



## Swansea Bay Annual Plan 2020/21

### Appendix A

### March 2020

## Contents

Appendix 1 Whole System Plans .....	3
Appendix 2 West Glamorgan Regional Priorities .....	4
Appendix 3 Major Health Conditions Delivery Plans .....	5
Appendix 4 Targeted Intervention Priority Area Performance Trajectories.....	6
Appendix 5 Efficiency Approach.....	12
Appendix 6 Transformation Portfolio .....	14
Appendix 7 Regional Clinical Services Plan Programme Plan .....	15
Appendix 8 Primary Care Cluster Priorities - Plan on a Page.....	16
Appendix 9 South Wales Adult Thoracic Surgery .....	17
Appendix 10 WHSSC Integrated Commissioning Plan .....	18
Appendix 11 Emergency Ambulance Services Committee (EASC).....	21
Appendix 12 Welsh Ambulance Services Trust .....	23
Appendix 13 Excellent Staff – Workforce Profiles .....	25
Appendix 14 Health Board Risk Register .....	28
Appendix 15 NHS Delivery Framework Measures 2019-20.....	29

# Appendix 1 Whole System Plans



Appendix 1 - Whole  
System Plans 2020-2

## Appendix 2 West Glamorgan Regional Priorities

The Area Plan focuses on the following five themed chapters, where regional working has been identified as adding the most value:

- Older People (OP)
- Children and Young People (CYP)
- Mental Health (MH)
- Learning Disability and Autism (LD)
- Carers (cross-cutting theme) (CA)

To this end, the following priorities were agreed by the Regional Partnership Board:

- OP.P1:** Develop and maintain a sustainable range of services that meet demand, enabling individuals to remain at home while maintaining their independence for as long as possible receiving appropriate support at times of need.
- OP.P2:** Develop and provide a range of future accommodation options to meet demand and enable people to remain independent for as long as possible.
- OP.P3:** Develop community resilience and cohesion to tackle social isolation in areas where older people live.
- OP.P4:** Develop an optimum model for older people's mental health services (including relevant components of the Welsh Government All Wales Dementia Strategy/Plan).
- 
- CYP.P1:** Develop a better range of services for all children with emotional difficulties and well-being or mental health issues, including transition and single point of access to services
- CYP.P2:** Develop robust multi-agency arrangements for children with complex needs.
- CYP.P3** Safe Reduction of Looked After Children.
- 
- MH.P1:** Commence implementation of the agreed optimum model for Adult Mental Health services, as outlined in the West Glamorgan Strategic Framework for Adults with Mental Health problems
- MH.P2:** Ensure placements for people with complex needs are effective, outcome-based and appropriate.
- 
- LD.P1.** Develop age blind person centred models of care to ensure prevention and early intervention through multi-disciplinary services, by remodelling services away from establishment-based care into community-based services.
- 
- CA.P1:** Ensure work continues to promote early recognition of all Carers so that they are signposted to information and support in a timely manner.
- CA.P2:** Develop and continue to provide information, advice, assistance and support to all Carers enabling them to make informed choices and maintain their own health and well-being.
- CA.P3:** Co-produce with all Carers on an individual and strategic basis so that their contribution is acknowledged and their voices are heard.

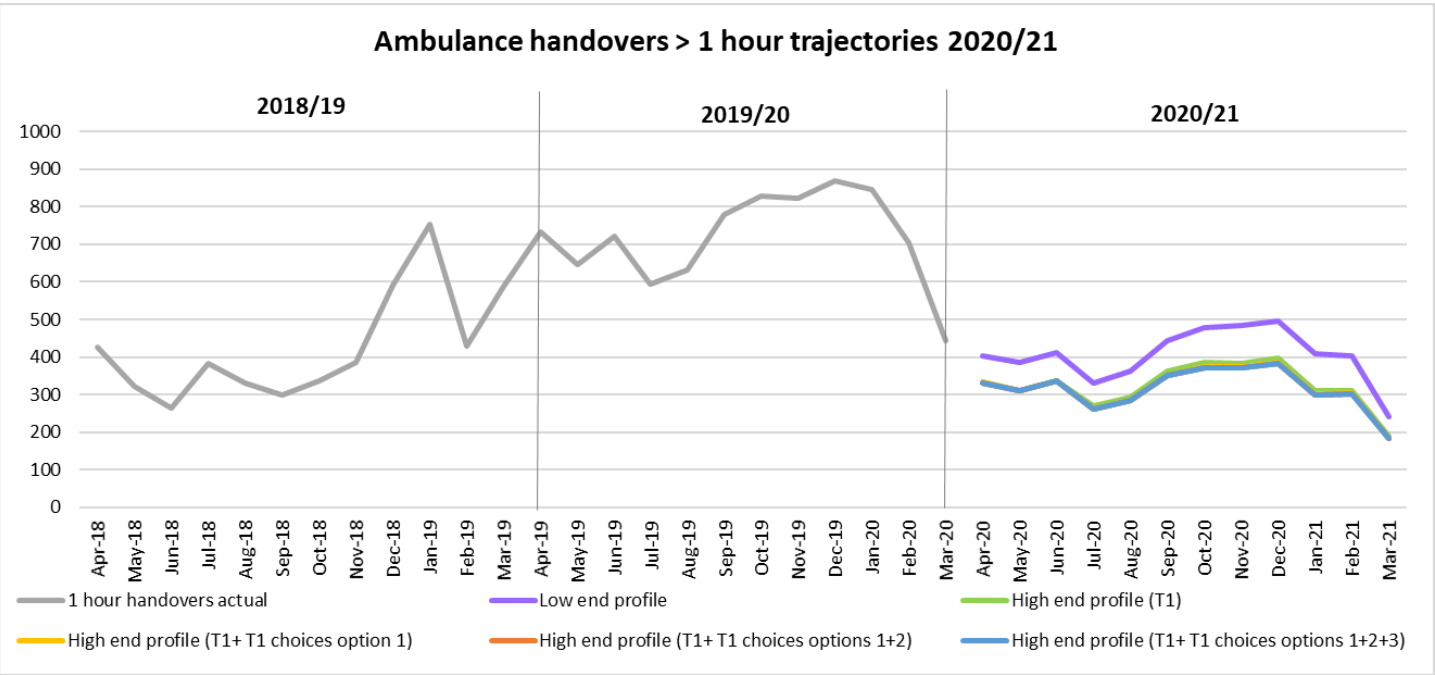
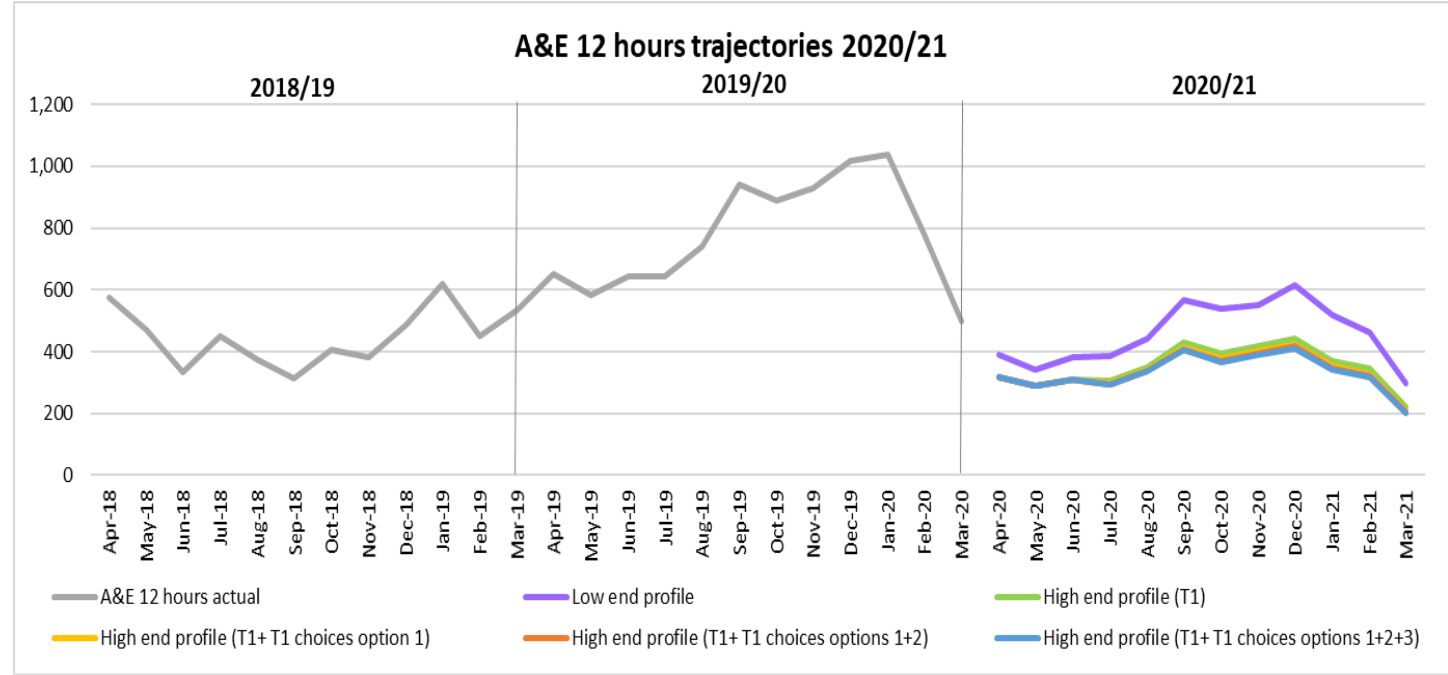
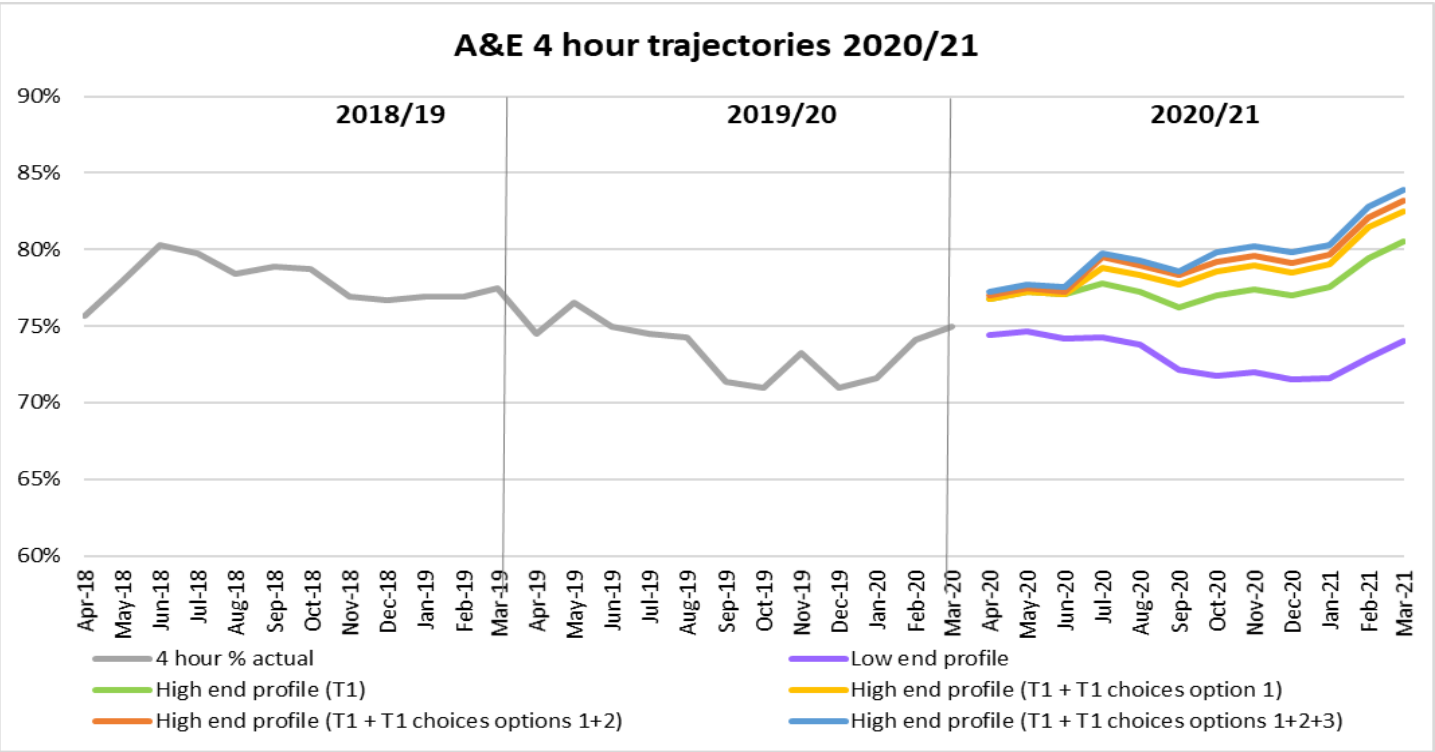
# Appendix 3 Major Health Conditions Delivery Plans

