Special Public Board Meeting

Thu 30 June 2022, 11:00 - 12:30

Agenda

11:00 - 11:00
0 min

1. Welcome & Introductions

Charles Janczewski

11:00 - 11:00
0 min

2. Apologies for Absence

Charles Janczewski

11:00 - 11:00
0 min

3. Declarations of Interest

Charles Janczewski

11:00 - 11:40
40 min

4. Standing Items for Review and Assurance

4.1. Integrated Performance Report:

Jason Roberts / Rachel Gidman / Fiona Kinghorn / Caroline Bird / Catherine Phillips

- Quality
- Workforce
- Public Health
- Operational Performance
- Finance

4.1 C&V Integrated Performance Report Special Board June 2022.pdf (23 pages)

4.2. NHS Long Term Agreements (LTAs) 2022/23

Catherine Phillips / Christopher Markall

Long Term Agreements 2022-23 Report to Board.pdf (6 pages)

11:40 - 12:00
20 min

5. Items for Approval

5.1. Draft IMTP

Abigail Harris

5.1 IMTP Board paper June 2022 FINAL Cover.pdf (4 pages)
5.1a 22_23 plan v16_June resubmission FINAL.pdf (135 pages)

12:00 - 12:00
0 min

6. Items for Noting

No Items

12:00 - 12:00
0 min

7. Review of the meeting

Charles Janczewski

12:00 - 12:00
0 min

8. Date and time of next meeting:

Charles Janczewski

Tuesday 19th July 2022 (Annual General Meeting) at 12.30pm via MS Teams

Report Title:	C&V Integrated Performance Report			Agenda Item no.	4.1
Meeting:	C&V UHB Board	Public	X	Meeting Date:	30 June 2022
		Private			
Status *(please tick one only):*	Assurance		Approval		Information X
Lead Executive:	Jason Roberts, Caroline Bird, Rachel Gidman, Catherine Phillips, Fiona Kinghorn				
Report Author (Title):	Information Manager				

Main Report Background and current situation:

This report provides the Board with a summary of performance against a number of key quality and performance indicators. This will include areas where the organisation has made significant improvements or has particular challenges including the impact of COVID-19, together with areas where the Health Board is under formal escalation measures from the Welsh Government and/or where local progress is being monitored.

This Balanced Scorecard comprises indicators that cover Quality & Safety, Finance, Workforce, Performance and Public Health for the Health Board.

Finance

	Target	Trend	May-22
Deliver 2022/23 Draft Financial Plan	£20.8m planned deficit	na	£3.996m deficit
Remain within capital resource limits.	Within planned expenditure £46.366	na	£3.422m
Reduction in Underlying deficit (Forecast)	Reduce from £29.7m to £23.7m	na	Forecast Year End ULD £23.7m
Delivery of recurrent £12.000m 1.5% devolved target (Forecast)	£12m	na	£7.142m
Delivery of £4m non recurrent target	£4m	na	£7.663m
Creditor payments compliance 30 day Non NHS (Cumulative)	95%		92.4%
Remain within Cash Limit (Forecast cash surplus)	Within Cash Limit	na	Forecast deficit
Maintain Positive Cash Balance	Positive Cash Bal.	na	£4.952m

Performance

	Target	Trend	May-22
A&E 12 hour waiting times	0		1258
A&E 4 hour waiting %	95%		60.9%
Ambulance Handover Times >1 hour	0		763
			May-22
Waiting less than 26 weeks %	95%		54.2%
RTT Waiting Over 36 Weeks	0		44830
Diagnositcs >8 weeks Wait	0		3940
			May-22
Mental Health Part 1a - Assessments within 28 days	80%		77.4%
Mental Health Part 1b - Therapy Commencing within 28 Days	80%		93.1%
			May-22
Patients Delayed over 100% for follow-up Appt	0		42558
			Apr-22
Single Cancer Pathway	75%		61.6%

Quality & Safety

Patient Satisfaction	Target	Trend	May-22
30 day complaints response compliance %	75%		83%
Patient Experience			**May-22**
Patient Experience	na		79%
Falls			**May-22**
Slips Trips and Falls (30 day moving total)	na		302
Slips Trips and Falls with harm - moderate to severe (30 day moving total)	na		42
Serious Incidents			**May-22**
Nationally Reportable Incident (SI)**	na		6
Number of Never Events	0	na	0
Mortality			**Feb-22**
Percentage of Stage 1 Reviews Completed	na		72.0%
Risk Adjusted Mortality Index	na		137.07
			May-22
Still births (Rolling 12 Months)	na	na	4
Infection Control			**May-22**
All Reported Infections (Rolling 12 Months)	743		779

Workforce

	Target	Trend	May-22
Sickness Absence Rate (in-Month)	6%		6.5%
Sickness Absence Rate (12-Month Cumulative)	6%		7.1%
Values-Based Appraisal and Medical Appraisal Compliance (Combined)	85%		32.5%
Turnover Rate	7% - 9%		13.7%
Mandatory Training Compliance	85%		72.2%
Fire Training Compliance	85%		64.9%

Population

Immunisation	Target	Trend	2021 / 22 Qtr 3
% of children up to date with scheduled vaccines by 4 years of age	95%	na	85.3% **
	Target		**May-22**
% Adults (aged 18 years and over) in Cardiff and Vale UHB have received a Covid-19 booster vaccination	na	na	69% *
Of those who have a completed primary course of vaccination*, % of adults aged 18 years and over have received a Covid-19 Booster vaccination	na	na	84% *

Tobacco	Target	Trend	2021 / 22 Qtr 4
% of smokers who become treated smokers	5%	na	0.6%
% of treated smokers who quit at 4 weeks	40%	na	76%

* *Those who have received two Covid-19 doses, with the exception of those who are severely immunosuppressed and are recommended three primary doses*

** *No new data available*

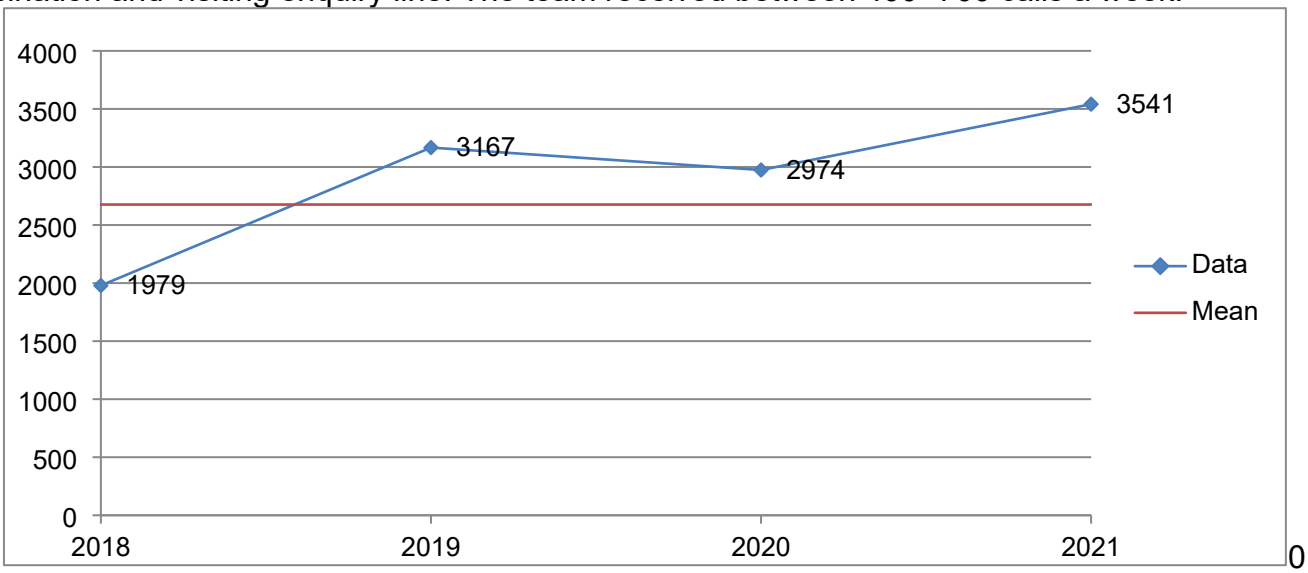
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

QUALITY AND SAFETY

Concerns –Patient Experience

In order to support clinical board, the central concerns team are processing as many concerns under early resolution as possible and this has maintained an overall 30 working day response time at 83%. However, the volume of concerns is challenging and it is appreciated that failure to answer concerns in a timely way is not acceptable and we will be focussed upon improving the response times whenever possible.

The graph demonstrates the consistent and significant increase in the number of concerns received during the year. In March 2020. the Concerns Team introduced 7 day working and hosted both the vaccination and visiting enquiry line. The team received between 400 -700 calls a week.



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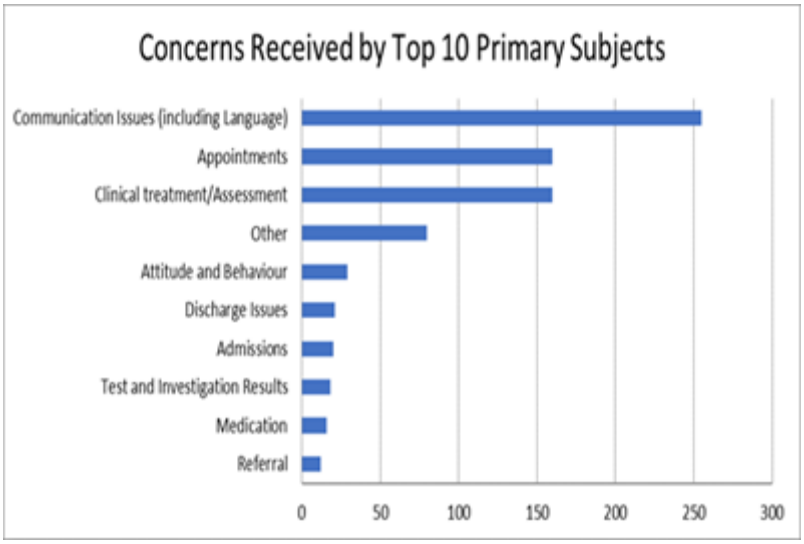
The main themes remain as: **Communication:**



Some of the themes identified in concerns relate to poor communication, waiting times, discharge arrangements, and environment (social distancing).

During the Pandemic, it was recognised that poor communication was a recurring theme across all areas including:

- Poor communication between staff and relatives

With families, not being able to visit loved ones in hospital, communication between staff and relatives was important, therefore, to facilitate better communication, the Concerns Team provided a 7-day service.

- Patients did not know what was happening with their treatment/waiting times

Clinical Boards wrote to patients with updates regarding their services.

- Poor communication regarding visiting and guidance on vaccinations

We introduced 7-day telephone helplines for patient visiting and mass vaccination information and introduced virtual visiting.

- Patients did not feel involved in their care/discharge

A number of initiatives have been taken to improve communication between patients and staff. The Safer Bundle being piloted on one ward is an example of ward staff actively involving patients in their care.

Patients are encouraged to ask:

What is the matter with me?
What is going to happen today?
What is needed to get me home?
When am I going home?

This fits in really well with the QSE framework by starting the “what matters to you” conversation with patients.

The impact of Covid on our hospital environment cannot be underestimated. The requirements of social distancing have put a huge pressure on our departments and has led to a number of concerns relating to lack of social distancing and unhygienic conditions being raised.
Whilst it is very difficult to decrease capacity in our busier departments such as the Emergency Unit, we have taken a number of actions to raise awareness of the issues raised and to improve hygiene.

Reminders are sent out via CEO connects and staff emails to remind staff of the importance of maintaining social distancing where possible.

- Designed Materials to help with social distancing
- Enhanced Cleaning procedures and rotas
- Brightened up areas with redecoration

As anticipated, we have seen an increase in concerns this year relating to waiting times and a number of initiatives and different ways of working are being implemented to recover from the backlog caused by Covid.

- Encouraged Clinical Boards to reengage with their patient to provide waiting list updates via letter.
- Clinical Boards have redesigned pathways to fast track patents that have been reluctant to access services/care during the pandemic.
- Introduced weekend clinics
- Utilising Primary Care services so patients are seen sooner in Primary Care rather than Secondary Care.

It is acknowledged that during the pandemic, there has been a failure to respond to concerns in as timely manner as they would have liked.

A number of actions have been taken to provide assurance to complainants that we are taking their concerns seriously, including letters being sent, signed by the Directors of Nursing, to all complainants with an active concern acknowledging that their response is taking longer than we would like, apologising for the delay and assuring that we are committed to providing a response.

However, we have focused our Concerns Team resource into managing as many concerns, where appropriate, as possible under Early resolution. This ensures a speedy resolution for complainants. One area of focus for concerns is to work with Clinical Board to provide responses to concerns that are overdue. The performance reviews have encouraged a trajectory for improvement for the concerns management supported by the corporate teams whilst recognising the significant increase in volume and activity.

Ombudsman:
During 2021/22 the Health Board closed 3641 Concerns, of which 89 (2.4%) were referred to the Public service Ombudsman for Wales (PSOW) and he chose to investigate 10 concerns, less than 1% of the Concerns responded to during the year. In that time period 6 concerns were upheld in whole or in part 2 concerns were not upheld.   We had 1 public interest report issued We agreed voluntary settlement on 11, which includes agreeing an appropriate, timely resolution with PSOW and the complainant such as a meeting or a further response.

Within the PTR regulations, Breach of Duty and Redress (Duty of Candour) needs to be considered in all cases, including Incidents and complaints.
Redress:

A case moves into redress if we identify that there is or maybe a qualifying liability i.e. we have identified a breach in our duty of care and we know the patient suffered harm because of the breach or we need to investigate further to establish if harm was caused.

Where the investigation of a concern concludes there has been a breach of duty the case is presented to the Putting Things Right Redress Panel.

The Panel are required to consider whether redress applies in situations where a patient may have been harmed and the harm was caused during care provided by the health board.
Redress can be the giving of an explanation, a written apology, the offer of financial compensation and / or remedial treatment, on the understanding that the person will not pursue the same through civil proceedings.

The redress panel consists of:

- Assistant Director of Patient Experience (Chair)
- Associate Medical Director
- Head of Concerns and Redress (co chair)
- Redress Manager
- Redress Leads

The Panel holds a weekly drop in Clinic, this is open to all staff across the Health Board. Members of the Patient Safety Team, Investigating Officers and Clinical Board Staff are given the opportunity to discuss cases and obtain advice on Breach of Duty and discuss possible forms of Redress. Staff also attend for Learning and development.

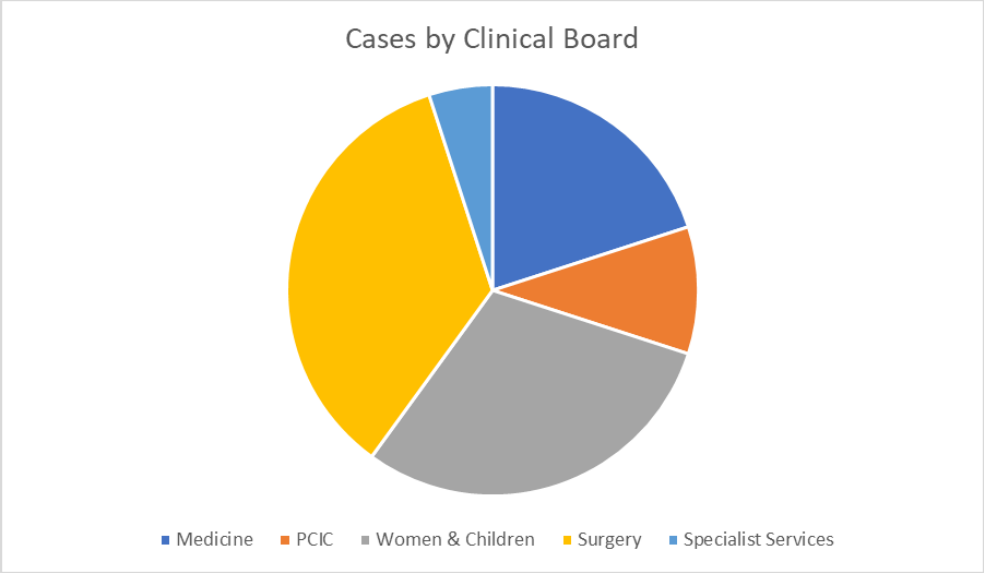
We are working with Patient Safety Team and Clinical Boards to bring relevant National Reportable Incidents (NRI) to our attention where there is an identifiable breach and harm caused, so that we can offer redress at the initial stage where possible. We do this in an attempt to avoid the need for a patient receiving the Root Cause Analysis (RCA) and undertaking a claim against the Health Board. It provides the opportunity for an early apology, admission of liability and support for remedial treatment if required. This has seen the workload for the Redress Team increase, however it is

vitally important that where possible, we achieve early settlement under the redress scheme in order to identify early learning, support patients and staff and make savings of costs.
We are committed to using the redress process when appropriate this enables a timely resolution for those people seeking an apology, remedial treatment and/or financial compensation to the value of £25,00.

Redress legal costs significantly save the Health Board. When a matter settles under the Putting Things Right scheme, costs are mostly settled for £1920. These costs can increase slightly where a matter needs approval in Court where there is a child or a person who lacks capacity being paid compensation. This could increase costs by an additional £1,752. However, this is still a significant reduction than if the case was settled as a Clinical Negligence claim, potentially savings tens of thousands in costs alone.

Current position

There are currently 31 open Redress cases.
The pie chart below illustrates the various areas of responsibility for the live and ongoing cases, and demonstrates the apportionment of those cases (based on the Redress Forecast submitted during March 2022):



11 Redress cases were closed/settled during the financial year 2021/2022.There were 13 cancelled or withdrawn cases during the same period.

Redress Payments
In total, the HB paid out £121,486.75 under the Redress Regulations during the Financial Year 2021/2022. Of this, £84,218.00 was paid to patients directly and £37,268.75 was paid in respect of legal or other fees.

Themes and trends
Some recurring themes seen in the Redress cases over the financial year 2021/2022 are as follows:
- non-compliance with World Health Organisation (WHO) Surgical Safety Checklist;
- inappropriate discharge from Emergency Department (ED); and
- lack of cannula site care.

These instances have been identified, investigated and acted upon by the Clinical Boards. The standard of care provided has been investigated by reference to medical records, input from clinicians and by reference to patients' own comments where concerns have been raised. Where it is identified that learning is required, this learning is actioned and these actions are subsequently monitored for assurance of learning. Below are some examples of issues in care and the action that has been taken to promote development and learning.

-compliance with WHO Surgical Safety Checklist

Case	Action/Learning
A male patient underwent a wrong tooth extraction.	The Standard Operating Procedure (SOP) for tooth extraction was not followed and the WHO checklist was not completed prior to the extraction. Education and training has been improved, and compliance with the WHO checklist will be audited to provide learning assurance.
A female patient suffered visible scarring as a result of an incorrect incision for surgery on open reduction and internal fixation of a right distal fracture.	The 'sign-out' section of the WHO checklist was not completed. Compliance with the WHO checklist will be audited to ensure that there will not be a re-occurrence of wrong-site incision.
A female patient who underwent an episiotomy which required extensive suturing. She returned to EU sometime later when it was discovered there was a retained swab.	WHO checklist not complied with as the swab checklist had not been completed. Compliance with the "sign out" provision of the WHO checklist will be audited to prevent re-occurrence.

Inappropriate Discharge from ED

A female patient attended ED, and was reviewed by a Junior Doctor. All tests appeared normal except for a raised creatinine level of 170, which should have been further explored before discharge.	Patient was discharged by Registrar who did not review the care and test results, with the safety net of providing what advice to follow if there was a deterioration. There had been no review/investigation into the raised creatinine level. Additional training will be provided for A&E staff and an AKI audit will be implemented. Consultant grade staff will review results prior to discharge.
A male patient attended ED complaining of back spasm. He was X-rayed and discharged with a diagnosis of musculoskeletal pain. He reattended at ED 6 days later complaining of back pain once again. Blood tests were undertaken but the results were not acted upon. The patient attended for a third time 19 days later (by ambulance) and was unable to walk. He was prescribed painkillers and discharged to await MRI scan. MRI completed 6 weeks later and diagnosed with several spinal fractures and myeloma.	Failure to escalate (for Consultant review) a re-attending patient with same medical complaint resulted in misdiagnosis and delay in treatment. Amendments were made to the back-pain proforma and additional training has been developed and provided for A&E staff.

Lack of Cannula-Site Care

A female patient had numerous cannulas inserted during hospital stay. Despite the patient complaining of pain at one cannula site, it became infected and required antibiotic treatment and draining under local anaesthetic.	The patient's records did not have the required information regarding The Visual Infusion Phlebitis Score (VIPS) for monitoring infusion sites.
A female patient had a cannula inserted and was complaining of pain at the cannula site. Staff did not remove the cannula and an infection developed, which required treatment with intravenous antibiotics.	Staff did not remove the cannula in a timely manner which allowed an infection to develop. Staff are reminded during daily safety briefings of the need to check the cannula site.

Audit and Assurance
The Redress and Claims functions was recently reviewed by NWSSP Audit and Assurance Services. The objective of the review was to evaluate and determine the adequacy of the systems and controls in place within the Health Board in relation to Welsh Risk Pool claims. The Health Board has been pleased to receive Substantial Assurance.
Compliments

The Concerns Team also log all Compliments received in the Health Board. During this period the Health Board received 198 compliments. it is always pleasing to receive positive feedback although it is acknowledged that a lot of compliments are sent directly to areas and are not formally logged. Staff are encouraged to share all feedback with the Concerns Team so that this can be recorded. The Executive Nurse Director sends a letter of thanks to all staff or departments when compliments are received and a letter of acknowledgement to the person sharing their feedback.

- ***I attended the A&E Department and I was treated with care and compassion***
- ***I witnessed staff being abused by patients but I was amazed by the care, dignity and respect shown to each and every patient despite their behaviour.***
- ***A hospital stay was the last thing I wanted but the kindness shown by every member of staff made it easier. The care was fantastic!***
- ***I wanted to thank the Paediatric A&E department – yesterday when I visited with my daughter, the service was fantastic from the moment we arrived at the doors to leaving. We are very lucky to have you!***
- ***I was kept in the Heath for 4-5 days and after some excellent care I am finally on the mend.***

Patient Experience
HappyOrNot' kiosks having been gathering feedback from various areas including the Concourse in UHW, Information Centre at UHL and the Emergency Units since their reintroduction in July 2021, of the **22976** respondents that have left feedback, **78%** have given a positive response when asked to rate the care they have received.

In addition to the above, we have continued to gain routine patient feedback from the UHB MVCs and since their introduction in March 2021, have received feedback from **33872** respondents. This feedback has been very positive, with **97.5%** of respondents (based on 33136 responses from the Viewpoint kiosks) rating their **experience** at the MVC as either 'very good' or 'good'.

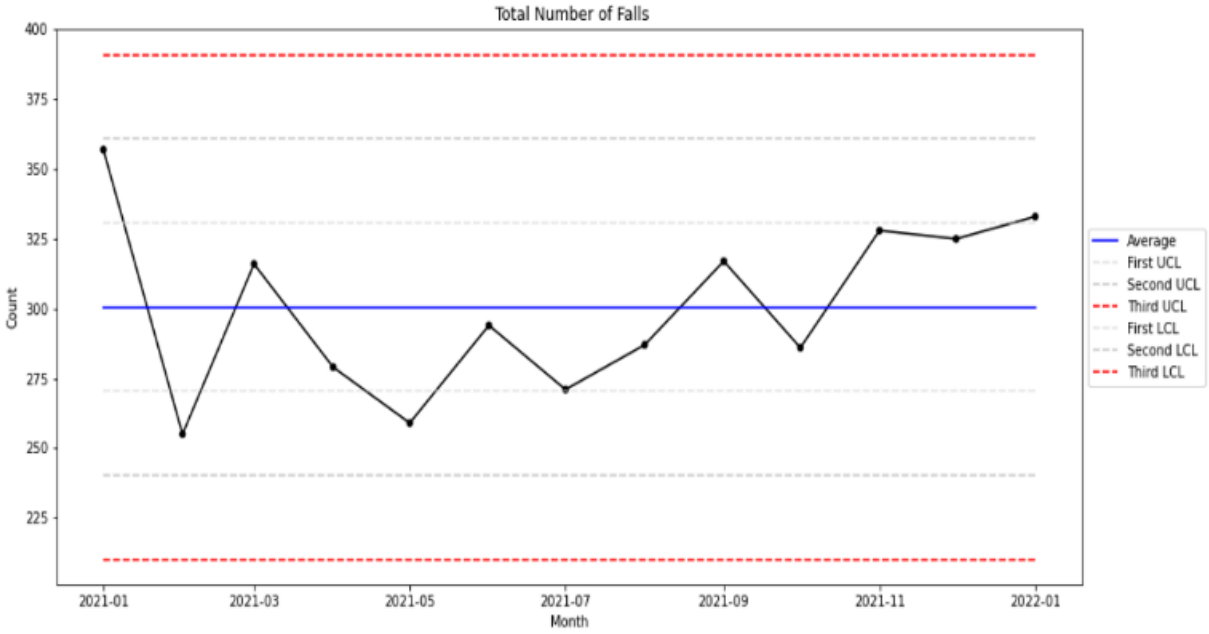
Falls

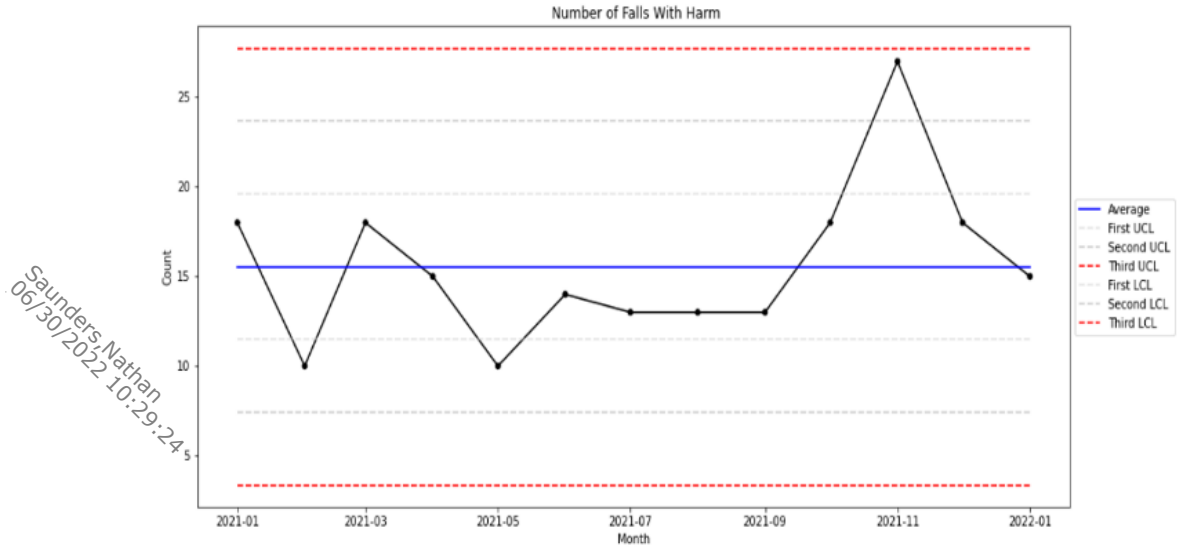
Slips, Trips and Falls continue to be the most commonly reported incident – 16% of all incidents reported since 1st March 2022. Of these, the majority have no or low harm (87% of falls). 11% were reported with moderate harm, 2% with severe harm and 0.001% with catastrophic harm. The latter relates to 2 deaths following a fall since 1st March 2022, both were externally reported to the Delivery Unit.

Learning from inpatient fall investigations has identified the following factors;

- Lack of knowledge of guidance
- Deviation from guidance
- Need for Training
- Three main themes:
    - Lack of Orthostatic Hypotension Assessment (L&S BP)
    - MFRA not completed at correct times
    - Lack of (evidence of) Medication Review
    - Deviation from bed rails and enhanced supervision guidance

Fractured Neck of Femurs continue to be the most commonly reported injury post-fall. Falls with harm peaked in November 2021.



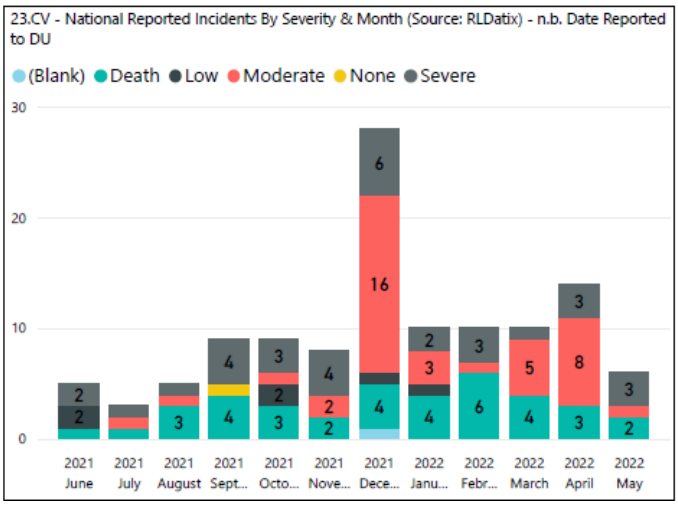


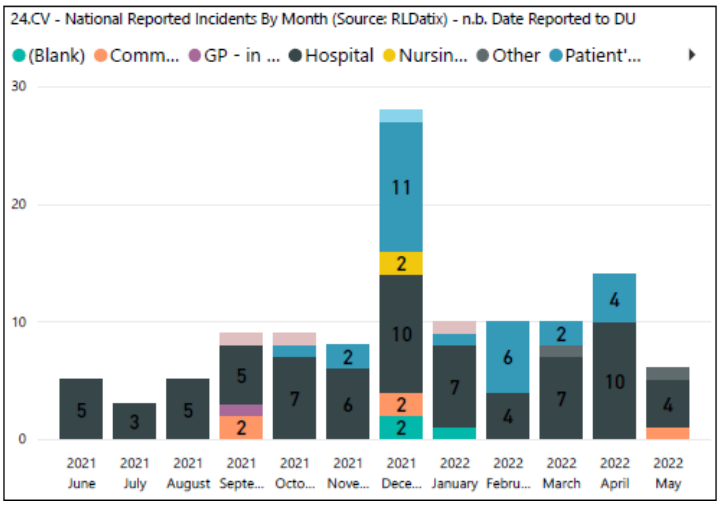
Cardiff and Vale Falls Collaborative are working on a Quality Improvement project with the aim that by the end of 2022, at least 80% of adult inpatients (except maternity) will have had an assessment of orthostatic hypotension, or a reason for non-completion documented. Regular progress towards this aim will be measured using the Tendable app as part of Ward Accreditation. This follows the NICE guidance issued in 2015 which recognises the impact of orthostatic (postural) hypotension on falls risk in some individuals. A common finding in our injurious falls reviews is the absence of a lying and standing BP during assessment and therefore orthostatic hypotension cannot be ruled out.

Nationally reportable incidents

Since 1st March 2022, when we transitioned to the new Datix reporting system, Cardiff and Vale UHB have reported 45 Nationally Reportable Incidents (NRIs). Due to the different codes used across the 2 Datix systems, a direct comparison of themes and trends across the 2 systems is not currently easily achievable. This is however being addressed with the Datix central team via an All Wales Datix Coding workstream.

The numbers of NRIs per category is relatively low as these were being reported in the old and new system simultaneously dependant on whether the incident was initially reported on the old Datix pre 1st March (when we went live with the new system) or afterwards.



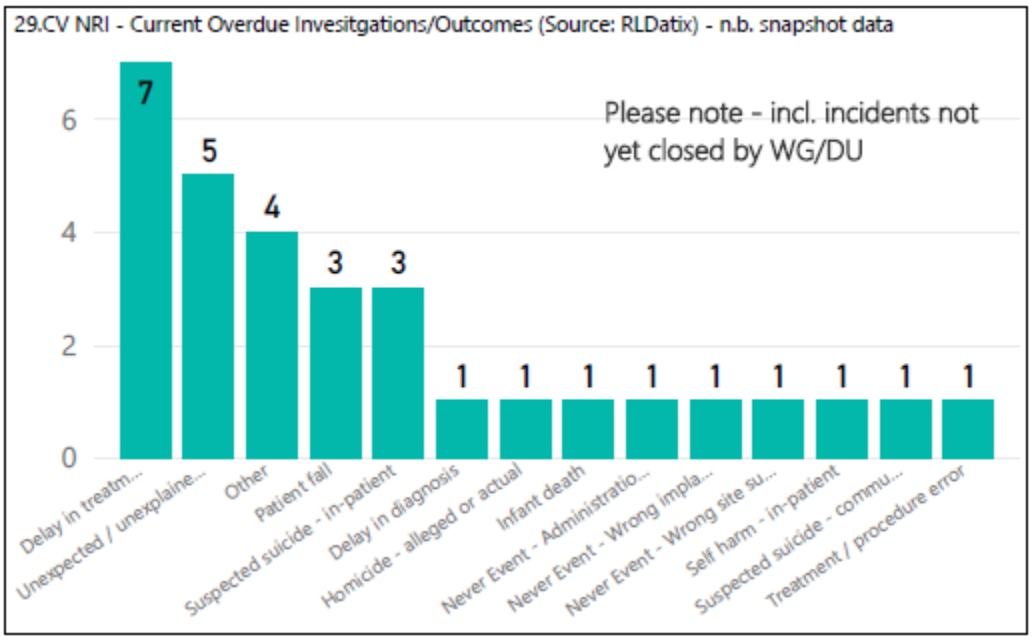


There has been significant work undertaken by the Clinical Boards and Patient Safety Team to close any NRIs that are ready to be closed to avoid the need to re-enter on to the new Datix system. Those that are still under investigation or review but reported pre-March 2022 are in the process of being migrated across and entered on to the new Datix to enable ongoing input and monitoring. Once all have migrated across, we will have the benefit of only having one system with patient safety incident information.

The graphs above categorise the severity of NRIS'S and the location/ subject.

We are continuing to receive Appendix Bs from WAST for delayed handovers resulting in harm as ambulances are unable to answer 999 calls. The number of these received however has almost returned to pre-winter rates.

There is a total of 79 open NRIs, of these, 41 are overdue for closure. Due to the efforts of the Clinical Board and Patient Safety Team to actively close NRIs, 27 closure forms were submitted to DU during April and May 2022.



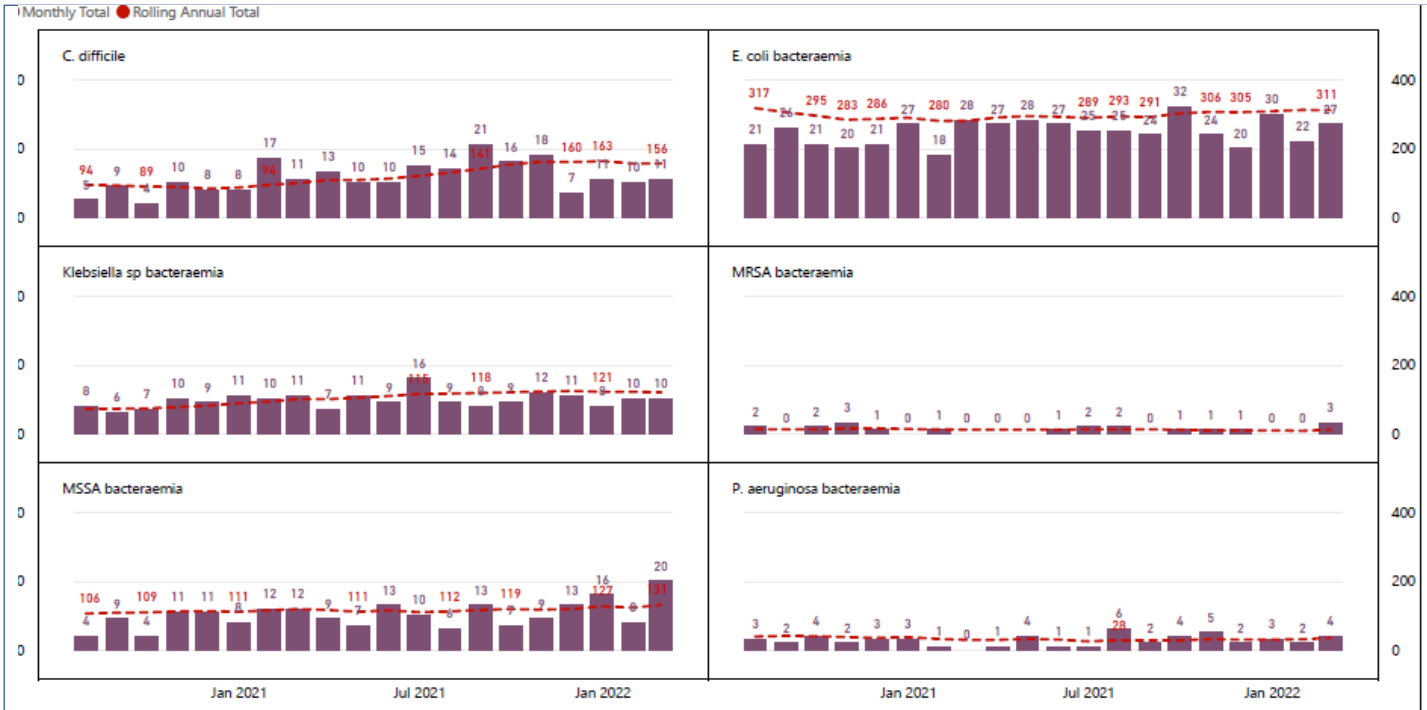
Patient Safety Incidents (non-NRI)

Since 1st March there have been 7153 patient safety incidents entered on to the new Datix system.

<u>The top 5 reported incidents are:</u>
Slip, trip or fall – 1115 (16% of total reported incidents)
Pressure Ulcer category 2 – 734 (10% of total)
Staffing – 348 (5% of total)
Aggressive behaviour – 326 (4% of total)
Treatment or procedure issues – 242 (3% of total)

Hospital Infections – As at May 2022 the grouped total Cdiff, Ecoli, MRSA and MSSA infections is showing no in-year improvement against the 2018/19 baseline. However, MRSA and MSSA are demonstrating an in-year improvement.

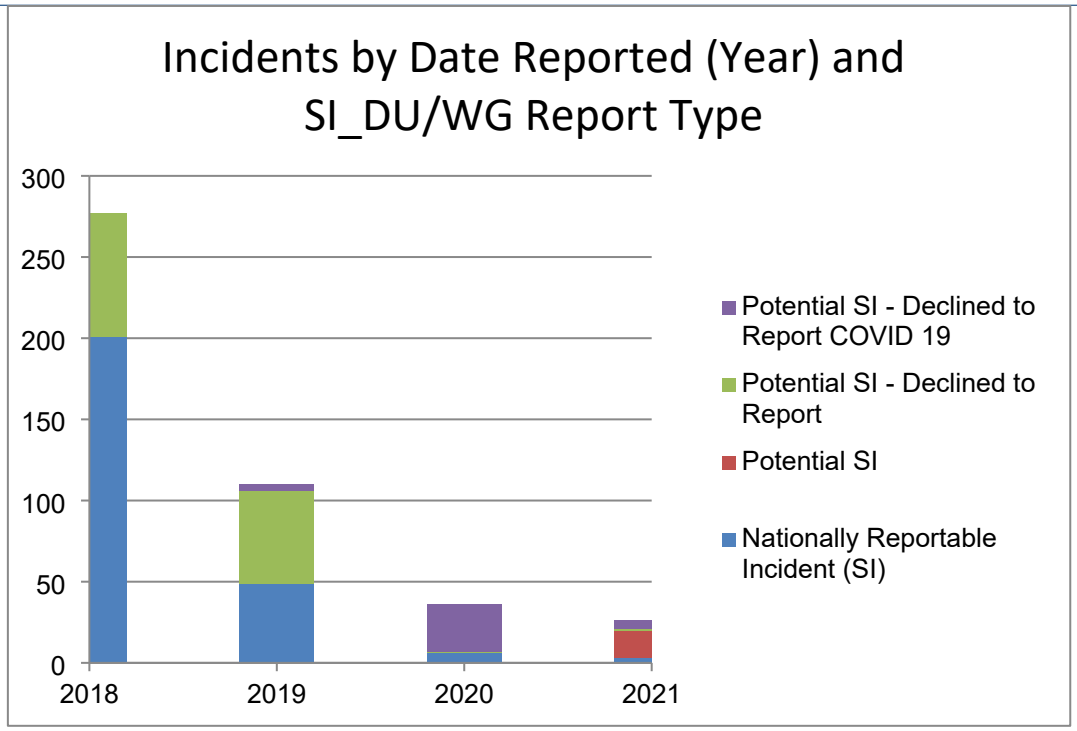
Similarly, as at March 2022 Klebsiella in-year infections are above the baseline year whereas P. aeruginosa is running below the 2018/19 baseline average.

