploration. The following table summarises the key products received:

Reports	PIDS	Charters
2019-20 Plan Assessment Report Grip and Control Recovery Plan Delivery Framework	Patient Flow Nursing Workforce Outpatient Improvement Theatres Improvement	Anaesthetics Associates Back office functions Cataract Surgery Catheter Laboratory CHC Management Digital Dictation Long Shift Nursing Maintenance contracts Outpatients Transformation Pathology PFI Opportunity Radiology 'Shift Left' Single Unit Transfusion

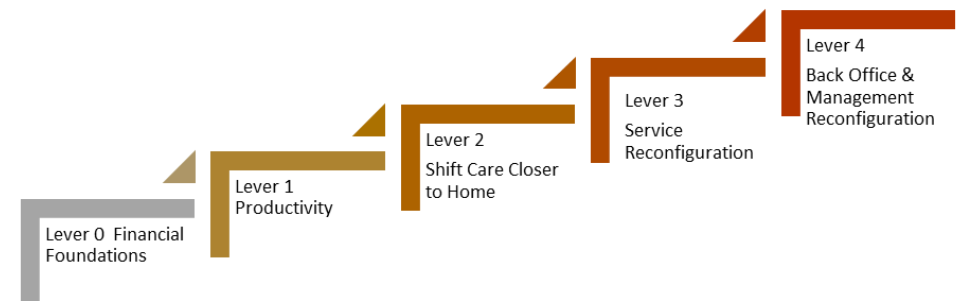
## Grip and Control

KPMG have made a number of recommendations in respect of grip and control and these, alongside the FDU summary document 20<sup>th</sup> February 2020, are currently being implemented across the Board. The recommendations span:

- Pay controls – particularly in respect of controlling agency spend in both nursing and medical workforce areas. These actions will be driven by the Nursing and Medical Clinical Redesign Groups respectively
- Non pay controls – opportunities to enhance our current Quality, Value, Cost framework for managing non pay areas in procuring goods and services, but also in other core areas such as travel and discretionary spending
- Business cases – we will strengthening our approach to benefits management in 2020/21 to ensure that we are focussing on driving benefits from investment, including a post-implementation review of a number of key schemes
- Dashboards –we will be taking the opportunity to consider how to strengthen our approach to ensure that dashboards are providing timely and intelligent data to help us plan and deliver.

## Opportunities Pipeline

KPMG described a 5 lever approach to development of the opportunities pipeline:



The initial opportunity pipeline has been risk adjusted to reflect the following:

- A small number of schemes which have been worked up in detail with multiple reviews by the Health Board and therefore considered to be 'deliverable'
- Schemes based on savings values that are estimated based on analysis and benchmarking but subject to change and further validation



# 1. Strategic Overview



- Schemes where savings values are estimated and indicative based on experience elsewhere
- Schemes where savings are yet to be quantified.

The totality of pipeline opportunities has an indicative value of £59m. Around £12.3m have PIDs with around £25.9m with charters that are yet to be fully tested and validated. The Health Board will be looking to drive £19m from its savings pipeline in 2020/21 in the following areas:

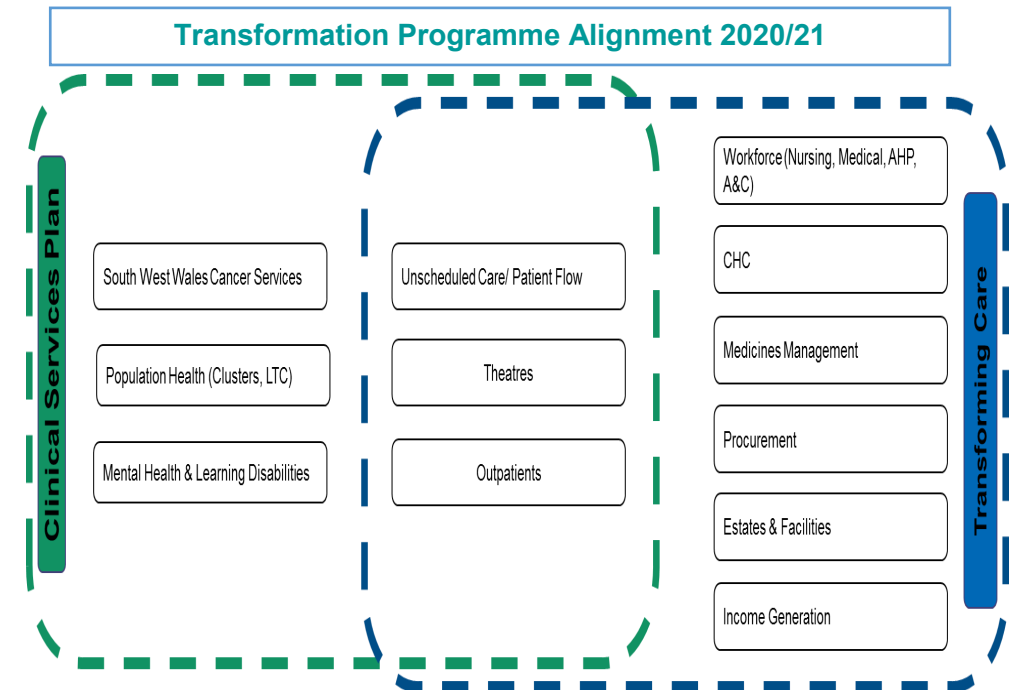
- Workforce
- Service areas
- Non Pay Opportunities

Our framework for 2020/21 has been reshaped and reflects some of the observations made by KPMG on the current framework. A set of principles have been agreed by Executive Team and these will be used to drive the approach in the next financial year:

- Our Transforming Care Programmes are focussed on organisational wide priorities that benefit from system wide strategic approach
- There is one programme of work
- One programme team supporting a single programme of work
- Some programmes are bigger than others – e.g. Unscheduled Care and Flow, and therefore will require a heavier resourcing solution
- We are developing a small number KPIs for each programme that are in line with the quadruple aim
- Clear reporting with alignment to both Transformation Board and Financial Management Group
- Resources will be aligned to these workstreams (recognising that we still have gaps in capacity and capability that need to be addressed).

To deliver this the Board recognises that we need to change our approach recognising that the system has to work collectively as a whole with clear accountability and responsibility for action at corporate, Unit and individual level. We also need to effectively engage the workforce, and ensure that routes to decisions are clearer and shorter with clear priorities that we communicate with a strong narrative that is based on our Organisational Strategy and Clinical Services Plan.

The following schematic sets out the overall programme and describes the inter-relationship between the Clinical Services Plan and these Transforming Care Programmes which aim to transform care and deliver improved services at a reduced cost.



The scope of each of these programmes has been mapped to the individual recommendations made by KPMG in respect of any detailed work that has been undertaken through the development of PIDs and Charters. By the end of March we are aiming to have:

- Completed our scoping of the individual areas
- Identified a 'route to cash' savings
- Mapped critical interdependencies across programme areas
- Completed PIDs and project plans with clear milestones for quarter 1.



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## Transformation Care Programme: Service Priorities

Patient Flow/ Unscheduled Care	Surgery	Outpatients
<ul style="list-style-type: none"> <li>Acute Care Model including AEC, single frailty model, alignment of community services, acute assessment units, single point of access</li> <li>Hospital to Home &amp; remodelling community services</li> <li>Front door improvement</li> <li>Ambulance handover</li> <li>Patient flow</li> </ul> <p>NB. The scope and shape of this area is still being refined and will be concluded in early March</p>	<ul style="list-style-type: none"> <li>Development of a surgical model of care for the location and delivery of surgical services across all sites including developing proposal for site specific changes</li> <li>Demand and capacity modelling</li> <li>Pre-assessment process and scheduling</li> <li>Daily ops reviewing</li> <li>Theatre booking and scheduling (6:4:2) across three hospital sites</li> <li>Case mix review with prioritisation of BADS procedures</li> <li>Surgical patient flow mapping using Healthcare Systems Engineering</li> <li>Infrastructure review and redesign</li> <li>Workforce review</li> <li>Enhanced recovery supported by patient flow LOS work stream</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in FU and focus on reducing FUNB</li> <li>Primary Care variation in referral practice</li> <li>Technical efficiency – DNA, booking processes, clinic utilisation</li> <li>Re-design of services via ADOPT Programme to other specialties. eg: <ul style="list-style-type: none"> <li>E-referral</li> <li>Self management</li> <li>See on Symptom</li> </ul> </li> <li>Digitisation</li> <li>Non pay areas – e.g.. hybrid mail solution, text reminders</li> </ul>



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## Transformation Care Programme: Workforce

Medical	Nursing	Therapies, Health Scientists & Pharmacy	Admin & Clerical
<ul style="list-style-type: none"> <li>• E-job planning</li> <li>• Locum on Duty – Benefit realisation and Governance</li> <li>• Long term locum and agency cap compliance</li> <li>• Medical staff electronic rostering</li> <li>• Recruitment &amp; Retention</li> </ul>	<ul style="list-style-type: none"> <li>• Efficiency/Grip &amp; Control                             <ul style="list-style-type: none"> <li>○ E-rostering for PCS &amp; MH&amp; LD</li> <li>○ Roll out of Safer</li> <li>○ HCSW usage</li> <li>○ HCSW vacancies</li> </ul> </li> <li>• Valuing Nursing                             <ul style="list-style-type: none"> <li>○ HCSW sickness</li> <li>○ Recruitment &amp; retention</li> <li>○ Overseas Nursing</li> </ul> </li> <li>• Transforming Nursing Care                             <ul style="list-style-type: none"> <li>○ Integrated nursing workforce (outpatients &amp; theatres)</li> <li>○ Band 3 &amp; 5 HCSW roll out</li> <li>○ Advanced practice roles</li> <li>○ Nursing &amp; midwifery structures</li> <li>○ CNS productivity</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Legacy of 1<sup>st</sup> year work – to consolidate Therapies resources under respective Heads of Service</li> <li>• Working practices                             <ul style="list-style-type: none"> <li>○ Use of Agency</li> <li>○ Managing sickness absence</li> <li>○ Top of licence</li> <li>○ job planning</li> <li>○ Recruitment</li> </ul> </li> <li>• New roles</li> <li>• Pathway optimisation</li> <li>• Digital Opportunities</li> </ul>	<ul style="list-style-type: none"> <li>• A&amp;C staff group</li> <li>• Digital opportunities to reduce the need for A&amp;C resource</li> <li>• Streamlining to optimise the use of A&amp;C resource</li> </ul>





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## Transformation Care Programme: Non Pay

Procurement	Pharmacy & Medicines Management	Complex Care	Income generation	Estates & Facilities
<b>In-Scope &amp; Themes:</b> <ul style="list-style-type: none"> <li>Principles of Value Based Procurement (On Going)</li> <li>Reduce Supplier Variation and Standardisation (On Going)</li> <li>Review of Non-Pay Clinical Spend requisitions (On Going) (Transactional QVC T2)</li> </ul> <b>Core Savings Plan (Traditional Including Meds £3.16m FYE)</b> <ul style="list-style-type: none"> <li>KMPG recommendation on HSDU Tray Wraps</li> <li>Maintenance Contract Reviews</li> <li>T &amp; O Standardisation</li> <li>Review of Pathology Managed Service Arrangements</li> </ul>	<b>KPMG</b> (Only ID'd £300k over 3 years) <ul style="list-style-type: none"> <li>Homecare BC</li> <li>Cat M drugs price increases</li> </ul> <b>Internal Transformation</b> <ul style="list-style-type: none"> <li>Primary Care Savings plan (£1.2m)</li> <li>Secondary Care savings plan               <ul style="list-style-type: none"> <li>Biosimilar usage</li> <li>Horizon scanning for patent losses</li> <li>New biosimilars in acute setting (£270-£370k tbc)</li> </ul> </li> </ul> <b>CSP</b> <ul style="list-style-type: none"> <li>Diabetes</li> <li>Older People</li> <li>Critical care pharmacy capacity</li> <li>Early years funding (WG) – to support pharmacy service to PAU</li> </ul> <b>Technology</b> <ul style="list-style-type: none"> <li>Pharmacy BoT</li> </ul> <b>Workforce- prioritisation/ redesign/ recruitment</b> <ul style="list-style-type: none"> <li>Unfunded posts &amp; activity</li> </ul>	<b>Governance/Grip &amp; Control</b> <ul style="list-style-type: none"> <li>Frameworks for Adults, Children, MH &amp; LD</li> <li>SOP for invoices</li> <li>SOP for panels (Adults, children MH &amp; LD)</li> </ul> <b>Transferring CHC Models of Care</b> <ul style="list-style-type: none"> <li>Multiagency models of care</li> <li>Partnership framework</li> <li>Approach for pooled budgets</li> </ul> <b>Relationships &amp; Partnership Working</b> <ul style="list-style-type: none"> <li>Escalation process</li> <li>Workforce structures (health board &amp; agencies)</li> </ul>	<b>Private patient income</b> <ul style="list-style-type: none"> <li>Weekend theatre utilisation</li> </ul> <b>Overseas patients</b> <ul style="list-style-type: none"> <li>Recoupment of costs</li> </ul> <b>Research &amp; development</b> <ul style="list-style-type: none"> <li>Clinical Trials</li> </ul> <b>General income</b> <b>Marketing out skills and services</b> <ul style="list-style-type: none"> <li>Pelvic oncology?</li> <li>Medical illustration?</li> </ul>	<ul style="list-style-type: none"> <li>This is being scoped</li> </ul>



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## KPMG Delivery Framework

KPMG made a number of recommendations SBU to support the delivery of a sustainable financial position. These were developed through reviews, surveys, observations, interviews and best practice from other organisations. Some of the challenges identified by KPMG including:

- Capacity, capability and insufficient clinical engagement to translate strategic plans into operational delivery and ensuring that there is clear accountability mechanisms in place
- The need for greater Executive ownership of cross cutting workstreams with the right resource to drive delivery and again a clear accountability framework in place for these to function effectively
- Improved access to routine performance information on services utilisation and productivity
- Strengthening engagement with budget holders and developing capability
- A need to strengthen planning by triangulating activity, finance and workforce and understanding their underlying cost drivers; improving governance of savings plan development to ensure compliance with WG guidelines and best practice.

KPMG recommended a number of improvements to the current delivery approach and these are being taken forward:

### Governance

- Better alignment of improvement, VBHC and project support to the desired Transforming Care Programmes
- Improvements in the quality and timeliness of KPIs and management information to take pro-active real-time decisions to improve performance
- Enhance corporate governance moving to a bi-weekly drum beat of Financial Management Group with alternating focus on Transforming Care Programmes and Unit based financial recovery meetings
- Strengthen support provided to Units to support delivery of savings opportunities

### Financial Planning and budget setting

- Develop a robust Demand and Capacity model
- Rebase budgets to ensure effective resource allocation and decision making

- Develop a clear budget plan with full signoff of budget holder accountability letter
- Consider reviewing the number of budget holders within the organisation

### Financial management, reporting and forecasting

- Reframe financial reporting to better understand cost drivers that can be triangulated against activity and key operational indicators
- Improve forecasting maturity to enable the HB and individual Units to plan more effectively and take more agile action to manage adverse performance and/or risks of increased spend
- Develop business partnering capability
- Exploit technology to automate finance reporting

### Financial performance management

- Strengthen quality of financial recovery meeting packs with appropriate detail to understand the drivers of adverse performance and risks
- Improve scrutiny by Independent Members by enhancing the information that is shared at Committees
- Strengthen business case controls to maximise benefits realisation through post-project evaluations of benefits and spend, tracking of KPI's and milestones

### Capacity & Capability

- Strengthen capacity and capability and ensure that staff have the right skillset and toolset for sustainability improvement
- Strengthen clinical leadership at Unit, directorate and workstream levels
- Increase capacity within PMO to support workstream and Unit delivery
- Ensure sufficient capacity is available at corporate and Unit level in finance, informatics and workforce resource to support delivery of the financial objectives

### Creating a Culture of Excellence

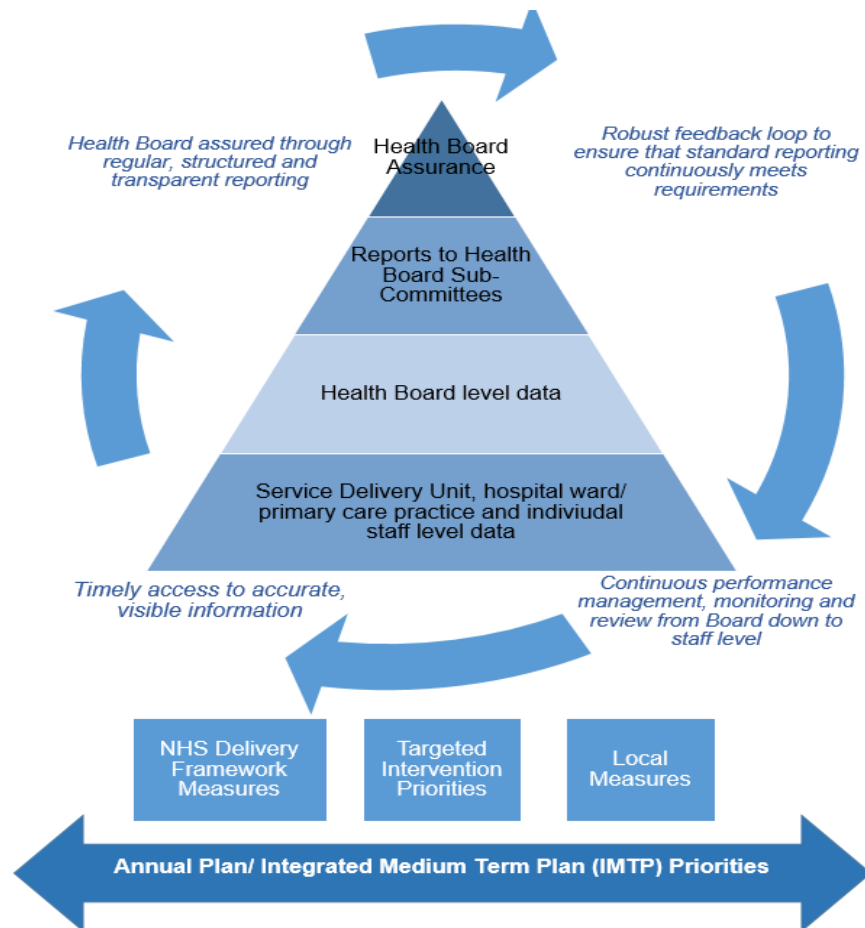
- Use best practice nationally and internationally to create a culture of excellence
- Consider how this aligns from 'Ward to Board' so that strategic priorities are embedded across operational processes, operational management systems and behaviours and culture so step change from turnaround to transformation is sustained.

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## Performance Management

The Health Board has a robust performance management system in place as a formal, regular, rigorous system of data collection and usage to indicate trends and measure the performance of services. The Health Board focuses on monitoring and examining performance against the NHS Wales Delivery Framework, the Health Board's Targeted Intervention Priorities and the delivery of the Health Board's Annual Plan. A range of key local quality and safety measures are also included. The Framework is currently being refreshed in line with the changing operating model and in the light of the KPMG recommendations and will be relaunched in Quarter 1.



The following diagram illustrates how data is aggregated up to a Health Board level position and reported to the Health Board's sub-committees, which subsequently provide assurance to the Health Board.

## Delivery of the Annual Plan

With regard to the delivery of the Annual Plan, in preparation of the beginning of the year the performance statements and performance report cards are aligned with the aims and objectives of the Annual Plan which ensures these are the golden thread running through the performance reports and the Health Board can track progress with delivering the objectives over time.

In addition to the Delivery Framework for the Transforming Care Programmes outlined in the previous section there is a weekly beat for performance reporting on the Health Board's Targeted Intervention Priorities and weekly Unscheduled Care and Planned Care meetings, chaired by the COO to scrutinise performance and agree mitigating actions if the agreed Annual Plan deliverables are off-track. This has worked well for the Winter Plan in 2019/20 where all actions have been delivered.

On a monthly basis performance statements are published, aligned to the NHS Wales Delivery Framework and Annual Plan deliverables on a Delivery Unit basis. An Integrated Performance Report (IPR) is also scrutinised on a monthly basis by the Performance and Finance Committee and off-track items escalated by exception as required. The IPR covers the full breadth of the Annual Plan and is also considered on a bi-monthly basis by the full Health Board. A specific Quality and Safety Performance Report is also scrutinised and assured by the Quality and Safety Committee on a bi-monthly basis.

Formal quarterly Performance Reviews are held with all Units and consideration is being given to the same arrangements for corporate departments. The Reviews are heavily focused on the Units' delivery of the Annual Plan and service change, as well as in-year quality and performance. A specific quarterly report is also produced on the detailed delivery of the Annual Plan and this is scrutinised and assured by the Performance and Finance Committee on behalf of the Board and shared with Welsh Government. Actions and deliverables that are off-track are reported on an exception basis and mitigating actions are also reported and approved.

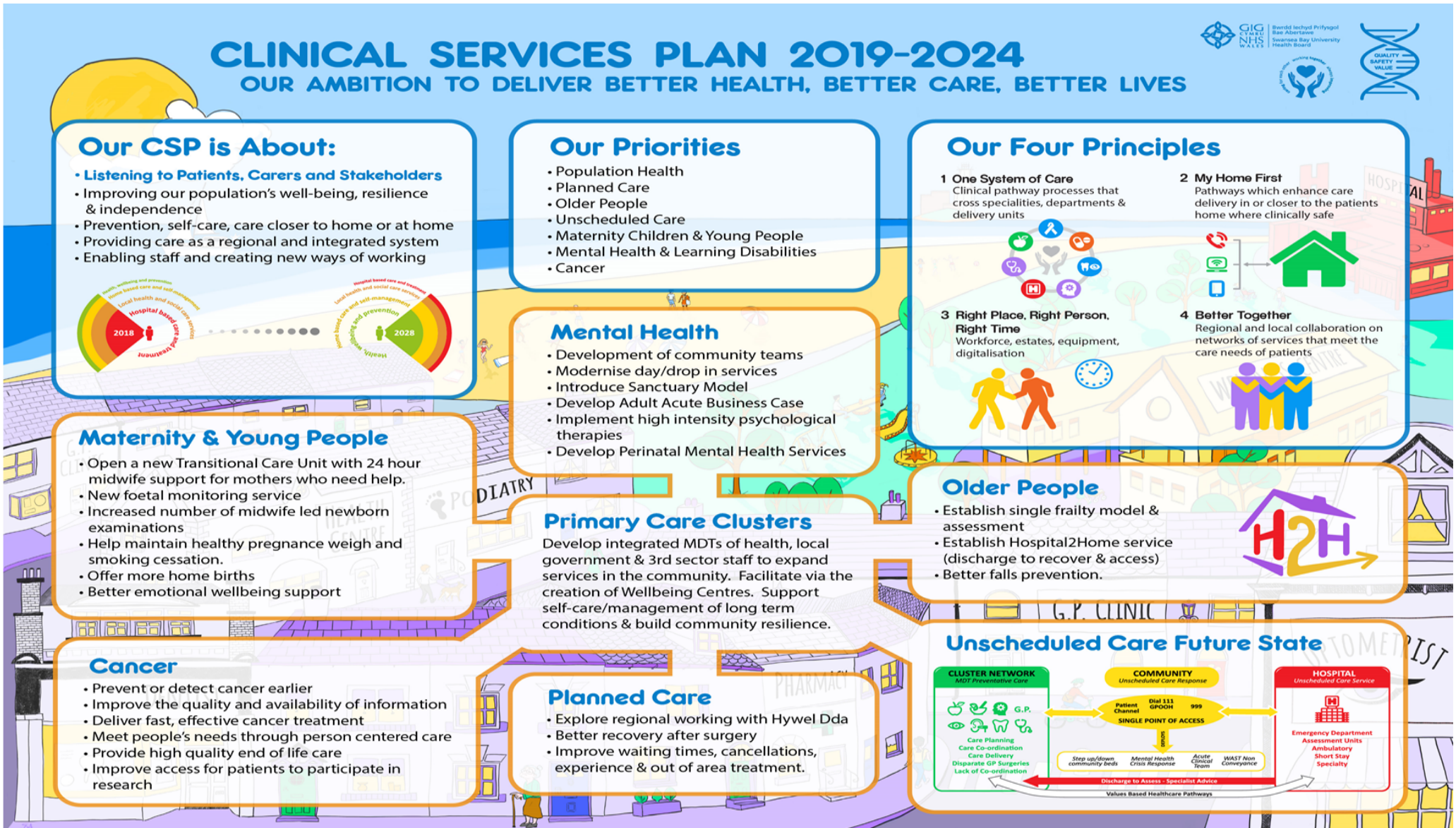




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## 1.9 Clinical Services Plan

The Clinical Services Plan 2019-24, led by clinicians and developed with staff and stakeholders, is central to the ambition of our Organisational Strategy. It is an update of Changing for the Better (2013) our first clinical plan and is summarised in the Plan on a Page below.





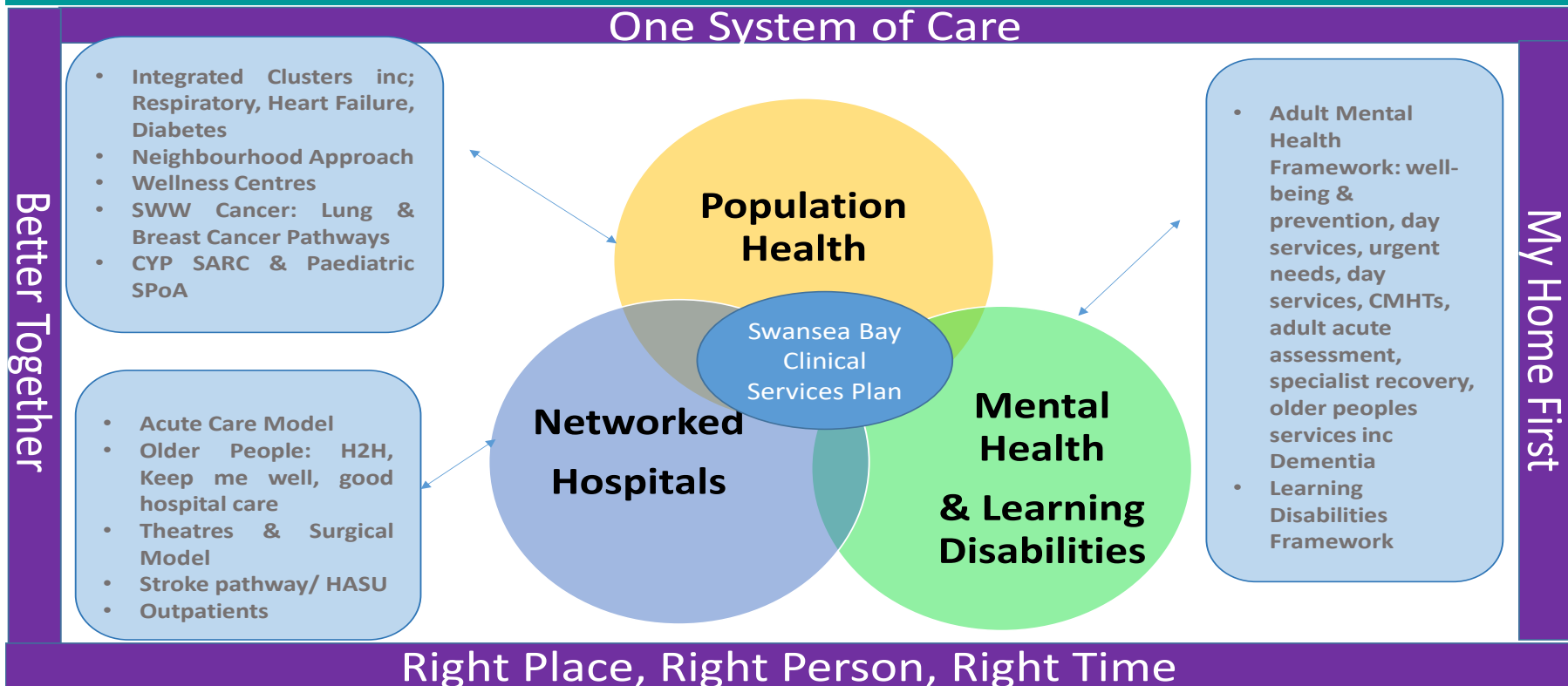
# 1. Strategic Overview



## Our Clinical Services Plan Ambitions

Our Clinical Services Plan has set out three programmes of work. Within each of these programmes is a series of projects and workstreams that are being delivered either through our standard organisational structures or with additional support and governance from our Transformation Programme. All of these

## Our Clinical Services Plan Themes/Programmes



## Clinical Leadership; Our Approach

Clinically led, multi-disciplinary Clinical Redesign Groups supported by planning and/or project managers and other relevant colleagues lead on delivering the whole system/pathway projects required to deliver the CSP programme outputs and benefits.

Taking place every six weeks, the CSP Multi-disciplinary Team brings together members of the clinical community from across the system, including those from the Clinical Redesign Groups to share successes and learning, consider new ideas, share work on pathways and models of care and explore ways to overcome issues and challenges.

## Opportunities to Improve

The Clinical Redesign Groups reviewed current and projected challenges and opportunities for unscheduled care, surgical and regional services. that matter to people, high quality, safe and accessible services. The Clinical Services Plan is based on a suite of Efficiency Assumptions (known as 'Scenario B') which have been used to underpin the Annual Plan through the Whole System Plans, building on our learning from our own benchmarking over the last three years. The efficiency opportunities in the CSP have also been reinforced by the recent report from KPMG which underpins the sustainability and deliverability of our Plan by identifying Grip and Control and Transformation opportunities across a range of services.

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## 1.10 Introduction to Our Plan

Our Plan is structured to deliver against the Aims and Enabling Objectives of our Organisational Strategy. The Plan sets out our delivery in the immediate and medium term within the context of our longer term direction. Each Enabling Objective section follows the following structure and includes the following key information.

### Enabling Objectives

- **Three, Five and Ten Year Outcomes:** The short, medium and longer term strategic direction for each Enabling Objective is set out in our three, five and ten year outcome statements.
- **Strategic Context:** The strategic context is described to establish the framework within which the plan will be delivered.
- **Key Challenges:** The key challenges that will need to be addressed over the period of the plan are described.
- **Key Actions:** The key actions that will deliver our plans are set out aligned to the pathway components of our Whole System plans.
- **Clinical Service Plan Workstream/Project:** Many of the actions and projects within this plan contribute to the delivery of our Clinical Services Plan, significant workstreams are highlighted in each section.
- **Delivering the Sustainable Development Principle and Journey Checker:** Examples of how we are delivering against the Sustainable Development principle are included along with an indication of our contribution to the National Wellbeing Goals

### Whole System Plans

Our Plan is based around key Whole System Plans. Based on our Clinical Services Plan, efficiency, quality and performance priorities we developed these Plans through engagement and workshops throughout the summer of 2019. The plans set out the detail of delivery and are therefore hyper-linked in each section. The plans are built around the following main components:

- **Pathway Component:** Built around national plans and strategies, or where appropriate local determination, the pathway components set out the key steps of our systems.
- **Patient/User Experience:** Our plans are framed around the experience patients and users would wish from our services. This approach enables a patient focused and person centred approach to plan development.
- **Scheme:** The Whole System Plans describe the schemes need to ensure the patient/user experience set out.
- **Action:** The Actions required to deliver the schemes over the next three years.
- **Milestones:** The quarterly milestones are set out in detail for year one of the plan, at a high level for years two and indicative for year three.
- **Measures:** Our actions are aligned to the National Outcomes Framework and our Local Outcomes Framework to track delivery and impact.



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## 1.11 NHS Wales Delivery Framework Measures 2019-20

Domain	Reference	Measure
Staying Healthy	NDF 1	Of those women who had their initial assessment and gave birth within the same health board, the percentage of pregnant women who gave up smoking during pregnancy (by 36-38 weeks of pregnancy)
	NDF 2	Percentage of children who received 3 doses of the hexavalent '6 in 1' vaccine by age 1
	NDF 3	Percentage of children who received 2 doses of the MMR vaccine by age 5
	NDF 4	Percentage of children who are 10 days old within the reporting period who are eligible for a contact and received the 10-14 days health visitor component of the Healthy Child Wales programme
	NDF 5	Uptake of the influenza vaccination among: 65 year old and over; under 65s in risk groups; pregnant women and; health care workers
	NDF 6	The percentage of adult smokers who make a quit attempt via smoking cessations services
	NDF 7	The percentage of those smokers who are CO-validated as quit at 4 weeks
	NDF 8	European age standardised rate of alcohol attributed hospital admissions for individuals resident in Wales
	NDF 9	The percentage of people with learning disabilities who have an annual health check
Safe Care	NDF 10	Percentage of compliance for staff appointed to new roles where a child barred list check is required
	NDF 11	Percentage of compliance for staff appointed to new roles where an adult barred list check is required
	NDF 12	Rate of hospital admissions with any mention of intentional self-harm for children and young people (aged 10-24 years) per 1,000 population
	NDF 13	Amenable mortality per 100,000 of the European standardised population
	NDF 14	Percentage of in-patients with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening
	NDF 15	Percentage of patients who presented to the Emergency Department with a positive sepsis screening who have received all elements of the 'Sepsis Six' first hour care bundle within one hour of positive screening
	NDF 16	The number of potentially preventable hospital acquired thromboses
	NDF 17	Opioid average daily quantities per 1,000 patients
	NDF 18	Number of patients aged 65 years or over prescribed an antipsychotic, as a percentage of all patients aged 65 years and over
	NDF 19	Total antibacterial items per 1,000 STAR-PUs (specific therapeutic group age related prescribing unit)
	NDF 20	Fluroquinolone, cephalosporin, clindamycin and co-amoxiclav items per 1,000 patients
	NDF 21	Cumulative rate of laboratory confirmed E.coli bacteraemia cases per 100,000 population
	NDF 22	Cumulative rate of laboratory confirmed S.aureus bacteraemia (MRSA and MSSA) cases per 100,000 population
	NDF 23	Cumulative rate of laboratory confirmed C.difficile bacteraemia cases per 100,000 population



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## 1.11 NHS Wales Delivery Framework Measures 2019-20

Domain	Reference	Measure
Safe Care	NDF 24	Number of Patient Safety Solution Wales Alerts and Notices that were not assured within the agreed timescales
	NDF 25	Of the serious incidents due for assurance, the percentage which were assured within the agreed timescales
	NDF 26	Number of new never events
	NDF 27	The number of grade 3, 4 and un-stageable healthcare acquired (both hospital and community) pressure ulcers
	NDF 28	Number of administration, dispensing and prescribing medication errors reported as serious incidents
	NDF 29	Number of patient falls reported as serious incidents
Effective Care	NDF 30	Number of health board mental health delayed transfer of care (rolling 12 months)
	NDF 31	Number of health board non mental health delayed transfer of care (rolling 12 months)
	NDF 32	Percentage of universal mortality reviews (UMRs) undertaken within 28 days of a death
	NDF 33	Crude hospital mortality rate (74 years of age or less)
	NDF 34	Percentage compliance of the completed level 1 information governance (Wales) training element of the Core Skills and Training Framework
	NDF 35	Percentage of episodes clinically coded within one reporting month post episode discharge end date
	NDF 36	Percentage of clinical coding accuracy attained in the NWIS national clinical coding accuracy audit programme
	NDF 37	All new medicines recommended by AWMSG and NICE, including interim recommendations for cancer medicines, must be made available where clinically appropriate, no later than two months from the publication of the NICE Final Appraisal Determination and the AWMSG appraisal recommendation
	NDF 38	Number of Health and Care Research Wales clinical research portfolio studies
	NDF 39	Number of Health and Care Research Wales commercially sponsored studies
	NDF 40	Number of patients recruited in Health and Care Research Wales clinical research portfolio studies
	NDF 41	Number of patients recruited in Health and Care Research Wales commercially sponsored studies
Dignified Care	NDF 42	The average rating given by the public (aged 16+) for the overall satisfaction with health services in Wales
	NDF 43	Number of procedures postponed either on the day or the day before for specialised non-clinical reasons
	NDF 44	Evidence of how NHS organisations are responding to service user experience to improve services
	NDF 45	Percentage of concerns that have received a final reply (under Regulation 24) or an interim reply (under Regulation 26) up to an including 30 working days from the date the concern was first received by the organisation
	NDF 46	Percentage of people in Wales registered at a GP practice (age 65 years or over) who are diagnosed with dementia



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## 1.11 NHS Wales Delivery Framework Measures 2019-20

Domain	Reference	Measure
<b>Dignified Care</b>	NDF 47	Percentage of adults (aged 16+) who had an appointment in the last 12 months, who felt that they were treated with dignity and respect
	NDF 48	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that is provided by their GP/ family doctor
	NDF 49	Percentage of adults (age 16+) who reported that they were very satisfied or fairly satisfied about the care that they received at an NHS hospital
	NDF 50	Percentage of employed NHS staff completing dementia training at an informed level
	NDF 51	Percentage of GP practice teams that have completed training in dementia care or other training as outlined under the Directed Enhanced Services (DES) for mental illness
<b>Timely Care</b>	NDF 52	Percentage of people (aged 16+) who found it difficult to make a convenient GP appointment
	NDF 53	Percentage of GP practices open during daily core hours or within 1 hour of daily core hours
	NDF 54	Percentage of GP practices offering daily appointments between 17:00 hours and 18:30 hours
	NDF 55	Percentage of OOH/111 patients prioritised as P1CH that started their definitive clinical assessment within 60 minutes of the initial call being answered
	NDF 56	Percentage of OOH/111 patients prioritised as P1F2F requiring a Primary Care Centre (PCC) base appointment seen within 60 minutes following completion of their definitive clinical assessment/face to face triage
	NDF 57	Percentage of health board population regularly accessing NHS primary dental care
	NDF 58	The percentage of patients waiting less than 26 weeks for treatment
	NDF 59	The number of patients waiting more than 36 weeks for treatment
	NDF 60	The number of patients waiting more than 8 weeks for a specified diagnostic
	NDF 61	The number of patients waiting more than 14 weeks for a specified therapy
	NDF 62	The number of patients waiting for an outpatient follow-up (booked and not booked) who are delayed past their agreed target date for planned care specialities
	NDF 63	95% of ophthalmology R1 patients to be seen by their target date or within 25% in excess of their target date for their care or treatments
	NDF 64	The percentage of patients newly diagnosed with cancer, not via the urgent route, that started definitive treatment within (up to and including) 31 days of diagnosis (regardless of referral route)
	NDF 65	The percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment within (up to and including) 62 days of receipt of referral
	NDF 66	Percentage of patients who are diagnosed with a stroke who have a direct admission to an acute stroke unit within 4 hours
	NDF 67	Percentage of thrombolysed stroke patients with a door to door needle time of less than or equal to 45 minutes
	NDF 68	Percentage of patients who are diagnosed with a stroke who received a CT scan within 12 hours
	NDF 69	Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours



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## 1.11 NHS Wales Delivery Framework Measures 2019-20

Domain	Reference	Measure
Timely Care	NDF 70	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment
	NDF 71	Percentage of patients waiting less than 26 weeks to start a psychological therapy
	NDF 72	The percentage of mental health assessments undertaken within (up to and including) 28 days from the date of receipt of referral
	NDF 73	The percentage of therapeutic interventions started within (up to and including) 28 days following and assessment by LMPHSS
	NDF 74	Percentage of qualifying patients (compulsory and informal/voluntary) who had their first contact within an Independent Mental Health Advocacy (IMHA) within 5 working days of their request for an IMHA
	NDF 75	The percentage of emergency responses to red calls arriving within (up to and including) 8 minutes
	NDF 76	Number of ambulance handovers over one hour
	NDF 77	The percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or discharge
	NDF 78	The number of patients who spend 12 hours or more in all hospital major and minor care facilities from arrival until admission, transfer or discharge
	NDF 79	Percentage of survival within 30 days of emergency admission for a hip fracture
Individual Care	NDF 80	Qualitative report detailing evidence of advancing equality and good relations in the day to day activities of NHS organisations
	NDF 81	Qualitative report detailing progress against the 5 standards that enable to health and well-being of homeless and vulnerable groups to be identified and targeted
	NDF 82	Qualitative report detailing the achievements made towards the implementation of the all Wales standard for accessible communication and information for people with sensory loss
	NDF 83	Qualitative report providing evidence of implementation of the Welsh language actions as defined in More Than Just Words
	NDF 84	Number of calls to the mental health helpline CALL (Community Advice and Listening Line) by Welsh residents per 100,000 of the population
	NDF 85	Number of calls to Wales Dementia Helpline by Welsh residents per 100,000 of the population (age 40+)
	NDF 86	Number of calls to the DAN 24/7 helpline (drugs and alcohol) by Welsh residents per 100,000 of the population
	NDF 87	The percentage of health board residents in receipt of secondary mental health services (all aged) who have a valid care and treatment plan (CTP)
	NDF 88	All health board residents who have been assessed under part 3 of the mental health measure to be sent a copy of their outcome assessment report up to and including 10 working days after the assessment has taken place



# 1. Strategic Overview



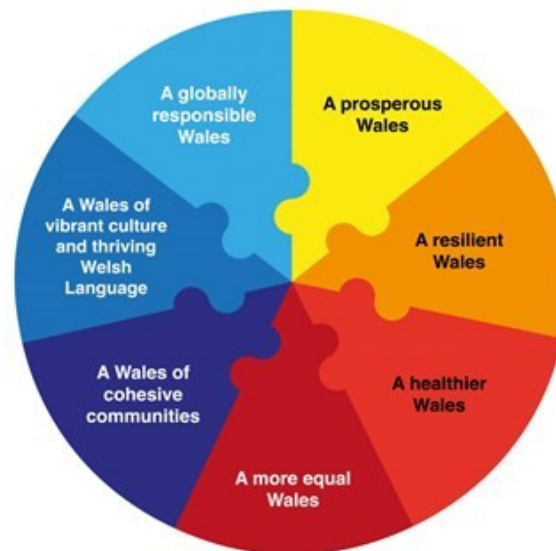
## 1.11 NHS Wales Delivery Framework Measures 2019-20

Domain	Reference	Measure
Our Staff and Resources	NDF 89	The percentage of patients who did not attend a GP appointment
	NDF 90	Quantity of biosimilar medicines prescribed as a percentage of total 'reference' product plus including biosimilar
	NDF 91	The number of hours lost to critical care delayed transfer of care per month
	NDF 92	Percentage of headcount by organisation who have had a Personal Appraisal Development Review (PADR)/medical appraisal in the previous 12 months (excluding doctors and dentists in training)
	NDF 93	Percentage of staff who have had a performance appraisal who agree it helps them improve how they do their job
	NDF 94	Overall staff engagement score – scale score method
	NDF 95	Percentage compliance for all completed level 1 competencies within the Core Skills and Training Framework by organisation
	NDF 96	Percentage of sickness absence rate of staff
	NDF 97	Percentage of staff who would be happy with the standard of care provided by their organisation if a friend or relative needed treatment



## 2. Strategic Aim 1:

**SUPPORT BETTER HEALTH AND WELLBEING BY ACTIVELY PROMOTING AND EMPOWERING PEOPLE TO LIVE WELL IN RESILIENT COMMUNITIES**





## 2. 1 Enabling Objective 1: Partnerships for Health and Wellbeing



### 3 year Outcomes

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

### 5 year Outcomes

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

### 10 year Outcomes

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

### STRATEGIC CONTEXT

#### Health Needs Headlines

The health needs of Swansea Bay have been captured in the Population Health Needs review and are summarised in Section 1.3. This paints a picture of the current needs of our communities and helps to prioritise current services. It also represents the legacy of our local area. Longer term change in the health of local people requires not just action aimed at risk factors or the treatment of established illness. It also requires concerted action across the public sector aimed at creating the conditions for future health.

#### Socio-Ecological model of health and why that fits

The Health Board has continued to broaden its approach to population health since the adoption of the socio-ecological approach to improving population health in 2019. The socio-ecological model of health is a way of thinking about health and how to support and protect it. It recognises that the way that people behave doesn't occur in isolation but is shaped by a number of other factors. So that who we are (our knowledge and skills and attitudes and behaviours) who we interact with (our family and friends, colleagues and the groups we meet and mix with and our culture and traditions) affects our health now and in the future. But our actions are directed by the communities in which we live and how they

are organised (ease of access of key services and how well organisations come together and have common purposes) and these and our behaviours are also shaped by council and government policies, byelaws and regulations and laws.

An example of this is that although we may know what a healthy diet is, because a person has low income and lives somewhere that does not have secure storage for food or cooking facilities and can't easily get to shops selling healthy food at an affordable price, instead the person buys cheap takeaways from around the corner or does without food when there are other big bills to pay.

This example, and the model, highlights the need for joined up approaches that create the conditions for health at the different levels that can impact on individual behaviour. That is also the rationale for some aspects of partnership working – to systematically remove or lower the barriers to health in our communities and to keep doing it while measuring the impact it has on our communities.

This approach aligns with the Wellbeing of Future Generations (Wales) Act (including the Sustainability Principle's Five Ways of Working), Social Services Wellbeing Act and the establishment of local Public Services Boards (PSBs). The PSBs' respective Wellbeing Plans are being implemented to



#### Sustainable Development Principle:

##### Involvement

**Our Neighbourhood Approach** is fundamentally about changing the way we deliver services through co-production based on a neighbourhood focus and building on community assets rather than deficits. The project covers the Swansea and Neath Port Talbot local authority areas and aims to develop ways of bringing care services together so patients experience a seamless service, while also empowering people and communities to manage their own health and well-being. 'Our Neighbourhood Development Officers' have been recruited into post through the third sector, to lead on community asset mapping in collaboration with local volunteers (recruitment of which started in September 2019) and to start profiling and developing new groups and opportunities such as Walking Groups.



## 2. 1 Enabling Objective 1: Partnerships for Health and Wellbeing



address the priorities and issues in each locality. There is considerable synergy between the different wellbeing plan priorities across the two Local Authority areas and we will continue to work closely using a place based approach to addressing health inequalities. Many of the actions within our plan are reflective of the importance of integration and taking a long term, preventative approach to the commissioning and provision of health care locally, aligned to the five ways of working.

### Wellbeing of Future Generations Act

In 2019, the Future Generations Commissioner reviewed the progress of statutory organisations across Wales in implementing their well-being objectives. The Health Board along with other statutory bodies submitted a detailed Reflection Tool measuring our progress in 2017/18 against the objectives and the five ways of working. Further to this, the Health Board has also undertaken a more detailed journey checker - the “Simple Changes Grid” developed by the Commissioner to track progress against the 82 objectives and measure how public bodies have embedded the Act within their organisations. In line with this in May 2019, the Health Board organised a Board Development Session to consider how we embed the sustainable development principle and other principles of the Act in our thinking and actions as a Board and through all that the organisation does. The Future Generations Commissioner was in attendance and provided some challenges to the organisation in terms of ‘How well do the Health Boards well-being objectives align with the goals of the Act?’ and ‘How well are we delivering against the well-being objectives?’

In considering the challenges posed by the Commissioner the Health Board has agreed that we will develop a high-level framework for addressing the requirements of the Act through a systematic approach in planning, reporting and cultural change, across the organisation and into our partner relationships.

### Planning

- We will establish a Sustainable Development Group to oversee implementation of the Act.
- We will consider our objectives in our corporate planning processes and link to our Clinical Services Plan and Annual / Integrated Medium Term Plan to embed the Sustainable Development Principle within our service delivery plans.
- Our Annual Plan (and Clinical Services Plan) will be able to more clearly articulate how we are meeting our well-being objectives.

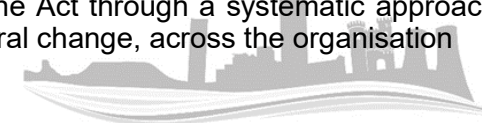
- All of our plans and business cases will need to demonstrate how we are meeting the Sustainable Development principle and the five ways of working.

### Reporting

- We have incorporated Public Health Measures in our Performance Reports, and we will look at new ways of capturing our performance reporting across all service areas, to ensure alignment with the Performance Management Framework once developed.
- We will use/develop our well-being measures more systematically to identify areas of best practice and target interventions at identified areas of additional support.
- We will ensure that our internal Performance Reviews have a clear focus on how we are all responding to the Act.

### Changing Culture

- Through the provision of knowledge and skills transfer we will support frontline teams to enable the adoption of approaches that increase well-being more broadly across the sector.
- We will develop an approach to enable “Embed the Change” equivalent to be progressed across the Health Board, through using Executive level leadership and Champions.
- Our Executive Board will lead on aligning our corporate goals with our revised well-being objectives. We will scrutinise and challenge our work programmes against the Sustainable Development Principle and Five Ways of Working.
- Where possible we will utilise the tools and processes developed by the Commissioner’s Office to underpin and support local delivery of the Act.
- We will promote the Act through our digital platform, showcasing and celebrating our work on adopting the ‘Simple Changes’, and will develop an intranet and internet page focused on the Act.
- We will seek to identify two key themes at a time which we can focus on to make a difference to our population, patients and staff. In the first instance this is likely to focus on sustainable travel, plus one further area, which we will seek views on from staff.
- In considering the challenges posed by the Commissioner the Health Board has agreed that it will develop a high-level framework for addressing the requirements of the Act through a systematic approach in planning, reporting and cultural change, across the organisation



## 2. 1 Enabling Objective 1: Partnerships for Health and Wellbeing



and into our partner relationships. In particular the Health Board will take proactive steps to work with our Local Authority and Third Sector partners to increase resilience in our communities through innovative service improvements such as the Neighbourhood Approach. We will engage with communities, patients and service users through co-production to ensure that our services meet local needs.

The Health Board will review how our well-being objectives demonstrate the contribution of our objectives to all seven of those of the Act. If we identify gaps we will consider how we review our well-being objectives to close those gaps. We will reflect the work we are doing more effectively in our Annual Report, in collaboration with others and will work to align our reporting, corporate planning and senior leadership awareness while highlighting the innovative work being undertaken across the organisation and “tell the story” more effectively. To facilitate this the Health Board will establish a Sustainable Development Group to oversee implementation of the Act.

We recognise that the current National Level Indicators on well-being do not align directly with the NHS monitoring framework. This challenges us to identify new ways of monitoring our performance across a broader range of indicators including the seven Well-being Objectives, the Five Ways of Working and adopting ‘Simple Changes’. We will use/develop our well-being measures more systematically to identify areas of best practice and target interventions at identified areas of additional support. We will need to further develop new ways of reporting to incorporate both in our Performance Reports to Board, Annual Report and other documents, example on “preventative spend”, and how we can demonstrate the shift in resources to help us become more sustainable. We will ensure that our internal Performance Reviews have a clear focus on how we are all responding to the Act.

The Health Board recognises that the Act is not just about meeting statutory requirements, it is about improving all that we do across all of our services and departments. It clearly reflects our Purpose: “Together, improving well-being and healthcare for all”; and our dual responsibilities as an organisation: Supporting Better Health and Delivering Better Care. We recognise that in order to do this we need to embed cultural and behavioural change at all levels. We will develop an innovative ‘ground up’ culture, based on the Public Health Wales NHS Trust approach of “Embed the Change” which encourages and supports our people to work in ways that increase well-being as a core aim of the organisation. Through the provision of

knowledge and skills transfer we will support frontline teams to enable the adoption of approaches that increase well-being more broadly across the sector. We will develop an approach to enable “Embed the Change” equivalent to be progressed across the Health Board, through using Executive level leadership and Champions.

### **RPB / PSBs and a shared view of priorities and approach**

While there are good relationships within the Regional Partnership Board and the Public Service Boards there remains a challenge on how to use these arrangements to support the required change at community and locality level. The challenge is about aligning approaches and initiatives that complement and support directly provided or commissioned services and thereby improve their effectiveness and outcomes (synergies). It is also about continuing the work to tailor services better to individuals’ needs. And there remains the challenge of directing the highest proportion of resources to those with the highest level of needs – proportionate universalism.

### **Inequalities**

The review of population health needs has highlighted again the gap in healthy life expectancy in our communities between the least and most well-off. This is a high level marker of the level of health inequalities in our communities. Concerted action is required to have an impact on these inequalities. The Marmot Review provides the framework for evidence based action and has identified 6 broad areas.

Six areas for evidence based action to tackle health inequalities from the Marmot Review:

- give every child the best start in life
- education and life-long learning
- employment and working conditions
- having enough money to lead a healthy life
- healthy and sustainable environments
- taking a social determinants approach to prevention: acting on the ‘causes of the causes’.

While there are activities underway locally in every domain there impact on inequalities is not always visible or the contribution to tackling inequalities is overlooked. There is a need to better capture and to purposefully use our partnerships in ways that systematically reduce inequalities in health status across our communities.



## 2. 1 Enabling Objective 1: Partnerships for Health and Wellbeing



The vehicle for this remains the community development approach adopted across the West Glamorgan Region. Within our area we seek to work in the following ways:

- Continuing our commitment to and further development of our whole system approach to co-ordinating health and social care services seamlessly, wrapped around the needs and preferences of the individual, so that it makes no difference who is providing individual services and that resources can be directed at areas of highest need
- Measuring the health and wellbeing outcomes which matter to people, and using that information to support improvement and better collaborative decision making and to measure effectiveness and system performance
- Driving transformative change through strong leadership and clear decision making, adopting subsidiarity principles to allow decision making closer to our communities, supporting innovation and not being afraid of failure but seeing it as an opportunity for learning
- Rapidly adopting good practice and new models and developing open and confident engagement with external partners from all sectors
- Promoting the distinctive values and culture of the Welsh whole system approach with pride, demonstrating how different choices are delivering more equitable outcomes and making Wales a better place in which to live and work.

As a direction of travel in year one we will work with our Local Authority partners to develop our capacity to undertake a joint refreshed population needs assessment that can be utilised at a cluster level and local authority level to support our planning. We will develop our analytical capability and utilise the Public Health Observatory to provide support and advice. In addition, we will undertake a series of health equity assessments on the key areas such as cardiovascular, respiratory, diabetes and cancer.

### Social Determinants

#### Mental Health and Wellbeing

Through our Western Bay Regional Partnership Board Neighbourhood Approach (Section 2.1), our plan is to develop an integrated (mental) wellbeing service with one front door into a range of opportunities within neighbourhoods which focus on building community resilience and social connectedness to address low level mental health issues and wider wellbeing including loneliness. Putting prevention and self-management at

the heart of what we do will improve people's mental health and wellbeing. This plan includes mapping what we already have, and understanding and creating connections to enhance networks and working from an asset-based perspective.

#### Suicide and Self-harm Prevention

We will continue our work co-ordinating cross community action to reduce the risk of suicide and self-harm in our communities. Rates of suicide in the Swansea Bay area continue to be high, particularly in the Neath Port Talbot area. Work to gain insight from groups in the population at high-risk of suicide and to examine the links between our substance misuse problems and suicide will help inform our actions. Development of a 'sanctuary' approach is seen as a key part of the response to the local situation as described in our Unscheduled Care Plan.

