BETTER HEALTH
BETTER CARE
BETTER LIVES

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

IECHYD GWELL
GOFAL GWELL
BYWYDAU GWELL

OUR ANNUAL PLAN

2019/20

Message from the Chair and Chief Executive

We are pleased to introduce the Annual Plan for Abertawe Bro Morgannwg University Health Board (ABMUHB or the Health Board) 2019/20. The Health Board has, for a number of years, submitted and annual plan in place of a medium term plan as it focused on meeting the immediate pressures of financial stability and performance delivery. While we maintain a strong focus on these key areas we have also developed and strengthened our long term Organisational Strategy and the five year update of our previous Clinical Services Plan – Changing for the Better. The development of this plan is a key component of delivering these and achieving our long term ambition and aims.

To better facilitate regional and local alignment of Health Boards and Local Authorities, the provision of health services to the population of the Bridgend locality will, as of 1st April 2019 move to Cwm Taf University Heath Board. This change will not impact on service delivery or patient care, however we have considered the impact and implications of this change throughout our planning. This change has also resulted in the new identity for the Health Board with this plan becoming the first for the new University Health Board.

There have also been significant changes to the Board, both Executive and Non-Executive members, and we are delighted to introduce the new Board who will lead the Health Board to deliver its plans. Whilst these changes have been significant, the organisation has continued to strive to deliver the best possible care for the people we serve. This can be seen in the improvements made in performance across a number of areas such as the reduced time people are waiting for treatment with significantly fewer people waiting more than 26 weeks for treatment and fewer people waiting long periods (12 hours+) in Accident and Emergency Departments across the Health Board. We have also continued to lead the way in digital innovation, most prominently in the successful roll-out and uptake of our mobilisation project with over 3,000 members of staff now using their mobile phones or tablets (personal or business) to help streamline their working day. We have also led the way in implementing 'Patient Knows Best' which is helping empower patients to be more involved with their care by securely giving them access to their own health records.

It is vital that we continue to build on these successes, address areas for improvement and build an organisation fit for the future that can meet the needs of the population through effectively working in partnership with the public with Local Authorities, with the Third Sector and our NHS partners, building on the strong foundation of the Western Bay Regional Partnership Board and our Public Service Boards. Achieving this builds on our Wellbeing Objectives and this starts with a clear and consistent understanding of our organisational purpose, ambition and aim. This plan, its development and its delivery, therefore sits firmly within the context of our newly developed Organisational Strategy and is a core component of its delivery working to achieve our ambition of:

'Better Health, Better Care

Better Lives'

This will only be achieved with the continuing support and commitment of our excellent workforce and partners who everyday strive to deliver the highest standards of care to our patients, carers and public. We would like to take this opportunity to thank them for their work and we look forward to continuing to work collectively to deliver our ambition through implementation of our plans.

Andrew Davies
Chair

Tracy Myhill
Chief Executive

Contents

1. Strategic Overview

1.1 Our Organisational Strategy

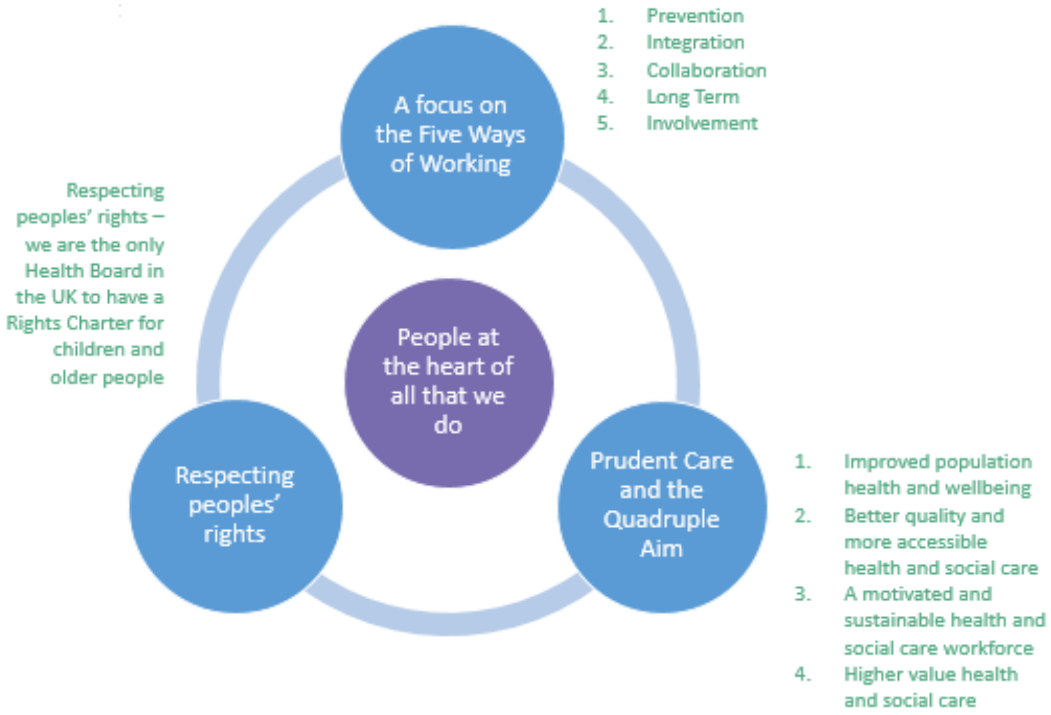
2019/20 sets a new direction for the Health Board. We are a new organisation, as we now predominantly serve the populations of Swansea and Neath Port Talbot Local Authorities. 2018/19 has been a year of significant improvement and we are now moving into a period of sustainability enabling us to thrive.

STABILISE → RECOVER → SUSTAIN → THRIVE

To set a clear direction going forward we have developed an Organisational Strategy so that we are clear about our 'reason for being', our ambition, our aims and how we plan to achieve these. The Health Board has two equally important functions to fulfil; we must improve population health so that people can stay well and we must deliver high quality care when people need it. These are detailed in our strategy on a page.

Principles

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



Values

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

CARING for each other | Working TOGETHER | always IMPROVING

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

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

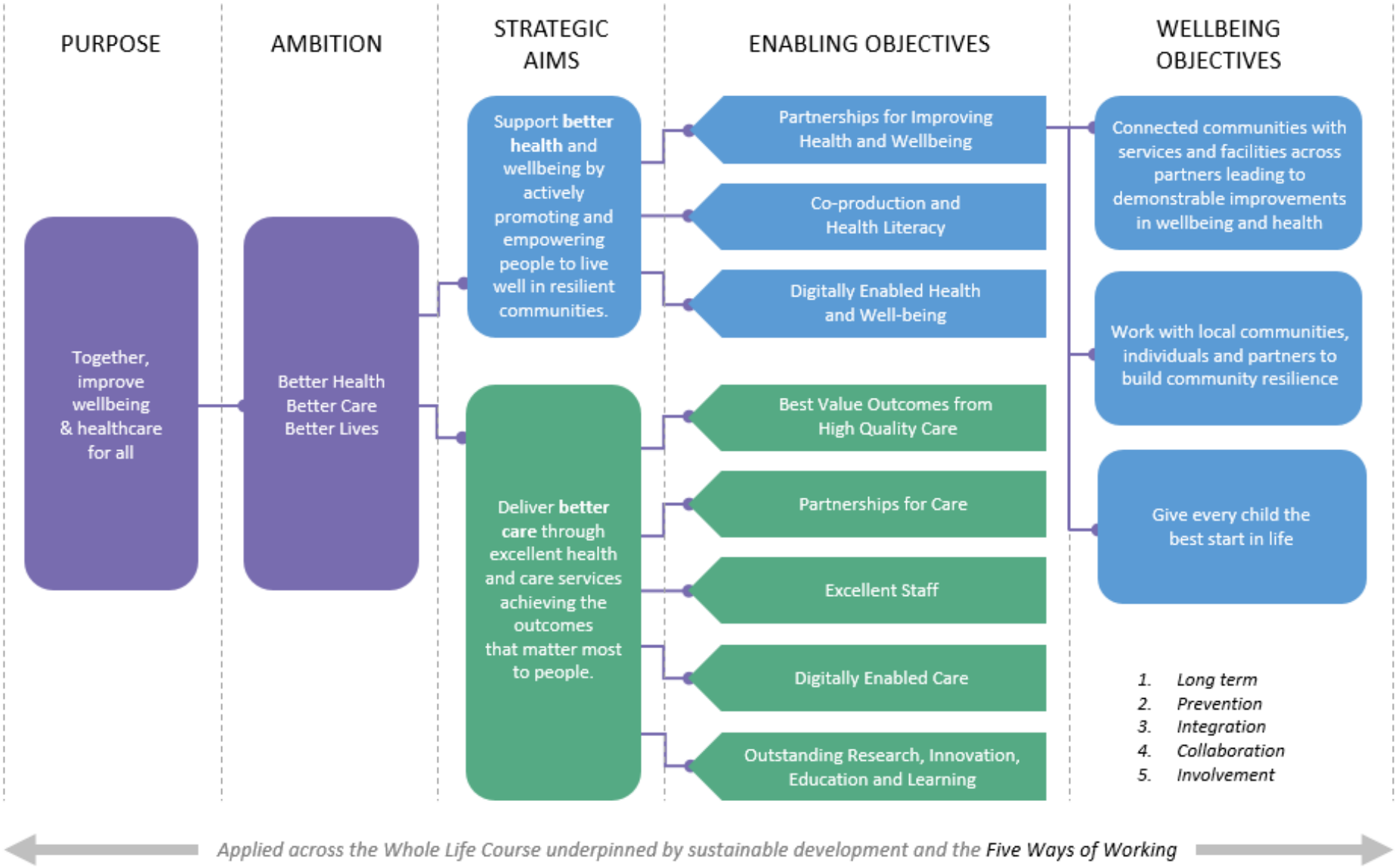
Working together as patients, families, carers, staff and communities so we always put patients first

We will: Listen closely; consider other's views and include people; appreciate others: be open, honest and clear; give constructive feedback and be open to and act on feedback ourselves; be supportive and say "thank you."

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

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

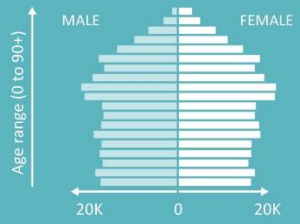
Our Strategy on a Page



1.2 Our Population's Health Needs and Wellbeing Assessments

POPULATION OF THE HEALTH BOARD

386,000
APROX. POPULATION



Projected increase in population including +9% in Swansea (the third largest increase in Wales). The Welsh population structure is projected to change, with substantial rise in the older population and a projected fall in working-age adults.

LATER YEARS

45%
In 2020, across the Health Board, just under half of the number of people aged 65+ will be living alone.

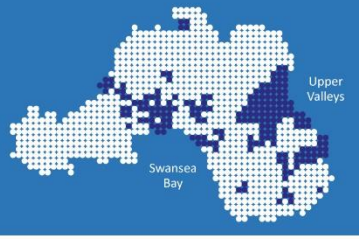
33%
1 in 3 will suffer a fall each year. Only 1 in 3 will return to former levels of independence and 1 in 3 will end up moving into long term care.

Yet many falls are preventable.

DEPRIVATION

>25%

The Health Board has more deprived communities than average for Wales, with over a quarter of our communities falling into the most deprived categories. Urban parts of Swansea, NPT and upper valley communities are particularly deprived.



CANCER

40%
4 in 10 cancers are preventable

BURDEN OF DISEASE

* 1 in 4 people will have a Mental Health problem at some time in their lives

The greatest causes of disease burden in Wales, as measured by the Disability Adjusted Life Year (DALY), are:

- *** 20%** The Health Board has a high rate of suicide, particularly in Neath Port Talbot
- **19%** Cancer
- **18%** Cardiovascular Disease
- **MSK** Musculoskeletal Disorders
- **SUBSTANCE MISUSE** is a particular issue in the Neath Port Talbot ares
- **11%** By 2030, 11% of people in the Health Board will have a Diabetes diagnosis

CHILDREN AND YOUNG PEOPLE

>20%
More than 1 in 5 children and young people aged under 20, live in poverty in Wales. Swansea West is one of the top 25 electorial wards with highest levels of child poverty in the UK.

LIFE EXPECTANCY CONTINUES TO RISE

82.3 YEARS | **78.5 YEARS**

...but the difference in life expectancy between the least and most deprived and most deprived areas is 9.7 years. Also, there is a >20 year (M) and 18 year (F) gap in *healthy life* expectancy.

BEHAVIOURS AFFECTING HEALTH (ALL WALES)

- **19%** 1 in 5 currently smoke (7% use e-cigarettes)
- **18%** 1 in 5 currently drink over weekly guidelines
- **53%** 1 in 2 active for 150 mins or more a week
- **23%** 1 in 4 eat five or more portions of fruit or veg
- **60%** 3 in 5 are overweight or obese
- **10%** Followed 0 or 1 healthy behaviours

1.3 About the Health Board; Working across the Whole System

The Health Board has responsibility for assessing the health needs of our population in Swansea and Neath Port Talbot local authorities and then commissioning, planning and delivering healthcare for those people. We also have a joint responsibility for improving the health and wellbeing of our diverse communities and, with our partners in the Public Service Boards, we have undertaken wellbeing assessments, as well as care needs assessments for certain client groups with partners through the Western Bay Regional Partnership Board.

*Data as 2017/18 minus Bridgend

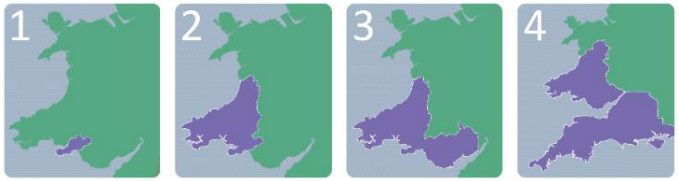
*Map to be updated post Bridgend Transfer

KEY:

1 Gorseinon
2 Singleton
3 Morriston
4 Cefn Coed
5 Tonna
6 Neath Port Talbot
7 Maesteg Community
8 Glanrhyd
9 Princess of Wales

Community Hospitals

Main hospitals by county



The Board's intent is to move to being a population health focused organisation, commissioning services to meet needs. Our two strategic aims **Supporting Better Health**; and **Delivering Better Care** and associated enabling objectives are clear in our ambition for change. We will become increasingly focused on working with partners to improve the wellbeing of our population. The Swansea and Neath Port Talbot **Public Service Boards'** Well Being Plans have clear and aligned priorities which we are actively engaged in. We have agreed our wellbeing objectives through the Organisational Strategy, and these are embedded in our plan:

Connected communities with services and facilities across partners leading to demonstrable improvements in wellbeing and health	Give every child the best start in life	Work with local communities, individuals and partners to build community resilience

Joint Regional Planning and Delivery Committee

This Committee's focus is on addressing our common challenges, particularly the immediate operational and performance pressures. The priority areas include cardiology; orthopaedics; endoscopy; vascular and ophthalmology services.

The Health Board delivers a range of specialised services on a regional basis, including Burns and Plastic Surgery (South Wales and South-West England), Forensic Mental Health Services (South Wales) and Learning Disability Services (ABMUHB, Cwm Taf and Cardiff and Vale University Health Board areas), The Wales Fertility Institute and the Regional Neuro Rehabilitation Services (South West Area). We also host the South West Wales Cancer Centre, providing radiotherapy and oncology and other regional services such as specialised cardio-thoracic and pancreatic surgery.

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

The Health Board is a key member of the **Western Bay Regional Partnership Board**, which has led the development of integrated services between health and social care in recent years. We have clear evidence of the impact of these services, for example:

Description of Scheme	Projected Outcomes and Outputs (Totals)	
Intermediate Care Services (underpinned by S33 agreement), Whole System Approach, Acute Clinical Response	Admissions avoided	2,919
	Number of bed days saved	29,190
	Cost of bed days saved	£3,669,600
Common Access Point	Number of people referred to Community Resource Team	7,424
Reablement – Discharge Facilitation	Discharges facilitated	957
	Number of bed days saved	2,817
	Cost avoided	£363,960

The relationships and integrated services we have developed have enabled us to be successful in securing RPB funding for a Transformation Fund Proposal; "Our Neighbourhood Approach". This is focused on enabling people and communities to become more self-supporting through a focus on maximising the assets we have through a place based approach. This, along with the **Cwmtawe Cluster**, which is a test case for how the national primary care model can be implemented sets out our expected future direction for focusing on wellbeing and prevention, with care, when required, planned and delivered as far as possible through a cluster based model of care.

Our joint working arrangements for these partnerships have been strengthened in 2018/19. The "Western Bay" arrangements have been reviewed to reflect the new planning arrangements without Bridgend, with a clearer set of strategic priorities to reflect A Healthier Wales, as well as simplified governance arrangements. Similarly, the Public Service Board priorities have been further refined and refocused to ensure we are delivering maximum value through these arrangements.

The key objectives and actions of these boards inform the planning and delivery of service in the Health Board and are set out in these plans:

- Western Bay Area Plan
- Swansea PSB Area Plan
- NPT PSB Area Plan

A priority area within the **Clinical Services Plan** is to further develop our regional plans and service pathways, particularly with Hywel Dda Health Board. Together with Swansea University, the two Health Boards continue to be committed to progressing the ARCH Programme to improve the health, wealth and wellbeing for the population of South West Wales. The programme has been refocussed during 2018/19, and with a larger programme management office is in a strong position to lead further change during the period of this plan. The detail of the ARCH programme is contained with the Portfolio Delivery Plan and the recent update on progress.

Hywel Dda UHB has recently approved its Clinical Services Plan "A Healthier Mid and West Wales", and together, we have ensured that both Clinical Services Plans (CSPs) support each other. There are mutual opportunities and challenges with both CSPs, the opportunity for more care to be delivered closer to people's homes in mid and west Wales through new pathways, workforce models and roles and technology; as well as challenges. We know that more people will need to be cared for in Morriston Hospital as the regional centre, particularly for acute medicine and complex surgery for people of high acuity. We know that any business case which Hywel Dda UHB develops will need to be accompanied by a jointly produced business case for additional capacity at Morriston.

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

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

1.4 Achievements in 2018/19

Promoting and Enabling Healthier Communities

- ✓ Transformation Fund Bid approved forNeighbourhood Approach and primary Care Cluster Model in Cwmtawe and Neath Clusters
- ✓ Primary Care Pipeline funding agreed for Wellness Centres
- ✓ 'Making Every Contact Count' and Healthy Literacy approaches embedded across the Health Board
- ✓ Excellent progress in childhood vaccinations
- ✓ The best Health Board in Wales for staff flu vaccination Developing preventive approach to mental wellbeing, working with GP clusters, sports clubs and developing suicide prevention plans for NPT and Swansea with the PSBs
- ✓ Secured in-principle support from Health Board and Swansea Council to apply for re-designation as a WHO Healthy City for phase VII in 2019
- ✓ Maintaining our position as provider for the highest % of patients receiving dental care compared to all other Health Boards and significantly higher than the Welsh Average
- ✓ 111 service fully utilised across ABMUHB

Securing a Fully Engaged and Skilled Workforce

- ✓ We have recruited 140 qualified nurses and 43 HCSWs and reduced our turnover by 1.28%
- ✓ As a result our vacancy rate has decreased for the first time in two years to 7.5%
- ✓ 8 cohorts of PADR training have been delivered covering 148 managers since April 2018 and our PADR rate has increased to 65%
- ✓ Employee Relations strategy in development to support improved ER climate , including support from ACAS and review of complex cases
- ✓ Highest number of responses to staff survey to date and increase in engagement score
- ✓ Since April 2017 511 managers / supervisors have attended the award-winning Footprints behavioural leadership programme.
- ✓ Leadership development has been enhanced through the development of Bridges - a 4 day behavioural leadership programme targeted at senior managers

Delivering Excellent Patient Outcomes, Experience and Access

- ✓ More than 96% of patients who would highly recommend the Health Board to friends and family
- ✓ Continuing to reduce the number of falls with a 7% decrease on same period last year)
- ✓ Continuing to reduce incidence of pressure ulcers with a 13% reduction in HB-acquired pressure ulcers
- ✓ Development of integrated diabetes model: rolled out to 4 clusters covered population of 175,000. So far over 17,000 patients with, or at risk of, pre-diabetes now being screened.
- ✓ Consistently hitting or exceeding all requirements of sections 1, 3 and 4 of the Mental Health Measure
- ✓ Early intervention in psychosis service expanded
- ✓ Mental Health Crisis Teams expanded to 24 hours across Health Board

❑ **Unscheduled Care**

- ✓ 17% reduction in combined medicine length of stay over 18 month period
- ✓ Rate of readmissions continues to decrease and number of medical admissions has stabilised
- ✓ Improved frailty services across the Health Board, particularly at the Front Door
- ✓ Trialled new, evidence-based models through Winter Plan
- ✓ Bed Utilisation Survey and NHS Wales Delivery Unit audit of complex discharge undertaken

❑ **Stroke**

- ✓ Significant progress made in performance against stroke measures
- ✓ Following support from the NHS Wales Delivery unit, Task and Finish Groups established overseeing actions to address admission, flow and discharge.

❑ **Planned Care**

- ✓ Over 2,000 fewer patients waiting on our waiting lists than same period in 2017
- ✓ Number of patients waiting over 36 weeks lowest since June 2014 - achieved HB target at end Qu3
- ✓ Achieving targets for performance in outpatients, therapies and diagnostics

❑ **Cancer**

- ✓ Rapid Diagnostic Clinic concept achieved very positive evaluation and funded for 2019/20
- ✓ Significant improvements in our priority areas of urology and gynaecology pathways
- ✓ Roll out of 'live' pathway monitoring through the new Cancer Dashboard

❑ **Healthcare Acquired Infections**

- ✓ Significant progress against all three infection control target areas with improvement against our Annual Plan trajectories in all areas.

Demonstrating Value and Sustainability

- ✓ Successfully secured WG funding to embed and maximise use of Value-based Healthcare regional approach based on our ambition and expertise
- ✓ Key partner in the Pfizer Global Funded Partnership with Swansea University for value based healthcare
- ✓ Programme of Service Remodelling has delivered significant change and work continues to rebalance care into the community in acute, community and mental health service
- ✓ Reviewed range of digital opportunities to improve routine collection of PROMs.
- ✓ Rolled out our Patient Knows Best system to 100 patients and text reminder service has reduced DNAs
- ✓ Digital mobilisation enabled 33% more patients to be seen by DNs compared to last year
- ✓ 92% of referrals now prioritised electronically,
- ✓ Patient flow digital systems made measurable improvements in medical, pharmacy and administrative time
- ✓ Measurable quality improvements through e-pathology test requesting and digital dictation rollout

Embedding Effective Governance and Partnerships

- ✓ Renewed Board leadership with a stable Executive and Board
- ✓ Our Organisational Strategy has been approved by the Board
- ✓ Our Clinical Services Plan has been developed through strong clinical engagement for Board approval in January 2019
- ✓ Kings Fund Development Programme with the Board, Executive Directors and Service Directors progressing well
- ✓ Strategic partnership with Cardiff and Vale UHB established and working through a number of specialised services priorities
- ✓ Refocused ARCH programme delivering change
- ✓ South West Wales Joint Regional Planning and Delivery Committee maturing
- ✓ Developed approved Transformation Fund Bid proposals in partnership and review of Western Bay Partnership Board undertaken
- ✓ Strengthened leadership role regionally with the Health

1.5 Opportunities and Challenges in 2019/20-21/22

As previously set out, we will be a new organisation in April 2019. Having learned from the last two extremely challenging years, we are now able to plan to transform our organisation into one which will be sustainable into the future. There are still many improvements to be made, which we fully recognise, and we must continue to improve, to maintain confidence and to gain momentum to deliver the ambition set out in our Organisational Strategy. Based on our considerable achievements in 2018/19 we consider our opportunities and challenges to be as follows:

STRENGTHS	PRIORITIES
• A strong strategic direction for the Health Board with an agreed Organisational Strategy. • A Clinical Services Plan to underpin new service models, clinical sustainability and clinical engagement in transformation. • Renewed Leadership through a stable Executive Team and Board. • Demonstrable improvements in staff engagement evidenced through the Staff Survey, and our workforce indictors (e.g. vacancy rate) are improving • High quality clinical services in many areas, and quality indicators such as falls, pressure ulcers and HCAIs are improving. • Improvements in performance indicators and delivery of financial plan in last two years. • Excellent relationships with Hywel Dda University Health Board and strong regional and partnership working.	• Continuing to improve performance in key areas to deliver better access and quality of care for patients • Achieving financial balance.. • Redesigning and engaging our workforce so that we become sustainable, with significantly reduced reliance on temporary staff. • Strengthening our partnerships with local authorities, communities and individuals to plan and deliver more services in an integrated way on a Cluster basis, enabling improved health and wellbeing. • Implementing our Clinical Services Plan to improve access, quality, recruitment and retention. • Shifting the balance of care so more people receive care in their own homes to maintain their independence. • Securing an agreed IMTP during 2019/20 and achieving an improvement in our monitoring status.
OPPORTUNITIES	**RISKS & THREATS**
• Renewed leadership in a new organisational footprint will provide clear strategic direction and focus through our Transformation Programme. • Building on our mature partnership arrangements with local authorities through the Western Bay Regional Partnership Board to radically transform the out-of-hospital offer and performance. This includes approval for integrated Transformation Fund developments such as the Neighbourhood Approach, roll out of Cluster Model and Hospital2Home. • Maximising opportunities and efficiency across our healthcare system to become sustainable across all our services. • Engaging with local communities to understand what matters to them to make informed decisions about use of resources.	• Continued focus on short term pressures distracts from long term change and sustainability. • Impact of BREXIT. • Workforce shortages, particularly in nursing and some specialties make services highly fragile. • Ability to improve flow across the whole system may impede ability to transform services. • Resource commitment to managing the impact of the Bridgend transfer including extensive LTA/SLA monitoring and ongoing, medium term clinical and corporate disaggregation of services.

1.6 Clinical Services Plan

The Clinical Services Plan 2019-24, led by clinicians and developed with staff and stakeholders, is central to the ambition of our Organisational Strategy. It is an update of Changing for the Better (2013) our first clinical plan. It describes how we will transform wellness and primary and community services to underpin significant service change in our major hospitals; enabling them to dedicate their expertise to meeting the needs of those who most need their care, in particular the frail, elderly and acutely ill.

Principles

Our Clinical Services Plan principles align strongly to the Healthier Wales quadruple aim and were developed to guide us in agreeing the Clinical Services Plan ambitions to become the care system we aspire to be.

One System of Care	My Home First
Right Place, Right Time, Right Person	Better Together

Opportunities to Improve

Clinical Redesign Groups reviewed current and projected challenges and opportunities for unscheduled care, surgical and regional services. This showed that 'doing nothing' would continue to exacerbate the significant challenges faced over the next five to ten years in delivering outcomes that matter to people, high quality, safe and accessible services. Our analysis on patient access and quality of care identified a number of areas with opportunities to improve;

- Surgical pre and post-operative lengths of stay in hospital
- Patients being admitted with conditions that can be treated without an admission
- Provision of day case surgical services
- Pace of discharge from hospital
- Length of hospital stays
- Waits for out-patient and follow up appointments

Making these improvements is essential to the successful delivery of the Clinical Services Plan, however, they alone are insufficient to address the scale of the challenges we face. To ensure we have sustainable services able to deliver outcomes that matter to patients we need to make transformational change; particularly in primary and community services to enable more people to receive care close to home and deliver sustainable hospital services for surgical, frailty and acute care.

Our Clinical Services Plan Priorities

Role of Integrated Primary and Community Care

We will radically change our approach to population health through the adoption of an integrated approach to care which facilitates healthy lifestyles, preventative care, self-care and out of hospital care. Integrating primary and community based services, physical and mental health services, with our partners, and transitioning care out of hospital into the community where possible will strengthen our care system as a whole. Focussing our attention on developing community resilience and well-being and delivering outcomes that matter to people will improve the health of our population as a whole.

Role of Our Major Hospitals

Options for the reconfiguration of our major hospital roles, underpinned by our plan to radically change our approach to integrated, primary and community care, were shared with staff and stakeholders before our Clinical Senate Council recommended the preferred option below:

Role	Hospital
Unscheduled Acute Medical Care	Morriston
Surgery by Complexity	Morriston, Singleton, Neath Port Talbot
Frailty (post assessment)	Singleton and Neath Port Talbot

Clinical Services Ambitions

Our ambitions for clinical services reflect the strategic intent set out above and have been informed by the refresh of our strategic needs assessment, national strategic policy drivers, sustainability opportunities identified through our clinical engagement and the key messages from staff and stakeholder engagement from both Changing for the Better and this up-date process.

- Population Health
- Older People
- Maternity and Young People
- Cancer
- Planned Care
- Unscheduled Care
- Mental Health and Learning Disabilities

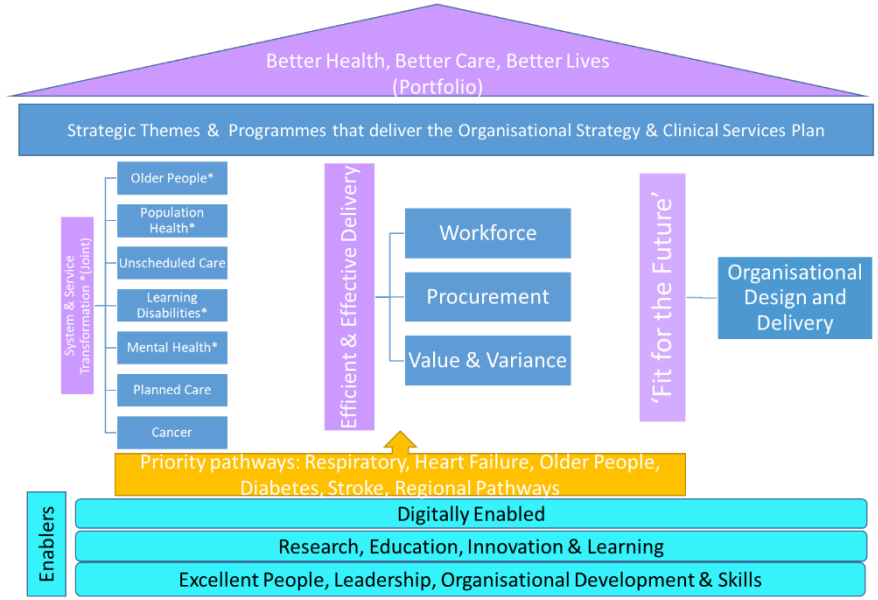
1.7 Our Operating Model and Transformation Programme

As we move into a new phase of development with a clear vision and strategic direction for the organisation established, the way in which we organise ourselves to ensure effective delivery is critical. In 2019/20, it is proposed that an overarching 'Transformation portfolio' is established to provide a clear home for all transformation work within the organisation and to move away from a number of disparate approaches. In this way, the Board will have a clear delivery mechanism that will oversee the delivery of both the Organisational Plan, Clinical Services Plan and other key priorities (such as embedding the new operating model). The overall portfolio is still being shaped but there are three key emerging themes:

- ***Service & System Transformation*** –focussed on priority programmes and projects that have emerged from the Clinical Services Plan. The individual Programmes will provide a means of ensuring that all system and service transformation efforts are aligned, allowing the Board to clearly plan and identify service change in a systematic way that maps interdependencies between service areas. It will focus on helping us to become a 'population health' organisation as well as planning a complex set of service changes to reshape our current models of hospital services. Embedded within these programmes will be a focus on high value opportunities – helping the organisation become more efficient in the way in which we deliver services.
- **Efficient and Effective Delivery** –dedicated programmes that focus on supporting the organisation to deliver efficient and effective care, maximising resource use and embedding digital solutions as part of this. There will be projects that focus on digital solutions as well as a focus on creating value, and minimising clinical variation. These programmes will encompass the exciting work that we have started with Hywel Dda University Health Board, Welsh Government and Swansea University to take forward Value Based Health Care, focussing on the delivery of care that maximises outcomes for patients.
- **Fit for the Future** - this theme focusses on the work that we need to do to become an effective and well governed organisation that operates effectively in the way in which we conducts business and makes decisions. This work will include developing appropriate performance management arrangements, streamlining decision making and Organisational Development.

Each programme is being scoped and the specific year one priorities ("products") are being collated. The Programmes will have both clinical and managerial leadership and lead roles are under consideration. A central Programme Management Office (PMO) will coordinate and oversee the portfolio and a number of programmes (for example older people, mental health, learning disabilities) will be joint programmes of work to be taken forward with partners and governed appropriately.

There are a number of critical enablers (such as our Digital Plan) and these will be integrated into the Programme arrangement to ensure alignment and effective oversight. The Programme arrangements will continue to evolve during the final quarter with a launch during March 2019.



2. Achieving our Ambition:
Strategic Aim - Support better health and wellbeing by actively, promoting and empowering people to live well in resilient communities

2.1 Strategic Objective: Partnerships for Improving Health and Well-being

In 2018/19, we undertook a rapid review of our population health needs to provide a baseline for the development of our Clinical Services Plan. This was also used, along with our Wellbeing Objectives and other information to develop a set of Commissioning Intentions to guide our planning. These are included in Appendix 1. The rapid review built on the regional Population Needs Assessment and the two Wellbeing Assessments undertaken by the Public Services Boards (Swansea PSB and Neath Port Talbot PSB) As shown in the summary in Section 1.2, significant changes are required in the medium term to improve population health in Swansea and Neath Port Talbot and deliver improved, integrated services for our population in line with the goals of 'A Healthier Wales'.

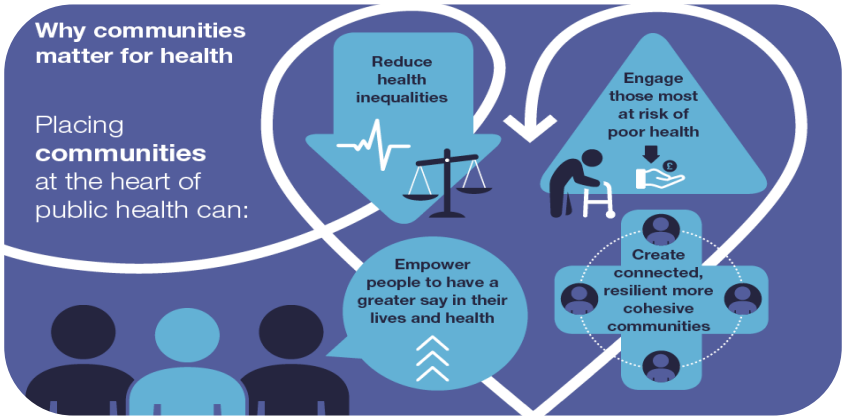
During 2018/19, with partners, the Health Board has increasingly shifted from an individual level behavioural approach with a focus on a small number of lifestyle behaviours, to a more integrated, socio-ecological approach to population health. This has led to a number of new and innovative approaches, collaborations and successes during the year.

Prevention **Integration** **Involvement** **Collaboration** **Long Term**

This approach aligns with the Wellbeing of Future Generations (Wales) Act (including the Sustainability Principle's Five Ways of Working shown above), Social Services Wellbeing Act and the establishment of local Public Services Boards (PSBs). The PSBs' respective Wellbeing Plans are being implemented to address the priorities and issues in each locality. There is considerable synergy between the different wellbeing plan priorities across the two Local Authority areas and we will continue to work closely using a place based approach to addressing health inequalities. Many of the actions within our plan are reflective of the importance of integration and taking a long term, preventative approach to the commissioning and provision of health care locally, aligned to the five ways of working.

The Western Bay Regional Partnership Board is a well-established and mature primary delivery mechanism for integrated services which are founded in the Wellbeing of Future Generations (Wales) Act and Social Services Wellbeing Act. In 2018/19 a review of the Board's structures and priorities has been undertaken which are strongly aligned to our Annual Plan priorities, and are referenced throughout the document.

Key to this work is a shift to an asset-based community development approach to whole system thinking and working. The benefits for the health of community and individuals are highlighted in the following diagram:



Source: PHE 2018

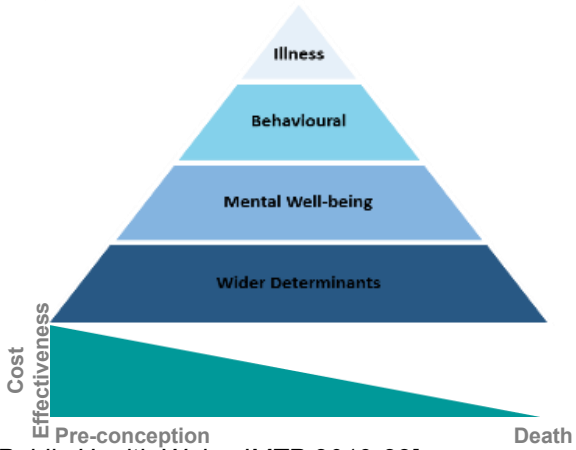
We will achieve a system change by implementing whole system values:

- Co-ordinating health and social care services seamlessly, wrapped around the needs and preferences of the individual, so that it makes no difference who is providing individual services
- Measuring the health and wellbeing outcomes which matter to people, and using that information to support improvement and better collaborative decision making
- Proactively supporting people throughout the whole of their lives, making an extra effort to reach those most in need to help reduce the health and wellbeing inequalities that exist
- Driving transformative change through strong leadership and clear decision making, adopting good practice and new models and developing open and confident engagement with external partners
- Promoting the distinctive values and culture of the Welsh whole system approach with pride, making the case for how different choices are delivering more equitable outcomes and making Wales a better place in which to live and work.

Underpinning all of this is the need to take action on improving and maintaining people's mental health and wellbeing. Our population health needs assessment confirmed that this is a significant issue across our area. Through Western Bay we recently agreed a strategic framework for adult mental health services which is based on supporting people with lower levels of need to prevent escalation. Our Neighbourhood Model of community resilience and our rollout of the Primary Care Model for Wales through all our Primary Care Clusters will also include a focus on promoting mental health and wellbeing.

