

Swansea Bay University Health Board

Clinical Services Plan Plan 2021-2027

A Strategic Portfolio Case



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FOREWORD

Swansea Bay University Health Board is proud to be an ‘anchor institution’ in the Swansea Bay region. As such, our ambition as a major employer, commissioner, provider of health and care services and key contributor to the reduction of health inequalities is to deliver Better Health, Better Care, Better Lives for the population we serve.

We aim to keep people healthy, support them to avoid ill health and be there for them with excellent healthcare when they need it; delivering outstanding patient experience and outcomes. To do this we need to make improvements, we need to change how we deliver care and organise our services so that our skills and dedication make the most impact and we identify and remove the barriers that get in the way.

Our case for change is compelling and the scale of our plans reflects this. Our Changing for the Future public engagement in 2022 has given us a clear mandate for change and implementing our plans. We are clear on the direction of travel for clinical services, set out in the HB Clinical Services Plan 20219-24, and are steadfastly committed to improving the quality of care, experience of care and outcomes from care our patients need.

We had a strong transformational Annual Plan in 2021/22, almost entirely successfully delivered, with any exception due to the impact of COVID on population need, system pressures and workforce availability. We are excited by the progress we’ve made, how our staff responded and the opportunities we have before us to further improve health.

The Recovery and Sustainability Plan 2022-25 takes the Annual Plan even further toward sustainably delivering the Clinical Services Plan. We have taken several key steps to support successful delivery; appointed new leadership; adopted rigorous performance management and account ability arrangements; created stronger business case processes; made additional investment to improve quality and deliver clinical transformation; and meaningfully involved and coproduced plans with our local community and patients.

The most pressing challenge remains urgent care demand and flow and quality improvement, especially in infection prevention and control. Our plans are for system wide solutions requiring changes to the delivery of population health and the development of our hospital estate to provide four Centres of Excellence.

To do this we will centralise the acute medical take to Morriston Hospital in 2022; marking a major transformation in the quality of clinical care and patient experience. We will redesign planned care to radically change how and where we deliver outpatients and we will align the delivery of surgical and rehabilitation services across our sites to improve access and reduce waiting times. These changes are underpinned by work to strengthen our population health delivery through primary, community and mental health services.

To support successful execution of our plans we have; refreshed our wellbeing objectives to better deliver our role as anchor institution; undertaken our largest ever engagement and consultation with patients and staff (Changing for the Future), invested in improving the health and wellbeing of our staff; invested in new models of care focussed on improving quality and value for patients; taken action to progress regional, digital and sustainable healthcare solutions; scrutinised and prioritised our capital programme requirements and set out a clear infrastructure development plan.

We recognise our responsibility as an anchor institution and good neighbour and will also increase how we engage and include patients, communities and our staff in how we plan, shape and deliver services. We will learn from the views and experience of patients and staff and from when we don't get things right. We will work as partners with Swansea University, our local authorities, the wider NHS and Welsh Government.

As a Health Board we are clear on the challenges we face, what changes need to be made and the benefits these will bring. Our plans aim to improve the health and wellbeing of our communities, improve quality of care and patient experience, support staff wellbeing, resilience and recruitment and increase the access of patients to the care they need, when they need it and from the best team for their needs. We have taken action to realise these for patients, staff and partners and are ready to take the next steps with Welsh Government support to secure a sustainable Swansea Bay health and care system and contribute to a Healthier Wales for All.

Mark Hackett
Chief Executive



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1. INTRODUCTION

This strategic portfolio business case (SPC) sets out the strategic case for change that underpins Swansea Bay University Health Board's (SBUHB) Recovery and Sustainability Plan 2022/25 which reflects the Clinical Services Plan 2019-24 (CSP). The SPC summarises the Health Board's (HB) organisational role as an anchor institution and intentions for population health improvement alongside its commitment to high quality care for patients and communities. It sets out the overarching ambition of CSP major service changes; delivery arrangements for these; the prioritised capital development plan and resource requirements to deliver this.

The cast iron Case for Change (CfC) underpinning the CSP is described, alongside the extensive public and staff engagement which has taken place as part of 'Changing for the Future'. The SPC demonstrates that the Health Board's (HB's) plans are based on evidence, including best practice from world class healthcare systems and that the HB has an uncompromising commitment to solutions and collaboration with the public and partners from across the region. The SPC shows how the CSP will demonstrably improve the health and wellbeing of the communities we serve and the health and care system we operate in.

The CSP critical path for delivery, aligned to the HB's Recovery and Sustainability Plan (R&S Plan) marks the pace of major service change the HB will make in the next five years. This demonstrates the scale of improvement required to both meet and realise the benefits from improving the population wellbeing, complex healthcare needs of the people we serve and improving operational effectiveness and efficiency.

To realise the scale of change required and successfully deliver the CSP, the HB is implementing clinically led service change, scaling up regional partnering, optimising digital solutions and innovation and adopting more sustainable approaches to healthcare.

This SPC sets out how, with Welsh Government support, SBUHB will contribute to delivering A Healthier Wales for All.

2. BACKGROUND

2.1 Organisational Strategy

SBUHB was formally established in 2019 after a WG change to geographical healthcare boundaries. In November 2018 the HB approved an Organisational Strategy (OS) setting out our ambitions for the Better Health, Better Care, Better Lives of the populations we serve. The Organisational Strategy describes the HB's intention to be a **health, wellbeing and prevention centred care system** by 2028.



2.2 Organisational Wellbeing Objectives

In January 2021 to further the HB delivery of the OS & CSP, the HB refreshed its **Wellbeing Being Objectives**, to reflect our role as an anchor institution and strengthening our focus on the environment, health inequalities and opportunities to collaborate with partners.

“In our role as an anchor institution in the region we are a major employer, commissioner, provider of health and care services and key contributor to the reduction of health inequalities. In support of this we will collaborate with communities and partners to:

- Give every child the best start in life;
- Nurture and use the environment to improve health and wellbeing;
- Apply ethical recruitment practices and support health and care workers to be healthy, skilled, diverse and resilient;
- Plan, commission, deliver and promote equitable, inclusive and accessible health and wellbeing services;
- Provide opportunities to support every adult to be healthier and to age well;
- Seek to allocate our resources to meeting the needs of, and improving, the population's health.”

2.3 Clinical Services Plan 2019-24

A bold and ambitious five year Clinical Services Plan 2019-24 (CSP) was approved in 2019 to radically transform our clinical system. The CSP sets out our ambition to create **Centres of Excellence** built upon a bedrock of wellbeing, community, mental health and primary care services focussed on improving wellbeing, prevention, early

intervention and rapid access. Improving population health through majoring on the benefits of improving care closer to home and timely access to community based care. We will maximise on our regional opportunities to dedicate specialist expertise to meeting the needs of those who most need their care.

The scale of the CSP ambition equals that of the challenge the HB faces, set out in the Case for Change (CfC) below. HB delivery plans for 2020-21 and 2022-25 have therefore rightly been developed to set the HB on course to successfully deliver the scale of service change required for a sustainable Swansea Bay care system and a meaningful HB contribution to 'A Healthier Wales for All'.

Prioritising Quality, Safety, Value and Patient Experience



- ✓ The 'DNA' of the CSP is to ensure every staff appointment, service change and capital development we make contributes to delivering high quality, safe and better value care for patients.
- ✓ Working with a broad range of clinicians and reviewing our risks, complaints and performance data the CSP identifies and addresses our greatest areas of challenge and opportunity.
- ✓ We researched WG Policy and the practices of exemplar healthcare organisations with successful track records in transforming healthcare systems to agree four CSP principles to underpin every service change we deliver.

Four Principles of the CSP

1. One System of Care
Clinical pathway processes that cross specialities, departments & delivery units



2. My Home First
Pathways which enhance care delivery in or closer to the patients home where clinically safe



3. Right Place, Right Person, Right Time
Workforce, estates, equipment, digitalisation



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



© SBUHB Clinical Services Plan

The CSP ambitions cover three core themes around which the HB is driving forward major service change, improvement in ways of working and capital development plans;



A Focus on Population Health

The CSP radically changes our approach to improving health and wellbeing focussing on a ‘system shift left’ to work with and in communities to build resilience and embed health and wellbeing approaches.

CSP plans include opening two wellness centres, starting with **Swansea Wellness Centre**, for which plans are moving at pace to deliver a SBUHB and Coastal Housing Group collaboration. This will contribute benefits for local housing, employment, education and the delivery of wellbeing services.

Giving every child the best start in life is one of the HBs wellbeing objectives which we are delivering through our **Maternity Services Plan**, **Children and Young Peoples Strategy** and **Delivery Plan for Children and Young Peoples Emotional and Mental Health**.

During 2022-23 the HB will agree a **Population Health Strategy** to set out how we will further advance the delivery of our socio-economic approach to population health. A new **Population Health Programme Board**, chaired by the Executive Director for Public Health, will oversee and drive the delivery of the changes including HB approaches to Tobacco Control, Obesity, delivering the Well-being of Future Generations Act and the HB **Decarbonisation Action Plan**.



Transforming Primary, Community, Mental Health and Learning Disabilities Care

In delivering the CSP ‘system shift left’ ambitions the HB will see resources flow from secondary care into primary and community provision and we aim to rapidly capitalise on the opportunities going forward from the **Accelerated Cluster Development Programme for 2022** to further accelerate our transition. To include:

- Implementing whole system value-based healthcare pathways in Heart failure and Atrial Fibrillation, Diabetes and COPD;
- Rolling out Virtual Wards across all 8 clusters and supporting high risk and frail patients at home and in the community;
- Delivering Home First pathways, working with Local Authorities to support timely discharge of clinically optimised patients.

Additionally, commitments for **mental health** and **learning disability** service change include:

- Expanding the Local Primary Mental Health Service (LPMHS);
- Centralising Adult Acute In-patient Care and developing Cefn Coed as a Centre of Excellence for Adult Acute Mental Health;
- Increasing psychological therapy resources;
- Providing 24/7 CAMHS crisis service support in line with adult services;
- Expanding community learning disability community provision;
- Redesigning learning disability in-patient services.

Strategic planning with partners is tackling areas of complex planning for mental health and learning disabilities provision to agree plans between multiple health boards and local authority partners on:

- A Mental Health Strategic Framework;
- Learning Disabilities Commissioning Plan;
- Learning Disabilities Estate Modernisation Programme.



