



gofalu am ein gilydd, cydweithio, gwella bob amser
caring for each other, working together, always improving

Swansea Bay University Health Board Written Evidence to the Health, Social Care and Sport Committee

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1. Swansea Bay University Health Board (SBUHB) welcomes the opportunity to contribute to the Health, Social Care and Sport Committee's general scrutiny inquiry.

About the organisation

2. SBUHB replaced Abertawe Bro Morgannwg University Health Board on 1st April 2019 after responsibility for healthcare services in the Bridgend County Borough Council area transferred to what is now Cwm Taf Morgannwg University Health Board.
3. SBUHB serves a population of around 390,000 in the Neath Port Talbot and Swansea areas and has a budget in the region of £1bn. The Health Board employs approximately 12,500 staff involved in the promotion of good health and delivery of healthcare services. Prior to the Health Board boundary change, Abertawe Bro Morgannwg University Health Board covered a population of around 500,000, had a budget of approximately £1.3bn, and employed over 16,000 staff.
4. The Health Board works in partnership with local authorities and neighbouring health boards to deliver and commission a range of primary care, community and hospital based services across a number of sites. It also provides specialist healthcare services to a wider community: the Welsh Centre for Burns and Plastic Surgery at Morriston Hospital, for instance, covers south and mid Wales and the south west of England.

Overview

5. SBUHB heads into 2019/20 with a different geographical area, a predominantly new Executive team, and a renewed sense of ambition and purpose. An agreed ten year Organisational Strategy and refreshed Clinical Services Plan provide a framework for the Health Board to:
 - Play its full role in the local and regional health economy;
 - Increase its focus on improving its population's health and wellbeing;

- Integrate services with its partners in communities; and
 - Ensure it is a sustainable organisation delivering consistently high quality care.
6. The organisation has strong foundations on which to build: the quality of its care continues to improve; its performance against a number of priority measures has stabilised and improved; and it is reducing its financial deficit. 95% of the Health Board's patients who took part in the 'Friends and Family' test in 2018/19 would recommend the relevant ward or unit to friends and family if they needed similar care or treatment.
 7. The Health Board is a leader in Wales in digital technology and will seek to maximise this advantage in transforming how people's health is improved and how care is delivered.
 8. To accelerate its progress in integrating care and supporting the shift out of hospital, the Health Board and its regional partners have secured Welsh Government approval for transformation proposals aligned to '*A Healthier Wales*'.
 9. The Health Board is a key member of the West Glamorgan Regional Partnership Board, the Swansea Public Services Board, Neath Port Talbot Public Services Board and ARCH (A Regional Collaboration for Health) - a collaboration between SBUHB, Hywel Dda University Health and Swansea University. Its strong partnership arrangements are essential to the successful delivery of seamless and sustainable services and in the promotion and improvement of wellbeing in the people of the area. By building on a strong track record of collaboration with its local Universities, the Health Board also aims to be at the forefront of implementing research, enterprise, innovation and value-based healthcare, and to influencing research to meet its needs.
 10. Working closely with Cwm Taf University Health Board (as was) and now with Cwm Taf Morgannwg University Health Board, SBUHB has planned for and delivered the Bridgend boundary change. It has delivered the change while maintaining service continuity for patients. Significant Brexit preparedness arrangements have also been put in place to maintain service continuity, regardless of the outcome of the EU withdrawal process and negotiations.

Planning and transformation

11. SBUHB has been successful in adopting a more integrated and continuous planning approach across the breadth of its remit. The Health Board approved its 10-year Organisational Strategy in November 2018 and its 5-year Clinical Services Plan in January 2019.
12. The Organisational Strategy provides the long-term vision for the Health Board which is a critical element of becoming a clinically and financially sustainable

organisation, and in providing vision and direction to its citizens, partners and staff. It fully reflects 'A Healthier Wales' and the Wellbeing of Future Generations (Wales) Act. It sets the Health Board's strategic aims which are to:

- Support better health and wellbeing by actively promoting and empowering people to live well in resilient communities
- Deliver better care through excellent health and care services achieving the outcomes which matter most to people.