The following diagram illustrates the relationship between these different facets and how illness is the end point of an accumulation of unfavourable factors and influences that drive behaviours which result in ill health. It also clearly illustrates the need to address mental wellbeing as part of any intervention and that this, in turn, is driven by our wider life context. The evidence base points to the need to intervene early in a person's life to be most cost effective, making pregnancy and the early years of a person's life a crucial time for intervening from a prevention perspective.

Taking on board these different drivers of action and learning from the last year's work programme, our plans for 2019/20-22 are focused on the following:



[Source: Public Health Wales IMTP 2019-22]

Addressing Behavioural and Clinical Risk Factors as Part of Reducing the Burden of Disease

Mental Health and Wellbeing

Through our Western Bay Regional Partnership Board Neighbourhood Approach (Section 2.1), our plan is to develop an integrated (mental) wellbeing service with one front door into a range of opportunities within neighbourhoods which focus on building community resilience and social connectedness to address low level mental health issues and wider wellbeing including loneliness. Putting prevention and self-management at the heart of what we do will improve people's mental health and wellbeing. This plan includes mapping what we already have, and understanding and creating connections to enhance networks and working from an asset-based perspective.

Suicide and Self-harm Prevention

We are continuing to contribute to meeting the aims and objectives of the Welsh Government's Talk to Me 2 national suicide prevention strategy. This will continue to be of particular importance for the Neath Port Talbot area which has the highest suicide rate in Wales. Among males and females there is an association between suicide and area of residence-based deprivation, with rates being higher in our more deprived communities.

Last year's mid-point review of Talk to Me 2 found that excellent progress had been made in the development of local action plans for suicide prevention, good progress had been made in improving awareness and some progress has been made in responding to crisis, the management of self-harm and supporting those bereaved by suicide. The review reinforced that "no single organisation in isolation can prevent suicide and self-harm. National strategies allow for the co-ordination of action but there must be shared responsibility at all levels of the community, if it is to have a chance of success."

Locally, we have been active in the regional suicide prevention group with colleagues from Hywel Dda University Health Board and the local authorities as well as other public and third sector organisations. In 2019/20, we will develop and embed an action plan with stakeholders which is owned by all agencies for Swansea and Neath Port Talbot to reduce suicide and self-harm, working collaboratively and co-designing solutions to take it forward.

Substance and Alcohol Misuse
In addition to being a cause for concern due to the high rate of suicide, the Neath Port Talbot area has the second highest rate of drug-related deaths in the UK, and Swansea is the fourth highest. We will continue our work with partners to take a holistic approach to tackling these issues and our plans to address them through public health approaches are described in section 2.2.

Behavioural Science
We will develop tools and frameworks that enable routine application of evidence based behavioural science to address key challenges locally and nationally. We will take this forward using new capacity and capability within the Public Health team and developing a network of behaviour change agents and champions across all sectors of the Health Board and partner organisations.

Joint Work Programme with Public Health Wales
Through working jointly with Public Heath Wales we will take action to deliver the collective long term outcomes of:

- Reduced premature mortality (under 75) for the people of Wales, locally and nationally
- Increased average length of life that people in Wales spend without disability or disease/ in good health, locally and nationally
- Reduced inequalities in the length of life that people in Wales spend without disability or disease/ in good health, locally and nationally

The focus has been agreed as being on the following clinical risk factors:

Obesity Cholesterol Hypertension Fasting plasma glucose

More detail on our primary prevention actions to improve these clinical risk factors is included in section 2.2.

Releasing the potential for Resilient Communities (Wellbeing Objective)
The Western Bay Neighbourhood Approach: The Health Board supports the ambition of 'A Healthier Wales' through our strong, mature Western Bay partnership arrangements. The Western Bay Regional Partnership Board submitted a successful Transformation Fund bid to develop Our Neighbourhood Approach to community resilience in 2019/20. This will be supported by a strong public health improvement programme of work:

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

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

We also envisage that once staff have moved to the new model for delivering the place based approach that this will be mainstreamed though realigned services. Additional staff appointed during the transition will be employed on a fixed term basis to support the development and implementation of the new

model. However detailed planning for the model is underway and the workforce models will be agreed in early 2019/20.

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

Our aim is to embed an ABCD approach that empowers people and neighbourhoods to co-design services to meet their needs better and to focus on developing assets within communities. We will empower our staff to reduce the paternalistic relationship and empower communities to own the assets that will help them help themselves. This will facilitate people to provide support to members of their own community based on what matters to them, taking control of their own health and wellbeing.

Housing and Health

Housing is a setting which offers significant opportunities to intervene and support individuals, families and communities. Population health improvement priorities that can be progressed through housing include:

- Environmental (mould, damp, cold, indoor toxins, infestations, risk factors for falls)
- Socio-economic (energy efficiency, fuel poverty, overcrowding, smoking, loneliness)
- Planning (noise, lack of green space, long term conditions).

We will work with partners to future proof housing as people get older so that accommodation can be fit for purpose or flexible to meet their needs. Flexible housing meet different levels of care needs, and it is important to build flexible housing from the start that can adapt over the life course. Key target at risk groups are children, older people, those with existing Long Term Conditions and the unemployed. Our actions will include housing assessment/mapping to understand local housing stock and issues across the area; identification of key actions drawing on the national policy context; sharing of best practice; development of a work programme to address areas of common concern with key partners; joint working to prevent homelessness, falls, loneliness and isolation across the area; and, supporting project evaluation to demonstrate health and wellbeing benefits.

Health in All Policies Frameworks

We will work with partners to represent health in all policies to create healthier environments through planning and supporting the development of enhanced green and blue spaces using enhanced Green Infrastructure mapping undertaken. We will work with partners and communities on improvements in key areas, with a focus on areas of deprivation. In 2018/19, we appointed “Vital Energi” to undertake investment grade proposals for energy conservation schemes, and will use this assessment to develop plans.

Employment and Work and Wellbeing

The Health Board will support the Public Service Boards’ collective priority to improve workplace wellbeing by delivering measurable improvements in sickness absence, staff health and wellbeing, employee engagement and productivity (Section 3.5). By doing this the organisation will contribute to the longer term agenda of a thriving local economy that supports good employment for all and is particularly important given our status as a major employer in the area. The Health Board already has the best rate of staff flu vaccination in Wales and we will continue to aim to be the best in 2019/20.

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

Giving every child the best start in life is essential to reducing health inequalities across the life course and this is a high priority for the Health Board. There are benefits to be gained from action taken at all ages and stages, the Health Board’s focus on the early years, children and young people recognises the importance of getting this right in the first instance. Details of the plans for Maternity services and services for Children and Young People can be found in Sections 3.1.8 and 3.1.9.

Summary Plan and Enablers - Partnerships for Improving Health and Well-being

Actions	Milestones 2019/20		Measures	Lead
Take asset based approach to build community resilience and social connectedness.	Q1	Map current assets	PHF_14	DPH
Agree multi-sectorial **Suicide and Self Harm Prevention** action plans	Q1	Develop of Action Plan	PHF_43 PHF_3a	DPH
	Q2	Establish Multi-agency group		

	Q3	RPB approval of Action Plan	PH_3b HW_DP2	
	Q4	Implement Action Plan		
Implement the **Neighbourhood Approach** Project Plan (see Bid for more detail)	Q1	Project Office in place	PHF_35a PHF_35b HW_DP1	DoS
	Q2	Outcome Measures Agreed		
	Q3	Implementation		
	Q4	Evaluation for potential roll-out		
Work with partners, targeting at risk groups to improve **Health and Housing** including environmental factors, flexible housing, homelessness and future proofing.	Q1	Assessment of housing stock/issues	PHF_17	DPH
	Q2	Identify key actions		
	Q3	Develop work programme		
	Q4	Implement work programme		
Develop **Health in All Policies Framework** with partners developing enhanced green and blue spaces using Green Infrastructure mapping.	Q1	Review assessment	PHF_18	DPH
	Q2	Develop Proposals		
	Q3	Develop Implementation Plan		
	Q4	Implement Plan		
Substance and Alcohol Misuse	(see Section2.2)			DPH
Implement the **Workplace / Staff Wellbeing Work Programme**	(see Section 3.5)			WOD

Details of all measures can all be found in Appendix 13

Workforce	Finance
Backfill and training as described in project plan for: • Social Workers • Community Services • Mental Health Workers • Substance Misuse Workers Appointment of programme office by April 2019. The approach will require an expansion to the Multidisciplinary team and additional investment in Physiotherapy, Advanced Nurse Practitioners, and practice based Pharmacists, Clinical Resource, Paramedics and Audiology. In addition, a community Phlebotomy service will be established in addition to the enhancement of other services such as Health Visiting, Speech and Language therapy and Mental Health. Detailed workforce plans to be developed following appointment of programme by Quarter 2 2019/20.	• Successful Transformation Fund bid approved - £5.920m.
Capital	**Digital**
• Transformation Fund Bid includes funding for facilities for the programme office	See Section 2 – Digitally Enabled Health and Wellbeing
Bridgend Transfer Implications	
A shadow infrastructure for the Local Public Health Teams is in development which includes draft handover plans. Cwm Taf UHB Local Public Health Team have given assurance that there will be on-going support and advice for a transitional period of time post March 2019.	

2.2 Strategic Objective: Co-Production and Health Literacy

Co-production

Co-production continues to become embedded in the design and delivery of services. For example, our Strategic Framework for Adult Mental Health was produced following extensive engagement with service users and carers using a 'So Tell Us What You Think' methodology, and the report was provided to the Board as part of the decision to approve the Framework in November 2018. However, co-production is not yet systematised through all of our planning and delivery and this will be addressed through our Transformation Programme as we plan to deliver our Organisational Strategy and Clinical Services Plan to become a sustainable organisation.

Co-production for individual patients and patient groups will be entrenched through people designing services as a collective, using digital technology wherever possible. More detail on this is included in Section 2.3. In 2018/19, we agreed a new approach to joint working between the Local Public Health Team and staff the Primary Care and Community Service Delivery Unit. Fundamental to this new way of working is the importance of co-production and co-design with the population. This is drawing on successful approaches seen in the WHO Healthy Cities network, Frome, North Karelia (CVD prevention success story) and Wigan Council.

Promoting Healthy Behaviours and Reducing Risk Factors

We will undertake a range of primary prevention activities in 2019/20:

Smoking Cessation

21% of our population smoke (with 8% using e-cigarettes) and we aim to improve on this by March 2022 with the aim that 3.5% of all smokers make a quit attempt in 2019/20. In 2019/20 we will continue to focus on improving peri-natal health through further work undertaken to reduce maternal smoking by improving quit rates in pregnant women and increasing smoking cessation rates in people with mental health problems. The Health Board will continue to promote the de-normalisation of smoking and smoke-free environments, particularly in hospital grounds.

Childhood Immunisations and Screening

We made good progress in 2018/19 to improve the rates of childhood immunisations in our area. Over the next three years we aim to continually improve the uptake of childhood immunisations and screening from key target groups such as those in areas of deprivation which historically have a poorer uptake as part of our work to address health inequalities. We will do this through local teams analysing and addressing the patterns of uptake of screening and immunisation appointments. We will also improve the screening programmes we deliver for new born and infant physical examination, school age vision and hearing screening; and have programmes in place to quality assure these programmes. Our actions for childhood screening are included in our Maternity and Children and Young people's Plans in Sections 3.1.9 and 3.1.9.

Flu Vaccination

We will continue our work between with primary care teams to improve flu vaccination rates for our at risk populations. This is particularly important as part of our Respiratory Delivery Plan and Unscheduled Care Plan due to our high rates of respiratory disease. We are proud of our record of being the best Health Board in Wales with regard to staff flu vaccination and we will continue to improve our practice and to aim to be the top Health Board in Wales.

Physical Activity

In 2019/20 we will continue to implement our jointly agreed Physical Activity Strategy through the four sub-groups of the Physical Activity Alliance which will progress age relevant actions to increase physical activity across our area. As part of our Respiratory Disease Delivery Plan, we will continue to address the issues caused by our high rate of respiratory disease by providing primary and community based Pulmonary Rehabilitation courses in all of the Primary Care Clusters across the Health Board. This includes exercise and other advice tailored specifically to those with chronic respiratory disease to promote activity and improve quality of life.

We have developed a unique collaboration with National Exercise Referral Scheme (NERS) to deliver the exercise component in order to provide consistency and continuity and achieve our aim to improve the long term benefits of the PR course.

Healthy Eating

Welsh Government will be publishing a new Obesity Pathway in the summer of 2019. It will require the Health Board to report on metrics and outcomes

which will enable us to benchmark our status in Wales and as a result we will develop local plans to improve outcomes.

Alcohol and Substance Misuse

We will continue to support our Liver Disease Delivery Plan by providing brief Intervention training for alcohol misuse that has been developed and provided and in 2019/20 this will be rolled out to primary care settings. With the introduction of the Minimum Pricing for Alcohol Act in summer 2019 there will be awareness raising and promoting of safer consumption of alcohol across the Health Board area. In 2019/20, work will continue to focus on reducing Drug Related Deaths in our area by focusing on reducing delays to Opiate Substitute Therapy. We will also undertake an Area Planning Board service review to improve the quantity and quality of interactions with local agencies and plans are in place to improve needle exchange provision.

Reducing Health Inequalities

Wellness Centres

We will be developing integrated Wellness Centres in Swansea and Neath Port Talbot with the Swansea City Centre Wellness Centre the first to be planned, in line with Welsh Government Primary Care Pipeline funding. A Strategic Outline Case is in development for consideration by the Health Board and Welsh Government in 2019. This is an area of high deprivation, with health needs related to inner city areas and vulnerable groups such as poverty, substance and alcohol misuse and sexual health issues. In 2019/20 In 2019/20, we will appoint a project manager, update the project plans and submit the Strategic Outline Case. For Neath Port Talbot we will explore securing Primary Care Pipeline funds to support Neath Wellness Centre and/or scope the feasibility of redeveloping the Port Talbot Resource Centre. In future years we will scope the feasibility of second Wellness Centre in Morriston, Swansea and consider submitting for capital Pipeline funding.

Making Every Contact Count (MECC)

In 2019/20, we will develop a full programme of MECC training, building on existing national MECC resources, which embeds health literacy approaches into the programme. MECC will be re-purposed to become a core competency for healthy conversations which lead to behaviour change. This will sit alongside lifestyle behaviours and other key messages, identified by and developed with communities and partners.

Ageing Well

Our public health approaches to ageing well include outcomes through eating healthily, increasing physical activity; reducing drug and alcohol consumption and mental health improvements as well as the work on flu vaccination and respiratory disease that has already been described. Over the next three years we will deliver a joint work programme with Public Health Wales and Health Board to deliver collective outcomes of:

- Reduced premature mortality (under 75) for the people of Wales
- Increased average length of life that people in Wales spend without disability or disease/ in good health, locally and nationally
- Reduced inequalities in the length of life that people in Wales spend without disability or disease/ in good health, locally and nationally.

Transformation Opportunities

Integrated Wellness Centres

Wellness services are those services that promote health and wellbeing rather than diagnose and treat illness. They provide support to help people to live healthy lives, in managing their physical, mental and social wellness. The establishment of integrated wellness centre facilitates delivery of a new and more collaborative model of primary care, founded upon a multi-sector and multi-disciplinary approach to integrated service delivery. The initial wellness centre is proposed for Swansea City Centre with further rollout to NPT following evaluation of the success in supporting the vulnerable groups. The strategic aim is to develop a Wellness Centre that can:

- Support improvement of health and wellbeing and reduce health inequalities;
- Promote self-care and a preventative approach to improving population health, providing a range of wellbeing services
- Address the sustainability of primary and community services by providing modern fit for purpose facilities to address the inverse care law
- Provide capacity for increased population growth in Swansea and support cluster based working in the city health cluster
- Maximise the opportunities presented through the digital health agenda; Support multi agency and multi-disciplinary working between and across public sector agencies and boundaries
- Contribute to the strategic aims set out in the Swansea City Area Regeneration Framework to increase those living, working and visiting the City Centre and support the World Health Organisation (WHO) Healthy City designation of Swansea.

Summary Plan and Enablers- Co-Production and Health Literacy

Actions	Milestones 2019/20		Measures	Lead
Continue to promote **smoking cessation** particularly among pregnant women and improving the four week CO2 monitored quit rates	Q1	Realign local smoking cessation services	NDF_6&7 PHF_20, 25 &28	DPH
Improve uptake of **childhood immunisations**, particularly for those in areas of high deprivation	Q4	Minimum 90% uptake childhoods imms, MMR vaccination in teenage population, HPV / Teenage booster. Improve uptake of Men ACWY in primary care	NDF_2 NDF_3 PHF_30	DPH
Improve **Flu Vaccination** uptake rates for Children, people with chronic conditions, people over 65 and staff through Flu immunisation campaign and Flu Action Plan	Q1	Evaluation of previous campaign	NDF_5 HW_DP1	DPH
	Q2	Develop Plan		
	Q3	Commence campaign		
Improve **healthy Eating** through pre-referral advice for Under threes into flying start, Nutrition Skills for Life, pre-diabetes scheme and the Obesity pathway.	Q1	Expand the Nutrition Skills for Life programme.	NDF_4 PHF_33 PHF_38a PHF_38b	DPH
	Q2	Establish Nutrition and Dietetic service in Workplace Health Programmes		
	Q4	Increase dietetic capacity for Level 3 Obesity Service		
	Q4	Establish Foodwise programme within clusters		
Improve levels of **Physical Activity** through Exercise and Lifestyle Programme and Pulmonary Rehabilitation courses.	Q1	Review Exercise and Lifestyle programme pilot	PHF_19 PHF_24 HW_DP1	DPH
	Q2	Implement Roll-out if Pilot successful		
	Q4	Evaluate Rollout		
Alcohol Misuse and Substance Misuse	Q1	Area Planning Board Service Review	NDF_8 PHF_2, 26 &86	DPH
	Q2	Awareness campaign – Minimum Pricing Act		
	Q3	Roll out Brief intervention Training to Primary Care		
Develop **Integrated Wellness Centres** in Swansea and Neath Port Talbot areas	Q1	Finalise Strategic Outline Case	PHF3a,3b,4,5,6a&b, 35a&b, HW_DP6	DPH
	Q2	Submit Strategic Outline case to Welsh Government		
Roll out comprehensive training programme for health and non-professionals based on **Health Literacy and MECC**	Q3	Develop a full programme of MECC training	PHF_19-26 PHF_35a-38b HW_DP4	DPH
	Q4	Roll out MECC Training Programme		
Peri-Natal Mental Health	(See Section 3.1.8)			COO

Workforce	Finance
Aim to remain the best in Wales at vaccinating our staff against flu Training and support to roll out MECC - by 2022 10% of Health Board staff trained to. In addition, 300 community champions recruited.	None
Capital	**Digital**
Wellness Centres included in Primary Care Plan Section 3.1.2	See Section 2.3
Bridgend Transfer Implications	
See Section 2.1	

2.3 Strategic Objective: Digitally Enabled Health and Wellbeing

The Health Board Digital Plan, Destination Digital, was published in 2017/18. During 2018/19, there has been growing support within the organisation to move towards the vision outlined in the Plan;

> "Health, care and wellbeing activities carried out by everyone in our health economy will, with pace and scalability, be enabled using digital technology wherever optimal".

This plan is aligned with the Digital Health and Social Care Strategy for Wales, 'Informed Health & Care'. In 2019/20 we will continue to ensure there is a fundamental shift in organisational culture to move towards the realisation that our business is digitally enabled healthcare.

Digital Inclusion

In 2018/19, the Health Board agreed to sign up to the Digital Communities Wales Digital Inclusion Charter. It recognises that digital literacy and access to digital solutions for our staff and patients is essential for service transformation and getting best value out of digital investment. Improving digital literacy has been shown to have a significant impact on improving health outcomes for patients by helping them to take control of their health and care. We are therefore committed to the principles of the charter and will ensure that the digital inclusion principles are embedded into our day to day activities.

Digital Partnerships

Our Partnerships with the Local Authorities under the Western Bay Programme are vital in our plans to support Integrated Care via digital transformation. particularly as we work together to roll out the Welsh CCIS programme to maximise benefit in terms of information sharing, integrated record keeping and mobilisation. The Health Board already has a strong record of digitally mobilising our community staff which has had quantifiable direct benefits in terms of releasing frontline staff to see more patients and help us achieve our aim of providing 'Care Closer to Home'.

We have also formed strong partnerships under the ARCH umbrella with Hywel Dda UHB and Swansea University. Work with our ARCH partners will continue throughout 2019-22 to ensure the opportunities presented through greater collaboration and the Swansea Bay City Deal are realised to further the Digital Agenda to the benefit of the health of our citizens.

Supporting Place Based Work

As a Health Board we endeavour to use digital opportunities wherever possible and taking the opportunity to reduce digital exclusion as part of our work with communities. This work is closely aligned to our community assets development approach and can be seen through the Cwmtawe cluster development where they will adopt the Digital Inclusion Charter to develop Digital Champions for the area from within key organisations and community groups to ensure people can make the most of information available to them digitally, and to develop digital solutions to provide required support.

In addition, the cluster, in discussion with the Local Authority, has been involved in the development of a Clydach Community Hub, from which it is intended that local people will be able to access all Swansea Council services. The Hub was launched in November 2018 and will be a "digital gateway" for service users with low-level digital skills. There is also the possibility to access other partner organisations' services too, either digitally, or via volunteers. One aim of this is to improve community resilience and combat feelings of isolation within the community.

The Health Board wants to ensure that our co-production and engagement is cemented with digital technologies. This will be fostered through co-design

of interactive engagement and feedback mechanisms for cluster population with a focus on digitally enabled working and care.

Workforce Mobilisation
Mobilising the workforce with digital technology will facilitate the changing of clinical pathways allowing our staff to provide care closer to patients' homes and in a way that suits them. Aligning this to the theme of patient empowerment will mean that our workforce will be able to respond more flexibly to the needs of the patients and provide support through different mediums to the traditional face to face contact where appropriate.

A large focus of our work in this area has been the mobilisation of our community workforce which, until this project started, has been neglected in terms of digital in previous years. Our ambition is to mobilise our entire community staff base through the adoption of digital ways of working using tablet devices with approximately 2,400 staff mobilised by the end of 2018/19.

Patient/Citizen Empowerment
In 2019/20, we will continue to implement Patients Know Best (PKB) as a pilot solution working closely with services and teams to offer all patients a platform which they can receive their laboratory results, appointments, documents and letters directly from the national architecture and the ability to communicate and share their information with their clinical teams and carers accordingly, empowering them to manage their health and well-being in a more effective way. We will also be continuing to work with the four key clinical services in the Swansea area on the implementation of the national architecture into the solution and exploring ways to embed the effectiveness of PKB within their services. A key part of 2019/20 will also include working with an external agency to evaluate the pilot which will require working alongside patients and staff. The results of this evaluation will determine how we proceed in 2020 and beyond.

Welsh Community Care Information System (WCCIS)
In 2019/20, we will continue to work with local, regional and national stakeholders in the readiness and planning of the nationally procured solution which aims to transform the way health and social care will work in the future. This platform will be based on the one nationally agreed identifier for the citizen, the NHS Number, and enable staff from both health and social Care to share key information relevant to their caseloads which aims to provide huge benefits for the outcomes of the citizen and teams involved. We will also be working with the preferred supplier, CareWorks, our stakeholders within the Health Board and the regional teams within Western Bay, as well as the National team on developing and agreeing on our Deployment Order. The aim is to start implementation, dependant on funding availability, by the end of 2019/20.

Summary Plan and Enablers – Digitally Enabled Health and Wellbeing

Actions	Milestones 2019/20		Measures	Lead
Develop a new **Digital Strategic Outline Plan** to support the first phase of the road map for the delivery of the digital plan in the new Health Board.	Q1	Draft Plan developed	HW_DP8	CIO
	Q2	Draft plan completed		
	Q3	SOP approved by HB		
	Q4	Implement SOP		
Support Integrated Care via **Digital Partnerships** and transformation, working together with Local Authorities to roll out WCCIS to maximise benefit in terms of information sharing, integrated record keeping and mobilisation.	Q1	Finalise deployment order	HW_DP6	CIO
	Q2	Deployment order complete		
	Q3	Commence 12 month readiness programme		
	Q4	Implement and monitor readiness programme		
Workforce Mobilisation: Mobilising the workforce with digital technology through the national Mobilisation Policy.	Q1	Evaluation report of Community Mobilisation project	HW_DP10	CIO
	Q3	Use National Mobilisation Policy to support roll out pilots of mobile systems such as Nursing Documentation and e-Prescribing.		

Patient/Citizen Empowerment through implementing Patients Know Best (PKB).	Q1	Establish patients forums	NDF_42 NDF_44	CIO
	Q2	Evaluation of pilot phase		
	Q3	Develop Business Case for further roll-out		
	Q4	Complete Business Case		

Workforce	Finance
• The Health Board are developing partnerships with the local colleges and universities to encourage the adoption of apprenticeships and vocational qualifications to develop the skills of existing staff and attract new staff with new skills. This will include the degree apprenticeships. • During the course of the plan the Informatics department will review its structure to ensure it meets the needs of our Digital ambition.	• The provision of a digital service to better support 24/7 clinical services will require a change in our service model that will require investment
Capital	**Digital**
• Delivery of the digital ambition of the Health Board over the next three years will require significant capital investment in the delivery of new digital solutions. It is estimated that his investment will be approximately £25.8m over three years.	The programme of work to empower patients to manage their own health and wellbeing through the use of digital tools will rely on individual's ability to access and capability to use the tools we provide. The Health Board is the first to sign up to the Digital Inclusion Charter and will invest and work with our partners in supporting our citizens and our staff to ensure they are able to use the digital services we provide.
Bridgend Transfer Implications	
• Bridgend boundary change will have a significant impact on the delivery of informatics services and will be a risk to the delivery of plans.	

3. Achieving our Ambition:
Strategic Aim - Deliver better care through excellent health and care services achieving the outcomes that matter most to people.

3.1 Strategic Objective: Best Value Outcomes from High Quality Care

Achieving best value outcomes from high quality care is core to both delivering the best for our patients and population in terms of outcomes and experience and to developing sustainable services. It is vital that our services work as a whole system to deliver seamless pathways of care wherever care is delivered; at home, in the community or in hospitals.

This section includes our plans to improve and transform our core areas of delivery. Detailed Driver Diagrams and Performance Trajectories are included for our Targeted Intervention Priority Areas in Appendix. 3. Our Financial Plan and capital and estates plans are included in Sections 3.7 and 3.6. All of our service plans are based on achieving the Clinical Services Plan efficiency assumptions and on using Value-based Healthcare and prudent approaches to transform services and achieve our enabling objectives.

1.2.1 Quality and Safety including Health Care Acquired Infections

Quality and Safety Priorities

Our extant Quality Plan expired in March 2018 and was extended for the coming year whilst a new plan is being developed and consulted upon. The new Plan is under development and will reflect our organisational values and be founded on the principles of Prudent and Value-Based Healthcare. There is a strong focus on Quality Improvement, engaging on every level with all our staff and services. The quality and safety plan is intended to run concurrently with our new organisational and Clinical Services Plan. We have revised our Board Assurance Framework and Quality Assurance features within the governance requirements of our organisation. We are continuing to further embed our culture of transparency and continuous improvement. Building further on the Health Board's commitment to meet the current quality standards, measured within the health and care standards framework. Collaboration, co-production and benchmarking will form the basis of an integrated Health Board approach, working towards seamless quality outcomes. Using staff and patient experience as indicators to ensure good quality outcomes for our patients.

Older People

Reducing Length of Stay in Hospital

Ensuring safe and effective discharge for our patients remains a key quality priority. We continue to promote the benefits of multidisciplinary board rounds as a strong evidence base for safe and efficient discharge planning. SAFER consists of five elements of best practice:

S – Senior review of all patients before midday, informed by a multi-disciplinary assessment.
A – All patients, and their families involved in the setting of an Expected Discharge Date.
F – Flow of patients at the earliest opportunity from assessment units to inpatient wards.
E – Early discharge, with at least a third of patients discharged from inpatient wards by midday on their day of discharge.
R – Review involving multi-disciplinary team, patients and their families for those with extended lengths of stay.

Frailty Pathway - Comprehensive Geriatric Assessment (CGA)
Given the population profile of our patient's older people who are admitted to hospital as emergencies and the way we care for them will continue to be an ongoing area for improvement. . Evidence suggests that elderly people that are admitted to hospital and receive a CGA are significantly less likely to die or experience functional deterioration. As a result, such patients are also less likely to be admitted to an institution and more likely to be alive in their own homes at longer term follow-up compared with those receiving care without a CGA. We will continue to work to ensure that elderly people are assessed using a standardised CGA across the Health Board.

Falls
The Health Board focused heavily on its falls improvement plan for 2018/19 and demonstrated a significant reduction, particularly in falls casing harm. We will continue to focus on further improving avoidable falls in particular those within the primary care environment. We are revising our falls strategic improvement group to ensure a wider multiagency representation and collaboration. We are aiming to build on the success of the Dance for Health programme that has demonstrated through external evaluation a significant impact on falls reduction in primary care. During 2019/20, we aim to scale up this initiative to gain wider benefits for our patients.

Improving Outcomes following Stroke
Our aim is to continue our progress on improving our stroke services as outlined in our Stroke Service Improvement Plan. This area of improvement is also included in our Clinical Services Plan as one of the pathways that will be developed. We will build on our collaboration through ARCH to develop stroke rehabilitation for the future.

Improving End of Life Care
A greater focus needs to be given on improving end of life care and experience for our patients and their families. This area of care still features in our patient experience feedback and concerns. We are going to work more closely with care homes to support their skill development in both assessing and planning escalation of care need. Featured within all of our clinical pathway priority areas end of life care and experience features as part of the pathway design learning lessons from some of our patient outcomes and experience has indicated that we need to improve our conversation with patients regarding future escalation of care.

Improving Cancer Pathways
This area features as part of our Clinical Services Plan and our focus is on areas that need support to further improve recognising some pathways of excellence. This needs to be reassessed in the context of the Bridgend Transfer. The infrastructure for a pathway of excellence is based on co dependant services and these will change after the transfer.

Improving Surgical Outcomes
National Emergency Laparotomy Audit (NELA)
We have reviewed our audit programme and plan and the National Emergency Laparotomy Audit is a National Clinical Audit and features as one of our priority areas. We continue to perform in line with peer groups and are focusing on improving geriatric assessment and admission to intensive care units.

Lower Limb Major Amputation for Peripheral Arterial Disease
This remains a priority area as part of the Health Board audit programme. We have developed a training programme for general practitioners and therapists to improve their skills in the assessment and treatment of peripheral vascular disease. It is anticipated that as we roll out this programme there will be an improvement in the detection of this disease and a reduction in associated complications. In parallel, we continue to promote our priority public health areas such as smoking reduction and weight management.

Enhanced Recovery after Surgery
The Clinical Services Plan seeks to give each operative area a plan including some with a specific remit for day surgery. The expectation will be for all clinical staff to ensure patients have a standardised assessment and appropriate day case anaesthetic.

Reduce pressure ulcers
Reduction of acquired pressure ulcers both in hospital and the community.

Reduce Healthcare Acquired Infections (HCAI)
We have made significant progress in improving the number of patients with harm arising from all forms of Health Board attributable HCAI, specifically Clostridium Difficile infection (C.Diff) and Staphylococcus Aureus bacteraemia and Eschericia Coli (E.Coli) bacteraemia is a quality priority for

the Health Board. Our plans are included in our HCAI Service Improvement Plan.

Quality Management System
We are aspiring to be a quality driven system supported by validated and timely information. We have now identified and appointed quality improvement leads and we are further developing how they will best integrate into the quality management system.

We need to use national standards such as NICE guidance relevant to the care pathway as our as our standards of care. Performance will be reviewed regularly at a service level and clinical teams will lead the areas of improvement. Using our patient experience outcomes to drive clinical and quality improvement will feature as part of every clinical team learning and development and will also have Quality Impact Assessment (QIA). A QIA panel chaired by the Director of Nursing and Patient Experience will test schemes against a risk matrix to ensure that we have assurance that the impact of proposed changes on quality are in the worst case neutral but at best should be aiming for an improvement in quality.

Quality Improvement Hub
There are a number of resources in the Health Board to support staff to engage in Quality Improvement but these are distributed across a number of sites and lines of reporting. Learning from global best practice, we will be bringing these resources together as far as is practical into a single Quality Improvement (QI) Hub to benefit from proximity to our staff and each other. We are coordinating our quality hub resources to develop a board wide approach.

Patient Experience
The Health Board's Director of Nursing and Patient Experience has responsibility for monitoring patient experience, which includes delivery of our patient experience plan and work plan. Patients, relatives, carers and friends are able to provide their feedback in real time through the Friends and Family and comprehensive Patient Experience surveys. The number of feedback forms completed for Friends and Family continues to increase and is collected across 367 areas in the Health Board.

The graph below sets out the percentage of patients who would highly recommend the Health Board to friends and family. This was an average of 93% in 2016/17 and has increased for 2017/18 to 95%. (Year-end figures 2018-2019 not available until end March 2019)

We publish the Friends and Family feedback reports on our website and monthly and weekly reports are published in all ward and clinic areas in English and Welsh. We currently receive an average of 5,317 (This figure is from 1st April to 30th November 2018, there are still four months' worth of figures to be collected Dec, Jan, Feb, March) pieces of patient experience feedback every month. The Health Board has continued to use patient feedback as a mechanism for listening, learning and improving and each Board meeting starts with a patient story.

A real time alert system was developed using a list of buzz words which triggers an e-mail to the ward/unit manager and patient experience team if used in the response to the question 'What would have made your experience better?'

A clinical lead, as part of the national programme, has been appointed to support our participation in the spread of the PREMs/PROMs national programme (role only funded for 6 months only, currently no further funding for clinical lead).

We have developed a patient story toolkit, policy and guidance along with a specific SharePoint site to host ABM patient stories and improved the quality of digital stories presented to every Board. Presentations of the new guidance and SharePoint site has been delivered to all the Delivery Units. During January and March, we have planned to train key staff in all the service delivery units to undertake digital stories. These will feature as part of every units Quality and Safety Committees. We have received very positive feedback from patients that have participated in developing a digital story about their care. These have been used to drive service improvement and have had a positive impact on concerns resolution.

Patient Experience Aims
- Improve the percentage of Family and Friends who would recommend the Health Board to 96% consistently this would exceed the national average (achieved 96% five times since April 2018)
- Improve the level of feedback as a percentage of discharges to 25% (since April 2018 we have achieved this target three times; June 30.1%, July 26.1% and August 26.8%)

- Integrate patient experience as a measure of care for all areas of clinical pathway development

We also have a well-developed Arts in Health Programme which aims to incorporate the Arts into everything we do so that patients, their families and staff experience excellent care in excellent surroundings. Further detail on this is found in Appendix 2.

We will develop a patient engagement plan to further enhance our methods of gaining feedback from patients to shape and improve services.

Learning from Concerns and Complaints & Incidents

We have a structured and transparent approach to ensure that we learn from feedback from our patients and families that comes through our complaints and concerns processes. Monthly audits are undertaken on closed complaint responses through the work of the Concerns, Redress and Assurance Group. The audits monitor the quality of the response and compliance with the Health Board's Values, as well as the Putting Things Right Regulations. Feedback on the audits is reported to the Assurance and Learning Group which includes the Delivery Unit Service Directors and Governance leads in order to share information and cascade learning within their respective Units. Complaints management performance is reported via the Quality and Safety Dashboard Report to the Quality and Safety Committee and Board meeting. During 2017/18 the Health Board has improved compliance against the target of responding to complaints within 30 working days to over a consistent response rate of 80% for the 2018 the number of re-opened complaints has also decreased significantly during 2017/18 when compared to 2016/17. We have been targeting long standing complaints and reduced these to 19 complaints open over six months. There has been an increase in complaints referred to the Ombudsman in 2017/18 with 36 referred compared to 26 in 2016/17. We are reviewing the cases to identify any themes in the referrals to the Ombudsman and will be taking action to learn and improve following the findings. To date for this year from 1st April - 31st December 2018 the Ombudsman has currently received 29 cases.

Following a high number of 'Never Event' incidents in the last financial year, the Health Board decided to trial a new reflective, multi-disciplinary approach to responding and learning from such incidents. Rather than the more traditional investigative approach to serious incidents, the Health Board piloted a more collaborative approach to learning by working with clinical teams using a reflective and learning event module to help staff understand what went wrong, and more importantly, how to make affective changes which improve our services and reduce risks to patients. Following a successful pilot of this approach, the revised methodology is being disseminated to all clinical areas for implementation and use across the Health Board.

The NHS Wales Delivery Unit have recently concluded their 90-day follow up review report, summarising progress made regarding recommendations relating to improving systems & processes for the management of serious incidents. Whilst work is ongoing to fully implement all of the recommendations, the report highlighted significant improvements made to the process of serious incident investigations undertaken corporately, with improved levels of scrutiny and shared learning across the Health Board following such events. To date, no 'Never Event' incidents have been reported in this financial year.

