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Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>26<sup>th</sup> January 2023</b>	<b>Agenda Item</b>	<b>3.3</b>
<b>Report Title</b>	<b>Update on the Development of the Recovery and Sustainability Plan 23/24-24/25-25/26</b>		
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<b>Presented by</b>	Siân Harrop-Griffiths, Director of Strategy		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	Update on progress with developing the Health Board's Recovery and Sustainability (R&S) Plan/ Integrated Medium Term Plan for the period 23-26		
<b>Key Issues</b>	Key updates: <ul style="list-style-type: none"> <li>• The emerging Health Board service priorities that have been received to date from Programme Boards and Service Groups were shared with Board Members on 9<sup>th</sup> January;</li> <li>• Clinical prioritisation process is underway in order to determine a Tiered list of Year 1 priorities;</li> <li>• The indicative Tier 1 priorities from the clinical prioritisation process will be assessed and refined, as required, following financial and workforce deliverability assessments that are taking place in the forthcoming weeks; and</li> <li>• Tier 1 priorities will be finalised and confirmed by Executive Directors on 1<sup>st</sup> February 2023, subject to further detail on the financial plan.</li> </ul>		
<b>Specific Action Required</b>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	Board are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the progress made in developing the R&amp;S Plan/ IMTP 23/26.</li> <li>• <b>CONSIDER</b> and agree the next steps.</li> <li>• <b>NOTE</b> the risks and mitigating actions to finalising the Plan for approval in March 2023.</li> </ul>		

## UPDATE ON THE DEVELOPMENT OF THE RECOVERY AND SUSTAINABILITY PLAN 23/24-24/25-25/26

### 1. INTRODUCTION

This paper sets out progress with updating the Recovery and Sustainability Plan (R&S Plan) (IMTP) for 2023/26, highlighting key activities in Q2 and 3.

### 2. BACKGROUND

The purpose of the Health Board's Recovery and Sustainability Plan (R&S Plan) is to set out the route map to deliver service and financial excellence over the next 3-5 years. The R&S plan (IMTP) 2022/23-24/25 was approved by the Board on 31<sup>st</sup> March 2022 and submitted to Welsh Government (WG). Following formal approval by the Minister as an Integrated Medium Term Plan (IMTP) in September 2022, the Plan for 2023/24-25/26 is expected to be a refreshed IMTP focussing on delivery of Goals, Methods and Outcomes for 2023/24 and building on systems improvements delivered in 22/23.

The R&S Plan is intended to form the IMTP for the period 23/24-25/26 and will demonstrate continued delivery of our priorities in terms of service delivery and financial performance and focus on embedding the agreed Health Board strategic direction through delivering our Clinical Services Plan. It is also vital that we continue to plan for the future, maintaining our momentum and setting out the new improvements and changes we can undertake to more effectively allocate resources to have the highest impact on outcomes, reduce inequalities and maximise value.

### 3. ONGOING DEVELOPMENT OF THE R&S PLAN 23/26

The development of the R&S Plan is set out in 4 phases, we are currently in Phase 3:

Phase 1: Plan (June – July) <b>COMPLETED</b>	Phase 2: Review and Update (August – November) <b>COMPLETED</b>	Phase 3: Prioritisation and Finalisation (December – February)	Phase 4: Approval & Submission (March)
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#### 3.1 Emerging Health Board Service Priorities

The emerging Health Board service priorities were considered at the Board Development session on 9<sup>th</sup> January 2023 (**Appendix 1**). These have been aligned to the Ministerial Priorities for each system area where described in the NHS Planning Framework received from WG on 28<sup>th</sup> November. These priorities are still draft and not complete and should be considered in that regard.

#### 3.2 Clinical Prioritisation

Clinical prioritisation commenced in November and has continued throughout December 2022 and into January 2023. The outcome of the prioritisation process will be a Tiered set of Goals, Methods and Outcomes (GMOs), forming the Year 1 (23/24) service delivery priorities for the Health Board:

- **Tier 1 Priorities:** Schemes that have been identified for investment in year 1 as priority, subject to business case approval, as part of the 2023/24 financial plan.

- **Tier 2 Priorities:** Schemes where no funding has been allocated but will be considered for initial investment allocation subject to Business Case approval and additional money being identified
- **Tier 3 Priorities:** Schemes where no funding has been allocated but will be considered for investment subject to Business Case approval as secondary priorities unless specific /ring fenced additional monies become available

The initial clinical prioritisation session was held on 30<sup>th</sup> November 2022 and focused on GMOs for Cancer, Mental Health & Learning Disabilities and Children & Young People. Where GMOs with Year 1 Delivery proposals had no funding source identified, and were rated Critical or High priority by the Service Group/ Programme Board, the Clinical Executive Directors (Medical, Nursing, Therapies & Health Sciences) reviewed each proposal to determine which would have the greatest impact on quality and safety of services, risk and reputation of the Health Board. The Chief Operating Officer and Director of Strategy also provided an assessment from an operational and strategic perspective. The following scoring criteria was utilised:

Criteria	SCORING MATRIX		
	1	3	5
<b>Quality and Safety implication - of not supporting investment for Year 1 delivery</b>	LOW IMPACT– can be mitigated within current resources	MEDIUM IMPACT – some mitigation possible within current resource	HIGH IMPACT – no mitigation within current resource
<b>Impact on Risk Register - of not supporting investment for Year 1 delivery</b>	LOW IMPACT – no associated risk over 20 / can be mitigated	MEDIUM IMPACT – partially addresses risks >20/ can be mitigated	HIGH IMPACT – significantly addresses risks >20
<b>Reputational Impact - of not supporting investment for Year 1 delivery</b>	LOW IMPACT – mitigation possible, minimal concern for stakeholders	MEDIUM IMPACT – some mitigation possible/ requires some management with stakeholders	HIGH IMPACT – no mitigation identified, significant management required with stakeholders

Proposals with scores >11 were considered as indicative Tier 1 priorities.

A second session was held on 4<sup>th</sup> January in which the same Clinical Executive Directors in addition to support from the Chief Operating Officer and Director of Strategy assessed the quality and safety impact (using ratings of High/ Medium/ Low) of not supporting investment for the following GMOs which require funding in 23/24 to deliver and rated as critical/ high priorities by the Service Group or Programme Board: Primary Care, Community and Therapies, Children and Young People, Maternity, Value Based Healthcare, Sustainability/ Decarbonisation, and Population Health. The responses from Clinical Executive Directors were generally consistent and in agreement with each other. In the session it was agreed that GMOs assessed as high quality and safety impact were also considered high reputational impact to Health Board, due to potential impact on patients if investments were not supported; these

from the indicative Tier 1 GMOs. The session focused on assessing GMOs rated by Clinical Execs as low / medium quality and safety impact, in order to assess the reputational or operational impact if the proposal was not supported for investment.

The outputs from the clinical prioritisation process which currently from the emerging Tier 1 priorities included as **Appendix 2**.

