Swansea Bay University Health Board Annual Plan 2021/22

JUNE 24.06.2021

FINAL VERSION

Strategic Context

Introduction

The Health Board's Annual Plan 2021/22 sets out our drivers, goals and outcomes for the next year. It has been developed in line with our Organisational Strategy and Clinical Services Plan, and in the context of needing to both manage the ongoing response to the COVID-19 (C-19) pandemic, and plan and implement the reset and recovery of services. We will be developing a three-five year Sustainability and Recovery Plan during 2021/22 which will provide the foundation for our long term sustainability and the development of a full IMTP for 2022/23. Our Plan is not to recover to our pre COVID position, but to a significantly better place.

Our plan focuses on what is important to our population:

- Professional and effective **ongoing response to the pandemic**
- **Care co-ordinated** around their needs
- **High quality care** focused on improving **patient outcomes**.
- **Timely access** to treatment when needed
- Increasingly shifting our resources towards **earlier intervention and primary and community care** – focussing initially on supporting urgent and emergency care. Primary care will also increasingly support planned care and reduction in demand for secondary care – with an associated increase in resources. Services with **local authorities will be increasingly integrated**, building on the progress made during 2020/21.
- **Rejuvenating our hospital care and estate** by giving each hospital a clear role within our care system:
  - Morriston will be the centre for emergency care and for specialist (including regional) surgery
  - Singleton will undertake increasing amounts of elective surgery and be a diagnostic centre. It will continue to be the cancer centre for south west Wales – and this will need enhancing.
  - Neath Port Talbot will be a musculo-skeletal and rehabilitation centre for elective orthopaedic surgery, rehabilitation, rheumatology and early diagnosis of cancer.
- Delivering the **best possible care and support at the end of life**
- Delivering **maximum value from the resources** available to us

The plan therefore has been written to respond to address the following drivers:

Drivers	Page
Responding to COVID – including maintenance of essential services; Cancer; TTP; Vaccination Programme	11 - 18
Improving patient quality in priority areas	19 - 25
Continually improving staff experience	26 – 31
Recovery, including starting to improve the backlog position	32 – 35
Implementation of Year 1 Clinical Services Plan - developing and implementing our vision for hospital and community sites	
- Addressing Prevention and Health Inequalities	36 - 37
- Improving Unscheduled Care delivery across the Health Board	38 – 41
- Building our community, primary care and mental health and children, young people and maternity services	42 - 48
Improving use of Health Board resources and reducing waste	49 - 54

Strategic Context

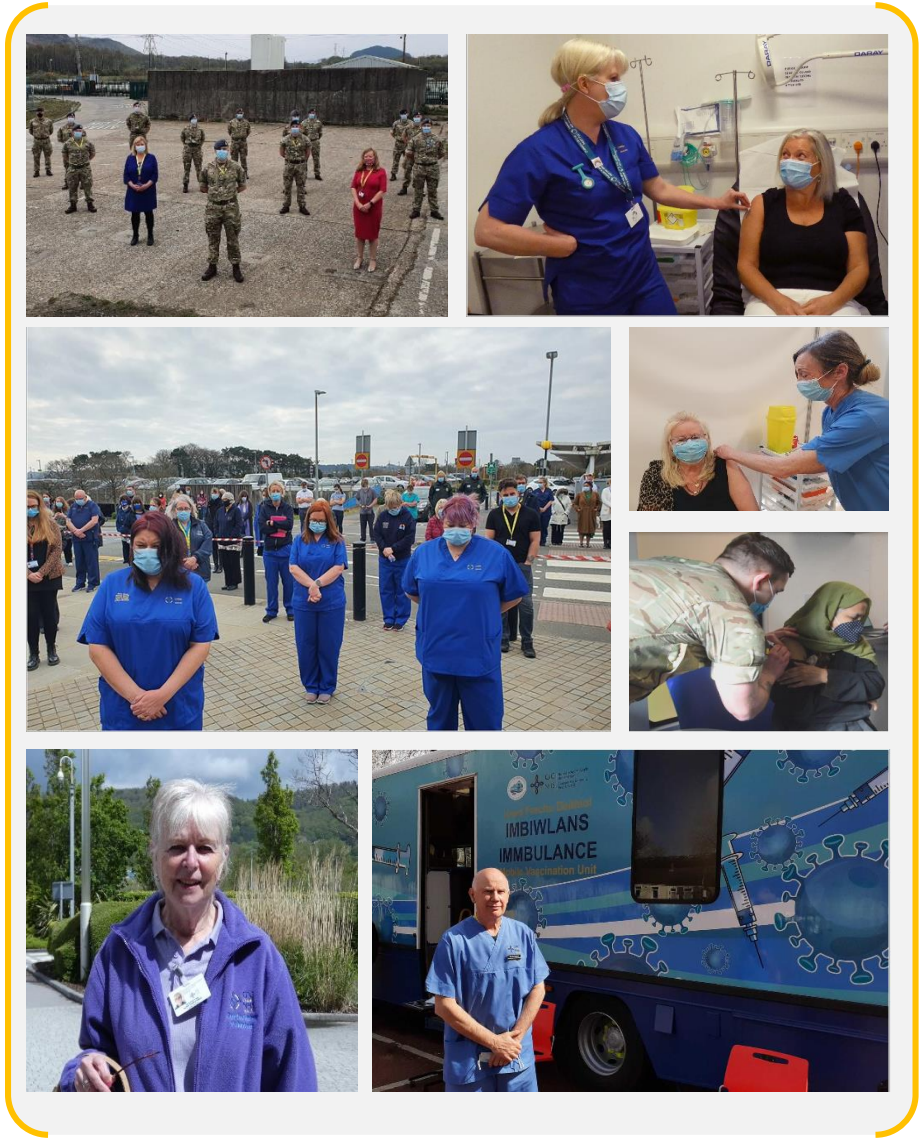
Introduction

The context in which we are operating has been transformed by the C-19 pandemic. It has had a devastating impact: nearly 30,000 of our local population have tested positive for the virus to date and, tragically, over 1,000 have died with COVID. The health sector's response to mitigating the risks of C-19 has been at a huge cost to its ability to provide routine diagnostic and treatment services. The broader societal impacts - on the economy, on employment, on education - and the legacy of social isolation necessitated by the pandemic will be felt far and wide and for many years to come. Alongside the ongoing pandemic response, the plan sets out how we will work with partners to ensure stabilisation of services and care as well as driving – where safe and appropriate, and recognising staff wellbeing – ambitious improvements in priority service areas to improve quality of care and outcomes for our population. , We are focusing on the priority areas that will deliver the greatest gains and provide the organisation with the strongest foundation for the years ahead. This has been guided by learning and opportunities for recovery as stated in *Health and Social Care in Wales – C-19: Looking forward*, published by Welsh Government, March 2021. We will also assess the equality impact of our plans and consider how to reduce inequalities associated with socio-economic disadvantage.

Our Clinical Services Plan (CSP) remains the primary roadmap for the delivery of the long-term delivery of services for our communities and our planning and delivery remain aligned to the CSP ambitions. The C-19 pandemic accelerated progress of some CSP priorities and we continue to lock in those gains and ensure clinical leadership and engagement underpin our approach. We are committed to ensuring that people only come to our hospitals for emergency care when necessary and that we increase, equitable and standardised community based services to enable this. We will continue to invest in services to achieve this where there is clear evidence of ability to improve outcomes and increase efficiency. We are continuing with plans to rejuvenate our hospitals as centres of excellence with clearly defined roles with Morriston delivering regional, complex and level four services. Singleton will further develop its role as an ambulatory, diagnostic and cancer centre and Neath Port Talbot Hospital (NPTH) will become an elective orthopaedic centre. Reducing the backlog of patients waiting for care will take a long time, but our planned focus on this will help to reduce harm. Primary care and our clusters are increasingly becoming the basis upon which we plan and deliver care for the whole population and we will continue to realign resources to drive their work to reduce inequalities and improve outcomes. Learning from C-19 will continue to inform how we change the way we work to deliver our plans.

We have a challenging financial plan for the year, but this is necessary to stabilise our position and provide the foundation for sustainability in our longer term plans. We will have a relentless focus on ensuring we are using the resources available to us to secure maximum health gain for our population. The ability of our workforce to continue to respond to C-19 and support recovery will be fundamental to our success and ability to deliver.

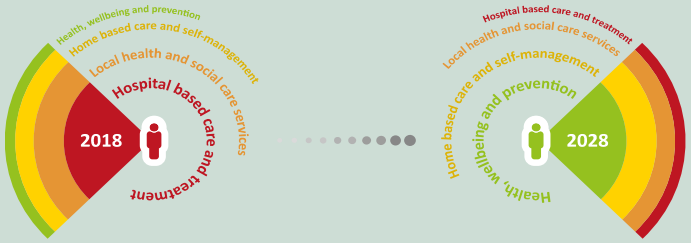
The Plan has been written at a point in time, based on the best available information and data, and it will be continually reviewed and flexed based on actual demand and activity. Progress against delivering the Plan will be reported through the Health Board's governance frameworks.



Strategic Context

Delivering Our Strategic Ambition

Our **Organisational Strategy** will be refreshed and aligned with the revised Wellbeing and Equality Objectives to ensure continued clarity of strategic direction and goals.



To support delivery of our **Clinical Services Plan,** a Strategic Portfolio Case will be developed to deliver our major service change ambitions for population and organisational health underpinned by the four CSP principles.

One System of Care: Clinical pathway processes that cross specialities, departments and delivery units

My Home First: Pathways which enhance care delivery in or closer to the patient's home where clinically safe

Right Place, Right Person: Workforce, estates, equipment, digitalisation

Better Together: Regional and local collaboration on networks of services that meet the care needs of patients

Wellbeing Objectives: refreshed in 2020 to strengthen our role as an anchor institution and embed our Socio-economic Duty and commitment to a Low Carbon Wales

Equality Objectives: refreshed in 2020 and will be reviewed in 2021 to build back in the fairest way possible

Strategic Aims	Enabling Objectives	Refreshed Well-being Objecitves
Support **better health** and wellbeing by actively promoting and empowering people to live well in resilient communities	Partnerships for Improving Health and Well-being Co-production and Health Literacy Digitally Enabled Health and Well-being	Give every child the best start in life Provide opportunities to support every adult to be healthier and to age well Nurture and use the environment to improve health and wellbeing
Deliver **better care** through excellent health and care services achieving the outcomes that matter most to people	Best Value Outcomes from High Quality Care Partnerships for Care Digitally Enabled Care Excellent Staff Outstanding Research, Innovation, and Learning, Education	Seek to allocate our resources to meeting the needs of, and improving, the population's health Plan, commission, deliver and promote equitable, inclusive and accessible health and wellbeing services Apply ethical recruitment practices and support health and care workers to be healthy, skilled, diverse and resilient

In Partnership

C-19 has demonstrated we can deliver more, better and quicker for our residents where we work in partnership and 2021-22 is our opportunity to build on these strong foundations to build back better and quicker.

The Health Board has a clear ambition to delivering better health, better care, and better lives. This can only be achieved through working in partnership with others:

- the public,
- patients,
- staff
- carers
- the voluntary sector,
- Local Authorities;
- and other statutory organisations
- Primary Care Clusters

We will achieve this by establishing a system of care (across health, social, care & beyond), delivering, services and support in, or closer to, patients homes and in collaboration with our partners to meet our population's needs, undertaken in line with the approved Health Board Co-production Framework.

We have indicated throughout the plan the areas where we will be working in partnership using this symbol.

Strategic Context

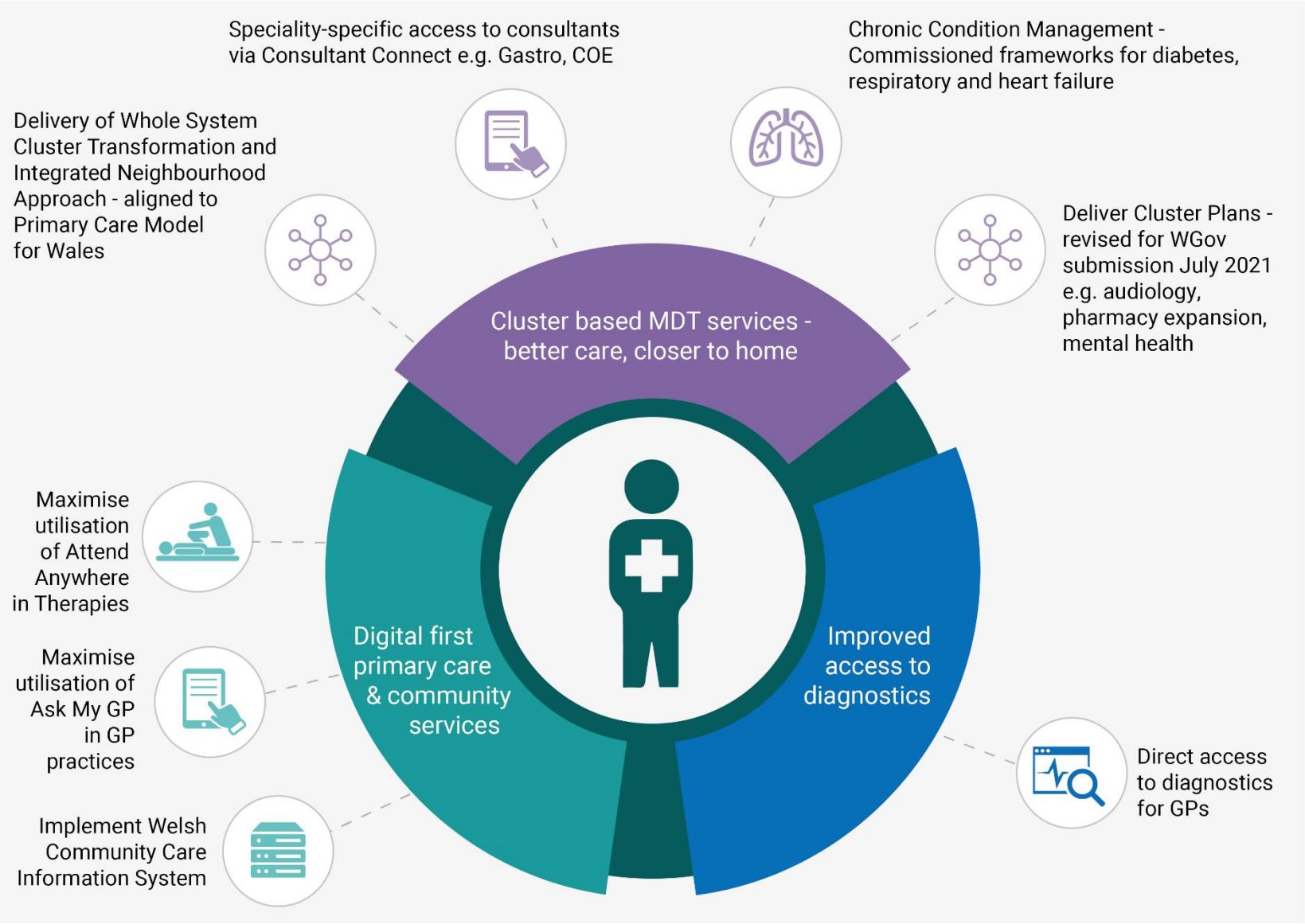
What Will be Different by the End of 2021/22 – Population Health

Outcomes

- Zero Tobacco use on SBUHB sites
- Declining smoking rates for those who've received in-patient care
- Increased physical activity levels in our communities
- Reductions in days lost to employment due to MSK issues
- Halt in rise of obesity rates in first instance
- Reduction of variance in obesity rates between highest and lowest deprivation deciles
- Use of illicit drugs decreases across the Region
- Alcohol consumption decreases across the Region
- Reduced morbidity and mortality from conditions detectable through screening and amenable to intervention
- Increased participation in national screening programmes with reduction in variation in participation by cluster and practice and also by deprivation decile.

Strategic Context

What Will be Different By the End of 2021/22 – Primary & Community Services

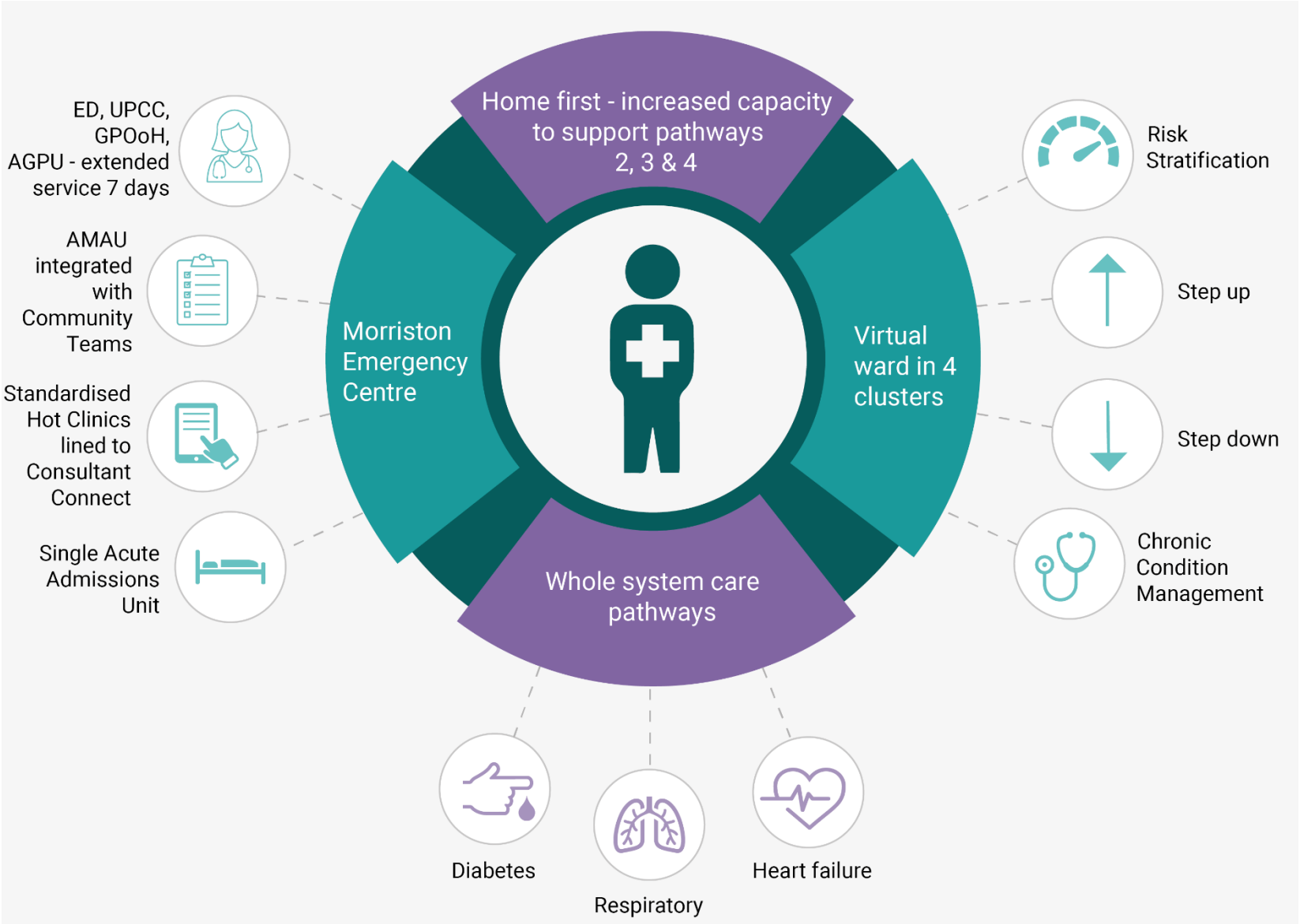


Outcomes

- Prevention, early intervention and admission avoidance - in line with Primary Care Model for Wales.
- Improved access and flow through primary and community services supporting prevention, early intervention and admission avoidance.
- Improved patient experience through provision of care closer to home.
- Shift of demand from secondary care to primary care.
- Improved patient self-management (condition specific)
- Reduced UEC admissions for named conditions.
- Increased Cluster based management of named chronic conditions
- 70% GP phlebotomy requests completed electronically by March 2022.
- Reduction of number of waiting list breaches >14 weeks (RTT) across community and therapy specialities.

Strategic Context

What Will be Different by the End of 2021/22 – Urgent & Emergency Care



Outcomes:

- Diversion of 6 pts a day from Morriston ED
- Extended hours to increase ED discharges by 17 per week
- 9,000 bed days saved per year
- Reduced admission rates - Total est. bed day reduction equates to admission avoidance of 8-10 pts per day.
- 80% of patients returned to usual place of residence.
- 100 •% stroke patients seen within 72hrs & deliver national standards
- 95% of Heart Failure patients receive an urgent / routine specialist assessment within 2 / 6 weeks
- Halve the average length of stay (LoS) for patients admitted with Heart Failure (primary diagnosis).
- Improved re-admission rates
- Improved patient experience
- Better staff experience

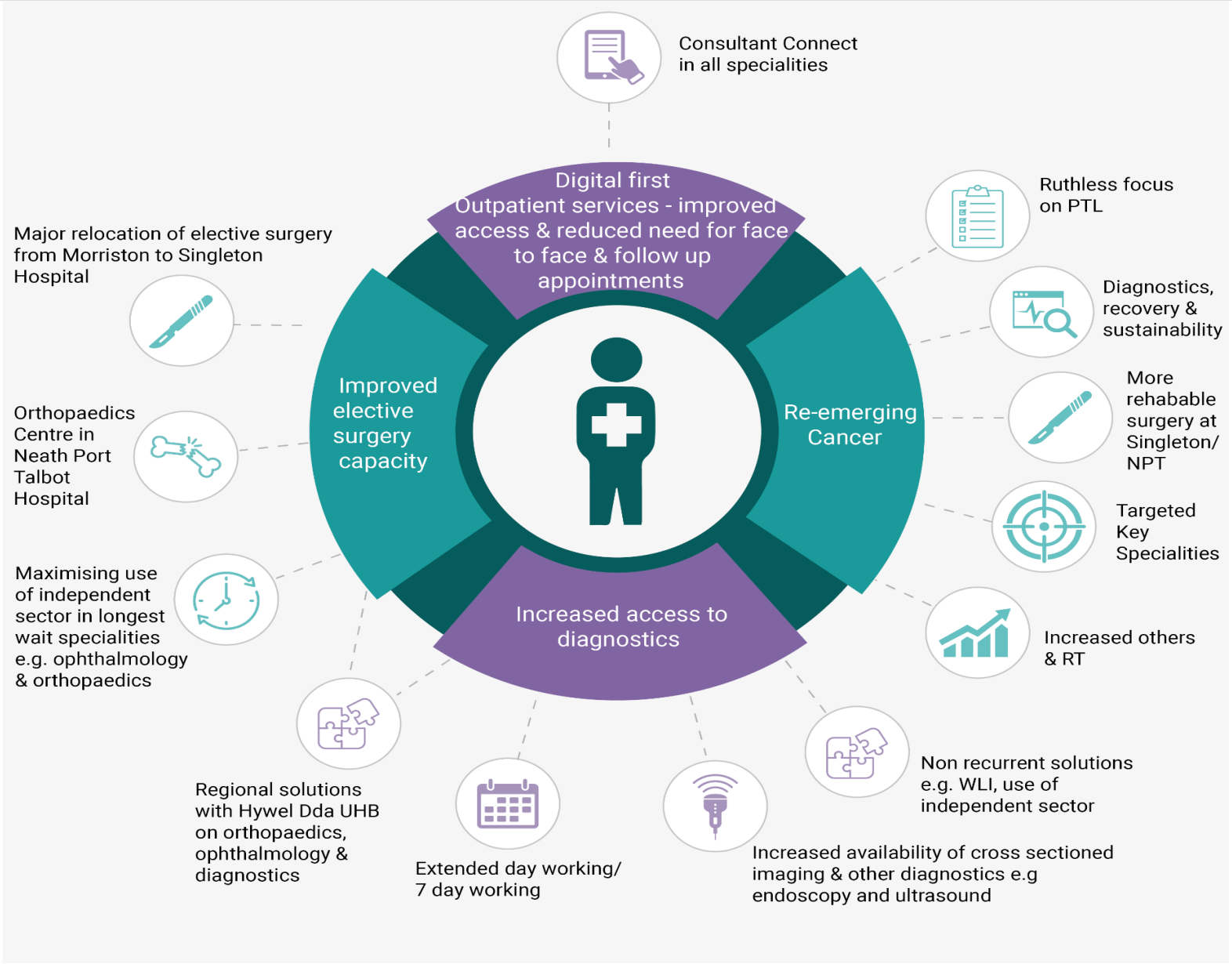
Strategic Context

Urgent & Emergency Care – The Key Steps

Step 1: Community Based Investment		Step 2: Creation of Renewed Front Door	
• COE Consultants • Virtual Wards • Palliative Care • GP Frailty Index /MDT • Home first discharges • Introduction of Hot Clinics	• Reduction in acute admissions • Early Intervention • Reduction in delayed discharges • Better staff and patient experience	• Centralisation of AEC • GP OOH/Urgent Care • Ambulatory seven day emergency care • Admission Unit Expansion to 7/7 • Frailty remit • Palliative Care Front Door	• Rehabilitation in acute admissions • Reduced LOS • Reduction in ED attendances • Increased GP OOH/ Primary Care Urgent care attendances • Comprehensive frailty/elderly assessment • Less patients admitted who died in > 5 days
Step 3: Concentrate admission and assessment at Morriston		**Outcome**	
• Acute Physician Model • Speciality Wards • Single admission unit • Comprehensive elderly assessment • Expanded Care of Elderly • Increased same day services on ward	• Reduced admitting Sites • 7/7 acute & speciality medicine • Improved Front Door Delivery • Reduce inpatient admission – through same day emergency care • Better capacity at weekends for discharge	• Increase ambulatory same day emergency care • Improved length of stay • Improved Patient Experience • Shift to earlier intervention • Reduced demand on Emergency Dept.	• Reduced bed occupancy • Improved clinical outcomes