Summary Plan and Enablers – Quality and Safety Including HCAI

Actions	Milestones 2019/20		Measures	Lead
To **improve surgical outcomes** all clinical staff ensure patients have a standardised assessment and appropriate day case anaesthetic.	Q1	Standardised assessments in place	As per report into NELA database HW_DP7	DoN
	Q2	Monitor compliance		
	Q3	Monitor compliance		
	Q4	Report, evaluate, recommend improvements		
Reduce acquired **pressure ulcers** both in hospital and the community monitored via current mechanisms and ward to board Dashboard	Q1-4	Monitor and initiate improvement actions as necessary	NDF_27	DoN

Improve outcomes for **older people**: reducing length of stay through promoting SAFER framework and ensuring Comprehensive Geriatric Assessments (CGA).	Q1	Audit of patients defined age group receiving CGA	LM_18	DoN
	Q2	Review Audit and develop recommendations/plan		
	Q3	Implement and monitor		
	Q4	Evaluate		
Reduce avoidable falls, particularly in community settings, through multi agency collaboration and scaling up the Dance for Health Programme.	Q1	Revise Falls Strategic Improvement Group	NDF_29 HW_DP9	
	Q2	Scale up the Dance for Health programme		
Reduce Healthcare Acquired Infections				DoN
Audits on time taken from onset of unexplained diarrhoeal symptoms to isolation, with feedback of results to Delivery Units for action.	Q1	Undertake baseline audit	NDF_14 NDF_15 NDF_16 NDF_21 NDF_22 NDF_23 NDF_24 NDF_25 NDF_26 LM_1	
	Q2-4	Quarterly spot-check audit		
Audit the time taken from obtaining diarrhoeal specimen and its receipt by the laboratory with feedback of results to Delivery Units for action.	Q1	Undertake baseline audit		
	Q2-4	Quarterly spot-check audit		
Undertake *C. difficile* ward round on key wards once weekly *(where possible) with feedback of results to Delivery Units for action.	Q1	Undertake baseline audit		
	Q2-4	Quarterly spot-check audit		
Audit of compliance with MRSA Clinical Risk Assessment with feedback of results to Delivery Units for action.	Q1	Undertake baseline audit		
	Q2-4	Quarterly spot-check audit		
Support Delivery Units to improve management of HCAIs through ensuring Quality Improvement Leads for Infections are leading HCAI Improvement Programmes in each Delivery Unit ensuring compliance with ANTT competence requirements and developing processes to determine avoidable versus unavoidable infections.	Q1	Quality Improvement Leads for Infection in place		DoN
	Q2	Develop process determining avoidable/unavoidable infections		
	Q3	Evaluate ANTT compliance		
	Q1-4	Thematic periodic surveillance of infections		
	Q4	IPC nursing workforce in Primary Care and Community		
Improve infection control: specimen collection protocols, business intelligence informing ward dashboards, a 4D programme for environmental decontamination and a Faecal Microbiota Transplant (FMT) process for patients with recurring C.difficile infection despite optimal medical therapy.	Q1	Develop key specimen collection protocols		DoN
	Q2	Development of '4D' Programme		
	Q3	Develop FMT process		
	Q4	Start ICNet work to inform dashboards reporting		
Develop, implement and monitor compliance with guidelines for antibiotic prescriptions without available guidelines for prescribers and to support restricted use of Co-amoxiclay in secondary and primary care settings.	Q1	Monitor Co-amoxiclav guidelines in secondary care.	LM_2-8 NDF_19&20	DoN
	Q2	Develop specific Guidelines for antibiotic prescriptions with no available guidelines		
	Q3	Develop Primary Care Antimicrobial Guidelines which support the restricted use of Co-amoxiclav		
	Q4	Implement primary care guidelines and monitor compliance		
Demonstrate improvement and learning from **Patient Experience** through the implementation of the patient experience plan.	Q1	Integrate patient experience as a measure of care for all areas of clinical pathway development.	NDF_44 NDF_47 NDF_48 NDF_49 LM_27-29	DoN
	Q2	Develop a patient engagement plan		
	Q3	Level of feedback as % of discharges at 25%		

Details of all Measures can be found in Appendix 13

Workforce Implications	Finance Implications
• Ensuring we have sufficient workforce to meet population needs in line with CNO principles is key to quality and safety. • Increase capacity for current specialist pharmacists to focus on ward based activities and direct patient care in secondary care and provide focused support to GPs and other prescribers in primary and community care to reduce HCAI.	None
Capital Implications	**Digital Implications**
	See section 3.3
Bridgend Transfer Implications	
Our performance trajectories for HCAIs have been calculated to take into account the Bridgend transfer.	

3.1.2 Primary and Community Care

As a Health Board, we are committed to the delivery of the Primary Care Plan for Wales. This is demonstrated through the timely implementation of our Pacesetter projects and we are fully committed to continuing to work at pace to develop new models. We recognise the importance of learning from the National Pacesetter Programme, engaging with other organisations as well as internally reflecting on what went well.

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

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

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

The transformational model for primary and community care, which is a whole system approach to sustainable and accessible local health and wellbeing care, supports the vision set out in Healthier Wales and has now been adopted nationally as the Primary Care Model for Wales.

The transformation of Clusters over the coming three years will embed a new way of providing care that is more sustainable, is closer to patients, and is more able to offer personal and population value. Learning has been shared across NHS Wales from the National Pacesetter Programmes which will inform our project roll-out over the next three years. We will ensure that all future Pacesetter programmes incorporate the six recommendations made from the review;

1. The plans for pacesetter projects should be sufficiently developed for approval by all Directors of Primary Care and Community in the agreed timescales
2. Projects will be based on all elements of the primary care model and adequately tested measures in place to demonstrate which element could have the greatest effect
3. Projects should normally continue for two years with midterm analysis made available to approve continuation

4. Project plans must include evidence of cross discipline agreement to continue with and scale up pacesetters that demonstrate positive outcomes. Processes for sharing of learning must also be in place
5. All members of executive teams would be expected to be aware of new developments on commencement and incorporate proposals as part of IMTP returns
6. Learning from all Wales projects should be owned at local level and successful projects adopted as appropriate without re-testing.

Our internal assessment of our own Pacesetter Programmes has been included in Appendix 6.

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

From 2019/20, the Health Board will contain eight Cluster areas, five in the City and County of Swansea and three in Neath Port Talbot. Each of these are characterised by diverse demography, physical geography and varying population needs. Each of the eight Clusters have undertaken assessments of needs within their geographical area and have produced Cluster Plans that they intend to implement to achieve the better health and wellbeing for the individuals and communities within their areas. These plans and priority areas for development were agreed in November 2018, with each Cluster developing an implementation planning framework and performance management structure to ensure a clear focus on service delivery and improvement. The Clusters are at differing stages of their development and we will be undertaking a phased approach to the rollout of the new model, ensuring that learning is undertaken at each phase to ensure the best possible outcomes are achieved.

Cluster Led Integrated Health and Social Care System

The Health Board submitted a funding proposal in July 2018 for the development of a transformed model of a cluster led, integrated health and social care system for the cluster population. This aligns well with the Primary and Community Plan, Healthier Wales and the Regional Partnership Board action plan. The initial bid for the Cwmtawe Cluster model was successful and is in implementation. More detail on the successful Transformation Fund Bid and the alignment with the new Western Bay 'Our Neighbourhood Approach' can be found here.

We submitted a revised bid to scale up the model to cover all Cluster Networks within the Health Board. This is included in Appendix 4. The proposal has been based on the intent for this model to become self-sustaining through improvement in health and wellbeing, co-production and the use of social prescribing as an alternative to more traditional models of health and social care including a shift of resources where appropriate from secondary to primary care. This will be evaluated and assessed as the model is rolled out.

Integrated Community Services

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

Since their conception, the CRTs have continued to innovate, and during 2018/19, the Neath Port Talbot Acute Clinical Team (ACT) developed a model of work with the Welsh Ambulance Service Trust (WAST) that provided direct access for ACT staff to the WAST 999 active list. This allowed the ACT to provide an appropriate patient response that enabled the patient to be safely assessed, treated and cared for at home and released WAST capacity. This project was supported by and evidenced through the Bevan Exemplar programme and roll-out will be included as part of the Hospital2Home Transformation Fund Bid included in our Unscheduled Care Plan in Section 3.1.3.

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

Oral Health
From an oral health perspective, the aim is to remodel restorative and special care dentistry services. We will create an intermediate care model for the former and a Consultant-led adult and paediatric specialist delivered service in key new locations for the latter. Our Oral Health Delivery Plan is included in Appendix 2

Dentistry
A further rollout of the revised contractual model for general dentistry will see a further shift toward a more preventive approach for dental care. We will continue to be at the vanguard of service change in respect of oral health services and 2019/20 sees the final year of the three-year reinvestment plan that has been agreed with Welsh Government and our Board. The contract reform process, coupled with changes in community and restorative dentistry, aims to introduce a significantly more preventive style of practice that will lead in the medium term to better oral health.

Out of Hours
In urgent out-of-hours primary care, the key strategic change is to reshape the staffing mix to reduce reliance on general practitioners, and introduce new types of practitioner such as paramedic, pharmacist and advanced nursing input. This will be completed in 2019/20 with public engagement undertaken on the changing model in line with CHC guidance.

Community Pharmacy
The community pharmacy plan is to ensure as many residents as possible can receive an enhanced range of services from their local pharmacy, including the continued rollout of existing enhanced services, but also the piloting of new and innovative services using pump prime funding. Changes to the community pharmacy contract have the potential to unlock fundamental changes in how the skilled workforce in the community can be utilised. Through the implementation of relatively simple but important steps such as further rolling out the common ailments scheme, increasing referrals to smoking cessation services, attendance at cluster meetings etc., the resource can be better integrated into overall care delivery.

Service and Pathway Redesign
The Clinical Services Plan and Transformation Programme Plan will allow a greater focus on care provided closer to home through pathway redesign, a shift in human, financial and capital resources from secondary to primary care and this will entail service and pathway redesign to ensure waste, variation and harm is minimised

We will also be working to deliver across a number of system priorities:

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

Wellness Centres
Our plans to develop Integrated Wellness Centres, starting in Swansea are included in Section 2.2.

Planned Care – Care Closer to Home
We will continue the shift of care to community settings, especially audiology, community optometry, endocrinology/diabetes. This work will be further developed through the Clinical Services Plan Transformation Programme.

Eye Care in the community remains a priority and our Eye Care Delivery Plan is included in Appendix 2. The Low Vision Service Wales [LVSW] is a Primary Care rehabilitation service for both adults and children with a vision impairment. Over two thirds of patients seen within the LVSW are over 80 years old. 24 (42%) of our optometry practices are now accredited to provide the service which assesses people with poor vision and provides them with appropriate aids to help their daily living, reducing risks associated with loss of independence, medicines management, falls and social isolation.

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

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

The geographical coverage and percentage of EHEW practices in the Health Board remains, at 88%, considerably lower than across Wales as a whole

(94%) and will remain so unless until more of the large supermarket-based Optometry practices support the scheme. However EHEW activity in Health Board practices continues to be the highest level in Wales. Almost 23,000 patients received EHEW services the previous year and the trend of significantly increased uptake appears to have continued into the current year. There is an increase of 45% in the last two years.

Cancer

One of the core objectives aligned with Wales Cancer Delivery Plan is detecting cancer earlier. The Health Board successfully secured funding via the Wales Cancer Network to develop and deliver a two year pilot based on the Rapid Diagnostic Clinic (RDC) concept. The first patients were seen in June 2017. Based on the 12 month outcome data, the initial results from the pilot is very encouraging. The data reports 83 clinics held and 228 patients seen. Preliminary results also suggest that the model supports the single cancer pathway 28 day diagnostic metric, delivering a (non-histological) diagnosis on average within 4.4 days based on indicative data.

The outcome data with a 10.5% conversion rate for the clinic is extremely positive with evidence of a good patient and referrer experience. Despite the increasing referrals, as a result of excellent engagement and communication between primary and secondary care the conversion rate suggests that the system must trust the GP instinct and the service has not been flooded to date. The pilot has been extended following the successful evaluation with funding for 2019/20 confirmed from the Wales Cancer Network.

Social Prescribing

Implementation of revised MDT model at Cluster level will increase levels of social prescribing, social referral and improve access for patients with low to moderate mental health needs to supporting services and self-care. Professionals have access to a several online signposting tools including 111 Directory of Service, DEWIS and Infoengine**.** Clusters in the Health Board recognise the added value of the Third Sector and the need, through a prudent healthcare approach, to support patients for social and non-medical issues which could impact upon their health and wellbeing in the longer term. As such, Clusters have commissioned through dedicated funding schemes, Third Sector and other partner agencies to deliver on this agenda. Some of this work has been mainstreamed to be delivered via other funders or the community themselves.

Redesigning the Primary Care Workforce

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

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

Estates

In 2019/20, we will complete our Primary and Community Services Estates plan. We will implement the GMS Access Action Plan and Primary Care pipeline funding has already been agreed for the complete refurbishment of Murton and Penclawdd Primary Care Clinics. During the year, we will develop proposals for Ystalyfera Primary Care Clinic and consider improvement works at Cwmavon and Cymmer Health Centre. We will also develop proposals for hubs in Velindre/Penllergaer and Uplands.

With regard to the Swansea Integrated Wellness Centre, in 2019/20, we will appoint a project manager, update the project plans and submit the Strategic Outline Case. For Neath Port Talbot we will explore securing Primary Care pipeline funding to support Neath Wellness Centre and/or scope the feasibility of redeveloping the Port Talbot Resource Centre. In future years, we will scope the feasibility of second Wellness Centre in Morriston, Swansea and consider submitting for capital pipeline funding.

Additionally, to facilitate the move toward a more community oriented provision of care there needs to be a fundamental reappraisal of the Health

Board's capital and estates. This will include the actions in the Unscheduled Care Plan to grow community services and to right-size our Inpatient capacity. This will include reviewing our rehabilitation model, including service provided in community hospitals and care homes.

Transformation Opportunities

Cluster-led, Integrated Health and Social Care System
In partnership, the Health Board has set out to deliver a whole system transformation plan through the development of a transformed model of a cluster led, integrated health and social care system. This proposal builds on the work to develop clusters over the past few years and will see them evolve from GP-led clusters to a fully integrated health and social care system, providing community based wellbeing services and healthcare to its local population

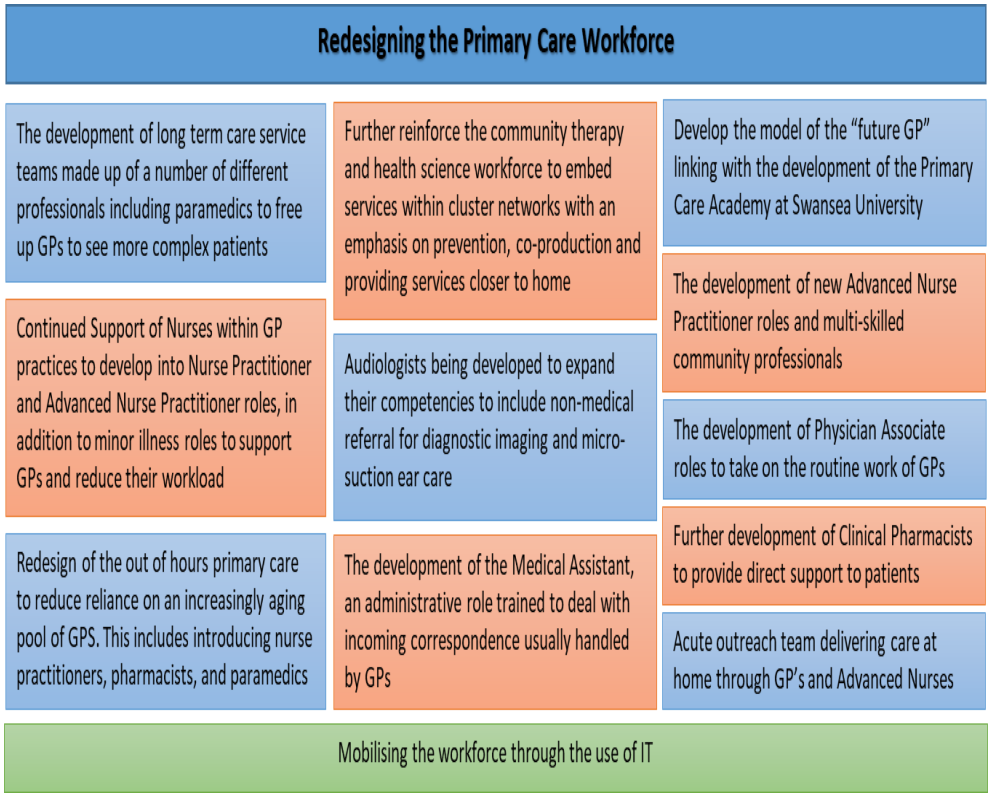
The eight Clusters within the Health Board are at differing stages of development and we will be undertaking a phased approach to the rollout of the new model, ensuring that learning is undertaken at each phase to ensure the best possible outcomes are achieved. The proposed stages are as follows:

Phase 1/1a: Core Model Cwmtawe Cluster /Neath Cluster
Phase 2: Commenced within 6 months Lwchwr/Upper Valleys Clusters
Phase 3: Commenced within 12 months Afan/Bay/City/Penderi Clusters

This proposal will dovetail with the Western Bay programme of work to ensure that the Health and Social Care System is able to work together to deliver the whole system approach and provide the social care wrap around service to this proposed model.

Effective planning, implementation and roll out of this model will be undertaken through a programme management approach.

Performance
Our performance ambition against the national phase 2A primary care measures is set out in Appendix 5.



Summary Plan and Enablers– Primary and Community Care

Actions	Milestones 2019/20		Measures	Lead
Roll out the Whole System Approach to **Cluster-led, Integrated Health and Social Care System** across all 8 Clusters (Funding dependent) including the further development of **Cluster Plans** and implementation of pace setter projects in line with cluster priorities.	Q1	Phase 2: Llwchwr & Upper Valleys Clusters	NDF_52 NDF_53 NDF_54 NDF_48	COO
	Q2	Develop and embed, review		
	Q3	Phase 3: Bay, City, Penderi, Afan Clusters		
	Q4	Develop and embed, review		
Improve health and wellbeing through **Primary care prevention** actions.	(see Section 2.1)			

Develop **Integrated Community Service** Hospital 2 Home including, new discharge to assess model, expansion in reablement at home, expansion in acute clinical teams, Single Point of Access.	(see Section 3.1.3)			
Expand **Primary Care Audiology** capacity and coverage	Q1	Recruit and train staff in Cwmtawe Cluster	HW_DP7	COO
	Q2	New expanded service implemented and monitored		
	Q3	Recruit and train staff in Neath Cluster		
	Q4	New expanded service implemented and monitored		
Improve **oral health** of vulnerable groups (children, elderly, asylum seekers, homeless and housebound); Develop and implement integrated (GDS/CDS) domiciliary oral health pathway, targeting care; Increase access to general dental services (implementation of contract reform).	Q1	Review interim service	PHF_34 NDF_57	COO
	Q2	Continue to review		
	Q3	Review current pathway		
	Q4	Review current pathway to develop new pathway		
Remodel Urgent Primary Care service (**GP-led Out of Hours service**), creating multi-disciplinary model; reshaping the staffing mix to reduce reliance on GPs, and introducing new types of practitioner i.e. paramedic, pharmacist and advanced nursing input.	Q1	Finalisation of Plan	NDF_55 NDF_56	COO
	Q2	Implementation of multi-disciplinary model		
	Q3	Monitor implementation		
	Q4	Review and evaluate		
Develop **Integrated Wellness Centres**, starting in Swansea	(see Section 2.2)			
Redesign **Primary Care Workforce** including further development of Advanced Nurse Practitioners, developing a framework and opportunities for staff rotation across primary and community care settings and develop the role of Community Paramedics within more urban settings.	Q1	Undertake training needs analysis	NDF_52 NDF_48	WOD
	Q2	Identify training requirements and develop plan		
	Q3	Liaise with University providers		
	Q4	Develop a Health Board rotation plan		
Reduce reliance on face to face outpatient appointments for Oral Surgery/Cancer by introducing Primary Care oral medicine Clinician-led **Referral Management Centre**, supported by local implementation of new Oral Medicine programme.	Q1	Introduce new pathway	NDF_62	COO
	Q2	Monitor new pathway		
	Q3	Review new pathway		
	Q4	Scope for additional pathway reform		
Reduce reliance on face to face ophthalmology outpatient appointments by further increasing number and percentage of patients receiving **pre-operative assessment and post op follow up in primary care** (Optometry) practice.	Q1	Monitor new pathway	NDF_63 NDF_62	COO
	Q2	Review Pathway		
	Q3	Scope additional pathway reform		
	Q4	Develop plan for further pathway reform		
Continue to improve the **Primary Care Estate.**	Q2	Complete refurbishment of Murton and Penclawdd.	NDF_48	DoS
	Q3	Consider improvements - Ytalafera, Cwmavon, Cymmer.		
	Q4	Proposals for hubs- Velindre/Penllergar and Uplands		
	Q4	Finalise Estates Plan		

Workforce	Finance
• Workforce Redesign as outlined in the Primary and Community Services Plan • Embedding Therapy and Health Sciences staff within the Cluster Network Hubs. For example Advanced Primary Care Practitioners for Audiology who are able to undertake ear and hearing cases freeing up GPs. • Change the model of District Nursing to give them more control over patient care. • Support opportunities for Physician Associates including their potential involvement in the Chronic Pain service.	• Transformation Fund Bid approved for Cwmtawe Cluster Whole System Approach - £1.789m - £233k additional awaiting approval – Total £2.022m • Transformation Fund Bid submitted for roll out to all eight Clusters–- £8.883m • Funding agreed from WCN to continue the Rapid Diagnostic Clinic for 2019/20 - £0.100m
Capital	**Digital**
• Submit SOC for Swansea Wellness Centre and develop proposals for NPT. In future years develop proposals for a further Wellness Centre in the Morriston area. • Implement the GMS Access Action Plan by completing the refurbishment of Murton and Penclawdd (funding agreed through Primary Care Pipeline). Develop proposals for Ystalyfera Primary Care Clinics, improvement works at Cwmavon and Cymmer Health Centre and develop proposals for hubs in Velindre/Penllergar and Uplands.	• Transformation Fund Bid for WCCIS • Mobilisation across community teams • Implement WCP and the introduction of MTeD and WGPR to improve communication and flow of patients between Primary and secondary care, improving efficiency and quality of care
Bridgend Transfer Implications	
Primary and Community Care Services face a particular challenge from the transition of service delivery to Cwm Taf University Health Board. Many service areas in the unit will transfer in their entirety, such as Community Nursing Teams and Maesteg Hospital. However, there are a substantial number of teams where service delivery is more difficult to disaggregate, especially where service delivery is currently unified across the Health Board or small bespoke teams delivering highly specialised care. There are further challenges in terms of probable reductions in funding for management and other support services. It is likely that the unit will have to restructure to ensure the correct alignment of management and staff resources with remaining care demand and available funding.	

3.1.3 Unscheduled Care

As a result of achievements over the last two years, our numbers of medical admissions have stabilised and our rates of readmissions have steadily decreased over the last 18 months. These changes, as well as changes to our surgical services models, allowed us to reduce our inpatient capacity in line with the benchmarking opportunities identified in our Annual Plan 2018/19.

Additionally our improvements in admission avoidance and hospital flow have changed our planning by highlighting two issues: the Emergency Department internal flow at Morriston needs to be improved and the discharge difficulties at the back door of our hospitals are a major constraint to any further reductions in length of stay. The increasing number of DToC patients over the summer has been a barrier to achieving the full suite of service remodelling changes that we planned to make in 2018/19 as well as potentially causing harm to patients by prolonging their length of stay.

To tackle the Emergency Department (ED) issue, we are exploring the options to commission a targeted 10-week improvement programme in ED at Morriston in Quarter four of 2018/19 on which we can build our improvement programme in 2019/20.

With regard to the backdoor, we have drafted our Frailty Model in conjunction with partners (see our Older People's Section 3.1.10). In light of the growing number of patients in our hospitals who are medically fit for discharge we therefore commissioned a Right Care Right Place Bed Utilisation Survey with Local Authority partners to ensure we have a shared, jointly owned understanding of the constraints and blockages in the system and an

optimum model of intermediate care to make a major step change in admission.

The Right Care Right Place review also identified that we have more opportunities within our own gift to improve flow through the National Unscheduled Care Programme; reducing variation in implementing the SAFER flow bundle and service improvement actions around Estimated Date of Discharge, board rounds and clinical leadership. The NHS Wales Delivery Unit audit of complex discharge has also identified similar opportunities and, although we have achieved a great deal in rolling out these approaches over the last two years, we plan to implement a programme management approach to discharge improvements as a priority for 2019/20. This approach will be overseen by our Unscheduled Care Service Improvement Board to ensure delivery in 2019/20 and in particular ahead of winter 2019/20.

The Clinical Services Plan has confirmed that we will improve our unscheduled care system with the aim of centralising the Acute Take for Swansea at Morriston Hospital. Whilst we do not yet have a detailed critical path for the centralisation of the Acute Take we will be working at pace during the first half of 2019 to agree this, and our plan is based on some of the major underpinning step changes we know we will need to make. In 2019/20, improving the efficiency of our unscheduled care system by reducing our length of stay and reducing bed occupancy at Morriston will be an essential step towards improving performance and releasing capacity on the site to centralise the service. This will also improve quality by reducing the likelihood of transmitting infections and the deconditioning effects on older people of a prolonged hospital stay.

The Clinical Services Plan also includes a Single Point of Access (SPoA) for patients and professionals to gain access to advice to avoid admission and to keep well at home and to improve communication. The provision of the SPoA is closely linked to the expansion in Acute Clinical Teams and reablement services which will be included in the Hospital2Home Transformation Bid and this is included in our plan for 2019/20.

Living Well

Working towards our Strategic Aim of supporting better health and wellbeing by activating, promoting and empowering people to live well in resilient communities through our population health, primary prevention and digital wellbeing plans is essential to achieve a sustainable unscheduled care system. Our plans to improve population health through implementing the Primary Care Model for Wales by rolling out the Primary Care Cluster Model, developing the Cwmtawe Neighbourhood Approach, the Swansea Wellness Centre and digital wellbeing are described in Section 2.1, 2.2 and 2.3.

The prevention actions regarding flu and smoking cessation described in Section 2.2 are particularly important in the Health Board's area due to the high incidence of respiratory disease as evidenced in our rapid health needs review. Our plans to improve respiratory health are included in our Respiratory Disease Delivery Plan included in Appendix 2. We have also been at the forefront in pushing the boundaries of the current restricting General Dental Service's contract which disincentiveses holistic oral health care through a range of new approaches which are included in our Oral Health Delivery Plan included in Appendix 2. This includes all of our continuing actions to improve oral health for children and adults in 2019/20.

Reduction in Unnecessary Hospital Attendance

Our plans for 2019/20 are based on our achievements over the last two years and the national approach to address the five national priorities which are:

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

We have tested innovation and improvement through our Winter Plan, a summary of which is included in Appendix 9, and made very good progress to implement the Emergency Ambulance Five-Step Pathway. Our plans for 2019/20 build on this learning with our ambulance and Local Authority partners. Our work through EASC is described in more detail and documented in the EASC and NUSC templates included in Appendix 9. Our joint work to reduce frequent attendances to A&E through a multi-agency approach is now mainstreamed as part of our normal business.

A significant range of joint improvement initiatives are planned with the Welsh Ambulance Service Trust (WAST) to deliver sustained improvements in the quality of care and timeliness of 999 responses whilst also supporting improvements across the Health Board's wider Unscheduled Care system. We will also be working with WAST colleagues to implement the recommendations of the WAST Amber review.

A core focus of the joint initiatives are to deliver prudent conveyances system with a demonstrable reduction in the number of patients conveyed to hospital by ambulance, where clinically safe and appropriate by enhancing access to alternative pathways of care, improving management of frequent service users and particularly improving services for managing falls. We will also increase the number of patients referred to a primary or community care setting for their ongoing care needs and avoiding an unnecessary admission to hospital. To achieve this we will:

- Work with the ambulance service to identify opportunities to enhance and develop alternative care pathways including jointly reviewing activity to improve the compliance with established care pathways and, where required, develop new care pathways to meet the needs of our patients and avoid unnecessary admissions into hospital.
- Continue the multi-disciplinary team approach to manage frequent service users including the regular review of activity data.
- Work closely with WAST clinical leads to pro-actively manage and reduce demand from patients who have fallen. This includes Health Board funding for the Joint Falls Response Vehicle and continuing to support the roll out of the 'IStumble' and 'I Fell Down' falls assessment toolkits across all Residential and Nursing Homes.
- Fully embed the additional 6 Advanced Paramedic Practitioner (APP) rotational roles providing specialist care within both a Primary Care setting (supporting the GP workload) and providing a WAST response to clinically appropriate 'Amber' and 'Green' 999 patients..
- Through the expansion of Hospital2Home we plan to embed the successful pilot, which is not currently funded, for the Acute Clinical Teams to take directly from the ambulance 'stack' to care for patients at home instead of redirect patients to services away from hospital, as described in the Primary Care plan.

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

We will continue to engage and collaborate with the ambulance service to support service transformation / service change proposals through our existing joint planning mechanisms. This will include future changes to our Stroke models and the transition period of the Bridgend Locality boundary changes. In addition to our work with ambulance partners the Health Board will be continuing to drive towards treating 25% of A&E attenders through ambulatory care pathways.

We have also taken up the offer of the Care and Repair Wales (CRW) to support at Morriston and Neath Port Talbot hospital through a targeted Assessment Service during Quarter 4 2018/19 to pilot this approach. The objective of the three month pilot is to link health and housing services by enabling CRW case workers to join ward rounds to identify needs of older people before they are discharged. We know that over 80% of patients using the service in Princess of Wales have fallen before and that it provides significant support for secondary prevention of falls.

Timely Access to Emergency and Urgent Care

The work we have done to improve flow over the last 18 months has highlighted that internal flow issues within the Emergency Department at Morriston need to be better understood. Following the Bridgend transfer, around 70% of our A&E performance will be driven by performance through the Morriston department. Last year our Plan described the workforce issues within the department which requires investment of around £1.5m. This is not affordable within the Health Board's financial plan in 2019/20 but will need to be addressed as recruitment opportunities present in future years.

The priority for 2019/20 is a shared understanding with senior staff about the cultural, clinical leadership, workforce and system issues that are influencing the performance within the department. The Health Board has commissioned improvement programmes for vascular, fractured neck of femur and Acute Medical Assessment Unit pathways and these will have a positive impact on emergency department flow in 2019/20. The Health Board is exploring use of the same diagnostic and change approach in the Emergency Department to develop a holistic improvement plan for 2019/20.

Additionally, we have trialled new direct-to-specialty pathways for general medicine, cardiology, respiratory and neurology, including hot clinics, in 2018/19. We will be gaining the full-year benefit of in 2019/20 and these approaches are built into our performance improvement plans as well as providing evidence-based, quality services for patients with chronic conditions.

We will also be concluding our work to change the workforce model and put in place sustainable primary care Out of Hours services for the new Health Board within the year as described in the Primary Care Plan.

Reduced patient risk through reduction in avoidable delays and prolonged hospital stay

We have reduced our length of stay in combined medicine by 17% over the last eighteen months but benchmarking shows that we still have major opportunities to further reduce length of stay, improve quality and reduce bed occupancy across our system. We will be aiming to achieve the Capita efficiency length of stay benchmarks which underpin our Clinical Services Plan over the next three years. These validated the work we had already done to underpin our Annual Plan 2018/19 and we will continue to build momentum in service change to achieve reductions, using the organisational learning from the last two years.

Our plan includes a mixture of service improvement actions which are within our gift as a Health Board, and the development of new services including a major step change in integrated community service provision through an integrated Hospital2Home service which will which will build on our existing partnership arrangements and Western Bay Optimum Model of Intermediate Care.

Our service improvement plan is based on the recommendations of the NHS Wales Delivery Unit review of complex discharges and the Right Care Right Place bed utilisation survey, both of reported in the latter half of 2018/19. Both of these reports show that we can improve quality and use prudent healthcare approaches to reduce variation in our internal processes. Our action plan, which will be driven through the Unscheduled Care Service Improvement Board includes targeted, detailed actions to further improve:

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

We will also be improving our Psychiatric Liaison Service to improve services for patients with mental health problems in our general hospitals to improve the quality of care and support discharge arrangements. Additionally, we will also be revising our escalation policy for 2019/20 to build on the 'safety huddle' approach to managing patient flow which has been supported by the NHS Wales Delivery Unit in 2018/19. This will recognise the required changes in the patient flow process, improve the management across our unscheduled care system, improve quality by clarifying the additional capacity protocol to risk-assess the use of 'pre-empt' beds and also prepare for the Bridgend boundary transfer.

As well as this focus on service improvement within our hospital systems we have also undertaken continuous planning work during 2018/19 which underpin this three year unscheduled care plan. Based on the previous Capita demand/capacity analysis in 2016 a linked series of plans to reduce length of stay and bed occupancy at Morriston hospital by rebalancing the underlying medical bed deficit of 40 beds has been developed. Several components of this have been tested with Winter Plan monies in 2018/19 including the hot clinics, expansion of the frailty at the front door service (OPAS), and a trial of the pathway co-ordinators. Not all of these schemes are affordable within the Health Board's financial plan for 2019/20 but we will be continuing to explore innovative investment approaches through Invest to Save or Value-based Healthcare or other sources to develop sustainable solutions going forward.

We have also taken the opportunity to revisit our dialogue with partners about the back door flow, as the rising numbers of DToCs and constraints in social care provision have become increasingly apparent as our internal processes have improved over the last year.

To do this we undertook the Right Care Right Place bed utilisation survey in October 2018 in partnership with our Local Authority colleagues. This helped to promote cultural change as it included a multi-disciplinary, multi-agency team of 71 staff undertaking point prevalence survey and using the results to undertake multi-agency, collaborative planning. The main findings of the report are include in the Plan on a Page which is in Appendix 8. As well as the service improvement actions around ward flow which have already been described this identified major out-of-hospital opportunities to:

- Increase admission avoidance, particularly with regard to patients admitted for IVs by increasing the capacity and responsiveness of the Acute Clinical teams as well creatively using the ACTs as the Single Point of Access and to work with WAST partners to take from the ambulance stack
- Put in place a default Hospital2Home 'discharge to recover and assess' service which will be the only gateway to assessment for patients' ongoing needs, by assessing at home and after /during reablement
- Make a step change towards a default position of reablement at home instead of in hospital by increasing capacity in reablement at home services, thereby moving towards our Clinical Services Plan aim of moving Care Closer to Home.

Local Authority colleagues strongly advised that there were limited opportunities to increase capacity social care due to the workforce and financial environment. However, based on the work of Professor John Bolton's work at Oxford Brookes University on out of hospital care, there is collaborative support for a Hospital2Home service to right-size demand for social care and maximise the prudent use of the existing resources. A Transformation Bid for the Hospital2Home service will be submitted to Welsh Government in quarter 4 2018/19 with the aim of putting the service in place for the winter 2019. The new service will link closely with our chronic conditions management services including the existing Early Supported Discharge for COPD and it will also support the further development of Early Supported Discharge for Stroke which is described in the Stroke Care Plan. We will also be implementing our Liver Disease Plan which is included in Appendix 2.

Major Trauma

The plans for Major Trauma are included in Appendix 10.

Transformation Opportunities

Hospital 2 Home

In partnership with Swansea City Council and Neath Port Talbot County Borough Council we will take forward a new project to strengthen the Western Bay optimum model to become a Hospital 2 Home service. This is an outcome of the Right Place Right Care review findings which highlighted there is a great deal of opportunity to make changes, both within Health Board services, and in partnership with the Local Authorities to improve flow through the whole system, to use our joint capacity effectively and to improve outcomes for older people

The development of an agile Hospital2Home service that has the ability to assess, care and reable patients at home is based on recent social care research undertaken by Professor John Bolton of Oxford Brookes University. This service will maximise the independence of older people and ensure care packages are right sized before being put in place. It will be built around a trusted assessor model where assessment does not take place in a hospital bed and strengths-based assessments taking place when the patient is not in crisis. It is felt that this service could help to maximise the use of the existing social care capacity to best effect and ensure there is flow across the system.

Demand and capacity modelling supported by the work undertaken in the Right Care Right Place review will ensure a clear evidence base to underpin partnership working that delivers the right care in the right place for Older People. A Transformation Bid for the Hospital2Home service will be submitted to Welsh Government in quarter 4 2018/19 with the aim of putting the service in place for the winter 2019.