#### Substance Misuse

The Neath Port Talbot area has the second highest rate of drug-misuse deaths in England and Wales and Swansea is the fourth highest. We will continue our work with partners to take a holistic approach to tackling these issues and our plans to address them through public health approaches are described in section 2.2.

#### Behavioural Science

We will develop tools and frameworks that enable routine application of evidence based behavioural science to address key challenges locally and nationally. We will take this forward using new capacity and capability within the Public Health team and developing a network of behaviour change agents and champions across the Health Board and partner organisations. The Health Board will be an exemplar in demonstrating the effectiveness of behaviour change approaches in promoting healthy behaviours.

#### Releasing the potential for Resilient Communities (Wellbeing Objective) The West Glamorgan Our Neighbourhood Approach:

The Health Board supports the ambition of 'A Healthier Wales' through our West Glamorgan partnership arrangements. The Western Bay Regional Partnership Board has been delivering this approach using Transformation Fund money and this will continue. The population health improvement elements of this work are built around:

- Identifying and making visible communities' health-enhancing assets





## 2. 1 Enabling Objective 1: Partnerships for Health and Wellbeing



- Empowering communities to control their futures and create tangible resources such as services, funds and buildings
- Enabling citizens and communities as the co-producers of health and wellbeing, rather than recipients of services
- Promoting community networks, relationships and friendships that can provide caring, mutual help and empowerment
- Supporting individuals' health and wellbeing through the building of self-esteem, coping strategies, resilience skills, relationships, friendships, knowledge; and personal resources

Additionally, the successful implementation of Our Neighbourhood Approach should reduce the cost of admissions to hospital, primary care and residential placements; creating savings which could be used to offset the roll-out of the model across the region. This will be subject to evaluation in 2020/21 but results may take longer to be evidenced.

### Embedding an Asset Based Community Development Approach (ABCD) (Wellbeing Objective)

Our aim is to embed an ABCD approach that empowers people and neighbourhoods to co-design services to meet their needs better and to focus on developing assets within communities. We will empower our staff to reduce the paternalistic relationship and empower communities to own the assets that will help them help themselves. This will facilitate people to provide support to members of their own community based on what matters to them, taking control of their own health and wellbeing. This approach is sometimes called a 'social value' approach to health and wellbeing and there are successful examples in communities elsewhere in the UK from which to learn.

### Housing and Health

Housing is both a setting which offers significant opportunities to support individuals, families and communities through the provision of care or services as well as being an important determinant of an individual's health

We will continue to work with partners to ensure that our housing stock is well-planned, contributes to healthy living and is flexible to meet the needs of householders, however they change. Key target at risk groups are children, older people, those with existing Long Term Conditions and the unemployed. Our work will focus on the availability of housing solutions, 'fitness for living' of housing with a focus on the private rented sector; security of tenure; and the wider environment (including looking at neighbourhood safety). The focus will be on how a home can support healthy living.

### Health in All Policies Frameworks

Work on Health in All Policies has been focused on healthier environments through planning and supporting the development of enhanced green and blue spaces. The scope for Health in All Policies is much wider than this and this is an approach that can be used to drive partnership working aimed at creating healthy communities.

The WHO definition of Health in All Policies is:

*"Health in All Policies (HiAP) is an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity"* From this it can be seen that HiAP is not just about using technical approaches such as Health Impact Assessment but aligns with the socio-economic concept of health and wellbeing.

### Employment and Work and Wellbeing

The Health Board will support the Public Service Boards' collective priority to improve workplace wellbeing by delivering measurable improvements in sickness absence, staff health and wellbeing, employee engagement and productivity (Section 3.5). By doing this the organisation will contribute to the longer term agenda of a thriving local economy that supports good employment for all and is particularly important given our status as a major employer in the area.

### Giving Every Child the Best Start in Life (Wellbeing Objective)

Marmot indicated that 'Giving every child the best start in life' is essential to reducing health inequalities across the life course. It's also the most cost-effective form of intervention and is a high priority for the Health Board. This Details of the plans for Maternity services and services for Children and Young People can be found in Sections 3.1.8 and 3.1.9.



## 2. 1 Enabling Objective 1: Partnerships for Health and Wellbeing



### Sustainable Travel

The Health Board recognises that promoting sustainable travel has multiple benefits for our patients, the environment and the wider public in terms of reducing congestion and air quality. Encouraging a reduction in car journeys to our sites by both patients and staff is a priority for the Health Board in line with our aims to improve staff and patient experience and become carbon neutral and our duty of sustainability under the Wellbeing of Future Generations Act.

As well as working to reduce the number of car journeys to our sites we will also, through our partnership arrangements encourage other modes of transport. The transformation of our outpatient model to promote the use of digital and telephone clinics and reduce the reliance on traditional follow-up appointments will also be an integral part of this work.

Sustainable Travel Actions	Timeline		
	Year 1	Year 2	Year 3
Develop a 'park and ride' scheme for Singleton and Morriston.		*	*
Work with the DVLA about sharing 'park and ride' spaces and / or sharing their bus service	*	*	*
Include car parking and alternative travel options information with appointment letters	*	*	*
Join a car share scheme.		*	*
Introduce permit scheme for staff parking to encourage alternative modes	*	*	*
Redesign outpatient models to reduce the number of face-to-face appointments	*	*	*

### CLINICAL SERVICES PLAN AMBITION

'Our Neighbourhood Approach' project is led by our partners in West Glamorgan Regional Partnership, however the work reports to the CSP Programme Board to ensure oversight of project delivery and governance.

Our Neighbourhood Approach aims to radically change the way we all deliver services, through true co-production with citizens, based on a neighbourhood focus and building on community assets rather than deficits. Our Neighbourhood Approach will support health and social care working together to deliver a whole system approach and provide radically different solutions for our citizens, based on their needs rather than providing a limited range of fixed options, which may or may not meet these needs. This will focus on supporting individuals and communities to take more control of their lives through supporting them by building on their individual and community strengths.

Specifically the 'Our Neighbourhood Approach' project will:

- Drive transformational improvements in wellbeing, health and care for the populations we serve through better practice, better services, better technologies and better use of resources.
- Change the way that we work with citizens away from paternalistic care to shared responsibility and co-production.
- Secure the delivery of seamless care which will meet the outcomes that matter to the people we serve and support through integration, earlier intervention and prevention
- Manage our common resources collaboratively and pool resources wherever we can.



## 2. 1 Enabling Objective 1: Partnerships for Health and Wellbeing



### ANNUAL DELIVERY PLAN

Summary of Key Actions	Ref.	Quarter	Milestones 2020/21	Measures
Work with partners through the Regional Partnership Board to deliver Our Neighbourhood Approach		Q2	Rollout programme to Clusters included in the implementation plan	NHSDF_06 NHSDF_07 NHSDF_07 NHSDF_08 NHSDF_16
		Q4	Evaluate through the national Transformation Fund programme	
'Embed the Change' approach to the Wellbeing of Future Generations Act		Q1	Establish Sustainable Development Group	
		Q2	Incorporate the Five Ways of Working into a business cases and Internal Performance Reviews	
		Q3	Develop a Framework for addressing the requirements of the Act	
		Q4	Implement the Framework	
Promote sustainable travel		Q1	Work with the DVLA about sharing 'park and ride' spaces and / or sharing their bus service	
		Q1	Include car parking and alternative travel options information with appointment letters	
		Q3	Join a car share scheme.	
		Q4	Introduce permit scheme for staff parking to encourage alternative modes of travel	

Workforce Enablers and Implications	Financial Enablers and Implications
<ul style="list-style-type: none"> <li>Staff engagement to 'Embed the Change' for the WBFGA</li> <li>Staff engagement and communication will be vital to encourage sustainable travel</li> </ul>	<ul style="list-style-type: none"> <li>Transformation Fund Bid approved for Whole System Approach in 2019/20</li> </ul>
Capital Enablers and Implications	Digital Enablers and Implications
<ul style="list-style-type: none"> <li>Asset-based approach to using community facilities</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>



## 2. 2 Enabling Objective 2: Co-Production and Health Literacy



### 3 year Outcomes

By 2023, we want significant improvements in healthy behaviour rates across our communities with staff and partners in all areas supporting health literacy and working with people to shape their care and manage their wellbeing. We will have embedded a consistent approach to co-production throughout the organisation and in relation to all the services we provide, including on a partnership basis.

### 5 year Outcomes

By 2025, we want a radical change in our approach to population health through the adoption of an Integrated Cluster approach to care which facilitates healthy lifestyles, preventative programmes, self-care and out of hospital care. Co-production will have developed further with an equal partnership between citizens and clinicians in planning, developing and delivering services.

### 10 year Outcomes

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

## STRATEGIC CONTEXT

### Co-production

Inherent in the socio-economic model of health and wellbeing is that, to maximise effectiveness, people need to be involved in the design and the delivery of the systems and services that they are going to rely on. Co-production is an approach that brings people and users into the process of the design and delivery of services. This goes beyond consultation with users. Co-production includes the incorporation of co-design principles: where lay people are part of the teams which develop system or service change. It includes concepts of using assets and approaches that sit outside of the formal health and social care sectors to deliver health and wellbeing.

Co-production is not yet systematised through all of our planning and delivery. There is an opportunity to build on successful approaches seen in the WHO Healthy Cities network, Frome, North Karelia (CVD prevention success story) and Wigan Council. We will continue working with the West Glamorgan Co-production Group to embed co-production throughout the organisation by developing a standard approach to citizen and carer involvement and developing minimum standards for coproduction across all areas of the Health Board's and partnership working.

### Promoting Healthy Behaviours and Reducing Risk Factors

We will undertake a range of primary prevention activities building on those in the following areas:

#### Smoking Cessation

Our smoking levels are too high and are not coming down and our smoking cessation efforts have not yielded expected results. We have a particular problem with smoking in pregnancy. The smoking cessation team has been brought together into a single unit managed through the Primary and Community Care Services Directorate. This creates the opportunity to remodel the approach to smoking cessation across Swansea Bay. Support has been enlisted from the business improvement team at Public Health Wales. Following the revision of practices and processes within the team we will be looking to see a step change in performance and the team managed to achieve the required national target. The Health Board will continue to promote the de-normalisation of smoking and smoke-free environments, in line with the revised smoke free regulations.

#### Childhood Immunisations and Screening

Rates of childhood immunisations in our area, while high, do not consistently meet the required levels for reliable herd immunity. Over the next three years we aim to continually improve the uptake of childhood



Wellbeing Goals

### Sustainable Development Principle: Prevention

Our work on Co-production and Health Literacy supports the prevention of future health challenges for individuals and for health and care services through supporting people to support themselves.

### Making Every Contact Count (MECC)

We will continue to roll out MECC training, building on existing national MECC resources, which embeds health literacy approaches into the programme. Our aim is that all those with clinical contact with patients will be skilled in MECC and that this will lead to healthy conversations becoming incorporated into all clinical encounters to enable our citizens to be empowered to change their lifestyle and improve their health and wellbeing.





## 2. 2 Enabling Objective 2: Co-Production and Health Literacy



immunisations. This involves getting more reliable information on children who are unimmunised and in looking at providing immunisation in ways that are more accessible and acceptable to groups who currently don't immunise. Work to improve vaccination and childhood screening for those in areas of deprivation will continue as part of our work to address health inequalities. Our actions for childhood screening are included in our Maternity and Children and Young people's Plans in Sections 3.1.8 and 3.1.9.

### Flu Vaccination

We will continue to work with primary care teams to improve flu vaccination rates for our at risk populations. This is particularly important given both the impact of respiratory disease on unscheduled care and our high rates of respiratory disease. The Health Board has been innovative in promoting staff flu vaccination and we will continue to improve our practice and to pursue our aim to be the top Health Board in Wales.

### Physical Activity

Our jointly agreed Physical Activity Strategy is supported through the four sub-groups of the Physical Activity Alliance which will progress age relevant actions to increase physical activity across our area. The implementation of Health Weight: Healthy Wales provides the opportunity for the further development of our approach to physical activity.

### Healthy Weight: Healthy Wales

This cross-cutting strategy was launched in 2019 and the first two year action plan released in January 2020. A business case has been developed to support local obesity services, using the findings of the local obesity pathway delivery review however it was not supported as a priority for Early Years funding. Additionally support will be sought for the development of our approaches to promotion of health eating across the life course (with an initial focus on schools and children), to increasing levels of physical activity and to working through the PSBs to create healthier local environments. The introduction of a second measurement of weight for children will also help gauge the effectiveness of our local approaches. We will also roll out the Exercise and Lifestyle programme for patients on the knee replacement waiting list.

### Substance Misuse

Work will draw on the findings of the Area Planning Board service review to improve the effectiveness of local services. We will continue to work on reducing Drug Related Deaths looking at what lessons we can learn from our current promising local trends and our work on non-fatal drug poisonings and will develop a proposal for local service development.

### Reducing Health Inequalities

#### Making Every Contact Count (MECC)

We will continue to roll out MECC training, building on existing national MECC resources, which embeds health literacy approaches into the programme. Our aim is that all those with clinical contact with patients will be skilled in MECC and that this will lead to healthy conversations becoming incorporated into all clinical encounters. A key challenge is to ensure that the training is delivered in practice and that staff are supported in developing approaches that address lifestyle behaviours and other key messages, seen as relevant by our local communities and partners.

### Ageing Well

Our public health approaches to ageing well continue to include work aimed at increasing health through eating healthily, increasing physical activity; reducing drug and alcohol consumption and mental health improvement. Our work on population segmentation will allow us to understand the different needs of groups and to develop appropriate offerings.

### Wellness Centres

We are developing Wellness Centres in areas of high deprivation as described in the box below.

### CLINICAL SERVICES PLAN ACTIVITIES

We will create a new **Wellness Centre**, in Neath Port Talbot and in Swansea City Centre, both areas of high deprivation. These will be co-designed with the Cluster community and provide health and wellness services that promote health and well-being and support people to live healthy lives, managing their physical, mental and social wellness. The Wellness Centres will support improving every child's start in life and promote personal independence and community resilience including for some of our most vulnerable people.

### VALUE BASED HEALTH CARE

We will use patient activation to increase the conversion rate for Patient Reported Outcomes Measures (PROMS) and improve Health Literacy through patient empowerment. We will use the Dr Doctor and Patient Knows Best systems for patients to view their test results and gather PROMS in real time.



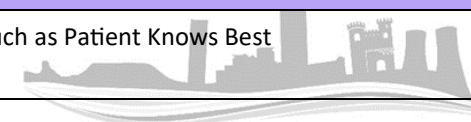
## 2. 2 Enabling Objective 2: Co-Production and Health Literacy



### ANNUAL DELIVERY PLAN

Summary of Key Actions	Ref.	Quarter	Milestones 2020/21	Measures
Improve smoking cessation service following service transfer and deliver better performance by aligning Help Me Quit hospital team with the community team.	PCS_1_5	Q1	Following OCP, scope premises to co-locate staff	NHSDF_02
		Q2	Begin process of aligning the teams	
		Q4	Full rollout of fully integrated teams working under a single brand	
Improve uptake of childhood immunisations	PCS_1_9	Q1	Target areas of high deprivation through the Childhood Immunisation Group	
Improve Flu Vaccination uptake rates for children, people with chronic conditions, people over 65 and staff through Flu immunisation campaign and Flu Action Plan	PCS_1_7	Q1	Evaluate 201/20 programme and action plan	
		Q2	Finalise seasonal flu action plan for 2020/21	
		Q3 and Q4	Implement flu action plan	
Adopt approaches that improve physical activity and take action to reduce obesity	PCS_1_3	Q1	Rollout Exercise and Lifestyle programme as per business case supported by IBG in 2019/20	
		Q4	Evaluate expanded programme	
		Q1	Refresh business case for Healthy Weight: Healthy Wales programme to ensure funding can be secured as opportunities arise	
Develop substance misuse pathways to reduce high incidence rates and mortality	PCS_1_4	Q1	Proposal to be developed and reviewed by all stakeholders	
		Q2	Explore funding opportunities to deliver proposed service across sectors	
		Q3	If funded, begin to implement new service model	
		Q4	Complete implementation	
Expanding the MECC approach and measure impact on behaviour change	PCS_1_1	Q1	Measure impact of MECC intervention	
		Q2	Continue to measure impact and make continual improvements as required	
Develop Wellness Centres in Neath Port Talbot and Swansea	PCS_1_6	Q1	SOC submitted for Upper Afan Valley and Neath Wellness Centres	
		Q2	Appoint supply chain partners	
		Q3	Establish Project Board and develop OBC Develop SOC for Swansea Wellness Centre	
		Q4	Submit OBC for Neath PT for Welsh Government approval	

Workforce Enablers and Implications	Financial Enablers and Implications
<ul style="list-style-type: none"> <li>Align the Help Me Quit teams</li> <li>Training and communication on Making Every Contact Count approach</li> </ul>	<ul style="list-style-type: none"> <li>Refresh business case for Healthy Weight: Healthy Wales service and seek funding as opportunities arise</li> <li>Develop proposal for substance misuse services and seek funding as opportunities arise</li> </ul>
Capital Enablers and Implications	Digital Enablers and Implications
<ul style="list-style-type: none"> <li>Neath, Upper Afan Valley and Swansea Wellness Centres</li> </ul>	<ul style="list-style-type: none"> <li>Support patient empowerment through platforms such as Patient Knows Best</li> </ul>



## 2. 3 Enabling Objective 3: Digital Health and Wellbeing



### 3 year Outcomes

By 2023, we will have established the foundations that will allow citizens and patients to engage with and manage their health and wellbeing and will have strengthened our population need based planning.

### 5 year Outcomes

By 2025, patients and citizens will be empowered to manage their health and wellbeing through digital technology, and service planning will be digital first and data driven.

### 10 year Outcomes

By 2030, we want people to be able to support their own health and wellbeing through maximising the use of digital technology. This means that people will be able to use the latest technology, in partnership with us, to maintain their own health and respond to their health needs.

### STRATEGIC CONTEXT

The Health Board's Digital Plan, Destination Digital, was published in 2017/18. During the last two years the organisation has, as resources allowed, moved towards the vision outlined in the Plan; *"Health, care and wellbeing activities carried out by everyone in our health economy will, with pace and scalability, be enabled using digital technology wherever optimal"*. This plan is aligned with the Digital Health and Social Care Strategy for Wales, 'Informed Health & Care'. In the next three years we will continue to ensure there is a fundamental shift in organisational culture towards digitally enabled healthcare and health and wellbeing for our population.

Digitally enabled health and wellbeing can only be delivered if the information we possess is held electronically in a structured way. The Health Board has established 5 Digital Transformation Programmes of work to provide this and a number of essential Digital Enabling Programmes to support delivery. The Digital Transformation Programmes are summarised in the diagram.

These programmes of Digital Transformation will support both strategic objectives of Digitally Enabled Health and Well Being and Digitally Enabled Care. Whilst some of the projects within the programmes will specifically support delivery of one objective many of them will contribute to the achievement of both.



More details on the Digital Transformation and Digital enabling programmes can therefore be found in section 3.15.



Wellbeing Goals

### Sustainable Development Principle: Integration

#### Digital Partnerships

Our partnerships with the Local Authorities in the West Glamorgan RPB are vital in our plans to support Integrated Care via digital transformation. particularly as we work together to roll out the Welsh Community Care Information System programme to maximise benefit in terms of information sharing, integrated record keeping and mobilisation. The introduction of WCCIS has also meant that our community workforce has been digitally mobilised further, giving them access to more digital resources that can be shared with the patient at the point of care.



## 2.3 Enabling Objective 3: Digital Health and Wellbeing



### KEY CHALLENGES

- Patients reliant on face to face contact for care with limited direct patient engagement, coaching, support, care and prevention via digital services
- Operational changes required to support direct digital patient engagement,
- Development of the underpinning digital record
- Integration with national systems
- Change in culture of staff and the public
- Dual running of solutions
- Increase in digital services will require an increase in technical support

### KEY AREAS FOR IMPROVEMENT

#### Patient/Citizen Empowerment

##### *Swansea Bay Patient Portal (SBPP)*

In 2020/21 and beyond we will continue to implement the Swansea Bay Patient Portal (provided through Patient Knows Best) working closely with clinical teams to offer all patients a platform through which they can receive their laboratory results, appointments, documents and letters directly from the national architecture and the ability to share their information with their clinical teams and carers, empowering them to manage their condition and care in a more effective way. Whilst the portal will provide patients within our care access to key information about their treatment and play an essential role in managing their condition, it will ultimately be made available to all our citizens whether they are currently within our care pathways or not, allowing them to document and access key resources to help manage their health.

##### *Digital Inclusion*

In 2018/19, the Health Board agreed to sign up to the Digital Communities Wales Digital Inclusion Charter. Improving digital literacy has been shown to have a significant impact on improving health outcomes for patients by helping them to take control of their health and care. We have been working with Digital Communities Wales to explore opportunities to use digital wellbeing. In 2020-23 the projects that will be undertaken range from:

- Virtual Reality to help dementia patients relive key experiences in the past
- Patient access to SKYPE so they can communicate with their families whilst in hospital
- Working with Digital Communities Wales and other partners to improve the digital skills of our citizens and staff
- Increasing the Health Board's online presence and resources
- Using digital solutions to help combat loneliness and isolation
- Use of voice enabled digital assistants to help patients access more digital resources to manage their health and wellbeing.

##### *PROMS and PREMS*

Over the next three years we will focus on the collection of Patient Reported Outcome Measures (PROMs) to enable the acceleration of our Value Based Healthcare (VBHc) model. This will support Digitally Enabled Health and Wellbeing by coaching people back to health, focussing on the key goals of re-enablement and providing patients with the resources needed to manage their health going forward. PROMs will also facilitate empowering patients to only see a clinician when they need support. Pace and scope of roll out will be dependent on available funding.

##### *Virtual clinics and patient interactions*

As well as having a major impact on the provision of sustainable care virtual clinics will also support the delivery of health and wellbeing. Digital access to expert clinical support on a regular basis will mean that patients will be more confident to manage their health themselves. The provision of online forums will allow our citizens to support each other and share experiences. The pace and scope of roll out will be dependant an available funding.

##### *Digital Partnerships*

Our partnerships with the Local Authorities under the Western Bay are vital in our plans to support Integrated Care via digital transformation. particularly as we work together to roll out the Welsh CCIS programme to maximise benefit in terms of information sharing, integrated record keeping and mobilisation.

Work with our ARCH partners will also continue throughout 2020-23 to ensure the digital health opportunities presented through greater collaboration and the Swansea Bay City Deal are realised.





## 2. 3 Enabling Objective 3: Digital Health and Wellbeing



### *Supporting Place Based Work*

This work is closely aligned to our community assets development approach and can be seen through the Cwmtawe cluster development which is adopting the Digital Inclusion Charter to develop Digital Champions from the area to ensure people can make the most of information available to them digitally, and to develop digital solutions to provide required support.

In addition, the Cluster, has been involved in the development of a Clydach Community Hub, from which it is intended that local people will be able to access all Swansea Council services. The Hub will be a “digital gateway” for service users with low-level digital skills. There is also the possibility to access other partner organisations’ services too, either digitally, or via volunteers to improve community resilience and reduce isolation.

### *Integrated Health and Care*

A fundamental principle within A Healthier Wales is the requirement for health and social care to work more effectively together to address the increasing demands on our services. To do this staff across Health and Social Care will need to be able to share information, knowledge and expertise to allow them to transform the way they work together and pool resources to best support the health and wellbeing of our citizens. Projects in this programme support the objective of delivering digitally enabled care but also have a direct contribution to population health and wellbeing.

### *Welsh Community Care Information System (WCCIS)*

WCCIS is the nationally procured solution which aims to transform the way health and social care will work in the future. In 2020-23, dependant on funding, we will implement WCCIS with our community workforce. The closer working between health and social care will allow early warning signs to be shared across services and facilitate support being provided to prevent deterioration into poor health. The introduction of WCCIS has also meant that our community workforce has been digitally mobilised further, giving them access to more digital resources that can be shared with the patient at the point of care.

### *Choose Pharmacy*

Choose Pharmacy is a service that allows community pharmacies to keep a digital record for each patient. This allows patients to seek support and advice from Pharmacists for a wide range of conditions without the requirement to see a GP.

### *Business Intelligence*

A key benefit of digital solutions is the capture of standardised data which can then be used to support evidence based decision making through Business intelligence solutions. This can have a huge impact on the way in which the Health Board can influence and support the health and wellbeing of our population. For example:-

- **Redesign of pathways** – throughout 2020-23 the Health Board will be reviewing our clinical pathways to best meet the needs of a population with a view to avoiding admission into hospital.
- **Population health** – The national data resource and the clinical data repository will be key to identifying the current and future needs of our population.
- **Clinical Research** – during 2020-23 we will be introducing a number of projects within Business Intelligence that will help improve the efficacy and efficiency of clinical research, which can in turn be used with predictive modelling to improve population health.

### *CLINICAL SERVICES PLAN ACTIVITIES*

Examples of work supporting digital health and wellbeing, which is a key enabler for successful delivery of the CSP, include;

- Adoption of a Digital Inclusion Charter and development of Digital Champions, initially in the Cwmtawe Cluster area. This will take place within key organisations and community groups to ensure that people can make the most of the information available to them digitally, and to develop digital solutions to providing support.
- Developing digital solutions to enable us to work better together with patients to design outpatient approaches that respond proportionally to patient need. This includes text messaging services and/or virtual clinic technologies which enables patients and their clinicians to share and receive healthcare information which supports self-care and decision making when further care may be needed.





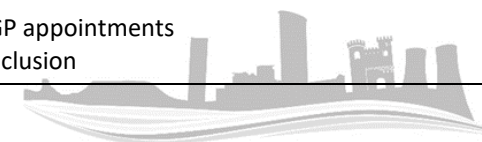
## 2. 3 Enabling Objective 3: Digital Health and Wellbeing



### ANNUAL DELIVERY PLAN

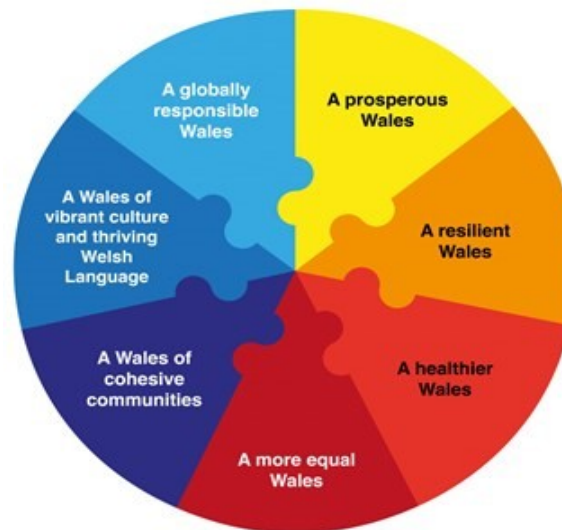
Key Actions		
Action	Year 1	Measure
PROMS and PREMS: Improving the effective calculation of treatments that inform service improvement; Better supporting the fulfilment of ICHOM partnership requirements; and Improving PROMs reporting activity to support the requirements of the Planned Care Board	Implement (Q1-Q4)	NHSDF_51 NHSDF_52 NHSDF_53 NHSDF_63
Swansea Bay Patient Portal: Offer all patients a platform which they can receive laboratory results, appointments, documents and letters directly and the ability to communicate and share their information with their clinical teams and carers accordingly, empowering them to manage their health and well-being in a more effective way	Business Case completed and approved (Q2), Procured solution (Q3)	
Virtual Clinics and Patient Interactions: provide patients and clinicians greater opportunity to work together on the management of care pathways. Tools to monitor their condition remotely and provide virtual support as required. Support the changes in clinical pathways need to improve the quality and efficiency of our outpatient services.	Business case process started - driven by planning of CSP(Q1), Business case approved(Q4)	
WCCIS: facilitate the knowledge transfer required to improve the flow of patients from secondary to community care.	Subject to Business case approval and deployment order sign off and integration - start go live in Swansea	

Workforce Enablers and Implications	Financial Enablers and Implications
<ul style="list-style-type: none"> <li>Assessment of additional technical support required as new systems and digitisation is implemented</li> <li>Improving digital skills for our staff and in their interactions with patients</li> <li>Further rollout of community mobilisation</li> </ul>	<ul style="list-style-type: none"> <li>Business cases to be assessed through Investment and Benefits Group</li> </ul>
Capital Enablers and Implications	Digital Enablers and Implications
<ul style="list-style-type: none"> <li>Provision of WCCIS</li> <li>Ongoing provision of Patient Knows Best (2019/20 plan)</li> <li>The pace and scope of the rollout of PROMS and virtual clinics will be dependent on the prioritisation of funding within the allocation in the capital plan and the external funding opportunities that arise in-year.</li> </ul>	<ul style="list-style-type: none"> <li>Swansea Bay Patient Portal rollout</li> <li>Patient Knows Best and Dr Doctor for collecting of PROMS and promoting self-management and virtual clinics</li> <li>Choose Pharmacy alternative to traditional GP appointments</li> <li>Improving business intelligence and digital inclusion</li> </ul>



### 3. Strategic Aim 2:

**DELIVER BETTER CARE THROUGH EXCELLENT HEALTH AND CARE SERVICES ACHIEVING THE OUTCOMES THAT MATTER MOST TO PEOPLE**



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### 3 year Outcomes

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

### 5 year Outcomes

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

### 10 year Outcomes

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

### STRATEGIC CONTEXT

Whole System Plans have been developed for each main service area. These Whole System Plans set out what we will deliver by when and how these actions deliver improved services and experiences for our patients and population. The following section describes the key services areas, provides an overview of key planned improvements, the enablers and implications and also provides a link to the Whole System Plan. The Service Areas included are:

- Quality, Safety and Patient Experience
- Primary and Community Care
- Unscheduled Care
- Stroke Care
- Planned Care
- Cancer Care
- Mental Health and Learning Disabilities
- Sexual and Reproductive Health
- Children and Young People

### KEY CHALLENGES

The Health Board is operating in challenging circumstances with increasing pressures on service delivery and sustainability. While there has been evidence of action to improve performance and efficiency, this has not yet secured the scale of improvement needed. The main challenges facing the delivery of best value outcomes from high quality care over the next three years includes:

- Increasing demand on unscheduled care services particularly increasing emergency attendances
- Reducing planned care waiting times
- Reducing the incidence of Health Care acquired Infections
- Improving flow through our hospitals , working with partners to support people to leave hospital when they are well
- Bringing care closer to home and supporting people to manage their health and wellbeing appropriately

### KEY IMPROVEMENTS

There are important improvements and activities across all our plans, however we recognise that our immediate areas for improvement are: improving performance in unscheduled care and planned care, improving the South West Wales Cancer Centre services provided at Singleton Hospital, continuing to focus on reducing Healthcare Acquired Infections , delivering our Hospital to home service and rolling out our Cluster Transformation model across the Swansea Bay area.



Wellbeing Goals

### Sustainable Development Principle: Collaboration

#### Hospital2Home

In collaboration with both Swansea and Neath Port Talbot Councils, in 2019/20 Phase 1 of the Hospital2Home service. Was implemented Based on the work of Professor John Bolton the aim is to right-size the demand and capacity for social care and other long term care in the community, ensure an enabling approach is taken to older people's care in line with the Clinical Services Plan and improve flow in our unscheduled care system. The service was funded through Integrated Care Funding and Phase 2 will be planned and implemented in 2020/21.



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### 3.1.1 Quality, Safety and Patient Experience

#### OUR ORGANISATIONAL APPROACH TO QUALITY AND SAFETY

In Swansea Bay University Health Board our aim is to ensure quality, safety and patient experience is at the heart of everything we do.

Collaboration, co-production and benchmarking form the basis of an integrated Health Board approach, working towards seamless quality outcomes, which actively involve those who receive care together with those who provide it.

We are committed to proactively managing patient safety between our partners, communities, users of our services and our staff, as a 'whole system approach' to positively impact on the quality of care we provide.

To achieve this, we understand the importance of ensuring our strategic direction, our Whole System Plans and our commitment to delivering high quality safe care are aligned to the NHS Wales Delivery Framework and Reporting Guidance 2019-2020.

The Delivery Framework sets the delivery measures by which we self-assess and report against in our Annual Quality Statement. The measures are collectively known as Health and Care standards and are defined as, Staying Healthy, Safe Care, Effective Care, Dignified Care, Timely Care, Individual Care, and, our Staff and Resources. Through effective clinical governance, we will ensure a learning environment which capitalises on all opportunities to develop and improve. Rather than setting our priorities in stone, through effective planning and performance analysis we will evolve a comprehensive programme of continuous quality improvement that is responsive to the changing nature of healthcare, and prioritised using timely patient related outcome and experience measures (PROMS and PREMS).

The Health Board's safety and quality systems will ensure that patient safety and quality incidents are recognised, reported and used to improve the care we provide.



The 'Safe Care' element of the framework sets out the measures which should ensure "People in Wales are protected from harm and supported to protect themselves from known harm". A key element to the measure is 'Serious Incident and Never Event rates across all care settings'. As a Health Board that has previously seen higher numbers of 'Never Events' than average across Wales, we are committed to learning from such events and other larger scale incidents such as the Transcatheter Aortic Valve Implantation (TAVI) incident, where patients awaiting procedures were at risk due to increased waiting times. To ensure the risk of future occurrence is minimised as much as possible, we wish to state a commitment to a zero tolerance approach to Serious Incidents that result in significant harm, death and/or 'Never Events'.

Whilst acknowledging that things can go wrong in the NHS, we believe that a zero tolerance approach to such incidents is the only standard we can set ourselves if we are truly committed to keeping our patients and service users safe.

#### PERFORMANCE ANALYSIS

During the last reporting period (2018/19) our Health Board **improved in 40** of the 67 themes within the Welsh Government performance measures, and **fully met the target in 19** of the measures. This was consistent with the Health Board's aim of continual improvement.

#### For example:

There has been **significant improvement** during 2018/19 in the number of Healthcare Acquired Infections. The greatest improvement being a 36% reduction in the number of cases of *C.Difficile* when compared to 2017/18. There were also reductions of 7% and 4% respectively in cases of *Staph.Aureus* and *E.Coli*.

The Health Board achieved a 7% reduction in reported pressure areas this year; significantly there was been a reduction in serious pressure ulcers (reported to Welsh Government) of 23%. This was largely achieved through raising awareness with carers, patients and staff of the importance of movement in reducing risk of skin damage from pressure areas. The Health Board has also introduced Pressure Ulcer Peer Review Scrutiny Panels, these are held in all Service Delivery Unit's and ensure learning from incidents is translated into quality improvement plans.



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



Also;

- **22%** less patients waiting longer than 36 weeks for treatment
- No patients waiting over 14 weeks for therapies
- No patients waiting over 8 weeks for all non-cardiology diagnostics and sustained position in Endoscopy
- Longest waiting patients reduced by over a third
- **95%** of patients would recommend or highly recommend the Health Board

### FUTURE DIRECTION

The Welsh Government Delivery Framework 2019/2020 has seen previous measures removed from the current list. These include; Nutrition and Hydration, and both the number of healthcare acquired pressure ulcers, and the number of patient falls reported as serious incidents.

Despite these changes, as a Health Board we remain fully committed to monitoring closely and responding to such incidents in a timely way, building on the improvements already made in recent years, to ensure we address individual needs and share wider learning on these key quality and safety indicators.

To ensure we deliver a safe and quality service at every interaction, we are redefining our systems and processes which will be underpinned by strong leadership, good governance and an honest commitment to listen and engage the views and feedback from our patients and staff. We are fully committed to delivering against, and exceeding the standards set, but in a system that is designed to be adaptable to changing priorities and risk, based on real-time and validated information, which will ensure quality and safety is at the heart of everything we do for patients and staff, however and wherever those interactions occur. To achieve this, we will use a number of key 'drivers';

- A new Quality and Safety Process Framework, incorporating a new '4 (four) Phases of Quality' concept
- The development of a Quality Improvement Hub (iHub)
- Defining the functions of Quality and Safety
- Learning from Concerns, Complaints and Incidents
- Creating the right culture

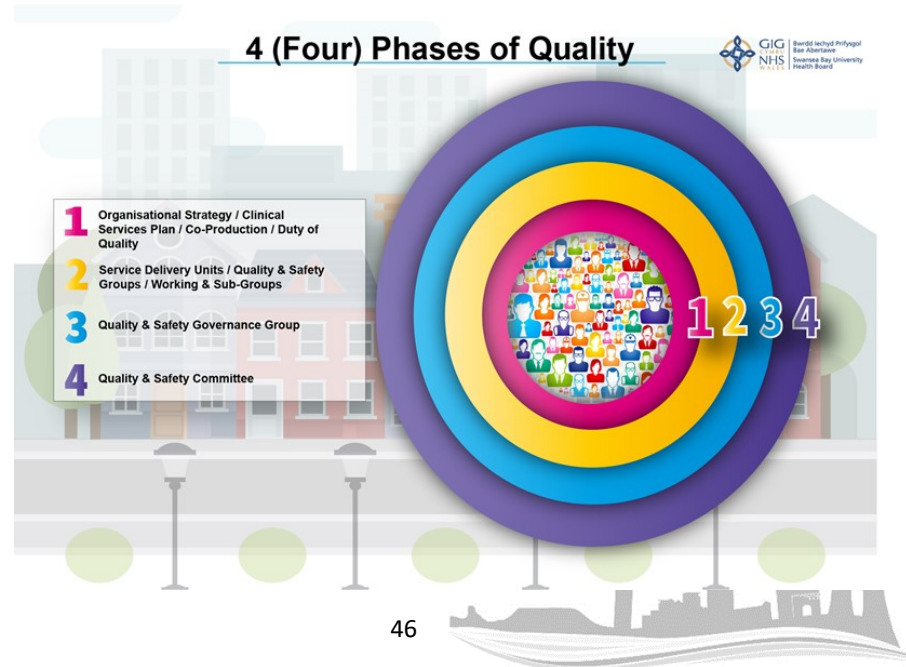
### Quality & Safety Process Framework

At SBUHB we aspire to be a quality driven system which is adaptable to changing quality and safety priorities based on validated and timely business intelligence. In order to achieve this, we identified the need to revise our processes and framework. Our revised framework is based on a continuous cycle of planning, doing, checking and acting, a principle based on 'Deming's PDCA Improvement Cycle'.

Due to the nature of healthcare delivery we acknowledge that despite our best intentions, there will be occasions where intervention to support improvements related to quality and safety will be required. The revised framework is therefore designed to ensure that we start and embed quality and safety at the planning stage of our services, before then ensuring the framework is sufficiently robust to monitor service delivery to know when things are going well, or where intervention and improvement is indicated.

To support a culture of organisational learning, the framework will ensure learning is equally extracted and distributed from the things we do well, together with the things we need to improve upon.

The revised framework is based on a continuous phased process which we describe as the '4 (Four) Phases of Quality' as shown in the diagram:





## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



The phases are designed to be an incremental analysis of the care being delivered, through differing layers of responsibility across the organisation from planning to the Quality and Safety Committee who act on behalf of the Board with delegated authority to provide assurance or non-assurance on all matters relating to Quality and Safety

### Quality and Safety Improvement Hub (Q&S iHub)

The development of a Quality & Safety Improvement Hub (Q&S iHub) will start during 2020. The primary function of the Q&S iHub will be to ensure the triangulation of information and data relating to quality and safety and provide additional capability to identify potential risks to the organisation at earlier opportunities, aside of formal reporting, and take timely action.

Improved monitoring and understanding of the business will also improve the Health Board's ability to commission board wide Quality Improvement (QI) initiatives, which ensures learning from concerns and business intelligence is a primary driver for organisational QI work.

The ability to identify and disseminate areas of excellence will also be a key shift in the Health Board's approach to delivering quality care.

The Q&S iHub will lead, co-ordinate and manage the quality governance framework, including the Annual Quality Statement, the Board's annual self-assessment against the Health and Care Standards.

### Learning from Concerns, Complaints & Incidents

We have a structured and transparent approach to ensure that we learn from feedback from our patients and families that comes through our complaints and concerns processes. Monthly audits are undertaken on closed complaint responses through the work of the Concerns, Redress and Assurance Group. The audits monitor the quality of the response and compliance with the Health Board's Values, as well as the Putting Things Right Regulations. Feedback on the audits is reported to the Quality and Safety Governance Group whose membership includes the Service Delivery Unit Clinical Directors and Governance leads in order to share information and cascade learning within their respective Units.

The revised reflective, multi-disciplinary approach to responding and learning from serious incidents has now been rolled out across the Health Board, supported by a newly developed 'Serious Incident Toolkit' to help reduce variation of approach. This approach to investigating and responding to serious incidents is specifically designed to maximise staff and patient/family engagement, whilst reducing the punitive feel that more traditional approaches to investigations can enact.

We have also developed a patient & staff story toolkit which provides patients, families and staff the opportunity to share their experience to help improve services. Digital storytelling is creating real change for individuals and for health services in Swansea Bay University Health Board.

### Creating the right Culture

At SBUHB, we understand that culture is a fundamental part of delivering quality care. We strive to achieve a culture of open and honest cooperation which will mean that:

- Healthcare professionals and all frontline staff feel encouraged and rewarded for raising concerns about the quality of care at an early stage. Clinical teams understand the quality of service they are providing to patients through routinely measuring and benchmarking their performance with peers across the three dimensions of quality – safety, effectiveness and patient experience;
- The leadership within SBUHB Health Board see their fundamental role as ensuring high quality care for patients;
- All staff within SBUHB work together to share information and intelligence on risk; be seen as a source of advice and support in the event of concerns being raised; and visibly work together to support improvement where potential or actual failures in the quality of care being provided to patients are identified;
- All parts of SBUHB actively listen to and proactively engage with patients and the public to understand concerns.

### Ward to Board Assurance Programme

To provide assurance that we are delivering on quality and safety, we have a specific 'Board Assurance Programme' which aims to ensure every clinical area across the Health Board is audited at least once a year. To measure assurance, a 'Quality Assurance Toolkit' was developed to provide a fully comprehensive audit, mapped to Welsh Government Health and Care standards, and Health Inspectorate Wales methodology.

The assurance programme requires Service Delivery Units to undertake regular multidisciplinary visits within their areas and corporately led multidisciplinary visits are also undertaken when higher level assurance is required.

Evaluation of the programme has identified that further work is required to ensure that all Units are fully implementing the programme and that the



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



electronic format is more user friendly. This will help align with the Ward to Board Quality Dashboard which has also been developed by the health board to provide 'real time' data.

### Specific Clinical Quality Issues – TAVI and Fractured Neck of Femur

The Health Board has been addressing the specific clinical quality issues identified in the TAVI and Fractured Neck of Femur (#NOF) services at Morriston Hospital during 2019/20. With regard to TAVI, a Gold Command approach is in place and the Royal College of Physicians has reviewed the service, with final report awaited. A Gold Command approach has also been implemented for #NOF and we will continue to implement our action plan to ensure the service is improved in line with the national audit results in 2020/21. This will include the development of a business case for improvement in the pathway and multi-disciplinary team.

### Health and Safety (Fire/Moving & Handling/Violence & Aggression/Case Management & Security)

2019/20 has been a challenging year for health and safety, having received twelve Improvement Notices between February and October 2019. The Health Board acted positively, bringing in additional resources as well as working closely with the HSE to establish the requirements to comply with the notices and establish what is required moving forward to increase and maintain compliance.

Steps have commenced with the Health and Safety Governance Structure reviewed and refreshed. This was presented to the Health & Safety Committee, approved and rolled out throughout the organisation, providing a consistent governance process for all service groups and corporate to follow. There are three tiers, Tier 1 – providing assurance (Board Committees); Tier 2 – operational/consultation and Tier 3 – service/delivery units/department, providing a clear pathway for all levels within the HB. Over the next 12 months a 3-5 year Health and Safety Strategy will be produced, along with action plan to maintain compliance and provide assurance.

Building on the positive works completed and implemented it is essential for the Health Board to review health and safety resources for the organisation to fulfil its Health and Safety (H&S) strategy and legal obligations. Additional resources are required in all areas of H&S (fire – moving & handling – violence & aggression/security) to be able to implement core legal compliance and the longer term strategy. A workforce plan has been developed to address H&S resources and initial assessment indicates 11.43

additional staff at varying bands will be required to fulfil the Health Boards duty of care and legal requirements. The cost of failure can be the damaged lives of workers, patients, their families and friends, as well as financial costs, damage reputations and the risk of legal prosecutions.

### Healthcare Acquired Infections

HCAIs remain a focus for SBUHB. Reductions in rates of HCAIs have been made in each of the Tier 1 target areas from the previous 12 months however further focus is required to achieve the targets set by Public Health Wales in line with all Health Boards across Wales. A focus is required on the screening, isolation and treatment of patients alongside environmental cleaning. Domestic hours on the Morriston and Singleton Hospital sites have been increased to support additional cleaning. In addition over occupancy and the lack of decant facilities impact on the Health boards' ability to reduce transmissions and therefore need to be at the forefront of decisions. Risks are monitored via the bi monthly infection control committee and escalated as appropriate to the quality and safety committee.

Strengthening the infection control team workforce is a priority and shifting the focus from control to prevention is a key strategy for the health board. The addition of the new IPC resource within community and primary care will assist with this strategy and a focus on preventing HCAIs and associated admissions will reduce rates of HCAIs.

**Performance Trajectories for Healthcare Acquired Infections are detailed in Appendix 4**

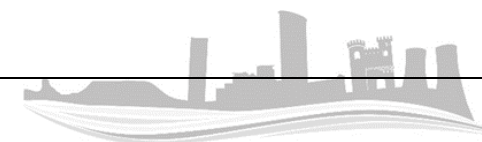


## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### ANNUAL DELIVERY PLAN

Key Actions		
Action	Year 1	Measure
HCAIs: Strengthen the infection control team workforce and shift the focus from control to prevention	Consultant antimicrobial pharmacist to review capacity and resources required to meet 25% reduction target for primary care prescribing by 2024 and ongoing 1% reduction target in acute care.(Q1-Q4)	NHSDF_48 NHSDF_49 NHSDF_51 NHSDF_53 NHSDF_61 NHSDF_62 NHSDF_63 NHSDF_64 NHSDF_67 NHSDF_68 NHSDF_69 NHSDF_70 NHSDF_74 NHSDF_75
Continue to address the specific clinical quality issues identified in the TAVI and Fractured Neck of Femur (#NOF) services	Development of a business case for improvement in the pathway and multi-disciplinary team. (Q1-Q4)	
Development of a Quality & Safety Improvement Hub (Q&S iHub)	Develop hub (Q1-Q4)	
Review health & safety resources for the organisation to fulfil its H&S strategy and legal obligations.	Develop and approve a 3-5 year Health and Safety Strategy, along with action plan to maintain compliance and provide assurance. (Q1-Q4)	
Workforce Enablers and Implications		Financial Enablers and Implications
<ul style="list-style-type: none"> <li>Initial assessment indicates 11.43 additional staff at varying bands will be required to fulfil the Health Boards duty of care and legal requirements.</li> </ul>		<ul style="list-style-type: none"> <li>Funding of £893k for increased Domestic hours on the Morriston and Singleton sites</li> </ul>
Capital Enablers and Implications		Digital Enablers and Implications
<ul style="list-style-type: none"> <li>HCAIS:                             <ul style="list-style-type: none"> <li>replacement of washer disinfectors at Singleton Hospital HSDU</li> <li>undertake agreed programme of ward refurbishments</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>Health records modernisation - Digital tagging of Health Records</li> <li>WRRS – Welsh Results Reports Service</li> <li>HEPMA—The project will see the elimination of the paper drug chart across inpatient wards at the sites when implemented</li> <li>Digitisation of nursing documentation</li> <li>Digital dictation</li> <li>Intranet and Business efficiency Core</li> <li>Implement Hybrid mail</li> </ul>



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### 3.1.2 Primary and Community Care

#### STRATEGIC CONTEXT

As a Health Board, we are committed to the delivery of the Primary Care Plan for Wales. This is demonstrated through the timely implementation of our Pacesetter projects and we are fully committed to continuing to work at pace to develop new models.

The Primary Care and Community Services Strategy for the Health Board 2017-22 set out our ambition and provides an overarching direction for primary and community services operating within the wider Health Board context. It was written in the context of The Social Services and Well-being (Wales) Act, which required public bodies to think more about the long term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach to do things in a more sustainable way.

In addition, the Welsh Government publication 'Our Plan for a Primary Care Service for Wales' set out the vision for primary care at the heart of the NHS, driving transformational change and ensuring patients' needs are met through a prudent approach to healthcare. Furthermore, the Health, Social Care and Sport Committee Inquiry into Primary Care Clusters (2017) and Parliamentary Review of Health and Social Care in Wales (2018) have helped to provide an even clearer vision of the action needed to transform health and care in Wales.

In response to the recommendations of the Parliamentary Review, the Welsh Government released a revised plan in June 2018, 'A Healthier Wales: Our Plan for Health and Social Care'. The new plan sets out the ten year vision of a whole system approach to health and social care, which is consistent with the Health Board's Primary Care and Community Services Strategy in aiming to bring services together so that they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well. This transformational model for primary and community care, which is a whole system approach to sustainable and accessible local health and wellbeing care, supports the vision set out in Healthier Wales and was adopted nationally as the Primary Care Model for Wales.

At a National level The Strategic Programme for Primary Care is the All Wales Health Board led programme that works with Welsh Government in response to A Healthier Wales. The Strategic Programme features six work

streams that are designed to develop and deliver primary care at an increased pace and scale, and address new emerging priorities:-

- Prevention and Wellbeing
- 24/7 Model
- Data and Digital Technology
- Workforce and Organisational Development
- Communication and Engagement
- Transformation and the Vision for Clusters

A national governance structure is in place to develop and deliver change at a national level to enable a 'once for Wales approach' to be implemented. The SBUHB Primary Care Whole System Plan and the eight Cluster IMTPs have been developed with these work streams in mind to ensure that our development and service provision is aligned to the National Strategic Programme.

The SBU Health Board contains eight Clusters, five within the Swansea Council area and three within Neath Port Talbot County Borough Council area. Each of these are characterised by diverse demography, physical geography and varying population needs. Each of the eight Clusters have undertaken assessments of needs within their geographical area and have produced Cluster IMTPs that they intend to implement to achieve the better health, **prevention and wellbeing** and for the individuals and communities within their areas. The Cluster IMTPs have helped to shape and have been aligned to the Whole System Plans within the Health Board IMTP supporting an integrated system of health care within SBUHB.

#### KEY CHALLENGES

The key challenges for our primary and community services include:

- The increasing demand through and ageing population and increasing co-morbidities and chronic conditions
- Sustainability of primary care services and the need to develop and implement new models of care and redesigning the primary care workforce
- Supporting the drive to bring care closer to home
- Supporting primary prevention and enabling the improved wellbeing of our population





## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### KEY IMPROVEMENTS

#### Primary Prevention

Further roll-out of community pharmacy and other enhanced services in respect of smoking cessation, sore throat test and treat service, flu vaccination, pre-diabetes preventive measures such as social referral for activity and dietary management, and improved working with Local Authority and voluntary sector partners all form part of the enhanced Cluster services proposal.

#### Social Prescribing

This remains a priority for all eight Clusters within SBUHB, and is a key element of the Whole System Transformation plan. It allows Primary Care Services to signpost and refer people to alternative service provision to enable them to improve their health. Social Prescribing supports people to take greater control of their own health and supports the '**Prevention and Wellbeing workstream**' within the National Strategic programme to deliver the Primary Care Model for Wales.

In 2019/20, the Regional Partnership Board approved the provision of an Early Years' Service that will provide to support families and children across all 8 Clusters and prevent behavioural and emotional problems escalating. Subject to RPB ongoing support for 2020/2021 this will be rolled out in 2020/21 and is based upon the successful earlier planning, design and testing in 3 Clusters that had been supported by the National Pacesetter Programme.

#### Out of Hours

Our Cluster IMTPs and whole system planning focusses on providing **24/7** services to support Primary, Community and Secondary care. Within PCS the '**urgent out-of-hours primary care service**' will continue to deliver its key strategic change to reshape the staffing mix to improve the range of multidisciplinary team members providing urgent out of hours care, and ensuring that we provide an efficient and effective service and reduce reliance on general practitioners.

SBUHB will be working with Welsh Government to implement new Primary Care Measures, such as 'Time Spent at Home' and reporting progress to deliver to the National Primary Care Access standards and the Welsh Government Milestones. Ensuring that the **Data** is reported in a consistent manner with other Health Boards within Wales. Services within Primary and Community Services will continue to develop and enhance provision of health services utilising the **Digital** technology within the Mobilisation Programme.

### Redesigning the Primary Care Workforce

Within the Health Board's Primary and Community plan 2017-2022, workforce redesign is a key driver to support service redesign. The plan seeks to blur traditional healthcare professional boundaries, with the development of new and innovative roles for health and social care professionals working alongside GPs. This will create more capacity in the community, and provide continuity and timely access to care closer to home.

There has already been significant workforce diversification including Cluster Network-based pharmacists, pharmacy technicians, physiotherapists, mental health counsellors and primary care audiology services. Across Clusters, there are a mixture of cluster pharmacists, social prescribing link workers, cluster community nurses, paramedics, phlebotomists, physiotherapists, mental health workers, occupational therapist, exercise referral specialist, audiologists and primary care Early Years workers. This is being complemented by an increased provision of Third Sector services through the Health Board grant scheme and through the use of cluster funds. Community services are delivered jointly with local authorities providing seamless care across Neath Port Talbot and Swansea.

Learning has been shared across NHS Wales from the previous National Pacesetter Programmes and this has informed the development of our two Pacesetter programmes that we will be delivering in 2020/21 to 2021/22. Both Pacesetter programmes will support **Workforce and Organisation Development**. One Pacesetter project will improve the Quality Improvement knowledge and capacity within the Primary Care Clusters and therefore enhance the quality, pace and scale of service development and improvement with Primary Care. Our second Pacesetter will test out new ways of improving the recruitment and retention of the Primary Care general practice nursing and advanced practitioner workforce, both of which will be key to the delivery of the Primary Care Model for Wales.

Whilst re-design of the workforce is key to transformation, the **Chief Nursing Officer for Wales principles for Safe Staffing** will also continue to be developed for District Nursing and Health Visiting services.

The reach of workforce development within Primary Care will extend to the **Prison Healthcare** as the health board develops and improves access to primary care within Swansea Prison as we implement a GP led Multidisciplinary Primary Care team (including pharmacist, nursing and healthcare support workers) as well as a new Primary Mental Health and Crisis Service.



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



**Communication and Engagement** are key elements of our Cluster Transformation programme with new and additional resources being located within Primary Care to improve engagement and knowledge within our population. The Health Board will also be working within the National Programme to deliver the National primary care communication campaign as outlined in the Welsh Government Primary Care Model for Wales – Delivery Milestones for 2020/21.