### 3.3 Next Steps – January/ February 2023

The following key activities will be undertaken in the coming weeks in order to refine the emerging year 1 service priorities for the Health Board, and ensure deliverability:

- Financial assessment of existing recurrent commitments;
- Affordability assessment of indicative Tier 1 priorities emerging from clinical prioritisation;
- Workforce feasibility assessment of indicative Tier 1 priorities emerging from clinical prioritisation;
- Final prioritisation and confirmation of Tier 1 will be undertaken by Executive Board on 1<sup>st</sup> February 2023, subject to further detail on the financial plan.

In addition, further work will be undertaken to ensure alignment and fit with broader Health Board priorities, including digital and sustainability.

The timelines associated with formal sign off arrangements prior to submission to Welsh Government, are set out below:

<b>Purpose</b>	<b>Meeting and Date</b>
Draft R&S Plan shared with CEO	10 <sup>th</sup> February 2023
Draft R&S Plan shared with Management Board	Management Board, 15 <sup>th</sup> February 2023
Confirm Accountable Officer letter position to determine if IMTP can be submitted	Special Board, 16 <sup>th</sup> February 2023
Submit Accountable Officer letter to WG to determine if IMTP can be submitted	By 28 <sup>th</sup> February 2023
Draft R&S Plan shared with Board	Special Board, 9 <sup>th</sup> March 2023
Final Draft R&S Plan for Health Board Approval	Health Board, 30 <sup>th</sup> March 2023
Final R&S Plan in the form of IMTP 23/24-25-26 or Annual Plan 23/24 to Welsh Government	Submit on 31 <sup>st</sup> March 2023 (formal submission deadline)

## 4. FINANCIAL PLAN UPDATE

The Welsh Government Allocation letter was published on the 22nd December 2022, which is being worked through to fully understand the changes in the baseline allocation for 2023-24, which builds on the feedback provided to Directors of Finance

on 16th December 2022. This assessment along with the assessment of costs for 2023-34 is being considered to provide the financial outlook for 2023-24, which will support the development of the Financial Plan for 2023-24 and the following 2 financial years.

The key financial challenges following initial review of the 2023/24 Allocation Letter include:

- Significant non-pay inflation in excess of 8% above the Welsh Government's 1.5% core funding uplift.
- Recovery Funding separated into Local and Regional. £120m Local of which SB = £15m (a reduction from the £21.6m received in 2022/23). £50m top sliced for Regional developments of which the Health Board plans to make a case for £21m (recurrent) to support NPT Orthopaedics development.
- Welsh Government to fund the pay award (as yet unquantified) centrally in 2023/24 but from 2024/25 onwards the pay award will be funded via core uplift.
- 2024/25 indicative core uplift = £200m for NHS Wales. Swansea Bay element = £26.1m. This will need to cover the pay award. The 2022-23 Pay Award was in excess of £25m.
- An ambitious savings plan plus delivery of b/f savings from 2022/23 will be required and WG expectation is minimum delivery of 2.5%. Savings are increasingly difficult to achieve given that the HB has delivered some £60+m of savings in the last 2 financial years.
- Within 2022-23 position is £30+m of embedded COVID costs (excluding the national programmes) following 2-3 years of the pandemic. WG have indicated they are holding £150m for COVID Output and National Programme costs for which £19.6m is assumed for Swansea Bay HB and will form part of the financial outlook (this assumption is yet to be validated and is included based on population share distribution).
- Recurrent impact Extraordinary pressures:
  - Energy – WG confirm this is not funded in 2023-24
  - RLW – WG confirmed this will be funded in 2023-24 (outside pay ward)

In addition to the challenges above are the operational pressures being mitigated in 2022-23 with non-recurrent opportunities. Therefore overall the cost and income assessment present a challenging financial outlook for 2023/24 and beyond in the context of the Health Board's ambitions to transform services, improve access and quality for patients and maintain the financial sustainability. Other principles which will need to be considered:

- Retain £5.5m included in Year 2 of 2022-25 IMTP for investment in 2023/24;
- Savings delivery will be achieved in full – target likely to be between 2.5%-4%
- Planned care recovery will need to be prioritised to fit into the local funding of £15m, with development for NPT Orthopaedics being met by regional funding.
- Service groups and corporate directorates will be expected to break even
- All ongoing investments whether committed, planned or future requirements which are part of the cost assessment will need to be based on choices by the Health Board.

Further updates will be provided to the Board and its Committees as both the funding assumptions and cost assessments clarify over coming weeks.

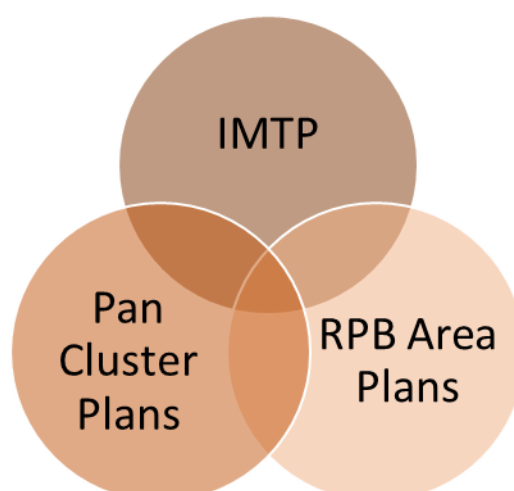
## **5. Alignment to Pan-Cluster Planning Group and Cluster Planning**

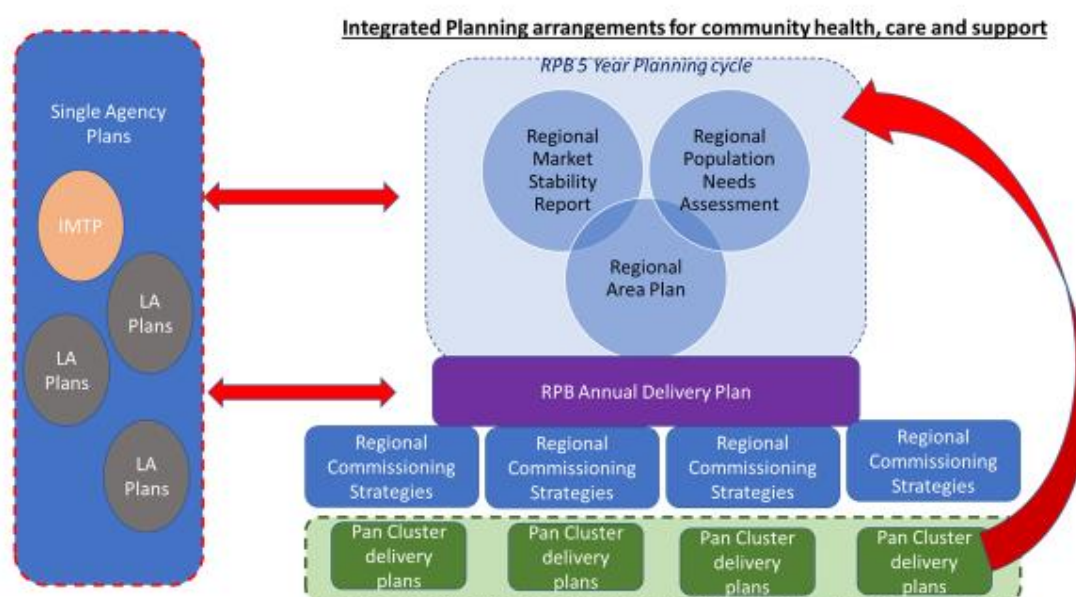
2022/23 is the first year of the new national Accelerated Cluster Development (ACD) programme. During this transitional year, work has been undertaken to support the establishment of a number of professional collaboratives across dental, pharmacy, GP, Optometry, nursing and health science colleagues. This is to provide a wider professional voice into the planning and delivery of local services to benefit patients.