Summary Plan and Enablers– Unscheduled Care

Actions	Milestones 2019/20	Measures	Lead
Improve **Flu Vaccination** rates for at risk groups to meet WG targets.	(see Section 2.2)		
Implement the **Neighbourhood Model** (Cwm Tawe).	(see Section 2.1)		
Roll-out **Primary Care Cluster Model.**	(see Section 3.1.2)		

Reduce **Unnecessary Hospital Attendance** through admission reduction for the Big 5 in partnership with WAST (see Appendix 9), continuing multi agency approach to manage frequent attenders, and Care and Repair Wales pilot scheme rollout. Including falls response vehicle to reduce un-necessary conveyance to hospital.	Q1	Reduction in frequent A&E attenders (2018 baseline)	NDF_76 NDF_77 NDF_78	COO
	Q1	Evaluation of Care and Repair pilot scheme		
	Q4	Reduction in medical admissions (March 18 baseline) Reduction in the conveyance of non-injury falls patients from 18/19 baseline.		
	Q4	25% patients seen in ambulatory care pathways		
Ensure **Timely Access to Urgent or Emergency Care** through implementing assessment recommendations for vascular, Fractured neck of femur, Acute Medical Assessment Unit (AMAU) and ED pathways, maximising use of Medicine Neurology and Respiratory Hot Clinics and flexible beds.	Q1	Implement recommendations Fractured neck of femur, AMAU, vascular improvement programmes	NDF_77 NDF_78	COO
	Q2-4	Monitor effectiveness of improvement programmes		
	Q2-4	Monitor effectiveness of Hot Clinics		
	Q4	Implement recommendations ED pathways		
Reduce patient risk through reduction in **avoidable delays and prolonged hospital stay** through Implementing the NHS Wales Delivery Unit complex discharge audit recommendations and Right Care Right Place review recommendations.	Q1	Implement key priorities from audit recommendations Reduce variation in SAFER flow bundle Discharge process improvements	LM_18 HW_DP10	COO
	Q1	Implement revised Escalation and patient flow policies.		
	Q3	Monitor impact and improvement		
	Q4	Improve Psychiatric Liaison service (funding required)		
Rebalance medical bed capacity at Morriston through maximising the use of Early Supported Discharge for COPD patients at Morriston and Singleton, and the use of community hospital frailty beds, pathway coordinators (funding dependent), Green to Go ward relocation (funding dependents) and implementing OPAS pus (funding dependent).	Q1	Maximise early supported discharge for COPD and use of community hospital frailty beds	LM_18 LM_19 LM_20 HW_DP9	COO
	Q2	Implement Pathway Coordinators (funding dependent)		
	Q2	Implement OPAS plus (funding dependent)		
	Q3	Implement Green to Go (funding dependent)		
Draft Transformation Fund Bid for **Hospital2Home** service including new discharge to assess and recover model, expansion in reablement at home, expansion in acute clinical teams & Single Point of Access.	Q1	Final bid and service model signed off by RPB	LM_18 LM_19 LM_20 NDF_31 HW_DP10	DoS
	Q2	Recruitment and communications plan		
	Q3	Prepare implementation		
	Q4	Implementation		
Centralise the Acute Medical Take at Morriston and align with continued planning for the HASU (subject to any engagement/consultation requirements).	Q1	Commence planning and Critical path	NDF_76 NDF_77 NDF_78 NDF_66 HW_DP8	DT/ DoS
	Q2	Plan for wraparound ward agreed		
	Q3	Plan for 2nd MRI scanner agreed		
	Q4	Planning for HASU and Acute Medical Take aligned		

Workforce	Finance
• Centralisation of the Acute Medical intake at Morriston Hospital will require the Health Board to redesign the workforce to support this service change. • Develop new workforce models to support unscheduled care including; integrating therapy and mental health staff into A+E, to support the turn around and management of patients at the front door.	• Transformation Fund Bid for Hospital2Home Service to be submitted Qu 4 2018/19 • Emergency Department workforce plan not included in Financial Plan

➢ An integrated service and workforce model, for Hospital 24/7 care at Morriston Hospital which will release time of qualified staff to manage the sickest patients in the hospital. ➢ Development of a sustainable Minor Injuries Unit working closely with Morriston and Singleton DU to enable an integrated workforce model across the Health Board. ➢ Utilisation of Pharmacists to reduce prescription turnaround times by increasing ward based dispensing, and ensuring early involvement in discharge planning with other health care professionals. • Transformation Fund Bid for Hospital2Home Service to be submitted Qu 4 2018/19 • Emergency Department workforce plan not included in Financial Plan – will need to be addressed in the medium term	– will need to be addressed in the medium term • Roll out of schemes tested through Winter Plan will be tested through Invest to Save and Value-based Healthcare approaches
Capital	**Digital**
• 2019/20 Enhance the Acute GP Unit and Medical Day Case Unit at Singleton to increase ambulatory care pathways • 2020/21 SDMU/Wraparound Ward and second MRI scanner at Morriston • Prepare for the centralisation of the Acute Take at Morriston in 2021/22 • Major Trauma Unit included in regional plans	See Section 3.3
Bridgend Transfer Implications	
Transfer issues are being addressed with WAST and the performance trajectories have been calculated on the basis of the new Health Board footprint.	

3.1.4 Stroke

The Health Board is committed to the All-Wales stroke care pathway and our top priorities for 2019 -22 are aligned to the national Stroke Delivery plan. Our Local Stroke Delivery Plan (see Appendix 2) will continue to focus on working towards delivering the refreshed All Wales stroke care pathway priorities in conjunction with partner organisations as outlined below:

- Increased identification and management of patients with atrial fibrillation to reduce risk factors
- Reconfiguration of stroke services including the development of a Hyper-Acute Stroke Unit (HASU) ASU model
- The development of community rehabilitation and Early Supported Discharge services
- Enhancing the existing infrastructure for stroke research and continuous support for research and collaboration at recruiting sites
- Developing and responding to patient experience and outcome measures
- The management of childhood stroke
- The provision of a confirmed thrombectomy pathway for stroke patients.

In the new Health Board, all acute stroke patients for our population will be admitted to Morriston Hospital. The future flow-based stroke model is based on a Hyper-Acute Stroke Unit (HASU) at Morriston Hospital for the wider regional area including West Wales. Collaborative planning is taking place with Hywel Dda Health Board about the regional stroke model through ARCH and this will continue in 2019/20. The implementation of the HASU model is also closely aligned with the planned changes in our unscheduled care system in Swansea as part of the clinical plan to centralise the Acute Medical Take for Swansea at Morriston hospital. More detail is included in the South West Wales regional planning Section 3.2.

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

- The change to the acute medical model in Swansea and Hywel Dda UHB which is likely to be subject to a capital build at Morriston hospital

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

Living Well: Work closely with partners to support and promote initiatives that help people to live healthy and long lives.

Stroke Prevention: Promote primary and secondary prevention through the intervention of treatment and advice to manage lifestyle and provide the appropriate pre-hospital interventions.

Early Recognition and Transition Ischaemic Attack (TIA): Provide early access to evidence based interventions. To maintain our rapid access to our ambulatory TIA clinics with a plan to centralise services using electronic referrals.

Fast Effective Care: For those with confirmed stroke, rapid access to evidence based interventions, treatments and care in the most appropriate hospital and ward. Having a dedicated stroke consultant rota (local or regional) within and out of hours will help achieve early effective care to all stroke patients.

Rehabilitation, Recovery and Life after Stroke: Recognising and addressing the lifelong effects of stroke on the patient and their family and carers and providing the right amount of therapy from the right therapists in the environment, acute hospital, community hospital or home. Establishing an Early Supported Discharge (ESD) service is our top priority to aid flow within the acute services.

End of Life Care: Ensuring that we provide the best palliative and the best support to family and friends at this time. This has been accomplished from a recent SIG funded end of life project but ongoing support by regular medical and nursing teaching sessions is recognised as a priority to continuously improve the care delivered to our service users and their families.

Service Improvement

Our overall aim in 2019/20 is to achieve improvement with the NHS Wales Outcomes Measures for improved access to care and support for patients across the stroke pathway and to deliver better patient outcomes. Our drivers are:

Living well and stroke prevention	We will reduce risk factors through the wider prevention agenda and fully implement a DES for Anti-coagulant Therapy (DOAC) through our Primary and Community Services Unit.
The provision of FAST effective care	Our actions will be to continue to make incremental gains in our stroke pathways through service improvement and the actions in our Stroke Delivery Plan. Improved performance in the early phases of the pathway. The arrangements for thrombectomy services for South Wales will be agreed through WHSSC by the start of 2019/20 and we plan to continue to develop our services. During 2019/20 we will continue to work with our regional partners to developing a HASU model through ARCH.
The provision of rehabilitation services to aid recovery and to promote life after stroke services	We will develop an Invest to Save proposal for Early Supported Discharge Services for stroke by assessing the effectiveness of existing rehabilitation services and inpatient care using VBHc methodology. This may also include trialling new service models on a non-recurrent basis through the national Stroke Implementation Group monies. It is intended that this service will be in place towards the end of Quarter 2 of 2019/20 which will underpin an improvement in performance in Quarter 3 onwards.
End of life care	We will maximise the use of our End of Life pathway through our work on our End of Life Delivery Plan.
Workforce Redesign	We will continue our workforce redesign programme within resources using Prudent Healthcare principles to expand 7-day cover across our key sites, including medical recruitment as opportunities arise.

Summary Plan and Enablers– Stroke

Actions	Milestones 2019/20		Measures	Lead
Improve healthy behaviours, particularly smoking cessation.	(see Section 2.2)			
Provide **Fast, Effective Care** through promotion of FAST, continued development of TIA services, exploring the provision of Capture Stroke System to support real time reporting and establishing a Thrombectomy pathway through WHSSC.	Q1	Thrombectomy pathway in place	NDF_66 NDF_67 NDF_68 NDF_69 LM_18 LM_19 LM_20	DPH/ COO/ DoS
	Q2	Explore provision of Capture Stroke system		
	Q3	Monitor development of TIA services		
Develop the **HASU** Model through ARCH.	Q1	Regional model including regional rehabilitation to be presented to Health Boards for approval		DoS
	Q3	Detailed implementation plan to be signed off		
Improve **Rehabilitation Services** through capturing patient reported outcomes, Life after Stroke clinics, early supported discharge service and service redesign opportunities to develop and Early Supported Discharge.	Q2	Patient Reported outcomes captures		COO/ DoS
	Q2	Business case for ESD submitted for approval		
	Q4	Improved access to Life after Stroke Clinics in place		
Ensure that all stroke palliative patients are managed in accordance with the **End of Life Care** pathway.	Q1	Undertake Audit of pathway compliance		DN
	Q2	Audit Recommendations considered		
	Q3	Recommendations implemented		
	Q4	Monitor and review improvements		
Implement **Workforce Redesign** exploring expanding targeted 7 day cover, recruitment to medical vacancies to support four hour bundle and continuing staff training and awareness sessions of stroke pathway.	Q1	Staff training and awareness schedules in place		COO
	Q4	Seven day cover in place		
	Q4	Recruitment to support four hour bundles		

Workforce Implications	Finance Implications
• In the new Health Board, all acute stroke patients will be admitted to Morriston Hospital. This will require developing workforce models which will be based on more innovative multi-professionals working. • We are developing roles within our stroke wards i.e. Pathway coordinator roles to support qualified staff. • Continued training of our staff (for stroke pathway) will develop skills to provide the best care for patients.	• Invest to Save proposal for ESD for Stroke to be considered in Quarter two
Capital Implications	**Digital Implications**
• Planning support for the HASU model through ARCH	See section 2.3
Bridgend Transfer Implications	
Future regional flows for stroke patients resident in the Bridgend area to be reviewed and agreed in the light of the transfer. Our performance trajectories have been calculated based on the new Health Board's resident population and service provision.	

3.1.5 Planned Care

The Health Board engages fully in the National Planned Care Programme and supports the delivery of outcomes that matter to patients through sustainable services delivering care closer to home where possible. Our ambition is to transform our surgical services model to better meet patient needs, reduce access times, to improve efficiency and to reduce unnecessary travel to and attendance at hospital appointments. We will continue to drive forward improvements based on our achievements in 2018/19.

Our aim is to have sustainable planned care services, and to improve patient outcomes and experience by changing our outpatient model, ensuring efficient use of resources, reducing waiting times for surgery and reducing cancellations of operations. In line with the Clinical Services Plan, we will modernise our outpatient model by using digital technology, self-care, telephone and digital appointments and removing follow-ups as a default model.

The Clinical Services Plan modelling undertaken by Capita identified that we have significant opportunities to improve theatre efficiency by using all of the Health Board's theatre capacity effectively. Our planned care plans are based on achieving the underpinning efficiency assumptions for the Clinical Services Plan for outpatients, day case rates and theatres over the medium term, with significant improvements in 2019/20.

Through our service remodelling work over the last eighteen months we have released bed capacity at Neath Port Talbot and Singleton hospitals which can be used to maximise the use of the vacant theatre capacity on both sites. Specifically we plan to increase the surgical presence for both ENT and General Surgery at Singleton Hospital for a range of cases suitable for the hospital infrastructure. A detailed plan to redesign our surgical model, in line with the Clinical Services Plan to separate elective and non-elective surgery as far as possible, based on clinical risk assessment, will be worked up in Quarter four of 2018/19, in readiness for implementation in April 2019.

Our aim is to stop our reliance on outsourcing for all specialties apart from orthopaedics by the end of 2019/20, with plans for orthopaedics to be in place for following years. We will use all of the opportunities we have identified regionally with Hywel Dda University Health Board to achieve this aim, as outlined in Appendix 10, but, due to the opportunities identified in both Health Board's revised demand and capacity modelling, we will not be pursuing an Elective Orthopaedic Centre as a standalone unit in the shorter term.

As described in our Primary Care Plan we will also be using all the opportunities afforded by the rollout of the Cluster Model to move to community-based planned care wherever possible for Eye Care, Oral Health and Audiology as well as putting in place our primary care diabetes model.

Demand and Capacity Modelling

We have undertaken demand and capacity modelling at a specialty level and have received expert input to this process from the All Wales Delivery Unit. Our approach has been to utilise efficiency and productivity gain, along with service change plans in outpatients, diagnostics and inpatients to move towards sustainable models. Whilst this approach does not achieve sustainability on its own, we are realistic that a level of investment will be required to increase baseline capacity and this is factored into the demand and capacity models. Our planning shows that we can achieve surgical sustainability from December 2019 (a position that the Health Board has previously never achieved). This allows a far more focussed and effective methodology for the reduction backlog to be developed and we plan to do this over a 24 month timeframe. This will also support a very direct approach to further driving efficiency and productivity in our theatres.

Regional Planning and Delivery

In line with the national priorities we will be driving best practice through the National Planned Care Programme plans and we will be working together with Hywel Dda University Health Board to maximise our opportunities. Our plans and deliverables described in the South West Wales regional planning section in Appendix 10. The thoracic surgery centre and major trauma service developments are describe in the same Appendix 10 in the NHS Wales Collaborative section.

Eye Care and Ophthalmology

Our Eye Care Delivery Plan is included at Appendix 2. In 2019/20, additional recruitment of staff will support the Health Board in meeting the required clinical timescales for our Glaucoma patients. We continue to work to put in place Ophthalmology Diagnostic and Treatment Centre (ODTC) services into primary care clusters with the ultimate aim for 75% of all Glaucoma patients being reviewed by an alternative to a doctor in their own communities.

In addition we have set up a Gold Command Task and Finish Group to review the backlog of all ophthalmology patients and will develop an action plan to address and reduce any potential risk / harm to patients. This will also require a focus on accommodation to deliver the proposed changes. We are planning to increase the level of virtual review of patients through the utilisation of new digital equipment that has been recently procured that will allow patients such as the ODTC Glaucoma / Diabetic retina activity to reviewed via a virtual clinical office arrangement thus freeing up additional clinic slots for dealing with our demand.

The Health Board will continue supporting the National Business Case for the roll out of the Ophthalmology Electronic Patient record system for improved communication, provision of advice, governance arrangements when patients are managed in primary care, improved recording and sharing of patients' records and general education.

Oral Maxillo Facial Surgery and Oral Health

Our Oral Health Delivery Plan is included in Appendix 2. We also plan to implement an oral medicine service which will direct demand for this cohort of patients to a model outside of hospital and which will increase the sustainability of OMFS.

ENT and Audiology

The best practice guidelines that have been agreed within the National Planned Care group are being implemented however there remains an outstanding area of clinical review which is currently being undertaken. ENT equipment purchased during the last financial year is now delivering greater access to procedures being undertaken in outpatient clinics rather than main theatres and the full benefit of this will be maximised in 2019/20.

The Audiology Service investment agreed in 2018/19 will be fully up and running for referrals to be triaged by community-based audiologists rather than secondary care consultant teams which has added 1,800 slots to our baseline that we no longer have to cover through non-sustainable solutions.

Transformation Opportunity

Case Study: Outpatients

In 2017/18 we had 260k referrals and saw 206k outpatients and there were about 16,600 new outpatient DNAs per year. We had a recurring demand/capacity gap of 10k that had been stable for some time (there is a lot of attrition on the waiting list).

Efficiency Targets

In our 2018/19 Annual Plan we did our own modelling and set efficiency targets which were based on a three-year programme to achieve sustainability.

If we reduced our DNAs by 20% and our new referrals by 3% over three years this would put us back in balance (3,320 DNA slots and reduction of 7,000 referrals = 10,000 slots). 2018/19 targets were set of 10% reduction DNAs and 1% reduction in referrals.

Achievement

By November 2018 we had nearly achieved the 1% reduction in referrals through use of digital transformation - our e-referral system with Cluster Lead challenge and self-care through Patient Knows Best. We have reduced DNAs by almost 7%.

The Capita modelling for our CSP validated our own modelling – and therefore we're on our way to sustainability in outpatients.

Urology

The service continues to build on the number of patients who are seen in our virtual PSA clinics – at December 2018 this is now around 1,200 patients. In 2019/20 the service will introduce the "Patient Knows Best" (PKB) smartphone system to facilitate self-managed care which will allow appropriate PSA patients to access their own results via the PKB system.

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

Orthopaedics

The NWIS PROMs system is being rolled out for the patients who will be mainly discharged at 6 weeks post-surgery and then followed up through the NWIS PROMs system at agreed intervals which will release outpatient slots for greater numbers of patients to be seen. The MCAS service is reviewing the option of relocating Practitioner Physiotherapists into GP Clusters to enable them to review patients within their own communities. In addition we will be maximising the use of our own theatre and bed capacity to protect elective orthopaedic activity and reduce reliance on waiting list initiatives and outsourcing.

Dermatology

This remains an area of national and regional concern particularly around the medical manpower availability. A paper has recently been prepared by Clinical Chair of the National Dermatology Group to enhance arrangements for medical staffing within the specialty with recommendations to be rolled out during 2109/20. The service continues to support the electronic referral with photograph attachments to provide advice and guidance to General Practice thus saving patients having to be seen in a clinic.

Service Redesign to improve Efficiency

Outpatients

Our Planned Care Improvement Plan 2018/19 has already made a difference to outpatients' access with fewer patients now on waiting lists than in 2017 and higher numbers of patients with shorter waiting times. However, we recognise that we still have much to do both in using technology to provide virtual solutions and to improve waiting times. This includes:

- Better recording into systems of patients being seen as virtual patients / self-managed
- DNA rates will continue to be reduced through an extension to the current Text Messaging service
- The validation team will reduce appointments being sent to patients not requiring review but which are currently recorded as Follow Ups Not Booked (FunB)
- We will plan to implement a system to maximise the efficient use of the clinical rooms within outpatients departments.

With our ambition to bring care closer to the home we will be working with the Cwmtawe Cluster as the pilot cluster to explore potential service shift in the following areas:

- Phlebotomy / Warfarin management services
- Rheumatology patients
- Surgical review clinics in the Cluster.

Theatres

The Health Board established a Theatre Board in 2018/19 to provide greater scrutiny of theatre performance. The Theatre Information Dashboard will be reviewed with reflective performance targets and proposed Theatre Improvement Targets as follows:

Area	Target	Current Position
Late Starts	No more than 25%	42%
Early Finishes	No more than 20%	41%
Cancelled on the day, patient	No more than 10%	30%
Cancelled on the day, clinical	No more than 10%	23%
Cancelled on the day, non-clinical	No more than 20%	47%
Increased Utilisation	85%	75%
Cancelled Operations	No more than 10%	24%
Sessions cancelled at short notice	No more than 5%	9%
Increase theatre productivity	By 10%	
Reduced additional ad hoc Waiting List initiative work / cost avoidance initiative	By 50%	

Centralising the Pre-Admission services in Morriston has facilitated better working arrangements with the booking teams in 2018/19 and we will maximise this approach in 2019/20. This will improve the performance of the pre-assessment services through ensuring all appropriate pre-assessments are undertaken prior to a patient being sent for admission, following agreed clinical guidelines for admission and surgery, screening patients and improved multidisciplinary working with clinical teams. In addition we will be introducing weekly collaboration meetings between the delivery unit theatre senior teams to ensure all resources are maximised to their full potential and reduced cancelled on the day patients.

Summary Plan and Enablers– Planned Care

Actions	Milestones 2019/20		Measures	Lead
Continue with **MCAS** arrangements and as appropriate extend service provision (i.e. Joint pain injections) - with waiting times to be maintained at eight weeks maximum.	Q1	New joint injection model to be implemented	HW_DP7	COO
	Q2	Complete further review of modernisation opportunities for MCAS model		
	Q3	Implement further actions identified through review.		
Extended use of **e- referral / Tele dermatology** for advice and support into General Practice and extend funding of additional clinical fellows across Wales as part of national action plan.	Q1	Continue roll-out e-referral/Tele dermatology to GP practice	HW_DP10	COO
	Q2	Finalise funding for clinical fellows		
	Q4	Recruitment of clinical fellows		
Introduce **Audiology Pathway** with referrals as appropriate directed into the Audiology Service.	Q1	Continue with monitoring new audiology pathway and reduction of referrals into secondary care	HW_DP6	COO
	Q3	Extend pathway arrangements		
Increased use of **Optometry / Non-Medical** services to monitor and refer patients following appropriate guidelines.	Q1	Introduce ODTC into strawberry place/Cwmtawe Cluster	NDF_63 HW_DP7	COO
	Q1	Embed Ophthalmic Priority Measures across the Health Board.		
	Q2	Make available additional accommodation in Singleton for increased non-medical face to face contacts		
	Q3	Finalise manpower plan for ophthalmology/clinical nursing team		
	Q4	Appointments into new skill mix		
Implement Welsh Government priority arrangement to **new and follow up patients**.	Q1	Continue with implementation of planned care programme	NDF_62	COO
	Q1	Update WPAS to accommodate new definitions around virtual clinics, see on symptom and self-managed care		
	Q1	Agree investment into validation team into IBG		
	Q2	Appoint into validation team		
Improve **Theatre efficiency and utilisation** including ENT/ orthopaedics access to Singleton and Neath Port Talbot theatres.	Q1	Agree and implement action plans with delivery units	LM_33 LM_34 LM_35 NDF_63	COO
	Q1	Agree information requirements with information team and delivery units		
	Q1	Re-energise existing theatre efficiency board		
	Q2	Monitor changes to efficiency and reallocate theatre sessions across delivery units as appropriate		
	Q2	Reallocate lost funded theatre session for urology to enable return to balanced service provision		
	Q2	Ensure Cataract throughput is equalised or improved upon in Ophthalmology.		
	Q2	Implement "Open Eyes" or equivalent to oversee PROMs activity / protocols in Ophthalmology		
	Q2	Introduce / Embed Virtual Clinics and build into Consultant / Non-Medical staff job plans.		
ENT access to Singleton theatres to utilise for routine and high activity capacity.	Q1	Establish one all day ENT operating list at Singleton Hospital	LM_33 LM_34 LM_35	COO

General Surgery access to Singleton theatres to utilise for routine and high activity capacity.	Q1	Establish one all day General Surgery operating list at Singleton Hospital and one all day list at Morriston	LM_33 LM_34 LM_35	COO
Implement a revised **hand surgery model** across plastic surgery and orthopaedics to stabilise capacity and demand.	Q2	Consultant recruited and delivering agreed new job plan	HW_DP7	COO
Recruit two gastroenterology specialist nurses and two consultant gastroenterologists to increase sustainability of **Gastroenterology** service.	Q2	Post holders in place and delivering capacity	HW_DP8	COO
Ensure Cataract throughput is equalised or improved upon in **Ophthalmology**.	Q1 to Q4	Ensure delivery of revised baseline D&C model for sustainable ophthalmology cataract treatments	NDF_63 HW_DP7	Assoc Dir of Perf

Workforce Implications	**Finance Implications**
• Workforce changes have been implement and roles developed to reduce length of stay and demand in other parts of the service For example, Audiologists dealing with more complex cases which will reduce demand on ENT. • Advanced practitioners have been developed to lead clinics to reduce Consultant Waiting times. For example, Advanced Practice Physiotherapists. • Development of therapy roles to reduce length of stay for patients. For example, Dietitians ensuring nutritional optimisation prior to surgery.	
Capital Implications	**Digital Implications**
• HSDU Centralisation – by end 2021. • Third catheter laboratory at Morriston expansion in 2020. • JAD accreditation for endoscopy suite at NPTH to be reviewed. • Thoracic surgery centre at Morriston – by end 2021. • Post-Anaesthetic Care Unit to be developed at Morriston in 2020/21. • Reviewing need for a Hybrid vascular theatre and new vascular laboratory at Morriston. • Centre of excellence - utilise spare space in NPTH made available by endoscopy moving. • Colonoscopes and associated equipment.	See Section 3.3
Bridgend Transfer Implications	
The resilience of planned care services across the Health Board will be supported by detailed LTA and SLAs in development through the Bridgend transfer process. This includes services provided at Neath Port Talbot Hospital which will be supported by Cwm Taf UHB after the transfer.	

3.1.6 Cancer

Our plans are based on the delivery of our Cancer Delivery Plan which is included in Appendix 2. Our other priorities are described here which are to plan to deliver the Single Cancer Pathway and to improve our performance against the existing national Outcomes measures.

We are also supportive of the **Case for Investment in NHS Wales Cancer Services** which has been submitted to Welsh Government by the Wales Cancer Network (WCN).

Single Cancer Pathway (SCP)

The Health Board's Single Cancer Pathway Delivery Plan is in place to implement the Single Cancer Pathway by April 2019. All our delivery units are committed to improve compliance against the national cancer optimal pathways with recommendations and action plans being monitored and progressed through the Cancer Improvement Board.

It is estimated that, in order to diagnose all patients with suspected cancer within 28 days, an additional 20% diagnostic capacity (predominantly endoscopy, CT, MRI and pathology) is required. This is on top of a year-on-year increase in diagnostic demand of 8-10%. Work is ongoing within the Health Board, and with Hywel Dda colleagues to develop more robust capacity and demand models in order for us to have an accurate understanding of the additional capacity requirements, and to address the additional capacity required. Summary plans are included in the box below.

The Health Board will also have to track significantly more patients from the point of suspected cancer. In preparation for this we have developed a live Cancer Dashboard that will allow the user to access current queue information.

No single system will automatically capture point of suspicion to start a patient clock and prompt tracking. This is still the biggest risk at present, in terms of a tight process that identifies all patients. It also means that we are not able to establish the full size of the demand of patients who will need to information for all Computed Tomography (CT), MRI and Ultrasound scans for all urgent suspected Cancer, Urgent and Routine scan requests received in the Health Board. This will continue to be developed in 2019/20 and will allow us to power models of the system which will allow us to track patients

Pathology

- Introduce 'short cycle' rapid processing of biopsy samples.
- Work ongoing on a current queue dashboard.
- Implement the first Digital Whole slide scanner into Pathology.
- Continue with workforce redesign plans.

Radiology

- Projected 20% increase in demand will require:
  - Use of mobile MRI vans.
  - Increase Radiology and Radiographer establishment to support (including Sonographers).
  - Increase administrative support to fast track increased number of bookings.
  - Uplift in consumables and kit maintenance required.
  - More outsourced Radiology reporting.
  - 8am-8pm across cross sectional modalities.

Endoscopy

- Back log reduced by insourcing.
- Increase job planning sessions for Endoscopy.
- Ensuring that diagnostic targets are maintained through demand and capacity planning across the region.
- Maintenance of Bowel Screening targets.
- Increase workforce – Consultant Gastroenterologists and Nurse Endoscopists

effectively and to ensure we have enough capacity available to complete the diagnostic phase of the new single cancer pathway.

A full demand and capacity profiling exercise of USC, Urgent and Routine work has been undertaken for the Endoscopy service delivered via the NPTH, Singleton and Morriston units looking at delivery of bronchoscopies, gastroscopies, colonoscopies, flexible sigmoidoscopies or any dual combination of the previously mentioned procedures within those units. This work and intelligence will also be utilised to prepare for the introduction of Faecal Immunochemical Testing (FIT) from early 2019.

Straight to test protocols for patients referred to gastroenterology on suspicion of a lower gastrointestinal cancer, to reduce overall pathway waits has been implemented. We have already piloted a rapid diagnostic centre, and secured funding to extend the concept and more recently, based on the success of the model and its extremely beneficial contribution to implementing a single cancer pathway, secured further funding to provide timely access to diagnostic testing. We will be developing and embedding this model as part of our roll out of the single cancer pathway.

We will establish routine liaison mechanisms between primary and specialist care to provide patients with seamless transition from secondary to primary care. Whilst the Health Board expects to be able to mirror the SCP

performance that is currently being submitted throughout 2019/20, the ongoing work around recording the Point of Suspicion will need to be completed to confirm this estimated position. There has been ongoing work by the WCN to refine the definitions of point of suspicion. Configuring our systems and implementing reporting matrix for the Health Board is time consuming and can only fully commence once the final definitions have been agreed. This has impacted on our originally planned timescales.

No single system will automatically capture point of suspicion to start a patient clock and prompt tracking. This is still the biggest risk at present, in be tracked and have diagnostics within the 28 days. Without timely notification of a patient being placed on the SCP, patients could be identified at such a late stage that delivery of the target would be unachievable. In the absence of a national solution to this, we are reviewing the National systems in use, such as WPAS; LIMS; RADIS and how we can establish local practices that would allow timely recording and/or identification of patients with a new suspicion of cancer.

The increase in diagnostics needs further analysis and demand and capacity assessment. Whilst these are not necessarily additional investigations, they will need to be provided in a far quicker timeframe and in most circumstances, non-cancer work is delayed to ensure cancer work is undertaken at the earliest opportunity. Demand and Capacity is a huge piece of work with so many components of a cancer pathway that also has a significant impact on non-cancer RTT. However good progress is being made by the local cancer improvement/information team to understand this in support of planning requirements.

Fundamental to the success of delivering the Cancer targets is the tracking process behind it, which pushes and pulls patients through the next step of their pathway. The tracking resource required to deliver this additional demand needs to be quantified, as we already know that tracking capacity has been a constraint in the management of cancer within the Health Board, and it often forms only one part of job plans. The increased volume of patients will undoubtedly burden the current staff in tracking posts with increased risk to specialties. Detailed assessment of this will be undertaken by the individual Delivery Units.

In terms of data capture, a number of component waits need to be reported. The WCN have asked Health Boards to submit a monthly dataset of confirmed malignancies treated in order to commence a review of these measures by HB and by tumour site. The Cancer Improvement/Information Team are pulling together the dataset required to ensure we can fully contribute when required. The Cancer Improvement/Information Team will commence work to scope automation of this data via the Cancer Information Portal/Dashboard for live monitoring and reporting purposes.

Aligned to the delivery of the single cancer pathway and fundamental to detecting cancer earlier is the establishment of demand and capacity modelling as core business in service delivery plans. This will support the identification of the diagnostic capacity required to achieve the diagnostic elements of the single cancer pathway.

Improving Performance

As highlighted in last year's plan the tumour sites with particular issues with regard to performance are gynaecology, urology and breast. During 2019/20 we will gain the benefit of pathway changes in urology which will minimise breaches in that specialty. We will also maximise the benefit of the Post-Menopausal Bleeding clinics in gynaecology which we introduced this year. Our breast services have also benefited from recruitment into key specialist posts. All of these actions will contribute to improving our performance of against the existing cancer targets. In addition we will be using PROMs as a mechanism for improving experience and access through our Value-based Healthcare work.

Improving Pathways

The Lung Cancer Multi-disciplinary Team will review and redesign the lung cancer pathway, ways of working and staffing to optimise opportunities to improve early diagnosis, patient experience and outcomes. A Macmillan Quality Improvement Manager was appointed at the beginning of September and has begun to review the lung cancer pathway in the Health Board and will be establishing a joint collaborative with Hywel Dda for tertiary lung services following appointment of a Macmillan QI Manager at Hywel Dda.

We have already initiated baseline Patient Reported Outcome Measures (PROMs) collection in one of our lung cancer clinics. We will work closely with patients, colleagues from Hywel Dda Health Board lung cancer teams and the All Wales Cancer Network to extend this collection to follow up PROMs and to use this data to plan patient care and service improvement.

We will focus on national population-based screening for Breast Cancer, reducing variation and inequality in care and harm in its delivery and supporting care moving closer to the home. Our Breast Cancer Team aspire to achieve the best possible Standards of Care and will initiate collection of PROMs data with patients to ensure patient care plans are tailored to delivering what matters most to their patients.

One of the key priority areas to improve outcomes, reduce variation and support the implementation of the SCP is the development of common pathways across the NHS for specific cancer disease groups. Work has commenced with our Lung and Colorectal services to map and compare pathways against the optimal pathways to understand variance and consider improvements required at the various steps. This work will continue with the other tumour site groups.

Detecting Cancer Earlier: Improve patient outcomes through early detection - more curative, less intensive and less expensive treatments.

Delivering fast, effective treatment: Patients to receive prompt, effective high quality treatment and care in an equitable and sustainable service so that they have the best chance of optimising their quality of life and improving survival, reciprocated by patients taking responsibility for lifestyle choices that positively contribute to their treatment and care

Meeting Peoples Needs /Person Centred Care: Our patients to be placed at the heart of cancer health care with their individual needs identified and met so that they feel well supported, informed and able to manage the effects of living with and after cancer.

Improving Information Our Patients, health professionals and service planners will have access to appropriate information to help them make informed decisions about care and treatment. Ability to routinely access patient information about cancer presentation, access to treatment and outcomes including survival data to inform commissioning.

Cancer Strategy & Leadership: Development of a Health Board Cancer Strategy, that is clinically lead and supported by Executive Directors. Leadership and accountability for the delivery of the Cancer Delivery Plan defined.

Summary Plan and Enablers - Cancer

Actions	Milestones 2019/20		Measures	Lead
Improve **prevention** of cancer through improving healthy behaviours including smoking cessation, obesity prevention and reduction and prevention of alcohol related harm.	(see Section 2.2)			
Detect Cancer Earlier through maintaining and expanding the service of the Rapid Diagnostic Clinic (RDC) (funding dependent), ensuring effective partnership working with primary care and Macmillan GP lead.	Q1	Rapid Diagnostic Yearly Outcome Report	NDF_64 NDF_65	COO
	Q2	Develop Business Case for RDC Expansion		
	Q4	Macmillan/Primary Care pilot areas identified		
Single Cancer Pathway Deliver the Single cancer Pathway Delivery Plan to implement the Single Cancer Pathway.	Q1	Stock & Flow modelling to establish capacity gaps	NDF_64 NDF_65	COO
	Q2	Review pathways against national optimal pathways		
	Q3	Unit action plans to comply with optimal pathways.		
	Q4	Unit action plans implemented		
Deliver fast, effective treatment including through ensuring robust Spinal Surgery Access for patients diagnosed with Metastatic Spinal Cord Compression (MSCC), and developing a strategic holistic plan regarding how the Acute Oncology Service will be developed and resourced.	Q1	MSCC Pathway agreed with C&VUHB	HW_DP6	COO
	Q2	Review of service and gaps identified		
	Q4	Acute Oncology Service Plan developed		
Deliver **Person Centred Care** through a transformational approach to cancer nursing ensuring that 100% of people diagnosed with cancer have a recovery	Q1	CNS review undertaken in cancer services	HW_DP5	DoN
	Q2	CNS review expanded - teams, activity, job plans		
	Q3	Evaluate efficiency and effectiveness of CNS teams		

package that includes a keyworker, Holistic Needs Assessment, associated care plan, treatment summary in Primary Care.	Q4	Report recommendations and key themes		
Improve **End of Life Care through** reducing admissions to Acute Hospitals at the end of life & supporting patients to remain in their place of residence, including through better utilising digital technology top capture information, better engagement and outcome measures.	Q1	Better utilise digital technology	HW_DP3	DoN
	Q2	Audit against national and local standards		
	Q3	Recommendations of Audit		
	Q4	Review admissions to acute hospitals at end of life		
	Q2	Live queue dashboards in endoscopy and radiology		
	Q3	Live queue dashboards in pathology/histology		
Strengthen **Cancer Planning & Leadership** through the development of a Health Board Cancer plan that is clinically lead and supported by Executive Directors and ensuring leadership and accountability for the delivery of the Cancer Delivery Plan is defined.	Q1	Finalise Cancer Plan	HW_DP8	COO
	Q2	Cancer plan in place and Cancer lead appointed		
	Q3	Implement Cancer plan		
	Q4	Review		

Workforce Implications	Finance Implications
• Expand Physiotherapy capacity in oncology treatment pathways e.g. thoracic to develop post op rehabilitation programmes (MDT) • Increase in Radiotherapy capacity by extending working day and staffing to HIW required levels to support current performance and a reduction in line with cancer standards. • Increased therapy input in to pre-habilitation to improve outcomes post treatment and to reduce length of stay, inappropriate admissions. • NMP pharmacists to strengthen and provide cross-cover within cancer. • Continue to develop cancer nursing posts to deliver the All-Wales Cancer Delivery Plan regarding key worker, holistic needs assessments, written care plans and patient experience • Increase in Radiotherapy capacity by extending working day and staffing to HIW required levels to support current performance and a reduction in line with cancer standards.	
Capital Implications	**Digital Implications**
• Convert and equip room to increase ultrasound capacity • PET/CT facility in order to provide clinical PET/CT imaging oncology patients requiring diagnosis, staging and treatment response. • Replacement of aging Radiotherapy Equipment (LinB, LinC, LinD and CT), possibly expand to a 5 linac cancer centre in Singleton • Consolidated services in fit for purpose facilities for Hywel Dda and the Health Baord Regional Histology and Laboratory Immunology for sustainable services to SW Wales • Ensure working group in place to work across all relevant deliverers of Systemic Anti-Cancer Therapies (SACT) • Source Outpatient clinic capacity and accommodation for one Day Unit merging High Dependency Unit and Chemotherapy Day Unit - New combined day Unit, and alternative accommodation for Haemophilia and Thrombosis staff and clinics. • Develop an Ambulatory Gynaecology Unit to include diagnostic, minor ops and outpatient facilities.	See Section 3.3
Bridgend Transfer Implications	
Breast cancer services at Neath Port Talbot Hospital will be supported to align with the MDTs for Swansea and Bridgend. Other support services will be included in the detailed LTA and SLA arrangements.	

3.1.7 Mental Health and Learning Disabilities

Learning Disability Services

At a national level new commissioning guidance has been issued in relation to learning disabilities and a new national programme for improving learning disability services is in place, run by the 1000 Lives Plus improvement team. The guidance emphasises the principle of starting from the point of helping individuals to lead an ordinary life with dignity, and co-producing appropriate solutions to help the individual and their family achieve the outcomes important to them.

A Learning Disability-specific health needs assessment has been developed as well as a common commissioning view that will be the basis of a modernisation plan from 2019/20 onwards. This will continue to be finalised in early 2019/20 in partnership with Cwm Taf UHB, Cardiff and the Vale UHB and the seven local authorities for Merthyr, Rhondda Cynon Taf, Cardiff, Vale of Glamorgan, Bridgend, Neath Port Talbot and Swansea.