### Cluster Led Integrated Health and Social Care System

In January 2019 the Health Board commenced the implementation of a transformed model of a cluster led, integrated health and social care system for the cluster population. The **Whole System Cluster Transformation Programme** was designed to provide service change within all six work streams of the National Strategic Programme and outlines our vision for Clusters within our SBUHB. We will continue embed the new way of providing care that is more sustainable, is closer to patients, and is more able to offer personal and population value.

Each Cluster has an 18 month rolling implementation plan and all eight Clusters will continue to be implementing their transformation projects within 2020/21. The whole system transformation model demonstrates SBUHB commitment to the delivery of the Primary Care model for Wales and aligns with the Health Boards Primary Care and Community Strategy, A Healthier Wales and the Regional Partnership Board action plan. Funding for the implementation of this was provided via the Transformation Fund.

The intent is for the Whole System Transformation Model to become self-sustaining through improvement in health and wellbeing, co-production and the use of social prescribing as an alternative to more traditional models of health and social care including a shift of resources where appropriate from secondary to primary care. An external evaluation of the Whole System Cluster transformation has been commissioned as requested by Welsh Government. This will allow the Health Board and the Regional Partnership Board to understand the impact that it has had on the population within SBUHB. Welsh Government have received an Audit of Primary Care Services within Wales and this has reinforced the requirement to see resources transfer into Primary Care Services to support the delivery of the Primary Care Model for Wales. Alignment of the Cluster Transformation and the Western Bay 'Our Neighbourhood Approach' is ensured through the Regional Partnership Board.

### Integrated Community Services

Through the West Glamorgan Regional Partnership Board, the Health Board worked with partners to design and deliver an optimum model of Integrated Community Services. Each Local Authority area within the West Glamorgan Partnership area has a Community Resource Team (CRT), with workforce from Local Authority, health and Third Sector, providing integrated care and support to improve the independence and wellbeing of our population. This model of service is financed from a pooled budget with a Section 33 (NHS (Wales) Act 2006)) agreement and thus improving the use of shared resources.

Since their conception, the CRTs have continued to provide a cornerstone of community service provision within SBU. They provide integrated home based interventions and services that allow patients to remain at home instead of having to be admitted to hospital and all patients to return to their own homes more swiftly. In December 2019, SBUHB and NPT Council and Swansea Council have launched a service that further enhances the integrated community support model. The 'Hospital to Home' (H2H) service model provides an integrated service model across all three partners that will support more patients to return home from a hospital admission. We will aim to embed this service model into our integrated services to continue to develop and deliver this service throughout 2020/21 as part of right sizing community services.

In addition to our ambitious and innovative response to A Healthier Wales, there are a number of other strategic imperatives:

### Contract Reform

Contract reform in dental, community pharmacy and general medical services is helping the move from a "reimbursement for treatment" to a "reimbursement for prevention" model; in turn, incentivising better value healthcare. Shifting resources and patient pathways from secondary care models will complete the three-step process of different infrastructure, different incentives and different pathways of care to provide a long term sustainable healthcare operating model.

### Oral Health

As part of Dental Contract reform we will continue our ongoing work at the forefront of pushing the boundaries of the current restricting General Dental Service's contract which dis-incentivises holistic oral health care through a range of new approaches which are included in our Oral Health Delivery Plan.



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### Dentistry

To further develop the oral health pathway we will continue to deliver on the transfer of services from hospitals to the primary care settings, and focus on improving access for the most vulnerable patients within our population.

### Community Pharmacy Service and Pathway Redesign

The Clinical Services Plan and Transformation Programme Plan will allow a greater focus on care provided closer to home through pathway redesign, a shift in human, financial and capital resources from secondary to primary care and this will entail service and pathway redesign to ensure waste, variation and harm is minimised. In 2019/20 the Community pharmacies with SBUHB have implemented new services that will allow our population to improve their access to health care. In 2020/21 we will continue to explore opportunities to expand the range of services available within SBU.

### Planned Care – Care Closer to Home

We will continue the shift of care to community settings, especially audiology, community optometry, endocrinology/diabetes, respiratory and cardiac care. This work will be further developed through the Clinical Services Plan Transformation Programme and the Clinical Redesign Groups with senior clinical representation from Primary Care.

**Eye Care** in the community remains a priority within Primary and Community Services. The Low Vision Service Wales [LVSW] is a Primary Care rehabilitation service for both adults and children with a vision impairment. Over two thirds of patients seen within the LVSW are over 80 years old. 16 of the 32 (50%) of our optometry practices are now accredited to provide the service which assesses people with poor vision and provides them with appropriate aids to help their daily living, reducing risks associated with loss of independence, medicines management, falls and social isolation.

The Eye Health Examination Wales [EHEW] service supports patients through provision of the following three types of service:

- Investigation of acute eye care or annual check for patients at risk of developing eye disease
- Further informing referrals to the hospital eye service, e.g. pre-cataract assessment
- Review of patient following a Band One or for post-operative cataract monitoring.

The geographical coverage and percentage of EHEW practices in the Health Board remains, at 28 of 32 (88%). We will continue to work with the four practices who are not currently providing the service, however, a limitation is that two of these are large supermarket-based Optometry practices and Welsh Government are also working with them to try and support them agreeing to support the scheme. EHEW activity in Health Board practices continues to be one the highest level in Wales. Almost 23,000 patients received EHEW services the previous year and the trend of significantly increased uptake appears to have continued into the current year. There is an increase of 45% in the last two years.

### Estates

#### Wellness Centres

Our plans to develop Integrated Wellness Centres, starting in Swansea are included in our work programme for 2020/21. In addition, we will be seeking out opportunities to develop further Wellness Centres within SBUHB in areas such as Neath and Croeserw.

#### Primary Care Estates

We continue to develop a programme of site improvements for existing Primary Care buildings and with support of Welsh Government Improvement Grant funding we aim to improve the site at Mount Surgery in Margam and Llansamlet Surgery in Swansea in 2020/21. Our Primary Care Estates plan will continue to seek out opportunities to improve other sites within the Health Board.

## CLINICAL SERVICES PLAN

Our overarching aim for Primary and Community Services, is to achieve a transformed, sustainable, model of cluster led integrated health and social care, across all eight cluster populations in SBUHB. Our **Integrated Clusters project** will create the ability to significantly increase the scale and pace at which clusters become the vehicle to achieve a much greater focus on self-care and prevention, the integration of health and social care systems at the local level and the delivery of care closer to home.



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### ANNUAL DELIVERY PLAN:

### WHOLE SYSTEM PLAN AVAILABLE IN IN APPENDIX 1

PRIMARY AND COMMUNITY SERVICES Summary of Key Actions	Ref.	Milestones 2020/21		Measures
Supporting Prevention, Wellbeing and Self Care	PCS_1_1 PCS_1_2 PCS_1_3 PCS_1_5	Q1-Q4	Refer to Whole System Plan for detailed Actions and Milestones	NHSDF_05 NHSDF_06 NHSDF_07 NHSDF_08 NHSDF_09
Through Health Visiting, review lessons learnt from safeguarding concerns, developing actions around domestic abuse; perinatal mental health and maternal suicide.	PCS_1_2 PCS_1_8	Q1	Ensure Ask and Act training compliance with workforce together with competition of FRAIT tool. Plus the competition of the routine enquiry form	NHSDF_18 NHSDF_51
		Q2-Q4	Continue with training and safeguarding compliance throughout the workforce to ensure that schemes are being implemented on and on-going basis	NHSDF_52
Develop integrated Wellness Centres in Neath Port Talbot and Swansea	PCS_1_6 PCS_3_1	Q1	SOC submitted for Upper Afan Valleys and Neath Wellness Centres	
		Q2	Appoint supply chain partner	
		Q3	Establish project board and Develop OBC	
		Q4	Submit OBC to WG for approval	
Improve Flu Vaccination uptake rates for children, people with chronic conditions, people over 65 and staff through Flu immunisation campaign and Flu Action Plan through Flu steering group		Q1	Evaluation of 19/20 programme and action plan	
		Q2	Finalise flu plan	
		Q3-Q4	Implement flu action plan	
Foster partnership working across communities and clusters to deliver against the Healthy Child Wales programme	PCS_5_18	Q1-Q4	Review programme and ensure that standards are maintained in line with Welsh Government standards around the delivery of the Healthy Child Wales programme	
Redesign and co-location of District Nursing service across NPT and Swansea to improve consistency and cross site working	PCS_1_17 PCS_3_8	Q1	Commence OCP process in order to re-locate staff members	
		Q2	Review outcome of OCP	
		Q3	Re-locate service and teams to new site	
		Q4	Continue implementation of re-location	
Roll out of Skype/FaceTime digital consultations in the Community and Care Homes through the Acute Clinical Team	PCS_5_8	Q1	Review and analyse advantages and impact that initial device has had on ACT service;	
		Q2-Q3	Depending on the outcome of analysis, extend roll-out	
Peri-Natal Mental Health: Through Health Visiting, review lessons learnt from safeguarding concerns, developing actions around domestic abuse; peri-natal mental health and maternal suicide.	PCS_1_2 PCS_1_8	Q1	Ensure Ask and Act training compliance with workforce together with competition of FRAIT tool. Plus the competition of the routine enquiry form	
		Q2-Q4	Continue with training and safeguarding compliance throughout the workforce to ensure that schemes are being implemented on and on-going basis	





### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



#### ANNUAL DELIVERY PLAN:

#### WHOLE SYSTEM PLAN AVAILABLE IN IN APPENDIX 1

PRIMARY CARE AND COMMUNITY SERVICES Summary of Key Actions (continued)	Ref.	Milestones 2020/21		Measures
Implement new pathways and service models for primary care for hearing loss, podiatry, SLT and physiotherapy	PCS_2_1 PCS_4_4	Q1-Q4	Refer to Whole System Plan for detailed Actions and Milestones	NHSDF_05 NHSDF_06 NHSDF_07 NHSDF_08 NHSDF_09 NHSDF_18 NHSDF_51 NHSDF_52
Dental care for housebound patients: Improve the oral health of vulnerable groups specifically children, the elderly and housebound	PCS_2_4	Q1-Q3	Implement new model for dental domiciliary and other groups	
		Q4	Review	
Remodel Urgent Primary Care service (GP-led Out of Hours service), creating multi-disciplinary model	PCS_4_1 PCS_5_6	Q1	Establishing MDT structure and aligning role descriptors to service delivery needs	
		Q2	Introduction of further workforce roles to directly support GP workload	
		Q3	Maximising skill mix and scope of practice for each workforce role to ensure prudent healthcare approach during winter pressures	
		Q4	Review of MDT structure to further develop on-going workforce model	
Improve community services in relation to Dementia: Service available for dementia population in assessment, inpatient and community environments for communication, swallowing and family support	PCS_2_3	Q1	Appoint to new service	
		Q2-Q4	Scope out and commence data collection	
Implement new pathways and service models through the new Cluster model: Identify role and model of Cluster based Chronic Pain services	PCS_2_7 PCS_5_19	Q1-Q3	Identification of model for stakeholder engagement	
		Q4	Make required changes following stakeholder engagement	
Develop Primary Care services in order to relieve pressure from GP caseload: Audiology Advanced PC Practitioner and Associate Practitioner	PCS_5_11	Q1	2019/20 Associate Audiologists fully embedded in Cluster clinical work	
		Q2	Recruitment of HEIW funded Associate Practitioner trainees	
		Q3-Q4	Continuation of training for trainees	
Ensure that End of Life patients are treated with dignity and respect: Promote the use of the Advance Care Plan to all suitable patients. Thus ensuring consistency of Advanced Care Plans (ACP) process across the Health Board	PCS_3_1	Q1	Ensure Care Home staff fully trained and confident to use the ACP	
		Q2	Training on-going. Monitor progress and evaluate processes	
		Q3-Q4	Through further implementation, we should see a significant increase of Advance Care Plans with measureable outcomes e.g. admission avoidance and better patient care	
Reduce reliance on face to face ophthalmology outpatient appointments by further increasing number and percentage of patients receiving pre-operative assessment and post op follow up in primary care (Optometry) practice	PCS_3_7	Q1	Commence implementation of a new pathway	
		Q2-Q4	Monitor progress against objectives	





### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



Workforce Enablers and Implications	Capital Enablers and Implications
<ul style="list-style-type: none"> <li>• New workforce model/framework to ensure opportunity for consolidation and development of PCC skills for ANPs.</li> <li>• Collaborative working between HB services/Independent GP Contractors to secure rotational placements in order to provide individualised development pathways for ANPs to anchor this workforce within PCC.</li> <li>• Introduction of the HCSW role within Urgent Primary Care</li> <li>• Further development of the pharmacist role within UPC</li> <li>• Introduction of a Professional Development Nurse</li> <li>• A new shift pattern will be developed for the Primary Mental Health service</li> </ul>	<ul style="list-style-type: none"> <li>• Welsh Community Care Information System—FBC</li> <li>• Further mobilisation of community staff including midwives and health visitors</li> <li>• WCP - Welsh information system for diabetes management</li> <li>• Eye Care EPR and referrals: processes for referrals and managing patient pathways will be facilitated by the implementation of new systems for Eye Care</li> <li>• GP Test Requesting (Pathology)</li> <li>• Dental referrals - processes for referrals and managing patient pathways</li> <li>• Citizen held portal via PKB</li> <li>• Virtual clinics/ telehealth</li> <li>• Continue to roll out Mobilisation</li> </ul>
Financial Enablers and Implications	Digital Enablers and Implications
<ul style="list-style-type: none"> <li>• Transformation Fund Bid approved for Whole System Approach in 2019/20</li> <li>• Transformation Fund Bid approved for roll out of Cluster Model to all eight Clusters in 2019/20</li> </ul>	<ul style="list-style-type: none"> <li>• Continue development of Swansea Wellness Centre</li> <li>• Refurbishment of Ystalyfera Clinic</li> <li>• Neath Integrated Wellbeing Hub at Cimla (ICF funded)</li> </ul>



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### 3.1.3 Unscheduled Care

#### STRATEGIC CONTEXT

The Whole System Plan for unscheduled care is based on evidence of demand, good practice and the principles of address improving quality of care, patient experience and our performance. The Clinical Services Plan intention for unscheduled care is to: enable more people to receive care at home; transform chronic condition management; standardise our services for older people; develop and implement a model of acute care across all our sites with people receiving care in the right hospital; and a smoother flow across the system including with our partners. In 2020/21 improving the efficiency of our unscheduled care system by further reducing our length of stay, in line with the CSP Efficiency Assumptions and KPMG recommendations, and agreeing and starting to implement our Acute Care Model will be priorities. The Acute Care Redesign Group has clearly prioritised the actions in this plan on the basis of impact, strategic direction and workforce feasibility. Our plans will also improve quality by reducing the transmission of infections and the deconditioning effects on older people of a prolonged hospital stay.

We have had a number of successes over the last few years, notably; reducing Healthcare Professional and Amber calls through the 111 service, avoiding 65% of falls attendances when managed by the falls service, reducing ambulance conveyances and stabilising the number of emergency medical admissions in the face of rising demand. However serious challenges remain as shown below.

#### KEY CHALLENGES

- In 2019/20 the Health Board has experienced severe challenges in our unscheduled care system due to a 6% increase in emergency attendances, increased acuity (a 20% increase in Red calls) and an unforeseen reduction in inpatient capacity, particularly at Singleton Hospital due to the ward fire and also at Morriston Hospital due to a particularly resistant infection control issue.
- In March there are up to 39 beds closed due to infection control at Morriston but the majority of the bed base at Singleton has been reopened. A 24-bed decant ward has been opened in Neath Port Talbot hospital at the beginning of March to provide additional capacity and enable a deep clean and refurbishment of the affected areas in Morriston.
- Due to these issues, surge bed capacity has been open all year which has been a major driver of the financial pressures the Health Board has faced.

- The Health Board has not achieved the planned unscheduled care performance due to these factors and a revised unscheduled care plan was submitted to the Board and Welsh Government in October with all of the actions now completed with the exception of the Ambulatory Care Unit (ACU) in Morriston which will come online during March. The plan includes all actions relating to ambulance handover agreed with WAST and the implementation of the Winter Plan. The implementation of the plan and the performance is monitored on a weekly basis with Executive leadership by the Chief Operating Officer.
- At the end of February 4-hour compliance is 74%, for 12-hour waits is 92% and, whilst ambulance indicators are improving, there is still serious cause for concern. Due to improving flow and the introduction of the ACU it is expected indicators will continue to improve and end-of year 4-hour wait performance is expected to be 75-78%.
- Elective bed capacity continues to be affected by the high volume of unscheduled care patients although the number of cancellations has started to reduce across all our sites. This impact is reflected in the Planned Care chapter.
- Respiratory and falls admissions that are not managed through the fall service remain key drivers of demand, and we admit over 12,000 older people (+65 years) per year.
- By the end of January 2020 we had implemented phase 1 of the Hospital2Home service and in February there has been a decrease in the number of Medically Fit for Discharge (MFFD) patients, particularly on the Morriston site.
- Local Authority partners have revised the contracting arrangements for domiciliary care in the area with encouraging signs that in tandem with the H2H service this will help to unlock the some of the constraints in capacity across the area.
- Delayed Transfers of Care figures improved during the early winter period but have deteriorated during February, this is being closely monitored.
- The SIGNAL patient flow system has been rolled out across Singleton and Morriston and rollout will be completed in NPTH and Gorseinon by the end of April 2020. This system is supporting the H2H system and the better management of patients who are MFFD.
- Our plans for our Acute Care Model are developing and we know we need to appoint a cohort of Acute Care Physicians and increase flow through the Acute Medical Assessment Unit at Morriston.

### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care

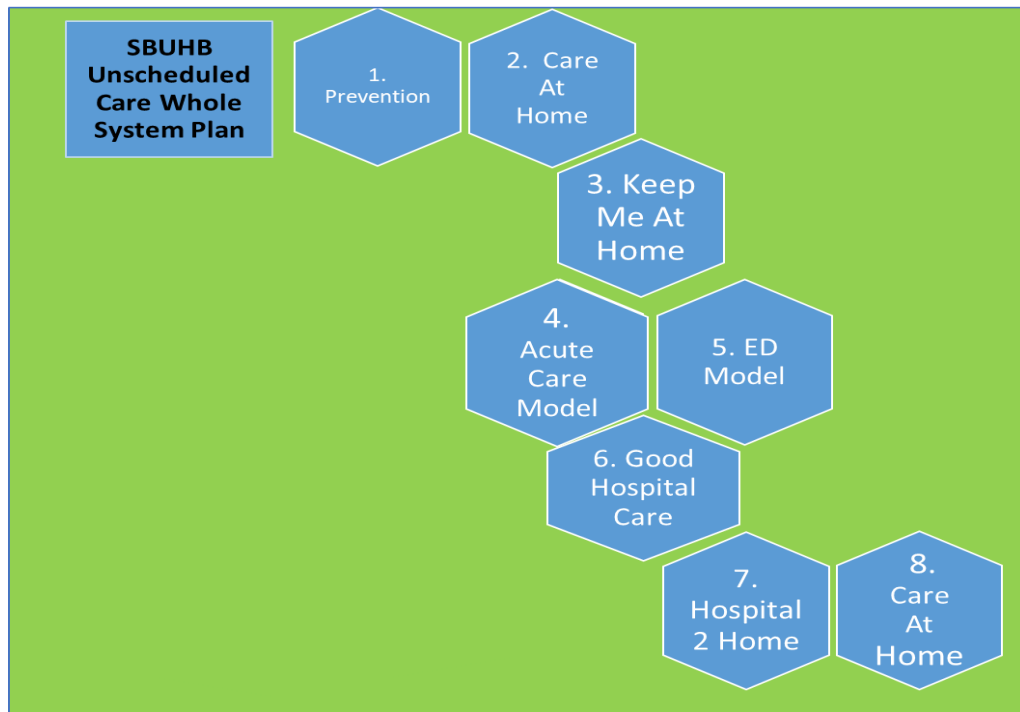


#### KEY IMPROVEMENTS

The Health Board's Unscheduled Care Whole System Plan is structured around eight components as set out in the diagram below. The pathway includes consideration of the Emergency Department Quality and Delivery Framework and the draft Levers for Change Welsh Health Circular.

#### Prevention - Helping People Choose and Live Well

Our plans for helping people live well are embedded within our Partnerships for Health and Wellbeing and Co-Production and Health Literacy Plans. The key areas for focus are to support smoking cessation, reduce obesity and to encourage healthy behaviours through Making Every Contact Count, brief intervention and developing community resilience and wellbeing through the Neighbourhood Approach and Wellness Centres. Other specific areas are our plans to improve respiratory health, including maximising flu vaccination and our ongoing work at the forefront of pushing the boundaries of the current restricting General Dental Services contract which dis-incentivises holistic oral health care through a range of new approaches which are included in our Oral Health Delivery Plan.



#### Care At Home and Keep Me At Home

This part of our plan ensures the Clinical Services Plan principle of My Home First is in place by implementing pathways in primary care which enhance care delivery in or close to the patient's home where clinically safe and appropriate, and reducing unnecessary hospital attendance. Our plans are based on our achievements over the last two years and the national approach to address the five national priorities which are:

Falls	Health care professional calls
Breathing difficulties	Mental health.
Chest pain	

Admissions for respiratory diseases are a major driver of demand in the SBUHB unscheduled care system. We are continuing to implement improved pathways for respiratory (starting with COPD), heart failure and diabetes care through the CSP Clinical Redesign Groups and the Health-Board wide Primary Care Cluster Model. Through the cluster approach we will also be implementing risk stratification approaches to cohorts of vulnerable people to remain at home with the appropriate levels of care and support. In 2019 we put in place an Early Supported Discharge Service for COPD and the full-year flow benefits of this will be experienced in 2020/21.

In addition, a key workstream of our Older People's Programme of work is the Keep Me at Home programme which includes a review of the existing Acute Clinical Teams to standardise our model and maximise the capacity for rapid response in the community. This will be in place in Quarter 3 2020. Our approach also applies to implementing in-reach to care homes where possible within existing resources and working with the National Commissioning and Contracting Unit and 1000 Lives on piloting the implementation of NEWS scoring in care homes in Swansea.

To keep more people at home in line with Levers for Change 1&2 we will continue working with the Welsh Ambulance Service Trust (WAST) to deliver improvements in the quality of care and timeliness of 999 responses, and handover at our front door. Our joint initiatives are described in detail in Appendix 12. These include doubling the number of Advanced Paramedic Practitioners in our area and supporting the Joint Falls Response service as well as continuing to support the roll out of the 'I Stumble' and 'I Fell Down' falls assessment toolkits across all Residential and Nursing Homes in 2020/21.



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



We have the lowest rate of green HCP calls in Wales due to the full rollout of the 111 service and we will continue to support the implementation of the recommendations of the WAST Amber review. We will also, if funding allows, continue the schemes supported in the last two winters through to multi-agency working to reduce frequent attenders at our Emergency Department (ED).

The Health Board relies significantly on its partnerships with the voluntary sector to deliver a range of responsive, citizen focused services which complement those provided by clinical services. We spend in excess of £3m per annum on these services and in 2020/21 are recommissioning these services to ensure they fully meet the needs of citizens and support the priorities of the organisation and partners. These include Red Cross and Care and Repair at the front door of our hospitals.

### Acute Care Model

A core element of the Clinical Services Plan is the development of a single point of access for acute care and we will continue, in 2020/21, to develop the detailed plans for implementation, so that we can proceed to engage with our staff and the public. In the short term, we will have undertaken the work already described with our Acute Care Teams. We will prioritise the implementation of our Acute Frailty Model and we will appoint Acute Care Physicians and support them by developing our ambulatory care services at Morriston further. We will also continue to improve flow through the Morriston site through focussing on SAFER, use of SIGNAL and extending the H2H service to more complex patients. By doing this we plan to ensure the Acute Medical Assessment Unit can be used to support ambulatory, rather than inpatient, care and improve streaming away from ED.

We will strengthen urgent care in the community through our continued remodelling of multi-disciplinary primary care out of hours services and through continuing to maximise the use of the 111 service, and will contribute to the expectations set out in 'Levers for Change' (as funding allows) by continuing to triage patients from the ambulance stack via our Acute GP Unit.

We recognise that delays during hospital handover can deplete the availability of ambulance resources to respond to incoming 999 calls in the community. On top of the actions listed above to reduce the number of 999 patients taken to hospital, during peak periods of activity, we will ensure that in line with the recommendations of the WAST internal audit report on hospital handover that robust operational management arrangements are in place to manage patient flow at the front door and to enable the safe and

timely handover of ambulance patients. Key to achieving this will be the consistent use of escalation capacity to release ambulances, implementing the Ambulance Liaison Officer role if funding is secured, and engaging in and implementing the good practice that emerges from the national programme, ED Quality Delivery framework.

With specific regard to our older population we will standardise the front door Acute Frailty Model and invest in our current Older People's Assessment Service at Morriston to embed Comprehensive Geriatric Assessment across hospital pathways. In line with the CSP Efficiency Assumptions and KPMG recommendations we will build upon our successful urgent ambulatory care models to improve patient experience and service efficiency, aiming to increase to 60% the proportion of medical assessment attendees managed through ambulatory care approaches. We will also continue to develop Hot Clinics at both of our admitting sites and, as funding opportunities arise, will focus on the Acute Medical Assessment Unit model, Vascular pathways and Fractured Neck of Femur (#NOF) pathways from both a quality and efficiency perspective. We also aim to improve capacity in our Psychiatric Liaison Service to meet national standards.

As part of our Acute Care work we will improve our assessment service for surgically expected patients. We will also be implementing the national recommendations for major trauma, including improving ortho-plastics services, becoming a large trauma unit with new dedicated roles and hosting the operational delivery network. The new major trauma network model is due to go live in Quarter 1 2020.

### Emergency Department (ED) Model

Our plans to improve compliance with targets 3,4, and 5 set out in 'Levers for Change' to improve patient care and manage demand at the hospital front door will include implementing the recommendations of the Kendall Bluck ED workforce review as funding and recruitment opportunities allow. This will serve to improve performance against the 3 pioneering KPI's which will supplement the 4 hour unscheduled target and measure specific steps of the patient journey in the ED as identified in the national EDQDF programme. New pathways from Emergency Department to a Mental Health Distress Sanctuary and improving rapid access to assessment for CAMHS patients through our commissioning approaches will be put in place and funded through ICF monies. We are also developing a business case to replicate the successful ambulance POD model that is in place in Newport. We will continue to review the opportunities of the minor injuries service to reduce hospital attendances at our major ED and will be engaging on the future model of the minor injuries unit at Singleton.



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



Through winter monies we will also develop a case for a primary care doctor in our Emergency Department and the rotation of staff between ED and primary care – which will support staff and patients in accessing the most appropriate pathways of care and ensure the prudent use of resources and expertise in primary and secondary care services.

### Good Hospital Care

There are three core components to our plans for providing the best bed based care when needed. These are; ensuring good hospital care through efficiency and quality, ensuring timely access to emergency or urgent care and improving timeliness of discharge.

Through our Older People's programme we will improve quality by planning to improve Orthogeriatrics and surgical liaison to reduce length of stay and improve outcomes for older people. We will also be exploring digital mobilisation across hospitals to develop transferable documentation and maximise the use of the SIGNAL patient flow system which will be rolled out to all sites by the end of April 2020. This will help us to address Levers for Change 6 and 7 by close management of patients who are Medically Fit for Discharge and earlier discharge of patients.

We will also continue to action our service improvement plans to implement the NHS Wales Delivery Unit review of complex discharges and the Right Care Right Place bed utilisation survey to reduce variation in our internal processes and improve quality. Our plan includes targeted, detailed actions to further improve:

- SAFER board rounds
- Senior review before midday
- MDT clinical management plans for each patient
- Use of Estimated Date of Discharge methodology
- Standardised identification of patients who are Medically Fit for Discharge;
- Assessment processes for Continuing Health Care
- The number of, and bed days used by, stranded patients
- Use of the Red2Green methodology to improve patient care.

### Hospital2Home (H2H)

Our plans for improving the timeliness of discharge are an essential part of our Annual Delivery Plan to address Lever for Change 7 and are jointly developed and implemented with our Local Authority colleagues. Phase 1 of H2H for less complex patients was supported through ICF monies and its continued development has been agreed by partners to be the top priority for

Phase 1 was implemented by the end of January in December 2019 and this will supported by the existing ICF funding into 2020/21 and consolidated and evaluated. A further Transformation Bid for £1.485m has been submitted in March to support Phase 2 and additional ICF funding of £400k has also been allocated for 2020/21. Initial figures show that there has been a positive impact on MFFD patients however the evaluation will include the impact on our numbers of Delayed Transfers of Care which remain higher than our 2019/20 Annual Plan trajectory. The eventual aim is that H2H will help to right-size demand and capacity for domiciliary care which is underlying cause of delays in the area as it based on the Professor John Bolton model which has demonstrated this elsewhere. We will also work with our Third Sector colleagues in this area.

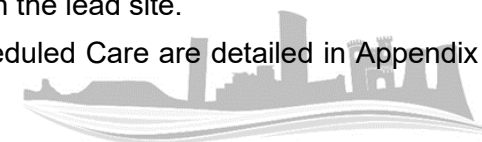
We will also review the criteria, use and skill mix for our rehabilitation inpatient capacity and continue to work through partnership arrangements for longer term residential care. The implementation of the Neighbourhood Approach and Wellness Centres will also support the development of community resilience and wellbeing as key elements in helping people recover and rehabilitate successfully at home and in the community, as well as the Primary Care Cluster Model transformation programme already described.

We will also be working to improve End of Life care to offer a better choice to people who wish to die at home, to improve the quality of end of life and reduce the number of people (an average of 30 per week), who spend their final days in our hospitals.

Due to the ward fire and other environmental issues we had an unforeseen reduction in bed capacity at Singleton hospital in 2019/20 and all of this capacity is now open. The decant ward at Neath Port Talbot hospital will stay open during 2020/21 to enable the ward refurbishment in Morriston.

The development of a Swansea Bay Acute Care Model through the Clinical Services Plan will support timely access to emergency or urgent care by rebalancing bed capacity across the system and we will progress our plans to move towards this in year one of the Plan. The Acute Model of Care will continue to be developed in detail through 2020/21 in preparation for public engagement on the lead site.

Performance Trajectories for Unscheduled Care are detailed in Appendix 4.





## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### CLINICAL SERVICES PLAN AMBITION

Our ambition is to create **one unscheduled care system** which clearly supports people in knowing where and when they can get the care they need in an emergency, and to increase access to unscheduled care in community based services on a seven day basis. When emergency hospital care is needed we aim to respond rapidly to assess patient need and to work better together to coordinate resources and skills.

To deliver these ambitions, we are reviewing and redesigning the configuration of our acute care services in response to a range of key drivers, in particular; improving timely access to and the quality and safety of patient care; building a resilient and sustainable workforce; improving management of our unscheduled care system; shifting care and resources, where appropriate and safe, from our hospitals into the community; and improving value and reducing waste to ensure a sustainable and safe acute care system.

We will plan, develop and implement a SBUHB acute care model supporting redesign of our unscheduled care system. The model will include acute medical and surgical ambulatory care, acute assessment, and patient streaming processes to improve access and management of the emergency department.

### Value Based Health Care

We will evaluate and assess the viability of Dr Doctor as a PROM solution for heart failure patients.



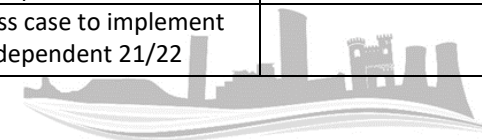
### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



#### ANNUAL DELIVERY PLAN:

#### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

UNSCHEDULED CARE Summary of Key Actions	Ref.	Milestones 2020/21		Measures
Increased uptake of influenza vaccination for staff, patients and relatives	USC_1_1	Q2	Team brief session to promote influenza vaccination up-take - annual exercise	NHSDF_05 NHSDF_06 NHSDF_07 NHSDF_08 NHSDF_09
		Q3	Commencement of annual Flu vaccination programme	
Advancement of the role of Urgent Primary Care Paramedics	USC_2_7	Q1	Liaison with WAST regarding APP rotational service	
		Q2	SLA agreement and identification of workforce	
		Q3-Q4	Commencement of role within urgent primary care	
Continue GP model of green calls on the stack as funding opportunities arise	USC_2_7	Q1-Q4	Implement and evaluate impact	
Implement WAST falls response service and work with care homes to roll out I stumble/ I fall down assessments	USC_2_13	Q1-Q4	Implement and evaluate impact	
Review of acute care teams and opportunities for improvements in pathways from community and front door through Keep Me At Home work streams	USC_2_6	Q1	Complete scoping exercise to quantify the scale and impact on inpatient beds in Morriston Hospital, of alternative service commissioned for delivering appropriate IV treatment in the community. Assess impact versus cost of increasing capacity: evaluate winter period	
		Q2	Implement sustainable service	
		Q3-Q4	Evaluate impact	
In line with the CSP, standardise the front door Frailty Model, standards of care and ways of working on all sites including OPAS at MH	USC_3_9	Q4	Implement agreed business case for HB frailty at the front door service	
Extension of OPAS	USC_3_10	Q2-Q3	Implement agreed business case for HB frailty at the front door service	
Multi-agency approach to manage frequent attenders. Continuation of frequent attender nurse	USC-2-14	Q2-Q3	Evaluate impact and develop business case to implement sustainable service model : funding dependent 21/22	
Continuation of Ambulance Liaison role (HALO) as funding arises	USC_3_5	Q2-Q3	Evaluate impact and develop business case to implement sustainable service model : funding dependent 21/22	



### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



#### ANNUAL DELIVERY PLAN:

#### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

UNSCHEDULED CARE Summary of Key Actions (continued)	Ref.	Milestones 2020/21		Measures
Create Ambulance POD		Q2-Q3	Develop business case to implement sustainable service model : funding dependent 21/22	NHSDF_05 NHSDF_06 NHSDF_07 NHSDF_08 NHSDF_09
New pathways from ED to Mental Health Distress Sanctuary	USC_3_7	Q1	Contract for evaluation awarded	
		Q3	6 month multiagency steering group review	
AMAU/ ACPs- Development and implementation of a revised service model for acute Care medicine in MH & Singleton including ACPs- phase 1 ambulatory emergency care (start with 5 day service and phase up to 7 days)	USC_4_1 USC_4_12 USC_3_13	Q1	Finalise business case	
		Q2-Q3	Phased implementation of case in line with known workforce availability	
Progress Kendall Bluck work on ED rotas as funding and workforce opportunities arise	USC_3_12	Q2-Q3	Develop business case to implement sustainable service model : funding dependent 21/22	
Embedding good practice in patient flow, SAFER EDD and Board Rounds	USC_4_2	Q1-Q4	Plan and implement the establishment of a team of patient pathway coordinators through the redesign and consolidation of existing resources and implement Audit SAFER compliance on medical wards	
Increase capacity for Ortho geriatrics and surgical liaison to reduce length of stay and improve surgical and longer term outcomes for older people	USC_4_4	Q2-Q3	Develop business case to implement sustainable service model : funding dependent 21/22	
Implementation of new electronic flow system (SIGNAL) in hospitals will aid in managing workflow, escalate patients and identify and address blockers to discharge	USC_4_6	Q2-Q4	Explore solutions, and develop a business case to implement: funding dependent 21/22	
Ensure Morriston has a regular programme of ward refresh to support reduction in HCAI- supported by access to inpatient decant facilities to minimise risks of having to reduce inpatient bed numbers	USC_4_10	Q1-Q4	Maintain and continually evaluate robust multi-disciplinary scrutiny, review and lessons learnt process to inform improvement actions and change	



### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



#### ANNUAL DELIVERY PLAN:

#### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

UNSCHEDULED CARE Summary of Key Actions (continued)	Ref.	Milestones 2020/21		Measures
Increasing impact of phase 1 hospital to home	USC_4_14 USC_5_1 USC_5_2 USC_5_3	Q1-Q2	Ensure that the impact of the scheme is fully understood and mapped through the HB system: implement and evaluate impact	NHSDF_05 NHSDF_06 NHSDF_07 NHSDF_08 NHSDF_09
Implement phase 2 of the Hospital 2 Home model	USC_4_14 USC_5_1 USC_5_2 USC_5_3	Q3	Implement and evaluate	
Embed COPD early supported discharge (ESD) into baseline	USC_2_2	Q1-Q4	Ensure there are robust evaluation arrangements in place to assess impact of the service on respiratory LOS and bed day consumption : evaluate ESD element	

Workforce Enablers and Implications	Digital Enablers and Implications
<ul style="list-style-type: none"> <li>• Appoint Acute Care Physicians and multi-disciplinary team to implement phase 1 of the Acute Care Model (estimated 2-3 ACPs available in 2020/21)</li> <li>• Expand Acute Frailty Model through appointment of 1-2 Acute Geriatricians and MDT in line with known workforce availability</li> <li>• Support the expansion of Advanced Paramedic Practitioners via WAST (expansion from 5 to 12)</li> <li>• Implement phase 2 of H2H including expansion on community therapists , aligned to University leavers timeline</li> <li>• Redesign the Acute Care Teams within resources</li> <li>• Support the development of the MTC through targeted recruitment to posts, particularly in plastics</li> <li>• Develop posts to support the #NOF pathway</li> </ul>	<ul style="list-style-type: none"> <li>• Complete rollout of SIGNAL patient flow system to Neath Port Talbot Hospital</li> <li>• Welsh Emergency Department Information System</li> <li>• Citizen held portal via PKB</li> <li>• Virtual clinics/ telehealth</li> <li>• The implementation of a electronic flow system</li> <li>• Patient Flow/Transfer of Care (TROCAR)</li> <li>• Critical Care Clinical Information System (CC CIS)</li> </ul>
Capital Enablers and Implications	Financial Enablers and Implications
<ul style="list-style-type: none"> <li>• Scope development of a single point of access for at Singleton Hospital</li> <li>• Phase 1 Ambulatory Care business case at Morriston Hospital - development of assessment area</li> <li>• Develop business case for wrap around unit to deliver integrated unscheduled care surgery service</li> </ul>	<ul style="list-style-type: none"> <li>• Support Priority 1 USC schemes (ACPs/AEC and Acute Frailty Model) as a strategic priority through the Performance Fund</li> <li>• Mental Health Sanctuary supported through ICF</li> <li>• Phase 1 H2H supported through ICF</li> <li>• H2H Phase 2 agreed as priority for additional ICF allocation and Transformation Fund Bid for £1.485m</li> <li>• Fall response vehicle funded through EASC A Healthier Wales monies</li> </ul>

## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### 3.1.4 Stroke Care

#### STRATEGIC CONTEXT

The Health Board is committed to the All-Wales stroke care pathway and our priorities for 2020/21-22/23 are aligned to the national Stroke Delivery plan. Our Local Stroke Delivery Plan will continue to focus on working towards delivering the refreshed All Wales stroke care pathway priorities in conjunction with partner organisations. Our overall aim in this plan is to achieve improvement with the NHS Wales Outcomes Measures for improved access to care and support for patients across the stroke pathway and to deliver better patient outcomes. A key element of achieving improvements across the whole stroke pathway is our plans to prepare for and develop a Hyper-Acute Stroke Unit (HASU) at Morriston Hospital for the wider regional area including West Wales. Preparing for a HASU, the Health Board developing a new model for rehabilitation and supporting people after a Stroke.

#### KEY CHALLENGES

- The development of a Business case for a Joint Health Board HASU
- Improving our performances in the 4 hour bundle (SNNAP Performance)
- Addressing our skills deficit
- Funding and developing our Early Supportive Discharge Team and community rehabilitation support
- Developing a single entry TIA service for the Health Board

#### KEY IMPROVEMENTS

The Health Board's Stroke Whole System Plan is structured around five components. These components and the related improvements for 2020/21-2022/23 are outlined below.

#### Preventing Stroke

Our plans for preventing stroke from occurring align to and are embedded within our Partnerships for Health and Wellbeing and Co-Production and Health Literacy Plans. The areas for focus in relation to stroke prevention is to support smoking cessation, obesity and healthy behaviours through Making Every Contact Count, brief intervention and developing community resilience and wellbeing through the Neighbourhood Model and Wellness Centres.

#### Pre-Hospital

Ensuring people and professionals recognise a stroke and know what to do in the event of a stroke is vital to ensuring the right care is received at the right time from the right person. The pre-hospital component of our plan sets out actions to ensure this happens and that the care system across primary care, WAST and our Emergency Department front door works seamlessly. In the first instance MECC, the FAST campaign and education are important to ensure proactive and accessible information and education is available and promoted around Strokes. We also recognise the importance of clear, defined and up to date pathway information being available alongside shared education and training on the stroke pathway across professional groups who respond to and deal with strokes. The handling and transfer of information is also a part of our pre-hospital plan to ensure effective and efficient handovers to the emergency department.

#### First 72 Hours

For those with confirmed stroke, rapid access to evidence based interventions, treatments and care in the most appropriate hospital and ward is our priority. The significant long term plan to ensure we achieve this priority is to develop a Hyper-Acute Stroke Unit (HASU) at Morriston Hospital where all acute stroke patients for our population will be admitted. The future flow-based stroke model will support the wider regional area including West Wales. Previous planning for the HASU included the population of Bridgend. We have asked CTM UHB if this is still their preferred model or whether it would be better for the flow of patients to flow to services to the East of SBUHB. Collaborative planning is taking place across South West Wales to develop a regional HASU, the report into the implications of establishing this is due March 2020. The implementation of the HASU model is also closely aligned with the planned changes in our unscheduled care system in Swansea as part of the clinical plan to centralise the Acute Medical Take for Swansea at Morriston hospital. More detail is included in the South West Wales regional planning Section 3.2.

To assist with the joint planning, the two Health Boards have agreed to remodel the capacity required to ensure optimal patient flow along the stroke pathway and assistance with this has been secured from the NHS Wales Delivery Unit. Delivering the HASU model is therefore a joint regional priority for both Health Boards, but requires further significant programmes of work to be progressed including:





## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



- The change to the acute medical model in Swansea and Hywel Dda UHB which is likely to be subject to a capital build at Morriston hospital
- Appropriate access to diagnostic capacity in Morriston hospital (CT capacity will be a constraint in supporting all strokes and mimic strokes for the new Health Board and part of Hywel Dda HB population )
- Changes to workforce models across medical, nursing and therapy staff to deliver a 24 / 7 day service
- Agreement across the stroke pathway on patient flows and transport arrangements e.g. ambulance capacity, repatriation arrangements
- The development of an ESD service with sufficient capacity to facilitate timely patient discharge .

### Rehabilitation and Life After Stroke

We will not be planning the development of a HASU in isolation. It is vital to support the future long term model of care that we also develop a new effective and sustainable mode of care for rehabilitation and life after stroke. Our new model of care for rehabilitation and life after stroke focuses on a co-production approach to recovery planning, ensuring access to equitable therapies and community support on discharge and ensuring and enabling good end of life services. To deliver this we will focus on developing digital approaches, strengthening MDT and key worker models and implementing early and integrated goal planning with individuals and carers. We will also seek to strengthen access to community services and support through pooling resources and establishing a discharge to assess model for stroke care.

### TIA

Identifying, and supporting those who have had a TIA early and effectively is important to helping people manage their health and potentially avoid a future stroke. We will therefore plan to ensure access to seven day TIA clinics and services through actions which include updated primary care pathways which enable fast track to TIA Clinics and exploring within resources wrap around clinics to ensure access to radiology clinics and access to pharmacy. We will also seek to improve access to information and support and services to support health and wellbeing..

### Other Support

Underpinning this work is the contribution of the voluntary sector in supporting stroke survivors and their families throughout their journey after stroke—providing vital support services, group networks and self-help skills.

### CLINICAL SERVICES PLAN

Our ambition for Stroke Services involves ensuring that, where a patient has had a stroke, they are clinically assessed by expert staff within a new regional Hyper Acute Services Unit (HASU) at Morriston Hospital. The HASU will provide services for the residents of South West Wales, encompassing 24/7 expert specialist clinical assessment for up to 72 hours after admission, the availability of rapid imaging and the delivery of intravenous thrombolysis. Development of HASU will coincide with redesign of the Stroke whole system pathway, development of local rehabilitation pathways that are evidence-based & patient focused, in addition to provision of an Early Supported Discharge Stroke Team which will enable care for adults after a stroke to be transferred to a community setting.

### VALUE BASED HEALTH CARE

We are working to use PROMS in Stroke to identify preventable strokes. and review approaches to reach successful stroke reduction including potential use in Early Supported Discharge.

**Performance Trajectories for Stroke Care are detailed in Appendix 4**



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### ANNUAL DELIVERY PLAN:

### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

STROKE CARE Summary of Key Actions	Ref.	Milestones 2020/21		Measures
Supporting Prevention, Wellbeing and Self Care	STK_1_1 STK_1_2 STK_1_3 STK_1_4 STK_1_5 STK_1_6 STK_1_7	Q1-Q4	Refer to Whole System Plan for detailed Actions and Milestones	NHSDF_05 NHSDF_07 NHSDF_08 NHSDF_09 NHSDF_21 NHSDF_26 NHSDF_27 NHSDF_28 NHSDF_29 NHSDF_48 NHSDF_50 NHSDF_65 NHSDF_66
Deliver Local promotion of health issues and awareness of Stroke e.g. through involvement of stroke prevention society, FAST campaign	STK_2_4	Q1	BP testing in Atrium - BP awareness week; Link with Nursing colleagues to arrange for staff to provide testing and advise	
Effective triage protocols and training in place	STK_2_9	Q2-Q3	Development of stroke ESD SLT service bridge between secondary and primary care services would not only meet targets but would facilitate patient flow and reduced LOS: Develop business case for additional workforce to achieve targets	
HASU model developed and implemented including direct admission protocols; straight to CT pathways; ring-fenced capacity for stroke including specialist beds; developing of nurses on Ward F to cover Ed strokes; specialist stroke nurse 24/7; systems to transfer live patient information between professionals	STK_2_12 STK_2_13 STK_2_14 STK_2_15 STK_3_6	Q1-Q3	Scope and develop phased implementation plan	
		Q4	Prepare HASU business case, including workforce requirements and solutions for live transfer of patient information, for submission to WG	
Implement proactive planning for discharge and transfer	STK_3_2	Q1	Contribute to the regional rehabilitation programme which will include stroke rehabilitation and ESD requirement	
		Q2-Q3	Develop business case: funding dependent for 21/22	
Ensure Co-production conversations taking place e.g. ACP/DNACPR	STK_3_3	Q1-Q4	Therapies input and goal planning and Ensure Co-production conversations taking place e.g. ACP/DNACPR Link to EOL actions	
Explore the facilitation of nutrition and hydration (swallow test) in ED by increasing SLT staffing to meet RCP guidelines in stroke units and post discharge in order to meet SSNAP tier 1 targets	STK_3_4	Q2-Q3	Develop business case for additional workforce to achieve targets: funding dependent for 21/22	
Quiet room for end of life conversations/PEG feeding made available within resources	STK_3_15	Q1-Q4	Plan development of Quiet room for end of life conversations/PEG feeding made available within resources	



### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



#### ANNUAL DELIVERY PLAN:

WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

STROKE CARE Summary of Key Actions (continued)	Ref.	Milestones 2020/21		Measures
Ensure stroke ward areas fit for purpose e.g. pre-empts	STK_3_16	Q1-Q4	Ensure Stroke Ward is ring-fenced from pre-emptive transfers to protect patient flow for stroke patients - Linked to all unscheduled care actions: evaluate performance	NHSDF_05 NHSDF_07 NHSDF_08
Understand morbidity and mortality outcomes from stroke to improve stroke outcomes	STK_3_21	Q1-Q2	Develop process for collecting stroke outcome information across the pathway - acute phase and post discharge phase	NHSDF_09 NHSDF_21
		Q3	Use information to inform service development requirements	NHSDF_26 NHSDF_27
		Q4	Link to the ESD stroke development	NHSDF_28 NHSDF_29
Development, implementation and evaluation of an integrated approach to Early supported Discharge across a range of pathways including stroke being progressed through the H2H Programme:	STK_3_20	Q1-Q4	Implement and evaluate impact	NHSDF_48 NHSDF_50 NHSDF_65 NHSDF_66
Ensuring timely referrals from GPs through development of an electronic e-referral system for TIA service	STK_5_2	Q1	Evaluate secondary to secondary Cardiology referral pilot	
		Q4	Roll out - dependency on NWIS support - awaiting confirmation	

#### Workforce Enablers and Implications

- Develop sustainable workforce model to enable 24/7 week stroke team cover
- Develop a community based stroke rehabilitation model

#### Financial Enablers and Implications

- N/A

#### Capital Enablers and Implications

- Develop business case for the Hyper-Acute Stroke Unit in line with the Clinical Services Plan
- Commence review of current stroke services and pathways, with a view to redesigning to enable flow through the whole stroke pathway

#### Digital Enablers and Implications

- Citizen held portal via PKB



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### 3.1.5 Planned Care

2019/20 has been a challenging year for planned care for the Health Board. Within its IMTP, the Health Board developed a sustainability plan for 2019/20 which would address gaps in outpatient and surgical capacity; this was included within the overall financial framework for the Annual Plan. Further, after discussion with Welsh Government, additional financial support was made available to half the backlog of 36 week wait patients to 938 by the end of March 2020.

Specific and unforeseen pressures in 2019/20, particularly unscheduled care pressures and the impacts of the tapering allowance on NHS pensions have materially reduced the Health Board's surgical and outpatient capacity available to meet the demand forecast in the demand and capacity modelling for the year. 2019/20 has seen a growth in overall waiting list size and consequent increases in the numbers of patients waiting over 36 weeks for treatment and over 26 weeks for a new outpatient appointment.

We have had a number of successes over the last 12 months, notably the steady move towards a sustainable service in gastroenterology where the recruitment of a Physician Associate role is now seeing new routine RTT patients and the roll out of the recruitment plan will continue into 2020/21. Morriston has successfully retained the 10 protected beds for Orthopaedics on Clydach ward since November 19 despite high levels of unscheduled care demand on site, seeing between 28-36 patients per week. A large proportion of these have been our longest waiters for orthopaedic surgery.

Morriston continues to lead the recruitment programme for Consultant Anaesthetic staff securing two appointments to date, due to commence early in 2020. A further nine posts across a number of specialty areas are in the process of active recruitment. The recruitment drive continues within the UK and a planned overseas recruitment process is also being scoped.

The Plastic Surgery Day Treatment Unit is fully open and continues to add value for routine patients, relieving pressure on the plastic surgery theatres. In addition a locum plastic surgery hand consultant was appointed for 12 months to provide additional capacity. The new Oral Medicine model and headache pathway in Neurology continue to see a positive impact on outpatients' performance, seeing patients in out of hospital settings which will see a further positive impact in 2020/21.

As part of the sustainable plan for Spinal surgery, a sixth Consultant was appointed and is now beginning to see new routine RTT patients. A loan

agreement for additional kit has been put in place to enable him to work electively in Singleton before year-end and ahead of a capital funding decision for permanent surgical trays and microscope. The Spinal team have also successfully tested a new consultant-led outpatient clinic model, working alongside Advanced Physiotherapy Practitioners (APPs) to see a high volume of outpatients per session. Plans to roll out the model next year are being scoped.

Investment in a bespoke trolley facility in Singleton Hospital continues to reduce surgical ward bed-day demand, while supporting theatre lists and an ad-hoc two session theatre list has been established in Singleton for our long waiting adult cleft revision patients.

Welsh Government announced in December 2019 agreed solutions to introduce flexibilities to mitigate the impact of the ongoing HMRC tax rule changes that have materially reduced the Health Board's surgical and outpatient capacity. We will continue to monitor the impact of this into 2020/21 as early indications are suggesting that the Consultants remain reluctant to resume any additional commitments.

Modelling for 2020/21 has been developed and the Health Board has used this to inform the demand and capacity picture for 2020/21, building on the experience of 2019/20. We will link this work in with national work being undertaken by the NHS Wales Delivery Unit to make sure that our planning assumptions are aligned. A clear focus on unscheduled medicine being delivered within the medical bed complement, allowing surgical beds to be free from outliers will be key, along with more sustainable workforce models for both surgeons and in particular anaesthetic staff.

In 2020/21 improving the efficiency of our planned care system by further reducing our length of stay, in line with the CSP Efficiency Assumptions and KPMG recommendations will be an essential step towards releasing capacity to enable service reconfiguration. We know that there are opportunities for efficiency and productivity gains and we have two key work streams within our High Value Opportunities work programme dedicated to theatres and outpatients respectively. We will consider the opportunities that improvements in these areas will bring and determine whether such improvements will be used to close demand and capacity gaps or release cash, or a blended version of both.



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### STRATEGIC CONTEXT

The Health Board engages fully in the National Planned Care Programme and supports the delivery of outcomes that matter to patients through sustainable services delivering care closer to home where possible. Our ambition is to transform our surgical services model to better meet patient needs, reduce access times, to improve efficiency and to reduce unnecessary travel to and attendance at hospital appointments. We will continue to drive forward improvements based on our achievements in 2020/21.

Our aim is to have sustainable planned care services, and to improve patient outcomes and experience by changing our outpatient model, ensuring efficient use of resources, reducing waiting times for surgery and reducing cancellations of operations.

In line with the Clinical Services Plan, we will modernise our outpatient model by using digital technology, self-care, telephone and digital appointments and removing follow-ups as a default model. As described in our Primary Care Plan we will also be using all the opportunities afforded by the rollout of the Cluster Model to move to community-based planned care wherever possible for Eye Care, Oral Health and Audiology as well as putting in place our primary care diabetes model.

In line with the national priorities we will be working together with Hywel Dda University Health Board to maximise our opportunities. Our plans and deliverables described and the thoracic surgery centre and major trauma service developments are describe in our Partnerships for Care Plan.