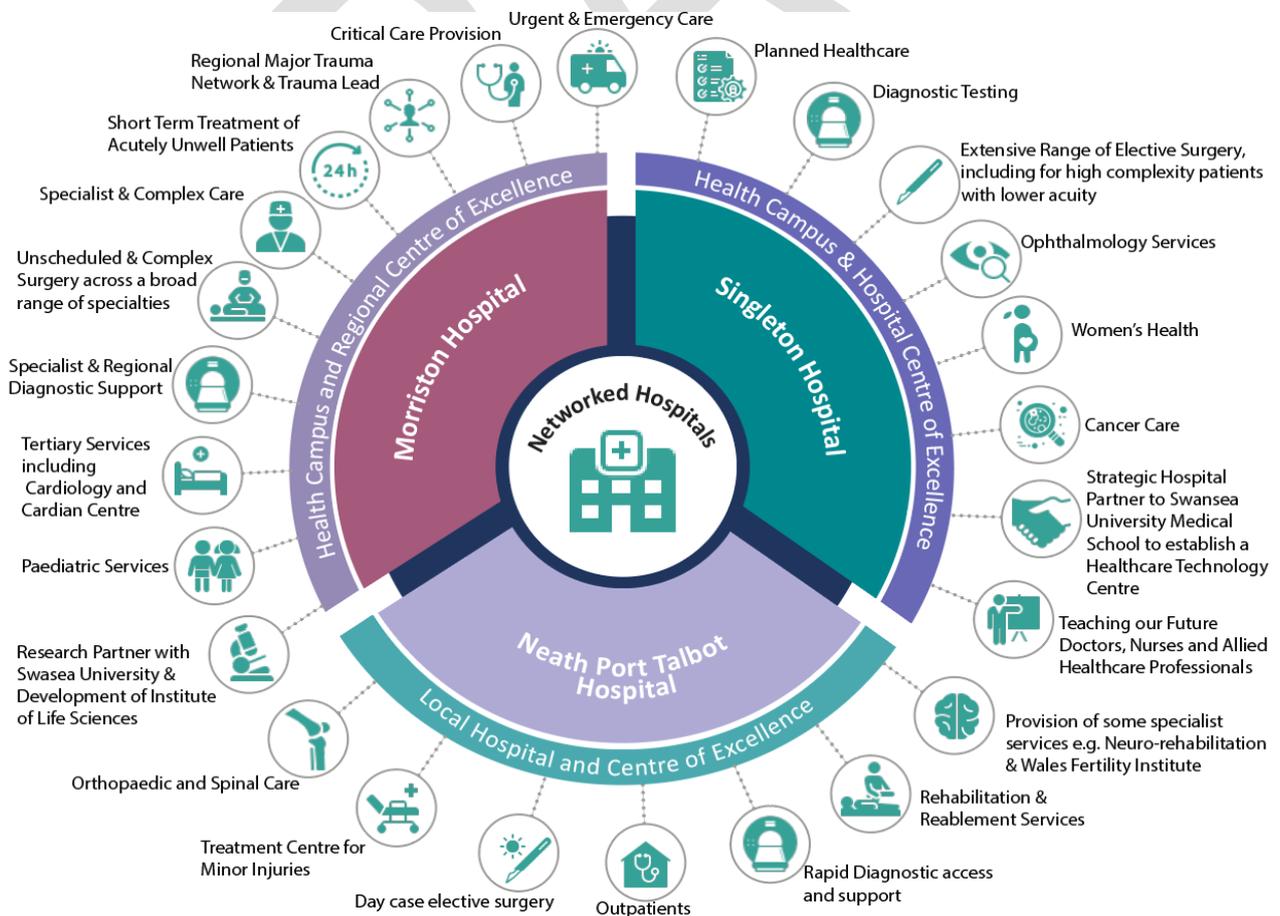
Networked Hospitals and a Systems Approach

The CSP sets out how SBUHB will work as one system of care and how the roles of each of our main hospitals will contribute to this as **Centres of Excellence** optimising our; assets, resources, quality of care, patient safety and environmental potential.

Additionally, Cefn Coed will become a centre of excellence for adult mental health and Morriston and Singleton will become **Health Campuses**, integrating life sciences, medical technologies, sport and well-being to transform services provided in the region and creating 1,000 jobs and contributing an additional £150m - £153m to regional gross value added (GVA).

Morriston Health Campus will be the leading specialist in tertiary services delivery, clinical research and trials. The **Singleton Health Campus** will focus on the provision of sports and well-being.

Major Hospital Centres of Excellence



SBUHB has a strong history of engaging with, and listening to, public, staff and stakeholder views on the future of the services we provide. The development of the CSP ambitions was informed by the learning from this engagement. In 2021 we have undertaken our largest ever engagement with patients and staff (Changing for the Future) on our detailed service change proposals.

Public, Staff and Stakeholder Engagement on CSP Delivery Plans

In July 2021 the HB, in partnership with Swansea Bay Community Health Council, launched its public engagement exercise 'Changing for the Future'. This exercise engaged patients, the public, staff and stakeholders on the detailed service change proposals developed by clinicians working together across primary and secondary care to deliver the CSP ambitions.

The total number of people involved have made it the largest health engagement on service changes ever to be undertaken in the existing and previous Health Board area. Almost 8,000 people visited the engagement website, of whom over 1,250 completed the online engagement questionnaire either in English or in Welsh. Many other organisations and individuals made contributions in other ways, for example through sharing their views at meetings, participating in online public meetings and writing in to express their views.

The Changing for the Future engagement goals reflected the HB's CSP and Annual Plan 2021-22 to ensure the local NHS:

- makes the best use of existing resources and attracts new investment;
- supports people to manage their own conditions and symptoms better;
- embraces modern technology;
- encourages and supports new ways of working;
- empowers a health and care workforce that feels supported;
- delivers financial sustainability.

The engagement sought public and staff opinion on several changes to improve wellbeing, community and follow up care, where the Health Board believed there were opportunities to improve services, including blood tests, hydrotherapy, outpatient therapies, a new renal dialysis unit for Neath Port Talbot, outpatients, integrating mental and physical health services and pre-rehabilitation services.

The key proposals engaged on were the development of our main hospitals as specialist *Centres of Excellence* as follows:

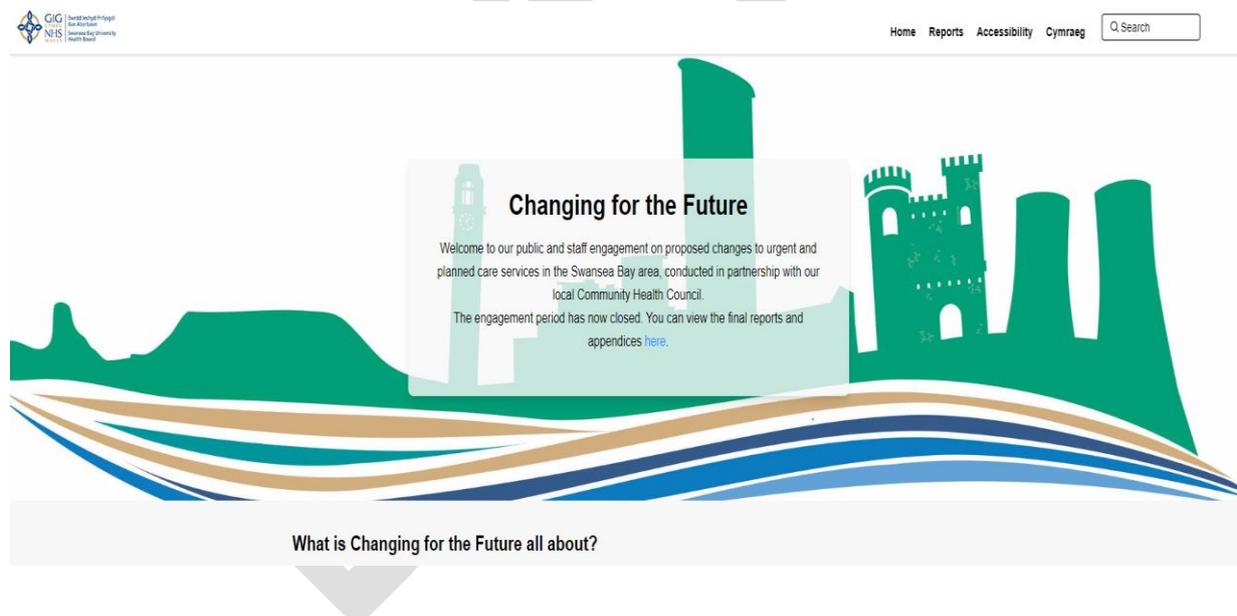
- Morriston as the centre of excellence for urgent and emergency care; specialist care and regional surgical services for Swansea Bay, including complex medical interventions;
- Singleton as the centre of excellence for planned care, cancer care, maternity and diagnostics;

- Neath Port Talbot as the centre of excellence for orthopaedic and spinal care, diagnostics, rehabilitation and rheumatology.

Key qualitative and quantitative findings from the engagement programme and online survey indicated strong support for the CSP and the proposed service changes to deliver it:

- Almost 90% of respondents supported the general principle of creating three centres of excellence at Morrison, Singleton and Neath Port Talbot hospitals, with each having different and distinct roles.
- The most important challenge facing the NHS in Swansea Bay from the public's point of view was tackling waiting times.
- A substantial majority of respondents favoured separating planned and emergency care services or at least of exploring that possibility.
- Most respondents were in favour of the proposals to expand digital services although there were concerns that other options also needed to be offered.

Recent public engagement on Mental Health services confirmed **Cefn Coed** will become a Centre of Excellence for adult and older people's mental health services.



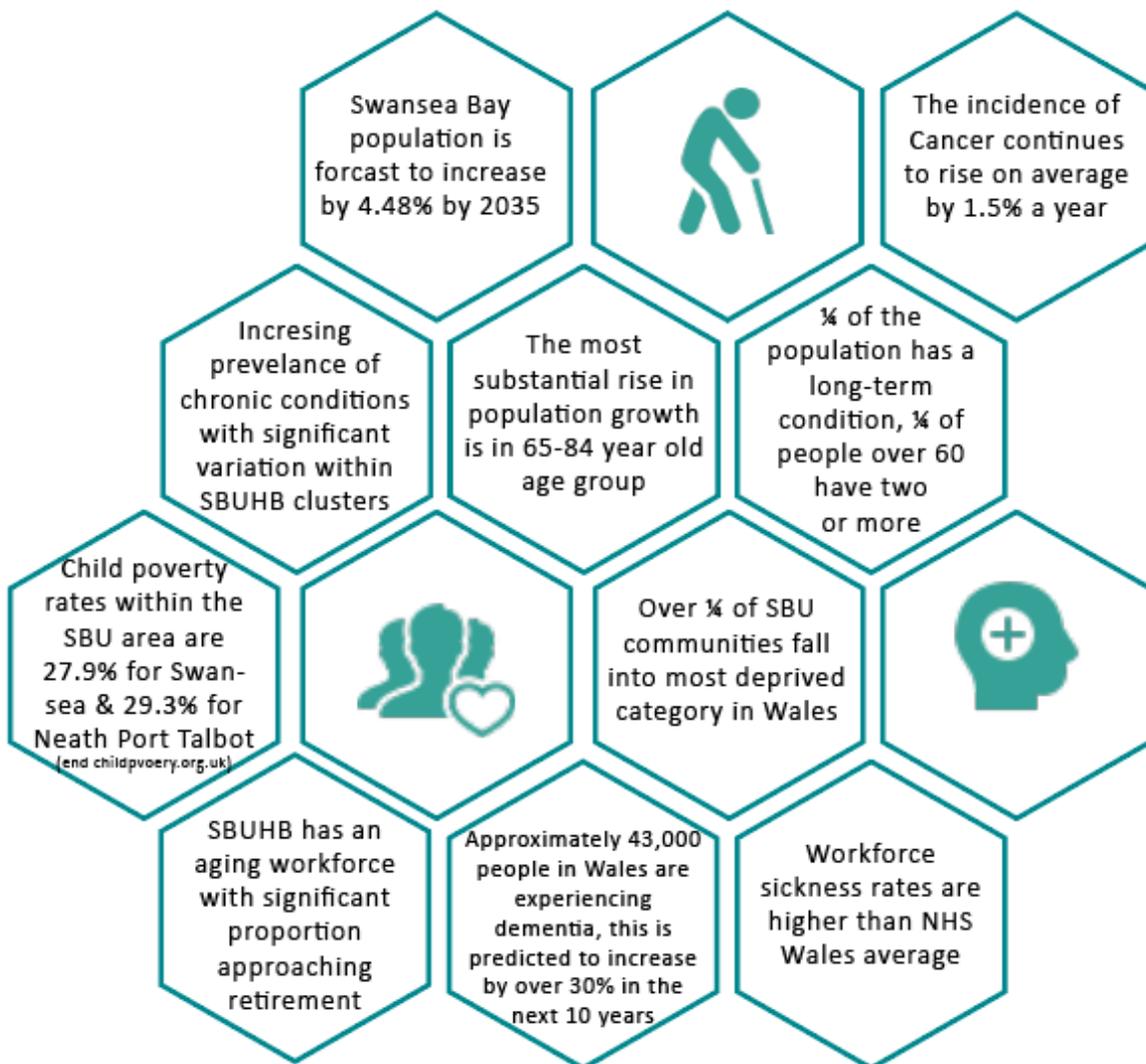
3. CASE FOR CHANGE

Underpinning our CSP ambitions is detailed analysis of the HB urgent and emergency care (UEC) and planned care (PC) systems, which were refreshed in 2021. In addition, supporting evidence has been collated specifically on cancer, children and young people, mental health and learning disability services.