The current model of service is not able to meet the changing needs of the population and a significant proportion of people are being placed in private placements, often many miles from their families. These placements can be very expensive and place significant pressures on both Local Authority and NHS resources. In order to deliver a modernised service that addresses these challenges and minimises the dependency on private services the Health Boards and Local Authorities will embark upon a transformation programme which will deliver a revised health and social care pathway. A clear and effective support pathway enables accessible information, and where required access to and provision of services and support.

Healthcare activities within the overall pathway

Within a high level pathway the Health Board delivers health related activity within a health and social care partnership that is focussed on overall outcomes in health and wellbeing. Our focus, in light of the guidance, existing policy and findings on our current service model is to:

- Shift existing balance of resources and provision to deliver more community based services
- Deliver short term crisis interventions that are available 7 days per week to support people to remain in their own home
- Deliver longer term support for people with complex co-morbidities that enables them to live as independently as possible
- Provide education and training to support non-specialist services to better meet the needs of people with learning disabilities whether in primary or secondary care
- Deliver inpatient NHS services that have a clear rationale and which form an integrated part of a person's overall care plan and where all other options for safe support have been ruled out
- Deliver specialist forensic services for people with a learning disability that have close links with mental health services, probation and the police as well as providing placements where necessary as close to the person's support networks as possible.

Early Years Prevention

Expanding the availability of the Facing the Challenge Team (FTC) is a priority. FTC works in conjunction with partner agencies (Social Services, Education, Child Health, Voluntary Agencies, etc.) by providing an additional, specialist behavioural element to existing services. We aim to deliver a service that works across the age range to incorporate adolescence and young adults and supports smooth and effective transition. Transition is a process that takes place over time rather than a one off transfer of "case responsibility" and this multidisciplinary and multiagency service will support individuals, carers and families through this time.

Increased community services

Strengthening the size and skills available to all the Community Learning Disability Teams, enabling more individuals to remain at home during periods of crisis through early intervention and prevention. (There are 9 multi-disciplinary teams that include Psychiatry, Psychology, Nursing, Occupational Therapy, Physiotherapy and Speech and Language and also have access to specialist Dietetic advice and arts psychotherapy).

This will include:

- Refocusing the role of Community Learning Disability Nurses to support GP practices to ensure that all people with a learning disability have an Annual Health Check and are supported to access health services and interventions available to the whole population. This could be by

supporting GP practices to encourage attendance at appointments or carrying out follow up visits to service users where a health need has been identified

- Support for existing Local Primary Mental Health Support Services to make reasonable adjustments to ensure the service is accessible for people with a learning disability and increasing access to psychological interventions for people with mild learning disabilities
- Support for early onset dementia services
- Providing registered nurse input to enhanced supported accommodation schemes providing a supportive outreach function bridging the gap between mainstream and specialist services
- Support for the production and implementation of Individual Development Plans (IDPs) for people with additional learning needs.

Liaison services
We aim to provide an acute hospital learning disability liaison service aimed at identifying and supporting vulnerable patients as soon as they are admitted to hospital and promoting better collaboration between the staff who look after them and to implement an Epilepsy pathway.

Short Term Crisis Services
There would be increased resources for the Specialist Behavioural Team and Extended Clinical Support services to provide a 24/7 Intensive Support Service to the most complex individuals in the community, with provision of crisis support. These services would be available across all Health Board areas and would work collaboratively with acute inpatient care as the gatekeeper for admission and facilitator of discharge. In conjunction with social services we will develop a 24 hour crisis line.

Appropriate inpatient provision
Provision of enhanced, specialist inpatient beds for people whose needs are highly complex and require a little longer to formulate a sustainable plan for them to be supported in an environment that they can call home. Including specialist settings for patients with autistic spectrum disorder, forensic needs and highly complex patients transitioning from child to adult services. This will include a continued but reduced capacity Acute Assessment Unit function to provide acute care for patients in crisis who cannot be supported in their home for a period until they return to an equilibrium where they can return home and continue to work on longer term plans. To deliver change we are interdependent with partner agencies and require open communication with service users, families and the public.

The Transformation Fund bid will allow us to achieve our aims as follows:

Transformation Opportunity

The population and health needs assessments provide clear evidence of increasing demand for Learning Disability services. The current model of service is not able to meet the changing needs of the population with a significant proportion of people being placed in private placements, often many miles from their families, which disrupts family life and removes people from their community support networks. These placements can also be very expensive and place significant pressures on both Local Authority and NHS resources.

Together with our partners we will be:

- Agreeing a joint statement on the commissioning intent for learning disabilities and common strategic framework between 3 Health Boards and 7 local authorities.
- Developing and agreeing a multiagency proposal for transforming Learning Disability services which will be submitted to Welsh Government for support through the Transformation Fund.
- Securing change programme bridging funding to invest in community expansion to facilitate changes in the whole system of health and social care services for people with learning disabilities.
- Long-term rationalisation of our NHS learning disability estate to reduce number of isolated small inpatient units by bringing units together according to population needs.

Mental Health

Since 2012, the development and further improvement of mental health services within the Health Board has been framed by Together for Mental Health as the national wellbeing and mental health plan, and a drive for delivering quality care and support for some of the most vulnerable individuals in our communities.

In recent years this has been strengthened by the publication of the National Dementia Strategy as well as the introduction of the Social Services and Wellbeing Act and the principles embedded in the Wellbeing of Future Generations Act.

Our Strategic Framework for Adult Mental Health has been approved by the Board following further revision to incorporate the findings of a report commissioned by the Western Bay RPB on unmet Mental Health needs in our area. Developed with stakeholders and service users this strategic framework provides a clear direction of travel for enhancing the availability of services across health and social care that meet the needs of a wide range of individuals. It covers the whole spectrum of need; from building resilience at a community level to address low level wellbeing difficulties or isolation, to improving the range of specialist services available to people with the most complex needs.

A new model of services will be achieved by delivering a range of services which are available to everyone experiencing mental health problems, irrespective of the severity, aimed at prevention and earlier intervention. The new model aims to stop mental health problems occurring or getting worse, as well as providing earlier support for people whose mental health is deteriorating. This will include options to easily help people be confident to deal with problems themselves as much as possible and more complex interventions and approaches reserved for addressing more complex needs.

The Health Board, and Local Authorities within the Western Bay region have identified a series of priorities within the framework including:

- Increasing partnership working across Western Bay (pooling budgets, aligning, planning, commissioning and procuring services)
- Ensuring up to date, easily accessible information is available for service users, carers and professionals on help and support available
- Developing a single point of access for people requiring mental health services
- Strengthening progression pathways that prevent hospital admissions and promote early hospital discharge
- Delivering a strategic approach to ensure individual outcomes are met
- Strengthening the transition process
- Supporting people and carers in ways that promote independence
- Developing localised community support networks
- Developing a range of preventative services within the community
- Developing modern accommodation models
- Ensuring help and support packages are tailored to the needs of the individual and are reviewed appropriately
- Modernising day services
- Promoting an increasing the uptake of Direct Payments where appropriate
- Developing and strengthening support for people with substance misuse issues, particularly our prison population
- Developing clear pathways for people with dementia
- Promoting mental wellbeing and helping to build resilience for people, families and communities
- Working with people, families and communities to develop and provide mental health help and support.

Together we are developing a structured plan for putting these principles and priorities into practice. To support this we have aligned our Local Partnership Board and commissioning board into a single group involving service users, carers and officials across primary and secondary, health and local government. This new Board sits within the governance structure for the Regional Partnership Board, further strengthening our opportunities for delivering more integrated solutions to population-based issues.

Psychological Therapies

The delivery of Mental Health services is consistent with the requirements of Part 1 and Part 2 of the Mental Health (Wales) Measure (2010) and this has served to shape the development of services in recent years. The development and publication of Welsh Government guidance on psychological therapies, Matrics Cymru, has further enforced that there is a pressing need for coherency in the service model, with clear access routes and flow through the system, to ensure that people with assessed psychological needs are seen in the right place at the right time.

We are developing and implementing a project to increase the pace of access to High Intensity Psychological Therapy by taking a systemic approach and developing a psychological therapy service that provides a stepped model of care. It is intended that this will enable individuals identified as requiring psychological therapy to receive the most appropriate service to meet their expressed and assessed needs and to reduce variation in access to Psychological Therapies across our area.

With Welsh Government funding, in 2018/19 we have engaged with an external provider to undertake a psychological therapy waiting list initiative

that is addressing long waiting times, and have started our pathway redesign. Building on the pathway redesign, the plans for 2019/20 include investment in additional therapy resources that, based on current demand, will deliver a sustainable service to meet the new 26 week referral to treatment target for high intensity psychological therapies whilst also delivering improved access to low intensity psychological therapies.

Dementia and Older People's Mental Health

The continuing modernisation of services for older people with mental health problems will progress and be interweaved with the work of the Health Board's Older People's programme and the Western Bay's Dementia Action Plan working group.

The Health Board agreed that changes in the configuration of services for Older People with Mental Health care needs would be subject to multi-agency agreement through a cross locality group looking at the recommendations of the clinical review undertaken in 2017 and this group has been mapping existing service delivery to agree gaps for prioritising future change.

Following the investment of approximately £2m in community based health services in the last two years and the reduction of 52 inpatient beds for older people, it is important that we consolidate and evaluate the impact of the changes across the whole system. We will then continue to assess the opportunities in the areas of intensive short term services available 7 days per week to help people stay at home and simplifying pathways to support them and their families.

We are also clear that we need to look closely at our provision of memory assessment services in conjunction with primary care to help people who are worried about their memory to have timely access to diagnosis and subsequently receive practical and clinical support plans for them to live well with dementia.

We will positively contribute to the development of the Integrated Older Person's Pathway and Frailty Model across the Health Board. This will ensure we provide a person-centred approach to meeting the physical and mental health needs of frail older people through the development of mental health liaison within integrated teams and involvement in multidisciplinary care planning.

Summary of high level actions to implement our long term plans

- Development of Adult Acute Business case to replace the not fit for purpose estate still in use at Cefn Coed Hospital
- Reprovide the Psychiatric Intensive Care Unit within the new Health Board area
- A series of priorities for implementing the Adult Strategic Framework will be agreed by LAs and Health Board in partnership.
- Implementation of a sustainable service for providing high intensity psychological therapies in line with Welsh Government guidance and to meet new 26 week access target.
- Reconsideration of service model for Older People's Mental Health in patient care with local authorities as a result of boundary change
- Options for implementing a dedicated secure service for women as part of a mental health pathway for women
- Reviewing safe staffing across services and in particular as part of OPMHS further modernisation taking account of impact of legislation.

Substance misuse services

Alcohol and drug misuse are widespread throughout our society, and while the number of people with serious problems is relatively small, the impact on people's lives can be significant and is increasing. Our aim is to reduce the harm caused to individuals by substance misuse through our services, improve awareness and understanding of the dangers and to promote prevention, all by working collaboratively with partners.

We provide assessment, treatment and health based intervention services for people affect by substance misuse issues. We complement services provided by other agencies in line with the Working Together to Reduce Harm Strategy and the overall service is coordinated by the Area Planning Board for substance misuse which is hosted by Neath Port Talbot County Borough Council. Rather than being a separate service we have integrated the NHS substance misuse services within mental health and learning disabilities to join up provision more easily and in particular the comorbidity of mental health and substance misuse problems. We have incorporated Community Drug and Alcohol liaison workers within our General Hospital Liaison services to improve the advice and support available in the acute setting and also to provide a sustainable working environment for a small service.

We actively contribute to a Drug Related Deaths Task Group which reports to the Area Planning Board. In addition the Public Service Boards have instigated a multiagency Critical Incident Group in response to drug-related deaths and the threat posed by the phenomenon of 'County Lines' criminal gangs operating in our area.

Summary Plan and Enablers - Mental Health and Learning Disabilities

Actions	Milestones 2019/20		Measures	Lead
Suicide and Self Harm Prevention.	(see Section 2.1)			
Long-term rationalisation of our NHS **learning disability** estate to reduce number of isolated small inpatient units by bringing units together according to population needs.	Q1	Agreement to joint statement on commissioning intent	NDF_9 PHF_3a PHF_3b PHF_6a PHF_6b	COO/ DoS
	Q2	Engagement with individual local authorities to share outline intent for change to the service		
	Q3	Development and agreement of multiagency proposal		
	Q4	Discussion about change programme bridging funding to invest in community expansion		
Development of Adult Acute Business case to replace the not fit for purpose estate still in use at Cefn Coed Hospital.	Q1	Development of Strategic outline Case (SOC)	PHF_3b PHF_6b NDF_30 NDF_87	COO/ DoS
	Q2	Submission of SOC & plan for development of Outline Business Case		
	Q3	Outline Business case development and stakeholder engagement.		
	Q4	OBC Work for submission in 2020/21		
Interim solution to re-provide **Psychiatric Intensive Care Unit.**	Q1	Interim solution scoped	PHF_3b PHF_6b HW_DP7	COO/ DoS
	Q2	Engagement with partners, public and staff		
	Q3	Plans developed for interim solution incorporating engagement.		
	Q4	Interim PICU solution implementation plan agreed and progressing.		
Implementation of the **Adult Mental Health Strategic framework**.	Q1	Identification of priorities within optimum model and agreement of phased change	PHF_3b PHF_6b NDF_30 NDF_72 NDF_87 NDF_88	COO/ DoS
	Q2	Formal sign off of priorities with local authorities for 2019/20 Development of investment plan for Welsh Government Health and Social care funding		
	Q3	Work streams established, phased delivery of service models planned Review of Third sector mental health provision to inform commissioning plan		
	Q4	Engagement/ consultation on service changes and identification of Capital requirements		
Implementation of a sustainable service for providing **high intensity psychological therapies** to meet new 26 week access target.	Q1	Complete demand and capacity analysis & recruitment to new roles for sustainable delivery	NDF_71 NDF_72 PHD_43	COO
	Q2	Redesigned stepped model of care & pathway		
	Q3	Implementation of revised service model		
	Q4	Routine performance monitoring to maintain 26 week wait and evaluation of impact.		
Reconsideration of s**ervice model for Older People's Mental Health** in patient care with local authorities as a result of boundary change.	Q1	Reviewing safe staffing across services ; Evaluation of occupancy and admission rates	PHF_3b PHF_6b NDF_46 NDF_72	COO/ DoS
	Q2	Agreement of multiagency modernisation plan for actions of National Dementia Strategy		
	Q3	Implement any further changes to community provision based on evaluation.		
	Q4	Commence implementation of revised service model for inpatient services		
Work with partners to ensure robust **alcohol and substance misuse** services are in place.	Q1	Review of Service model by Area Planning Board.	NDF_8 NDF_86 PHF_21 PHF_26 HW_DP2	COO
	Q2	Outcomes of review considered for implementation		
	Q3	Multiagency agreement of revised service model		
	Q4	Agreement of modernisation plan for implementation of revised service model		

Workforce Implications	Finance Implications
• Education and training will be provided to support non specialist services to better meet the needs of people with learning disabilities whether in primary or secondary care. • Redesign OPMH inpatient services will require more workforce resource to be moved to the community. • Existing Learning disability inpatient capacity will be redesigned to deliver services that will meet more complex needs requiring additional staffing across all staff groups. • Refocused role of Community Learning Disability Nurses to support GP practices to ensure that all people with a learning disability have an Annual Health Check and are supported to access health services and interventions available to the whole population. • Potential pro-rata increase in pilot workforce to cover demand for our Swansea population in line with the dementia action plan.	
Capital Implications	**Digital Implications**
• Undertake anti-ligature work across all inpatient sites for MH & LD services. • Commence implementation of the agreed optimum model for Adult Mental health services as outlined in the Western bay Strategic framework for Adults with mental health problems. Provide an implementation plan for the plan over the next 3 years.	See 2.3 and 3.3
Bridgend Transfer Implications	
There are a small number of service that are provided across the whole health board and these will be delivered under SLAs for the population of Bridgend. Longer term issues to be considered include the availability of rehabilitation for women, the adult acute assessment unit and reduced flexibility in adult acute inpatient services.	

3.1.8 Maternity Services

We know that a healthy mother is essential to giving a baby a healthy start in life. Maternity services are fundamental to both the health of the mother, her baby and wider society.

In December 2018, we refreshed and relaunched our Maternity Plan to set out our plans for the coming years. Our vision is for maternity services is:

> "To work proactively with our partners to support women and families to give their children the best start in life. We aim to provide high quality, safe and personalised care, which is delivered in an evidence based, responsive and compassionate way in order to meet the needs of women and families."

Maternity services in 2018/19 have continued to work towards the Welsh Government Maternity Services Strategy aiming to achieve key performance indicators and implement care and services in line with national guidance. This has been achieved with the support of a highly skilled and committed workforce who when necessary are prepared to be deployed to another unit or clinical to support clinical activity and need. We have successfully attracted 27 newly qualified midwives into the Health Board with no current midwifery vacancies.

The core areas of work in 2019/20 for maternity services are to:

- Support maternal health including healthy weights and smoking cessation
- Increase the number of women commencing labour outside an obstetric labour ward
- Ensure the emotional wellbeing of women and their babies
- Address health inequalities through working with Local Authorities to provide additional maternity support to families with greater needs through, Flying Start services in Neath Port Talbot and Jigso in Swansea
- Develop foetal monitoring services
- Increase midwife-led new-born screening
- Continue to deliver the new Transitional Care Unit in Singleton Hospital.

Maternal and Pregnancy Health

The immediate priorities to improve maternal and pregnancy health will be to achieve the key performance measures for maternity services including:

- Increasing number of women booked by 10 completed weeks
- Increasing number of women who maintain a Healthy Weight gain in pregnancy
- Increasing in the number of women who stop smoking in pregnancy
- Reducing caesarean section rates.

With over 30 % of pregnant women reporting they have some mental health concern it is important that we ensure the emotional wellbeing of women and their babies are met to reduce the long term effects of mental illness on families. We have identified that there is currently an unmet need which a specialist midwife could support. This will be explored along with seeking to provide support to women who can be managed outside of the mental health services provision (PRAMS) and reviewing requirements to have a specialist midwife in Perinatal mental health to support the health and wellbeing of pregnant women. The service is also fully engaged in the development of the Peri-natal Mental Health Unit within the Health Board footprint, commissioned by WHSSC.

Birthing Services and Support

A priority achievement will be improving patient flow through reducing elective caesareans, reducing delayed elective caesareans and inductions and reducing postnatal length of stay through the use of transitional care beds. We will achieve this through a number of actions including:

- Ensuring decisions for induction of labour and caesareans are monitored
- Avoiding delays in procedures due to acuity
- Identifying appropriate parent accommodation with babies in NICU to support additional demands in Singleton Hospital
- Investing in dedicated caesarean section operating lists and implementing the ERAS model (level of activity and investment for his is being explored in more detail)
- Seeking to secure investment in anaesthetic/ midwifery/ consultant/ theatre staffing to support in order :
    - Reduce pre-op length of stay
    - Reduce complaints
    - Reduce out of hours theatre activity
- Aiming for 45% of women to commence labour outside of labour wards.
- Increase midwife led new-born examinations
- Delivering the Transitional Care Unit in Singleton Hospital
- Development of South Wales Mother and Baby Unit commissioned by WHSSC to compliment perinatal services.

We will also work on workforce development to support improving quality, patient outcomes and experience, service sustainability and flow. This includes:

- Increasing midwife numbers to meet the requirements of birth-rate plus, if funded through development of a business case
- Maintaining the training and application in practice of the guidance in Gap & GROW
- Working towards implementing the All Wales Foetal Monitoring Standards – which includes a minimum of 6 hours training of clinical staff
- Securing funding to obtain a central monitoring system for foetal heart recordings in labour through development of a business case
- Ensuring the correct skill mix on the postnatal ward and community teams through increasing the number of maternity care assistant
- Successfully implementing the 'PROMPT for Wales' multidisciplinary training.

Post-Natal Care

We will work with local authorities to provide additional maternity support to families with greater need (Flying Start services in NPT and Jigso in Swansea) in addition to increasing electronic working in the community setting with the introduction of iPad to community teams. The Health Board will also retain its Baby Friendly Initiative (BFI) accreditation through seeking to gain the necessary financial support and implementing breast feeding peer supporters onto the postnatal ward and potentially continue a rolling programme of new supporters.

Work will also be undertaken with the Dietetics services to identify resources to support additional nutritional advice training for midwives in order to support discussions with women to maintain a healthy weight in pregnancy and to learn about ongoing healthy diets for themselves and their children.

3.1.9 Children and Young People

In 2018, we launched our Children's Charter and the Board approved our ambitions for children and young people set out in our Children and Young People's (CYP) Plan; for our children to be safe, healthy, and able to enjoy life and grow up achieving economic well-being and making a positive contribution.

As part of the Health Boards commitment to ensure that children's rights are respected in all aspects of care across all specialities a Youth Board has been developed, consisting of children and young people (CYP) aged 14-23 years. The Youth Board will be translating the plan into a language that CYP can understand and hold the Health board to account for services for CYP. Members have been involved in consultation around services for CYP and aim to improve services and ensure the voices of CYP are heard. The members will be reporting to the Health Board's Executive Team annually around services that affect them. They have also been involved in national projects with the RCPCH and will be presenting at the conference in March 2019. They have also developed the levels of care for the All Wales Paediatric Acuity Tool. The Youth Board is in its early stages of development and it is envisaged that this will develop to include social care.

Child Health Development

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

- Sourcing alternative accommodation to Central Clinic to improve staff experience
- Implementing All Wales Child Health Database (CYPRAS) system to improve data accuracy
- Reviewing waiting list management processes for community paediatrics to improve the use of capacity.
- Increasing electronic working – use of Document Management Systems and iPads for Health Visiting.
- Ensuring Health Visiting practice utilises the FRAIT tool in assessing the resilience and needs of the family
- Development and implementation of the All-Wales acuity tool for Health Visiting across the Health Board

Community Paediatrics

Achieving the Facing the Future Standards for Child Health published by the Royal College of Paediatrics and Child Health is a core outcome for the Health Board across community and acute paediatrics. These standards ensure high-quality diagnosis early in the unscheduled care pathway providing care closer to home where appropriate. Key to the development of community paediatric services and the achievement of the Facing the Future Standards is the development of a sustainable service model. In 2019, the Health Board will undertake a baseline assessment of services using the British Association for Community Child Health (BACCH) Essential Standards Toolkit for Community Child Health Services. This assessment will provide a measure and benchmarking of services aligned to the Facing the Future standards. Key actions include:

- Baseline assessment and benchmarking of services
- Agreeing sustainable SARC services across South West Wales
- Reviewing workforce opportunities following consultant retirements
- Achieving sustainable service model for audiology medical cover
- Increasing specialist nurse input into the continence pathway
- Implementing psychology support (funding dependent)
- Reviewing opportunities to include School Nursing/ Health Visiting
- Support primary and community care with development of wellness centres in Swansea and Neath Port Talbot in conjunction with ARCH
- Implement the Document Management System.

Acute Paediatrics

The priority for acute paediatric services over the medium to long term as we plan the centralisation of the acute medical take will be the development and implementation of an integrated paediatric urgent and emergency care proposal. The proposal will centre on the development and provision of a single point of access for paediatrics to improve the care for children and young people attending acute and emergency paediatric services by integrating paediatric medicine with the paediatric assessment unit. The expected benefits include increased emergency department attendance volume with lower percentage breaches, a decrease in inappropriate paediatric admissions, potential decreased length of stay for paediatric admissions is proposals includes a short stay option, improved compliance with Facing the Future standards. We also would expect the development to potentially result in the reinstatement of paediatric emergency medicine training status and improved recruitment. The plan for this development will be finalised in 2019/20. Key actions include:

- Developing a critical path for a single point of access for emergency paediatrics
- Reviewing opportunities to create a sustainable consultant and middle grade workforce
- Reviewing requirements to increase specialist nurse input to specialist paediatric services including respiratory and allergy. Include succession planning for all specialist nurse posts
- Implementing Psychology support (awaiting Welsh Government funding)

Neonates

The Health Board's plan to improve neonatal care sets out actions to ensure the Health Board meets both the British Association of Perinatal Medicine (BAPM) standards for hospitals providing neonatal care and the Bliss Baby Charter. The key development is the completion of the Transitional Care Unit to provide increased capacity for high dependency and intensive care in line with recommendations of the South Wales programme. Key actions include:

- Complete the Transitional Care Unit
- Implement workforce planning proposals to increase medical and nursing cover and a Workforce Plan for Neonates to meet BAPM standards, if funding is secured
- Develop monthly performance information to inform development
- Increase midwife-led new-born examinations through increased midwifery time covering weekends, if funding secured
- Increase therapy input into the neonatal unit in order to meet the BAPM standards, if funding is secured
- Implement Psychology support for mothers and families.

Neurodevelopmental Service

The pathway is predominantly led by schools who refer via a weekly multi-disciplinary MDT, however, GPs and families can also refer direct on completion of the recommended referral documentation. The development of the service continues across Wales, and is monitored by the All Wales Neurodevelopmental National Steering Group under the umbrella of the "Together for Children and Young People" Programme. Key actions include:

- Centralise Neurodevelopmental Team to improve staff experience, efficiency and capacity and maintain RTT of 80%
- Complete capacity and demand modelling
- Review benefits of psychology input and increased Speech and Language and Occupational Therapy
- Improve outcome data through the implement all-Wales data collection requirements
- Improve patient experience through increase pre and post diagnostic support to families.

Additional Learning Needs

The Additional Learning Needs and Educational Tribunal (Wales) Act will come into force in September 2020. Demand and capacity planning work is underway to identify the increased provision of service this will require and the Health Board is committed to appointing a Designated Education Clinical Lead Officer (DECLO).

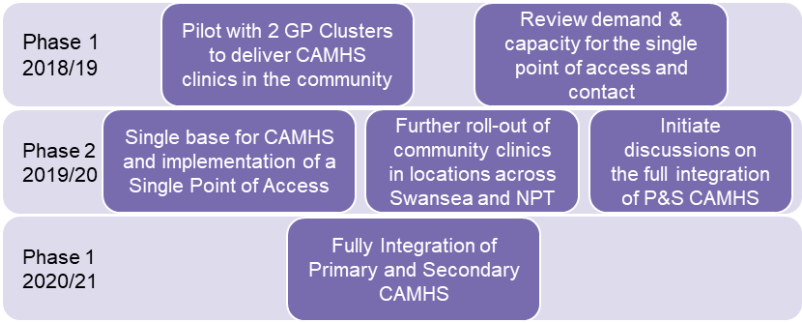
Child and Adolescent Mental Health Services

Western Bay partners have an agreed Delivery Plan for Emotional Health & Wellbeing for Children and Young People. The Delivery Plan has an agreed strategic direction underpinned with a series of specific actions and priorities. The aims that will continue to be embedded into future Delivery Plans are as follows:

- Improved accessibility to CAMHS and specialist advice & support
- Sustainable and accessible local services (including tiers 1 & 2)
- Develop and sustain the NDD Service
- Develop a better range of services for all children with emotional difficulties and wellbeing or mental health issues including transition and single point of access to services
- Develop multi-agency arrangements for children with complex needs.

Action has been taken to stabilise the Service to maintain the improved position including additional waiting list clinics, however it has become clear that changes that are more radical are required to transform the service model to provide a sustainable service in the medium- to long-term. The proposed integrated model will include a single point of access / entry to the service via a telephone triage system, which will allow all professionals working with children and young people to access advice and consultation from CAMHS, and onward referral into CAMHS where appropriate. The service will use the Choice and Partnership Approach (currently embedded within Secondary CAMHS) to facilitate provision of the right support, at the right time, to the right children, young people and families, by the right clinician from across the service.

The diagram below highlights the milestones to achieve an integrated model:



The benefits of the integrated model include:

- Improved access for patients with shorter waiting times;
- Advice and support for professionals
- Appointments delivered at non-stigmatised outreach accommodation
- Reduced impact of vacancies in CAMHS
- Consistent decision making on assessment of referrals to reduce the risk of children and young people 'bouncing' around the system
- Compliance against Welsh Government targets.

Summary Plan and Enablers – Maternity and Children and Young People

Actions		Milestones 2019/20	Measures	Lead
Children's **Strategy** Board to ensure delivery of the children's plan closely linked to the work of the Western Bay Regional Partnership Board.	Q1	Membership reviewed and meetings reinstated	PHF_3a PHF_6a PHF_32 PHF_40 HW_DP6	DON
	Q2	Commencement of work plan		
	Q3	Ongoing completion and monitoring of work plan		
	Q4	Review of achievement and agreement of next year's work plan		
Agile working and technology enhancements in **Child Health Development.**	Q1	Source alternative accommodation to Central clinic	PHF_32 PHF_40	DON
	Q2	Review waiting list management process for community paediatrics		
	Q3	Health Visiting practice utilises the FRAIT tool		
	Q4	Implementation of the All Wales acuity tool		
Community Paediatrics sustainable service model.	Q1	Baseline assessment and benchmarking of services	PHF_3a PHF_6a	DON
	Q2	Review workforce opportunities; increase specialist nurse input in continence pathway.		
	Q3	Sustainable service model for audiology medical cover		
	Q4	Implementing psychology support		
Developing a single point of access and sustainable workforce model for **Acute Paediatrics.**	Q1	Review opportunities to create a sustainable consultant and middle grade workforce.	PHF_3a PHF_6a	DON
	Q2	Review requirements to increase specialist nurse input		

	Q3	Developing single point of access at Morriston Hospital for emergency paediatrics		
	Q4	Implement Psychology support		
Progressing work aligned to the **Neonates** Transitional Care unit and a Workforce Plan to meet BAPM standards.	Q1	Develop a suite of monthly performance information to inform service development.	PHF_3a PHF_6a PHF_31	DON
	Q2	Implement workforce planning proposal to increase medical and nursing cover including increased midwifery weekend cover.		
	Q3	Increase therapy input into the neonatal unit		
	Q4	Implement Psychology support		
Neurodevelopmental team development to improve staff and patient experience.	Q1	Review benefits of psychology input and increased SLT and OT	NDF_70 LM_22	COO
	Q2	Complete capacity and demand modelling.		
	Q3	Increase pre and post diagnostic support to families		
	Q4	Centralise Neurodevelopmental team to a single site		
Required changes to meet the **Additional Learning Needs** and Educational Tribunal (Wales) Act.	Q1	Complete capacity and demand modelling	PHF_8 PHF_9 PHF_10	COO
	Q2	Assure and verify data through regional partnerships		
	Q3	Develop job description and undertake recruitment to meet service need.		
	Q4	Appointment of a Designated Education Clinical Lead Officer		
Phase 2 of an integrated model for **CAMHS.**	Q1	Review demand and capacity for the single point of access	LM_23 LM_24 LM_25	COO
	Q2	Further roll-out of community clinics in locations across Swansea & NPT		
	Q3	Initiate discussions on the full integration of Primary & Secondary CAMHS		
	Q4	Single base for CAMHS and implementation of a single point of access		

Workforce Implications	**Finance Implications**
• Develop sustainable response to ALN reform and statutory obligation for children and young people 0-25 years with identified needs to have timely and equitable access to Dietetic and Physiotherapy Services. Will require Additional capacity for these staff groups. • Develop in/outreach respiratory post to support complex patients with acute respiratory exacerbations in the community • Phased implementation for an Integrated paediatric urgent and emergency care service at Morriston Hospital will Improve recruitment to ED posts and support the reinstatement of paediatric Emergency Medicine training status • Development of the paediatric workforce; reviewing opportunities (consultant, middle grade) and increasing nurse input into specialist paediatric services. • There will be a need to recruit additional Midwives at singleton Hospital to Comply with Birth Rate + standards. • To support workforce redesign the number of Maternity Care Practitioners will be increased through additional training.	
Capital Implications	**Digital Implications**
• Integrating paediatric emergency medicine with the paediatric assessment unit, to provide single point of access in the medium term. • Development of the Mother and Baby Unit.	See Section 2.3
Bridgend Transfer Implications	
Agreements will be required for pathways for neurodevelopmental children over 11 years of age and on the impact on management structures will need to be reviewed accordingly.	

3.1.10 Older People

In 2017 the Health Board reinforced it's committed to improving services for older people, establishing an Older Person's Charter. Improving the care we provide for Older People is an important part of our quality and safety plan for 2019/20 including our Quality Priorities of reducing falls, pressure ulcers and end of life care. We will also focus on the roll out of Comprehensive Geriatric Assessment, improving end of life care and reducing our laparotomy rates in older people. Under the Transformation Programme our formal Older People's Programme has been enhanced by the appointment of a Consultant Geriatrician as our Older People's Clinical Lead and has renewed Executive leadership under the Director of Nursing. Through this programme we will take forward our draft Frailty Model which has been developed with partners and mapped to the national iPOP pathway. This includes all steps of the pathway, including hospital and community provision of best-practice frailty services.

During 2018/19 we also, with our Local Authority partners, analysed our Older People's care system by undertaking the bed utilisation survey which included 757 beds and bed equivalents. These included inpatient care in our acute and rehabilitation hospital settings, and our Western Bay Optimum Model provision of reablement at home, reablement in step up beds and our Acute Clinical Teams. Through the Older People's programme we will implement our action plan based on this analysis which includes improvement actions within our own services as well as the development of the Hospital2Home service which will form a major component part of the out-of-hospital frailty model.

We will also build on the work we have already started to remodel our Older People's Mental Health services to rebalance services towards the community in line with best practice and national benchmarking. Additionally we will be working with our partners to implement the Western Bay Dementia Action Plan and to improve support for carers as we develop our detailed plans to move more care closer to home in line with our Clinical Services Plan.

Our Older People's plans are threaded throughout our Annual Plan as shown in the table below:

Section	Plans
Our Operating Model and Transformation Programme (Section 1.7)	• Older People's Programme
Partnerships for Improving Health and Wellbeing (Section 2.1)	• Health and Housing
Co-Production and Health Literacy (Section 2.2)	• Flu vaccination of over 65s
Quality and Safety (Section 3.1.1)	• SAFER flow • Comprehensive Geriatric Assessment • Falls • Stroke • Pressure Ulcers • End of Life Care • National Elective Laparotomy Audit
Unscheduled Care (Section 3.1.3)	• Reduction in falls through joint approaches with WAST and working with Care and Repair • Reduction in length of stay through SAFER flow and other service improvements to reduce the deconditioning effect of longer hospital stays • Hosptal2Home service
Mental Health and Learning Disabilities (Section 3.1.7)	• Dementia and Older People's Mental Health

3.2 Strategic Objective: Partnerships for Care

This section includes our partnership arrangements within the Western Bay Regional Partnership Board and Public Services Boards for Swansea and Neath Port Talbot. Our other key plans and delivery actions through regional partnerships and national arrangements are described in Appendix 10.

Western Bay Regional Partnership Board and Public Services Boards

Our partnership arrangements with Local Authorities and other key partners have been in place since 2012. Making the transition to delivering the requirements of the Social Services and Wellbeing (Wales) Act and establishing the associated Western Bay Regional Partnership Board was in line with this previous work and enabled the Board to be based on solid foundations immediately.

Our Western Bay Population Assessment and subsequent Area Plan have been developed on an inclusive basis with the resulting priorities being incorporated into individual organisation's operational plans and the Commissioning Intentions that guided the development of this Annual Plan included the Area Plan priorities and our Wellbeing Objectives. We are jointly proud of our record of achievement, including implementing the Western Bay Optimum Model of Intermediate Care and developing the Adult Mental Health Strategic Framework. However, in the light of the population needs assessment, the publication of 'A Healthier Wales' and the Bridgend transfer which will change the partnership significantly, the Regional Partnership Board has taken he opportunity to revise the 'Western Bay Offer' and to review the priorities and structures. This will strengthen our partnership arrangements with Local Authorities in particular as move forward as a new Health Board.

Our joint vision is to:

- Enable individuals to live longer, happier lives and take more control of their own health and wellbeing, including supporting others in their local areas by developing partnerships with a wide range of organisations and people from the public, private, third sector and communities to deliver support to people in local areas
- Provide health and care for people that need it from people that act as one team and work for organisations that behave as one system.

The Wellbeing of Future Generations Act outlined that all public bodies in Wales needed to work towards the 7 Wellbeing Goals. The new Health Board, Swansea Council and Neath Port Talbot County Borough Council aim to work collectively, with other partner organisations, stakeholders and local communities to transform its services, at pace to achieve these goals. In doing this we will ensure the five ways of working identified in the Act are embedded in all that we do and how we do it. The Health Board and individual Local Authorities have also worked together since the inception of the Wellbeing of Future Generations (Wales) Act on developing Public Services Boards on an even more inclusive basis, and developed the associated Wellbeing Assessments and Plans effectively. However through this, the overlap between these various areas of work, and potential for duplication and lack of clarity over accountabilities has become clearer.

The Western Bay Partnership has also been committed to embedding co-production into its principles and ways of working, with the establishment two years ago of a Citizen's Panel who consider the Regional Partnership Board's work. Increasingly the Citizen's Panel is involved in the full range of the Partnership's work, as evidenced by the co-produced Western Bay Mental Health Strategic Framework for Adults. Since 2012, Western Bay has concentrated on implementing the "What Matters to Me Model (below)," in particular the elements of improving the Intermediate Care Tier, and Specialist Care with regards to Reviewing Individuals with Complex Need, which this year was presented with two All Wales Continuous Improvement Awards for the work in Collaboration and as the best Local Government Initiative.

The Board identified and supported the implementation of the "Optimal Model" via the Integrated Care Fund to ensure that all citizens from the region received the same services whatever their postcode. However Western Bay has always identified that this tier is only part of the model of care and that the prevention tier would need further focus in order to avert individuals entering the health and social care systems.

The plan to make a system change in the population health and prevention approach in Tiers 1 and 2 through the revised Western Bay offer is included in Section 2.1 in successful 'Our Neighbourhood Approach' Transformation Fund Bid. In the light of 'A Healthier Wales' and the transfer of the Bridgend population a review has been undertaken of the Western Bay 'Offer' as shown below. The Board's collective ambition is to:

- Work together to improve health and care for the populations we serve
- Plan and deliver care which reflects outcomes that matter to the people we serve and care for – we will check this through measures which reflect individual experiences and system wide impacts
- Seamlessly integrate care through a place/locality based approach - we will do this through pooling budgets and resource (staff/assets) on a locality basis
- Collaborate to manage the common resources available to us rather than adopting a "fortress mentality" in which each organisation acts to secure its own future regardless of the impact on others
- Have a single and simple governance structure – we will do this by integrating and streamlining Public Service Boards, the Regional Partnership Board and sub-structures for the region.