### KEY CHALLENGES

To meet the Welsh Government targets in planned care – RTT and inclusive of the follow up targets set

- In 2019/20 the Health Board has experienced severe pressures in its unscheduled care system which has had a subsequent effect on our scheduled care system. Unscheduled care saw a 6% increase in emergency attendances, an increase in acuity (a 20% increase in Red calls) and an 11% increase in theatre time demand.
- The impact of HMRC changes on the ability of consultant staff to undertake additional work has been felt acutely in anaesthetics, some aspects of surgery and gastroenterology in particular. The Health Board plans to recruit two waves of anaesthetists in 2020/21, but a change in HMRC rules and a subsequent uptake of flexible sessions by consultant staff will have a significant positive impact on

- Work is underway to develop a case for a standalone orthopaedic unit at Morriston Hospital. This will could protect orthopaedic capacity and release important ward space on the main hospital template for other service change. The Health Board plans to share the emerging case with Welsh Government as the detail of the model becomes clearer.
- Based on current modelling the Health Board is not able to provide an improvement trajectory for patients waiting over 36 weeks for treatment within its current financial plan. The Board is currently rolling forward outsource and insource contracts to provide additional capacity should they be able to be deployed in 2020/21 to complement the baseline capacity of the board.
- This at a time of unforeseen reduction in inpatient and theatre capacity, particularly at Singleton due to the ward fire and also at Morriston Hospital due to a particular resistance infection control issue.
- In March there are up to 25 beds closed due to infection control at Morriston but the majority of the bed base at Singleton has been reopened. A 24-bed decant ward has been opened in Neath Port Talbot hospital at the beginning of March to provide additional capacity and enable a deep clean and refurbishment of the affected areas in Morriston.
- Due to these issues, surge bed capacity has been open all year which has been a major driver of the financial pressures the Health Board has faced, as well as a pressure on planned care delivery.
- To improve the management of follow up patients through better use of redesigned clinical models including increased digitalisation, new primary and community services, widening professional practice as appropriate, and increased uptake of see-on-symptom models of care – in order to improve the quality and timeliness of clinical reviews and create more clinical capacity in the secondary care setting.
- Elective care capacity, including beds and theatre time, continues to be affected by the higher volume of unscheduled care patients this year. Plans to mitigate this risk to planned care delivery are reflected in the Unscheduled Care chapter.
- To continue to deliver and improve on each of the key planned Care Programmes as follows:





## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



- Urology – increase the numbers of patients utilising the Patients Knows Best digital technology to self-manage their care.
- Orthopaedics – increase the numbers of patients utilising the PROMs technology to inform and validate their ongoing care and quality of outcome
- ENT – to increase the use of See On Symptom clinical criteria to reduce the numbers of patients required to be reviewed and to utilise primary care where necessary as the first line referral pathway.
- Ophthalmology – to ensure that all patients are reviewed on a timely basis by an appropriate professional and the meet timely cataract waiting times
- Dermatology – to meet the single cancer pathway requirements and to support activity within the Primary and Community care setting as appropriate in areas such a minor surgery etc.

### KEY IMPROVEMENTS

The Health Board's Planned Care Whole System Plan is structured around five key components. These components and the related key improvements for 2020/21 are outlined below.

#### Helping People Choose and Live Well

Our plans for helping people live well are embedded within our Partnerships for Health and Wellbeing and Co-Production and Health Literacy Plans. The key areas for focus are to support smoking cessation, obesity and healthy behaviours through Making Every Contact Count, brief intervention and developing community resilience and wellbeing through the Neighbourhood model and Wellness Centres.

#### Timely Access to the Most Appropriate Clinical Practitioner to Manage the Presenting Condition

Ensuring timely access to manage presenting conditions will be improved through two approaches; ensuring up to date, accessible and easily understandable signposting and patient's health and care information is available to enable people to stay well at home and through ensuring that local primary care provision is accessible and provides a wide range of clinical expertise to make an initial assessment of the patient's condition and provides diagnosis and treatment where appropriate. Supporting people to access the necessary information requires implementing new solutions including digital based pathways of care which provide; information on services available, the ability to book appointments, pathway tracking information, contact advice and condition specific wellbeing information.

Primary care services are the important first point of contact for many people on the planned care pathway, and our plan sets out how we will seek to support primary care services to effectively and efficiently make initial assessments of patient's conditions and provide diagnosis and treatment within primary care where appropriate. Our plan includes implementing the multi-disciplinary cluster triage model and ensuring all clusters are operating a multi-disciplinary team model. We will also work with clusters to use the Value and Efficiency Framework Health Maps to reduce unnecessary referrals and strive for all clusters to meet the national standards for opening times to enable people to make early initial appointments. Our Cluster Transformation Model will be a vital part of supporting these cluster developments and improvements.

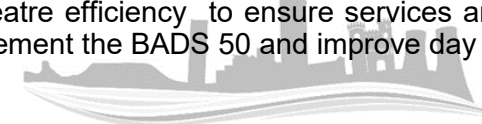
#### Timely Access to Modern Diagnostic Services

We will work to maximise the use of direct access from primary care to timely diagnostics. We will do this through exploring within resources for the potential for clinical interface using digital solutions and access to timely specialist advice through telephone access, telemedicine or email advice mechanisms. We will also undertake demand and capacity modelling of diagnostic services across clinical pathways to ensure services are sustainably "right-sized".

#### Timely Access to Sustainable Treatment Appropriate to the Presenting Condition and the Most Appropriate Clinical Practitioner to Manage Ongoing Requirements

We will look to use e-referral routes to all healthcare practitioners in a fully integrated way in order to ensure timely and efficient referrals to treatment. We will also improve efficient pre-treatment processes alongside prehab schemes to ensure patients preparedness for treatment and improve outcomes through exploring and developing, within resources, a range of pre-admission services to assist with optimisation of treatment and we will explore digital solutions for optimising booking of patients into available capacity.

We will ensure good and timely hospital care and treatment through a continued focus on the delivery of our nine quality objectives as outlined in our Quality, Safety and Patient Experience Plan. In order to develop a future sustainable surgical model across Swansea Bay we will in this plan Undertake demand and capacity modelling across clinical pathways to include bed modelling, workforce, theatre efficiency to ensure services are sustainably "right-sized", work to implement the BADS 50 and improve day



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



case rates, ensure compliance with INNU policy, revisit principles of ERAS. And deliver the NHS Wales Delivery measures for planned care including the 36 week waits for specialities by the end of March 2021. Our performance trajectories are set out in detail in Appendix 4.

### **Eye Care and Ophthalmology**

Our Eye Care Delivery Plan is included at Appendix 3. We continue to work to put in place Ophthalmology Diagnostic and Treatment Centre (ODTC) services into primary care clusters with the ultimate aim for 75% of all Glaucoma patients being reviewed by an alternative to a doctor in their own communities. We will continue to review the backlog of all ophthalmology patients and will implement an action plan to address and reduce any potential risk / harm to patients. This will also require a focus on accommodation to deliver the proposed changes. We are planning to increase the level of virtual review of patients through the utilisation of new digital equipment that has been recently procured that will allow patients such as the ODTC Glaucoma / Diabetic retina activity to reviewed via a virtual clinical office arrangement thus freeing up additional clinic slots for dealing with our demand. The Health Board will continue supporting the National Business Case for the roll out of the Ophthalmology Electronic Patient record system for improved communication, provision of advice, governance arrangements when patients are managed in primary care, improved recording and sharing of patients' records and general education.

We will continue to deliver against the national planned care priority programmes including:

### **Oral Maxillo Facial Surgery and Oral Health**

Our Oral Health Delivery Plan is included in Appendix x. We also plan to implement an oral medicine service which will direct demand for this cohort of patients to a model outside of hospital and which will increase the sustainability of OMFS.

### **ENT and Audiology**

The best practice guidelines that have been agreed within the National Planned Care group are being implemented. ENT equipment purchased is now delivering greater access to procedures being undertaken in outpatient clinics rather than main theatres and the full benefit of this will be maximised in 2019/20. The Audiology Service investment for referrals to be triaged by community-based audiologists rather than secondary care consultant teams have has added 1,800 slots to our baseline that we no longer have to cover through non-sustainable solutions.

### **Urology**

The service continues to build on the number of patients who are seen in our virtual PSA In 2019/20 the service will introduce the "Patient Knows Best" (PKB) smartphone system to facilitate self-managed care which will allow appropriate PSA patients to access their own results via the PKB system.

The NICE Guidance on the use of mpMRI are currently under review. When approved this will lead to greater use of mpMRI within the clinical pathway and which potentially will reduce the need for more intrusive intervention and repeat outpatient appointments. This will feature in our diagnostic plans in future years.

### **Orthopaedics**

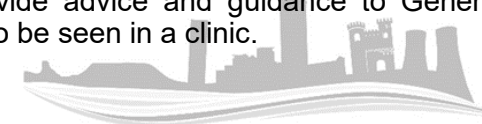
The NWIS PROMs system is being rolled out for the patients who will be mainly discharged at 6 weeks post-surgery and then followed up through the NWIS PROMs system at agreed intervals which will release outpatient slots for greater numbers of patients to be seen.

The MCAS service is reviewing the option of relocating Practitioner Physiotherapists into GP Clusters to enable them to review patients within their own communities. In addition we will be maximising the use of our own theatre and bed capacity to protect elective orthopaedic activity and reduce reliance on waiting list initiatives and outsourcing. The MCAS service will also be working closely with the secondary care Spinal team to redesign outpatients and introduce a multi-disciplinary, high-volume, outpatient clinical model.

Secondary care orthopaedic treatment capacity will be enhanced further during Quarter 3 with the introduction of a staffed demountable theatre facility within the Morriston site. This unit would build on the ring-fencing of orthopaedic treatment capacity retained during 2019/20, and provide additional throughput volumes through this segmented theatre capacity.

### **Dermatology**

This remains an area of national and regional concern particularly around the medical manpower availability. A paper has recently been prepared by Clinical Chair of the National Dermatology Group to enhance arrangements for medical staffing within the specialty with recommendations to be rolled out during 2019/20. The service continues to support the electronic referral with photograph attachments to provide advice and guidance to General Practice thus saving patients having to be seen in a clinic.



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### Timely access support to manage the ongoing requirements of the presenting condition

We will support people to manage ongoing requirements of their care through shifting services away from traditional follow up care into other settings and via other means for example digital solutions and rapid access clinics.

The final key area to deliver timely access to sustainable treatment is changing our outpatient model of care. This will include implementing digital technology (telemed, telephone and self-care approaches where possible, removing follow up appointments as a default, implementing patient generated recall arrangements, roll our PROMs to speciality priorities and continue our validations of outpatient lists.

### CLINICAL SERVICES PLAN

Our ambition is to redesign the outpatients' model for SBUHB to improve access, patient waiting times and experience and to provide quality care tailored to the patient need. The new model will be underpinned by increased use of digital technology, removing follow up appointments as the default model, avoiding routine follow ups at set intervals and arranging appointments only when needed by the patient.

WG funding has been secured until 31<sup>st</sup> March 2020, which we have used to launch the ADOPT (Action to Transform Outpatients) project. ADOPT has been designed as a way of developing a patient responsive, clinically lead, Quality Improvement approach to speciality by speciality outpatients transformation. The focus in the first instance is to develop and deliver on a list of 'high impact' series of improvements within three specialty areas of Gastroenterology, Orthopaedics and Paediatrics, with a view to reduce and prevent 2000 follow up patient appointments to be added to the waiting list by the end of March 2020. Specialities will be supported to adopt as many of these improvements from a Menu of Options, as appropriate to their speciality. We intend to continue to roll this out specialty by specialty based on learning from our early adopters exemplars. In addition we will refresh and implement the Patient Access Policy (Outpatient DNA Policy) across Health Board, which will include engaging with clinical staff/administrative staff with an effective and appropriate communication with the wider SBUHB community – this will support the review of long term appointments and reduction of patient DNA rates.

### Value Based Health Care

#### Hip and Knee Follow Up Management

We are working to use PROMS to report patient outcomes in real time (virtual and Hot Clinics) and for Direct Patient Care (Visualisation tool)

#### Cataracts

We are also developing improved patient access for first outpatient appointments, reduction in waiting times and improvements in outpatient and theatre procedure rates ensuring that we understand how effective surgery is for patients and providing patients with evidence to make the best decisions for them,

#### Heart Failure Pathology and PROMs

We will define & develop a new whole system pathway for early diagnosis in primary care of heart failure using NTproBNP blood test amongst others.

#### Rheumatoid Arthritis

We will improve patient care in the service by creating high value patient initiated



### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



#### ANNUAL DELIVERY PLAN:

#### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

PLANNED CARE Summary of Key Actions	Ref.	Milestones 2020/21		Measures
Supporting Prevention, Wellbeing and Self Care	PLAN_1_1 PLAN_1_2 PLAN_1_3 PLAN_1_6 PLAN_1_7	Q1-Q4	Refer to Whole System Plan for detailed Actions and Milestones	NHSDF_05 NHSDF_06 NHSDF_07 NHSDF_08 NHSDF_09
Implement digital solutions to improve the provision of medical records so that they are always readily accessible to all clinicians involved in the patients care. The initial outpatient contact is critical to the patient and their journey through care, it allows for diagnosis, reassurance and definitive decisions on treatment.	PLAN_2_1 PLAN_2_1 PLAN_3_1 PLAN_3_2 PLAN_4_22 PLAN_5_1	Q1	Establish road map and resources to deliver paper light outpatient clinics	NHSDF_33 NHSDF_34
		Q2	Readiness activities for implementation	NHSDF_35
		Q3	Commence paper light implementation in outpatients	NHSDF_36
		Q4	Complete roll out electronic continuation sheet in 1st specialty	NHSDF_37 NHSDF_38
Implement a Citizen held portal via Patient Knows Best for a range of specialties so that patients can receive their results, appointments and information directly, empowering them to manage their own health and well-being.	PLAN_2_1 PLAN_2_6	Q2	Funding agreed for extension and roll-out via IBG	NHSDF_39
		Q3	Implement	NHSDF_48
		Q4	Project Closure (phase 1) and planning for Phase 2	NHSDF_51 NHSDF_53
Implement Patient Appointment Reminder to empower patients to take responsibility for their own health, reduce DNA rates and improve the throughput and efficiency of outpatient, diagnostics and treatment lists.	PLAN_2_1 PLAN_3_4	Q1	Review and secure Text Messenger contract	
		Q2	Implement	
		Q4	Evaluation of effectiveness. Link to PROMS and PREMS completed for 2021/22	
Development of Virtual Clinics and Telehealth to enable greater opportunity for patients and their clinicians to work together and to support the modernisation of the outpatient model enabling improved throughput.	PLAN_3_1 PLAN_4_22	Q1	Commence business case process, driven through the Clinical Service Plan	
		Q4	Business case approved, ready to implement in 2021/22	
Continue work on modelling theatre capacity to support surgical speciality demand profiling with suitable acuity patients for NPTH site. Continue to work with CTM/SBHB anaesthetics to agree plan for releasing SLA over next 2 - 3years.	PLAN_4_8	Q1	Complete modelling	
Improve equity and access to special care dentistry (SCD) required under a General Anaesthetic by increasing capacity to reduce and maintain waiting times.	PLAN_4_4	Q1	Scope additional/available GA lists to treat rising number of SCD patients requiring GA treatment	
		Q2	Implement new capacity	
		Q3	Monitor throughput	
		Q4	Monitor throughput	
Increased management of complex hearing loss patients by Audiology to reduce ENT demand.	PLAN_2_1	Q1	Undertake analysis of data to demonstrate a reduction on demand on ENT services in secondary care	



### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



#### ANNUAL DELIVERY PLAN:

#### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

PLANNED CARE Summary of Key Actions (continued)	Ref.	Milestones 2020/21		Measures
Development of Podiatry led community vascular diagnostic service in line with Limb at Risk pathway to support a reduction of preventable lower limb vascular amputations	PLAN_1_3	Q1	Implement new model	NHSDF_05
		Q3	Commence evaluation process by analysing data to identify success of model outcomes	NHSDF_06
		Q4	Continue evaluation process	NHSDF_07
Deliver Sexual Health services within Swansea Bay University Health Board that reflect the five priority areas from Public Health Wales	PLAN_1_3	Q1	Review Swansea Bay Health Services against the priority areas and commence plan	NHSDF_08
		Q2	Implement findings from plan	NHSDF_09
		Q3	Review performance against WG targets through data analysis	NHSDF_33
		Q4	Evaluate first year performance and prepare for second year	NHSDF_34
Develop sustainable response to Gender Identity reform and statutory obligation for patients with identified needs to have timely and equitable access to SLT services	PLAN_2_1	Q1	Evaluate first year performance and prepare for second year	NHSDF_35
Undertake a demand and capacity plan for elective and emergency surgical pathways to inform theatre efficiency and redesign of a new sustainable surgical model in line with the Clinical Services Plan	PLAN_2_6 PLAN_4_8 PLAN_4_12	Q1	Commence D&C modelling	NHSDF_36
Scope programme of high priority/impact pathways which would benefit from direct access to diagnostics. e.g. Straight to test for colorectal pathways	PLAN_3_1	Q1	Commence scoping exercise	NHSDF_37
Undertake demand and capacity modelling for a range of cardiac/ cardiology diagnostic services across clinical pathways to ensure services are sustainably "right-sized" to inform sustainability and workforce requirements	PLAN_3_3 PLAN_4_8	Q1	Commence D&C modelling	NHSDF_38
Utilise national registry/benchmark information to inform clinical improvement priorities against a range of interventions e.g. #NOF//NELA/MINAP/ ACS, Emergency Laparotomy and Cardiology ACS	PLAN_4_4	Q1	Implement improvement plan and monitor progress	NHSDF_39
Evaluate the impact of the introduction of a referral triage for oral medicine patients to manage patients in primary care to support a reduction in access times to OMFS outpatients and reliance on additional clinics	PLAN_4_8	Q1	Evaluate impact of revised pathway	NHSDF_48
Contribute to the planned care programme for Urology through the introduction of PROMS and increase in dual site operating for Urology to move the service to a position of sustainability	PLAN_2_1 PLAN_4_4 PLAN_4_8 PLAN_4_16	Q1	Finalise Plan	NHSDF_51
		Q2	Implement	NHSDF_53
		Q3-Q4	Monitor and Evaluate	





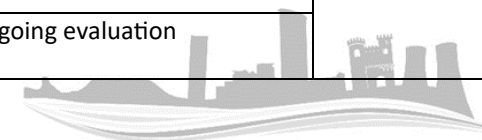
### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



#### ANNUAL DELIVERY PLAN:

#### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

PLANNED CARE Summary of Key Actions (continued)	Ref.	Milestones 2020/21		Measures
Plan for a sustainable service model for emergency and elective orthopaedic services including exploring the relocation of elective operating from Morriston to NPTH or vanguard unit in Morriston	PLAN_4_8	Q1-Q4		NHSDF_05 NHSDF_06 NHSDF_07 NHSDF_08 NHSDF_09 NHSDF_33 NHSDF_34 NHSDF_35 NHSDF_36 NHSDF_37 NHSDF_38 NHSDF_39 NHSDF_48 NHSDF_51 NHSDF_53
Develop and implement a range of RTT sustainability plans for Urology/ Plastic surgery hand service	PLAN_4_4 PLAN_4_16	Q1-Q4		
Establishment of 2 all day theatres to support delivery of treatment for long waiting General Surgery cases.	PLAN_4_4 PLAN_4_16	Q1-Q4		
Continue to develop sustainable plans for Endoscopy based on effective and efficient service models. Focus on: Reducing variation, peer review of referrals and achieving JAG accreditation.		Q2		
Implement a range of alternative options in line with the ADOPT programme e.g. Telemed, SOS, email/phone advice, rapid access.	PLAN_4_23 PLAN_5_1	Q1	Identify priority areas	
		Q2	Implement agreed priority areas	
Priority focus through the national planned care programmes in ENT/ Urology and Orthopaedics on introduction of PROMS to support the virtual management of patients.	PLAN_4_27	Q1	Implement introduction of PROMS	
Develop a prioritised workforce plan for provision of comprehensive anaesthetic cover across emergency/cancer and planned care pathways - funded establishment including new developments		Q1-Q3	Implement phased recruitment plan	
Ensure theatre staffing skill mix and numbers are appropriate to support the delivery of existing theatre schedules and any proposed changes arising from the CSP and specialty RTT plans	PLAN_4_8	Q1	Agree funding required to sustain current sessions due to shortfall within existing establishment	
		Q3	Implement additional lists and monitor impact	
Continue the implementation of the additional day surgery trolleys/ chairs in Singleton Hospital and ensure that the surgical footprint has the right mix of beds & trolleys to deliver the activity required under the CSP and specialty RTT plans.	PLAN_4_8	Q1	Monitor KPIs; bed cancellations, theatre efficiency, RTT impact	
		Q2-Q4	Ongoing	
Introduce Paediatric Ophthalmology Telemedicine service for the ROP Screening of babies.	PLAN_4_17	Q2-Q3	Define impact and develop a business case for implementing service on a regional basis: funding dependent 2021/22	
Develop sustainable cataract services through; use of pm session, additional sessions vacated by plastics, backfill by middle grades, increased one-stop OPD/ PAC. Recruit additional theatre staff, secure funding for job-planned anaesthetic cover and HCSW for PAC clinics	PLAN_4_17	Q1	Implement sustainable sessions as described	
		Q2	Continue implementation and ongoing evaluation	



### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



#### ANNUAL DELIVERY PLAN:

#### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

PLANNED CARE Summary of Key Actions (continued)	Ref.	Milestones 2020/21		Measures
Implement an outsourcing and insourcing programme across a range of areas with a number of NHS Private Providers		Q1-Q4	Secure capacity and commence activity	
Appointment of sixth Spinal Consultant		Q1	Implement additional capacity through agreed Job Plan	

Workforce Enablers and Implications	Financial Enablers and Implications
<ul style="list-style-type: none"> <li>• Plan to strengthen the MDT input for Cleft patents to ensure that service and quality standards are delivered for the patient population of south wales</li> <li>• Potential new ways of working and training needs as a result of WCCIS</li> <li>• Development of new roles - training and educating primary care and community</li> <li>• Developing Assistant Practitioner role for Ward 2, releasing staff for the day case area.</li> </ul>	<ul style="list-style-type: none"> <li>• Outsourcing and Insourcing programme as funding opportunities arise</li> <li>• Elective Orthopaedic Unit as funding opportunities arise</li> </ul>
Digital Enablers and Implications	Capital Enablers and Implications
<ul style="list-style-type: none"> <li>• Electronic outpatients documentation</li> <li>• Eye Care EPR and referrals</li> <li>• Citizen held portal via PKB</li> <li>• Improving PROMs reporting activity to support the requirements of the Planned Care Board</li> <li>• Patient Appointment Reminders</li> <li>• Virtual clinics/ telehealth</li> <li>• The implementation of a electronic flow system</li> <li>• TOMs The further development of the Theatre management system will help facilitate the improved utilisation of our theatres</li> <li>• Clinical Variation - VCR - Develop a clinical variation app within power BI - to allow assessment of value based healthcare and eliminate variation</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to explore options for relocation of the Theatre Admissions Unit from the Vanguard Unit</li> <li>• Create a sustainable elective orthopaedic service within SBUHB—business case to be developed</li> <li>• Expand spinal surgery at Morriston if business case agreed</li> <li>• Create patient isolation facilities for critical care</li> <li>• Develop a Post-Anaesthetic Care Unit (PACU) at Morriston</li> <li>• Submit a Strategic Outline Case for a hybrid theatre at Morriston</li> <li>• Implement sustainability plan for pancreatic surgery</li> </ul>



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### 3.1.6 Cancer Care

#### STRATEGIC CONTEXT

Our Cancer Whole System Plan is aligned to deliver against the National Cancer Delivery plan as the provider of the South West Wales Cancer Centre. The Health Board is the one of only two Health Boards that delivers the whole pathways of cancer care. Within this plan our priorities are to deliver the Single Cancer Pathway, improve our performance against the existing outcomes measures and to implement optimal pathways through quality improvement approaches with particular focus on breast and lung cancer pathways. Our vision is to “provide the best possible cancer care for the people of South West Wales”.

By 2023 we want:

- A healthy community
- To deliver effective and efficient healthcare where our patients and users feel cared for, safe and confident. Delivering excellent care in the most appropriate setting;
- The people of South West Wales served by Swansea Bay University Health Board to have cancer-related health outcomes on par with equivalent populations in the UK and Europe and to receive the best evidence-based treatments at all levels delivered in a timely and appropriate manner.
- To prudently commission services based on need.
- Improved the emphasis on prevention, early detection, and the interface between primary and secondary care.
- To implement new models of care and service configurations with partners which shift care to the left side of the pathway, aiming to reduce and prevent future demand rather than simply managing existing demand
- To ensure citizen engagement as well as clinicians in decisions to change or remove elements of service or pathways in the system.
- To provide safe and compassionate care, meeting agreed national standards, providing excellent outcomes and an experience that is as good as it can be.
- To be deliver better treatment with improved outcomes;
- To be providing better support for those living with and beyond cancer;
- To have a service fit for the future.

#### KEY CHALLENGES

The incidence of cancer has continued to rise on average 1.5% a year, and demand is projected to rise by at least 2% a year for the next 15 years. Cancer also accounts for nearly 7% of all NHS expenditure in Wales. Overall cancer survival also continues to increase in Wales. It is an enormous challenge for the Health Board to absorb anticipated future levels of demand not only because of increased number of new patients and long term cancer survivors, but also because of the rapidly increasing range and complexity of cancer treatments.

The implementation of the Single Cancer Pathway places a significant focus on waiting times, and it is essential we aspire to delivering the national optimal cancer pathways, rather than stretching our services and workforce further. This will involve managing patients through complex diagnostic and treatment pathways. Cancer pathways are delivered across many organisational boundaries –primary, secondary and tertiary care; between health boards; regional centres and with third and social care sectors. With such a large and complex system, delivered by multiple professionals, teams and organisations, variation in practice and difficulties navigating the system will be challenging

To be able to meet future demand, our systems of care must continuously improve through education, research and developing a workforce able to meet the needs of people affected by cancer. Our services need to be centred firmly on equitable and timely access to evidence-based treatments and be planned, commissioned and delivered where necessary across organisational boundaries.

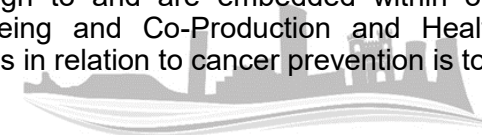
Key challenges are likely to be integrating the primary and specialist parts of the cancer pathway, supporting improved access and timeliness to diagnostics, improving productivity and capacity, as well as improving standards and supporting patients through and beyond active treatment.

#### KEY IMPROVEMENTS

The Health Board's Cancer Whole System Plan is structured around seven components. These components and the related improvements for 2020/21-2022/23 are outlined below.

#### Preventing Cancer

Our plans for preventing cancer align to and are embedded within our Partnerships for Health and Wellbeing and Co-Production and Health Literacy Plans. The key areas for focus in relation to cancer prevention is to



support smoking cessation and healthy behaviours through Making Every Contact Count, brief intervention and increasing the digital availability of information and advice.

### Detecting Cancer Early

Our aim is to improve patient outcomes through early detection leading to more curative, less intensive, less expensive treatments. In addition to promoting and targeting screening we will work with primary care to implement the primary care quality toolkit and explore opportunities for primary care key workers. We will also explore the expansion of the Rapid Diagnostic Centre service and straight to test opportunities. We will develop and implement consistent and efficient protocols to improve outpatient appointments and assess the functionality and support of the multi-disciplinary teams. We are also redesigning our breast and lung cancer pathways.

### Delivering Fast Effective Treatment and Care

We seek to ensure our patients receive prompt, effective high quality treatment and care in an equitable and sustainable service for their cancer so that they have the best chance of optimising their quality of life and improving survival, reciprocated by patients taking responsibility for lifestyle choices that positively contribute to their treatment and care. To achieve this our plans focus on delivering the optimal pathways in line with the National programme, implementing the regional non-Surgical Cancer Strategy for South West Wales. We will develop and support a regional Programme Business Case for the South West Wales Cancer centre through the regional planning arrangements to establish a Centre of Excellence for oncology treatment that provides patients with quality, sustainable and timely radiotherapy and chemotherapy services which deliver optimal clinical outcomes, providing local PET-CT in 2020/21 and looking at opportunities within precision medicine. We also want people to receive care in appropriate settings on a 'my home first' principle and will therefore maximise capacity for both hospital and ambulatory chemotherapy treatment. In order to support people to support themselves during their cancer treatment. Our plan also focuses on supporting nutrition and access to information support and advice through the expansion of the key worker model to multi-disciplinary teams.

### Meeting People's Needs

Our patients are to be placed at the heart of care with their individual needs identified and met so that they feel well supported, informed and able to manage the effects of living with and after cancer. Partnership working is a vital component of meeting people's needs through their cancer journey and we will continue to work with the Cancer Alliance and our Third Sector partners to support people with the information and support they need particularly with regards to their mental health and wellbeing.

### Improving Information

Our patients, health professionals and service planners will have access to appropriate information to help them make informed decisions about care and treatment as well as the ability to routinely access patient information about cancer presentation, access to treatment and outcomes including survival data to inform commissioning. During the life of this plan we will work to improve the information systems to support the implementation of the Single Cancer Pathway, Working with NWIS and colleagues across Wales to improve the WPAS Cancer Tracking module and support the replacement of Cansic to assist with monitoring and reporting of component waits and other outcome measures. We will adopt the use of the Lung Cancer data collection proforma within WCP to improve data collection and submission to National Audit.. Directed patient information and support will be rolled out through the use of PKB within Cancer specialisms

### Targeting Research

Where appropriate people should have the opportunity to participate in clinical trial and we will work to increase research and development within Wales to support this through working to increase the number of commercial and non-commercial cancer research studies undertaken in the Health Board, promote the importance of research and development and provide a platform for staff of all disciplines to engage and participate in research, encouraging and supporting protected research time. We will also support the development of Wales-led cancer clinical trials and well-designed studies and in doing so ensure research governance, seek opportunities to maximise investment available through research.

**Performance Trajectories for Cancer Care are detailed in Appendix 4**

### CLINICAL SERVICES PLAN

Our ambition is to deliver commitments set out in the Non-Surgical Cancer Strategy launched in 2018. This includes the intention to further develop the **South West Wales Cancer Centre** currently in Singleton Hospital, in order to deliver improved patient flows and a more acceptable equitable cancer service for the population of Swansea Bay and Hywel Dda UHBs. We are developing a Programme Business Case which will inform the short, medium and long term plans for the SWWCC. Our plan will continue to build on and expand our links and partnership working with Velindre NHS Trust.

### VALUE BASED HEALTH CARE

Set up infrastructure to introduce PROMs for Breast Cancer- surgical patients and ensure understanding of the service to enable robust decisions to be made and collect PROMs from patients diagnosed with Lung Cancer across all hospital settings.

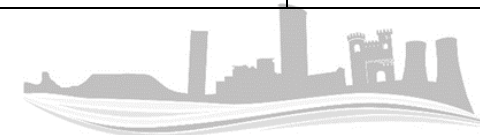
## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### ANNUAL DELIVERY PLAN:

### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

CANCER CARE Summary of Key Actions	Ref.	Milestones 2020/21		Measures
Supporting Prevention, Wellbeing and Self Care	CAN_1_1 CAN_1_4 CAN_1_6 CAN_1_7 CAN_1_9	Q1-Q4	Refer to Whole System Plan for detailed Actions and Milestones	NHSDF_05 NHSDF_06 NHSDF_07 NHSDF_08 NHSDF_10 NHSDF_30 NHSDF_31 NHSDF_32 NHSDF_65 NHSDF_66
Awareness Campaigns - National and ensure consistent Understand of screening processes/ management	CAN_2_4	Q2-Q3	Agree MECC roll out programme	
		Q4	Implement MECC roll out programme	
Explore opportunities for Virtual self-presentation – Deliver an electronic continuation sheet and provision of virtual clinics/telehealth	CAN_2_6	Q1-Q2	Establish road map and resources to deliver paper light outpatient clinics and commence business case process driven by planning of the CSP	
		Q3-Q4	Complete roll out electronic continuation sheet in 1st specialty and submit business case for approval for virtual clinics	
Ensure GP training and Implement Primary Care Quality toolkit	CAN_2_4	Q1- Q4	Continue supporting GP education within the RDC	
Expansion of RDC service where possible within resources to support additional cancer pathways	CAN_2_9	Q1	Scope out current pathway for RDC and AOS/MUO MDT, identifying any opportunities to streamline and join the pathway so there is one point of access for MUO	
		Q2	Complete action plan for the revised model	
		Q3	Develop business case for implementation: funding dependent for 21/22	
One stop shop diagnosis processes for all tumour sites – prioritising lung and breast cancer pathways	CAN_2_10	Q1	Evaluate current performance against the new pathway and undertake GAP analysis	
		Q3	Develop business case for implementation: funding dependent for 21/22	
Undertake Demand and capacity modelling and implement improved communication between Primary & Secondary Care and Implement FIT Testing	CAN_2_11 CAN_3_4	Q1-Q4	Focus on introduction of straight to test and FIT/Raman for lower GI USC demand management: implement and evaluate straight to test	
Implement optimal pathways through QI approaches for all tumour sites in line with the National programme: - Lung - Breast - Gastroenterology - Head and Neck	CAN_3_12	Q1-Q3	Identify gaps and develop and implement improvement action	
		Q4	Undertake systematic review of the priorities optimal pathways against current service delivery	





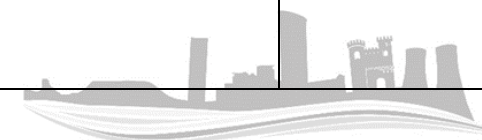
### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



#### ANNUAL DELIVERY PLAN:

#### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

CANCER CARE Summary of Key Actions (continued)	Ref.	Milestones 2020/21		Measures
Increase access to Clinical trials	CAN_3_2	Q1-Q3	Medicines Management to be fully resourced to ensure adequate clinical trials supply. Clinical pharmacist support to increasing numbers/ complexity of trials (8a & 5). Plan and develop BC: funding dependent for 21/22	NHSDF_05 NHSDF_06 NHSDF_07
Develop and improve the infrastructure of the SWW Cancer Centre, supporting delivery of optimal cancer pathways agreed Nationally	CAN_3_13	Q2	Complete the individual BC programmes in line with the Programme Business Case and engage Hywel Dda and others when completing the BC	NHSDF_08 NHSDF_10 NHSDF_30
As part of the Transformational PBC - implement the plan to improve capacity within Radiotherapy to provide extended day working	CAN_3_14	Q1	Re-review the current business case for extended day working and look at phasing options	NHSDF_31 NHSDF_32
		Q2	Complete revised BC: funding dependent for 21/22	NHSDF_65 NHSDF_66
Implement a mobile PET-CT scanner and Develop a business case for WHSSC for a fixed PET-CT service for the SWW region	CAN_3_15	Q1-Q2	Mobile scanner operational at Singleton Hospital site as an interim solution. Business case development for fixed site	
		Q3	Obtain funding approval for fixed site	
		Q4	Initial planning and design for fixed site	
Improve access to Clinical Nurse Specialist and explore further potential to increase disease specific CNS for Myeloid.	CAN_3_32	Q1	Determine number of patients in Myeloid service and assess the need for CNS	
		Q2-Q3	Business Case for funding to identify potential drug savings: funding dependent to commence recruitment process for 21/22	
Cancer Alliance (Third Sector), Key worker and Offer of HNA: Secure recurrent funding for the HCSW in gynae-oncology to release the CNS to deliver increased FU outpatient activity	CAN_4_1	Q1	Evaluate	
		Q2	Business as usual	
Plan secure and deliver well-coordinated palliative and end of life care on a 24/7 basis in line with published standards and guidance and ensure DNA CPR decisions are discussed with patients and families and are recorded and Support all providers who care for dying patients to participate in the All-Wales Audit of the care decisions documentation	CAN_5_1	Q1	Continue robust DNA CPR discussions with patients and families: Audit in patient areas re level of patient and family conversations	
		Q4	Establish local working group which has links to the EOL steering group to provide a Morriston focus on EOL across all aspects of hospital care: plan EOL improvement plan	
Support patient and carer self-management programmes: As part of the implementation plan develop evaluation metrics for each pathway.	CAN_5_5	Q1	Identify 5 priority areas and develop approach for reviewing secondary care pathways and developing improvement/implementation plans	



### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



Workforce Enablers and Implications	Financial Enablers and Implications
<ul style="list-style-type: none"> <li>• Continue active nurse recruitment to ensure safe and compliant staffing levels as described in NSA</li> <li>• Recruit radiographers and others in line with SWCC PBC to improve services in line with university leavers' timelines</li> <li>• Engage fully with HB review of CNS workforce and ensure modern workforce and true succession planning</li> <li>• Continue strong links with Swansea University and encourage a learning environment through all teams</li> <li>• Support all change management / quality improvement projects for lean and efficient working</li> </ul>	<ul style="list-style-type: none"> <li>• Support the individual OBCs for the SWCCC in the context of the financial plan and approval at Investments and Benefits Group or as monies arise through national cancer pathway work</li> </ul>
Capital Enablers and Implications	Digital Enablers and Implications
<ul style="list-style-type: none"> <li>• Implement mobile PET-CT at Singleton Hospital in 2020/21—develop business case for a fixed scanner in line with WHSSC commissioning intentions</li> <li>• Complete Programme Business Case for the SWCC and develop individual OBCs</li> <li>• Complete installation of new Gamma Cameras in the Cancer Centre</li> <li>• Continue Lin ear Accelerator replacement programme</li> <li>• If funding available, purchase equipment for sustainable service for sentinel node biopsy service for malignant melanomas</li> <li>• Develop SOC for the single Thoracic Surgical Centre for South Wales</li> <li>• Develop SOC for 2nd MRI scanner at Morriston</li> <li>• Implement SOC for regional pathology development and digital scanning</li> </ul>	<ul style="list-style-type: none"> <li>• NHS Wales Outcomes Measures</li> <li>• Single Cancer Pathway</li> <li>• Citizen held portal via PKB</li> </ul>



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### 3.1.7 Mental Health and Learning Disabilities

#### STRATEGIC CONTEXT

The improvement of mental health services within the Health Board is driven by the need to deliver quality care and support through co-production for some of the most vulnerable individuals in our communities. It is informed by Together for Mental Health as the national Wellbeing and Mental Health plan, the National Dementia Strategy and the introduction of the Social Services and Wellbeing Act and the principles embedded in the Wellbeing of Future Generations Act.

The RPB's Strategic Framework for Adult Mental Health incorporates the findings of the West Glamorgan RPB report on unmet Mental Health needs and was developed co-productively with the voluntary sector, stakeholders, service users and carers on behalf of the 2 Local Authorities and the Health Board. The strategic framework provides a clear direction of travel for enhancing the availability of services across health and social care. It covers the whole spectrum of need; from building resilience at a community level to address low level wellbeing difficulties or isolation, to improving the range of specialist services available to people with the most complex needs.

The Health Board provides Mental Health Services for Older People, which are undergoing a programme of modernisation. We also provide forensic mental health for the population of South Wales and specialist learning disabilities services for the populations of Swansea Bay, Cwm Taf Morgannwg and Cardiff and Vale UHB areas.

#### KEY CHALLENGES

- Pressures on Wellbeing and Mental health services continue as we seek to fully address the needs of our population.
- Whilst we regularly meet the targets of the Mental Health measures including waiting times targets for high intensity psychological therapies, the demand for services continue to increase.
- Need to develop new models of care and service delivery in mental health, Learning Disabilities and for Children and Young People within complex partnership arrangements
- Re-provision of Adult Acute facility in the Health Board

#### KEY IMPROVEMENTS

The Health Board's Mental Health and Learning Disabilities Whole System Plan is structured around seven components. These components and the related improvements for 2020/21-2022/23 are outlined as follows.

#### Mental Wellbeing

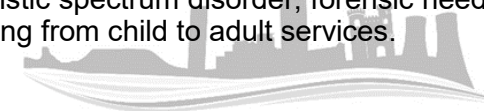
Supporting people's mental wellbeing is fundamental to all we do and partnership working across and with communities is vital. Implementing the Our Neighbourhood Approach to build resilience in communities is therefore an essential core action for the West Glamorgan RPB to deliver over the course of this plan. Rolling out access to Social Prescribing to provide core service across all Clusters in Year 1 is a key action for the Health Board to support mental wellbeing.

#### Community Mental Health

Improving access to and provision of community mental health services is essential to support people in a timely way as close to home as possible with full implementation to be completed in year three of our plan. We will therefore continue the development of the Community Mental Health Team services through a review of the teams' role and function and through the development of cluster based primary mental health care. We will continue to monitor and manage the access to high intensity psychological therapies so that no one waits more than 26 weeks for treatment and we will redesign the stepped model of care. A key action of the Clinical Services Plan is the development of older people's mental health community facilities and we will deliver the consolidation of community teams and day hospital services in Swansea to support this.

#### Learning Disabilities

Over the next three years we will seek to address two areas to improve services for people with learning disabilities. We will work to reduce health inequalities through consolidation of specialist pathways including epilepsy, dementia and autism and through working jointly with NHS partners to deliver an acute hospital liaison service to identify and support vulnerable people. We will also deliver actions to modernise specialist learning disability services, including the redesign of Integrated Community Learning Disability Teams and the development of Learning Disability Intensive teams in order to strengthen skills and enable more people to remain at home during periods of crisis through early intervention and prevention. In year one we will redesign specialist inpatient services and develop multi agency tertiary support for children's services in order to provide enhanced, specialist inpatient beds for people whose needs are highly complex and who need to be supported in an environment that they can call home. This includes specialist settings for patients with autistic spectrum disorder, forensic needs and highly complex patients transitioning from child to adult services.



## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### Urgent Response and Acute Care

In support of those who need urgent and acute care we will develop a new adult acute assessment service for Swansea Bay, simplify the referral routes for mental health services through delivering a single point of access for primary and secondary mental health services and we will deliver alternatives to hospital admissions. These alternatives include the operation in year one of a Mental Health Sanctuary Service to improve our out of hours response to people in crisis, the expansion of our acute hospital liaison service, a review of operation of care home in-reach services for older people to ensure we are preventing avoidable admissions and review of Crisis Resolution Home Treatment Services to ensure compliance with the UK national core fidelity standards.

### Specialist Rehabilitation

In order to ensure people get the ongoing support and care they need in a way that enables them to be as independent as possible we will improve the effective management of Continuing Health Care through an expanded commissioning team in year one. This will work to ensure people's needs are met in the most cost effective manner. We will also continue to explore demand for the development of a women's low secure service and an effective women's pathway for recovery in year 1 for implementation in year 2/3.

### Older People and Dementia

We will be working with our Local Authority partners, voluntary sector services, service users, carers and their families to develop a Strategic Framework for Older People's Mental Health services which will describe the current and future pattern of services for the Swansea Bay area in year 1.

Working in partnership across the health board on older people's services and pathways will ensure we provide a person-centred approach to meeting the physical and mental health needs of frail older people. The continuing modernisation of services for older people with mental health problems will progress and will be interwoven with the work of the Health Board's Older People's Programme and the Dementia Action Plan working group.

This includes remodelling and engagement on the shape of older people's mental health inpatient services across the Health Board; increasing capacity within the remodelled community service and removing inpatient capacity where necessary. We will also be looking at Improved access to

respite care to meet a range of different needs for the Swansea Bay region and delivering consistent access to day hospital services across the Swansea Bay area.

### Perinatal Mental Health

The immediate focus of perinatal mental health services will be to deliver the WHSSC-commissioned mental health mother and baby unit in year two and to develop the perinatal mental health network.

### CLINICAL SERVICES PLAN AMBITION

Our priority areas for the Transforming Adult Mental Health Programme include:

- Addressing Health Inequalities
- Well-being & Prevention
- Modernising Day Services
- Responding to Urgent Needs
- CMHTs & Cluster Based Services
- Adult Acute Assessment Re-provision
- Developing a Range of Specialist Recovery Services
- Older Peoples Mental Health Services .



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#### ANNUAL DELIVERY PLAN:

#### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

MENTAL HEALTH AND LEARNING DISABILITY Summary of Key Actions	Ref.	Milestones 2020/21		Measures
Modernise specialist learning disability services: Redesign of Learning Disability Teams, 7 day intensive support and specialist inpatient services	MHLD_2_4	Q1	Revised service model for LD and agreement of revised Community Learning Disability Team (CLDT) service specification	NHSDF_08 NHSDF_11 NHSDF_12 NHSDF_15 NHSDF_59 NHSDF_42 NHSDF_43 NHSDF_45 NHSDF_46 NHSDF_59
		Q2	Agreement of service specification for 7 day service	
		Q4	Business case for LD linked to business case for CLDT: funding dependent for 21/22	
Remodelling Older People's Mental Health inpatient services	MHLD_6_1	Q1-Q4	Agreement of Strategic Framework for Older People's Mental Health setting future direction of services	
		Q4	Business case: funding dependent for 21/22	
Implementation of revised stepped model of care for the delivery of high intensity and low intensity psychological therapies	MHLD_3_4 MHLD_3_5	Q1	Review governance for performance management of high intensity psychological therapy 26 week access target	
		Q2	Development plan agreed at board and PTMC.	
		Q4	Begin implementation of Traumatic Stress Initiative (pending WG guidance)	
Delivery of Perinatal Mother and Baby unit	MHLD_7_1 MHLD_7_2	Q1	Completion of business case for delivery of mental health mother and baby unit	
		Q3	Scope expansion of specialist midwife role across the HB and costs	
Development of new Adult Acute assessment service for Swansea Bay	MHLD_4_1	Q1	SOC submitted to Welsh Government & approved	
		Q4	OBC completed / internally Approved by Execs: funding dependent for 21/22	
Commissioning Framework for 3 health boards as per the CSP: Development of overall service model for NHS LD services across 3 commissioning Health Boards within whole system of care and support (Health and Social Care).	MHLD_2_1	Q1	Agreement of service model by H&SC partners and transformation proposal.	
		Q3	Implementation plan for service model change	
Development of business case for expansion of bespoke Early intervention in psychosis team for NPT & Swansea	MHD_3_2	Q1-Q2	Development of service improvement plan following EIP Network assessment	
		Q4	Business case presented to MHLD Board: funding dependent for 21/22	
Development and implementation of a Mental Health Sanctuary service across Swansea and NPT for people in mental distress: Commencement of sanctuary service.	MHLD_4_3	Q1	Contract for evaluation awarded	
		Q3	6 month multiagency steering group review	
Integrated pathway including memory assessment pathway across primary and secondary care.	MHLD_6_2	Q1	Revised pathway consulted upon	
		Q2	Operational procedures revised	



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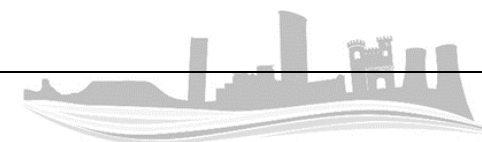


#### ANNUAL DELIVERY PLAN:

#### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

MENTAL HEALTH AND LEARNING DISABILITY Summary of Key Actions (continued)	Ref.	Milestones 2020/21		Measures
Consolidation of specialist pathways including Dementia, epilepsy & autism making connections with primary and secondary care as necessary.	MHLD_2_2	Q2-Q3	Develop suite of clinical pathways including- behaviours that challenge services, epilepsy, mental health, autism, complex physical health and forensic	NHSDF_08 NHSDF_11 NHSDF_12 NHSDF_15
		Q4	Monitor against pathways	NHSDF_59
Development of multiagency tertiary support for children's services using PBS to support transition	MHLD_2_5	Q1	Demand mapping and option appraisal	NHSDF_42 NHSDF_43 NHSDF_45
		Q3	Discussion of options with Health Boards and LAs	NHSDF_46 NHSDF_59
Scoping and development of business case for development of Women's low secure service as part of gender sensitive service model	MHLD_5_2	Q2-Q3	Demand mapping of low secure placements across SBUHB & CTMUHB	
		Q4	Agreement of future need and negotiation with CTM regarding capital for changes to existing estate	

Workforce Enablers and Implications	Capital Enablers and Implications
<ul style="list-style-type: none"> <li>• Nursing project roles to support engagement of learning disabilities services across three health boards</li> <li>• Changing ways of working for staff moving to a 7 day service which may result in change of skill mix</li> <li>• Developing impact of wellbeing services introduced specifically for Mental Health &amp; Learning Disabilities staff</li> <li>• Changing roles in existing services due to public opinion and demand for 1:1 therapy using Assistant Psychologists</li> </ul>	<ul style="list-style-type: none"> <li>• Completion of business case for perinatal mother and baby unit in line with WHSSC commissioning process - implementation of short term solution</li> <li>• Development of business case for change in use of Learning Disabilities (LD) acute assessment unit and continue LD modernisation programme</li> <li>• Develop Strategic Outline Case (SOC) for centralisation of Swansea Older People's Mental Health community services</li> <li>• Develop a SOC for the re-provision of adult acute assessment facilities (Cefn Coed re-provision)</li> </ul>
Financial Enablers and Implications	Digital Enablers and Implications
<ul style="list-style-type: none"> <li>• ICF Funding for project delivery support to deliver the transforming mental health service programme</li> <li>• WG Service Improvement funding to support the development of the Sanctuary Crisis service recurrently, Single Point of Access, Pharmaceutical support and CAMHS improvements</li> </ul>	<ul style="list-style-type: none"> <li>• Welsh Community Care Information System Implementation subject to business case</li> <li>• Citizen held portal via PKB</li> <li>• Continue to roll out Mobilisation</li> </ul>



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### 3.1.8 Maternity

#### STRATEGIC CONTEXT

Our plan recognises the essential need to meet sexual health needs across the life-course from sexual health, gynaecology services, reproductive services, maternity care to support through to menopause support.

We know that a healthy mother is essential to giving a baby a healthy start in life. Maternity services are fundamental to both the health of the mother, her baby and wider society and our vision for maternity services is “To work proactively with our partners to support women and families to give their children the best start in life. We aim to provide high quality, safe and personalised care, which is delivered in an evidence based, responsive and compassionate way in order to meet the needs of women and families.”

The Maternity Whole System Plan has been developed in line with the recently published National Maternity Strategy, the All Wales Breastfeeding Five Year Action Plan and in response to the RCOG Review of Maternity Services at Cwm Taf Morgannwg Health Board and the subsequent recommendations.

#### KEY CHALLENGES

It is important in the immediate term that the health board continues to ensure robust governance and management of maternity services providing assurance and confidence in the services provided to the population we serve. To support this our Annual Delivery Plan seeks to address the following challenges:

- Ensuring continuity of antenatal care for expectant mothers
- Supporting health in pregnancy including weight management and smoking cessation
- Supporting and addressing the mental health needs of expectant and new mothers

#### KEY IMPROVEMENTS

Women's Health services are described across our operational plans and within the Maternity Services Whole System Plan. The key components of these plans and the related key improvement for 2020/21-2022/23 are outlined below.

##### Antenatal Care

The priority in antenatal care is to ensure that the antenatal care pathway is consistent and efficient, providing compassionate support to women and families through continuity of care and high quality and current evidence

based information, support and services. Key to achieving this is ensuring all necessary steps in the pathway are taken and well communicated. We will organise services and the workforce to ensure compliance with Birth Rate Plus and RCOG standards so that women are able to be provided with a named midwife and 'buddy' midwife and /or consultant who will provide continuity of care and services. We will ensure all the correct information is made available and proactively provided where possible in relation to Antenatal Screening, birth choices and breastfeeding etc. including undertaking a review of the current provision of antenatal classes; their accessibility and efficacy in order to develop a directory of suitable antenatal services. We will also strengthen and establish effective communication across pathways to ensure women with specific needs are proactively identified and robust referrals to specialist service put in place where appropriate.

Also essential in antenatal care is improving and supporting maternal and pregnancy health and we will, in line with Public Health Wales recommendations and the All Wales First 1000 Days, provide services and work in conjunction with external agencies to reduce smoking in pregnancy, maternal obesity and improve perinatal health and wellbeing including mental health. We will also continue our planning to ensure we comply with the ante-natal screening for fetal growth assessment in line with Gap-Grow.

##### Intrapartum Care

Our plan sets out the actions we will take in order that the birth experience for women and families is safe and supported. We will work with women to ensure that birth plans, including place of birth, is considered in advance and is supported by the appropriate information and we will organise services and the workforce to ensure compliance with birth rate plus and to maintain all options for birth place are available to women including home birth at all times. We will ensure that the Multi-Disciplinary Team communicates effectively with women to ensure changes to birth plans are fully understood and agreed based on clinical need through embedding co-production as a core principle for communication and care planning throughout labour. We will also seek to implement central monitoring to safely monitor babies' wellbeing in labour and to identify any need for clinical changes to birth plans. In order to support the reduction of elective caesarean sections we will continue to support women to fully understand the necessary clinical evidence.

##### Post Natal Care

It is important that postnatal care ensures that women receive the support needed following birth, that babies with additional needs receive timely and effective neonatal care and that women are supported and ready for

## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



discharge in order to go home with confidence. We will ensure that the appropriate postnatal information and support is available including skin to skin at birth and support with breastfeeding choices. Where there are additional needs neonatal care will be supported by the completion go the transitional care unit. We will work to prepare women for discharge, ensuring a streamlined discharge process which includes 24/7 new-born examinations the provision of relevant information and support e.g. wound care, medication, we will ensure opportunities for discussions about labour and birth are signposted, referred to and are undertaken, and we will ensure contraceptive information and advice is provided. The service and the workforce will be organised so that following discharge the first day community midwife call is prioritised. Information and support will be provided and signposted including feeding coordinators for women with complex feeding problems.

With over 30 % of pregnant women reporting they have some mental health concern it is important that we ensure the emotional wellbeing of women and their babies are met to reduce the long term effects of mental illness on families. We will therefore work to ensure that staff are aware of pre-existing perinatal mental health issues and are able to identify and escalate newly arising issues. The Mental Health and LD Whole System Plan also details the actions we will put in place to establish the Mental Health Mother and Baby Unit and to develop the Perinatal mental health network.

### Governance and Quality

There has been significant work and reflection undertaken in 2019/20 in response to the Royal Collee of Obstetricians and Gynaecologists and Royal College of Midwives report on their review of the former Cwm Taf UHB. The Health Board has considered the detail of each recommendation within the report, alongside other assessments and is able to confidently promote our maternity services as generally safe and of high quality with a wide system of driving improvements.

Key to managing quality and performance is the maternity dashboard maintained by the Health Board. This enables us to monitor our performance and areas for improvement against a number of national clinical outcomes indicators. As a result of the report, we have committed to the maternity dashboard information being reviewed monthly at our maternity Quality and Safety group and to provide a report on our Maternity Clinical Audit Programme and compliance to the Board's Quality and Safety Committee. This will allow for greater and more regular scrutiny of performance and

comparison of outcomes against appropriate benchmarks, as well as Board wide oversight of improvement actions.

### CLINICAL SERVICE PLAN

Our ambition for Maternity Services focusses on delivering the Health Board Maternity Plan which we refreshed and relaunched in December 2019. We have committed to working better together with women, their families and our partners to proactively support care and advice at the right time with the right person in the right place to give children the best start in life. This also includes supporting the 'my home first' principle to support more women to have their babies in or close to their own home and outside of an obstetric labour ward. We are delivering our Maternity ambitions through the Annual Plan and Delivery Unit Plans.



### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



#### ANNUAL DELIVERY PLAN:

#### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

MATERNITY CARE Summary of Key Actions	Ref.	Milestones 2020/21		Measures
Health and wellbeing support is provided	MAT_AN5	Q1-Q4	In line with Public Health Wales recommendations and the All Wales First 1000 Days, provide services and work in conjunction with external agencies to reduce smoking in pregnancy, maternal obesity and improving perinatal health and wellbeing including Mental Health	NHSDf_01 NHSDf_05 NHSDf_06 NHSDf_09 NHSDf_51 NHSDf_53
Develop and utilise technology including internet site and apps in order to describe the pathway of care and what women can expect from their service	MAT_AN1	Q2	Agree priorities and platforms	
		Q3	Develop business case for the development of the apps/ site: funding dependent for 21/22	
Rollout community midwives mobilisation project: Identify suitable devices and develop business case if required	MAT_AN1	Q1	Develop implementation plan	
		Q2	Implement with first team	
		Q4	Develop rollout plan depending on evaluation	
Organise services and the workforce to ensure compliance with Birth Rate Plus and RCOG standards.	MAT_AN3 MAT_IP2 MAT_IP3 MAT_PN1 MAT_PN11	Q1	Ensure that there are sufficient staff to allow delivery in place of choice. Map staffing levels required.	
		Q2-Q3	Develop business case for shortfall to recruit staff through streamlining process: funding dependent for 21/22	
Ensure that women are able to be provided with a named midwife and 'buddy' midwife who will provide continuity of care. The woman will see no more than 2 midwives through pregnancy and the postnatal period.	MAT_AN3	Q1-Q4	Implement action that ensures the appropriate named professionals are identified on the All Wales Maternity Record; midwives clearly and concisely identify and explain why a referral for additional care has been made; and services and the workforce are organised so that wherever possible women see their named Obstetrician at their first antenatal clinic appointment	
Information is given and discussions take place at appropriate times to support women's choices on birth	MAT_AN4 MAT_IP1 MAT_IP4 MAT_IP5	Q1-Q4	Information and choices are provided at the booking appointment in line with Antenatal Screening Wales standards; birth choices leaflet is provided at the booking appointment; discussion about their chosen place of birth and post-natal care at 36 weeks; Bump, Baby and Beyond book is provided to all women at the first hospital appointment; and when a woman's choice is outside of evidence based clinical guidance an individualised care plan will be co-produced and communicated to the MDT professional team	



### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



#### ANNUAL DELIVERY PLAN:

#### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

MATERNITY CARE Summary of Key Actions (continued)	Ref.	Milestones 2020/21		Measures
Procure and implement central monitoring to safely monitor the babies wellbeing in labour and identify any need for clinical changes which necessitate a change in birth plan	MAT_IP6	Q1	Assuming capital funding secured by this point, develop implementation plan	NHSDF_01 NHSDF_05 NHSDF_06 NHSDF_09 NHSDF_51 NHSDF_53
		Q2	Begin implementation	
Planned elective C-sections have a dedicated elective list to reduce cancellations, increase efficiency and improve patient experience	MAT_AP17	Q2-Q3	Develop business case for additional theatre staff and increased number of sessions per week: funding dependent for 21/22	
Women are provided with all appropriate information post birth and supported with Skin to Skin contact and Breastfeeding	MAT_PN2	Q1-Q4	All women are provided with information on the benefits of breastfeeding and offered support with their feeding choices	
Additional and/or specific needs are proactively identified with robust referral to specialist services in place where appropriate	MAT_PN10	Q1-Q4	Staff are aware of pre-existing Perinatal mental health issues and are able to identify and escalate newly arising perinatal mental health issue	
Explore opportunities for the development of a discharge lounge which will be supported by maternity care assistants	MAT_PN9	Q1	Identify model and location -	
		Q2-Q3	Develop business case: funding dependent for 21/22	

Workforce Enablers and Implications	Financial Enablers and Implications
<ul style="list-style-type: none"> <li>Workforce will be modelled against 'birth rate plus'</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Capital Enablers and Implications	Digital Enablers and Implications
<ul style="list-style-type: none"> <li>Completion of Transition ward.</li> <li>Mother and Baby perinatal mental health unit</li> </ul>	<ul style="list-style-type: none"> <li>Rollout community midwives mobilisation project</li> <li>Implement central monitoring on labour ward</li> <li>Citizen held portal via PKB</li> </ul>





## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### 3.1.9 Children and Young People

#### STRATEGIC CONTEXT

In 2017, we launched our Children's Charter and the Board approved our ambitions for children and young people set out in our Children and Young People's (CYP) Plan; for our children to be safe, healthy, and able to enjoy life and grow up achieving economic well-being and making a positive contribution. The Charter includes the right for children and young people to have their say and be listened to and this was the inspiration to establish a youth advisory panel. Established in March 2017, BAYouth (formally known as ABMyouth) was the first youth advisory panel in Wales, and consists of children and young people (CYP) aged 14-23 years with the aim of raising awareness and bringing a fresh perspective. The panel collects children and young people's thoughts on the health issues that matter most to them and works with adults to ensure they listen, working directly with NHS staff to create positive change and have a real impact on the health services that children and young people use.

BAYouth have been actively involved in a variety of projects and initiatives ranging from: patient surveys; virtual tours; development of the hospital passport and coping kit. Other projects include: young interviewers; 15 steps challenge; the Royal College of Paediatrics and Child Health (RCPCH) takeover challenge and the Welsh Paediatric Levels of Care tool.

Following publication of the Charter, the Health Board approved a Children's Strategy, with seven strategic aims:

- early years;
- early intervention and prevention;
- safety, wellbeing and health of school aged children and young people;
- keeping children and young people safe;
- children and young people with complex conditions;
- emotional health and wellbeing;
- timely care and treatment for children who are acutely unwell

This plan outlines the key areas for improvement that will be undertaken to deliver the above, and a dedicated Children and Young People's Board will oversee its delivery.

#### KEY CHALLENGES

- Recruitment and retention is a key priority across services

- Responding to increasing demand, children with complex needs, emotional health and wellbeing
- Welsh Government policy drivers; Additional Learning Needs Bill , special schools framework
- Deprived areas as identified in the Population and Health Needs Assessment.

#### KEY IMPROVEMENTS

The Health Board's Children and Young People's Whole System Plan is structured around seven components. These components and the related improvements for 2020/21-2022/23 are outlined below.

##### Early Years

Our priority in early years is to support and empower families to be more aware of and engage in healthy behaviours, particularly women in pregnancy. This means we will focus across services on promoting and providing support to reduce smoking, alcohol consumption, keeping a healthy weight and having the recommended vaccinations. Many actions in this area are described in our Partnerships for Improving Health and Wellbeing and Co-production and Health Literacy Plans. It is also important that we provide services that ensure babies are born healthy and childbirth is a safe and positive experience for women in Swansea Bay. Our plans for these, as well as promoting breastfeeding at birth, at six weeks and at six months are described in our Maternity Whole System Plan which includes in year one the continued implementation of the Baby Friendly initiative and Infant Feeding Coordinator. We will also be reviewing, in year one, the Flying Start programme.

##### Early Intervention and Prevention

Our Plans for early intervention and prevention set out how we will ensure high quality and accessible neonatal and critical care after birth are in place. Planning to improve neonatal care sets out actions to ensure the Health Board meets both the British Association of Perinatal Medicine (BAPM) standards for hospitals providing neonatal care and the Bliss Baby Charter. The first phase of our plan is to complete the new Neonatal Transitional Care Unit in Singleton Hospital and ensure appropriate capacity across the region through implementing the recommendations of the South Wales Programme. The centralisation of high risk obstetric and neonatal care co-located with appropriate support services at the Morriston site is the longer term vision. The Neonatal Unit has recently been awarded full UNICEF and World Health Organization Baby Friendly accreditation. It is the culmination of at least three years of hard work, which has resulted in a near doubling in the rate of babies who are receiving breast milk when they leave the Unit.

## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



In addition to acute neonatal care, early intervention and prevention means empowering parents and carers to maximize their skills to give children the best start in life, including working in partnership with local authorities to support families with employment and housing issues, and working to support achievement of improved readiness for school. To support these aims we will continue to implement and prepare for phase two of the Healthy Child Wales Programme, ensure early identification of needs including developmental delays, implement the Family Resilience Assessment Tool, Identify and address Adverse Childhood Experiences and safeguarding concerns. We will also support physical and mental wellbeing through our Wellness Centres, prevention agenda and peri-natal mental health services.

The Health Board is committed to delivering improved performance against the measures of the Healthy Child Wales programme and good progress has been made in 2018/19 across a range of childhood programmes particularly in relation to early years' prevention and immunisation. Significant to this is the continued strengthening of multi-disciplinary working across school nursing, health visiting and GP practices to ensure children and their families are supported across services. A forum has been established as part of strengthening this joint working to improve communication specifically between health visitors and school nurses. We will also work to foster partnership working across communities and clusters in line with the Parliamentary Review of Health and Social Care in Wales. Key actions include:

- Transfer of child health administrative function from Central Clinic to Singleton hospital to support development of Swansea Wellness Centre and improve staff experience (Year one)
- Increasing electronic working – use of Document Management Systems and iPads to improve transfer of information and WG reporting
- Ensuring Health Visiting practice utilises the FRAIT tool in assessing the resilience and needs of the family (Year one)
- Development and implementation of the All-Wales acuity tool for Health Visiting across the Health Board (Year one)

### Safety, Wellbeing and Health of School Aged Children and Young People

Our School Nursing team and our partnership working with the West Glamorgan RPB are our key vehicles for supporting the health and wellbeing of school aged children. Specifically we will work to offer opportunities for engagement and support recognising the needs of the individual and support

them to achieve and we will ensure the framework for school nursing and the Healthy Child Wales Programme is equitable. We will continue to work with children, schools and families throughout a child's school life to promote and support healthy behaviours. Supporting healthy behaviours also includes in the broader sense working with Western Bay Youth Offending Services to develop access for children and young people to assessment and intervention from speech and language therapy services as appropriate, and engaging with the Prevent Programme raising awareness of the risks of radicalisation. Through establishing the role of a Designated Education Clinical Lead Officer (DECLO) jointly with Hywel Dda UHB, we will ensure the implementation of the Additional Learning Needs education Tribunal (Wales) 2018 Act. And support awareness raising for the workforce and ensuring that the process for raising a concern through 'Putting Things Rights' meets the requirements of the Act. We will also work in close partnership with the Regional ALN Transformation group and the Local Education Authorities.

### Keeping Children and Young People Safe

Working in partnership to ensure children and young people are safeguarded is a priority in all that we do. This includes working to ensure all arrangements are in place to consider the impact on children and young people living in an environment where they are exposed to mental illness or substance abuse and ensuring advocacy is available and actively offered to children. This also includes ensuring actions are in place for the prevention, protection and support for children and families experiencing any form of gender based violence, domestic abuse and sexual violence including child sexual exploitation, child sexual abuse, honour based violence, human trafficking and female genital mutilation. We will also ensure that arrangements are in place to meet the statutory requirements for Looked After Children and that risk assessments are undertaken whenever young people are admitted to adult services. These actions will support us in providing safe environments for children and young people and considering the rights of the child in line with the UN Convention on the Rights of the Child (UNCRC) in the provision of all our services.

### Children and Young People with Complex Conditions

Our plan sets out how we will ensure safe, timely and effective care is in place for children and young people with complex conditions through joint working and a multi-disciplinary approach. The actions set out to achieve this include reviewing our specialist nursing and therapy posts, fast tracking continuing care packages as part of advance care planning that ensure

## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



families receive the support and care they need in a timely way, the provision of psychological and counselling support, end of life care provisions for children to die in their own home with support from Ty Hafan if that is their choice and bereavement support.

### Emotional Health and Wellbeing

West Glamorgan RPB partners have an agreed Delivery Plan for Emotional Health and Wellbeing for Children and Young People. The Delivery Plan has an agreed strategic direction underpinned with a series of specific actions and priorities.

*Child & Adolescent Mental Health Services (CAMHS)* - Whilst actions have been taken to stabilise these services, it has become clear that changes that are more radical are required to transform the service model to provide a sustainable service in the medium- to long-term. As a result an integrated model of primary and secondary CAMHS is being implemented in partnership between Swansea Bay and Cwm Taf Morgannwg UHBs which will include a single point of access / entry to the service via a telephone triage system, available 5 days a week, which will allow all those in contact with children and young people to access advice and consultation from CAMHS, and onward referral into CAMHS or alternative services where appropriate. The service will expand the use of the Choice and Partnership Approach from Secondary CAMHS throughout these services to facilitate provision of the right support, at the right time, to the right children, young people and families, by the right person.

*Emotional Health & Wellbeing Support for Children* - new monies have been secured from the Mental Health Transformation Fund and Integrated Care Funds to develop and implement an Emotional Health & Wellbeing Service for Swansea Bay. The overall purpose of the Service is to help improve the mental health and emotional wellbeing of children in primary schools facing significant challenges such as anxiety, low mood, anger, low self-esteem, self-harm and risk-taking behaviours. As part of our partnership work, the same service is being provided by the LAs for young people in secondary schools, utilising the same service model so that consistency of support is provided across the Region.

*CAMHS Liaison Workers*—Integrated Care Funding has been utilised to place Liaison workers in the Children & Young People's Intake Teams of each Local Authority. This has been very effective in upskilling social work staff on mental and emotional health issues and at accelerating the pathways for clients to be seen. This will be funded from health budgets from 2020 onwards.

*Neurodevelopmental Disorders* - We will ensure effective local services for those with neurodevelopmental conditions thorough appropriately resourcing the service, implementing the All Wales Referral Pathway and identifying funding streams to increase post diagnostic support for families.

*Paediatric Psychology* - we now have a lead Paediatric Psychologist appointed in early 2019 following receipt of dedicated funding from Welsh Government. Further posts are being recruited to develop the service across all areas of child health to improve access to psychology as a key priority in the coming year.

### Timely Care and Treatment for Children and Young People Who Are Acutely Unwell

There are three elements to our plans for children who are acutely unwell. In the first instance we will work to review opportunities with 111 to support emergency pathways for children and young people and develop an at home with adequate support and advice for common less serious childhood illnesses and injuries. Secondly we will, in the medium term, improve our Emergency Department environment for children and young people this includes implementing starting in year one if funding is available, the recommendations, form the Youth Board '15 Steps' across the Emergency Department Environment. Finally, in the longer term we will develop and implement a single point of access for emergency paediatrics and ensure the sustainability of acute paediatric services at Morriston hospital. Work on planning this change will commence in the first year of this plan to confirm the capital impact of the redesign.

### CLINICAL SERVICE PLAN

In 2018 we launched our Children's Charter and the Board approved our ambitions for children and young people set out in our Children & Young People's Strategy; for our children to be safe, healthy, and able to enjoy life and grow up achieving economic well-being and making a positive contribution. From engagement work undertaken as part of developing these, we are aware that knowing how to access Children's Services can be confusing for parents and families. As a result our ambition for CYP includes developing a proposal to integrate the Paediatric Emergency Department and the Paediatric Assessment Unit in Morriston Hospital. The proposed options include provision of a new service model with a **single point of entry to an integrated paediatric urgent care centre (PUCC)** and a paediatric short stay observation unit.

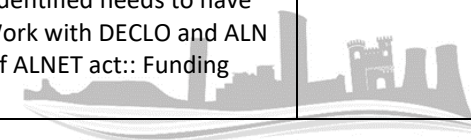
### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



#### ANNUAL DELIVERY PLAN:

#### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

CHILDREN AND YOUNG PEOPLE Summary of Key Actions	Ref.	Milestones 2020/21		Measures
Supporting Prevention, Wellbeing and Self Care	CHI_1_1 CHI_1_10 CHI_1_11	Q1 Q2 Q3 Q4	Refer to Whole System Plan for detailed Actions and Milestones	NHSDF_01 NHSDF_02 NHSDF_03 NHSDF_19 NHSDF_20 NHSDF_40 NHSDF_41 NHSDF_42 NHSDF_43
Complete Neonatal Transitional Care Unit build	CHI_2_1	Q1-Q4	Implement	
Implement recommendations of SW Plan - Insert Cot capacity 8 IC, 9 HD, 13 SC	CHI_2_2	Q1	Review regional cot capacity with WHSCC	
		Q2	Present case to IBG - Linked to BAPM requirements	
		Q3	Review implementation plan	
		Q4	Recruitment phase: Funding dependent for 21/22	
Staffing to meet BAPM Standards - includes therapies- Physio/ OT/ SLT/ dietetic and Psychology	CHI_2_3	Q1	Review outcome of Peer Review	
		Q2	Present case to IBG	
		Q3	Review implementation plan	
		Q4	Recruitment phase: Funding dependent for 21/22	
Expansion of community Perinatal Mental Health Services	CHI_2_12	Q1	Recruitment to perinatal roles for meeting WG standards completed. Explore resources for OT, Physio and Pharmacist support.	
		Q2-Q3	Scope expansion of specialist midwife role across the HB and costs and develop business case: Funding dependent for 21/22	
Early identification of children where there are safeguarding concerns and referrals to appropriate services to work collab- oratively with services to ensure that their wellbeing needs are holistically met (Social Services Wellbeing Act 2016)	CHI_2_16	Q1-Q4	Implement recommendations of Special School Nursing Framework	
Work with Western Bay Youth Offending Services to develop access for children and young people in the Youth Justice Sys- tem to assessment and intervention from speech and lan- guage therapy services as appropriate	CHI_3_5	Q1	Following successful appointment of new SLTs for Youth Offending ser- vice, implement new model	
		Q4	Evaluate success of the new investment into Youth Offending model	
Establish the role of Designated Educational Clinical Lead Officer (DECLO) as required by the ALN Act	CHI_3_1	Q1-Q4	Develop sustainable response to ALN reform and statutory obligation for children and young people age 0-25 with identified needs to have timely and equitable access to SLT services: Work with DECLO and ALN transformational lead to establish full effect of ALNET act:: Funding dependent for 21/22	





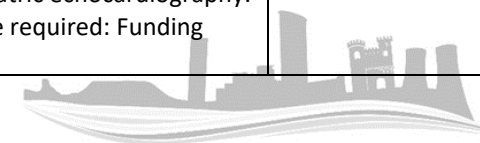
## 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



### ANNUAL DELIVERY PLAN:

### WHOLE SYSTEM PLAN AVAILABLE IN APPENDIX 1

CHILDREN AND YOUNG PEOPLE Summary of Key Actions (continued)	Ref.	Milestones 2020/21		Measures
Implement the Healthy Child Wales programme inc Phase 2 when required	CHI_3_4	Q1-Q4	Development and implementation of the All Wales acuity tool for Health Visiting across SBUHB to accurately deliver the Healthy Child Wales programme: Continuation of workshops in readiness for the implementation of the acuity tool	NHSDF_01 NHSDF_02 NHSDF_03 NHSDF_19
Implement national revised SARC model and Identify and develop appropriate site for SARC service	CHI_4_5	Q1-Q4	Develop national revised SARC model: Procurement phase and workforce model for SW Wales hub	NHSDF_20 NHSDF_40
Joint working with LA to review arrangements for children and young people with complex conditions	CHI_5_1	Q1	Flying Start programme to be reviewed in line with new Local Authority Funding Stream from 2020: Review funding and provide details of programme delivery	NHSDF_41 NHSDF_42
		Q2	Depending on outcome of funding, implementation of agreed programme	NHSDF_43
		Q4	Further implementation across the Health Board	
End of life care including provisions for the child to die in their own home, if this is their choice access to support from Ty Hafan and ensure bereavement support for the family during and following the child's death.	CHI_5_6	Q1	Ensure effective End of Life care and bereavement support: Assess requirements	
		Q2-Q3	Therapy palliative care service to support respiratory needs and allow patient to remain at home and avoid admission at end of life. Develop business case for additional resource required: Funding dependent for 21/22	
Appropriately resource the Neurodevelopmental Service, implement the all Wales referral pathway and support the all Wales ND Steering Group and Identify funding streams to increase post diagnostic support for families	CHI_6_1	Q1-Q3	Funding for Pharmacist to undertake prescribing on admission and clinical medication review; and provide specialist advice on clinical issues and cost monitoring. SLT role in Neurodevelopmental Disorders pathway for assessment and diagnosis of ASD and/or ADHD in accordance with NICE guideline	
		Q4	Develop and agree plan to resource the Neurodevelopmental Service: funding dependent for 21/22	
Develop email advice line to support GP's and primary care	CHI_7_2	Q1	Virtual clinics/ telehealth- Support the changes in clinical pathways need to improve the quality and efficiency of our outpatient services: Business case process started - driven by planning of CSP	
		Q4	Business case approved: Funding dependent for 21/22	
Workforce plan to ensure sustainability of acute paediatric on call rotas at Morriston	CHI_7_5	Q1-Q4	Develop service sustainability plans for acute paediatric on call rotas at Morriston; paediatric radiology; and paediatric echocardiography. Develop business case for additional resource required: Funding dependent for 21/22	





### 3. 1 Enabling Objective 4: Best Value Outcomes from High Quality Care



Workforce Enablers and Implications	Capital Enablers and Implications
<ul style="list-style-type: none"> <li>• Temporary funding identified to implement the actions to develop SLT role in Neurodevelopmental Disorders pathway and developing access to SLT for Children and Young people in the Youth Justice system ,</li> <li>• Paediatric Ophthalmology Telemedicine service reduces the need for the single-handed paediatric ophthalmologist</li> <li>• Sustainable regional ophthalmology services may lead to merger of paediatric ophthalmology services.</li> <li>• Single Point of Access: A dedicated Paediatric ED will attract staff, improve recruitment and reduce vacancies, across all staff groups.</li> <li>• A Workforce plan will be developed to ensure sustainability of acute paediatric on call rotas at Morriston</li> <li>• Development of new roles to ensure a more sustainable service to support community paediatric doctors.</li> <li>• OCP Process to relocate existing department to Singleton will be undertaken and this process is aimed to bring staff closer to clinicians on site</li> <li>• There is possible uplift to nursing therapist and medical posts as a result of the South Wales Programme</li> </ul>	<ul style="list-style-type: none"> <li>• Develop business case for a paediatric single point of access at Morriston Hospital</li> <li>• Explore options for Child health Department at Central Clinic to decant to the Swansea Wellness Centre</li> <li>• Deliver sustainable paediatric ophthalmology service in line with Hywel Dda UHB</li> <li>• Complete Transitional Care Unit for neonates</li> <li>• Strategic vision for CAMHS—provision of clinics at Kingsway</li> </ul>
Financial Enablers and Implications	Digital Enablers and Implications
<ul style="list-style-type: none"> <li>• N/A</li> </ul>	<ul style="list-style-type: none"> <li>• Citizen held portal via PKB</li> <li>• Child Health System (CYPRIS)</li> <li>• Support and implement all digital solutions available in order to increase efficient working (implementing digital dictation and DMS in Community Paediatrics)</li> </ul>



## 3. 2 Enabling Objective 5: Partnerships for Care



### 3 year Outcomes

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

### 5 year Outcomes

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

### 10 year Outcomes

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

### STRATEGIC CONTEXT

In line with A Healthier Wales the Health Board plans and delivers care through a range of key partnerships locally, regionally and nationally. Locally, the Health Board works closely with Local Authority partners and third sector organisations through the Regional Partnership Board (RPB) and Public Services Boards (PSBs) to develop and deliver integrated services and health and wellbeing for our local populations. The Health Board is a key partner in the development and delivery of regional services for South West and South Wales and continues to strengthen the partnership working required to deliver improved services on a regional footprint. We have local commissioning arrangements with neighbouring health boards to deliver and manage local patient flows across Health Board boundaries. We also work closely with national bodies such as Welsh Health Specialised Services Committee, Emergency Ambulance Services Committee, the NHS Wales Collaborative in the delivery and implementation of national priorities.

The Executive Board receives regular reports on specific partnerships and commissioning arrangements and the Health Board receives a report at each meeting summarising the key issues arising from our NHS partnerships and our external public sector partnership arrangements.

### 3.2.1 RPB and PSBs

#### West Glamorgan Regional Partnership Board

As required by the Social Services and Well-being (Wales) Act 2014 requires with our partner Local Authorities we published a Population Assessment in April 2017, and the Western Bay Area Plan was published in April 2018. This Plan outlined a five year vision for integrated care provision and a one year action plan, in recognition of the planned Bridgend Boundary Change. Welsh Government is increasingly directing funding via Regional Partnership Boards in addition to the Integrated Care Fund (ICF) allocation (which now includes significant allocations of both revenue and capital funds) for example an element of Winter Funding was allocated through the RPB this year. The Area Plan has therefore become an important planning tool and reference point for future funding decisions and monitoring of the work the Board will progress in future years.

The RPB published its Annual Report for 2018/19 in July 2019. The Bridgend Boundary Change was a key focus of the work of the programme in 2018/19, but work also continued on implementing changes to integrated services across the region in line with the agreed 1 year plan. In light of the Bridgend Boundary Change the RPB commissioned the Institute of Public Care to undertake a review of the Western Bay



Wellbeing Goals

### Sustainable Development Principle

Our regional partnership arrangements with Hywel Dda UHB have matured through the Joint Regional Planning and Delivery Committee and A Regional Collaboration for Health (ARCH) which also includes Swansea University. In October 2019 we agreed our Regional Clinical Services Plan which takes its place alongside our individual organisational strategies and clinical plans and sets out our intentions to progress those actions that would realise value through a collaborative regional approach.



## 3. 2 Enabling Objective 5: Partnerships for Care



Programme which had then been in operation for nearly five years. The ensuing report proposed a new vision and focus for the work of the West Glamorgan Partnership going forward and a new set of governance and working arrangements in line with this, which was agreed by the Board in January 2019 and has been in operation during 2019/20, taking forward three transformation programmes; Adult Services Transformation, Integrated Services and Children and Young People. The Area Plan focuses on the following five themed chapters where regional working has been identified as adding the most value (full details of the priorities are included in Appendix 2):

- Older People
- Children and Young People
- Mental Health
- Learning Disabilities and Autism
- Carers (cross-cutting theme)

A Regional Transformation Offer with Swansea Bay UHB, Neath Port Talbot and Swansea Councils has been approved by Welsh Government with funding agreed up until 31st March 2020. “Our Neighbourhood Approach” focusses on developing a seamless and integrated place based approach to care in two areas within Swansea and Neath Port Talbot and is complementary to the Transformation Funded Whole Systems Cluster Model rollout which is being led by the Health Board. The Health Board is the only area in Wales which is rolling out the Primary Care Model for Wales to all clusters. The RPB also supported the implementation of the Optimal Model of Intermediate Care and the Hospital2Home discharge to recover and assess service via the Integrated Care Fund to ensure that all citizens from the region received the same services whatever their postcode, and that challenges in discharging patients from hospital are addressed through effective partnership working.

### Public Services Boards

The Well-being of Future Generations (Wales) Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. It makes public bodies listed in the Act think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach. This will help us to create a Wales that we all want to live in, now and in the future.

Part 2 of the Act places a duty on public bodies to carry out sustainable development, including:

- Setting and publishing well-being objectives that are designed to maximise its contribution to achieving each of the well-being goals
- Taking all reasonable steps (in exercising its functions) to meet those objectives

In addition to working with its statutory partners and other stakeholders to develop Well-being Plans through Public Services Boards the Health Board also has a statutory requirement to publish its own well-being objectives. It must clearly set out its well-being objectives and the steps we are taking to meet them, including how the five ways of working and seven national well-being goals have been used to inform the setting of the objectives and steps. The well-being objectives for the Health Board were reviewed as part of the development of the Organisational Strategy and agreed as:

- Giving every child the best start in life
- Connecting communities with services and facilities
- Maintaining health, independence and resilience of individuals, communities and families

### 3.2.2 Joint Regional Executive Group with Hywel Dda UHB

Our regional partnership arrangements with Hywel Dda UHB have matured through the Joint Regional Planning and Delivery Committee and A Regional Collaboration for Health (ARCH) which also includes Swansea University. In October 2019 we agreed our Regional Clinical Services Plan which takes its place alongside our individual organisational strategies and clinical plans and sets out our intentions to progress those actions that would realise value through a collaborative regional approach. This plan sets out how we alongside SBUHB will work on a collaborative basis in South West Wales to:

- facilitate our organisations to be individually and collectively successful in taking into account the needs of our population and services at a regional level;
- draw out the synergies and opportunities within our organisational clinical plans and strategies;
- focus on the priority areas where the partners working in collaboration can add the most value;
- drive value, quality improvement and innovation and put people at the centre of what we do.



## 3. 2 Enabling Objective 5: Partnerships for Care



Our regional approach to deliver this ambition has been refreshed and we will align the work of our Regional Clinical Services Plan (RCSP) and ARCH programmes through a new Joint Regional Executive Group, supported by the ARCH RCSP Transformation Group, which will oversee the following dedicated programmes of work:

- **Unscheduled Care:** major trauma, Hyper Acute Stroke Unit, rehabilitation and acute and surgical flows, as well as considering how we can support each other to better manage unscheduled care pressures on a day to day basis;
- **Adult thoracic surgery;**
- **Planned Care:** neurology, vascular, cardiology, dermatology, orthopaedics, and ophthalmology;
- **Cancer:** radiotherapy, chemotherapy and non-surgical oncology;
- **Women and Children's Services:** women's and children's patient flows, Sexual Assault and Rape Centre (SARC), perinatal mental health service (PMHS);
- **Diagnostics:** interventional radiology, endoscopy, cellular pathology.

The full Regional Clinical Services Plan and Programme Plan, including deliverables and timelines are included in Appendix 2.

### 3.2.3 Joint Executive Group with Cwm Taf Morgannwg UHB

The Bridgend Boundary Change took place on 1st April 2019 with the successful transfer of commissioning responsibility for the Bridgend population to Cwm Taf Morgannwg (CTM) UHB. Over two hundred services were safely transferred to CTM UHB on 1<sup>st</sup> April 2019. Where services were unable to be transferred either completely or partially, in order to support the transfer of services process and maintain existing patient flows, commissioning arrangements were put in place to support the delivery of services for the population either through the Long Term Agreement between the two Health Boards, or through two overarching Service Level Agreements for clinical services (which include 155 separate service lines), and 22 separate corporate SLAs. Many of these commissioning arrangements were seen as short term arrangements that required further work to disaggregate the service and decommission the corresponding SLA.

A Memorandum of Understanding (MOU) was signed by both Health Boards to govern the relationship between the two organisations following the transfer.

A joint programme of work will be undertaken over the next year to ensure that the service planning and strategic commissioning legacy issues of the transfer are managed and, wherever possible, closed. The MOU will continue to apply for the duration of the programme, which includes the adoption of the principles agreed during the Transition.

To manage the work programme, a Joint Executive Group (JEG) has been established and the existing Commissioning and Contracting Group is continuing. A Joint Management Group is also established, to manage the operational issues and oversee the work programme.

Over the next year detailed planning will take place to assess the feasibility of disaggregating the surgery and anaesthetic services at Neath Port Talbot hospital, and to manage a range of smaller SLA changes whilst ensuring there is seamless service provision for patients. A business case for NPTH will be produced by July to inform the IMTP round for 2021/22 as, at present the risks, costs and benefits of disaggregating the current arrangements are not clear. This is an intensive programme of work that will also include service planning arising from other sources than the Boundary Change, particularly around changes in maternity care as part of the wider South Wales Programme.

### 3.2.4 Regional and Specialised Services Provider Planning Partnership with Cardiff and Vale UHB

The two Health Boards have established this forum to progress improving service planning and delivery for those regional and specialised services for which we are the only providers in South Wales. We have established a set of principles which would determine which services should be considered on the basis of their sustainability; fragility; value and opportunity to bring care back to Wales. There is close engagement with WHSSC in this forum and a Tertiary Services Strategic Plan will be developed during 2019/20.

Service priorities for 2020/21 include agreeing a service specification and action plan for Oesophageal Cancer Surgery; implementing a sustainable spinal surgery model and neurophysiology. The forum also provides advice and support on the implementation of regional priorities such as major trauma and thoracic surgery. Both Health Boards are developing a tertiary services plan to support this work.





## 3. 2 Enabling Objective 5: Partnerships for Care



### 3.2.5 WHSSC

We have fully participated in the development of the WHSSC integrated Commissioning Plan and support the collective approval in principle that was reached at the Joint Committee in January 2020. More detail is provided in Appendix 10.

### 3.2.6 EASC and WAST

We continue our priority partnership work to improve the quality, experience and performance of emergency ambulance services and our unscheduled care system through the Emergency Ambulance Services Committee, and directly with our colleagues in the Welsh Ambulance Services Trust. A detailed description of our joint initiatives with WAST is included in Appendix 12 along with more information on the alignment of our plans with the EASC and WAST IMTPs.

The Health Board collaborates in commissioning Emergency Medical Services (EMS) and Non-Emergency Patient Transport Services (NEPTS) from the Welsh Ambulance Services NHS Trust (WAST) via the Emergency Ambulance Services Committee (EASC). Agreements made at EASC around the commissioning of these services are reflected in our joint work programme with WAST and, where relevant, in the financial commitments set out in this Annual Plan. The Health Board continues to work with WAST to share and align both organisations' priority programmes, in the context of the agreed EASC Commissioning Intentions.

2019/20 was a very challenging year for the ambulance service and for the whole health and social care system in Wales. From an EMS ambulance perspective, performance against key performance targets deteriorated in recent months and for the first time since the introduction of the new clinical response model, the Red 8 minute response fell below the national 65% target, response times for Amber patients have increased, and growing numbers of patients have had to wait over 12 hours for a response. The long waits have had an impact on outcomes for patients, with a number of related Serious Adverse Incidents recorded nationally as a result.

The reasons for this are complex and multi-faceted, with the three most significant factors being demand, ambulance hours produced and ambulance hours lost. There has been a small growth in overall demand, but a large increase in red demand as a result of changes to the application of the MPDS system, which has resulted in a higher number of red calls relating to ineffective breathing. Overall ambulance hours produced have

remained relatively static, but there has been an unprecedented increase in the number of hours lost as a result of handover delays nationally.

A Demand and Capacity (D&C) Review was jointly commissioned by EASC and WAST to model the resources required to efficiently meet current and future demand and to deliver a significantly improved range of response times, based on a growth assumption of 2.3%. The Review modelled a requirement for an extra 537.5 front line ambulance staff by 2024/25, which included assumptions around delivery of WAST and system wide efficiencies. Accepting that the final number of additional staff will require further consideration over the course of the coming months, EASC has nevertheless acknowledged that there is a significant investment required in front line staff within the EMS service. The expectation is that up to an additional 136 w.t.es will be recruited across Wales and operational by March 2021.

The Health Board has also committed to support a number of key operational actions and Joint Initiatives (previously known as "Table 2" actions) to deliver immediate and sustainable improvements across EMS and NEPTS. From an EMS perspective, the Health Board will prioritise efforts to work with the ambulance service to "shift left" in the patients' pathway by increasing See & Treat and Hear & Treat opportunities. Specific joint priorities include the following schemes. More detail on the local impact of these proposals for SBUHB is included in the Appendix 12:

- Falls Framework and Response Model: The roll out of the Level 1 falls service across Wales has been funded through the WAST Healthier Wales allocation, and a Falls lead has now been appointed nationally who will work with the Health Board to further develop the model and plans for the Level 2 response in our area.
- Advanced Paramedic Practitioners (APPs): EASC have committed to continuing the national scale up and roll-out of the APP rotational model. With a further 24 being currently trained on a shared funding basis who will become operational in summer 2020, this will then represent a total of 69 APPs funded and working across Wales. A further 17 paramedics are eligible for trainee APP positions from September 2020. These potential trainee APP positions provide a great opportunity for due consideration to support further expansion in preparation for Winter 2020/21.





## 3. 2 Enabling Objective 5: Partnerships for Care



- Clinical Assessment and Triage of 999 calls: A number of health boards have put in place schemes in which GPs work closely with WAST staff to review appropriate 999 calls with a view to avoiding conveyance to hospital and providing care closer to home. The Health Board is committed to continuing or considering introducing this type of scheme, reviewing opportunities for working collaboratively on this type of model, given the scarcity of GP resources.
- Alternative Care Pathways: All Health Boards have committed to developing 3-5 Alternative Care Pathways for paramedics to access to ease pressure on Emergency Departments, with a priority given to respiratory pathways.
- NEPTS: Delivery of the work programme jointly agreed through the DAG and represented in the 2020/21 NEPTS commissioning Intentions.

A Ministerial Ambulance Availability Taskforce has recently been announced, which is likely to oversee the development of most of these issues, and the Health Board will contribute to these arrangements as appropriate in the coming weeks.

### 3.2.7 NHS Wales Collaborative Executive Group

The Health Board is implementing the priorities of the NHS Wales Collaborative including the large trauma unit and operational delivery trauma network; participating in the national endoscopy programme; providing the regional perinatal mental health centre and providing the Sexual Assault Referral Centre hub for south-west Wales. The detail on these is included in the relevant Whole System Plans.

### 3.2.8 Sexual Assault Referral Centre (SARC)

As a result of a review commissioned by the Welsh Government, the NHS Wales Health Collaborative set-up a multi-agency project to develop a service model for the SARC Service. The model was agreed in principle in 2016, and the work of Health Collaborative concluded. The implementation-planning phase of the model was transferred to Cardiff & Vale UHB. This project is supported by a multi-agency project structure which has SBU Health Board involvement from both the Strategy Directorate and the Children's Service Group of the Singleton Delivery Unit.

A revised report was considered by the SARC Project Board in December 2017. In order to move forward with the project, agreement was reached

in principle on the revised service model. This was achieved subject to further review of the proposals and supporting evidence, which reflected concerns that the proposed model did not meet the needs of the population in the north of Dyfed Powys region and the ability to deliver a two-site children's SARC hub.

In September 2019, the Health Board supported a paper outlining the recommendations made by the Project Board to progress with Phase 1 of the Project, and the implications for Swansea Bay UHB. All other elements of the new service model will be subject to further business cases and reports outlining these will be presented to future Health Board meetings for approval. Phase 1 will support the implementation of the SARC hubs for children and adults and the establishment of the Network and commissioning roles.

### *Implications for Swansea Bay are as follows:*

The current cost commitment for SBUHB for the Children's service is £122,717 per annum, which includes costs of the New Pathways SLA, SBU children's clinics, and a funding contribution to Cardiff & Vale. The costs associated with phase 1 for Swansea Bay will be £92,000, and an additional £12,500 for the operational costs associated with the new SA1 premises, amounting to a total of £104,500. In the future there will be a need for suitable accommodation for the paediatric hub and no capital or refitting costs have been included within the project, with the assumption any capital requirements aligned to the project would need to be picked up by individual organisations in line with the capital planning process. This will need to be included in the Swansea Bay plan for 2021/22. In addition there is likely to be an increase in costs to provide the new paediatric hub, to include sustainable nursing and consultant input. This has not yet been quantified and the Health Board is not being asked to agree this at the current time. Further detailed work is to be undertaken to finalise the next phases of costs which are likely to create a cost pressure for the Health Board. The Project lead has confirmed that the phase 1 work programme will be undertaken in 3 stages as follows:

- Stage 1 – Establishment of the SARC Delivery Network, & Commissioning Framework (completion by 2020);
- Stage 2 – Implementation of Adult Hubs (completion by 2021);
- Stage 3 – Implementation of two Paediatric Hubs (end of 2022).

Any further developments and cost implications will be considered as part of the Health Board's IMTP process.

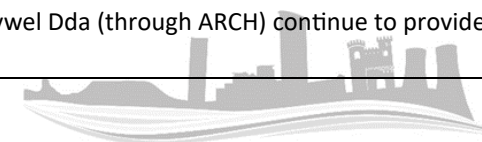


## 3. 2 Enabling Objective 5: Partnerships for Care



### ANNUAL DELIVERY PLAN

Key Actions		
Action	Year 1	Measure
Implementing agreed regional solutions and specialised services with Cardiff and Vale UHB	Agree service specification and action plan for Oesophageal Cancer Surgery (Q1-Q4), implementing a sustainable spinal surgery model and neurophysiology.(Q1-Q4)	
Implement and deliver the priorities programme of work for ARCH and the Joint Regional Executive Group with Hywel Dda UHB	Agree scope, process and timeline for patient flow review for Acute and Surgical Flows (Q2), Regional model for CT/MR agreed (Q2), Joint regional Hybrid Theatre BC submitted (Q4), Planning HASU business cases for submission to Welsh Government (Q1-Q4)	
Develop and implement a service model for the SARC Service.	Establishment of the SARC Delivery Network, & Commissioning Framework (Q4)	
Workforce Enablers and Implications		Financial Enablers and Implications
<ul style="list-style-type: none"> <li>• Creation of a plastic surgery medical team( to provide plastic surgery support to the MTC 5 days a week 12 hours a day.</li> <li>• challenges for SBUHB in recruiting new consultants with specialist trauma skills—Work with Cardiff and vale health board to develop a south wales plan for the delivery of specialist orthopaedic cover for the Cardiff and Morriston orthoplastic surgery lists.</li> <li>• Creation of an operational delivery network hosted by SBUHB to support the establishment of a south wales and Powys trauma network.</li> <li>• Commence recruitment of agreed key enabler posts as prescribed by the Major Trauma Network to support day 1 of the MTCN April 2020.</li> </ul>		<ul style="list-style-type: none"> <li>• Agreement of net contribution of £3m as per the approval in principle of the WHSSC Integrated Commissioning Plan in January 2020.</li> <li>• Agreement of net contribution of £186k as per the approval in principle of the EASC IMTP in January 2020.</li> </ul>
Capital Enablers and Implications		Digital Enablers and Implications
<ul style="list-style-type: none"> <li>• Morriston Access Road Design—outline planning permission application Q3 2020</li> </ul>		<ul style="list-style-type: none"> <li>• Welsh Community Care Information System</li> <li>• Citizen held portal via PKB</li> <li>• Ensure links with Swansea University and Hywel Dda (through ARCH) continue to provide collaborative approach to data solutions</li> </ul>



### 3. 3 Enabling Objective 6: Digitally Enabled Care



#### 3 year Outcomes

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

#### 5 year Outcomes

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

#### 10 year Outcomes

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

#### STRATEGIC CONTEXT

The Health Board envisages health, care and wellbeing activities carried out by everyone in our Health Board will be enabled using digital technology wherever optimal including ensuring care, quality and service plans and operations are data driven and maximise opportunities to improve efficiency and quality through use of digital technology. Our vision is, therefore, to deliver digitally enabled world class health, care and well-being for our population.

Digitally enabled care is about ensuring that our clinicians, staff and patients have access to the information they need to manage the care of our patients when they require treatment. This information will be available at the time it is needed, be accurate, complete, comprehensible and support the decision making of the individual that requires it. The information captured will also be used to drive further business intelligence developments to allow evidence based decisions to be made on the future of our service provision leading to improved and efficient care for our patients.

Currently the majority of non-admitted patient and clinician interactions are in the form of scheduled face to face appointments meaning that we are not necessarily providing support and care when our patients most need it and, in a number of cases

providing interactions when none is required. Digitally enabled care also means that our patients will be able to interact with our clinicians and staff in a number of ways allowing them to access expert support as required and allow them to self-manage their care and outcomes. We will share more information directly with the patient and involve them in their care pathways than ever before, providing them with access to support tools, resources and, when required, direct access to clinical specialist advice at a time and location as convenient to them as we possibly can. This will be achieved through the mobilisation of our workforce, access to the Swansea Bay Patient Portal, online booking systems, remote monitoring systems and the growth in the numbers of virtual clinics.

Digitally enabled care can only be delivered if the information we possess is held electronically in a structured way and the Health Board has established a programme of work that sets out to deliver and exploit the benefits of Digital Records across its area of operations. This Programme is summarised on the following page and consists of 5 Digital Transformation Programmes and a number of Digital Enabling programmes to support delivery of the Vision.



Wellbeing Goals

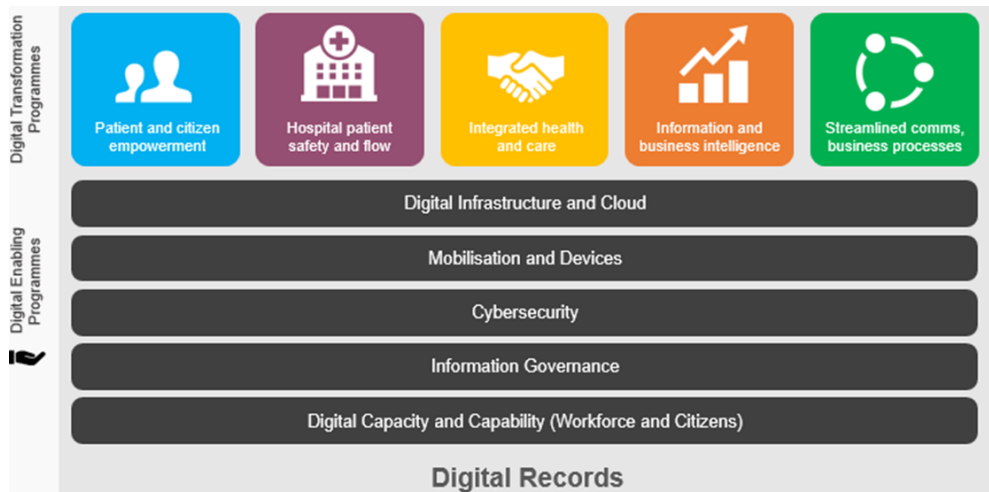
#### Sustainable Development Principle: Long Term

##### Digital Strategy

The Health Board's Digital Strategy describes the aims and objectives we want to achieve to deliver a long-term step change in the way that the Health Board delivers digitally-enabled world-class health, care and wellbeing for our population. The benefits include greater connectivity, patient empowerment, clinical mobilisation, enhanced decision-making, efficiency and satisfaction as we underpin our Clinical Services Plan with digital transformation.



### 3. 3 Enabling Objective 6: Digitally Enabled Care



These enablers will support the necessary transformational change and deliver the quality and safety and efficiency benefits required to ensure that SBUHB is a leader in value based healthcare.

#### KEY CHALLENGES

- Too much of current process relies on paper or independent systems that aren't joined up.
- Clinician access to information and ability to record information and initiate processes at point of care
- Electronic information can be shared and accessed at same time – paper restrictive
- Alerting supports management of patient care and improves efficiency
- Share information with patients and families so they are aware of the next steps in the care pathway and are prepared for discharge
- Links between Primary, Secondary, Community and social care are clear and information flows across them to give the patient seamless and transparent care
- Data driven decisions on care models
- Data supported clinical information
- Devices available at the point of care
- Business processes defined and efficient - > joined up -> no repetition

#### KEY IMPROVEMENTS

##### Patient Safety and Flow

SBUHB recognises that the effective clinical pathways and patient flow are essential to us providing high quality and sustainable services and that digital solutions will have a major part to play in managing this.

The aim at SBU is to transform the patient's journey through the inpatient setting by providing clinicians with electronic systems and tools designed with the patient's care co-ordination and communication at the centre. Optimising inpatient flow will improve the safety and quality of care for our patients and ensure better outcomes by reducing the harm, waste and clinical variation inherent in current paper based systems which support ward and hospital clinical processes. The Health Board will implement a number of projects throughout the next three years to provide our clinicians and managers with the tools to achieve this.

##### HEPMA

SBUHB is the first Health Board in Wales to introduce Hospital Electronic Prescribing and Medicines Management (HEPMA). The implementation of HEPMA will be fully complete across inpatient wards at two acute hospital sites (Neath Port Talbot and Singleton) by the middle of 2020/21. The functionality will include integration to Welsh Clinical Portal (WCP) to allow clinicians to prescribe electronically from within the patient's WCP record. (Plans to implement to the rest of the Health Board will be dependent on the availability of funding and the progress of the national e-prescribing project.)

##### Patient flow

In 2018/19 SBU launched an in house developed e-Whiteboard solution (SIGNAL) in Singleton Assessment Unit. The tool was co-developed with clinicians to replace the 15 paper driven lists to track patient flow through the department. The solution has been hugely successful dramatically reducing the amount of time spent by Junior Doctors on repetitive administrative tasks, increased the visibility of the patient pathway, improved data capture and handover leading to improved quality of care. The solution was subsequently rolled out across wards in Singleton to support the management of flow across the site. The success of the solution in Singleton has led to the prioritisation of roll out to both Morriston and NPT at the end of 2019/20. This will mean that our clinicians are better informed of their patients' requirements, manage task and handover more safely and quickly and be alerted to any issues with the status of their patient. The learnings from the roll out will be used to further develop the SIGNAL solution in 2020/21 and inform the National Patient Flow Programme going forward.



### 3. 3 Enabling Objective 6: Digitally Enabled Care



#### *Digitisation of Nursing Documentation*

In 2020/23, we will continue the implementation and development of the Nursing Documentation system across the Health Board. This will be a phased transition from paper to electronic with an initial focus on the adult inpatient assessment document, to include six nationally agreed risk assessments, followed by the ability to electronically capture e-observation. This means that nurses will spend less time on administration and more time to care, more information for handover to improve quality of care, be able to monitor patients' condition and react to changes more quickly and effectively.

#### *Welsh Clinical Portal (WCP)*

A number of aspects of the WCP will support the improvement in patient flow through our pathways. The visibility of results, the GP record and clinical letters by all our acute and community staff means decision making is more joined up. The Welsh Patient Referral Service (WPRS) means that referrals are received and prioritised more quickly and the process is much more visible to clinicians.

The element of WCP that will have the biggest impact on flow is Electronic Test Requesting (ETR) and the Phlebotomy Module. These provide users with the ability to request tests electronically, automatically notifying the pathology system of the test, and expanding on this functionality to reduce the requirement for requestors to print forms and labels by marking tests for phlebotomists to see a worklist on a mobile device.

In 2020/21, we will continue to roll-out the phlebotomy module in WCP as well as ETR to all main outpatient departments and all sub outpatient locations, this transition will be a phased approach and consideration will be given to all sub specialities.

We will also continue to implement other elements of WCP including:

- WRRS – Welsh Results Reports Service – making test results available to all who need them. Reducing duplication of test and improving efficiency and timeliness of their availability to the clinician
- WPRS – Welsh Patient Referral Service – improving the efficiency and quality of the management of referrals both from external sources such as GPs and other hospitals/service and internally.
- WGPR – Welsh GP Record - providing clinicians with a summary of important information taken from a patient's full GP medical record. The record can be accessed by health professionals caring for a patient wherever the patient is in Wales.

- ADTs and MTeD– Admissions, Discharges and Transfers and Medicines Transcribing and e-Discharge. To support effective patient flow by providing the ability for WPAS records to be updated with live locations, episode and spell information, reducing admission time and increasing clinician's time to care.

In 2020/23, we will also continue our progression towards a paper light Outpatients Department. By the end of the period we will no longer be adding paper to the Health Record as a result of an outpatient appointment. This will mean that, overtime, the digital record will be sufficient to prevent the need for a paper record at the point of care, increasing the potential for flexibility in patient led appointment booking, reducing the resource invested in managing the paper record, reducing appointments cancelled because of the lack of availability of patient information.

#### *Eye Care Referrals/Electronic Record*

Eye care digitisation supports NHS Wales's strategic direction of providing appropriate care closer to home, supporting people to maintain their independence by reducing sight loss and the burden of blindness as well as meeting the quadruple aim. An EPR is required to allow the hospital clinicians and community optometrists to electronically record and access information relating to patients in order to speed up and improve treatment. A key element of this will be to enable the transfer of treatment from hospital settings to community settings where clinically appropriate.

The improvements required in processes for referrals and managing patient pathways will be facilitated by the implementation of new systems for Eye Care. The Health Board will work with the national programme to implement the solution over the period of 2020/22.

#### *Dental Referrals/ Electronic Record*

Similarly to the requirement for service change within Eye Care, dental services will work more closely between acute and community settings. This will be facilitated by a new dental referrals and electronic record and allow services to transform to better meet the needs of the patient.

#### *GP Test Requesting*

In 2020/21, the Health Board will develop a rollout plan. This will include close working with the laboratories to pilot new functionality to be made available in the Welsh Clinical Portal.





## 3. 3 Enabling Objective 6: Digitally Enabled Care



### **Business Intelligence**

A key benefit of digital solutions is the capture of standardised data which can then be used to support evidence based decision making through Business intelligence solutions.

In 2020/21, we will start to implement our Business Intelligence Strategy to ensure that the benefits outlined in the strategy are delivered. Pace of the roll out will be dependent on the levels of funding available. The strategy focuses at a high level in delivering the benefits outlined below.

### **Holistic and Command & Control Views of Healthcare**

We will ensure that we have the technical skills and infrastructure in place and that we are able to link these data at patient level to create more holistic views of healthcare information. Our platform will ensure that we can drill down into lower levels and where appropriate see the underlying patients. There will be one version of the truth in one place.

### **KPI's & Automated Reporting**

We will increase the range, frequency, richness and features of our current Key Performance Indicators allowing for more readily available reporting which is accessible, interactive, joined up, drillable, easy to understand and, where needed, as close to real time as possible.

### **Predictive and Prescriptive Analytics (not just descriptive)**

We will ensure that our infrastructure is capable of performing predictive analytics and advanced modelling techniques via the integration of technologies such as R and Python into our platform. We will build on existing skills internally to ensure we have a reliable data scientist pool to work with our services to implement these informational views.

### **Quality Improvement and Service Redesign**

The Business Intelligence Strategy will ensure that a data-driven approach to quality improvement and service redesign is taken with the proliferation of these tools being made available along with the ability to more easily ingest new datasets including non-structured data.

### **Improved Operational Efficiency**

Whilst we already have products that examine operational efficiency, such as our theatres dashboard, we will ensure that our platform is able to provide data analytics that allow us to understand how efficient and effective systems and processes are in more detail. We will ensure that our platform is capable of delivering industry tools and techniques on a more real-time basis. This approach will also allow for repeatable, almost real-time demand and capacity modelling.

### **Support Value Based Healthcare (VBHc)**

We will ensure that the Value programme within the Health Board is able to draw on a platform that is able to take data from disparate datasets such as PROMS data and allow for ICHOMS standards to be analysed in order to understand the evidence locally.

### **Better Decision Making**

A key component within the strategy will be how we enable our service to deliver more insights via a new Business Intelligence platform as well as upskilling and bolstering our analytical services. There will be a focus on how the Health Board can become more data driven and in order to that we will ensure that improved models for data discovery and acquisition are introduced as well as introducing a data literacy programme.

### **Data Literacy and the Value of Data**

We have products that examine operational efficiency, such as our theatres dashboard, we will ensure that our platform is able to provide data analytics that allow us to understand how efficient and effective systems and processes are in more detail. We will ensure that our platform is capable of delivering industry tools and techniques on a more real-time basis. This approach will also allow for repeatable, almost real-time demand and capacity modelling. Key initiatives to be delivered during this Annual Plan include:

- Theatres – performance and demand and capacity modelling
- Single cancer pathway
- PROMS – to assess the impact and demonstrate areas/pathways that enhance outcomes most effectively
- National Data Resource and Clinical Data Repository – supporting the work on a national scale.