Cancer Delivery Plan	<div> Cancer Delivery Plan.xlsx</div>
Critically Ill Delivery Plan	<div><div> Critical Care Implementation Plan</div><div> Critical Care IG Phased Implementat</div></div>
Diabetes Delivery Plan	<div> Diabetes DPDG Priorities and Struct</div>
Eye Health Care Delivery Plan	<div> Eye Health Care Delivery Plan.docx</div>
Heart Disease Delivery Plan	In Development
Liver Disease Delivery Plan	<div> Liver Disease IG Delivery Plan Outcor</div>
Mental Health Delivery Plan	<div><div> Together for Mental Health State</div><div> Mental Health Tier 4 Annual Return 201</div></div>
Neurological Conditions Delivery Plan	<div> Neurological Conditions Delivery</div>
Oral Health Delivery Plan	<div> Oral Health Delivery Plan.docx</div>
End of Life Care Delivery Plan	<div> End of Life Care Plan Delivery Plan.xls</div>
Rare Diseases Delivery Plan	<div> Rare Diseases Delivery Plan.docx</div>
Respiratory Health Delivery Plan	<div> Respiratory Delivery Plan submission.xlsx</div>
Stroke Care Plan	<div> Stroke Delivery Plan Outcome and Achie'</div>

# Appendix 4 Targeted Intervention Priority Area Performance Trajectories

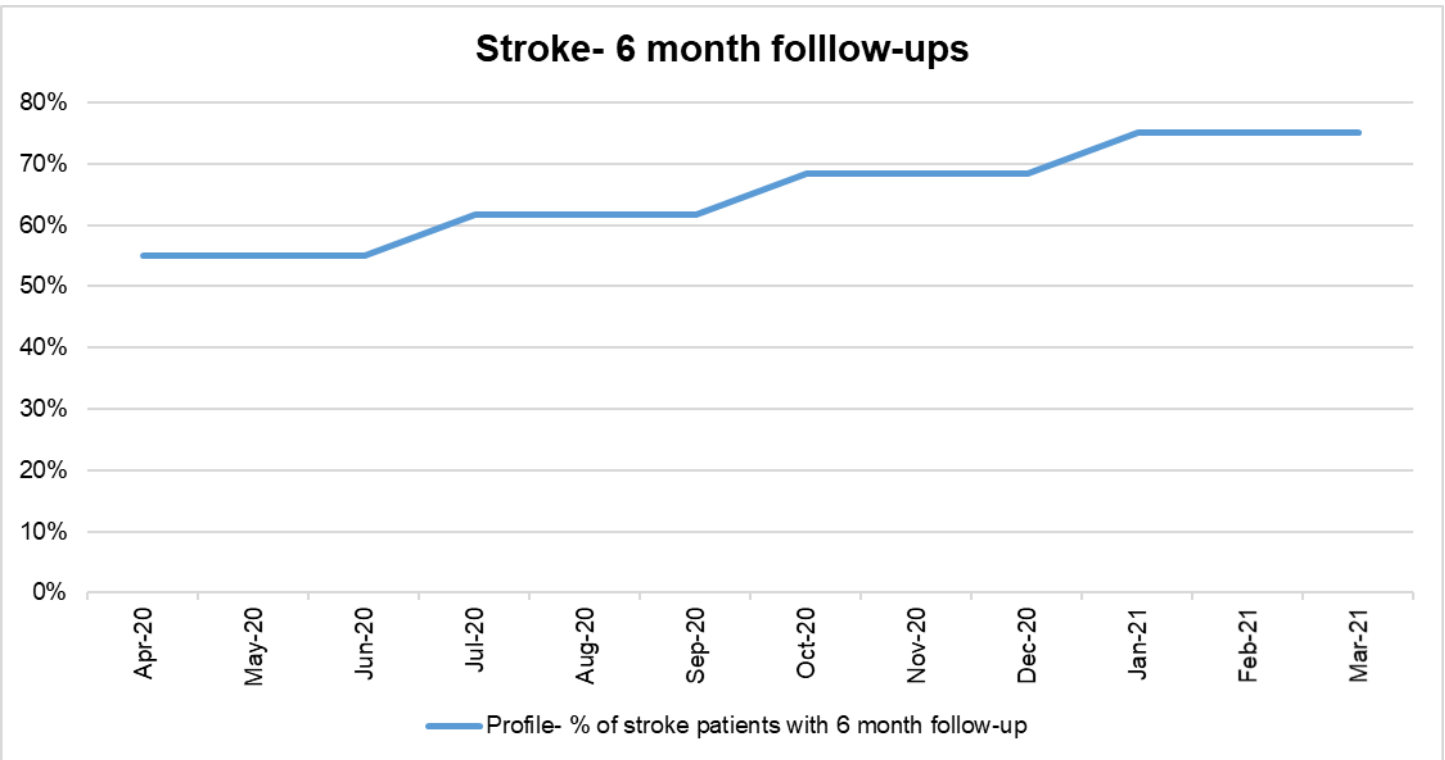
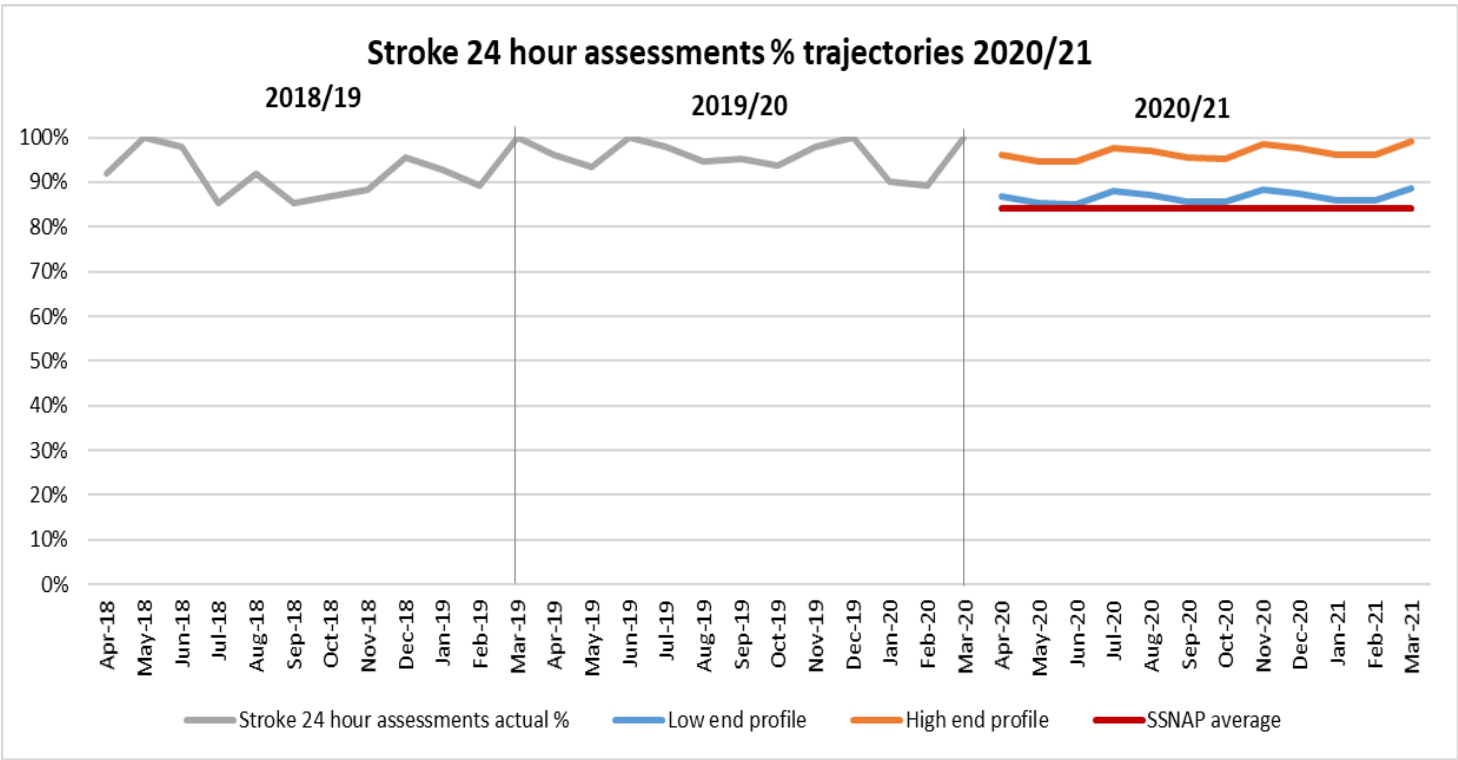
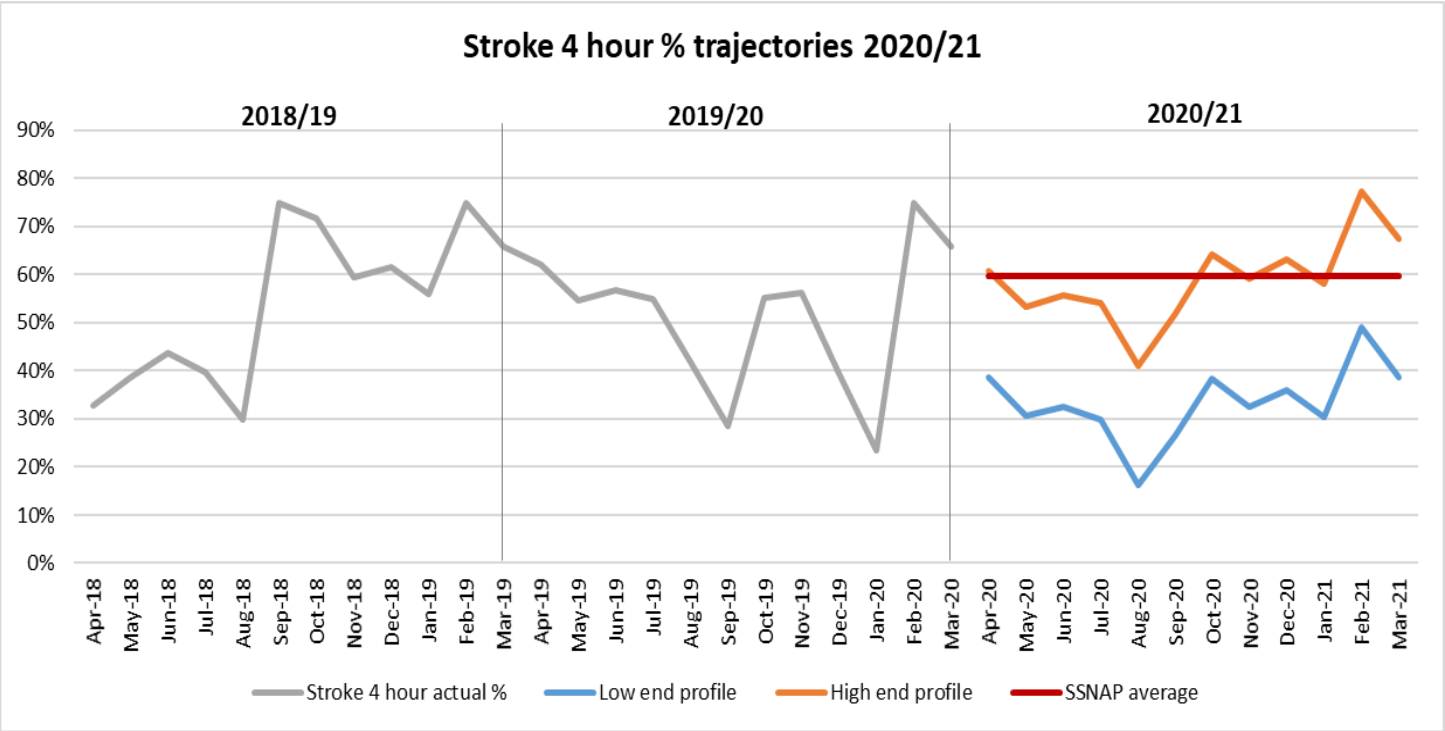
## Unscheduled Care