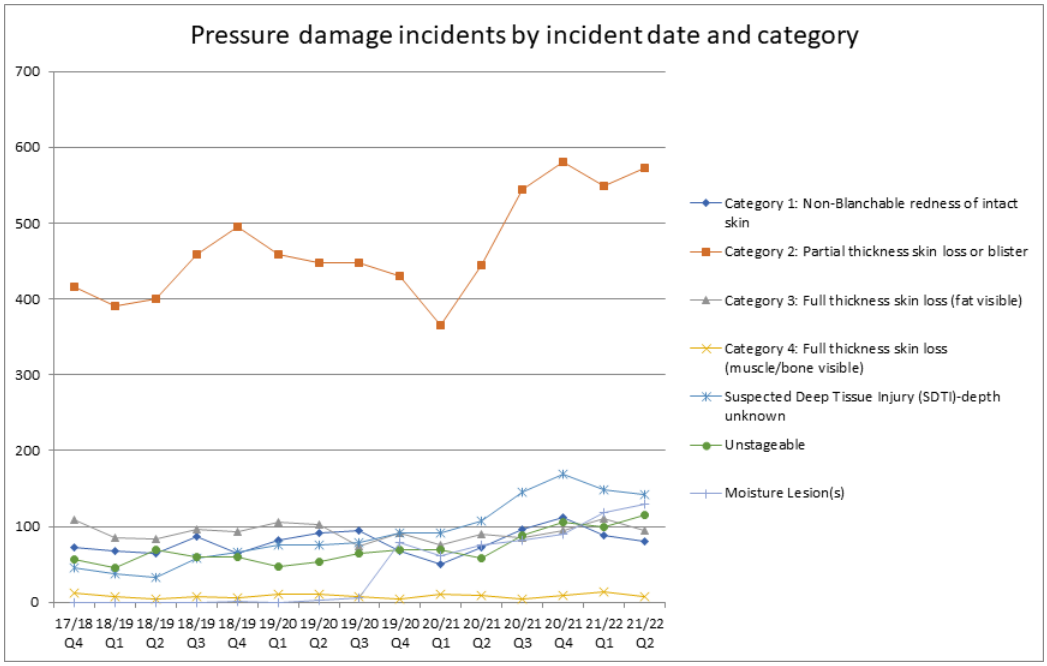


We have some work to do and our main focus for the next 6 months is C'diff –
We will revisit the RCA process in PCIC, approximately half of our cases are related to the community therefore the RCA's will be piloted with some GP practices to ensure the tool used is robust enough to capture the required data and is in a usable format for the practices
MRSA/MSSA –
We have funded more staff in the IP+C team who will focus on audits of practice related to PVC insertion and ongoing management and review of the RCA's
with the relevant teams in the Clinical Boards. The Interim Executive Nurse and Deputy Medical Director have implemented an MSSA/MRSA review panel to further increase the scrutiny on prevalence and promote learning.

Pressure Damage

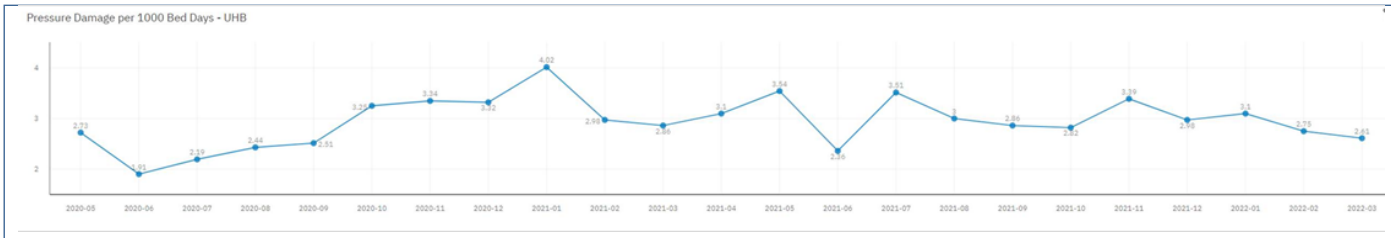
The Director of Nursing for Surgery Clinical Board is the Professional lead on this piece of work for the UHB that looks at reducing the occurrence of healthcare acquired pressure damage within Cardiff and Vale UHB.
The Collaborative has secured input from the Patient Safety Team, Improvement and Organisational Learning Team, Learning Education and Development, Nursing Informatics and various experts within the Health Board to help progress existing work and help identification and to support learning and improvement. The Collaborative will help focus and drive forward improvements in care. Every team member of the collaborative is invested in solving the problems face and developing innovative solutions. We have created a collaborative to structure a system to support our leadership methodology and continually communicated our vision and our plans.

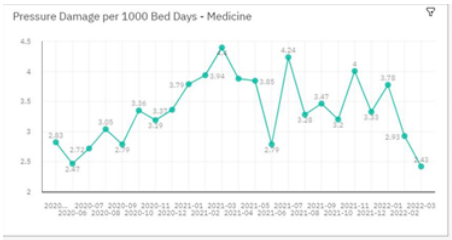


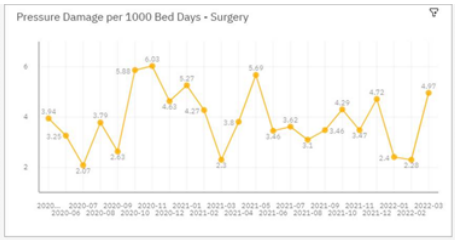


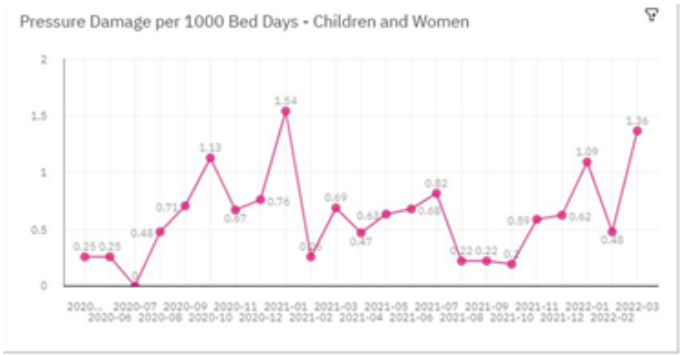
Data per 1000 Bed days as per May 27th 2022

As previously discussed the goal of the pressure damage collaborative was to **reduce** the incidence of healthcare acquired pressure damage with the Health Board by **25% by July 2022**.The current data available to the pressure damage collaborative which can now for the first time can be presented per 1000 beds days shows that the pressure damage per 1000 bed days has reduced from 3.51 in May 2021 to 2.61 in March 2022 for inpatient areas which is a reduction of 24%, which at a very high simplistic level would indicate that the reduction goal has already been met.









The key actions taken by the colloborative so far since July 2021 are listed below:

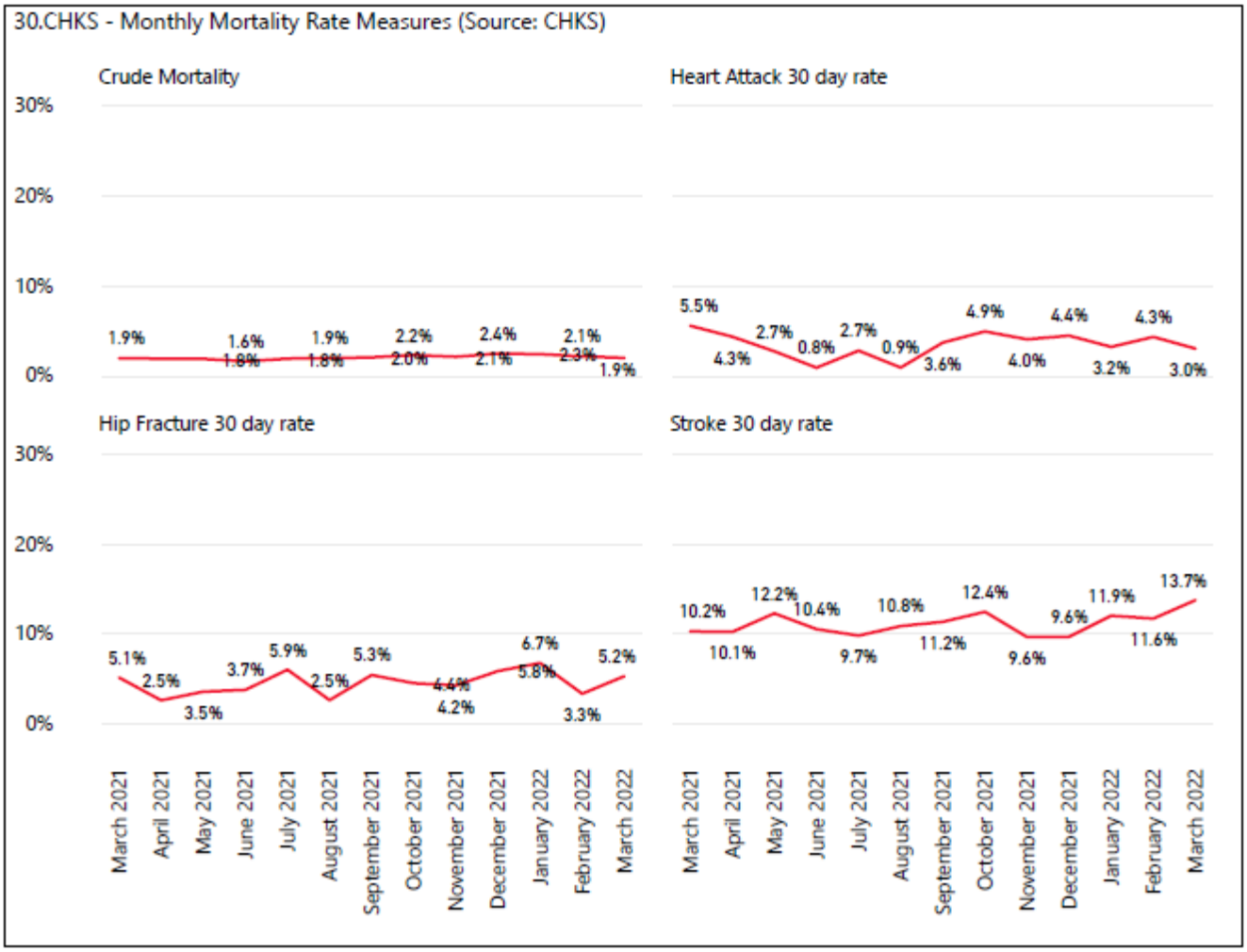
- Bariatric cushion procurement completed
- Duo 2 replacments have been evaluted (Aria Pro) and are currently progressing though a Procurent process
- Scrutiny Panel commenced in Medicine Clinical Board
- Pathway to redress and litigation already in place. Flow chart for pressure damage redress to be agreed between Clinical Boards and Concerns Team
- A snapshot audit tool has been devised to examine trends and themes of reported incidence of heel pressure ulcers within the UHB in 2021. This tool is currently being piloted in Podiatry prior to review and commencement of the audit.
- Agreed use UHB wide of AsskinG – updated standardised skin bundle
- Tendable is now rolled out to all ward across Health Board
- Draft QI dashboard created and shared with collaborative, detailing a range of possible metrics available
- Launch of pressure damage Collaborative Twitter page @CV_UHBPressure
- Development of Skin Safety Card and Pressure Ulcer Quick Reference guide
- Restart of Pressure Ulcer and Prevention Virtual Study Sessions
- Updated Stop the Pressure film for both Staff and Patients - https://youtu.be/Bv7wRrG0M5I

Mortality

The reported increase in Risk Adjusted Mortality Index (RAMI) is a concern and whilst there are recognised limitations in the recording, coding and interpretation of this measure the increasing trend requires urgent review.

The Health Board continues to work closer with the Medical Examiner in reviewing deaths and identifying themes and learning. Further details will be presented through the Quality and Safety Committee and will include the condition specific mortality rate.

The Director of Nursing for Surgery Clinical Board is the Professional lead on this piece of work for the UHB that looks at reducing the occurrence of healthcare acquired pressure damage within Cardiff and Vale UHB.



CHKS mortality data from latest 3 months is provisional only

PEOPLE/WORKFORCE

The Executive Director of People and Culture provides regular workforce metrics updates to the Committee and going forward will periodically provide an overview report against the seven themes within the People & Culture Plan.

Workforce KPIs

- **Sickness Absence** rates remain high at 6.50% in May and are 0.60% higher than they were 12 months ago. The rate is however the lowest it's been since July 2021 which is promising.

  The cumulative rate continues to rise at 7.14%, this figure is derived from absence over the last 12 months.

  The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Cold, Cough, Flu – Influenza', 'Other

musculoskeletal problems' and 'Other known causes - not elsewhere classified'

The number of staff on long term sick leave suffering with 'Anxiety/stress/depression/other psychiatric illnesses' has reduced. On 31/03/22 there was 284 and as at 31/05/22 there was 252 (a reduction of 32 – 11.27%).

- The rate of compliance with **Values Based Appraisal** (VBA)remains very low; the compliance at May 2022 was 32.45%. The importance of having a meaningful appraisal have been highlighted throughout the organisation. It is likely that operational pressures continue to adversely affect compliance. VBA training and communication is continuing with focused and targeted support being offered to areas/managers to ensure pay progression is completed effectively.

- **Turnover** rates have increased month-on-month over the last year, and is now 13.65% UHB wide. An empirical analysis of the leavers indicates that approximately 1% of the turnover is due to the end of fixed-term contracts issued to staff to work in new teams created to respond to the COVID-19 pandemic (such as the Mass Immunisations team). There has been a 2.48% increase in turnover during the last 12 months, which equated roughly to an additional 388 WTE leavers. The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Work Life Balance' and 'End of Fixed Term Contract'.

- **Statutory and Mandatory training** compliance rate continues at just over 13% below the overall target. It is likely that operational pressures continue to adversely affect compliance.

- Compliance with **Fire training** is continuing to improve, although the rate of improvement has slowed. In May the compliance with Fire training was 64.91%.

Summarised below are a few examples of what the team have been working on since the previous report:

Improving the health & wellbeing of our staff

- Inner Wellness webinars for all staff arranged for July, August and September.
- Wellbeing retreats starting 1st July 2022 initially targeted at Medical Workforce.
- People Services Team have been providing specialist advice and support to managers and staff on matters relating to managing attendance. They have been collaborating with the People Health and Wellbeing Service to ensure our staff are supported in the most appropriate way.
- The number of staff on long term absence suffering with long Covid has reduced to 32 and as mentioned earlier in the report the number of staff on long term absence suffering with anxiety/depression has reduced.
- The number of formal disciplinary cases has reduced to 21, this reduction is a direct result of changing the People Services model and embedding the principles of 'Just Culture'. Staff who are affected are supported throughout the process.

Enhancing the way, we engage and listen to our teams

- Wellbeing survey for our Medical & Dental teams is now live and closes on 31st July 2022.
- Awareness sessions are taking place with Nursing teams on the new engagement tool 'Winning Temp' in readiness for the launch.
- NHS Pension Scheme awareness sessions have been organised, focusing initially on the changes that have been created by the McCloud judgement.
- Requests for team development and cultural assessments have increased.
- OD support conversations have taken place, linked to the strategic programmes.

Improving the way, we attract, recruit and retain

- Engaging in a rolling programme of Recruitment Events/Careers Fairs which is proving to be very successful.
- Increasing the number of Registered Nurses and HCSW's who are registered to work on our Bank.
- The Retention Plan has been finalised and will now be implemented across UHB.
- Online promotion of apprenticeships for new recruits took place during 'Learn at Work Week' 16th – 20th May 2022.
- A new Good Practice Guide for the Appointments of Consultants in NHS Wales has been issued. Work is currently being undertaken to review our current Training Guide / recruitment protocols to ensure they reflect the new guidance as well as building a greater emphasis on the principles of values-based recruitment.

Improving workforce efficiency through systems and workforce analytics

- The new e-rostering system (HealthRoster) has now been implemented in 50 ward areas. Both the new system and roster principles are being well received by our Nurse Managers.
- Job Planning compliance is 83%, focus now is on sign off and ensuring that job plans are reviewed on an annual basis.
- Nurse establishments have been agreed and are being updated in ESR to ensure that our workforce data is accurate.
- We are engaging with the NWSSP Recruitment and Payroll modernisation programme, with a view to streamlining processes for our managers and staff.

Offering excellent education, learning and leadership development

- First cohort of the RCN cadets' scheme will commence on 25th July 2022. There are 21 in the cohort with 20 being from BAME backgrounds from a local high school. All will be offered the opportunity to interview for a HCSW bank worker role.
- 289 Nurses that joined us via the International Nurse Recruitment campaign have now achieved registration.
- Flexible part-time undergraduate programmes are now available for Physiotherapy and Occupational therapy starting September 2022.
- Acceler8 Cohort 1; Module 4 completed at 4PI, positive feedback to date from participants. Cohort 2 nominations now open.
- Collabor8 programme is now in development and will be launched in September 2022.

POPULATION HEALTH

Covid-19 update

- **Epidemiology:**

  Covid-19 community prevalence increased in the first two weeks of June in Cardiff and Vale, mirroring national trends. This was evidenced on community PCR and lateral flow testing rates, and wastewater signals. Rates have subsequently started to stabilise according to these measures. The most recent ONS infection survey prevalence data has shown the increase, but not yet a stabilisation; this is likely to feed through in future weeks as this data source lags behind local community testing and wastewater by around a week. Similarly, hospital admissions have increased slightly from a low base. This is expected to stabilise 1-2 weeks after the community rates have stabilised.

  It is thought the rise may be due to two potential factors: firstly, increased socialising over the Jubilee bank holiday long weekend; and secondly, the increasing prevalence of the BA4 and BA5 omicron variants in Wales. The BA5 strain in particular has some transmissible advantage over other B.A. strains.

  Clusters in care homes are broadly stable, alongside few hospital outbreaks. ONS reported mortality has remained broadly stable, below or in line with the five year average.

- **Test, trace and protect (TTP):**

  Local and regional changes have been made to TTP services in response to the Welsh Government plan, 'Together for a safer future: Wales' long-term Covid-19 transition from pandemic to endemic', with a focus on supporting high risk settings in the current 'Covid Stable' environment. Free PCR testing for the general population ended on 31st March 2022. Free LFT testing for citizens with symptoms was due to end in June, but has been extended due to the current increase in cases, and will now cease on 31st July 2022. Beyond that PCR testing capability will remain in place to manage outbreaks, as will LFT testing for staff working in high risk settings. From 1st July 2022 onward, the smaller retained contact tracing team will be targeted to support high risk settings, along with regionally determined priorities in health protection and health improvement. The multiagency regional team has further reduced its meeting frequency, and the Regional IMT has been paused. However, the situation is being monitored and both the local and regional responses could be stepped up to respond to a 'Covid Urgent' scenario in the future.

- **Covid-19 vaccination**

  Cardiff and Vale UHB has now delivered over 1,163,000 Covid-19 vaccinations to the population; this includes 42,000 Spring/2nd booster vaccinations. In terms of uptake, 85% of people aged 75 years and above; 59% of those severely immunosuppressed and 75% of care home residents have received a Spring booster to date. All eligible individuals for Spring booster vaccination have now been offered an appointment. Appointments for Spring booster vaccinations will be available until end June 2022 (except for eligible individuals who were unable to receive prior to end of June, for example due to illness). We will continue to offer walk-ins for 1st, 2nd and 1st booster doses to all eligible individuals across all sites.
  We have given 26% of 5-11 year olds a first dose of vaccination – the highest across Wales. All children aged 5-11 year have now received their first offer of appointment and we are currently reviewing the options for increasing uptake amongst this age group.
  There is a continual flow of housebound individuals which our mobile teams are providing vaccinations for.

  Interim guidance from the Joint Committee for Vaccination and Immunisation (JCVI) for the Autumn booster programme has now been published. Eligible groups include all people aged 65 years and over, frontline health and social care workers, care home residents and adults aged 16 to 64 years who are in a clinical risk group. A joint delivery plan for the Autumn Covid-19 booster and influenza vaccines is currently being developed. Splott and Bayside MVCs are due to close over the summer period; arrangements for a new Cardiff MVC on the Woodland House site will support delivery of the Autumn booster programme from September.

  The Covid-19 pandemic has exacerbated the inequalities and inequities in health experienced by the population of Cardiff and the Vale of Glamorgan. Significant work is required to address these population impacts, which the UHB will need to do in partnership with other local agencies. Ongoing preventative interventions such as smoking cessation, also need to be delivered, again taking into account the inequities experienced by our population. Specialist public health resource to support the full range of activities continues to be limited due to the ongoing requirements of the Covid-19 response.

Tobacco Control:

Smoking Cessation

Cardiff and Vale UHB achieved 2.1% (2021-2022) against a Welsh Government Tier 1 target of 5% (Figure 1). This represents a slight decline from 2020-2021 (2.2%). This may be explained by the impact of COVID reducing client engagement with NHS smoking cessation services, temporary ceasing of services due to capacity - such as those offered by Community Pharmacies

– and by increased 'one-off' interaction (such as supply of Nicotine Replacement Therapy) instead of on-going support which is required for Tier 1 'Treated Smoker' data.

Despite this slight reduction, the rate remains broadly static after a particularly challenging year, with the Health Board previously achieving 1.8% (2019-2020 and 2018-2019) and 1.6% in 2017-2018. Data for Wales (2021-2022) has not been published to date.

The Health Board continues to achieve a high 4 week quit rate against the Tier 1 Welsh Government Target of 40% (Figure 2). The UHB achieved a 74% 4 week quit rate (self-reported), (2021-2022). This is a considerable increase from the previous year (66%, 2020-2021).

The Help Me Quit (HMQ) community-based smoking cessation service achieved a 74% 4 week quit rate (self- reported), the Hospital Smoking Cessation Service, 75%, and the Community Pharmacy Enhanced Level 3 Service, 68% for 2021-2022. Both the HMQ and hospital Smoking Cessation service achieved over 70% for all 4 quarters of 2021-2022.

Figure 1: Percentage of Treated Smokers, Cardiff and Vale UHB Smoking Cessation Services 2006-2022

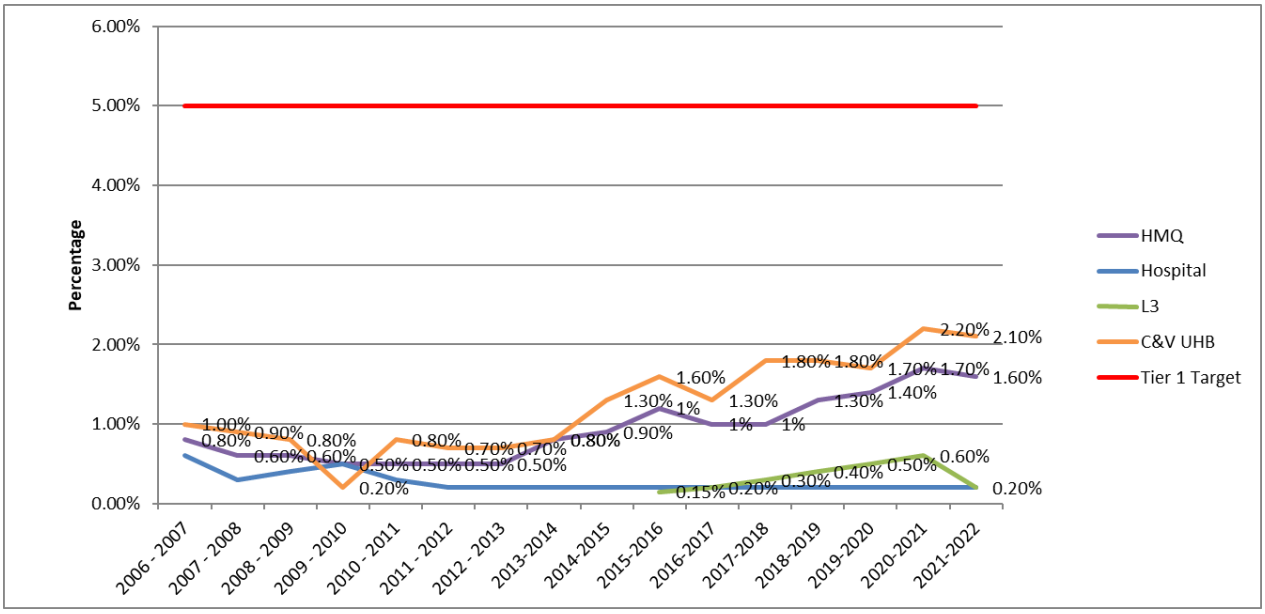
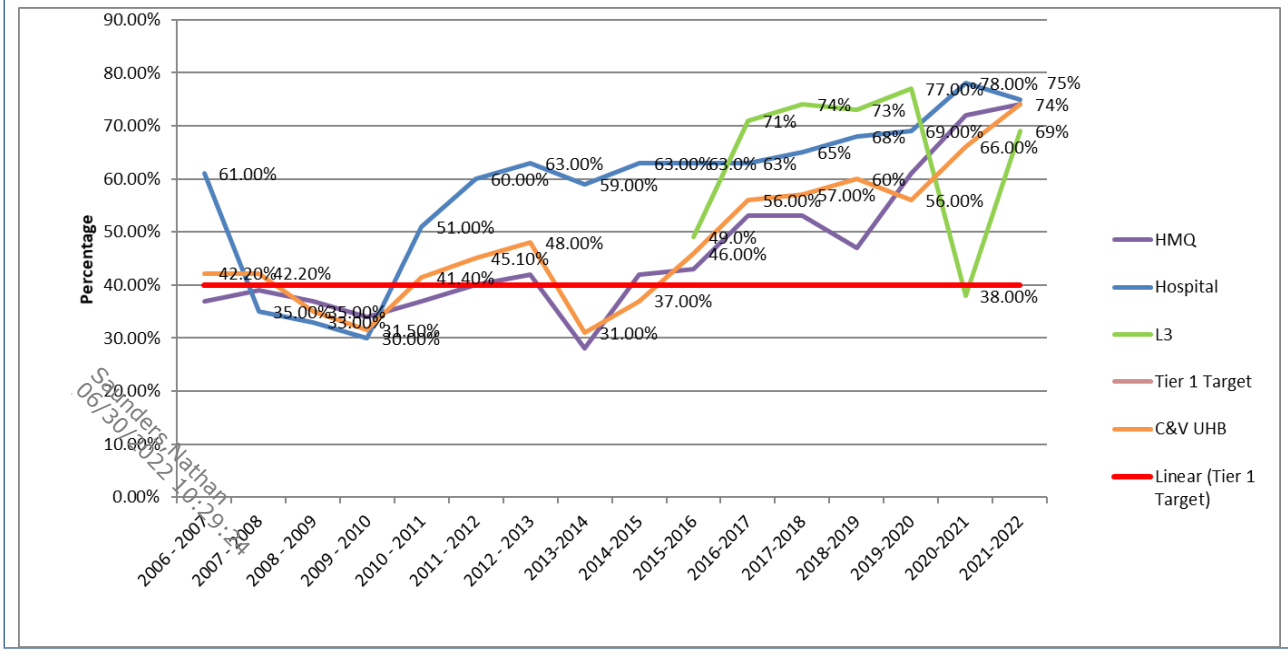


Figure 2: Percentage of 4 week quits (Self-reported), Cardiff and Vale UHB Smoking Cessation Services 2006- 2022



As part of Welsh Government Ministerial priorities for 2021-2022, the Hospital Smoking Cessation Service is working with all partners to implement the integrated ‘Ottawa’ model which includes routine identification of smokers with Brief Intervention advice, supply of NRT with smoking cessation support on admittance and continued engagement on discharge.

In Cardiff and Vale UHB, 9% of pregnant women smoke on booking (2020-2021), Wales 17%. The Health Board implements a Model for Access to Maternal Smoking Cessation Support (MAMSS) aiming to reduce smoking rates during pregnancy. For Quarter 3 2021-2022, (the latest available date), 64% of pregnant women who smoke accepted a referral the MAMSS Support Worker (representing an increase from 49% pre MAMSS intervention 2020-2021). for those engaging with smoking cessation support, 43% quit smoking at 4 weeks.

Smoking Prevalence
14% of adults smoke in Cardiff and Vale of Glamorgan (National Survey for Wales, 2019-2020) (a reduction from 17%, 2018-2019). Cardiff and Vale UHB has the lowest prevalence of smoking when compared to other health boards in Wales. Welsh Government has set a target of 5% by 2030 as part of their draft Tobacco Control Strategy 2022-2030 which is scheduled to be launched in July 2022.

Smoking Prevention
A dedicated Children and Young Peoples Tobacco Control Programme has been implemented to help reduce the uptake of tobacco (and e-cigarettes)

PERFORMANCE

System wide operational pressures have continued and we are still seeing access or response delays at a number of points across the health and social care system. Updates with regards to specific service areas are contained within the relevant sections.

There has been no change to national requirements for performance and waiting list reporting and published information since the last Board meeting. It is anticipated that a revised NHS Performance Framework for 2022/23 will be issued in quarter 2, reflecting some of the Ministerial priorities outlined in national plans. July’s Board report will be updated to include our position on two specific planned care ministerial ambitions – elimination of > 52 weeks new outpatients by the end of December 2022 and elimination of > 104 week waits for all stages of pathway by the end of March 2023.

Planned Care

Whilst the operational pressures impacted on the delivery of planned care activity in quarter 1, implementation of new schemes and recommencement of elective activity in UHW and UHL resulted in an increase in activity as we moved through the quarter.

The total number of patients waiting for planned care and treatment, the ***Referral to Treatment (RTT)*** waiting list was 126,960 as at May 2022. The number of patients waiting for planned care and treatment ***over 36 weeks*** has increased to 44,830 at the end of May 2022. 54% of these are at New Outpatient stage.

The good progress made in increasing ***Diagnostic*** activity and reducing waits continues. The volume of greater than eight-week waits has reduced from its highest point of 7,808 in December 2021 to 3,940 at the end of May. The number patients waiting over 14 weeks for ***Therapy*** reduced to 2,567.

Referrals for patients with suspected ***Cancer*** have now exceeded pre-Covid levels. Performance against the Single Cancer Pathway has been maintained with 61.6% of patients seen and treated within 62 days of the point of suspicion.

The overall volume of patients waiting for a ***follow-up outpatient*** appointment at the end of May 2022 was 176,446. 98.7% of patients on a follow up waiting list have a target date, above the national target of 95%. The number of follow-up patients waiting 100% over their target date has increased to 42,558.

95.5% of patients waiting for ***eye care*** had an allocated health risk factor in May 2022. 69.4% of patients categorised as highest risk (R1) are under or within 25% of their target date.

Demand for adult and children's ***Mental Health*** services remains significantly above pre-Covid levels, with referrals for the Local Primary Mental Health Support Service (LPMHSS) at 1,319 referrals in May 2022. As highlighted at the previous Board meetings, this demand increase includes an increased presentation of patients with complex mental health and behavioural needs. Significant work has been undertaken to improve access times to adult primary mental health and CAMHS services. Part 1a: The overall percentage of Mental Health assessments undertaken within 28 days increased to 77.4% in May 2022, CAMHs performance was 78.2%. There were no patients waiting over 57 days in April or May 2022. Part 1b: 93.1% of therapeutic treatments started within 28 days following assessment at the end of May 2022.

Unscheduled Care

Attendances at our Emergency Unit department have increased since the first Covid wave but remain lower than previous years. Performance against the 4 and 12 hour waiting time targets and ambulance handover >1 hour is shown in the balanced scorecard.

The challenging position across the urgent & emergency care system as verbally reported at previous Board meetings has continued. Two factors continue to combine to cause current difficulties – high occupancy, with a continued challenge in our ability to achieve timely discharge and sustained workforce challenges.

Covid admissions have reduced since the last Board meeting allowing us to further de-escalate some Covid capacity. At the time of writing, the UHB had 52 Covid positive inpatients across its two acute hospital sites. The relaxation of IP&C measures in June 2022 have led to a reconfiguration of the EU and AU footprint and lowered the previous complexity of streaming patients requiring admission.

The Health Board, in conjunction with its Local Authority and WAST partners, continues to work hard to alleviate the pressures and improve the quality of care and patient experience through a range of actions agreed across a number of areas, including admission avoidance, enhanced escalation and more timely discharge. Whilst some of these actions are more short term to address the current challenges we are facing, the Health Board, in conjunction with its partners, has also developed a more sustainable and transformational plan, in line with the national six goals for urgent and emergency care. This will be covered in more detail at the S&D Committee on 12th July 2022.

Primary Care

The Health Board achieved 75% compliance in April 2022 for the proportion of GP OOH 'emergency' patients attending a primary care centre appointment, with 6 patients of 8 attending within 1 hour. The Health Board was 88% compliant against the target for emergency GP OOH patients requiring a home visit within one hour.

Pressure has continued within GMS, albeit with a reduction in the number of practices reporting high levels of escalation. There were 8 reporting either level 3 or 4 escalation at the time of writing the report. The 2 GMS contract resignations have been effectively managed by the primary care team.

Dental services are operating at around 50% of pre-Covid activity but we expect to see an increase in activity as we move through Q1 into Q2 driven by new contractual arrangements and changed IP&C guidance. Optometry is operating at pre-Covid levels. Community pharmacy has remained open with no issues reported.

FINANCE

How are we doing?

The Health Board agreed and submitted a draft financial plan to Welsh Government at the end of March 2022. The draft plan is structured in three parts in line with Welsh Government guidance as follows:

- Core Financial Plan including recovery
- National inflationary pressures which are out of the direct control of individual Health Boards.
- Ongoing COVID response costs.

The UHB's core plan incorporated: -

- Brought forward underlying deficit of £29.7m
- Allocations and inflationary uplifts of £29.8m
- Capped cost pressures and investments of £36.9
- A £16m (2%) Savings programme

This results in a 2022-23 planning deficit of £20.8m.

At month 2, the UHB is reporting an in month overspend of £3.996m against its submitted draft plan. This is due to £0.529m of operational pressures and a planning deficit of £3.467m, which is two twelfths of the planned deficit of £20.8m identified in the draft 2022/23 financial plan.

Delivery of the core financial plan includes a 2% (£16.0m) savings requirement. At month 2, the UHB has identified £14.805m of green and amber schemes to deliver against the £16.000m savings target leaving a further £1.195m schemes to identify. Whilst the UHB has made good progress against the overall £16m target, there is a gap of £4.858m against the £12m recurrent element of the target at month 2.

Reported month 2 position

The Welsh Government monthly financial monitoring returns capture and monitor costs due to COVID 19 and exceptional cost pressures that are over and above LHB core plans. The draft financial position reported to Welsh Government for month 2 is a deficit of £3.996m and this is summarised in Table 1.

Table 1 : Month 2 Financial Position

	Month 2	Forecast Year-End Position £m
COVID 19 Additional Expenditure	11.197	65.282
Exceptional Inflationary Pressures	3.081	24.800
Gross additional COVID and Exceptional Inflationary Pressures £m	14.278	90.082
Welsh Govt FUNDING for additional COVID and Exceptional Inflationary Pressures	(14.278)	(90.082)
Planned deficit	3.467	20.800
Operational position (Surplus) / Deficit	0.529	0.000
Financial Position £m (Surplus) / Deficit £m	**3.996**	**20.800**

The month 2 deficit of £3.996m comprised of the following:

- £3.467m planned deficit (2/12th of £20.800m);
- £0.529m adverse variance against plan.

The UHB plans to recover the adverse operational variance of £0.529m at month 2 as the year progresses and anticipates that it will deliver its planned deficit position of £20.8m.

In line with the draft financial plan, the UHB expects Welsh Government funding to provide full cover for additional costs in relation to the management of COVID and exceptional cost pressures. At month 2 the UHB is projecting additional expenditure due to COVID-19 to be £65.282m including local response and national programmes. The exceptional inflationary pressures in relation to Energy, the NI Levy and the Living Wage are forecast to be £24.8m.

Underlying deficit position

The UHB's accumulated underlying deficit brought forward into 2022/23 was £29.7m which reflects the £21.3m shortfall against the recurrent 2020/21 savings target due to the pandemic and the £4.4m shortfall against the 2021/22 recurrent savings target. Delivery of the UHB's draft financial plan will ensure that the underlying position does not deteriorate in 2022/23 and reduces to £23.7m.

Creditor payment compliance

The UHB's public sector payment compliance performance was 92.4% at the end of May, which is just below the target of 95%.

Remain within capital resource limit

The UHB's approved annual capital resource limit was £46.366m at the end of May 2022. Net expenditure to the end of May was 7.3% of the UHB's approved Capital Resource Limit and all schemes are currently in line with approved plans.

What are the UHB's key areas of risk?

The key risk which feeds the UHB Corporate Risk Register is the failure of the UHB to deliver a breakeven position by 2022-23 year end with a current planned deficit of £20.8m.

Recommendation:

The Board / Committee are requested to:
Note the contents of this Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people		7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention	X	Long term	X	Integration	X	Collaboration	X	Involvement	X

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
n/a
Safety: Yes/No
n/a
Financial: Yes/No
n/a
Workforce: Yes/No
n/a
Legal: Yes/No
n/a
Reputational: Yes/No
n/a
Socio Economic: Yes/No
n/a
Equality and Health: Yes/No
n/a
Decarbonisation: Yes/No
n/a

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Saunders,Nathan
06/30/2022 10:29:24

Report Title:	NHS Long Term Agreements (LTAs) and Financial Approach for 2022/23			Agenda Item no.	4.2
Meeting:	Board	Public	x	Meeting Date:	30/06/2022
		Private			
Status *(please tick one only):*	Assurance		Approval	x	Information
Lead Executive:	Executive Director of Finance				
Report Author (Title):	Assistant Director of Finance				

Main Report
Background and current situation:

Context

The Health Board holds a number of Long-Term Agreements (LTAs) with other NHS bodies in support of:

- The provision of secondary regional, tertiary and specialised services to commissioning organisations
- The commissioning of secondary regional, tertiary and specialised services for the Cardiff and Vale resident population from other provider organisations

The LTAs are generally agreed through signed documents known as the 'Heads of Agreements' (HoAs) which include sections covering:

General Terms
Financial Baselines and Contracting Framework
Activity Baselines and Performance Framework, linked to WG Measures
Information Requirements and Governance
Quality & Patient Safety Considerations
Escalation and Dispute Framework

One may also see the term HCAs (Healthcare Agreements) referenced, particularly in legislation or some Welsh Government (WG) policy. In line with Health Board SFIs, WG consent limits do not apply to inter-NHS Contracts [Procurement and Contracting for Goods and Services, Section 11.6.4]

By their very nature, the LTAs are considered a 'going concern', in that they are assumed to rollover annually. The HoAs between NHS organisations within Wales are normally signed at the end of March relating to the forthcoming financial year.

For 2020/21 and 2021/22, WG postponed the deadline for agreeing LTAs later into the year, due to the COVID-19 pandemic. In addition, during these years, all-Wales block contracting arrangements based on 2019/20 out-turn have largely been in place on activity-based arrangements. This ensured a degree of financial stability despite the changes in capacity and patient flows.

For 2022/23, WG again extended the deadline to 30 June 2022, due to the planned transition away from block contracts back towards local 'cost and volume' arrangements.

Payments on account are made monthly, usually 1/12th LTA baseline value. Monthly contract monitoring returns set out the activity and performance against baseline, including the financial variation and forecast settlement per the LTA framework and terms.

Contract Baselines for 2022/23

Table 1 - Draft LTAs as a Provider (Income)

Organisation	Mechanism	Draft Value (£m)
WHSSC	Signed LTA	276.260
Aneurin Bevan	Signed LTA	35.225
Cwm Taf Morgannwg	Signed LTA	30.501
Hywel Dda	Signed LTA	6.097
Swansea Bay	Signed LTA	3.685
Powys	Signed LTA	1.566
NHS England	Signed LTA	2.842
Herefordshire CCG	Signed LTA	0.157
		356.333

The UHB's provider LTAs are broadly summarised as:

- Health Boards – secondary regional and tertiary flows into Cardiff and Vale in line with custom and practice of historic referral pathways
- WHSSC – specialised regional and national services provided for Wales, commissioned by WHSSC in line with its Joint Committee approved Integrated Commissioning Plan
- NHS England – tertiary and specialised services supporting some Herefordshire and South West England flows, as well as emergency care

Table 2 - Draft LTAs as a Commissioner (Expenditure)

Organisation	Mechanism	Draft Value (£m)
WHSSC	Risk Share	129.123
EASC	Risk Share	25.099
… … NEPTS	SLA / Risk Share	4.945
Velindre (VCC)	Signed LTA	23.813
Cwm Taf Morgannwg	Signed LTA	17.032
… … CAMHS	SLA	0.556
Swansea Bay	Signed LTA	2.253
… … Sub-contracts	Signed LTA / Non-LTA Bills	2.005
Aneurin Bevan	Signed LTA	1.092
Hywel Dda	Signed LTA	0.346
UH Bristol & Weston NHSFT (UHB Only)	Signed LTA	0.191
		206.455

The UHB's commissioner LTAs are broadly summarised as:

- Health Boards – secondary regional and tertiary flows out of Cardiff and Vale in line with custom and practice of historic referral pathways, largely the Western Vale population into Princess of Wales Hospital.
- Velindre – regional and specialised cancer services, including high cost cancer drugs
- WHSSC – specialised regional and national services in line with the Integrated Commissioning Plan
- EASC – ambulance, transport and first responder services (now includes non-emergency patient transport services (NEPTS) as well)
- England – emergency flows and occasional pathways into Bristol

It should be noted that WHSSC and EASC Commissioning arrangements are not subject to a signed LTA document. An all-Wales Health Board collective 'Risk Share' agreement operates, as agreed through respective Joint Committees. Separate governance arrangements for both committees receive and approve the respective Integrated Commissioning Plan (ICP) / IMTP annually.

Table 3 – Other Draft LTAs

Organisation	Mechanism	Indic' Income (£m)	Indic' Spend (£m)
Public Health Wales – Screening	Signed LTA	2.808	
Public Health Wales – Microbiology	Signed LTA		6.245
Health Board Laboratory Services	SLAs	3.410	
… … Aneurin Bevan		*0.730*	
… … Betsi Cadwaladr		*0.414*	
… … Cwm Taf Morgannwg		*0.411*	
… … Hywel Dda		*0.433*	
… … Swansea Bay		*0.538*	
… … Velindre		*0.884*	

Whilst separate to the main corporate LTAs, the above arrangements for screening, microbiology and laboratory services are also brought to the attention of the Board due to materiality and being subject to signed agreements as well.

It should be noted, there are a number of other Service Level Agreements (SLAs) managed within delegated limits and arrangements across the organisation which are outside the scope of this paper. In addition, other provider-to-provider arrangements, such as outsourcing, are also managed separately with different governance arrangements.

2022/23 LTA Financial Framework

Following discussions through 2021/22 on the approach to LTAs within NHS Wales, the All-Wales Directors of Finance Group sought a review and recommendations from a Financial Flows Workstream, informed by contracting and commissioning leads across organisations.

The agreed principles applied to 2022/23 included:

- A need to move away from COVID fixed block contracts
- This is a transition year, with recognition of NHS policy to return to at least 2019/20 levels of activity
- Some protections for underperformance, to minimise risk on activity variations and recognise cost of delivery
- Model to incentivise recovery and patient treatment

Following consideration of several options and the associated risk, the final agreed framework is summarised as:

- 1 Year transitional framework
- Reference baseline of 2019/20 out-turn + inflation / wage award
- Non-admitted care to remain on block, e.g. outpatients
- Elective admitted patient care and Non-elective care to return to 'cost and volume' with
    - 10% tolerance for underperformance below 2019/20 levels, extant rates beyond this
    - Enhanced rates (70% marginal) for additional activity beyond 2019/20 levels
- 'Pass-through' contracts to remain on extant arrangements, e.g. NICE recharges
- Planned baseline changes enacted – repatriations, investments, service changes etc.
- WHSSC to have flexibility on this to implement its Joint Committee agreed plan

The framework sought to recognise activity issues around changing pathways and new approaches to virtual contacts, whilst facilitating the flow of recovery funding to support provider costs where they are delivering. It also ensured the framework presented no barrier to service change and development across the system.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The Health Board's IMTP provides for both the baseline and core expected financial performance assumptions across the LTAs, as well as the impact of known changes, such as agreed service developments, repatriations and disinvestments.