### **Streamlined Business Processes**

It is recognised that to support the digital clinical transformation of the Health Board we will also have to streamline our business and administrative processes. We therefore have, and will continue to, introduce digital solutions to further improve our business and therefore improve the efficiency and quality of care we provide to our patients.

### **Digital Dictation and voice recognition**

We will seek to build a case to establish a Health Board wide digital dictation strategy to address their administration capacity and efficiency constraints in line with the wider digital strategy, particularly focusing on delivering technology to support digital dictation and voice recognition.

## 3. 3 Enabling Objective 6: Digitally Enabled Care



### **Single Sign On Smart Card Strategy**

This is an ambitious programme to provide solution to staff ID cards, follow me printing, access buildings and easy login to systems across the health board. This provides instant access to computers shared by staff where the patient is being treated. The benefits report identified that clinicians typically saved 35-40 minutes per day compared to traditional login methods and freeing up more time for patient care. Roll out will be subject to an approved business case.

### **Intranet and Business Efficiency Core**

In 2020/21, we will provide our staff with an Intranet platform (leveraging Office 365) that will enable them to be more effective in the way that they deliver our business. The platform will be fully mobile enabled so that our staff can access this functionality wherever they are in the organisation and on whatever digital device they have available to them. The platform will provide the tools needed to:

- Ensure our staff are well informed on current issues and successes of the organisation;
- Ensure the workforce can access the business information required to do their jobs;
- Enable people to collaborate and communicate effectively both within their teams, with the wider organisation and ultimately with external partners within the NHS;
- Facilitate the Health Board's governance arrangements, making sure they are visible, reportable and efficient;
- Enable knowledge sharing;
- Save staff time allowing them to focus on value adding activities; and
- Facilitate the digitalisation of their paper and e-mail driven business processes in an efficient, coordinated and coherent manner.

### **Health Records Modernisation - Digital Tagging of Health Records**

We will continue to implement the Radio Frequency Identification (RFID) Solution across the Health Board. This implementation will improve the clinical and logistical problems of a paper based health record whilst also modernising and improving the service which the Health Records Service provides.

### **Office 365**

This is a transformational service that will provide true mobility for staff accessing emails, home and group drives, Skype, Sharepoint and other essential tools. We will migrate to the new solution and introduce new ways of working to our staff, improving communication and administrative functions. Pace of roll out will be subject to the availability of funding.

### **Digital Enabler Programmes**

SBUHB recognises that digital transformation cannot be realised without firm digital foundations. Clinicians are becoming more and more reliant on digital solutions to facilitate the provision of high quality care and this dependency will only increase. SBUHB are therefore focussing on ensuring our digital services are resilient and secure and have established a number of digital enabler programmes which are summarised below.

### **Digital Infrastructure and Cyber Security**

Our digital transformation will be underpinned with strong digital infrastructure and cyber security. Once SB are fully aware of their requirements under the National Information Systems Directive (NISD), a plan will be provided to comply with those requirements. This will include a technical design as well as a resource plan. An all Wales audit was carried out by Stratia consulting in relation to, Cyber Essentials+ (appropriate technical security controls), ISO 27001 (appropriate policies and procedures) and General Data Protection Regulation (GDPR) readiness assessment. The review identified a number of areas of improvement and NHS Wales Informatics agreed a collaborative approach across NHS Wales to address this. A priority of Security monitoring, vulnerability assessment, patching and Cyber Security training resulted in the procurement of national tools. The NHS Organisations have submitted resource requirements to actively manage their estate and these are incorporated in the financial plan. Moving forward, Cyber Security defence will require funding as technical solutions advance and appropriate trained staff to manage the IT infrastructure and systems.

### **Mobilisation and Devices**

A key principle of our approach to digital is to ensure that our staff have access to the relevant information and are able to complete transactions in the right place and at the right time. This means our digital solutions have to be mobile and our staff have to have access to the right device. We have already made significant progress in this area with 2,500 community staff being mobilised with iPads by the end of the year, over 2,000 staff able to access work resources on their own device (BYOD) and other numerous mobile deployments of mobile devices across our hospitals, from clinicians to patients to our estates staff. The investment in our WiFi networks ensures we are able to continue to invest in our mobile solutions with 100% coverage across our acute sites and we have replaced outdated paging systems with WiFi phones increasing the response time from and communications with our clinicians. During this Annual Plan we will expand the use of mobile devices

### 3. 3 Enabling Objective 6: Digitally Enabled Care



working with the All Wales Mobilisation strategy and these devices will underpin the use of a number of our digital solutions such as HEPMA, Nursing documentation and Patient Flow.

#### ***Digital Infrastructure and Cloud***

The robustness of our infrastructure is essential to the delivery of digital transformation. Our staff and patients need to know they are able to access our systems whenever they need to. To facilitate this we will ensure that technology refresh programmes are robust so that our data is secure and accessible from an appropriate device over a network that meets the demands of the organisation. Over the next three years we will work on a number of major refresh requirements including the WiFi network in Morriston.

The way in which we store and manage our digital data is also crucial. It needs to be secure, resilient and efficient. The Bridgend Boundary change presents particular issues in this regard due to the role the data centre at Princess of Wales plays in all of these aspects of digital service provision. We will look at the options to strengthen our data centre provision (including cloud services) with a view to start implementation over the next three years.

#### ***Information Governance Digital Capacity and Capability***

We recognise that demand for IT support is going to increase as the organisation becomes more digitally enabled. This increase reliance from clinical services will also mean that IT service models will have to be reviewed to encompass support over 24/7 periods. We will review the arrangement for out of hours support, and the investment required, for our digital solutions to ensure they meet service needs.

In 2020/21, we will develop a comprehensive workforce plan for our Digital services to address the issues with recruitment and retention of staff within the team. Digital services is a growth industry with a high demand for the skills that we require to drive forward transformation and the Health Board will ensure that it is able to offer people attractive careers in supporting us to achieve this transformation.

The Information Governance agenda going forward is wide and varied. The strategic actions for 2019/21 have been noted on the IG Strategic Work Plan, prioritised according to risk assessment and knowledge acquired from breaches, audits and the IAR. It is a two year plan to ensure no required

work is omitted whilst accepting that it will take this period of time to complete all actions with the available resources. A subsequent plan for 2021-22 will be designed to bridge any remaining gaps and further improve on already compliant areas.

The IG strategic and operational work will ensure that the Health Board maintains full compliance with data protection legislation, whilst striving to improve and further embed its IG function, safeguarding all information it holds and supporting the delivery of the Digital Strategy. This will include supporting the organisation in giving patients greater access to their data and all the IG challenges that involves. It is important that IG remains at the heart of the Digital Strategy and remains flexible and dynamic to respond quickly to changing priorities, allowing our staff to feel supported and our patients empowered. There are many IG requirements to digitally enable our staff and our patients and it is the IG Department's commitment to work through any potential barriers to support an environment where staff and patients thrive whilst the organisation remain compliant with data protection legislation and a beacon of IG good practice.



### 3. 3 Enabling Objective 6: Digitally Enabled Care



#### ANNUAL DELIVERY PLAN

Key Actions		
Action	Year 1	Measure
WCP - Electronic Test Requesting and Phlebotomy Module: T he implementation of ETR means that clinicians are able to request and review progress of test electronically. This is more efficient and also reduces the number of duplicate test requests being made.	Morriston inpatients go live with Phlebotomy module (Q1), Complete Singleton outpatients ETR(Q3)	NHSDF_51 NHSDF_52 NHSDF_53 NHSDF_63
Electronic outpatients documentation: deliver an electronic continuation sheet, linking it to the clinic outcome form, support electronic internal referrals, MDT’s will be documented electronically and will be accessible to all clinicians involved in the patients’ care regardless of where they are based.	Establish road map and resources to deliver paper light outpatient clinics(Q1), Complete roll out electronic continuation sheet in 1st specialty (Q4)	
Digitisation of nursing documentation: phased transition from paper to electronic with an initial focus on the adult inpatient assessment document	Implement (Implement Q1-Q4)	
Workforce Enablers and Implications	Financial Enablers and Implications	
<ul style="list-style-type: none"><li>As the implementation of the all-Wales IMT systems and digital solutions for Lab Medicine come into play, this will have an effect on workforce capability and redesign</li><li>Introduction of Digital slide scanning. This will allow greater flexibility of working for consultants. Advanced practice also allows a more efficient and cost effective workforce solutions</li></ul>	<ul style="list-style-type: none"><li>Business cases to be assessed through Investment and Benefits Group</li></ul>	
Capital Enablers and Implications	Digital Enablers and Implications	
<ul style="list-style-type: none"><li>Capital requirements for equipment to support implementation and rollout of digital solutions.</li><li>Pace and scale of rollout of Business Intelligence, Office 365 and SmartCard will be subject to ongoing prioritisation of the discretionary capital plan and opportunities for external funding sources in-year.</li></ul>	<ul style="list-style-type: none"><li>As described in narrative</li></ul>	



## 3. 4 Enabling Objective 7: Excellent Staff

### 3 year Outcomes

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

### 5 year Outcomes

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

### 10 year Outcomes

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

### STRATEGIC CONTEXT

This chapter sets out the key Workforce and Organisational Development priorities as detailed in the Health Board's Workforce and Organisational Development Framework.

Our framework will support the Workforce Strategy for Health and Social Care ensuring that staff feel valued and supported and that we develop seamless workforce models between health and social care.

The development of our organisational strategy *Better Health, Better Care, Better Lives*, provides Swansea Bay University Health Board the opportunity to set out our organisational ambition and direction for the next decade. We will become a new organisation with a renewed ambition and purpose.

The organisational strategy sets out our strategic aims which are to:

- Support **better health** and wellbeing by actively promoting and empowering people to live well in resilient communities.
- Deliver **better care** through excellent health and care services achieving the outcomes which matter most to people.

Excellent staff are identified as one of the key delivery enabling objectives, central to the achievement of our strategic aims which will be achieved only through harnessing their excellence and dedication. We need

to ensure that Swansea Bay University Health Board is a great place to work where clinicians lead our service change and improvement.

Our people chapter is structured under six priority headings, as follows:

**Shape of the Workforce:** The workforce we need in order to achieve our strategic aims, clinical service and other plans.

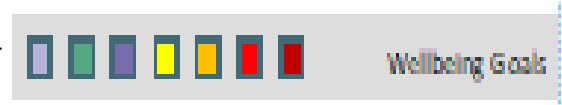
**Workforce Resourcing:** How we attract, secure and retain the right workforce.

**Workforce Efficiency:** How we will deploy our staff effectively and maximise workforce efficiency and productivity.

**Leadership, culture, values:** How we improve organisational performance through leadership, development and culture.

**Pay and Terms and Conditions:** Exploring opportunities to better reward our workforce.

**Workforce Function:** The role and contribution of the workforce function in delivering our people plans.



### Sustainable Development Principle: Involvement

#### #LivingOurValues

The #LivingOurValues campaign was launched in July 2019 and invites staff to sign a pledge card which describes how they live our organisational values. The campaign is inclusive and encourages participation from every corner of the organisation from Board to Ward, including our committee structures, unit leadership teams and trade union partnership groups. Over 500 pledges have so far been signed by teams and individuals.





## 3.4 Enabling Objective 7: Excellent Staff



### Shape of the Workforce

#### Current Workforce Profile

The Health Board currently employs approximately 11,408.63 (FTE) and 12,998 (headcount) staff. The number of staff employed has reduced significantly from March 2019, mostly as a result of the Bridgend boundary change and the transfer of staff to Cwm Taf Morgannwg University Health Board. Set out is the detail of the staff who transferred on the 1<sup>st</sup> April 2019. See Appendix 13 for detail.

In addition NWSSP on behalf of Welsh Government will deliver the Wales National Workforce and Reporting System, which will identify all GPs' and health professionals employed in GP practices. Once the tool is fully functioning, it will provide accurate workforce data to enable better workforce planning for the sustainability of primary care and develop a multi-professional workforce plan to support the implementation of the new primary and community care workforce model.

The Health Board is reviewing its structures in order to strengthen them, and remove inefficiencies, based on staff feedback, and the need to ensure that they fully support our strategic plans. Changes will be made to the way some of our operational and corporate services are organised. Changes will be completed by the end of the first quarter 2020/21.

#### Aligning Service and Workforce Redesign

Delivering significant, ongoing and sustainable organisational change is a fundamental challenge for SBUHB. The current shape and configuration of our workforce is not sustainable due to a high number of vacancies and increased agency costs. We need to develop sustainable workforce models that we can recruit to and are financially viable. The Health Board has developed its Clinical Services Plan through clinical engagement, to ensure that our clinical leaders are shaping our services. The main priorities of the plan include a single unscheduled care intake, single frailty model and clusters caring for patients at home when safe to do so.

The future shape of our workforce focuses on developing skills, roles and ways of working which have the greatest impact and traction to deliver sustainable change. Our workforce plans address developing a sustainable workforce model through a number of approaches including developing multi-disciplinary teams in primary and community settings and rebalancing the workforce between in/out of hospital settings and aligning and integrating staffing solutions with social care. However, developing sustainable and new

workforce models will have a financial impact, as current models will need to continue alongside new workforce models for a period of time until our new models can be fully implemented.

In addition we are identifying services that may be fragile as a consequence of fragile medical rotas or where services are vulnerable as they are being delivered by single-handed practitioners. Once we have identified these areas, we can start to develop a far more strategic and co-ordinated approach to re-profiling and developing sustainable organic workforce plans which will be dovetailed into the workforce model to support the implementation of our clinical services plan.

Our priority areas for developing our workforce models and workforce plans include;

- Developing seamless integrated workforce models across health and social care. Our hospital 2 home model will allow patients to be assessed, cared for and re-abled at home through integrated teams of health and social care staff. In line with the Workforce Strategy for Health and Social Care.
- Redesigning the primary care workforce to free up the time of GPs.
- Developing new and extended roles, including increasing the number of non-medical consultant roles and advanced practitioners.
- Redesigning the contribution of the non-registered workforce and upskilling staff to release the time of registrants.
- To support multi-disciplinary teams and improve team working which is evidenced as supporting the most cost effective outcomes for patients.

Detail of our planned workforce developments are summarised in the sections below, as well as in the specific service thematic chapters.



## 3.4 Enabling Objective 7: Excellent Staff



### *Regional Clinical Services Plan*

Alongside our organisational clinical services plan we have a regional clinical services plan which sets out how we will collaborate with Hywel Dda University Health Board. We intend to work collaboratively on the following priority areas;

- Unscheduled Care
- Planned Care
- Cancer
- Women and Children's Services
- Public Health
- Clinical Support Services.

Both Health Boards contribute to National Programmes and priorities, now embedded within the NHS Collaborative work programme and includes a number of strategic programmes including Pathology and Imaging, strategic planning for a Major Trauma Network for South Wales and a single Adult Thoracic Surgery Service for South and West Wales and Powys, in addition to a number of Clinical Networks.

To support this plan we will work collaboratively to develop;

- Regional workforce plans.
- Rotations to provide the opportunity for staff to work across organisations
- Identify future skill development and training needs linking these to our education commissioning requirements.
- Regional strategies for the retention of our workforce.
- New roles such as pre-operative practitioners, generic healthcare support workers, and a range of advanced clinical practitioners.
- Recruit proactively using joint branding.
- Support partner organisations to promote health and wellbeing of staff.
- Link with regional healthcare partnership and plans for schools and colleges.
- Support the development of a new governance arrangement to facilitate single system working.

### **Risks**

Delivering significant and sustainable change is not without its risks from a workforce perspective, due to the high volume of vacancies that we have. We are attempting successful recruitment wherever possible, skill mixing and developing new and extended roles. In addition investment in the workforce and OD function will place us in a much better place to

support recruitment and workforce redesign. Investment will allow us to have a dedicated resource to support the recruitment and retention of our Medical workforce. However, we do recognise the risks that if we cannot recruit and redesign the workforce quickly enough that we will be forced to continue with unsustainable models in the interim which result in us needing to outsource services, rely on a contingent workforce, WLI payments and additional sessions to maintain services whilst we transform.

As a Health Board we fully recognise the risks, but feel that we are in a much better position to proactively manage them by taking the actions as described in the rest of the chapter.

### *Redesigning the Primary Care Workforce*

Within the Health Board's Primary and Community plan 2017-2022 workforce redesign is a key driver for service redesign. Funding from Welsh Governments transformation fund has supported the development of the Cwmtawe Cluster Project, developed by the West Wales Regional Partnership Board. The project will develop better integration between Health and Social Care and develop new ways of working.

Across all 8 of our clusters we are developing a multidisciplinary team approach to support the sustainability of our GP practices. We are developing cluster based Pharmacists, Physiotherapists, Mental Health Workers, Occupational Therapists, Audiologists and Social Prescribers. By developing this multi-disciplinary approach along with our telephone triage model, we are ensuring that patients are seeing the right person the first time so that our GP appointments are freed up for those people who can only see a GP and referral to secondary care services are reduced as we treat people closer to home.

In addition our social prescribing model provides alternative ways of supporting our patients allowing them to take greater control of their health and wellbeing, reducing the burden on primary and secondary care services.

One cluster who have developed a Chronic Conditions Nurse role have found that 98% of their housebound patients can now be treated at home avoiding admission to secondary care services. In another the cluster Pharmacists has reduced the number of GP consultations in addition to saving £80,000 on medication changes.

Other workforce diversification includes:



## 3.4 Enabling Objective 7: Excellent Staff



Development of community audiology services reduces the need for patients to travel to hospital and frees up the time of GP's.

Pharmacists working within clusters have reduced GP consultations and saved £80,000 on medication changes in one cluster.

Workforce models will be developed to support the Hospital 2 Home service which has the ability to assess care and re-able patients at home.

A Chronic Conditions Nurse treats 98% of housebound patients at home avoiding hospital admission in one of our clusters.

Developing rotations for Advance Practitioners across primary and community care, to support skill development and retention.

### *Developing New and Extended Roles*

The Health Board has developed a number of new and extended roles in a range of service areas, and continues to look to develop roles to capabilities framework for extended skills and advanced practice being developed under the Workforce Strategy for Health and Social Care will support this work.

Working with HEIW to introduce Physician Assistants (Anaesthesia) to theatres due to recruitment gaps which are exacerbated by HMRC taxation issues. This workforce can provide cover for theatre lists to reduce agency costs.

Advanced Practice Orthoptists release medical staff to work in high priority areas such as cataract surgery.

Consultant Pharmacist roles in a number of key areas such as unscheduled care, antimicrobial prescribing and cancer care, which will promote innovation and support prudence forging links with the University.

Neonatal Physiotherapy role developed to undertake specialist assessments previously undertaken by Consultants and working with Orthopaedics to develop extended practice Paediatric Physiotherapy roles.

Developing more reporting Radiographers and expand other areas of Advanced Practice in Radiographers to better utilise and develop skills and support shortages across radiology.

Developing Biomedical Scientists to take on elements of the Pathologists role.

Within Orthoptics non-medical staff roles are being extended within glaucoma, acute macular degeneration and diabetic retinopathy treatment and diagnosis

Within Medical Physics and Clinical Engineering, some tasks have moved from Consultant to other Health Care Science staff, in addition to the introduction of apprentices.

Development of a Neonatal Occupational Therapy role to undertake assessments traditionally undertaken by a Consultant.

Technologists, Medical Physics Experts and Consultant Clinical Scientists to take on roles traditionally undertaken by Consultant Oncologists.

Developing a Consultant Nurse in Fertility through the RCN Fertility Nursing Framework.



## 3.4 Enabling Objective 7: Excellent Staff

Two fast track trainees employed within Audiology, who will qualify as Associate Practitioners after 2 years.

Development of Advanced Practitioner Audiologist roles to shift demand from ENT to Audiology.

Developing and extending First Contact Practitioner Roles in primary care across Therapy services.

The development of AHP roles within occupational health and public health.

Developing extended roles for Neurophysiology Practitioners to support fragile National and Regional services.

Physician Associate roles created across secondary and primary care with the potential to be further developed in the Chronic Pain Service.

Developing specialist graphic roles within medical illustration to release clinical photography resources.

### *Redesigning the Non-Registered Workforce*

A significant amount of care is delivered by our non-registered workforce. It is important that we develop the entire workforce and provide opportunities for further career progression. As a result of significant nurse vacancies against a backdrop of increasing demand and financial constraint, we are utilising the NHS Wales Skills and Career Framework to introduce a level 4 Assistant Practitioner role who will have a flexible mix of skills to meet complex patient needs, whilst enabling registered practitioners to deliver what they have been uniquely trained for. Core job descriptions have been developed at bands 2, 3 and 4 to ensure consistency and clearly differentiate between roles.

Recruitment of a cohort of 5 Assistant Practitioners has been undertaken and they commenced in October 2019, which will enable recruits to undertake a bespoke induction and preceptorship programme. The Health Board has also collaborated with Swansea University to develop an accelerated 12 month trainee practitioner programme to commence January 2020 to support the development of band 3 trainee practitioners to band 4 Assistant Practitioners. There are further examples of the development of the non-registered workforce across the Health Board:

Pharmacy Technicians being trained to administer oral medicines to ensure timely administration of medication.

Development of band 3 scrub roles in ophthalmology for efficient injecting services in addition to developing HCSW to take on additional roles.

Band 3 and 4 roles have been developed to provide continuing care packages to children in the community.

Development of Pathway Co-ordinator role to support patients through the hospital pathway, reducing delays.

Increased use of band 4 Associate Practitioner roles in place of qualified Biomedical scientists.

Generic HCSW role developed to work within rehabilitation and the community.

Band 4 role developed within Occupational Therapy.

Development of a Therapy Assistant Practitioner qualification with HEIW.

Development of a Trainee Practitioner course with Swansea University to develop the Assistant Practitioner role, to support the nursing workforce.

## 3.4 Enabling Objective 7: Excellent Staff



### Implementation of the Nurse Staffing (Wales) Act (NSA)

The Nurse Staffing Levels (Wales) Act requires health service bodies to make provision for appropriate nurse staffing levels. Since April 2018 the Bi-annual establishment calculations have resulted in many changes to the nursing budgets. The implementation of the Nurse staffing Act has reduced the amount of measurable quality indicators, evidence that our investments in nursing budgets are contributing to safer care and improved quality. Falls, complaints, pressure damage and medication errors have all decreased.

The Health Board will ensure that all reasonable steps are taken to meet, maintain and monitor the nurse staffing level for each adult acute medical and surgical inpatient ward on both a shift-by-shift and long term basis. . The Corporate Matron post is a key role to maintain and monitor a robust governance process that needs to be in place to provide evidence of compliance with the Nurse Staffing Act.

The reporting element of the Act will be extended to both Paediatrics and Mental Health Services within the next 3 years. Other areas also being considered which include District Nursing, Health Visiting and Nursing Homes. The nursing resource requirement will need to increase as the Act is extended to the other areas.

### Volunteers

Our vision is to transform the way volunteers contribute to the Health Board. Volunteers will contribute in mutually beneficial ways that improve the experience of people using our services, improving the health and wellbeing of our communities. Our volunteer strategy has been developed co-productively with each goal and priority shaped by volunteers and employees throughout the Health Board. Our Volunteering Strategy Group will continue to be central to shaping how we deliver the strategy.

Our three year strategy has four strategic objectives;

- Goal 1 - To embed a leading, innovative and positive volunteering culture within the Health Board
- Goal 2 - To grow volunteering by inspiring more individuals from our diverse communities to participate
- Goal 3 – To enhance the volunteer experience
- Goal 4 – Develop collaborative partnerships to improve outcomes through volunteer activity.

### Shape of the Workforce – How we will measure our success

Improved staff survey results for team working.

Attractive local career and training pathways in place for the non-registered workforce

New & extended roles in place including Physician Associates, Specialist and Advanced Care Practitioners.

Advanced therapy roles within Primary Care, with rotational posts between community care and independent GP practices.

Cleat talent management and succession plans in place for professions and services.

Workforce plans developed to support delivery of the Clinical Services Plan.

Recruitment of a cohort of Advanced Practitioners.

### Workforce Resourcing

To achieve our ambitious transformational plans it will be critical to develop and implement creative and agile workforce resourcing strategies and approaches to ensure we are able to secure the workforce we need to meet our organisational needs. Our priorities are:

### Develop Workforce Resourcing Strategies

Improve recruitment and reduce vacancy levels.

Reduce turnover rates and improve staff retention.

Develop an internal staff bank.

### Vacancy Levels

The challenges of current vacancy levels and recruitment issues are well rehearsed and are a UK wide, if not international challenge. There are acute shortages of both nursing and medical staff, which affect not only the Health Board's ability to meet financial and performance targets, but also impact on quality and safety.





## 3.4 Enabling Objective 7: Excellent Staff



As at January 2020 the total number of vacancies within the Health Board is 918.95 WTE, across all staff groups. Our registered nursing and midwifery staff group has the largest number of vacancies. This currently stands at 393.31WTE.

Medical vacancies currently stand at 129.39WTE and subject to an establishment verification exercise to ensure its accuracy. In recent years, there have been changes to the immigration rules applied to doctors within the UK plus changes to training and number of posts available. This has resulted in a reduction of overseas doctors wishing to come to the UK to train/work; there has also been a significant increase in the number of doctors requesting to train less than fulltime. Both of these situations have had a significant impact on rotas and delivery of service. In addition, SAS doctors in hard to fill areas are turning down posts and moving across to England as higher salaries are being offered.

The introduction of the Deanery Educational Contract has also had an impact on the Health Boards delivery of services and training, the main issue is the introduction of 1:11 rotas. The increase in the number of doctors required to work a 1:11 rota has resulted in vacancies that previously were not part of the Health Board establishment. The recent advice that organisations can introduce some degree of flexibility in rota design will help this situation.

Consultants are a key part of the NHS workforce; they represent a significant investment for the individual Consultant and the Health Board. They are also a limited resource and the ability to recruit may be affected by the number of 'home-grown' training grades coming through the system to replace retiring Consultant and new Consultant posts. We also need to recognise the impact of changes to the pension scheme on workforce planning assumptions and the impact of early (pension related) retirements. Detailed vacancy data is attached as Appendix 13.

The number of GP practices across the SBUHB footprint is 49 compared with 77 in early 2017. This change is as a result of the Bridgend boundary change in addition to several practice mergers over the last 24 months. The on-going recruitment crisis of GP's has led to a rapid upskilling of the alternative workforce in General Practice. Mergers of practices are therefore encouraged in line with sustainability as a greater combined workforce and resource leads to a more stable and structured provision of healthcare. We will continue to work with primary care to develop staffing models and create attractive employment solutions.

### Turnover

The turnover rate for all staff within the Health Board (excluding junior medical and dental staff) currently stands at 7.59%. The figures have been adjusted to remove those staff who have transferred to Cwm Taf Morgannwg. A breakdown is attached at Appendix 13.

Whilst the overall turnover rate for the Health Board is not disproportionately high, an analysis has indicated that there are certain hot spot areas that need to be addressed and includes in particular the number of nursing staff that leave within two years of appointment.

### Recruitment and Retention

A comprehensive, multi- disciplinary Recruitment and Retention Plan is to be developed by March 2020. A suite of strategic approaches are being developed to address and improve the current situation and meet the challenges that are presented through employing a multi-generational workforce. This affects all aspects of the employment journey and changing employment aspirations of spanning baby boomer to millennial. These are described below.

### Nurse Recruitment and Retention

Turnover and vacancy levels have increased slightly for nursing staff. Significant focus will be given to these issues over the period of the plan to ensure that we recruit and retain these staff. We are currently on-boarding 125 new registrants via the student streamlining process to commence September 2019. However, the age profile of our nursing workforce is of concern.

Approximately 70% of General Practice Nurses (GPN) are aged 45 or over (HEE workforce toolkit 2016), with 27% of those over the age of 55 and preparing for retirement. It is recognised that a national deficit will be apparent in the coming years and therefore retention of this workforce will be vital. Local data is currently being collated to better inform us of the priorities for recruitment and retention.

In addition to working with Swansea University in relation to pre-registration opportunities and the CPD agenda, improvements in recruitment and retention will be developed through the following measures:

Utilising social media for specific recruitment campaigns to target advertising to relevant audiences through Facebook, linking adverts to on-



## 3.4 Enabling Objective 7: Excellent Staff



Work is underway to improve the support to nurses who are interested in working for us; this includes an enhanced preceptorship programme and clinical supervision.

Implementation of the Assistant Practitioner role to allow nurses to work at the top of their licence.

The Working longer readiness tool has been completed and the actions will be taken forward within the Transforming Care Programmes work stream.

The Welsh Student Streamlining project has now been embedded, and is a more efficient process of recruiting nurse students from Welsh universities without the need for formal interviews.

Return to practice nurses are being recruited in partnership with Swansea University.

Local recruitment days regionally organised to avoid duplication. These are heavily advertised across social media platforms.

On-going Implementation of our Nursing and Midwifery Strategy.

Analysis of leavers' data, particularly those in the first 12 to 24 months of commencing employment to identify hotspot areas.

In line with our Nursing and Midwifery Strategy, support nurses to engage in and lead on research activity. The Health Board will support a minimum of 3 nurses/midwives per year to undertake study to PHD level.

Overseas recruitment campaigns to Europe and the Philippines have been undertaken with further options being explored to recruit from the Philippines and India, nurses who already meet the NMC English language requirements. We currently plan to recruit a further 40 overseas nurses.

We continue to 'grow our own' nursing workforce by supporting increased numbers of Health Care Support Workers to undertake either a part time Degree or Masters course through Swansea University and the Open University.

Primary care related topics to be introduced within the new nursing programme, along with collaboration between Swansea University and the Health Board to ensure General Practice is a placement option for student nurses in the second and third year.

Streamline training and development pathways within Primary care to attract new and experienced nurses in this field.

Establishment of an 'internal transfer window' to enable nurses to move

### *Medical Recruitment and Retention*

To counteract the number of medical vacancies that we have, the Health Board is working with MEDACS to support the recruitment of doctors to substantive vacancies. A comprehensive recruitment and retention plan for the medical workforce is being developed. Increasing the supply of the medical workforce is seen as key in resolving the issues associated with a high cost locum workforce and increasingly the sustainability of clinical services. In addition we are identifying the number of job planned sessions that could be converted into new Consultant posts where they can be recruited and into alternative roles where recruitment is a challenge. We will:

Continue to participate in the BAPIO Campaign and explore further overseas initiatives.

Develop a proposal to establish a junior Doctor Welfare Officer to aid recruitment and retention.

Enhance the attractiveness of posts by developing posts that combine service and research/QI/education at junior level and posts at F3 level that blend working and experience in areas of special interest.

The introduction of a locum bank tied to the roll out of locum on duty. Locum on duty went live in December, with 600 Doctors now registered.

Offer a good experience for all staff with a robust induction, pastoral and mentorship support.

Continue to support the GP fellowship scheme and recruitment campaign which have proved successful.

Develop a GP retainer scheme to retain GPs past retirement age.

Work with MEDACS and other suppliers to support recruitment of doctors to substantive vacancies.



## 3.4 Enabling Objective 7: Excellent Staff



### Therapies and Health Science Workforce

Recruitment to therapies and health science is patchy with some groups recognised as shortage occupations including Radiographers, Nuclear Medicine Practitioners, Radiotherapy Physics Practitioners and Scientists, Sonographers, Orthoptists, Prosthetists and Psychologists. Particular shortages in Therapeutic Radiographers has led to radiotherapy backlogs. High vacancy rates in many professional groups lead to a review of organisational structure and possible efficiency gains with job planning and extending support roles.

Strategies employed to overcome the shortages include targeted recruitment and staff development. There are a number of initiatives being taken to provide in-service training in Biomedical Science, to allow employment of science graduates and support top up to registration. Further initiatives include:

Participation in local career fairs and open days across therapies.	Enhance the use of social media to advertise job fairs and open days.
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Develop advanced practice to ensure best value and the development of appropriate skills to support shortage areas.	Taking forward the Healthcare Science framework to release and harness the potential of this workforce.
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Collaborate with HEIW and education providers to identify new solutions to meet evolving service needs.	Development of band 7 Physician Associate posts across secondary and primary care, to retain this workforce.
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Continue to work with the Welsh Ambulance Service trust to develop Paramedic and Advanced Paramedic Primary Care schemes to benefit GP and OOH workload.	In conjunction with Gower College develop Health Care Science apprenticeships.
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A workshop arranged with Psychology and key stakeholders to develop initiatives to support recruitment, retention and redesign of the workforce has generated a number of ideas from improving our recruitment strategies to exploring alternative training routes. An action plan has been developed to be taken forward.

### Non-registered Workforce

Recruitment to the non-registered workforce is generally positive with no significant issues currently experienced. However, there will be a continual development of career paths and alternative routes to gain employment within the organisation including the Apprentice Academy, ensuring that recruitment of apprentice programmes align with future workforce plans and enable development of skills. In addition, we will shortly be recruiting a cohort of band 4 Advanced Practitioners, as mentioned above.

### Apprenticeship Programme

Our Apprentice Academy works in partnership with Neath Port Talbot College who fund a fixed term Band 5 post and an apprentice within the team. Gower College Swansea also have a Key Account Manager working with Swansea Bay Health Board to increase the opportunities for staff across the organisation to upskill and enrol on apprenticeship frameworks. SBUHB were the first Health Board within Wales to develop this partnership and it has resulted in the recruitment of just over 220 clinical and non-clinical apprentices with 67% of these progressing to higher level programmes or substantive posts within the organisation, and over 900 existing staff enrolling on programmes of all levels to develop and meet their training needs.

The pastoral support that the Apprentice Academy gives to the apprentices is a key factor in retention and their development into higher level apprenticeships or substantive posts within the organisation and without the support of local training providers funding staff within the team we would not be able to be as successful and offer the support, advice and guidance that we do.

### Reduce Turnover Rates and Improve Retention

We will give equal focus on retaining staff as we will to recruiting staff. To ensure that we understand and address the reasons why staff chose to leave the organisation. As a result of the number of nurses retiring which contributes to turnover rates, we are developing a “fabulous fifties” nurse retention survey to go out to nursing staff aged 50 and above to understand their retirement plans and whether they would consider alternative career options prior to retirement. We will;

- Implement a consistent organisational wide electronic exit interview process.
- Encourage nurses to consider alternative career options prior to retirement through our fabulous fifties nurse retention survey.



## 3.4 Enabling Objective 7: Excellent Staff



- Develop strategies to improve retention rates.
- Undertake specific analysis of leavers' data particularly for those in the first 12- 24 months of commencing employment.
- Develop strategies to ensure excellent staff experience.

### Internal Bank and Beyond

There is scope to develop the current nurse bank service to expand the potential of the internal nurse bank to better meet staffing needs. We are currently exploring options to introduce measures that would allow substantive staff who are paid monthly to receive weekly pay for bank work undertaken. We are currently working with Cwm Taf Morgannwg and NWSSP on a project to pilot a technical solution within ESR that will achieve this. We are also looking at extending the options to employ nursing staff at band 7 and above within band 6 bank positions to increase the potential pool of staff able to fill gaps in nurse rosters.

Ways to better incentivise, market and promote nurse bank working will be developed including the introduction of weekly pay for bank staff which is recognised as a key incentive for staff.

In addition, the scope of the current nurse bank will be extended. The intention is for the current bank arrangements to become a multi-disciplinary Staff Bank including other clinical groups of staff and more widely for A&C staff, estates and ancillary staff groups and AHP staff in line with KPMG recommendations. A medical staff bank has already been introduced and we will consider extending the bank to include independent General Practice.

### Workforce Resourcing – How we will Measure our Success

We will reduce the number of unfilled posts.	A reduction of turnover in the first two years of service.
Apprenticeship programmes aligned to future workforce plans.	Reduction in variable pay spend.
Multi-disciplinary bank in place.	GP retainer scheme in place.
More advance practitioners working	Career pathways in place.

### Professional Education

Health Education and Improvement Wales (HEIW) Commissions a wide range of Health Professional Education programmes. The current education contracts are due to end in 2021, and HEIW have engaged stakeholders in the renewal of educational contracts. The renewal of these contracts provides the opportunity to ensure that future delivery will be in line with "A Healthier Wales" and support the development of new flexible career pathways, inter-professional learning, delivery of education in partnership with Social Care Wales, More education in primary care and the provision of education locally to enable staff to learn closer to home. This will help to deliver the health and social care staff of the future. The Health Board has been actively participating in the engagement process.

### Disclosure and Barring Service Checks

In January 2019, Healthcare Inspectorate Wales (HIW) published a Special Review of the former Abertawe Bro Morgannwg University Health Board's handling of a former employee. As a result of the findings from this review, HIW has made a number of safeguarding and governance recommendations which all NHS Wales organisations are required to consider and respond to. As part of this, the Welsh Government has been asked to consider how the renewal of DBS checks for NHS staff can be facilitated across Wales as an important part of safeguarding patients. Once we have an all Wales approach, we will consider this through our Policy Review process.

One of the immediate actions required by the Health Board is to ensure that all staff, where required by their role, receive a DBS check. We are currently going through the process of identifying and ensuring that those staff who have not previously received a CRB/DBS check undertake one. The Health Board is currently funding the cost of all checks, which will have a financial impact on the Health Board.

### Workforce Efficiency

Improving the efficiency and effectiveness in how we utilise and deploy our workforce is a key area that will be addressed during the period of the plan. There are already a suite of plans in place which focus on this which will continue for the foreseeable future to ensure the required improvements are secured and embedded. The key challenges to be addressed include.

- Reduction of variable pay.
- Efficient staff deployment.





## 3.4 Enabling Objective 7: Excellent Staff



- Ensuring staff operate at the top of their licence.
- Reduction in sickness absence.
- Rightsized staffing establishments.
- Staff health and well-being.

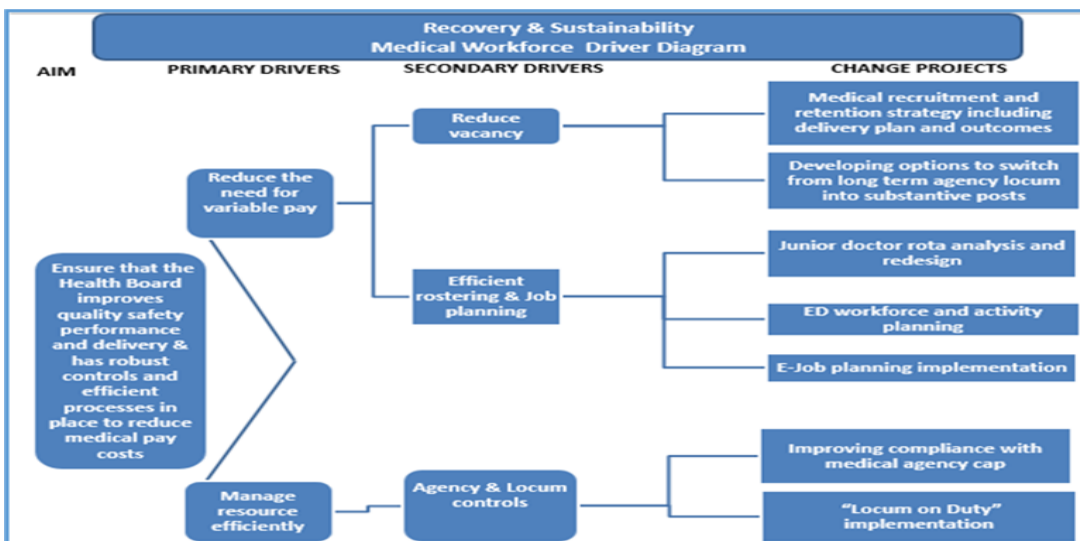
### Reducing Variable Pay

The percentage of agency costs against total actual pay costs increased significantly for 18/19 compared to 17/18 especially for Medical and Dental 6.1% (18/19) compared to 5.0% (17/18), for Nursing and Midwifery staff 5.7% (18/19) compared to 3.8% (17/18) and 2.5% compared to 1.2% respectively for Allied Health professionals. However, the increase for Allied Health Care Professionals was mainly due to winter pressures cover.

### Medical Workforce

Despite the introduction of the Welsh Government Agency Cap project while expenditure initially reduced market forces are impacting negatively on this pushing rates and costs up. Efforts are being deployed to attempt to reverse this trend. The Health Board has implemented an electronic system "Locum on Duty" which introduces a digital booking and approval system to increase transparency and good intelligence to help scrutinize and challenge decisions. We have commissioned Kendall Bluck to review the junior doctor rotas, explore the opportunities to reduce locum spend and a comprehensive review of the staffing of both ED departments at Morriston and Neath matching activity with optimum workforce models. There are a number of workstreams as a result of this work to increase efficiency.

To secure improvements in quality, safety, performance and a reduction in variable pay a number of change projects are being implemented. The change projects are identified in the diagram below:



### Nursing Workforce

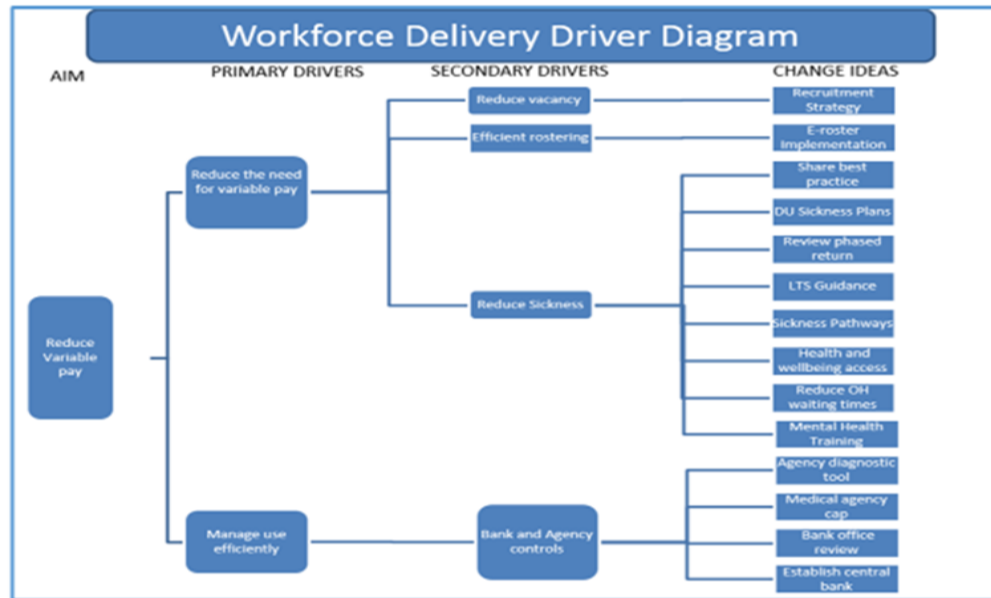
To ensure the efficient and effective use of our nursing resource in line with our Priority Work Programme schemes under workforce modernisation and efficiency the Health Board is migrating all nurses to the Allocate E-Rostering system which shares a common software platform with the Nurse bank software system. The integrated system will assist compliance with the Nurse Staffing Act by providing a complete view of substantive rosters and temporary staff to ensure adequate staffing levels. The implementation of the e-rostering system is aligned to a full review of shift patterns to ensure standardised shifts are established to meet service and patient needs. So far we have migrated the nursing workforce in both Singleton and Morriston Hospital with acute areas in Mental Health and Learning Disabilities to follow. We will monitor KPI compliance against the Nurse Rostering Policy. An additional module, 'Safecare,' will also be deployed which will provide a real time measure of patient acuity to ensure safe staffing levels are maintained. Our actions include:

- Complete the roll out of Allocate E-rostering on all sites.
- Develop systems to monitor compliance with the approved
- Deploy the Safecare module across all sites.
- Review bank and agency controls and strengthen the role of the
- Develop a rotational scheme for Advanced Practitioners between
- Revise the Nurse Rostering Policy





## 3.4 Enabling Objective 7: Excellent Staff



### Therapies Workforce

Under our Priority Work Programme scheme, we have a project which focuses on our therapies workforce to ensure that the structure of the therapies workforce is optimal in terms of quality, governance, efficiency and sustainability. In order to achieve this we are working to align the budgets and management of the therapies workforce underneath the relevant specialist Head of Service.

### Sickness Absence

The current rolling 12-month performance as at December 2019 stands at 6.07%. The in-month figure for December is 6.94%, compared to 6.45% for the previous month. The top reason for absence remains stress, anxiety, depression and other mental health illnesses, accounting for almost 30% of all absence. A detailed sickness analysis is contained in Appendix 13.

Four out of five Delivery Units have seen an improvement in long term sickness absence in September and each have action plans aimed at reducing sickness to an interim target of 5%. A number of actions have been developed and implemented as part of an overall sickness reduction plan, including audits on the management of sickness absence, the development of guidance on the management of long-term sickness, training and development and partnership working with Trade Union colleagues to build a collaborative action plan to improve attendance. The following specific actions are planned:

Continue the roll out of the new Managing Attendance at Work Policy, reinforcing the policies focus on staff health and wellbeing activities to increase attendance at work. So far 404 managers have been trained.

Learning events and collaborative action plan with workforce, OH and TUs working in partnership to improve attendance

Develop plan for implementation of learnings from best practise case study conducted in three areas of good sickness performance.

Provide HR guidance and support to hotspot areas by mapping a long-term plan that further supports managers to implement the principles of the Managing Attendance at Work policy. Ensuring managers are maximising all opportunities to increase attendance at work.

Application of an early communication strategy focused on providing early engagement and support to employees unable to attend work, Promoting Health and Wellbeing services in a timely manner based on employee's needs.

Continue the provision of the "Taking Care" staff wellbeing programme within high stress-related absence areas, empowering staff with the tools to self-manage their own health and wellbeing whilst at work.

Develop and implement improvement plan for occupational health services based on data analysis and engagement with clinical teams.

Create a cultural audit tool based on work from the Kings Fund further supporting the compassionate management ethos within the Managing Attendance at Work Policy.

Provide workshops for employees in collaboration with Health and wellbeing.

In support of the new Menopause policy menopause wellbeing workshops have commenced and will continue throughout 2020.

### Staff Health and Wellbeing Plan

Keeping staff well in work and reducing sickness absence rates is a key area of ongoing focus and as such staff health and wellbeing will continue to be a priority. Improving access to health and wellbeing services in a timely manner is a key part of the solution. The driver diagram below demonstrates the change projects that will support improved access and reductions in sickness absence rates.



## 3.4 Enabling Objective 7: Excellent Staff



The transformation of Occupational Health services will continue to include a more multidisciplinary approach using Allied Health Professionals and the Health Board is developing a sustainable prudent service model which includes scanning of all paper records to enable an e-record. We will continue to develop the Invest to Save funded 'Staff Wellbeing Advice and Support Service' which provides staff with a single point of access to gain timely health and wellbeing support, particularly related to stress, anxiety and depression and musculoskeletal problems. This service development has been accepted as a Bevan Commission Exemplar project. We will also work with HEIW to co-produce a Health and Wellbeing Framework across the health and social care workforce. Additionally, we will undertake the following measures to support the Health and wellbeing of our staff.

Develop interventions to focus on mild to moderate mental health problems.

Implement training for managers to use the Health and Safety Executive Stress Management Standards alongside training in managing mental health in work.

Working closely with related organisation such as Time to Change Wales to reduce the stigma and discrimination of mental health.

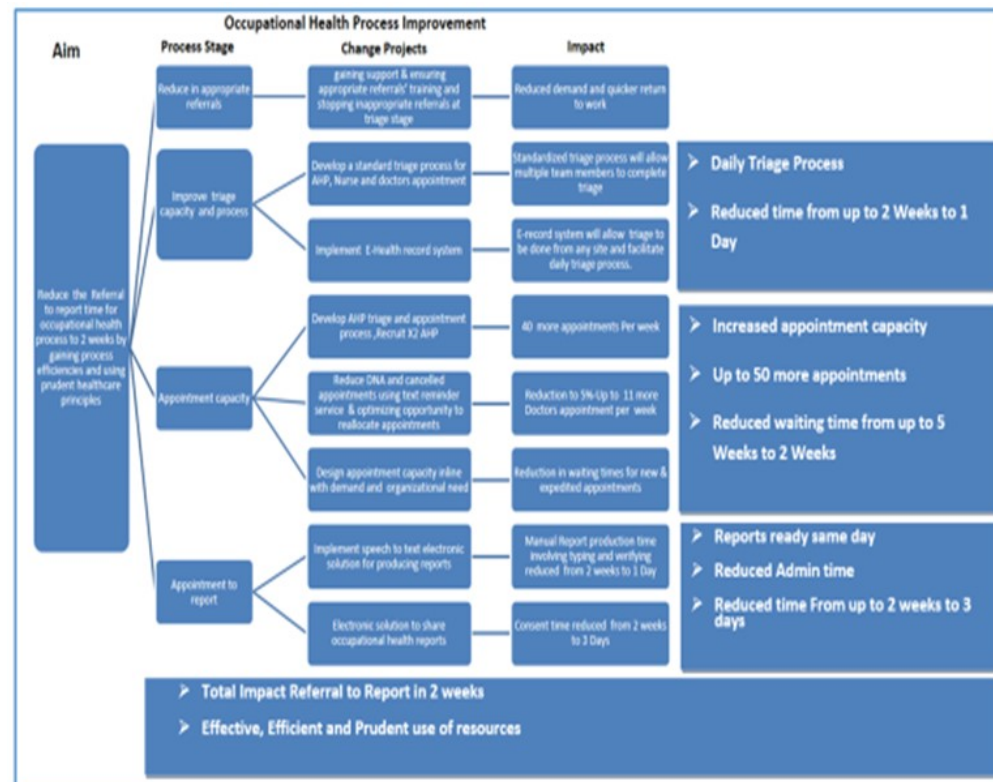
Continue to deliver initiatives such as Mental health awareness & HSE stress assessment for managers, (469 managers trained) self-management

Work in partnership with Welsh Government to deliver the 'In Work Support' service which supports the health and wellbeing of employees in small-medium enterprises.

Continue developing the Wellbeing Champion Network beyond the current 370 Champions.

The Health Board achieved revalidation of the Gold Corporate Health Standard in 2016 and a plan will be developed to assess our organisational readiness for the Platinum Award.

Ensure that staff receive the flu vaccine, the rate, for 2018/19 was 54.3% of frontline staff..



**Staff Operating at the Top of their Licence** - To ensure that staff are being deployed as effectively as possible we need to review roles to ensure staff are operating at the top of their licence to maximise their contribution. To ensure this we will;

- Review the role of the ward manager to support the development of skills and competencies.
- Review the Therapies and Health Science managerial infrastructures to ensure these are aligned to the new Health Board footprint.
- Support the professional development of nurse roles in Primary and Community care.
- Support the introduction of the round house model in urgent out of hours services to ensure the most effective use of medical personnel.
- Introduction of the Advanced Practitioner role.



## 3.4 Enabling Objective 7: Excellent Staff



**Rightsized Staffing Establishments** – There is a significant amount of work required by the Health Board to ensure that we have the right number of staff, in the right place, providing the right care or service. Therefore we will;

- Review ward skill mix, in line with the Nurse Staffing Act.
- Review Health Care Support Workers roles to ensure consistency with regards to bandings.
- Benchmark our therapies and health science staffing levels to ensure that they are aligned to the needs of our services.
- Develop a workforce change plan to deliver a re-profiled workforce.

**Digital Workforce Productivity** - The implementation of an integrated suite of digital workforce systems will enable us to realise further workforce productivity opportunities.

There has been recent investment in a number of digital workforce solutions, including e rostering, nurse bank system, Locum on Duty software, SafeCare and e Job planning. Unfortunately, the resource investment in ESR, which have been made in other organisations, has not been mirrored within the Health Board. The impact of this position is that there is significant waste and duplication in many core workforce processes, and a lack of up to date workforce information and analytics to support evidence based practice. A digital workforce vision for the Health Board is currently in development alongside a business investment case to support the achievement of an integrated and sustainable digital way of working for the Health Board, although it is acknowledged that this may take 3-4 years to achieve. Exploiting technologies that support managers by automating and managing working patterns and deployment is key to improving the efficient use of the available workforce. These systems will provide richer data and insight into how our workforce is utilised. An efficient and well managed workforce has a direct impact on patient care.

### Workforce Efficiency – How we will measure our success

Capacity and demand matched with job plans.	More of a focus on pay progression linked to performance.
Reduction in temporary staffing costs	Increase in the number of people receiving official recognition for great performance.

Reduction in Consultant and junior	Reduction in sickness absence.
Robust flexible working	Improved junior doctor rotas in place.
Advanced practitioner rotational posts in community & GP practices.	Generic roles in place for non-registered workforce.

### Leadership, Culture and Staff Development

Getting this right is the key to organisational success and will make the Health Board a great place to work and improve employee engagement and clinical engagement. Evidence demonstrates that organisational performance – quality, user satisfaction, mortality, financial, improvement, productivity, staff absenteeism - is directly linked to levels of employee engagement. The overall engagement score for staff from the 2018 Staff Survey demonstrates that it has increased from 3.68 in 2016 to 3.81 in 2018, which we will continue to build on. Our four pillars of work to achieve *excellence through our staff* are illustrated in the diagram below:





## 3.4 Enabling Objective 7: Excellent Staff



### Excellent Staff Experience

We know that great staff experience results in great patient experience and that every role counts. What people do and how they do it matters. We want the very best people to work for us so we can provide the very best care for our patients and communities. We want our staff to feel proud about the care we provide and feel connected to the Health Board and the teams they work within. In 2017, we launched our first Staff Experience Plan “In Our Shoes: *Creating Great Staff Experience at ABMUHB*” and this continues to be an organisational priority. This strategy has since evolved into the #ShapingSBUHB movement, which was created by our people themselves on the back of a programme of Executive Engagement and Staff Engagement Workshops that followed on from the results of the NHS Wales Staff Survey 2018. It focuses on delivering the actions identified and voted on by staff themselves under the categories of; 1. Great Leaders, Great Managers, 2. Healthy Workplaces and Wellbeing and 3. Innovation, Learning & Development, which were the 3 main areas for improvement from the Staff Survey. In delivering the #ShapingSBUHB movement, our priorities are:

### Our Values and the #LivingOurValues Campaign

Our Values & Behaviours are key to how we operate and interact with each other and patients on a day to day basis. By living our values we ensure we are being the best that we can be and are delivering the best possible care and experience for our patients, families and service users.



Launched in 2014, our Health Board values of; *Caring for Each Other, Working Together and Always Improving*, were developed in partnership with over **6,000** patients, staff and carers and are still as pivotal to service delivery today, as the day they were launched.

The #LivingOurValues campaign was launched in July 2019 at our Leadership Summit and invites staff to sign a pledge card which describes how they live our organisational values. The campaign is inclusive and encourages participation from every corner of the organisation from Board to Ward, including our committee structures, unit leadership teams and trade union partnership groups. The campaign is also integral to our internal development programmes, from induction through to our leadership programmes.