The Case for Change (CfC) evidence is compelling, in both the urgency and scale of change required to meet health needs and optimise available resource to stabilise the future care system. Additionally, there is strong evidence of a sizable opportunity available to the HB to thrive in its pursuit of delivering the CSP ambitions for population health and excellent healthcare services.

3.1 Population Health Case for Change

The impacts of poverty, inequality, lifestyle choices and demographic changes are set to worsen in the coming decades;



In addition, the healthcare system faces challenges in how we meet population health needs and manage delivery of population health approaches;

Population Health System Challenges

- 

Living longer increases age-related and long term conditions, the burden of co-morbidities rises substantially with age
- 

An ageing population increases use of multiple medicines (polypharmacy). Between 30-50% of medicines prescribed for long term conditions are taken incorrectly. This increases risks to health, including risk of falls.
- 

Frail people admitted to hospital are more likely to experience a detrimental impact on their overall health the longer they stay in hospital.
- 

Oncology treatments are unable to fully meet the needs of our population and waiting times for palliative and radical treatments do not meet national oncology guidelines and mandatory targets.
- 

There is variability in the use of population health intelligence and intelligence products
- 

Insufficient use of Patient Reported Outcome Measures to prioritise and inform care.
- 

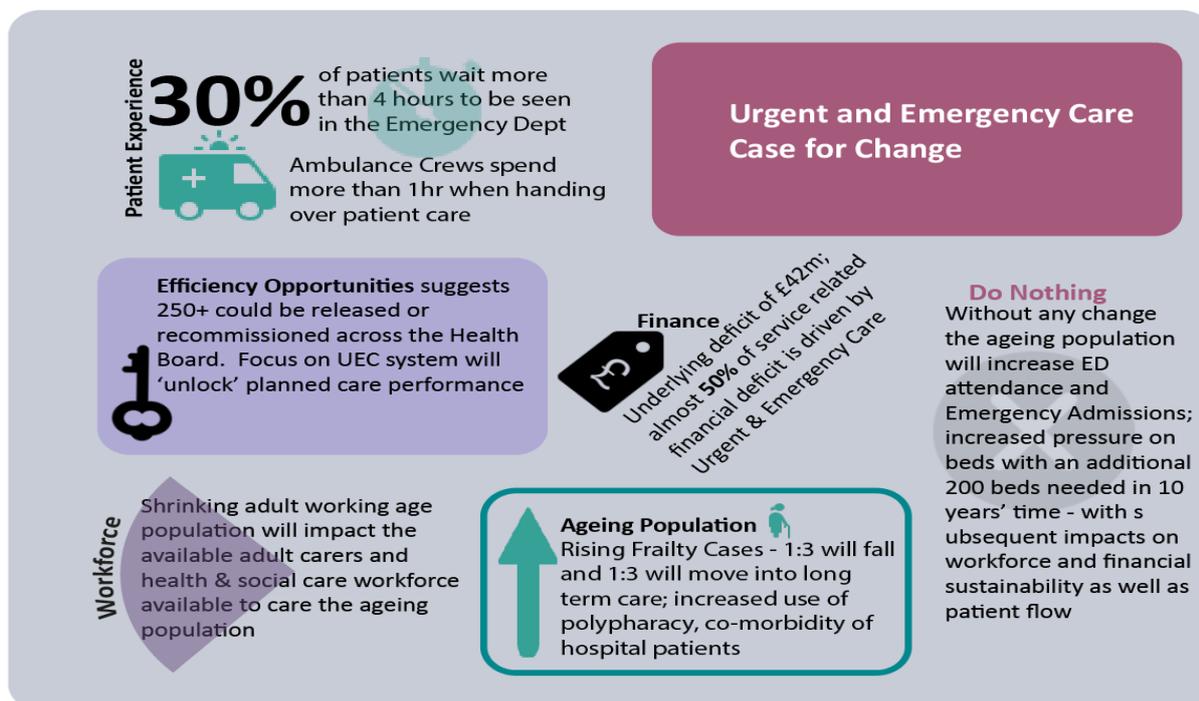
Under developed early intervention and prevention strategies.
- 

Insufficient and inequitable access to services which increases potential risks to patient health
- 

Under developed whole system pathways across primary/ community services and secondary care to support long term conditions management and reduce patient emergency exacerbations.

3.2 Urgent and Emergency Care Case for Change

The review of service models against evidence of best practice and improvement opportunity reviews with the National Finance Delivery Unit, Capita and KPMG strongly suggests SBUHB can improve patient experience, quality of care and safety through the redesign of our services, especially for frail, elderly and acute care patients. Moreover, in driving improvements in quality from early intervention, prevention and targeted patient management we can substantially improve efficiency and effectiveness of services to improve service access across the system.

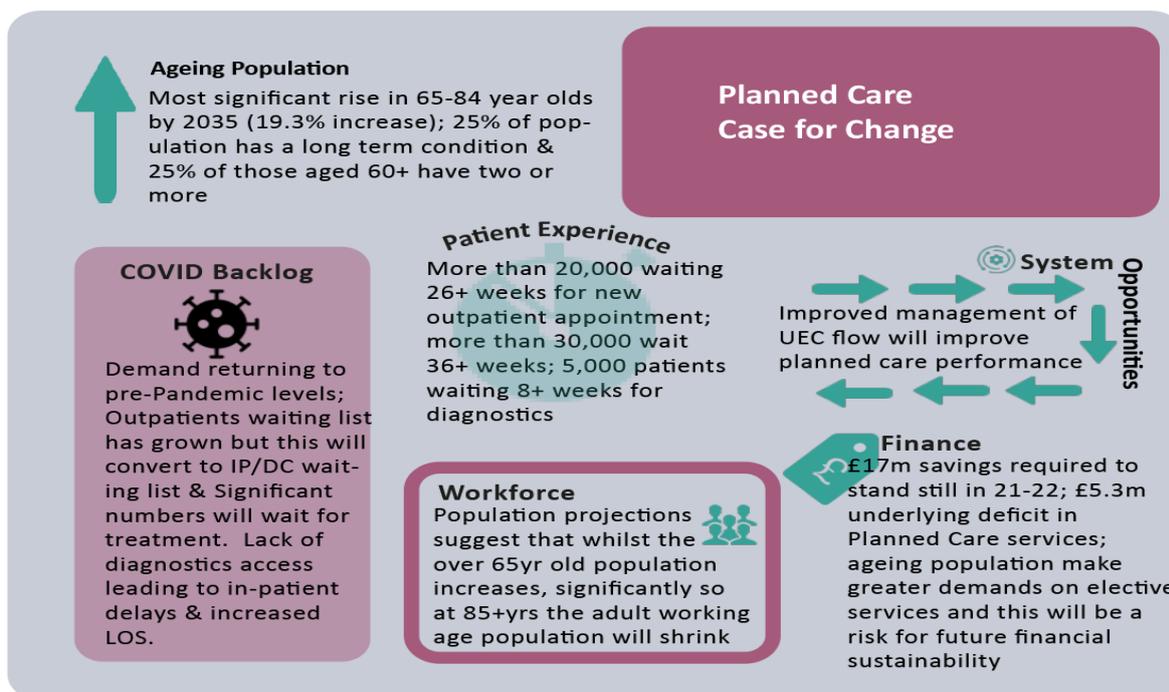


- Reliance on hospital** based UEC services results in long & unnecessary patient waits
- Insufficient access to **timely and rapid diagnostics** to support accurate diagnosis and appropriate care first time
- Insufficient senior **clinical decision makers** at the front door to assess patients quickly
- Overly high **medical admissions & lengths of stay** resulting in delays & cancellations in patient access to elective care
- Insufficient **use of available technology** to support patient activated care and provide timely clinical expertise and decision making
- Under developed **whole system pathways** across primary/community services and secondary care to support long term conditions management and reduce patient emergency exacerbations
- Insufficient level of **community services** and skill mix in workforce to avoid unnecessary admission and support timely discharge
- Under developed **integrated frailty & older persons pathway** to respond to level of need
- Lack of fully functioning **AEC & AMAU** services to provide same day discharge or short stay care

In addition, the healthcare system faces challenges in how we deliver UEC services which have detrimental impacts on patient outcomes, experience and quality of care;

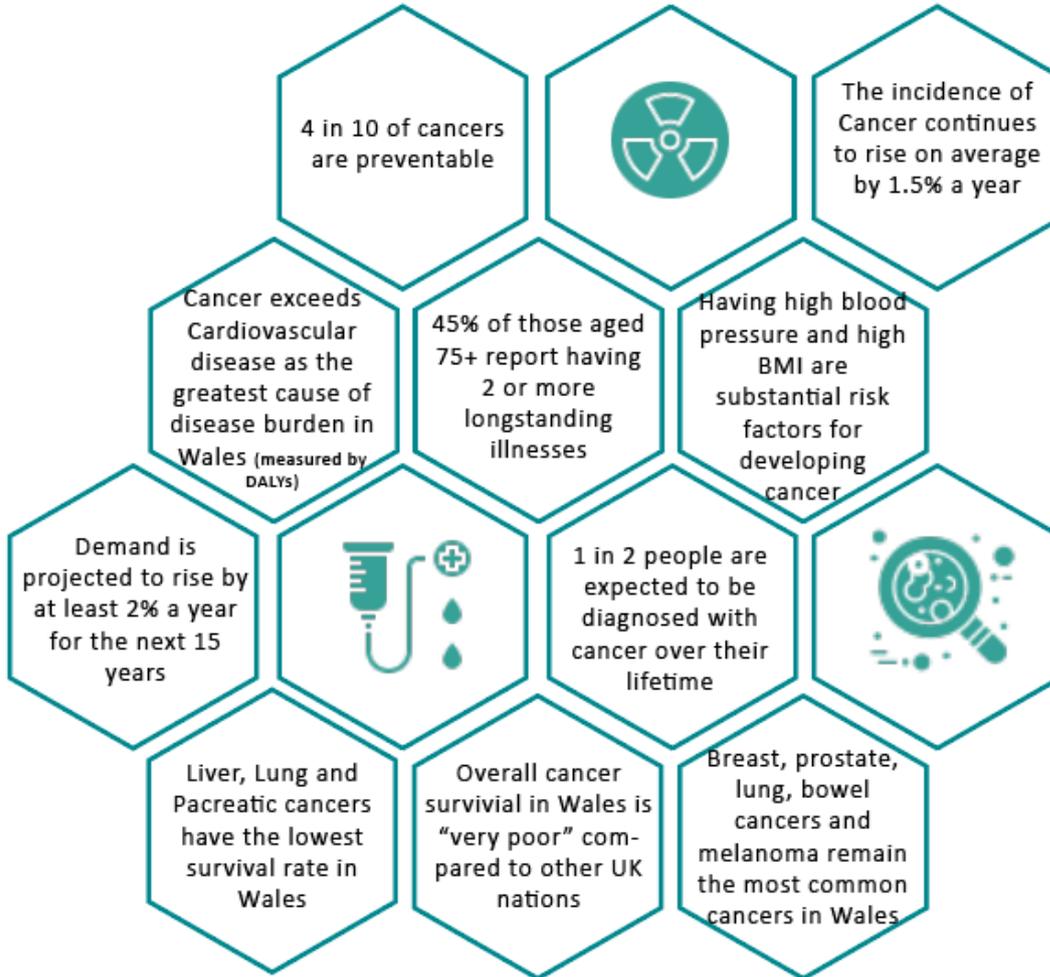
3.3 Planned Patient Care Case for Change