A number of material baseline adjustments are anticipated during the financial year associated with WG Allocation adjustments. These are expected to be cost neutral and largely associated with WHSSC and EASC commissioning arrangements, and directed funding.

The LTA framework supports and incentivises a return to pre-pandemic levels of activity and recovery beyond, whilst keeping some protections in the system.

The primary risks relate to provider underperformance below 90% of pre-pandemic levels, and commissioner recovery expenditure at enhanced rates for activity beyond 2019/20. However, opportunity to secure additional recovery funding from commissioners also exists where the UHB delivers beyond these levels.

It should be noted that Velindre has expressed concern over its provider fixed costs associated with ensuring recovery capacity, as well as potential premium outsourcing costs.

LTA performance and risk assessment on this, including recovery, will feature as part of routine reports and discussion through Finance Committee.

Table 4 - The approach to variation and settlement:

Cost neutral adjustments, including transfers of service, and Allocation changes	Agreed and actioned by the lead senior manager / finance business partner (no limit)
Adjustments within budget, agreed IMTPs / ICPs, or delegated limits	Agreed and actioned by the lead senior manager / finance business partner (no limit)
Year-end performance and variation settlement invoices per LTA terms and the 22/23 LTA Financial Framework Agreement	<£125k DoF approval or per delegated limits >£125k Chief Executive approval (no limit)
Exceptional baseline changes outside of budget and IMTP / ICPs	<£125k DoF approval or per delegated limits >£125k Chief Executive approval >£500k Board approval (incl. Chairs Action)
Year-end performance and variation settlement invoices outside of LTA terms and the 22/23 LTA Financial Framework Agreement	<£125k DoF approval or per delegated limits >£125k Chief Executive approval >£500k Board approval (incl. Chairs Action)

Recommendation:

The Board is requested to:

a) Note the current Long-Term Agreements and their indicative baseline values for 2022/23

b) Approve delegated Board authority for the LTAs to agreed and signed by the Chief Executive

c) Approve delegated Board authority for in-year LTA baseline changes and variation / settlement invoices to be agreed as set out in the Executive Director Opinion (Table 4)

d) Note that LTA financial performance as both provider and commissioner feature as part of reports into Finance Committee monthly

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered *Please tick as relevant*									
Prevention		Long term	x	Integration		Collaboration	x	Involvement	

Impact Assessment: *Please state yes or no for each category. If yes please provide further details.*
Risk: Yes/No
No
Safety: Yes/No
No
Financial: Yes/No
Yes – the Cardiff & Vale UHB LTAs are key contractual and financial arrangements supporting the delivery of healthcare across Wales.
Workforce: Yes/No
No
Legal: Yes/No
No
Reputational: Yes/No
Yes
Socio Economic: Yes/No
No
Equality and Health: Yes/No
No
Decarbonisation: Yes/No
No

Approval/Scrutiny Route:	
Committee/Group/Exec	Date:
Finance Committee (Presentation for awareness)	25/05/2022

Saunders,Nathan
06/30/2022 10:29:24

eport Title:	**2022-25 Integrated Plan**			Agenda Item no.		
Meeting:	**Board**	Public	x	Meeting Date:	**30 June 2022**	
		Private				
Status *(please tick one only)*:	Assurance	Approval	x	Information		
Lead Executive:	**Executive Director of Strategic Planning and Commissioning**					
Report Author (Title):	**Head of Strategic Planning**					

Main Report
Background and current situation:

Between March 2020 and October 2021, the statutory requirement for the Health Board to develop a full three-year Integrated Medium-Term Plan was stood down in response to the Covid-19 pandemic, replaced instead by the requirement for quarterly, and then latterly annual plans. Welsh Government signaled the return to a three-year approach to planning with the publication of the 22-23 NHS Wales planning framework in October 2021.

On the 31st March 2022 Board approved a draft 2022-25 IMTP which was submitted to Welsh Government on the assumption that during the first quarter of 22-23 we would undertake further intensive work to set out the plan for achieving a sustainable financial position. This was an approach agreed with Welsh Government. The draft plan set out a deficit position of £20.8m in 2022/2023.

Over the last three months, the Finance and Planning Teams have been working hard to explore further actions we can take to improve our financial position over the course of the next three years, moving towards a sustainable and balanced financial position that is in line with our statutory duties.

Benchmarking intelligence, guidance and challenge from the Finance Delivery Unit has been used to inform the plan which sets out a stretching but deliverable process for moving into a surplus financial position in 2024/2025.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The Board previously set out its intension to develop a three-year plan that delivers a sustainable financial position over the timeframe of the plan. Importantly the plan retains a strong focus on fulfilling our statutory duties, improving the quality of the services we provide and improving population health, alongside delivering the commitments we have set out in relation to the recovery of our planned care position and improving emergency and urgent care performance and outcomes.

The draft integrated three-year plan set out a series of actions designed to continue the delivery of our overarching strategy, Shaping Our Future Wellbeing, with its focus on reducing health inequities, as well as the delivery of stretching trajectories in the areas detailed in the Ministerial priorities.

Informal feedback on our draft plan received from Welsh Government and the Finance Delivery Unit Officials indicated that the level of ambition described in the plan was welcomed, but confirmed that further work was required in relation to the financial plan, with the expectation that a balanced financial plan could be developed during the first quarter of 22/23.

Management Executive (ME) subsequently agreed a programme of work to: explore and describe the drivers to the underlying deficit with clarity; assess the key transformation areas for financial opportunities and achievable benefit realisation; seek additional thematic areas for consideration and

compile an options list of unpalatable savings opportunities. A robust approach to programme governance and scrutiny was also developed. This approach was supported by the Board.

A series of principles were agreed to inform development of the financial recovery plan, which the Board supported in previous discussions.

1. **Our emphasis is driving quality and value and the plans must**
   - Preserve or improve patient safety or quality
   - Preserve or improve access times to healthcare for patients waiting for services
   - Preserve or improve staff wellbeing

2. **Invest in services with clear benefits realisation plans which more than cover the investment**

3. **Ensure balanced focus on tertiary services and the Cardiff and Vale population**

4. **Balance baseline operational cost reduction appropriately with Covid-19 cost reduction**

5. **We commit to eliminate our underlying deficit as a Health Board without expectation of increased resources from Welsh Government**

The driver for the underlying deficit is the cumulative impact of the investment in tertiary and regional services, new technologies and local services (£20m); and cost pressures & services growth (£10m) in excess of funding allocations for inflation and growth.

This explanation is important in terms of forward planning considerations and opportunities to rectify and re-balance into the future.

As agreed a proposed options list for Board consideration of unpalatable cost saving measures was tested with Board in its discussion on the 14th June and included for example, but not limited to investment commitments already made in the areas of;

- Acute oncology service expansion
- Quality Safety and Patient (QSE) experience directorate expansion to support implementation of the Board approved QSE framework
- Rollout of the e-rostering system for the UHB
- Reduction in the strategic transformation workforce
- UHB funding commitments in regards to WHSCC and EASC
- Key digital service improvements commitments regarding cyber security for example.

The updated plan reflects the outcome of this work. Informal feedback from WG officials and the Minister has also been taken into consideration. The plan sets out how the Health board manages its expenditure within its allocated resources during the planning timeframe.

The following table sets out the core financial plan over the three-year period. It shows that following the additional work set out above the core plan for 2022/23 has improved by a further £3.7m to a £17.1m deficit and that due to the actions outlined above the Health Board intends to deliver a surplus in 2024/25 on its core plan.

	2022/23 Plan £m	2023/24 Plan £m	2024/25 Plan £m
Deficit from prior year		(17.1)	(8.1)
Adjustment for non-recurrent items		(2.9)	0.0
b/f underlying deficit	**(29.7)**	**(20.0)**	**(8.1)**
Allocation uplift (including LTA inflation)	29.8	15.5	7.6
Capped cost pressures assessment recurrent	(31.8)	(26.5)	(19.1)
Capped cost pressures assessment non-recurrent	(1.1)		
Investment reserve	(4.0)	(2.0)	(2.0)
2022/23 Planned Surplus/(Deficit) before efficiency programme	**(36.8)**	**(33.0)**	**(21.6)**

Efficiency Programme			
Recurrent cost improvement plans	12.0	16.0	16.0
Non Recurrent cost improvement plans	4.0	0.0	0.0
Planned Surplus/(Deficit) before financial recovery plans	**(20.8)**	**(17.0)**	**(5.6)**
Financial Recovery plans	3.7	8.9	9.1
Planned Surplus/(Deficit)	**(17.1)**	**(8.1)**	**3.5**

This finance recovery plan sets out the actions the Board is recommended to support in order that the overall expenditure and income/allocation is brought into a sustainable position.

Recommendation:

The Board is requested to:

Note the work which has progressed since draft plan submission on the 31st March 2022
Approve the final plan for submission to Welsh Government

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	x
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time	x	10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration	x	Collaboration	x	Involvement	x

Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes. There are risks associated with the delivery of the three-year plan which are documented within the plan.

Safety: No
Financial: Yes. The plan sets out how financial sustainability will be delivered over the timeframe of the plan. A challenging financial recovery plan is contained within the overarching plan which sets out the actions the Board needs to take in order to achieve this.
Workforce: Yes. The workforce plan is an integral part of this plan. In order to reduce expenditure, action will be taken that impacts on the workforce overall.
Legal: No
Reputational: Yes. One of the statutory duties of the Health Board is to develop a three-year integrated plan that meets the requirements of the NHS Finance Wales Act (2014) and Welsh Government Planning Guidance. A plan that does not meet these requirements is unlikely to be approved by the Minister, which could result in an escalation of the Health Board's position.
Socio Economic: No
Equality and Health: Yes. The plan sets out how we will deliver the next milestones against Shaping Our Future Wellbeing, which has at its heart our vision to reduce health inequalities and ensure everyone is giving the same opportunity to live a healthy life.
Decarbonisation: Yes. The plan references our commitments to the decarbonisation agenda, in line with the WG plan, as detailed in our Sustainability Action Plan.

Approval/Scrutiny Route:	
Committee/Group/Exec	Board discussion (In Committee) 25/05/22 and 14/06/22
Management Executives	13/06/22

Cardiff and Vale University Health Board

2022 – 2023 Integrated Plan

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
Cardiff and Vale University Health Board

FOREWARD

Thank you for taking the time to read our plan for the coming three years. Cardiff and Vale UHB like the rest of society has experienced a turbulent two years. Our staff, and the services they have provided during this time, have faced enormous pressure and we owe them a debt of gratitude.

That gratitude must start with how we plan to move forward over the next three years, so we can repay our staff by making this Health Board an even more exciting and rewarding place to work. If we create these conditions our patients and local population will see the benefits through the even more outstanding care that they receive and the outcomes which they can expect to experience.

However, we face huge challenges, including how we address the backlog of treatment that has built up, how we deal with the high level of unmet demand which we believe exists in our communities and will soon present itself, how we address the health inequalities which still stubbornly exist within our populations, along with the challenge of learning to find a way to live with Covid-19.

We are also determined to improve outcomes for our patients and will use a relentless focus on quality of care to drive improvement in the performance and value of our services. To achieve this, we will ensure that this is the central pillar underpinning our performance monitoring and assessment of services, service improvement planning and delivery of services as both a commissioner of services for Cardiff and Vale residents and the provider of care for our local and wider South Wales population.

Because of these challenges we want this plan to be clear, accessible, transparent and easy to read. We want our staff and our patients to work with us to deliver the solutions to many of these challenges as we learn the lessons from the pandemic and accelerate the transformation of our services.

Our plan looks to demonstrate the balance we need to manage between Covid-19 response and recovery and the wider system transformation that needs to take place. It also looks to demonstrate the critical role that many central functions will play in helping us bridge the gap between Covid-19 recovery and long-term sustainable system transformation. This balancing act is akin to building a bridge and ensuring that it meets seamlessly in the middle – this is how we have structured our plan.

Against the backdrop of the operational challenges the organisation has faced the UHB has also, in the last six months, seen a significant changing of the guard of its senior leadership team. As we publish this new plan for 2022-25 it must be acknowledged the significant effort which these individuals played not only over the last years but also in the early stages of supporting the development of this plan.

We have, or will imminently say goodbye to Prof Stuart Walker Medical Director and Interim Chief Executive, Ruth Walker OBE, Executive Nurse Director and Steve Curry, Director of Operations. With has stepped into the Executive Medical Director position, we have appointed a new and Chief Operating Officer who will be joining us in September and we will be appointing to the Executive Nurse Director position in July.

In spite of the challenges, we remain excited about the positive future that lies ahead which is articulated in this plan. We all have a role to play in the delivery of this plan and we both look forward to working closely with you to achieve its ambitions.

Suzanne Rankin
Chief Executive

Charles Janczewski
Chair

INTRODUCTION

Our Plan

In March 2022 we submitted a draft three-year IMTP to Welsh Government with the intention of undertaking further work on the financial recovery aspects of the plan, in light of the challenging financial position facing the organisation. This was an approach supported by Welsh Government.

Between April and June we have worked hard to ensure the organisation is operating within as robust a financial framework as possible. As the finance section of the plan demonstrates, we remain in a challenging situation and one which will take a period of time to navigate with confidence to reach a sustainable financial position by 2024/25. The plan sets out the improvements we will make over the next three years to eliminate the financial deficit and return to a surplus position in three year of the plan, and doing so in a way that is sustainable, rather than relying on short term, non-recurrent actions.

In doing so, we describe a financial journey which has been well tested with Welsh Government, that provides confidence that this is a short term / interim position. We have a clear financial recovery programme that is underpinned by a robust approach to implementation and realisation, so that we are in a strong position to develop a full three-year IMTP in 2023-2024.

Our financial recovery programme sets clear guiding principles to inform our cost reduction programme that:

1. **Ensures our emphasis is driving quality and value and the plans must**
    - Preserve or improve patient safety or quality
    - Preserve or improve access times to healthcare for patients waiting for services
    - Preserve or improve staff wellbeing
2. **Invests in services with clear benefits realisation plans which more than cover the investment**
3. **Ensures a balanced focus on tertiary services for the wider population we serve, and the Cardiff and Vale population**
4. **Balances baseline operational cost reduction appropriately with Covid-19 cost reduction**
5. **Commits to eliminate our underlying deficit as a Health Board without expectation of increased resources from Welsh Government**

Re-baselining this plan has not been done exclusively through a financial lens. Delivering a financially robust plan is one pillar of an integrated plan. We have also;

- Learnt from the progress we have made through the first part of quarter 1 and adjusted our performance ambitions accordingly so that we continue to provide a realistic projection of where we want to be at the end of the year. You can review our refreshed performance ambitions in the **Recovering and Redesigning Services-** *Our approach and delivery ambitions* section of this plan.

- Reflected on the strategic component of our plan to reassure ourselves that the strategic transformation of the organisation is still realistic and achievable. We have a robust approach to managing implementation of the strategic transformation agenda and the intelligence we have been receiving confirms that we are making good progress across many areas and therefore

continue to be well placed to move on the ambitions we originally set ourselves in March 2022. We have not adjusted this element of the plan. We will be providing our Board and stakeholders with quarterly updates on the progress we are making through a revised approach to plan delivery assurance.

Our Health Board

Cardiff and Vale University Health Board is one of the largest health care organisations in the UK, employing over 15,000 people, serving a local population of over 500,000 and providing tertiary and quaternary services to a population of up to two million people across South Wales. Our budget for delivering services is in excess of £1.5 billion, made up of funding for our local population and commissioning income for the services we provide for other health boards. We also commission some services for our local population from neighbouring health boards, and for some highly specialised services, we commission a small number of services for our population from centres of excellence in England through the Welsh Health Specialist Services Commission.

We work closely with local communities, third sector and independent providers, and our local authority partners to take collective action to improve the health and wellbeing of the Cardiff and Vale population, which is more diverse that in any other region in Wales – both in terms of ethnicity and inequalities in health. We also work closely with our NHS Wales partners to deliver high quality services that give our patients the best outcomes and experience. These include our neighbouring health boards, Velindre University Trust, Welsh Ambulance Service Trust and Public Health Wales – as well as a number of all-Wales health organisations that support us – Digital Health and Care Wales, NHS Shared Services Partnership and Health Education and Improvement Wales.

We also have an important role to play teaching the largest cohort of trainee health care professionals in Wales, including doctors, nurses, therapists and health care scientists, and we carry out the largest volume of research activity in Wales, working closely with Cardiff University and our other academic partners and industry partners. We are one of a few centres in the UK accredited to deliver novel new treatments and medicinal products - through both research and commissioned by WHSSC.

With over 80% of our staff living in the area and our use of a vast range of products that are procured from local, national and international markets, we have a significant contribution to make to the Foundational Economy in Wales. As a big consumer of energy and products, and producer of large volumes of waste, we have an important responsibility to act to decarbonise, to contribute to the Welsh Government's zero carbon targets.

In 2015 we published our first ten-year strategy, Shaping Our Future Wellbeing, which set out the actions we would take with partners to give everyone in our communities the same chance of leading a healthy life, and providing the best quality services possible within the resources available to us, adopting the prudent health care principles to ensure that services derive optimal benefit for our patients. The strategy was developed as the Well-being of Future Generations (Wales) Act was passing through the Senedd and has the sustainable development principle and the well-being goals at its core, including a focus on prevention and long-term thinking. Whilst many of the objectives underpinning our strategy continue to have relevance for this plan, we recognise that, at the end of this IMTP period, we will be coming to the end of our strategy's timeframe. We will use the next 3 years to engage with all our stakeholder to review the delivery against our strategy and develop a programme of engagement and co-production to develop a strategy for 2025-35.

Over the last two years, we have dramatically adapted the way we deliver services in response to the global pandemic. We have and will continue to develop and encourage a culture of continuous

learning and structured approach to improvement to reduce harms to our patients and deliver better outcomes. This IMTP sets out how we will continue to remain responsive to the ongoing uncertainties, whilst also accelerating the pace of delivery of our strategy, reflecting on both the challenges and opportunities created by the pandemic and the way we responded to it.

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Cardiff and Vale University Health Board

Shaping our future wellbeing
Caring for people, Keeping people well.

- Outcomes that matter to people
- Home First
- Avoid waste, harm & variation
- Empowering people

OUR MISSION

SOME OF THE IMPACT WE WILL SEE

OUR 22-25 PRIORITIES

SOME OF OUR THREE YEAR ACTIONS

SOME OF THE IMPACT WE WILL SEE

- % of children up to date with scheduled vaccines by 4 years of age
- Achieve >65% Single Cancer Pathway target by end of 22-23
- % of adults who have had 2 doses of Covid vaccine improving over life of the plan
- Delivery of diabetes performance measures in line with WG targets
- Eliminate 12-hour ED wait by end of 22-23
- Improvement in Eating Disorder access times
- MDT cluster model operating in all clusters by end of 22-23
- 120% of pre-covid levels of elective activity by end of 22-23
- Sustained improvement trajectory for neurodevelopment assessments
- Development of a 24/7 crisis response service by ed of 22-23
- Eliminate 104 week waits for outpatients and treatment by end of 22-23
- 50% reduction of >8 week wait in endoscopy by 22-23 with an aim to clear by March '24
- % of adults who are a healthy weight improving over life of the plan
- Increase to 60% of dental activity vs. pre-covid levels by end of 22-23
- 50% reduction >14 week wait in Therapies by end of 22-23 with an aim to clear by March '24
- Digital dictation lite implemented /available UHB wide by end of 22-23

OUR 22-25 PRIORITIES

- Our workforce
- Addressing the main burdens of disease
- Integration with community services
- A system focusing on prevention
- Our physical infrastructure
- Our system renewal and redesign
- The ongoing response to covid 19
- Our digital infrastructure
- Collaboration with our partners

SOME OF OUR THREE YEAR ACTIONS

workforce supply and shape

building a digitally ready workforce

Leadership and succession

Excellent education and learning

An engaged, motivated and healthy workforce

seamless workforce models

Accelerating MDT across primary care clusters

A focus on a single point of access

Establishing and maturing a Vale alliance

Progress infrastructure master plan for UHW and UHL

Progress implementation of our partnership community schemes

A sustainable and healthy environment

Healthy weight, move more eat well

Systematically tackle health inequalities

A focus on vaccination and immunisation

A focus on the key risks factors of the main burdens of disease

A focus on Cardiovascular disease as a main burden of disease in Wales

A focus on Cancer as a main burden of disease in Wales

Maturing our digital capability including

Delivering a digital front door

Digital dictation and transcription

Interoperability

A focus on performance, recovery and redesign of;

Unscheduled care

Planned care

Mental Health

Primary, community and intermediate care

Diagnostics

HOW TO READ OUR PLAN

This three-year plan describes:

- Our key deliverables in ongoing readiness and response to the challenges of COVID-19 whilst turning our focus to service recovery and redesign to respond to the ongoing and backlog of demand for Planned and Urgent and Emergency Care services.
- The strategic context and priorities which frame the UHB's partnership approach to longer term system transformation and how this aligns with the immediate readiness, recovery and redesign plans.
- The enabling programmes that describe how our recovery, redesign and transformation efforts will seamlessly align.

We, like others, are planning in times and circumstances which are uncharted in our health and care system. As such have had to recognise and accept this level of uncertainty. At the same time, we have been conscious that planning as a discipline will also support us to navigate the coming three years.

To mitigate the risk of the unknown, yet make planning a meaningful exercise, we have used a range of assumptions and scenarios. These are outlined below.

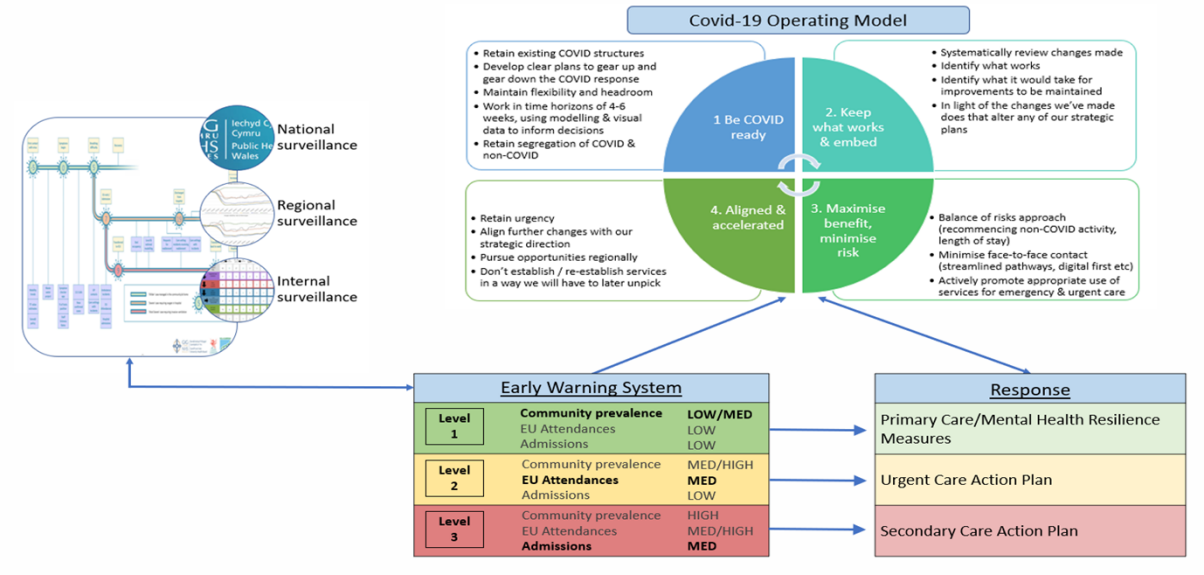
It is important to consider these scenarios and assumptions whilst reading this plan and to recognise that whilst we have based the plan on particular scenarios, we retain robust mechanisms for *gearing up and gearing down* operational capacity and configuration based on the prevailing environment. Our use of Health Intelligence both locally and nationally, along with our internal governance structures, underpin this ability to change gears effectively.

Our planning assumptions and scenarios

COVID-19 Response

The first principle of our approach through the pandemic has been to be "Covid-19 ready". This will remain at the core of our thinking through 2022-23 as we simultaneously continue our drive to make a significant recovery and embark on service redesign. In order to keep us responsive and flexible the UHB has employed a clear operating model, based on our "gearing" principles, and informed by a number of triggers which have helped ensure we remain ahead of the Covid-19 curve. **Figure 1** provides an overview of the current iteration, outlining how we combine operational understanding and modelling. As part of our Covid-19 preparedness, the UHB has developed additional surge bed capacity through the development of the Lakeside Wing at UHW. These beds (up to 400) have already proved invaluable during 2021-22 by allowing us to meet the increase in patient admissions during winter and due to the Omicron Covid-19 variant. Moving forward we will retain part of the Lakeside Wing for flexible surge capacity, should it be required for any future peaks of Covid-19. Within our Critical Care infrastructure, our teams have become adept at deploying additional surge capacity and are ready to enact these tried and tested systems should any future variants of concern lead to a rise in the number of patients requiring intensive care support. Our wider plans for our critical care service can be found here

Figure 1 COVID-19 operating model and operational triggers



Whilst our approach to date has served us well and enabled us to maintain essential services throughout the pandemic, it is clear that Health and Social Care services will need to continue to refine how they meet the Covid-19 challenge moving forward. The most recent wave has taught us that the future course of the pandemic is unlikely to mirror our past experience. To that end, we have developed a range of high-level Covid-19 planning assumptions which we believe will remain extant this year and are available in **Figure 2**.

Figure 2 UHB Overarching COVID-19 Planning Assumptions

COVID-19 Prevalence	•COVID-19 will remain in the general population and continue to have an impact on the planning and provision of health and social care services for some time
New Variants	•New variants will emerge; the NHS will need to be prepared for the potential for a rapid and significant change in the COVID-19 position (deterioration or improvement)
Prevalence vs. Demand	•There may be an increasing disconnect between community prevalence and associated demand on healthcare services
Vaccination	•There will be a requirement for a vaccination programme
Five Harms from COVID-19	•Minimising and balancing the "Five Harms" from COVID-19 will be central to the planning and provision of health and social care services for some time
Future Waves	•Predicting the timing and scale of future waves is challenging and will be impacted significantly by the emergence of new variants, changes in population immunity (increases and decreases) and the implementation of treatments
Policy	•Welsh Government policy will change in line with the COVID-19 Control Plan, however provided vaccines remain effective, it is unlikely there will be further wholesale lockdowns

Our overarching planning assumptions are simple and reliable by design. Our experience during the last two years leads us to be cautious in predicting how the course of the pandemic may play out in the long term. Notwithstanding this pragmatic approach, we have worked to develop a range of planning scenarios that frame our thinking for 2022-23 (Table 1). These are of course at a relatively

high level, providing an indication of how differing scenarios could present and reflecting the uncertain planning environment within which we are operating.

Table 1 UHB COVID-19 Planning Scenarios

Cardiff and Vale Covid Scenario Planning 2022-23				
Scenario	Description	Potential Contributory Factors	Potential Consequences	Approach
Covid Eliminated	Covid exists but rarely seen. No impact on primary and secondary care services	• **Vaccines** provide sustained effectiveness against all new variants • **Treatments** highly effective prevention and treatment of severe illness	• **Vaccination programme –** frequency dependent on longevity of immunity conferred by vaccination • **Workforce** – no impact on workforce. • **Public health** – no widespread impacts though may be localised outbreaks	• **Unlikely to be reached over next three years.**
Best Scenario (Covid Low)	Covid associated demand on primary and secondary care services reduces to historically low levels with minimal variation.	• **Vaccines** highly effective against all new variants • **Treatments** highly effective in prevention and treatment of severe illness	• **Vaccination programme –** targeted to high risk groups, may form part of an annual programme • **Workforce –** improved staff welfare, staff return to usual roles, lower levels of staff absence • **Public health –** reduced covid associated illness and reduced socio-economic impact	• **UHB Gearing level** = covid free/low significant • **Recovery of non-covid services** = accelerates faster than plan
Central Scenario (Covid Stable)	Covid associated demand on primary and secondary care services, reduces to levels perhaps similar to summer/autumn 2021. Peaks occur but are lower than previous waves.	• **Vaccines** are largely effective against new variants. • **Treatments** are largely effective in prevention and treatment of severe illness	• **Vaccination programme –** requirement for expanded covid-19 immunisation programmes. • **Workforce –** improved levels of staff welfare but with continued impact on fatigue and burnout • **Public health –** gradual reduction in overall covid associated illness, reduced socio-economic impact	• **UHB Gearing level** = significant • **Recovery of non-covid services** = in line with plan
Worst Scenario (Covid Urgent)	Covid associated demand on primary and secondary care services increases significantly. Likely to see peaks in line with most significant previous waves.	• **Vaccines** have reduced effectiveness against new variants, particularly in protecting against severe disease • **Treatments** are less effective against new variants	• **Vaccination programme –** requirement for significantly increased capacity. Potential challenges with supply. • **Workforce –** high levels of staff absence, redeployment to maintain essential services, staff fatigue / burnout • **Public health** - increased covid associated illness, and significantly increased socio-economic impact	• **UHB Gearing level** = Substantial • **Recovery of non-covid services** = Enactment of choices framework, reduction of non-essential services.

We are aligning our operational, quality improvement and performance ambitions for the coming year around a combination of the Central (Covid-19 Stable) and Best (Covid-19 Low) Scenarios. This reflects our belief that there will be continued operational pressures caused by the presence of Covid-19 at both the start of 2022-23 and potentially at points throughout the rest of the year which may be driven by the emergence of new variants and changes in population immunity. Our operational efficiency is predicted to still be impacted by the reality of delivering both non-Covid-19 and Covid-19 services within our constrained and inadequate estate with a fatigued workforce. Any future peaks in Covid-19 may well require proactive operational management, although if these peaks occur we expect admissions to be significantly lower than the early peaks.

Within each of these scenarios we know that our ability to respond will be directly related to the capacity and resilience available within our workforce. Even within our Best Care Scenario we cannot underestimate the impact of the sustained and significant levels of fatigue and stress that our teams have been under. Further detail on the work we have done, and continue to do, in relation to staff wellbeing can be found in the people and culture section where it is presented alongside our broader organisational development strategy.

Our service change and transformation assumptions

In planning the wider change and transformation of the organisation we have been cognisant of the need to be aware of the wider operating environment, as outlined above.

We have therefore taken our operational planning scenarios alongside key financial assumptions and used these to consider what the options / scenarios are for us in terms of planning our wider service change and transformation agenda. These scenarios are outlined in **Table 3.**

Table 3: Transformation Planning Assumptions

worst case scenario	Covid-19 continues to show prolonged high-levels of prevalence in our community meaning many of our staff are absent and/or need to be deployed for business continuity reasons. High cases also continue to exist amongst patients in our hospitals. and We are unable to progress any of our strategic transformation agenda due to the constrained financial situation.
central scenario	Covid-19 exists in our community but presents itself through a period of peaks and troughs meaning some staff may occasionally be absent and/or be re-deployed. and Whilst in a financially challenged situation we will continue to phase our work and progress at the appropriate pace.
best case scenario	Vaccines provide enduring protection along with other emerging treatments meaning levels of pressure on the NHS is not experienced so acutely again. and The resources required to progress at are available to fully support our change and transformation agendas.

For the purposes of this plan we have looked to adopt the **central scenario** with the opportunity to *gear up and gear down* based on wider positive or negative changes.

THE CONTEXT WITHIN WHICH WE HAVE PLANNED

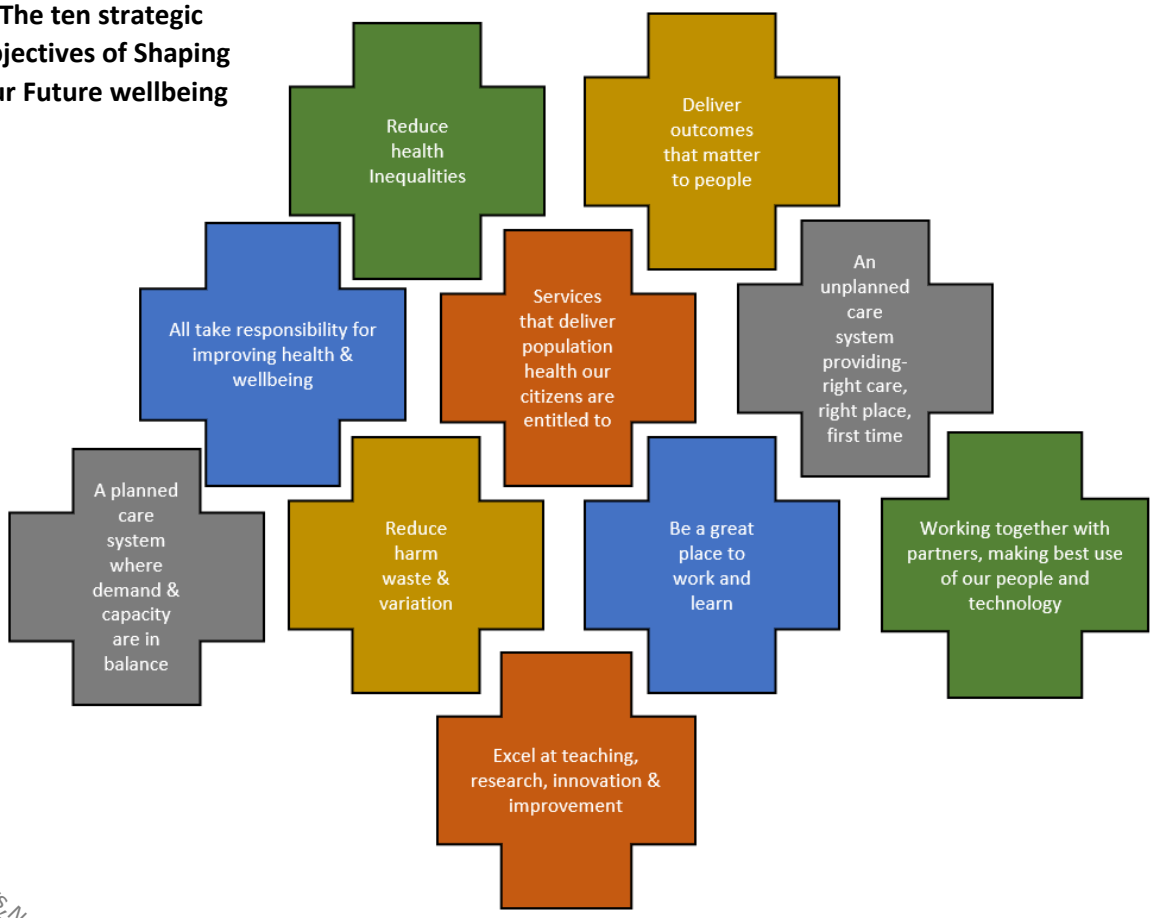
Our long-term strategic direction

The essence of our planning is about improving the lives of the communities we serve and supporting people to have the same chance of leading a healthy life regardless of their background or circumstances.

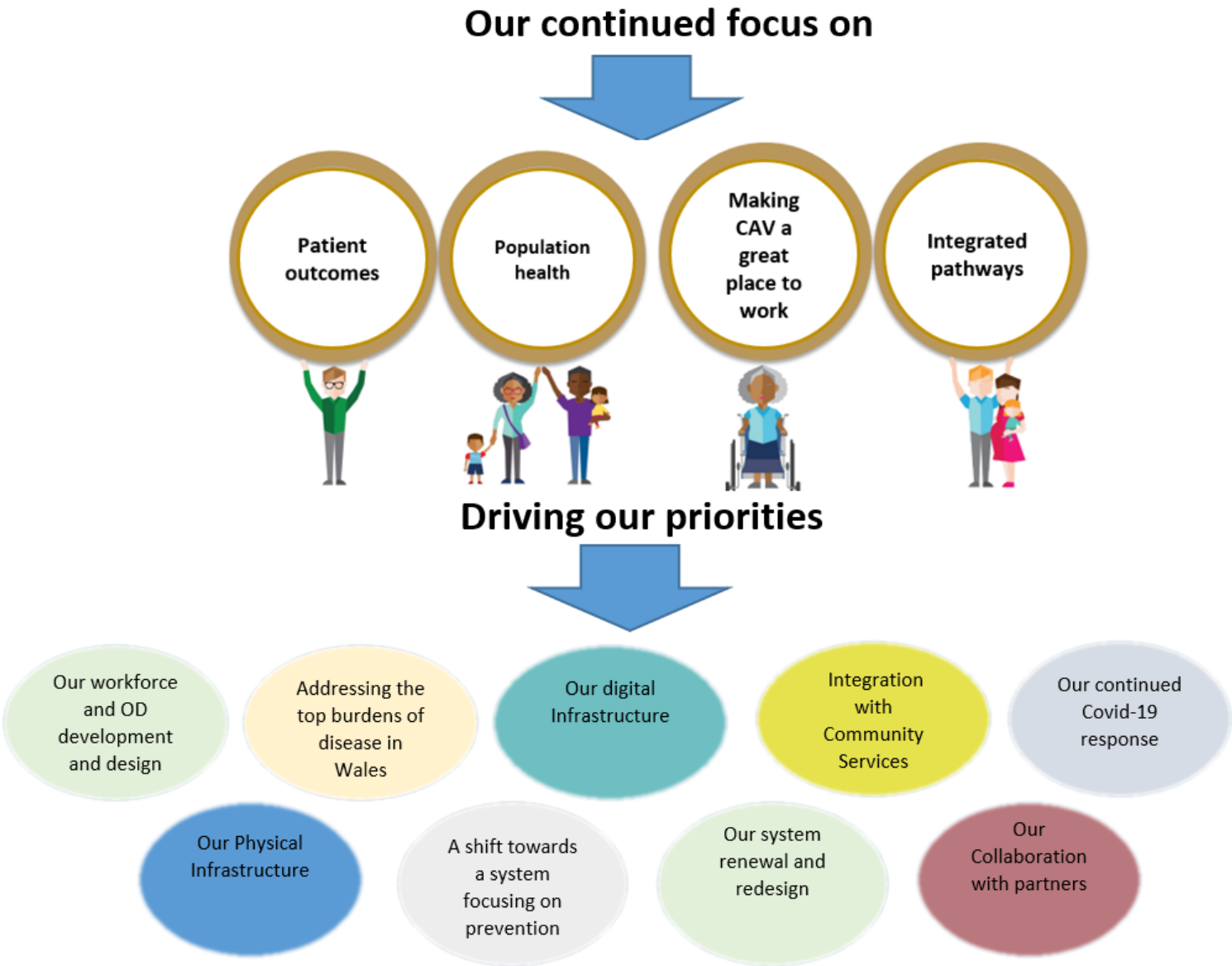
In this context, whilst this is the first three-year plan that we have developed since 2019/20, it does not represent a 'new' plan. It builds on our approvable IMTP submitted to Welsh Government in March 2020. It continues to articulate the delivery of our long-term strategy Shaping Our Future Wellbeing (SOFW) and its ten strategic objectives. These objectives remain our well-being objectives, with a focus on long-term thinking, prevention, working with partner organisations, and engaging with our residents and service users. This plan must remain focused on this long-term vision and these objectives *alongside* setting our continued response to the pandemic.

The timespan of this IMTP will take us up to the end of the current life of *Shaping our Future Wellbeing*. During 2022 we will commence wide stakeholder engagement to refresh the strategy- reflecting on what we have achieved over the last seven years. This will include reviewing what remains outstanding, what has changed – particularly in light of the pandemic - and what we may need to re-orientate.

The ten strategic objectives of Shaping our Future wellbeing



We know the next three years are crucial for us. On the back of a pandemic, how we plan and deliver our services in the coming period will define the health and wellbeing for a generation. As part of moving back to a three-year approach to planning, and as we enter the final phase of SOFW we have taken the opportunity to fully reconsider what our specific focus and priorities need to be over the next three years. The overarching driver for this plan is our relentless focus on quality improvement. This plan reflects this thinking and is summarised below.

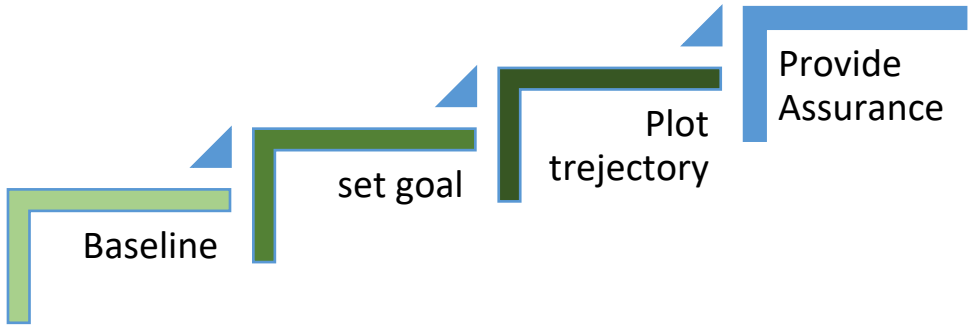


The Policy and Political landscape

We welcomed the letter received from the Minister for Health and Social Services following the Senedd elections of 2021 which set out her key priorities for NHS Wales (below). These strongly align with organisational direction of travel articulated in this plan.

Covid-19-19 Response
*
NHS Recovery
*
Working alongside social care
*
A Healthier Wales
*
NHS finance and managing within resources
*
Mental health and emotional well-being
*
Supporting the health and care workforce
*
Population health, notably through the lens of pandemic experience and health inequity

We have addressed these priorities in four phases as part of developing this plan;



Baseline: We have taken time to understand what our current performance is against these priorities. You can view our baseline position against these measures in **annex 3**

Set goal: We have then set our goal is for many of these priorities through 22-23. A compendium of our key delivery goals and ambitions can be found by clicking here.