13. The Clinical Services Plan outlines how the Health Board will change its key service models to become sustainable. A transformation programme has been established, providing a vehicle for delivering the Clinical Services Plan (including a number of high value opportunities to improve efficiency and effectiveness).

14. The Organisational Strategy and Clinical Services Plan informed SBUHB's Annual Plan 2019/20 and will underpin its Integrated Medium Term Plan (IMTP) 2020-23. The performance trajectories within the Annual Plan have been agreed by Welsh Government. The Health Board intends to submit an approvable IMTP to Welsh Government in 2019.

15. The Health Board's regional planning functions have also developed significantly in the last two years. The relationship between SBUHB and Hywel Dda University Health Board in particular has been strengthened through the mechanisms and opportunities provided by A Regional Collaboration for Health (ARCH) and a Joint Regional Planning and Delivery Committee (JRPDC). The focus for the JRPDC is on shorter-term priorities and delivery, whilst ARCH, which also includes Swansea University, focuses on the medium to longer term. The Health Boards are working together on a number of short and long term regional priorities.

Performance and escalation levels

16. While remaining in "targeted intervention" status under the NHS Wales Escalation Framework, SBUHB continues to make significant progress in stabilising and improving performance across a number of measures. The Health Board's escalation status brings with it a focus on improvement in a number of performance areas, which include unscheduled care, cancer, planned care, stroke, and infection control. The progress made in these areas has been recognised and documented by Welsh Government.

17. In relation to planned care the Health Board's profile for numbers of patients waiting over 36 weeks at the end of 2018/19 was at its lowest level since April 2014, with significant improvement in the longest waiting times (a reduction of 500 over the course of the year). The Health Board achieved its required end of year waiting times control total by reporting 2,630 patients waiting over 36 weeks against a target of 2,664.

18. Improvements were also secured in speed of access to cancer services. The Health Board achieved a 5% improvement in the Urgent Suspected Cancer measure in 2018/19 with performance across the year at 86% compared to 81% in 2017/18 (this relates to the % of patients referred with a suspicion of cancer starting treatment within 62 days). This was achieved despite there being more patients being treated. A 1% improvement was achieved in the Non Urgent Suspected Cancer measure (for those not initially referred for suspected cancer but subsequently diagnosed with the disease) in 2018/19 with performance across the year at 96% compared to 95% in 2017/18.
19. The Health Board secured sustained improvements in infection control, seeing reductions of 36% in rates of C.Difficile, 4% in E.Coli, and 7% in S. Aureus infections between 2017/18 and 2018/19.
20. There were also improvements in unscheduled care with some stabilisation of performance in four and twelve hour waits in A&E as well as reductions overall in ambulance waits. The Health Board's winter plans were fully implemented, in partnership with local authorities, and their impact will be fully evaluated to inform further improvements planned for SBUHB in 2019/20. A key focus, in partnership with local authorities, has been on patient flow, ensuring that pathways exist for the accommodation of patients deemed medically fit for discharge outside of acute sites.
21. Stroke services is another area where the Health Board can demonstrate sustained improvement in access. Across the four access measures used to track performance SBUHB can point to improvements from 2017/18 to 2018/19 of +5% of relevant patients getting direct admission to a stroke unit within 4 hours; +10% receiving a computerised tomography (CT) scan within 1 hour; +6% receiving a stroke specialist assessment within 24 hours; and +2% achieving a "Door to Needle" (DTN) thrombolysis within 45 minutes.
22. The Health Board has secured improvements across a range of areas not covered directly under the 'targeted intervention' arrangements. In relation to physical therapy services, no patients are currently waiting over the 14-week waiting time target and only one patient has waited over 14 weeks all year. A new target, supported by funding, was introduced by Welsh Government to reduce waiting times for access to psychological therapies to under 26 weeks for all relevant patients by the end of January 2019. The Health Board achieved target levels from January 2019 with the total number of patients waiting reduced by two thirds over a 6 month period and all waiting under 26 week target levels.
23. The Health Board routinely delivers target levels of performance against the Mental Health Measure, which covers assessments, interventions and advocacy contact.
24. Progress is also being made in access to primary care services. The number of practices offering appointments between 5pm and 6.30pm 5 days a week

from 76% to 88% between Dec 2017 and Jan 2019. The proportion of practices opening core hours (or within one hours) has also increased to 95%.