The planned care system is adversely impacted by the UEC system as well as challenges specific to routine planned healthcare approaches. To tackle these challenges a greater focus on maximising new ways of working, pathway redesign, innovation and digital services to improve access to advice, diagnostics, therapy and interventions across the system including regional services for patients is needed;

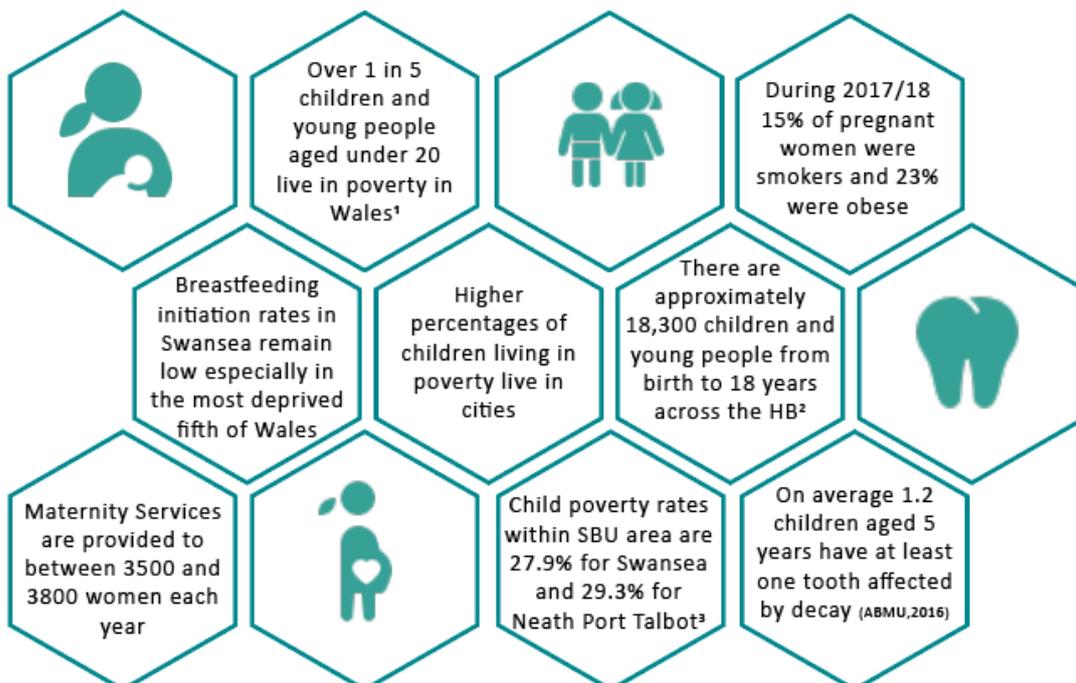


- Over reliance on Morriston Hospital** to deliver surgical services for patient of all acuity levels rather than optimising surgical services across all of our sites including primary care
- Insufficient access to timely diagnostic** services increasing potential risks to patient health
- Inefficient use of surgical capacity** and resource especially in pre & post operative care and for average length of stay rates
- Limited use of Patient Reported Outcome Measures** to prioritise and inform patient care
- Significant **patient waiting times** for planned care appointments due to medical system pressures
- Routine hospital based outpatients appointments** as the default model rather than risk prioritised, patient activated, virtual and/or self care practices
- Poor quality clinician to clinician** advice leading to unnecessary or delayed appointments
- Limited use of Telehealth and telemedicine** approaches to enable patients to manage their care at home
- Cancellations** of patients planned care appointments at short notice due to system pressures

3.4 Cancer Case for Change



3.5 Children and Young People Case for Change



1 Health of children/young people in Wales 2016
 2 2011 Census
 3 endchildpoverty.org.uk

3.6 Mental Health and Learning Disabilities Case for Change



3.7 Sustainable Healthcare Infrastructure Case for Change

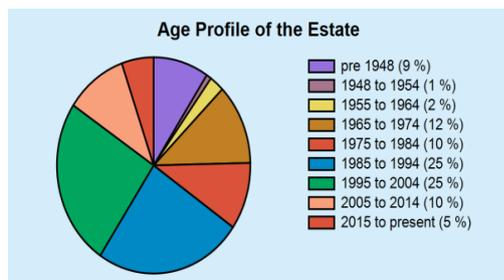
Estate Maintenance

The HB is completing a Six Facet Review of its Estate that will identify key risks across our sites. However, what is clear from the initial work is that the backlog maintenance costs are significantly higher than had been previously reported. An example of this is the backlog maintenance costs for Morryston Hospital which was reported as £16m for 20/21, whereas the review has identified a cost in excess of £51m. This is in large part due to the age of plant equipment which now requires for it to be replaced thereby increasing cost.

Issues have been identified across HB engineering services due to the age of the Estate and the engineering systems, including ventilation, Low Voltage and heating services which need refurbishment. At present these cannot be undertaken due to the lack of decant facilities. The fire alarm systems on the Morryston Hospital site and the presence of asbestos on the Singleton Hospital site also present significant challenges. To replace the electrical services in one ward at Morryston Hospital

requires isolating the whole template, due to the systems design, which significantly impacts delivery of multiple services. Likewise, the ventilation systems are also extremely difficult to upgrade when any of the departments within the template are operational. The provision of decant facilities, as set out in the SPC, are essential to progress this work.

Overall, the age profile of the Estate is such that over 75% is over 30 years old with some sites requiring significant up-grading.



Over 75% of the HB estate is over 30 years old and in need of significant up-grading and facing rising backlog maintenance costs.

| | |
|------------------|-------------|
| High Risk | £13,558,000 |
| Significant Risk | £14,145,411 |
| Moderate Risk | £34,629,362 |
| Low Risk | £5,086,097 |
| Risk Adjusted | £29,306,339 |

Estate Functionality

Within the main sites there is an issue of the functional suitability of the clinical estate environment for patient care. One of the major challenges is that the majority of ward-based accommodation utilises a mix of 6 bedded and single bedded accommodation, impeding effective infection control in some areas. Current guidance stipulates that any ward accommodation should be single room only and refurbished areas a mix of single and double room accommodation. Making these changes will improve quality and safety of patient care. However, it will also have a significant effect on the number of beds the hospitals are able to maintain. On average wards will reduce from 28 to 18 beds requiring the HB to critically review all services that are provided on these acute sites.

Sustainable Carbon Low Healthcare

The HB is leading a number of exemplar projects including the completion, in 2022, of the direct wired solar farm - the first of its type for a public body in the UK. Whilst this will have a profound effect on the CO2 emissions with an expected saving of around 1000 tonnes of carbon per year, the total HB emissions are still estimated to be 81,467.99 CO₂e (2020-21). This is the equivalent to carbon held by over 99,000 acres of forest¹, over 70% of which is generated from indirect sources, for example how services and goods are purchased and how staff travel to and from work.

The HB has significant opportunity to build on success and ensure that future capital business cases scope the sustainable, low carbon case for change and embed carbon low design solutions at planning and build stage.

¹ [Greenhouse Gas Equivalencies Calculator | US EPA](#)

3.8 Digital Case for Change

Delivering the four principles of the CSP can only be enabled with effective access to information; services; and clinical expertise and support, at the time it is needed and by the person that needs it. Whilst steps have already been taken to move away from paper, much of the current care pathways still heavily rely on paper to record information, initiate workflows and be the main source of information on the care of the patient. This paper record can only be in one place at any one time and is, therefore, hugely prohibitive to achieving the collaborative and citizen empowered models of improved care and well-being described within the CSP. Citizens and our health and well-being partners (both inside and outside the NHS) will need to be able to appropriately access and add to this information as well as being able to communicate with and obtain clinical expertise and support when they need it.

Digital solutions will therefore need to be expanded in their scope and functionality and delivered to a wider range of people than ever before.

Why Change: Digital

- Service transformation will be enabled through digital transformation and the Health Board’s digital infrastructure will need to be modernised and refreshed on a regular basis including data centres, networks, software solutions and end user devices;
- Success of digital adoption is dependent on business change and appropriate investment in this will be crucial give the scale of the ambitions of the CSP;
- In 2018 10% of the UK population are digitally excluded, only 54% looked for health related information on line and 13% made an appointment with a healthcare practitioner. Digital inclusion is a key requirement of the CSP;
- The Swansea Bay workforce’s digital literacy is lower than required and will need to be increased to ensure adoption and exploitation of full functionality of digital solutions;
- The use of data to make evidenced based decisions on care provision will require further improvement in data collection, storage, analysis and reporting solutions.

3.9 Learning from COVID

The HB reviewed and summarised learning from COVID in its report **COVID-19 INSIGHTS2020**. Through a listening and learning exercise, engaging with a wide range of stakeholders, lessons and learning were captured from the first planning and response phase of the COVID-19 pandemic collecting:

- Over 2,000 patient or their representative responses;
- Nearly 2,000 suggestions from SBUHB staff and colleagues;
- Feedback from over 20 different internal forums & groups;
- Issues raised from three partnership forums.

The themes covered included; Patient Experience, Staff Home Working, Staff Well-being, Service change, Ways of working, Partnership working, Digital and Emergency planning and response. Staff experiences were captured and the data used to inform development of staff wellbeing services, however the on-going impact of COVID on NHS and Local Government staff will be with us for a number of years, requiring on-going national and local policy and practices to support workforce health, training, recruitment and retention development;

Staff

Experiences



Staff feedback on home/flexible working included:

- Majority consider it as a well-being benefit;
- Many found it a positive experience;
- Many would welcome flexible working going forward;
- Many would like more guidance from the organisation;
- Some were unable to access systems and clinical portals from home;
- Some didn't have facilities to home work;
- Social isolation, work-life balance and family responsibility distractions were issues for some;
- A few do not want to work from home.

The overarching messages on learning, at this time from the pandemic, identified a number of ways in which the HB could adopt and adapt approaches implemented into future plans for service delivery and ways of working. These included;

Service Delivery



Digitally Enabled Care: improves patient triggered care, rapid access to urgent care, maximises estate use & increases access to non-site based care options.



Integrated Care Hubs: consolidates skills & expertise, streamlines clinical decision making and improves access.



Single Point of Access: increases planned care response to otherwise traditionally emergency care. Supports management of flow, queues and waiting times.



Scheduling Unscheduled Care: streamlines & simplifies access into UEC service, reduces patient & staff confusion, increases timely access and improves clinically coordinated care & outcomes for patients.



Integrated Working: improved integrated working with local government and partners in development of patient pathways.

Ways of Working



Staff Wellbeing: extended wellbeing support through partnership working with Wellbeing Services, Psychology, Chaplaincy, Learning and Development and Communication services offered to staff. Access to more virtual and online services and increased home and flexible working appropriate to staff well-being and duties.



Change Empowerment: clinically led service change can be rapid when governance processes are lighter touch.



Integrated Intelligence: timely effective decision making is better with integrated intelligence, systems and teams.



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



Agile Workforce: redeployment of staff with training/service orientation can create a more diverse workforce, help upskilling and development, improve speed of good practice and deliver a flexible response to demand.



Digital and Remote Working: staff reported digital increased feelings of flexibility, engagement with colleagues, partnership working and attendance at meetings, greater inclusion in discussion and improved decision making.