Eight local cluster collaboratives (LCCs) have become fully operational with wide membership including representation from the professional collaboratives. Building on the good work of the previous primary care clusters, the LCCs have taken into account views of the newly formed professional collaboratives, and have developed individual LCC plans for 2023-2024. They have also worked throughout this year to implement previous Cluster Plans.

Importantly, an overarching Pan Cluster Planning Group has also been established with membership from the LCCs, Health Board, Community Health Council, Councils for Voluntary Services and the Regional Partnership Board. The first Pan Cluster plan is being developed by March 2023 which will reflect the individual cluster plans but also identify a number of pan cluster projects that have been recommended for implementation across the Health Board to benefit patient care (subject to funding).

Next year will see a further foundational year for the ACD programme and it is intended to strengthen and expand the ACD cluster and professional collaborative structures to provide a stronger clinical voice into service improvement. There will be opportunity to integrate plans more fully with the Health Board and the Regional Partnership Board and to strengthen links to Public Service Boards (PSB). The alignment between plans is summarised as follows:





## 6. RISKS

At this stage the main risk to developing the plan is the uncertain financial context as outlined above. Teams are undertaking a detailed assessment of the priorities and choices arising from the planning process in the context of the current cost assessments for 2023/24 and beyond. Whilst high level workforce feasibility work can be undertaken on GMOs by Programme Boards and Service Groups, the detailed work cannot be completed until such time as further clarity emerges on the financial assessment.

## 7. RECOMMENDATION

Board are recommended to:

- **NOTE** the progress made in developing the R&S Plan/ IMTP 23/26;
- **CONSIDER** and agree the next steps; and
- **NOTE** the risks and mitigating actions to finalising the Plan for approval in March 2023.



Governance and Assurance		
Link to Enabling Objectives (please choose)	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input checked="" type="checkbox"/>
	Co-Production and Health Literacy	<input checked="" type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input checked="" type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input checked="" type="checkbox"/>
Health and Care Standards		
(please choose)	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input checked="" type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
Quality, Safety and Patient Experience		
No direct implications of this report.		
Financial Implications		
No direct financial implications of this report.		
Legal Implications (including equality and diversity assessment)		
A Quality Impact Assessment and Equality Impact Assessment process will be part of the broader planning arrangements to ensure that service models detailed in the Plan are quality and equality/ diversity impact assessed.		
Staffing Implications		
No direct impact outlined in this report however there will be significant staffing implications as a result of new service models outlined in the Plan – risks and implications to workforce form an integral part to planning arrangements.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
Development of the Plan involved a review of our Strategic Objectives, aligned to the WBFGA and five ways of working.		
Report History	This is the first version of this report to Board	
Appendices	Appendix 1: Board Briefing 9 <sup>th</sup> January – Emerging Service Priorities Appendix 2: Indicative Tier 1 Priorities	





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# Recovery & Sustainability Plan (IMTP 2023-24/2025-26)

## Board Briefing 9<sup>th</sup> January 2023



# Purpose

To present to Board members the progress to date in developing the Recovery and Sustainability Plan (R&S) / IMTP 2023-24 – 2025-26:

1. Planning Principles and Strategic Objectives
2. Share emerging service priorities for 23/24 -25/26
3. Share the next steps and timetable for completion and Board approval



# **1. Planning Principles and Strategic Objectives**



# R&S Plan: Strategic Context

The purpose of the Health Board's Recovery and Sustainability Plan (R&S Plan) is to set out the route map to deliver service and financial excellence over the next 3-5 years. The R&S plan 2022/23-24/25 was approved by the Board on 31<sup>st</sup> March 2022 and submitted to Welsh Government.

Following formally approval by the Minister as an Integrated Medium Term Plan (IMTP) in September 2022, the Plan for 2023/24-25/26 will be a refreshed IMTP focussing building on our Goals, Methods and Outcomes for 2023/24 and the systems improvements delivered.

The R&S Plan 23/24-25/26 will demonstrate continued delivery of our priorities in terms of service delivery and financial performance and focus on embedding the agreed Health Board strategic direction through delivering out Clinical Services Plan. It is also vital that we continue to plan for the future, maintaining out momentum and setting out what new improvements and changes we can undertake to more effectively allocate resources to have the highest impact on outcomes, reduce inequalities and maximise value.

## Strategic Direction – Delivering our Clinical Services Plan

### Centres of Excellence

**Morriston Hospital** will be the centre of excellence for urgent and emergency care, specialist care and regional surgical services, including complex medical interventions.

**Singleton hospital** will be the centre of excellence for planned care, cancer, maternity and diagnostics.

**Neath Port Talbot Hospital** will be a centre of excellence for orthopaedic and spinal care, diagnostics, rehabilitation and rheumatology.

**Focus on Population Health**, delivering more effective action aimed at preventing ill-health and supporting good health and well-being and addressing inequalities.

**Improve Mental Health and Learning Disability Care** so that people have easy access to tools and support to maintain and improve their mental wellbeing and improve the quality of life for people who have been diagnosed with and treated for mental illness moving from a predominantly inpatient model to a more community focused service

**Transform Primary and Community Care** to strengthen integration between primary and secondary care, to ensure whole system approaches and to support sustainability of services. Focussed around the communities and Clusters within Swansea Bay we will ensure care is better coordinated to promote the wellbeing of individuals and communities

**Improving Quality & Safety** with a relentless effort to build a culture of improvement with a focus on patient safety, experience, outcomes, clinical effectiveness and reducing harm.

**Improving Children's Services** to deliver services that meet the health needs of children, young people, parents and carers in order to provide effective and safe care, through appropriately trained and skilled staff, working in a suitable child friendly and safe environment,

**Our Plan will keep people healthy, support them to avoid ill health and be there with excellent healthcare when people need it.**



# R&S Plan (IMTP) 23/24 - 25/26 : Key Drivers

- Addressing key risks to patient safety
- Standardising and embedding commitments from Annual Plan 21/22 and R&S Plan 22/23
- Shifting resource from acute care to primary care
- Developing more sustainable provider services, population health and service commissioning e.g. planned care, cancer, UEC
- Focus on system working

- Developing clusters and allocating resources for preventative or early intervention measures
- Resolving legacy issues
- Transformation of service delivery using prudent workforce redesign and innovative digital solutions
- Secure operational and financial efficiency – focus on quality, safety, experience & value, improved productivity and consistency of approach
- Investment in and replacement of estates to ensure these are safe and fit for purpose environments



# R&S Plan (IMTP) 23/24: Underpinning Principles

- **Delivering our responsibilities as an Anchor institution:** to improve population health and wellbeing, and a greener, cleaner, fairer, and more equal Swansea Bay.
- **One system of care:** pathways of care beginning with the principle of Home First, maintaining strategic partnerships in the community to allow the delivery of care in this manner.
- **Better together:** creating strong partnerships, delivering regional solutions, based on highly engaged approaches with the public, our partners and staff.
- **Right Care Right Place:** delivering care that maximise digital, technology, estate utilisation and innovative solutions.
- **Prioritisation:** reducing harm, improving quality and safety, delivering outcomes that matter to people, delivering value, and driving performance excellence.