Measure	National Target
Number of ambulance patient handovers over 1 hour	0
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	95%
Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	0



Stroke

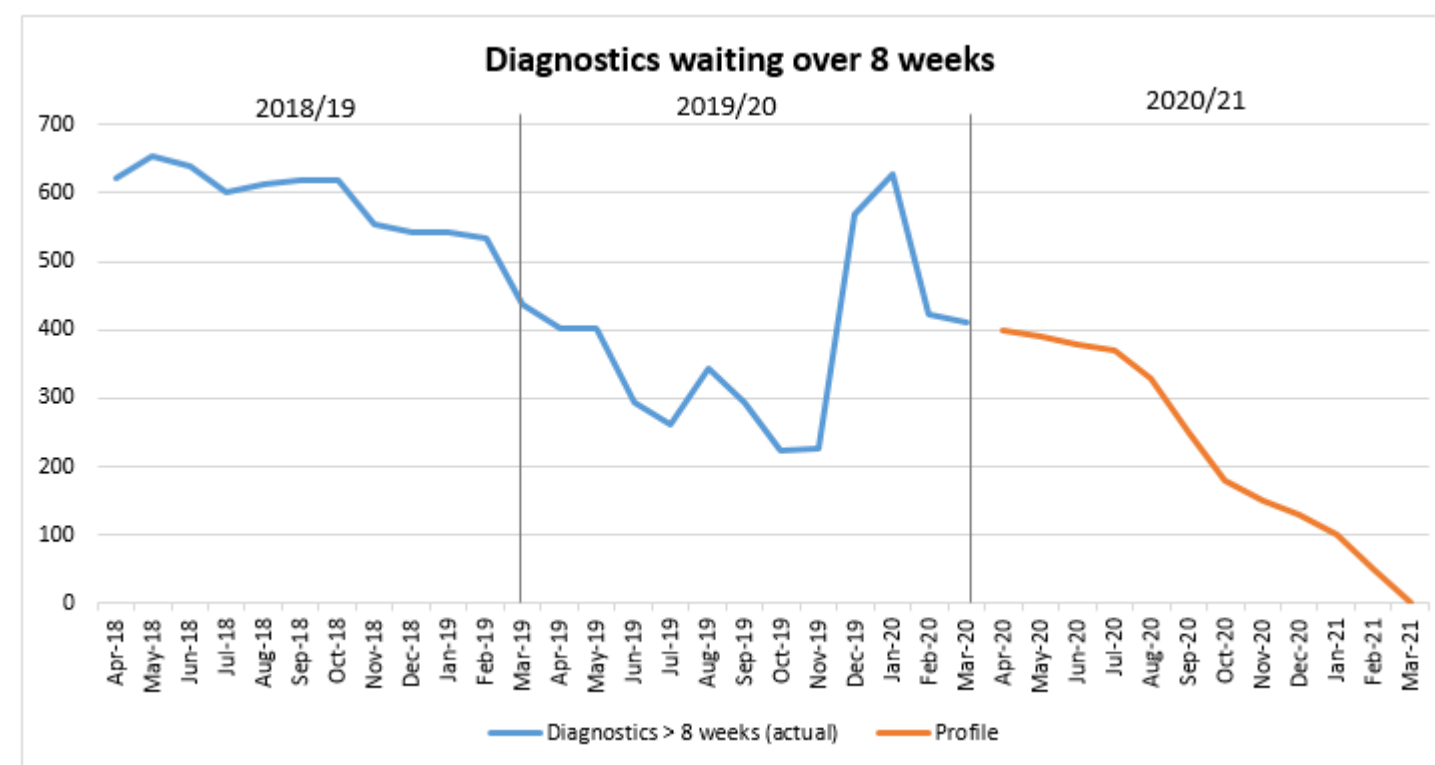
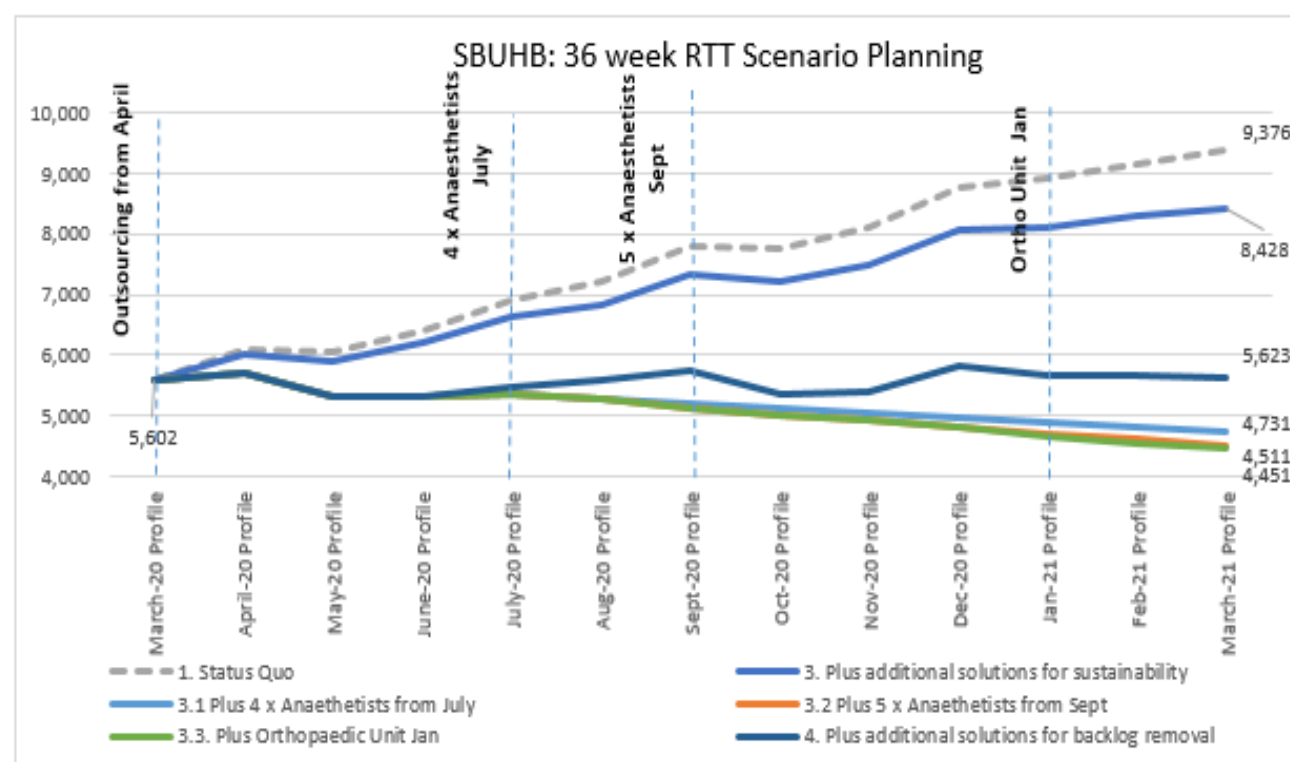
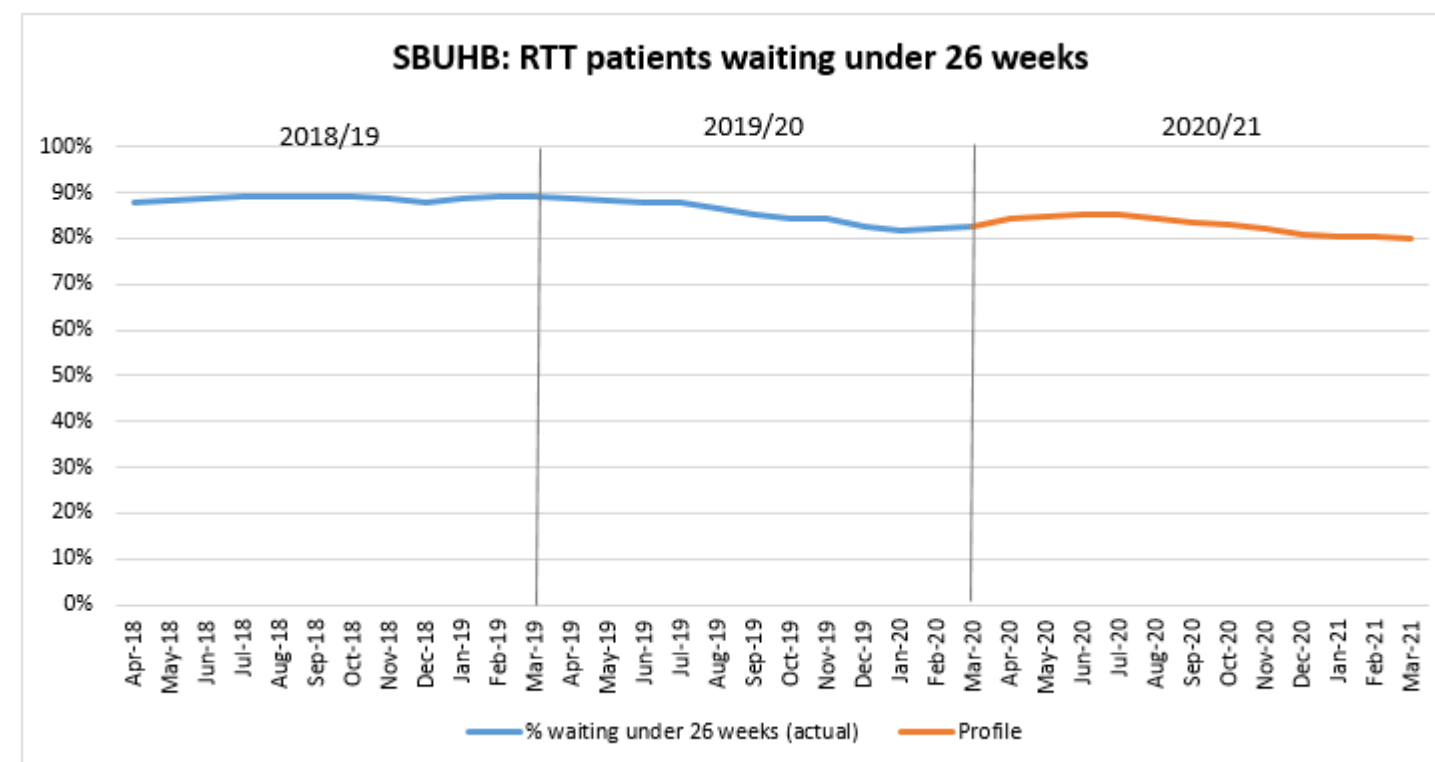
Measure	National Target
Percentage of patients who are diagnosed with a stroke who have a direct admission to a stroke unit within 4 hurs of the patient's clock start time	The most recent SSNAP UK national quarterly average
Percentage of patients who are assessed by a stroke specialist consultant physician within 24 hours of the patient's clock start time	The most recent SSNAP UK national quarterly average
Percentage of stroke patients who receive a 6 month follow-up assessment	Quarter on quarter improvement