3.10 Financial Health Case for Change

To deliver financial health the HB has assessed which key factors drive financial deficit. Triangulating this work with population health data and clinical service model opportunity analysis has informed prioritisation of the CSP ambitions, the Annual Plan 2020-21 and the R&S Plan 2022-25 priorities in urgent and emergency care. The priorities focus on pathways and service models for frail, elderly and acutely unwell patients with regional solutions for planned care and redesign of surgical and outpatient services.

Why Change: Financial Sustainability



£42m underlying deficit



Evidence from multiple sources suggests 250+ beds could be released or recommissioned



Almost 50% of service related financial deficit driven by UEC



Ageing population making greater demands on acute services will be a risk to future financial sustainability

The latest version of the Health Board's 3 year financial plan is set out below. The financial plan presents a number of significant challenges and risk particularly around the delivery of Cost Improvement Plans (CIPs). This plan is currently being considered by Welsh Government.

| | 22-23 £m | 23-24 £m | 24-25 £m |
|--|-------------|-------------|-------------|
| Opening position - deficit/(surplus) | 42.1 | 24.4 | 24.3 |
| Anticipated increase in WG allocations | (22.1) | (11.8) | (5.9) |
| Cost pressures - National - core | 7.1 | 6.5 | 5.0 |
| Cost pressures - inflation | 9.9 | 8.5 | 6.5 |
| Cost pressures - demand growth | 7.4 | 7.4 | 6.7 |
| Investment decisions | 7.0 | 5.5 | 3.5 |
| CIPs required against FY21 savings gap | (5.3) | 0.0 | 0.0 |
| CIPs - transformation | (17.0) | (12.8) | (12.8) |
| CIPs - general | (4.7) | (3.5) | (3.1) |
| Extraordinary national cost pressures | 19.9 | (3.0) | (5.0) |
| Deficit/(surplus) for year before COVID | 44.3 | 21.3 | 19.2 |

| Covid expenditure | £m | £m | £m |
|---|-------------|-------------|------------|
| Covid funding | (21.6) | 0.0 | 0.0 |
| Covid recovery costs | 21.6 | 0.0 | 0.0 |
| Covid transition costs | 25.0 | (10.0) | (15.0) |
| Deficit/(surplus) for year after COVID | 69.3 | 11.3 | 4.2 |

| Funding Assumption Extraordinary Pressures & Covid | £m | £m | £m |
|---|-------------|-------------|-------------|
| Covid transition funding | (25.0) | 10.0 | 15.0 |
| Covid recovery costs | (19.9) | 3.0 | 5.0 |
| Deficit/(surplus) for year after Additional Funding | 24.4 | 24.3 | 24.2 |

Opportunity Assumptions

The CfC evidence suggests that the healthcare system could benefit from the re-commissioning and/or release of up to the equivalent of 250 beds through the delivery of the ambitions within the CSP.

The Annual Plan 2021-22 initiated this delivery which the R&S Plan 2022-25 embeds and further develops to deliver the CSP priorities for UEC and planned care transforming service models and pathways in line with the opportunities to 'shift left' and deliver a population health approach, improving patient experience, safety and quality of care.

Excellent Services : Efficiency Benefits

Key Messages Service Transformation Urgent & Emergency care

Admission Avoidance - Opportunity quantified as 58 Beds (Capita)

Ambulatory Care Model – @10 Beds

Community Based Care - @48 Beds

Length of Stay Opportunity quantified as 245 Beds (1920 CHKS HRG analysis)

'Back Door' - @120 Beds MFFD

'In Hospital' - @125 Beds

| Top 10 HRG Groups - Non Elective | Bed Equivalent |
|---|----------------|
| D211: Lobar, Atypical or Viral Pneumonia | 23.42 |
| EB03: Heart Failure or Shock | 12.81 |
| WH09: Tendency to Fall, Senility or Other Conditions Affecting Cognitive Functions | 10.50 |
| AA35: Stroke | 10.47 |
| FD10: Non-Malignant Gastrointestinal Tract Disorders | 8.75 |
| LA04: Kidney or Urinary Tract Infections | 8.54 |
| AA26: Muscular, Balance, Cranial or Peripheral Nerve Disorders, Epilepsy or Head Injury | 7.04 |
| D265: Chronic Obstructive Pulmonary Disease or Bronchitis | 6.16 |
| EB07: Arrhythmia or Conduction Disorders | 5.81 |
| LA07: Acute Kidney Injury | 5.04 |

Key Pathways

- Respiratory
- Heart Failure
- Gastro
- Stroke
- Diabetes
- Falls
- Cognitive Function
- UTIs
- Nerve Disorders

Opportunity by patient Cohort

EoL Care

80 Admissions per week of patients in last year of life & died in hospital – occupying 150-250 beds

Frailty

80% medical beds occupied by 60+ yr olds (pre frail / frail)

Frailty

50% 60+yr olds admitted in Gen Surg / Uro do not undergo a procedure = ALoS 8 days

Key Messages Service Transformation Planned Care

Patient Flow - Opportunity quantified as 16 Beds

Elective LOS opportunity– @13 Beds

Day Case Rates Opportunity - @3 Beds

Equivalent bed opportunity in total suggests comparatively low return at an individual pathway level

Theatre Utilisation (Pre Covid)

'Wasted' sessional time equates to 623 sessions – dependent in part on resolution of patient flow

Optimising Acute Care will in part improve theatre utilisation

Out patient Modernisation

- Reduction in DNA rates
- Enhanced Slot Utilisation
- Reduced Follow Up
- Non F2F contacts
- Patient activation & PROMS
- Process Automation

4. DELIVERING THE CLINICAL SERVICES PLAN AMBITIONS

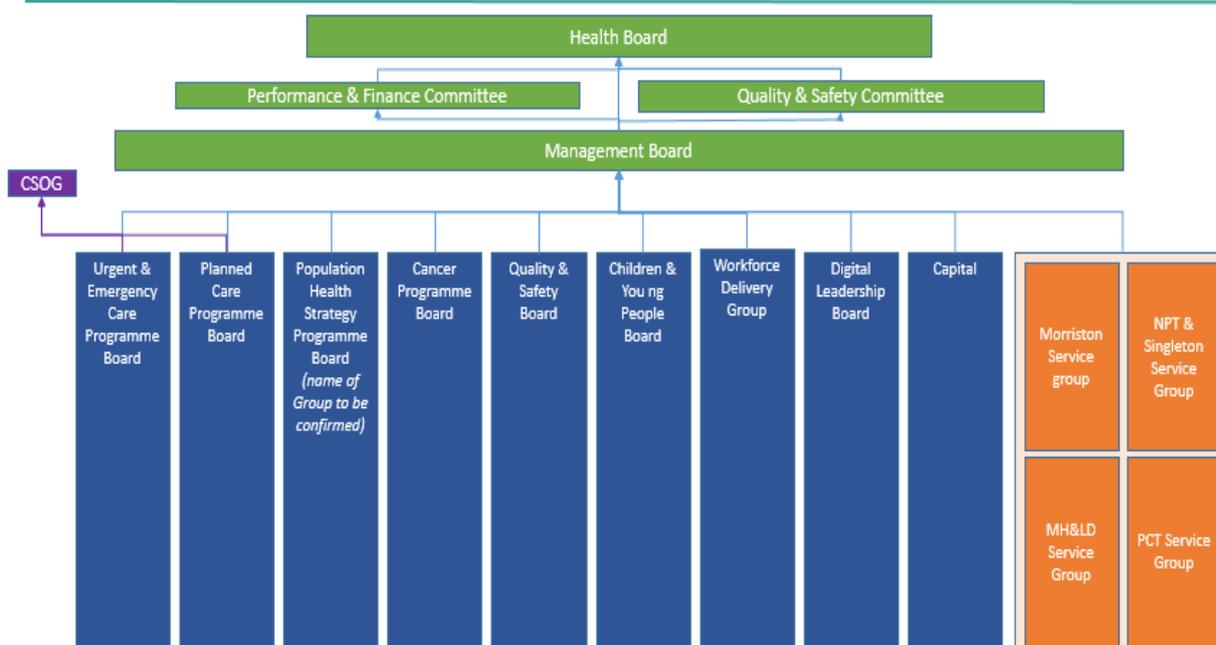
4.1 Delivery Governance

When the HB approved the CSP in 2019 it established a Transformation Programme and portfolio office (TPO). Clinical, strategic planning and project management staff were aligned to programme delivery and our plans progressed. By necessity these arrangements were stood down in 2020 and staff realigned to the HB COVID response.

The HB reinstated its focus on delivering the CSP in the Annual Plan 2021/22, this included clear goals, methods and outcomes (GMOs) which were almost entirely successfully delivered. Exceptions were due to the on-going impact of COVID on population need, system pressures and workforce availability. To deliver the Annual Plan the programme approach was refined, planning support aligned to this and the TPO re-established to provide best practice project and programme management support.

The Recovery & Sustainability Plan 2022-25 significantly extends the reach of the Annual Plan and goes further in setting out the actions we will take to deliver the CSP, responsibility for delivering these and the reporting arrangements are set out below;

Reporting and Governance Structure



The Clinical Oversight Group, chaired by the CEO has a specific remit to address delivery interdependencies between Planned Care and Urgent and Emergency Care as well as related staff consultation, public engagement and capital schemes delivery.

Programmes are Executive Director led, supported by clinical, planning and project management and the TPO which is also responsible for tracking progress against the agreed GMOs.

4.2 Regional Collaboration

SBUHB has a strong history of successful collaboration and partnership working across the region.

ARCH: Regional Clinical Services Plan

The ARCH partnership exemplifies the HB's commitment to regional working. ARCH, a collaboration between SBUHB, HDdUHB and Swansea University, aims to improve the health, wealth and well-being of the population through transformation, innovation and research to prevent ill health, develop better treatments and new technologies.

The CSP identifies where regional working will realise value and advance the sustainability of healthcare services. The regional elements of the CSP have been approved for delivery through the ARCH Partnership.

Regional planning focuses on:

- Establishing sustainable and robust services;
- Standardisation and common approaches;
- Workforce development and recruitment;
- Value based healthcare, economies of scale;
- Equitable access to services across the region;
- Innovative services, pathways, procedures and practices.

This programme of work will contribute to reducing the carbon footprint of South West Wales by optimising digital, virtual, and estate opportunities to innovate in healthcare delivery. The priority programmes are:

- Regional Eye Care Projects;
- Regional Dermatology Services Projects;
- Neurological Conditions Regional Services;
- Cardiology Regional Services;
- Regional Pathology Services Project;
- South West Wales Regional Cancer Services;
- Transforming Access to Medicines;
- Welsh Sexual Assault Services (WSAS) Programme
- Thoracic Surgical Services.

Pipeline Regional Projects being explored in 2022/23 include: Endoscopy, Elective Orthopaedic, Radiology, Children's Services, Oral and Maxillofacial Surgery.

West Glamorgan Regional Partnership Board

The HB has strong alliance working with local government and third sector through the West Glamorgan Regional Partnership which has agreed five core themes to add greatest value to improving health and social care: Older People, Children and Young People, Mental Health, Learning Disability & Autism, Carers. The Key Priorities for 2021-22 align strongly with the CSP ambitions:

- Stabilisation and Reconstruction: Our Neighbourhood Approach and Cluster Whole System Approach;
- Remodelling Acute Health & Community Services;
- Transforming Complex Care;
- Transforming Emotional Well Being & Mental Health.

Regional & Specialised Services Provider Planning Partnership

SBUHB and Cardiff and Vale UHB have established the Regional and Specialised Services Provider Planning Partnership (RSSPPP), to develop a shared view on the delivery of high quality, safe and sustainable specialised services across the two tertiary centres in South Wales in the future. The forum ensures that a collaborative relationship is maintained between the two providers to deliver the best quality and outcomes of care possible to patients. Over the last three years, both organisations have undertaken a comprehensive assessment of the tertiary services that they provide on a regional, supra-regional, national and UK basis. The aim is to use this baseline assessment to inform the development of a tertiary services strategy for each Health Board, as well as a joint strategy for the partnership.