- **Workforce:** prioritising wellbeing, operating within constraints, creating new innovative models and roles that prudently respond to health need.
- **Building Resilience:** addressing short term challenges through long term sustainable solutions to enable recovery and future proof our services.
- **Responding to and recovering from COVID:** proportionately enabling escalation responses to be embedded into business continuity and ensuring sustainable recovery from covid.
- **Increased clinical engagement:** ensure successful clinical engagement throughout development of the Plan using new and sustainable engagement mechanisms.
- **Health Literacy and Co-production:** work with people and communities to improve health literacy and support people to manage and improve their health and wellbeing.
- **Maintain balance:** provide an effective harmony between Local and National priorities.

• A number of emerging priorities for 2023/24 – 25/26 have been issued to Service Groups and Systems Enabler Leads to incorporate into their planning considerations for the next iteration of the IMTP – see subsequent slides



## **2. Emerging Service Priorities**





# Health Board Emerging Priorities 2023/24-25/26

**QUALITY AND SAFETY** (GMOs / funding position TBC - being discussed at Management Board Jan/ Feb 23)

Goal	Method	Outcome
HCAI Priorities – TBC	Reduce antibiotic prescribing rates to improve prevalence of C Difficile	Tier (1) IPC targets will be achieved
	Reduce S aureus rates in community and in patient areas through the implementation of universal precautions and preventative measures in high risk groups	



# Health Board Emerging Priorities 2023/24-25/26

## POPULATION HEALTH

Goal	Method	Outcome
Tackling Population Health challenges: Taking action to improve health outcomes and reduce inequalities through a focus on health behaviours	Implement year 1 priorities of the Healthy Wales Healthy Weight (HWHW) delivery plan and establish / develop / refine reporting processes & mechanisms with a particular focus on establishing an integrated level 2 and level 3 services for (higher risk) adults	Progress is made towards being able to measure outcomes specified by Welsh Government leading to an increase in the proportion of people who lose 5 or 10% body weight through the All Wales Weight Management Pathway
	Develop a Whole System Approach to healthy weight in line with the HWHW strategy through system mapping and social network analysis to better understand the causes and systems contributing to healthy weight at a population level, working at a regional level in collaboration with HDUHB	
	Implement year 1 priority actions within the SBUHB Tobacco Control plan with a focus on establishing a maternal smoking service and developing a Help Me Quit in Hospital approach , alongside the continued operation and improvement of the integrated Help Me Quit smoking cessation service.	Progress is made towards achieving a reduction in the number of people who make a quit attempt, contributing to the overall aim of reducing smoking prevalence in the Swansea Bay population, with particular focus on key high risk/target groups
Implementation of Swansea Bay's Population Health Strategy (PHS): Work with partners internally & externally to implement the recommendations arising from the Strategy, co-ordinate and direct cross sector & collaborative action across the region to improve the population's health and wellbeing and reduce inequity.	Implement year 1 priority actions emerging from the PHS to include actions as healthcare provider (detailed throughout the IMTP); as an employer; as an anchor institution and with external partners that address the root causes leading to health inequities	Key priority actions identified and agreed internally for the Health Board and externally in partnership forums, are progressed and learning used to inform future work & priorities



# Health Board Emerging Priorities 2023/24-25/26

## URGENT AND EMERGENCY CARE (GMOs / funding position to be confirmed in line with UEC 6 Goals Programme)

### Ministerial Priority:

- **Developing a closer relationship with local government in order to tackle the issue of delayed transfer of care**
- **Focus on implementing a 7-day service for Same Day Emergency Care and implement 111 'press 2' for mental health by January 2023.**
- **Delivery of all six goals and honour commitments that have been made to reduce patient handover waits.**

Goal	Method	Outcome
Health and social care organisations should work in collaboration with public service and third sector partners to deliver a coordinated, integrated, responsive health and care service, helping people to stay well longer and receive proactive support, preventative interventions or primary treatment before it becomes urgent or an emergency	Review and integrate acute teams in COPD, heart failure and other services to improve capacity in ACT / virtual wards to improve 7 day service	TBC
Optimal hospital based care provided for people who need short term, or ongoing, assessment or treatment for as long as it adds benefit to outcome, with a relentless focus on good discharge practice	Create a one stop community referral service which simplifies the in-patient services at Morriston Hospital, the referral to community services and to improve discharge to assess service for patients.	TBC
	Develop a NOF / Trauma service which reduces 20-25 inpatient beds at Morriston Hospital	TBC
People will return home following a hospital stay – or to their local community with additional support if required – at the earliest and safest opportunity to improve their outcomes and experience, and to avoid deconditioning.	Provide 15-20 dementia care home assessment placements to provide discharge to assess services.	TBC
	Provide at least 90 additional care home beds or equivalent capacity to enable improved pathway 3 or 4 services to reduce bed capacity at NPT and Singleton Hospital and reduce 60 acute beds at Singleton.	TBC
	Work with public and private care home providers to develop alternatives for complex patients and improve value for money to deliver 20+ placements In 2023/24 and release beds at Singleton Hospital	TBC
	Development of 50 beds to step down alternatives by working with community services, private sector and public sector and private sector care homes and providers to support early discharge and discharge to assess impact for pathways 3,2,4	TBC

# Health Board Emerging Priorities 2023/24-25/26

## URGENT AND EMERGENCY CARE (GMOs / funding position to be confirmed in line with UEC 6 Goals Programme)

Goal	Method	Outcome
Increased number of patients diagnosed with AF	Increasing patient awareness of AF symptoms via patient campaign and use of patient information leaflets/ Social media campaign, practice websites	<ul style="list-style-type: none"> <li>Increase number of patients diagnosed with AF to be aligned to All Wales national average which is 2.43% AF prevalence. SBUHB prevalence = 2.38%. Need to increase by 0.05% or 196 people</li> </ul>
	Making every contact count with opportunistic pulse checks in community health and social settings for at risk patient group >=65	<ul style="list-style-type: none"> <li>Increased number of patients on anticoagulation (DOAC or Warfarin) therapies as appropriate</li> </ul>
	Explore opportunities to utilise improved continuous ECG monitoring technology to detect paroxysmal AF which may not be picked up by 12-lead ECG with improved access to primary care clinicians.	TBC
	Targeted training and education for GP's on AF	TBC
Improved management of existing AF patients	Implementation of an incentivised framework to engage general practice to undertake the following: <ul style="list-style-type: none"> <li>Review of patients on GP AF register who have a documented CHA<sub>2</sub>DS<sub>2</sub>-VASc/HASBLED score within the last 18 months.</li> <li>Review AF registers in GP of number of patients with existing diagnosis of AF and CHA<sub>2</sub>DS<sub>2</sub>-VASc/HASBLED score of &gt; or = 2 receiving anticoagulation</li> <li>Targeted review of patients with intrusive symptoms and uncontrolled risk factors</li> </ul>	50% reduction of the number of currently non-anticoagulated patients with a documented CHA <sub>2</sub> DS <sub>2</sub> -VASc 2 within 12 months.
	Seamless pathways to specialist cardiology services where needed directly from primary care or community cardiology clinics	1700 additional Echo investigations per year focusing on primary care access
Establish a VBHC Learning Collaborative for AF & Hypertension	Collectively identify and evidence key issues for AF Hypertension across the participating Health Boards, and establish a VBHC Learning Collaborative	<ul style="list-style-type: none"> <li>Support the maturity development and learning opportunities of VBHC across participating Health Boards</li> </ul>
	Identify and compare VBHC approaches across the AF & Hypertension pathway for intervention sites	
	Collectively identify, use, collate and compare VBHC measures including PROMs and PREMs and TDABC approaches to monitor, and demonstrate impact	
	Share learning journey, intervention impact and evidence between the collaborative and the wider VBHC community	