Plot trajectory: Completing the Minimum Data Set (MDS) has enabled us to understand what our projections may be as we look to improve our performance against many of these measures. Our challenge here is significant, and planning is complicated not only by the unprecedented scale of demand, but also the uncertainty in relation to those patients who are yet to present to services and the significant fatigue within our teams.

Provide Assurance: The narrative provided across this plan is thus intended to provide the assurance that we are taking the necessary actions to deliver the projections we are articulating.

We will also ensure that our performance management and reporting regimes reflect both the NHS Wales Delivery Framework (21/22) and the eagerly awaited, national Outcomes Framework for Health

and Care, and the Public Health and Social Care Outcome Frameworks which we anticipate will align well with our outcomes' frameworks. We will continue to shape the culture within the organisation through our commitment to living our values, where staff are supported to take responsibility and to make the changes needed to improve their services. We are ensuring that the objectives set for individuals and teams show a clear line of sight to the Board's strategic wellbeing objectives.

Finally, we have also reflected on the refreshed Programme for Government published in December 2021 following the Co-operation Agreement between Labour and Plaid Cymru.

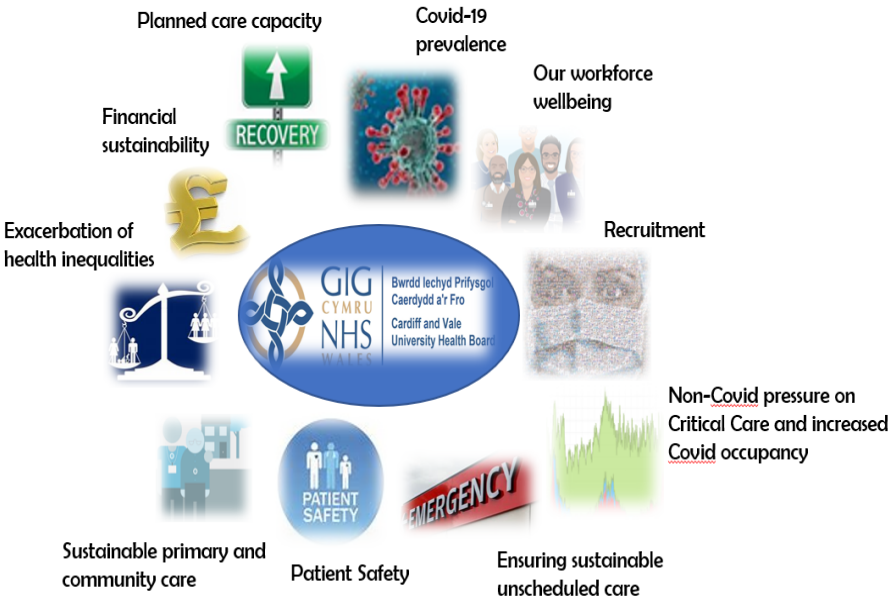
Recognition of our challenges and risks

The pandemic is not over and we remain operating within the context of this unprecedented global challenge that is Covid-19. The global climate change emergency is requiring us to think very differently about how we provide services in order to reduce our carbon footprint much faster.

We, along with all other Health Boards have a significant backlog of activity. Despite the extraordinary efforts of our staff to continue running planned care treatment throughout the pandemic much has still been delayed due to constraining IP&C arrangements, for example.

We know there is likely to remain significant latent demand within our community which will impact through late presentations meaning some treatment is ultimately even more urgent than it might have been initially.

It is likely waiting list delays could create additional 'new' conditions for patients on these waiting lists which occur because of people having to waiter longer than necessary. Our primary care and community teams are likely to feel this added pressure initially.

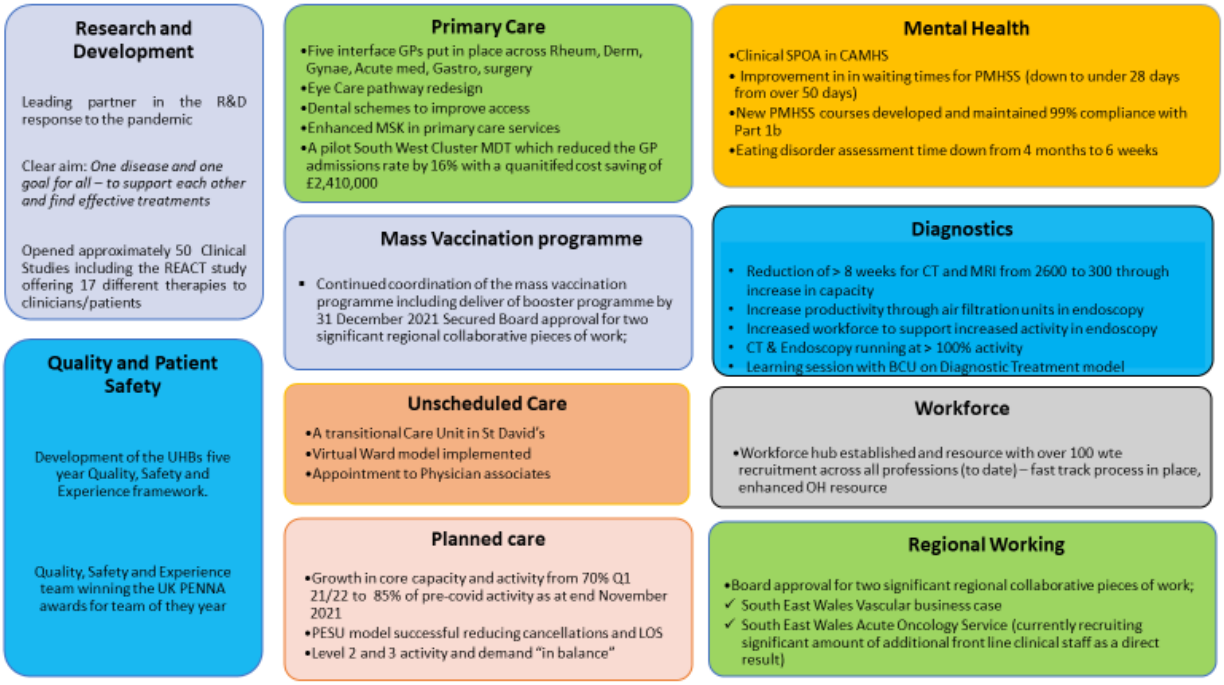


All our data and intelligence confirm what we know - too many people in our local population are also often waiting too long in the community for urgent pre-hospital (Ambulances) care and/or waiting too long in an ambulance to be admitted to our acute site. We know we own this risk and continue to work with WAST to resolve this issue and not merely delegate the risk to them.

Collectively these risks manifest themselves in overarching challenges we face. Our Board Assurance Framework (BAF) reflects these challenges, which are summarised below.

Recognition of our successes

Just as it remains important that we focus on our challenges and risks, it is also important in our planning to recognise our successes- what has gone well and what we must therefore ensure continues.



Wider Health Intelligence

(i) Population Needs Assessment

As we finalised this plan so too was the refreshed Population Needs Assessment (PNA) for Cardiff and the Vale of Glamorgan. This document will be published on the 01 April 2022 and from this date can be found on our website. Headline findings of the PNA can be found in **annex 2**.

This is a significant document and we have been acutely aware of its emerging findings as we have developed this plan. It will even more materially influence the dynamic planning of the organisation into 22-23 and beyond and in particular that of our @Home strategic programme of work. Details of which can be found by clicking here.

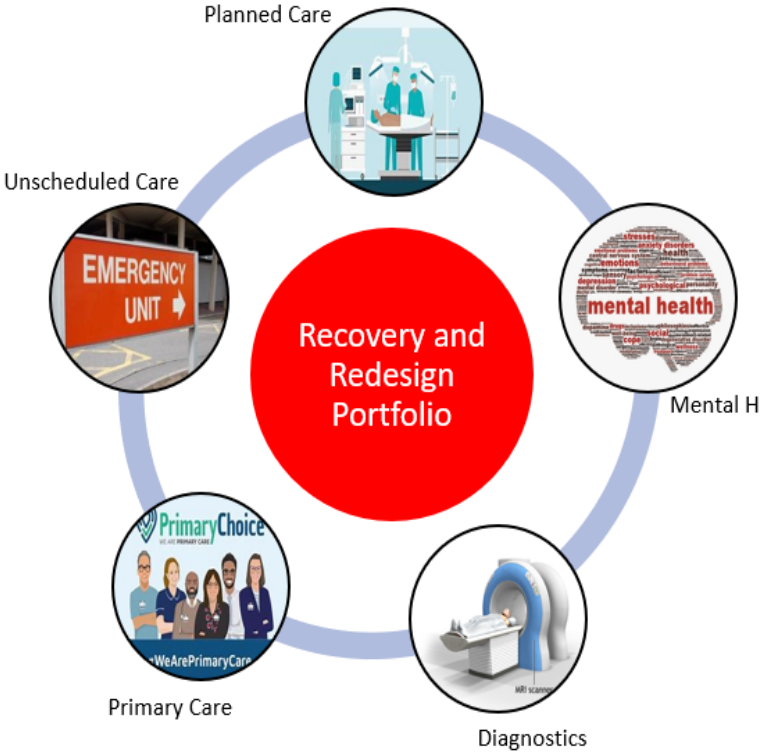
(ii) Director of Public Health's Annual Report

Our Director of Public Health report focuses on how Cardiff and the Vale of Glamorgan can emerge positively from the COVID-19 pandemic, with a spotlight on prevention and addressing the inequities exacerbated by the events of the last 18 months. It describes the impact of the pandemic on our population, identifies priority areas for attention and sets out a vision for future partnership working that will enable us to recover strongly and more fairly. We have looked to ensure there is robust alignment between the recommendations of this report and the actions being progressed in this plan. The Annual Report can be found by clicking here .

Building on our existing planning arrangements

As described earlier this is not a new plan- what we articulate here is an extension of much of what is already happening but also articulates where we want to take things next. As well as responding to the immediate impacts of Covid-19, we set out how we will increase our focus on disease-prevention, and shift more delivery to integrated locality models of care and support.

We have already established eleven programmes of work, of which nine grouped into two portfolios;



The remaining two programmes bridge both these portfolios as critical agents for change;

Our People and Culture Plan

Our Delivering digital five-year plan

This approach to governance and delivery has given us a clear framework within which to continue our planning and to also sharpen and accelerate our delivery. Much of what we say we are going to deliver in this plan will be managed and scrutinised through these structures, which gives us confidence that we are able to assure both ourselves and stakeholders that we are delivering what we have committed to deliver. During 2021/22 we have strengthened our capability and capacity to support service improvement and deliver a complex portfolio of programmes made up of numerous improvement projects. This gives us a structured, consistent, and disciplined approach to securing the changes needed at pace and scale. Central to this approach is continued facilitation of effective clinical leadership at all levels, and meaningful engagement with our staff, patients, and the communities we service, along with the collaboration with a wide range of partners which is essential to our success.

Informing and Informed by Cluster level plans

Our plan also includes the local plans for all our primary care clusters.

The significance here is not that we are presenting all these plans together but rather that to deliver this, we have rapidly matured our approach to integrated planning with our clusters. Clusters have been both informing and more directly informed by the long-term strategic direction of the organisation and the setting of the focus and priorities described above. Further developing the roles that our primary care services play in an integrated system – community pharmacists, opticians, dentists and our general practices – is a key enabler to us continuing to shift the focus of service delivery away from acute hospital sites, into our communities.

annex 1 contains full copies of our cluster level plans and also a summary table which draws out some headlines and provides assurance regarding many of the links between our corporate plan and our cluster plans.

Continually maturing, this integration of our cluster plans with our corporate level approach to planning will be a key objective for our plans in the coming planning cycles. This will pave the way for the introduction of pan-cluster planning arrangements at county level during 2022/2023.

Recognition of golden threads

This is an integrated plan so we have tried to avoid creating a silo view(s) on important legislation or policy agendas such as (for example) the Wellbeing of Future Generations Act, the socio-economic duty or the foundational economy.

Rather, these are considered 'golden threads' for us and our commitment to them should be evident through the description of how we are choosing to conduct our work throughout this plan.

Our well-being objectives were developed as part of our Shaping Our Future Wellbeing 2015-2025 strategy, which was itself developed in line with the sustainable development principle and five ways of working the Well-being of Future Generations Act; our objectives are reviewed annually. Our IMTP is focused on meeting the objectives in the strategy, so everything in this plan will contribute to one or more of the seven well-being goals. Our routine performance and reporting processes to assess progress against our IMTP also therefore serve the purpose of establishing progress against our well-being objectives. We will conduct a more comprehensive review of our well-being objectives as we prepare to refresh the SOFW strategy in the coming year.

Within the UHB there is a Well-being of Future Generations Steering Group which meets regularly to support, encourage and review the application of the five ways of working within the Health Board's work and culture. The Steering Group is chaired by the Executive Director of Public Health, with the Chair of the Health Board acting in the role of Board Champion for the Act; membership includes Finance, and Communications and Engagement colleagues.

We recognise that it would be disingenuous to create a section of the plan pertaining to engagement as though it is a discrete discipline that sits in isolation.

We recognise engagement with the public as being core to what we want, and need to do, if we are to deliver the ambitions described in early pages. We know we must;

- Work even harder to engage with the public (plus stakeholders and our own staff) to increase understanding and acceptance of the need for service transformation, and to ensure people can help us to shape our key plans going forward.
- Continue to actively seek out diverse views and experiences to shape our thinking and co-design our services, and we will continue to work closely with the South Glamorgan Community Health Council and our public and third sector partners to offer a range of opportunities for dialogue and involvement.
- Help our staff understand why engagement is so important and what value it can add for them and the change they are trying to deliver.

Where we have identified that engagement is needed you will find it accounted for in respective section of this plan. For ease some key pieces of engagement in 2022-2023 will headlined below.

1. **Mental Health**: An ongoing programme of engagement to support the transformation of our mental health services – for both adults and children and young people, building on the recovery model being pioneered in our adult mental health services.

2. **Tertiary Services:** Regional and supra-regional engagement on the future provision of specialised services, including:
    a. Oesophageal and Gastric Cancer Surgery – Phase 1 – Swansea Bay UHB
    b. Oesophageal and Gastric Cancer Surgery – Phase 2 – South and West Wales
    c. Hepato Pancreato Biliary Surgery – South and West Wales
    d. Partnership Framework for Specialised Services

3. **Locality models of care:** Engagement on our developing model of integrated locality models for care and service delivery, and our plans for the next tranche of community facilities needed to support delivery of these new models of care, work which the RPB @home programme is leading.

4. **Shaping Our Future Clinical Services:** The next stage of engagement on our *overarching Shaping Our Future Clinical Services* programme which is informing the next stage of the Our Future Hospitals programme.

5. **Shaping Our Future Hospitals:** Engagement to support a hospital redevelopment SOC as part of the *Shaping Our Future Hospitals* programme

ASSURANCE ON PLAN DELIVERY: *A focus on outcomes, quality of care and health intelligence*

Earlier in this plan we have made clear where we want to get:

To achieve measurable improvement in the health of the population, reducing the stark inequalities in health that exist in between and within our communities, and through the provision of the best possible quality services accessible in a timely way, optimise outcomes for our patients *(SOFWB)*

In addition, we are also making it clear on how we are going to get there – later in this plan you will see we are setting out the actions we are going to take over the next three years.

Through our dynamic planning arrangements, we will then subsequently be able to assure ourselves (and others) 'in year' that the actions we are taking continue to be the right actions and are giving us the benefit(s) intended, and, if they are not, the opportunity to refine our intentions.

Dynamic planning

This dynamic planning (illustrated below) runs from daily operational management planning through to the long term multi-generational strategic planning.

At each level of our planning we are, and will continue to, use the health intelligence we have at our disposal to measure the impact of what we are doing and the outcomes for which we are striving.

To the right of the illustration above we will continue to embed and deploy the use of *Signals from Noise (SfN)* across the organisation. This is a digital data platform that provides us with a level of real time data which has never previously been so readily available to us. This will support us to track, at an operational level, the trajectories to which we have committed and the impact our actions are (or are not) having.

Trajectories are important for the effective implementation of any plan - they allow us to continually think about the connection between actions we are taking and their impact on the outcomes. The operational climate experienced during the final stages of development, alongside the financial allocation which the Health Board received in December 2021, has made it challenging for us to be as unequivocal as we would like to be regarding the trajectories we set ourselves. We know there is still more that we need to do and we will continue to work on this.

However, the minimum data set (MDS) submitted with this plan is set in the context of the impact we expect our actions to have and thus starts to provide initial operational trajectories.

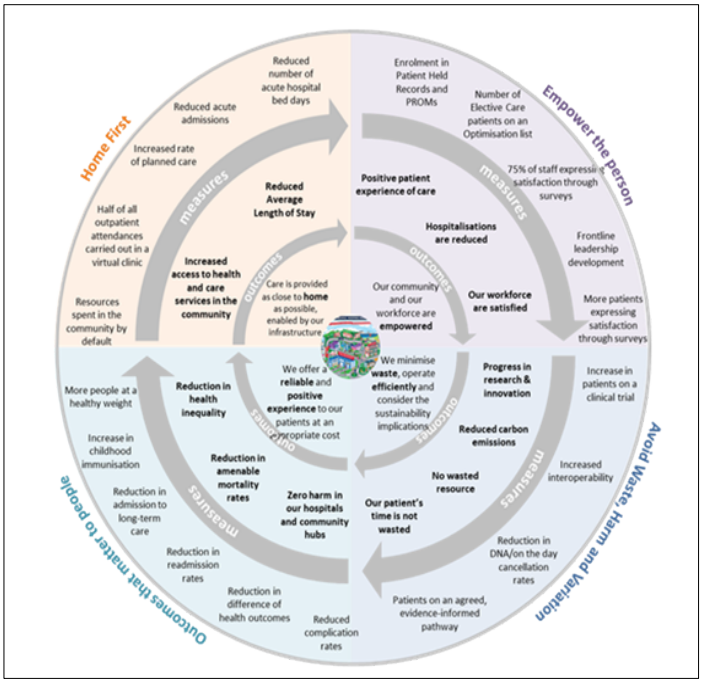
Nevertheless, much of the work we are progressing over the life of this plan is strategic and long term in its nature (the left of the above illustration) and will not release immediate and obvious 'change'. For example, a satisfied workforce that views CAVUHB as a great place to work will result in a shift in attitudes and culture that will evolve over time.

We will therefore continue to refine, implement and embed the use of both the Health Board's Outcomes Framework and the RPB's outcome framework (which are not mutually exclusive) to 'sense check' the actions that we have committed to take and track the 'shifting of the dials' on the key metrics that demonstrate are actions are achieving the improved outcomes we intended.

These two outcomes frameworks are shown below.

RPB outcome framework

CAVUHB outcome framework



We know we have more to do to embed these outcome frameworks within the organisation and strengthen how we use them as key sources of intelligence for us. This is work which we will continue to progress early in 22-23.

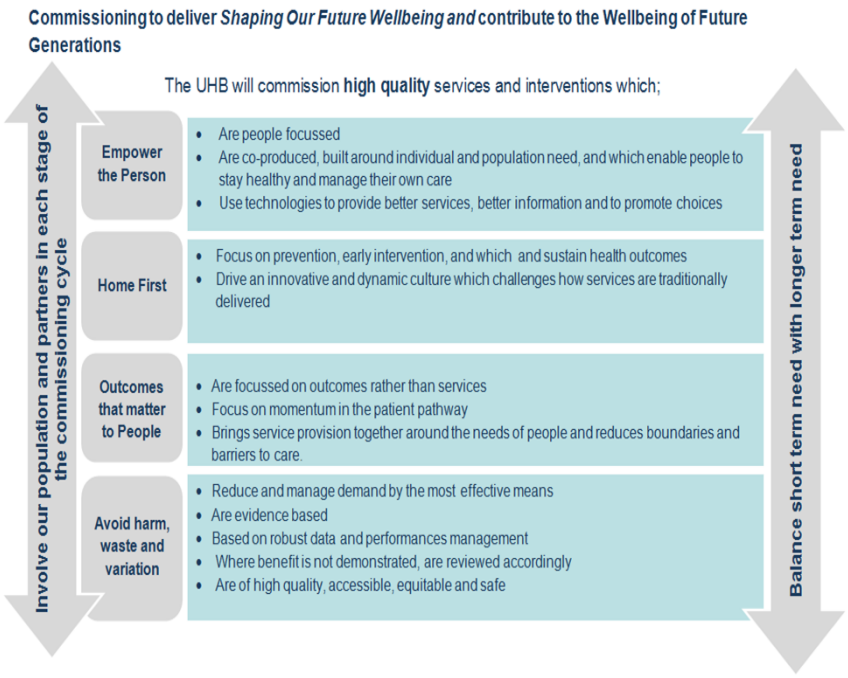
Commissioning

As we look to ensure our reporting and tracking of improvement trajectories and outcomes are even more robust, both the internal commissioning processes of the UHB and the wider system commissioning processes to lever in the changes that are needed are increasingly important for us.

Internally our commissioning approach focuses on outcomes, value-based healthcare and a number of key principles (shown in the diagram below).

This will enable us to;

- Base service design, improvement and delivery on whole systems
- Deliver services based on achieving outcomes for our population, whoever they are, and wherever they live
- Better understand costs and resource allocations
- Continuously improve services
- Deliver the benefits of *Shaping our Future Wellbeing* for our current, and our future population



Subsequently our internal commissioning intentions for 22-23 were confirmed by Board as being:

OUR PEOPLE AND CULTURE

To meet our population's health and care needs effectively and deliver upon our quality improvement, recovery and transformation agendas, we are completely dependent on our workforce. We want to be a great place to train, work and live, with inclusion, wellbeing and development at the heart of everything we do.

A 3-year People and Culture Plan has been developed and is our opportunity to improve the experience of staff, ensure the improvements we have made over recent years continue, and confront the challenges which have arisen as a result of the pandemic and subsequent recovery period. A copy of the People and Culture plan can be found here.

This Plan is aligned with the operational plan, ensuring a whole system approach, working at pace to have the biggest, positive impact that can adapt to rapid service change and seasonal pressures. It Is also aligned to the Shaping Our Future Wellbeing strategy, the overarching vision for Health and Social Care in Wales set out in A Healthier Wales and the national Workforce Strategy for Health and Social Care, and the UHB Strategic Programme Portfolio.

During the Covid-19 pandemic, we have seen our workforce adapt quickly to the challenges they faced. We now need to strike a balance, as we learn to live and work with COVID-19. We will need to ensure our workforce is able to maintain essential services, manage any additional demands, including seasonal pressures and the backlogs created during the pandemic, all while remaining Covid-19-ready. In addition to the challenges brought about by the pandemic and the necessary period of recovery, we, along with the broader NHS in Wales, face social, economic, technological and demographic changes. As a result, the demographics of our workforce also need to change, and we must adjust the way we recruit, retain and support our people.

Annex 4 sets out our detailed approach over the life of this plan against the seven themes of our people and culture plan.

Theme1: Seamless workforce models
Theme 2: Engaged, Motivated and Healthy workforce
Theme 3: Attract Recruit and Retain
Theme 4: Building a Digitally Ready Workforce
***Theme 5*:** Excellent Education and Learning
Theme 6: Leadership and Succession
Theme 7: Workforce Supply and Shape

Progress against these themes will move us to a place where we have greater collaboration, increased agility, innovation and improved productivity within the UHB and across, Health and Social Care. A summary of our ambitions against these themes are shown at the end of this section.

Taken together these actions will support us improving even further some of the key metrics for measuring our staff experiences and ensuring Cardiff and Vale remains a great place to work.

- **Increase the number of staff who complete the NHS Staff Survey, our ambition is to increase the response rate by 10% in 22-23 and by a further 10% by the next survey**. This will provide us with more meaningful data both qualitative and quantitative. Our aim would also be to improve the engagement index score in 22-23 and beyond.
- **Improve retention across the UHB to a healthy level, i.e. between 7- 9% by 22-23.** In 23-24 our aim will be to continue to reduce the turnover in staff groups that are over 9% to a more sustainable position.

- Whilst focusing on reducing turnover, efforts will also be targeted at improving workforce supply, especially in staff groups where there is a known shortage. Our aim **by 23-24 is for vacancies across the UHB to be 5% or below.**
- **Reduce the bank and agency expenditure** as we improve retention and workforce supply.
- Increase the number of staff employed in integrated health and social care roles by 22-23 and further increase in 23-24.
- **Continue to streamline current recruitment processes, improving the onboarding time** (from verbal offer to written unconditional offer) by 23-24, working within the parameters of the national recruitment systems controlled by NWSSP.
- Improve the health and wellbeing of our workforce and in doing so **reduce absence to a more sustainable position. A reduction to 6% in 22-23 and 5.5% in 23-24**. With an aim to further reduce in 24-25.
- Aim to **reduce the number of staff on long term sick leave suffering with stress, anxiety, depression by 10% in 22-23** and a further 10% in 23-24.
- Increase the diversity of our workforce through inclusive recruitment. For example, increase number of Welsh speakers, increase number of staff who are non-white British, have a disability, LGBTQ+, etc.
- **Increase the number of staff in non-traditional roles,** to reflect the skills required to care for our population, e.g. apprentices, Physician Associates, Assistant Practitioners, Multi-skilled support workers, etc.
- **Continue to raise awareness of the importance of undertaking appraisals with staff and increase compliance to 50% in 22-23 and 85% in 23-24.** Embed effective talent management processes to grow our own talent.
- Increase the number of trained and active coaches within the UHB to support with individual development.
- Implement the pathway in 22-23 for HCSW's to undertake the training and development to progress to Band 4 Assistant Practitioner roles in 23-24.
- Increase the number of HCSW's who undertake the registered nursing programme and gain registration with the NMC.
- **Increase the number of staff who access learning, development and training opportunities by 50% by 23-24**, including e-learning, virtual learning, etc.
- **By 22-23 the aim is to identify 36 members of staff to undertake the Senior Leadership Programme** and identify leadership pathways at every level.
- Effectively implement systems that provide the organisation with real time data for our workforce, which will include the **roll out of Health Roster across all nursing areas by March 23** and implementation of Safe Care. Then implement e-rostering for all staff who are patient facing by 2025, with ongoing support and education to ensure we have a culture of effective rostering.
- Build and extend the capability of managers using ESR by increasing the education and training available to them in 22-23.
- Ensure our workforce data is accurate, meaningful and accessible to assist with strategic decision making by 23-24. **Moving from workforce reporting to people analytics**.

In summary: *Our people and culture milestones*

People and Culture – *A Summary*			
PRIORITY	**DELIVERY TIMESCALES FOR OUR AMBITIONS 22/23 – 24/25**	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE TRACK AND MONITOR BENIEFITS**
Seamless workforce models • A common purpose and outcomes. • A seamless workforce framework. • OD programmes to support engagement & leadership development. • Lead the strategic and operational workforce and OD plan for the Strategic Plan for Primary Care & Together for Mental Health. • Implement workforce models to support MDT /integrated working. • New and advanced/extended role pathways. • Harmonised, integrated T&Cs, governance and learning, education & development.	• Understand the strategic plans based on population health needs assessment and define the workforce requirements. • Translate the workforce models being developed through Regional Partnership Boards into a good practice guide for integrated working – 2022-2025. • Develop a Seamless Workforce Framework to agree strategic workforce goals and objectives 2022-2025. • Develop OD programme with LA partners, MH and Primary Care 2022-2025. • Develop multi-professional workforce plans to support implementation of the primary and community care workforce model and Together for Mental Health. • Identify opportunities for advanced/extended and new roles. • Develop a clear integrated competence and capabilities framework for extended skills and advanced practice across professional groups. • Implement and embed harmonised governance, regulation and registration arrangements to facilitate multi-professional working.	• Better patient outcomes and experience. • Breaking down boundaries • Reduce waste, harm and variation. • Improved ways of working. • Integrated workforce planning, OD, engaged and motivated workforce.	• Reduced non-contracted pay. • Enhanced Staff H&WB. • Integrated/enhanced roles. • Staff engagement index. • Delivery against workforce plans • Integrated T&Cs. • Reduction vacancies and turnover. • Reduced sickness absence.
Engaged, motivated and healthy workforce • Update the engagement framework. • Develop a wellbeing strategy & plan. • Develop coaching and team development. • Focus on communications – training & channels. • Promote and embed UHB values & behaviours. • Staff Surveys (NHS Wales, MES, Pulse, Wellbeing).	• Produce a framework document, with roadmap, project plan and key deadlines. • Develop a strategic paper and project plan for Health and Wellbeing. • Create an academy which incorporates coaching and team development. • Provide training in coaching skills for managers. • ILM accredited centre (coaching and leadership and management qualifications). • Offer team development initiatives to improve relationships and morale. • Provide specific communications training and look at how this is incorporated into all training i.e. leadership and management to improve their skills. • Look at channels of communication and explore strategies to reach all staff and provide education. • Revisit and promote values & behaviours framework.	• Engaged workforce with better patient outcomes. • Improved engagement score. • Increased participation on training / surveys. • Reduced sickness. • Improved retention rates.	• NHS Wales staff survey / local pulse survey. • Medical Engagement Survey. • Wellbeing Surveys/HIT reviews. • Reduced sickness absence and reasons for sickness. • Reduced turnover. • Staff benefits.

Attract, recruit, retain • Develop branding for the UHB's job advertising and career promotions. • Promote NHS careers. • Whole systems approach for temporary staffing across multiple professions and roles. • Identify and attract new sources of recruitment. • Review and adapt recruitment processes within NWSSP parameters. • Develop and implement an action plan to improve staff retention.	• Work with Media resources to develop a specific brand for promoting UHB's job opportunities. • Develop and implement an annual recruitment event calendar. • Review TSD and implement improvements identified. • Merge staff banks following full implementation of new e-rostering system (Health Roster). • Maximise apprenticeship opportunities within UHB (to include clinical apprentices). Widen work experience opportunities. • Identify opportunities to fast track part of the recruitment process for specific schemes. Review processes from applicant perspective. • Improve exit questionnaire/interview response. Introduce starter questionnaires.	• Improved planning (whole system). • Improved reputation. • Inclusive recruitment. • Improved staff experience Retention of knowledge, skills and experience. • Improved patient experience and outcomes.	• Improved turnover rates. • Reduction in variable and non-contracted pay bill. • Time taken to recruit. • Number of appointed candidates. • Reduction in vacancy rate. • Increased diversity in our workforce.
A digitally ready workforce • Improved access to core technologies. • Enable staff to develop a core set of skills. • Develop practices and procedures which enable us to use digital technology effectively, whilst enhancing staff wellbeing. • Maximise the benefits of agile working for the organisation, service and individual. • Keep abreast of enhancements to existing systems and explore new emerging technologies.	• Provide all staff with access to core IT systems. • Ensure all staff have a core set of digital skills through development of digital skills framework. • Implement universal guidance on the effective use of digital technologies to promote staff wellbeing. • Pulse survey to identify benefits of and barriers to agile working. • Ensure all staff are able to access the correct data through ESR. • Introduce an employee salary sacrifice scheme to ensure that access to technology is affordable for all.	• Equal access to technologies. • Enhanced digital skills. • Improved ways of working. • Pushing boundaries to innovate.	• Staff engagement index. • Enhanced staff wellbeing. • Number of staff without email addresses. • Participation rates in IT training. • Number of staff accessing ESR.
Excellent education and continuous learning • Prioritise education & development of the workforce. • Foster an inclusive culture and equitable approach to education. • Develop creative and transformational approaches. • Raise awareness of the education infrastructure and opportunities.	• Implement overarching education infrastructure. • Establish multi-professional Education Group. • Develop multi-professional, inclusive education strategy which represents all staff groups and fosters a culture of interprofessional education. • Develop Learning@Wales platform to deliver innovative digital/blended learning experiences. • Establish Overseas Nurse Education Centre (ONEC) to host Overseas Nurses' Adaptation Programme. • Develop the Cardiff and Vale Academy for Coaching, and Team development (CAV-ACT). • Undertake monthly reviews re: recruitment and resourcing activity to ensure clinical education is in place to support organisational pressures. • Develop an organisational HCSW development framework.	• Inclusive culture. • Supports workforce redesign and service transformation. • Improved recruitment and retention. • Enhanced patient safety. • Staff wellbeing. • Staff engagement.	• Evaluation against project plans, pilots, feedback etc. • Evaluation of learning opportunities • Course attendance figures. • No. completing overseas nurses Programme. • HCSW Career and Skills. • Framework compliance data.

• Enable collaborative partnerships to increase access to educational funding for UHB staff and raise the profile of funded educational opportunities.			
Leadership and Succession • Provide opportunities for leaders and managers at all levels to enhance their skills. • Embed Compassionate, Inclusive and Collective Leadership Principles across organisation through effective. development and alignment of approach • Develop, nurture and facilitate coaching and mentoring network to support individual and organisational effectiveness. • Identify potential leaders at all levels of the organisation. • Embed robust succession planning. processes to support recruitment to critical leadership roles.	• Define the behaviours, competencies and approach required of excellent leaders and managers at all levels. • Offer a breadth of accessible development opportunities (internal and external). • Identify pathways to leadership and management development opportunities for under-represented groups. • Develop an effective VBA that is meaningful for colleagues and supports a healthy high performing organisation. • Develop infrastructure to facilitate and nurture the coaching and mentoring network. • Implement a process for staff to request coaching from the network. • Monitor data from VBAs to help identify potential leaders in a range of different areas – review for inclusivity and diversity. • Identify critical roles within the organisation and the key skills and qualities required. • Develop talent benches to ensure critical roles can be filled in a timely manner and review to ensure accessible, inclusive and diverse.	• Improved staff engagement. • Succession planning. • Improved retention. • Enhanced staff wellbeing. • Better outcomes for patients. • Recruiting managers and leaders with compassionate leadership skills.	• Turnover. • Talent Management and Succession Pathways. • No. active coaches and mentors. • Reduced sickness levels. • Feedback e.g. surveys.
Workforce supply and shape • Shape decisions about people and the workforce using Workforce Analytics. • Shape the workforce by growing our people - supply. • Develop Strategic Workforce Planning capabilities. • Embed Workforce Systems that drive efficiency. • Design of the organisation meets the requirements of a modern health and social care system.	• Workforce intelligence and analytics – supporting workforce planning, development, efficiency and productivity. • Development of new and amended roles. • Increase supply via the apprenticeships route. • Develop roles that cross organisational boundaries, health and social care. • Continue implementation and effective use of e-rostering systems. • Optimise medical workforce sessions aligned to patient outcomes. • Utilise ESR to its full potential by training and upskilling managers to understand how the system can support them manage their teams. • Create a less bureaucratic Job Evaluation process, working within AFC parameters. • Build capacity and capability in workforce planning and development.	• Quality of care improved. • Meaningful strategic workforce planning enabled. • Data and modelling will inform strategic decisions and performance. • Increased capability, agility, efficiency and performance.	• Levels of engagement. • Workforce metrics – retention, vacancy rate, variable and non-contracted pay. • Reduction in skills shortage. • Improved efficiency in rostering. • Successful roll out of health rostering. • No. apprentices appointed and made substantive. • Improved accessibility and use of workforce analytics.

QUALITY, SAFETY AND PATIENT EXPERIENCE (QSE)

We have developed our five-year QSE framework with our frontline staff, patients, carers, relatives and external regulators. Our focus on quality, safety and the patient experience extend across all settings where healthcare is provided. This includes our responsibility as a commissioner of services from a wide range of providers to have the necessary assurances in place where care is being provide by others for our population.

The chart below highlights our committee and group structures to support the delivery the framework

As an integrated healthcare organisation, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided as we look to be one of the safest organisations in the NHS. We will ensure there is no undue bias towards secondary care, recognising that the majority of care received by patients is provided in a primary or community care setting and that the primary and community care element of the patient's pathway is as key to delivering safe, high quality care as that part of the pathway which is provided in more acute settings.

We have eight key enablers in our revised QSE Framework for the next five years: These are:

- Safety Culture
- Leadership for QSE
- Patient Experience and Involvement
- Patient Safety learning and communication
- Staff engagement and Involvement
- Data and Insight
- Professionalism of QSE
- Quality Governance

We understand that this cannot be a framework that focuses on secondary care, but one that recognises that the majority of care received by patients is provided in a primary or community care setting and that the primary and community care element of the patients' pathway, is as key to delivering safe, high quality care as that part of the pathway which is provided in more acute settings.

What really matters for our patients' carers and people in our communities must be central to our decision making, so that we can use our time, skills and other resources more wisely. There is no simple solution to improve safety and no single intervention, implemented in isolation that can fully address the issue (Patient Safety 2030). The challenge to commission services that improve the health of our residents in Cardiff & Vale and provide prudent, integrated health and social care for a growing local population whist providing increasingly complex emergency, elective and tertiary care to meet local and regional demand within the resources available, has never been greater.

We are always mindful that we are a statutory organisation and are also bound by primary legislation, statutory instruments and standing orders which are the rules by which the 'organisation works and makes decisions.

Our public, communities, staff and partners are at the centre of everything we do. There is no better and more important way of developing or improving services than by listening to what individuals think, feel and experience throughout their journey of using any of the NHS Wales services, programmes, functions and beyond. Whether this is in a hospital ward, outpatient appointment, any of the national Screening programme, GP practice (primary care), engaging with health promotion practitioners or at any event delivered by an NHS Wales organisation. It is a key element of quality, alongside providing governance assurance and safer services. The way that the wider health and prevention/promotion system delivers its service and supports the wider systems – from the way the phone is answered, to the way cleaning staff speak with you all the way to mangers engage with the public and staff– has an impact on the experience and should be used for quality improvement and governance assurance. If clinical and general excellence is the 'what' of healthcare and health prevention, then experience is the 'how'. Starting with and listening to the needs, and designing the experience to meet these needs is achievable and results in an environment where individual feel valued and supported.

One of the most important lessons learnt in the last few years is that organisations need to be ambitious. The experience we deliver for our service users will only ever improve when an entire organisation examines and re-creates its culture which is more than just words, leadership, public and community engagement, staff engagement and cross-organisational measurement systems in order to improve quality and strive for excellence.

Below are the key messages we have heard and which have informed our plan:

OUR PRIORITIES for 2021 -2026

- Achieve the maximum possible reduction in avoidable harm
- Embed a systems based and human factors approach to safety investigations and solutions
- Introduce Safety Culture work programme
- Agree a common language for quality, safety and experience
- Increase knowledge and awareness of Safety 1 – Safety 11
- Promote a culture of openness and transparent
- Develop a Psychological Safety Framework

The summary table below provides an overview of the headline milestones which the QSE team are focusing on through 22-23 in order to make tangible progress in embedding the framework and the priorities above. We have been closely involved in the development of the national NHS Quality and Safety Framework which was published in September '21, and it aligns well with our own framework.

In summary: *Our Quality, Safety and Experience milestones*

QSE – *A Summary*			
TIMESCALE	**AMBITION**	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE TRACK & MONITOR BENIEFITS**
22-23 **Qtr 2**	Development of the support framework for staff involved in inquests Implementation of the "What matters to me" conversations Align some aspects of the QSE Framework all Wales experience self-assessment framework with Perfect Ward and the ward accreditation process (Gold, silver, bronze)	Staff who are well prepared for inquests, feel supported and understand the process A culture of listening and hopefully understanding what matters to a patient within the larger context of their life. When patients are engaged with their health care decisions, it can greatly improve their outcomes. An ability to monitor the quality of care at ward level	Review on going feedback to monitor staff feedback including time off work and feelings of stress Through the use of PREMS, STAFF feedback and monitoring Concerns re complaints and claims where consent is a concerns and communication about treatment.
22-23 **Qtr 3**	Agreement of a Humans Factor Framework and Implementation plan	Agree a Human Factors Framework identifying the components or major factors that need to be addressed to gain a better understanding of the nature of preventable adverse events.	Through accreditation, feedback, complaints, claims, incidents and compliments
22-23 **Qtr 4**	Maximise the learning from near misses (to include the work currently being taken forward with Cardiff University to examine covid related incidents) Establishment of the UHB stakeholder panel Development of the organisational learning committee Implement AMAT to strengthen governance in relation to National and Local audits, NICE Guidance and Patient Safety Solutions	Proactive management of near misses can reduce harm A crucial forum for stakeholders to inform, scrutinise and shape our work. A themed approach to UHB wide learning Able to evidence compliance with national audits and Patient safety solutions	Identify how human factors currently impact Look for commonalities Examine outcome reliability Monitor reduction in harm Review impact upon health Inequities Reduction in same type incidents, complaints and claims

	Work with Welsh Government to implement the requirements of the Health and Social Care (quality and Engagement) (Wales) Act 2020	Awareness of staff of: Duty of candour Duty of quality Citizens voice body	Preparation of the UHB governance systems to meet the requirements of the act and further embed the culture across the UHB
	Establish CAVQI as work stream to roll out of the current outputs from Health Foundation research project	Agreed implementation plan and timeframe	Evidence of data used to drive service improvement
	Implement the CIVICCA - Once for Wales service user experience system	Able to demonstrate the roll out across the UHB	evidence of themes and you said we did from ward to UHB wide
	Complete the implementation Once for Wales Concerns Management System	All available modules in use	Information shared with the public, staff and stakeholder panel
	Development of a QSE accreditation/ syllabus	Agree Syllabus and timetable	Undertaking PEER review with other organisations

RESPONSE, RECOVERY AND REDESIGN

The COVID-19 pandemic has had a significant and wide-ranging impact on health services and we know that the full impact will not be known for some time. We are continuing to see rises in demand for services across primary and secondary care and as we move in to this new IMTP cycle our planning needs to be realistic, flexible and responsive to the evolving context. We are working hard to address the growing number of people who are waiting for assessment and treatment and this section of our IMTP focuses on our COVID-19 Response and Recovery plans where we will outline the operational focus of our organisation over the short to medium term with particular reference to the forthcoming year. This section is set within the context of the wider operational planning assumptions which we set out earlier in this plan.

Response: *Addressing the harms from COVID-19*

The Welsh Government "Five Harms Arising from COVID-19" continues to provide a helpful framework from which to detail some of the important elements of work which are ongoing across the UHB, our approach is provided in **Table 5.**

Mass Immunisation

It is of course well understood that one of the most remarkable and course-altering developments during the pandemic was the creation and delivery of COVID-19 vaccines. The roll out of the Mass Immunisation Programme across Cardiff and Vale was an example of what can be achieved through focused and collaborative partnership working. The success of the programme is attributed to the efforts across partners in Health, Local Authority, Academia, our amazing volunteers and many more. Following the initial phases of the vaccination programme, where over 392,000 first doses and 367,000 second doses have been administered, our teams across primary and secondary care again stepped up during December to ensure all eligible adults were offered a booster vaccine before the end of 2021. Our programme has been delivered through a multi-disciplinary approach with patients receiving vaccines in Mass Vaccination Centres, Primary Care, Community Pharmacists, from Mobile Teams and more.