Strategic Context

What Will be Different by the End of 2021/22 - Planned Care



Outcomes:

- Reduce NOP GP referrals by at least 20%
- Reduce NOP GP referrals by at least 20%
- Reduce NOP waiting list to less than 25,000 <36wks by March 22
- Reduce F/U waiting over 100% and total number of F/U by 55% (March 2019) baseline by March 22.
- Eradication of >2 year waits in T&O (Sept 2021)
- Reduce >1 year waits in T&O from 5,969 (at end of March 21) by 50% at end of March 22.
- Secure operating capacity for surgical specialties and create bed capacity at Morriston
- Contribute to maintaining waiting IP/DC to under 24,000
- Reduce >8wk waits by March 2022

Strategic Context

Planned Care and Cancer– The Key Steps

Improve and exploit COVID gains in OPD

- Consolidate in 10 specialties advice, guidance, triage (AGT)
- Primary care only accepted through AGT
- Accelerate pathways i.e. heart failure, respiratory and diabetes with clusters to reduce secondary care
- Expand use of SOS & PIFU
- Build up one stop RDC model for cancer

- Reduce demand for new referrals
- Better GP/Consultant patient management
- Access to patients when needed
- Reduce unnecessary follow ups
- Maintain 40% Virtual OPD

Transfer routine surgery to Singleton & Neath

- Extend operating week to 6/7 and drive better productivity
- Develop greater surgical and non surgical oncology at Singleton
- Expand temporary imaging capacity
- Create surgical capacity Singleton
- Develop POEC at Singleton for up to 90 Per week
- Modular theatres development

- Transfer of up to 90 sessions to Session to Singleton/ Neath PT from Morriston
- Improve medical and surgical cancer
- Reduction in cancellations

The Power of Diagnostic Capacity

- Reduce histopathology Wait times to >3 weeks
- Expansion of existing imaging capacity to 7/7 and extended day
- Use of AGT to drive straight to test
- 1CT/MRI at Singleton + 1 CT/MRI at Morriston
- 7/7 Inpatient Services for diagnostic at Morriston
- Improved echo cardiography, Optometry etc
- Use of Private Sector

- Support transfer of all Morriston scanners OPD work to NPT & Singleton
- Allocate more capacity straight to test
- Deliver cancer waiting times reduction
- Sustain surgery waiting times for cancer and non cancer surgery

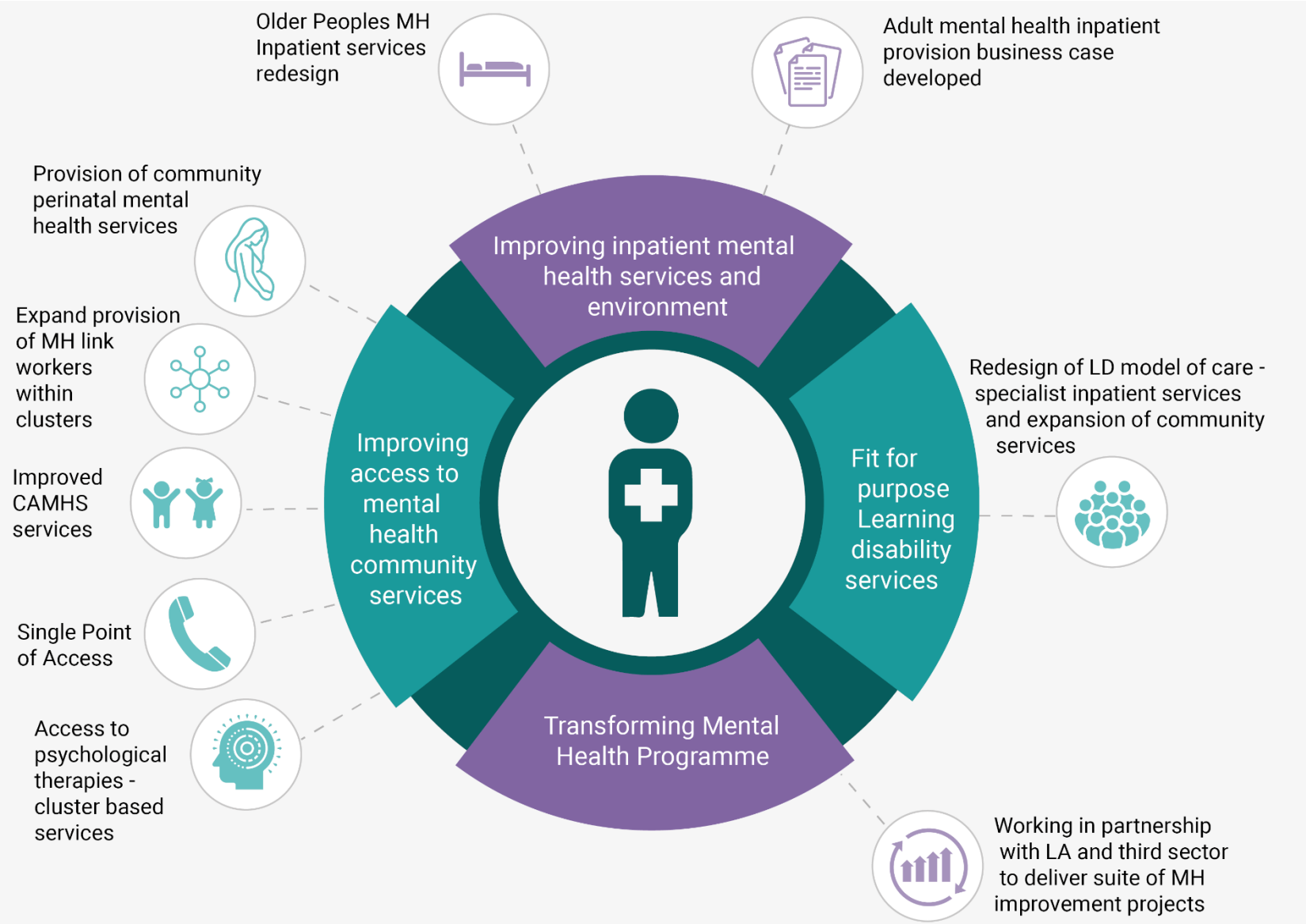
Cracking our Orthopaedic Backlog

- Temporary 4 theatre modular build at NPTH
- Dedicated elective services off main emergency sites
- Expanded capacity
- Agree OBC for permanent NPT development of South Wales Orthopaedic Centre
- Outsourcing capacity in IS sector

- Green sites
- Growth of T&O inpatient beds in 2021/22
- Improved OPD waits
- Develop increased capacity at NPT temporary and permanent reduces waiting times post 21.22

Strategic Context

What Will be Different by the End of 2021/22 - Mental Health & LD



Outcomes

- Improved multi-professional information sharing and communication toward a seamless care package of care for women across mental health and maternity services
- LD model of service following redesign that is fit for purpose, meets the population needs and manages cost avoidance of private CHC high cost placements.
- Emphasise on enhanced community care and less reliance on specialist mental health inpatient beds across the Health Board.
- Continue to support the enhance community model and care home sector with ongoing support and pathways
- Reduction in the number of specialist inpatient beds with reduced revenue costs.
- To meet the predicted demand on this aspect of MH services post pandemic.
- To ensure the HB continues to meet the national 26 week target and aim lower waiting times depend on the anticipated demand

Strategic Context

Insights from COVID – 19

The learning and insights we have gained during the C-19 pandemic will inform our planning, the delivery or services and the ways we work. Below are some of the insights that will be taken forward.

Service Delivery Insights from COVID-19

Digitally enabled care: Enables patient triggered care, rapid access to urgent care and optimised estate use; Consultant Connect: 1st in Wales to launch specialist phone app for GPs & other staff, Ask my GP/Attend Anywhere, Virtual outpatients appointments.

Integrated Care Hubs: Consolidating skills and expertise across different teams and professions to deliver care, streamline clinical decision making and improving access; Mobile Hubs: 1st in Wales triaging and streaming frail older people, Virtual wards: digitally enabled co-ordination of patient centred care in their home, Community Hubs e.g. for Heart Failure.

Single Points of Access: Streamlining and simplifying access into services; reducing patient and staff confusion, increasing timely access and improving clinically coordinated care and outcomes. Examples: Paediatrics & Adult Mental Health - sustainable models being developed.

Scheduling Unscheduled Care: Increasing planned care responses to traditionally emergency care can improve flow, patient experience and ensure more prudent healthcare. Examples; DVT Pre-hospital triage pathway and Ambulatory Emergency Care Hub - sustainable models now being developed.

Ways of Working Insights from COVID-19

Remote Working: Staff reporting suggests digital approaches have increased feelings of workforce flexibility, engagement with colleagues, partnership working and attendance at meetings. This has enabled greater inclusion in discussion and improved decision making.

Change empowerment: Clinically led service changes made rapidly whilst business as usual governance processes stood down or light touch within appropriate government arrangements.

Agile Workforce: Redeploying staff with training or service orientation in advance may create a more diverse workforce, help with upskilling and development, improve spread of good practice and deliver flexible responses to demand management.

Integrated Intelligence: Timely and effective decision making enabled though development of integrated intelligence models, systems and teams.

Single System: Staff working across teams or in MDTs increases collaboration across pathways and services to deliver service change; staff reported closer team working and collaboration.

Preparedness Insights

- Learning has demonstrated the necessity of building the planning for preparedness and resilience into strategic and operational planning across the whole system to allow for a safe and effective response and service continuity during both a 'big bang' and 'rising tide' emergency.
- Interim Debrief sessions highlighted notable practices, our successes and our challenges and the learning from these will be applied to our future plans and delivery.
- Requirement to remain prepared, plan, exercise and capture lessons and good practice remains extant. This includes risk mitigation, vulnerability reduction and resilience building i.e. ensuring robust risk register is in place and actively used to assess preparedness, up to date business continuity and emergency response plans, warning and informing mechanisms and strong collaboration and information sharing with key partners.
- Vigilance to the risks of C-19 variants continues into 2021 and currently we remain in major incident response. There is the potential for concurrencies and the impacts from these such as adverse weather and Brexit, where data sharing, immigration policies and supply issues could arise.

COVID Insights: Planning Assumptions we will take forward

- Effective service models will be embedded and extended to other areas through delivery of the Clinical Services and Annual Plans.
- Use of technologies made available will be extended for operation/ adoption/ business change in 2021/22.
- The strong Digital transformation offer will be continued using a predominantly remote training approach.
- Effective ways of working which facilitated rapid service change and decision making will be embedded and extended through redesigned operational processes to deliver the Clinical Services and Annual Plans.
- Learning from and adoption of insights from C-19 management will be a continuous process to inform on-going innovation.

Strategic Context

Planning Approach and Principles

Planning for 2021/22 has been undertaken based on the below principles and using the five step approach described. During the year we will continue to refine our activity plan building on these elements.

5 Step Planning Approach

1. Baseline Position 2019/20 (1a. Baseline Post Covid)

- Finance /Performance
- Workforce inc resilience
- BBC SLAs
- Demand
- Capacity
- Outputs

2. Productivity and Efficiency

- KPMG
- NHS Benchmarking
- Bank and Agency
- Clinical Improvement
- Clinical Services Plan
- Accurate efficiency

3. Graduated Increased Activity Plan

- Expectations of graduated increase through Q2 – Q4 to reduce patient waits
- Winter impacts and Covid impacts
- Staff resilience

4. Capacity Gap – Internal System Change

- Reinvestments financial recovery
- Internal commissioning arrangements
- resource reallocation to support CSP
- 7 day working

5. Financial Recovery

- Clarity on the service and financial gap setting out the further improvements that could be made with additional support e.g. orthopaedics and imaging

Principles:

- A Swansea Bay whole system pathway, workforce and capacity response to C-19 and non- C-19.
- Proportionate approach to the sustainability and recovery of non-C-19 services through an ongoing pandemic and changeable planning environment.
- Clinically led approaches to the recovery and further development of services in community, primary and mental health settings.
- Build on the strong partnership arrangements with Local Authority and other multi-agency partners.
- Joint regional working at pace to strengthen and define solutions where appropriate under a shared prioritisation approach.
- Patient centred decision making, respecting individual's choices and responsibility for their self-care.
- Ensure the health and well-being of the workforce is maximised .
- The base planning assumptions will relate to 2019/20 adjusted for our C-19 impacts on demand, capacity, workforce availability and performance.
- Build a more equal and fair Swansea bay as we recover from the Covid crisis.

Value Based Healthcare (VBHc)

The vision is to put value at the centre of the way we deliver care. We will do this by seeking to improve the health outcomes that matter most to our patients. The VBHc excellence framework developed for the approach identifies key aims and the following change programmes will aspire to deliver the objectives and also apply these principles to delivery: Build & maintain sustainable health informatics structures to achieve VBHc; Collecting patient data to improve clinical care & outcomes, Identifying unwarranted variation; and Embed language, culture and behaviour to increase VBHc maturity

Aligning to National Priorities

We have ensured our plans are aligned to meet the challenge of the four harms and to deliver against the Ministerial Priorities as set out in the Welsh Government Planning Framework for 2021/22. These links are indicated throughout the plan with reference to the below colour coding.

Addressing the Four Harms of Covid

- Harm from Covid itself
- Harm from an overwhelmed NHS and Social Care System
- Harm from a reduction in non-Covid activity
- Harm from wider societal actions / lockdown

Addressing Ministerial Priorities

- Primary care
- Mental health
- Timely access to care
- Reducing health inequalities
- Prevention

Strategic Context

Addressing Risks

The Health Board is committed to providing safe and effective, high quality healthcare. We mandate a culture and environment, which minimises and actively seeks to reduce risk and promotes the health, safety and well-being of patients, staff, visitors and the general public. All staff have a responsibility for promoting risk management, adhering to health board policies and have a personal responsibility for patients' safety as well as their own and colleague's health and safety. The Health Board encourages staff to take ownership of their responsibilities through a two-way communication process, with appropriate training and support, to identify and manage risk. The Health Board Risk Register is intended to summarise the key 'live' extreme risks facing the Health Board and the actions being taken to mitigate them.

Risk Appetite and Tolerance Following Covid 19 Pandemic

Following the C-19 pandemic the Board reviewed its risk appetite and tolerance levels and set new levels for the staff to follow during the C-19 pandemic. Previously, the Board's risk appetite was that risks of 16 and above were considered high risks and risks. Risk appetite and tolerance acts as a guidance as to the risk boundaries that are acceptable and how risk and reward are to be balanced, as well as providing clarification on the level of risk the Board is prepared to accept. Members of the Board agreed that the risk appetite, whilst dealing with C-19, would increase to 20 and above. These arrangements are reviewed regularly by the Executive Team, Audit Committee and the Board. The significant risks facing the Health Board are given a risk assessment score of 20 and above, and a summary of the risks scoring 25 and the mitigating action being taken to manage them is outlined below (as at March 2021):

Plan Ref	Description of risk identified	Score	Mitigating Actions
Page 33	**Access to Planned Care** Failure to achieve compliance with waiting times, there is a risk that patients may come to harm. Also, financial risk not achieving targets.	25	• Development of a whole system model for NPTH as a centre for Orthopaedic and Spinal services, to include the scoping of ambulant trauma options and capital requirements • Scope and undertake an option appraisal process for a Post-Anaesthesia Care Unit (PACU) model at Singleton and NPTH to support enhanced care complexity
Page 17	**Access to Cancer Services** Failure to sustain services as currently configured to meet cancer targets could impact on patient and family experience of care.	25	• Phased and sustainable solution for the required uplift in endoscopy capacity that will be key to supporting both the Urgent Suspected Cancer backlog and future cancer diagnostic demand on Endoscopy Services. • To explore the possibility of offering Stereotacic Ablation Radiotherapy for high risk lung cancer patients in South West Wales Cancer Centre(SWWCC)
Page 24	**Health and Safety Infrastructure** Insufficient resource and capacity of the health, safety and fire function to maintain legislative and regulatory compliance.	25	• Health and safety department structure to be reviewed and produce proposals, business case • Health and safety structure review to be presented to the Health and Safety Committee
Page 17	**Access to Cancer Services** Delays in access to Systemic Anti Cancer Therapy (SACT) treatment in Chemotherapy Day Unit	25	• Expansion of home care delivery and additional chair capacity - SACT group
Page 17	**Risk target breaches – Radiotherapy** Clinical risk – Target breeches of radical radiotherapy treatment	25	• Additional Radiotherapy capacity plan

Strategic Context

Baseline Data

The tables below set out some of the Minimum Data Set Metrics including the 2019/20 Baseline data and the 2020/21 Actual Data against the 2020/21 projected Data. This data demonstrates where activity has been maintained in line with essential services provision, i.e. a number of primary care and community services, e.g. AGP provision in urgent dental care, urgent eye care services, six week baby checks, and certain mental health services e.g. memory assessment service. Data also reflects the significant impact of C-19 on elective services; 20/21 activity severely reduced due to widespread cessation of face to face outpatients and surgical services. This indicates the scale of the challenge ahead in order to recover and rebuild services. The full suite of metrics are included within the Minimum Data Set.

ACUTE CARE - UNSCHEDULED CARE	Actual FY as at 31/03/2020	Projected FY as at 31/03/2021	Actual FY as at 31/03/2021
METRIC	No's		
A&E Attendances	122,808	89,816	92,446
Emergency admissions	49,381	44,641	35,242

ELECTIVE CARE	Actual Ave. Volumes per Month 2019/20	Projected Ave.Volumes per Month- March 202/21 Position	Actual Ave.Volumes Per Month 2020/21
METRIC	No's		
OPA First appointment - face to face	12,398	4,598	6,706
OPA First appointment - virtual (non face to face)	n/a	1,910	2,112
OPA Follow up - face to face	29,162	8,810	11,023
OPA Follow up - virtual (non face to face)	n/a	7,170	7,009
Compliance with eye care measure for new and follow up patients (%)	29%	36%	33%
Number of inpatient procedures	1295	866	223
Number of day case procedures	1,019	345	381

MENTAL HEALTH	Actual FY as at 31/03/2020 No's	Projected FY as at 31/03/2021	Actual FY as at 31/03/2021
METRIC	No's		
Number of Part 1a and 1b referrals	7,308	5,727	4,221
Number of Memory assessment service (MAS) referrals and assessments	1454	1338	1209
Part 2 duty - % of total caseloads with a valid care and treatment plan (%)	91.0%	92.0%	91.3%

CANCER CARE	Actual FY at 31/03/2020	Projected FY at 31/03/2021	Actual FY at 31/03/2021
METRIC	No's		
Anticipated new referrals	18,561	13,766	15,403
Number of cancer patients starting treatment	2,468	1,955	2,078

PRIMARY CARE AND COMMUNITY SERVICES	Actual FY at 31/03/2020	Projected FY at 31/03/2021	Actual FY at 31/01/2021 (due to data availability
METRIC	No's		
% of Babies six week check complete	85%	81%	81%
Dental: Number of Aerosol Generating Procedures	No data	14,800	17.682

Strategic Context

Scenario Modelling

The activity and capacity modelling used for the scenario set out below uses national submitted datasets that have been utilised locally to provide a local higher projection model using comparable methodology to the Delivery Unit scenarios.

The scenario shown on the right is based on the Higher Projection occupancy levels for Swansea Bay over the forthcoming financial year. The assumptions used in this scenario are:

- Daily occupancy figures adjusted to account for an increase of 10% demand on emergency beddays.
- Daily occupancy figures adjusted to account for a reduction of 20% beddays consumed by elective admissions.

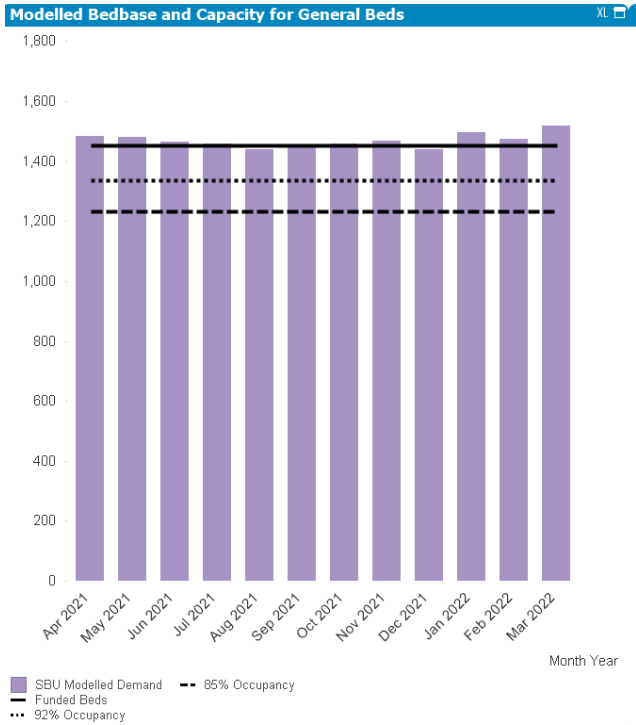
- Max Funded Beds less Critical Care beds = 1520 for March 22
- Max Funded Critical Care beds = 45 for Jan 22

The total demand for all beds less critical care ranges from 1439 to 1520 for the period shown. There is a period in January and March 2022 when the expected demand will exceeded the funded bed capacity. The Health Board plans to step down the Bay Field Hospital in December 2021 and any requirement for additional beds as a consequence of additional demand will be managed through a variety of existing surge capacity. This includes commissioning additional beds, mobilising virtual wards solutions, reducing elective procedures and working with partners to commission additional care homes capacity and packages of care. In addition a number of schemes contained within this plan are focussed on reducing demand for both emergency and elective care, and it is expected that these will impact on improved length of stay and reduce bed occupancy rates , contributing to the Health Boards ability to mange any surge.

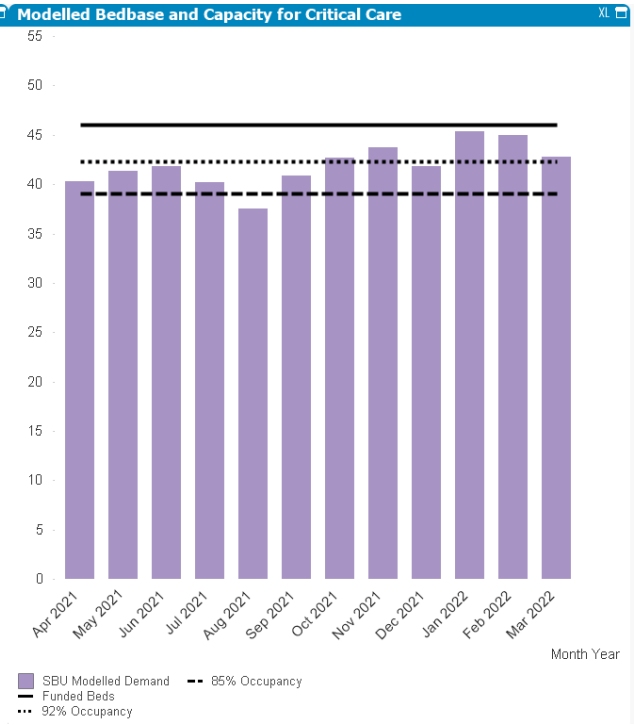
Critical Care demand ranges from 39 to 45 beds with demand being met via the funded bed establishment for the whole period.

Swansea Bay University Health Board Local Scenario – Higher Projected

Total Funded Beds less Critical Care N=1451



Funded Critical Care beds N=46



*All modelling is a point in time to support planning assumptions and will be continually reviewed.
**At this stage the modelling does not apply any impact of service model changes driving efficiency in bed consumption

Strategic Context

Demand and Capacity Assumptions

During this time of high uncertainty the demand and capacity model for 2021/22 attempts to model, based on reasonable planning assumptions, likely scenarios for outpatients and treatment stage waiting lists. These reasonable planning assumptions are based on the wider experiences of demand and activity patterns seen in the wake of C-19 within the Health Board over the past year, and attempt to capture reasonable baselines from which to build during 2021/22. Whether these demand and activity assumptions bear fruit, depend on the social and physical environment in in the future, as we fight any future waves of C-19 infections and continue to roll out the national vaccination programme throughout the year.

Demand Assumptions

Service delivery through 2021/22 will be planned to ensure that capacity will be in place to meet the modelled Most Likely Scenario and based on the following Demand Assumptions:

- The impact of C-19 on capacity will have a material impact in Q1 & Q2 with reduced implications thereafter.
- The annual assumption is based on 2019-20 demand adjusted for C-19 demand, capacity and activity and potential impacts Q1-Q4 2021-22.
- Planned growth of emergency, elective, community and primary care volumes which will move to pre-C-19 levels in 2019-20 as our assumptions on the impact of Covid on activity, capacity and productivity reduces across Q1-Q4.
- In the absence of national modelling, the plan is based on the most likely local scenario for each quarter throughout the year based on our anticipated C-19 demand.
- In the event of the use of surge and super surge the level of essential services that could be safely delivered would be determined, using the Escalation Framework triggers and Standard Operating Procedure.
- It is expected that there will be increased demand for mental health support for people of all ages due to psychosocial distress and anxieties relating not only to C-19 itself but also the loss of employment, reduced finances and educational uncertainties over the future.
- It is expected that there will be increased demand for rehabilitation and post C-19 syndrome (long Covid) of all ages.
- By Q3, all adults over the age of 18 should be vaccinated. This demand will be met through the vaccination rollout programme.