The partnership has been strengthened with the agreement of a memorandum of understanding (MoU) which sets out a series of objectives for the next phase of its work programme. Following approval by both HBs, the draft vision and framework will be issued for engagement with key stakeholders in 2022.

RSSPPP Work Programme

The partnership has a strong and ambitious plan to transform the delivery of a number of specialised services, including;

- Modernising Spinal Services for South Wales
- Oesophageal and Gastric Cancer
- Hepatopancreatobiliary Paediatric Orthopaedic
- Specialised Endocrinology Services (Adult)

4.3 Digital Solutions and Innovation

The SBUHB **Strategic Digital Plan; *Destination Digital***, is transforming the way we deliver care and enabling more people to manage their own care and/or receive care in or closer to their home. Destination Digital is a key enabler in delivering our wellbeing objectives and will support us in continuing to reduce avoidable travel and the financial and environmental impacts of this on people's health.

Digital Primary Care

A **Digital primary care** will support the transformation of our services and enable the shift of care from Secondary to Primary and Community care settings. This will be achieved through the embedding of existing solutions such as:

- ✓ AskMyGP
- ✓ Consultant Connect and Welsh Clinical Communications Gateway (WCCG)
- ✓ Virtual consultations

The impact will be further enhanced through the introduction of new Digital solutions, including:

- ✓ Welsh Community Care Information System (WCCIS)
- ✓ E-scheduling
- ✓ Swansea Bay Patient Portal (SBPP)
- ✓ Welsh Clinical Portal

Delivering a Digital primary care will support transformation of care pathways, support creation of additional capacity and provide citizens with the tools and access to expertise/support they need to improve their health and well-being.

Digital Hospitals

The digitalisation of our hospitals will support the flow of information across the network of hospitals to deliver improvements in **quality of patient care** and efficiencies through digital solutions such as Hospital Electronic Prescribing and Medicines Administration (HEPMA), Signal (patient flow), Welsh Nursing Care Record (WNCR), TOMs (Theatres management system), Welsh Emergency Departments system (WEDs) etc.)

Digital solutions will also underpin the delivery of **collaborative working** across the region, both with NHS and non-NHS partners through schemes such as Open Eyes (Ophthalmology Electronic Patient Record), Welsh Results Report Service (WRRS) and Welsh Care Records Service (WCRS)). In the future this will be further enhanced through the adoption of remote monitoring and assistance technologies.

The digitalisation of **Outpatients** will facilitate the transformation of care pathways, enabling care closer to home, reducing waiting times and delivering appropriate care and support at the appropriate time. It will also reduce footfall on our sites by reducing the need for face to face contacts and help reduce the Health Board's carbon footprint. Virtual consultations, Swansea Bay Patient Portal, and the digital outpatients' clinical record will be key schemes.

The HB will look to use technologies to **digitise the historic paper record** where appropriate to enable clinicians to access key clinical information immediately. Digital data capture analysis will support evidenced based **pathway remodelling** and **clinical decision** making.

Digital Mental Health Services

The **digitalisation of the Mental Health record** in both community and secondary care, through the introduction of WCCIS, will improve the efficiency and effectiveness of the workforce, releasing time to care and reduce waiting times. Improved flows of digital information across care settings will improve the quality of care provision and facilitate the transformation of care pathways to facilitate **care closer to home**. The further adoption of mobile digital devices, virtual consultations and other digital

solutions will further **support increases in capacity** and the delivery of new care pathways for our patients in the community.

Digital Infrastructure and Workforce

All new building developments and refurbishments will be designed with digital ways of working at the forefront of design, from the network and access infrastructure to the devices to be utilised. Our networks will be developed to ensure they are secure, modern and have the capacity to address the growth in data flows from the increasing adoption, complexity of technology and shift to cloud based digital services.

The HB will work with Digital Health and Care Wales on the development of a national Cloud Strategy which will include the modernisation of our Data Centres to ensure our digital services and information is secure, resilient, and efficient. To maximise the adoption and benefits of digital solutions we will ensure our people have the right digital skills to support them to be highly effective in their roles, including development of a digital culture across the HB and that our digital professionals have the training, knowledge and qualifications to deliver world class digital services.

4.4 Sustainable Healthcare

The HB recognises the significant impacts climate change is having on the health and wellbeing of the planet and people; the immense benefits of reducing this; the urgency of such if we are to improve the wellbeing of our communities and the environment; and the important role our staff have in achieving this.

Our vision is for a more sustainable Swansea Bay healthcare system, which is resilient to future climatic changes. This will be achieved through three main approaches:

- Decarbonising our activities and services (where we are able);
- Engaging, encouraging and enabling people to be agents of sustainable change;
- Collaboration for sustainable innovation.

Building on these successes will be essential to our net zero 2030 journey. The HB is a leader of some of the most exciting, innovative and transformational carbon reduction projects in the UK and Europe, having successfully secured WG funding for Re:FIT; a £13.5 million energy efficiency project and Biophilic Wales; a £1M project with the National Botanical Gardens of Wales.

Re:FIT has improved environmental performance and reduced GHG emissions from buildings across our sites delivering an estimated saving of 3,763 tCO₂e, or that sequestered by 4,610 acres of forest². Phase two developed a full-scale Solar PV farm, providing 4MW of renewable energy to our largest hospital site; Morriston Hospital. Biophilic Wales has created dedicated green spaces across our hospital and

² Source: [Greenhouse Gas Equivalencies Calculator | US EPA](#)

clinical sites. Other notable HB carbon reduction projects which we will continue to scale up include:

- Over 250 electric & hybrid vehicles leased by staff on the salary sacrifice scheme;
- Delivering some of our Head Quarter services remotely; supporting staff to work flexibly and effectively whilst reducing unnecessary commuting travel emissions;
- Estate review to identify areas that could be used more effectively and/or offer potential flexible working conditions;
- Training on opportunities to improve inhaler prescribing and disposal and;
- Primary Care Cluster Community Pharmacy used inhaler return pilot educating patients on the environmental impacts of inhaler disposal.

The HB has reconfigured our approach to embedding sustainability in core business, introducing a new governance structure, staff green group, recruiting additional capacity and investing in delivery of a recently approved HB Decarbonisation Action Plan 2022-24. Whilst this current HB investment will not fully meet delivery of WG mandatory targets for net zero, the HB is committed to seeking and securing additional resources to build on our successes in this time critical agenda.

Decarbonisation Action Plan

Published as part of the HB's Recovery and Sustainability Plan the HB DAP outlines how we will support the Welsh Public Sector in becoming net zero by 2030, through:

| Activity stream | Decarbonisation Priorities |
|--|---|
| Our Culture and Ways of Working | <ul style="list-style-type: none"> • Leadership development • Staff training • Communication and engagement • Partnerships |
| Our Buildings & Estate Planning | <ul style="list-style-type: none"> • Decarbonising new build and major refurbishment • Embedding decarbonisation into HB Estates Strategy • Maximising land assets and hosting renewable energy generation |
| Our Transport | <ul style="list-style-type: none"> • Decarbonising HB vehicle fleet • Implementing the Swansea Healthy Travel Charter • Plan for electric vehicle charging infrastructure |
| Our Procurement | <ul style="list-style-type: none"> • Improvements to carbon accounting to identify GHG emissions hotspots within our supply chain • Programme of supplier engagement to drive decarbonisation of our supply chain |
| Our Approach to Healthcare | <ul style="list-style-type: none"> • Smarter working and digitalisation of our services • Management of medical gases and medicines to reduce GHG emissions • Targeted inhaler programme to encourage switching and initiate Wales first recycling programme • Approach to reducing carbon emissions from waste |

Estates Strategy

The Health Board will publish a refreshed Estates Strategy in July 2022. Partnering with Archus, the refresh will be based upon the following:

- An up-to-date appraisal of the existing estate - setting an agreed baseline to work from. This analysis will rely on the six facet survey currently being completed;
- Identification of the developments required to support service and capacity requirements, aligned with the HB clinical services plan;
- Identification of HB Estate developments that provide opportunities to influence a 'whole system thinking' approach, enabling service reconfiguration and transformation, clinical adjacencies and master planning;
- An outline of the investments required to ensure that the Estate is safe, secure, appropriate and in the right place, facilitating multiple interdependencies and appropriate co-location of services, to reduce conflicting priorities; summary of service strategy and master planning;
- Detail on requirements to provide buildings with good patient access and flow, improving the patient and visitor pathway and experience, reducing unnecessary transfer times and giving opportunity for integration of services;
- Plans for Estate rationalisation to release or dispose of surplus and/or poorly-used assets (land and buildings) and reduce costs, enabling reinvestment of resources into front line patient care – land assessment, commercial and alternative uses;
- Suggested Adaptation of existing space to create more flexibility over the seven-day week, including review of non-clinical accommodation, better productivity, efficiency and quality of care.

The **Six Facet Survey** will take into consideration the need for decant ward facilities to enable essential refurbishment works within clinical areas to be undertaken.

The Estates Strategy will also describe HB plans to **expand planned care** on the Singleton and Neath Port Talbot Hospital sites and develop **improved secondary care** emergency capacity on the Morriston Hospital site, moving orthopaedic services out to the Neath Port Talbot site. The improvement of secondary care emergency capacity is set out in the Morriston **Development Control Plan which** identifies the potential location of new facilities on the site. These include an expanded Emergency Department, Thoracic Surgery Services and decant facilities; which will allow a phased approach to the refurbishment of the engineering systems and the replacement of the Morriston roof. The HB is also reviewing where services such as the Hospital Sterilisation Decontamination Unit and Catering facilities can be housed which will free up space within the main hospital footprint.

As part of reviewing the **Primary Care Estate**, the Six Facet Survey will provide an accurate picture of the backlog maintenance issues for this part of the Estate, with the **Space Utilisation** information being used to inform the development of a specific Primary Care Estate Plan.

In light of the Estate Case for Change the HB will look to **Rationalise Estate** use where opportunities exist, and to locate non acute services away from acute hospital

sites. This will allow the HB to provide additional bedded accommodation within the main acute sites in line with the latest infection prevention and control guidance. As part of the overall review of the Estate the HB will rationalise services on each main site and ensure clinical pathways are optimised so that patient experience and quality of care.

4.5 Value Based Healthcare

Supported by WG funding the HB is working closely with the Welsh Value in Health Centre and the National Finance Delivery Unit (FDU) to proactively assess opportunities to deliver ‘value’ for patients and to continuously refresh our plans through implementing local opportunities from the FDU ‘Vault’, plus regional and national collaborations to learn from, share and optimise value based approaches.



The ‘DNA’ of the CSP is made up of three core pillars; quality, safety and **value**. The application of VBHc principles in service planning and prioritisation is reflected in both the HBs VBHc programme; as well as in decision making and prioritisation of service change and resource allocation through a redesigned business case approval process aligned with the R&S Plan.

The Finance Delivery Unit’s VBHc maturity assessment identified the HB as having made significant progress in using intelligence to influence change and best practice. To enhance this function and future delivery of **Allocative Value** a population health analytical tool is in development. The intelligence derived from this in conjunction with other national and local data sources including the National Diabetes Insights and Variation Atlas, will inform the refresh of the HB’s R&S Plan and future CSP.

The CfC evidence in this SPC and used to prioritise actions in the R&S Plan to deliver the CSP were informed by **Technical Efficiencies** data from a number of internal and external reviews and benchmarking exercises. The use of benchmarking and examples of best practice sign-posted in the FDU’s Value, Allocation, Utilisation and Learning Toolkit is being embedded into HB planning processes to continuously inform operational and strategic planning.