## Planned Care

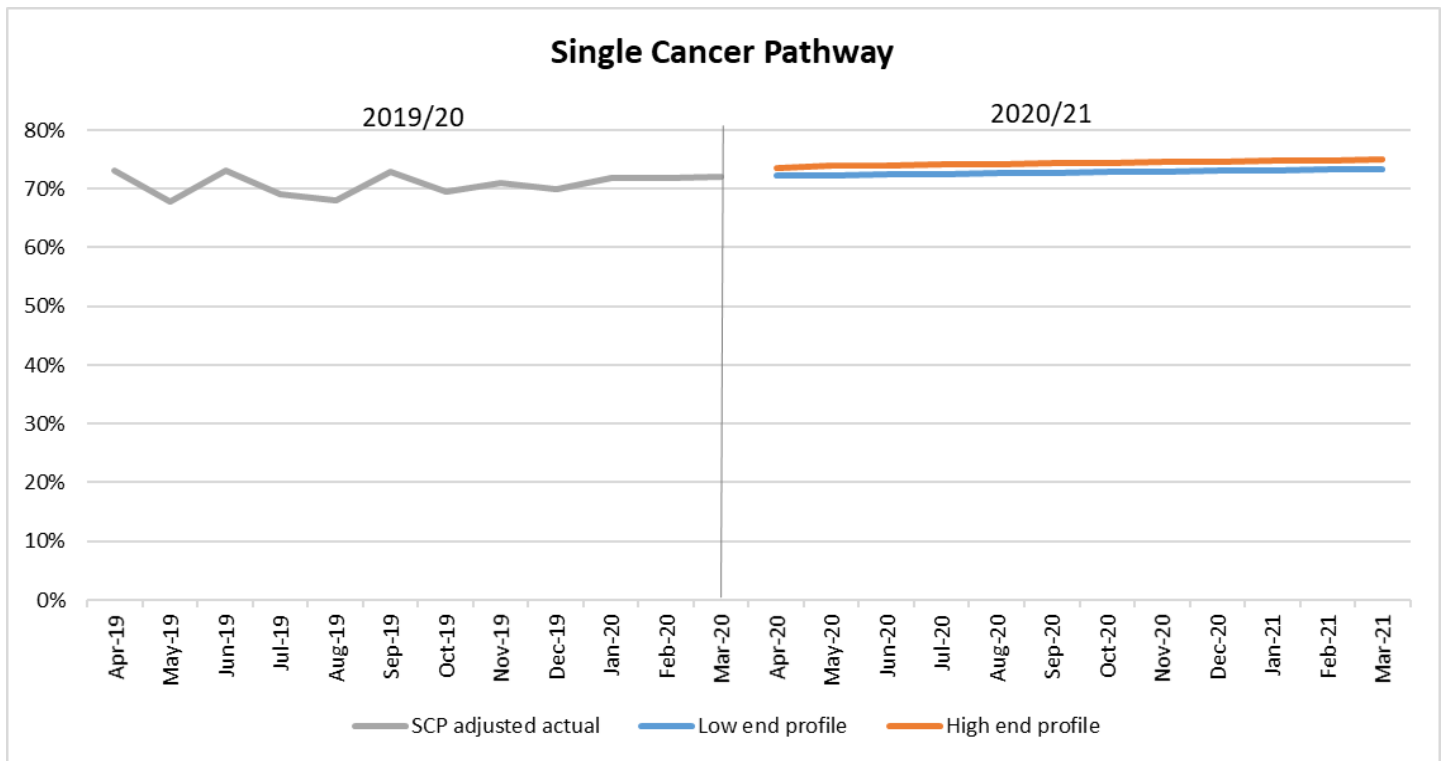
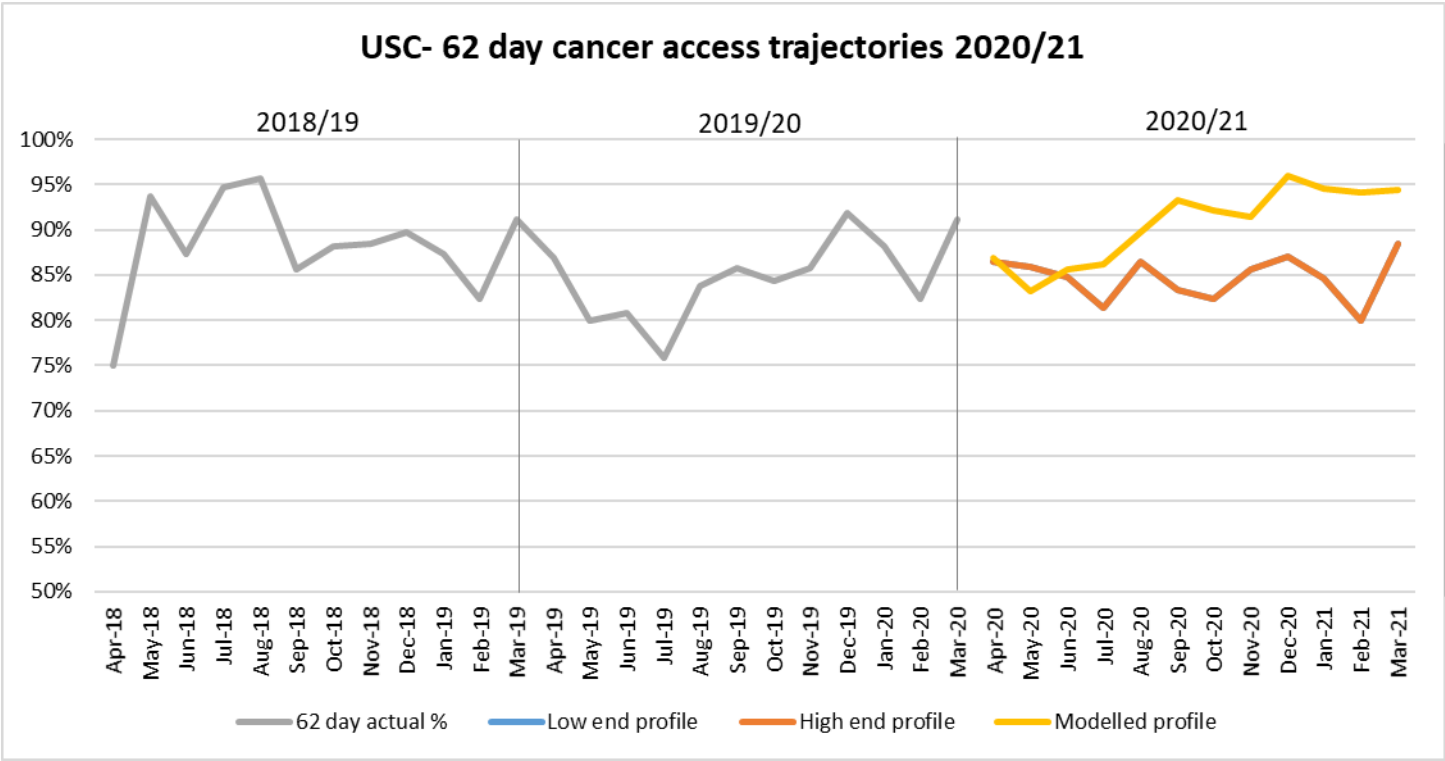
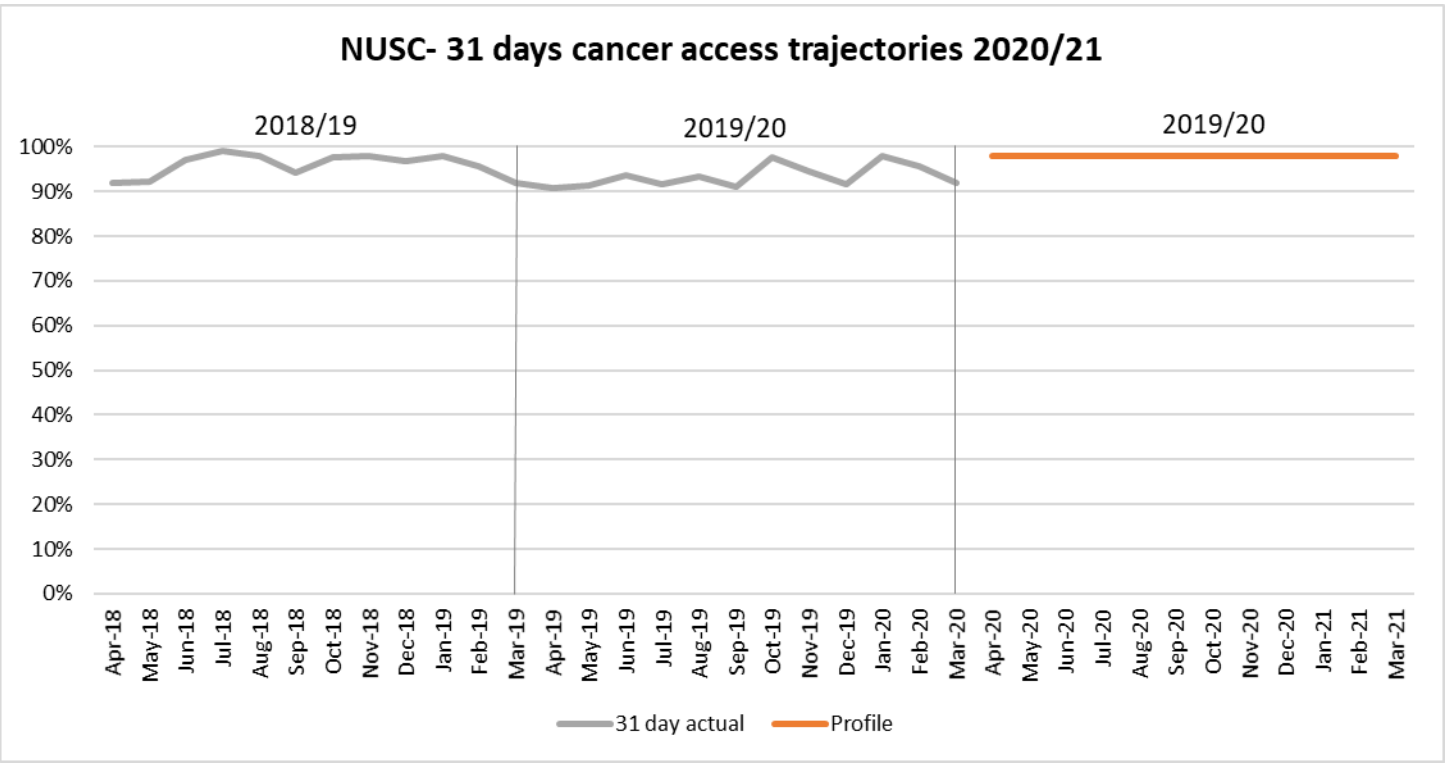
Measure	National Target
Percentage of patients waiting less than 26 weeks for treatment	95%
Number of patients waiting more than 36 weeks for treatment	0
Number of patients waiting more than 8 weeks for a specified diagnostic	0
Number of patients waiting more than 14 weeks for a specified therapy	0