Capacity Assumptions

- Physical distancing requirements and minimising footfall will be maintained, in line with national policy and guidance in respect of Infection Prevention Control (IPC) for the duration of the plan.
- Bed capacity modelling is based on modelled C-19 demand, bed occupancy and workforce absence.
- For the planning assumptions, the Bay Field Hospital will continue to be commissioned to March 2022, utilised as the Mass Vaccination Centre and Phlebotomy service. Consideration may be given to a range of other services on a short term arrangement.
- Critical care capacity created at Morriston Hospital (Enfys) will be utilised to rehouse the General Critical Care Unit whilst the planned capital work is undertaken during the first two quarters of 21-22.
- Elective activity is being prioritised as described in the Essential Services guidance. Patients will be managed through a risk based and assessed approach.
- Diagnostic capacity will be prioritised towards most clinically urgent and will be delivered in line with relevant national and clinical guidance, aligning with national work on diagnostics.
- The Health Board will continue to adhere to Table 4 of the current Personal Protective Equipment (PPE) guidance, recognising that this is a major constraining factor in operating capacity.
- Non-face to face outpatient services will be embedded as the norm for delivery and face to face will be limited to only those cases where there is a clinical necessity for examination.

Modelling will continue through the year and the health board's response to changes in circumstances; covid rates, lifting restrictions, changes to PPE or social distancing requirements etc. will be actively managed and monitored to inform ongoing planning and delivery of activity across our systems.

Strategic Context

Delivering the Annual Plan

Significant changes in ways of working, deployment, reporting arrangements and structures have been required over the past year to respond effectively to the fast changing priorities, demands and requirements of delivering healthcare in a pandemic. Learning and insights from this period, coupled with the feedback from KPMG in late 2019 on our Delivery Framework have informed our approach to plan execution. The approach has accountability at its heart, driving this through the management structures through a refreshed performance management framework. Underpinning this will be a programme infrastructure in place to provide system approaches, consistency, standardisation and sharing of good practice. Clinically led redesign groups will form the basis of these programmes with change resource and corporate teams wrapping around to support.

Evidence Based

Dynamic Data Planning: the Health Board has commissioned Lightfoot to work with clinical teams and planners to use real time operational data to inform and implement day to day and strategic service changes to deliver the Annual Plan priorities and Health Board recovery.

Modelling: Scenario, demand and capacity modelling will be actively used to manage our activity plans, and identify opportunities for improvement and development across our systems.

Innovation and Research: Continue the restart of research studies including C-19 response research priorities.

System Approach

System Change Programmes and Projects will:

- Develop a clear vision for the change or improvement, aligning to the Clinical Services Plan.
- Be clinically led, with identified leaders from primary care and secondary care, and supported by senior management leaders.
- Include the wider multi professional team (including interdependent services)
- Encompass a system focus, bringing primary, community, secondary and specialist care together with integrated clusters (and LA where required).
- Have appropriate and proportionate change resource, with access to business intelligence
- Be underpinned by clear milestones and critical paths.
- Embed WBFGA 5 Ways of working.

Clusters and the Primary Care Model for Wales: We will continue to plan and deliver in partnership with our multi-disciplinary and multi-agency primary care clusters, seeking to transform the primary care offer for our population and achieve the ambitions of the Primary Care Model for Wales.

Annual Plan Priorities	Enabling and Supporting Delivery Infrastructure
Responding to Covid	GOLD command infrastructure e.g. Silver Vaccination, Silver TTP
Improving Patient Quality and the 5 Q&S goals	Quality and Safety Forum through to Management Board and Quality and Safety Committee
Improving Staff Experience	Workforce an OD Forum through to Management Board and OD Committee
Improving Unscheduled Care (New Programme)	A refreshed Urgent and Emergency Care Programme through to Management Board and Performance Finance Committee
Improving Planned Care (New Programme)	A refreshed Planned Care Programme through to Management Board and Performance Finance Committee
Increasing Digital Capability	Through the Digital Leadership Group and Patient and Citizen Empowerment Group
Improving Cancer and Palliative Care	Singleton & NPTH Service Group supported by the Strategic Cancer Board through to Management Board and Performance Finance Committee
Prevention and Reducing Health Inequalities	Partnership mechanisms through to Board
Children, Young People and Maternity	Singleton & NPTH Service Group supported by the Children and Young People's Strategic Group, Maternity Board and through to Management Board and Quality and Safety
Improving primary, community and therapy services and the 6 priorities	Primary and Community and Therapy Service group and the RPB Transformation Board through to Performance Finance Committee
Improving Mental Health and Learning Disabilities and the 7 goals	Mental Health and Learning Disability Service Group and the MH&LD Transformation Partnership Board – through to Management Board and committee
Financial Plan	Performance management framework through to the Management Board and Performance Finance Committee

Strategic Context

Execution – What Will be Different

A robust plan requires an effective and clear delivery and execution mechanism. At the end of 2019 KPMG delivered a suite of reports on based on their intense diagnostic of the organisation's approach to financial planning, plan development and plan delivery. The reports drew out a series of observations that were used to engagement with Senior Leadership and clinical leaders. the 2021/22 plan and execution approach therefore takes the lessons both from KPMG and the lived experiences of senior managerial and clinical leaders to ensure a robust approach.

The Execution approach will:

- ✓ Incorporate learning from external observations including KPMG on Delivery Framework and WAO/Audit Wales.
- ✓ Clinically led approach to plan development and plan delivery through wide collective engagement session and smaller and 1:1 sessions
- ✓ Board commitment and a realignment of Committees' roles and focus.
- ✓ Commitment to resource in terms of additional project, programme and planning
- ✓ Refocused Management Board to oversee Annual Plan delivery and strengthened cluster leadership representation and contribution to Management Board.
- ✓ Strengthened business intelligence input into programmes
- ✓ Commitment to resource and support clinical time.
- ✓ Realignment of all current change resource.
- ✓ Executive team ownership of approach with leads identified.
- ✓ Consistent and detailed approach to demand and capacity planning to underpin deliverables
- ✓ Service Group triumvirate ownership of approach and line management on delivery against redefined programmed roles.
- ✓ Alignment with new Performance Management Framework with clarity of expectation across service, workforce and finance confirmed through accountability letters

To support this approach the following principles have been established:

- Plan execution to be driven through the management structure,
- Change programmes will support and enable plan delivery where there is a system response required,
- Programme and project roles and expectations will be clearly defined,
- System Change programmes and projects will:
- Have/develop a clear vision for the change or improvement, aligning to the Clinical Services Plan – build commitment
- Have identified clinical leadership
- Have general management senior leadership
- Include the wider multi professional team (including interdependent services
- Have a system focus, bringing primary, community, secondary and specialist care together (and LA where required)
- Have appropriate and proportionate change resource (PMO, Planning, Vbhc, HCSE, QI)
- Be underpinned by clear milestones and critical paths

In line with the principles above, accountability for delivery of the Annual Plan will be predominantly driven through management structures, supported by the appropriate level of programme infrastructure. Performance management and reporting arrangements will reflect this accountability with performance reviews reflecting the commitments and deliverables within the Annual Plan.

Responding to Covid-19

We will continue to maintain an appropriate level of response to the risk posed by circulating C-19; anticipate and prepare for future C-19 threats (re-emergence and Variations and Mutations of Concern); to deliver programmes designed to mitigate the impact of C-19 – vaccination, testing and tracing; to transition to recovery in a controlled manner

The Health Board continues to operate in Major Response mode due to the coronavirus pandemic. We will horizon-scan to anticipate emergent threats associated with a third wave or the impact of variants and mutations of concern. The Board will seek to de-escalate our response when prudent to do so guided by a dynamic risk assessment. Managing the transition to recovery will require a balance between the demands and expectations of Welsh Government and our population and the ability to deliver services. This will require a dedicated Recovery Co-ordination Group to integrate recovery into mainstream Health Board business and ensure that we have a single approach to our operations. There is also an imperative to link with Regional (Local Authority) and supra-Regional (through LRF structures) partners in the planning of recovery.

- The **mass vaccination programme** is extremely successful and has achieved the first key milestone at mid-February and is making good progress and on course to meet the next milestone at the end of April. The programme will continue and will lead to a significant reduction in the impact of C-19 infection due to reduced risk of hospitalisations and reduced severity of infection in vaccinated groups.

- **The Test, Track & Protect (TTP) programme** continues to deliver outbreak control. The uptake of testing has stabilised and positivity rate is now below 5%. The programme will contribute to the containment of infection and help to drive down infection rates by tackling clusters and incidents.

Operational Management and Control Arrangements

The COVID Coordination Centre (CCC) will continue to operate with a Gold, Silver, Bronze Command and Control structure in place as we de-escalate. A decision framework will be in place when these structures are stood down.

The establishment of a Recovery Co-ordinating Group (RCG) will be an essential step to shaping the transition to recovery and integrating recovery oriented actions within our business as usual. There will be some parallel operation of the RCG with the Gold Command structures as we transition: response and planning will occur concurrently rather than at a hard end-point.

Longer term recovery actions will be required to allow our staff and communities to deal with the legacy issues arising from C-19 - e.g. the psychological issues arising from C-19 in HB staff will take several years to be resolved fully and this will be factored into our recovery plans. The Care Home sector has also been at a high level of escalation since late last year with regional and local health Board mutual support playing a critical role We will continue to manage this risk through multi-agency arrangements.

Risks

The organisation continues to horizon scan for likely concurrent risks and issues and high risk scores remain concentrated within three themes:

- **Workforce:** The resilience of the workforce has remained a significant risk and the HB continues to work with staff side partners to manage
- **Capacity:** constraints and operational pressures arising from the need to retain C-19 pathways and to minimise nosocomial incidences and the compromise of normal services remains.
- **Nosocomial**: Transmission risks remain high; inpatient screening has helped to mitigate the risks in terms of allowing appropriate placement of patients in wards; this has been further strengthened by an inter-hospital transfer policy and currently a review of the visiting policy will take account of the risk.

Long Covid

The Health Board is developing a plan to deliver services for those individuals with on-going COVID-19 symptoms, known as Long COVID. This plan aligns with the national context and the health board rehabilitation framework, as it is based on a stepped-care approach using existing services (not developing specialist clinics) with the focus on community based services. Our priority aims are:

- Identifying demand
- Improved understanding of symptoms
- Identifying access points to services

Maintaining Essential Services

The maintenance of essential services, has continued via a clinically led and quality driven process and business continuity management has been embedded within the organisation. This has provided resilience to help ensure continuity of service to key users and the protection of brand and reputation. We will continue to deliver “Essential Services” in line with Welsh Government guidance to ensure that risks associated with the four harms of Covid are reduced.

The Health Board’s response to the essential services agenda has been driven through the Reset and Recovery Group and then Operational Silver and has been mainstreamed into performance reporting. The approach has consistently been clinically led. Key features of the approach include:

- Ongoing reporting through to the Performance and Finance and Quality and Safety Committees;
- Weekly touch base meetings of the clinical Executive Directors and Director of Transformation to review the latest guidance from Welsh Government (WG), PHW or Royal Colleges and identification of actions and responses needed;
- Appointment of an Associate Medical Director for Non-C-19 & Recovery;
- Deployment of a Quality Impact Assessment (QIA) process, overseen by clinical Executive Directors and supported by a QIA panel to assess the reinstatement of activity to ensure it is structured, controlled and based on risk management;
- Use of established quality processes such as incident reporting via Datix where delays due to Covid have resulted in harm; and,
- Quarterly updated baseline assessment against Welsh Government essential services framework

Essential Services Assurance

The main elements of ES Assurance are:

✓ Baseline assessment against overarching guidance – most recently done in Feb 21 to inform planning cycle and summary below. This demonstrates that no service deemed essential has been stopped:

Service Status	Code	Swansea Bay Services Feb 21
Do not provide or commission on this service	0	8
Essential services to be maintained	1	0
Essential service maintained (in line with guidance)	2	22
Intermediate services to be delivered	3	18
Normal services continuing	4	17

✓ Performance report reframed around the 4 harms and reported through both Performance & Finance and Quality & Safety Committees which highlights access challenges and the quality & safety indicators

✓ Delivery of Essential services reflected on corporate Risk register and reviewed on a weekly basis at Gold meetings. Actions plans have been developed for specific high risk areas e.g. Cleft palate services

✓ QIA process introduced to review - Draft Internal Audit of March 2001 gives Reasonable Assurance to approach

✓ Increasing capacity of some essential services as a key priority in the annual plan

✓ Review and reporting against WG essential services Deep Dives to be reported through Gold and any action plans developed.

Responding to Covid-19

Vaccination Programme - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Deliver vaccination for priority groups 1-4 to reduce COVID-19 prevalence in the most vulnerable groups, fully vaccinating 200,000 people by Q2.	• Source, scope, and establish a number of mass vaccination centres, and cluster-based local vaccination centres.	• Three Mass Vaccination Centres established, Cluster based vaccination programme and multiple pop-up Local Vaccination Centres established according to population need, vaccinating 75,000 people per month. • Three MVCs established, with local delivery points established according to population need, fully vaccinating 200,000 people classed as the most clinically vulnerable under JCVI guidance.	Q2
	• Using the Primary Care COVID Immunisation Scheme, deliver vaccination of priority groups through General Practice, clusters, and community pharmacy.		Q2
	• Deploy a mobile vaccination unit (‘immbulance’).and offer free transport to MVCs for people with mobility issues	• A mobile vaccination unit deployed, vaccinating 800 people per month.	Q1
	• Identify individuals within priority cohorts outlined by the UK’s Joint Committee on Vaccination and Immunisation (JCVI), and offer vaccination to all individuals by appointment, through the Welsh Immunisation System.	• All individuals identified within JCVI priority groups 1-9 offered a vaccination, and over 80% vaccinated.	Q2
Fully vaccinate the entire adult population, fully vaccinating over 300,000 people by Q4.	• Offer vaccination, by appointment, through the Welsh Immunisation System.	• All residents within Swansea Bay, aged 16+, offered a vaccination, and over 80% vaccinated.	Q3

Responding to Covid-19

Test, Trace and Protect - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Deliver rapid testing for relevant cohorts e.g. pre-elective procedure, urgent admission to closed settings, care home outbreak testing	• Priority testing for these cohorts, rapid lab processing • Lateral Flow Device testing - rapid results	• Already in place and expected to continue. Same day testing and results to enable elective procedures to go ahead/urgent admission to care facilities • Whole Home Testing for care homes to enable effective C-19 outbreak management	Q3
Deliver a responsive regional Contact Tracing service	• Contact made within 24 hours of index case identification • Provide/receive mutual aid from other TTP teams where required	• Already in place and expected to continue. Rapid identification of contacts, supporting the isolation protocol, helping to stop the spread of the disease	Q3
Identify C-19 clusters/hotspots	• Utilise MTU testing facilities to provide rapid response testing events • Work with partners/local businesses to test staff “clusters”	• Rapid identification of clusters, testing to detect asymptomatic cases, helping to stop the spread of the disease. Already in place and expected to continue.	Q3
Review Covid epidemiological data and intelligence	• IMT structure reviews weekly epidemiology data and intelligence	• Identification of clusters/outbreaks – testing programmes initiated, disease containment • Focused communications and enforcement messages. • Already in place and expected to continue.	Q3
IMT “trigger” review and management	• Covid prevalence rates trigger an agreed IMT response	• Identification of clusters/outbreaks – testing programmes initiated, disease containment • Focused communication and enforcement messages. Already in place and expected to continue.	Q3
Enhanced communications and enforcement	• Communications Cell and PH Protection engage with relevant communities/issue population wide communication	• Aim is to note increased public engagement and behaviour in relation to with disease prevention. Already in place and expected to continue.	Q3

Responding to Covid-19

Vaccination Programme and Test, Trace and Protect – Drivers & Enablers

Workforce

Vaccination

- 50 registrant immunisers
- 26 non-registrant support
- 26 administrative support
- 12 clinical supervisors
- 21 support assistants
- 42 booking clerks
- 5 booking supervisors
- 5 operational leads
- 4 site leads
- 8 clinical supervisors
- 11 stewards
- 2 project managers
- 1 programme manager
- 1 data analyst
- 6 pharmacy support
- 1 security officer
- 1 administrative support

Military support for vaccination centre management and flow, dose preparation, and forward planning.

TTP

- Health board staff deployed on fixed term contracts to support testing units
- Bank staff required to support the testing agenda
- Staff to support Contact Tracing – employed by local authorities

Technology

Vaccination

Welsh Immunisation System (supplied by NWIS, supported locally by SBUHB)

- Managing cohorts of people
- Appointment management
- Record-keeping
- Pharmacy stock control

BI dashboard (supplied by SBUHB Digital Services)

- Reporting and performance management
- IT equipment, infrastructure costs, and licensing ~£200k.

TTP

- **NWIS** – national system to support Contact Tracing
- **SBUHB** – telephony system supports Testing Call Centre
- **SBUHB/national systems** to support Lateral Flow Device testing programme for SBUHB staff
- **Electronic Test Requesting** in community CTU's
- **Patient online booking solution** supporting social distancing

Finance

Vaccination

Estimated revenue cost of £13 million – WG funding to be provided. Further work required.

TTP

Agreed full year funding allocation of up to £14m for the contact tracing workforce for SBUHB to 31 March 2022

Other C-19 response costs

The other C-19 response costs will be managed within the Health Board confirmed funding allocation for the first 6 months of 21-22 and the identified specific funding sources.

The Health Board is reviewing the ongoing financial impacts of C-19 response.

Capital

Vaccination

- Capital works at the Bay Field Hospital in 20-21 have enabled the development of the mass vaccination centre within the existing footprint of the non-commissioned zone.
- Further Capital works will be required to further support vaccination centre sites and decommissioning. TBC.

TTP

- Capital works in 20-21 have enabled the establishment of the TTP service.
- Further Capital will be required to support testing units and decommissioning costs. TBC.

Other C-19 recovery costs

To be confirmed.

Communication & Engagement

Vaccination

- A communication plan, supported by the Communications Department is critical in achieving maximum buy-in from the population, reducing vaccine hesitancy, and combatting anti-vaccination messages online.
- Engagement with BAME communities, working in partnership with local authorities, to reduce vaccine inequalities.
- 1 WTE resource within the Communication Department is supporting this plan - Band 7 BAME Outreach Lead Post

TTP

- Communications Cell supports regional TTP/vaccination agenda – messages for general population and targeted communication for vulnerable/hotspot cohorts

Responding to Covid-19

Emergency Preparedness, Resilience and Response

In order to maintain essential services, business continuity management needs to be embedded within planning structures. It is imperative that the HB has a full understanding of its business and has strategies based on this knowledge, to enable the HB to operate through a disruption and recover afterwards. Under the Civil Contingencies Act 2004, the HB as a Category One Responder, must be able to maintain continuous levels in key services when faced with disruption from identified local risks such as severe weather, an infectious disease outbreak, fuel of supply shortages and therefore, 'must have suitable, proportionate and up to date plans which set how they will maintain prioritised activities when faced with disruption'.

GOALS	METHOD	OUTCOME	TIMELINE
Ensure EPRR is fully embedded as part of operational and strategic planning to meet its 6 civil protection duties and ensure the continued response to and recovery from the pandemic is safe, timely and effective. ●	• Monitor the EPRR work programme via the EPRR Strategy Group, so that emergency planning and business continuity is intrinsically linked to operational and strategic planning to improve preparedness and resilience and response to and recovery from any emergency. • Continue to support the current C-19 pandemic response and subsequent recovery processes via the C3 structures as articulated within emergency plans.	• Up to date EPRR Risk Register • Emergency Planning, training and exercising Strategy • Appropriate emergency response plans; reviewed, trained and exercised • Retain engagement in wider multi-agency resilience forums • Advisory capacity for the continued response and consequent recovery to the C-19 pandemic and oversight via the current COVID Coordination Centre • Continued preparedness for high risk concurrencies • Business continuity management	Integrated emergency planning cycle process
Retention of robustness of the HB Business Continuity management process ●	• Ensure BC framework is up to date as a critical part to ensure there is organisational resilience to help with core critical functions and service continuity. Monitoring of this process will be via the EPRR Strategy Group.	• Undertake service risks assessments and business impact analysis • Devise strategies within each service to enable to operate through a disruption and to recover afterwards • Strategic and Operational planning awareness of the risks, core critical activities, mitigations and impacts on other Align BC arrangements to current national standards • To ensure safe response with robust C3 structure, communications and recovery processes for a BC incident	Integrated emergency planning cycle process
Effectively deal with concurrency such as the risks arising as a result of the EU transition ●	• Ensure a business impact analysis and risk assessment is undertaken for each identified key risk of concurrency and devise and implement a BC strategy. The HB Brexit risk management process is overseen in the EPRR Strategy Group; highlighted as a key concurrency during the current time.	• Retain and monitor a live Brexit risk register with appropriate mitigations for high risks and noted vulnerabilities managed via a RAID log process • Ensure service BC's reflect the risks and the mitigations • To monitor and respond to escalated issues particular with regard to supplies to minimise the risk of disruption to service continuity • To take forward the recommendations following the Roche BC incident • To identify key critical resources • To ensure there is a prioritised recovery process for any disruption	

Responding to Covid-19

Cancer and Palliative Care - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Review, Sustain and Expand Treatment Capacity for Cancer Services	• Implementation of hypo fractionation RT Business cases for: Breast and Pancreas • Submit business case for Health board investment for hypo fractionation RT treatments for Prostate • Progress plan for Lung (SABR) RT with WHSSC	• Improved RT waiting times - 10% release of capacity = to 200 patients p.a. (Breast & Pancreas) • Negate outsourcing costs for prostate RT (via Rutherford Centre); improve waiting times & release 10% capacity =200 patients p.a. • Reducing inequity of access, improving pt outcomes & survival rates. Improved patient experience – Number of visits and duration of treatment reduced by > 50%(SABR)	Q1 Q2/3 Q2/3
	• Business case submissions to Increase Systemic Anti-Cancer Therapy (SACT) Capacity & Establish an Immuno-toxicity model	• Additional capacity achieved via homecare expansion = 100 SACT slots and CDU move to new location (from 13 > 24 treatment chairs) incl. appropriate workforce. • Improved medicines optimisation; clinical care & complication rate associated with toxicity of treatments	Q3/4
	• Develop a Clinical workforce plan for South West Wales Cancer Centre (SWWCC) - Reviewing Capacity/Demand; any opportunities for role remodelling.	• Risk to service delivery mitigated; Gap in establishment identified; Business case for increase to budgeted establishment submitted • Safe delivery of care via appropriate skill-mix with opportunities for cost-saving identified	Q4
	• Review and Improve current Acute Oncology Services (AOS) - deliver 7 day service running out of Morriston Hospital	• Decrease Length of stay for AOS patients by 15%; Increased reviews within 24hrs to 95% improving patient experience; Improved interface with primary care; CPD Education programme inc. 2 CPD Events & an e-learning module; Patient focussed, admission & re-admission avoidance model implemented.	Q3
Improve Care of patients through effective planning , earlier diagnosis & prehab	• Develop Regional Transformation Programme & Implementation plan for South West Wales Cancer Centre (SWWCC)	• Approved Strategically aligned regional vision for SWWCC direction; Transformational Programme of work with 'SMART' implementation plan; Visible Service spec to outline baseline delivery & Improve commissioning documentation; visible KPI's	Q3
	• Expansion of Rapid Diagnostics Centre (RDC)	• Charitable Funding approved and received from 'Moondance'; Capacity increase of RDC sessions by 50%; Health economics evaluation process implemented.	Q4
	• Improve the colorectal optimum pathway – PCCS Faecal Calprotectin testing.	• Decreased waits for USC colonoscopy referrals; Improved pt outcomes via early diagnosis	Q3
	• WHSSC Business Case for structure for Lymphoma service	• Appropriate level of funding received by SBUHB for services delivered	Q2
Plan, secure & deliver well-coordinated 24/7 palliative and EOLC in line with published standards	• Implement recommendations for Improving End of Life Care as outlined in HB quality goals & increase Ty Olwen capacity	• Compliance achieved with Improving EOLC standards & patient experience via increase in urgent referrals seen within 48 hrs to 80% ; SPC virtual ward model implemented. • Ty Olwen step up/down area achieved via recruitment of appropriately skilled workforce (10>14 beds overall capacity increase)	Q2
	• Improve choice for patient and care at end of life at front door and in Community	• Expansion of SCP Team at front door and in Virtual wards reducing inappropriate admissions by 300 p.a; Reduced hospital deaths >80 by 10%; Reduced length of hospital stay for patients releasing 2,500 bed days p.a.	

Responding to Covid-19

Cancer and Palliative Care Services – Drivers and Enablers

Workforce

Oncology Consultant- requirements:
Funded sessions = 207. Historic assessment identified 236 (gap 29sessions).
A capacity / demand review will be completed in Q2 to identify updated WTE required for funding & recruitment

Prostate Hypo fractionation RT :
- Consultant Oncologist - 0.8 WTE & Consultant Surgeon - 0.25WTE
- Radiotherapy- 1.0WTE (B6) & 1.0WTE (B8a)
- Medical Physics- 2wte
- Nursing/HCSW- THEATRE COSTS - 2 all day sessions TBC
- Admin support- 1.0WTE (B3) & 1.0WTE (B4)

SACT –TBC
RDC Moondance – TBC
SWWCC Workforce – TBC

AOS Model Expansion :
- Consultant Oncologist - 2.0 WTE
- Physicians Associate- 1.0WTE (B7)
- ANP/CNS 2.0WTE (B8a)
- CNS roles – 1.6WTE (B7)
- Admin support- 1.0WTE (B4)

SPC
- Consultant SPC – 2.5WTE
- Admin- 2wte band 4 and 1.5wte Band 3
- ANP/CNS 2.0WTE (B7)
- CNS roles – 9.8WTE (B7)
- RGN's - 4WTE (B6)
- HCSW's – 6.5WTE (B3)

Technology

SPC and EOLC Dashboard- Developments in signal to measure and monitor performance. IT and telephone communication infrastructure (CISCO phones; Laptops etc)

Single cancer pathway reporting using structured data/Dashboard development for SCP and tracking

Consultant Connect & WCCG - reducing demand on outpatients and supporting improved referral to treatment times.