The ambition has been shared with partner organisations and conversations will continue with our current partners and new partners as the programme develops. We will also be speaking with other Regions as we develop our programme and we already have establish the sharing of best practice of ICF Projects with West Wales and will continue to develop this relationship.

Area Plan

The Area Plan represents what the Western Bay Regional Partnership Board (RPB) will be delivering as a set of integrated regional health and social care priorities over the next 5 years, in response to the Population Assessment findings. Due to the review of Western Bay and the transfer of Bridgend, the Area Plan is being refreshed. Regional Partnership Board members agreed to focus on a smaller number of key priorities, where regional working will add the most value. The Area Plan is an important planning tool which will be a reference point for future funding decisions and monitoring of the work the Board will progress in future years. An Annual Report will be produced describing how the Regional Partnership Board has delivered against the Area Plan (and in particular the Action Plan). As far as possible the Area Plan, in setting out regional social care and health priorities, complements and links with the three Public Services Boards and their respective Wellbeing Plans. The Key Priorities agreed by partners for the Area Plan are shown in the table below.

Transformation Opportunities

'New Western Bay Offer' Quadruple Aim

Aim 1 - Improve the population health and wellbeing through a focus on prevention

- Increase the scale and pace of preventative programmes across the region for example "Wellbeing from Birth – First 1000 days"
- Increase and improve the collaboration and integration with partners such as 3rd Sector, Council for Voluntary Services, Providers, Education, Leisure, Housing
- Ensure clear communication across the region with all stakeholders

Aim 2 – Improve the experience and quality of care for individuals and families

- Further develop compassionate communities or neighbourhoods
- Increase the scale and pace of collaboration efforts through; the use of WCCIS, Effective Pooled Budgets, Multi-Agency and Disciplinary Teams
- Reduce harm by focusing services more effective to address key issues/problems within communities/neighbourhoods (e.g. substance misuse)
- By changing the questions and conversations with Citizens to "What Matters to You"

Aim 3 – Enrich the wellbeing, capability and engagement of the health and social care workforce

- Support the workforce within the community to look after themselves and ensure they feel valued
- Ensure timely and inclusive decision making and reduce conflict
- Allow the workforce time to work with citizens and explore opportunities

Aim 4 – Increase the value achieved from funding of health and social care through improvement, innovation, use of best practice and eliminating waste

- Review, develop and continually support the assets we already have in our community
- Invest in people – they are key to community based assets
- Review "Best Practise" within and outside of the "New Western Bay" to develop new ideas and opportunities
- Improve and develop the digital community

3.3 Strategic Objective: Digitally Enabled Care

Digital Strategic Outline Plan (SOP) 2019/20

Early in 2019/20 we will develop a new Digital SOP to support the first phase of the road map for the delivery of the digital plan in the new Health Board. In developing the SOP we will work closely with Welsh Government and the Health Board finance teams to ensure the funding mechanisms for its delivery are clearly understood and documented. This will build on the work already done in securing funding from schemes such at ETTF and Invest to Save as well as the recurrent commitment the Health Board has made from Discretionary Capital to support new developments. This partnership approach to the development of the SOP will go some way to addressing some of the recommendations in the Wales Audit Office review. The SOP will focus on the next range of developments that will take forward the themes and aims of the Health Board digital plan and we will ensure that there is wide involvement from our clinical leaders to ensure their needs are being met.

Supporting IT Service and Delivery

In 2019/20/21, we will work with partners to review how our IT services are delivered and supported. Particular attention will be paid to the changes now available in infrastructure provision through Cloud Services. The changing environment for IT software provision will also be explored and funding models changed to meet the commercial environment of IT services.

Empowering Patients

Patient Knows Best (PKB)

Our work on self-care through PKB is described in Section 2.3.

Patient Appointment Reminders

Throughout 2019/20 we will continue to capitalise on the success of the text reminder service which has the key objective of reducing DNA rates. Throughout 2018/19, the rollout of the solution contributed to a reduction in DNA rates for both new (from 7.1% to 6.7%) and follow up appointments (from 9.0% to 6.9%). The aim will be to expand the service areas that can adopt the reminder solution to include Community and Therapy appointments and further improve DNA rates by increasing the percentage of accurate mobile phone numbers in our patient administration systems and promoting the service to our patient population.

Empowering Clinicians

Digital Dictation

We will work to build a case for establishing a Health Board-wide digital dictation plan to address the administration capacity and efficiency constraints in line with the wider digital plan, particularly focusing on delivering technology to support digital dictation and voice recognition.

Hospital Electronic Prescribing and Medicines Administration (HEPMA)

The implementation of HEPMA will be fully complete across inpatient wards at two acute hospital sites (Neath Port Talbot and Singleton) by the end of 2019/20. The functionality will include integration with the Welsh Clinical Portal (WCP) to allow clinicians to prescribe electronically from within the patient's WCP record. Plans to implement to the rest of the Health Board will be dependent on the availability of funding and the progress of the national e-prescribing project. An evaluation of our project and the benefits will be conducted and used to inform the national approach. These benefits include the ability to provide a range of significant clinical, safety, informatics and management benefits to patients cared for by the Health Board that are not systematically achievable using current systems. These include reduced errors in prescribing, administration and transcription, improved formulary compliance and improved antimicrobial stewardship.

Welsh Results Reports Service (WRRS)

The Welsh Results Reports Service provides users of the Welsh Clinical Portal with the ability to view diagnostic reports and test requests for their patients regardless of where in Wales they were produced. Some historic results are already held within WRRS, the earliest date back to 2008.

In 2019/20 the Informatics Directorate will continue to work with our staff and the organisation to make all test results available nationally via the Welsh Clinical Portal, this will include ongoing work for radiology and cardiology reporting and test results. This work will support the following:

- Improved efficiency and timeliness of results reporting through visual status of test request and processing statuses
- A reduction in duplication by providing an at-a-glance view of tests already requested and processed.

In 2019/20, the Informatics Directorate will continue to work with clinicians and legacy systems to ensure new and historic results are made available through the Welsh Results Reports Service to NHS Wales. This will include ongoing work for radiology and cardiology reporting and test results.

Patient Flow
The flow of patients into, through, between and out of our services is of utmost importance as it impacts on the quality of our care, the experience of our patients, the outcomes they achieve and the volume of patients we are able to care for. Digital has a number of roles to play in working to improve the flow through our system including: sharing of information through and across pathways and clinical boundaries, automating of processes, gathering of information, task and action management and providing real time business intelligence to facilitate decision making.

In 2018/19 significant progress has been made in a number of areas looking at improving the patient flow within our services:

Electronic Test Requesting (ETR)
The implementation of ETR means that clinicians are able to request and review progress of test electronically. This is more efficient and also reduces the number of duplicate test requests being made. ETR is now live in 79 locations across the Health Board which equates to 31% of all locations. It is planned that ETR will be rolled out across remaining locations in 19/20.

Admissions Discharges and Transfers (ADT) pilot
A key part of flow is being able to share information as patients are admitted, transferred and discharged from hospitals. Towards the end of 2018/19 the Health Board will pilot the use of electronic ADTs within WCP. (Previously this had been achieved through the Health Board clinical portal). This will facilitate the pilot of Medicines Transcribing and eDischarge (MTed) which will improve medicines management by allowing hospital pharmacists to transcribe patient medications electronically. This will support the patients from admission to discharge. e-Discharge (eD) will enable clinicians to record a summary about a patient's hospital stay which can be electronically sent to the GP. A key driver of this will be the Hospital Electronic Prescribing and Medicines Management (HEPMA) project which will integrate with MTeD to automatically provide the requirement information.

Electronic referrals
We have continued to work with NWIS on the next phase of the project to enable the electronic prioritisation of secondary to secondary and secondary to tertiary referrals. The Health Board (cardiology) has piloted this functionality.

Electronic nursing documentation pilot
In 2018 the Health Board piloted an in-house developed electronic nursing documentation system. The results of the pilot were very positive and reduced the length of time taken to complete the documentation. The solution is now being considered by NWIS to be included within the national solution for the provision of electronic nursing documentation across Wales to be implemented in 2019/20.

WCCIS and mobilisation
As outlined in Section2.3 mobilisation and WCCIS are pivotal in improving and managing the flow of patients from secondary care into the community. The implementation of the Welsh Community Care Information System (WCCIS) is key to supporting integrated working across Health and Social Care and to help to keep patients 'well' within the community in addition to facilitating safe, timely discharge from hospital. The Health Board is playing a key role in progressing regional collaboration with Bridgend, Swansea and Neath Port Talbot Local Authorities and is taking the lead in data quality aspects of the national configuration. In the Health Board, the system will have a significant impact in further improving productivity across Community, Therapies and Mental Health services. We will have an approved business case to support WCCIS and will be taking strides towards signing a deployment order to allow implementation to start in 2019/20.

In 2019/20 the Informatics Directorate will also work with clinicians to implement a phlebotomy module in WCP with the anticipation of achieving the following outputs:

- Provide better patient information to laboratories
- Improve patient safety – no unnecessary samples collected.
- Reduce the number of unnecessary tests

- Reduce the turnaround time for tests
- Save time with ability to mark for 'Phlebotomy Sample Collection'
- Reduce unnecessary labels printed
- Improve feedback to clinicians following initial test request through phlebotomist comments being provided electronically in WCP.

Welsh Patient Referral Service (WPRS)

The Welsh Patient Referral Service (WPRS) is a safe and secure method of transmitting patient referral letters and referral information between Primary and Secondary Care Services. WPRS enables electronic referrals to go directly from a GP to a selected hospital. For WPRS eligible services, Health Records staff are able to send referrals to an electronic work list for a clinician to triage. In 2019/20, we will work with clinicians to progress the rollout of electronic referrals and prioritisation including the introduction of hospital to hospital referrals, allowing us to send electronic referrals within the Health Board and across Health Board boundaries, including tertiary services. It is anticipated that the following outcomes will be achieved:

- Referrals will be received and processed in a more timely manner, improving patient safety and providing efficiencies to staff
- Electronic referrals will be available immediately in WCP for processing
- Consultants can prioritise referrals from any Health Board computer or from home, reducing the need to return to the office
- Inappropriate referrals can be returned to GP with information, reducing the need for paper letters to be sent
- Additional information can be requested from GPs electronically
- Consultants can redirect referrals to colleagues/place referral on hold if necessary

Welsh GP Record (WGPR)

The GP Record provide clinicians with a summary of important information taken from a patient's full GP medical record. The record can be accessed by health professionals caring for a patient wherever the patient is in Wales. A patient will give consent for the healthcare professional to access their record every time it is needed, and every access to a WGPR is automatically monitored. In 2019/20, we will continue to work with clinicians to raise awareness of the availability of WGPR and continue to support new doctor induction to raise awareness and to promote mandatory Information Governance training and essential WCP e-learning to enable access to eligible users. It is anticipated that the following outputs will be achieved:

- Increased patient safety by providing access to the GP summary record in secondary care
- Increased time efficiencies for clinicians and other healthcare providers by eliminating the need to contact GP practices by telephone to obtain information
- ADTs and MTeD– Admissions, Discharges and Transfers and Medicines Transcribing and e-Discharge
- Admissions, Discharges & Transfers, Medicines Transcription and e-Discharge (ADTs & MTeD) will replace the functionality currently available in the Health Board Clinical Portal with functionality available in WCP to admit/discharge patients, update patients' locations, and transmit discharge advice letters to primary care and store them within the patient record.

In 2019/2020 we will progress the implementation of live ADTs across the organisation. It is anticipated that the introduction of live ADTs will deliver the following outputs:

- Effective patient flow by providing the ability for WPAS records to be updated with live locations, episode and spell information
- Increase the time to care for clinicians and other healthcare providers by reducing time locating patients and accessing multiple information systems.

In 2019/20, we will continue to work to progress the transition of using the current method of transfer of care (EToC) to implement the national solution of MTeD which will replace EToC with a discharge advice letter across the organisation. Plans for ADTs and MTeD they are as follows:

- Extend pilot at Morriston to implement live ADT functionality across all sites with an estimated completion April/May 2019
- Implement transition from electronic transfer of care to MTeD alongside the introduction of e-prescribing at Neath Port Talbot Hospital, progressing to Singleton and Princess of Wales Hospitals
- Extend the scope of Mental Health and Learning Disabilities specialities
- GP Test Requesting (GPTR)

In 2019/20 we will agree a rollout plan which includes close working with the laboratories to pilot new functionality to be made available in the WCP.

PROMs and PREMs

In 2019/20, we will work with clinicians and the national PROMs programme to provide support to the All-Wales Patient Reported Outcomes Measures (PROMs), Patient Reported Experience Measures and Effectiveness Programme (PPEP) to support the new and ongoing implementation of Patient Reported Outcome Measures .The Health Board is currently engaged with the programme for collection in Orthopaedics, ENT, Lung Cancer and Cataracts. This will realise the following benefits:

- Improving effective calculation of treatments
- Better supporting the fulfilment of ICHOM partnership requirements
- Improving PROMs reporting activity.

Business Intelligence

In 2019/20 we will develop and launch a Business Intelligence plan to compliment the Digital plan. The key components of the plan are:

- KPIs & Automated Reporting
- Predictive and Prescriptive Analytics
- Better decision making
- Quality improvement and service redesign
- Improved operational efficiency
- Reduced costs and waste.

Effective Systems

Hybrid Mail

Hybrid mail is mail that is delivered using a combination of electronic and physical delivery. It involves digital data being transformed into physical letter items at distributed print centres. In 2019/20, subject to approval of the Invest to Save case, we will move all patient letters from the WPAS into a hybrid mail solution. This will improve the quality of the process and release cost savings of £100k. Subject to the success of the deployment we will then adopt hybrid mail for our other systems such as DMS and RADIS. In 2020/21 we will then start to explore how hybrid mail can support the Health Board in communicating with our patients regarding their appointments using electronic delivery platforms such as e-mail, SMS and PKB.

Welsh Care Records Service (WCRS)

The Welsh Care Records Service is an electronic document repository within the Welsh Clinical Portal. In 2019/20 we will continue to work with staff to identify documents currently available to users of the Clinical Portal and other systems for prioritisation by our Clinical Reference Group and the national WCRS Project Board for upload to WCRS. This work will support the following:

- A reduction in requests for (and delay in receiving) paper case notes, freeing up clinical time to treat the patient
- Making documents available to all users of WCP across Wales
- A reduction in time spent by staff contacting other Health Boards/Trusts to obtain information that is stored and available electronically in WCRS.

Intranet and Business Efficiency Core

In 2019/20 we will provide our staff and the organisation with an Intranet platform that will enable them to be more effective in the way that they deliver our business. The platform will be fully mobile enabled so that our staff can access this functionality wherever they are in the organisation and on whatever digital device they have available to them. The platform will provide the tools needed to enable and ensure:

- Staff are well informed on issues and successes of the organisation
- Staff can access the business information required to do their jobs
- People to collaborate and communicate effectively both within their teams, with the wider organisation and with external NHS partners
- Governance arrangements are visible, reportable and efficient
- Knowledge sharing
- Saving staff time to focus on value adding activities
- Facilitating the digitalisation of paper and e-mail driven business processes in an efficient, coordinated and coherent manner.

In 2019/20 the solution will deliver an intranet front page and subsequent supporting sites that focus on the core business of the corporate directorates. This will help facilitate the transitional work required to the support the boundary change as well as standardising key business processes and governance arrangements. In 2020/21 and 2021/21 the focus will shift to a roll out to incorporate the Service Delivery Units.

Digital tagging of Health Records
In 2019/20 we will continue to implement the Radio Frequency Identification (RFID) Solution across the Health Board. This implementation will improve the clinical and logistical problems of a paper based health record whilst also modernising and improving the service which the Health Records Service provides.

Summary Plan and Enablers - Digitally Enabled Care

Actions	Milestones 2019/20		Measures	Lead
Expand **Patient Appointment Reminders** to service areas that can adopt the reminder solution to include Community & Therapy appointments.	Q1	Evaluation of outpatient appointment service	HW_DP4	CIO
	Q2	Assessment of opportunities for further roll out		
	Q3	Commence next phase (subject to approval)		
Empower Clinicians implementing **HEPMA** across inpatient wards at Neath Port Talbot and Singleton hospital sites.	Q1	Go live HEPMA in Neath Port Talbot	HW_DP8	CIO
	Q2	Go live HEPMA in Singleton		
	Q3	Complete HEPMA Implementation on 2 sites		
	Q4	HEPMA Business case and evaluation for Morriston		
Empower Clinicians through making all test results available nationally via the **Welsh Results Reports Service (WRRS)** and uploading records to the **Welsh Care Records Service (WCRS).**	Q1	Go live of additional diagnostic information and clinical documentation in WCP	HW_DP6	CIO
	Q2	Go live of additional diagnostic information and clinical documentation in WCP		
	Q3	Go live of additional diagnostic information and clinical documentation in WCP		
	Q4	Go live of additional diagnostic information and clinical documentation in WCP		
Complete rollout of **Electronic Test Requesting** to enable clinicians to request and review progress of tests electronically, reducing duplication.	Q1	Complete Singleton Inpatients Rollout	HW_DP6	CIO
	Q2	Commence and complete implementation in Morriston outpatients		
	Q3	Complete Singleton outpatients		
Implement **WCCIS.**	Q2	Deployment order complete	HW_DP6	CIO
	Q3	Commence 12 month readiness programme		
Rollout electronic referrals and prioritisation via **WPRS** ensuring safe and secure transmission of patient referral letters and referral information between Primary, Secondary and Tertiary Care Services.	Q1	Complete primary to secondary referrals implementation. 1st site live.	HW_DP6	CIO
	Q2	Evaluation of 1st site and plan agreed		
	Q3	Implementation across all specialties commences		
	Q4	Implementation across all specialties continues		
	Q2	Complete roll out to Morriston		
	Q4	Complete roll out to Singleton		
Roll out **PROMs** aligned to the Clinical Services Plan through a technical solution including information repository.	Q1	Alignment of PROMs roll out plan to Clinical Services Plan	NDF_44 HW_DP4	CIO
	Q2	Technical solution for Proms agreed including information repository		
	Q3	Commence roll out of PROMs		
	Q4	Continue roll out of PROMs		
Develop and launch a **Business Intelligence Plan.**	Q1	Continued development of BI plan	HW_DP8	CIO
	Q3	Launch BI plan		
	Q4	Development of Implementation Plan		
	Q2	Solution to be procured	HW-DP7	

Implement a **Hybrid Mail System** moving all patient letters from the WPAS (Invest to Save dependent).	Q3	Implementation Plan Developed		CIO
	Q4	Implement solution		
Enable staff to be more effective through providing fully mobile enabled **intranet platform.**	Q1	Procure solution	HW_DP10	CIO
	Q2	Development of project plan.		
	Q4	Implement for Corporate Directorates		
Development or procure a **Document Management System** to be supplemented into WCP.	Q1	Start Assessment of requirement	HW_DP6	CIO
	Q3	Start redevelopment of product/procurement		
Deliver paper light outpatient clinics through implementation of **Electronic Outpatient Documentation.**	Q1	Electronic continuation sheet available for roll out	HW-DP7	CIO
	Q2	Commence roll out electronic continuation sheet in 1st specialty		
	Q3	Establish road map and resources		
Ensure **Digital Infrastructure and Cyber Security** through approving a cyber-security plan and ensuring Windows 10 is rolled out.	Q1	Recruit	HW_DP10	CIO
	Q3	Develop and approve cyber security plan		
	Q4	Develop Cyber Security plan/ Rollout of Windows 10 Complete		
Produce a business case exploring the options for delivery of our data centres post boundary change and identify the model and investment required to meet the organisation's needs.	Q1	Business case to IBG	HW_DP8	CIO
	Q2	Develop project plan (subject to approval)		
	Q3	Commence procurement		
	Q4	Initiate project		
Review the need for the growth of **Digital support model** including 24/7 requirements.	Q3	Review clinical services model in light of digital support services	HW_DP10	CIO
Continue to implement the **Radio Frequency Identification** (RFID) Solution across the Health Board.	Q2	System go live	HW_DP10	CIO
WEDs – the introduction of the digital solution for ED to facilitate the improvements required in the management of patient flow through the department.	Q1	Assurance that national system is ready	HW_DP8	CIO
	Q2	Complete Health Board readiness		
	Q3/4	Implementation		
Further development of the **Theatre management system** (TOMS) to facilitate the improved utilisation of our theatres, increasing capacity and flow through our planned care pathways.	Q2	Establish way forward for TOMs nationally	HW_DP8	CIO
Support NWIS in piloting the agreed product (developed by the Health Board) selected to support the **electronic capture of nursing documentation** to improve the effectiveness and efficiency of patient monitoring and handover.	Q1/2	Pilot national solution	HW_DP8	CIO
	Q3/4	Phased implementation across Health Board		
To continue the introduction of digital tools to help manage **patient flow** through our hospitals.	Q1	Evaluate roll out of local initiatives to determine next steps	HW_DP8	CIO
	Q2-4	Support the national procurement process		

Eye care e-referral and electronic patient record system for Wales.	Q4	Readiness for implementation following evaluation for Cardiff and Vale as early adopters	HW_DP9	CIO
Critical Care Clinical Information System (CCCIS).	Q2	NWIS award contract	HW_DP8	CIO
Dental referrals system.	Q1	Implementation of dental system	HW_DP6	CIO
	Q2	Commence implementation of electronic dental referrals		

Workforce Implications	Finance Implications
• Digitally enabled Health and Wellbeing enables staff to meet patients' needs more effectively and provide care closer to home. It also allows staff to work at the top of their license, and add value and improves workforce efficiency and will lead to cultural changes in the way staff work, skill mix and location. Our workforce will need to be supported to develop both their digital and communication skills. • Systems such as WCCIS will change the way health and social care work in the future, leading to greater multi-disciplinary working and shared responsibility. • Informatics service capacity, coverage and capability will be challenged as the digital agenda grows and the focus on digital in the Swansea Bay city deal presents opportunities and threats to our recruitment and retention.	
Capital Implications	**Digital Implications**
Bridgend Transfer Implications	
The disaggregation of the services and technologies serving the Bridgend area will be very complicated. It is expected that this disaggregation will take a considerable length of time and investment for both Health Boards. It is planned to have SLAs in place to provide service to Bridgend from April 1st the management of these SLAs and the complexities involved will mean that focus could be diverted from the delivery of programmes of work in the Plan into the provision of the new arrangements.	

3.4 Strategic Objective: Outstanding Research, Innovation, Education and Learning

We are committed to outstanding research, innovation, education and learning this is demonstrated through our organisational value - always improving.

We will continue to strive for excellence in the areas of research, education and training and innovation. Our strong links between the UHB and both Swansea and Cardiff Universities continue to be productive, and we seek collaborative opportunities through ACCELERATE and the Institute of life Sciences (ILS).

We aim to provide excellent educational opportunities for undergraduate and postgraduate studies. It has been particularly gratifying to note the very positive feedback from undergraduate students and hope that their experience in our healthcare facilities has contributed to the rise in the national rankings of Swansea Medical School.

The appointment of a new Executive Medical Director provides an opportunity to refresh our approach to innovation and improvement and to establish novel means of aligning innovation, research, quality and value in delivering new models of care in order to achieve the aims of our Clinical Services plan.

Examples of the approach being adopted include:

Leadership.
We will be increasing the role of clinical leadership in the organisation and appointing specific leads to take portfolios for Quality Improvement and

Value-Based Healthcare. We will be promoting a culture in which innovation is encouraged, and provide an environment in which this can flourish.

QI and Value-Based Healthcare
Approaches to Quality Improvement and Value-Based Healthcare that will see clinical leaders in primary and secondary care paired together to work on discrete projects. While having specific objectives within the Quality/Value arena, it is expected that this joint working will also prove invaluable in streamlining pathways between hospital and community.

Medical Workforce
We recognise the challenges in recruitment and retention of staff, and particularly some medical posts in 'shortage specialties'. This year we will begin to adopt a different approach, whereby we involve our postgraduate trainees to a greater extent in the life of the organisation, and by doing so aim to engender a sense of allegiance and belonging to the Health Board.

Innovation Hub
We will establish an innovation Hub for the UHB, with the intention that this should generate ideas and novel ways of thinking that contribute to the development of new clinical models. We consider that the function of this hub should be to 'hothouse' ideas for development, encouraging disruptive thinking. Successful small-scale tests will adopted and scaled-up incrementally.

Opportunities to share ideas
There is an opportunity, through our partnership for a, to share and test ideas across the region. There are well-established fora at which these can be tested with Hywel Dda Health Board through the ARCH project; and will look for wider opportunities to share ideas and to collaborate.

Summary Plan and Enablers- Outstanding Research, Innovation, Education and Learning

Actions	Milestones 2019/20		Measures	Lead
Increase in number of Health and Care Research Wales Clinical; Research Portfolio studies and commercially sponsored studies.	Q1-4	Increase in both commercial and non-commercial studies open and recruiting	NDF_38 NDF_39	DOM
Increase in number of participants recruited into Health and Care; Research Wales Clinical Research Portfolio studies and commercially sponsored studies.	Q1-4	Increase in both commercial and non-commercial number of participants	NDF_40 NDF_41	DOM
Quality and Value.	Q1	Clinical leaders in post in primary and secondary care	HW_DP7 HW_DP8	DOM
	Q2	Projects under way aligned to organisational priorities		
	Q3	Delivering against plans, with crossover/expansion of work streams		
	Q4	Roll-out of improvement plans and preparation for Year 2		
Innovation.	Q1	Establishment of Innovation Hub	HW_DP7 HW_DP8	DOM
	Q2	Work plan agreed, with mechanisms in place for testing		

Workforce Implications	Finance Implications
• Allow our staff to work more efficiently and effectively reducing duplication. • Save staff time allowing them to focus on value adding activities • Utilising technology will allow us to redesign our workforce, develop new roles and relocate staff. • The mobilisation project has led to District Health Nurses in Bridgend seeing 33% more patients in Q1 2018/2019 in comparison with Q1 in 2017/2018. Number of to and from base travel routes reduced from an average of 6 to 2 return to base trips per day. • The Mobilisation project is also making significant progress in upskilling our community workforce.	
Capital Implications	**Digital Implications**
None	See 3.3
Bridgend Transfer Implications	
None	

3.5 Strategic Objective: Excellent Staff

This chapter sets out the key Workforce and Organisational Development priorities which:

- Align with Organisational Strategy, Clinical Services Plan, Medium Term Financial Plan, other plans and strategic change programmes and the delivery of service, quality and operational priorities.

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

Shape of the Workforce: The workforce we need in order to achieve our plans, support better health and provide better care.

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

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

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

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

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

Shape of the Workforce

Current Workforce Profile

The Health Board currently employs 14,173 FTE, an increase of 138.34 FTE over the last 12 months. This increase is mostly due to an increase in our employed nursing workforce. The age profile is challenging across many professions. Notably 37% of the nursing workforce is aged 50 or above. (Appendix 11).

Aligning Service and Role Redesign

Delivering this significant, ongoing and sustainable organisational change is a fundamental challenge for SWANSEA BAY HEALTH BOARD. The historical approach to service change, which required the recruitment of additional nurses or doctors, is no longer a viable option. We recognise our services are not sustainable in their current form and we know that to address the workforce challenge we will need to fundamentally reshape our service models and redesign our workforce across the Health Board.

The future shape of the workforce focuses on developing skills, roles and ways of working which have the greatest impact and traction to deliver sustainable change. The workforce plans address developing a sustainable approach to developing multi-disciplinary teams in primary and community

settings and rebalancing the workforce between in/out of hospital settings and aligning and integrating staffing solutions with social care.

The Health Board is currently developing its Clinical Services Plans through ongoing clinical engagement. Some of the emerging priorities include a single unscheduled care intake, single frailty model and clusters caring for patients at home when safe to do so. In order to support the plan we will need our workforce of tomorrow to look very different from the workforce of today, with staff needing to work differently. We need to have robust long-term workforce and education plans that develop a different workforce and shifts our workforce into community setting to provide care closer to home.

We recognise that we need to develop a far more strategic and co-ordinated approach to re-profiling and developing our non-registered workforce. One of the work streams within our Recovery and Sustainability programme focuses on redesigning our clinical workforce to improve operational productivity and performance by optimising the alignment of our scientific, therapeutic and technical staff.

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

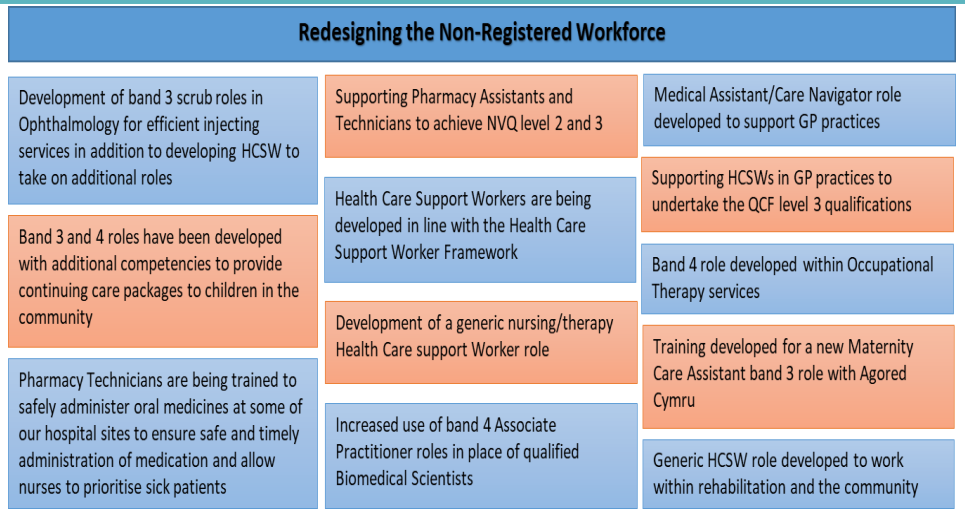
Developing New and Extended Roles

The Health Board has developed a number of new and extended roles in a range of service areas, and continues to look to develop roles to align available resources for maximum impact to ensure professional staff skills are used to best effect. The new and extended roles we are developing are supporting the redesign of planned and unscheduled care include:

BMS staff trained to advanced practitioner level in dissection and reporting. Utilising Advanced Biomedical Scientist roles in Cellular Pathology to support services and release time to better utilise difficult to recruit Consultant Pathologists.
Consultant Pharmacist roles in a number of key areas such as unscheduled care, antimicrobial prescribing and cancer care, which will promote innovation and support prudency forging links with the University.
Neonatal Physiotherapy role developed to undertake specialist assessments previously undertaken by Consultants and working with Orthopaedics to develop extended practice Paediatric Physiotherapy roles.
Develop more reporting Radiographers and expand other areas of Advanced Practise in Radiographers to better utilise and develop skills and support shortages across radiology.
Two Physiotherapy Consultant posts one in critical care and the other in MSK to expand the research agenda and forge links with the University in line with ARCH.
Within Orthoptics non-medical staff roles are being extended within glaucoma, acute macular degeneration and diabetic retinopathy treatment and diagnosis
Within Medical Physics and Clinical Engineering, some tasks have moved from Consultant to other Health Care Science staff, in addition to the introduction of apprentices.
Development of a Neonatal Occupational Therapy role to undertake assessments traditionally undertaken by a Consultant.
Technologists, Medical Physics Experts and Consultant Clinical Scientists to take on roles traditionally undertaken by Consultant Oncologists.
Developing a Consultant Nurse in Fertility through the RCN Fertility Nursing Framework.
Two fast track trainees employed within Audiology, who will qualify as Associate Practitioners after 2 years.
Development of Advanced Practitioner Audiologist roles to shift demand from ENT to Audiology
Developing and extending First Contact Practitioner Roles in primary care across Therapy services.
Developing extended roles for Neurophysiology Practitioners to support fragile National and Regional services.
Physician Associate roles created across secondary and primary care with the potential to be further developed in the Chronic Pain Service.

Redesigning the Non-Registered Workforce

A significant amount of care is delivered by our non-registered workforce. We will undertake a review of Band 2, 3 and 4 roles to address qualified nursing deficits where this is appropriate taking into account the Safer Staffing Act. It is important that we develop the entire workforce and provide opportunities for further career progression and there are a number of examples where this is being undertaken across the Health Board, which will be further developed:



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

An extensive nurse staffing level review has been undertaken and a task and finish group established to monitor the implementation and the organisation's requirements under the Nurse Staffing (Wales) Act.

Thirty-eight wards are identified as requiring consideration under the Act to achieve compliance with the legislation. Recognising that any uplift to nursing establishments will be challenging to deliver from both a workforce and financial perspective and because of the constraints that these specific challenges will pose full implementation of the requirements is likely to extend into 2019/20 in common with other Health Boards in Wales. The Health Board will progress with investing in additional nursing resource on an agreed priority basis.

The principles for safer staffing levels have been adopted in the Health Board for District Nursing and work continues to align services to fully meet the requirement. The principles for Health Visiting are currently being scoped and drafted.

Workforce Resourcing

Developing workforce resourcing strategies and approaches to ensure we are able to secure the workforce needed to meet organisational needs is a key strategic challenge for the Health Board.

Vacancy levels

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

As at December 2018 the total number of vacancies within the Health Board is 1086.52 WTE, across all the staff groups. Our registered nursing and midwifery staff group has the largest number of vacancies. This has improved significantly and stands at 364.93 WTE. This equates to a 7.5% vacancy level.

Medical vacancies currently stand at 238.74WTE and subject to an establishment verification exercise to ensure it accuracy. In recent years, there have been changes to the immigration rules applied to doctors within the UK plus changes to training and number of posts available. This has resulted in a reduction of overseas doctors wishing to come to the UK to train/work; there has also been a significant increase in the number of doctors requesting to train less than fulltime. Both of these situations have had a significant impact on rotas and delivery of service. In addition, SAS doctors in hard to fill areas are turning down posts and moving across to England as higher salaries are being offered.

The introduction of the Deanery Educational Contract has also had an impact on the Health Boards delivery of services and training, the main issue is the introduction of 1:11 rotas. The increase in the number of doctors required to work a 1:11 rota has resulted in vacancies that previously were not part of the Health Board establishment.

Consultants are a key part of the NHS workforce; they represent a significant investment for the individual Consultant and the Health Board. They are also a limited resource and the ability to recruit may be affected by the number of 'home-grown' training grades coming through the system to replace retiring Consultant and new Consultant posts. We also need recognise the impact of changes to the pension scheme on workforce planning assumptions and the impact of early (pension related) retirements. Detailed vacancy data is attached as Appendix 11

As a result of recruitment difficulties and an aging GP workforce the number of GP practices within the Health Board footprint has reduced from 77 to 68 within recent years. This trend is expected to continue and a number of practices have already approached the organisation enquiring about possible mergers.

Turnover

The turnover rate for all staff within the Health Board (excluding junior medical and dental staff) currently stands at 7.71% (December 2018), falling by 1.3% over the last 12 months. A breakdown is attached as Appendix 11

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

Recruitment and retention

A comprehensive, multi- disciplinary Recruitment and Retention Plan is to be developed in early 2019. A suite of strategic approaches are being developed to address and improve the current situation and meet the challenges that are presented through employing a multi-generational workforce. This affects all aspects of the employment journey and changing employment aspirations of spanning baby boomer to millennial. These are described below.

Nurse Recruitment and Retention

Although vacancy levels and turnover rates are improving, significant focus will be given to these issues over the period of the plan to ensure the improvements are maintained and accelerated. In addition to working with Swansea University in relation to pre-registration opportunities and the CPD agenda, improvements in recruitment and retention will be developed through the following measures:

Work is underway to improve the support to nurses who are interested in working for us; this includes an enhanced preceptorship programme and clinical supervision.
Working longer readiness tool has been completed and the actions will be taken forward through the recovery and sustainability work streams.
Participation in the Welsh Student Streamlining project, which is aimed at developing a more efficient process of recruiting nurse students from Welsh universities without the need for formal interviews.
Further return to practice open evenings will been organised.
Local recruitment days regionally organised to avoid duplication. These are heavily advertised across social media platforms.
Implementation of our Nursing and Midwifery Strategy.
Analysis of leavers' data, particularly those in the first 12 to 24 months of commencing employment to identify hotspot areas.
Overseas recruitment campaigns to Europe and the Philippines have been undertaken with further options being explored in Dubai and India.
We will continue to 'grow our own' nursing workforce by supporting Health Care Support Workers to undertake either a part time Degree or Masters course.
Further explore overseas recruitment initiatives in Dubai and India seeking nurses who are IELTS ready.
Systematic, electronic exit interview process to highlight reasons for leaving and development of strategies to improve.
Establishment of an 'internal transfer window' to enable nurses to move within Swansea Bay UHB in a managed way rather than leave.

Medical Recruitment and Retention

To counteract the number of medical vacancies that we have, the Health Board is working with MEDACS to support the recruitment of doctors to substantive vacancies. A comprehensive recruitment and retention plan for the medical workforce is being developed. Increasing the supply of the medical workforce is seen as key in resolving the issues associated with a high cost locum workforce and increasingly the sustainability of clinical services.

Therapies and Health Science Workforce

Recruitment to therapies and health science is patchy with some groups recognised as shortage occupations including radiographers, nuclear medicine practitioners, radiotherapy physics practitioners and scientists, sonographers, orthoptists and prosthetists. Particular shortages in therapeutic radiographers has led to radiotherapy backlogs. High vacancy rates in many professional groups lead to a review of organisational structure and possible efficiency gains with job planning and extending support roles.

Strategies employed to overcome the shortages include targeted recruitment and staff development. There are a number of initiatives being taken to

provide in-service training in Biomedical Science, to allow employment of science graduates and support top up to registration.