To date we have had over **500** pledges signed combining of teams and individuals, have over **30** #LivingOurValues workshops planned and have created a pledge-o-meter measuring how many pledges we have received both by Unit and the Health Board Overall. Our next steps are to continue to raise awareness through delivering workshops across departments, holding awareness raising stands and producing a ‘walk-in gallery’ of all signed pledges across our main Hospital and Community sites and to engage as many staff and teams across the health board in the campaign.

In December 2019 we launched our ‘Living Our Values Awards: *Celebrating the Swansea Bay Way*’ as part of our programme of recognition and reward and are currently out for nominations ahead of the first event in June 2020.

### Listening and Supporting Staff to Raise Concerns

Our aim in Swansea Bay Health Board is to create a culture of openness, honesty and respect which goes hand in hand with our Values. In listening and engaging with our people in respect of our Raising Concerns processes, there have been clear messages around the importance of confidentiality and the need for an independent service model.

In responding to this feedback and as part of our commitment to support Healthy Workplaces & Wellbeing, a number of actions have taken place to accompany and compliment our #LivingOurValues Campaign. These include the commissioning of ACAS to run workshops for managers, HR and Trade Unions in addressing inappropriate behaviours at work, including bullying which will continue to run in 2020 and the introduction of the Guardians Service Ltd in **May 2019** as a 1 year pilot.

The Guardian Service provides independent, confidential and non-judgmental support to staff raising concerns and focuses on working with both individuals and the organisation to reach a resolution. This can be in relation to any worry or risk in the workplace, including patient safety. Available to all employees, the service compliments all other support services available to staff such as Trade Unions, HR, Chaplaincy and Wellbeing Services. It operates 24/7 365 days a year and we are the first Health Board in Wales to trial the service model.



**The Guardian Service**  
Here to listen

To date, **64** contacts to date (May 2019 – January 2020), **111** Awareness sessions have been delivered by the Guardians across the Health Board including presentations to departments, wellbeing champions and weekend



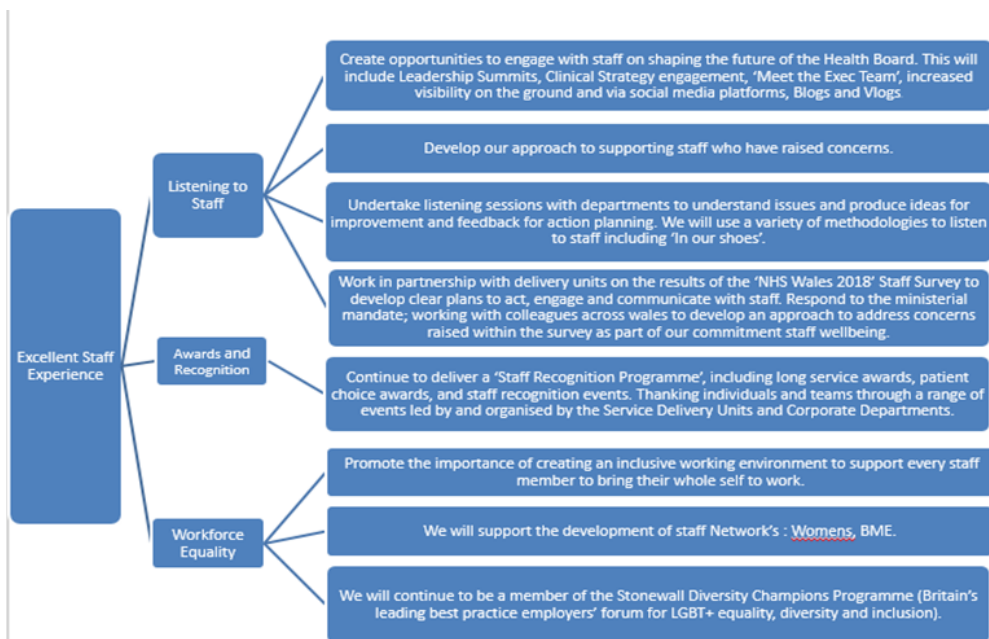
## 3.4 Enabling Objective 7: Excellent Staff



awareness stands held across all main sites. Further sessions are being co-ordinated to run from January to May 2020 and investigations on retendering and extending the pilot have commenced and supported by Board and the Executive Team. Monthly monitoring meetings will continue with Director of W&OD along with the 8-weekly monitoring meetings with Interim Chair as non executive sponsor.

### Healthy Working Relationships

Being healthy, well and our best in work is a key part of the NHS Wales strategy being developed across NHS organisations and NHS Wales. HEIW is undertaking work to review and change how we can best support healthy working. HEIW have held a number of workshops across NHS Wales to share thoughts on what healthy relationships look like and to turn those ideas into practical approaches. This work will help to support all of the work that the Health Board is undertaking to support our values and excellent staff experience.



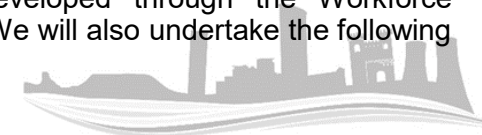
### Just Culture Model

In addition we are looking to pilot a Just Culture Model within Swansea Bay and Cwm Taf Morgannwg Health Board, which develops a lessons learnt approach from incidents and employee relations. The model is based on a model already introduced in Mersey Care Trust, NHS foundation Trust in England which develops a culture of trust, learning and accountability in the wake of an incident. It focuses on collectively addressing the harms and needs created by an incident, in a way that is respectful to all parties. It holds people accountable by looking forward to what must be done to repair, to heal and to prevent. By using this model staff feel confident to speak up when things go wrong rather than fearing blame, and allows valuable lessons to be learnt so that errors can be prevented from being repeated.

### Excellent leadership

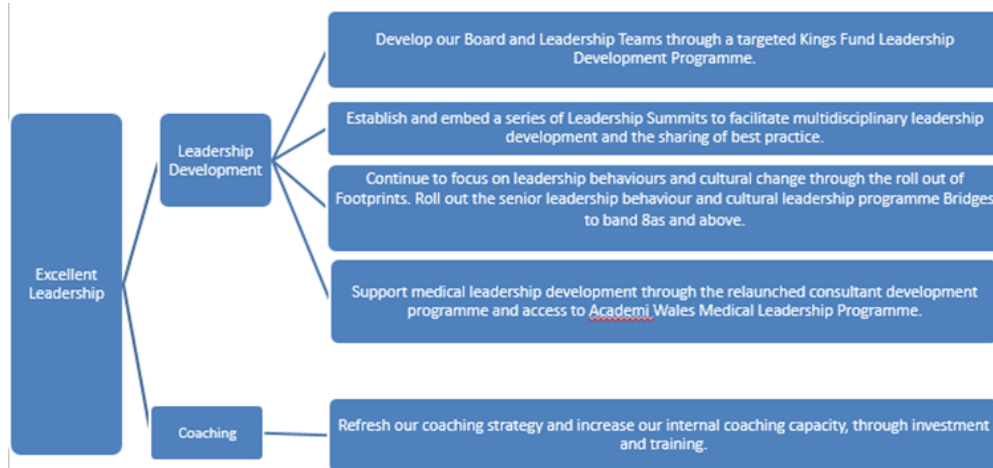
Developing values-based compassionate leadership capabilities is our priority; where leaders lead by example and demonstrate our Values and Behaviours in all that they do. We will achieve organisational success by equipping leaders with the tools to engage with staff, support and develop team working and empower our staff to have a real focus on improvement.

The 2018 staff survey results demonstrate that all scores on line managers have shown an improvement since 2016. The score on line managers being approachable about flexible working and on giving clear feedback has improved by 9% and 12% respectively. In addition, the score on staff agreeing that senior managers lead by example has increased by 7% and the question on effective communication between managers and staff has increased from 29% to 33%. As an organisation, we want to continue to build on these very positive results. HEIW have secured agreement from Welsh Government and NHS Wales to embed a collective and compassionate approach into the development of the Leadership Strategy for Wales. The approach developed by Michael West, Kings Fund is already providing the foundations for leadership development in health and care across other parts of the UK and Ireland. Professor Michael West will be attending a leadership summit within Swansea Bay in February to support our leaders to develop the required capacity and capabilities, and will support the consistent approach to compassionate leadership being developed through the Workforce Strategy for Health and Social Care. We will also undertake the following actions over the period of the plan.



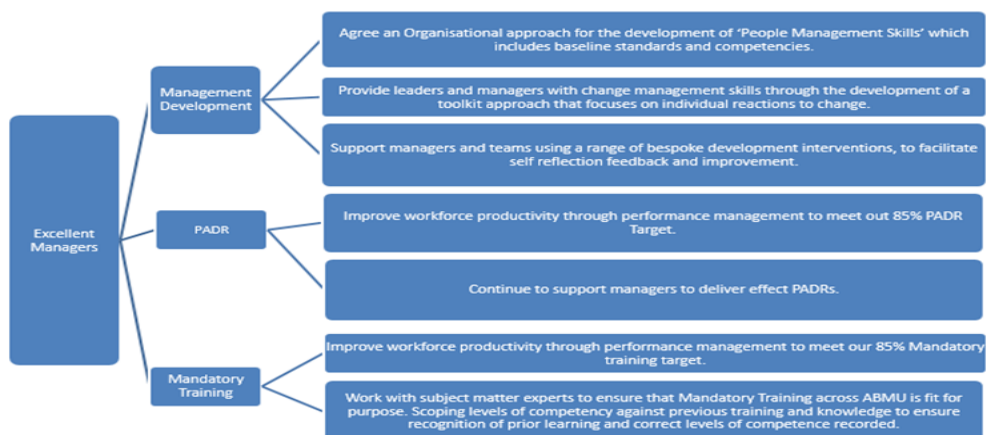


## 3.4 Enabling Objective 7: Excellent Staff



### Excellent Managers

The development of core people management skills will continue at pace to ensure that all new and existing managers have the skills to effectively manage individuals, teams and services, underpinned by our organisational values. We have delivered our Footprints leadership development programme which is aimed at band 4-7 staff. Over a 1,000 managers have attended Footprints. Following the success of footprints we developed our programme Bridges for senior managers. 100 senior managers have attended so far. We also launched a programme in 2019 the Managers Pathway programme which supports new managers to undertake their roles efficiently and effectively. Our priorities areas are illustrated below:



**Team working** - Research into the effectiveness of teams in Health Care identifies that the best and most cost-effective outcomes for patients and clients are achieved when multidisciplinary teams work together, learn together, engage in clinical audit of outcomes together, and generate innovation to ensure progress in practice and service. Within the recent staff survey, most of the scores on team working for the Health Board are above the NHS Wales scores. The response to the question on team members having a set of shared objectives has shown an improvement of 9% since 2016. In order to support teams and improve team working we will continue to use evidence-based practice and develop our network of team based working facilitators to support team development and team working across the organisation.

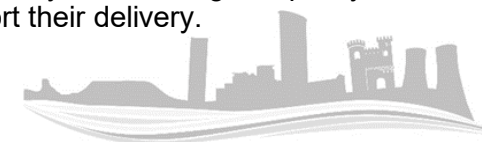
Building improvement skills is a core component in developing values-based compassionate leadership. This will be a key development priority as we roll out our Value-based Healthcare approach.

**PADR** - The overall percentage of PADR's recorded within ESR for the Health Board is 72.03% for January 2020. This is an increase on April's figure of 63.79%. The rate for medical and dental staff has decreased to 60.81%. The drop in results can be attributed to the boundary change in April 2019. Actions being undertaken to improve PADR results include;

- PADR training will be mandatory for all new managers who have people management responsibility.
- A research project is being undertaken which will make recommendations to improve future compliance.

**Statutory and Mandatory Training** - Compliance against the core skills and training framework is currently 81.90% at January 2020. This takes into account both current employees who are maintaining compliance as well as those who are new to the Health Board. (2018). Focused support to Facilities and Estates staff has improved compliance to 59%.

**Equality** - Under the Wales specific equality duties, the Health Board must publish Equality Objectives to ensure we are making progress with advancing equality and inclusion for all groups protected from discrimination under the Equality Act 2010. Our 2016-2020 Equality Objectives were published in March 2016 and help us to prioritise areas of inequality for action. The Objectives are supported by our Strategic Equality Plan that signposts to the actions that will support their delivery.



## 3.4 Enabling Objective 7: Excellent Staff



We must review our Equality Objectives every four years, and therefore have commenced engagement with key stakeholders. Their views and the Equality and Human Rights Commission's publication 'Is Wales Fairer' (2018) is being used to prepare our draft Equality Objectives for consultation in the new year.

We are mindful of the proposed commencement of the Socio-Economic Duty in Wales, and will review our Strategic Equality Plan in line with the guidance when this is issued.

The Equality Objectives will also contribute towards the achievement of the well-being goals within the Well-Being of Future Generations (Wales) Act 2015. With the pace of change across the Health Board, it is vital that we assess the impact that these changes create. By coaching and mentoring individuals, equality impact assessment will become embedded into processes ensuring that the best decisions are made.

The main areas for delivery include:

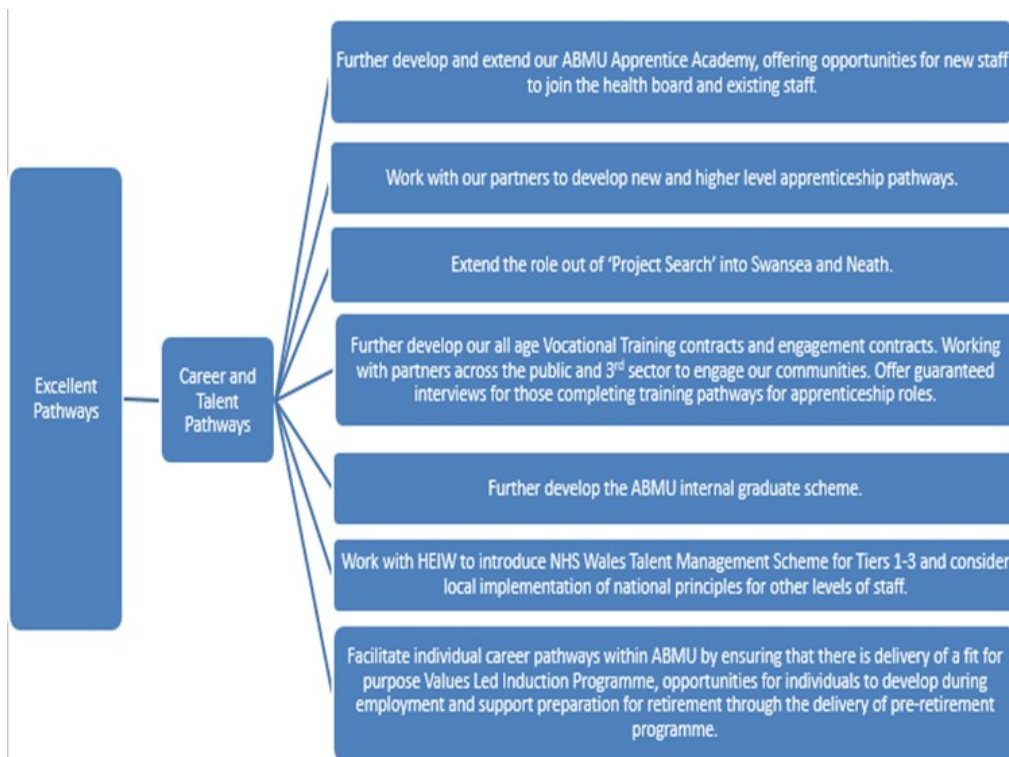
- Promotion of the importance of creating an inclusive working environment to support every staff member to bring their whole self to work.
- Supporting the development of Staff Networks for LGBT+, Women and BME staff.
- Continued participation in the Stonewall Diversity Champions Programme (Britain's leading best practice employers' forum for LGBT+ equality, diversity and inclusion).

### **Excellent Talent Pathways**

The demographics of the workforce is changing and we will soon have five generations in the workplace at once. Our future planning will therefore take account of these generational differences in terms of workforce behaviors, what motivates employees and that different generations need to interact and connect. These challenges are also set amidst an ageing UK workforce. More than ever before, we need to rethink familiar approaches to challenges around workforce planning, recruitment, staff development, talent management and succession planning. The future is about building a wider labour market of choice, about developing skills in the community and equipping people (not just staff but also people who use services, carers, volunteers and all who make up the support networks in our communities) with the right competences. We must also take into consideration specific to ensure that a skilled workforce is available to implement the Health Board priorities through widening access to roles, job and workforce redesign,

appropriate and timely training and development of robust policies and procedures. In addition, we are ensuring that all our training and development programmes reflect our Health Board values and behaviours.

In order for us to meet the expectations set out within the Wellbeing of Future Generations Act (Wales) 2015, we will work to widen access to opportunities in the Health Board through our apprenticeship programmes, our project SEARCH which provides an internship programme to support people with learning disabilities to have work experience combined with a qualification in employability and independent living skills and Vocational Training opportunities that we offer. The development of talent pathways will be complimented by internal identification of talent and the roll out of effective Talent Management and Succession planning toolkits, in line with NHS Wales National Succession Strategy and the work being undertaken by HEIW. This will ensure that staff can see clear development routes and are able to proactively embrace opportunities. This will include:



## 3.4 Enabling Objective 7: Excellent Staff



### Leadership, Culture and Staff Development – How we will measure our success

Improvement in annual staff survey and family and friends completion rates and scores.	Reduction in sickness absence to 5%.
Reduction in the perception of bullying and harassment.	Growth in the number of coaches and mentors across the Health Board.
Appraisal compliance at 85%.	Mandatory compliance levels at 85%.
Growth in the number of apprenticeships.	Reduction in the number of ER cases.
Established staff networks in place.	Managers demonstrating good people management skills.
Improved retention rates in the first 2 years of service.	Clear talent and succession plans in place.

### Pay and Reward

As a Health Board we must always seek ways to creatively reward our staff within the nationally agreed pay arrangements. It is also important to recognise that reward is not always aligned to pay and needs to be viewed in the broadest sense. A number of initiatives that will be explored during the forthcoming period are outlined below.

- Incentivise bank arrangements to increase supply including weekly pay which will be introduced April 2020.
- Creative design of junior doctor roles to enhance recruitment
- GP retainer scheme to encourage GPs to continue in practice

### Pay and Reward – How we will measure our success

Introduce measures to incentivise substantive staff to join the nurse bank.	Swansea Bay University Health Board multi-disciplinary bank in place.
Reduction in agency and locum usage	Improved engagement with junior doctors.

Improved engagement with junior doctors. Improved junior doctors' survey result.

GP retainer Scheme in place. Creative non-pay reward schemes

### Workforce and OD Function and Capacity

Resolving the workforce challenges of the Health Board requires an exceptional workforce team who have the capacity and capability to work with managers and staff to deliver the extensive range of workforce interventions outlined in this plan. Without this intensive focus on strategic workforce issues the Health Board will be unable to secure the organisational transformation outlined in this plan. The Health Board have made the decision to invest in the workforce function to enable it to be re-structured to better meet the requirements of the new Health Board.

Investment within the function has allowed for the appointment of three Investigating Officers. Their appointment has significantly reduced the time taken to complete an investigation and provided consistency of approach. We have also seen a significant reduction in the number of employee relations cases, due in part to undertaking a more thorough analysis of the issues and circumstances before moving into a process.

We have also, to support our work, engaged ACAS to facilitate workshops between workforce staff and trade union colleagues to improve partnership working. We have seen the benefit of this in the work that we do. Our trade union colleagues will be supporting us to embed the Just Culture approach.

Our key core workforce priorities are summarised in the diagram below however a number of these developments are dependent on a successful business case to secure more resources.

### Workforce and OD Function & Capacity – How we will measure our success

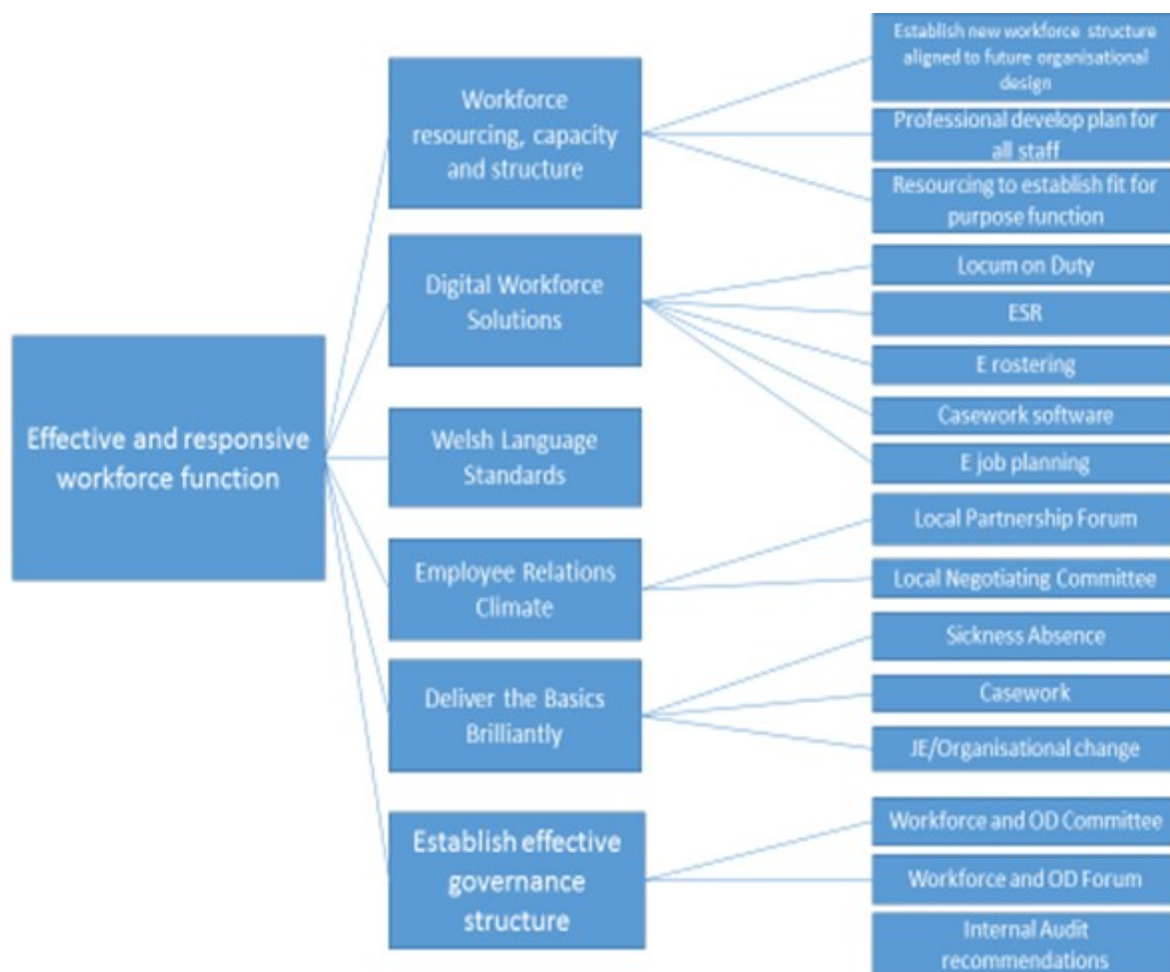
Workforce and OD restructure completed.	Improved sickness absence rate.
Decrease in Employee Relations cases.	Improved PADR rates.
Improved workforce information and analytics, and audit outcomes.	Improved relationships with staff side and improved partnership working.

## 3. 4 Enabling Objective 7: Excellent Staff



Capacity within workforce to manage change well and provide OD support.

Improved people management and leadership skills across the Health Board.






## 3. 4 Enabling Objective 7: Excellent Staff



### ANNUAL DELIVERY PLAN

EXCELLENT STAFF: WORKFORCE Summary of Key Actions	Ref.	Milestones 2020/21		Measures
Ensure that our Workforce and OD Framework and actions align to the Workforce Strategy for Health and Social Care.		Q2	Align the Organisations Workforce and OD Framework to the workforce strategy for Health and Social Care.	 Workforce Outcome Measures.
		Q3	Work with HEIW and other partner organisations to implement the action plan for the Workforce Strategy for Health and Social Care.	
		Q4	Above is on-going.	
Develop a multi-disciplinary Recruitment and Retention Strategy.		Q1	Organise a workshop with professional leads.	
		Q2	Develop the organisations strategy and agree measures for success.	
		Q3	Share with professional groups and key stake holders for comment.	
		Q4	Approve the strategy through Workforce and OD Committee and testing.	
Implement the “Just Culture Model”		Q1	Just Culture Model to be Commissioned to be delivered in March.	
		Q2	Implement the Just Culture Model.	
		Q4	Evaluate implementation – on-going.	
Implement actions to reduce Sickness absence		Q1	Continue the roll out of the New Managing Attendance at Work Policy.	
		Q2	Implement and adopt a manager approach following MAW training.	
		Q3	Create a cultural audit tool from the Kings Fund further supporting the compassionate management ethos.	
		Q4	Improve our sick absence rates on Q1.	
Identify fragile services and rotas and develop sustainable workforce plans		Q1	Identify fragile services and rotas within the Health Board.	
		Q2	Work with these areas to develop sustainable Workforce plans. – On-going.	
		Q3-Q4		
Continue with our Values work, Staff Experience and Compassionate programmes.		Q1	Continue to offer the Guardian Service as a confidential support service for staff 24/7 for any work related concern and evaluate the service at the end of the 12 months in May 2020.  Establish the continuation of a Freedom to Speak Up type service through re-tendering and feeding into the work of the National Sub Partnership Forum	
		Q2	Deliver further ACAS workshops to address inappropriate behaviours at work, to ensure all hotspot areas are met	
		Q3	Evaluate the impact of the #ShapingSBUHB Agenda and the #LivingOurValues Campaign through sharing of pilots, findings and Staff Stories	






## 3. 4 Enabling Objective 7: Excellent Staff



### ANNUAL DELIVERY PLAN—TO BE COMPLETED

EXCELLENT STAFF: WORKFORCE Summary of Key Actions	Ref.	Milestones 2020/21		Measures
Excellent Leadership Management and Improved skills.		Q1-Q4	Develop our compassionate leadership capabilities by embedding a collective and compassionate approach within our organisation. – Ongoing.	 Workforce Outcome Measures.
		Q4	Achieve 85% target for statutory and mandatory training.	
Improved Health & Wellbeing		Q1-Q4	Delivering Wellbeing services to support the Menopause policy. Continue with interventions to support wellbeing of staff and promote positive mental health. Deliver timely interventions aimed at preventing absence from work e.g. MSK and Mental Health. All ongoing.	
Improved Workforce Efficiency – Effective Rostering.		Q1	Develop scrutiny panels to support efficient rostering in Mental Health and Morriston. Evaluate the impact of rostering improved practice and efficient rostering in Singleton. Go live with the “collaborative bank” which will enable weekly pay for substantive workers working bank shifts to improve take up of registering with the bank.	
		Q2	Working with community services to support the development of a roster solution to improve rostering efficiency and support clinical delivery.	
		Q4	Roll out of Safecare across all delivery units. (Delayed from Q1).	

Workforce Enablers and Implications	Financial Enablers and Implications
<ul style="list-style-type: none"> <li>Additional investment in Workforce and OD will result in the function being better able to support the Organisations aims and objectives.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Capital Enablers and Implications	Digital Enablers and Implications
<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>We will require the support of the IT Department to allow us to become more digitally enabled.</li> </ul>



## 3. 5 Enabling Objective 8: Outstanding Research, Innovation, Education and Learning



### 3 year Outcomes

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

### 5 year Outcomes

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

### 10 year Outcomes

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

### STRATEGIC CONTEXT

We consider research to be a fundamental enabler to deliver our HB strategic aims of achieving 'Better Health' and 'Better Care' for the population of Swansea Bay UHB. As part of our core value of 'Always Improving', we will continue to enable access to high quality research studies for our patients and strengthen our research portfolio across the Health Board. As a University Health Board, we are committed to supporting a research-led clinical culture, where achieving best outcomes for patients is at the heart of what we do and our staff have the ability to work on the latest developments and innovations, supporting excellence and ambition.

As we evolve our research strategy, we will continue to align our objectives to the national research objectives of Health and Care Research Wales and reflect the drivers within 'A Healthier Wales' notably supporting our local population to live healthier lives through ensuring our research activity is focussed not only secondary care clinical trial activity but that we also support and engage in community and population based programmes of research.

### CHALLENGES

Our strategic intent of creating a fully immersive research culture is not without challenge. Notably the wider UK landscape of Brexit and its potential challenges for staff recruitment and retention, the

pipeline of clinical trials sponsored by the pharmaceutical and medical device sector and research grant funding. We are also transitioning into a new model of allocation for the research funding received from Welsh Government. The anticipated model will be 'needs based' rather than activity based – this will present opportunity and challenge, but requires agility in workforce planning and clear research priorities to be set for each year.

Delivering high quality research is contingent upon a number of factors. We acknowledge the challenge of ensuring our staff have the protected time they need to dedicate to research to meet the demands of Research Sponsors in a climate which is globally competitive and requires high level efficiency. Metrics focus on speed of patient recruitment and often research studies continue over a number of years and, therefore, clinical staff need to be fully resourced in time and skill to support patients throughout their journey of being enrolled within a research study and data collected meets Sponsor protocol requirements.

### KEY IMPROVEMENTS

#### Alignment to National and Local Strategy

We will develop a research portfolio which aligns to both the national research strategy led by Health and Care Research Wales and our own local Organisational Strategy and Clinical Services Plan. To do this, we have identified the following as research priorities and will create objectives within our annual plan which speak to these areas:



### Sustainable Development Principle:

#### Integration

#### Research Partnerships

In partnership with Swansea University, we will continue to strengthen our Joint Clinical Research facility to conduct clinical trials in areas of clinical priority affecting our local population. We will maintain our status as one of the UK's 'Centres of Excellence for Diabetic Research' in partnership with Sanofi, continue to collaborate with bio-engineering colleagues at Swansea University to lead research into developing new biomarkers for cancer, We will also work with Health and Care Research Wales Speciality Leads across Wales.



## 3. 5 Enabling Objective 8: Outstanding Research, Innovation, Education and Learning



### Research Priority Area 1: Clinical Trial Excellence

We will continue to deliver clinical trial excellence across a breadth of clinical areas and develop further clinical research activity within all of the clinical service ambition areas as listed in our Clinical Services Plan. In partnership with Swansea University, we will continue to strengthen our Joint Clinical Research facility to conduct early and later phase clinical trials in areas of clinical priority affecting our local population. We will maintain our status as one of the UK's 'Centres of Excellence for Diabetic Research' in partnership with Sanofi, continue to collaborate with bio-engineering colleagues at Swansea University to lead research into developing new biomarkers for cancer, maintain our reputation for rapid recruitment into clinical trials across specialities of Cancer, Multiple Sclerosis, Maternity, Cardiac, Renal, Hepatology, Stroke and Trauma. We will work with Health and Care Research Wales Speciality Leads across Wales (of which Swansea Bay clinicians are appointed leads in Diabetes, Surgery, Hepatology, Stroke, Injuries & Emergency) to stimulate uptake of clinical trial activity in areas of Mental Health, Primary Care and Respiratory.

### Research Priority Area 2: Digital Innovation supporting service transformation

We will support our staff to transform their practice through the use of digital technology. This will involve submission of research and innovation bids focussing on provision of digital platforms to support care, building upon achieved research outputs in Physiotherapy, Rehabilitation Engineering and Pharmacy.

### Research Priority Area 3: Maximising Innovation Output

We will build upon the release of our Intellectual Property Policy (2017) by developing a clear pathway for the assessment and management of IP arising from in-house research, development and innovation. We plan to establish an organisational innovation hub and to work as a key partner with the newly established Regional Research, Innovation and Improvement hub for South-West Wales. This ambition requires appropriate use of the R&D budget to adequately protect Intellectual Property (IP) and working closely with wider elements of the infrastructure, such as AGORIP (and whatever sub seeds it), to seek out viable collaborators and negotiate fair IP terms accordingly.

### Research Priority Area 4: Strengthening our research data quality and systems

A key focus for our research agenda is to ensure our data systems are

robust, of high quality and transparent. This will support effective use of R&D budget investment into areas where we can identify strong research activity to continue supporting excellence while also identifying areas which require pump priming to grow research ideas.

From a systems perspective, we will work with colleagues across Wales to implement a 'One Wales' approach to research approvals, consistent with the UK strategic driver to create an approvals environment which is attractive to Research Sponsors for being streamlined and efficient. This will include continue roll out of a 'One Contract' and 'One Costings' system for Wales and continued compliance with the All-Wales Research Finance policy.

### Research Priority Area 5: Public Involvement & PROMs

We will ensure that the research we conduct is relevant to the population we serve, both in terms of prevalent disease areas, and health inequality issues. We will endeavour to create a balanced research portfolio of Industry sponsored clinical trials and non-commercial clinical trials where protocols have been shaped through clear public involvement. We will utilise networks such Health and Care Research Wales 'Public Involvement Delivery Board' to ensure public involvement in development of our in-house Sponsored studies.

We will commit to raise awareness of our research successes through increased use of media releases, and appropriate use of social media to highlight the importance of research in helping achieve the strategic aim of 'Better Health and Better Care'.

### Research Priority Area 6: Routine data

We recognise that applying the principles of 'Value Based Healthcare' will be central to our ability to create sustainable services which deliver outcomes that matter to patients. We will build upon our collaboration with partners such as SAIL to undertake whole system research utilising data sets such as routinely collected clinical PROMS to inform service planning and transformation.

### Research Priority Area 7: Building Primary Care & Community Based Research

We will improve research activity within primary care through increased investment in research delivery staff working across the primary and secondary care boundaries. We will build upon our current successful research grant capture in areas of well-being and community rehabilitation to help inform clinical strategies for supporting Better Population health.

### 3. 5 Enabling Objective 8: Outstanding Research, Innovation, Education and Learning



#### ANNUAL DELIVERY PLAN

Key Actions		
Action	Year 1	Measure
Increase in number of Health and Care Research Wales Clinical; Research Portfolio studies and commercially sponsored studies.	Increase in both commercial and non-commercial studies open and recruiting	NHSDF_65 NHSDF_66
Increase in number of participants recruited into Health and Care; Research Wales Clinical Research Portfolio studies and commercially sponsored studies.	Increase in both commercial and non-commercial number of participants	
Development of Innovation management pathway.	Creation of Innovation MDT	
Support roll out of One Wales processes.	Contracts and costings process working effectively	

Workforce Enablers and Implications	Financial Enablers and Implications
<ul style="list-style-type: none"> <li>Continue to raise awareness across the organisation of research opportunities</li> <li>Support the development of the Innovation Management Pathway.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
Capital Enablers and Implications	Digital Enablers and Implications
<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>



## 4. Enablers





## 4.1 Capital, Estates and Facilities



### STRATEGIC CONTEXT

The Health Board continues its ambitious programme of improving its estate and modernising hospital facilities in 2020/21. The main focus of our modernisation plan remains the development of safer and more acceptable state-of-the-art clinical accommodation and supporting infrastructure.

Our capital plan has been prioritised to support a number of aims enabling improvements required across the Targeted Intervention Areas, continuing to maintain and modernise our existing estate and replace clinical equipment and accelerating strategic developments linked to our local and regional service transformation and stability.

### KEY IMPROVEMENTS

#### Putting Fire Safety First

Following a detailed investigation by an independent Fire Engineer a review of the existing cladding on Singleton Hospital's Main Ward Block, the recommendations in early 2019 were to remove the existing cladding and replace it with a design and materials that fully comply with current fire regulations. The flank walls cladding removal project was completed at the end of 2019. The replacement of the main façade scheme is due to commence in the first quarter 2020 and will be delivered under a D4L: BFW Framework.

#### Anti-Ligature works

The Health Board is committed to reduce the risk by undertaking a programme of works concentrating on high risk areas of low observation which includes installation of new anti-ligature alarmed doors, toilets, and modifications of any unobserved areas. HBN 35 has been used in scoping the anti-ligature works. Product selection is currently being finalised with planned work being undertaken in 2020/21 dependent on funding from the Welsh Government.

#### New Road for the future development of Morriston Hospital

The Health Board has acquired (with the Welsh Government support) a number of parcels of land to the North and East of the Morriston Hospital site in order to safeguard the future expansion of services. The Swansea Local Development Plan for 2010-2015 is currently being developed by the City and County of Swansea Council including the expansion of Morriston site with proposals being developed alongside appropriate new road and enhanced highways infrastructure. Following appointment of WSP

Consultants the project is in early design development stages. We are progressing a master plan for future services on Morriston site with a Hybrid planning application being submitted to the Local Authority end of November 2020. Construction of the road would take approximately two years.

#### Keeping the Lights On

Through our Environmental Modernisations Programme Business Case the Health Board is taking forward an ambitious 10-year programme of environmental modernisations on its acute hospital sites to address environmental safety, compliance and capacity to support our clinical and non-clinical services.

Phase two (stage 1) was completed in December 2019. This stage was enabling works to support the development of a new Electrical Sub-station 6 at Morriston Hospital. Phase 2 (stage 2) procurement will commence in first quarter 2020 to provide a fully compliant new substation, which will provide extra electrical capacity and additional support for Morriston's chilling requirements.

#### Prioritising Patient Safety & Comfort and Delivering on Infection Control

We plan to build on the successful essential repairs and replacement of antiquated infrastructure within ward areas in 2020/21. Plans are being formulated to address essential improvements in AMAU, wards G, A and S at Morriston Hospital during 2020/21, subject to ensuring access to ward Areas without impacting on bed capacity during the winter period.

#### Delivering our Clinical Services Plan

Several Primary Care projects are currently at planning stage and will be delivered under the Welsh Government's Wales' Pipeline Investment Plan funding route. The redevelopment of Murton Clinic was completed in November 2019. The major refurbishment of Penclawdydd Health Centre will be completed in the first quarter 2020. These developments and planned developments for a £20 Million Wellness Centre in Swansea City Centre (latter at planning stage) will aim to improve quality outcomes for our populations and reduce Health Inequalities.

#### Wraparound Ward at Morriston

The Health Board is planning innovative solutions for increasing beds and ward areas for medical and surgical services to meet current and future demand, with a new build single storey extension planned on the existing Surgical Day case Medical Unit with increased trolley space and treatment rooms.



## 4.1 Capital, Estates and Facilities



### **Surgery and Cancer**

The Health Board is progressing development of Critical Care and Specialist Surgery Centres, a Cancer Centre Programme Business Case and improvements in Imaging and Diagnostics. This includes the replacement of Linac C, Permanent PET CT scanner and CT Sim replacement together with funding approved by the Welsh Government for the replacement of 2 Gamma Cameras at Singleton Hospital.

### **Regional Cellular Pathology and Regional Immunology Services at Morriston Hospital.**

The ARCH Partners are committed to establishing a sustainable South West Wales Regional Cellular Pathology Centre of Excellence. This project is a partnership between SBU and HDU Health Boards. The SOC was submitted to Welsh Government in March 2019, and following approval by Welsh Government, this investment aims to develop a fit for purpose and co-located regional service for cellular pathology and for diagnostic immunology services at Morriston Hospital. Proposals for a capital solution new build include an Advanced Therapy and Treatment Centre (ATTC), shell and core area to support future cell and gene therapy and the promotion of research and development for patients with challenging conditions.

### **Major Trauma Centre**

The Health Board is working with WHSSC to establish a Major Trauma Centre at Morriston Hospital in support of the Trauma Network Programme in Wales. This project is at planning stage with Leads developing a business case to take this project forward.

### **Regional Thoracic Services**

Following the conclusion of WHSSC's engagement process to decide the future configuration of Thoracic Surgery Services in South Wales, the Health Board has been working with commissioners and the Royal College of Surgeons to improve Thoracic surgery at Morriston Hospital. Plans are being worked up to provide capacity and state-of-the-art facilities and services at planning stage.

### **Hybrid Theatre at Morriston Hospital**

The Health Board is planning to develop a Vascular Hybrid Theatre at Morriston Hospital. This investment aims to improve vascular pathways within the region and to promote healthier outcomes for vascular patients. Currently working on the Strategic Outline Case.

### **Regional & National Priorities**

The construction stage to support the development of a Transitional Care Unit (TCU) and to improve Neo-natal and postnatal capacity on the

Singleton Hospital site is at an advanced stage and is due to be completed at the end of 2020. This £9.71 Million investment aims to improve patient's outcomes and experience and to meet the changes taking place in patient flow across South Wales.

An interim Wales Mother and Baby Mental Health (Perinatal) Unit is being developed at Tonna Hospital. This service will provide a local and fit for purpose environment for the care of mothers and babies and will be fully compliant with best practice.

In addition to the approved All – Wales Capital Projects the planning process and corresponding work to identify and address service, estate and equipment risk has identified a number of priorities for capital investment which cannot be accommodated from the Health Board's available Discretionary Capital Funding. These are therefore put forward for potential funding from the Welsh Government Strategic Capital Programme. The Proposed Discretionary and All Wales Capital Programme Summaries are shown at the end of this section.

### **OPERATIONAL ESTATE AND TECHNICAL SERVICES**

Operational Estates and Technical Services cover a wide portfolio of issues from planned preventative maintenance, reactive breakdown maintenance services to ensure that we meet our statutory obligations, energy monitoring and management, waste and environment.

The Estates function embraces the Health Board's values especially the need to always improve as we recognise that the Estate has a key role to play in the delivery of clinical services and has a significant impact on the patient and staff's experience when they spend time within our properties.

The Health Board has an ageing Estate with significant backlog maintenance costs associated with its sites. To address the backlog maintenance issues the Department has submitted a number of capital bids to address specific risks that have been identified. However, what this does not do is take into consideration any clinical services aspirations to change or improve their services to ensure that the Estate is developed. To meet the clinical requirements of the Health Board the Department, together with colleagues from Capital Planning are developing the Estate Strategy which will set out the long-term Health Board priorities for the Estate. These have to reflect the Clinical Services Plan and plans that have been developed by the individual Service Units. Whilst the Department has the information on the condition of its Estate this information is not considered robust and is based on historic information.

## 4.1 Capital, Estates and Facilities

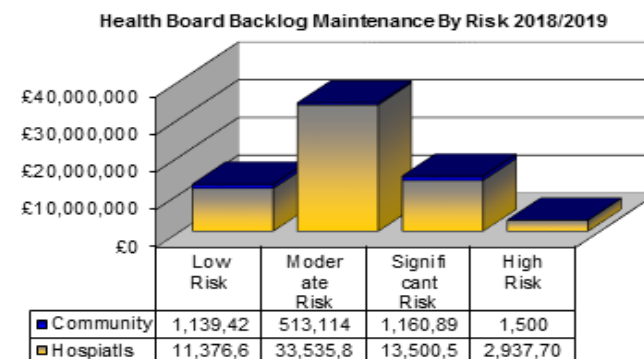


The Health Board is planning to commission a six facet survey of its Estate, which will look at the Estate over six specific issues, its physical condition, its functional suitability, space utilisation, energy performance, quality Health and Safety compliance, with the funding required to commission this survey at an estimated cost of £225,000. The Health Board has approached Welsh Government to see if there are opportunities to gain funding to support the completion of this survey in order to ensure that any decisions about the future of the Estate and its use in delivering clinical services is based on robust information.

As part of the transfer of services to Cwm Taf Morgannwg the Health Board commissioned a review of the existing Estate and whilst this did not identify any new risks, it did re-categorise the risks which saw a 60% increase in the cost associated. The Department has also developed a schedule of Estates projects that need to be undertaken to support the infrastructure within the individual hospitals. These projects plan to look to ensure that we complete our statutory obligations and we have a rolling programme of initiatives to address issues such as asbestos removal, emergency lighting, fire compartmentation, legionella compliance and water management issues. Whilst these are not sufficient to fully address all the risks capital bids have been made for additional funding to support the discharge of these duties. The discretionary capital the department is allocated also supports projects to improve and replace and upgrade existing plant and equipment that service clinical areas such as air-conditioning, theatre lighting, nurse call systems to name but a few.

In delivering service change especially within the infrastructure of the hospital the department always face the challenge of undertaking the changes whilst maintaining clinical services. One of the key requirements moving forward is to ensure that this work is able to be expedited is the development of a decant facility within the Health Board as already discussed.

One of the biggest problems the department faces is the roofing at Morriston Hospital. In order to address the issue of the roof at Morriston Hospital the Health Board would need to consider having to vacate two of the wards which obviously would put extreme pressure on the delivery of clinical services. Capital colleagues are working on proposals on how we could deliver this solution in a way which does not affect clinical services and to mitigate the risks.



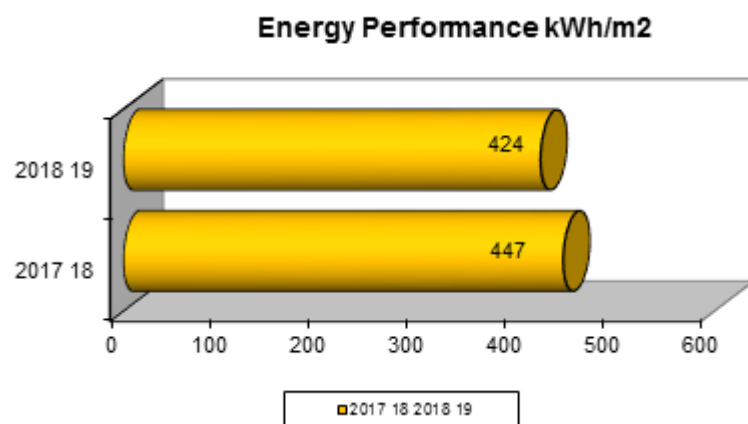
### Environmental Initiatives

The Health Board is fully committed to ensuring that its use of energy is managed in the controlled sustainable and appropriate way. Last year we saw a significant improvement in our overall energy performance with a 5% reduction in energy consumption. However the Health Board continually seeks to improve its performance.

The Health Board is the first in Wales to develop a Refit Project. This is a Government funded carbon reduction initiative and the Health Board have been successful in gaining £7.7 million worth of investment in a carbon reduction initiative, which will see over 14,000 light fittings replaced, with highly efficient LED light fittings, as well as a number of downstream energy saving measures such as improved building management systems installation solar, as well as the replacement of the number of the air-conditioning fans with new more efficient units. The project starts in January 2020 and will last approximately 18 months. The Department are also in discussions over the development of a 4 MW Solar Farm on the farm near to one of its main sites and these two initiatives will bring in savings of over £1.2 million a year.

The department is also leading a project with the Botanical Gardens in Wales on biodiversity and the use of green space. The project will see the Health Board working with the Botanical Gardens to maximise the utilisation of green space within the Estate. The Health Board has been successful in securing funding of over £1 million from Welsh Government to support this project. The project will be overseen by the Botanical Gardens in Wales and will include a number of elements which include the use of our green space, the development of the use of indigenous species to our sites.

## 4.1 Capital, Estates and Facilities



### Operational Maintenance

The Department has already identified a number of significant risks associated with the management of maintenance and the need for additional resources to support the Department's operational function. We have been visiting neighbouring Health Boards to look at how they manage their Estate and whilst operationally the department is structured in a similar way, what is significantly different is the support services within the Estates function. In this way our Health Board does not match neighbouring Health Boards as they have developed a risk and compliance structure within their management team. The Health Board has been undergoing significant work on the management of risk and most of the Delivery Units have been developing their management structures to respond to this, the Estates function needs follow this model and develop its structure accordingly.

Following recent Health and Safety improvement notices, which identified the lack of Estates Officers to carry out Authorised Persons duties, the Department is developing a restructuring proposal that will look to enhance and support to the operational teams to ensure that we are able to respond effectively to the service needs, enhancing our risk management and compliance arrangements, to enable us interact more effectively with the Service Units as they develop their plans for their services.

It is clear that we have to improve communication with the Delivery Units to ensure that we are responding effectively to their needs, whilst at the same time discharging our statutory obligations with regard to maintenance of the physical estate. As changes are made to the management arrangements for health and safety especially those around the physical environment, it is planned that communication will be improved and that there will be a better understanding from both clinical and an operational estates of the priorities.

### PFI

The Department has a supportive role in the management of the PFI arrangements for the Neath Port Talbot Hospital and as we now approach the end of the contract period (although it is another 10 years) there is a need for enhanced scrutiny. The Health Board plans to review the monitoring of the contract arrangements and the Estates Department is working with colleagues from the Delivery Unit, Finance and Capital as we develop services on the site to ensure that any developments are provided in line with the contract arrangements that are currently in place for the services.





## 4.1 Capital, Estates and Facilities



### Discretionary Capital Programme

The discretionary capital programme reflects a risk based assessment of the existing fixed asset base, including medical equipment, facilities, general estate infrastructure and digital (devices and infrastructure (servers, telecoms

Due to the large requirements for replacement of the existing fixed asset base, the initial plan shows a deficit of £11.2m. Items with a high risk score of 16 are not affordable in 20-21. A number of other mitigations are in place.

Capital Programme Part A - Discretionary Capital	2020-21 £m	2021-22 £m	2022-23 £m	2023-24 £m	2024-25 £m
<b>Income</b>					
WG Discretionary Funding	11.2	11.2	11.2	11.2	11.2
Disposal Income	0.4	0.0	0.0	0.0	0.0
<b>Total Income</b>	<b>11.6</b>	<b>11.2</b>	<b>11.2</b>	<b>11.2</b>	<b>11.2</b>
<b>Planned Expenditure</b>					
Commitments	5.9				
Departmental Refresh of Existing Asset Base (Medical equipment, digital & estate)	10.3				
Disposal Costs	0.2				
Business Case Fees	0.4				
Unit IMTP Tier 1	0.5				
Digital Developments	4.5				
Other proposed new schemes	0.9				
<b>Total Planned Expenditure</b>	<b>22.8</b>	<b>11.2</b>	<b>11.2</b>	<b>11.2</b>	<b>11.2</b>
<b>Variance (Surplus) / Deficit</b>	<b>11.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Options to Bring Plan into Balance</b>					
Remove Risk Score 16 for existing asset base	-3.3				
Assumed Income from National Digital Fund (unapproved) or delay implementation	-4.5				
Assume income from AWCP for Health Board wide replacement of patient monitoring systems or phased implementation	-1.9				
Assume income from AWCP for HSDU AHU Replacement or delay implementation	-0.5				
<b>Total Mitigations</b>	<b>-10.2</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Revised Year-End Forecast (Surplus)/ Deficit</b>	<b>1.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
Will require WG Support for Morriston Access Road Design Fees (Committed)	-1.0				
<b>Year-End Forecast (Surplus) / Deficit</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>





## 4.1 Capital, Estates and Facilities



### All-Wales Capital Programme

Scheme	Site	Business Case Stage	2020-21 £m	2021-22 £m	2022-23 £m	2023-24 £m	2024-25 £m	Total £m
<b>PART A - APPROVED SCHEMES</b>								
<b>1. Implications of the South Wales Plan</b>								
Increase Neo Natal Capacity	Singleton	Approved BJC	1.549					1.549
Additional Works linked to Neonatal Development	Singleton	Approved BJC	0.727					0.727
<b>2. National Imaging Programme</b>								
Replacement of MRI, NPT	Neath Port Talbot	Approved BJC	0.800					0.800
Replacement of Gamma Cameras, West Wales Cancer Centre	Singleton	Approved BJC	2.620					2.620
<b>3. Primary Care National Pipeline</b>								
Swansea Wellness Centre	Swansea	Approved SOC	1.044	tbc	tbc			1.044
<b>4. National Digital</b>								
National WEDCIMS	Health Board Wide	Approved National BJC	0.270					0.270
<b>5. Spend to Save</b>								
Re-Fit Carbon Reduction	Health Board Wide	Approved Spend to Save	5.710					5.710
Automated Stock Management in Theatres I2S	Health Board Wide	Approved WG I2S 18/19	1.139	0.632				1.772
<b>6. Mental Health</b>								
Mother and Baby Perinatal Unit - Interim (WHSCC)	Tonna	Approved BJC	1.496					1.496
<b>SUB TOTAL APPROVED SCHEMES</b>			15.355	0.632				15.988

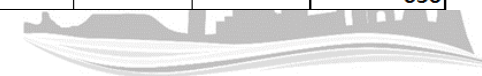


## 4.1 Capital, Estates and Facilities



### All-Wales Capital Programme

Scheme	Site	Business Case Stage	2020-21 £m	2021-22 £m	2022-23 £m	2023-24 £m	2024-25 £m	Total £m
<b>PART B - UNAPPROVED SCHEMES</b>								
<b>1. Maintenance of Existing Estate</b>								
Singleton, Cladding	Singleton	Technical BJC in development	3.000	tbc				tbc
Anti-Ligature, Mental Health Phase 2	Health Board Wide	Costs Forms submitted Dec 19	4.729					4.729
<b>2. Environmental Modernisation Programme (SOP)</b>								
Ward G Refresh	Morriston	BJC in development	1.500					1.500
Environmental Modernisation BJC2 (Phase 2.2)	Health Board Wide	BJC in development	2.500	7.300				9.800
Environmental Modernisation Future BJCs	Health Board Wide	Design stage		tbc	tbc	tbc	tbc	tbc
Decant Ward (IFRS 16 Impact)	Health Board Wide	Design stage	tbc	tbc	tbc			tbc
Creation of 3rd Isolation Room	Morriston	Design stage	tbc	tbc	tbc			tbc
<b>3. Regional Cancer Centre</b>								
CT-SIM Replacement	Singleton	Submitted national imaging replacement programme priorities Feb 20	1.859					1.859
Linear Accelerator C Replacement	Singleton	BJC due for submission Q1 20-21	4.500					4.500
Linear Accelerator D Replacement	Singleton	BJC due for submission Q4 20-21		4.500				4.500
Expansion for 5th Linear Accelerator and 6th bunker	Singleton	PBC in development		tbc	tbc	tbc	tbc	tbc
Development of PET-CT Capacity	Singleton	Business case for mobile capacity approved by WHSCC	0.070	tbc	tbc	tbc	tbc	tbc
<b>4. National Imaging Replacement Programme</b>								
CT Replacement	Morriston	Submitted national imaging replacement programme priorities Feb 20	2.951					2.951
CT Replacement	Singleton		3.222					3.222
Radiology Room Replacement	Singleton		0.553					0.553
Fluoroscopy Room Replacement	Neath Port Talbot			tbc				tbc
Gamma Camera Replacement	Neath Port Talbot			tbc				tbc
Gamma Camera Replacement	Morriston			tbc				tbc
MRI Morriston Replacement	Morriston			tbc				tbc
CT Replacement	Neath Port Talbot			tbc				tbc
Fluoroscopy Room Replacement	Morriston			tbc				tbc
Fluoroscopy Room Replacement	Singleton			tbc				tbc
Future year replacement programme	Health Board Wide				tbc	tbc	tbc	tbc
<b>5. Clinical Services Plan - Enabling Phases</b>								
Morriston New Road Access	Morriston		1.000	tbc	tbc	tbc	tbc	1.000
<b>6. Primary Care National Pipeline</b>								
Swansea Wellbeing Centre	Swansea	Approved SOC	tbc	tbc	tbc	tbc		tbc
Neath Wellness Centre	Neath	Proposal for Second WG Primary Care Pipeline	tbc	tbc	tbc	tbc	tbc	tbc
Croeserw Wellness Centre	Upper Afan Valley		tbc	tbc	tbc	tbc	tbc	tbc
Morriston Wellness Centre	Swansea		tbc	tbc	tbc	tbc	tbc	tbc
Ystalfera Clinic Refurbishment	Ystalfera			650				650



## 4.1 Capital, Estates and Facilities



### All-Wales Capital Programme

Scheme	Site	Business Case Stage	2020-21 £m	2021-22 £m	2022-23 £m	2023-24 £m	2024-25 £m	Total £m
<b>7. Digital (National Digital Priority Funding)</b>		Approved SOP						
WCCIS Deployment	Health Board Wide	BJC due for submission Q1 20-21	1.204	1.232	tbc			2.436
HEPMA implementation	Morrison	Design stage	0.090	tbc				0.090
Data Centre Reconfiguration	Health Board Wide	BJC in production	1.070	3.000				4.070
Dental Referrals	Health Board Wide	Design stage	0.100					0.100
Digital Dictation	Health Board Wide	Design stage	0.200	0.200				0.400
Digitisation of Nursing Documentation	Health Board Wide	Design stage	0.150					0.150
Mobilisation	Health Board Wide	Design stage	1.000	1.000	0.500			2.500
Single sign on - Smart Card	Health Board Wide	Design stage	0.050	0.524	0.524			1.098
TOMs	Health Board Wide	Design stage	0.125					0.125
Patient Flow	Health Board Wide	Design stage	0.500	1.000				1.500
<b>8. Mental Health - RMHSS/Disposal of Old Cefn Coed</b>		Approved SOP						
RMHSS P3 Adult Acute Assessment Facilities	Health Board Wide	SOC being developed	tbc	tbc	tbc	tbc	tbc	tbc
RMHSS P7 Mental Health Day Facilities	Phillips Parade	SOC being developed	tbc	tbc	tbc	tbc	tbc	tbc
<b>9. Cardiac Centre, Morrison</b>								
Third Cardiac Catheter Laboratory	Morrison	Design stage	tbc	tbc	tbc			tbc
Hybrid Vascular Theatre	Morrison	SOC being developed	tbc	tbc	tbc			tbc
Relocation of Vascular Laboratory	Morrison	Feasibility stage	tbc	tbc	tbc			tbc
<b>10. JAG Accreditation (Endoscopy) Programme</b>								
JAG Accredited Scoping Suite	Neath Port Talbot	Design stage	tbc	tbc	tbc			tbc
<b>11. Clinical Services Plan</b>								
Transfer of Acute Medicine to Morrison	Morrison	Feasibility stage	tbc	tbc	tbc	tbc	tbc	tbc
Centralisation of HSDU Services	Health Board Wide	Feasibility stage	tbc	tbc	tbc	tbc	tbc	tbc
SDMU/Surgical Short Stay Wrap Around	Morrison	Feasibility stage	tbc	tbc	tbc			tbc
Increased Imaging Capacity	Morrison	Feasibility stage	tbc	tbc	tbc			tbc
HASU Unit	Morrison	Design stage	tbc	tbc	tbc	tbc	tbc	tbc
Sustainable service model for emergency and elective orthopaedic services (IFRS 16 Impact)	Morrison	Feasibility stage	3.600	tbc	tbc	tbc	tbc	3.600
Development of Post Anaesthetic Care Unit (PACU)	Morrison	Design stage	tbc	tbc	tbc			tbc
Development of Ambulatory Gynaecology Unit	Singleton	Design stage	tbc	tbc	tbc	tbc	tbc	tbc
<b>12. Regional Services</b>								
Regional Pathology, Morrison	Morrison	SOC Submitted April 2019	tbc	tbc	tbc	tbc	tbc	tbc
Major Trauma Unit, Morrison	Morrison	Feasibility stage	tbc	tbc	tbc	tbc	tbc	tbc
Single Thoracic Surgery Centre for South Wales	Morrison	SOC in development	tbc	tbc	tbc	tbc	tbc	tbc
Development of SARC	tbc	Feasibility stage	tbc	tbc	tbc	tbc	tbc	tbc
<b>13. Other Capital Schemes</b>								
Swansea Bed Contract	Health Board Wide	Design stage	tbc	tbc				tbc
<b>14. Intermediate Care Fund</b>								
Neath Integrated Wellbeing Hub	Cimla	Stage 2 ICF bid submitted to RPB	0.184					0.184
Strategic Vision for CAMHS	Swansea	Stage 2 ICF bid submitted to RPB	0.846					0.846
<b>SUB TOTAL UNAPPROVED SCHEMES</b>			<b>35.003</b>	<b>668.756</b>	<b>1.024</b>	<b>tbc</b>	<b>tbc</b>	<b>701.713</b>
<b>GRAND TOTAL</b>			<b>50.358</b>	<b>669.388</b>	<b>1.024</b>	<b>tbc</b>	<b>tbc</b>	<b>717.701</b>



## 4.2 Finance



### AIMS AND APPROACH

The Health Board's Financial Planning Framework underpins and supports the delivery of key organisational priorities identified through the integrated planning process and arising from the Organisational Strategy and Clinical Services Plan (CSP).