Virtual consultations
Reducing the need for face to face appointments, supporting remote monitoring

WCP - Availability of All Wales diagnostic and clinical information, access to GP record, clinical noting supporting care across care settings

Finance

Further work is required to understand the revenue requirements of any changes to cancer services and options for funding. This work will be undertaken in Q1 and finalised in Q2 of 21-22.
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Capital

SACT -
Further work is required to understand any potential Capital requirements for investment in relation to delivery of this goal for cancer services.

This work will be undertaken in Q2 and finalised in Q3 of 21-22, once changes to the medical model release the Singleton ward allocated for a new CDU area.

Communication & Engagement

Actual communication and engagement stakeholder management with key external opinion leaders

Regional Programme Board to established with Hywel Dda UHB for oncology Services

SPC & EOLC –
Primary engagement activities around virtual ward model

RDC Moondance –
Active engagement and planning as part of scoping for implementation and funding approval.

Benchmarking via engagement with Velindre and North Wales Cancer Centres for CNS workforce

Quality & Safety

Context

Five quality and safety priorities have been identified through a workshop with representation from across the Health Board and professions. It is recognised that all the quality priorities affect every part of the clinical working and that actions and priorities throughout this plan, through scheduled and unscheduled care address other important quality themes such as: workforce, cancer, environment, violence and aggression. We recognise that we are an outlier nationally within a number of the priorities listed and Health Care Standards will continue to monitor our compliance across all the standards beyond these five.

Quality Priorities

SEPSIS

Sepsis is a major cause of mortality and morbidity in the NHS. Previous Sepsis Campaign (2017-18) improved Sepsis Awareness. Currently rolling out NEWS Cymru.

End of Life Care

Providing high quality care equally to all people regardless of prognosis is essential and there is a particular urgency to the delivery of this care when they are approaching the end of their life. The Health Board scores below average in all but 2 priorities (out of 7 priorities) of care from the National Audit of Care at the End of Life (NACEL) (2019/20).

Suicide Prevention

For a number of years the European Age-Standardised Rates (EASR) rates for suicide within NPT have been significantly higher than the Wales rates; with the main contributor being overall male suicides and suicides within the 10-24yrs age group (male and female).

Infection Prevention and Control

Health & Care Standard 2.4 *Infection Prevention and Control (IPC) and Decontamination* Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice. Part of Risk Register as currently under targeted intervention for rates of infection. Also increase risk to Patient Safety associated with healthcare acquired infections.

FALLS

Falls are a major cause of disability and nationally the leading cause of mortality, occurring across the Health Board, both within primary and secondary care settings. The Health Board has responsibility for ensuring the quality and safety of healthcare in relation to the prevention, assessment and management of injurious falls in line with Health and Care Standard 2.3: Falls Prevention.

Deliverables:

- Increase number of patients being recognised, assessed and treated for Sepsis.
- All patients to be recognised and receive EOLC wherever they are being cared for/treated within the HB.
- An overall reduction in the numbers of suicides across the HB. A service which takes suicide seriously and embeds the knowledge of recognising and managing suicide and self-harm across the HB.
- Reduction of Healthcare Acquired Infections across the HB. A reduction in antimicrobial and antibiotic medications in line with WG and the All Wales Medicines Strategy Group (AWMSG).
- Reduce injurious falls and mortality levels, associated with injurious falls, across the HB (including within Primary, Community and Secondary Care).

Quality & Safety

Quality & Safety – Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
SEPSIS Recognition and treatment of all patients with SEPSIS within the hospital setting	• Increase number of patients being properly recognised, assessed and treated for Sepsis - over the course of the year.	Improved recognition, assessment and treatment of patients with Sepsis, through: • Aim for 50% recognition, assessment and treatment of patients by • Aim for 75% recognition, assessment and treatment of patients by	Q2 Q3
	• Improve compliance with education of patient-facing MDT staff in the recognition of patients at risk of Sepsis and acute deterioration. • Develop a Health Board wide standardised teaching programme.	• MDT Teaching Programme developed and rolled out - >95% compliance of available staff by end Q4. • Improved compliance in completing all elements of sepsis 6 within the target time, one hour.	Q3
	• Ensure Sepsis compliance is captured across the HB to benchmark on a national basis	• Aim all patients (100% compliance) are reviewed against SEPSIS criteria.	Q4
	• Establish a dedicated SEPSIS TEAM. Identify sepsis champions for wards. Develop a Health Board wide standardised teaching programme	• Sepsis assessments are embedded across the HB and Sepsis Team established.	Q1 to Q4 Q4
END OF LIFE CARE (EOLC) Improve the recognition and compliance of EOLC against national care priorities.	• Review findings of National audits (NACEL) • Build in feedback mechanism from HB mortality Reviews	EOLC provided across the HB: • All patients to be recognised and receive EOLC throughout the HB (aim of 100% by Q4)	Q4
	• Ensure training in recognition and management of patients approaching EOLC from 1yr down.	• Review of mandatory and statutory training to ensure EOLC adequately provided • >95% staff compliance (of available staff)	Q2 Q4
	• Effective EOLC Board to evaluate progress and evidence / recommend changes in practice.	• Review Terms of Reference to match requirements and operationalise to ensure EOLC is being provided across the HB. • Internal Audit Review and Report to the Board	Q1 Q3
	• Develop the use of digital technology to map compliance and notification of patients who require or receiving EOLC	• SIGNAL adapted in all clinical areas	Q4

Quality & Safety

Quality & Safety – Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
SUICIDE PREVENTION Staff and Patients – early recognition of anxiety and depression leading to risk of suicide	• Education of all available staff across the HB in recognising and managing suicide and self-harm. • Continue to support and work with Swansea NPT Multi Agency Group and other stakeholders across the HB in relation to obtaining a baseline assessment of suicide cases and map against national trends. • Create and recruit Registered Professional post 1x8C to lead and develop/support the service. • OH and Wellbeing support for staff with anxiety/depression - to prevent escalation in risk of suicide. • Remove ligature risks across all HBs premises.	Reduction in numbers of suicides across the HB • Adopt Liverpool Model 0% Tolerance • 100% compliance M&S Training • Improved access to (OH) and well-being Referral to Treatment Option <7 working days. • Removal of all pull cords and blind leads	Q1 to Q4 Q3 Q3 Q1
INFECTION PREVENTION AND CONTROL (IPC) Reduction of HCAI's Inc. C.Difficile, Klebsiella and Staff Aureus	• Review and implement reduction targets for primary and secondary care in line with best performing organisations, requires benchmarking: primary care across Wales; secondary care across the UK. • Focussed work in Primary Care Clusters and community to achieve reduction in top 3 Tier 1 target infections to understand mechanism of transmission and ensure learning is undertaken and shared across the HB. • Undertake HB rollout of Medicine Management – Electronic Prescribing and Administration system. • Reduce antibiotic usage and improve quality of prescribing in terms of compliance to guidelines, review of antibiotics, documentation and timely transfer of IV to Oral prescribed medications. • Achieve compliance with staff training (MDT) - all available staff • Environment – ensure we achieve a fit for purpose environment that is cleaned and decontaminated to national standards.	Reductions in Healthcare Acquired Infections across the HB: • C Difficile - 15% Reduction • Klebsiella - 10% Reduction • Staff Aurous - 10% Reduction Reduce amount of antimicrobial and antibiotic prescribing: • Achieve 100% compliance (96% - Feb 2021) with secondary care antibiotic key prescribing indicators. • Reduce overall antibiotic usage and broad-spectrum antibiotics in line with WG and AWMSG Targets. Increase compliance with staff training: • Hand Hygiene – 100% (of available staff) (82.71% - Feb 2021) • Infection Prevention and Control – 100% (of available staff) (81.25% - Feb 2021) Ensure a clean and decontaminated environment is met by: • Compliance with scoring matrix >95% • Maintain accreditation of Decontamination Units across the HB	Q1 to Q4 Q2 to Q4 Q1 to Q4 Q1 Q2 Q2 Q1 to Q4

Quality & Safety

Quality & Safety – Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
FALLS PREVENTION –Reduce mortality and incidence of falls - NICE Quality Standards (Revised 2017)	• Establish baseline of quality improvements • HFIPSG benchmark	• 10% Annual reduction in injurious falls • Reduced mortality esp. Frail and older population	Q4 Q3
	• Establish HB Strategic Falls Group with oversight across entire HB, including Primary, Community and Secondary Care. • Widen scope of current review to include community, WAST and secondary care.	• HB Strategic Falls Group established to review injurious falls across the HB (primary, community and secondary care) including within high risk/frail patient groups. • Bed days saving estimate.	Q1 to Q2
Improving Outcomes and Clinical Standards - Fractured Neck of Femur (#NOF)	• Use national KPIs to target areas for improvement; achieve standard of care in all domains • Utilise GIRFT review to refine service model for elective and non-elective streams •	• Bring all KPIs within recommended parameters. • Reduce time to theatre and time to ward from admission. • Mortality for #NOF to remain within 1 standard deviation of mean. • Reduced length of stay.	Q1 to 4
Maintain standards within Transcatheter Aortic Valve Implantation (TAVI) service –	• Embed and ensure sustainability of improvements made to service	• All metrics in the TAVI Quality dashboard meet or exceed the standard required on a sustainable basis.	Q1 to Q4
Reduce Medication Errors	• Reduction in medication errors by implementation of electronic prescribing	• Reduce harm and waste form medication errors. • Improve compliance with antibiotic prescribing and governance.	Q1 to Q4
NICE – compliant care	• Implement system of self-evaluation against NICE TAs and CGs	• Ensure compliance with NICE TAs and CGs. Reduce procedural errors and prevent harm.	Q1 to Q4
Local Safety Standards for Invasive Procedures (LocSSIPs)	• Implement process for standardisation of LocSSIPs across whole Health Board for all procedures	• Reduce procedural errors and prevent harm.	Q1 to Q4

Quality & Safety

Quality & Safety – Drivers & Enablers

Workforce

SEPSIS
1 wte 8A Acute Deterioration Lead HB Wide. Consultant Lead. Sepsis Team HB.

END OF LIFE CARE (EOLC)
ELOC Clinical Advisor post – being funded through One Wales money. Expand Education Team – Band 7 Registered Nurse

SUICIDE PREVENTION
Registered Professional Post x 1 wte Band 8A to lead, develop and support the programme/model, including reducing the use of inpatient beds within MH services

INFECTION PREVENTION & CONTROL
2 x GP Sessions - MDT approach to plan and implement antimicrobial programme in Primary Care. Enhance decontamination workforce.

FALLS PREVENTION
Specialist Falls Practitioner 8A to lead and develop/support the model of falls prevention/ reduction across Health Board, incl: Primary Care/Community.

Technology

Await Once for Wales Datix change in April

Link to National Confidential Inquiry into Suicide and safety in Mental Health (NCISH)

Move to electronic traceability systems is required in some parts of the HB

HEPMA - Go live of e-prescribing across Singleton, improving patient safety, reducing medication and administration errors. Proposed go live at Morriston.

Alert capability within Signal to highlight EOL and SEPSIS reporting

Create platform for educational materials

Electronic package for timely recognition and response to acutely deteriorating patient
Educational resources
Development of e-learning package

Finance

Total for these activities in 21-22 is some £0.3m (FYE (£0.5m). This is subject to the development of various business cases to support the investments.

Capital

Some minor capital expenditure required for these schemes – estimated £50k.

Communication & Engagement

Links with 3rd sector/ local authority for joint ownership.

Good use of COMMS to publicise to staff and general public.

Virtual materials highlighting good practice Inc. digital patient stories.

Medical illustration for posters and general information COOMS to publicise training events

Digital patient stories

Quality & Safety

Health & Safety – Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
HEALTH & SAFETY COMPLIANCE Improve and maintain compliance of health & safety against health & safety legislation and Health and Care Standard 2.1 Managing Risk and Promoting Health & Safety.	• Review NWSSP audits and Health and Safety Executive improvement notices (Musculoskeletal – Violence & Aggression – Incident investigation) to develop and enhance sustainable health & safety resources and management systems.	• Reviewed all audits and notices received by the HB over the last five years and action plans reviewed to assist in developing a sustainable health & safety programme to achieve and maintain compliance.– Appropriate resources in place to fulfil health & safety management	Q1 - Q4
	• Review health & safety training requirements for directors and managers and develop and/or source appropriate training. • Develop health and safety handbook.	• Source directing safely & managing safely or equivalent courses and roll out to all directors and deputy director levels. Develop health & safety for mangers handbook	Q1 - Q4
	• Improve on health & safety compliance within service delivery groups. • Develop the use of digital technology for health & safety audits against IS045001 (Occupational health and safety management system).	• Have integrated health & safety support to improve compliance within the service groups Electronic health and safety audit tool in line with ISO45001 to improve health & safety management locally and corporately.	Q3 Q2
FIRE SAFETY COMPLIANCE Improve and maintain fire safety compliance.	• Improve compliance with fire risk assessments (FRA) throughout the Health Board.	Improved fire risk assessment compliance: • Aim to reduce overdue FRA to 30% • Aim to have no overdue FRA	Q1 Q2
	• Improve compliance with education and training of staff in all settings with a standardised teaching programme. • Increase the number of fire wardens throughout the Health Board.	• Teaching Programme developed and rolled out - >90% compliance of available staff Increased number of fire wardens in all service group areas and trained Appropriate resources in place to deliver fire safety management	Q1 - Q4
MANUAL HANDLING Improve manual handling compliance and the all Wales NHS MH passport scheme, through competency assessment model	• Improve compliance with manual handling education and training through competency based model (MH coaches) • Provide support and undertake site/department audits and reviews. • Review education and training requirements in line with competency based system for over 12,000 staff	• All manual handling coaches to have been identified for new and refresher training to achieve and maintain competency Have an audit/review programme developed and in place Reviewed education pathways and identified requirements per service group Appropriate resources in place to delver manual handling programmes	Q1 - Q4

Quality & Safety

Health & Safety– Drivers & Enablers

Workforce

HEALTH & SAFETY
2 wte Band 6 health & safety coordinators to support and implement health and safety management system and provide education and training.

FIRE SAFETY
1 wte 8A Fire Safety Manager (technical expert) Provide technical expertise and support competencies of FSA's
3 Fire Safety Officers to undertake fires risk assessments, provide support to service groups and provide education and training.

MANUAL HANDLING
3 wte manual handling advisors/trainers to provide essential support, education and training to maintain competencies of staff.

VIAOLENCE & AGGRESSION (V&A)/CASE MANAGEMENT (CM)
1 wte V&A coordinator/trainer to support and train in violence & aggression and ensure competencies are maintained

Technology

Await Once for Wales Datix change in April

Create a health and safety intranet page to provide access to all key health & safety information – policies/procedure and risk assessments.

Move to electronic auditing tools for health & safety; fire; manual handling to minimise use of paper in the HB.

Develop training materials/videos and general guidance materials.

Create platform for educational materials

Finance

'Further work is required to understand the revenue requirements of the proposed improvements to our Health & Safety arrangements. Development of business cases to support this proposed investment will be undertaken in Q1 and Q2 of 21-22'

Capital

No capital required to resource health & safety

Communication & Engagement

Good use of COMMS to publicise to staff

Virtual materials highlighting good practice.

Medical illustration for posters and general information for the various topical areas

3rd parties – enforcing authorities to highlight positive developments

Continually Improving Staff Experience

Context

During the pandemic workforce has been the biggest challenge both in terms of Health and Well Being and now resilience . To support the workforce and the HB's ambitions we will develop a People Plan including Health and Well Being ,Improving Staff Experience, Recruitment Availability, Retention and Widening Access, supporting 7 day services and Improving Workforce Efficiencies. Our key priority however is to support and look after our amazing staff who have worked tirelessly through these unprecedented times.

Workforce Priorities

- Health & Wellbeing
- Workforce Efficiencies
- Staff Experience
- Recruitment & Retention
- Supporting the Annual Plan

Planning Assumptions

- In Q1, maintaining nurse staffing levels for C-19 pressures (surge and super surge) will continue to be significantly challenging. Clinical environments will remain repurposed and staff redeployed.
- Nurse staffing levels will be varied, using professional judgement in line with the national guidance and section 25B taking all reasonable steps to maintain the nurse staffing level. Following risk assessment, reasonable steps might include backfilling RGN with HCSW, recruitment, deployment of staff etc.
- The HB is planning its vaccination programme based on WG expectations. This will mean that all priority groups within our workforce should be vaccinated early in Q 1. The second dose however will not be delivered until the end of Q1.
- It is anticipated that 20% of the workforce will be absent from Q1, with Q2 at 15%, particularly in light of the new variant and Q3 and 4 will return to 20%. This level of absence recognises that the workforce will be fatigued and recovery will take most of the year to achieve. These figures are a combined assumption of Covid absence, normal sickness, Covid related absence (shielding), annual leave and vacancies.
- Revised recruitment approval mechanisms will be introduced with only vacancies up to the funded establishment will only be approved. Only new roles approved as part of the annual plan will be funded.

Workforce Opportunities & Challenges

- Our workforce has shown great resilient and commitment and has demonstrated its flexibility and ability to deliver throughout the C-19 pandemic. C-19 will continue to be the key challenge and focus for our workforce during at least Q1 & Q2.
- We need to acknowledge the fatigue that this commitment to managing C-19 has had across the workforce, including increased sickness absence and uncertainty around workforce availability.
- Health & Wellbeing to support our workforce is more essential now than ever and must be delivered through cost effective and accessible plans.
- Our People Plan will ensure we have the right workforce, with the right skills at the right time to support the HB to delivery its improvement plans. This must ensure we recruit, retain and develop our workforce.
- To deliver the range and ambition of our clinical plans we need to ensure our workforce is as efficient as possible. This means having processes in place to improve areas such as rostering and reducing bank & agency usage
- We need to acknowledge that in recovering from C-19, that the backlog of work will be demanding and we must ensure we engage, communicate and manage our workforce transparently through collaboration for the improvement in patient care/services.

Continually Improving Staff Experience

Workforce– Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Health & Wellbeing. Support staff to be resilient, well and in work post Covid, by ensuring there are a range of responsive and targeted interventions which aid restoration and recovery	• Develop Post-C-19 Staff Health & Wellbeing Strategy (£150k)	• Range of evidence-based clinical and organisational interventions in place to meet staff needs. • Reduced staff sickness related to mental health. Increased resilience of staff • Reduced presenteeism	Q1
	• Roll out TRiM to priority areas, including critical care, theatres & Emergency Department. . (£30k)	• Increased ability for Line Manager's to have a 'psychologically informed' conversations with staff and identify and support with initial signs of trauma. • Line managers able to signpost staff for additional support if required. • Reduced presenteeism and staff absence related to mental health.	Q1-4
	• Establish Occupational Health staff support for Post Covid Syndrome – Long Covid Pathway (£40k)	• Early intervention for self-management, supporting earlier return to work and reduced sickness absence	Q1-3
	• Rapid access service for staff with C-19 related health impacts, including mental health, trauma & bereavement No additional cost.	• Early intervention to support staff health and reduce sickness absence related to stress and mental health	Q1-2

Continually Improving Staff Experience

Workforce– Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
	• Review of bank/Agency booking process & introduce revised management controls to standardise bank/Agency usage No additional cost.	• To achieve a 25% reduction of Bank and Agency usage from the 2020/21 levels.	Q1
	• Establish KPIs for roster management that are standard across the HB. No additional cost	• Reductions in Bank/Agency (medical and nonmedical) spend.	Q1-Q2
Workforce Efficiencies Supporting service leaders and clinicians to achieve workforce efficiencies through the introduction and improvement of workforce information & data.	• Procure and implement the final part of the Allocate optimising package for the medical workforce ,develop an interim project plan to implement the system. To include the recovery plans for Locum on Duty and E job planning to embed all three systems in an integrated way by specialty –The development of a comprehensive information tool to set out consultant and SAS activity to support demand and capacity planning (£60k initial investment and then self-funding)	• Medical workforce will be rostered with clarity around the work being delivered. Please not this is a two year project	Q4
	• Transfer of ESR responsibility from Finance to Workforce. Produce a service improvement plan for ESR based on the full implementation of ESR, Employee Self Service (ESS) Supervisor Self Service (SSS) Manager Self Service (MSS). Focused on ESR National Assessment Criteria. No additional cost	• Improved data quality improves evidence/data driven decision making supporting service planning. • ESS/SSS/MSS functionality rolled out in full.	Q4

Continually Improving Staff Experience

Workforce– Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
	• Support service leaders to identify and develop local staff action plans to improve staff experience and view of the UHB No additional cost.	• Increase in positive engagement index / questions in future national surveys. Improvement in Patient Feedback through Friends and Family Survey, Swansea Bay seen as Employer of Choice.	Q1-2
	• Develop a cohort of practitioners to drive forward the cultural change required for JUST Culture. No additional cost.	• Staff feel recognised and valued for the work they do – increased engagement scores, lower staff sickness, lower staff turnover.	Q1-4
Staff Experience Improved staff experience, where more staff rate us as excellent by March 2022	• Continue to drive forward the #LivingOurValues campaign and staff recognition programme No additional cost.	• Increase in positive engagement index / questions in future national surveys. Improvement in Patient Feedback through Friends and Family Survey, Swansea Bay seen as Employer of Choice.	Q1-4
	• Updated leadership and management programmes which take into consideration the effects of Covid on the workforce.. No additional cost.	• Staff feel recognised and valued for the work they do – increased engagement scores, lower staff sickness, lower staff turnover.	Q3-Q4
	• Identification & training of “Resolution Champions” Roll out ACAS behaviours training, Awareness raising and training on the new policy, train internal mediators No additional cost.	• Reduction in formal Grievance procedures, increased Engagement, Staff report feeling the organisation tackles inappropriate behaviour.	Q1-Q3
	• Every member of staff that leaves the HB to receive an exit interview. Scope if this requires any investment No additional cost.	• Consistent data collection with better understanding of why staff leave the HB. Basis for further action.	Q2-Q4

Continually Improving Staff Experience

Workforce– Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Recruitment & Retention Recruitment & Retention Strategy in place supporting widening access and enabling a sustainable workforce to be developed.	• Through our Career Development Team, we will work with our local communities, schools, colleges and universities to further develop career pathways, with a particular focus on widening access to reflect the communities we serve No additional cost.	• Enhanced ability to attract and retain the best people by a review of our recruitment processes and materials and career offer. • Delivery of inclusive Services. • Engaged community as Swansea Bay becomes a community Anchor Organisation to ensure as a foundational employer we support our HB population access jobs and careers within the organisation	Q1-4
	• Develop an organisation-wide approach to developing talent within Swansea Bay UHB No additional cost.	• The talent management framework will link to and support other key development activities, critically, employee development pathways, leadership development and recruitment and retention procedures.	Q1-3
	• Extend the opportunities for apprenticeship in both clinical & non-clinical functions. No additional cost.	• Development of a broad range of apprenticeship programmes for both clinical and non-clinical roles, focussing on skill shortage roles and the development of roles that traditionally have not been filled from our local communities.	Q1-4
	• Develop a recruitment strategy in conjunction with professional heads to support the development of a sustainable workforce. No additional cost.	• Ability to support a range of initiatives to ensure better fill rates, fewer vacancies, lower bank and agency costs and better career opportunities, • Reduction of staff turnover in clinical and other business critical roles, through improved workforce information/data and innovative retention packages.	Q1-2
	• Implement the agreed recruitment strategy through various interventions. Refer to People plan for details. No additional cost.	• Ability to support a range of initiatives to ensure better fill rates, fewer vacancies, lower bank and agency costs and better career opportunities, whilst ensuring we meet our commitments to safe care and meet our legal responsibilities including the Nursing Staff Levels (Wales)Act 2016.	Q1-4
	• Develop and implement a retention strategy with professional heads of service to address retention issues No additional cost.	• Reduction of staff turnover in clinical and other business critical roles by the development of better retention packages, relating to professional and career development	Q1-4

Continually Improving Staff Experience

Workforce– Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Supporting the Annual Plan (Workforce) Support the delivery of the required workforce redesign associated with the agreed outcomes in the Annual Plan i.e. Improvement in our Unscheduled Care System, Improving the Backlog Position and Implementation of Year 1 Clinical Service Plan	• Facilitate the development of workforce plans for all staff groups to outline the required workforce design based on demand capacity modelling. Support the redesign of nurse rosters and team job plans to feed into Recruitment Strategy. No additional cost.	• Implementation of new service delivery over an incremental period of 18 months to 2 years i.e. - 7-day working for relevant services - Acute Medical model at Morriston - Centralisation of elective services on the Singleton site. - Therapy led models of care	Q1-2
	• Support the Engagement Plan at Health Board wide and local Service level via a variety of forums, HPF, LPF, Drop-in sessions, newsletters delivered by Service Leads. No additional cost.	• An efficient and flexible workforce to meet the demands of the service.	Q1-4
	• Develop the Consultation Plan and support roll out in line with All Wales OCP. Support the implementation and embedding of change with required OD support. No additional cost.	• An engaged and committed workforce	Q1-2

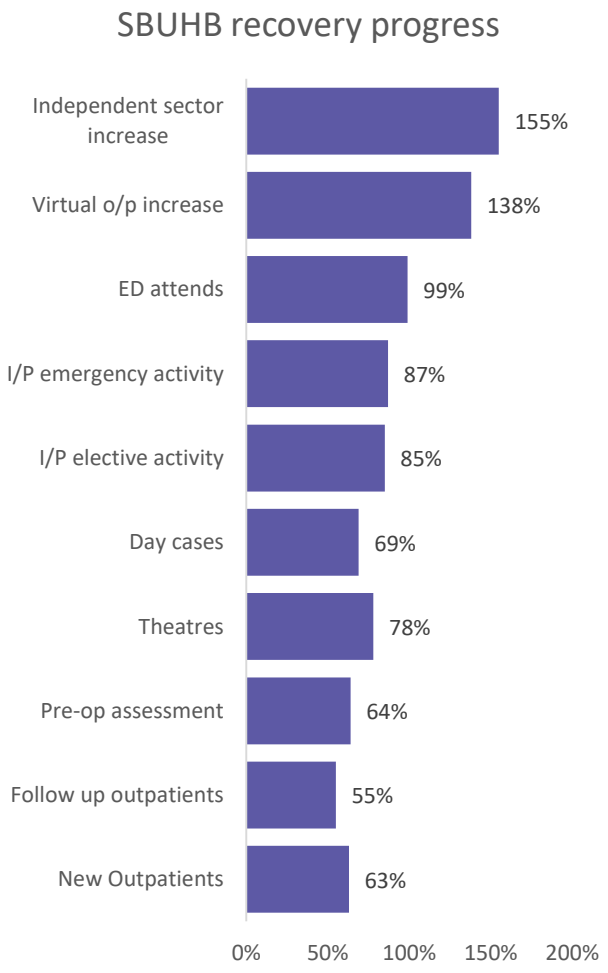
Recovery

Context and Future Plans

Key to the Health Board's recovery plans is the principle that we will not recover to where we were but rather to an improved position. Recovery will be an opportunity to embrace the positive opportunities that the COVID Pandemic has brought and address the challenges in innovative, dynamic and focussed ways.