Unregistered workforce

Recruitment to the un-registered workforce is generally positive with no significant issues currently experienced. However, there will be a continual development of career paths and alternative routes to gain employment within the organisation including the Apprentice Academy, ensuring that recruitment of apprentice programmes align with future workforce plans and enable development of skills. More detailed is contained later in this chapter.

Internal Nurse Bank and Beyond

The use of 'off contract' agency nurses has been eradicated but there remain high levels of on contract agency nurses to meet staff needs. There is scope to develop the current nurse bank service to expand the potential of the internal nurse bank to better meet staffing needs. Ways to better incentivise, market and promote nurse bank working will be developed including the introduction of weekly pay for bank staff which is recognised as a key incentive for staff.

In addition, the scope of the current nurse bank will be extended. The intention is for the current bank arrangements to become a multi-disciplinary Staff Bank including other clinical groups of staff and more widely for A&C staff, estates and ancillary staff groups. The potential to extend this to medical staff will also be explored in line with the wider all Wales initiative.

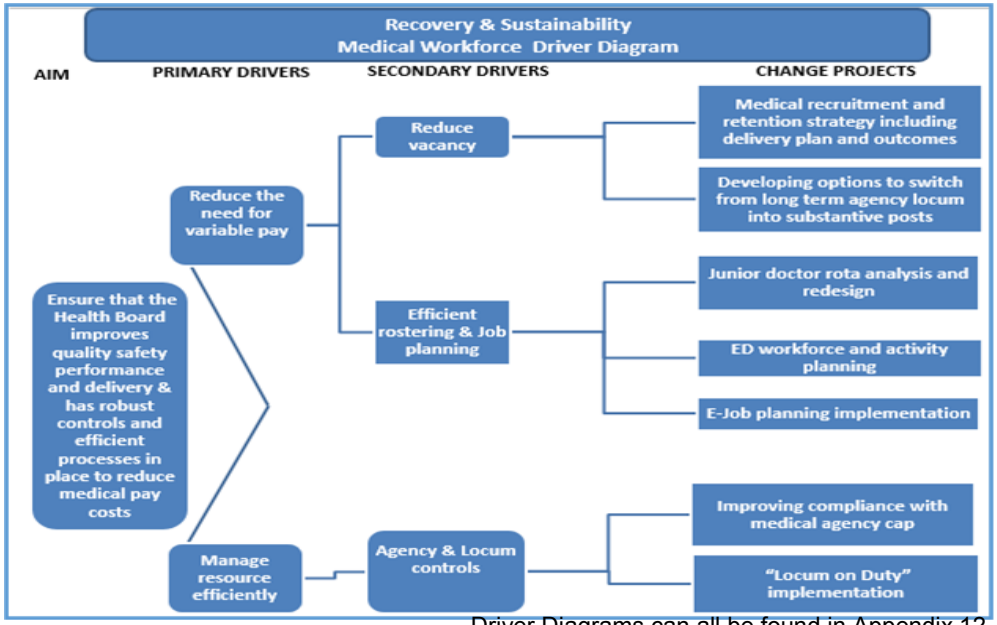
Workforce Efficiency

Improving the efficiency and effectiveness in how we utilise and deploy our workforce is a key area that will be addressed during the period of the plan. There are already a suite of plans in place which focus on this which will continue for the foreseeable future to ensure the required improvements are secured and embedded. These change programmes are outlined below.

Medical Workforce

Shortages in medical staff have a potential negative impact of quality and safety and service delivery. In addition expenditure on the contingent medical workforce is regularly reported and shows an increase in variable pay for medical staff compared to 17/18. Despite the introduction of the Welsh Government Agency Cap project while expenditure initially reduced market forces are impacting negatively on this pushing rates and costs up. Efforts are being deployed to attempt to reverse this trend. The Health Board is implementing an electronic system "Locum on Duty" to introduce a digital booking and approval system to increase transparency and good intelligence to help scrutinize and challenge decisions and spend.

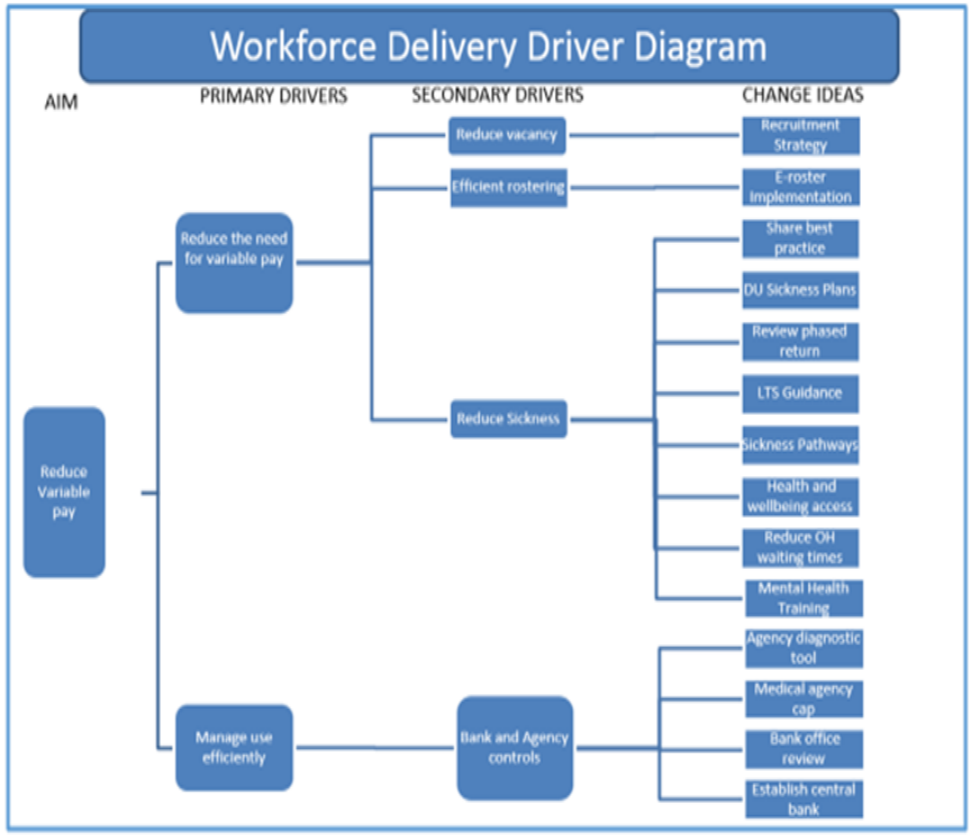
To secure improvements in quality, safety, performance and a reduction in variable pay a number of change projects are being implemented. The change projects are identified in the diagram below:



Driver Diagrams can all be found in Appendix 12

Nursing Workforce

To ensure the efficient and effective use of our nursing resource the Health Board is migrating all nurses to an e rostering system, integrated with the nurse bank module. The integrated system will assist compliance with the Nurse Staffing Act by providing a complete view of substantive rosters and temporary staff to ensure adequate staffing levels. The implementation of the e rostering system is aligned to a full review of shift patterns to ensure standardised shifts are established to meet service and patient needs. This work programme will be completed by late 2019. An additional module, 'Safecare,' will also be deployed which will provide a real time measure of patient acuity to ensure safe staffing levels are maintained.



Sickness Absence

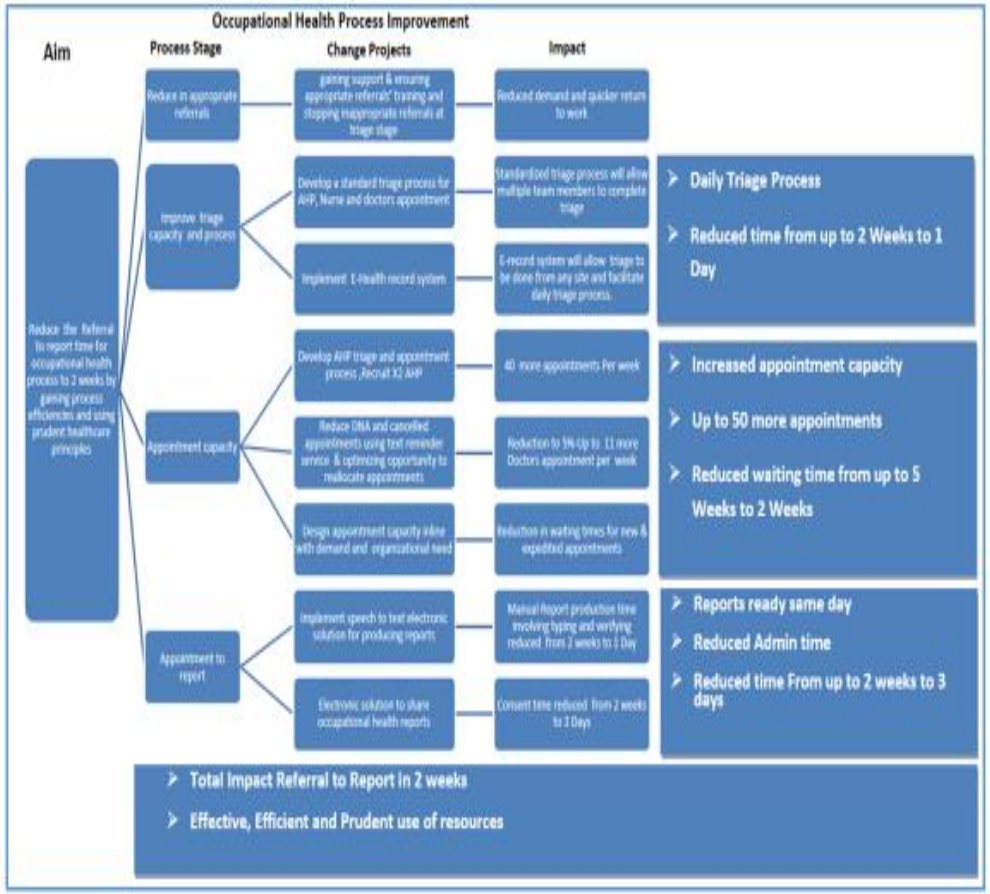
The current rolling 12-month performance as at November 2018 stands at 5.93%. The top reason for absence remains stress, anxiety, depression and other mental health illnesses, account for almost 32% of all absence. A detailed sickness analysis is contained in Appendix 11.

Delivery Units have sickness absence management action plans aimed at reducing sickness to an interim target of 5%. A number of actions have been developed and implemented as part of an overall sickness reduction plan, including audits on the management of sickness absence, the development of guidance on the management of long-term sickness, training and development and partnership working with Trade Union colleagues to build a collaborative action plan to improve attendance. The following specific actions are planned:

Educate managers in the use of the new all Wales Managing Attendance at Work policy to ensure we fully exploit opportunities to supporting staff back into work more quickly.
Learning events and collaborative action plan with workforce, OH and TUs working in partnership to improve attendance
Develop plan for implementation of learnings from best practise case study conducted in three areas of good sickness performance.
Develop and implement improvement plan for occupational health services based on data analysis and engagement with clinical teams.
Create a cultural audit tool based on work from the Kings Fund.
Provide workshops for employees in collaboration with Health and wellbeing.
Review of Workforce resource allocation to support managers in the management of sickness absence.

Staff Health and Wellbeing Plan

Keeping staff well in work and reducing sickness absence rates is a key area of ongoing focus and as such staff health and wellbeing will continue to be a priority. Improving access to health and wellbeing services in a timely manner is a key part of the solution. The driver diagram below demonstrates the change projects that will support improved access and reductions in sickness absence rates. The transformation of Occupational Health services will continue to include a more multidisciplinary approach using Allied Health Professionals and the Health Board is developing a sustainable service model. We will continue to develop the Invest to Save funded 'Staff Wellbeing Advice and Support Service' which provides staff with a single point of access to gain timely health and wellbeing support, particularly related to stress, anxiety and depression and musculoskeletal problems. This service development has been accepted as a Bevan Commission Exemplar project. Additionally, we will undertake the following measures to support the Health and wellbeing of our staff.



Develop interventions to focus on mild to moderate mental health problems.
Continue to develop our network of 270 Wellbeing champions who can signpost colleagues to health and wellbeing services.
Implement training for managers to use the Health and Safety Executive Stress Management Standards alongside training in managing mental health in work.
Working closely with related organisation such as Time to Change Wales to reduce the stigma and discrimination of mental health.
Continue to deliver initiatives such as Schwartz Centre Rounds®, Lighten Up and Stress Awareness sessions.
Work in partnership with Welsh Government to deliver the 'In Work Support' service which supports the health and wellbeing of employees in small-medium enterprises.
The Health Board achieved revalidation of the Gold Corporate Health Standard in 2016 and a plan will be developed to asses our organisational readiness for the Platinum Award.
Ensure that staff receive the flu vaccine, the rate, for 2017/18 was 58.5%. We hope to exceed the target of 60% in forthcoming years.

Variable Pay – this accounts for approximately 8% of our total pay expenditure. The main areas of variable pay spend, is unsurprisingly in medical and nurse staffing. The efficiency programmes outlined above relating to sickness absence, vacancy level, and rostering practices will all support directly or indirectly the achievement of the Health Board target of reducing variable pay by 5% in year from the March 2019 baseline figure.

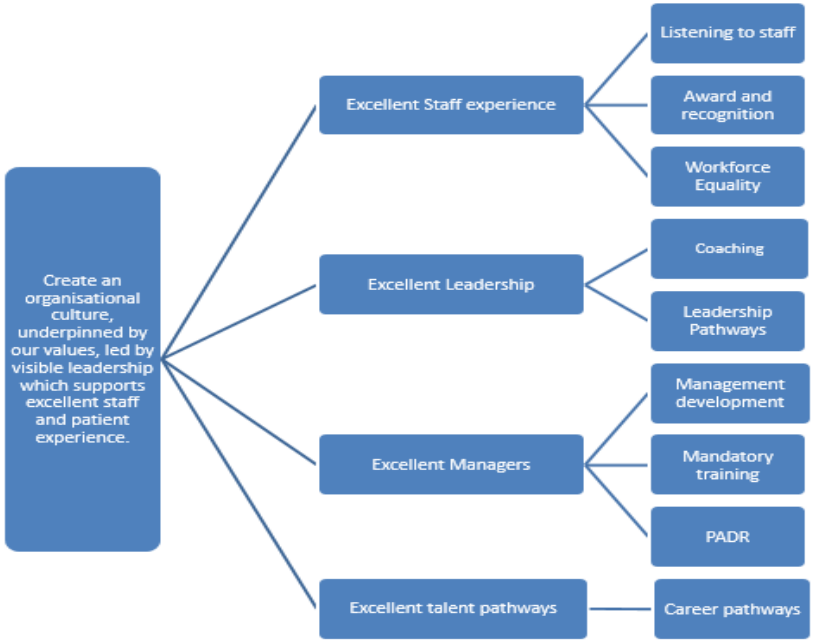
Digital Workforce Productivity - The implementation of an integrated suite of digital workforce systems will enable us to realise further workforce productivity opportunities.

There has been recent investment in a number of digital workforce solutions, including e rostering, nurse bank system, Locum on Duty software, SafeCare and e Job planning. Unfortunately, the resource investment in ESR, which have been made in other organisations, has not been mirrored within the Health Board. The impact of this position is that there is significant waste and duplication in many core workforce processes, and a lack of up to date workforce information and analytics to support evidence based practice. A digital workforce vision for the Health Board is currently in development alongside a business investment case to support the achievement of an integrated and sustainable digital way of working for the Health Board, although it is acknowledged that this may take 3-4 years to achieve.

Leadership, Culture and Staff Development

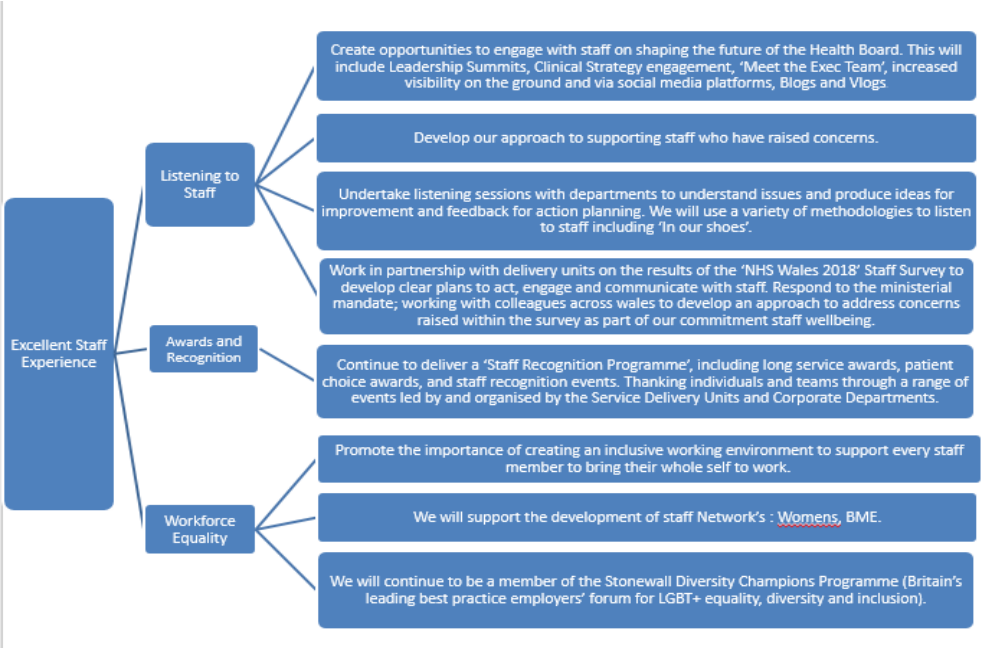
Getting this right is the key to organisational success and will make the Health Board a great place to work and improve employee engagement and clinical engagement. Evidence demonstrates that organisational performance – quality, user satisfaction, mortality, financial, improvement, productivity, staff absenteeism - is directly linked to levels of employee engagement. The overall engagement score for staff from the 2018 Staff Survey demonstrates that it has increased form 3.68 in 2016 to 3.81 in 2018,

which we will continue to build on. Our four pillars of work to achieve *excellence through our staff* are illustrated in the diagram below:



Excellent Staff Experience

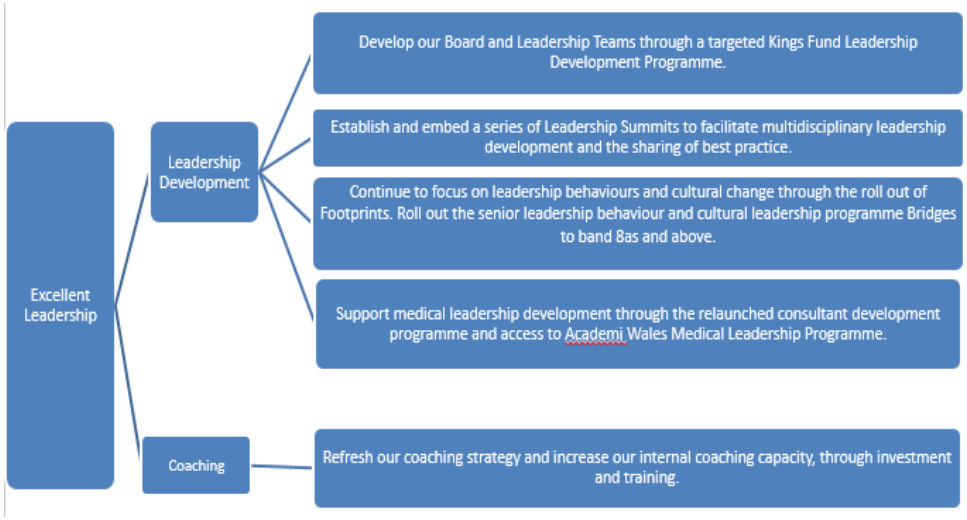
We know that great staff experience results in great patient experience and that every role counts. What people do and how they do it matters. We want the very best people to work for us so we can provide the very best care for our patients and communities. We want our staff to feel proud about the care we provide and feel connected to the Health Board and the teams they work within. In 2017, we launched our first Staff Experience Plan "In Our Shoes: Creating Great Staff Experience at ABMUHB" and this continues to be an organisational priority. In delivering the Staff Experience Plan, our priorities are:



Excellent leadership

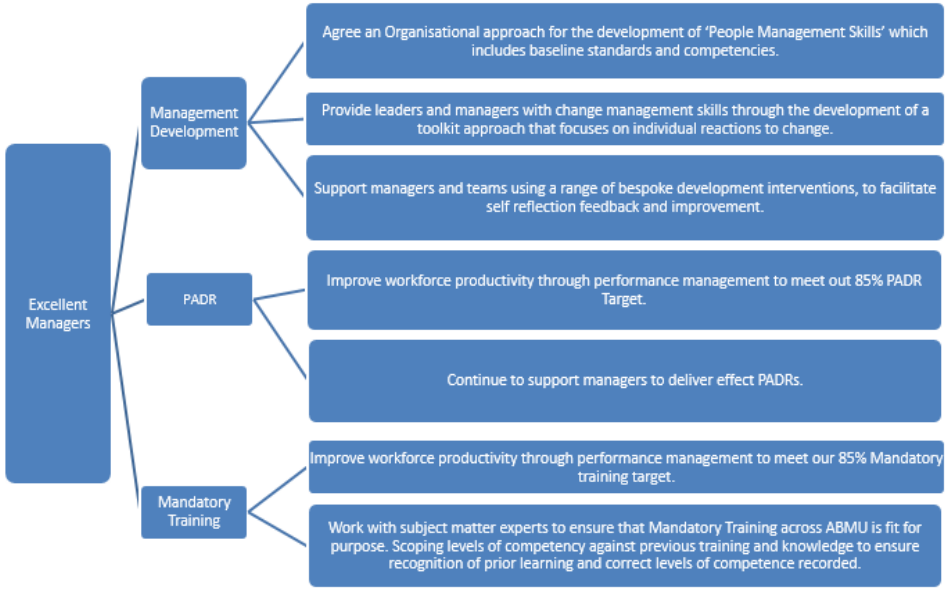
Developing values-based compassionate leadership capabilities is our priority; where leaders lead by example and demonstrate our Values and Behaviours in all that they do. We will achieve organisational success by equipping leaders with the tools to engage with staff, support and develop team working and empower our staff to have a real focus on improvement.

The 2018 staff survey results demonstrate that all scores on line managers have shown an improvement since 2016. The score on line managers being approachable about flexible working and on giving clear feedback has improved by 9% and 12% respectively. In addition, the score on staff agreeing that senior managers lead by example has increased by 7% and the question on effective communication between managers and staff has increased from 29% to 33%. As an organisation, we want to continue to build on these very positive results. To support our leaders to develop the required capacity and capabilities, the following actions are planned over the period of the plan.



Excellent Managers

The development of core people management skills will continue at pace to ensure that all new and existing managers have the skills to effectively manage individuals, teams and services, underpinned by our organisational values. Our priorities areas are illustrated below:



Team working - Research into the effectiveness of teams in Health Care identifies that the best and most cost-effective outcomes for patients and clients are achieved when multidisciplinary teams work together, learn together, engage in clinical audit of outcomes together, and generate innovation to ensure progress in practice and service. Within the recent staff survey, most of the scores on team working for the Health Board are above the NHS Wales scores. The response to the question on team members having a set of shared objectives has shown an improvement since of 9% since 2016. In order to support teams and improve team working we will continue to use evidence-based practice and develop our network of team based working facilitators to support team development and team working across the organisation.

Building improvement skills is a core component in developing values-based compassionate leadership. This will be a key development priority as we roll out our Value-based Healthcare approach.

PADR - The overall percentage of PADR's recorded within ESR for the Health Board is 65%. The rate for medical staff currently stands at 91%. The staff survey showed a significant increase in the number of staff answering positively to having a PADR within the last 12 months, which increased from 2016 by 13%. Further actions are in place to improve compliance. There is a continued focus on training managers to ensure incremental pay progression is achieved and further development and implementation of Values based PADR.

Statutory and Mandatory Training - Compliance against the core skills and training framework is currently 72.8% at the 31st December 2018. This is an improvement of 34.8% since April 2018. This increase accounts for an additional 86,000 competencies achieved by staff.

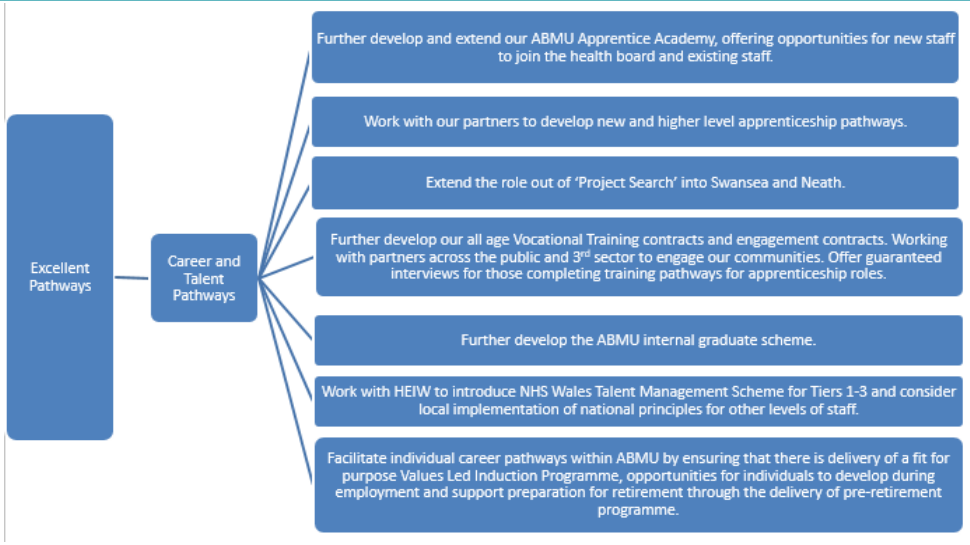
Equality - The Health Board Equality Plan mirrors the approach taken to develop the Welsh Government Strategic Equality Plan 2016-2020 and is purposefully strategic and signposts to the range of specific activities that will deliver our refreshed Equality Objectives. The Equality Objectives will also contribute towards the achievement of the well-being goals within the Well-Being of Future Generations (Wales) Act 2015. With the pace of change across the Health Board, it is vital that we assess the impact that these changes create. By coaching and mentoring individuals, Equality Impact

Assessment will become embedded into processes ensuring that the best decisions are made.

Excellent Talent Pathways

The demographics of the workforce is changing and we will soon have five generations in the workplace at once. Our future planning will therefore take account of these generational differences in terms of workforce behaviors, what motivates employees and that different generations need to interact and connect. These challenges are also set amidst an ageing UK workforce. More than ever before, we need to rethink familiar approaches to challenges around workforce planning, recruitment, staff development, talent management and succession planning. The future is about building a wider labour market of choice, about developing skills in the community and equipping people (not just staff but also people who use services, carers, volunteers and all who make up the support networks in our communities) with the right competences. We must also take into consideration specific groups who have the need to work flexibly to improve their work-life balance and to improve the retention of staff. We will work together with our partners to ensure that a skilled workforce is available to implement the Health Board priorities through widening access to roles, job and workforce redesign, appropriate and timely training and development of robust policies and procedures. In addition, we are ensuring that all our training and development programmes reflect our Health Board values and behaviours.

In order for us to meet the expectations set out within the Wellbeing of Future Generations Act (Wales) 2015, we will work to widen access to opportunities in the Health Board. The development of talent pathways will be complimented by internal identification of talent and the roll out of effective Talent Management and Succession planning toolkits. This will ensure that staff can see clear development routes and are able to proactively embrace opportunities. This will include:



Pay and Reward

As a Health Board we must always seek ways to creatively reward our staff within the nationally agreed pay arrangements. It is also important to recognise that reward is not always aligned to pay and needs to be viewed in the broadest sense. A number of initiatives that will be explored during the forthcoming period are outlined below.

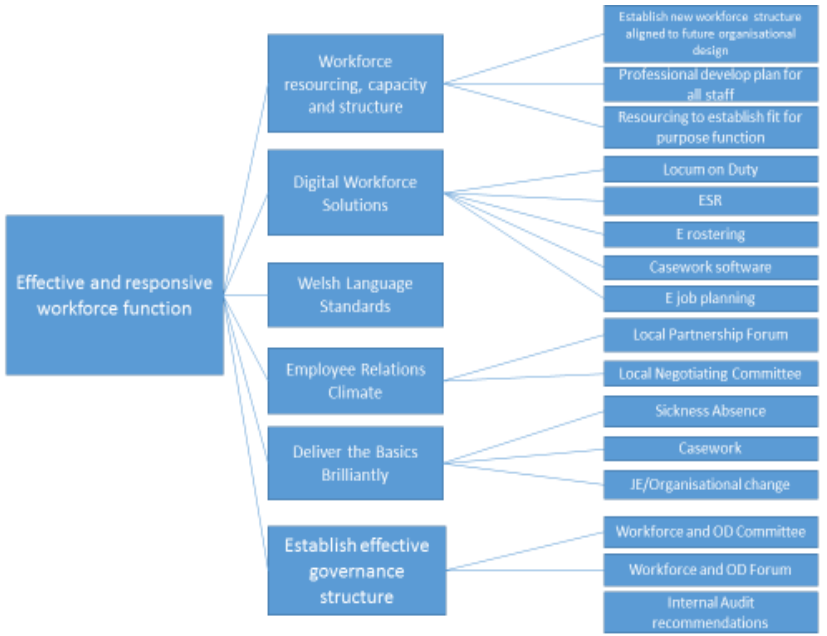
Incentivise bank arrangements to increase supply including weekly pay.
Creative design of junior doctor roles to enhance recruitment.
GP retainer scheme to encourage GPs to continue in practice.

Workforce and OD Function and Capacity

Resolving the workforce challenges of the Health Board requires an exceptional workforce team who have the capacity and capability to work with managers and staff to deliver the extensive range of workforce interventions outlined in this plan. Without this intensive focus on strategic workforce issues the Health Board will be unable to secure the organisational transformation outlined in this plan.

There has been a significant reduction in Workforce and OD staffing levels over the last decade which has had a negative impact on workforce performance and ultimately on organisational delivery and performance.

Additional short term resourcing has been secured which will address a number of areas of key risk. Substantive funding will need to be addressed in the medium to long term. This is further exacerbated by the workforce resource transfer associated with the impact of the transfer of services to Cwm Taf. Following these changes the workforce function will be re-structured to better meet the requirements of new Health Board. Key 'core' workforce priorities are summarised in the diagram opposite:



3.6 Capital and Estates

The Health Board continues its ambitious programme of improving its estate and modernising hospital facilities in 2019. The main focus of our modernisation plan remains the development of safer and more acceptable state-of-the-art clinical accommodation and supporting infrastructure.

Our capital plan has been prioritised to support a number of aims enabling improvements required across the Targeted Intervention Areas, continuing to maintain and modernise our existing estate and replace clinical equipment and accelerating strategic developments linked to our local and regional service transformation and stability. The final capital plan is included.

Putting Fire Safety First - replacing existing fascia over-cladding at Singleton Hospital – Following a detailed investigation by an independent Fire Engineer reviewed the existing cladding on Singleton Hospital's Main Ward Block, the recommendations in early 2019 was to remove the existing cladding and replace it with a design and materials that fully comply with current fire regulations. This will involve some internal and external works but works will be coordinated with other projects ongoing and planned with the aim of maximising safety and minimising disruption to patients and staff and to delivery of patient services. An option appraisal is currently underway and will be reported to the Welsh Government when completed in February 2019.

Anti-Ligature works

The Health Board is committed to reduce the risk by undertaking a programme of works concentrating on high risk areas of low observation which includes installation of new anti-ligature alarmed doors, toilets, and modifications of any unobserved areas. HBN 35 have been used in scoping the anti-ligature works with planned work being undertaken in 19/20 20/21 dependent on funding from the Welsh Government.

New Road for the future development of Morriston Hospital
The Heath Board have acquired (with the Welsh Government support) a number of parcels of land to the North and East of the Morriston Hospital site in order to safeguard the future expansion of services. The Swansea Local Development Plan for 2010-2015 currently is being developed by the City and County of Swansea Council including the expansion of Morriston site with proposals being developed alongside appropriate new road and enhanced highways infrastructure.

Keeping the Lights On
Our Environmental Modernisations Programme Business Case. The Health Board is taking forward an ambitious 10-year programme of environmental modernisations on its acute hospital sites to address environmental safety, compliance and capacity to support our clinical and non-clinical services. The investment supported a number of environmental and estates infrastructure investments across all four acute sites, concluded in 2018; with the next Stage investment concentrates on Morriston Hospital and is split into two phases. When completed, Phases 1 & 2 will provide a much needed and fully compliant new Electrical Sub-station 6 with extra electrical capacity plus additional support for Morriston Hospital's chilling requirements. Phase 1 (£4.4m.) was approved by Welsh Government in December 2018. Works will commence works in early 2019. When the planned Phase 2 is completed, it will provide a permanent statutory solution with the following works requiring funding for replacement of Morriston's existing Sub stations 3 & 4, supporting modernisation of service delivery and patient friendly environments.

Prioritising Patient Safety & Comfort and Delivering on Infection Control
Our 2019 / 2020, Ward Refurbishment Programme will address our highest priority infection control risks within the Health Board, focusing on Morriston Hospital's Nucleus designed wards without reducing bed capacity. Essential repairs and replacement of antiquated infrastructure within ward areas significantly improve clinical care environments. Since recent work was completed, Wards J and R have gone a full year since their last Healthcare Acquired c. difficile was reported. Ward B's improvement works are scheduled to be undertaken early 2019 to be followed by ward upgrades, including a refresh of patient bathrooms, sluice rooms and clean utilities, of Morriston's other priority areas - Wards A & S & Angelsey Ward during 2019/20.

Delivering our Clinical Services Plan - Several Primary Care projects are to be delivered locally under the Welsh Government's Wales' Pipeline Investment Plan funding route. These projects, which support development of a network of Wellness schemes, aim to improve quality outcomes for our population: A £1.869m. major refurbishment of Penclawdd Health Centre & Murton Community Clinic are set to commence in early 2019, and; The development of a £5m Health & Wellbeing Centre in Bridgend town centre in partnership with private investors is at an advanced planning stage, with works due to commence in mid-2019, and; the development of a £10m Wellness Centre in Swansea city centre is at planning stage.

Wrap-a-Round Ward at Morriston
The Health Board is planning innovative solutions for increasing beds and ward for medical and surgical services to meet current and future demand, with a new build single storey extension planned on the existing Surgical Day case Medical Unit with increased trolley space and treatment rooms.

Maternity and Neonatal
Planning for Acute-take centralisation of Maternity and Neonatal Care, and Acute Medicine Services at Morriston Hospital is at an advanced planning stage under ARCH and aims to deliver an acute hub for Swansea and Neath Port Talbot.

Surgery and Cancer
The Health Board is progressing development of Critical Care and Specialist Surgery Centres, a Cancer Centre, Imaging and Diagnostic.

Regional Cellular Pathology and Regional Immunology Services at Morriston Hospital.
The Arch Partners are committed to establishing a sustainable South West Wales Regional Cellular Pathology Centre of Excellence. This project is currently at SOC Stage and would be located within an acute hospital setting. The Health Board and HDUHB have been working together to deliver a fit for purpose and co-located regional service for cellular pathology and for diagnostic immunology services at Morriston Hospital. Proposals for a capital solution new build include an Advanced Therapy and Treatment Centre (ATTC), shell and core area to support future cell and gene therapy

and the promotion of research and development for patients with challenging conditions.

Major Trauma Centre
The Health Board is working with WHSSC to establish a Major Trauma Centre at Morriston Hospital in support of the Trauma Network Programme in Wales. This project is at planning stage with leads developing a business case to take this project forward.

Regional Thoracic Services
Following the conclusion of WHSSC's engagement process to decide the future configuration of Thoracic Surgery Services in South Wales, the Health Board has been working with commissioners and the Royal College of Surgeons to improve Thoracic surgery at Morriston Hospital. Plans are being worked up to provide capacity and state-of-the-art facilities and services at planning stage.

Hybrid Theatre at Morriston Hospital
A planning application has been approved by Swansea Local Authority for an extension to the existing theatre complex to accommodate new storage and changing room facilities and Hybrid theatre. This involves a new build light weight structure to accommodate the displaced changing room facilities and increase plant room facilities to reconfiguration of internal rooms to support the provision of the Hybrid Theatre.

Regional & National Priorities
Construction is well under way on transforming Swansea's Local and Regional Neonatal Services at Singleton Hospital to provide much needed additional capacity and improved services for babies that need extra care. This £9.7 million investment expands our neonatal intensive care and high dependency capacity and provides a new 'transitional care' unit and a fully compliant special care unit. It provides an infrastructure solution that is more acceptable to mothers and carers by achieving full compliance with Environmental Health Standards, WHTM & WHBN, and the Equality Act requirements, and is fully compliant with NICU services' environmental guidance. It provides foundations, steelwork/deck support structure and installation of mechanical ventilation ductwork and AHUS within the area at ground floor level between the corridor tunnel and the corner of west wing and main wing;

A third Catheterisation Laboratory is being proposed at Morriston Hospital which consist of upgrade of the existing outdated lab with full replacement of equipment to cope with current and future capacity demands.

Sexual Health and Referral Centre (SARC) is being developed to provide multi-disciplinary and specialised facilities in partnership with other agencies to provide victims of rape and sexual violence with immediate help and support.

All Wales Parental Unit is being proposed at either Tonna Hospital or NPT. The Health Board has proposed Tonna Hospital as a site that could be refurbished to meet the full requirements of the environmental service standards for a four-bedded unit. The ward area is available for immediate refurbishment and sketch plans have been signed off by the users if this option goes forward. A New build option is being proposed at NPT that meets all requirements with detailed design required now to take it for full planning approval and is estimated at 6-8months design and 12-14momths construction.