# Health Board Emerging Priorities 2023/24-25/26

## PLANNED CARE

### Ministerial Priority:

- Meeting requirements of the National recovery Programme
- Regional diagnostic centres and treatment centres
- actions to move services, workforce and funding from hospitals into the community
- Deliver a significant increase in the numbers of patients who undertake pre-habilitation
- Diagnostics services improvements must result in a reduction in numbers of people waiting for diagnostic tests to pre-pandemic levels as a minimum, including for mental health diagnosis.

Goal	Method	Outcome
TBC	Modernise pre assessment services to deliver improved patient centred services integrated with pre-habilitation and invest in capacity to meet demand. Integrated prehab service being planned	
	Investment in 12-15 surgical assessment beds, create new OPD services by April 2023, create ring fenced bed capacity for complex orthopaedics and cancer cases on Clydach ward	
	Increase anaesthetic Consultant posts by 5WTE to support further 40 operating lists per week over 42 weeks to April 2023 at Morriston Hospital	
	Investment in stroke development to support expansion of stroke consultant rota by 3WTE posts and expand therapy staffing and nurse staffing on the stroke ward /ESD to improve discharge.	
	Create a Neurology FND Service by December 2023.	
	Open the Neath Orthopaedic Centre in June 2023 to staff 3 theatres, 6 days per week, increase ward beds and create consultant delivered pre-assessment services and RSO support for patients.	
	Expand endoscopy staffed services in Neath and Singleton to increase service by 15 per week to better meet demand	
	Clear 52 week Stage 1 waiting list (June 2023)	
	Reduction in number of patients waiting over 104 weeks (March 2024)	
	Reduction of waiting times for diagnostic investigations to 8 Weeks (March 2024)	

# Health Board Emerging Priorities 2023/24-25/26

## PLANNED CARE

Goal	Method	Outcome
Shift approximately 1000 Type 2 insulin initiation cases (non super six) into Primary Care settings by Q4 22/23, with approximately 200 GLP1 initiations and monitoring undertaken in secondary care to reduce demand on secondary care services by 31/03/2023.	Community Diabetic Nurses for all practices to support insulin initiation and provide a consultant service at cluster level to manage insulin and its monitoring and deal with urgent referrals	<ul style="list-style-type: none"> <li>All patients suitable for primary care will be transferred; GLP1 and insulin patients</li> <li>Consistent approach to how insulin and GLP1 is initiated and monitored throughout primary care via robust clinical processes/governance</li> </ul>
Secure 95% compliance to national diabetes audit process targets on a 12-month rolling average at cluster level, by Q1 23/24	Review and scope the released capacity in secondary care in OPD and financial teams and decide the best use of the capacity released	<ul style="list-style-type: none"> <li>Reduce the number of new and follow-up patients in secondary care</li> </ul>
Implement a programme in five clusters for the early detection of pre-diabetes and to deliver intervention to stop the use in Diabetic Type 2 patients in practice registers, from the 20/21 levels.	The contractual incentive within the clinical QAIF for diabetes will be reinstated. Workforce support on a cluster/practice level to increase diabetes reviews and reduce current backlog. Understand the issues further regarding some of the care processes low attainment	<ul style="list-style-type: none"> <li>Increase compliance in eight diabetes care indicators &amp; achieve evidence based treatment targets - 95% offered a diabetes care review</li> </ul>
	Roll out of the AWDPP across 5 clusters in a phased approach, funding agreed, implementation has commenced.	<ul style="list-style-type: none"> <li>All diabetes diagnosed with pre-diabetes within the 5 clusters will enter a pre-diabetes programme with a view to reduce their HbA1c by approx. 80%</li> </ul>
TBC	Investment in prehabilitation services for orthopaedic patients to improve recovery from April 2023.	TBC
	Investment in radiology day case service to improve patient flow and reduce demand on day case services in December 2023.	
	Increase theatre staffing to create five 3-session days at Singleton Hospital from April 2023 to expand capacity in gynaecology/ENT/Eyes.	
	Investment in 3 Additional theatres at singleton to enable transfer of plastic day cases ENT,/upper GI/colorectal and other surgical services .	
	Deliver renal dialysis transformation plans - stage 1 by March 2024.	



# Health Board Emerging Priorities 2023/24-25/26

## CANCER

### Ministerial Priority:

- Enact the quality statement on cancer
- Ensure there is a reduction in the backlog of patients waiting too long on their cancer pathway
- Hit required targets

Goal	Method	Outcome
Sustain and expand cancer treatment services, improving access and quality of services	Stabilisation and expansion of haematology service - Attract substantive consultants and provide safe staffing levels through strengthening the current middle grade tier by recruiting additional doctors and increasing the CNS complement.	<ul style="list-style-type: none"><li>• Increase clinic capacity.</li><li>• Quicker treatment times.</li><li>• Ability to recruit substantive consultants</li></ul>
	Transfer PMB service (Bridgend activity) to CTM	TBC
	Develop sustainable breast cancer service with capacity that matches demand for SBUHB footprint (includes transfer of Bridgend breast activity back to CTM)	<ul style="list-style-type: none"><li>• Ability to take additional workload from the SLA disaggregation safely</li><li>• Achieve a waiting time of 2-3 weeks for USC referrals and a maximum of 26 weeks of referral for urgent and routine referrals.</li><li>• Ability to comply with SCP &amp; RTT performance targets.</li><li>• Reduce the number of breast cancer treatment breaches.</li><li>• Improve breast cancer patient support.</li><li>• Reduce the risk GP's and other HCP not having most up-to-date information on patient's clinic status.</li><li>• Reduce the risk of capacity not being fully utilised.</li><li>• Improved care for very urgent/ emergency breast patients through hot clinics.</li></ul>
Deliver prehabilitation services for colorectal cancer and redesign pathway to improve patient decision making and surgical intervention		TBC





# Health Board Emerging Priorities 2023/24-25/26

## PRIMARY CARE, COMMUNITY AND THERAPIES

### Ministerial Priority:

- **Focus on improved access across general practice, dentistry, optometry and pharmacy**
- **Independent prescribing and more self-referral to a wider range of community based allied health professionals, including rehabilitation, mental health and audiology**
- **Alignment between IMTPs, Pan Cluster planning and RPB Area Plans**