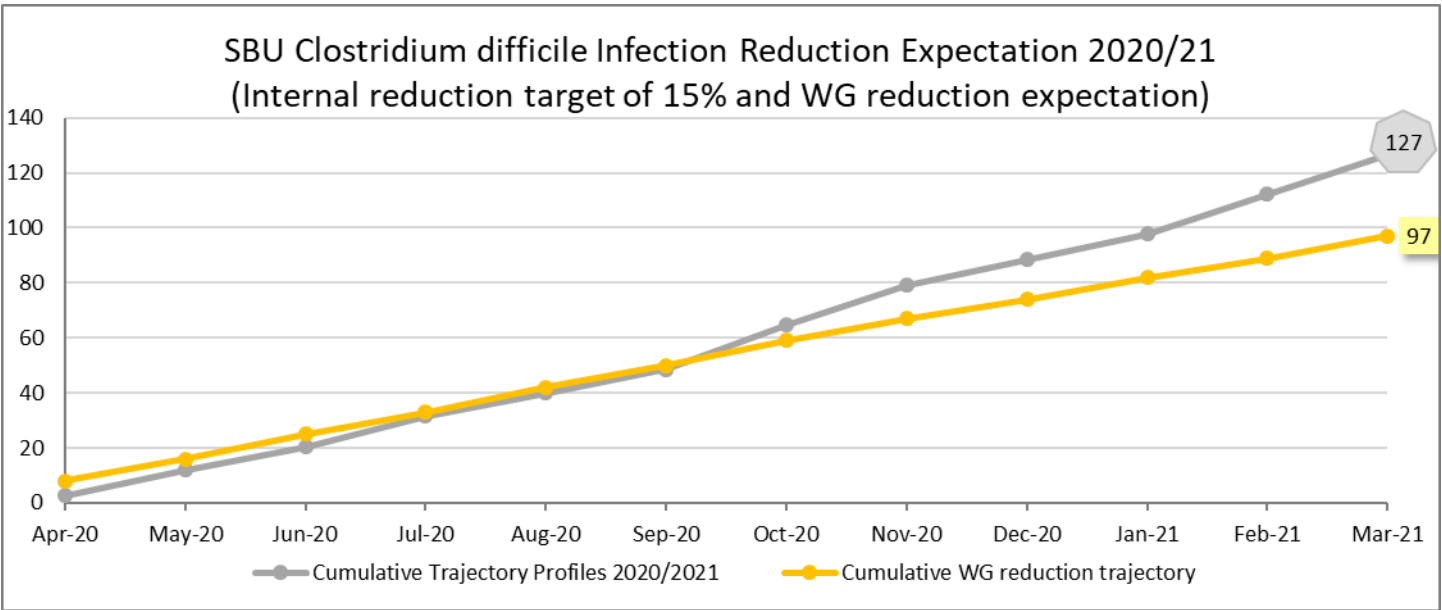
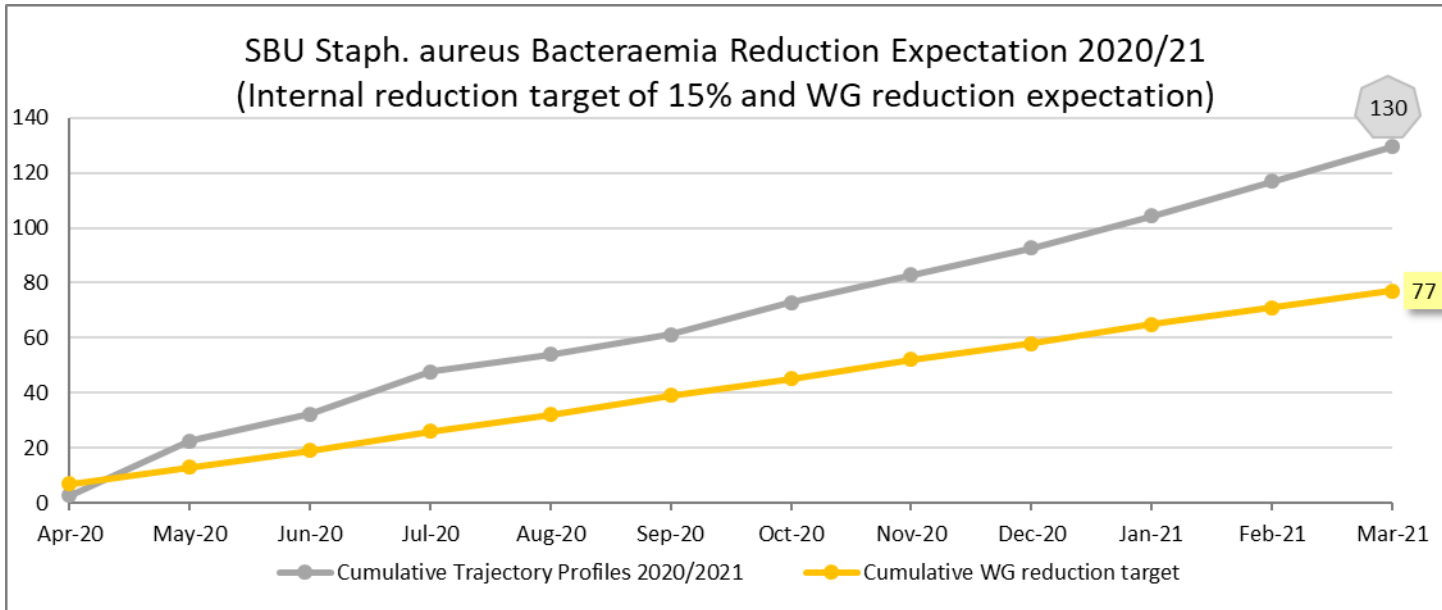
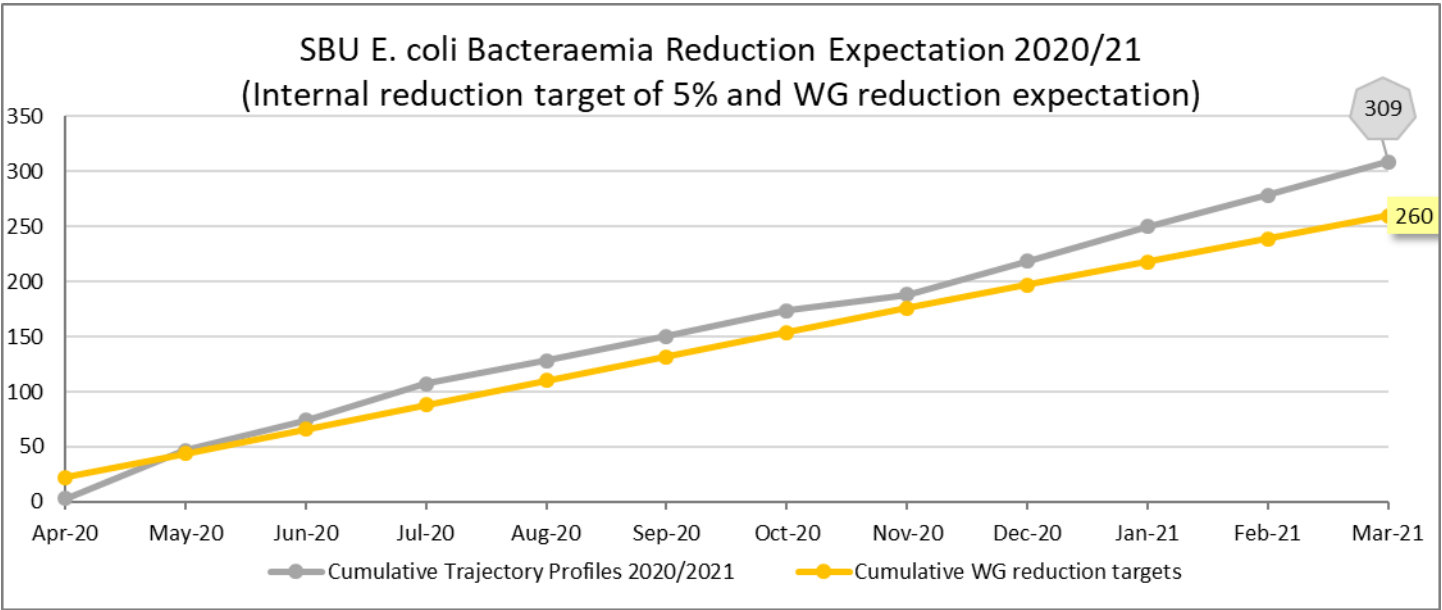
Cancer

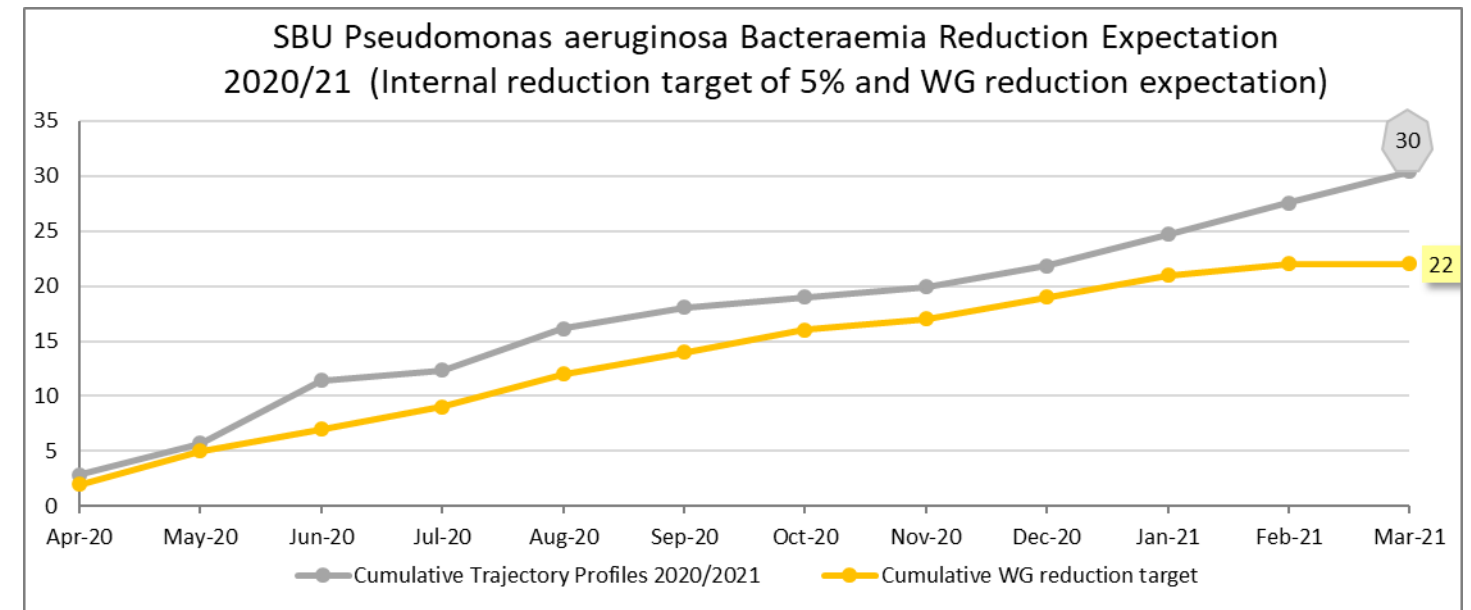
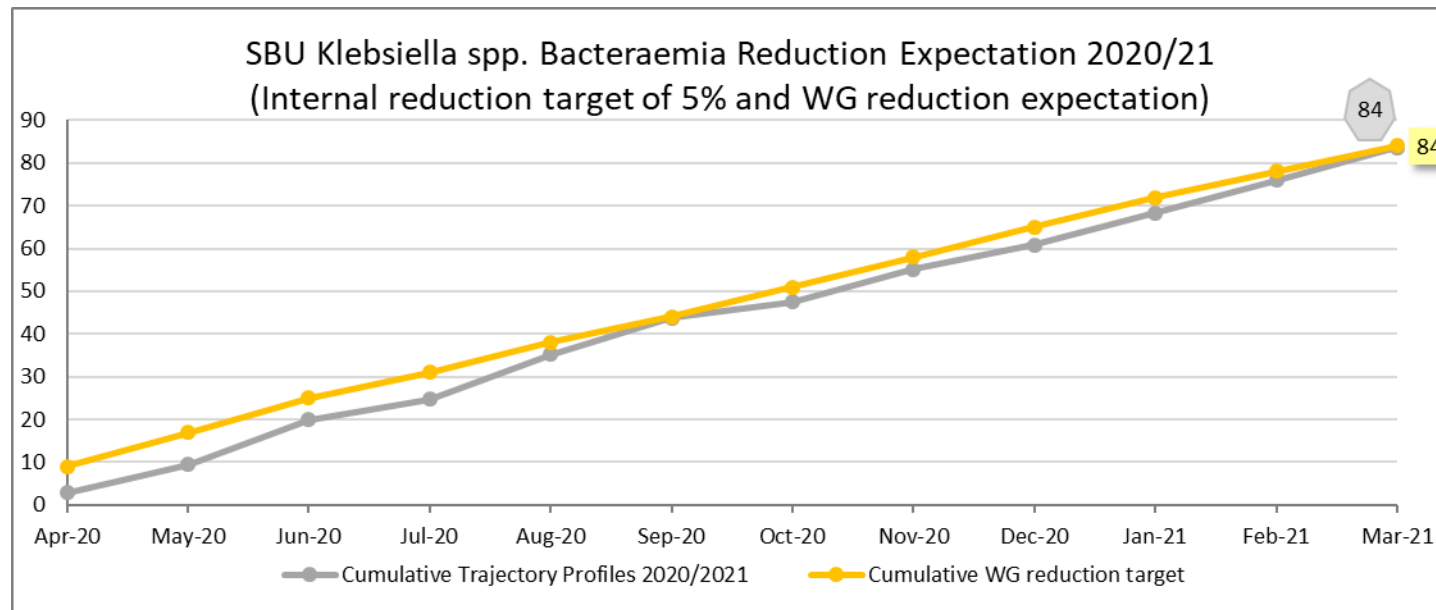
Measure	National Target
Percentage of patients newly diagnosed with cancer, not via the urgent route that started definitive treatment within (up to and including) 31 days of decision to treat	98%
Percentage of patients newly diagnosed with cancer, via the urgent suspected cancer route, that started definitive treatment (up to and including) 62 days of receipt of referral	95%
Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	12 month improvement trend