The Health Board has made significant progress in the collection and utilisation of Patient Reported Outcome Measures (PROMs), a tool to enhance **Personal Value** across the population. PROMs is currently being collected in 12 pathway areas with plans for expansion into a further 7. In the future, the availability of PROMs data will also provide intelligence to inform decision making around the value of alternative treatment options and the prioritisation of future investment.

4.6 Implementing Learning from COVID

The HB commissioned Lightfoot Solutions to assist in analysis of COVID19 on UEC flow in respect of the CSP acute care system redesign and the planned care in respect of backlog management for access to integrated cluster services, diagnostics, outpatients and surgical services. The findings, and those from the HB INSIGHTs2020 report have been incorporated into the R&S Plan 2022-25.

As a consequence of our learning SBUHB are:



- Introduced virtual/digital Outpatient clinics, GP Out of Hours Video Consultations, Consultant Connect and Ask my GP.
- Adapted patient self-care tools such as Patient Reported Outcome Measures as a validation tool for waiting lists to improve patient triggered care



- Established the Heart Failure Hub in the community and plan to further this with Phlebotomy Community Hubs
- Expanding the use of Virtual Wards across the Health Board



- Accelerated implementation of a single point of access to secondary Adult Mental Health services delivered through simplified referral pathways and operational procedures



- Streamlined access to our Unscheduled Care Services, establishing an Ambulatory Emergency Care Hub and Pre-Hospital triage pathways by co-locating our Acute GP, Urgent Primary Care Centre, Ambulatory Emergency Care and GP Out of Hours into an Acute Hub at Morriston
- Redesigning our Acute Medical Services, centralising our acute medication admissions at Morriston Hospital.



- Introduced hybrid working for an agile workforce, utilising digital technologies to enable remote working reducing travel across sites, driving efficiency and utilisation of estate and reducing duplication utilising digital records and enabling greater integrated working across services and teams.

5 CAPITAL PLANNING

5.1 Context

Delivering the R&S Plan and realising the full potential of the CSP ambitions will require significant capital change. To reduce the risk of delivering care from increasingly elderly estate and ensure the future sustainability of services the HB will require WG support and investment in the Board's capital plans. To facilitate timely and focussed capital development capital requirements have been structured into

clear priorities, which set out a critical path for their delivery. Detailed Site Development Control Plans for Morriston and Singleton are included in Appendix 2. The final DCPs will be available in June/July 2022. These, along with the findings of the six facet survey and the Estates Strategy will provide a firm basis for a clear 5 to 10-year vision for our capital developments.

Specifically, to realise our ambitions for Morriston Hospital to become a Centre of Excellence delivering world class healthcare, will require significant improvements to the site access. The adopted Local Development Plan for Swansea has indicated that any future health care expansion on the Morriston Hospital site which increases peak time traffic/footfall will require a new access road to be developed coming off Junction 46 of the M4.

This access road is a significant enabler for the future expansion and development of the Morriston site and as such could best be delivered through one of our major capital projects such as the new Regional Pathology project which has a consistent development timeframe.

Our discretionary and all Wales capital programme requirements have been prioritised based on the following principles:

- Meet our backlog maintenance requirement;
- Clear the major risks in the estate, and support reduction in the overall Health Board Risk Register;
- Meet national and local quality and safety priorities;
- Supports the long-term sustainability of the Health Board from a revenue perspective;
- Builds capacity for recovery.

The capital planning process for our prioritised schemes is underway and at varying stages. Each of our capital priority schemes and stage of development is described below.

5.2 Capital Priorities

Morriston Hospital

- **Morriston Health Campus and New Access Road** (estimated value £20m)
The adopted Local Development Plan for Swansea has indicated that any future Health care expansion on the Morriston Hospital site would require a new road coming off Junction 46. We anticipate the release of additional funding from the City Deal Campuses business case this year, to enable completion of the access road design. The access road project is in the Design Development stage with road alignment essentially agreed and ecological studies and surveys ongoing. Regular discussions with the local planning authority are ongoing. Ecological survey field work is continuing due to the dependency on seasonal coverage through the summer months, this is due to complete in March 2023. This road is an enabler for future expansion and development on the Morriston site. As previously agreed, the

costs for provision of the access road will then form part of the Regional Pathology OBC.

Block plans for new hospital extension and reconfiguration of the existing hospital accommodation have been developed and reviewed against the Schedule of Accommodation and bed modelling. This will require review with the clinical service planning team soon after remobilisation.

- **Burns & Plastics** (Estimated value £27m)
 Project scoping meetings have been held with the WG in April and May 2022, with a Scoping Document submitted. The project is to accommodate 3 burns cubicles in the current ICU north with upgrade of theatre 7 for use with burns patients. The project also includes a 28 / 30 bed decant ward for the relocation of ward J to allow expansion / additional capacity of GICU Beds and conversion of tempest ward to re-provide the decant space taken out through the relocation of ward J. Full planning approval is in place for the 28 / 30 bed decant ward J solution.
- **Catheterisation Laboratory A Replacement** (Estimated value £2.9m)
 This project is being progressed, subject to identification of the preferred procurement solution.
- **Decant facilities & Ward Refurbishment Programme** (Estimated value £64m)
 This includes 4 wards of modular capital solution, which are at planning stage estimated value £24m (possible lease option under consideration which would require IFRS 16 funding). This project enables remodelling and refurbishment of existing nucleus wards to meet modern clinical requirements at an estimated cost of £40m.
- **Environmental Improvements** (Estimated value £9.1m)
 The new Electrical Sub Station 6, and HSDU ventilation upgrade. A fully tendered BJC is due to be submitted to WG for approval mid 2022.
- **New Critical Care and ED facility** (Estimated Value £100m)
 Currently at feasibility stage.
- **Additional 2nd MRI and 3rd CT** (Estimated value £5m)
 Expansion of major diagnostic equipment as highlighted within the NHS 10-year Infrastructure Plan.

Singleton Hospital

- **Three Main Modular theatres plus one recovery development** (Estimated capital equipment value £4.5m)
 Possible lease option under consideration for the buildings which would require IFRS 16 funding). This project is currently at feasibility stage. The estimated capital cost for equipping the theatres is £4.5m.

- **Ward Refurbishment Programme** (Estimated value £20m)
Full scope and cost to be determined. This project enables remodelling and refurbishment of existing wards to meet modern clinical requirements.
- **Development of Outpatients** (Estimated value £3m)
Project to include surgical assessment unit and alterations to existing outpatients to accommodate better patient flows and clinical adjacencies, scope of works and costs to be determined through the review of the Development Control Plan.
- **Neath Port Talbot Hospital**
Completion of approved **Modular Orthopaedic Theatres** with anticipated in completion in March 23.

Regional Projects / Programmes

- **Centre of Excellence Static PET-CT Facility** (Estimated value £5.7m)
Project is currently at single business planning stage. Anticipated completion 2023.
- **Regional Pathology Centre** (Estimated value (93.5m)
Programme is currently at OBC stage. Anticipated completion is 2026/27.
- **Hybrid Theatre** (Estimated value £10.6m)
Project SOC is with WG for consideration.
- **Thoracic Surgical Services** (Estimated value £32.9m)
Project SOC is with WG for consideration.
- **Support Services** (Estimated value £24m)
Centralisation of HSDU & Catering. This project is currently at planning / feasibility stage with HDUHB.
- **Additional Linear Accelerator** (Est value of £14.3m). options being considered under South West Wales Cancer Centre project.
Plans for development of a 6th Linear Accelerator Bunker and new 5th Linear accelerator machine & 2nd CT-SIM currently at early planning stage.

Health Board Wide Schemes

- **Tonna Hospital Refurbishment** (Estimated value £4.6m)
For older adult person's mental health including replacement of the roof over the ward area.
- **Swansea Wellness Centre** (Estimated value £37.6m)
OBC is currently at planning stage with completion anticipated in 2025/26.

- **Estates Backlog Maintenance** (Estimated value £36m)
Programme Business Case to follow the 6 facet survey work currently being undertaken.
- **Cefn Coed** (Estimated value £53.5m)
The Cefn Coed Master Plan will be updated to accommodate service plans for developing a modern and co-located **Adult Acute Mental Health Unit** facility on the Cefn Coed Hospital site. The project will progress outline planning activities at OBC following an assessment of demolitions' stage works to provide a developable footprint.
- **Phlebotomy**
Re-location from Bay Field Hospital. This project is currently at feasibility / design stage.

Digital Infrastructure Priorities

- **IT Network and Wi Fi replacement** (Estimated value £15.4m)
Project covers Morriston and Singleton hospitals.
- **Scan to Save** (Estimated value £5m)
Project to digitise paper health records.

Appendix 3 sets out the 10 year financial plan highlighting the scale of investment needed for digital transformation.

5 RESOURCES AND TIMELINE

6.1 Resource Context

In 2021/22 the Health Board started to use alternative forms of funding to enable the progression of schemes, e.g. the procurement of modular theatres at Neath Port Talbot through a revenue solution to support the recovery of planned care. The Health Board will continue to consider alternative forms of funding, including working with local authorities, housing associations and the independent sector. However, there will continue to be a significant requirement for All Wales Capital support.

Some schemes will also require additional technical capital support following the introduction of the new IFRS 16 Lease accounting standard from 1st April 2022.

Capital projects at feasibility stage have been worked up to a high level of design / test for fit with funding sourced from the HB's Discretionary capital budget. Projects which require further development will be presented via the WG Capital Scoping Meetings with HB to seek approval to progress to outline and detailed design stage and to inform robust business cases for investment.

All capital business cases currently progressed to Outline/Full Business Case stage have been funded by WG via agreed resource draw down arrangements, which typically fund external fees and, in some cases, transformational client backfill fees.

We would propose to continue with this approach agreed for the Regional Pathology programme for future complex cases, whereby the Health Board will draw on external fees to support significant external design support and client backfill to support transformational activities in support of the business case production.

6.2 Resourcing Change Delivery

The Health Board is committed to delivering a system 'shift left' through a population health programme of change and adoption of a pathways planning approach aligned to the National Clinical Framework. This will deliver the improvements in wellbeing, prevention, early intervention, community, mental health and primary care services through a whole system pathway approach that underpin the effectiveness of our networked hospital Centres of Excellence model.

To support delivering the CSP, addressing the challenges we face, and fully realising the benefits available to the Swansea Bay Healthcare system and delivering a Healthier Wales for All, the HB will complete an assessment of change management capacity and capability during the Summer of 2022.

The Recovery & Sustainability Plan 2022-25 significantly extends the reach of the Annual Plan in delivering the CSP and the HB has invested in strategic planning and Transformation Programme Office (TPO) functions essential to successfully delivering change. Whilst the skill mix and experience in both these functions is rich, it is likely under-resourced to undertake the scale and complexity of change needed to drive delivery at pace and may require investment in additionally.

To progress the capital plans requires significant service change planning and delivery capability. There is a bold and ambitious programme of service change in UEC which is well underway. The extensive programme of transformation required in Planned Care is insufficiently resourced to deliver change at pace in addition to existing change programmes. Key areas include: diagnostics; surgical services modernisation; surgical pathways redesign, including primary care pathways; and developing critical care are fundamental to success and that of Planned Care Programme for Wales. Additional planning and project support to facilitate the development of service models and business cases, pathway redesign and change implementation is required.

Given the scale of our vision, the scale of our change programmes and the fast-paced nature of these an effective change management function is essential to our success. To introduce stability and maturity to these functions it is essential that a core team of Strategic and workforce Planners, Project Managers, and the correct level of project governance support is established; this is also crucial if the Health Board is to attract high-calibre project management and planning professionals.