As we move into the next year, we know that there will be a requirement for a continued COVID-19 vaccination programme and we will focus delivery to JCVI / WG approved cohorts ensuring there is an evergreen offer and no one is left behind. We retain our expertise to be able to implement any future emergency response, mirroring the Omicron Booster programme, should this be required moving forwards. We are using what we have learnt to develop our approach to immunisation more broadly to serve residents across Cardiff and Vale. Our vision is to effectively protect our local population against vaccine-preventable diseases through safe, innovative, timely, person-centred, and equitable immunisation delivery.

Table 5: Our approach to the five harms of covid-19

<table>
<tr><td colspan="5">Harm 1: Direct Harm</td></tr>
<tr>
<td>Covid-19 Operating Model
Site Based Leadership across our two acute hospitals and our primary and community services. The introduction of our Operational Planning and Transformation (OPAT) Centre in UHW has revamped our approach by providing space and time for clinical, operational and corporate colleagues to work together on a daily basis to improve patient flow and service delivery. Modelling forms part of the daily OPAT rhythm, allowing for the escalation and de-escalation of services as necessary to meet the peaks of Covid-19 demand.</td>
<td>Mass Immunisation Programme
The roll out of the Mass Immunisation Programme from COVID-19-19 across the UHB is one of the most exceptional examples of planning, team work and mobilisation in our history. Following the success of the first and second phase, the booster programmed has now delivered over 282,000 boosters to date through a multi-disciplinary approach. As we move in to the next year we are prepared for a continued COVID-19 vaccination programme and retain our expertise to adapt the programme quickly as required.</td>
<td>Test, Trace, Protect
Test, Trace and Protect (TPP) has played a key role in helping our population protect themselves and others. The cross-sector programme which includes regional oversight and close working between Local Authority and Health Board teams is being reviewed and will continue in to the coming year in a more focused capacity, addressing high risk settings and responding to emerging variants of concern.</td>
<td>Treatments
Whilst vaccination remains the primary tool to combat the impact of the virus as we move into the next phase, since the start of the pandemic there have been a number of new treatments that have been trialled and are now becoming more common place. The UHB is delivering oral antiviral and monoclonal antibody treatments, especially for extremely vulnerable patients.</td>
<td>Consequences of Covid
The UHB established the specialised Covid-19 rehabilitation service in December 2020 to meet the ongoing needs of our patients diagnosed with Long Covid-19. Through support from Primary Care, an MDT focused Rehabilitation and Community Care pathway has been established and plans for 2022-23 will be to continue to develop the multidisciplinary model of care required to meet the needs of patients with Long Covid-19. The UHB has established Bereavement and Post-Covid-19 Support Groups to tackle the long-term impact of Covid-19 morbidity and mortality.</td>
</tr>
<tr><td colspan="5">Harm 2: Indirect Harm</td></tr>
<tr>
<td colspan="2">Essential Acute Services
The UHB continues to provide all essential services and has done so throughout the pandemic. Urgent and emergency care, provided through our ambulatory and emergency departments, continues to experience significant pressure due to reduced hospital flow. Cancer and other urgent surgery continue to be delivered through the implementation of our Protected Elective Surgery Units (PESU)</td>
<td colspan="2">Essential Primary Care Services
All nine C&V Clusters have developed and implemented plans to maintain GMS services in times of staff shortages and increased Covid-19 demand. Despite significant continued pressures, Cluster Plans outline how practices have business continuity arrangements in place to meet any future peaks in Covid-19 which place demands on primary care.</td>
<td>Recovery Programme
Our recovery programme has been developed across five core service areas and is the main vehicle through which our post-Covid-19 recovery of services is monitored. The UHB is committed to returning activity levels beyond those seen pre-Covid-19 although we know that additional activity will not be enough and we must transform our pathways and services in conjunction with our patients to fully recover.</td>
<td>Chronic Conditions
The impact of the pandemic on long term conditions will be significant with the full scale not yet known. The UHB has enhanced Musculoskeletal, Optometry and Diabetes services in primary and secondary care to meet the increasing needs of these patients. Further detail on our plans for caring for patients with chronic conditions can be found here</td>
</tr>
<tr>
<td colspan="3">Harm 3: Arising from Population Health Measures</td>
<td>Harm 4: Economic Harm</td>
<td>Harm 5: From Exacerbating Inequalities in Society</td>
</tr>
<tr>
<td>Mental Health
The impact of the pandemic has been acutely felt within our Mental Health services, as lockdowns and other restrictions including shielding and self-isolation as a case or contact have prevented normal socialising, work and education routines. Our mental health teams have worked to provide support to patients and staff despite recent increases in referrals

Third sector organisations have provided much-needed support for people during this period.</td>
<td>Education
Children and young people have often been reported as carrying the biggest burden through periods of enforced social isolation, particularly in relation to lost opportunities for education.

Our teams are working closely with partners across education and local authority to support the recovery of services and ensure that any long-term impact on children’s physical and mental health is addressed in a holistic and joined up way. Further detail on our joint working in this area can be found here.</td>
<td>Through co-ordinated partnership working, the Cardiff and Vale Public Services Boards are taking joint action to reduce the adverse economic impacts from Covid-19. This includes Cardiff's Recovery and Renewal Strategy, and City Centre Recovery Action Plan, and Wellbeing Plans which will be developed during 22-23 in both Cardiff and the Vale, to address issues highlighted in the recent Wellbeing Assessments.</td>
<td>We know that many of the impacts of the pandemic have been felt most acutely by our communities who were already experiencing higher levels of inequalities. Further detail on the work which is ongoing to transform our population health, particularly with a focus on prevention, wellbeing improved patient outcomes, can be found in our most recent Cardiff and Vale Director of Public Health's Annual Report.</td>
</tr>
</table>

Recovering and Redesigning Services- *Our approach and delivery ambitions*

It's clear that the recovery and redesign challenge ahead remains on a scale never previously faced across the NHS. 2021-22 saw the establishment of our Recovery and Redesign Programme which has helped to deliver many of the important service changes you will read about within our IMTP. During this time, we have been working to roll out new ways of working and develop plans to increase capacity. The three core tenets of our approach to Recovery and Redesign remain being **clinically-led**, **data-driven** and **risk orientated**. Our programme is cognisant of both the scale of the challenge and the speed at which we must move to address it.

Table 6: Approach to Recovery and Redesign

Principles	Objectives	Methodology
1. Clinically-led 2. Data-driven 3. Risk-orientated	1. Improve access 2. Restore activity 3. Transform pathways 4. Minimise harm 5. Reduce waits	1. System-wide pathways 2. Primary Care focused 3. Partnership working 4. Regional collaboration 5. Programme management 6. Protected capacity

As described earlier our Recovery and Redesign portfolio consists of five core areas:

Of course, there is interaction and dependence between each of our programmes. The pressure we have, and continue to experience, in our Urgent and Emergency Care services in particular has a profound impact on our ability to drive improvements and deliver change across all programmes for example. To meet this challenge, we are employing a joined-up programme management approach, working in conjunction with our Operational Planning and Transformation (OPAT) Centre and Site Based Leadership teams and remain sighted on the strategic context through the UHB's strategic programmes.

All services face challenges as we move in to 2022-23 due to the sustained and significant impact of the pandemic combined with underlying pre-pandemic demand and universal workforce shortages. Whilst all our services are all under strain, the scale of the challenge in each varies due to a wide range of factors.

Nevertheless, we remain focused on the challenge ahead and we have developed a range of key delivery ambitions which are summarised in the table below. The delivery ambitions set out below reflect the priorities for delivery in the key recovery and operational areas. These ambitions have been updated to reflect the ask of the Ministerial priorities and the performance ambitions set out in the "Programme for transforming and modernising planned care and reducing waiting lists in Wales" (issued end of April 22).

Our key delivery ambitions are:				
	Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
Primary and Community Care	• Increase to 60 % of dental activity vs. pre-Covid levels	• Increase in Eye Care Treatment by primary care • Deliver option appraisal and develop plan for next UPCC centre	• Reduction of emergency admissions for over 65s • Increase to 65% of dental activity vs. pre-Covid levels	• Delivery of diabetes performance measures in line with WG targets • Increase to 70% of dental activity vs. pre-Covid levels
Urgent and Emergency Care	• Reduce ambulance lost hours by 25% above March '22 position • 90% surgery patients via surgical SDEC	• Reduce 21-day length of stay to pre-covid levels • Reduce ambulance lost hours to October '21 levels • Eliminate >4 hour handover delays • Medical SDEC at UHW open 7 days a week	• Compliance with latest SSNAP targets	• Eliminate 12-hour ED wait
Planned Care	• 100% of pre-Covid levels for elective activity • 100% of pre-Covid activity levels for new OP • Maintain performance of Level 2 and 3 risk-based prioritised surgery	• 110% of pre-covid activity levels for new OP • Increase SOS / PIFU pathways • Maintain performance of Level 2 and 3 risk-based prioritised surgery	• 110% of pre-Covid activity levels of elective activity • 110% of pre-Covid activity levels for new OP • Achieve 33% of outpatients via virtual • Reduce volume of 104 week waits for treatment • Maintain Level 2 & 3 surgery	• Eliminate 104 week waits for outpatients • Eliminate 104 week waits for treatment • 120% of pre-Covid levels of elective activity • 120% of pre-Covid levels for new OP • Achieve >65% Single Cancer Pathway target • Deliver 30% reduction in delayed follow ups (>100%) • Maintain Level 2 & 3 surgery
Mental Health	• Deliver 80% compliance with Part 1a 28-day assessment target in CYP and Adults	• Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times – reduction in waiting time to	• Maintain Part 1a & 1b CYP and Adult targets • Deliver combined intervention and assessment team for CAMHS • Deliver NHS 111 (press 2)	• Implement repatriation plan for delivery of trauma informed care services close to home • Maintain Part 1a & 1b CYP and Adult targets • Improvement in Eating Disorder access times – reduction in waiting

		11 months longest wait		time to 9 months longest wait • Deliver sustained improvement trajectory for neurodevelopment assessments • Go live with sanctuary provision for crisis care in adults
Diagnostics and Therapies	• Reduce 8 week waits for all modalities	• Endoscopy activity to exceed 125% of pre-covid activity levels	• Endoscopy activity to exceed 130% of pre-covid activity levels • Eliminate > 8 week waits for US and Echo	• 50% reduction of >8 week wait in endoscopy (aim to clear by March '24) • 50% reduction of >14 week wait in Therapies (aim to clear by March '24)

The remaining sections of this *Respond, Recovery and Redesign* part of the plan focus on each of these five programme areas and provides;

- Summary context followed by,
- An overview table on what our focus in this area to deliver on our ambitions is going to be, the patient & system impact and how we will monitor progress

Further background information on each of these programmes is also be available in the appropriate annex of this plan. To ensure deliver of our key objectives we have Further detail on our trajectories which will help us achieve these can be found in our minimum data set.

Primary, Community and Intermediate Care*: Summary and actions*

Primary Care, alongside integrated community services and social care, is central to all of our plans and we understand the crucial role they deliver as the foundation of our services. Our ambition is to deliver community-based care built on a population wellbeing model that empowers individuals and focuses on providing services within the communities they serve. Our ability to achieve this is informed by our cluster-based planning approach, details on the locally developed plans across our nine clusters can be found here in annex 1.

For further background and context information regarding Primary, community and intermediate care please see annex 6.

PRIMARY AND COMMUNITY CARE – WHAT IS OUR FOCUS FOR 2022-23 AND BEYOND		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Development of Urgent Primary Care Centres (UPCC) and integration with CAV 24/7. We will: • Embed UPCC in Cluster planning • Optimise utilisation of Vale UPCC • Align our work with Locality / @ home approach • Increase the capacity and integration with CAV 24/7 • Assess options for a Cardiff based UPCC • Ensure seamless integration of call handling for CAV 24/7 as part of NHS 111 & undertake a go-live review and evaluation	• Provision of Urgent and Emergency care services closer to patients' home • Increased options for primary care – supporting GMS sustainability • Reduction of pressure for acute Urgent and Emergency care services • Simplify the pathways for patients, carers and professionals to navigate urgent and emergency care systems	• GP referral volumes to UPCC • CAV 24/7 outcomes – incl. a reduction in % of patients referred to secondary care • Call volumes and waiting times in CAV 24/7 • UPCC options appraisal • Go-live evaluation NHS 111 • Patient Feedback
GMS and Primary Care Sustainability. We will: • Expand Mental Health and First Point of Contact Physio cluster-based services • Develop new transition roles as part of the Primary Care Academy • Further transform Dental services to address the backlog • Develop and embed transformation in Eye Care Services (Locality-based Optometry Diagnostic Treatment Centres (ODTC), Independent Prescribing and Domiciliary Service). • Prepare for contract reform for Dental and Eye Care and ensure our trajectories for improving access are delivered. • Support Community Pharmacy transformation aligned to strategy	• Improved practice and contractor viability • Easier access to services for patients • Broader availability of workforce to support services and improve sustainability	• Volume of MSK and Mental Health appointments delivered • Number of requests for list closures and contract terminations • Number and range of new roles developed in primary care
Cluster Development. We will: • Deliver on the Strategic Programme priorities for Clusters including: • Implementation of the Accelerated Cluster Development (ACD) Programme • Promote Pan Cluster Planning in conjunction with the developing Vale Alliance work • Roll out of our MDT Accelerated Cluster Model (see urgent care table). • Improve access to mental health services for young people	• Improve delivery informed by local population need • Provide options for patients to remain at home and reduce reliance on admission • Easier access and reduced waiting times for mental health care • Develop community first models of care that reduce reliance on onward referrals	• Roadmap for 2022/23 • Go live plan • GP referrals to secondary care • Increase volumes of patients seen in primary care mental health services

• Develop neighbourhood nursing models to support ACD & @Home Integrated Locality Model.	• Improved working between primary care and mental health services	• Improved measured health and well-being outcomes ('Core 10) • Reduction of admissions into Mental Health acute services
Community Health Pathways. We will: • Expand the number of community Health Pathways • Review and enhance the usage and compliance with pathways • Further embed & develop GP interface roles as part of wider team.	• Improved communication and information for primary care • Appropriate referral of patients to the best services for their needs • Reduced time waiting and better access to available services • Improved collaboration and working between primary and secondary care	• Number of pathways on Health Pathway tool • Review of usage and compliance with pathways • Number of GP interface roles • Referrals to secondary care • Utilisation of community-based services
Complex and Specialist Services. We will: • Develop CAVHIS to address growing inequities of care for vulnerable individuals and to enable safe CAV response to Afghan and Ukraine Refugee Resettlement Schemes • Improve governance and sustainability of services at HMP Cardiff • Deliver on Learning Disability Services modernisation • Assess the primary care needs of patients in need of Erectile Dysfunction Services • Support the requirements of the Local Gender Team for Cardiff and Vale patients as part of the Welsh Gender Service • Joint working with Partners to commission care.	• Access to health services which offer one stop shop access to services and who are experienced in this specialist field • Equitable access to services comparable to the community • Assurance that patients are receiving good quality, safe, care • Clinical assessment and first line treatment provided in the community • Stepdown pathway sustained as part	• Reduction in late diagnosis of infectious communicable disease and serious mental health problems. • Reduced waiting lists for appointments • Reduced referrals to CAV247/EU • Reviews of pathways between LD and GMS
Chronic Conditions. We will: • Further develop our service transformation framework for Primary Care • Support the implementation of All Wales Pre-Diabetes early intervention in Clusters • Review Community Diabetes model to consider rapid access clinics through specialist nurses • Establish GPSI sustainable advice and guidance for Diabetes e-advice & referrals. • Establish a sustainable model for initiation and monitoring of injectables in diabetes management.	• Earlier diagnosis and treatment of pre-diabetes for patients • Improved population health and reduced demand for primary care services • Reduced referral for specialist secondary care treatments	• Reduced referrals to secondary care • De-prescribing of insulin in the Community • Reduced hospital admissions • Reduced demand on district nursing services/teams

Mental Health: *Summary and actions*

The prominence of Mental Health in our Recovery and Redesign programme reflects our commitment to service development in this area as we continue to strive to ensure that we meet the aims of the All Wales "Together for Mental Health" strategy. Despite the challenges of the pandemic our teams across both Adult and Children & Young People's mental health have delivered new ways of working and as our performance begins to improve we are now increasingly focused on recovering our services with much of our thinking underpinned by multidisciplinary teams, peer informed planning and third sector collaboration. The development of our Recovery and Wellbeing College is a prime example of our move towards delivering responsive services that are informed by the patient, carer and staff voice. Courses are co-produced by people with lived experience of mental health challenges and guided by the principles Hope, Control and Opportunity in everything we do. The Recovery College has been expanded to increase provision for courses that support our staff, targeting those who are experiencing stress and anxiety subsequent to the pandemic. Through the lifecycle of this IMTP we plan to progress this work further and align requirements with our capital developments in the community.

For further context and background information regarding Mental Health please see annex 7.

MENTAL HEALTH – WHAT IS OUR FOCUS FOR 2022-23 AND BEYOND		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Crisis Care. We will: • Extend Sanctuary provision • Review and expand provision of services for the Emergency Department • Continue to meet the recommendations of the crisis concordat • Roll out NHS 111 (press 2)	• Making sure that a mental health crisis is treated with the same urgency as a physical health emergency • Ensure dignified and respectful therapeutic interventions • Prevent future crises by making sure people are referred to appropriate services. • Ensure mental health support available 24/7 • Provide simplified approach for patients who need to access mental health support • Better use of clinical time and provide patients with the right advice, first time	• Sanctuary provision • Qualitative evaluation of crisis services • Patient experience • Section 136 activity reductions • Project management and go-live planning for NHS 111 (press 2) • Deliver the 8 goals of the Crisis Care Concordat
Eating Disorders. We will: • Align ED pathways from children into adult services • Implementing early, highly specialist intervention with intensive follow up through SHED • Develop plans for physical health monitoring of ED patients	• Ensuring a joined-up pathway that supports transition for patients moved from CYP services into adult • Increase access to assessment for eating disorder patients • Improved outcomes with earlier intervention	• Eating Disorder access times • Eating Disorder treatment times • Eating Disorder outcomes
Children and Young People. We will: • Develop our crisis teams to extend services incl. NHS 111 • Provide additional capacity for Part 1a assessments • Reduce waiting times and increase access for patients accessing neurodevelopmental services (all age issue) • Focus on transition services between Childrens and adult services	• Holistic and joined up provision of emotional wellbeing and mental health services in <18s • Easier access to services which are shaped around the needs of Children and Young People • Improve transition between CYP and adult services	• Waiting times for assessment • Waiting times for treatment • Patient experience • Compliance with standards

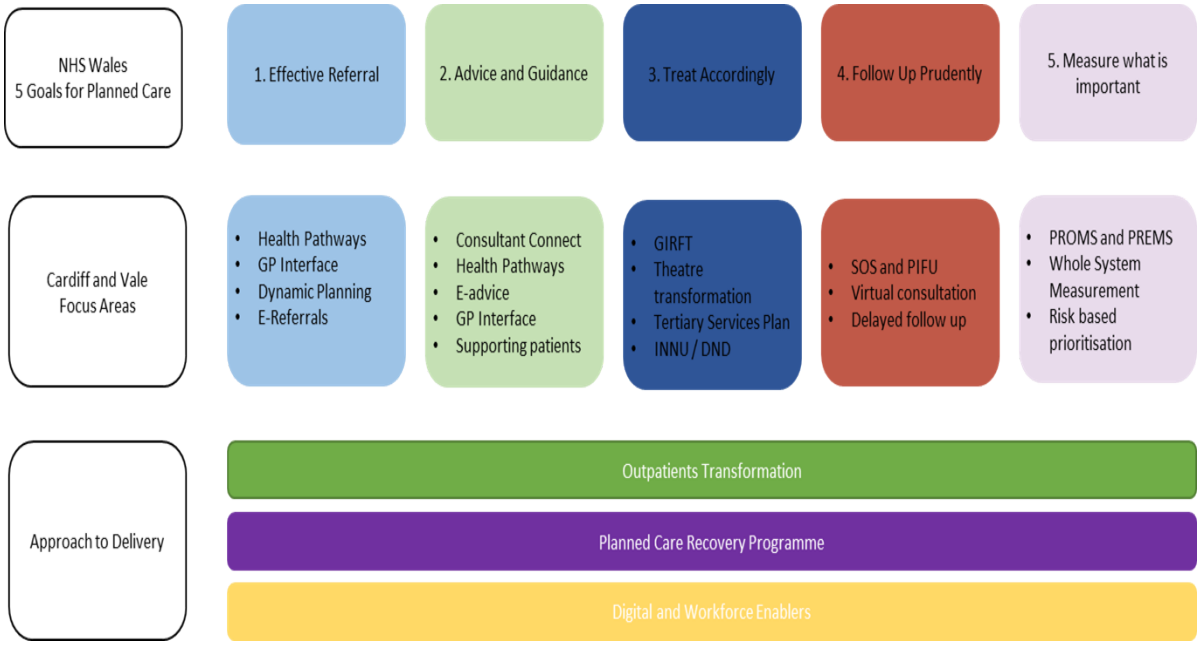
• Consider options for sanctuary provision	• Provision of age appropriate environments for those requiring admission	
Older Peoples Services. We will: • Provide enhanced day provision for older people • Expand MDT working and community provision for patients with Dementia • Develop staff and provide training in patient focused care • Increase availability of therapy support	• Provide alternatives to admission and focus on preventative interventions • More effective care and treatment • Provision of more tailored and effective inpatient care • Increase support and advice for families and carers	• Reductions in admissions • Increase in Enhanced High Intensity Service • Improved patient outcomes • Patient experience
Trauma Informed Care. We will: • Align our planning across the UHB for people who have experienced prolonged trauma, single event or complex trauma, PTSD or ACEs (Adverse Childhood Experiences) • Consider our provision of seclusion facilities • Increase SIMA, WARRN and suicide mitigation training • Develop plans to meet the requirements of the safe staffing act	• Improved holistic management of patients • Champions peer engaged and informed working • Provides better connection and working between different parts of the Health and Social Care system • Promotes multidisciplinary working • Delivery of safer, higher quality care which champions continuity of care approaches	• Decreased waiting times • Reduced inpatient length of stay • Patient experience • Increased availability of training for staff
Co-production and meaningful engagement. We will: • Develop our peer strategy, service model and define long term requirements • Roll out open dialogue and train the trainer first courses • Model the service user and carer representation approach throughout all levels of our teams	• Move towards responsive services that are engaged and informed by the patient, carer and staff voice • Ensuring this ethos is embedded in our strategy and delivery at every level of mental health service • Improve planning and delivery of services of patients across Mental Health Engagement across health, local authority and third sector organisations	• Increase to availability of peer worker posts • Service user representation at all levels • Open dialogue training delivery and evaluation
Focus on ensuring our physical estate is optimised for delivery quality. We will: • Evaluate options for aging community estate • Consider inpatient bed base requirements • Promote delivery of community-based case as a priority	• Continue the reduced reliance on inpatient beds • Promote delivering services closer to patients • Inpatient provision centred on those with highest need	• Integration of Mental Health estates strategy • Reduced risk with community estates

Planned Care: *Summary and actions*

One of the most obvious and large scale non-direct harms from COVID-19 has been the rapid and extensive growth in waiting lists across the NHS. Whilst the UHB has worked hard to maintain essential services and minimise reductions in elective care, it is clear that the unprecedented period of lower activity will lead to a significant mismatch between demand and capacity for a prolonged period. It will therefore be necessary to make conscious, consistent and objective decisions about who should receive services, in a risk-orientated and equitable manner focusing on those most in need.

Our approach to Planned Care encompasses each of the five core goals of the NHS Planned Care Programme with an overall aim of delivering service transformation to modernise and streamline pathways to produce long-term solutions **(Figure 1).** We know that pre-pandemic approaches to waiting time management had not consistently provided a sustainable answer with a reliance on short term solutions, such as waiting list initiatives, to meet targets. The scale of the challenge now necessitates that we must not wholesale return to our previous ways of working. Whilst there is an immediate requirement to restore and increase our core capacity, our ambition for planned care is to develop and transform pathways through integrated working between primary and secondary care. We recognise that on this journey we will need to be cognisant of the potential harms and waits faced by patients. We are committing to developing our approach to planned care through the lens of delivering quality driven services which have open and supportive communication with our patients at the core.

Figure 1: Alignment with 5 Goals for Planned Care



For further context and background information regarding planned care please see annex 8.

PLANNED CARE – WHAT IS OUR FOCUS FOR 2022-23 AND BEYOND		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Accelerate Regional / Tertiary Working. We will: • Centralise South East Wales Vascular services - UHW Hub • Progress the planning for regional ophthalmology services • Support the emerging proposals for orthopaedic services • Implement plans for a range of regional tertiary services currently in train • Strengthen our delivery and planning of neuro disability services for children • Repatriation of cardiothoracic services to UHW	• Improvement in service delivery through economies of scale • Improved outcomes through specialist and skilled teams delivering services at scale • Future proof workforce models that promote exceptional training and development • Reduced duplication and clearer pathways for patients • Reduce inequalities across regional services	• Detail on our monitoring and approach to regional services can be found here
Quality Driven Change. We will: • Embed a culture of quality improvement to drive the required changes in planned care • Develop plans across pathways with a focus on primary and community care • Support the assessment of, and subsequent change programmes for, our services utilising the Get It Right First Time (GIRFT) methodology ○ Orthopaedics; Gynaecology; General Surgery • Provide exceptional support and communication with patients waiting for treatment	• Service to be built around quality with patient outcomes at the heart • Increased provision of support to patients including a focus on primary and community care options • Reduced variation and improve peer comparison for services	• GIRFT peer comparison • PROMS & PREMS • Length of stay reductions • Improved patient outcomes
Cancer. We will: • Focus on reducing waits for diagnostics and treatment to meet Single Cancer Pathway targets • Continue to roll out of our Prehab2Rehab model to support patients • Assess options for rapid diagnostic models for patients on the vague symptom pathway • Deliver our plans for robotic surgery in specialities incl. Colorectal and Gynae-oncology • Enhance our partnership working with Velindre Cancer Centre • Implementation of the approved Acute Oncology Service business case • Finalise plans for BMT including workforce redesign and an approach to address long-term estates challenges and achieve JACIR accreditation • Complete the work to implement CaNISC replacement	• Improve cancer outcomes through earlier diagnosis • Reduced burden of cancer to patients and families including economic and social impacts • Quicker access for primary care clinicians to cancer diagnostics • Improved patient experience • Improvements in partnership working with Velindre Cancer Centre and Regional Health Boards • State of the art options for surgical treatment through delivery of robotics plan • Delivery of exceptional tertiary BMT care	• Cancer performance monitoring • Single Cancer Pathway performance • Patient and family experience • Delivery plans for key schemes • Outcome of Harm Reviews
Outpatient Transformation. We will: • Expand the use of SOS and PIFU pathways as part of a drive to follow up prudently • Validate and communicate with patients waiting >52 weeks • Reduce the number of patients waiting > 52 weeks for new appointments in line with specialty-based trajectories • Drive productivity and efficiency through existing capacity • Eliminate 104 week waits for new appointments • Deliver a continued increase in the volume of consultations undertaken virtually • Explore options for workforce redesign to reduce reliance on consultant capacity for approved pathways • Embed PROMS and PREMS throughout outpatients' services	• Stabilisation and reduction in patient waiting times • Development of alternative pathways which reduce demand for secondary care services • Empowerment of primary care through the expansion of Health Pathways • Released capacity for new appointments through a focus on follow up management • Increased convenience and decreased time burden for patients through virtual provision • Improved communication with patients and primary care • Deliver services and outcomes that matter to patients	• Outpatients transformation steering group – local and national – will take responsibility for monitoring and reporting performance • Patient feedback and engagement with CHC • MDS / performance reports • Volume of referrals to secondary and availability of alternative options • PROMS & PREMS

• Continue our transformation of referral pathways and guidance – developing our community-based health pathways through primary care		• Progress with community Health Pathways (see primary care table)
High volume elective inpatients and day case. We will: • Develop our recovery plan for elective orthopaedic, ophthalmology and other high-volume services impacted by covid (incl. regional options). • Provide communication, support and alternative options for long waiting patients. Ensure PROMS is embedded in our approach • Undertake a theatre improvement approach to maximise bookings, improve scheduling and reduce variation in operating lists. • Focus on delivering additional theatre capacity for children's services to meet demand • Continue to expand our cataract operating through use of our mobile ophthalmology theatres • Decrease LOS and increase outpatient capacity within elective services • Continued utilisation of alternative providers including the independent sector	• Improve options for patients waiting for surgery • Provision of consistent yet tailored advice and guidance for patients awaiting surgery • Stabilisation and reduction in patient waiting times • Improved patient outcomes • Improved coordination between primary and secondary care to improve pathways. • Improvements in Quality of Life and reduced impact of delayed treatment • Short hospital stay and improve discharge planning	• Waiting list stabilisation and long-term reduction • Improvements in theatre utilisation – long term plan >90% • Increase the number of weeks theatres are operational • PROMS and PREMS • Length of stay reductions

Delivering the Welsh Government performance ambitions

Our modelling and planning to date show that achieving the Welsh Government performance ambition of "no one waiting longer than a year (52 weeks) for first outpatient appointment by December 22" will be challenging to deliver across all specialties. As at end of May 2022, the cohort in this group (the total number of patients that would have waited > 52 weeks for first outpatient appointment by end of December 2022) is 35,815.

Of the 35 clinical specialties reflected in this cohort, we anticipate that we will be able to deliver 0 > 52 weeks outpatient waits by end of December 22 in 25 of these specialty areas and then maintain this position for the rest of the financial year.

For the 10 high volume specialties in this cohort (Ophthalmology, Orthopaedics, General Surgery, ENT, Urology, Dermatology, Oral Surgery, Neurology, Immunology and Allergy, Rheumatology) we are committed to improving access times and reducing long waits and are working with our clinical boards and directorate teams on improvement plans to determine realistic but stretching timescales for delivery and maintenance of this performance ambition. We continue to work with the national Delivery Unit on these plans. Delivery in these higher volume areas has key interdependencies with our estate and infrastructure plans as well as workforce availability.

This next iteration of plans will be shared with Delivery Unit colleagues as requested in July 2022

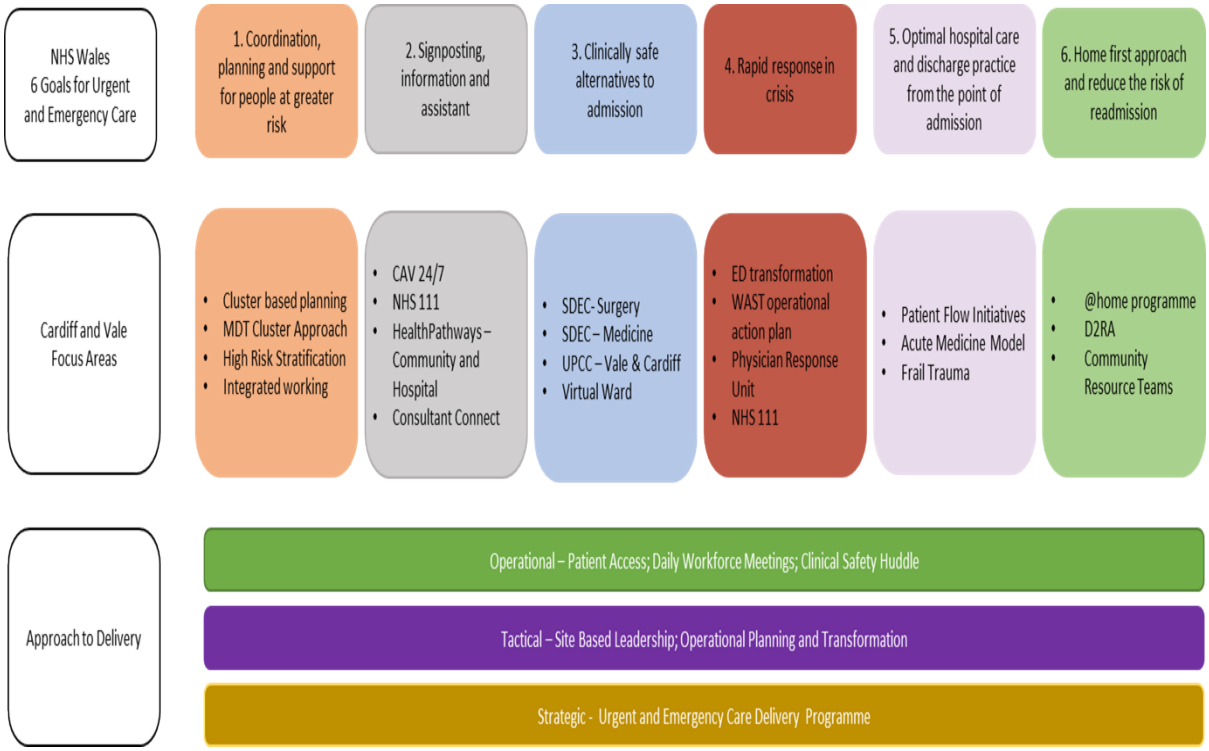
Urgent and Emergency Care*: Summary and actions*

Without a functioning Urgent and Emergency Care system there are significant limitations on our ability to deliver many of the ambitions laid out across our IMTP. The recent pressures seen across Health and Social Care are perhaps most starkly illustrated within areas such as our Emergency Departments and inpatient wards. For this reason, the Urgent and Emergency Care Recovery and Redesign Programme is central to the UHB's plans and **Figure 2** shows how we have developed our programme to ensure each of the Six Goals for Urgent and Emergency Care have significant focus moving forwards.

We recognise that WAST are currently struggling to meet their response targets and are experiencing extreme handover delays at many Emergency Departments across Wales. Demand has increased significantly and services over recent months have been reliant on support from the military. This creates significant risk. This is not a risk solely for WAST to manage rather it is a risk for our whole system to manage and address. We know WAST have identified a requirement for additional staff and we continue to work closely with WAST and the National Collaborative Commissioning Unit (NCCU) to fully understand this ask of commissioners and the degree to which internal efficiency could further address this requirement.

System wide and regional working are of course at the core of the Urgent and Emergency Care Programme and at a system level we will continue to work with all partners to develop plans to improve Urgent and Emergency care pathways and patient experience.

Figure 2: Alignment with 6 Goals for Urgent and Emergency Care



For further context and background information regarding Urgent and Emergency Care please see annex 9.

URGENT AND EMERGENCY CARE – WHAT IS OUR FOCUS FOR 2022-23 AND BEYOND		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Same Day Emergency Care. We will: • Deliver a dedicated Surgical Same Day Emergency Care Unit at UHW • Expand the provision of MEACU to weekends and increase services during the evening • Develop our programme structure to achieve the national SDEC objectives	• Reduced admissions to hospital • Fit for purchase environment that ensures patients can be assessed and treated without the need for admission • Reduce pressure on primary care for provision of alternative pathways • Integrated working with partners to focus on admission avoidance	• Monitoring undertaken within the Urgent and Emergency Care Delivery Programme • % patients going through SDEC • GP admissions >65s • EU Length of Stay • Speciality attendances
MDT Cluster Model. We will: • Roll out the cluster MDT model in two more clusters	• Integrated planning and support for high risk patients • Discharge support and advice to prevent re-admission • Care closer to home	• Number of clusters with MDT model in place • GP admissions in >65s
Emergency Department Transformation. We will: • Deliver our Rapid Assessment Treatment Zone (RATZ) • Consider proposals for an Acute Medicine Unit • Develop First Point of Contact model and improve approach to streaming • Build on speciality level working – paeds, gynae, ENT, surgery	• Improve access and reduce pressure within our emergency department • Re-define physical estate to meet the ongoing needs of the patients and the department • Provide senior decision makers earlier in the patient pathway • Reduce ambulance delays to decrease community risk • Improved patient outcomes • Admission avoidance	• Length of stay in department • Patient satisfaction • Reduction in 12 hour waits • Concerns/compliments • Improved 4-hour position • Ambulance handover delays • Reduced levels of escalation and risk rating
Frailty. We will: • Assessment options for implementing Geriatrician Consultants on the ground floor with ownership of beds • Increase ECAS/VECAS services • "Hospital at Home" service to support Nursing homes • Development therapy model for frailty	• Reduced frail hospital admissions • Reduced LOS • Integrated planning and support for frail patients from point of arrival • In reach to EU • Release of ACP time	• Decrease LOS on Ground Floor • Reduced frail admissions • Improvement in 4-hour admit for frail patients
Patient Flow and Bed Management. We will: • Develop of systematic approach to improve patient flow through cross boundary working within our inpatient services • Expand the use of our virtual ward approach across specialities • Develop approach for repatriation for specialist services to improve patient flow through our specialist services • Optimise use of Consultant Connect to support primary care and avoid admission	• Reduced length of stay for patients – focus on getting decisions right at start of pathway to expedite recovery and discharge • Improved flow to support front door • Support patients at home and prevent admission to hospital	• Improved LOS and bed occupancy • Escalation levels and available beds • Volume of patients on virtual wards
Focus on Trauma. We will: • Fully implement the first phase of our frail trauma model • Continue to support and meet the demand of Major Trauma services, assess options for 2nd phase expansion • Define long term requirement for trauma model post pandemic across UHL and UHW including options for ambulatory trauma	• Promote therapy led care with a focus on rehabilitation and early discharge planning • Quicker access to operating theatres to improve outcomes • Improve equity of services across the week • Balance the competing needs of trauma and elective capacity • Ensure provision of an exceptional regional MTC	• Trauma Audit and Research Network • Time to theatre (#NOF) • Length of stay

Stroke. We will: • Aim to uplift our Stroke service to 7-day cover, beginning with CNS • Continue working towards a HASU and Acute Stroke Model • Develop our approach to thrombectomy services	• Improved patient experience and safety • Improved compliance with KPIs and improve scores as measured by SSNAP • Improve EU compliance with 4-hour admit for Stroke pathway • Reduced LOS in Stroke beds	• Emergency Unit 4 hour admit for Stroke • SSNAP Clinical audit • Reduction in LOS data for Acute Stroke ward
Social Care. We will: • Work with system partners to implement solutions which facilitate timely discharge, avoid admissions and provide appropriate care closer to home • Review the model for transitional care units	• Integrated service delivery between health and social care • Ensure patients who are medically stable for discharge are cared for in the most appropriate environment whilst awaiting onward care	• Overall monitoring through Joint Management Executive • >21-day LOS and medically fit for discharge • Delayed transfers of care
Critical Care. We will • Progress developments aligned with Task & Finish group objectives • Reinstate LTV service for SW population • Develop PACU services including increase capacity • Mapping, modelling and capacity work stream • Development of the patient at risk team (PART) • Nursing staff development programme – aligned with HEIW work	• Promote rehabilitation through access to skilled therapies • Improved patient experience • Improved access to critical care services for elective patients • Improve clinical environment to support delivery of care • Improved patient outcomes for deteriorating patients outside of critical care • Improve workforce retention through investment in training and development opportunities.	• Overall monitoring will be undertaken within the Critical Care Network • Patient and family feedback, and engagement with CHC • MDS / performance reports

Diagnostics and Therapies*: Summary and actions*

Diagnostics and Therapies retain a key place at the centre of many of the UHB's Recovery and Redesign Programmes and their importance is further reiterated through a dedicated portfolio of work which aims to make timely access to diagnostics and imaging a key component of our integrated pathways.

Our aim is to reduce the volume and length of waits for our patients with a focus on achieving the 8-week waiting time for all modalities. Currently this is particularly challenged in areas such as Ultrasound and Echo Cardiogram where referrals have grown significantly despite activity exceeding pre-pandemic levels. Additional capacity is being providing using traditional methods such as waiting list activities and use of the additional capacity however we know that in order to revolutionise and expedite our imaging capabilities we must maximise community-based options which can provide straight to test capacity for our primary care teams. We are committed to working with local, regional and Welsh Government colleagues to explore these and implement these models.

Another exciting development that we are engaging on during the coming period will be the move to a new Laboratory System through the Laboratory Information Network Cymru (LINC) Programme. The first phase of this IMTP cycle will see us design and test in collaboration with laboratory colleagues across Wales with the aim of combining various systems into one comprehensive, fit for purpose solution, ensuring continuity and consistency of all pathology laboratory services.

Timely access to endoscopy procedures and surveillance is a priority for the UHB not least because of the essential provision they provide in investigating suspected cancers, providing follow-up to those with prior diagnosis and delivering interventional treatment. When this is combined with the important role endoscopy plays for serious non-cancerous conditions, such as inflammatory bowel disease, it is clear why the UHB has, and will continue, to focus so much time and effort on developing these services. In the short term the provision of a Mobile Endoscopy Unit, procured in conjunction with colleagues in Cwm Taf Morgannwg Health Board, will provide opportunity for increased capacity and will allow us to focus on reducing waiting times for this modality. Planned to open in April 2022, once fully operational we expect approximately 350 patients per month to benefit for this facility.

In the longer term, and through close working with the National Endoscopy Programme, we are delighted to be developing two additional permanent theatres that, along with the associated additional workforce, will help us provide sustainability and reduce our reliance on both internal and external additional capacity. Our journey to JAG accreditation continues at pace and forms a core part of our diagnostic strategy.

We understand the important role that our therapy teams have played in helping to transform the way we deliver covid and non-covid care over recent years. As we move forward we will be once again looking to develop these services which will be so pivotal in helping to manage both the backlog of patients which has developed in planned care and the increases in morbidity which is likely to result as an impact of the pandemic. Our physiotherapy services in UHW are shortly moving in to a new department which will provide sustainability for our outpatient teams who deliver a range of face to face and virtual appointments.