25. Childhood vaccination rates in the Health Board area are over 90%. At risk groups are prioritised in line with national guidance for the annual flu campaigns, with particularly high rates of vaccination achieved for pregnant women.
26. SBUHB recognises and remains ambitious for further improvement in performance across all the areas listed above, and is now operating from a stronger and more sustainable basis to allow it to do so.

Finance

27. Financial management was also an area identified for improvement under the Health Board's targeted intervention status, with a particular emphasis on the need to reduce its deficit in a safe and sustainable way. Significant progress has been made.
28. In 2016/17 the Health Board overspent by £39m, and in 2017/18 it overspent by £32m. The position in 2018/19 improved by £22m (69%) compared to 2017/18. This was supported by the in-year provision by Welsh Government of £10m, made in recognition of improvements being made within the Health Board and to provide visible support to the actions being driven forward by the Executive team and Board. Following this additional provision, a 2018/19 control deficit total target of £10m was set for the organisation by the Welsh Government. The Health Board's end year position for 2018/19 was within the control total.
29. A significant element of the 2018/19 in-year financial improvement was delivered through non-recurrent savings. This has contributed to the underlying deficit position for 2019/20 being assessed as £30m. The key drivers of the underlying position are staff costs, particularly medical and dental and registered nursing costs.
30. The Board is moving away from a traditional flat line cost improvement programme approach to a more strategic savings approach using benchmarking to identify opportunities to realign service models. This approach tends to have a longer lead time and as a result the plans for 2019/20 cover a combination of strategic high value opportunities and efficiencies and more traditional cost improvements to be delivered in tandem in order to achieve financial balance.

Workforce and integrated working

31. SBUHB's ambitions can only be realised through the excellence and ambition of our staff. Within SBUHB we are creating an organisational culture driven by our values of *always improving, working together, caring for each other*.

32. SBUHB expects its leaders to lead by example and demonstrate the organisation's values and behaviours in all that they do. There is a programme of work in place to ensure the Chief Executive and wider executive team are visible within the organisation, engage meaningfully with staff on organisational developments, and communicate frequently across the organisation on key issues. This includes regular and open 'Meet the Executives' sessions, regular blogs and intranet updates, and frequent visits across the Health Board's various sites. The organisation invests in developing excellent leaders and managers, and in widening access to the career and talent pathways within SBUHB.
33. Evidence demonstrates that organisational performance is directly linked to levels of employee engagement. The overall organisational engagement score for staff, determined through a standard NHS Wales staff survey, rose from 3.68 in 2016 to 3.81 in 2018 (on a scale rising to 5), with significant improvements in a number of domain areas.
34. SBUHB faces nursing and medical recruitment challenges similar to those experienced across the UK. As well as contributing to all-Wales recruitment efforts, the Health Board is developing innovative ways to enhance the appeal of working for SBUHB, including through exchange programmes, fellowship schemes, and broadening its combined research and services posts. There is a Nurse Recruitment action plan in place to ensure the Health Board meets the phased implementation needs of the Nurse Staffing Levels (Wales) Act 2016.
35. The retention of staff is also key: the turnover rate for all staff within the Health Board (excluding junior medical and dental staff) stood at 7.71% in December 2018, a drop of 1.3% on the previous year.
36. The Health Board recognises that the home is the centre of the health and social care system. A significant element of SBUHB's workforce works in the community. This includes community outreach teams and teams working alongside, or integrated with, local authority colleagues. The health board's organisational strategy prioritises the ongoing promotion of community resilience through the integration of services across health and social care and beyond. This will be supported by the testing and implementation of new models of care, supported by Welsh Government transformation monies.