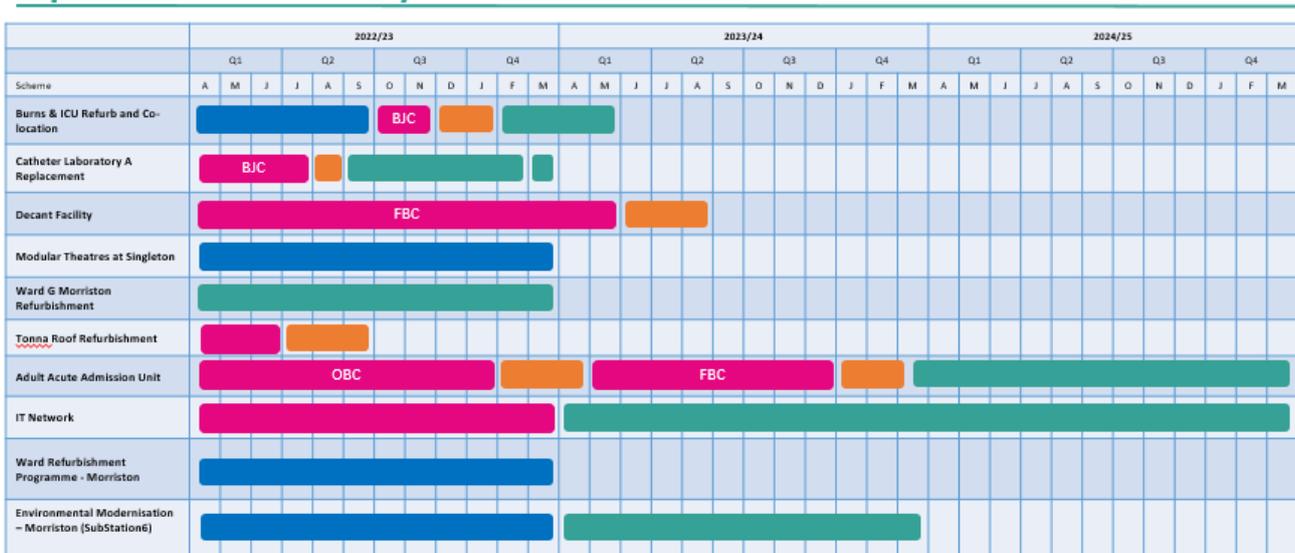
6.3 Morriston Health Campus New Access Road Timeline

| Indicative Date | Action |
|--------------------------|---|
| March 2023 | Health Board review and approve pre-application consultation information for submission |
| April 2023 | Health Board approval of pre-application consultation report |
| July 2023 | Planning submission ready n/a |
| July 2023 | Health Board approve planning submission |
| August 2023 | Serve notice and submit pre-application consultation and planning application to LPA |
| November 2023 | LPA decision |
| January 2024 | Discharge planning conditions |
| March 2022 to June 2024 | Construction Tender – Stage 1 (road) |
| July 2024 | Select preferred contractor (road) |
| September / October 2024 | Start Construction period (road) |
| November 2026 | Completion of road |

6.4 Capital Scheme Critical Paths

The 5 year critical path for the top 10 prioritised capital schemes is set out below. In addition, the 10 year infrastructure plan can be seen at Appendix 1

Capital Health Board Priority Schemes Critical Path



Capital Regional Priority Schemes Critical Path

Construction and commissioning
Business Case Stage
WG Approval
Feasibility & Planning

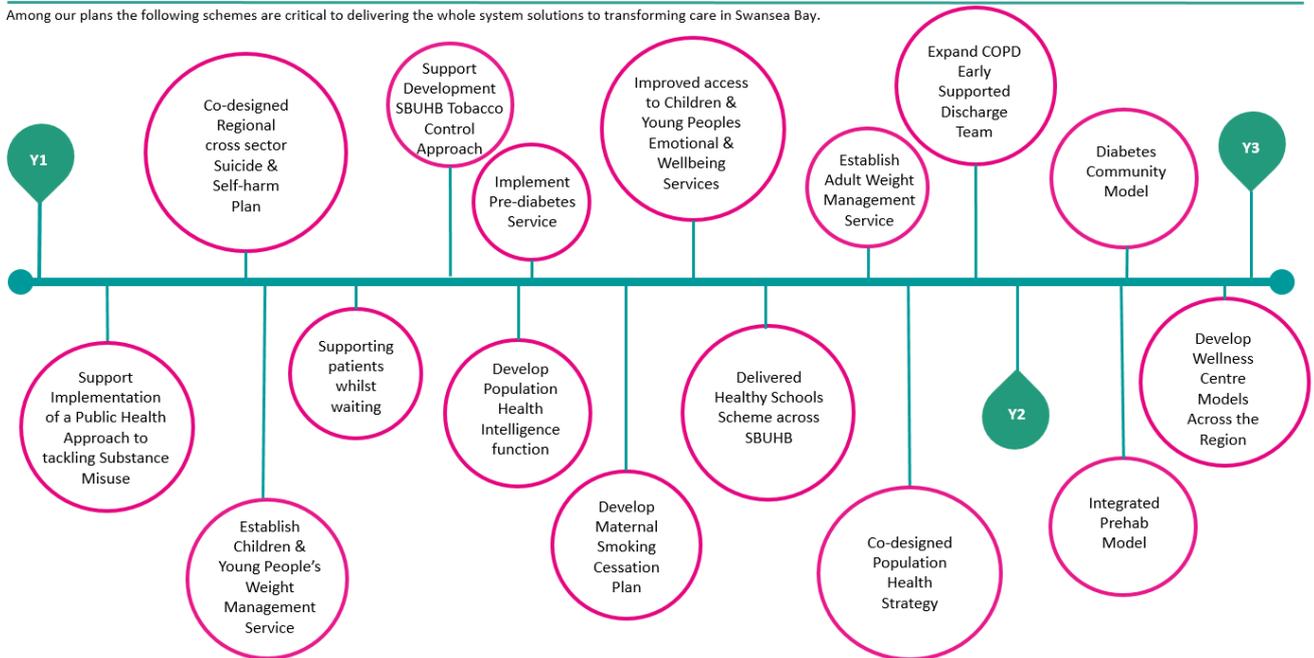
| Scheme | 2022/23 | | | | | | | | | | | | 2023/24 | | | | | | | | | | | | 2024/25 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---------|---|---|----|---|---|----|---|---|----|---|---|---------|---|---|-----|---|---|----|---|---|----|---|---|---------|---|---|-----|---|---|-----|---|---|----|---|---|-----|--|--|-----|--|--|--|--|--|--|--|--|--|--|--|
| | Q1 | | | Q2 | | | Q3 | | | Q4 | | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | Q1 | | | Q2 | | | Q3 | | | Q4 | | | | | | | | | | | | | | | | | |
| | A | M | J | J | A | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | M | A | M | J | J | A | S | O | N | D | J | F | M | | | | | | | | | | | | | | | |
| Regional Pathology Centre | SOC | | | | | | | | | | | | FBC | | | FBC | | | | | | | | | | | | FBC | | | FBC | | | | | | | | | | | | | | | | | | | | |
| Hybrid Theatres | SOC | | | | | | | | | | | | FBC | | | FBC | | | | | | | | | | | | FBC | | | FBC | | | | | | | | | | | | | | | | | | | | |
| Thoracic Surgical Unit | SOC | | | | | | | | | | | | FBC | | | FBC | | | | | | | | | | | | FBC | | | FBC | | | | | | | | | | | | | | | | | | | | |
| Wales Fertility Institute Centre of Excellence | FBC | | | | | | | | | | | | FBC | | | | | | | | | | | | FBC | | | | | | | | | | | | FBC | | | | | | | | | | | | | | |
| PET-CT (Permanent) | BJC | | | | | | | | | | | | FBC | | | | | | | | | | | | FBC | | | | | | | | | | | | FBC | | | | | | | | | | | | | | |
| SWWCC - Linacc C Replacement | FBC | | | | | | | | | | | | FBC | | | | | | | | | | | | FBC | | | | | | | | | | | | FBC | | | | | | | | | | | | | | |
| SWWCC - Linacc D Replacement | BJC | | | | | | | | | | | | FBC | | | FBC | | | | | | | | | | | | FBC | | | | | | | | | | | | FBC | | | | | | | | | | | |
| SWWCC - 5 th Linacc (E)/6 th Bunker/2 nd CT-SIM business case | FBC | | | | | | | | | | | | FBC | | | | | | | | | | | | FBC | | | | | | | | | | | | FBC | | | | | | | | | | | | | | |

6.5 Service Change Critical Paths

Population Health

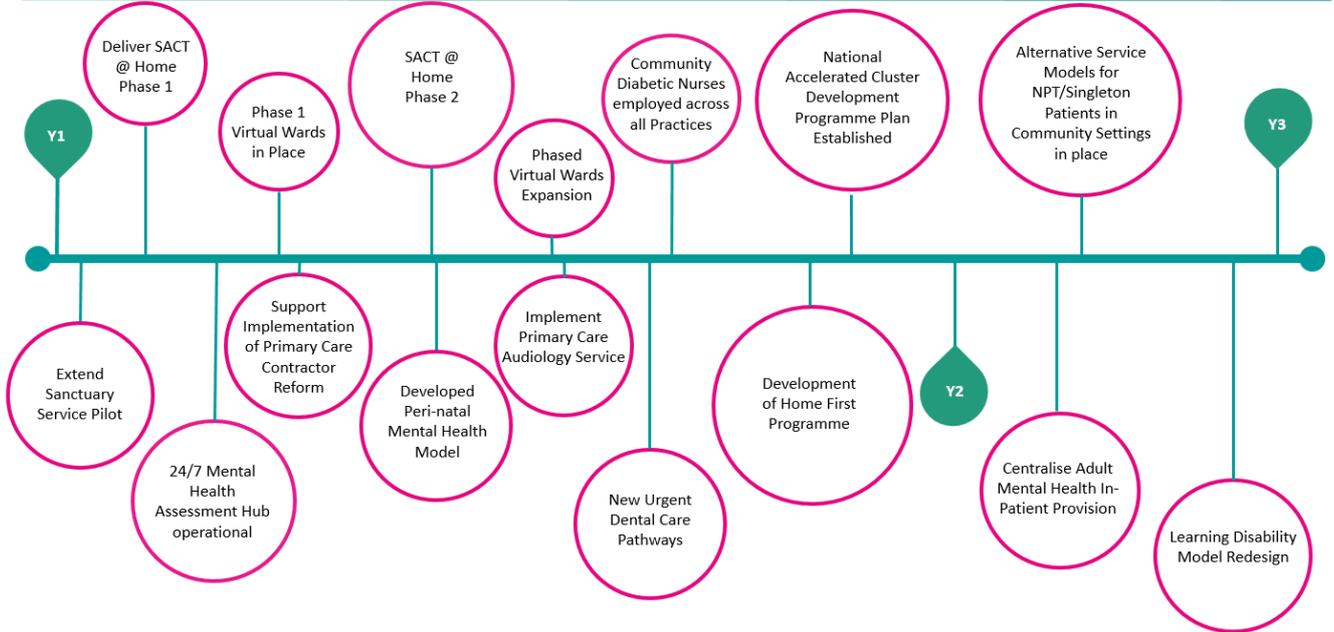
Key Service Changes Population Health Critical Path 22/23 – 23/24

Among our plans the following schemes are critical to delivering the whole system solutions to transforming care in Swansea Bay.



Primary, Community, mental Health and Learning Disabilities

Key Service Changes Primary, Community, Mental Health & Learning Disabilities Critical Path 22/23 – 23/24



Networked Hospitals

Key Service Changes Networked Hospitals Critical Path 22/23 – 23/24

Among our plans the following schemes are critical to delivering the whole system solutions to transforming care in Swansea Bay.