Goal	Method	Outcome
Ensure that as far as possible primary care is consistent on a 24/7 and geographic basis as there is a recognition that primary and community care services across Wales vary depending on the time of day and location.	Create Therapy MDT at AMU (the front door) 7 days a week at Morriston by improving flow and discharges through a three year programme	Establishment of consistent 5 day AMSR Therapy cover between 8am-6pm. This includes physiotherapy, occupational therapy, speech and language therapy and nutrition and dietetics i.e: <ul style="list-style-type: none"><li>• Increase multiprofessional assessment &amp; appropriate intervention</li><li>• Timely access for multiprofessional assessment</li><li>• decrease waiting times</li><li>• Improve patient flow</li><li>• Admission avoidance with appropriate intervention from therapies</li><li>• Increase in Nutrition risk screening</li><li>• To provide responsive expert care for those presenting at the front door with timely relocation of artificial tube feeding</li><li>• Reduce readmission rates especially for frailer, older person</li><li>• Timely swallow assessments</li></ul>
	The integration of ACT Services to deliver immediate rapid response services for acutely deteriorating patients in community, care homes and admission units by introducing a new single point of access model in ACT.	<ul style="list-style-type: none"><li>• Increased capacity</li><li>• Same day response to care homes</li><li>• 7 day service, same day service</li><li>• LoS on caseload no longer than 7 days</li><li>• Reduce ambulatory care sensitive conditions in hospital settings for 2023/24</li><li>• To deliver a consistent regional approach</li></ul>
	Wider expansion of the ACT Services to deliver more treatments in community settings to prevent hospitalisation by investing in prompt services over 7 days and improved medical staffing	<ul style="list-style-type: none"><li>• Regional approach to equitable medical cover for ACT services</li></ul>

# Health Board Emerging Priorities 2023/24-25/26

## PRIMARY CARE, COMMUNITY AND THERAPIES (cont')

Goal	Method	Outcome
Maximise opportunities to roll out prevention and wellbeing initiatives in primary care clinical and non-clinical settings as a key component towards the transformation of the SBUHB health and care system	Explore opportunities to deliver on the Welsh Government Obesity Strategy 'Healthy Weight Healthy Wales' including Tiers 2 and 3 Adult Weight Management	<ul style="list-style-type: none"><li>• Clinical outcomes - reduction in weight and BMI, improvement in co-morbidities, appropriate prescribing</li><li>• Patient outcomes - Improved wellbeing, improved psychological measures and reduction in sedentary behaviours and improvement in diet quality (healthy eating)</li><li>• Patient experience measures would demonstrate a high satisfaction with the service</li></ul>
To support the workforce transformation within primary care through the continued development of a multidisciplinary team approach and ensuring workforce is deployed in the most efficient way.	Delivery of the Health Delivery Plan and HIW recommendations within HMP Swansea to deliver health and wellbeing in an equitable and safe manner	<ul style="list-style-type: none"><li>• An established nursing workforce able to respond to the prison regime, flexible operational capacity and the needs of the prison population:</li><li>• increase the headroom by 26.9%</li><li>• Safer prison experience for prison population:</li><li>• Assurance that the needs of the prison population are being met</li><li>• Refreshed/revised partnership board and will function more strategically</li><li>• Demonstrate improved governance structure for HMP Swansea</li></ul>



# Health Board Emerging Priorities 2023/24-25/26

## MENTAL HEALTH AND LEARNING DISABILITIES

### Ministerial Priority:

- Integrate improvements across all age services and provide equity and parity between physical and mental health services
- plan to expand tier 0/1 support to provide easy access to population level support for lower-level mental health issues
- Improve services across Adults and Older Adult Services and implement 111 press 2 for urgent mental health support
- Reconfiguring eating disorder services to target earlier intervention and ensure a maximum of a four week wait for routine access to eating disorder services
- Improving memory assessment services to obtain a timely diagnosis and treatment
- Boost prevention support and de-medicalise the approach to mental health services where appropriate.

Goal	Method	Outcome
Disaggregate and transfer Community CAMHS to Swansea Bay. Consolidate team and services and review impact of transfer.	Establish service and embed into MH & LD Service Group. Identify risks and baseline for performance monitoring	Monitoring of CAMHS targets.
Reducing Health Inequalities across the service group	Patients have access to Public Health Wales Physical Health Screening programmes in Forensic Services	All eligible patients screened as part of the public health screening programmes including cervical, breast, bowel, abdominal aortic aneurysm and diabetic eye screening All patients have access to routine dental health checks.
	Improve patients access to routine Dental treatment in Forensic Services	No of patients accessing and receiving routine dental treatment increased
	Working with Primary Care & Community Service Group to deliver additional support for the delivery of annual health checks for people with learning disabilities in line with national action plan.	Increase in annual health checks for those with learning disabilities, update of annual health checks as measured by DES returns in primary care.
	Included above as part of "Improvement of ADHD Pathway - CMHTs to provide additional support and undertake physical health clinics within community settings, with a focus on monitoring of patients being prescribed ADHD medication.	Physical health checks undertaken including height, weight, blood pressure and ECG monitoring. Recorded using checklists. Patients in receipt of ADHD medication will be monitored Evaluation of role and function and benefits to patients.

# Health Board Emerging Priorities 2023/24-25/26

## MENTAL HEALTH AND LEARNING DISABILITIES (cont')

Goal	Method	Outcome
Undertake an audit of current Community Mental Health (CMHTS) services and benchmark against the NHS Wales Health Collaborative Adult Community Mental Health Services in Wales "Our Vision for the future" and develop an action plan / review of current model	Benchmarking against recommendations contained in paper. Produce action plan to implement the standards and enable CMHTS to deliver core business.	<ul style="list-style-type: none"><li>• Implement standards</li><li>• Reviewing standards.</li></ul>
Agreed common strategic view for the delivery of NHS specialist learning disabilities services between three HBs.	Develop Learning Disabilities (LD) modernisation strategy with partners, that provides a three year operational plan for the delivery of LD services across 3 HB areas. Continue to develop the partnership arrangements with both the HB commissioners and the LA,s within all three HB areas.	<ul style="list-style-type: none"><li>• Agreed 3 year plan from the three Health Boards on the revised model of service.</li><li>• Collaboration via the joint LD commissioning Group, with the three Health Boards, SBUHB, CVUHB and CTMUHB to ensure consistency of approach and approval from all areas</li></ul>
Expand community specialist LD services to support effective step down of complex LD mental health patients	Revising the delivery of positive behavioural support across all community LD services (in line with Coupland Review)	<ul style="list-style-type: none"><li>• Increased availability of Positive Behavioural Support practitioners in community teams.</li></ul>
	Demand & Capacity work to inform business case development for expansion of acute liaison nurse resource.	<ul style="list-style-type: none"><li>• More people able to receive personalised care in the community, closer to home which avoids placement breakdown and escalation to higher levels of care.</li></ul>
	Implementation of LD Intensive Support service in Cwm Taf Morgannwg and Cardiff & Vale.	<ul style="list-style-type: none"><li>• More people able to receive personalised care in the community, closer to home which avoids placement breakdown and escalation to higher levels of care.</li></ul>