Healthcare Acquired Infections

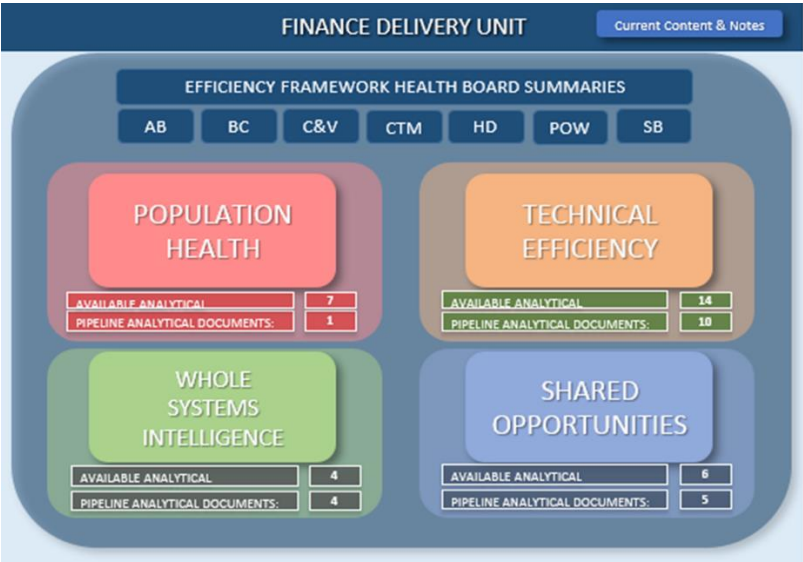
Measure	National Target
Cumulative number of laboratory confirmed E.Coli bacteraemia cases	12 month reduction trend
Cumulative number of laboratory confirmed S.aureus bacteraemias (MRS and MSSA) cases	12 month reduction trend
Cumulative number of laboratory confirmed Clostridium difficile cases	12 month reduction trend
Cumulative number of laboratory confirmed Klebsiella sp bacteraemia cases	12 month reduction trend
Cumulative number of laboratory confirmed Aerginosa bacteraemia cases	12 month reduction trend





# Appendix 5 Efficiency Approach

The Board’s operational and strategic planning process has for a number of years been underpinned by the identification of opportunity from both technical and allocative efficiency. A number of sources such as CHKS and Patient Level Benchmarking have routinely been used to enable Delivery Units to identify opportunity and support operational plans. This work has been supplemented by a number of external reviews focusing on the opportunity to improve efficiency most recently:



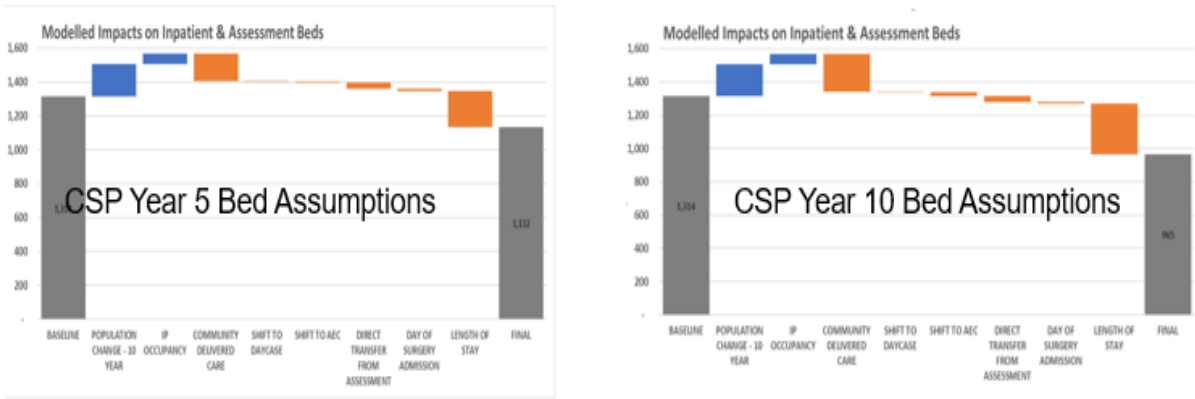
Capita - November 2018  
KPMG - December 2019.

At an All Wales level work is being coordinated through the development of a National Efficiency Framework which is encouraging a standard approach to benchmarking, ensuring best practice is being shared and developing tools to analyse pathway and population health across Wales.

The focus of both internal and externally commissioned work has to date been on technical efficiency – most significantly the opportunity to make best use of Bed, Theatre and Outpatient facilities. The initial draft position emerging from the KPMG review has been compared to the previous Capita report and internal analysis consistent with the national efficiency framework, although this analysis will be re-run when the final reports are received:

	Currency	CAPITA		KPMG		Efficiency Framework	
		Scenario B - 3 Years	Scenario C - 10 Years	Risk Adjusted	Maximum	Minimum	Maximum
Admitted Patient Care							
Population	Beds	(58)	(194)				
Occupancy	Beds	(61)	(61)				
COMMUNITY DELIVERED CARE - Admission Avoidance	Beds	65	226	0			
Readmissions				7	12		
SHIFT TO DAYCASE - Daycase Rate	Beds	3	4	1	1	2	13
SHIFT TO AEC - AEC Directory	Beds	8	25	2	4		
DIRECT TRANSFER FROM ASSESSMENT - LoS Reduction	Beds	0	34				
DAY OF SURGERY ADMISSION - Pre-Op LoS Reduction	Beds	10	12	22	37	1	4
Delayed Discharges	Beds			32	54		
LENGTH OF STAY - Long LoS Reduction	Beds	217	304	112	186	42	214
Net Impact	Beds	183	349	176	294	46	231
Theatre Sessions							
Unutilised Sessions	Sessions				331		
Improved Utilisation of Sessions that run	Sessions				1,946		492
Total		1,945	3,094		2,277		492
Underlying Growth	Sessions	(376)	(497)				
Net Position	Sessions	1,569	2,597		2,277		492
OutPatients							
Clinic Productivity	New Slots			7,808	19,519		
	FU Slots			23,382	58,454		
DNA	New Slots			384	961	367	367
DNA	FU Slots			42	106	942	1,710
New Follow Up	FU Slots			23,141	77,135	17,469	19,068
Digital transformation Outpatients	WTE			12	12		
Patient initiated follow ups	FU Slots			4,159	10,398		
Virtual clinics	Clinics			419	419		

The output from the Capita report has been used to underpin the Board’s Clinical Services Plan:



The identification and realisation of opportunity at an operational level is driven through a number of routes:

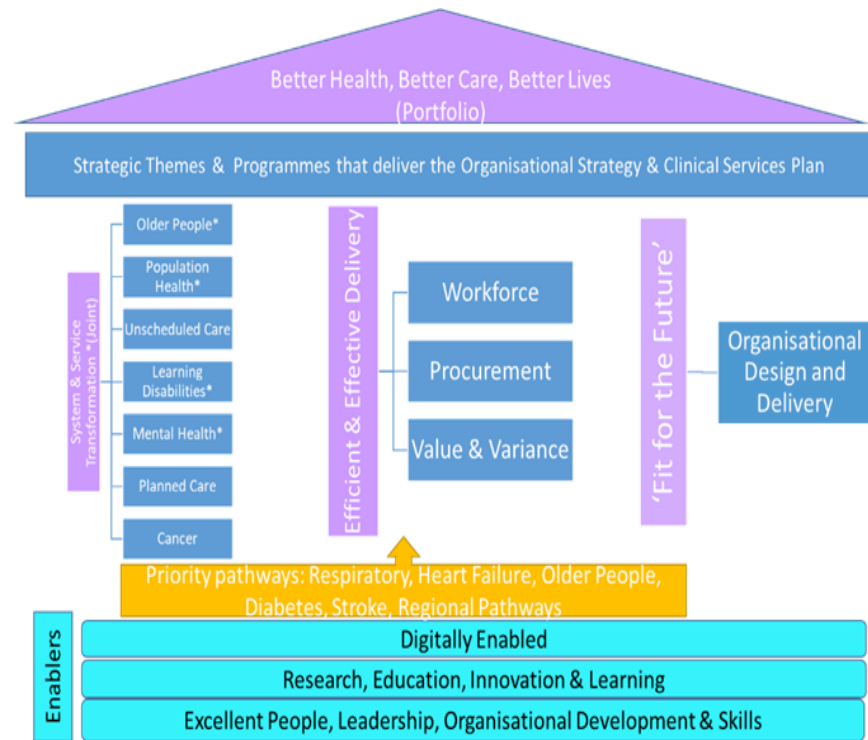
## Realisation Opportunity – Operational Plans

System-Wide Approach (CSP/IMTP)	Clinical Redesign Groups (CRG) / Similar	High Value Opportunities (HVO)	Unit-Focused
Population Health	Respiratory Health	Theatres	Primary Care & Community Services
Planned Care	Heart Failure	Outpatients	Singleton
Older People	Stroke (ARCH)	Medical Workforce	Morriston
Maternity, Children & Young People	Diabetes	Hospital 2 Home	Mental Health & Learning Disabilities
Unscheduled Care	Older People	Value & Variance	Neath Port Talbot
Mental Health & Learning Disabilities	Neurological Services (ARCH)	MCAS	
Cancer		Nursing Workforce	
		Therapies Workforce	17