Reset and recovery: Summary of progress:

- Coordinated recovery programme well under way via gold command structure
- Inpatient activity levels impacted by closed beds for IPC, ongoing and outbreaks at Morriston, D/C activity is limited by clinical prioritisation
- Five fallow theatres due to scrub staff availability and IPC), with plans to relocate Morriston surgery to Singleton (90 lists per week)
- Clinical prioritisation – 1,100 pts on the P2 backlog, but increasing P3 activity as capacity comes on stream and £8m additional capacity commissioned from the IS this year for P3/4 work (3,862 pts)
- Revised patient pathways for a 'Covid light' scenario, re-allocating beds, outpatient space and other patient flows in line with site designation (Morriston red, Singleton amber, NPTH green)
- Outpatients redesign to maximise virtual appointments, advice and guidance, PIFU and SOS outcomes, and transfer F2F work off the Morriston site
- The urgent priority in diagnostics is to increase inpatient diagnostic capacity at Morriston to support flow, cancer diagnostics across the board, and to implement straight to test and Rapid Diagnostic Centre capacity to support primary care
- Cancer backlog reduction is a priority and dependent on outpatient and theatre capacity constraints, tackled via in/outsourcing in the short term, but needing medium term investment in diagnostic and theatre capacity



Recovery Objectives:

- Align our response - capacity, workforce, patient access
- Apply a systematic approach to stepping up elective activity (includes inpatients, day-cases and outpatients plus dependencies - theatres, CC and diagnostics)
- Ensure we have robust and consistent clinical prioritisation
- Coordinate a system of clinical validation
- Address any recovery/respite needs of staff
- Anticipate and apply any COVID related or other IPC guidance that may emerge to keep patients and staff safe
- Establish a credible longer term activity position
- Embed learning from Covid response and opportunities to improve services
- Provide definitive and clear information for public consumption on service recovery

Recovery Principles

- Develop sustainable human and physical capacity
- Plans in theatre and imaging on managed services
- Increase 6/7 day working on sustainable recruitment
- Drive future vision for hospital sites e.g. reduce elective surgery and OPD Morriston
- Improve cancer performance through increased diagnostics and ring fenced elective beds at Singleton to achieve over 75% on SCP
- Primary care development to reduce demand
- Sustainable delivery

Recovery

Context and Future Plans

Detailed demand and capacity work has been undertaken to assess the scale of opportunities the Health Board has to manage demand and increase capacity to improve access to services for patients following the significant disruption in 2020/21. The Health Board has received £16.2m from the initial £100m first tranche of recovery funding for Wales. This has ensured support for actions commenced in Quarter 3 and 4 in 2020/21 and also supports the delivery of additional activity through outsourcing and internal outpatient waiting list initiatives.

The Health Board has identified a range of other service recovery models, supporting planned care, diagnostics, mental health and urgent & emergency care:

Sustainability and Recovery Plan
Alongside a ensuring the execution and delivery of this annual plan for 2021/22 we will also work on developing a sustainability and recovery plan for the organisation that will form the basis of our IMTP for 2022/23.

Scope and Purpose agreed by Board:

- Sets out what service and financial excellence looks like for Swansea Bay,
- Describes the broader context of the Health Board system and set sout the route map to secure sustainability
- Confirms the top opportunity areas, what can be delivered through technical efficiency and allocative efficiency and set out how we deliver better outcomes for lower cost.

Schemes
Additional Theatre Capacity – 8 additional modular theatres at Neath Port Talbot and Singleton Hospitals to address Orthopaedic and a range of other elective waiting lists
Diagnostics – range of schemes including Pathology, Cardiac CT/MRI, Cardiac Physiology, Neurophysiology, Endoscopy
Radiology – Phase 1 -extending current MRI and CT imaging to 6 day working and Phase 2 – additional MRI and CT Capacity at Singleton Hospital, and in the community for GP access
Internal and external capacity - range of schemes not agreed in first funding tranche (regional cataracts, cancer, inpatient/day case/outpatient capacity, outsourcing) glaucoma, paediatric orthopaedics, prehabiliitation
Mental Health – range of schemes including Older Peoples Mental Health, Tonna Hospital, Psychological therapies, Prison in reach, Mental Health Practitioners for GP Clusters, medicines Management, early intervention, dual diagnosis
CAMHS – Increased CAMHS capacity for crisis
Specialised services – range of schemes including, plastics, cleft, thoracic, bariatric, cardiac
Urgent and Emergency Care - Schemes to support greater out of hospital care capacity, enabling improved use of secondary care beds and facilities

Recovery – Improving the Backlog Position

Planned Care

Pre C-19, the SBUHB CSP 2019-24 and Regional CSP (agreed August 2019 with Hywel Dda UHB) set out planned care priorities for improvements in quality, efficiency, pathways and ways of working alongside capital developments in diagnostic and surgical services for inclusion in a CSP Strategic Portfolio Business Case for submission to Welsh Government. During C-19 delivery of some CSP priorities was accelerated in particular the digitally enabled shift to a virtual outpatient model. However C-19 has and continues to present significant challenges in waiting times for diagnostics, outpatients and surgical procedures. Whilst testing with the clinical community suggests the strategic direction of the CSP remains extant during 2021-22 we will significantly strengthening approaches to managing delivery, demand and capacity, prudence and independent sector capacity

Current Waiting Times

The deterioration in the waiting times position from February 2020 to the April 21 shows:

- 81,302 patients currently on the waiting list
- 22,752 patients waiting over 26 weeks for a new outpatient appointment
- 16,938 patients waiting over 36 weeks for a new outpatient appointment
- 33,395 patients waiting over 36 weeks at all stages
- 26,179 patients waiting over 52 weeks at all stages
- 4,804 patients waiting for a diagnostic procedure over 8 weeks
- 201 patients waiting for a therapies intervention over 14 weeks

Managing Delivery:

Oversight : Planned Care Programme Board supported by Clinical Redesign Groups

Demand and Capacity Modelling : supported by recently commissioned SignalsfromNoise (SfN) capability will:

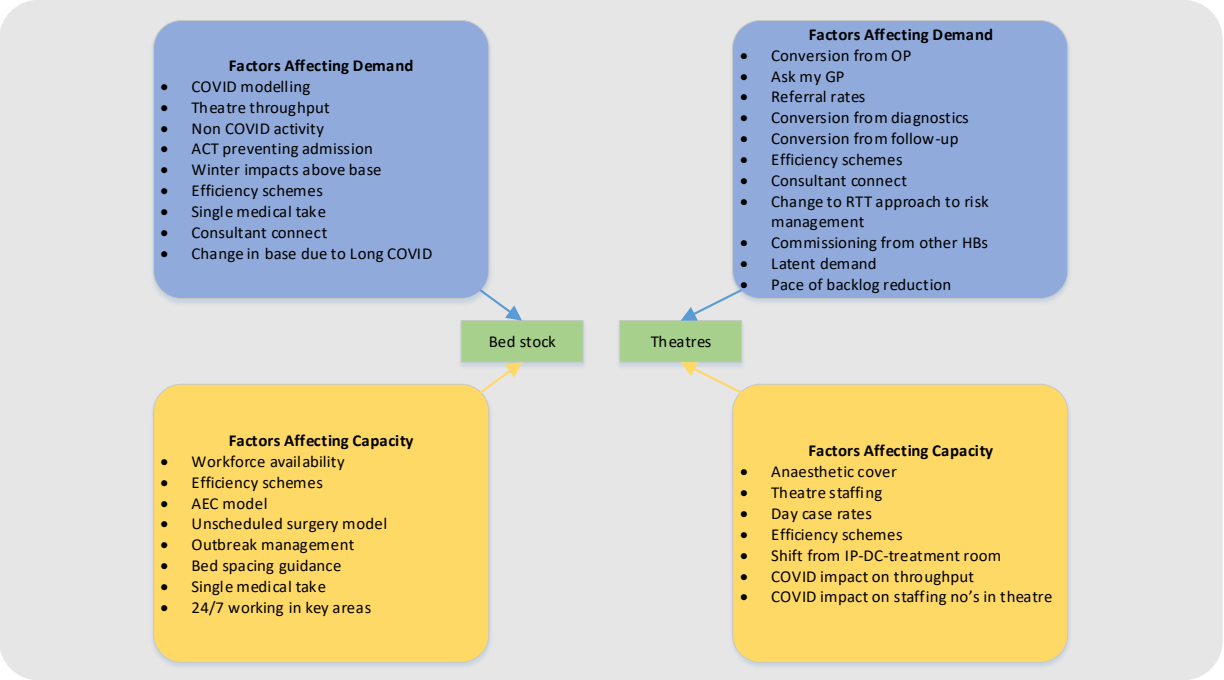
- Develop a robust demand and capacity model built from consultant job plans to deliver the annual plan priorities for 2022/23 and onwards
- Examine factors that influence bed stock and theatre capacity to model a revised bed plan and theatre allocation per site.

Digital Solutions: embedding approaches rolled out during C-19, expanding these into new areas, extending digital approaches on offer

Regional Solutions: priorities agreed with Hywel Dda UHB for eye care, dermatology, endoscopy and pathology

Demand and capacity plans for 2020/21 have been developed based on five key assumptions

- Implementation of advice guidance and triage at the out patient stage
- Validation at all stages of the pathway with engagement of primary care
- Impact of productivity improvements at all stages and primary care delivery
- Expansion of current capacity to pre Covid levels
- Insourcing and outsourcing capacity to be utilised where appropriate



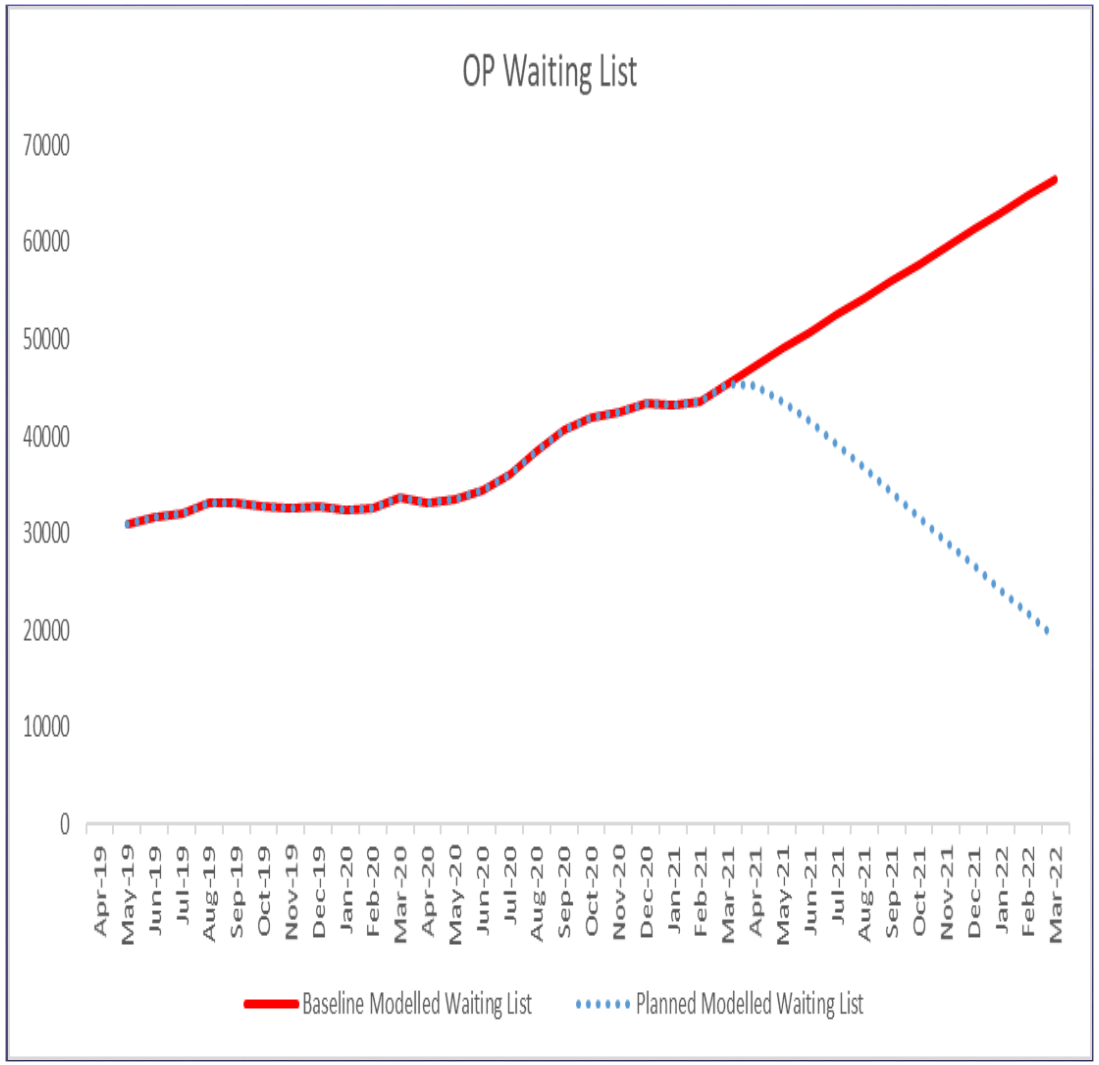
Recovery – Improving the Backlog Position

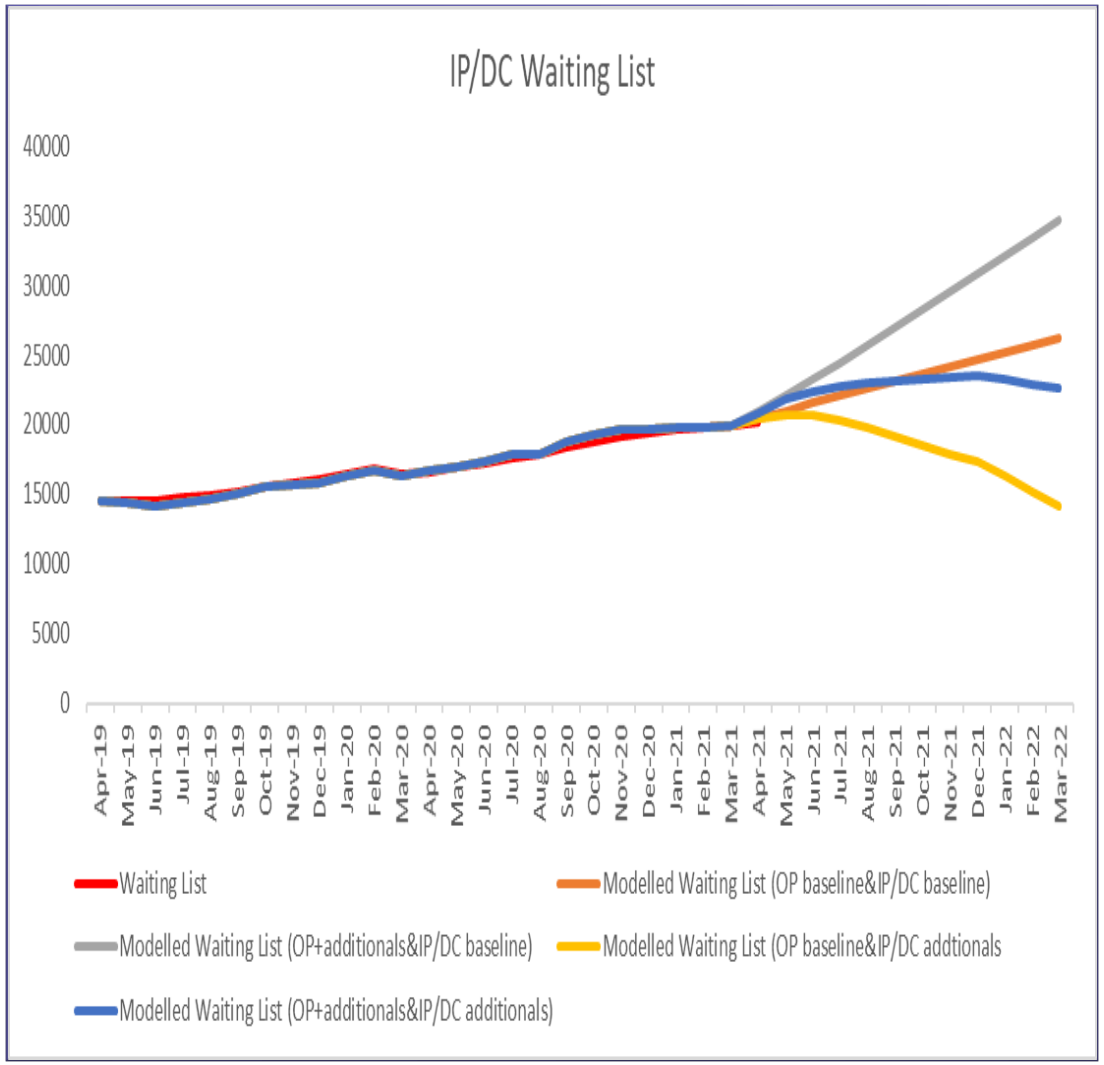
Planned Care - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
System wide pathways implemented for heart failure; respiratory; diabetes	• Development of three care pathways, in heart failure, diabetes and respiratory to reduce demands on secondary care – Value based Healthcare	• Reduce NOP GP referrals by at least 20%	Q1-Q2
Advice and Guidance to reduce referral demand and face to face attendances where appropriate	• Implement a structured advice, guidance and triage service offered in the top 10 high demand specialties, offering a consistent service for 4 hours daily Monday – Friday • Roll-out Consultant Connect to operate in the top 10 specialties (June 2021) and in all other specialties by September 2021 to supplement e-advice (WCCG) • Review Follow Ups in the top 10 high waiting specialties between primary and secondary care and develop a plan with greater appropriate primary care follow up	• Reduce NOP GP referrals by at least 20% • Reduce NOP waiting list to less than 25,000 <36wks by March 22 • Reduce F/U waiting over 100% and total number of F/U by 55% (March 2019) baseline by March 22.	Q1-Q2 Q4
Focus on improving position on elective orthopaedics through bridging solutions and transfer of service to NPT	• Increase the use of the current theatres to six day working • Transfer Orthopaedic capacity to Bridgend to increase theatre capacity 1x theatre • Introduce consultant anaesthetist role, 5 days p/wk, to support the transfer of ASA 3 Cases • Capital development of 2 additional theatres at NPTH agreed with Welsh Government. • Review and plan to increase centralisation of elective services at Singleton hospital and to increase use of the current surplus beds and theatre capacity to transfer certain surgical elective capacity from Morriston Hospital	• Eradication of >2 year waits in T&O (March 2022) • Reduce >1 year waits in T&O from 5,969 (at end of March 21) by 50% at end of March 22	Q2 Q4
Focus on increasing the centralisation of elective services at Singleton Hospital	• Review and plan will be completed in April 2021 to increase use of the current surge beds and theatre capacity for April 2021 to transfer a range of surgical elective capacity from Morriston Hospital.	• Secure operating capacity for surgical specialties and create bed capacity at Morriston	Q1
Maximising use of Independent Sector	• Commission additional private sector capacity in a range of surgical specialties but in particular ophthalmology and orthopaedics to reduce current waiting list	• Contribute to maintaining waiting IP/DC to under 24,000	Q1-Q4
Maximising access to diagnostics services	• Implement the radiology recovery plan including a blended approach of sustainable solutions (workforce to enable extended day working and 7 day working) and non recurrent solutions (mobile, WLI), private sector) and working with the national programme. • Implement the endoscopy recovery plan including the increase of efficiency of service, numbers of sessions activity and non recurrent solutions (in sourcing, WLI) and working with national NEP. • Improve access to cardiac investigations in line with recovery plan • Improve access neuro and respiratory physiology investigations • Undertake a review of diagnostic access to primary care practitioners and develop a plan with Primary Care Clusters to enable better prevention and early intervention with urgent conditions created	• Reduce >8wk waits by March 2022	Q3

Recovery – Improving the Backlog Position

Planned Care – Draft Demand and Capacity Modelling





Recovery – Improving the Backlog Position

Planned Care – Drivers and Enablers

Workforce

- 7 day working and extended working days
- Staff training to support alternative models of care e.g. advice, guidance and triage services
- Review of Job Plans and A4C contractual arrangements
- Development of new roles e.g. surgical scrub technician for cataract surgery

Technology

- Advice and Guidance (Consultant Connect & WCCG), reducing demand on outpatients.
- Virtual consultations - Reducing the need for face to face appointments,
- TOMs - Redevelopment of the digital theatres system
- WCP - Availability of All Wales diagnostic and clinical information
- Swansea Bay Patient Portal - Empowering patients to self manage , supporting revised care pathways, reduction in FUNB lists
- PROM's platform (to be added) – To capture Patient Reported Outcome Measures
- SIGNAL – see quality and safety enablers
- Hospital E-Prescribing and Medicines Administration (HEPMA) – see unscheduled care enablers
- ''Paper light' Outpatient Departments - Enabling clinical decision making without paper case notes
- Eye Care - eReferrals and EPR for Ophthalmology

Finance

Investment required:

- Workforce recruitment
- Additional sessional working
- Independent sector contractual arrangements

Capital

Capital required for NPTH Orthopaedic & Spinal Elective Care Centre

Capital investment required for the development of a regional centre for undertaking cataract surgery within current estate

Communication & Engagement

Requirement to undertake engagement and consultation with staff on 7 day working and relocation of surgical services

Development of plans to reduce new outpatients referrals and outpatients follow with Primary Care Cluster and LMC

Delivering Our Clinical Services Plan

Prevention and Reducing Health Inequalities

Towards a Systematic Approach to Population Health in SBUHB: The Health Board will build on existing policy approaches as a platform for delivering more effective action aimed at preventing ill-health and supporting good health and well-being. This requires consistent and concerted action across a range of endeavours. This will be informed by good local intelligence and supported by an appropriate culture and behaviours that value well-being and prioritise its creation and maintenance. We will establish a cross-cutting forum within the Health Board where health and well-being are regularly discussed. Similarly, we will develop and strengthen the machinery that supports delivery of well-being approaches, both organisationally and through partnerships.

Until recently life expectancy has been increasing for all groups in society. But the gains in life expectancy have not been distributed equally across all of our communities. Importantly, these additional years have not been matched by a similar increase in healthy life expectancy. The outcome of this is that people are living longer in poor health. Those in deprived areas spend proportionally longer of their shorter lives in poor health. Put another way, the system is failing to close the gaps in society and failing to deliver better health to those who might benefit the most. There are a number of key considerations we will be undertaking during 20201/22 and in the development of our three-five year plan. These include:

Improved use of data and intelligence:

- Incorporating routine Health Equity Assessment into our healthcare service management approaches and consider how to reduce inequalities associated with socio-economic disadvantage when making strategic decisions
- Further understanding of the health status of our population: refreshing joint assessments of wellbeing across the Region and incorporating health status reporting into this to create an agreed picture of our Region's health and wellbeing.
- Improving our understanding of the distribution of the drivers of poor health and well-being: what, where and how bad are the causes of the causes of poor health, so that we can address them.
- Overtime, increasingly shifting resources in line with the above

Co-production

- Engage with local populations to develop place-based asset driven approaches: to begin the design and creation of local communities that support healthy living - this will involve the development of individualised cluster approaches.