# Health Board Emerging Priorities 2023/24-25/26

## MENTAL HEALTH AND LEARNING DISABILITIES (cont')

Goal	Method	Outcome
Deliver LD complex care capacity across 3 HBs to ensure further repatriation of patients	Development of business case through RPB for the capital repurposing of current SRS to a Challenging Behaviour Unit (Dan Y Deri)	<ul style="list-style-type: none"><li>• Design work undertaken, tendering completed and timescales for build agreed.</li><li>• Repatriation program started from the private sector placements under CHC funding, to demonstrate change to the three Health Boards.</li><li>• Reduction in dependence on hospital based services.</li><li>• Cost avoidance of private CHC high cost placements.</li></ul>
To have a medium and low secure model of service following redesign that is fit for purpose, and meets the population needs	Continue to work jointly with WHSCC on their 3-5 year plan for Specialist Mental Health Provision in Wales. Overall review of service model within Medium and Low Secure Services, reviewing inpatient care model, infrastructure and security as well as workforce redesign to enhance modernisation so that it meets the needs of the population, including repatriation of Welsh patients from the private sector as well as meeting the expectations from WHSCC Strategic plan	<ul style="list-style-type: none"><li>• Increased security within medium secure services (Caswell Clinic), with enhanced staff safety as well as additional HDU / Seclusion suites to support staff and higher acuity patients.</li><li>• Increased security within low secure services (Taith Newydd), with enhanced staff safety as well as additional HDU / Seclusion suites within clinic to support staff and higher acuity patients.</li><li>• Working in partnership with WHSCC scope out options to develop LD Forensic and Women's medium secure services</li><li>• Support and work collaboratively with an enhanced provider of regional low secure services as part of the WHSCC strategy. Decision to be made January 2023</li></ul>



# Health Board Emerging Priorities 2023/24-25/26

## CHILDREN, YOUNG PEOPLE AND MATERNITY

### Ministerial Priority:

- **Integrate improvements across all age services and provide equity and parity between physical and mental health services**
- **Improve services across Children and Adolescent Mental Health Services**
- **Improved access to full range of all age mental health and wellbeing services, particularly for children and young people**
- **Boost prevention support and de-medicalise the approach to mental health services where appropriate.**

Goal	Method	Outcome
Provide safe & sustainable community, neurodevelopment and continuing care nursing services that enables equity of access, timely support and improves outcomes	Develop community paediatrics sustainable service model through use of prudent workforce design and diversifying skill mix and explore different models for service – investment in medical /admin support required	<ul style="list-style-type: none"><li>• Develop plans for equitable service for Children &amp; Young People bridging different specialities by developing different models of working to future-proof the Service utilising the skill-mix of a varied workforce to work alongside the Community Paediatricians ensuring a values based outcome for our patients and their families.</li></ul>
General, surgical and emergency paediatric care is provided by a right sized workforce, in fit for purpose accommodation that meets the needs of the service and patients & their families	Design and plan for General and Surgical Paediatric services to be located in a designated Childrens unit (not new build) that meets the needs of the service	<ul style="list-style-type: none"><li>• Reconfigure current footprint to consider options for easier through flow of patients including creating a single point of access within a fit for purpose child appropriate environment.</li><li>• Develop medical and surgical wards, including a designated high dependency area, develop designated day surgery facilities to recover services indirectly affected by Covid due to the cessation of paediatric surgery during Covid pandemic and include repatriation of paediatric dental service from Parkway facility and provide appropriate facilities and care for burns injured children and young people up to level 2 injury pathway. This should include adequate play facilities for our younger Children, including outside play areas.</li><li>• Care provided in all areas in an environment, which is physically separated from adults and will be provided by appropriately trained staff with adequate caseload to maintain skills: specialist nursing, specialist surgeons and specialist support services.</li></ul>
	Design and plan age appropriate accommodation, taking health and well-being and as well as the impact on parents and other patients of not having a dedicated space	<ul style="list-style-type: none"><li>• Appropriate child and adolescent friendly accommodation allowing paediatric multi-disciplinary team to work collaboratively to care for children and young people in an environment that is safe and appropriate ensuring seamless transition into adult care. Increase in the number of adolescent patients who are seen at an appropriate time during their transition between Childrens' and adult services.</li></ul>

# Health Board Emerging Priorities 2023/24-25/26

## CHILDREN, YOUNG PEOPLE AND MATERNITY

Goal	Method	Outcome
Deliver a sustainable Neonatal Service that is commissioned to meet the local and national population needs of Wales and includes workforce levels that meet recommended national standards	Support and participate in the WHSSC reconfiguration of cot capacity across South Wales ensuring adequate cot capacity and appropriate tariffs for number of births per Health Board.	<ul style="list-style-type: none"><li>• Additional 2 HD cots commissioned, delivering 70% cot occupancy (equates to additional 521 occupied bed days).</li><li>• Compliance with British Association of Perinatal Medicine (BAPM) standards</li><li>• Increased repatriation of babies in the network for SW Wales and a reduction in babies repatriated out of SW Wales</li></ul>
Continuity of Carer – women will experience continuity of carer across the whole of their maternity journey	A workforce review and plan will be developed with the aim of ensuring that women are cared for by no more than 2 midwives in the community	<ul style="list-style-type: none"><li>• Monitoring of continuity of carer</li></ul>
	For women who need obstetric care, we will undertake a full review of our ante-natal clinics to ensure care pathways and specialist services are available with a view to ensuring that most women see no more than 2 different obstetricians through their pregnancy	<ul style="list-style-type: none"><li>• Compliance with NICE/RCOG guidelines. Patient experience reports.</li></ul>
Sustainable Quality Services – women will receive maternity services which are sustainable and the highest quality possible	Develop a robust workforce plan across all services, ensuring we meet RCOG, Birthrate+ and GPAS standards	<ul style="list-style-type: none"><li>• Compliance with Workforce standards such as BR+.</li></ul>
	Undertake review of specialist clinics to ensure sufficient capacity and support from other specialty colleagues is resourced and available	





### **3. Next Steps and Timetable for Completion**



# Next steps Jan-Feb 23

- Financial assessment of current commitments
- Affordability assessment of indicative Tier 1 priorities emerging from clinical prioritisation
- Workforce feasibility assessment of indicative Tier 1 priorities emerging from clinical prioritisation
- Final prioritisation and confirmation of Tier 1 priorities at end Jan/ early Feb



# Next Steps

## Formal Sign Off Arrangements Prior to Submission in form of IMTP to Welsh Government

Purpose	Meeting and Date
<b>Board Briefing on Prioritisation of GMOs</b>	Board Briefing 9 <sup>th</sup> January 2023
<b>Board 'In Committee' Session - Plan and Priorities update</b>	Board In-Committee 26th January 2023
<b>Draft Final R&amp;S Plan shared with CEO</b>	10th February 2023
<b>Draft Final R&amp;S Plan shared with Management Board</b>	15th February 2023
<b>Submit Accountable Officer letter to WG to determine if IMTP can be submitted</b>	28th February 2023
<b>Final Draft R&amp;S Plan for Health Board Approval</b>	30th March 2023
<b>Final R&amp;S Plan in the form of IMTP 23/24-25-26 or Annual Plan 23/24 to Welsh Government</b>	Submit on 31 <sup>st</sup> March 2023 (Formal submission deadline)