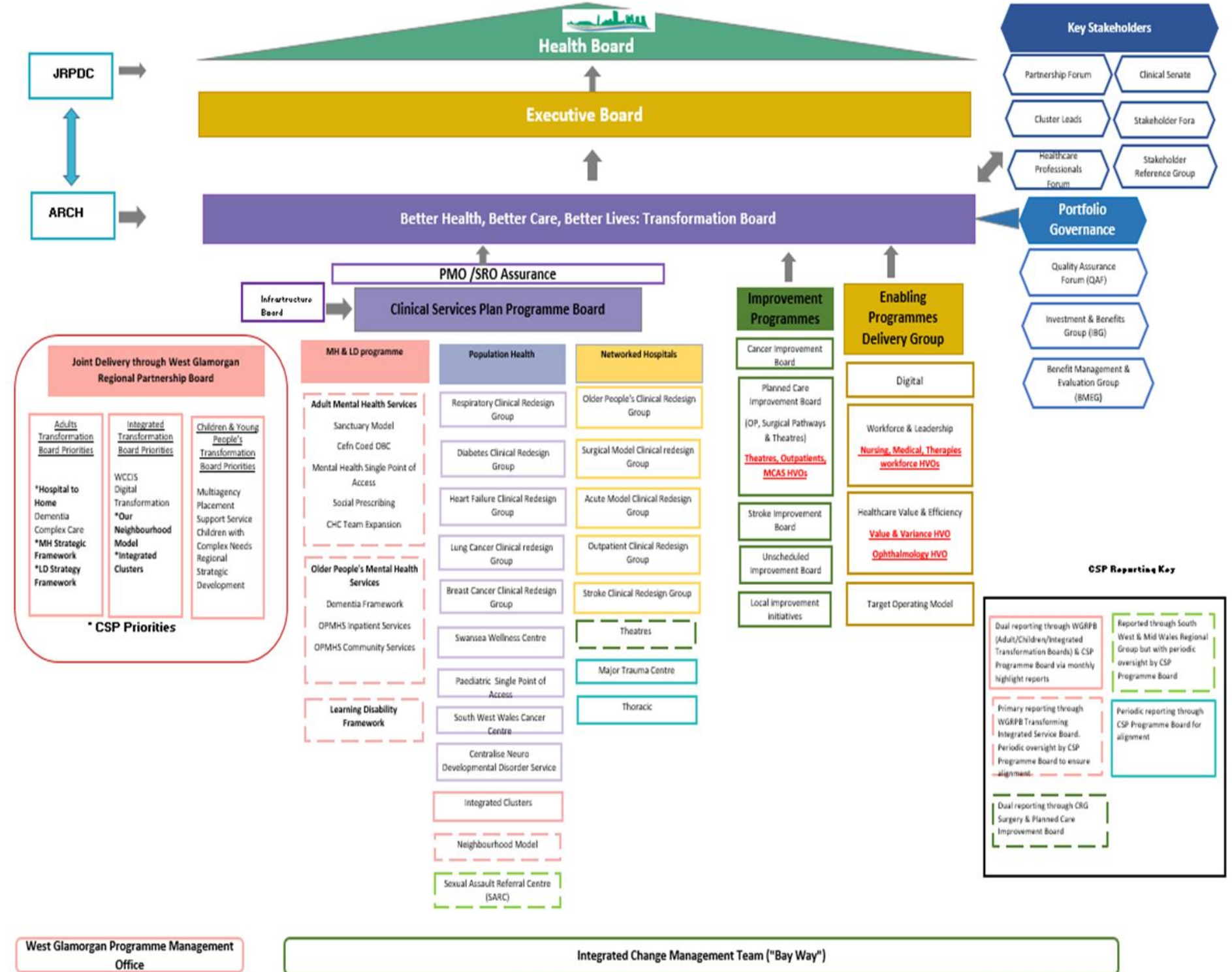
The KPMG recommendations have been used to further build on this work and the High Value Opportunities have been refreshed as described in [section 1.7](#) of the Plan document.



## Appendix 6 Transformation Portfolio



The Transformation Portfolio is being reviewed and refreshed in the light of the draft KPMG reports and this Appendix will be updated for the final March plan.



# Appendix 7 Regional Clinical Services Plan Programme Plan



Appendix 7 Regional  
Clinical Service Plan



Appendix 7 RCSP  
Detailed Programme



## Appendix 8 Primary Care Cluster Priorities - Plan on a Page



Primary Care Cluster  
Priorities - Plans on

## Appendix 9 South Wales Adult Thoracic Surgery

The South Wales Adult Thoracic Surgery Implementation Programme is led by the Welsh Health Specialised Services Committee on behalf of NHS Wales. The Implementation Board has representation from all affected Health Boards and is planning the implementation of a new integrated service across the area supported by a single Regional South Wales Thoracic Surgery Centre at Morriston Hospital. This will ensure that a safe, effective, high quality service can be delivered with improved patient outcomes for the population.

In preparation for this change, which was the subject of public engagement and then consultation in 2018-19, WHSSC have prepared and consulted on a service specification which has been utilised in the work to develop the service model. Swansea Bay UHB has been designated as the provider of Adult Thoracic Surgery Services for south Wales, based at Morriston Hospital.

There has been significant work undertaken in 2019-20 to prepare for the implementation of this new service, including:

- Two Clinical Summits held and another one planned to ensure effective involvement from all affected Health Boards in the development of the new service model.
- Establishment of 3 Task and Finish groups with representation from all affected Health Boards to support the development of the service model:
  - Recruitment and Skills
  - Service Model
  - Benign Conditions.

A service model based on the outcomes of this work was considered at the September meeting of the Adult Thoracic Surgery Implementation Board was finalised at the Implementation Board in October 2019. The development is on track with the business case expected to be signed off in Quarter 1 2020/21 and excellent clinical engagement and collaboration between Cardiff and Vale and Swansea Bay UHBs.

During 2020 the detailed implementation plan for the new service, including any implications for all Health Boards, will be developed to ensure these can be factored into the next round of IMTP/Annual Plan processes.

## Appendix 10 WHSSC Integrated Commissioning Plan

### Strategic Overview

SBUHB continues to work closely with The Welsh Health Specialised Service's Committee (WHSSC) in the development of its Integrated Commissioning Plan (ICP) and acknowledges the importance of aligning its IMTP with the ICP.

The demand for specialised services continues to increase as advances in medical technology offer treatment where previously none were available. The development of ever more complex and innovative treatment whilst offering benefits to patients is however providing a growing financial challenge.

A core element of the WHSSC work in 2020-21 will be to increase engagement and co-production with patients to strengthen services and patient pathways. In doing so, WHSSC aims to identify opportunities to release value from those pathways or through the re-commissioning of services. A number of new work-streams to support this including referral management and medicines management will be established.

A number of strategic priorities are highlighted within the 2020-23 WHSSC ICP. Strategic priorities are service developments which are either currently mandated by organisations such as the National Institute for Health and Care Excellence (NICE) or have already been agreed as service priorities through previous ICPs or through the Clinical Impact Advisory Group (CIAG) process. All require a service change but for a variety of reasons. These include the implementation of the new treatments, such as Advanced Therapeutic Medicinal Products (ATMPs) and Thrombectomy and working through the required step change in investment for services including Cystic Fibrosis and Intestinal Failure Services which are faced with challenging levels of growth.

The following table provides a summary of the key deliverables grouped into priority areas as set out on the WHSSC ICP.

Strategic Priorities
To commission any newly NICE or AWMSC approved ATMPs
To develop and implement a service specification for the commissioning of Long Term Ventilation
To work with C&VUHB on expanding the inpatient facilities in the Wales Adult Cystic Fibrosis centre
To understand the peer support requirements within the All Wales Gender service and the longer term requirements of establishing a recurrently funded service from 2021-22.
To work with the south and mid Wales Major Trauma Network in establishing a Major Trauma Network from April 2020

To establish the outcomes of the funding invested in Neurosciences services to date and further requirements to allow Neurosciences services in Wales to provide as a minimum, comparable standards to those provided in NHS England.
To work with SBUHB in introducing a specialist mother & baby inpatient service for south & mid Wales
To understand the implications of any new indications for Proton Beam Therapy introduced in NHS England and agree an NHS Wales policy position
To receive information on performance against the single cancer pathway for WHSSC commissioned services and include in performance reports to Management Group and Joint Committee
To develop the Interventional Neuro Radiology service in C&VUHB to allow for the local delivery of Thrombectomy to patients in south and parts of mid Wales
<b>Increasing Access</b>
The Referral Management Project Manager will work with welsh providers on repatriating any unnecessary activity from English providers, to identify opportunities for providing follow up activity locally rather than through NHS England providers and strengthen the Gatekeeping process.
To further develop the capability and use of MAIR and the underpinning Power BI platform.
To strengthen Public Health expertise
<b>Improving the Experience and Quality of Care</b>
To review the Quality Assurance Framework to address new challenges and set out further ambitions for quality in specialised services
To continue to monitor, identify and address variation in access and/or outcomes and patients experience.
To continue to undertake peer review visits to test the accuracy of the information submitted and benchmark performance against the quality indicators.
To strengthen and further develop our escalation process.
<b>Increasing the Value of Funding</b>
To strengthen the CIAG/Management Group process WHSSC is holding a meeting with participants from this year's workshop in early 2020 to discuss improvements that could be made including the provision of needs assessment data.
Commence undertaking an audit of commissioning policies to ensure outcomes measurement requirements are appropriately defined, working collaboratively with Health Technology Wales on the methodology utilised for this.
To review the scope of current audit programmes to consider wider measures of outcomes beyond traditional hard clinical outcomes, including the greater use of patient reported outcomes.
To improve the visibility and use of the outcomes information currently available.
To review the use of current national databases to ensure they are being used to optimum effect.

To identify additional specialised services to focus on developing and using outcomes measurement, paying particular attention to services where WHSSC has identified concerns regarding variation, growth and variability of standards. Examples will include immunology and intestinal failure.

To develop approaches to outcomes measurement specific to the introduction and growth of new advanced therapeutic medical products to incorporate into all new approvals.

## Major Trauma

The implementation of the Major Trauma Network is commissioned by WHSSC with additional planning support through the NHS Wales Collaborative. Morriston Hospital has been designated as a Large Trauma Centre and Swansea Bay is the host for the Operational Delivery Network. The new arrangements will be operational in quarter 1 of 2020/21 and this includes the appointment of priority posts as outlined in the Programme Business Case that was agreed in principle in November 2019, including orthoplastics.