DIAGNOSTICS AND THERAPIES – WHAT IS OUR FOCUS FOR 2022-23 AND BEYOND		
PRIORITY	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE MONITOR**
Endoscopy. We will: • Deliver our mobile endoscopy unit on the UHL site • Progress our plans for two additional endoscopy theatres • Engage with regional solutions and implement recommendations • Prepare for JAG accreditation • Maintain focus on pathway redesign, including FIT and Colon Capsule endoscopy (subject to funding) • Evaluate the Trans nasal pilot (TNE)	• Reduced time to diagnosis for cancer and non-cancer patients • Improved patient outcomes through earlier diagnosis • TNE service can be provided in a clinic room, thus releasing theatre capacity and an improved patient experience	• Tracking of endoscopy productivity, efficiency and activity • JAG accreditation and use pre-assessments • Reporting into NEP in line with agreed arrangement which will support benchmarking
Community Diagnostics Hubs. We will: • Develop our ambition for a Community Diagnostics Hub, working with the National Imaging Board to test model and secure support to proceed	• Provide straight to test access for primary care • Release capacity for cancer diagnostics & reduce outpatient demand in secondary care • Provide care closer to home for patients • Allow for diagnostics on demand in emergency pathway	• Dependant on gaining support - monitored locally and on a national/regional basis with the National imaging board
Imaging Capacity and Performance. We will: • Eliminate 8 week waits across MR and CT • Reduce 8-week delays in Echo and Ultrasound • Focus on delivering straight to test approach	• Quicker diagnosis on cancer and non-cancer pathways • Reduced waiting lists	• % of activity compared to pre-covid • Waiting times • Cancer performance
Pathology. We will: • Develop the concept of 7-day pathology services for cellular pathology to positively impact on cancer turnaround times • Work with the LINC (laboratory information system) program to design and test the proposed approach as the vanguard for implementation	• Reduce variation of processing in the laboratory • Improvement on cancer turnaround times to an average of 12 days • Improved reporting of results • Reduction of repeat tests • Uniformity across Wales leading to better patient management • Improved clinical safety through electronic test requesting	• Average TAT for cellular pathology • Through LINC Programme
Therapies. We will: • Reduce the greater than 14 week waits across therapies • Implement models to improve therapies support to emergency care pathways	• Reduce waiting times for therapies • Improve rehabilitation in frail trauma and emergency medicine	• >14 week waits • LOS in Frail trauma and medicine pathways

STRATEGIC TRANSFORMATION

We are part of a highly complex health and social care system and as such, as we move forward on our transformation agenda we must recognise that we are just one part of the solution to the challenges and opportunities which the system faces. This is the guiding principle for the strategic transformation agenda described in this plan.

Simplistically strategic transformation in the UHB continues to be driven through four change programmes which collectively form our ***Shaping our future*** **the strategic transformation portfolio**. This is articulated in the diagram below.

It remains vital however to recognise that these programmes are different pieces of the same jigsaw. None are linear programmes of work which exist in isolation of one another. They require co-ordination and close working- the success of one is dependent on the ongoing success of another if the wider ambitions of the UHB strategy are to be realised. Equally many of these programmes coexist with existing collaborations with partner local authorities, our regional partnership board and partner health organisations.

The @Home programme in particular is a multi-partner programme of work that is driven through our RPB structures. It is through this programme we are driving forward the locality placed-based model for care, linked to our nine clusters, and the right sizing of our community services in order to implement the new models of care. The programme sits within the Ageing Well Partnership structure, although we know that the populations impacted by this programme will include all age groups eventually, our initial focus is how we support the care and support needs of older people in particular through this model.

It is for this reason we have resisted the temptation to develop sub-sections for each of our programmes. This would be disingenuous to the complex outcomes which we are looking to realise. Instead, within annex 10 we look to articulate the key themes of; transformed partnership working, transformed clinical services, transformed building infrastructure and transformed population health and wellbeing.

In the table summary below, we have drawn out our key ambitions and priorities across these areas.

In addition, specific programme level documentation can be requested should a granularity of detail and/or assurance be needed on any of the specific programmes.

In Summary: *Our Strategic transformation milestones*

@Home – *A Summary*			
PRIORITY	**DELIVERY TIMESCALES FOR OUR AMBITIONS 22/23 – 24/25**	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE TRACK MONITOR AND BENIEFITS**
Progress key Primary Care infrastructure projects	**22/23 Qtr4** • Development of an agreed service scope and finalising/submission of outline business cases for Barry Hospital and North & West Cardiff H&WBC **23/24 Qtr4>** Development of full business case and proceeding to build/delivery (subject to funding)	• Increasing time for people to live their lives • Improved environment that enables people's choices • Increased living well in their own home and community	• Decreasing delays in provision of support • Increase in resolution of issue at first contact • Reduced length of stay in hospital • Reduced number of hospital outpatient appointments
Intermediate Care	**22/23 Qtr4>** • Development of a 24/7 crisis response service • Alignment of services and development of a 'rightsized' IC service provision	• Improved living well in their own home and community • Reduced wasted system resource	• Reduced numbers of unplanned admissions • Reduced length of stay in hospital • Reduced numbers of readmission to hospital • Reduced numbers of people accessing long term residential care
Vale Alliance	**22/23 Qtr 2-** Finalise agreement from partners and development of the model **23/24 Qtr2-** Mobilised shadow arrangements **23/24 Qtr 3> -** Implementation and ongoing development of model	• Reduced wasted system resource • More empowered workforce	• Decreasing delays in provision of support • Increase in resolution of issue at first contact • Right staffing levels
Accelerate MDT Cluster Development model	**By 22/23 Qtr 4 -** Rollout of the cluster model to two further clusters **By 23/24 Qtr 4 -** Rollout of the cluster model to remaining clusters	• Reduced wasted system resource • Improved living well in their own home and community • More empowered workforce	• Reduced numbers of repeat GP appointments • Reduced numbers of unplanned admissions • Reduced length of stay in hospital • Reduced numbers of readmission to hospital • Reduced numbers of people accessing long term residential care

Single Point of Access	**22/23 Qtr 4** • Development of both the Cardiff and VoG provision for accessing community services	• People get a safe response when in urgent need • Reduced wasted system resource • Improved living well in their own home and community	• Decreasing delays in provision of support • Increase in resolution of issue at first contact • Reduced numbers of unplanned admissions
Shaping our Future Population Health - *A Summary*			
Vaccination and immunisation	**23/24 Qtr 1** • New Governance structures for future immunisation service model in place • A sustainable Phase 4 Covid-19 Booster Delivery plan with associated estate requirement developed • Newly formed Immunisation Coordinator team supporting locality-based working **23/24 Qtr 2** • Deliver our future service immunisation service model: • Stakeholder Experience Review completed and actions developed • Workforce plan developed • Data and digital coordination work commenced • Work programme developed to improve childhood immunisation uptake and delivery commenced **23/24 Qtr 3**: Flu campaign launched across priority groups with co-delivery with Covid-19 vaccination where possible **23/24 Qtr 4**: Increases in immunisation uptake across age and ethnic minority populations	• Maximising uptake of vaccination to protect our local population against vaccine-preventable diseases • Reduction in incidence and prevalence of vaccine-preventable diseases • Equitable uptake of vaccination across communities • Safe, timely and accessible delivery of vaccinations	• % of children up to date with scheduled vaccines by 4 years of age % of adults who have had 2 doses of Covid vaccine
Systematically tackle inequalities	**23/24 Qtr 1** • Begin delivery of the approach to bowel screening promotion agreed with Ethnic Minority Subgroup. • Building on DPH Report (2020) recommendations, priorities for amplifying prevention with partner organisations agreed, along with actions and timelines for delivery • Begin work to define impact of Covid 19 on patterns of alcohol consumption in the population and impact on health services, to better understand the local situation	• Reduction in health inequalities • Admission avoidance • Decreased LOS	• Gap in healthy life expectancy at birth between the most and least deprived (slope index of inequality) – updated intermittently, pending update in 2022 by Public Health Wales Observatory • Gap in uptake of childhood vaccination between least and most deprived population quintiles, with rates moving up towards the best

	• Develop a social prescribing model to support the wellbeing of young people engaged with the Youth Offending Service • Completed PSB and RPB needs assessments signed off • Suicide and Self Harm Strategy – Ongoing monitoring of frequently used sites, and intervention where required **By 23/24 Qtr 2** • Agree and deliver an approach to enhancing promotion of Childhood Immunisation with Ethnic Minority Subgroup • Partnership approach to addressing inequity and embedding prevention agreed • Partnership inequity indicators agreed • Complete work to define impact of Covid 19 on patterns of alcohol consumption in the C&V population and identify action to respond to the findings • Engage with young people in the Youth Offending Service to map interests to form part of social prescribing model **By 23/24 Qtr 3** • Evidence of progress against Engagement Coordinator milestones • Evidence of delivery of agreed partnership action to amplify • Increase routine alcohol screening in Primary and Secondary Care to identify hazardous and harmful drinking behaviours **By 23/24 Qtr 4** • Engagement Coordinator milestones delivered with evidence of improved outcomes • Evidence of completed delivery of agreed partnership action to amplify prevention • Monitoring of agreed indicators in place • Increase routine alcohol screening in Primary and Secondary Care to identify hazardous and harmful drinking behaviours • Evidence of successful implementation of social prescribing model within Youth Offending Service • Complete rollout and embed support for trauma informed, and safety and stabilisation training and practice across all substance misuse services in C&V • Complete a review of pathways and capacity to facilitate identification , treatment, and onward referral of people who are		

	injecting substances and are accessing inpatient and emergency unit services. • Suicide and Self Harm Strategy, by Q4: • Implement 111 press 2 for mental health crisis • National Training Framework to deliver best practice in primary care, and compassionate support in Eme		
Healthy weight: Move More, Eat Well	**23/24 Qtr 1** • Implementation plan to improve food and physical activity offer in school settings commenced (June 22) • Action against the roadmap for healthy workplace principles taken forward by PSB organisations (June 22) • Food Vale Sustainable Food Places Bronze Award achieved (June 22) • Delivery of pilot for children and families age 3-7 from ethnic minority communities commenced (June 22) • Cardiff Physical Activity and Sport Strategy (2022-2027) launched and monitoring framework established (June 22) • Edible Cardiff to host second annual festival of food growing (June 22) • Facilitate a healthier food advertising event for local partners to identify key actions to restrict junk food advertising (June 22) **23/24 Qtr 2** • Action to restrict junk food advertising across Cardiff and Vale progressed (Sept 22) • Delivery of Cardiff Physical Activity and Sport Strategy Year 1 implementation plan commenced (Active Environments, Active Societies, Active Systems and Active People) (Sept 22) • At least 40 schools in Cardiff running the School Holiday Enrichment Programme, (Food and Fun) (Sept 22) • Veg Advocates in Cardiff running own projects to increase veg consumption (Sept 22) **23/24 Qtr 3** • Continued expansion of the Cardiff and Vale Refill Region with at least 450 public water refill stations in place (Dec 22) • Increase Food Cardiff membership to 250 individuals representing 100 organisations (Dec 22) • Cardiff Sustainable Food Business network established with a minimum of 10 participating businesses (Dec 22)	Through system level change, people that live and work in Cardiff and Vale are supported and enabled to move more and eat well positively impacting on their food choices, physical activity levels and ability to achieve a healthy weight.	• % of adults who are a healthy weight • % of 4/5 year olds who are a healthy weight • Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway

	23/24 Qtr 4 • Funding secured for at least next two years of Food Cardiff's Good Food strategy delivery (Mar 23) • 200 new HAPI project participants improve their physical activity levels and 256 improve their food intake/cooking skills (Mar 23) • Evaluation of year 1 Cardiff Physical Activity and Sport Strategy undertaken and actions for year 2 developed and agreed by partners (Mar 23)		
Sustainable and healthy environment	**23/24 Qtr 1** • Publication of Level 2 Charter (delayed from 21/22 due to Covid) • Restart regular liaison with Cardiff and Vale LA transport teams (delayed from 21/22 due to Covid), to provide health lens on transport developments, and link with wider public sector • Updated healthy travel comms toolkit published • Respond to consultation on Vale of Glamorgan Replacement Local Development Plan (RLDP) vision and objectives, and provide candidate sites **23/24 Qtr 2** • Completion of Cardiff Healthy Travel Charter commitments, with celebration event • Confirmation of organisations signing up as initial cohort for Level 2 Charter (target >5 organisations, including UHB) • Updated healthy travel implementation toolkit published • Successful second Healthy Travel Wales day run • Engagement in consultation on Integrated Sustainability Appraisal as part of Cardiff and Vale RLDP process **23/24 Qtr 3** • Completion of Vale Healthy Travel Charter commitments • Respond to consultation on Preferred Strategy for Cardiff RLDP • Respond to consultation on strategic growth options for Vale RLDP **23/24 Qtr 4:** Launch of Higher Education Healthy Travel Charter	• Improved physical health (diabetes, obesity, cardiovascular, trauma) • Improved mental health/wellbeing (dementia, loneliness, social isolation)	• Annual mean NO2 in Cardiff (Castle Street) and the Vale (Windsor Road Penarth)
King's Fund recommended programmes	**23/24 Qtr 1** • Support King's Fund to complete local stakeholder engagement (delayed from 21/22 due to Covid) • Receive King's Fund report and consider implications for local implementation (June 22)	• Improved population health outcomes • Improved equity of access • Reduced demand	

	• Develop initial stages of a population segmentation and population health management approach with clusters in Cardiff and Vale (number of clusters to be agreed); and further milestones to be developed **23/24 Qtr 2:** Review current delivery against King's Fund recommended programmes, identify gaps & key actions to address them (July 2022) **23/24 Qtr 3&4:** Delivery of actions identified by King's Fund Report		
Shaping our Future Clinical Services - *A Summary*			
Developed service lines - Bringing policy, best practice, research, data & information, innovation and subject matter experts together	**By 23/24 Qtr 2** • Undertaken development of 14 service lines inc delivery of a short-, medium- & long-term implementation plan for each • Undertaken several corresponding exemplar whole care pathways. • Developed principles for cross cutting themes alongside SOFPH & SOFCC to apply to pathway transformation • Developed robust programme governance and resourcing to ensure effective delivery of benefits and outcomes • Development & delivery of next stage public and staff engagement alongside other SOF programmes	• Improved quality outcomes • Improved health of the population • Improved patient experience • Improved NHS productivity • Increased staff wellbeing and satisfaction	• Development of service lines will be initially monitored via strategic transformation portfolio. Each service line and corresponding pathway will include a series of outcomes and measures that the programme will then track.
Shaping our Future Hospitals - *A Summary*			
Feasibility study of an academic health science hub	**By 22/23 Qtr 4** Development of science, industry, investor, developer and governance cases to establish the feasibility and scope of how academic health sciences can contribute to patient outcomes and the S Wales economy. **Subject to funding.**	• Early indication of whether and how C&V can positively contribute to academia and industry to the benefit of our population.	Development of a feasibility study offering a go/no-go recommendation for a programme of work to develop a vision.
Progression of the SOFH business case	**By 23/24 Qtr 3** Developed a Strategic outline business case (SOC) for SOFH. **Subject to funding**	• Improved clinical outcomes • Improved health of the population • Improved patient experience • Improved NHS productivity • Increased staff wellbeing and satisfaction • Wider societal benefits • Improved sustainability (see PBC for full benefits articulation)	Development of a high-quality business case that meets a pre-agreed specification with Welsh Government colleagues.

Wider System Transformation

Research and Development

In the summer of 2021 we launched the Joint Research Office with Cardiff University which is being taken forward under the leadership of a single joint clinical director. Together we will increase the scale – both numbers of patients participating, and the range of research that we are able to facilitate. This will see us attracting more commercial partners and increasing our participation in national and international studies, as we have done during the pandemic, to assist with the advancement of knowledge, which then advances health care and health outcomes. Our aspiration is that every patient that could benefit from involvement in research is afforded the opportunity to do so.

Our Clinical Innovation Partnership continues to go from strength to strength under the leadership of our Associate Medical Director for Clinical Innovation. The results of the MDT approach we pioneered in 2019 has seen a number of clinicians supported to translate their ideas into new products or approaches. Our AMD for clinical innovation has been instrumental in developing the All-Wales approach to expanding robotic surgery in Wales, keeping us at the forefront of novel and developing technologies. We will proceed as an early adopter of the Partnership arrangement during 2022/23.

Innovation

Establishing the right mindset, culture and operational support processes around innovation is crucial to enabling the identification, development and implementation of novel, impactful and innovative solutions within any organisation. Consequently, in 2021, a new team was established within CAVUHB with a remit to act as the single-point of access that can provide bespoke advice and guidance on the steps and process to progress ideas and innovations for both internal and external individuals, groups and organisations. This was complemented by the creation of the Dragon's Heart Institute as a place to bring together several CAVUHB initiatives in the areas of innovation, improvement, implementation and leadership development with a new contact portal regarding innovation opportunities. In 2021, the team was successful in securing over £1m funding support. For example, from Welsh Government and the Cardiff Capital region to help establish resources that will enable the co-production of innovative solutions with industry, to real-world healthcare-based challenges in community and hospital settings, through simulated, 'virtual reality' immersive environments and as well the specific area of endoscopy services and that will be delivered in 2022/23. In 2022 and beyond, CAVUHB will continue to identify and bid for significant additional funding to support and enhance prioritised initiatives. CAVUHB has also built momentum behind sustainable and green health initiatives, as exemplified by significant contributions to the Green Health Wales network and the establishment of the Sferic Scholars programme – a ground-breaking initiative in creating a Sustainability Fellowship for Engagement, Research, Innovation and Coordination.

You can find out more about our Dragons Heart Institute and the All-Wales Intensive Learning Academy and the Sferic Scholars programme in annex 11.

Based upon feedback from both CAVUHB colleagues and external stakeholders, in 2022, the innovation team will build off the success of the extant innovation Multidisciplinary Team (iMDT) and work to develop a simple, clear and transparent process and flow to assess, prioritise and manage prioritise ideas from concept to early-stage implementation, pulling in best practice internationally, and that will be further refined in subsequent years to meet specific CAVUHB needs. Around this, additional support will be made available to address the complexity of delivering innovative projects within a Health Board context. For example, to help guide on options to facilitate and manage

activities, secure necessary delivery resources and create collaborative interactions to maximise the potential for success. Additionally, training and education on innovation approaches and associated management tools will be offered to create a cadre of engaged and activated innovating individuals and teams within the health board. This will build off the success of the pioneering Clinical Innovation Fellows who have already demonstrated value to identify opportunity and develop solutions in 2021; an initiative that will be maintained in future years.

Increasingly, in order for innovative solutions to be identified, adopted and deployed within CAVUHB it will be necessary to work with external organisations, be these other NHS organisations, HEIs, industry or the public and third sector – reaching across organisations and borders. The CAVUHB Innovation Team will adopt boundaryless behaviours to grow and strengthen existing collaborations and partnerships, such as with sister NHS Wales organisations, Welsh and UK Government offices, the Regional Partnership Board, Bevan Commission, Life Sciences Hub Wales and Cardiff University. However, there will be an increased focus on creating a stronger partnership network with other Welsh and international Higher Education Institutes, commercial organisations and representing membership organisations, the third sector, UK and international innovation funding bodies and councils, e.g. UK Research and Innovation, in order to expedite effective delivery of innovative solutions at a local, regional, supra-regional, national and international level. New ways of working will be explored, including that of organisational porosity and encouragement of two-way rotations, secondments and sabbaticals within and outside of the health board. In addition, new and major activities and partnerships will increasingly contribute more to the substantial civic role that CAVUHB has in the Cardiff and Vale region.

All of the above will be supported through an effective communications strategy that will be used to both promote knowledge mobilisation and celebrate outputs, successes and impacts and facilitate the identification and establishment of new networks.

Genomics

The All Wales Medical Genomics Service (AWMGS) has continued to build on its strengths and the benefits arising from being a key partner in Genomics Partnership Wales. They have had a number of further high-profile successes this year including the roll out of a 500 gene cancer panel by the All Wales Genomics Laboratory Service (AWGL). The CYSGODI 500 gene cancer panel service has deployed the most extensive use of this novel technology in the UK. A number of AWMGS individuals and services have received awards including the prestigious AHA UK national award for innovation in healthcare science.

Our Genomics agenda for the life of this remains highly ambitious:

- The increased adoption of liquid biopsy (circulating tumour DNA) testing for early detection or relapse of a wide range of cancers.
- In expansion of newly developed services, the AWGL will be increase the utilisation of Whole Genome Sequencing for Rare Disease, and increase the number of pharmacogenetics targets tested across wider areas of healthcare, greatly reducing the number of avoidable adverse drug reactions.
- The AWGL will develop a diagnostic pathway towards cancer genome profiling at diagnosis for NHS patients in Wales and continue to develop even more extensive innovative sequencing technologies to maximise identification of targeted molecular advanced therapies (tumour agnostic therapies, immunotherapies, personalised gene therapies etc.)
- The AWMGS is also exploring opportunities for an expanded new born screening services with Public Health Wales.

- Building on existing strengths in extending antenatal care testing (e.g. Non-Invasive Prenatal Testing (NIPT)) the AWMGS will develop a foetal anomaly whole exome sequencing (FAGP) service.
- AWMGS are developing both a clinical service for neuropsychiatric genetics in collaboration with Psychiatric Medicine, as well as piloting diagnostic testing for this group of patients.
- The AWMGS will develop disease prevention programmes based on polygenic risk scores where it is appropriate for clinical care and which will provide a measure of disease risk due to an individual's genetic make up
- The AWMGS will optimise data science approaches to analysis and interpretation of complex genomic data through the use of machine learning and artificial intelligence to aid diagnosis, monitoring and management of genetic conditions
- The AWMGS continue to develop and invest in their RD&I strategy and will develop long read sequencing capability with an ambition to be an early adopter of this technology as a clinical diagnostic tool. They will also explore the use of transcriptomics and metabolomics in clinical practice.
- The AWMGS is actively developing plans to occupy their new shared Estates with the Pathogen Genomics Unit (PenGU) and the Wales Gene Park and will also develop plans with BCU to improve North Wales estates.
- The AWMGS is committed to the development of a precision medicine node in partnership with the ARCH programme in South West Wales
- The Clinical Genetics service is introducing several initiatives to improve the patient outcomes and experience, including reducing waiting times and increased adoption of technology e.g. virtual appointments where appropriate, and electronic family history questionnaires, as well as increased service user engagement.
- The AWMGS in partnership with DHCW will develop an electronic patient record (ePR) which integrates with national patient record architecture (i.e. Welsh Clinical Portal) to facilitate end to end digital patient management, record keeping, seamless clinical information sharing, audit and research. The AWMGS will develop a robust digital data storage strategy which optimises the potential of the 'cloud' and other novel and emergent digital technologies
- The AWMGS is committed to the digitisation of all appropriate patient records
- The AWMGS will continue to strengthen our bioinformatics capacity and capability for the transition of raw genomic data into healthcare benefit and commercial opportunities.
- The AWMGS service will continue to develop comprehensive mainstreaming strategies to support non-genetics specialist to embed genomics more fully into patient pathways in other specialities e.g. cardiology, oncology, neurology, paediatrics, pharmacy, psychiatry, diabetes, respiratory
- The AWMGS will reduce diagnostic turnaround times and will explore options for better aligning existing working patterns to diagnostic processes including extended and 7 day working patterns to ensure equitable service provision to all patients and service users across Wales.

Please also see the Purposeful Partnerships section of this plan here which remains closely aligned to this wider transformation piece.

BRIDGING THE GAP BETWEEN RECOVERY AND TRANSFORMATION

How we will ensure the changes we are making today and over the next 1-2 years (align and compliment the work which will affect the changes in 2-3+ years will be highly contingent on a range of enabling activities not only across our Digital but also how we respond to the climate emergency, how work effectively with our wider partners and how we ensure our financial planning is based on value-based health care principles.

The following sub-sections of this plan outline how these enabling activities are *bridging the gap* between recovery / redesign and strategic transformation.

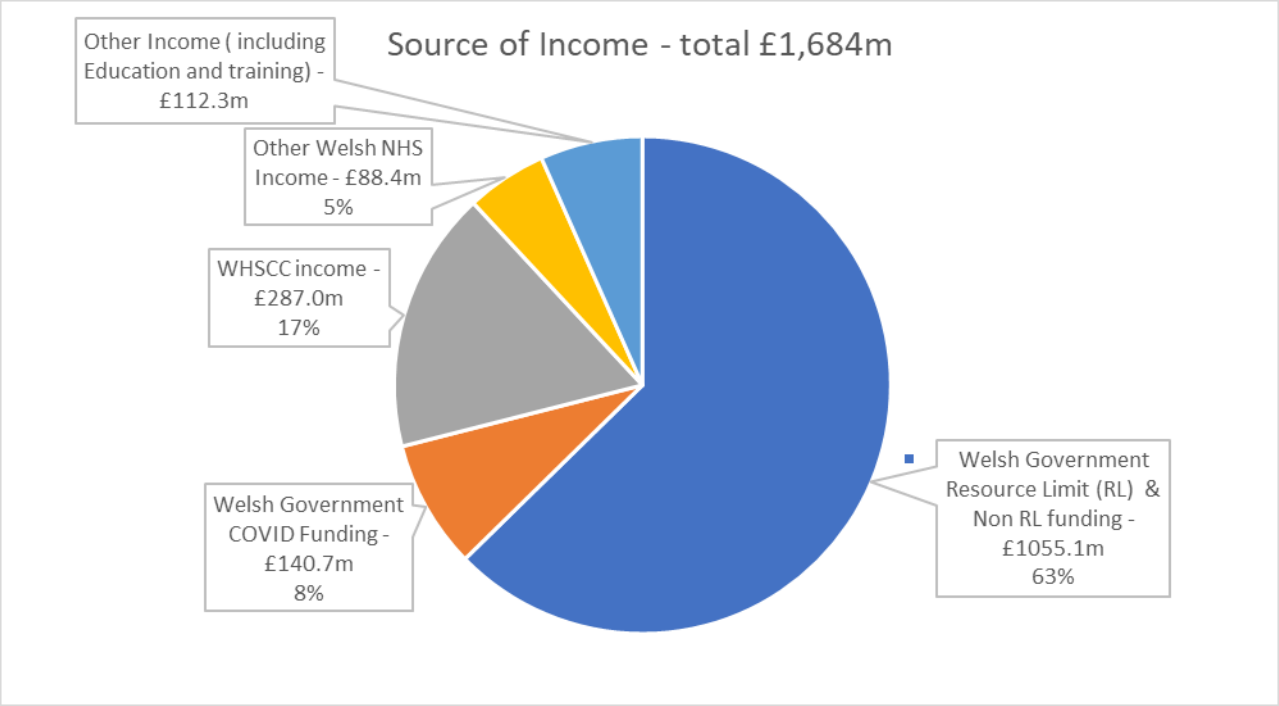
Our Finance Plan

Introduction and Background

Cardiff and Vale University Health Board (UHB) provides healthcare services for circa half a million people living in Cardiff and the Vale of Glamorgan.

In addition to considering the needs of the local population, the UHB also provides specialist care to the people of South, West and Mid Wales and for some services, the wider UK. This is reflected in the sources of funding that the UHB receives for providing services as illustrated in the graph below:

Cardiff & Vale UHB 2021/22 Forecast Income by Source



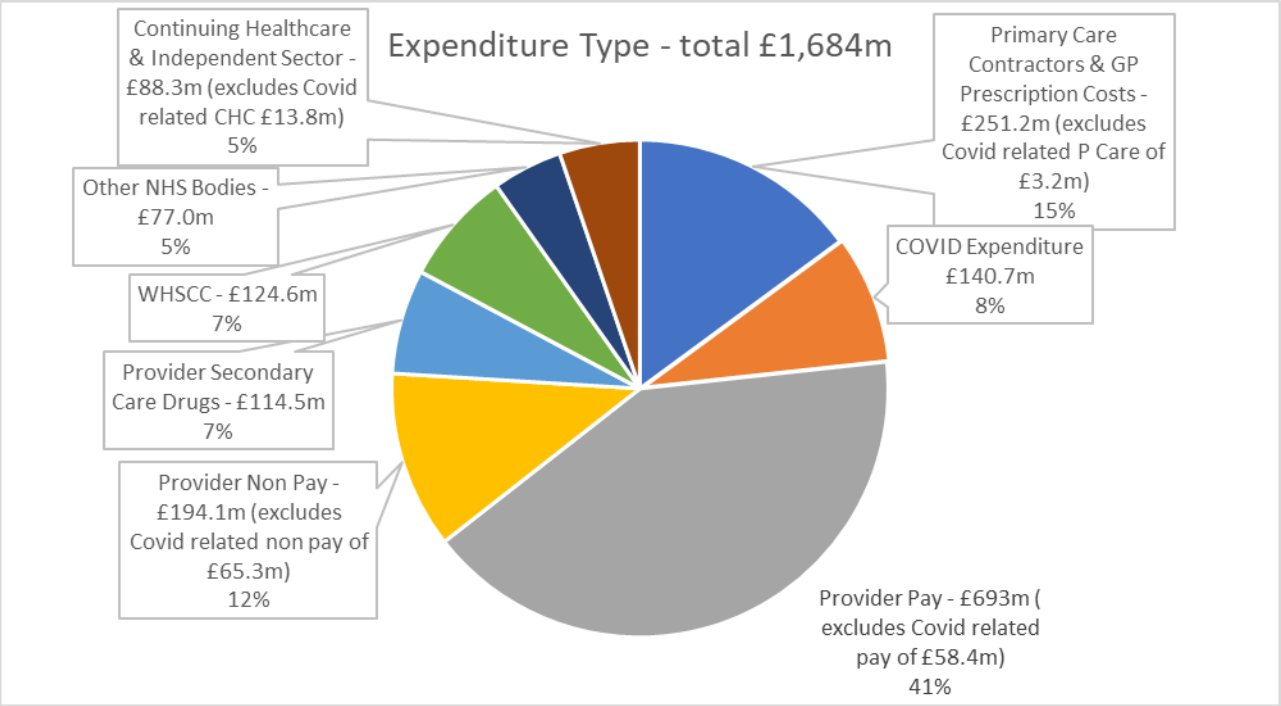
Source: February 2022 Welsh Government monitoring returns

Additional income of £140.7m was forecast to be provided to the UHB in 2021/22 to manage services related to Covid 19. The funding is matched by the cost of Covid 19 related service changes and provision.

The proportion of UHB income which is provided by the Welsh Health Specialised Services Committee (WHSSC) reflects the UHB's significant responsibility for the provision of specialist and tertiary services to the wider population across South Wales.

The majority of the UHB's budget supports the provision of healthcare services provided directly by the UHB. In addition, the UHB commissions services for the population of Cardiff and the Vale of Glamorgan from primary care contractors, continuing healthcare providers and via WHSCC, other NHS bodies, such as Velindre University NHS Trust, and independent sector providers as illustrated below:

Cardiff & Vale UHB 2021/22 Forecast Expenditure by Description



Source: February 2022 Welsh Government monitoring returns

Historic Financial Position

The Health Board achieved financial balance in 2019/20 and had an approvable IMTP to achieve financial balance recurrently in 2020/21 and subsequently over the 3 year planning period, 2020/21 to 2022/23. Therefore, it went into the pandemic with an ambition to achieve financial sustainability following a period of escalated intervention.

Based on current funding assumptions, the planned underlying deficit of £4.0m from the 2020/21 financial plan has increased to £29.7m over the last two years of the pandemic. This is the cumulative impact of the investment in tertiary & regional services, new technologies and local services (20m); and cost pressures & services growth (£10m) in excess of funding allocations for inflation and growth.

Entering into the period of the pandemic, the Health Board carried forward an underlying deficit of £11.5m into 2020/21. It planned to achieve £25m of recurrent savings, which, in addition to addressing the impact of cost pressures over and above the WG allocation uplift for that year, would have reduced the underlying deficit by £7.5m to £4.0m.

A number of the UHB's high impact saving schemes were based on reducing bed capacity, improving flow, coupled with workforce efficiencies and modernisation. These could not be pursued due to the

organisation needing to focus on delivering services to meet the needs of the pandemic over the past two years. (These areas are being revisited now as the Health Board seeks to address the underlying deficit.) There was a shortfall in recurrent savings of £21.3m in 2020/21, which meant that in the first year of the pandemic the underlying deficit increased by £13.8m to £25.3m, and a shortfall of £4.4m in 2021/22, resulting in an underlying deficit of £29.7m entering 2022/23.

The following table provides insight on the range of cost pressures and service developments, which have contributed to the increase in the underlying deficit during this period.

Unmitigated cost pressures	**2019/20**	**2020/21**	**2021/22**	**TOTAL**
	(£000)	**(£000)**	**(£000)**	**(£000)**
Investment in tertiary & regional services, new technologies and local services				
NICE & New High Cost Drugs	1,992	1,694	602	**4,289**
Commissioning & contracting	4,553	5,180	1,165	**10,898**
Local investments	2,276	1,452	803	**4,532**
Subtotal investments	*8,821*	*8,326*	*2,571*	***19,718***
Cost pressures & services growth				
Non-pay inflation pressures	512	1,117	301	**1,930**
Continuing Heath Care	744	1,210	508	**2,462**
Prescribing	0	1,162	602	**1,764**
Welsh Risk Pool	0	726	217	**944**
Local pressures	1,423	1,259	201	**2,882**
Subtotal cost pressures & growth	*2,679*	*5,474*	*1,829*	***9,982***
TOTAL	**11,500**	**13,800**	**4,400**	**29,700**

The largest of the cost pressures listed above is the commissioning and contracting heading. This covers unavoidable growth and a range of investments in national and regional services, for example, WHSSC tertiary services, such as specialist services for children, and essential investment in Velindre services, including innovative new cancer drugs.

All of the areas in the table above are being revisited now as the Health Board seeks to address the underlying deficit and are outlined further in this Plan.

Overview of the draft Financial Plan

The 2022/23 annual financial plan aims to deliver an in year financially stable position. We continue to be in a dynamic environment with considerable uncertainty. Delivery of the 2021/22 financial plan has been a challenge to manage the ongoing impact of the coronavirus pandemic. It is anticipated that 2022/23 will be another difficult year as the Health Board seeks to recover the full range of its services whilst providing support for the pandemic response.

The draft Financial Plan is shown in three parts:

1. Core Financial Plan

2. Exceptional Cost Pressures
3. COVID-19 response costs

1. Core Financial Plan

We are aiming to deliver in year financial stability and make a start on addressing the underlying deficit. This is based upon a settlement that provides a Health & Social Care budget 2.8% core allocation uplift in funding in 2022/23 and an assumption that employee inflationary pressures are separately funded.

There has been a capped approach to cost pressures based on expenditure trends over the past 12 months.

It is assumed in the plan that the commissioning approach from WHSSC and neighbouring LHBs does not financially destabilise the UHB.

The UHB has received an allocation of £22.6m for planned and unscheduled care sustainability for 2022/23 onwards. This will be used to accelerate the recovery of services provided within the health board. A process to manage the change in funding from provider scheme to commissioned on behalf of population needs will need to be managed in this transition.

The 2022/23 plan will require the delivery of a 2% efficiency and value target. The savings target is set to be realistic for 2022/23, as a transitional year in which we still need to deliver services in a safe way in a pandemic and remove the additional costs that we have generated in doing so. The savings plan will deploy quality improvement techniques with a focus on estates rationalisation, procurement and medicines management, alongside maximising the benefits of developments implemented through COVID.

Since submission of the plan, progress has been made on developing and implementing saving schemes. At the end of May, £14.8m of amber and green schemes, which is 92% of the £16m target, and a recurrent impact of £7.1m, which is 59% of the £12m recurrent target. Further work is underway to reach the savings target on a recurrent basis.

<u>Transformational Savings</u>

Since submission of the draft IMTP in March, the Health Board has concentrated on developing a programme of transformational savings, using a quality improvement and value based approach, with the ambition to address the underlying deficit over the next three years. Key areas of focus are:

- Length of stay in acute beds
- Operational efficiencies, such as identified via GIRFT
- Continuing Healthcare
- Medicines Management
- Procurement
- Workforce
- Scaling back investments

A key area of focus this financial year it to reduce and exit the costs associated with responding to the COVID pandemic, so the majority of these savings will occur in FY24 and FY25. However, it is planned that £2.8m of transformational savings, plus other actions £0.9m will be achieved in 2022/23.

The following table sets out the core financial plan over the 3 year period. It shows that the core plan for 2022/23 is a £17.1m deficit and that due to the actions outlined above the Health Board intends to deliver a surplus in 2024/25 on its core plan.

	2022/23 Plan £m	2023/24 Plan £m	2024/25 Plan £m
Deficit from prior year		(17.1)	(8.1)
Adjustment for non-recurrent items		(2.9)	0.0
b/f underlying deficit	**(29.7)**	**(20.0)**	**(8.1)**
Allocation uplift (including LTA inflation)	29.8	15.5	7.6
Capped cost pressures assessment recurrent	(31.8)	(26.5)	(19.1)
Capped cost pressures assessment non-recurrent	(1.1)		
Investment reserve	(4.0)	(2.0)	(2.0)
2022/23 Planned Surplus/(Deficit) before efficiency programme	**(36.8)**	**(33.0)**	**(21.6)**
Efficiency Programme			
Recurrent cost improvement plans	12.0	16.0	16.0
Non Recurrent cost improvement plans	4.0	0.0	0.0
Planned Surplus/(Deficit) before financial recovery plans	**(20.8)**	**(17.0)**	**(5.6)**
Financial Recovery plans	3.7	8.9	9.1
Planned Surplus/(Deficit)	**(17.1)**	**(8.1)**	**3.5**

2. Exceptional Cost Pressures

In this Plan there are extreme cost pressures, which would benefit from a system wide solution. The assessment of these cost pressures at Month 1 is set out in the following table and the value relating to them is currently still subject to change.

	2022/23 £m
Energy/fuel increases - non recurrent	20.9
Employers NI (Health & Social Care Levy) - recurrent	6.9
Real Living Wage - recurrent	2.9
Total Exceptional Costs	**30.7**

The planning assumption made at this point, is that Welsh Government funding would be made available to mitigate these exceptional inflationary cost pressures identified in full.

3. COVID-19 response costs

The UHB has developed four planning scenarios, based around potential COVID prevalence as detailed in the operational section. Financial modelling is based on the COVID central scenario which maintains a need for service provision and cost associated with that. At the time of submitting a draft IMTP in March 2022, the additional local costs were anticipated to be £40.6m, which is a reduction on the £49.9m allocated for local COVID response costs in 2021/22. Following the guidance on the de-escalation of COVID measures, the Health Board is reviewing its operational arrangements, with the intention of reducing the costs associated with them.

The UHB has a range of quality improvement, effectiveness and efficiency interventions to challenge the service provision and find new ways of working, however, these are impacted by the need to ensure infection prevention and control measures across the health board. The health board will need to remain dynamic and responsive to changes in COVID demand, working within an established escalation framework.

At this stage additional funding has not been confirmed to cover the ongoing local COVID response costs. The health board expectation is that funding will be made available.

The UHB will also incur costs for the national COVID programmes, such as Test, Trace and Protect and the national vaccination programme, which will be funded by directly by Welsh Government. The forecast of costs for these reported in Month 1 has reduced from the £31.6m originally forecast. However, based upon recent guidance from Government, the Health Board is revising it plans and associated costs, with an expectation that they will reduce further.

Financial risks

The key financial risks for the health board within this financial plan are set out below:

- **Providing services in a pandemic** – We continue to be in a dynamic environment with considerable uncertainty that affects the planning and delivery of services including the availability of our workforce.
- **Achievement of the efficiency plan target** – We will need to give this concerted attention in order to ensure delivery. Savings plans delivering 2% need to be in place as soon as possible. There will be clear lines of accountability in delivering identified high value opportunities.
- **Management of Operational Pressures** – We will be expecting our budget holders to manage and recover any operational pressures within the totality of resources delegated to them.
- **Inflationary pressures** – There are considerable inflationary pressures across the health board with pay and energy being the largest. This will affect the UHB directly and also through its supply chain. We will monitor this closely and work with our partners to find a system wide approach to manage the risk.
- **Develop and deliver a programme of transformational savings** – Delivering a programme of the scale needed to address the underlying deficit is a key priority and will be subject to robust management arrangements.
- **COVID Response** – The UHB will need to exit its COVID 19 response costs in a manageable way for service delivery and within available resources, whilst maintaining the ability to remain dynamic and responsive to changes in COVID demand.

The Health Board recognises the risks in the plan and is taking actions in order to ensure that they are appropriately managed and that financial opportunities to support mitigation are fully explored.

Summary

The focus of our Financial Plan will be to:

- deliver the best possible end of year position of a £17.1m deficit in 2022/23, £8.1m deficit in 2023/24 and £3.5m surplus in 2024/25
- reduce our underlying deficit from £29.7m to £20.0m in 2022/23 and over the subsequent two years remove the underlying deficit;

- manage exceptional cost pressures and reduce and exit the significant costs introduced as a result of the pandemic, limiting any impact on the underlying deficit.

We will need to work closely with Welsh Government in securing support for this plan and in ongoing assurances on delivery.

Digital Transformation

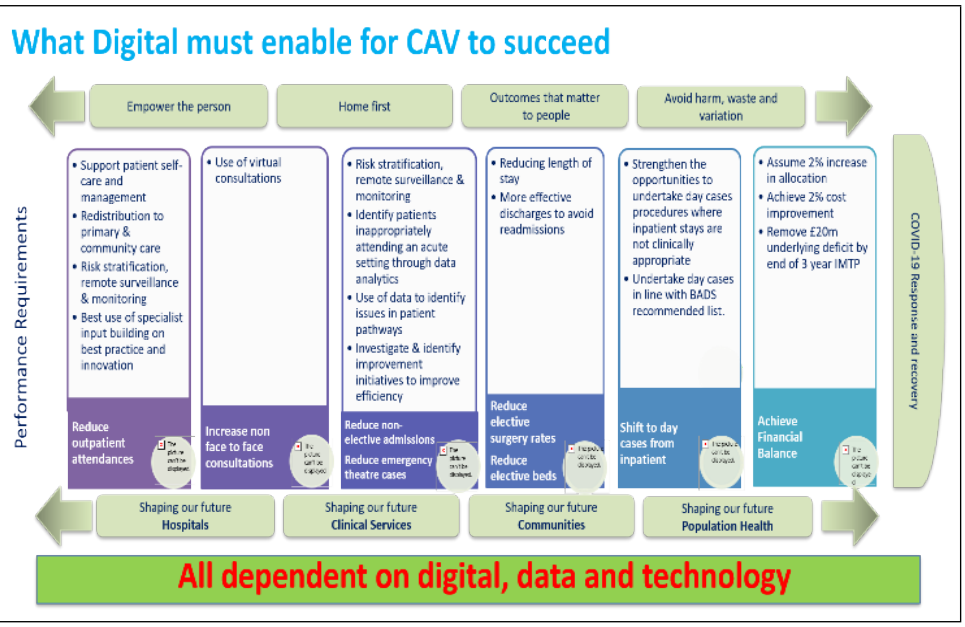
What Digital needs to do

Shaping our Future Wellbeing strategy is utterly dependent upon digital, data and technology to deliver the needs and wants of its communities and the people of Wales.