Cultural reorientation

- Further embedding the Five Ways of Working into health board planning and delivery;
- Establish a cross-cutting 'Population Health Group' within SBUHB
- Working with Local Authorities and other Strategic Stakeholders – using existing vehicles with a well-being focus, (for example PSBs) but also looking at setting up additional approaches and re-orienting all cross-cutting groups to engage with wellbeing issues

Prioritising delivery of evidence-based action plans, at scale

- Delivering behavioural approaches aimed at modifiable risk factors: smoking, healthy weight, physical activity, alcohol consumption

Delivering Our Clinical Services Plan

Prevention and Reducing Health Inequalities

GOALS	METHOD	OUTCOME
Denormalise Tobacco Use on All SBUHB Sites	• Enforce Smokefree Regulations on SBUHB sites • Implement Ottawa approach to smoking cessation for all in-patients • Offer Stop-Smoking advice and support to all staff who smoke • Target smoking reductions included in all 8 Cluster IMTPs	• Zero Tobacco use on SBUHB sites • Declining smoking rates for those who've received in-patient care • Decline in smoking rates in staff
Reduce Smoking prevalence in our communities	• Develop and Implement a Multi-Agency Tobacco Control Programme across the Region delivered via Tobacco Control Board • Focus attention on high prevalence areas and vulnerable groups	• Smoking is denormalised • Smoking prevalence reduces • Quit attempts increase
Increase Participation in Physical Activity	• Work with partners to develop and implement a regional strategy to increase levels of physical activity, including the promotion of active travel	• Increased physical activity levels in our communities • Increased journeys undertaken using walking and cycling • Reductions in days lost to employment due to MSK issues
Increased numbers of people in our communities who are a healthy weight	• Develop a regional infrastructure to support improved nutrition • Increase understanding and skills in relation to shopping and cooking of health food • Increase access to affordable health foods • Reduce access to energy dense foods of poor nutritional value • Improve our detection, recording and management of overweight and obesity: regularise the measurement of weight or waist circumference at clinical encounters	• Halt in rise of obesity rates in first instance • Reduction of variance in obesity rates between highest and lowest deprivation deciles
Substance Misuse	• Work with partners to deliver a public health approach to substance misuse • Increase understanding of role of alcohol in producing poor health and adverse social outcomes in our communities and to reduce availability and affordability of alcohol in our communities • Provide brief interventions and follow-up to those presentations at ED which are alcohol related	• Substance misuse is seen as a Public Health issue • Use of illicit drugs decreases across the Region • Alcohol consumption decreases across the Region • Alcohol related harms decrease across the Region
Provide improved protection against childhood infections	• Report on and actively follow-up gaps in immunisation coverage at cluster and practice level • Advocate for timely vaccination as part of every clinical encounter by healthcare staff from pregnancy through childhood • Address vaccine hesitancy and non-attendance and improve vaccine accessibility	• Higher levels of protection in our children through reductions in variation in coverage and timeliness of childhood vaccinations as measured by cluster and practice and also by deprivation decile
Improve the early detection of cancer and other conditions amenable to early intervention	• Report and actively follow-up screening programme coverage at practice level • Build on insight work to understand barriers to participation in screening programmes and implement relevant interventions • Advocate for participation in screening as part of routine clinical practice where clinical encounters are happening with eligible populations (and especially with those groups with low uptake)	• Reduced morbidity and mortality from conditions detectable through screening and amenable to intervention • Increased detection of conditions targeted through screening and amenable to intervention • Increased participation in national screening programmes with reduction in variation in participation by cluster and practice and also by deprivation decile

Delivering Our Clinical Services Plan

Urgent and Emergency Care Services

Building on the Q3-Q4 Operational Plan and supporting Integrated Unscheduled Care Seasonal Plan developed in partnership with West Glamorgan Regional Partnership Board, our plan for transforming Urgent and Emergency Care (UEC) Services in 21-22 reflects the significant challenges and learning presented by C-19. It is recognised in the wake of C-19 that it is important that the public can receive urgent care in the right place, at the right time. This echoes our Clinical Services Plan ambitions for Urgent and Emergency Care services; these messages predate the pandemic and remain our core underpinning principles for transforming UEC services. Our 21/22 Priorities involve:

- Reducing negative impact of avoidable hospital admissions and long lengths of stay on older people's physical and mental wellbeing
- Improving quality of care and outcomes for acutely unwell patients through rapid access to medical assessment, investigation, treatment and if appropriate admission to hospital
- Optimising outcomes for stroke patients

Six Goals for Urgent and Emergency Care

Our plans for Urgent and Emergency Care are built around delivering the six national goals:

Coordination, support and planning for at risk groups.

Signposting to the right place, first time.

Access to clinically safe alternatives to admission.

Rapid response in physical or mental health crisis.

Optimal hospital care following admission.

Home First approach and reduce risk of readmission.

Drivers For Change:

- Unscheduled care performance adrift from national measures, 4 hr: 78%, 12 hr 500 – 776 pts per month in Q3/Q4.
- 12 hour performance reflects poor system flow
- Evidenced opportunities for admission avoidance
- Limited frailty service
- Welsh Government Six goals for urgent and emergency care
- Welsh Access Model

Opportunities & Challenges.

- The HBs clinical service plan set out our vision for the future configuration of services.
- Clinical leaders and key stakeholders are engaged and support the proposals. Although there remains significant work to ensure delivery is realised.
- We understand from experience of others how to deliver the reconfiguration, we also understand some of the challenges this change will present.
- We need to develop our understanding around how to manage a different workforce and the challenges of recruiting into new roles.
- We need to set realistic targets that recognises that our current priorities will remain managing Covid.
- Building on progress with developments established in 20/21 Q3-Q4 including the Urgent Primary Care Centre and Phone First..

At the heart of our vision for the future pattern of urgent and emergency services is a 'single point of entry' where senior clinicians review and decide, with patients and their families, the most appropriate care and/or treatment they need and the best way to provide it, in hospital or the community.

Delivering Our Clinical Services Plan

Urgent and Emergency Care Services - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Improve quality of care and outcomes for acutely unwell patients through rapid access to medical assessment, investigation, diagnostics, treatment and if appropriate admission to hospital An Acute Medicine model implemented on the Morriston site based on single ambulatory assessment and admission. An Ambulatory Assessment Unit integrated with acute care community teams and clusters, to reduce admission rate, improve patient experience and reduce LOS Improved GP access to manage deteriorating patients through access to specialty hot clinics	• Relocate the AGPU from Singleton to Morriston to provide a single service with single point of access for ED referral into the service and develop into a 7 day service	• Diversion of 6 pts a day from Morriston ED.	Q2 (delivery)
	• Development of an AEC service model at Morriston - within the overarching Medical Short Stay Unit (MeSSU)	• Full model: Streamlined discharge profile across 7 days. • Total est. bed day reduction equates to admission avoidance of 8-10 pts per day.	Q3
	• Acute physician led AMAU at Morriston integrated with community teams and care pathways based on single ambulatory model		
	• Centralised acute medical admissions with single specialties for older people, gastroenterology respiratory and cardiology on Morriston site	• Aligned to, and within the AEC and MeSSU bed day reduction outcomes above (i.e. 6 pts AGPU and 8-10 pts AEC/AMAU) As the work matures, specific sub-specialty bedday reduction outcomes will be formulated, but are expected to equate to at least 1 day LOS per patient	Q4
	• Development of 7-day working of therapy and clinical support services (also including Local Authority TBC)	• Essential, and aligned to the AEC and MeSSU outcomes above (i.e. 6 pts AGPU and 8-10 pts AEC/AMAU)	Q3
	• Standardised hot clinics linked to Consultant Connect around medical and elderly care five days per week	• Further admission avoidance opportunity 10 pts per week (2 per day) coupled with 1 earlier discharge per day - bed equivalent of 3 beds per day saved.	Q3

Delivering Our Clinical Services Plan

Urgent and Emergency Care Services - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Implement an integrated Medicine for Older People pathway across SBU to • Support Older people to live well in the community • Improve management of complex co-morbidities, frailty, falls, and dementia - Provide rapid support close to home at times of crisis - Deliver good acute hospital care when needed (including surgery), • Offer high quality rehabilitation and re-ablement after acute illness or injury including good discharge planning and support, • Offer choice , control and support towards end of life • Reduce negative impact of avoidable hospital admissions and long lengths of stay on older people's physical and mental wellbeing	• Establish Cluster based Virtual Wards	• 13,000 bed days saved per year (Lightfoot analysis) Strength and balance programme to prevent falls can reduce risk of falls by 54% impacting on reduced ED attendance and serious injury with associated morbidity and mortality	Q3
	• Establish Emergency Frailty Unit (EFU) based on Older Peoples Assessment Service (OPAS) Model in ED. Deliver extended service extended hours 8am - 8pm 7 days per week	• Between 16th April and 31st August 2018 OPAS assessed 437 patients (23 patients per week). 333 (76%) of patients were discharge home after OPAS Intervention (17 per week). Extended hours to increase ED discharges by 17 per week. (Further data awaited from Lightfoot - available w/c 19th April).	Q4
	• Establish Acute Frailty Unit (AFU) based in the Medical Assessment Unit at Morriston Hospital Based on iCOP model. Deliver extended service extended hours 8am - 8pm 7 days per week	• 25 % (~60 per week) of patients aged >75 admitted to Acute Medical Unit to receive CGA. • Increased % of patients discharged from the assessment unit without need for extended inpatient stay and reduced LOS for those subsequently admitted. • Improved access to community services including virtual wards and ACT. • Improved recognition of frailty. Better adherence against National Standards of care for frail older people (falls, delirium, dementia). Improvement in Polypharmacy management • Improved recognition of end of life care needs. • Better communication at transitions of care. • 80% of patients returned to usual place of residence.	Q3
	• Re-configure bed based rehabilitation services across NPTH/Singleton / Gorseinon hospitals	• Improve % of patients benefiting from alternative bed based re-abelement e.g. Bon-y-maen House, Ty waunarlwydd	Q4
	• Enhance ortho-geriatric care to deliver optimal care for older patients diagnosed with a # neck of femur. Establish a surgical liaison service delivering peri-operative medical care for older people undergoing surgery	• Improve ortho-geriatic performance based on KPIs defined by National Hip Fracture Data base • Improve % patient with # NOF discharged on facilitated discharge pathway. • Reduced 30 day mortality post #NOF. • Improve % perioperative assessment by care of elderly specialist of patients age 80 years or over 65 and • Improve performance against KPI set out in National Emergency Laparotomy Audit	Q4
• Increased Hospital to Home capacity and expanded intermediate care model	• Increased capacity and expanded intermediate care model (dependent on: Outcome of the independent review Agreement of LA partners, Additional Funding availability	• To be agreed following agreement from the RPB post review of IPC plan	Q4

Delivering Our Clinical Services Plan

Urgent and Emergency Care Services - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
• Alleviating unintended variation and inequalities in the provision of whole system Heart Failure pathway.	• Investment to SUSTAIN current service changes in Heart Failure services; 1. Improving Diagnostic Pathway 2. Delivery of routine heart failure care in primary care 3. Enhancing Community HF Specialist Nursing Team 4. Value based healthcare approach (measuring patient reported outcomes)	• 95% of patients receive an urgent / routine specialist assessment within 2 / 6 weeks (Baseline = 10%) 30% reduction in acute admissions before specialist review (Baseline = 282 / 5816 bed days) • 100% of patients seen within 1 week after diagnosis for education and start of treatment (Baseline = 3-6 months) • 100% of patients seen within 2 weeks of discharge from hospital (Baseline = 3-6 months) Contributes to 39% reduction in hospital re-admission • 100% of urgent patients referred into Community Nursing Team are seen within 2 weeks (Step Up) 100% of patients are discharged to primary care when patient is stable (Step Down) NB: Some patients will never be stable - however, there is some capacity in the team to accommodate this and supportive care service is developing. • 90% of Heart Failure patients offered a 6 monthly HF review.	Q4
	• Investment to ENHANCE HF Service with Value Based HealthCare approach (Measuring Patient Reported Outcomes)	• Halve the average length of stay (LoS) for patients admitted with Heart Failure (primary diagnosis). SBuHB Baseline Average = 17 days, National HF Audit (England) Average = 9 • Reduce bed occupancy by 1% of all in-patient beds, delivered through early access to diagnosis and specialist team and early supportive discharge.	Q4
• Improve the outcomes for COPD patients and reduce the impact of COPD patients on the front door through a whole system pathway approach.	• Investment in COPD ESD (Early Supported Discharge) Team, that covers front door working, ED, AGPU, Primary Care and admission avoidance working with WAST and GPs for Singleton, Morriston and NPT.	• Reduce NOP GP referrals by at least 20% Admission Avoidance = 437 admissions per year Reduction in bed days = 1424 bed days per years Reduce re-admission rates to 6-8%, national average 43% ALOS 2.5 days TBC % medication reviews, £ medication wastage, reduction in GP appointments & home visits	Q4
	• Development of integrated working, collaboration and co-production between COPD ESD Team, PCC and WAST to provide seamless care and support patients in a community setting.	• Reduction of NOP GP referrals by 20% • TBC admission avoidance, reduction ED admissions	Q4

Delivering Our Clinical Services Plan

Urgent and Emergency Care Services - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
• Implement pathway for Type 2 patients living with Diabetes	• Roll-out of the Diabetes Enhanced Service • Development of Diabetes Community Model Business Case - Investment required	• Improved diagnosis rate • 20% reduction in follow up Outpatient appointments and emergency admissions • 35% reduction in Hospital DNAs • Waiting times - for all measures - zero weeks • 30% improvement to Target value for all National Diabetes Audit -Care Processes	Q4
• Improved access to multi-professional support for patients with diabetes	• Provide dedicated Psychological Support for adults and young people • Dedicated dietetic support for young adult clinics	• 10% reduction in DKA admission rates (pilot undertaken in Wrexham saw a 45% reduction in DKA admissions over 5 years. Compliance with 2017/ 18 Welsh Government Transition Standards Treatment for psychological conditions, including depression, has been shown to lead to reduced symptoms and improved glycaemic control, as well as reductions in both psychological distress and the costs of healthcare.	Q4
• Diabetes Structured Education/ Improved Self Management	• Type 2 X-pert education • Type 1 DAFNE education - centrally co-ordinated	• Increased patient self-management and activation Support for those patients starting on insulin therapy Increase % offered NICE compliant structured education. Reduction in planned care/ out patient attendances, reduction in insulin costs • Increased patient self-management and activation Offer structured education programme within 6-12 months of diagnosis Equitable access to the required structured education programmes for people with Type 1 Diabetes for those who are newly diagnosed or who are being considered for pump therapy. Increase capacity to 64 patients per annum with estimated cost savings of £81 per attendee (based on reduction of unscheduled	Q4
• Diabetes - Communication and information sharing	• Improved access to patient records	• Providing care with an integrated approach - reducing the risk to patients	Q4
• Deliver improved outcomes for stroke patients; A Hyper Acute Stroke Service compliant with national standards	• Investment to create Hyper Acute Stroke Unit	• Significantly improved Stroke Quality Improvement Measure performance - top performing HB in Wales and upper quartile UK. Reduction in suspect stroke patients. 100 •% stroke patients seen within 72hrs & deliver national standards	Q4

Delivering Our Clinical Services Plan

Urgent and Emergency Care Services – Drivers and Enablers

Workforce

•**H2H – requirement:**
- Reablement workers
- Therapy resource
- Nursing
- Pharmacy Technicians
- Social Workers
- Support Staff (Admin)

• **ACT – requirement:**
- Consultant Physicians
- COE/Acute Physicians
- Specialist Doctors
- Qualified Nursing Staff (ANPs)
- Admin Support Staff

• **AEC – requirement:**
- ACP Consultant
- ANPs
- Pharmacist
- Paramedic
- Nursing/HCSW
- Radiology & Pharmacy support

• **Frailty – Requirement**:
- Consultant Geriatricians
- Ortho-geriatric
- Therapies
- Nursing
- Pharmacy

Technology

Welsh Emergency Department System (WEDS) - Delivering an ED record integrated with the overall digital health record supporting flow and patient safety within the department and communication with specialities.

Consultant Connect – improving communication between primary and secondary care such that patients can be treated in primary and community care, negating emergency admissions.

SIGNAL – supporting transfer of care from ED to patient wards

Hospital E-Prescribing and Medicines Administration (HEPMA) – See quality and safety enablers

Welsh Nursing Care Record (WNCR) - release time to care through a reduction in transcription and duplication between documents and improve patient safety through increased legibility of documentation

WCP - Availability of All Wales diagnostic and clinical information

Finance

Service plans for Urgent and Emergency Care require further work. Within our financial plan we are anticipating additional costs of some £4.5m in 21-22 (including the approval of the Virtual Ward Business Case - £1.23m full year effect, and the Consultant Geriatrician Business Case for additional 4 WTE consultants) which will be enabled through improved efficiency supporting reduced bed capacity.

Capital

Capital expenditure will be required to support service change – to be confirmed.

Communication & Engagement

• AEC – Engagement process commenced and an EIA has been submitted

Requirement to undertake engagement and consultation with staff on 7 day working as well as on any other changes

Engagement/formal public consultation on single acute medical take

Actual communication and engagement stakeholder management with key external opinion leaders

Delivering Our Clinical Services Plan

Primary Care Clusters

Our Primary Care partners have played an enormous and important role in addressing the needs of patients throughout the pandemic and also in delivering the COVID vaccination programme. Working within our Primary Care Clusters remains a vital approach to delivering our Annual Plan ambitions to best serve the population of Swansea Bay. The Cluster Plans look to address: COVID 19 Resilience, Ministerial Delivery Milestones, Local Primary Care Cluster Priorities and Local Priorities influenced by Health Board IMTP, Regional Partnership Board, National Strategic Programme and the Primary Care Model for Wales.

In Swansea Bay, Primary Care Clusters aim to:

- **Work towards the Primary Care Model for Wales**
- **Prevent ill health**
- **Develop range and quality of services in the community**
- **Ensure services in the community are better co-ordinated**
- **Improving communication and information sharing between professionals**
- **Facilitate closer working between community based and hospital services**
- **Support sustainability of primary care**

These aims will be achieved as Clusters act together at scale and pace, with clear alignment to the Health Board's Annual Plan and emerging recovery and sustainability plan. Additional dedicated time and capacity for cluster leadership will be important alongside effective support and engagement in order to model and implement core service changes. This will require support with Business Case development, shifting resources 'left' and continuous engagement of secondary care colleagues.

There are a number of programmes and actions taking place to support the primary care recovery and this plan sets out a number of schemes where Primary Care Clusters will play a vital role in the whole system recovery and future sustainability. Additional actions are planned to address the planned care backlog within Primary Care in relation to chronic conditions management and the Health Board is undertaking work to support General Practices to facilitate a sustained recovery, including support to fund a digital consultation system for a 12-month period, which enables some patients to have their needs met without necessarily needing to visit the practice or having a face to face consultation. Through the transformation programme most practices across primary care clusters are now able to access

- primary care audiology practitioners
- first contact physiotherapy practitioners
- first contact mental health practitioners
- social prescribers

We also have a number of practices who have been funded to 'trial' different multi-disciplinary members for a set period of time to facilitate a new skill mix within the practice which we understand is proving beneficial. This additional workforce, whilst part of a transformation programme that is being trialled provides additional support to practices to meet patients' needs.

Cluster plans contain wide ranging priorities with particular strong reference to:

- **Addressing COVID,**
- **Strengthening primary and community services,**
- **Preventing ill health and improving mental well being**
- **Increasing access to a range of services closer to home working with allied health professionals, therapies, third sector, and local authority**
- **Good links to Clinical Services Plan COPD/HF and Diabetes**
- **Plans to develop clusters and widen membership**
- **Involving patients and carers**

Further opportunities to contribute to the wider system have also been identified and include:

- **Enhanced Acute Clinical Team , cluster based geriatricians and improved access to the ACT services**
- **Virtual wards in all clusters with more therapists, ACT and palliative care**
- **Developing and agreeing clinical pathways with secondary care colleagues – (mental health a priority)**
- **Step up and Step down beds in every cluster**
- **Cluster aligned secondary care clinicians in chronic diseases Diabetes, Cardiology and Respiratory.**

Delivering Our Clinical Services Plan

Primary Care, Community & Therapy Services - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Define the shared vision of a SBUHB primary care led health system, describing how we will transform the system to benefit our patients	• Produce SBUHB Clusters Development Plan - complete by end of Q1 to be informed by x8 Cluster Annual Plans/ Health Board Annual Plan alignment review taking place in Q1.	• Approved strategically aligned vision with clear & measureable implementation plan to deliver services in clusters supporting prevention, early intervention and admission avoidance - in line with Primary Care Model for Wales.	Q4+
	• Continue to develop MDT approach – including involvement of Dental Services.	• Improved access and flow through primary and community services supporting prevention, early intervention and admission avoidance (quantification and metrics to be outlined in the Clusters Development Plan.	Q4+
	• Contribute to the national review of Primary Care Model Wales 21/22 and lead on local delivery of the revised model.	• Health Board Plans will align, contribute to, and shape national strategic direction for Primary care in Wales.	Q4+
Delivery of dedicated Cluster based services for the elderly, gastroenterology, respiratory, diabetes and cardiology.	• Deliver Whole System Cluster Transformation Programme 21/22 , integrated with West Glamorgan's Our Neighbourhood approach where in place	• Admission avoidance - diagnosis and any treatment provided in primary care setting rather than hospital. MDT focus, supports frequent filers (GP and ED) with care plan to manage them at home. • Improved patient experience through provision of care closer to home. • Shift of demand from secondary care to primary care. • Reduce demand on GP and other Community Health Services. • Demand and capacity primary care dashboard • Determined capacity gap that consultant connect is able to fulfil • TBC impact and metrics to be quantified in Implementation/ Action Plan developed Q2 for Consultant Connect roll out in agreed specialities, • Final metrics to be established via commissioning frameworks, indicative metrics for example: • Improved patient self-management (condition specific) • Reduced UEC admissions for named conditions. • Increased Cluster based management of named chronic conditions	Q4+
	• Provide dedicated Consultant access for Clusters for each service area		Q4+
	• Develop whole system commissioned frameworks to specify primary care and secondary care service models.		Q4+

Delivering Our Clinical Services Plan

Primary Care, Community & Therapy Services - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Improve diagnostic access for primary care practitioners to enable better prevention and earlier intervention	• Agree with Singleton/NPT Group programme of increased diagnostic access. • Agree baseline and implementation programme. • Implement across agreed modalities	• Overall outcome = 70% of test GP phlebotomy requests completed electronically by March 2022. • Increased access to direct booking of diagnostics as per agreed Plan developed with Singleton/ NPT Group in Q1-Q2. • Defined impact and metrics as per Plan developed with Singleton/ NPT Group in Q1-Q2.	Q1 Q2 Q3
Deliver a 'Digital First' Primary Care & Therapies in order to improve patients access to our services: Maximise utilisation of digital platforms (Ask My GP and Attend Anywhere) across primary care and therapy services	• Maximise Ask My GP utilisation in GP practices as per Cluster Transformation Programme 21/22 • Attend Anywhere: Establish the baseline/ opportunity that is not being filled across Therapy Services and other primary care contractor services • Agree improvement trajectory as part of programme of work. • Implement agreed programme to maximise usage across Therapy services	• Increase GP/ User Utilisation rates (exact metrics TBC) • Reduction of number of waiting list breaches >14 weeks (RTT) across community and therapy specialities. Metrics and detailed impact to be outlined in agreed programme of work	Q4 Q1 Q2 Q4
Digitalise the community health record in order to improve patient safety and integrated working with our partners including LA/ social care.	• Establish cash releasing and efficiency benefits to support the business case • Agree project roll out plan in conjunction with Chief Info Officer and MHLD Group - to include alignment with Care Works (WCCIS owner) implementation roadmap • Implement Welsh Community Care Information System (WCCIS) Community Nursing Proposal in conjunction with Digital and MHLD colleagues - anticipated 4 phase roll out TBC as per above and subject to business case funding agreement)	• Adoption of WCCIS across community nursing and demonstrating the cash releasing and efficiency benefits – these will be specified in the final Business Case. Benefits quantification work currently being undertaken by PCT Finance Manager, to be completed by end of March.	Q1 Q2 Q3

Delivering Our Clinical Services Plan

Primary Care, Community & Therapy Services – Drivers and Enablers

Workforce

Staff Training to support alternative models of care e.g. - digital access and provision and maximizing benefits (egg voice to text).

OD and Engagement with Cluster wide workforce to support HB Annual Plan.

Additional dedicated Cluster Leadership capacity.

OD – business case development skills to support 'Shift left' investment

Technology

Attend Anywhere – supporting remote consultations

WCCIS: providing an integrated digital health record across community, Mental Health, Primary and Community Care. Supporting safer and more timely transfer of care between secondary care and community releasing time to care.

Ask my GP - More efficient triage of patients

Consultant Connect – improving communication between primary and secondary care such that patients can be treated in primary and community care, negating emergency admissions and outpatient apt

Community Nursing E-Scheduling System - Delivered as part of Transformation Programme in 2021/22

Finance

The service plans build on the work undertaken through the Transformation programme.

The plans require further work to be fully assessed and articulated.

The funding to support these plans will be agreed through a combination of transformation funding and resources released through service efficiency.

Capital

Capital expenditure will be required – TBC.

Communication & Engagement

Public engagement re digital first programme and a digital inclusion/literacy assessment.

Engagement of patients and Carers and stakeholders throughout Cluster Development Plan

Primary and Secondary Care engagement, planning and delivery mechanisms.