## **R&S Plan 23/24 Emerging Tier 1 Priorities**

(NOTE list correct at 10/01/23 following clinical prioritisation process – subject to further refinement)

<b>System/ Service Group</b>	<b>Proposal</b>
<b>Cancer</b>	Regional Radiotherapy as per SWWCC Strategic Programme Case 23/24 - 33/34: Deliver 4th Linac (Lin D) replacement business case at SWWCC, Singleton
	Regional Radiotherapy as per SWWCC Strategic Programme Case-Develop WG capital business case for 2nd CT SIM at SWWCC
	Implement weekend working for Radiotherapy: to increase CT capacity, reduce time to treatment pathway/ reduce breaches in targets and increase training
	Stabilisation and expansion of haematology service - Attract substantive consultants and provide safe staffing levels through strengthening the current middle grade tier by recruiting additional doctors and increasing the CNS complement
	Deliver sustainable model for OG Cancer Surgery Service and non resection surgery service
	Deliver sustainable gynae-oncology services - additional gynae onc consultant for SBU/HDD and expanding specialist physiotherapy provision
	Develop sustainable breast cancer service with capacity that matches demand for SBUHB footprint (includes transfer of Bridgend breast activity back to CTM)
	Expand the Upper GI nutrition and dietetics service in order to improve patient outcomes for upper GI cancer patients (NOTE tbc funded - case reviewed at BCAG Jan 23)
	Develop a regional specialist Physiotherapy service, which will support the needs of people diagnosed with and of risk of developing metastatic spinal cord compression (MSCC)
	Provide an equitable, quality service for Head and Neck patients within South West Wales Cancer Centre (SWWCC) through the introduction of Oncology CNS service (NOTE tbc funded - case reviewed at BCAG Jan2)
<b>MHLD</b>	Disaggregate and transfer Community CAMHS to Swansea Bay: Consolidate team and services and review impact of transfer - establish service and embed into MH & LD Service Group. Identifying risks and baseline for performance monitoring
<b>CYP</b>	Deliver a robust recruitment and retention campaign aligned to 'train, work, live', with a focus on recruitment for specialist neonatal nurses to allow short term stability and improve skill mix in the service

	Develop community paediatrics sustainable service model through use of prudent workforce design and diversifying skill mix and explore different models for service delivery <b>-Note, relates to medical and admin support, nursing funded in 22/23 (BCAG case)</b>
	Develop and implement action plan in response to external review of Continuing Care Nursing Services
	Psychology sessions provided in children areas for those that have life limiting conditions eg.paediatric palliative care team
	Design and plan for General and Surgical Paediatric services to be located in a designated Childrens unit (not new build) that meets the needs of the service
	Taking into account the outcome of a Briefing Intelligence regarding the needs of our adolescent patients -design and plan age appropriate accommodation, taking their their health and well-being and as well as the impact on parents and other patients of not having a dedicated space (linked to above)
	Collaborative work with Education colleagues and young people and their families to develop a shared vision for longer-term change and a plan to support the work required to achieve this.
	Initial impact assessment to include service user outcomes and experience and impact on services (demand / capacity implications of the Act) to support further planning. To include an initial projection of longer-term resource requirements needed ensure compliance and associated business case developed if required.
	Development and implementation of a longer-term framework for value-based quality assurance in relation to ALN.
	Work with relevant (adult) HB services and partners to prepare for and ensure an effective approach to implementation of the Act for post-compulsory education (expected to commence Sep 22).
	Work with Informatics to ensure that activity relating to ALN Act KPIs can be captured from existing informatics systems, and integrated into a Health Board ALN dashboard
<b>PCT</b>	Subject to Business Case, explore opportunities to introduce a provision of podiatry led vascular diagnostic service
	Subject to successful Business Case - Explore opportunities to deliver on the Welsh Government Obesity Strategy 'Healthy Weight Healthy Wales' including Tiers 2 and 3 Adult Weight Management
	Subject to successful business case - Explore opportunities to roll-out substantively Physio First Contact Practitioners across all eight Clusters as part of the Health Board MSK pathway redesign.
	Improving wound care management through the roll out of Healthy I O (for wound management) app within Community Nursing and community wound clinic
	Creating a Therapy MDT at AMU (the front door) 7 days a week at MGH by improving flow and discharges through a three year programme
	Subject to business case, explore opportunities to increase palliative care provision to meet the needs of those who wish to die at home

	District Nursing Services to have a headroom model built into their structure
	Delivery of the Health Delivery Plan and HIW recommendations within HMP Swansea to deliver health and wellbeing in an equitable and safe manner.
<b>Pop Health</b>	Implement year 1 priority actions emerging from the PHS to include actions as healthcare provider (detailed throughout the IMTP); as an employer; as an anchor institution and with external partners that address the root causes leading to health inequities
	Develop a population health intelligence function and products, in collaboration with HB colleagues and key partners
	Provision of public health technical expertise, guidance & support is provided to those groups, programmes, strategies and partnerships that are working to address health inequities at a population level, including addressing their root causes (within capacity and prioritised based on need)
	Implement year 1 priorities of the AWWMP (HWHW) delivery plan and establish / develop / refine reporting processes & mechanisms with a particular focus on establishing an integrated level 2 and level 3 services for (higher risk) adults (and holistic / root causes / behavioural science approach)
	Implement year 1 priority actions within the SBUHB Tobacco Control plan with a focus on establishing a maternal smoking service and developing a HMQ in Hospital approach , alongside the continued operation and improvement of the integrated Help Me Quit smoking cessation service.
<b>Sust and Decarb</b>	<p>Address supply chain work with additional support and progressing savings projects:</p> <ul style="list-style-type: none"> <li>- Use of WARP-IT to redistribute materials, furniture and equipment within the HB</li> <li>- Reusables investigation into Theatres - potential for savings</li> <li>- Bottled water</li> </ul> <p>Supports anchor institution / Foundational Economy role  Opportunity to generate savings  Emissions reduction commitment: 16% 2025, 34% 2030 - Supply chain has &gt;73% of HB emissions</p>
<b>Mat</b>	Launch the Maternity Voices Partnership and ensure there are multiple feedback method
	A workforce review and plan will be developed with the aim of ensuring that women are cared for by no more than 2 midwives in the community
	For women who need obstetric care, we will undertake a full review of our ante-natal clinics to ensure care pathways and specialist services are available with a view to ensuring that most women see no more than 2 different obstetricians through their pregnancy
	Ongoing development of Midwife Sonography in conjunction with HEIW to meet the requirements of national guidelines
	Develop a robust workforce plan across all services, ensuring we meet RCOG, Birthrate+ and GPAS standards

**VBHC -  
Diabetes**

Community Diabetic Nurses for all practices to support insulin initiation and provide a consultant service at cluster level to manage insulin and its monitoring and deal with urgent referrals
Review and scope the released capacity in secondary care in OPD and financial teams and decide the best use of the capacity released
The contractual incentive within the clinical QAIF for diabetes will be reinstated. Workforce support on a cluster/practice level to increase diabetes reviews and reduce current backlog Understand the issues further regarding some of the care processes low attainment
Roll out of the AWDPP across 5 clusters in a phased approach, funding agreed, implementation has commenced.