Delivering the Bridgend boundary change

37. The Minister for Health and Social Services announced on 14 June 2018 that from 1 April 2019, the responsibility for commissioning healthcare services for the people in the Bridgend County Borough Council (Bridgend CBC) area would move from Abertawe Bro Morgannwg University Health Board (ABM UHB) to Cwm Taf University Health Board (CT UHB). This boundary change establishes Bridgend CBC within the south east Wales regional footprint for healthcare provision and social services complementing existing economic and education partnerships.

38. A Joint Transition Board (JTB) was established as a sub-committee of each health board to oversee the implementation of the boundary change. Colleagues across both the Health Boards worked closely together, to identify all clinical services that fall within the scope of the transfer, working through every identified service, and both Health Boards agreed the future service provider arrangements. For some services, a Service Level Agreement has been put in place and SBUHB will continue to provide services to the population of Bridgend on behalf of Cwm Taf Morgannwg University Health Board, and vice versa.
39. In practice, this is an administrative change and not a service change. Patients should not notice any changes to their healthcare services. Services are not being lost or reduced, and how patients access services and receive their care remained the same from 1 April 2019. Patients will continue to travel to the same place as they do now to receive their care, and there are no changes to patient flows or referral arrangements.
40. A workforce transfer process was agreed and guided the decision making regarding all staff posts impacted by the change. The process of transferring identified services and the staff affected was led by the requirements under the TUPE as amended by the Collection Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 and those laid out in the All Wales Organisational Change Policy.
41. The JTB met for the last time on 23 April 2019 to draw the Joint Transition Programme to a close. A Memorandum of Understanding has been completed, incorporating the principles that the JTB used to work together to manage the transition and boundary change thus far. The aim of the MoU is to set out the agreement reached by the two organisations in relation to the future co-operation, sharing of sites, staff and other resources and the exchange of information in the interests of delivering optimum patient care. The JTB identified the areas of outstanding and ongoing work in the context of the boundary change and agreed to take forward these via Joint Executive Team meetings, meeting initially on a monthly basis.

Preparations for EU withdrawal

42. SBUHB has worked closely with Welsh Government and other partners across health and social care in preparing for EU withdrawal, including for the possibility of a 'no deal' exit. The focus of the preparations has been on ensuring the maintenance of high-quality and safe healthcare.
43. As is the case for all Health Boards, SBUHB has a nominated Executive Director-level Senior Responsible Officer (SRO) overseeing the preparations locally, and contributing to a national group of SROs. The Health Board has actively participated in regional and national planning events to ensure our local plans are as robust as possible, receiving positive feedback from Welsh Government on its planning arrangements. A Health Board wide risk assessment has been undertaken to determine the potential impact of various

scenarios and to review, and further develop where necessary, business continuity arrangements. SBUHB was part of preparations that were made for a potential 'no deal' scenario, which included robust supply chain continuity arrangements and workforce planning.

44. Following the UK Government's agreement with the European Union to an extension of the Article 50 period to 31 October 2019, any plans to enact any 'no deal' provisions have been stopped. It is however recognised that the legal default remains that, until a deal is agreed and ratified, there is a risk of a no deal exit at the end of the extension period on 31 October 2019. The Health Board will therefore continue to keep its preparations under review.

Conclusion

45. SBUHB is optimistic and ambitious for its future, and for meeting the health aspirations and care needs of its local population. The organisation has much to do to meet its own ambitions, and those of its partners. The foundations are now in place to allow it to do so.
46. SBUHB executives are looking forward to the opportunity to discuss the above, and any other areas of interest to the Health, Social Care and Sport Committee, at the forthcoming scrutiny session.