Engagement and Communications will be required for the development of Wellness Centres

Delivering our Clinical Services Plan

Mental Health & Learning Disabilities - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Development of an Assessment Hub to provide a single point of contact for Mental Health Services	Improving mental health crisis care has been identified as a national priority and this project aims to develop a 24/7 initial access, response and triage system to provide early and proportionate responses to prevent escalation of mental health crisis. Expansion of the national 111 mental health pilot.	• Provide access to mental health support as early as possible • Ensure that mental health crisis is on a level with physical health care • reduction in ED MH attendances • reduction in ambulance see, treat & convey • reduction in OOH GP attendance	Q3
Finalising the expansion of CHC commissioning team for MH and L D services	• Implement the action plans developed by the Service Group following external reviews of the CHC processes. • Implement potential outcomes from the West Glamorgan Complex care Review	• Will provide increased capacity for case management, formal reviews with the services and in turn provide potential cost avoidance/savings. These cost savings will cover the costs of the team expansion. • Will provided enhanced governance of placements/packages by more structured reviews.	Q2 Q2
Commissioning of Perinatal Mental Health Mother and Baby Unit Expanding the specialist midwife role in community perinatal mental health services	• In line with WHSCC and SBUHB implementation plan to be commissioned in April 2021 • To employ a perinatal mental health specialist midwife is identified within recommendation 18 in the CYP and Education Committee Perinatal mental health in Wales report.	• To provide a regional specialist mental health perinatal inpatient unit to provide mental health care locally for the patient group. • To prevent the use of the private sector placements at increased costs to the Health Boards across Wales. • To review the numbers/costs at set intervals following commissioning to establish the cost avoidance savings. • Improved multi-professional information sharing and communication toward a seamless care package of care for women across mental health and maternity services • antenatal education and additional mindfulness/hypnobirthing sessions to supplement the clinic provision	Q1 Q2
Redesign of current LD Model of care covering specialist inpatient services and the expansion of community Learning disability community provision.	• To be completed 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	• To reduce dependence on hospital based services. • To have a LD model of service following redesign that is fit for purpose, meets the population needs and manages cost avoidance of private CHC high cost placements.	Q3

Delivering our Clinical Services Plan

Mental Health & Learning Disabilities - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Scoping and redesign of the Older Peoples Mental Health Inpatient across the Service Group	• Review current inpatient beds provision and the already enhanced community service provision to aim to develop the revised inpatient model	• Emphasise on enhanced community care and less reliance on specialist mental health inpatient beds across the Health Board. • Continue to support the enhance community model and care home sector with ongoing support and pathways • Reduction in the number of specialist inpatient beds with reduced revenue costs i.e. £1 million revenue release.	Q3
Adult Mental Inpatient provision business case	• Continue to develop the full business case and complete the public engagement of the proposed provision of service	• Centralised inpatient model of service within a purposed built environment meeting the needs of the patient population for the Health Board area	Q4
To continue with the development of the programs under the Mental health Transforming Mental Health Services Programme:	• Continue to develop and engagement this projects with Local Authority and the third sector partners	• Each individual scheme under this program has it's own implementation plan with outcome measures and benefits.	
• Improved access to psychological therapies	• Utilise the WG MHSIF's to increase the therapy resource within the current service	• To meet the predicted demand on this aspect of MH services post pandemic. • To ensure the HB continues to meet the national 26 week target and aim lower waiting times depend on the anticipated demand	Q3
• Expansion of the MH links workers within the GP Clusters	• Utilise the WG MHSIF's to increase the staffing resource within the current LPMHSS services to support the clusters	• Increase the capacity of the service to meet predicted demand and provide a timely response for assessment that reduces the likelihood of escalation to more intensive service levels in secondary care.	Q3
• Expansion of the Eating Disorder services	• Utilise the WG MHSIF's to increase the staffing resource within the current service	• Improved access to eating disorder expertise (assessment and clinical advice) at the point of entry into MH services • Move towards offering assessment and treatment for all people with an eating disorder within four weeks of receipt of referral, or one week if urgent. • Eating disorder patients to be offered NICE concordant psychological treatment at an earlier phase within their illness • Seamless transition between services and ensure that a robust risk assessment (including attention to both physical and psychological risks) and management plan is in place for all eating disorder patients.	Q3

Delivering Our Clinical Services Plan

Mental Health & Learning Disabilities – Drivers & Enablers

Workforce

Mental Health Assessment Hub will required mental health nurses and therapy staff in the mental health sub specialisms

CHC Team Expansion will required additional nurse and a contractors and commissioning post

Redesign of LD Model of service will required enhancing the support workers posts within the community services and the re provision of the existing inpatient workforce.
Re provision of the therapy provision into the inpatient model.

Transforming MH Program will require various professional from nursing and therapist to meet the requirements of each of the individual service developments by utilising the mental health service improvement funding

Technology

WCCIS: providing an integrated digital health record across community, Mental Health, Primary and Community Care. Supporting safer and more timely transfer of care between secondary care and community releasing time to care.

Consultant Connect & WCCG enabling care of patients in primary and community care, reducing demand.

Diagnostic requesting in primary care supporting care across care settings.

Virtual consultations in primary and community care

Finance

Any additional resource requirements will be prioritised for support from additional Mental Health funding.
Board full business case to WG.

Capital

Capital resources as outlined in capital section will be required to support older people's mental health facilities in Tonna

Communication & Engagement

Engagement through the Regional Partnership Boards for Mental Health Service changes.

Engagement with the three Health Boards through the LD Commissioning planning meetings for those changes

Ongoing engagement with the Community Health Councils regarding all changes.

Delivering Our Clinical Services Plan

Children, Young People and Maternity Services - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Develop a sustainable Neonatal Service, Neonatal care will be commissioned to meet the local and national population needs of Wales in line with the British Association of Perinatal Medicine (BAPM) 3rd Edition Deliver 70% occupancy of cot capacity in order to become compliant with BAPM standards, together with increasing income opportunities	• Implementation of a 24 hour transport model beyond the 6 months interim period with demonstrably governance arrangements, A 'Neonatal Flow' paper (covering capacity and workforce) has been completed and recommends that the HB commission 2 extra HD cots at Singleton, based on actual and projected additional income generated from increased flow. Gain approval of this proposal and in turn recruit appropriate workforce to meet BAPM standards and provide additional cot capacity, funding will allow delivery of appropriate therapy provision	• Interim model of 24 hours transport service is in place since January 2021, agreement of permenant model to be delivered by June 2021 and will be available providing a safe, effective and timely service for babies of South and West Wales - outcome transport will be available 24 hours per day, 7 days per week totalling 50 transfers per annum; Improved clinical outcomes for babies requiring transfer to a NICU demonstrated through production of annual report; Improved mortality as a result of the ability to provide time critical transfers overnight demonstrated through production of annual report. Dedicated Neonatal Transport Services transfer at least 95% of patients requiring transfer for uplift within its defined catchment area on an annual basis. • Sustainable Service in line with BAPM standards Neonatal Consultant staff will be on site in all NICUs for 12 hours, medical rota moved to 1:10 currently in place on interim basis require recurrent funding to deliver sustainability • Increase cot capacity by 2 additional cots by July 2021 - the unit has room for expansion. 70% occupancy of additional cots will equate to an additional 521 occupied- further details will be added as part of developing BC.	Q4
Improvements to Urgent & Emergency Care for Children & Young People in fit for purpose accommodation	• Refurbish and reconfigure paediatric footprint to create a single point of access, and refurbishment of paediatric wards with additional capacity for surgical activity (including dental) and dedicated space for adolescents.	• Avoidance of inappropriate paediatric admissions; Reduced length of stay; Environment will be compliant against national standards. Specific outcomes will be developed further as part of a business case	Q3-Q4

Delivering Our Clinical Services Plan

Children, Young People and Maternity Services - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Improvements to Regional & Commissioned Services by delivering a patient and victim centred sexual assault service with health needs as the key priority, to provide the best outcomes for victims of sexual violence, to be achieved through a health-led programme, with the Health Board working in partnership with policing and local authorities. Aim is for the majority of children to be seen and examined during the day and, as a minimum, to offer a paediatric assessment within 24 hours of referral. Also to work in partnership with local authorities to transform complex care pathways	• Support and participate in the regional SARC Project, delivering designated actions as service requires • Participate in the Transforming Complex Care Programme and deliver actions as agreed • Implementation of the Delivery Plan for Children & Young People's Emotional & Mental Health Delivery Plan	• Provide a Regional local/ service which meets the needs of the SBUHB population. Timely access and assessment of children by providing a paediatric assessment within 24 hours of referral. • Specific outcomes related to CAMHC will be developed further as part of the CYP Emotional and Mental Health Delivery Plan currently under development. - Additional details on CAMHS will be outlined further as part of the CYP emotional and mental health delivery plan currently in development	Q2 – Q4
Develop sustainable workforce plans for Paediatric Services	• Undertake a workforce review, benchmarking against national standards/other organisations in order to review specialist nurse establishment to ensure support in line with national standards.	• Deliver sustainable specialist nursing service provision to children and young people as per stated workforce wte by July 2021 – meeting compliance against national standards Provision of surgical paediatric pre-assessment service to all paediatric patients in order to support recovery of paediatric surgical provision by December 2021 but more specific outcomes will be developed as part of a business case.	Q3-Q4
Improve access to Neuro Developmental service	• Continuously review demand & capacity for the ND Service to develop a sustainable service model and improve performance. Secure funding in order to increase capacity to meet demand and clear backlog	• Deliver sustainable balanced service which in turn will reduce number of patients waiting for service , reduce waiting times and provide timely diagnosis decision making - this involved increasing monthly capacity from 42 complex initial assessments to 73 in order to meet demand - reduce number of patients waiting by 200 patients by December 2021.	Q3-Q4

Delivering Our Clinical Services Plan

Children, Young People and Maternity Services - Summary Plan 2021/22

GOALS	METHOD	OUTCOME	TIMELINE
Expand paediatric psychology support	• Deliver increased psychology support for children & young people across a wider range of specialties..	• Enabling early intervention and preventing difficulties from becoming chronic or entrenched. Specific outcomes will be developed. - further details will be added as part of developing BC further.	Q4
Development of paediatric safeguarding services across the health board	• Successfully appoint Named Dr role which is currently vacant • Integrate safeguarding within service review job plans to allow dedicated time to support	• Provision of an Integrated paediatric safeguarding service by providing. Support to all activities necessary to ensure that the organisation meets its responsibilities to safeguard/protect children and young people, at all times will work as a member of the Health Boards safeguarding/child protection team. Appoint to Named Dr role	Q2
Develop sustainable workforce plans for maternity staff	• Effective recruitment strategy to be rolled out to ensure the service compliance with Birth Rate + and RCOG Standards	• Sustainable service that meets the needs of the SBUHB population with a skilled workforce to provide safe and effective care to women	Q1
Safe & Sustainable maternity services	• Implement a central monitoring system to safely monitor the babies wellbeing in labour, and an antenatal surveillance of foetal growth and wellbeing	• Respond to the trends identified in the 2020 review of Stillbirths • Reduced waiting times • Timely access to accurate and up-to date information.	Q1
Improve outcomes for mothers and babies	• Increased support for breastfeeding and additional and/or specific needs are proactively identified with robust referral to specialist services including Perinatal Mental Health	• Respond to the trends identified in the 2020 review of Stillbirths	Q1

Delivering Our Clinical Services Plan

Children, Young People and Maternity Services – Drivers & Enablers

Workforce

•**Maternity Services**:
Midwife sonographer team for antenatal surveillance
Infant Feeding Co-ordinator

Childrens Services:
Additional nursing staff for Children's ED

Increase nursing and therapies staff in Neonatal Unit

Specialist CAMHS Professionals

Further recruit to vacancies within neurodevelopment team

Additional resource required to expand paediatric psychology

Safeguarding – successfully appoint to Named Dr role.

Technology

Maternity Services:
Implement Central monitoring system

Finance

The HB is working through the business cases. It is anticipated that much of this requirement will be supported by income from commissioners and reduction in costs for Out of Area management of Swansea Bay residents.

Capital

No additional capital resources are required.

Communication & Engagement

Maternity Services:
Develop virtual women's engagement plan for maternity services

Improving Use of Resources

Partnerships – Regional and Specialised Services

- **Oesophageal and Gastric Cancer Surgery** – The focus of partnership in Q1 has been to address the resilience of service provision for SBUHB residents. An engagement exercise will be undertaken over the course of the summer, to inform the support the development of the definitive service model for this service – in line with the All Wales Model Service Specification.
- **Hepatopancreatobiliary Surgery** – The partnership commissioned the Wales Cancer Network to develop a service specification for this service, to inform the future delivery of care across South Wales. Subject to the approval of the service specification by the NHS Wales Health Collaborative Executive Group, the partnership will develop proposals for a future service model to provide a safe, sustainable and effective service for the population of South Wales.
- **Paediatric Orthopaedic Surgery** – The partnership is exploring opportunities to work together with other partners, to address the resilience of local services, and to improve access to the specialised services provided at Morriston Hospital and UHW.

Cwm Taf Morgannwg and Swansea Bay University Health Board Partnership

As we move into 2021/22, both Health Boards are working in partnership to deliver a work programme to further disaggregate services, this will include developing plans for the longer term arrangements around the Pathology, Surgical Pathways and the clinical service interface between NPT Hospital (NPTH) and Princess of Wales Hospital (POWH). The future work programme will be prioritised by clinical risk and be grounded in the understanding that for many clinical service the focus of their attention will be recovery from Covid-19.

Welsh Health Specialised Services Committee

We are working with WHSCC to understand what recovery of services which we can commission through them, and also those which we provide for them. The Health Board undertook a process to put forward a range of schemes as part of the ICP process and these were agreed by and submitted to WHSSC 21 June 2021.

HEIW

The HB is required to submit an annual educational plan to HEIW. This was submitted in draft on the 31st January 2021.

EASC

We will continue working with our commissioners to determine what will be commissioned and what we will be delivering in the period of this plan.

WAST

Working with WAST we will focus on delivering these priorities:

- WAST stack review
- Pathway to ACT
- Therapies fall vehicle
- Consultant connect
- Continue work on Covid specific pathways and design of a Respiratory Pathway,

West Glamorgan Regional Partnership Board

Stabilisation and Reconstruction

Work with (and invest in) communities, third sector and volunteers in maintaining and strengthening an asset and strengths based approach to safely supporting vulnerable individuals within their communities without unnecessary recourse to critical/essential health & social care services, building upon the Our Neighbourhood Approach model - making sure there is a particular focus on support for carers.

Transforming Mental Health Services

- Develop a continuum of support for the population who require Mental Health and Well Being Services
- Safely support children and young people with emotional mental health and wellbeing needs to receive the support they need to live as fulfilled a life as possiblewith the minimum levels of intervention and receiving integrated care in a timely manner when they do; this includes supporting the provision of the Children & Adolescent Mental Health Service (CAMHS).

Improving Use of Resources

Partnerships

The Health Board is a key organisation in a range of partnerships with other organisations and sectors alongside service users and carers which aim to improve services and the life which people live. Outlined below are some of these key partnerships and their priorities for 2021-22:

Hywel Dda UHB
Five services will be prioritised for joint working across Health Board areas in 2021/22:

- **Cataracts:** It is recognised that the only way to enable cataract activity to operate at a sustainable level is at a regional level. The proposals being developed will not replace the specialist and current cataract pathways and is proposed on the understanding that ophthalmology will have its pre-covid capacity in both Health Boards acute and community sites. It is unlikely that this solution will be in the form of a demountable unit, as this is unlikely to be delivered within 12 months. The action is for a worked up proposal (including an outline option appraisal) to be presented to the ARCH Partnership meeting in quarter 1 with a view to this being submitted to Welsh Government after the forthcoming elections. Effectively it will cover 3 phases:
    - Immediate / Short term – both University Health Boards maximising their own local capacity (within COVID restrictions) plus support from the independent sector
    - Medium term – potential demountable option(s) strategically located to aid recovery capacity over 2/3 years although this timeline would be dependent on Welsh Government support .
    - Longer Term – options around a regional Cataract centre(s) based on a more permanent build to support sustainability and reduced reliance on independent sector.
- **Endoscopy:** The 2021/22 work programme will align with the national programme to establish regional facilities and the wider focus on the provision of planned care
- **Hyperacute Stroke Unit**: We will look to revisit the work undertaken prior to COVID during quarter 1 for the potential development of a regional hyperacute stroke unit, but in part this will be dependent on a steer at a national level on the future of such units across Wales.

ARCH Partnership
In 2021/22 through the ARCH Partnership (which includes Swansea University) the focus for regional working between SBUHB and with Hywel Dda UHB we will submit the City Deal Campuses Programme strategic business case in quarter 1 of 2021. In parallel we will continue the development of Pentre Awel in collaboration with Carmarthenshire County Council. We will also We will promote the ARCH Innovation Forum which will provide guidance, advice, support, and signposting from a multi-disciplinary stakeholder group to regional innovation projects

The ARCH Partnership has agreed three priority areas for 2021/22.

- Priority 1: Service Transformation for coordinated regional planning, service transformation project delivery, recovery from COVID, providing equitable and sustainable regional services.
    - Hywel Dda UHB regional service transformation projects:
        - *Regional Pathology Services Project*: will deliver an agreed Regional Pathology OBC to WG.
        - *Regional Eye Care Services*: Develop a regional eye care service for South West Wales by focusing on several areas of the regional eye care service, We will introduce a regional Glaucoma service to recover from COVID and deliver sustainable Ophthalmic Diagnostic Treatment Centres. We will deliver our agreed regional Cataract services business case.
        - *Regional Dermatology Services*: We will develop an OBC to address the whole system workforce sustainability challenges faced by the regional service in both primary and secondary care. This will include strengthening the GP training programme to increase the number of GP Integrated Fellowship numbers and the GPs with Extended Roles (GPwER) in Dermatology, and using Teledermoscopy in line with the all-Wales Teledermoscopy model.
        - *Neurological Conditions Regional Services* – We will continue to develop the regional model for Neurological services with a focus on joint business case for a Functional Neurological Disorder (FND) service. We will continue to strengthen the regional Epilepsy service and inpatient model ensuring equity of access to expert advice across all hospital sites.

Improving Use of Resources

Partnerships

- *Cardiology Regional Services* – We will standardise the chest pain pathway across the region. We will work with diagnostic services to improve the provision of Cardiac imaging and *continue to improve and put in place agreed Cardiac pacing arrangements for the region. 'We are developing plans to improve access and would support any proposals to improve access to cardiology across the regional service*
- *Pipeline Regional Projects* being developed in 2021/22: Cancer and Palliative Services (ref slides 17-18), Endoscopy, Elective Orthopaedic, Interventional Radiology, HASU Regional Stroke (Hyper Acute Stroke Unit), Prehabilitation (Cancer), Regional Cancer Project, Morriston Road development.

- Priority 2: Workforce, Education, & Skills ensures that education programmes meet the services needs and underpin NHS service transformation projects by developing targeted educational programmes.
- Priority 3: Research, Enterprise & Innovation supports the foundational economy, research excellence, underpins and enables our innovative approach to NHS service transformation projects, enables collaboration with industry, and maximises income from grant and commercial income opportunities.

We will work with the ARCH partners to support major infrastructure investment in Health, Wellbeing, and Sport Campus development at Singleton and Morriston, and we will continue to support the Pentre Awel development. We will promote the ARCH Innovation Forum and supporting innovation and research projects by providing guidance, resources, and funding.

Tertiary Services Strategy

A validation exercise of the baseline assessment of the Health Board's tertiary services is scheduled to complete at the end of Q1. The next phase of work will concentrate on the development of the Health Board's vision and strategy for delivering these services.

Regional & Specialised Services Provider Planning Partnership

The partnership was established with Cardiff and Vale UHB in 2018, to provide a forum for the two organisations to develop a shared view about the future delivery of safe, sustainable and effective specialised services for the population South Wales and beyond.

The partnership has been strengthened for 2021/22 with the agreement of a memorandum of understanding (MoU) which sets out a series of new objectives for the next phase of it's work programme:

- Our specialised services must be underpinned by a clear commissioning framework – including service specifications, commissioning policies, referral pathways, etc.
- Our specialised service models must be both clinically and financially sustainable and resilient, using a value based healthcare approach to deliver high quality patient experiences, care and outcomes.
- Our specialised service models must be underpinned by a sustainable workforce plan, which recognises skills and workforce availability, and provides appropriate training opportunities and access to research.
- Our specialised services should deliver care as locally wherever possible, and services should only be centralised where necessary.
- Service users should receive the same level of care wherever they access specialised services across the region.
- We should not be constrained by past thinking, we should work collaboratively with all stakeholders to develop patient centred, clinically described models, which can inform future commissioning decisions.
- Our specialised services should work synergistically to ensure equity of access across South Wales- recognising where there are differences and similarities between services.
- Our specialised services should aspire to achieve UK standards and specifications.

Work Programme

The partnership has developed an effective working relationship with our wider partners and stakeholders to progress an ambitious plan to transform the delivery of a number of specialised services. The Partnership will progress the following areas of work over the course of 2021/22:

- **Modernising Spinal Services for South Wales** – The spinal surgery project set out a series of recommendations to configure services on a regional and supraregional basis, overseen by a network with operational authority, across all of the pathways for patients with spinal conditions. Work is underway to establish a shadow/interim network to maintain the progress achieved during the project, and to develop a business case for a Spinal Operational Delivery Network address the key issues and risks identified during the project.

Improving Use of Resources

Partnerships

Remodelling Acute Health and Community Services

Continue remodelling (& shifting the balance of funding between) acute health and community health/ social care services. Key programmes include Hospital to Home and Keep Me At Home.

Transforming Complex Care

Establish fit for purpose joint funding arrangements to support the provision or commissioning of integrated/ collaborative health/ social care services to support children and adults with complex needs. This is intended to:

- Safely support regional looked after children (LAC) reduction anywhere on the continuum of need
- Safely support adults with complex needs to remain or return to living as independently as possible within their families or local communities within the region rather than within more institutional health or care settings.
- Ensure seamless transition between services across all services including young people into adulthood

Public Services Boards

The Public Services Boards are working with the Regional Partnership Board to develop updated Wellbeing and Population Assessments for 2022 onwards, dovetailing these with the Health Board's work on its Population Health Plan. Work will continue on addressing the agreed priorities and applying lessons from the pandemic to how the wellbeing objectives of both PSBs can be implemented.

Third Sector Regional Health, Social Care & Wellbeing Forum

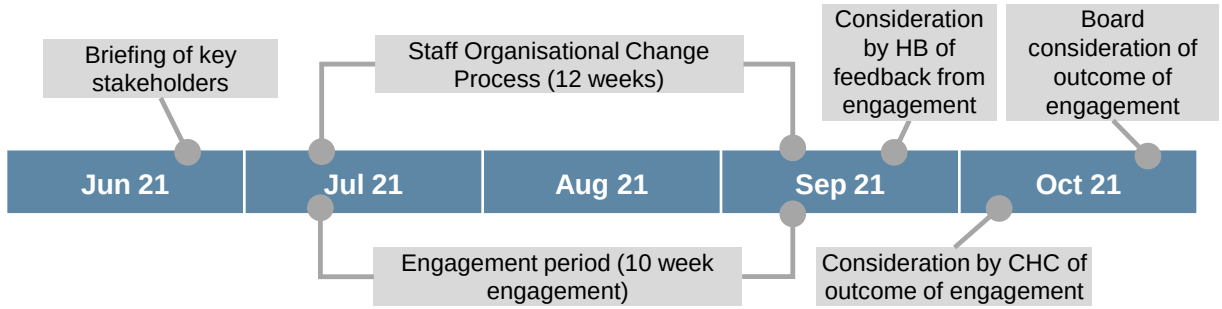
In 2021-22 the Health Board and third sector organisations will be refreshing their Strategic Framework, outlining how the already mature relationships in existence can be strengthened going forward, building on the sector's amazing contribution to the Covid-19 response and specifically focusing on those areas where services can be provided by the voluntary sector instead of the statutory sector to provide more accessible, flexible and responsive services for our population.