## Financial Overview

WHSSC 2020-21 ICP Financial Summary

	Reference	Aneurin Bevan UHB	Betsi Cadwaladr UHB	Cardiff & Vale UHB	Cwm Taf Morgannwg UHB	Hywel Dda UHB	*Powys THB	Swansea Bay UHB	2020/21 WHSSC Requirement
		£m	£m	£m	£m	£m	£m	£m	£m
<b>19 / 20 Income as Mth 6</b>		<b>116.254</b>	<b>139.070</b>	<b>107.363</b>	<b>90.270</b>	<b>72.231</b>	<b>25.497</b>	<b>79.782</b>	<b>630.467</b>
Anticipated 2020/21 Allocation Funding		0.269	0.319	0.227	0.203	0.176	0.060	0.178	1.432
<b>2020/21 Opening Baseline income</b>	Table 2	<b>116.523</b>	<b>139.389</b>	<b>107.590</b>	<b>90.473</b>	<b>72.407</b>	<b>25.557</b>	<b>79.960</b>	<b>631.899</b>
2 year average riskshare (2017/18 & 2018/19)	Table 2	0.643	(0.663)	(0.294)	0.390	(0.739)	1.695	(1.032)	-
<b>2020/21 Utilisation adjusted baseline</b>	Table 2	<b>117.166</b>	<b>138.726</b>	<b>107.296</b>	<b>90.863</b>	<b>71.668</b>	<b>27.252</b>	<b>78.928</b>	<b>631.899</b>
M6 19/20 - Forecast Performance	Table 3a	(0.064)	(2.010)	(0.156)	0.025	(0.856)	(0.495)	(0.306)	(3.862)
Reinstate Non Recurrent Writebacks	Table 3a	1.703	1.884	0.978	0.569	0.473	0.579	0.562	6.748
Adjustments for Non Recurrent	Table 3b	0.120	0.193	0.478	0.297	0.528	(0.063)	0.457	2.010
<b>Underlying Deficit (inc adj Baseline)</b>		<b>2.402</b>	<b>(0.596)</b>	<b>1.006</b>	<b>1.281</b>	<b>(0.594)</b>	<b>1.716</b>	<b>(0.319)</b>	<b>4.896</b>
Full Year Effect of Prior Year Investments	Table 3c	1.086	0.663	0.858	0.746	0.685	0.177	0.704	4.918
Generic Growth, Cost pressure & NICE	Table 6a, 6b, 7a & 7b	2.397	1.949	2.249	1.814	1.064	0.346	1.018	10.837
Mandated New ATMPs	Table 8a	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
VBC workstreams	Table 5	(0.516)	(0.613)	(0.435)	(0.391)	(0.338)	(0.116)	(0.342)	(2.750)
<b>Underlying Deficit &amp; Growth</b>		<b>5.369</b>	<b>1.403</b>	<b>3.678</b>	<b>3.451</b>	<b>0.816</b>	<b>2.123</b>	<b>1.061</b>	<b>17.901</b>
CIAG & Prioritisation Schemes	Table 9a+9b	0.418	0.348	0.383	0.346	0.289	0.079	0.316	2.179
Strategic Specialist Priorities	Table 8b	0.283	0.138	0.263	0.214	0.172	0.062	0.196	1.328
NHS England Provider 2%	Table 6c	0.318	2.070	0.237	0.201	0.186	0.191	0.204	3.406
NHS Wales 2% provider inflation	Table 4a	1.711	1.026	1.623	1.371	1.090	0.255	1.190	8.266
<b>Total WHSSC increase 2020/21</b>		<b>8.099</b>	<b>4.984</b>	<b>6.184</b>	<b>5.583</b>	<b>2.553</b>	<b>2.711</b>	<b>2.967</b>	<b>33.080</b>
<b>TOTAL WHSSC 2020/21</b>		<b>124.621</b>	<b>144.373</b>	<b>113.773</b>	<b>96.056</b>	<b>74.960</b>	<b>28.268</b>	<b>82.927</b>	<b>664.979</b>
<b>% Total Uplift Required</b>		<b>6.95%</b>	<b>3.58%</b>	<b>5.75%</b>	<b>6.17%</b>	<b>3.53%</b>	<b>10.61%</b>	<b>3.71%</b>	<b>5.24%</b>

The WHSSC financial plan has been prepared on the assumption that Welsh Government will directly fund pressures relating to the Major Trauma Network and ATMPs. SBUHBs net liability for 2020/21 has been materially reduced following the realignment of risk share contributions based utilisation. The net contribution of £3m has been built into Swansea Bay UHB's Plan for 2020/21.

It is recognised that funding this level of pressures and developments is a significant challenge for all Health Boards and WHSSC will be undertaking further work to mitigate cost pressures and focus on pathway value efficiencies.

# Appendix 11 Emergency Ambulance Services Committee (EASC)

## National Collaborative Commissioning Unit (NCCU)

The National Collaborative Commissioning Unit (NCCU), hosted by Cwm Taf Morgannwg University Health Board is the collaborative commissioning service of NHS Wales: *“Leading quality assurance and improvement for NHS Wales through collaborative commissioning”*. It delivers national programmes of work in support of EASC, the National Programme for Unscheduled Care and Mental Health and Learning Disabilities. The work programmes and deliverables from the NCCU are referenced in these respective sections of the Plan.

## EASC

With regards to EASC there are a number of priority areas which support the delivery of the 2020/21 Emergency Medical Services (EMS) and Non-Emergency Patient Transport Services (NEPTS) Commissioning Intentions.

EMS Welsh Ambulance Services Trust capacity priorities for 2020/21 include:

- Potential recruitment of a minimum of 90 WTE additional staff if evidenced by scrutiny of the demand and capacity review
- Shift of front line spend from current levels to 75%
- Realisation of efficiencies through delivery of the Welsh Ambulance Services Trust components outlined in demand and capacity national requirements.

EMS Local Services priorities for 2020/21 include:

- Expansion of Advanced Paramedic Practitioner (APP) roles. In Swansea Bay there were 5 APPs in 2019/20 and this may rise, depending on recruitment to 12 in 2020/21.
- Development of All Wales Falls Response Model, building on the existing falls response vehicles which were funded in 2019./20. The rollout of iStumble and iFallDown tools to care homes will also be completed in 2020/21.
- Development of All Wales Single Integrated Clinical Assessment and Triage (SICAT) service or alternatives, as through the Acute GP Unit in SBUHB which was successfully used during the 2019/20 winter.
- Support and development of Alternative Clinical Pathways for respiratory and other patients, which will be supported by the Early Supported Discharge service for COPD and Acute Care Teams in Swansea Bay area.

These are all already supported as service priorities in SBUHB as described in the Unscheduled Care Whole System Plan section of the Plan and in the WAST Joint Initiatives template in Appendix 12.

NEPTS Priorities for 2020/21 include:

- Delivery of the work programme jointly agreed through the DAG and represented in the 2020/21 NEPTS commissioning Intentions.

EMRTS Priorities for 2020/21 include:

- Work with EMRTS, EASC, Health Boards and Welsh Government to support 24/7 expansion.

With regards to the financial position for EASC the baseline shared by WHSSC remains. At the EASC Joint Committee meeting in January, Joint Committee members agreed the following with regards to EMS:

- Health Boards agreed in principle to collectively fund up to a maximum of £1.8m in additional revenue on a non-recurrent basis for 2020/21. The draw down from this funding will be made conditional on delivery of resources in line with the delivery plan. SBUHB's share of this allocation is £186k which is included in the financial plan.
- The agreement in principle will be subject to a detailed implementation/delivery plan being signed off at the EASC Joint Committee.
- WAST progress and performance in the delivery of the 2020/21 Commissioning Intentions will be monitored and reported through the EASC sub-groups.



## Appendix 12 Welsh Ambulance Services Trust

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. Financial commitments are not yet known and will be considered in the final Plan in March. The Health Board continues to work with WAST to share and align both organisations' IMTP 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 WAST expectation is that up to an additional 136 WTEs 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 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 and Treat and Hear and Treat opportunities. Specific joint priorities include the following schemes:

- 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, with the potential to double the number of APPs in the Swansea Bay area..
- 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. All Health Boards have committed to continuing or considering introducing this type of scheme, and Swansea Bay UHB has put in place a collaborative model through the Acute GP Unit at Singleton hospital and the Acute Clinical Teams.
- 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.

The specific joint initiatives for Swansea Bay UHB and WAST are included in the template below.



SBUHB WAST Joint  
Initiatives Template :

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.

## Appendix 13 Excellent Staff – Workforce Profiles

### Current workforce Profile – December 2019

Staff Group	Headcount	FTE
Add Prof Scientific and Technic	404	362.61
Additional Clinical Services	2,640	2,311.48
Administrative and Clerical	2,440	2,126.93
Allied Health Professionals	887	774.15
Estates and Ancillary	1,252	1,027.77
Healthcare Scientists	328	300.90
Medical and Dental	1,105	1,033.09
Nursing and Midwifery Registered	3,941	3,470.70
Students	1	1.00
<b>Grand Total</b>	<b>12,998</b>	<b>11,408.63</b>

The table above shows the Health Boards current workforce profile by staff group. The total number of staff has reduced by 2,961.49wte as a result of staff transferring to Cwm Taf Morgannwg following the Bridgend boundary change on the 1<sup>st</sup> April 2019. The detail of numbers of those who transferred by staff group is detailed in the table below.

Staff group	WTE – Transfer Cwm Taf Morgannwg – April 2019.
Board Members	0
Medical & Dental	313.68
Nursing & Midwifery	1,021.44
Add. Prof, Scientific & Tech	98.37
Healthcare Scientists	31.82
Allied Healthcare Professionals	172.10
Additional clinical Services	549.15
Administrative & Clerical	417.07
Estates & Ancillary	357.28
Students	0.57
<b>Total</b>	<b>2,961.49</b>

## Vacancy Levels – October 2019

Staff Group	Vacancies
Add Prof Scientific and Technic	18.29
Additional Clinical Services	87.49
Administrative and Clerical	21.65
Allied Health Professionals	59.57
Estates and Ancillary	107.58
Healthcare Scientists	16.15
Medical and Dental	139.68
Nursing and Midwifery Registered	374.44
Students	-2.00
<b>Grand Total</b>	<b>822.85</b>

The total number of vacancies for the Health Board currently stand at 822.85wte. Those staff groups with the largest number of vacancies include Nursing and Midwifery and Medical and Dental.

## Turnover

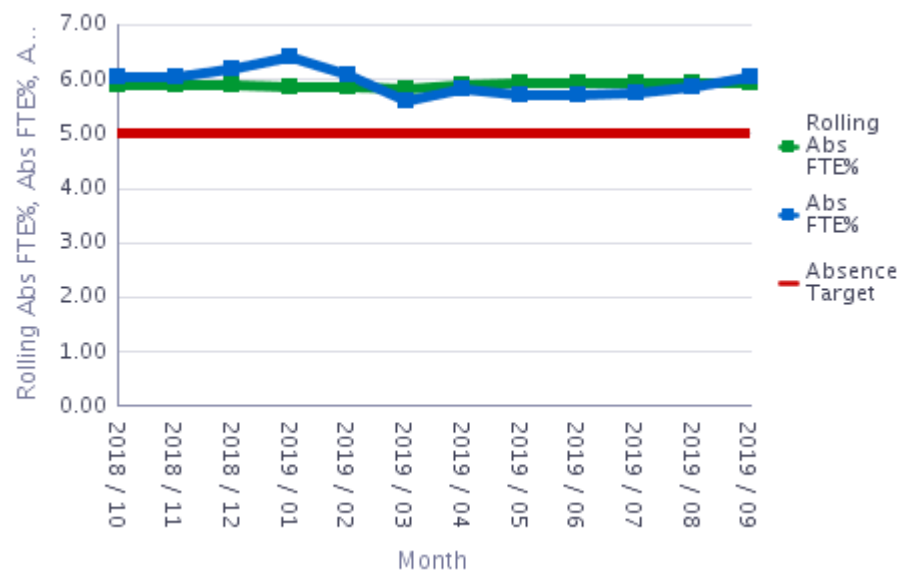
Whilst the overall turnover rate for the Health Board is not disproportionately high, an analysis has indicated that there are certain hot spot areas that need to be addressed and includes in particular the number of nursing staff that leave within two years of appointment.

Staff Group	FTE	Headcount
Add Prof Scientific and Technic	7.67%	8.63%
Additional Clinical Services	5.85%	6.16%
Administrative and Clerical	8.48%	8.58%
Allied Health Professionals	7.91%	7.79%
Estates and Ancillary	5.16%	5.22%
Healthcare Scientists	6.79%	6.82%
Medical and Dental	9.91%	10.95%
Nursing and Midwifery Registered	8.52%	8.95%
Students	77.42%	70.59%

## Turnover by FTE and Headcount – October 2019

## Sickness Absence

The current rolling 12-month performance as at September 2019 stands at 5.95%. The in-month figure for September is 6.03%, compared to 5.87% 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.



Four out of five of our Delivery Units have seen an improvement in long term sickness absence for September and each have action plans aimed at reducing sickness to an interim target of 5%.

A pilot has been carried out within part of our Facilities Department which improved overall performance by 0.75% compared to the same period in the previous year, including a reduction in long term sickness and overall length of absence. Plans are now in place to roll this approach out across the entire facilities department and other suitable areas.

# Appendix 14 Health Board Risk Register



Appendix 14 Health  
Board Risk Register

## Appendix 15 NHS 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



Domain	Reference	Measure
	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
	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

Domain	Reference	Measure
	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
<b>Dignified Care</b>	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
	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

Domain	Reference	Measure
	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
	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

Domain	Reference	Measure
	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

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