We have two aims for digital in this plan – delivering **digital capability** and building **digital maturity**.

Recognising the criticality of digital as an enabler for the UHB to meet its aspirations, our Board approved a Digital Strategy for the organisation in September 2020.

Our strategy can be found here:

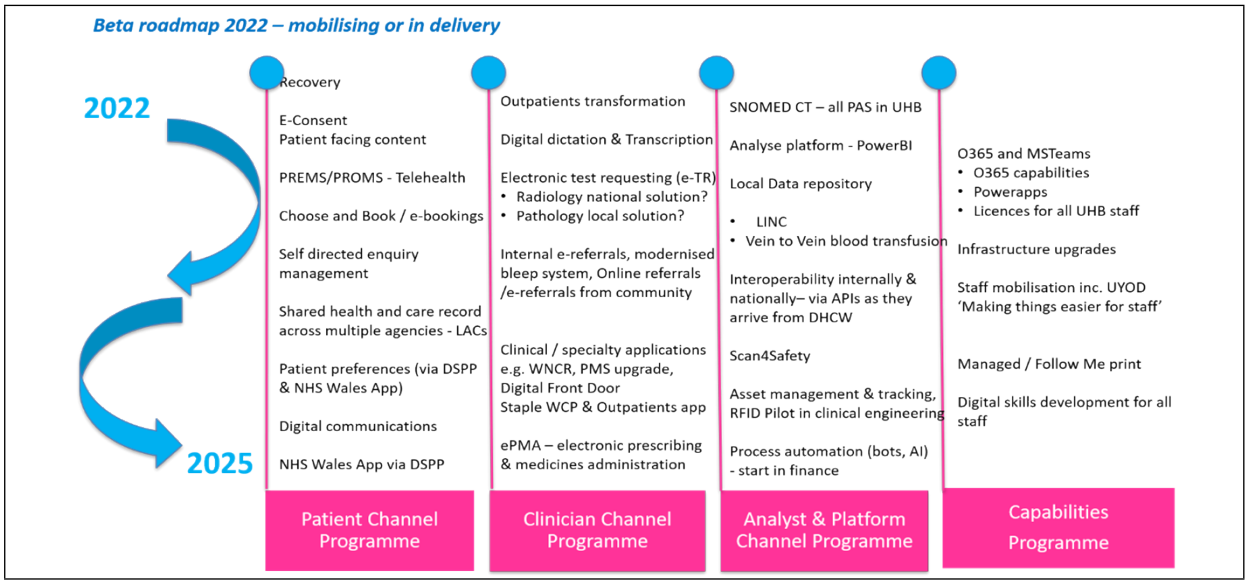


The importance of sharing data with our partners, particularly in relation to social care, has already been highlighted and we will continue to work with partners to further integrate our digital strategies to enable staff from across organisations to have access, safely, to the right information needed to support integrated service delivery. A recent example of this is the Looked After Children shared care record we have recently developed in our Local Data Repository in partnership with Cardiff and The Vale Local Authorities.

As a primary, community, secondary and as the tertiary centre for Wales, CAV must have modern digital capabilities so that patients, clinicians and colleagues have the right information available to them in any setting at any time.
From the bedside to a patient's home to the device in your pocket.

We are part way through delivering against a high-level roadmap designed to lay the foundations for creating the Learning Health and Care System to which we aspire in the Digital Strategy. This roadmap continues to evolve in response to national and local requirements for responses to our patients and citizens. The roadmap is dynamically refreshed to reflect changes in priorities as the UHB switches gears.

Its initial emphasis is to deliver **capability.**



The Digital and Health Intelligence team is integral to the UHBs ability to respond to the pandemic. Despite the inevitable shift in priorities, progress is being made in delivering on our digital strategy albeit not at the pace we would have liked. Even with these exceptional demands we are now well positioned to accelerate our digital agenda. Taking a strengths-based approach, in 2022 we are very focussed on the mobilisation and / or delivery of the capabilities described in the roadmap and moving to an emphasis on developing digital **maturity.**

Digital maturity will accelerate by way of hybrid EPR functionality. Taking a strengths-based approach, we have undertaken solutions architecture work and conducted some soft market testing in support of this. A business case will be produced in 2022 as we look to secure funding.

Next steps

We know that this scale of investment is challenging, and a phased approach will likely be the only pragmatic approach. In light of this we have outlined a series of digital activities / milestones / timescales for the life of this plan. This is shown in the summary milestones section below, colour coded to reflect that we must explore how to fund implementation.

FUNDED & PRIORITY 1
UNFUNDED PRIORITY 1- *Solutions continue to be sought at time of plan submission*
UNFUNDED PRIORITY 2- *Solutions continue to be sought at time of plan submission*
OUTSIDE OF CAV CONTROL

In Summary: *Our Digital milestones*

Digital and Health Intelligence – *A Summary*			
PRIORITY	**DELIVERY TIMESCALES FOR OUR AMBITIONS 22/23 – 24/25**	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE TRACK MONITOR AND BENIEFITS**
			All digital programmes report into our digital governance structure
Electronic patient record	**22-23 Qtr 1** • Refresh solution architecture work • Soft market testing	Hybrid EPR will consolidate a number of existing systems and ways of working by taking a strengths based approach to EPR – which will play a major role in significant reduction in paper (paperless); freeing up clinical time to care; more time with patients; empowering clinicians with accurate timely data to help them make safer decisions, more quickly and give us an agility in the delivery of care we don't necessarily have now due to analogue ways of working	Business case will set out cost and benefit drivers that will be tracked and monitored
UHW2	22-23 Qtr 1 • Review of digital strategy to ensure alignment to ambitions of SoFH programme	Detail is contained in the UUHW2 Feasibility and subsequent business case documentation	TBD
Digital front door	**22-23 Qtr 1** • Virtual ward / home location in EAMD • Medicine and surgery WCWS functionality ported across to EUWS	Month one shows 273 bed days avoided for a cohort of 88 patients presenting in the ED. Patients attending ED considered to be clinically stable enough can be managed in a virtual ward at home and return to ED/assessment areas appropriately for e.g. diagnostics rather than wait in the footprint for a bed or e.g. diagnostics	Tracked by EAMD monthly

	22-23 Qtr 2 • Generation upgrade, overhaul of UI, ergonomics and availability; Se-whiteboards further developed for internal referrals from Front Door to internal specialties **22-23 Qtr 3**: SNOMED CT work scoped and planned	Underlying code updated, functionality enhanced following requests from clinicians to incorporate e.g. clinical notes, Frailty, medicine reconciliation, Results, Nutrition, transfer history; e-whiteboard to support internal referrals from ED to other specialties replacing physical whiteboards – track and transfer patients improving safety and flow SNOMED CT look-up options identified; pending resource to support coding and data before implementation and information on ECDS as this will require SNOMED in use and enables analysis to inform service improvement	Tracked by EAMD, specialties and Ops teams – instant view of which patients transferred to which specialty to inform daily operations Utilisation by UEC will be automatic once Live and data available for analysis; reporting via ECDS (when it arrives)
E-consent	**22-23 Qtr 1**: Decision on piloting E-consent **22-23 Qtr 2**: 1st areas go live (If approved) **22-23 Qtr 3**: Pilot evaluation **22-23 Qtr 4**: Decision on next steps	This has been discussed with WRRP and at all Wales MD forum but is not yet agreed – the ability to consent patients for surgery fully digitally negates need for patients to attend to be consented – supported by a VC which can be done individually and / or in groups unless only face2face will suffice saving patient travel and time	If approval is reached, supplier will provide monthly data on utilisation to be shared with Ops and clinical colleagues – data will be available to these anyway
Patient facing content	**22-23 Qtr 1:** Patient facing content published for targeted areas - c130 leaflets **22-23 Qtr 2:** EIDO leaflets published as patient facing content - subject to permissions **22-23 Qtr 3:** Service areas develop for themselves on an ongoing basis	Initial focus on ED – adults and Paeds; ENT, general surgery as part of SDEC; Mental Health. Expected to support discharges, self-care as well as empowering patients and result in fewer calls to the department where resources are available	Expect to see less calls where leaflets are in place – specialties will review
Digital communications – choose and book	**22-23 Qtr 1:** Digital comms ITT specification finalised Inc. hybrid mail, patient portal, digital post, choose & book for patients **22-23 Qtr 2:** Procurement & contract award **22-23 Qtr 3:** Mobilisation & integrations **22-23 Qtr 4**: Implementation starts	For the patient, this option facilitates digital communications and a more modern, slick experience. Communications are faster and access to them is secure.	Business case describes cost and benefit drivers that will be tracked and monitored

<table>
<tr>
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<td>23-24 Qtr 1: Capabilities in delivery, benefits realisation tracking</td>
<td>The type of information we share can also be extended to include (subject to some development work) clinical information relevant to the patient

If we convert just 50% of our post to digital channels, the following benefits are expected with a scope of:

<table>
<tr><th>Benefit driver</th></tr>
<tr><td>Cost reduction from 0.44p to 0.12p per unit</td></tr>
<tr><td>£50k saving on paper</td></tr>
<tr><td>Carbon reduction – 1 tonne pa</td></tr>
<tr><td>Release time - based on the letter volumes above – 33.3k hours pa</td></tr>
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<td>by implementation board and Steering group</td>
</tr>
<tr>
<td>DSPP</td>
<td>22-23 Qtr 1: NHS Wales App (from DSPP)
22-23 Qtr 2>: Dependant on DSPP roadmap - patient preferences, comms via app, appointment booking etc</td>
<td>Single front door for patients to access health and care services with micro services behind which we expect will include access to PROMS, hybrid mail, appointment booking etc</td>
<td>DSPP govern</td>
</tr>
<tr>
<td>PROMs</td>
<td>22-23 Qtr 1: PROMs platform & integrations and 1st service areas live
22-23 Qtr 2: Implementation through clinical areas continues22-23 Qtr 3 – 23-24 Qtr 1: Estimated alignment with national PROMs ViH programme and target architecture</td>
<td>Enterprise PROMS solution supporting SDEC, Outpatients transformation and Recovery and VBHC. Patients benefit from a longitudinal persistent record, also accessible by their clinicians. This data can be used to inform service based and treatment improvements to improve outcomes for patients. Links in to national VBHC PROMS target architecture. CAV were first to procure.</td>
<td>Governance via Steering Group</td>
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Shared health and care records	**22-23 Qtr 1**: Next Use Cases agreed for 22/23; Continued build out of LDR; Evaluation of LACS LDR pilot **22-23 Qtr 2:** Establishment of the CaV region as a 'Digital Care Region' within which Digital change can be co-ordinated across organisational boundaries **22-23 Qtr 3:** common demographics store for the UHB with a stretch target being common 'flagging' (alerts, risks, allergies); BC approvals and funding agreements in place **22-23 Qtr 4:** Mobilise	Builds on successful POC for Looked After Children; overseen by regional health and care partnership board Holistic 'care' record access for practitioners Safer Care Less sentinel or never events (Baby P etc…).	Regional Partnership Board will provide governance
Self-directed enquiry management	**22-23 Qtr 4:** Subject to funding - use RPA for use cases including 3 way matching in Finance (POC) and to signpost incoming search queries from patients CMS queries	This will deliver efficiency in administrative processes in various service areas. Finance is expected to be the POC.	The service in which the project resides will establish project team and governance as well as reporting via the digital channel boards
Outpatient transformation	**22-23 Qtr 1:** • SoS & PIFU spread and scale • SOS and PIFU technical approach to be extended across MH and community; • referrals internally and from primary and community care **22-23 Qtr 2:** Attend Anywhere initiative with the Outpatient modernisation initiative - emphasis is Virtual Consultations agnostic of platform e.g. using video, phone; Outpatients application on PMS redesign commence **22-23 Qtr 4:** Outpatients application on PMS redesign tested and into Production	There are many digital tools supporting Outpatient Transformation including: telephone advice & guidance; e-advice; e-referrals; SoS automatic discharges; automated PIFU follow up appointments being scheduled; virtual consultation; GPeTR radiology; PROMS, digital dictation & transcription; pathway review and redesign and outpatient room bookings so that all are available and managed on an enterprise basis. This requires multiple changes in applications. CAV is working on a) extending utility and utilisation of digital solutions and b) a programme of supported adaptive change – all of which aids and supports planned care and recovery. Reduce RTT; create capacity in the system for follow ups and new referrals by avoiding	Outpatients Transformation Board, Outpatients workstream programme group and reporting into CAV Recovery Board.

		unnecessary appointments, VC where possible & appropriate; facilitate better informed RTT supported with diagnostic data, PREMS PROMS; maintain patients on SoS and PIFU pathways supported by information so that patients can better self-manage; reduce carbon & save patients having to travel unnecessarily to main hospital sites etc This is an extensive programme of change.	
Community, Mental Health and PCIC services	**22-23 Qtr 1:** Complete the onboarding of outpatient Physiotherapy, Speech and Language, Dietetics, COVID Rehab, Long COVID, and associated CD&T services into clinical erecord keeping (via PARIS) **22-23 Qtr 1:** Generation upgrade of PARIS to 7.1, overhaul of UI, ergonomics and availability of SNOMED **22-23 Qtr 2:** Commence full scale rollout of e-Diary (e-community scheduling) for non Malinko services (CRTs, Midwifery, Community M.H, Primary Care Liaison services initially) **22-23 Qtr 2:** Clinical Letters to CCP and WCP – is a significant deliverable, giving visibility to 'acute' and 'primary care/GPs' of activity **22-23 Qtr4:** Rollout of WAP e-referral management within PARIS services **23-24 Qtr 2:** Commence migration to SNOMED recording	Efficiency of the PARIS EPR via integration to tools in CAV eco-system. Safer care within Physio with e-record (EPR) being available where the service operates, and not fractured across notes.	MHCS programme has a Governance Board led by the clinical board directors of scoped services.
Digital dictation and transcription	**22-23 Qtr 1:** Lite versions implemented /available UHB wide **22-23 Qtr 2:** Integration with PMS **22-23 Qtr 3 &Q4**: Re-procurement	Saves clinical time; device agnostic solution which works in 3 different ways to suit different specialties and individual requirements. Transcription at point of dictation means faster letter processing. In time these letters will be digital end to end once the Digital Comms solution is in place	Sub set of Digital communications – choose and book
TR radiology & GPeTR	**22-23 Qtr 1**: GPeTR into production & eTR modalities in local acute solution review checkpoint **22-23 Qtr 3:** Review WCP etr for secondary care if released as anticipated and suitable/appropriate **22-23 Qtr 4**: eTR pathology - understand DHCW roadmap / look at local interim options	In advance of national solutions which are anticipated but will not be delivered in the short term.	Radiology and clinical teams monitor through their

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<td>23-24 Qtr2: eTR for blood, radiology pathology complete</td>
<td>Enables GPs and hospital physicians and ANPs to request, automatically have vetted and processed radiology requests

Etr blood via WCP uptake is on an upwards trajectory and the target of 90%+ compliance is close to being realised

A solution for pathology requests is also desired

Benefits of digitally enabled etr means improved patient safety, faster processing, time savings for doctors released to care are expected to be significant e.g. a straw poll of 89 doctors identified savings in time, improvements in safety, contributes to flow e.g. uninterrupted ward rounds, carbon reduction, reduction in variation etc</td>
<td>clinical boards and reported into Recovery Board

Monitored via Clinical Board and reported via LINC nationally as well</td>
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<tr>
<td>Clinical / speciality applications</td>
<td>22-23 Qtr 1
• ePMA procurement (off back of DHCW framework);
• Outpatients module stapled into WCP;
• SNOMED CT live in PMS & PARIS
22-23 Qtr 2: WNCR implementation? WiFi phones and pager text capability
22-23 Qtr 3: Internal referrals work extended to all appropriate specialties
22-23 Qtr 4: Internal referrals work extended to all appropriate specialties and ongoing implementations of clinical applications</td>
<td>One example - ePMA local business case describes benefits are anticipated as:

<table>
<tr><td>Benefit driver</td></tr>
<tr><td>Cash releasing</td></tr>
<tr><td>2.5% of £72.2m influenceable spend*</td></tr>
<tr><td>£30k - Stationery</td></tr>
<tr><td>Non cash releasing</td></tr>
<tr><td>24% - Patient safety improvement through reduction in prescribing errors</td></tr>
<tr><td>£5m - Release time to care (productivity)</td></tr>
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</td>
<td>Benefits for each initiative are collated by the Project Sponsor and St Group</td>
</tr>
</table>

Interoperability	**22-23 Qtr 1** Integrations with PROMs, digital dictation etc **22-23 Qtr 3:** NDR, LDR and shared record work **22-23 Qtr 4:** PMS & PARIS interoperability in test **23-24 Qtr 1:** PMS & PARIS interoperability in test	Integrations mean less paper based processing or rekeying o data. Release time to care, improve patient safety sharing data effectively between e.g. community/MH & secondary care physicians all contributing to improved patient outcomes	
Scan4Safety	**22-23 Qtr 1** Project initiation and one theatre already baselined **22-23 Qtr 2 onwards** Implementation in line with plan agreed Q4 2021/22	Local business case over 5 years – • £4.88m net benefit (less contribution to WG for NWSSP resource and programme management) • Compliance with medical device bill • Traceability (patient safety) • Less waste • Staff time savings – clinical and non-clinical time spent managing stock and inventory will be freed up	Programme Board established, St Grp and programme with membership from CAV and NWSSP – reports in to Management Exec at CAV and the national Scan4Safety programme
Vein2Vein transfusion (all Wales	**22-23 Qtr 1** Hardware in place **22-23 Qtr 2:** Hardware commissioned **22-23 Qtr 3:** Discovery work concludes and report for WG produced **22-23 Qtr 4:** BC approval and funding bid	CAV initiated and are leading this national programme which is supported by WG DPIF funding subject to business case Mitigate Never Events; reduce wasted blood; standardised processes across Wales blood transfusion centres; reduce risk, improve quality, release time to care	WG monitored DPIF scheme, reporting in to LINC national programme and managed in CAV through the local LINC implementation board
Signals from Noise and power BI	**22-23 Qtr** 1 Evaluation of platforms **22-23 Qtr 2** Decision and discussion at channel board and development of a CAV Data Strategy **22-23 Qtr 3** Secure funding and resource to support decisions **22-23 Qtr 4** Build **23-24 Qtr 1** Iteration	This is subject to resources. Decision will follow evaluation. We are aiming for benefits that will include speedier access to data for clinical and operational staff – this includes an ambition to enable data users to create their own views of data holdings for operational and clinical management purposes	Part of the Analyst channel board portfolio, a Steering group would also be established

Use your own device	**22-23 Qtr 2** BISapps migrated to AppProxy; sunset Blackberry **22-23 Qtr 3** AWD virtual desktop built and in test **22-23 Qtr 4** Deployment - virtual desktop	The ambition is to enable access to clinicians to records and information in various applications so that they can operate on the move/from anywhere – frees up clinical time; reduce our capital requirement to refresh desktop PCs; enable access to all you need from almost any device including your own. Improve patient safety, free up clinical time; improve flow; save carbon	Reports to Capabilities channel board
Managed print / follow me print	**22-23 Qtr 3** ITT specification finalised **22-23 Qtr 4** Procurement & contract award **23-24 Qtr 1** Printer estate audit **23-24 Qtr 2** Mobilisation & integrations **23-24 Qtr 3** Implementation starts **23-24 Qtr 4** Capabilities in delivery, benefits realisation tracking	This project is expected to reduce our printer estate c20%, reduce option for colour printing saving money, replace the print fleet with modern more efficient devices that share a common print driver, introduce follow me printing accessible from any printer meaning less cost, more printers available to all staff as accessible from any device;, in time air printing; reduce IG risks as print will only appear when it is 'called off' by the requestor	Capabilities channel board and Steering group once this is mobilised

Sustainability

In recognising that climate change is the single biggest issue facing humanity, a target of a net zero public sector by 2030 has been set by Welsh Government.

We are committed to improving the organisation's impact on the environment and ramping up significantly our actions to achieve this. Across the organisation – from front line teams to our Board members, we have people who are passionate about this agenda and recognise the huge responsibility we have as an organisation (along with other large NHS bodies) with a large carbon footprint to take urgent action in response to the climate emergency.

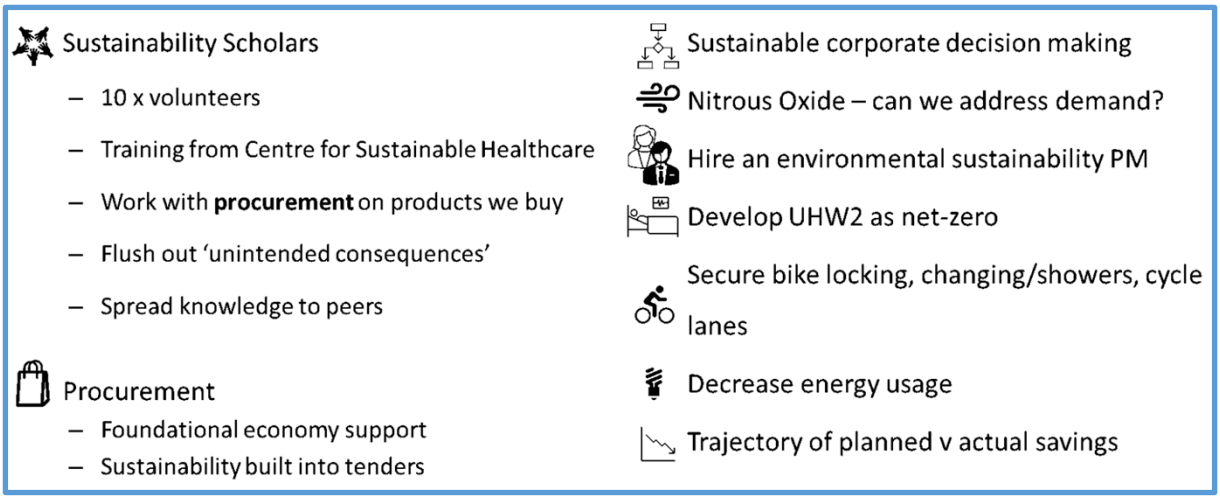
We have good foundations to build on. We have a strong track record of reducing our carbon footprint and at the beginning of 2020 the Board formally declared a climate emergency. That same year we created our first Sustainability Action Plan which focused on the eight dimensions of Energy; Waste & Food; Water; Procurement; People; Built environment, Green Infrastructure Biodiversity; Transport and Clinical Services.

Although our first Sustainability Action Plan worked well for us, it was always seen as just the beginning. We realise that doing the same again will not move the dial on our environmental impact, so we looked at what improvements we can make across the Health Board and the barriers that need to be addressed in order to accelerate improvements to our environmental impact. Our staff were instrumental in the establishment of Green Health Wales and we have joined the Centre for Sustainable Healthcare to ensure that we form part of a network of NHS organisations taken targeted decarbonisation actions.

We learnt some key things as part of this process;

- The products we use every day in the Health Board create carbon emissions. Whilst some of the products that we use are designed to be disposed of after use, further opportunities exist to substitute these products for ones that can be used and sterilised over and over.
- Some change needs to come from the top, where the Health Board is making decisions with sustainability as a key criterion and is actively being seen to promote and deliver sustainable outcomes.
- Although sustainability is important, our colleagues may need help to envision what part they can play.
- We are stronger working in collaboration and we are working closely with other NHS bodies as part of Green Health Wales, and also with our PSB partners.

As we look towards 2025 when NHS Wales expects to have reduced its carbon emissions by 16% we have consequently refreshed our sustainability action plan. Our refreshed plan inherits the actions defined in the NHS Wales Decarbonisation Plan but goes further. Some highlights include;



Sustainability is not a 'silo' ambition discrete from all our other priorities referenced in this plan. As such we have ensured that our approach towards sustainable healthcare and 'net zero' ambitions are also built into our major strategic programmes thinking. We recognise, for example, that the ambitions within our *shaping our future hospitals programme* has in itself the potential to be a large carbon creator / emitter thus sustainability needs to be a core objective of this programme.

Through the execution of our Action Pan and placing sustainability as a principle of how we work across the length and breadth of the organisation we are confident we will take a step change in our maturity and started to have reduce our carbon emissions.

Please find a detailed copy of our sustainability action plan including the in-depth activities and milestones we are working towards by clicking here.

Ensuring interim service sustainability

Critical Care

We expanded our Critical Care footprint and workforce to best meet demand from the outset of the pandemic. It was, and is, recognised that as a regional tertiary centre critical care activity is very much demand-driven. The environment within critical care, with only a small number of isolation rooms and facilities that do not meet current HBN standards has always created a number of challenges for our team to manage operationally- this has been exasperated over the last two years.

We have learnt so much during the pandemic and we are now entirely clear that a key component of our reconstruction efforts needs to be the permanent expansion of our 'core' number of critical care beds. In doing so though we are cognisant of our ambitions for a "UHW2" and of course the challenged position regarding the availability of major capital investment. As such we must find that balance of providing a high quality and safe environment for our patients and staff for an interim number of years before hopefully securing investment in an entirely new critical care unit.

We have started early, clinically lead, scoping work to begin articulating what a permanent expansion of critical care looks like on our current site and this has identified six priority areas for action (below). Work across these areas will continue through year one of this plan.

1. Better critical care capacity in Wales
2. Better infrastructure

3. Better incentives and process to support the critical care network
4. Better education
5. Better service support
6. More follow up capacity

BMT

Our BMT services, commissioned via WHSSC, are delivered as part of a tertiary solution through the South Wales Blood and Marrow Transplant (SWBMT) programme along with our partners in Swansea Bay Health Board. Activity levels continue to increase, in line with international trends, with particular pressure within Cardiff due to the increasing complexity of our adult transplant programme through the growth of allogenic activity.

Our focus for the coming IMTP period centres on two core requirements.

1. Finalise and implement our workforce redesign ambitions to help deliver an innovative and robust model of care for patients across South Wales.
2. Agree and deliver an approach to our long-term estates challenges which will require a capital solution in order to provide a modern and sustainable environment for the care and treatment of this high-risk group of patients.

The health board are focused on delivering these core requirements alongside all others required to retain JACIE accreditation for our service.

Learning Disabilities

Over the life of this plan we will continue to work with our partners to progress delivery of the Joint Commissioning Strategy for Adults with Learning Disabilities, 2019-2024. The strategy commits us to deliver activities, and commission services, that will help people to achieve the outcomes that people said were important to them. Further detail can be found here.

Our partners include both Cardiff and Vale of Glamorgan Councils and Swansea Bay University Health Board (SBUHB) who are commissioned by ourselves to provide Specialist community health services for adults with a learning disability, as well as some intake & assessment and Inpatient beds.

We will also continue to support our Primary Care Clusters to expand upon improvements made to the annual health check process, and pathways to the specialist health teams.

We will look to recruit Learning Disability Liaison Nurses to support staff on the wards at the University Hospital of Wales to make reasonable adjustments for patients in their care.

Trauma

Beyond Frail Trauma there is no understating the significant impact that COVID-19 has had on the wider Trauma service for example the relocation of fracture clinics, the continued growth our Major Trauma Centre and knock-on impact for our orthopaedic services which have often been reduced to meet the additional demands. The UHB is committed to addressing the impact on the wider Trauma service as part of our recovery programme. This includes our ongoing commitment to develop the next phase of our Major Trauma Centre at UHW and an overall objective of delivering a fit for purpose trauma service that provides excellent and timely care across UHW and UHL, minimises patient length of stay and is led by a suitably skilled and supported MDT workforce.

Stroke services

We recognise that there are opportunities which we need to exploit and realise to improve outcomes for our patients who experience a stroke.

We appreciate that as an organisation we have made commitments to addressing improvements across our stroke services in previous plans and have therefore been careful to set an appropriate level of expectation in this plan on the progress we wish to make.

Whilst there is work which we need to progress 'in house' there is a vital collaboration which is also needed with Cwm Taf Morgannwg (CTMUHB) to ensure access to stroke services is equitable for both populations. The critical mass required for the development of a HASU means that this collaboration is vital.

Progress which we will look to make in the early part of this plan's life will be to -

Fully understand our own current performance challenges – Understand the immediate actions that need to be taken to improve current performance in line with SSNAP requirements.

Identify Immediate local planning priorities - Clarity regarding local pathway, how we can make the most of current resources, how we deploy specific staff/rearrange job plans and understand what it would take to resource the pathway to meet need 24/7

Agree strategic regional planning priorities with CTMUHB - Describe whole service model, describe regional stroke pathway (across HASU and spoke and rehab services), undertake Demand/capacity analysis

Thrombectomy

We see thrombectomy as a vital and complimentary service to that of a HASU although clearly both do not have to be immediately present- one can exist prior to the other.

It is for this reason that during 2021/22 we have also working closely with WHSCC to finalise a business case for the establishment of a regional thrombectomy at our UHW site. Subject to this business case being supported by WHSCC early in 2022 we will look to implement this service within the reminder of year. This will mean that a number of south Wales patients who are eligible for this procedure patients who are currently conveyed to Bristol for this life transforming procedure would in the future be seen closer to home.

Women's Health and Maternity Services

We are committed to developing our Maternity Services to provide exceptional care across midwifery and obstetrics. Our approach will continue to be aligned with the "Maternity Care in Wales A Five-Year Vision for the Future" strategy with our aims centred around workstreams including Family Centred Care, Continuity of Carer, Skilled Multi-professional Teams, Safe and Effective Care and Sustainable, Quality Services.

In light of national reports highlight failings within Maternity Services across the UK, our focus remains on implementing the national safety programme and continuing to embed the learning from these failings within our governance structures and processes. Workforce training, development and support is at the core of our requirements for delivering safe and effective care and we are committed

to using the coming year to undertake a discovery and diagnostic approach to fully identify our needs alongside preparing ourselves for future digital maternity solutions.

The reduction of backlogs and the delivery of exceptional care for Women is a focus of the UHB. Of particular importance will be the assessment and implementation of service transformation to develop care closer to home. Our secondary care team is currently working with the lead interface GP in gynaecology to help refine and improve our pathways for women who are waiting for treatment. Additional capacity for treatments will be available from the beginning of April 2022 with the opening of an additional gynaecology treatment room at UHW who will provide space for long waiting patients to receive non-complex interventions. Our teams are also assessing options for the delivery on one-stop services in outpatients and we will look in to the options for developing our hysteroscopy services to reduce waiting times and improve speed of diagnosis.

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Cancer Performance

The Health Board has a 3-year strategic plan in place for Cancer (2020-2023). The plan is linked to the aims of the Cancer Delivery Plan for Wales, developed by the Wales Cancer Network through the engagement of cancer stakeholders in Wales, and we will now review our strategy in light of the recently published Quality Statement for Cancer which replaces the Cancer Delivery Plan. The Quality Statement sets out 22 quality attributes for Cancer Services under 6 themes – equitable, safe, effective, efficient, person centred, and timely care.

We know that our current performance needs to improve and we are undertaking specific pieces of demand and capacity work in key areas to identify the gaps and implement solutions to achieve a balanced position and progress towards the 75% Single Caner Pathway. Cancer remains an organisational priority and it is pleasing to note that we have successfully maintained cancer operating through our Protected Elective Surgical Unit during the Covid-19 pandemic.

Further detail on our plans for delivering cancer services can be found in our Recovery and Redesign and regional working where clinically appropriate sections

Services for our Armed forced veterans

We are proud to be an Armed forces covenant signatory and a Gold employer awardee. We remain committed to improving care and support for armed forces, veterans and their families. During 2022-23 we will be:

- Focusing to reduce waiting time for Veterans NHS Wales Mental Health treatment, as during the pandemic referral and waiting times rose.

- Seeking accreditation in 2022 for Veterans NHS Wales via RCPsychiatrists Veterans Mental Services.
- Implementing the RCGP veterans friendly GP practice scheme once this has been endorsed for roll out in Wales
- Improving employment opportunities for Veterans
- Appoint a veteran's Liaison officer to improve navigation of our hospital systems for veterans

Regional working where clinically appropriate

We know success is not driven by individual organisations but how we collectively work as system. An important relationship exists across Health Boards and Trusts as we work together to deliver pathways of care. Collectively we all remain focused on what is most important- equity of care across all our populations. Both in terms of the services they can access, the timeliness of access and also the outcomes which they can expect. The population of Wales should not see the name of the organisation but rather the continuity and consistency of care regardless of geography.

The pandemic has further strengthened cross organisation relationships, rallying to provide mutual aid, sharing good practice and providing much needed support for staff, has been a collective effort. As we recover planned services we will need to continue to work with neighbouring Health Boards and Trusts to meet the needs of our collective populations.

As described in earlier parts this plan the scale of recovery which the health system, not just Cardiff and Vale UHB, needs to undertake is vast. Simply 'doing more' will not meet the challenge. Equally when facing the size challenge that the system does, it remains vital that there is not a loss of focus on ensuring the best possible outcomes.

How we work with our Health Board partners remains an important component in helping address the waiting lists positions but also continuing to deliver the best possible care.

There are currently a number of specific areas of focus for the life of this plan 2021/22 although this remains under consideration and will likely evolve:

Vascular Services

In 2021 the regional programme for Vascular has successfully developed and formally engaged on plans for launching the SEW Vascular Network culminating in an approved business case by all four Health Boards in south-east Wales in July 2021. The programme now moves into its implementation phase during which a number of readiness assessments are being undertaken. This will take place in February 2022 for all network components through a process overseen by Medial Directors and Chief Operating Officers across the three provider Health Boards, with the aim of making a recommendation to launch of the service in Qtr 1 2022.

Ophthalmology

The regional ophthalmology programme has been established and is led by Aneurin Bevan University Health Board. Over 21/22 and into 22/23 the programme has/is focusing on immediate, medium and long term planning issues. These are illustrated in the table below.

Immediate	Medium	Long term

Immediate 'recovery' of services in response to the impact of Covid-19 on waiting lists. Ensuring sustainability of key sub-specialties e.g. vitreoretinal services	Development of a high flow cataract centre as a precursor to the long-term planning opportunities	Developing the vision, principles and scope of a future regional ophthalmology services, where specialist tertiary eye care could be focussed

Work streams have been established for these areas, and will form the core agenda of the programme over the coming year and beyond. Some of the key milestones for the coming year are shown in the summary table at the end of this section.

An additional major development within ophthalmology in 2022/23 will be the operational implementation of a comprehensive electronic patient record. An extended period of quality assurance and system testing has taken place to ensure optimal efficiency and effectiveness, with rollout ongoing through the year.

Endoscopy

We continue to collaborate closely with Cwm Taf Morgannwg UHB regarding the use of a mobile endoscopy unit- as described earlier in the diagnostics component of the Recovery section of this plan. We are also fully engaged with the SE Wales Regional Endoscopy Programme to assess and develop joint plans for a collaborative service to meet the long term needs of our wider population.

Tertiary service collaboration

The Regional and Specialised Services Programme is a collaboration between ourselves and Swansea Bay UHB and looks to develop a shared view on the future delivery of sustainable specialised services across the two tertiary centres in South Wales.

The programme includes a number of specific tertiary service projects, as well as the development of an overarching strategy for both health boards and as well as the partnership. The programme has four distinct and interlinked components:

I. Specialised Services Partnership Strategy
II. CVUHB Tertiary Services Strategy (incorporated with the Shaping Our Future Clinical Services Programme)
III. SBUHB Tertiary Services Strategy
IV. Regional and Specialised Services Work Programme

GOALS **(what are we trying to do)**	**METHOD** **(how are we going to do it)**	**OUTCOME** **(what will it deliver)**
To identify a shared approach on the delivery of Specialised Services.	Develop a partnership vision and framework to provide a clear supportive structure for both organisations to work in partnership	A balanced and coherent portfolio of sustainable specialised services in both organisations which ensures that patients in South and West Wales (and beyond) have

To identify priority areas where a collaborative approach will address current service risks associated with service sustainability.	Develop, monitor and review a baseline assessment of specialised services in both organisations, including risk assessments against quality and patient safety, service sustainability, and delivery and performance.	equitable access to safe and effective services.

You can find further background information of these components in annex 12.

The specifics of the current Regional and Specialised Services Work Programme includes the following projects;

- Oesophago-Gastric Cancer Surgery
- Hepato-Pancreato-Biliary Surgery
- Spinal Surgery
- Paediatric Orthopaedics
- Specialist Endocrinology (Adult)

Thoracic Surgery

Following a major consultation exercise, a collaborative planning programme has been established by Swansea Bay University Health Board to reconfigure the delivery of thoracic surgery services and to create a single site thoracic surgery centre for South Wales at Morriston Hospital, Swansea. The key aims and benefits of the programme include: -

- Provision of an additional 300 case surgical capacity to deliver a total of 1,300 cases per annum
- Provision of a best practice dedicated thoracic surgery hybrid theatre that supports improved health outcomes for patients
- Improved equity of care across Wales for, e.g. resection rates, surgical procedures and access
- Creation of a more sustainable medical and nursing staffing model
- New ability to address current unmet service need, especially for benign work and supporting MDTs.

We are contributing fully to the programme with clinical, planning and finance representatives engaged.

Sexual Assault Referral Services (SARC)

Health boards, police forces, Police and Crime Commissioners, in partnership with the third sector, have agreed a service model for the delivery of sexual assault referral services in South Wales, Dyfed Powys and Gwent. The model will provide a more integrated service that is driven by the needs of victims and patients and supports the provision of services that meet clinical, forensic, quality and safety standards and guidance (including new ISO accreditation requirements), and ensures robust governance arrangements. The agreed aims of the programme are:

'To deliver sexual assault services that are person/victim centred; with health and wellbeing needs as the key priority and to ensure the best outcomes for victims of sexual violence, achieved through a health-led programme, working in partnership with policing and key stakeholders with the victim voice in the centre.'

Revised governance arrangements have been established with an Assurance and Oversight Board accountable to NHS Wales Health Collaborative. A series of work streams are in place to progress accommodation, standards, clinical rotas, engagement and commissioning / finance arrangements. The UHB is also leading the development of an outline business case for the provision of a fully accredited regional SARC hub that will deliver acute forensic assessments for adult victims of sexual abuse for SE Wales and also for Paediatric victims across South Wales.

Cancer Services

The development of cancer services across both the wider South East Wales region and Cardiff & the Vale specifically are driven through two mechanisms: The South East Cancer Collaborative Leadership Group (CCLG) and the CAV/VNHST Executive partnership board respectively. Both have, and continue to, make excellent progress across four of key agenda.

(i) Acute Oncology Services (AOS)

Acute oncology (AO) ensures that cancer patients who develop an acute cancer-related or cancer treatment related problem receive the care they need quickly and in the most appropriate setting. It brings a multitude of benefits to patients, clinicians and the wider system through improved communication, timely access to expert advice, improved patient experience and cost savings through more appropriate use of investigations, early discharge and admission avoidance.

A regional clinical model has been developed which places stronger emphasis on the specific needs of AOS patients, whilst complementing local wider Urgent and Emergency care management with a primary focus on ambulatory pathways as an alternative to inpatient admission. More details on the Clinical model can be found in the AOS business case (available upon request).

(ii) Development of a Cancer Research Hub at University Hospital of Wales (UHW)

Along with Velindre University NHS Trust (VUNHST) and Cardiff University (CU) we hold a shared ambition to work in partnership together and with other partners to develop a Cardiff Cancer Research Hub. Cancer research in South-East Wales is considered by clinical and academic teams to be at a crossroads and a joined up tripartite approach and investment is needed, to make it competitive on the UK cancer research stage.

This tripartite hub will provide focus and facilities for cancer research in Cardiff.

We recognise that any clinical specification would require both capital and revenue investment and will be subject to individual business cases and conversations with Welsh Government colleagues.

(iii) Implementation of an Enhanced Unscheduled Care Service in South East Wales

We remain committed, alongside VNHST to improving the quality of service, experience and treatment outcomes for acutely unwell cancer patients, and those requiring unscheduled cancer care.

(iv) Development of Haemato-oncology Services in South-East Wales

We share the aim with VNHST to progress a Haemato-oncology project in order to improve the quality, experience and outcomes of treatment and care for cancer patients in Cardiff and the Vale by improving the alignment of Haematology and oncology services.

Robotics

This IMTP will see us continue to develop Robotic Assisted Surgery (RAS) as part of a bold strategy to improve outcomes for our patients. It is part of a wide range of health redesign principles in Wales that look to utilise the finite health resource we have as effectively and efficiently as possible.

There is an established All Wales programme is to rapidly implement a national approach to robotics – The Robotics Assisted Surgery Programme (NRP). This is the first of its kind worldwide for Colorectal, Upper Gastrointestinal, Urological and Gynaecology Oncology which sees us work closely with three other Health Boards- ABUHB, BCUHB and SBUHB.

In conjunction with diagnostic hubs, health pathways and systems to establish early diagnosis of disease the RAS programme will deliver cutting edge technology in our tertiary hospitals. The Royal College of Surgeons' Future of Surgery Commission has identified RAS as one of the key technologies that will deliver the greatest impact for our patients. It allows doctors to perform complex procedures with more precision, flexibility and control than is possible with conventional techniques. It is usually associated with minimally invasive surgery – procedures performed through small (keyhole) incisions.

Our Board agreed the CAVUHB component of the business case in its December 2021 Board meeting and this now allows us to progress our component of the case ensuring that we utilise the Welsh Government funding available to implement and commission RAS in UHW. More details on our local implementation plan over the life of this IMTP are available upon request.

A Regional Pathology service for South East Wales

As described in our purposeful partnerships section here and our work with key strategic partners to create a precision medicine campus at the Cardiff Edge Business Park. A key pillar of this is the ambition to realise a South East Wales Regional Pathology Service that aligns to the strategic direction laid out in the National Pathology Statement of Intent (2019) and brings the region into line with the 'A Regional Collaboration for Health' (ARCH) programme in South West Wales and the delivery of a single BCU pathology service in North Wales.