A significant aim of the Financial Plan is to demonstrate that, in line with Welsh Government's expectations and the Health Board's ambitions, we will come back into financial balance over the course of the next three years. The Financial Plan also actively supports the Health Board's strategic aims of delivering better value outcomes and better care, and the achievement of breakeven is not intended to compromise these fundamental requirements.

The financial planning approach in 2020-21 is to:

- strengthen our underlying position;
- prioritise and deliver 'high value' allocative efficiency opportunities;
- embed stringent cost avoidance and cost control measures; and
- return to financial balance within the next three years.

### Planning Environment

The Health Board is progressing to an approvable Annual Plan set within a 3 year context which demonstrates and is able to deliver sustainable financial balance alongside other key priorities.

Our approach to financial planning for in 2020/21 has been to stabilise and improve performance in key areas in a sustainable way. Linked to this, in 2020/21 there is more for us to do to resolve the financial implications associated with the Bridgend Boundary Change (BBC), following the transfer of responsibility for the Bridgend population healthcare planning and delivery on 1st April 2019 to Cwm Taf Morgannwg UHB. In early 2020, work is planned to finalise service models for 2020/21 and beyond, alongside finalising how the Health Board responds to the financial implications of the BBC by developing a new operating model in line with our organisational strategy and CSP, and to reduce the cost base of the Health Board. We also plan to benchmark a range of our services to ensure that we have future models proportionate to the size and complexity of the Health Board.

### NHS (Wales) Finance Act 2014

Under The NHS (Wales) Finance Act 2014, the Health Board has a statutory duty to breakeven over a rolling three year period.

The Health Board's performance against this duty is shown below:

NHS (Wales) Finance Act 2014	Year 1 2017-18 £m	Year 2 2018-19 £m	Year 3 2019-20 £m*	Cumulative total £m
Revenue resource funding	1,096.2	1,133.3	896.2	<b>3,125.7</b>
Total operating expenses	1,128.7	1,143.2	912.5	<b>3,184.4</b>
<b>(Overspend) against revenue resource funding</b>	<b>-32.5</b>	<b>-9.9</b>	<b>-16.3</b>	<b>-58.7</b>
As a % of revenue resource funding	-2.96%	-0.87%	-1.82%	<b>-1.88%</b>

\*Forecast and includes Bridgend Boundary Change from 1 April 2019.

As a Health Board in Targeted Intervention since 2016, we have a clear ambition to significantly improve our financial performance, alongside improvements in all our Targeted Intervention areas, and to do so on a sustainable basis.

### Efficiency Framework

The Efficiency Framework was launched in 2018 by the Finance Delivery Unit (FDU) to support NHS bodies in identifying opportunities to deliver more efficient and effective services. It provides a single point of access to a wide range of resources, enabling organisations to consider variation and improvement opportunities and to share learning and good practice.

A key point to reference is that the Health Board's CSP is underpinned by detailed modelling across a number of improvement areas. The modelling uses data from the Efficiency Framework. It is based on two improvement scenarios – doing things better (via efficiency) and doing things differently (via transformation) – and this provides a phased and incremental journey of progression framing the strategic development of clinical services. Examples of the areas of work covered include admission avoidance, shifting to daycase and reducing length of stay.

Our Annual Plan within a 3 year context sets out the first three years of transforming our services and improving efficiencies to deliver the CSP. Our strategic planning is based on the services that we want to deliver to our patients and we have linked service change to our workforce and financial planning.



## 4.2 Finance



### Financial Reviews

In developing the approach to the Financial Plan, we have reviewed the Deloitte's Financial Governance Review completed in 2018, the Wales Audit Office Structured Assessment work and the Welsh Government's feedback on the 2019-20 Annual Financial Plan.

These reviews set out clear recommendations for strengthening and improving integrated organisational planning, financial management and governance, with a view to addressing our Targeted Intervention status, as well as expectations for future plans. We have focussed in particular on the following:

- the Financial Plan should support the organisational strategy and integrate with other key plans, including service, workforce, quality and performance;
- the Health Board should understand the actions required to address the underlying deficit;
- we should take a long term strategic approach to savings, linking them to service development and wider programmes of change, and move from transactional to transformational actions (i.e. a shift from technical to allocative efficiencies);
- savings delivery plans should be detailed and realistic, with clear actions, milestones and timescales;
- the Health Board must move away from a reliance on non-recurrent and unplanned opportunities delivered in year to granular implementation plans which have been robustly assessed and quantified, and where there is a high level of delivery confidence; and
- there should be greater focus on benefits realisation, and investments should be monitored and managed so that improvements in quality, performance and efficiency are delivered.

In 2019, the Health Board has received support from KPMG which has focused on our Financial Plan 2019-20, our Recovery Plan 2019-20 including a pipeline of opportunities to support 2020-21 and IMTP financial planning and our Financial Delivery Framework. A summary of KPMG's work, which was finalised in February 2020, is set out in 1.8 Transformation Portfolio, Delivery Framework and Performance Management.

<b>Grip &amp; control</b>	<p>KPMG reviewed our pay and non-pay controls and the financial and operational dashboards we use. The overall conclusion was that in most cases we had appropriate controls in place for pay and non-pay. KPMG did identify some areas where controls could be enhanced – particularly around agency pay expenditure and vacancy control.</p> <p>A further improvement was that we needed to improve our processes around post implementation review of business cases.</p>
<b>Financial Plan and Recovery Plan 2019-20</b>	<p>KPMG has reported on our underlying deficit – in 2016/17 it was £53m reducing to £23.3m in 2018/19 - of which £7.2 million was due to the transfer of the Bridgend population to Cwm Taf Morgannwg University Health Board on 1 April 2019.</p> <p>KPMG has also reported that we have over recent years reported lower deficits than our underlying position, this has been supported by material non recurrent items and actions, including accountancy gains, release of previously committed reserves and contingencies, non-recurrent WG funding and slippage on investment spend.</p> <p>KPMG concluded that a lack of a sustainable transformation programme (as opposed to 'tactical' in-year savings and grip &amp; control actions) means that the Health Board remains challenged in being able to set and manage a balanced plan for 2019/20. As a consequence, new in-year pressures from unscheduled care demand (including requirement for surge capacity), CHC demand and increased nursing spend together with under delivery of planned savings are contributing to an overspend position for 2019/20.</p> <p>KPMG has also made recommendations to improve the robustness of our planning assumptions and to control in-year cost pressures. We are currently working on our responses to these draft recommendations.</p> <p>At the time of the KPMG work in November 2019, the Health Board was forecasting a deficit of £12.3m for 2019/20. KPMG has completed a 'bottom up' full year forecast and have confirmed that our forecast is materially correct and our arrangements to achieve the forecast are generally robust.</p> <p>KPMG has further risk adjusted the £12.3m deficit by £3.0 million whilst further efficiency pipeline and opportunities help derive a deficit range of £15.3m (pre mitigation) to £13.2m post mitigation.</p>





## 4.2 Finance



### Delivery Framework

The final area of work KPMG supported us on was a review of our governance and delivery framework and make recommendations to enable us to achieve a sustainable financial trajectory. This work covered Health Board wide financial planning, management and performance, financial governance at different levels of the organisation, governance of the savings programme, examples of best practice and a high level review of the capacity and capability to deliver the significant change required.

KPMG has identified that we need a fundamental shift in mind-set and approach away from predominantly tactical schemes which deliver incremental improvement to one which also includes fundamental change to the care model underpinned by technology. KPMG reported that we have reviewed our own delivery framework in 2019 and established the Transforming Care Programme workstreams and the Delivery Support Team (DST). KPMG concluded that although the current delivery arrangements provide a good foundation some of them are need time to develop and others are not effective.

To achieve the turnaround and transformation desired, KPMG have reported that we need to prioritise, simplify our operating model and establish a culture of continuous improvement throughout in addition to strengthening its foundations. KPMG also identify that it will also be important to engage partners in contributing to the priorities identified so the health and care system is collectively aligned. They have provided a comprehensive range of recommendations that the Health Board is developing a comprehensive action plan to address.

As part of their work, KPMG has been working with the Health Board over recent months to develop a 'pipeline' of cost improvement opportunities which will impact on 2020/21 and beyond. KPMG describe a 5 lever approach to development of the opportunities pipeline:



These opportunities range from reducing the cost base of the Health Board through longer term transformational actions, improved productivity together with strengthened financial grip and control. KPMG have worked with the Health Board to develop the opportunities set out in the following table. The financial impact of these opportunities as shown in the table is the **cumulative risk adjusted opportunity**, with the cumulative upper range being £47m.

Pipeline area	Sum of 20/21 Risk adjusted £000	Sum of 21/22 Risk adjusted £000	Sum of 22/23 Risk adjusted £000
Nursing Workforce	1,728	2,188	2,188
Non pay	1,551	1,551	1,551
Theatre Efficiency	1,517	2,979	2,979
Outpatient Modernisation	1,353	2,910	3,602
Patient Flow	1,276	3,342	5,408
Endoscopy	614	614	614
Business cases	540	540	540
Medical Workforce	502	1,004	1,004
Workforce	416	416	416
AHP	385	385	385
A&C	305	385	465
CHC	172	344	516
Maintenance	100	125	125
Medicines management	-	31	105
Other	73	1,093	1,093
Management costs	-	390	780
Primary and Community services	-	400	1,000
<b>Grand Total</b>	<b>10,531</b>	<b>18,697</b>	<b>22,770</b>

The Health Board is already taking forward actions, some of which align with our previously identified High Value Opportunities (HVOs). As set out later in this section, the Health Board will build on and improve its existing HVO delivery, governance and accountability framework to capitalise on the pipeline opportunities identified by KPMG.

KPMG has also identified further themes where they have been unable to quantify a financial saving. These include income generation, use of charitable funds and cost savings within our facilities department. The Health Board is working through these opportunities and action plans are being formulated to deliver the desired outcomes.

A number of these pipeline cost improvements are already in our future financial plans and further work is required in 2020 to fully understand the service implications, the ability to make 'cash savings' over efficiency savings and ensuring delivery plans and management capacity are in place to deliver the cost improvements.

## 4.2 Finance



### Allocation, utilisation and impact of resources

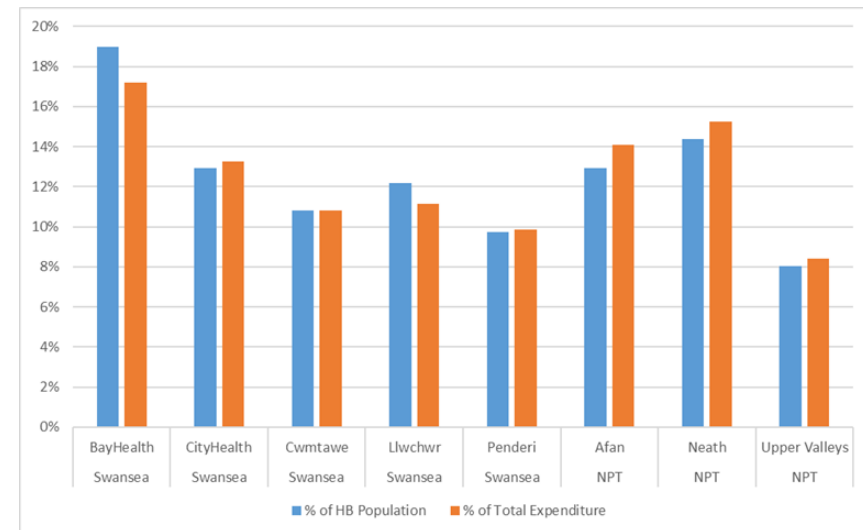
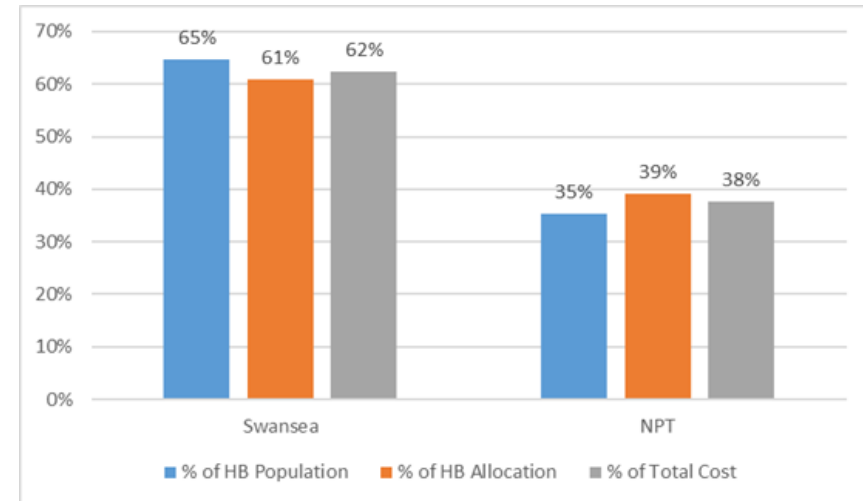
Across health services within the UK, the focus is understanding resource utilisation in the context of patient health need and outcomes.

Welsh Government has developed a new needs based population formula to replace the 'Townsend' direct needs formula to support the equitable distribution of additional allocation in 2020-21 and beyond. This formula is applicable at a number of levels down to primary care clusters. There are four components reflecting Acute, Maternity, Community and Prescribing sectors. Each component is made up of:

- Population –primary component of the formula;
- Age/Sex costs – the differing cost by age and sex;
- Additional needs – factors that predict need for healthcare over and above age/sex (e.g. higher morbidity); and
- Unavoidable excess costs – the costs of supplying healthcare in remote and rural areas.

Further work is required to fully understand the implications of the new needs based formula. Our initial work suggests that that our discretionary allocation will increase by some 5.5% based on the needs based formula over the current formula - this equates to some £33m based on the actual 2020/21 allocation. It is not currently clear what the methodology is for implementing this formula and hence the financial plan does not assume any benefit from the adjustment to core allocation at this time.

The Health Board has also been undertaking work to ensure that allocation, resource and need are appropriately aligned. We are currently able to disaggregate our allocation only to locality level – reflecting historic former Health Board allocations. This suggests a broad correlation between resource utilisation and allocation between the former Swansea and Neath Port Talbot LHB areas; a similar analysis has been possible in respect of cluster allocations.



During 2020/21, this analysis of utilisation will be refined to align it with the new needs based formula and develop the needs based assessment at locality level.

At a service planning level we have adopted the principles of Value Based Healthcare to inform how we use our resources. Although there is still more to do, recent developments of this approach include:



## 4.2 Finance



- Musculoskeletal (MSK) - the shifting of resource from low value surgical interventions to support an evidence based Exercise and Life-style Programme.
- Chronic Obstructive Pulmonary Disease (COPD) - a value based review of the COPD pathway, providing evidence to support community based teams with the intention of reducing variation in the level of unplanned admissions and length of stay.
- Diabetes - freeing up resources in secondary care by transferring the management of appropriate patients to primary care.

Finally, Welsh Government's Transformation Funding is also supporting the services we provide to patients. The Health Board has been successful in obtaining some £12.5m of Transformational Funding which is phased over the current and next two financial years. This has enabled the Health Board to deliver against the aims of the programme - improve population health and wellbeing, provide better and more accessible services, provide higher value health and social care services and improve the motivation and sustainability of our workforce. The Transformation Funding is phased out across 2020/21 and 2021/22 and so presents a financial and service risk to the Health Board. The Health Board is currently assessing how services will be sustained going forward.

### 2019-20 Financial Performance

The Health Board is continuing to improve its overall financial outturn position, moving from a deficit of £32m in 2017-18 to a deficit of £10m in 2018-19. We are currently forecasting a £16.3m deficit in 2019-20 although there remain a number of risk associated with achieving this. The key challenges identified via the external reviews remain and actions are being further developed - in particular with regard to improving delivery confidence of planned savings and minimising the use of non-recurrent mitigating opportunities to achieve the forecast financial outturn.

### 2020-21 - 2020-23 Financial Plan

A summary of the Financial Plan for revenue 2020-21 to 2022-23 is shown in the following table. The Health Board's plans for capital expenditure are set out in section 4.1.

	2020/21 £m	2021/22 £m	2022/23 £m
2020/21 Underlying Deficit	28.0	24.4	12.6
Inflationary/Demand Pressures	35.5	26.6	26.2
WG Allocation uplift	-21.6	-15.1	-15.4
Investment Commitments	5.4	0.8	0.2
Planned Savings	-23.0	-24.0	-24.0
<b>Year-end Forecast (Surplus)/Deficit</b>	<b>24.4</b>	<b>12.6</b>	<b>-0.8</b>

The funding assumptions reflect the Welsh Government's LHB Revenue Allocation Letter dated 20th December 2019 which is based on the Health Board's new boundary.

There is a requirement on all Welsh NHS bodies to agree and approve service level agreements (SLAs) and long term agreements (LTAs) by 31<sup>st</sup> March 2020. This deadline is two months earlier than last year and although a significant amount of work is required, we are currently anticipating that this deadline will be achieved and a report will be shared with our Board at the end of March 2020 setting this out.

This Finance Plan currently indicates the delivery of a breakeven position in Year 3 (2022/23). However, to achieve this will require significant transformational, technical and tactical cost improvements. This forecast does not yet assume any additional funding support linked with the equalisation of the new Needs Based Allocation Formula.

### 2020-21 Underlying deficit

For 2019-20, we have reported an underlying deficit of £23.5m. As part of our financial planning we have now reassessed the underlying deficit and this has now increased to £28.0m. An analysis of our underlying position starting 2020/21 is set out in the following table.

Underlying Deficit Assessment 2020-21	£m
Recurrent full year effect of the 2019-20 savings shortfall	0.6
Bridgend Boundary Change Diseconomies of Scale	5.4
Full year effect of Operational Pressures	17.0
Additional Capacity Impact	3.0
Primary Care Prescribing	2.0
<b>2020-21 Underlying Deficit</b>	<b>28.0</b>

## 4.2 Finance



A significant amount of work has been undertaken to analyse and reduce our underlying deficit. The table below sets out the underlying deficit in further detail by service or theme and includes a narrative on the actions the Health Board is taking to reduce the underlying deficit.

Underlying Deficit Assessment 2020-21	£m	Action to reduce underlying deficit
Unscheduled Care	13.5	Detailed review of cost drivers and benchmarking of core elements. Implement and asses impact of unscheduled care plan
CHC	1.4	Oversight via Transforming Care Programme
Scheduled Care	2.6	National Planned Care Programme modernisation
Cancer	1.2	Develop future strategic model
Primary Care Prescribing	2.3	Oversight via Transforming Care Programme
Corporate	7.3	Benchmarking exercise and redesign of Health Board's Unit and corporate contribution
<b>2020-21 Underlying Deficit</b>	<b>28.0</b>	

### *Inflation/demand pressures*

We are forecasting a significant level of unavoidable cost pressures due to pay and non-pay inflation as set out in the table below. These unavoidable cost pressures are based on current information but where possible we have ensured that these assumptions are in line with other Welsh NHS bodies.

		20-21	21-22	22-23
		£m	£m	£m
Pay	A4C	11.0	7.0	7.0
	Other pay/ incremental drift	3.6	3.5	3.3
<b>Sub Total Pay</b>		<b>14.6</b>	<b>10.5</b>	<b>10.3</b>
Non Pay	Non-pay inflation	2.3	2.3	2.3
	CHC inflation and growth	2.7	2.4	2.6
	FNC inflation and growth	0.3	0.3	0.3
	NICE/ high cost drugs	4.5	4.0	4.0
	Primary care prescribing	2.4	2.5	2.5
	WHSSC	3.0	4.0	3.6
	EASC	0.3	0.0	0.0
	Welsh Risk Pool	2.2	0.0	0.0
	Statutory requirement - Additional Learning Needs	0.1	0.0	0.0
	National commitments	0.4	0.0	0.0
	Additional Cluster Investment	1.3	0.0	0.0
	Informatics	1.2	1.0	1.0
	TRAMS	0.1	0.0	0.0
	Invest to Save Repayment	0.5	0.0	0.0
<b>Sub Total Non Pay</b>		<b>21.3</b>	<b>16.5</b>	<b>16.3</b>
	Net LTA benefit	-0.4	-0.4	-0.4
<b>Total Unavoidable Costs</b>		<b>35.5</b>	<b>26.6</b>	<b>26.2</b>



## 4.2 Finance



Some of the key unavoidable cost pressures are:

- Pay – our pay cost pressures are based on the nationally agreed inflationary increase and also the cost of staff moving up the pay band increments.
- Non-pay – there is a significant increase in utilities and energy along with clinical spend such as blood products. We are also forecasting large increases in the cost of purchasing and maintaining equipment.
- CHC – this cost pressure reflects a significant case growth experienced recently a significant inflation uplifts agreed with local authorities and providers.
- NICE/high cost drugs – we are seeing some significant increases in the cost of drugs, significant increases in demand along with a number of new drug treatments for cancer and MS.

There are also some less certain cost pressures – for example the Final Pension Charges. These have not been included in the Financial Plan as a cost pressure but have instead been articulated as a financial risk – see later section. Other risks not included in the Financial Plan include any implications from Brexit, uncertainty around some funding coming to an end and further risks around NICE/high cost drugs.

We have not included any unavoidable costs arising from the increase in nursing costs under the areas currently covered by the Nurse Staffing Act. The Health Board has funded some £5m of staff cost over the last two years and it is assumed that any further Nurse Staffing Act pressures will not be significant and will be funded from existing resources.

### Investments

Linked to the Health Board's overarching CSP and the IMTP planning process, we have identified a number of areas where the Health Board is currently committed to further investment in services. These commitments support patient quality and safety and our performance. The following table below sets out the scale of these investments as they currently stand. These investment decisions were made during 2020/21 impact of them is set out in the following table.

	20-21
Investments	£m
IBG: Medical Device Regulations Rehab Engineering & Maxillofacial Lab	0.1
IBG: consultant antimicrobial pharmacist	0.1
IBG: radiotherapy capacity	0.3
IBG: develop MRI physics service	0.1
IBG : extend COPD ESD	0.2
IBG: 7 day Infection Control Service	0.1
IBG: Foetal Surveillance Midwife	0.1
IBG: Exercise Lifestyle Project	0.1
IBG: Guardian and ACAS	0.2
IBG: Cash releasing savings	-0.2
<b>Sub Total IBG</b>	<b>1.1</b>
Exec Team: Business Critical Posts	1.7
Exec Team: Safer Staffing (NSA) - October Scrutiny	1.2
Exec Team: Radiotherapy	0.2
Exec Team: Parkway Transfer	0.2
Exec Team: Environmental decontamination	0.6
Exec Team g: Trauma Unit	0.3
Exec Team: ENP MIU NPT/Morrison	0.3
<b>Sub Total Exec Team</b>	<b>4.4</b>
<b>Total Investment Commitments</b>	<b>5.4</b>

The only other investment set out in this plan relates to £1.1m. that the Health Board plans to invest to further develop it's unscheduled care system. the detail of this is referenced in the 3.1.3 of this document. The Health Board is clear that no further investments will be made in 2020/21 unless they can be attributed to new funding or demonstrate robust cases which improve the quality and safety of services whilst demonstrating a balanced or financial contribution as a product of the changed service model.





## 4.2 Finance



The table below sets out the prioritised areas that the Health Board will finalise the development of business cases for in 2020/21 and will continually review these to meet the criteria to take them forward as described in outline in the paragraph above. The table is divided into sections to show our aspirations to develop our clinical services plan, our operational services plan (in-year) and ambitions categorised as other.

The two areas marked with the dotted shading are the two areas that the Health Board has committed to fund as they are key to the unscheduled care system development for the organisation. The £1.1m year 1 costs of these are included in the financial plan set out above.

	20-21 £m	21-22 £m	22-23 £m
<b>Clinical Services Plan</b>			
H2H	ICF		
AMAU business case - option 1	0.7	0.4	
Standardise frailty front door - option 1	0.4	0.2	
USC - continuation of Winter Plan - option 2	0.5		
USC - option 3 schemes	1.3		
USC - Morriston NOF	0.3	1.0	
Day surgery trolleys Singleton	0.2		
MTN Enabler posts	0.2		
Respiratory	0.2		
Orthopaedic Unit	TBC		
Paeds SPoA	TBC		
S West Wales Cancer Centre	1.5	1.5	1.5
Heart Failure		TBC	
Lung cancer		TBC	
Breast cancer		TBC	
<b>Subtotal CSP</b>	<b>5.3</b>	<b>3.1</b>	<b>1.5</b>
<b>Operational Services Plans</b>			
Anaesthetics expansion	0.3		
Lymphodaema (S)	0.2		
Macmillan (S)	0.1		
Decant Ward	TBC		
Nurse Pracs (PCS)	0.1		
Spinal (M)	0.3		
<b>Subtotal IMTP</b>	<b>1.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Other</b>			
Estate condition review	0.3		
Park & ride	0.1		
Digital	1.2		
Investment fund		2.0	2.0
<b>Subtotal other</b>	<b>1.6</b>	<b>2.0</b>	<b>2.0</b>
<b>Total all choices</b>	<b>7.8</b>	<b>5.1</b>	<b>3.5</b>

### Cost improvement actions

Our approach to savings delivery builds upon the work we started in 2018-19, using internal benchmarking data and information from the all Wales Efficiency Framework to look for areas of improvement in efficiency and cost reduction. We are using a blended approach incorporating both technical and allocative efficiencies. This methodology supports the direction of travel set out in the CSP, where the Health Board needs to deliver efficiencies both to improve performance, quality and financial gains and also to create the operational headroom to deliver service transformation. Our savings programme actions over the next three years are set out in the following table.

Planned Savings	2020/21 £m	2021/22 £m	2022/23 £m
Delivery Units/TCPs (supported by KPMG Pipeline)	-15.0	-20.0	-20.0
Procurement	-2.0	-2.0	-2.0
Medicines Management	-2.0	-2.0	-2.0
Return to Core Bed Base – from April 2020	-4.0	0.0	0.0
<b>Total Planned Savings</b>	<b>-23.0</b>	<b>-24.0</b>	<b>-24.0</b>

Our savings plans are a key part of our overall financial plan. We are planning a 3% delivery units/Transforming Care Programme (TCP) saving programme which will focus on 'grip and control' measures alongside more transformational savings as set out in the KPMG pipeline. We are currently finalising a plan to achieve cost improvements through efficiency measures. Until the detail is finalised this remains a significant risk to the Financial Plan.

We are also planning to deliver savings through more traditional procurement and medicines management savings programmes. The approach and scale of these savings plans is broadly in line with those delivered in previous years.

There are also other actions including returning to our core bed base from April 2020, limiting our investment choices to within the demographic growth assumption, re-phasing our investment decisions and identifying

## 4.2 Finance



non-recurrent opportunities. Again, further work is required to finalise these plans in early 2020.

It should be noted that the provision of better care - focusing on safe and accessible, high quality services - is at the heart of our approach to delivery and remains the key focus in terms of the Financial Plan. As such, we have implemented a Quality Impact Assessment (QIA) process to ensure we systematically review all savings plans to risk assess the quality and safety implications, and identify mitigation and management actions where appropriate.

### Key financial opportunities

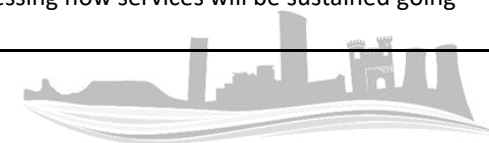
We have identified a range of financial opportunities as part of our savings plans. Further opportunities are set out in the following table.

Slippage against planned investments	The financial plan includes a number of investments – both from within current resources and additional resources. There are financial opportunities with slippage against these planned investments.
Commitments in advance of funding	TBC
Non-recurrent opportunities	As 2020-21 progresses, there will be non-recurrent opportunities for the Health Board to consider.
Welsh Risk Pool not fully required	Estimates of WRP costs in baseline financial plan do not manifest themselves in full

### Key financial risks

Although there are a number of opportunities for the Health Board to work through, there remain a number of financial risks which are not built into our financial plan and will require close monitoring as the year progresses.

Accuracy of assumptions	There are a number of risks around the accuracy of assumptions to inform cost growth and inflation. For example, CHC growth and inflation is based on current data analysis but predicting future growth and inflation is particularly difficult. A further example are NICE/high cost drugs where future demand and cost inflation can be very volatile.
HCSW Banding	Currently working through impacts of a staff group re-banding appeal – final outcome not yet known
Final Pension Charge Impact	The Health Board had to account for unforeseen final pension charges in 2019/20 and there is a risk that further possible charges could be incurred in 2020/21.
Cost improvement plans	Further work is required early in 2020 to agree cost improvement plans. The delivery of the cost improvements will be extremely challenging. A further issue for the Health Board is that as reported by KPMG, the organisation has limited capability and capacity with project management.
Service pressures	There are a range of financial risks linked to services. For example, there are extreme pressures on unscheduled care, including supporting the workforce issues at Morriston Emergency Department. There are continuing challenges in the system including increased attendances at our hospitals' front doors and higher patient acuity which, in particular, are impacting on our bed capacity and the use of 'surge' beds. Similarly with planned care, where any further Welsh Government funding allocated in-year to support improvements may be taken back if the required trajectories are not met. There is also a risk to levels of income received for the planned care activities we provide, given the continuing pressures on our beds, linked to the pressures on our unscheduled care system.
Welsh Government Transformational Funding	A significant risk for the Health Board is the removal of the Welsh Government's Transformation Funding. The Health Board received some £12.5m of Transformational Funding which is phased over the current and next two financial years. The Transformational funding is phased out across 2020-21 and 2021-22 and the Health Board is currently assessing how services will be sustained going forward.



## 4.2 Finance



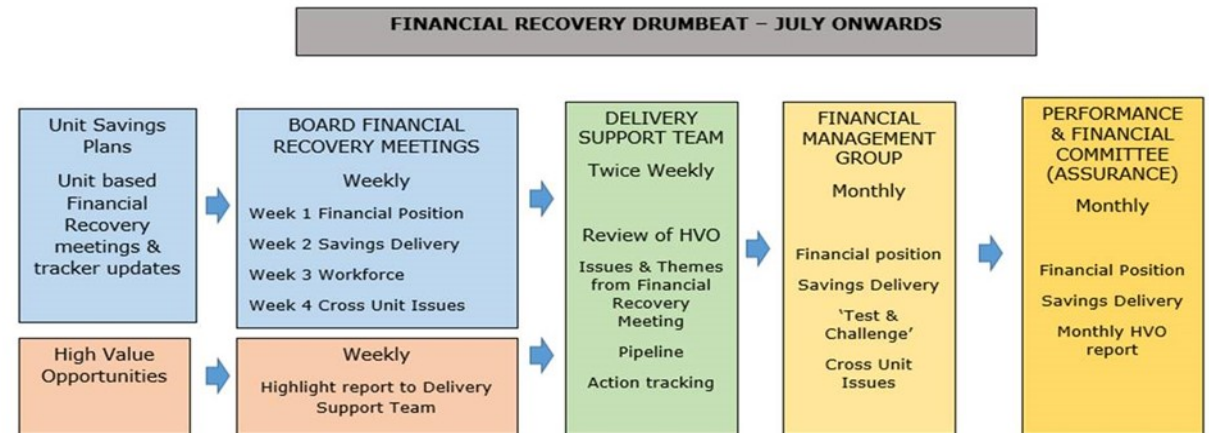
### Governance and Accountability

The Health Board continues to strengthen its focus and approach to financial savings management, governance and accountability. As set out across the page, from July 2019 we have had an increased focus on financial recovery.

As a result of the current 2019/20 in-year delivery pressures and to support 'grip and recovery', the Health Board introduced a Delivery Support Team in June 2019 as set out in the diagram across the page.

The Health Board is currently reviewing the arrangements for this in light of the KPMG reports and to reflect a more streamlined and focussed set of performance management arrangements for 2020/21.

The Financial Plan is a developing document and the Health Board recognises that further work is required in 2020. The Health Board will need to ensure that assumptions are as robust as possible, that investment choices are prioritised and that detailed realistic cost improvement plans are developed.



### DELIVERY SUPPORT TEAM

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#### • The Health Board established a Delivery Support Team in June 2019.

##### • Focus on:

##### ➤ Savings delivery and assurance:

- Existing plans
- Recovery Plans
- Procurement
- Medicine Management
- High Value Opportunities

##### ➤ Grip:

- Variable spend
- Grip and stretch targets

##### ➤ Sustainability:

- Efficiency Framework
- Future pipeline
- Spread of best practice
- Structures

##### Actions:

- New Financial Recovery packs issued – weekly & monthly
- Strengthened grip & assurance: weekly drumbeat of financial recovery meetings – 1 full cycle completed, started cycle 2:
  - Week 1: Financial Performance
  - Week 2: Savings assurance
  - Week 3: Cross cutting meeting (all units & Executives)
  - Week 4: Workforce
- Monthly Financial Management Group chaired by Chief Executive
- Monthly Assurance & scrutiny through Finance & Performance Committee
- Regular Executive Team Updates
- Deep dive into High Value Opportunities schemes
- Refreshed Spending Controls issued
- Weekly HVO reporting with metrics (traction & impact)

## 4.2 Finance



### Summary

The Health Board recognises that it faces a significant challenge to robustly deliver financial sustainability and it also recognises that the year 1 initial position of £24.4m. The approach for 2020/21 and moving forward will be to address the underlying deficit by focussing primarily on unscheduled care and management costs as the two key drivers of the underlying deficit and spend. These will be benchmarked and investment in these areas reviewed to test for benefits.

With regard to investment, aside from commitments made in 2019/20 and the prioritised investment of £1.1m in 2020/21 in unscheduled care, no further investment is profiled in to this plan unless either additional funding sources, or rebut, self-financing cases can be developed to underpin the service changes.

The plan requires at least £23m of savings and the high level composition of this has been set out above. Through implementing the findings of the KPMG reports the Transforming Care Programmes will be critical to supporting the delivery of these savings and for bringing forward pipeline concepts into firm savings plans for implementation.

The financial plan is integrated as it has tested the service ambition of the organisation against the available workforce the performance delivery and the challenging financial outlook. The detailed plans on unscheduled care in particular bear testament to this but the approach features through this plan.

The KPMG reports are a significant asset to the organisation and these will underpin a new financial way of working within the board which develops greater accountability, transparency and grip whilst enabling a pipeline of future opportunities to be explored and continually developed to secure future savings for the organisation. There is a significant opportunity to repurpose the focus of our financial processes by taking a service focussed approach whilst also retaining the good practice of basic cost improvement, grip and control. This will be underpinned by rebased budgets which provide a more transparent way of delivering increased accountability and performance management.

We have also commenced engagement with our finance function in the broadest sense and will continue this through 2020/21 (after an initial phase of structure stabilising) to describe a vision for finance excellence which we will then implement together over the next three years.





## 4.3 Governance, Risks and Corporate Delivery



### GOVERNANCE

In September 2016 the Health Board was escalated by Welsh Government to “targeted intervention” status under the NHS Wales Escalation Framework arrangements. This increased level of monitoring has continued and the Health Board has strived to make the required improvements in relation to unscheduled care, cancer, Referral to Treatment (RTT) times, infection control and the financial management.

The Health Board has made good progress in addressing the areas of targeted intervention and continues to focus on strengthening its governance and assurance arrangements and now has in place maturing governance and assurance arrangements, which has received support from the Wales Audit Office, referenced within their annual structured assessment process. These arrangements have been developed and strengthened further during the last year and been further recognised within their 2018 assessment. Our delivery, governance and assurance arrangements are built on an organisational culture that is based on listening and learning which directs its role in determining policy and setting strategic direction and ensures that there are effective internal control mechanisms for the Health Board that demonstrate high standards of governance and behaviour.

The system of internal control is informed by the work of Internal Auditors, Clinical Audit and the Directors within the organisation who have responsibility for the development and maintenance of risk assurance and internal control frameworks. Comments on this are made by External Auditors in their Annual Audit Report and other reports. In addition, the work of Healthcare Inspectorate Wales (HIW) in both their planned and unplanned work and other regulators is utilised.

A Governance work programme was introduced in May 2018 which included the recommendations from the Structured Assessment 2018 and the outstanding recommendations from the any external governance reviews. The governance work programme is monitored by the Audit Committee on a quarterly basis and updates are provided to the Board periodically.

The Governance Work Programme for 2019-20 includes:

- Feedback from the Structured Assessment undertaken in 2018
- SBUHB’s governance priorities for 2019-2020

The Health Board agreed the following Governance Priorities for 2019-2020:

- Quality Governance arrangements including role and accountabilities of supporting structures
- Implementation of a Board Assurance Framework
- Further development of Risk Management arrangements
- Governance Framework between Corporate and Delivery Units as part of the operating model including legislative compliance framework
- Further strengthening of the role of committees including reviewing the size, quality of board papers as well as financial consequences of all Board and Committee papers
- Review and refresh the assessment process in terms of compliance and reporting against the Health and Care Standards

### RISK MANAGEMENT AND MITIGATION

Effective risk management is integral to enabling the Health Board to achieve our aims and objectives and deliver safe, high quality services and patient care. A key priority for the Health Board during 2019/20 has been to refresh the approach to Risk Management. Significant work has been undertaken in the year to review the Health Board system of risk management including the establishment of a Risk Management Group. The Health Board has implemented a clear risk management process with appropriate escalation through to Board Committees, and a lead executive director is responsible for the management of each of the risks. The Health Board risk register is regularly considered by the Board with a regular review of the risks now being used to develop agendas for board committees.

The risks to achieving the organisation’s Enabling Objectives are clearly mapped through the Health Board’s Risk Register. During the development of the Annual Plan the Health Board risks were reviewed to ensure that the Plan addresses the risks and supports the mitigating actions. The latest version of the Health Board’s Risk Register to be considered by the Board is included in Appendix 14 and a summary of the risks scored 20 and above, mapped to the plans to address them in the document is included overleaf.

In addition to the current risk register there is an emerging risk around the Coronavirus Covid-19 which is still in the containment phase but is spreading into Europe. If a global pandemic materialises the advice on the worst-case scenario is that up to 20% of staff could be absent from work and 4% of the population hospitalised. This would have a severe effect on the delivery of this Plan.





## 4.3 Governance, Risks and Corporate Delivery



Enabling Objective	Risk Ref	Risks scored over 20 at January 2020 Description of risk identified	Scrutiny Committee	Annual Plan Ref
Best Value Outcomes from High Quality Care	1 (738)	<b>Access to Unscheduled Care Service</b> Failure to comply with Tier 1 target for Unscheduled Care could impact on patient and family experience of care.	Quality and Safety Committee	Section 3.1.3
	4 (739)	<b>Infection Control</b> Failure to achieve infection control targets set by Welsh Government could impact on patient and family experience of care.	Quality and Safety Committee	Section 3.1.1
	64 (2159)	<b>Health and Safety Infrastructure</b> Insufficient resource and capacity of the health, safety and fire function to maintain legislative and regulatory compliance.	Health and Safety Committee	Section 3.1.1
	16 (840)	<b>Access to Planned Care</b> Failure to achieve compliance with waiting times, there is a risk that patients may come to harm. Also, financial risk of not achieving targets.	Performance and Finance Committee	Section 3.1.5
	39 (1297)	<b>Approved IMTP – Statutory Compliance</b> If the Health Board does not have an approved IMTP signed off by Welsh Government, primarily due to the inability to align performance and financial plans it will remain in escalation status, currently “targeted intervention”.	Performance and Finance Committee	Annual Plan
	42 (1398)	<b>Financial Plan</b> If the Board is unable to successfully deliver a sustainable service and develop a balanced financial plan to support the Statutory Breakeven Financial Duty.	Performance and Finance Committee	Section 4.2
	49 (922)	<b>Trans-catheter Aortic Valve Implementation (TAVI)</b> Failure to provide a sustainable service for Trans-catheter Aortic Valve Implementation (TAVI)	Quality and Safety Committee	Section 3.1.1
	63 (1605)	<b>Screening for Fetal Growth Assessment in line with Gap-Grow</b> Due to the scanning capacity there are significant challenges in achieving this standard.	Quality and Safety Committee	Section 3.1.8
	50 (1761)	<b>Access to Cancer Services</b> Failure to sustain services as currently configured to meet cancer targets could impact on patient and family experience of care.	Performance and Finance Committee	Section 3.1.6
Excellent Staff	62 (2023)	<b>Sustainable Corporate Services</b> Health Board's Annual Plan and organisational strategy, and with the skills, capability, behaviours and tools to successfully deliver in support of the whole organisation, and to do so in a way which respects and promotes the health and well-being of our staff and their work-life balance.	Workforce and OD Committee	Section 3.4 and 4.4
Digitally Enabled Care	65 (329)	<b>CTG Monitoring on Labour Wards</b> Risk associated with misinterpreting abnormal CTG readings in delivery rooms.	Information Governance Board	Section 3.1.8



## 4.3 Governance, Risks and Corporate Delivery



### BOARD ASSURANCE FRAMEWORK

The Board has also made good progress in the development of a Board Assurance Framework, which will be implemented from April 2020. The Board Assurance Framework (BAF) provides a strategic map of assurance on SBUHB's delivery against its enabling objectives and annual plan priorities and enables the Health Board to identify and understand the principal risks to achieving its strategic objectives; receive assurance that suitable controls are in place to manage these risks and where improvements are needed, action plans are in place and are being delivered; provide an assessment of the risk to achieving the objectives based on the strength of controls and assurances in place.

In conjunction with the development of the Board Assurance Framework, the Health Board has refreshed and is strengthening the risk management process and systems in the organisation. As part of this refresh, the Health Board has established a Risk Management Group and a new Health Board Risk Register (HBRR). The management of risk is a key priority for the Health Board in 2019-2020 and beyond.

The BAF will provide a framework to inform the Board on principal risks threatening the delivery of the Health Board's objectives. The BAF aligns principal risks, key controls, its risk appetite and assurances on controls alongside each objective following the three lines of defence model. Gaps are identified where key controls and assurances are insufficient to mitigate the risk of non-delivery of objectives. This enables the Board to develop and monitor action plans intended to close the gaps.

### Board responsibility for the Board Assurance Framework

It is the responsibility of the Board to:

- Determine its Strategic direction and related objectives;
- Identify the principal risks that threaten the achievement of these objectives;
- Agree its "risk appetite" recognising the interdependencies of objectives and the impact of mitigating risks on one may adversely impact on others;
- Agree the key strategic and operational plans that will deliver those objectives and which encompass the controls and actions in place to manage the identified risks;
- Monitor delivery through robust performance and assurance arrangements;
- Ensure that plans are in place to take corrective action where there is minimal assurance that agreed objectives will be fully delivered;



The process for gaining assurance is fundamentally about taking all of the relevant evidence together and arriving at informed conclusions. The most objective assurances are derived from independent reviewers; these are supplemented by internal sources such as clinical audit, internal management representations, performance management and self-assessment reports.

### Quality Governance

Quality is at the heart of every aspect of the approach that SBUHB gives to health care, which aligns to the core values that underpin the NHS in Wales, originally set out in Together for Health in 2013. SBUHB wholly supports strengthening the duty on Health Boards to secure quality in health services with the aim to deliver against the four mutually supportive goals of the "Quadruple Aim", which are to continually:

- improve population health and well-being through a focus on prevention;
- improve the experience and quality of care for individuals and families;
- enrich the well-being,
- capability and engagement of the health and social care workforce; and



## 4.3 Governance, Risks and Corporate Delivery



- increase the value achieved from funding of health and care through improvement, innovation, use of best practice, and eliminating waste.

In February 2019, acknowledging that there were several aspects of quality governance that required strengthening throughout the organisation, the development of the Quality and Safety Framework commenced. This has been an iterative process, including the quality and safety governance group and continuing conversations with a broad range of stakeholders including external partners, clinicians, Board Members and managers. The Framework will be in place by April 2020.

As part of the 2019 – 2021 integrated medium term planning cycle, the emphasis on quality and patient safety has been substantially strengthened in the Health Board's Annual plan. Additionally, more robust assessment criteria specifically relating to quality have been developed for individual unit plans. The assessment criteria require identification of the resources required to effectively discharge the functions of quality and patient safety.

The framework forms part of the health board's response to the recommendations made by the Wales Audit Office (WAO) structured assessment and whilst it is aimed at strengthening the health board's internal processes in relation to quality and patient safety, the principles that underpin it apply to those from whom the health board commissions services. It is predicated on listening to patients and their relatives, staff and stakeholders, all of whom have a strong interest in ensuring the health board is optimally positioned to provide high quality, safe care. The framework has been updated to consider lessons learned from the Joint WAO/HIW report "a Review of Quality Governance arrangements at Cwm Taf Morgannwg University Health Board", published in November 2019 and will be formally launched in 2020.

### WELSH LANGUAGE

The Swansea Bay University Health Board (SBUHB) recognises that care and language go hand in hand. The quality of care, patient safety, dignity and respect can be compromised by the failure to communicate with patients and service users in their first language. Many people can only communicate and participate in their care as equal partners effectively through the medium of Welsh. We are committed to meeting the Welsh language needs and preferences of our service users.

The Health Board is committed to ensuring that the Welsh and English languages are treated on the basis of equality in the services we provide to

the public and other NHS partner organisations in Wales. This is in accordance with the former ABMUHB Welsh Language Scheme, Welsh Language Act 1993, the Welsh Language Measure (Wales) 2011 and the Welsh Language Standards (WLS) (No7) Regulations which were approved by the National Assembly for Wales on the 20 March 2018. The Welsh Language Standards replaced existing Welsh Language Schemes and set out responsibility for ensuring services are offered and delivered through the medium of Welsh in particular circumstances whether this is in written form (including via the internet/email), in face-to-face interactions or verbally.

A Welsh Language Delivery group (WLDG) was re-introduced on the 14 May 2019 with the purpose of supporting the Board in discharging its responsibilities for organisation-wide compliance with the statutory WLS, for leading and monitoring delivery against bilingual service delivery and the supporting improvement plan with the aim of improving service user experience. This will be achieved by informing its agenda, determining its priorities and carrying out tasks and duties in accordance with the agreed cycle of business.

#### The Group:

- oversees compliance with Welsh Language Standards and report on such to the Executive Board and the Board;
- considers the impact of future legislative developments on service provision;
- reviews and make recommendations regarding any documents that the organisation is required to produce including performance requirements, strategies, policies and procedures.

#### Areas of progress include:

- Fully bilingual **internet site** implemented following the launch of Swansea Bay UHB new website in April 2019;
- **Welsh Language Publication Protocol** implemented to support staff in the requirements for the publication of bi-lingual documentation;
- Health Board **social media** accounts are bi-lingual with guidance provided to the owners of Health Board social media sites on the requirements of the Welsh Language Standards;



## 4.3 Governance, Risks and Corporate Delivery



- A bi-lingual **clinical appointment reminder texting service** has been launched by the Health Board in phases across all of the main specialities. The default first text received is bi-Lingual, and from that point forward the patient may specify whether they wish to receive further texts in Welsh or English;
- All **patient letters** are available bilingually. These include referral acknowledgment, day case & inpatient and outpatient appointment confirmations;
- Proactive communication and marketing campaign to promote the Welsh language across the organisation and distributing Welsh language marketing materials to staff, e.g. posters, mouse mats at various events

### EMERGENCY PREPAREDNESS RESILIENCE AND RESPONSE, (EPRR)

Delivery of a robust emergency preparedness resilience and response work programme will ensure that;

- There is a fully engaged workforce in resilience matters
- We maximise and provide effective patient outcomes when patients are treated as part of an emergency incident
- There is effective governance and continued multi-agency partnership working in civil protection duties
- We deliver safe patient care by securing a risk based foundation, undertaking a business impact assessment and including appropriate mitigation measures
- We evaluate against National Resilience Standards; 1 - 12 in order to meet expectations and lead practice to build on and complement the statutory duties under the Civil Contingencies Act 2004 and other relevant legislation.

### Civil Contingencies Act (2004):- Civil Protection Duties

- Assess local risk
- Preventing and responding to emergencies
- Warning and informing
- Share information
- Cooperate with local responders
- Corporate arrangements for business continuity management

The EPRR Strategy Group focusses its work programme on ensuring the Health Board is meeting its civil protection responsibilities as a Category 1 Responder, as defined in the Civil Contingencies Act 2004. This work is undertaken through the principles of integrated emergency management, which is a cyclical approach to preventing and managing emergencies, with a risk based approach at its foundation. All EPRR related work is discussed, agreed and endorsed within the EPRR Strategy Group. Twice a year an update on this work, the risks being faced, and the way in which these challenges are being considered, is prepared for the Health Board.

### BREXIT

The Health Board has recognised the potential impact of Brexit and we are working on preparedness as an organisation, utilising existing business continuity plans as the basis of preparedness. The EPRR Strategy Group is overseeing the process with the involvement of all Delivery Units, service departments and corporate directorates. A special workshop was held with to focus on the main risks and issues for the organisation. A risk assessment has been carried out by all Delivery Units, services and departments, with low / medium / high risk scores agreed. Further work will continue in the following areas;

- Reviewing existing business continuity plans to ensure they are fit for purpose for Brexit.
- Where business continuity plans have yet to be finalised, ensuring these are completed as a matter of urgency.
- Gaining clarity on national preparedness and understanding the assurance this gives for us and identifying any gaps in preparedness.
- Risks identified across the organisation being collated into risk matrix
- Identifying and agreeing mitigation measures which can be implemented to reduce the risks identified in the assessment.

### CORPORATE DELIVERY

In the context of the Health Board's Organisational Strategy and following the Bridgend Boundary change resourcing levels have been benchmarked with other Health Boards which has identified shortfalls in key skills and capacity in corporate functions. This was also identified by KPMG and is being addressed through the new Operating Model, resource assessment for the Transformation Portfolio, new Delivery Framework, targeted investment and through workforce redesign as opportunities arise.