Public Engagement on the Annual Plan

Because of the interdependencies of a lot of changes proposed within the plan a Communications and Engagement Steering Group will be established to develop and coordinate the Hospital and Community Services programme of work via a single engagement process and also to provide oversight for the other engagement programmes as they come online. The Steering Group will focus on developing, coordinating and implementing the work around hospital and community services ensuring a coherent "story" and coherence to all these changes. However, it will also maintain an oversight of all public engagement activity undertaken by the Board. The Framework for Engagement and Consultation agreed between the Health Board and CHC will be adhered to. The engagement process will include the following elements:

- Service user / carer engagement to get views on services which can be taken account of when developing plans for service changes (for example utilising "In Your Shoes" methodology)
- Ensuring that the principles of co-production signed up to by the Health Board are applied in the service plans underpinning engagement processes
- Continuous engagement with established engagement mechanisms from initial ideas stage to developing options to formal engagement
- Formal engagement on proposals for service change
- Feedback on outcome of engagement and actions as a result including continuous engagement on implementation plans

The proposed timeline for engagement is set out below:



Improving Use of Resources

Digital Plans

Through our collaborative working with DHCW and the Chief Digital Officer for Wales we will facilitate delivery of the Annual Plan

GOALS	METHOD	OUTCOME	TIMELINE
Planned Care and Theatres Support the transformation of planned care including outpatients and theatre pathways through the provision of appropriate digital solutions. Facilitate the improvements in efficiency, effectiveness and quality and safety to ensure the needs of our patients and citizens are met.	**Consultant Connect-** Implement a structured advice and guidance solution between primary and secondary	Reduce referral demand by 20% Improving patient safety ensuring no lost referrals and improved communication between primary and secondary care.	Q4
	SIGNAL - Digitally enable the safer flow policy through enhancements to Signal V2 in the short term and development of Signal V3 in the medium term. This will: - Replace manual whiteboards and paper lists, - Ensure Safe and timely discharge on agreed discharge date - Provide ward status at a glance to bed managers and clinical staff - Board Rounds completed using Signal, supporting board round roadshows and business change where required in priority areas (as agreed with patient flow lead) - Improve communication between Health and Social Care supporting safer and more timely discharge "	Board round completed electronically for all wards Enabling safe and timely discharge of patients such that >30% of medically fit patients are discharged before 1pm Enabling the implementation of the SAFER policy recording RED and Green day Analysis of delay to discharge highlighting resource issues / blockages in system to support safe and timely discharge	Q3
	Hospital E-Prescribing and Medicines Administration (HEPMA) will: - Improve patient safety and quality by providing a legible, unambiguous and timely access to medication charts underpinned by a clinical decision support engine - Releasing time to care through more efficient medication rounds - Reduce medication errors and subsequent redress costs (cost avoidance)	"Improved patient safety: - 100% Drug allergies documented for all inpatients - 50% Reduction in number of prescribing errors on inpatient drug charts - 5% Reduction in missed doses of medicines - 25% reduction in number of C.Difficile cases Improved efficiencies: - 2.5% reduction in drug spend - 20% reduction in duration of medication administration rounds"	Q4
	Swansea Bay Patient Portal. This will: - Increase patient empowerment through greater control over decisions and actions affecting their health and wellbeing. - Facilitate shared decision making between patients and their clinical teams. - Promote digital inclusion	- Increase number of patients registered supporting digital inclusion and patient empowerment - All priority specialities offered SBPP to support virtual ways of working and patient directed follow up e.g. PIFU and SOS enabling HB target of 30% for virtual o/patient activity.	Q4
	Attend Anywhere - Maintain and increase the use of remote and virtual ways of working introduced for outpatient, primary care and therapy services	- All clinical teams have access to and can access training to support virtual consultations - 30% of outpatient activity facilitated via digital solutions /non face to face solutions	Q4

Improving Use of Resources

Digital Plans

GOALS	METHOD	OUTCOME	TIMELINE
Planned Care and Theatres - Continued	**"Paper light' Outpatient Departments** - Enabling clinical decision- making without paper casenotes through the availability of patients' digital health records - Enabling the population of patients' single digital health records through a digital-first approach - Reduce the transport of physical medical records throughout the organisation	'- Reduction in addition to paper medical records, and subsequent reduction in reliance on physical casenotes - Reduction in the requirement for the transport of paper casenotes to outpatient departments	Q4
	PROMS - Build & maintain health digital structures to achieve VBHc	- Increase number of patients registered supporting digital inclusion and patient empowerment - All priority specialities offered PROMS to support virtual ways of working and patient directed follow up e.g. PIFU and SOS enabling HB target of 30% for virtual o/patient activity. - Support reduction of FUNB and Waiting Lists targeting patients ,100% over target date and over 16 years old, by 20%	Q4
	Hybrid Mail - improve efficiency and effectiveness of outpatient communications through outsourcing of physical communications and a shift towards digital methodologies	- Reduction in costs of posting of letters - 10% shift of a patients in pilot to digital communications - Support reduction in DNAs through more timely communications - Compliance with welsh language and disability act for communications	Q4
	Welsh Clinical Portal (WCP) - Deliver the single digital health record eliminating organisational boundaries, supporting regional and national clinical teams. This will: - Improve patient safety and enable collaboration across pathways, services and teams to deliver service change, and more timely decision making - Efficient transfer of care communications to primary care practitioners through medicines transcription and e-discharge (MTeD) - Increasing the volume of diagnostic results and reports available e.g. endoscopy and historic reports stored in isolation in a legacy system supporting diagnostic hubs and shared care	- Enable >90% DALs sent to GP electronically ensuring seamless communication to GP improving patient safety - Enabling safe and timely discharge of patients such that >30% of medically fit patients are discharged before 13:00 '- 100% of Swansea Bay endoscopy reports to be seamlessly made available in patients' single digital health records (WCP) '- Enable all historic pathology results stored at Swansea Bay UHB to be made available in patients' single digital health records (WCP) supporting regional and all-Wales Cancer services. '- Enable 70% of all pathology tests to be requested electronically at Swansea Bay UHB. '- Elimination of paper reporting for blood sciences '- Deliver a clinical, multidisciplinary record which enables the sharing of information across primary, secondary and community healthcare settings	Q4

Improving Use of Resources

Digital Plans

GOALS	METHOD	OUTCOME	TIMELINE
Planned Care and Theatres - Continued	**Theatre Operation Management System** - Deliver a robust theatre management system supporting service redesign whilst releasing time to care - Improved reporting enabling more informed clinical and management decision making - Additional integrations with future solutions e.g. e-obs and scanning	- Improved resilience, negating future cyber risks - Improved reporting supporting service redesign and provision of data to enable informed decision making - Releasing time to care from FY 22/23	Q4
	Eye Care - eReferrals and EPR for Ophthalmology - A comprehensive, integrated electronic ophthalmology clinical system to provide real-time patient information in the hospital and provide access to the Optometrists in the Primary care sector to view their patient's pathway - facilitating a regional and integrated care approach to the provision of eye care services	- facilitating the reduction in backlogs across eye care services as part of the regional transformation plan - reduction in litigation costs - increased efficiency across administrative processes - cost avoiding investments needed to address the backlog - improved quality and safety in service provision including prioritisation of care - improved access to data and quality of data to support service design and decision making. Including the collection and reporting of eyecare measures	Q4
UEC and Hospital Patient Flow Support the transformation UEC and Hospital patient flow through the provision of appropriate digital solutions. Facilitate the improvements in efficiency, effectiveness and quality and safety to ensure the needs of our patients and citizens are met.	**Consultant Connect-** As in support of Planned Care and Theatres		
	Signal - As in support of Planned Care and Theatres		
	Welsh Clinical Portal (WCP) - As in support of Planned Care and Theatres		
	Welsh Nursing Care Record (WNCR)- WNCR replaces a number of paper pro formas including the adult inpatient nursing assessment, care plans and risk assessments. Implementing a digital solution to replace paper nursing documentation will release time to care through a reduction in transcription and duplication between documents and improve patient safety through increased legibility of documentation	'- Releasing nursing time to care (14 mins per admission; 15,525 admissions = 3623 hours per annum) - Improving patient safety through improved data quality	Q4
	Emergency Department System (WEDS). This project will: -Support the Acute Medicine model being implemented at the Morriston site - Improve flow into, within and out of the ED department and NPT minor injury unit - Improve patient safety by sharing information from ED with speciality teams and GP's e.g. A&E attendance letters, electronic cas cards including obs at time of arrival in ED	- Improved flow through the ED, enabling a 10% increase in patients being treated per 24 hr period. Shorter wait times for patients and quicker average treatment time. - Improving patient safety by providing more timely access to information including alerts for diagnostics ensuring more timely response to results	Q4

Improving Use of Resources

Digital Plans

GOALS	METHOD	OUTCOME	TIMELINE
UEC and Hospital Patient Flow - Continued ◆	**Foetal Monitoring system -** Implement a central monitoring system to safely monitor the babies wellbeing in labour, and an antenatal surveillance of feotal growth and wellbeing	Respond to the trends identified in the 2020 review of Stillbirths Reduced waiting times Timely access to accurate and up-to date information.	Q4
	WICIS - Implement a electronic monitoring system into ICU to support effectiveness, efficiency and quality and safety of patient monitoring and data collection	Project ready to implement in 22/23	Q4
	Ask my GP - Supporting primary care and any new practices who come online (32 out of 49 practices live during FY20/21)		Q4
Integrated Health and Care Integrated Digital Health and Care Record Supporting A Healthier Wales The provision of safe and effective patient / client centred services Availability of all relevant care and clinical information across care boundaries at point of care enabling more informed clinical decision, improving patient safety supporting an integrated care model Better forecasting to improve management of demand against available resources ◆ ◆	**Electronic Referrals in MH (WCCG) -** Enabling electronic referrals to mental health services at Swansea Bay UHB will increase patient safety by reducing the time taken between GP referral and secondary care triage, and reduce administrative time taken to process referrals.	'- Reduction in incidences of lost referrals. - More timely receipt of referrals, improvement of 15hr+ - Increase in documentation automatically stored within patients' all-Wales single digital health records. - Reduction in administrative time taken to process referrals	Q1
	Community Care Information System (WCCIS) - an electronic information sharing platform designed to deliver improved care and support for people across Health and Social Care in Wales. It is an integral part of the delivery of “A Healthier Wales” published in June 2018 which sets out a long term future vision of a ‘whole system approach to health and social care’, which is focussed on health and wellbeing, and on preventing illness.	Project and system ready for 1st phase deployment in Q1 22/23 and readiness for data migration for phase 2 75% complete. Outcomes going forward into 22/23 and through implementation include: - increased productivity e.g. 500 new referrals in Swanses ACT - cash releasing savings (to cover costs) - integrated working across primary, secondary, social and community care - Improved Quality and Safety	Q4
	Attend Anywhere - As in support of Planned Care and Theatres		
	Consultant Connect- As in support of Planned Care and Theatres and UEC and Hospital Flow		
	Eye Care - eReferals and EPR for Ophthalmology - As in support of Planned Care and Theatres		

Improving Use of Resources

Digital Plans

GOALS	METHOD	OUTCOME	TIMELINE
Diagnostics ◆	**Welsh Clinical Portal (WCP)-** As in support of Planned Care and Theatres and UEC and Hospital Flow		
	Blood Test Booking App	Provide the ability to create online appointment booking services as required. - Enable Phlebotomy to move to an appointment only model and end walk-ins - Provide the ability to record DNA rate and report effectively - Support social distancing by managing service demand - Improve the patient experience by greatly reducing any wait times - Remove the risks and limitations associated with the current solution	Q2
Digitally Enabled Workforce ◆	**Office 365-** Office 365 will continue to deliver increased efficiency to the organisation through it's integrated set of tools and as a platform for digital modernisation. - Enabling easier, more secure collaboration within the health board, NHS Wales, and our partner organisations. - Offering a modern communication experience by moving the intranet into SharePoint Online	- Deliver 10 business solutions based on Office 365 and the Power Platform that support service redesign and / or productivity gains - New intranet site supporting engagement with staff. Cost avoiding external procurement for a specific intranet solution. - Reducing the cost of the Mobile Iron licence. Community-based staff have a consistent communications and productivity platform. Mobile access to Health Board data wrapped in a highly secure bubble	Q4
	Digital Dictation - Improve the efficiency and effectiveness of letter production across the HB by widening the implementation of digital dictation	- reduce time from clinic to issue of letter by 10% - reduce information governance risks - facilitate productivity improvements through pooled working and efficiencies in process	Q4

Improving Use of Resources

Finance Revenue

The Health Board has met the financial challenge of the pandemic in 2020/21 and maintained financial stability through 2021/22 and delivered within its forecast deficit of £24.4m.

During 2020/21 the Health Board's ability to deliver a recurrent savings programme, at scale, was dramatically impacted which has resulted in the recurrent savings delivery from 2020/21 of £5m creating a recurrent cost pressure in 2021/22 of £18m in addition to the base deficit of the Board. The Health Board is committed to developing a Recovery Plan and work on this has already commenced.

The revenue financial plan for 2021/22 is constructed in three component parts as set out in the bullet points below. This approach helps to maintain visibility of the core base financial position of the Board and provides clarity of accounting and handling of both COVID response and COVID recovery/restart.:

- Base Plan
- COVID Response
- COVID Recovery/Restart

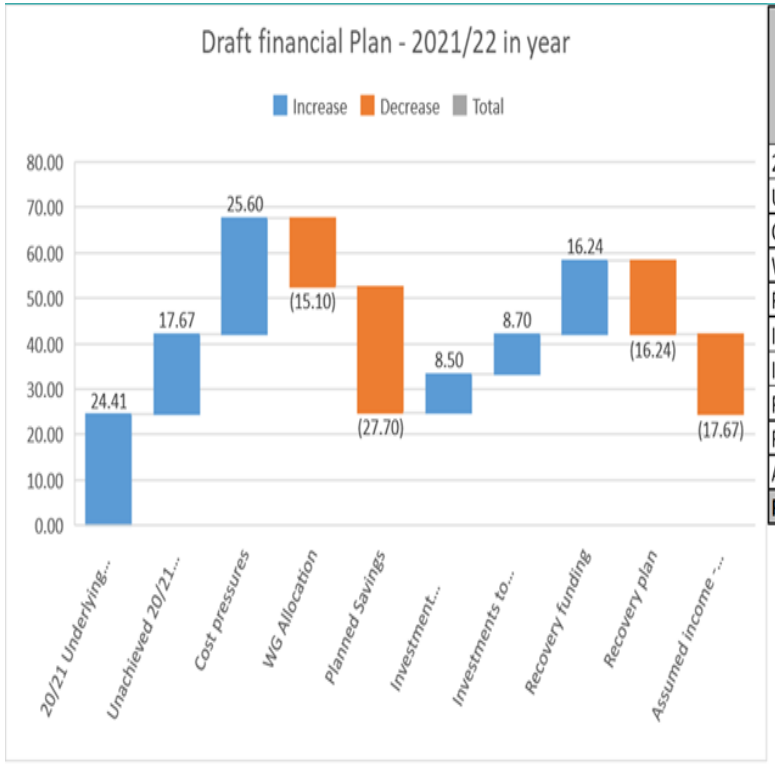
Base Plan

The Health Board has received the Welsh Government Revenue Allocation letter for 2021-22. The key message from this allocation letter is that there is a 2% core uplift for pay, prices and service demand. This provides an additional allocation of £15m to support pay, prices and service demands. The initial impact on costs has been assessed at around £25m. This means that there is a requirement for savings and efficiencies in the region of £10m-15m to enable these in year costs to be managed within available resources.

It has been recognised that to enable and drive the delivery of service efficiencies and changes to models of service and patient care requires a level of investment. The Health Board has developed initial plans to deliver over £17m of service model changes and efficiency improvements and is considering around £8m of investment to support this scale of service change.

Work is already underway to align Health Board resources and processes to each of the areas where savings are required. The investment commitments have completed a scrutiny process and are being refined to minimise impact on the plan.

The savings plans delivery confidence has developed since the draft plan submission. The Health Board has over 85% of overall savings requirement support by schemes that have been assessed as Green and Amber, with remaining 15% identified but not yet with the required level of delivery confidence.



	2021-22 Plan Update £m
20/21 Underlying Position	24.41
Unachieved 20/21 savings	17.67
Cost pressures	25.60
WG Allocation	(15.10)
Planned Savings	(27.70)
Investment Commitments	8.50
Investments to enable Savings	8.70
Recovery funding	16.24
Recovery plan	(16.24)
Assumed income - savings non-delivery	(17.67)
Forecast Position	24.41

Improving Use of Resources

Finance Revenue

COVID Response

The Health Board has been notified of an initial allocation of £21.6m to support its COIVD response in the first 6 months of 2021/22. It is acknowledged that national programmes such as vaccination, TTP, PPE, cleaning standards, care home support and extended flu will be subject to separate funding based on costs incurred. The financial planning assumptions have been adjusted to reflect a full year of COVID costs and assumed income. This is aligned to the Welsh Government planning principles. Should the COVID impact change, the financial planning assumptions will need to be reviewed.

COVID Recovery/Reset

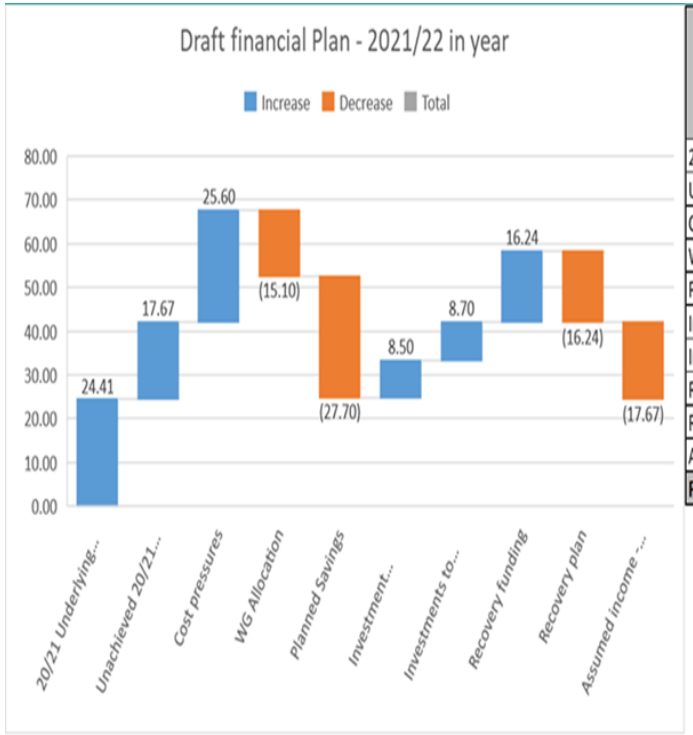
Detailed demand and capacity work has been undertaken to assess the scale of opportunities the Health Board has to manage demand and increase capacity to improve access to services for patients following the significant disruption in 2020/21. The Health Board has received £16.2m from the initial £100m first tranche of recovery funding for Wales. This has ensured support for actions commenced in Quarter 3 and 4 in 2020/21 and also supports the delivery of additional activity through outsourcing and internal outpatient waiting list initiatives.

The Health Board has identified a range of other service recovery models, supporting planned care, urgent and emergency care, diagnostics, mental health and primary care to minimise risks of patient harm. The income and expenditure assumptions along with the service impacts of these proposals have been included in the annual plan. The financial planning assumption here is that the Health Board will only incur costs within the funding made available whilst focussing clearly on the productivity and efficacy of its services within the base plan of the Board.

Based on the three elements of the plan above a refreshed waterfall has been developed showing how the revenue plan for 2021-22 describes a current forecast outturn in line with the outturn delivered in 2021-22. There remains a recurrent pressure within the overall Health Board financial position and this is being assessed as part of the recovery plan work currently underway.

The delivery of the 2021/22 financial plan will be dependent upon :-

- Developing a clear link between budget, cost, activity and capacity based on 2019/20 as a baseline year.
- Management of the underlying position, ensuring baseline costs are not allowed to escalate. This includes maintaining current levels of pay underspend through service, quality and financial review and rebasing of budgets.
- Management of the in-year cost pressures through the delivery of cost containment measures, grip and control and value, efficiency and savings opportunities
- Constraining further investment choices to ensure clear benefit realisation track and alignment to key WG priorities and potential funding sources.
- Clear assessment and recognition of ongoing impacts of the response to the pandemic, including those directly attributable such as TTP, Vaccination plan and additional capacity as well as those that are more indirect impacts such as income impacts, increased use of single use items and workforce costs.
- Effective management of recurrent savings and efficiencies around 4% or £27.7m, which will require a fundamental shift in culture, attitudes, behaviours, systems and processes.



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Improving Use of Resources

Capital and Environment

Strategic Context

- The Health Board continues its ambitious programme to improving the estate and modernise hospital facilities in 2021/22. The main focus of our modernisation plan remains the development of safer and more acceptable state-of-the-art clinical accommodation and supporting infrastructure.
- We are committed to reducing our carbon footprint. and well placed to move towards the ambitious targets for Wales' public sector to reach 'net zero' for carbon emissions by 2030, as reinforced by the ***NHS Wales Decarbonisation Strategic Delivery Plan.*** We already have two Refit schemes in build phase and received £5.4m funding in 2021/22 from the national Estates Advisory Board.
- A number of Business Case already have approved funding from the AWCP. A range of cases remain in development, supplemented with a small number of new proposals which are focussed on supporting ambitious improvements in priority service areas for COVID recovery, including Modular Theatres NPT, Older Persons Mental Health Tonna, Modular Theatres Singleton and Ambulatory Care Model, Morriston.
- We have ensured clear alignment with our service plans (supporting appendix) and prioritised our capital funding requirements into 3 groups, which includes investments linked to our COVID recovery plan submission. Where possible we have looked to provide revenue funded solutions. Some schemes will require capital support in future years:
    - *Group 1 Impacts on delivery of our GMOs*
    - *Group 2 Business cases in development for delivery beyond 2021/22*
    - *Group 3 Business cases at feasibility stage*

Discretionary Capital Plan

- Our discretionary capital plan has been prioritised to support a large refresh of our existing asset base, including estates, medical equipment and digital services, while allocating funding for a number of our annual plan priorities identified in the enablers sections of this plan.
- The Health Board has a balanced capital programme for 2021/22. Significant progress has been made over the last two years with a reduction in the highest risk scores in our equipment backlog replacement programme. In getting to a balanced plan, £7.5m of high risk 16 scores are not affordable.
- Our balanced plan assumes WG funding of £1.593m for business case fees and £0.552m for the disposal of land and property

Prioritised Schemes for WG Capital Investment	Capital Investment Required £000	
Group 1 Impacts on delivery of GMOs & Discretionary Programme		
Orthopaedics Bridging Solution, NPT	1.5	COVID Recovery
Additional Imaging Capacity	0.3	COVID Recovery
Ambulatory Care Model, Morriston	1.0	COVID Recovery
Older Persons Mental Health Ward Upgrades Tonna (orthopaedics enabler)	0.3	COVID Recovery
Modular Theatres, Singleton	0.5	COVID Recovery
Linear Accelarator C Replacement BJC	4.0	BJC Submitted
Ward G Morriston Refurbishment BJC	2.0	BJC Submitted
Environmental Modernisation SOP - BJC 2.2 Sub Station 6, Morriston.	1.2	
ITU Morriston Refurbishment BJC	1.0	
Digital Implementation - In-Patient e-prescribing, national pathfinder project (HEPMA)	0.8	
Digital Implementation - Welsh Community Care Information System (WCCIS)	0.8	
Total Group 1	**13.4**	
Group 2 Business Cases in Development for delivery beyond 2021/22		
Hybrid Theatres, Morriston	0.5	
Thoracics, Morriston	1.0	
ARCH Programme Business Case	0.6	
Swansea Wellness Centre FBC	0.5	
Regional Pathology SOC	2.0	
Adult Acute Mental Health OBC	1.0	
Orthopaedics Permanent Solution, NPT. SOC	1.5	
Total Group 2	**7.1**	
Group 3 Business Cases at Feasability Stage		
Catheter Lab A Morriston replacement	0.0	
Digital Implementation - Wales Critical Care Clinical Information System (CCCIS)	0.7	
JAG Accreditation NPTH	0.0	
Mother & Baby Perinatal - Long- Term solution	0.0	
PET-CT - Permanent Facility Singleton	0.0	
Redesign of LD Model for one inpatient setting for LD services	0.0	
Total Group 3	**0.7**	
GRAND TOTAL	**21.2**	

Improving Use of Resources

Capital and Environment

CAPITAL BUSINESS CASE PORTFOLIO

Business Case Stage							
Submitted Bids	COVID Recovery	Feasability	PBC	BJC	SOC	OBC	FBC
Digital WCCIS	Orthopaedic Capacity Modular Theatres, NPT	PET-CT Permanent, Singleton	ARCH, Access Road	Linear Accelerator C (SUBMITTED)	Adult Acute Mental Health (SUBMITTED)	Swansea Wellness Centre	
Digital HEPMA	Modular Theatre Capacity, Singleton	Mother & Baby Perinatal - Long- Term solution		ITU Morriston Refurbishment	Orthopaedics Capacity (SUBMITTED)	Regional Pathology	
Digital WCICS	Ambulatory Care Model, Morriston	Catheter Lab A Morriston replacement		Ward G Morriston Refurbishment (SUBMITTED)	Thoracics, Morriston		
	Older Persons Mental Health Ward Upgrades Tonna	JAG Accreditation NPTH		Environmental Modernisation SOP 2.2 Sub Station 6, Morriston	Hybrid Theatres, Morriston		
	Additional Imaging Capacity						

Annual Plan & KEY Capital Business Cases In Development

NPTH Orthopaedic & Spinal Elective care centre

SOC submitted and working closely with NPTH PFI partners to scope up and design 2 – 4 new state of the art theatres within an extension between the energy centre and existing hospital, with links directly into the theatre suites and recovery area. Also developing a temporary bridging solution to bring in a 4 theatre modular unit and locate it next to ward H to provide required bed capacity in 2021/22.

Tonna Hospital for older Adult Mental Health

In feasibility design stages, this plan will convert ward Suite 2 into a compliant Older Adult Dementia friendly unit with single en-suite rooms and supporting ancillary accommodation. The scheme is an enabler for the orthopaedics enabler.

Modular Theatre Units, Singleton

Development of additional modular theatre capacity at Singleton to provide 4 additional theatre capacity, utilising existing ward capacity once the adult medical take is consolidated in Morriston.

Keeping the Lights On

- Through our Environmental Modernisations Programme Business Case the Health Board is taking forward an ambitious 10-year programme of environmental modernisations to address environmental safety, compliance and capacity to support our clinical and non-clinical services.
- The development of a new Electrical Sub-station 6 at Morriston Hospital, Phase 2.2 procurement is complete with full appointments of SCP and design team. Works could start Q4 2021/22 to provide a fully compliant new substation, which will provide extra electrical capacity and additional support for Morriston's chilled water requirements.

Key Improvements With Approved Funding

Estates Infrastructure Improvements

- Remove cladding and replace it with a design and materials that fully comply with current fire regulations. Works staring April 2021 with completion early 2023.

Estates Backlog Maintenance Programme

- Up to £5.4m funding, to include replacement of infrastructure, fire compartmentation works, decarbonisation and improvement works on Mental Health learning disability bungalows.

Decarbonisation Programme.

- The Health Board is the first in Wales to develop a Refit Project through the WG funded carbon reduction initiative. With £7.7m worth of investment nearing completion on over 14,000 light fittings replaced with highly efficient LED light fittings, downstream energy saving measures such as improved building management systems, installation of solar PV and replacement of several air-conditioning fans with more efficient units. A new project for the development of a 4 MW Solar Farm near to Morriston Hospital will complete during 2021/22. These two initiatives will bring guaranteed savings of over £1.2m per annum. We will build on this work to support the NHS Wales Decarbonisation Strategic Delivery Plan

Anti-Ligature Works

- The Health Board is committed to reduce risk by undertaking a programme of works concentrating on high risk areas of low observation which includes installation of new anti-ligature alarmed doors, toilets, and modifications of any unobserved areas. HBN 35 has been used in scoping the anti-ligature works with WG funding approved for 2021/22.