The All Wales Capital Programme Summary Plan is included in Appendix 14

3.7 Financial Planning

Aims and Approach
The Health Board's Financial Planning Framework is intended to underpin and support the delivery of key organisational priorities identified through the integrated planning process and arising from the Organisational Strategy and refreshed Clinical Services Plan.

A significant aim of the Financial Plan is to demonstrate that, in line with Welsh Government's expectations and the Health Board's ambitions, we will come back into recurrent financial balance in 2019-20. However, the Financial Plan also needs to balance other fundamental objectives including:

- Supporting high quality, safe and sustainable services which deliver our performance plans across our healthcare system
- Maximising the value of care through improving outcomes that matter - investing in high value opportunities and interventions
- Targeting resources to intervene earlier, focus more on prevention, meet local population healthcare needs and provide care closer to home - realigning budgets across pathways and places to support the seamless delivery of integrated care.

The approach in 2019-20 is clear:

- To reduce our underlying deficit (Category A savings schemes);
- Embed stringent cost avoidance and cost control measures (Category B)
- to prioritise and deliver "high value" efficiency opportunities (Category C)
- Return to sustainable financial balance.

Planning Environment and Progress

In line with the aim stated above, the Health Board is focussed on developing a financially balanced plan and the clear intention is to deliver a breakeven position in 2019-20. However, there are two key issues on which more work is being done before the Health Board can confidently submit a balanced financial plan.

The most significant of these is the Bridgend boundary change. This involves the removal of the Bridgend population income and expenditure, and includes an emerging assessment of the potential financial implications. Understanding the financial implications of the transfer is a highly complex and detailed undertaking, which is dependent on key processes such as service delivery transfers, intra NHS contracting arrangements and the transfer of staff. Whilst positive and timely progress is being made, more detailed work needs to be undertaken following clinical service delivery models and staff transfers (numbers and grade mixes) becoming clearer and being finalised. Our workforce projections and plans, for example, will not be available until the end of February reflecting the on-going staff transfer processes.

One of the key principles underpinning the Bridgend boundary change is that neither organisation should be operationally or financially disadvantaged by the consequences of the changes. We continue to work with Cwm Taf University Health Board and Welsh Government to assess the implications and action required.

The other material issue is the development of our savings plans. Significant progress has been made with c67% of our A and B savings now identified. More work is being done to identify further schemes, develop implementation plans and improve delivery confidence. However, a particular focus is on the development of our strategic "high value" opportunities. These are at an earlier stage of development, but the Health Board has now identified targeted resources to progress these at pace. The high value opportunities are aligned to efficiency and improvement areas in the Clinical Services Plan and are key to creating the headroom for service change and the delivery of high quality, safe and better patient experiences and outcomes.

The Health Board remains committed to developing a balanced financial position in 2019-20, and the intention is to submit a revised plan as soon as possible which demonstrates and provides assurance regarding our ability to deliver. This will be dependent on the financial implications associated with the Bridgend transfer becoming clearer and our work with partners to manage and mitigate any financial risks. We are also taking the opportunity to further develop and drive confidence in the delivery of our savings plans.

Financial Plan Context – Other Key Issues

NHS (Wales) Finance Act 2014

The Health Board has a statutory duty to breakeven over a rolling three year period. The Health Board's performance against this duty is shown below:

NHS (Wales) Finance Act	Year 1 (2016/17) £0	Year 2 (2016/17) £0	Year3 (2016/17) £0	Cumulative Total £0
Revenue Resource Funding	1,060,938	1,096,250	1,129,442	3,286,630
Total Operating Expenses	1,100,254	1,128,667	1,139,442	3,38,363
Under / (Over) spend against	**-39,316**	**-32,417**	**-10,000**	**-81,733**
As a % Revenue Resource Limit	**3.71%**	**2.96%**	**0.89%**	**2.25%**

As a Health Board in Targeted Intervention since 2016, we have a clear ambition to significantly improve our financial position, alongside other material improvements in all our Targeted Intervention areas, and to do so on a sustainable basis. The Financial Plan is predicated on achieving financial balance in 2019-20.

Financial Reviews

In developing the approach to the Financial Plan, we have reviewed the Deloitte Financial Governance Review, the Wales Audit Office Structured Assessment 2017 and Welsh Government's feedback on the current year financial plan. These set out clear recommendations for strengthening and improving, with a view to addressing our Targeted Intervention status, as well as expectations for future plans. We have focussed in particular on the following:

- The Financial Plan should support the organisational strategy and align to other key plans, including service, workforce, quality and performance;
- The Health Board should understand the actions required to address the underlying deficit
- We should take a long term strategic approach to savings, linking them to service development and wider programmes of change, and move from transactional to transformational actions (i.e. a shift from technical to allocative efficiencies)
- Savings delivery plans should be detailed and realistic, with clear actions, milestones and timescales
- The Health Board must move away from a reliance on non-recurrent and unplanned opportunities delivered in year ("a finance bail out") to granular implementation plans that have been robustly assessed and quantified, and where there is a high level of delivery confidence
- There should be greater focus on benefits realisation, and investments should be monitored and managed so that improvements in quality, performance and efficiency are delivered.

Changes in Approach in 2018-19

The Health Board made a number of changes in setting its current year financial plan which marked a strengthening of approach and a growing maturity of planning methodology. Key actions included the rebasing of budgets to reflect the 2018-19 opening deficit of £34m, providing our Units with a revised financial baseline to take account of operational pressures, and greater transparency around central reserves and contingency. We also started to move away from traditional cost improvement programmes (CIPs) with a proportion of the savings targets generated from benchmarking and efficiency data to be delivered via Executive led workstreams in the Recovery & Sustainability Programme.

In 2018-19, the Health Board also revised its approach to budget delegation and accountability, where delegation letters for Executive and Unit Directors set out clear expectations around finance, performance and workforce deliverables.

Current In-Year Performance

The Health Board is continuing to improve its overall financial outturn position, moving from a deficit of £39m in 2016-17 to a forecast deficit of £10m in the current year. However, the key challenges identified via the external reviews remain - in particular the non-delivery of planned savings, and the use of additional uniformly applied savings targets and non-recurrent mitigating opportunities to deliver the forecast financial outturn. The 2019-20 Financial Plan provides further targeted action in these areas and is developing strengthened savings delivery, reporting, governance and accountability processes as part of the Board's overall assurance mechanisms.

Financial Plan Methodology

This is set out below:

Stage 1: Analysis – August to November 2018	Stage 2: Assessment and Outline Delivery plans – November 2018 to January 2019	Stage 3: Detailed Delivery Planning and Governance – December 2018 to March 2019

Financial Assessment

The summary assessment is set out below. This includes an analysis of the impact of the Bridgend population transfer to Cwm Taf University Health Board on 1 April, on the new Bae Abertawe/ Swansea Bay University Health Board's forecast income and expenditure, and is based on our current

understanding of service delivery arrangements, intra-NHS contracting activities and staff transfers. The first table indicates, based on current assessments and assumptions, we are forecasting that we will be unable to release the full value of costs to match the transfer of income. Clearly, this forecast is heavily caveated given its reliance on assumptions and estimates, and work is being done at pace to further understand the implications and clarify the position.

	Income £m	Expenditure £m	Variance £m
Current ABMUHB	1329	-1359	-30
Bridgend Share (based on 28%)	372	-380	-8
New ABMUHB (based on forecast i&e)	957	-978	-22

Bridgend Emerging and Estimated Financial Assessment

As described earlier the assessed gap reflects our current planning context and, in particular, the complexities and uncertainties as a result of the Bridgend boundary change and also the further work we are progressing on the development of our savings plans. The Health Board will be submitting a plan that demonstrates financial balance as soon as possible.

With regard to Bridgend, there are two issues that are impacting on the potential financial risk. The first, and most significant, is our ability to release costs that match the level of income that is transferring relating to the Bridgend population. This is attributable to a number of factors, as described below, and is the subject of further work to understand and verify these as well as a shared consideration of how they are best managed:

- Our ability fully to release costs, for example, from our corporate functions and relating to other management overheads in operational service areas
- Other diseconomies of scale in the arrangements for the delivery of clinical and non-clinical support services, including estates and facilities, pathology, mental health and primary care services.

The above financial assessment recognises that the Health Board must remain focussed on releasing as much cost as possible from our system, while maintaining an emphasis on the quality, safety and delivery of patient care. As such, at this stage, we are also recognising a potential opportunity to further improve the release of costs and we will be prioritising this over the coming period.

	Plan 2019/20 £m	Risk Assessment Plan 2019/20 £m
Forecast Opening Position Post Bridgend Transfer	**-22**	**-30.3**
Cost Pressures Unavoidable	-42.3	-42.3
Application of Core Funding Uplift	33.4	33.4
LTA Benefit	0.2	0.2
Required Savings	**-30.7**	**-39**
Category A Delivery Requirement : deliver £20m underlying deficit	10.3	6.7
Category B Delivery Requirement: cost pressure management	9.1	6.3
Required Savings	**-11.3**	**-26**
Required Savings Category C: high value opportunities	10	2.2
WG Non Recurrent Funding : developments	10	10
Sub Total	**8.7**	**-13.8**
Assume red scheme delivery from Q2		**1.8**
Sub Total		**-12**

Risks	£m
Savings Non Delivery	-3.5
Estimated Additional Bridgend costs (excluding ICT)	-1.6
Phased implementation of Nurse Staffing Act	-1.5
Sub Total Risks	**-3.1**
Opportunities	
Driving further savings (75% A&B;50%C)	4.3
Non recurrent income and other opportunities	3

	Potential of further release of cost Bridgend estimate	2
	Sub Total Opportunities	**9.3**
	Assessed Gap	**-9.3**

The second issue relates to potential additional costs as a result of the change, for example additional costs relating to ICT as we transition IT systems and supporting infrastructure to Cwm Taf University Health Board and an ongoing programme of change in 2019-20 and beyond to design and develop the new Bae Abertawe/ Swansea Bay University Health Board.

As a final point, as the financial impact emerges, it is useful to recognise that the Health Board has lost 28% of its core HCHS allocation as consequence of the Bridgend boundary change. When compared to the population for the respective areas, Bridgend has 5.6% more funding per head of population as a result of the historic funding allocation. This will be a contributing factor in terms of the new organisation's ability to maintain spend within its rebased allocation.

The joint work to date with Cwm Taf University Health Board has been predicated on not driving additional cost into the system and, where cost pressures are emerging, ensuring that we are working together to manage and mitigate through efficiency and collaboration. Our teams continue to work together to refine and reassess the accuracy of the financial impact assessment and we will continue to discuss and test the implications with Welsh Government.

Cost Pressures and Income Analysis

A summary of our Welsh Government funding allocations is shown below:

Anticipated Income Core Welsh Government Funding:	**2019/20 £m**
2% uplift (including mental health pay and prices uplift)	13.6
1% Uplift for "Stronger IMTPs"	5.8
Agenda for Change	7
Total Core Funding Increase	**26.4**
Additional ICF Funding	3.9
GMS Healthier Wales Allocation	0.6
Subtotal	**30.9**
Provider LTA Uplift	2.7
Total Anticipated Funding	**33.6**

The application of this funding against our assessed cost pressures is shown opposite:

Unavoidable Inflation, Demand/Service Growth and Known Commitments	**2019-20**	**Assumptions**	Application of Funding	2019-20	Remaining Cost Pressure
Pay Inflation	5.4	Based on 1% and incremental drift	Funded from 2% Uplift	-5.4	0.0
Agenda for Change	7.0		Funded from A4C/ DDRB Uplift	-7	0.0
Non Pay	2.9	2.5% increase to include drugs; PFI is £0.385m	PFI funded only from 2%	-0.4	2.5
CHC & FNC Inflation & Growth	3.9	Full year effect of 18-19 growth, plus forecast 19-20 growth, plus 5% inflation	From MH 2% Uplift	-1.7	2.2
Primary Care Prescribing	2.4	Based on historic growth	Unfunded	0	2.4
NICE	3.5	Based on historic growth and horizon scanning	From 2% Uplift	-1.5	2.0
WHSSC	3.0	WHSSC assessment of rollover position and unavoidable growth, plus new developments. 1% applied to new developments. Excludes HRG4+/ CQUIN	From 2% Uplift	-3	0.0
EASC	0.1	Includes APP, clinical desk enhancements, EMRTS	From 2% Uplift	-0.1	0.0

		expansion(pye) and falls vehicles			
National Policy and Statutory Requirements	1.1	Nurse Staffing Act	From 2% Uplift	-1.1	0.0
Service Demand	1.2		Balance of 2% Uplift/ 1% Uplift	-1.4	0.0
Known National Commitments	1.0	See table below	From 1% Uplift	-1	0.0
Full Year Effect of Top Slice, plus New Top Slice	1.9	As per Allocation Letter	From 1% Uplift	-1.9	0.0
Performance Support	1.9		From 1% Uplift	-1.9	0.0
ICF Additional Costs	3.9		Funded from ICF	-3.9	0.0
GP Healthier Wales Costs	0.6		Funded from Healthier Wales	-0.6	0.0
Commissioner LTA Uplift	2.5			-2.5	0.0
TOTAL	**42.3**		**TOTAL**	**-33.4**	**9.1**

Key Assumptions

- The Health Board's funding assumptions reflect the Welsh Government's LHB Revenue Allocation Letter, received 11 December 2019,which is based on the new Health Board's boundary
- Welsh Government has confirmed an additional 1% uplift to drive "stronger Integrated Medium Term Plans" - £5.8m for the Health Board. This has been fully deployed in the Financial Plan, aligned to A Healthier Wales, to support strategic national investments (i.e. funding the increase in the top slice) and in delivering other national developments including those proposed by WHSSC, EASC and Velindre NHS Trust. Discussions are taking place with other NHS providers as part of LTA arrangements regarding the new developments to be funded. The balance of £1.9m is being used to support the delivery of sustainable performance
- As part of existing budget allocations, the Plan provides an additional £2m internal funding available for RTT; £1.3m for winter pressures;£1.1m for Invest to Save; and £0.7m contingency
- The Plan therefore provides £3.9m to support sustainable treatment performance in planned care, with a 7,000 improvement in outpatients and additional diagnostic capacity for cardiac CT, MR and single cancer pathway
- Additional allocations for ICF and GMS (A Healthier Wales) are recognised and offset by equivalent costs
- The Plan assumes £10m non-recurrent funding support from Welsh Government to support developments and service change, and these include developing and expanding the COPD early supported discharge team; managing frailty at the front door at Singleton, supporting safer and more efficient prescribing and developing our hearing loss pathway
- There is not yet provision in the Plan to support other national/ local developments and new policies and priorities emerging from the refreshed Clinical Services Plan and new Operating Model, as the Transformation Portfolio is being scoped and planned. However, additional funding of £1.2m has been earmarked by Welsh Government for mental health ring-fenced developments. This has not been recognised or deployed in this Plan as still subject to formal confirmation
- The Plan currently assumes that Bridgend will not be cost neutral, based on our latest understanding of service delivery arrangements, contracting and staff transfers.

Key Risks

- Continuing uncertainty around the potential financial impact associated with the Bridgend disaggregation and associated funding. This includes the latest financial impact assessment which indicates that the organisation post Bridgend transfer will not be able to release equivalent costs to match the reduction in income and that additional costs may accrue
- For the Bridgend transfer, we also recognise that we may not release all of the costs that we have currently identified, once the actual outcome of workforce transfer processes on our establishment are known. It also reflects the development of our workforce projections and plans, which will not be available until the end of February

- Savings delivery of identified schemes in Phase A and Phase B– given current and past performance
- Savings pipeline development – providing in year contingency and early sight of developments to be worked up for years 2 and 3
- Capacity to resource and support high value opportunities work streams, which are in a very early stage of development but are being given rapid dedicated support to progress
- Holding, or improving, the underlying position, including the ability to deliver the full year effect of this year's and previous years' savings, and any further deterioration in Units' financial performance over the winter months
- The Plan does not yet include additional funding (and associated costs) to support the significant increase in pension costs arising from a change in discount rate and increase in employers' contributions
- Accuracy of estimates to inform cost growth, for example, CHC growth based on current data analysis is included and also includes inflationary uplift of 5% (as indicated by local authority partners) to reflect pay awards and pensions increase. However, estimates have been derived from local and national analysis and projections
- Performance – the Financial Plan has £3.9m to deliver sustainability in planned care. We have identified a requirement of c£5.5m non-recurrent to deliver improvement, beyond sustainability, and this will be subject to further discussion with Welsh Government. We have noted that Welsh Government has indicated no further performance monies will issue next year
- Performance – the delivery of the unscheduled care trajectory is dependent on the development of a successful application to the Transformation Fund for Hospital2Home
- The Quality Impact Assessment (QIA) process may require changes to our current savings plans to ensure that we maintain safe services. This will not be assessed until the QIA panel meets in February.

Savings Delivery

During Stage 1 and 2 of our methodology we have maintained a straightforward approach:

- To reduce our underlying deficit (see Category A below)
- Embed stringent cost control measures and manage growth (Category B)
- Prioritise and deliver strategic "high value" efficiency opportunities (Category C).

This builds upon the work we started in the current year, using benchmarking data to look for areas of improvement in efficiency and cost reduction, and using a blended approach incorporating both technical and allocative efficiencies. This methodology supports the direction of travel set out in the Clinical Services Plan, where the Health Board needs to deliver efficiencies (and savings) in year 1 as part of the drive for improvement.

It should be noted that the provision of better care - focusing on high quality, safe and accessible services - is at the heart of our approach to delivery and remains the key focus in terms of the Financial Plan. As such, we are implementing a Quality Impact Assessment (QIA) process to ensure we systematically review all savings projects, which include cost improvement, efficiency and service change schemes.

Savings Summary

The Health Board is making positive progress in terms of the development of its savings plans:

Savings Delivery	2019/20 £m	Assessed Delivery £m
Category A2: Delivery of £20m Underlying Deficit	10.3	6.7
Category B: Management of Cost Pressures	9.1	6.3
% Delivery A and B		**67%**
Category C: High Value Opportunities	10	2.2
% Delivery C		**22%**

Category A savings are new schemes that have been identified from Unit and Directorate Plans for 2019-20. The delivery above reflects a risk assessment and delivery confidence rating for each scheme.

We are managing our net cost pressure of £9.1m through a mixed approach. This includes the setting of lean budgets where funding will only be provided, for example, for specific contractual commitments. This also includes proactive cost avoidance, where action will be concentrated on stopping increased costs materialising and looking for alternative approaches to deploying funding, for example, in the management of CHC cases. More

traditional cost management actions have also been identified and risk assessed, and these include:

- Non pay (£4m) – savings of £3m already identified via procurement opportunities, with the balance to be delivered through further procurement actions and robust management of local demand pressures
- Primary care prescribing (£2.9m) – savings of £1.9m already identified to offset, balance of £1m to be delivered through further opportunities currently being scoped
- NICE (£2m) – savings of £1.4m identified from Humira to biosimilar switch, balance of £0.6m to be delivered through further opportunities currently being scoped.

The Category C high value opportunities are shown below. These have been generated from benchmarking data from the Clinical Services Plan, the National Efficiency Framework and previous external reviews and include expected areas of efficiency, such as theatres and outpatients, as well as other technical and population health opportunities, for example, in value and variance and workforce modernisation.

Opportunity	Programme	Initial Estimate of Savings £m
THEME: POPULATION HEALTH AND ALLOCATIVE EFFICIENCY		
Value and Variation - including treatment thresholds, referral criteria, no/ limited value interventions	Planned Care	tbc
Ophthalmology – value and variation (reduction in outsourcing)	Planned Care	tbc
MCAS	Planned Care	0.173
Sub Total		**0.173**
THEME: SERVICE REDESIGN		
Theatre Efficiency, including surgical services	Planned Care	0.5
Outpatient Modernisation	Planned Care	tbc
Hospital 2 Home	Older People	0.800 - 1.549
Sub Total		**1.3 - 2.049**
THEME: WORKFORCE MODERNISATION & EFFICIENCY		
Medical Workforce	Workforce	tbc
Nursing	Workforce	tbc
Therapy - redesign	Workforce	tbc
Sub Total		***0***
TOTAL		**1.473 - 2.222**

The development of costed, detailed implementation plans is being co-ordinated and assessed via the organisation's newly emerging Transformation Portfolio, which brings together both new and existing priorities into a single delivery framework. This is further described in Section 1.7. The support and delivery framework includes the identification of Executive Sponsors and Senior Management leads for each of the initial Transformation projects, supported by a Health Board wide multi-disciplinary team with clearly identified project management, planning, informatics, finance and workforce support.

In delivering on our high value opportunities, we will be taking full advantage of digital technologies and ways of working. Initiatives being taken forward during 2019-20 to support patient flow safety and efficiencies will include the introduction of electronic prescribing and medicines administration and electronic nursing documentation. In support of theatres efficiencies we will be modernising our theatres management system and using business intelligence to focus on unwarranted clinical variation.

Our outpatient modernisation programme will be facilitated by optimising the way in which we engage with our citizens, using systems such as patient portals to empower patients with access to their records and provide them with the ability to communicate with us virtually where appropriate to do so. Capturing and analysing patient experience and outcome measures will be a vital part of our values based healthcare programme.

Our Hospital2Home programme will benefit from our plans to accelerate towards implementation of the Welsh Community Care Information System (WCCIS) working in collaboration with our local authority partners.

Furthermore, we will support our workforce in taking full advantage of digital efficiencies through projects such as "mobilising the workforce", digital dictation and full implementation of the Electronic Staff Record (ESR). Key to the success of our digital transformation will be supporting the digital inclusion of both our staff and patients. Our digital inclusion programme will commence in early 2019. Further details are referenced (insert).

Funding Opportunities

As part of our Transformation Portfolio, the Health Board is undertaking rapid development work on the following Transformation projects which are core to the implementation of the refreshed Clinical Services Plan and Organisational Strategy.

Bid	Progress	Funding secured
Our Neighbourhood Approach (2 Neighbourhoods – 1 in Swansea & 1 in NPT)	• Funding secured and detailed implementation plan being finalised	£5.920m
Cluster Transformation Rollout	• Cwmtawe Cluster funding secured and implementation plan in place • Cluster roll out plan – awaiting formal decision	£1.789m £8.883m
Hospital2Home	• Project plans being developed at pace • Steering group being established, governance agreed • Bid to be developed for consideration by WG in draft in March • Meeting with WG to discuss on 13th February	Not yet submitted
Learning Disabilities	• Commissioning paper going to Executive Team on 6.2.19. Already signed off by C&V and CTUHBs	Not yet submitted
WCCIS / Mobilisation	• Proposal signed off by RPB in January for submission to WG. Decision awaited.	Decision awaited

Governance and Accountability

The Health Board has made good progress in strengthening its focus and approach to performance management, governance and accountability. It has now deployed a four-tiered approach, which is continuing to develop and evolve. It is intended to drive a more strategic approach to management, providing clarity on individual and collective responsibilities and key interfaces, and encourage whole system responses to change, transforming services and improving efficiency and performance.

- Budget delegation and accountability letters: these letters set out clear expectations around finance, performance and workforce deliverables for Executive and Unit Directors. They are being updated to reflect the organisation's emerging new operating model and Transformation Portfolio
- Routine governance: this includes the introduction of standardised budget reporting, 'savings tracker' reports for budget holders and more detailed reports to the Board; fortnightly Executive led financial and performance recovery meetings with delivery units alongside Chief Executive led quarterly performance management reviews
- Transformation Programme – this is emergent and will align and bring together all strategic work priorities, both new and existing, and will also subsume the previous Recovery & Sustainability Programme
- Board scrutiny and assurance: this primarily led by the Performance & Finance Committees and the Quality & Safety Committee, which bring together and balance the quality and safety of services with service and financial performance priorities.

3.9 Governance

The Health Board's governance and assurance arrangements have been established in accordance with our standing orders and standing financial instructions. Further information on the Governance Framework is included in the Health Board's Annual Accountability and Governance Report, Annual Report and the Annual Quality Statement. The Health Board's current governance structure can be seen in Appendix 15

In September 2016 the Health Board was escalated by Welsh Government to "targeted intervention" status under the NHS Wales Escalation Framework arrangements. This increased level of monitoring has continued and the Health Board has strived to make the required improvements in relation to unscheduled care, cancer, Referral to Treatment (RTT) times, infection control and the financial management. The Health Board has made some progress in addressing the areas of targeted intervention and continues to focus on strengthening its governance and assurance arrangements, which has been reviewed and referenced by the Wales Audit Office, within their annual structured assessment process.

The system of internal control is informed by the work of Internal Auditors, Clinical Audit and the Directors within the organisation who have responsibility for the development and maintenance of risk assurance and internal control frameworks. Comments on this are made by External Auditors in their Annual Audit Report and other reports. In addition, the work of Healthcare Inspectorate Wales (HIW) in both their planned and unplanned work and other regulators is utilised.

The Health Board recognises the challenges highlighted in the Deloitte Financial Governance Review published in 2017 and the Wales Audit Office Structured Assessment Report 2017/18. The Health Board has made positive progress in addressing the recommendations of these reports and we will continue to make these improvements in 2019/20.

In April 2018 the Delivery Unit (DU) issued their report *Intervention into Systems & Processes for the Management of Serious Incidents at Abertawe Bro Morgannwg University Local Health Board* ('the intervention'). The Health Board has made good progress in relation to the approach taken in investigating serious incidents and the approach to learning amongst staff has significantly improved to support a culture where risk and harm are reduced as much as possible.

The Health Board has developed a detailed improvement plan to take forward the intervention's recommendations; progress is monitored via the Quality and Safety Committee. The impact of improvements to processes, sharing learning, and improving culture will take time to become embedded, however, there are emerging signs of overall improvement. The Health Board is continuing to address the areas of risk and improvement in relation to Serious Incident Reporting which is being monitored by the Health Board Quality and Safety Committee.

The Health Board's governance and assurance arrangements have been further developed in 2018/19 with a maturing Performance and Finance Committee and progress has been made in a number of areas, demonstrating a step change from previous years. The Health Board will ultimately approve and oversee implementation and delivery of the Annual Plan. Central to implementation and delivery of the Plan is robust local scrutiny and assurance arrangements.

The key sub-committees of the Board involved in monitoring and scrutinising delivery of the Plan will include, but not be limited to; the Performance and Finance Committee, Quality and Safety Committee and Workforce and OD Committee, with regular updates provided to the Executive Board and Health Board on progress.

The Board Assurance Framework (BAF) is in development and will enable the Board to: identify and understand the principal risks to achieving its strategic objectives; receive assurance that suitable controls are in place to manage these risks and where improvements are needed, action plans are in place and are being delivered; provide an assessment of the risk to achieving the objectives based on the strength of controls and assurances in place.

In conjunction with the development of the Board Assurance Framework, the Health Board has refreshed and is strengthening the risk management process and systems in the organisation. As part of this refresh, the Health Board has established a Risk Management Group and a new Corporate Risk Register. The management of risk is a key priority for the Health Board in 2019/20 and beyond.

The BAF will provide a framework to inform the Board on principal risks threatening the delivery of the Health Board's objectives. The BAF aligns principal risks, key controls, its risk appetite and assurances on controls alongside each objective following the three lines of defence model. Gaps are identified where key controls and assurances are insufficient to mitigate the risk of non-delivery of objectives. This enables the Board to develop and monitor action plans intended to close the gaps.

The process for gaining assurance is fundamentally about taking all of the relevant evidence together and arriving at informed conclusions. The most objective assurances are derived from independent reviewers; these are supplemented by internal sources such as clinical audit, internal management representations, performance management and self-assessment reports.

The Health Board has been through a period of significant change with a new Chief Executive taking up post in 2018, a number of new Executive Directors and Independent Members, who have brought a very welcome level of rigour, scrutiny and challenge to the Health Board. During 2018/19 the Health Board has put in place a development programme to support all new board members to ensure that new ideas and perspectives can be built into the improving governance arrangements for the Health Board.

Welsh Language

The implementation of the 'standards', a statutory requirement set out in the Welsh Language (Wales) Measure 2011, means that the Health Board will be required to take a more proactive and strategic approach to mainstreaming the Welsh language. The Welsh language standards provide clarity for both organisations and members of the public on provision.

The Health Board has been issued with our Draft Compliance Notice by the Welsh Language Commissioner and we have submitted our response following a consultation period of the Draft Compliance Notice. It is anticipated that the Welsh Language Commissioner will issue the Final Compliance Notice and imposition dates in November 2018. We will further support improvement in Welsh language services within the health sector and build on the good work undertaken and the objectives of 'Mwy na Geiriau'… 'More than just words'...

The importance of meeting language needs and the impact this can have on the delivery of safe, high quality care and a positive patient experience cannot be underestimated. The Health Board aims to provide safe quality services, and continues to seek to ensure service users are treated with dignity and respect by ensuring that we, the service provider, offer Welsh language services to people without them having to ask for them, the 'active offer'.

The principle of the 'active offer' provides a solid foundation to improve services for Welsh speakers and help to achieve the vision of Cymraeg 2050, empowering patients to be equal partners in their care ensuring that their each individual physical, psychological, social, cultural, language and spiritual needs are addressed.

In particular, the concept of the 'active offer' in relation to the Welsh language and a workable set of Welsh language standards has the potential to bring about a positive change. We continue to use population assessments in line with the Social Services and Well-being (Wales) Act 2014 to keep us informed how services assess the needs of Welsh speakers and this data is underpinning our plan for service development.

The Welsh Language Standards are sufficiently clear in terms of their purpose in delivering the new legislative framework for NHS Wales. They provide the regulatory factors required to ensure that the Welsh language is not treated any less favourably than English.

The Health Board fully supports the intention of developing a truly bilingual NHS for Wales as we:

- Continue to encourage staff to input their language skills into ESR and make it possible for staff to access ESR via their own Tablets/mobile phones. Our delivery units are working to identify who and where are all their bilingual staff as well as those who want to learn to speak Welsh
- Promote the free-on line Welsh Language course designed especially for healthcare to encourage existing staff to improve/refresh their Welsh Language skills
- Have a Bilingual Skills plan that aims to increase the focus that is given to Welsh Language skills in terms of vacancies, particularly for patient-facing roles
- Bolster our in-house translation capacity and plan for the actions arising from Welsh Language Standards by proceeding with a second translation post. In addition, we are also recruiting an apprentice Welsh Language translator
- Ensure that all uniforms for Welsh speaking staff have the 'Iaith Gwaith 'logo
- Endeavour to ensure, where patient-facing systems are in place, that language requirements are met. For example, outpatient self-check-in system at Morriston Hospital offers patients a choice of whether to transact in Welsh or English
- Whilst encouraging staff to learn Welsh and refresh their Welsh language skills, also encourage staff to learn everyday phrases that they can use in conversation with patients, as often a word of comfort is all that is needed
- Continue to work in partnership with Swansea University and Coleg Cymraeg Cenedlaethol, local higher education facilities, schools and Careers Wales, promoting and participating in taster sessions as to what students can expect if they study Nursing and Midwifery through the medium of Welsh
- As part of our responsibility to send bilingual correspondence to service users, where language preference has not been identified, continue to make progress in terms of the letters we issue for outpatient appointments. As of the Spring 2018 our systems have been able to issue bilingual outpatient letters with the intention of ensuring 100% compliance by the end of 2018
- Establish the Regional Forum to work collaboratively with other health boards/trusts helps us to implement the Welsh Government's Strategic Framework, 'More Than Just Words…..'
- Have active Welsh language Twitter and Facebook accounts which help us to promote Welsh language services and events
- Continue to hold awareness sessions on Welsh language issues for GPs and Practice Managers and continue to work with them to increase the number of referrals setting out patient language needs.

The Health Board's Welsh Language Scheme sets out our commitment to developing and supporting our staff to deliver a bilingual service for our patients and service users whilst we are awaiting the publication of the Welsh Language Standards. Our Bilingual Skills plan and its action plan will help mainstream the Welsh language into all of our internal processes.

Emergency Preparedness Resilience and Response, (EPRR)

Delivery of a robust emergency preparedness resilience and response work programme will ensure that;

- There is a fully engaged workforce in resilience matters
- We maximise and provide effective patient outcomes when patients are treated as part of an emergency incident

- There is effective governance and continued multi-agency partnership working in civil protection duties
- We deliver safe patient care by securing a risk based foundation, undertaking a business impact assessment and including appropriate mitigation measures
- We evaluate against National Resilience Standards; 1 - 12 in order to meet expectations and lead practice to build on and complement the statutory duties under the Civil Contingencies Act 2004 and other relevant legislation.

Civil Contingencies Act (2004):- Civil Protection Duties

- Assess local risk
- Preventing and responding to emergencies
- Warning and informing
- Share information
- Cooperate with local responders
- Corporate arrangements for business continuity management

The EPRR Strategy Group focusses its work programme on ensuring the Health Board is meeting its civil protection responsibilities as a Category 1 Responder, as defined in the Civil Contingencies Act 2004. This work is undertaken through the principles of integrated emergency management, which is a cyclical approach to preventing and managing emergencies, with a risk based approach at its foundation. All EPRR related work is discussed, agreed and endorsed within the EPRR Strategy Group. Twice a year an update on this work, the risks being faced, and the way in which these challenges are being considered, is prepared for the Health Board.

Brexit

The Health Board has recognised the potential impact of Brexit and we are working on preparedness as an organisation, utilising existing business continuity plans as the basis of preparedness. The EPRR Strategy Group is overseeing the process with the involvement of all Delivery Units, service departments and corporate directorates. A special workshop was held with to focus on the main risks and issues for the organisation. A risk assessment has been carried out by all Delivery Units, services and departments, with low / medium / high risk scores agreed. Further work will continue in the following areas;

- Reviewing existing business continuity plans to ensure they are fit for purpose for Brexit
- Where business continuity plans have yet to be finalised, ensuring these are completed as a matter of urgency
- Gaining clarity on national preparedness and understanding the assurance this gives for us and identifying any gaps in preparedness
- Risks identified across the organisation being collated into risk matrix
- Identifying and agreeing mitigation measures which can be implemented to reduce the risks identified in the assessment.

Summary Plan – Enablers (Workforce, Capital, Finance, Governance)

Actions		Milestones 2019/20	Measures	Lead
Shape of the Workforce action plan to meet the requirements under the Nurse Staffing Act.	Q1	Undertake a review of Band 2, 3 and 4 nursing roles to address qualified nursing deficits taking into account the Nurse Staffing Act.	HW_DP10 NDF_94 NDF_92 NDF_93 NDF_96	DON
	Q2	Develop and commence a phased implementation plan meet the requirements under the Nurse Staffing Act.		
	Q3	Continued delivery of the phased implementation plan for the Nurse Staffing Act		
	Q4	Continued monitoring of the organisations compliance with the Nurse Staffing Act		
Workforce resourcing, reducing vacancies and turnover within the first 24 months of employment (particularly nursing staff).	Q1	Develop action plans to reduce vacancy rate and turnover in 24 months	NDF_94 NDF_92 NDF_93 NDF_96	WOD
	Q2	Commence action plans to reduce vacancy rate and turnover in 24 months		
	Q3	Continued delivery of action plans to reduce vacancy rate and turnover in 24 months		
	Q4	Review success of action plans to reduce vacancy rate and turnover in 24 months		

Workforce Efficiency through effective rostering and a sustainable digital way of working.	Q1	Full review of shift patterns to ensure standardised shifts are established to meet service and patient needs	NDF_94 NDF_92 NDF_93 NDF_96	WOD
	Q2	Implementation of the e-rostering system		
	Q3	Development of a digital workforce vision for the Health Board and a business investment case		
	Q4	Reduce sickness absence sickness to an interim target of 5%. Reduction in variable pay by 5% in year from the March 2019 baseline figure.		
Leadership, Culture and Staff Development.	Q1	Continued focus on training managers to ensure incremental pay progression is achieved.	NDF_94 NDF_92 NDF_93 NDF_96	WOD
	Q2	Further development of Values based PADR.		
	Q3	Further implementation of Values based PADR.		
	Q4	Improvement in 2019/20 PADR compliance and improve mandatory and statutory training compliance by 10% in year from the March 2019 baseline figure.		
Development of the **Board Assurance Framework.**	Q1	New corporate risk register fully embedded	HW_DP8 LM_9	DOC G
	Q2	Board Assurance Framework in place.		
	Q3	Implementation of required action plans monitored through the Risk Management Group		
	Q4	End of year assessment of benefits achieved by enhanced management of risk and the Board Assurance Framework.		
Welsh Language embedded into the core business of the Health Board.	Q1	Ensure our systems have been able to issue bilingual outpatient letters	NDF_83	DOC G
	Q2	Bilingual Skills plan in place to increase the focus on Welsh Language skills particularly for patient-facing roles		
	Q3	100% compliance issuing bilingual outpatient letters		
	Q4	Have active Welsh language Twitter and Facebook accounts which help us to promote Welsh language services and events		
Ensure the Health Board is suitably prepared for the outcomes of **Brexit.**	Q1	Review existing business continuity plans to ensure they are fit for purpose for Brexit	LM_9 HW_DP9	DOS
	Q2	Risks identified across the organisation collated into risk matrix.		
	Q3	Implement mitigation measures to reduce the risks		
	Q4	Undertake assessment of effectiveness of mitigation measures		
Delivery of **Financial savings** through delivery of the underlying deficit, management of cost pressures and delivery of high value opportunities.	Q1	Phased implementation of the Financial Plan	HW_DP10	DOF
	Q2	Continued implementation of the Financial Plan		
	Q3	Assessment of targeted actions required to achieve delivery of Financial plan.		
	Q4	Focused interventions to ensure delivery of financial plan.		
Improving estates and modernising hospital facilities enabling improvements required across the Targeted Intervention Areas.	Q1	Commence agreed plan following option appraisal on cladding on Singleton Hospital's Main Ward Block.	HW_DP7	DOF
	Q2	Completion of Phases 1 & 2 of Morriston Environmental Modernisations Programme.		
	Q3	Continued implementation of the 2019 / 2020 Ward Refurbishment Programme.		
	Q4	Planning and development of Hybrid Theatre at Morriston Hospital.		