Pending identification of appropriate programme management resource over the coming year we will move into phase two of our planning work and on a partnership basis look to ensure the formation of a multi-agency programme board to develop a business case for a SE Wales regional pathology facility.

Orthopedics

We will be looking to build upon the recent visits which Professor Tim Briggs and his team have made to orthopaedic departments across all health boards as we consider how best we can be part of a regional solution to development of best practice pathways, and responses to the risks / challenges facing service delivery in the short and long term. We will look to work closely with the GIRFT team as part of this.

Stroke

Please also refer to the *Ensuring service sustainability section* here and Recovery and Redesign sections for further details.

We recognise that whilst there is internal work which we need to progress regarding our stroke pathways and performance this cannot, and should not, be done in isolation of the appropriate

engagement and partnership working with our neighboring health boards as we seek to ensure we regionally equitable stroke service. A collaborative Stroke Network project is being established in partnership with Cwm Taf Morgannwg and Powys Health Boards to develop a proposed approach to developing a sustainable South-Central Stroke Network Model.

In summary: *Regional working milestones*

Regional Working – *A Summary*			
QUARTER / YR	**DELIVERY TIMESCALES FOR OUR AMBITIONS 22/23 – 24/25**	**PATIENT AND SYSTEM BENEFIT**	**HOW WILL WE TRACK & MONITOR BENIEFITS**
22-23 **Qtr 1**	**Vascular services:** • SE Wales network goes live **Regional AOS model:** • 2/5 of specialist oncology sessions to be filled • All local CAV positions fully recruited and in post (CNS, AHP's, Admin) • Confirmation of AOS clinical sessions in CAV being secured • Twice weekly Hot Clinics held at UHW and UHL to commence. **Thrombectomy:** • Agree Thrombectomy business case with commissioners and partners **Oesphago-Gastric cancer surgery** • From Qtr 1 onwards in 2022/23 the project will finalise and implement the clinical model for SBUHB and commence work to developing the clinical model for the other service spokes in South and West Wales. **Hepato-Pancreato-Biliary Surgery** • From Qtr 1 and over the course of 2022/23, work will be undertaken to address short and medium term actions to improve service provision across the whole patient pathway for patients, and to develop an integrated service model for South and West Wales in line with the All Wales Service Specification. **Spinal Surgery** • Operational Delivery Network (ODN) launchs key deficits in the delivery and commissioning of these services. SBUHB will also act as the host of the ODN.	*For a detailed list of patient and system benefits for each of our work areas please request a copy of the respective programme documentation.* **Regional AOS Model** • Improved patient experience and better patient outcomes • Patients spend more time at home in their last year(s) of life • More patients receive same day emergency care avoiding the need for hospital admission • Enhance links with other hospital-based specialists / services • Better professional AOS education and training **Tripartite Cancer Research Hub** • Increasing research options for Welsh patients nearer to home • Building research critical mass, expertise and infrastructure • Better connecting academic researchers and clinical researchers • Providing opportunities for shared learning, training, education and career pathways • Enhancing Cardiff/Wales research competitiveness at UK level and how Cardiff/Wales is perceived by key research funders **Oesophago-Gastric Cancer Surgery**	**AOS Model** • Via agreed KPIs that have bene set / managed by Medicine clinical Board

	Paediatric Orthopaedics • From Qtr 1 onwards CAV/SBHB will work with the commissioners (Health Boards and WHSSC) to support the implementation of the service specifications to inform service delivery and commissioning. **Specialist Endocrinology (Adult)** • From Qtr 1 onwards work will continue in developing an integrated endocrine surgery service, which will improve resilience of service provision across South and West Wales. **Regional Ophthalmology Service** • Agree a regional Ophthalmology strategy to act as the enabler and cross organisational mandate for the planning of this service.	• timely access to a safe, effective and sustainable OG cancer surgery service. **Spinal Surgery** • key deficits in the delivery and commissioning of these services actively addressed **Specialist Endocrinology (Adult)** • improve resilience of service provision across South and West Wales. **Regional Ophthalmology Service** • Reduced waiting times • Improved quality of life • Streamlined approach • Sustainable regional service • Value for money **Vascular** • Sustainable regional service • Value for money • Better patient outcomes **Thrombectomy** • Sustainable regional service • Care closer to come	**Regional Ophthalmology Service** Reduce Outpatient waiting times, no waits over 36 weeks, reduced inpatient waiting times, Increased list sizes, Reduced procedures outsourced, Increased number of procedures undertaken **Thrombectomy** • Call to needle time • Patient outcomes • WHSCC monitoring data
22-23 **Qtr 2**	**Regional AOS model:** • 3/5 of specialist oncology sessions to be filled • CAV clinical sessions to be in post. • Review of hot clinics and development as per available out-patient space **Tripartite Cancer Research Hub** • Clinical Model and Service Specification approved by the tripartite partners • Phase 1 workforce and revenue requirements agreed with tripartite partners • Business Case for Phase 1 approved by tripartite partners **SARC:** centralisation of acute / paediatric services within the Cardiff hub **Thoracic surgery:** Aiming for formal approval of the Outline Business Case		
22-23 **Qtr 3**	**Regional AOS model:** • 4/5 of specialist oncology sessions to be filled • Ongoing service review and development **Regional Ophthalmology Service**		

	To have explored and agreed a joint solution and implementation plan for a high flow regional cataract facility.		
22-23 **Qtr 4**	**Regional AOS model:** • 5/5 of specialist oncology sessions to be filled **Tripartite Cancer Research Hub** • Full implementation of Phase 1 completed		
2023-24	**SARC:** accreditation standards complete **Thoracic surgery:** Physical construction work commencing **Tripartite Cancer Research Hub** • Phase 2 capital infrastructure requirements agreed with tripartite partners • Phase 2 workforce and revenue requirements agreed with tripartite partners • Phase 2 business case approved by tripartite partners		
2025-26	**Thoracic surgery:** Full operational implementation of the new service		

Purposeful partnerships

Earlier sections of this plan have described the criticality of the partnerships which we have with both our Health Board partners, wider social care system through the RPB and also importantly our local populations. It remains vital however that we also remain and develop our existing partnerships with the vital strategic health authorities in NHS Wales, NHS Wales support services, academia and the wider Cardiff Capital city region partnership.

The Welsh Ambulance Services NHS Trust (WAST) / Emergency Ambulance Services Committee (EASC)

We remain engaged with both WAST and the National Collaborative Commissioning Unit (NCCU) on all Ambulance services. Ambulance service Commissioning intensions were endorsed in October 2021 and as part of this we will continue to input in, and understand these, as we move into 22-23.

We note the acute pressure that WAST are under in regards to EMS service provision and you can read more about our work with them on this within our Urgent and Emergency section of this plan here.

Welsh Health Specialised Services Committee (WHSCC)

We commission specialist services for our population via WHSCC. We are also a major provider of specialist services, and equally work closely with WHSSC to ensure delivery against contracted levels and to an agreed specification.

The last 18 months have presented challenges to the pace and level of delivery of some specialist services as we continue to respond to the ongoing Pandemic. We work closely with WHSSC to share our position in respect of recovery.

Through the established Management Group mechanism, we have been fully engaged in the processes and decisions that have led to the development of the Specialist Services Integrated Commissioning Plan which was approved in February 2022. Where there is a signal in this plan for us to develop business cases for service developments that have bene prioritised within the ICP this need has been fully considered by the appropriate Clinical Board as part of their own local planning.

In addition, we continue to work with WHSCC to develop a thrombectomy business case which would enable the transfer of a service, currently commissioned by WHSCC, back from Bristol. We are looking to have this business case finalised in the early part of 22/23. You can understand our wider plans for stroke and thrombectomy services in the Ensuring service sustainability section of this plan here.

Health Education Improvement Wales (HEIW)

We have worked closely with HEIW inputting into the development of their annual plan and visa versa through some useful meetings during plan development.

Our seven workforce and occupational development priorities shown in our People and Culture section of this plan are aligned to the seven themes of the workforce strategy for health and social care that developed by HEIW and Social Care Wales.

We recognise that there are some significant workforce issues which we are not going to be able to solve on our own. Through the life of this plan we will continue to work closely with HEIW on these issues.

PHW, DHCW, Shared Services

Through the relevant professional fora, we have also ensured that the direction of travel articulated for the coming twelve months has been tested with these vital partners.

During 22-23 the Cardiff and Vale local public health team will transfer from sitting within Public Health Wales to Cardiff and Vale UHB, while remaining under the leadership of the Executive Director of Public Health. National and local projects have been set up to make the transfer process as smooth as possible.

Cardiff Capital City Region Partnership

In addition to the plans we are developing with Cardiff University in relation to the Academic Health Science component of the Shaping Our Future Hospitals Programme, we are also rapidly advancing plans as a partner in the Cardiff Capital City Region.

The Cardiff Capital Region is transforming the economy, business landscape and creating potential for inclusive prosperity across the most populous region of Wales. At the heart of the work sits the City Deal which is making a real and enduring difference by:

- Nurturing an inclusive economy where no one gets left behind.
- Fostering and inspiring innovation in our businesses, public services and foundational economies.
- Matching our economic ambitions with progressive social policies.

We are proud to be part of this work as a key stakeholder work across the Healthcare sciences agenda. We are developing plans in partnership with neighbouring Health Boards and Trusts including the development of a regional pathology service. This is linked to the Precision Medicine offer which is anchored by the national Genomics Partnership Wales hub on the Cardiff Edge site.

Cardiff and Vale UHB has been developing plans with key strategic partners to create a precision medicine campus at the Cardiff Edge Business Park located adjacent to Junction 32 on the M4 and in close proximity to the new Velindre Cancer Centre. NHS Wales' precision medicine ambition in the SE region is linked to the Capital City Region's (CCR) vision for diagnostics and advanced therapies through establishing Cardiff Edge as a co-productive environment between industry partners and academia and with the NHS at its heart.

The 3 main components of the precision medicine vision are integrated diagnostics, personalised therapies and data science capabilities. If the vision is realised it will enable earlier detection of disease, improve and improve access to advanced therapies and clinical trials for people in Wales.

The vision for Cardiff Edge is for it to become a key regional life science/diagnostics 'spin out' company incubator site. The SMEs created would then occupy facilities in life science parks which exist within the industry cluster including sites aligned to regional NHS organisations creating jobs across the region.

This precision medicine hub will form part of a wider national infrastructure with precision medicine nodes in both South West and North Wales. It will also have strong links to national HEIs with Cardiff University being a key partner in the South East Wales region.

We continue to progress the national Cardiac Physiology Network programme at pace and are taking lessons learned forward with other healthcare science disciplines. This will include the shared vision for the development of a collaborative network across the region in areas such as nuclear medicine

and medical physics ionising radiation services. This work will also be aligned to the development of the radiopharmaceutical production unit at the Imperial Park 5 (IP5) site as part of the Transforming Access to Medicines (TRAMS) programme.

In parallel we are developing plans for a regionally networked smart manufacturing offer for the region which is linked to the CCR's vision is for SE Wales to be internationally recognised as a hot spot for Medical Devices and Diagnostics, with a thriving ecosystem connecting cutting-edge businesses, pulling on world class research to deliver improved healthcare outcomes in the region.

Our Major Capital Infrastructure Programme

Reflecting the direction of travel described in this plan it remains our intention to seek capital investment for range of schemes over the life of this plan.

Many of these schemes will, as described in this plan, form key planks of the UHB's recovery plan and as such, we have ambitions to move on many of these, at pace, during the life of this plan. These proposals will, of course, be subject to business case development and approval and will also be subject to prioritisation against the All Wales Capital Programme. The UHB has already undertaken an internal prioritisation exercise in the light of constrained All Wales and Discretionary capital availability. Given the age and condition of much of the UHB's infrastructure, there are a range of schemes that are becoming increasingly urgent in order to maintain the delivery of care in facilities that are fit for purpose and are able to meet mandatory standards for accreditation.

Our ambition is to develop our community infrastructure on a locality and cluster basis with the development of integrated Locality Health & Wellbeing Centre for each of our 3 Localities and integrated wellbeing hubs on a cluster basis, in line with our Programme Business Case, Shaping our Future Wellbeing in the Community, endorsed by Welsh Government in 2019. There are a number of large, residential developments in construction and planned in the Cardiff local authority area and we are working closely with local authority colleagues to ensure that our service models are integrated and support the diverse needs of our existing and new communities.

Our aim for our hospital infrastructure is to continue to develop UHL as a site for ambulatory, diagnostics and low-risk, routine surgical care as well as rehabilitation and mental health inpatient care. The replacement of UHW is critical to support our long-term strategy the existing infrastructure is failing and much of the current hospital accommodation and departments are no longer fit for purpose in terms of functional layout, environmental suitability or physical condition. This results in poor patient experience, demotivated workforce and inefficiency in terms of service delivery, facilities costs and maintenance overheads. Although a new hospital remains a key priority, we recognise that this is a longer term goal and that an interim masterplan is essential to address and manage some of the most critical infrastructure deficiencies to protect patient safety, enhance patient experience and improve workforce satisfaction and service efficiency.

We have undertaken a detailed prioritisation exercise of our current proposed capital schemes and assessed each scheme based on the extent to which it:

- Addresses a critical mandatory, statutory or accreditation standard(s) in particular those relating to health & safety
- Provides critical capacity or capability to essential services and/or service recovery plans
- Supports the delivery of a regional or national service priority
- Meets our strategic priorities in supporting and enhancing the delivery of integrated community, primary care and social care services and moving care closer to our communities

- Delivers against the priorities described in the Wales Programme for Government

We would welcome further conversations with Welsh Government on how best we can work together to take forward plan these as we are acutely aware of the constrained position which will exist regarding central capital funds over the life of this plan

The tables below provide an overview of the current position of schemes across both our acute and community estate.

Major Capital Schemes in Construction

Acute Infrastructure

Scheme (Total Capital value)	Current Status	Spend Plan 22-23
Genomics – development of Phase One of Precision Medicine Institute for Wales. Joint infrastructure scheme with NPHS – critical enabler for national Genomics strategy at Coryton site.	FBC approved by WG – Formal approval 07/09/2021 Commenced on site – 10/01/2022 Total scheme cost £15.2m	£12.535m
UHL Engineering Infrastructure to address single electrical point of failure and oxygen storage capacity	Funding approved by WG 05/10/2021 Total scheme cost - £5.875m	£4.362m
UHL Endoscopy Expansion – expanding existing suite by 2 additional theatres to address capacity deficit	BJC approved by WG –18/01/2022 formal approval Revised capital cost of £6.688m	£5.629m

Community Infrastructure

Scheme (Total Capital value)	Current Status	Spend Plan 22-23
Interim SARC @ CRI to address immediate accreditation & accommodation issues £681k 2021-22 (plus £30k equipment) £340k 2022-23	Funding approved by WG 02/09/2021 Construction commencement Oct 2021 Contract completion March 2022	£0.34m
Maelfa Wellbeing Hub Development to support locality based services closer to home, support Cluster plans and essential to replace inadequate GP and Heath Centre facilities in line with RPB and UHB strategic priorities.	FBC approved by WG – 15/01/2021 Construction – completion scheduled Oct-22.	£2.584 m

Major Capital Business Cases in Development

Acute Infrastructure

Scheme (Total Estimated Capital value)	Current Status	Spend Plan 22-23
Hybrid/Vascular & Major Trauma Theatre – UHW Scheme critical to support regional service collaboration for SW MTC and SE Wales Vascular surgical centralisation.	OBC approved – 21/01/2022 FBC in development and submission to WG planned – Q3 2022 Total cost est: £33.5m	£0.503m (fees only)
UHL – CAVOC theatres - 2 replacement day case Ortho theatres @ UHL – incl laminar flow & IP&C works for 2 theatres in main CAVOC – critical to increase planned capacity	SOC approved 25/03/2021 – approval of fees 16/12/2021 OBC in development and submission to WG planned – Q3 2022 Total cost est: £11.8m	£0.350m (fees only for OBC)
Dental Block Main Electrical Distribution Replacement – to address significant risk of potential electrical infrastructure failure	In house design progressing from Jan 2022 to inform BJC for submission in 2022 –23 Total cost est: £1.5m	£0.050m (fees for BJC)
UHW Tertiary Tower Electrical infrastructure – essential works	BJC due for submission to Board Q1 2022 Total cost est: £2.2m	£0.050m (fees for BJC)
UHW Lift Refurbishment Programme to address urgent replacement due to increasing breakdowns	BJC due for submission to Board Q1 2022 Survey works commenced Total Cost est: TBC	£0.050m (fees for BJC)
Mortuary Refurbishment – UHW- HTA essential statutory compliance only at UHW	Carried forward from 2021-22 BJC in development Total cost est: £2m	£0.050m (fees for BJC)

Community Infrastructure

Scheme (Total Estimated Capital value)	Current Status	Spend Plan 22-23
Wellbeing Hub Penarth	Original scheme under review due to changing requirements of Local Authority	£TBC
Wellbeing Hub Ely (Park View) Essential scheme for providing alternative essential GP capacity to replace lost Health Cantre facilities and meet local primary care needs in line with RPB and UHB strategic priorities	OBC due for submission to Board Q2 2022 Est Cost £21.4m	£TBC
SARC - Regional Hub – Modernised facilities to meet accreditation standards and support to the provision of transferred acute forensic	SOC approved	£TBC

SARC services from Risca and Merthyr SARCs as agreed through national programme. Scheme includes re-provision of Community Drug and Alcohol service & accommodation for Locality Mental Health Teams and services	OBC – submission to Board planned for May 2022. Total cost est: £45.8m	
Health & Wellbeing Centre – CRI The development of this facility is critical to the provision of an integrated Health and Wellbeing Centre for Cardiff South and East as endorsed in the PBC Shaping Our Future Wellbeing in Our Community	OBC (progressing at risk) – submission planned for May 2022 £133m (phased over 10 years)	£TBC
CRI – Safeguarding Works (including MEP)	FBC (progressing at risk) – submission planned for November 2022	£TBC

Major Capital Infrastructure Priority Requirements

The tables below outline the critical enabling or essential compliance schemes that have been rolled over from previous years or arisen as key priorities through the IMTP development process.

Acute Infrastructure

Scheme	Current Status	Spend Plan 22-23
BMT – Haematology Ward & Day Unit UHW Very urgent accreditation requirement ***Advanced Cell Therapy Inpatient beds*** – specialist inpatient capacity to deliver novel nationally commissioned service ***Acute Oncology Unit UHW*** – essential capacity to deliver integrated service for acute oncology patients (jointly provided with Velindre Trust)	• Carried forward from 2021-22 • Prioritised scheme • High risk due to the existing facilities not meeting current JACIE Standards and commitment given to accreditation body to identify a deliverable scheme in 2019. • Current proposal to redevelop UHW outpatients footprint for BMT facility – dependant of outpatients moving to Lakeside (see Lakeside Wing Enabling Scheme below) • High Level feasibility test for fit undertaken by Capital & Estates Team.	Fees only
Critical Care UHW – Essential environmental refurbishment and core expansion to meet current and future demand	• Carried forward from 2021-22 • Prioritised scheme • High Level feasibility test for fit undertaken by Capital & Estates Team.	Fees only
Lakeside Wing Enabling Scheme – Enabling Work to Accommodate: - Transfer of UHW outpatients - Accommodate Fracture Clinic (from UHL) - Provision of Winter/Flex beds	• Prioritised scheme • High-level feasibility work as part of UHW Interim Masterplan	£TBC

Repatriate Cardiothoracic Services back to UHW from UHL – critical to deliver sustainable service model • Move ward back to C5 • CITU back to CITU (needs cubicles) • Re-provision of pacing theatre facility	• Prioritised scheme • High level feasibility work as part of UHW Interim Masterplan • Enabling works required to repatriate • Feasibility work not yet undertaken	£TBC
Neurology OPD & Day Case Treatment Unit - Required to repatriate services displaced during COVID surges in 2020. Current arrangement significantly impacting on IP capacity	• Prioritised scheme • Enabling works required to repatriate • Feasibility work not yet undertaken	£TBC
UHW Foul Drainage Replacement of cast iron drainage which has blocked and degraded causing frequent effluent leakages into clinical areas	• Prioritised scheme • Enabling works required to repatriate • Feasibility work not yet undertaken	£TBC
UHW Electrical Infrastructure Replacement Distribution cabling and switchgear is over 50 years old and inadequate to support existing demand and switchgear replacement parts are obsolete	• Prioritised scheme • Enabling works required to repatriate • Feasibility work not yet undertaken	£TBC

The schemes above are critical to the delivery of safe and efficient patient care and are in line with the UHB's strategy. It is essential that the UHB is able to make progress in the development and implementation of these schemes during this IMTP period. We recognise however, that capital availability is seriously constrained and all the above will need to be subject to discussion and scrutiny from Welsh Government colleagues.

Essential Major Capital Schemes in the UHB's 10 Year Programme

The UHB's interim master planning work for UHW/UHL has also identified that following schemes as critical over the next 3-10 years and although a number would be highly desirable sooner, it is recognised that interim work-arounds may need to be found.

Acute Infrastructure

Scheme	Current Status	
UHW – Critical Air Handling Replacement Much of UHW's plant serving high risk areas does not meet current HTM standards	• Prioritised by Capital & Estates Leads through IMTP process • Feasibility work not yet undertaken	
Refurbish SAU - Create a 20-bed short stay ward to provide	• Prioritised by Operational Leads through IMTP process	

dedicated regional vascular ward on B2.	• Feasibility work not yet undertaken	
UHW ED/MAU – Interim Esstential Clinical Space reconfiguration to enble essential quality, safety and flow improvements.	• Prioritised by Operational Leads through IMTP process • Feasibility work requires further development	
Fourth Catheter Lab - UHW conversion of existing facility to meet continuing increase in predicted demand	• Identified by Operational Leads through IMTP process	
Twin Cataract Theatres (modular) Essential to meet recovery plans	• Proposal to re-provide the mobile theatres – currently situated for 1 year at UHW. • To be reviewed as part of Regional Ophthalmology Programme	
Day Return Unit – UHL Critical Enabler to support Virtual Ward & @Home model	• Prioritised by Operational Leads through IMTP process • Feasibility work not yet undertaken	
UHW Theatre - Do minimum Refurbishment to address significant inadequate and obsolete plant and modernisation requirements – essential works only	• Carried forward from 2021-22 • BJC yet to commence	
Hyper Acute Stroke Unit Facility - UHW	A work programme and service model for the UHB is required. This will need to be incorporated in the planning programme for the proposed development of a regional stroke network with CTM UHB.	No costs until regional model confirmed

Similarly, the UHB, working alongside Local Authority partners seeks to progress the development and delivery of the following community-based schemes over the next 3-10 years and although a number would be highly desirable sooner, it is recognised that interim alternative solutions may need to be found with our partners.

Community Infrastructure

Scheme	Current Status	Spend Plan 22-23
Health & Wellbeing Centre – North Cardiff (Whitchurch Hospital site) Development of an integrated locality facility the North Locality	Carried forward from 2021-22 Internal engagement commenced to develop integrated service output specification with all key stakeholders supported by external healthcare planners utilising 2021-22 slippage funding. Wider stakeholder and public engagement will be required.	
Health & Wellbeing Centre – Barry	Carried forward from 2021-22	

(Barry Hospital site) Development of an integrated locality facility the Vale Locality	Internal engagement commencing to develop integrated service output specification with all key stakeholders supported by external healthcare planners utilising 2021-22 slippage funding. Wider stakeholder and public engagement will be required.	
Wellbeing Hub and Integrated Community Children's Facility @ Michaelston (W Cardiff)	Carried forward from 2021-22 Potential collaborative scheme with Local Authority and developer to utilise s.106 funding for the provision of integrated community and primary health & social care facilities as part of residential development – in progress. Wider stakeholder and public engagement will be required prior to development of facilities plan – likely to progress through local authority capital programme in order to secure long lease arrangement for use of facilities.	
CHC Paeds Respite Centre for Cardiff & Vale	Carried forward from 2020-21 External healthcare planner support, utilising 2021-22 slippage funding, secured to develop BJC for a new Respite Centre to replace lost services in the private sector – public and wider stakeholder engagement commencing. CAW leading with capital & estates team support.	
Wellbeing Hub @ Lisvane (NE Cardiff)	Carried forward from 2021-22 Proposed collaborative scheme with Local Authority and developer to utilise s.106 funding for the provision of integrated community and primary health & social care facilities as part of residential development – on hold – lack of planning resource	
Wellbeing Hub @ Plasdwr (W Cardiff)	Carried forward from 2021-22 Proposed collaborative scheme with Local Authority and developer to utilise s.106 funding for the provision of integrated community and primary health & social care facilities as part of residential development – on hold – lack of planning resource	
Locality Transition Ward Facilities - TCU @ Barry - TCU @ St David's Hospital	• Prioritised by Prioritised by Operational Leads through IMTP process • Critical enablers to support intermediate care and @Home model • Feasibility testing yet to commence.	

The above schemes feature on the UHB's high-level 10 year capital programme plan, along with some other critical infrastructure maintenance schemes and others as service business cases mature, but it is recognised that the development and implementation of these proposals will be subject to Welsh Government prioritisation and capital availability.

Good Governance

Plan Development

Engagement during the production of this plan took place with the Local Partnership Forum, Cardiff & Vale Community Health Council and our Strategic Reference Group (SRG). We also tested the development of the plan with the Strategy and Delivery sub-committee of Board.

Plan Implementation

As set out earlier in this document or approach to plan delivery is all underpinned by robust internal programme governance arrangements.

In the last quarter of 21-22 a 'Change Hub' within the organisation was fully established. This will provide a key resource to the progression of much of this work and bring rigour to the tracking of progress and implementation of benefits.

Following feedback from Audit Wales we are reviewing our arrangements for reporting on plan progress to our Board. We will look to have these new arrangements in place in time for the Board to consider progress at the end of Qtr 1 22-23. It will be vital that these reporting arrangements look to provide a holistic picture for our Board and other stakeholders as to the progress we are making on implementing this plan. Consequently, we will look to implement an approach to our reporting which draws alignment between- our operational performance, our strategic outcomes, our service developments, our finances, workforce and quality / safety and patient experience indicators.

Finally, we have looked to act on feedback from previous plans on being more overt in the actions we are committing to. Consequently, we have provided a summary infographic at the end each major section of this plan which shows our key actions and milestones we are looking to deliver on.

Wider Governance

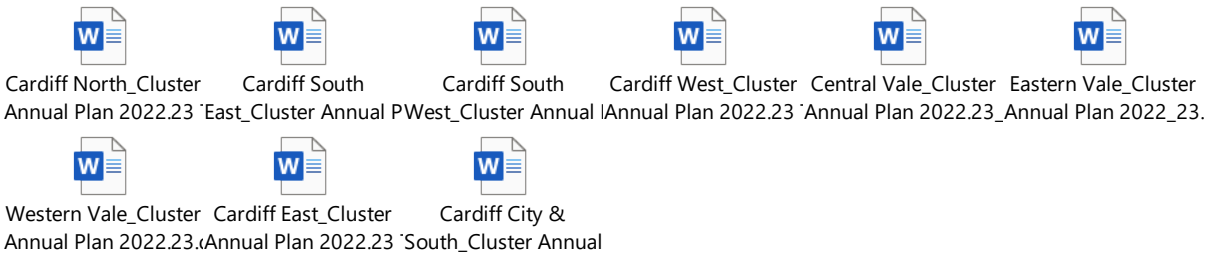
We have a Board Assurance Framework (BAF) embedded and reported to each Board to maintain oversight of strategic risks. We currently have ten strategic risks (set out earlier in this document. The Audit Committee will review and have oversight of governance and risk arrangements to ensure these remain robust.

The risk appetite of the organisation was reviewed and approved by board in May 2021- moving from "cautious" to "seek" ("seek" defined in BAF as "eager to be innovative and to choose options offering potentially higher business rewards (despite greater inherent risk")).

Regarding Covid-19 we recently stood back up governance arrangements to reflect operational pressures whilst preparation has been ongoing, and will continue during the life of this plan in regard to any UK and/or Welsh Covid-19 inquiries. We have already appointed a Covid-19 archivist, created a centralised UHB repository and developed a full data catalogue and timeline of Covid-19 events.

APPENDICES

Annex 1: Cluster Plans



Saunders,Nathan
06/30/2022 10:29:24

Overview of alignment of Cluster plans to UHB priorities for 22-25

UHB Priority / Cluster	workforce and OD development and design	Addressing the top burdens of disease	Our digital Infrastructure	shift towards a system focusing on prevention	Physical Infrastructure	Integration with Community Services	system renewal and redesign	continued Covid-19 response	Collaboration with partners
City & South	Practice Manager Forum development forum	Diabetes MSK Capacity MH Services				Frailty	Urgent Primary care model A focus on health inequalities		
East	Practice Management Support	Population health- focus on smoking & alcohol MH services					urgent Primary care model Accelerated cluster MDT working	Post covid follow up	
North						Frailty	Accelerated cluster MDT working		Advanced paramedic practitioner attached to cluster
South East	Practice Management Support	Diabetes MH Services					A focus on health inequalities- asylum seekers urgent Primary care model		
South West			My Surgery App ViPC Recite Me-Digital Inclusion & Accessibility	Health promotion workshops					
West			AccuRx+				A focus on population health		
Central Vale		MSK Capacity MH Services	My Surgery App Summarizing & Clinical coding Flu Booking Platform				An urgent Primary care model		
Eastern Vale		MSK Capacity MH Services				Frailty	urgent Primary care model		
Western Vale		MSK Capacity MH Services					urgent Primary care model		

Care and Support Needs

Individual

- **People's independence** must be maintained and facilitated within decisions for care and support, employment and accommodation. Any such decisions should be based on **consultation and co-production** with the person they affect

Community

- **Social isolation** was identified in the 2017 PNA and has been exacerbated for many due to COVID-19, with far-reaching consequences for physical and mental health and well-being
- **Holistic approach to physical and mental health**, which includes improved access to services including **reduction in waiting lists**
- **Information provision**; many people were unaware of support available to them and would benefit from increased signposting

Care and Support Needs

Wider determinants

- **Employment (paid or voluntary)** was desired by many – to improve personal finances, as well as to provide a **sense of purpose, reduce isolation**, and to help **protect people's mental health and well-being**
- **Housing and accommodation** needs to be available, accessible, safe, and supportive of what matters most to the individual, for example, an enabling employment. Prevention and early help for homeless people needs to be enhanced
- **Inequalities** were discussed in all chapters, especially in terms of socio-economic deprivation, access to services, and health outcomes. **COVID-19 has had a disproportionate impact** across the population, in part due to pre-existing inequalities in the social determinants of health that have been exacerbated by COVID-19 and restrictions

Range and level of services required

Assets to support well-being

- Individual sources of support across all groups included friends, families, and hobbies
- Local community support like community groups, neighbours, and community-based organisations including religious places of worship, choirs, and places to exercise
- Local authority, NHS, and third sector services (both on a national and local footprint) were praised throughout engagement work
- **People with lived experience** providing peer support (face to face or online) or as service providers were identified as important assets; and supported the need for inclusive recruitment across all sectors
- Service users, professional leads, and providers identified the need for **sustainable funding** of statutory and third sector organisations to maintain and develop their services

Range and level of services required

Prevention

- The following were identified as being able to prevent needs arising or escalating, and may facilitate improved outcomes for people:
  - **Healthy behaviours** such as physical activity to improve mental well-being and prevent falls
  - **Early identification, diagnosis, and intervention** to support people at the right time, and promote better outcomes
  - **Social support**, including maintenance of a social role, and digital inclusion
  - **Advocacy** to enable people to express their views and wishes
  - Care focussed on **delivering services as close to people's homes** as possible

Range and level of services required

Partnership approach

- Many respondents to engagement work did not ask for traditional care and support services, but identified that their needs could be met through:
  - **Supportive employers and access to education**, through provision of reasonable adjustments and inclusive recruitment, for example
  - **Accommodation** provision which gives individuals choice, including over location, and supports independence
  - A **welcoming community and an enabling wider environment**. People considered their communities as assets, but improvements remain to be made to increase awareness of the needs of others. For example, considerate use of public spaces for disabled people; bystand awareness of violence against women and domestic abuse; and accessible transport option

Range and level of services required

Community services

A whole system approach to care and support provision should prioritise:

- **Continuity of care**: for example, in transition from children's to adult services; between NHS services; between prison services and health and local authority services following release; leaving military service; and joined up services between public, private and third sector providers for a "seamless" experience for service users
- **Equitable, accessible, and inclusive services**, where **access is tailored to the individual**. For example, through interpreter provision; letters provided in large print; offering choice of face to face, telephone, or online services; and culturally sensitive services
- **Timely** access to high quality care and support services
- **Respite care** provision which is flexible and accessible to those who need it
- **Increased awareness of services available** and the scope of their practice **amongst service providers** so that they can signpost
- The **social model of disability** should underpin services; and language used should be respectful
- **Co-production** at the heart of decisions

PRIORITY MEASURES – PHASE ONE						
POPULATION HEALTH						
	Priority Measure	**Target**	**Reporting Frequency**	**Source**	**Executive Lead**	**Baseline**
1	Percentage of adults losing clinically significant weight loss (5% or 10% of their body weight) through the All Wales Weight Management Pathway	Annual improvement	Annual	All Wales Weight Management Pathway Monitoring Form (Welsh Government)	DOPH	Current systems don't enable this data collection as paper records to date. L3 service now on Paris but not yet able to extract outcome data - database development needed. L2 and children - data collection systems available from April 2022; however, weight is not routinely collected in virtual clinics (patients not comfortable weighing at home; home scales may not be suitable; cannot guarantee robustness of data)
2	Qualitative report detailing progress against the Health Boards' plans to deliver the NHS Wales Weight Management Pathway	Evidence of improvement	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)	DOPH	Report due for submission to WG at end of March 2022. Embedded slide shows service areas developed / in progress pathway21+summary.pptx
3	Percentage of adults (aged 16+) reporting that they currently smoke either daily or occasionally	A 5% prevalence rate by 2030	Quarterly	National Survey for Wales	DOPH	Baseline: 14% Cardiff and Vale of Glamorgan (National Survey for Wales 2019-2020) Trajectory: Reduction in Smoking Prevalence, 5% by 2030 2023 12% 2024 11% 2025 10%
4	Percentage of adult smokers who make a	5% annual target	Quarterly	Smoking Cessation Services Data	DOPH	Baseline: 2.2% Cardiff and Vale of Glamorgan

	quit attempt via smoking cessation services			Collection (Welsh Government)		(PHW/CVUHB/NWISS 2020-2021) Trajectory: Increase in the percentage of adult smokers making a quit attempt via smoking cessation services 2023 2.5% 2024 3% 2025 3.5%
5	Qualitative report detailing the progress of the delivery of inpatient smoking cessation services and the reduction of maternal smoking rates	Evidence of Improvement	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)	DOPH	**In-patient Smoking Cessation Service** Baseline: CVUHB have an established hospital in-house Smoking Cessation Service for patients and staff. Working to progress a more integrated model of service delivery with Help Me Quit and Enhanced Services, Community Pharmacy. To establish a baseline of the number of in-patients, smoking on admittance and accepting a referral to smoking cessation services Trajectory: Increase in number of in-patients systematically recorded as smokers (from the baseline) and referred to in-house Smoking Cessation Services **Reduction of Maternal Smoking Rates** Baseline:10% of Pregnant Women smoking on booking 25% of pregnant women on booking, accepting a referral to Smoking Cessation Services (CVUHB, 2020-2021**)** A MAMSS Programme has been implemented to increase the number of pregnant women who smoke, accepting a referral to the Midwifery Support Worker and HMQ services Trajectory: To reduce the number of pregnant women smoking on booking and increase the numbers accepting a referral to Smoking Cessation Services

						2023 9% Smoking at Booking 2024 8% Smoking at Booking 2025 7% Smoking at Booking 35% of Pregnant Women who smoke accepting a referral to Smoking Cessation Services 2023 45%, 2024 50% 2025
CARE CLOSER TO HOME						
Priority Measure		**Target**	**Reporting Frequency**	**Source**	**Exec Lead**	**Baseline and Trajectory**
6	Percentage of patients (aged 12 years and over) with diabetes who received all eight NICE recommended care processes	4 quarter improvement trend, towards an annual increase of 10% from baseline data	Quarterly	Primary Care Information Portal	COO PCIC CB	2018-2019 – 41.58% (All Wales 43.02%) NB. Can't tell age of patients from Portal Data
7	Percentage of patients (aged 12 years and over) with diabetes achieving all three treatment targets in the preceding 15 months: ❖ Blood pressure reading is 140/80 mmHg or less	1% annual increase from baseline data	Annual	National Diabetes Audit	COO PCIC CB	2018-2019 – 30.28% (All Wales 33.35%) NB. Can't tell age of patients from Portal Data

	❖ Cholesterol values is less than 5 mmol/l (<5) ❖ HbA1c equal or less than 58 mmol/mol or less					
INFECTION PREVENTION AND CONTROL						
8	Cumulative number of laboratory confirmed bacteraemia cases: Klebsiella sp and; Aeruginosa	Health Board specific target	Monthly	Public Health Wales	DON	Target < 125 (2018/2019) Acc. Actual 119 (Dec 2021); 33% above
9	Cumulative rate of laboratory confirmed bacteraemia cases per 100,000 population: E-coli; S.aureus bacteraemias (MRSA and MSSA) and; C.difficile	Health Board specific target	Monthly	Public Health Wales	DON	Target < 618 (2018/2019) Acc. Actual 460 (Dec 2021); 4% above
SIX GOALS OF URGENT AND EMERGENCY CARE						
Priority Measure		**Target**	**Reporting Frequency**	**Source**	**Exec Lead**	**Baseline and Trajectory**
10	Number of Urgent Primary Care Centres (UPCC) established in each Health Board footprint (i.e. both UPPC models)	Increase by April 2023	Quarterly	Manual Data Collection (Welsh Government)	COO PCIC and Medicine CBs	1 x UPCC in Vale

11	Percentage of total conveyances taken to a service other than a Type One Emergency Department	4 quarter improvement trend	Quarterly	WAST – Ambulance Quality Indicators	COO	Waiting for WAST who are in discussions with NCCU regarding performance reporting for this measure
12	Qualitative report detailing progress against the Health Boards' plans to deliver a Same Day Emergency Day Care Service (12 hours a day, 7 days a week) across all acute sites	7 day a week, 12 hours a day Same Day Emergency Care across 100% of acute sites by April 2025	Quarterly	Organisational Qualitative Monitoring Return (Welsh Government)	COO UHW MD	MEACU – 5 days per week Surgical SDEC – TBC
13	Number of people admitted as an emergency who remain in an acute or community hospital over 21 days since admission	4 quarter reduction trend	Quarterly	Admitted Patient Care	COO Medicine, Surgery and Specialist CBs	Jan 2022 – 808 NB. LHBs and DHCW currently resolving data issues regarding this measure.
14	Percentage of total emergency bed days accrued by people with a length of stay over 21 days	4 quarter reduction trend	Quarterly	Admitted Patient Care	COO Medicine, Surgery and Specialist CBs	Jan 2022 – 60.2% NB. LHBs and DHCW currently resolving data issues regarding this measure.
ACCESS TO TIMELY PLANNED CARE						

Priority Measure		Target	Reporting Frequency	Source	Exec Lead	Baseline and Trajectory
15	Number of patients waiting more than 104 weeks for treatment	Improvement trajectory towards a national target of zero by 2024	Monthly	Referral to Treatment (combined) Dataset	COO	2002 (Dec 2021) March 2022 forecast – 2,722
16	Number of patients waiting more than 36 weeks for treatment	Improvement trajectory towards a national target of zero by 2026	Monthly	Referral to Treatment (combined) Dataset	COO	4330 (Dec 2021) March 2022 forecast – 6,263
17	Percentage of patients waiting less than 26 weeks for treatment	Improvement trajectory towards a national target of 95% by 2026	Monthly	Referral to Treatment (combined) Dataset	COO	55% (Dec 2021) March 2022 forecast – 44.5%
18	Number of patients waiting over 104 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 104 week waits by July 2022	Monthly	Referral to Treatment (combined) Dataset	COO	2199 (Dec 2021) March 2022 forecast – 4,646
19	Number of patients waiting over 52 weeks for a new outpatient appointment	Improvement trajectory towards eliminating over 52 week waits by October 2022	Monthly	Referral to Treatment (combined) Dataset	COO	12645 (Dec 2021) March 2022 forecast – 15,411

20	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	A reduction of 30% by March 2023 against a baseline of March 2021	Monthly	Outpatient Follow-Up Delay Monitoring Return (Welsh Government)	COO	March 2021 – 49,862 Target = 34,903 42,720 (Dec 2021)
21	Number of patients waiting over 8 weeks for a diagnostic endoscopy	Improvement trajectory towards a national target of zero by March 2026	Monthly	Diagnostic & Therapies Waiting Times Dataset	COO Medicine CB	1982 (Dec 2021) *Reportable Endoscopies* March 2022 forecast – 1413
22	Percentage of patient starting their first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	Improvement trajectory towards a national target of 75%	Monthly	Suspected Cancer Pathway Data Set (NDR – DHCW)	COO AMD Cancer All CBs bar medicine	March 2022 forecast – 65.8%
WORKFORCE						
Priority Measure		**Target**	**Reporting Frequency**	**Source**	**Exec Lead**	**Baseline and Trajectory**
23	Agency spend as a percentage of the total pay bill	12 month reduction trend	Monthly	Financial Monitoring Returns (Welsh Government)	DOPC	Year to date at Feb 2020: 1.9% YTD Feb 2021: 1.9% YTD Feb 2022: 2.9% Data provided by Finance, from the Financial Monitoring Return submitted to Welsh Government every month
24	Overall staff engagement score	Annual improvement	Annual	NHS Wales Staff Survey	DOPC	2016: 3.64% 2018: 3.83%

						2020: 3.70%
25	Percentage of staff who report that their line manager takes a positive interest in their health and well-being	Annual improvement	Annual	NHS Wales Staff Survey	DOPC	2018: 68% 2020: 63%
26	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	85%	Monthly	Electronic Staff Record (ESR)	DOPC	71.07% (Mar-21) 72.43% (Jan-22)
27	Percentage of sickness absence rate of staff	12 Month Reduction Trend	Monthly	Electronic Staff Record (ESR)	DOPC	Feb 2021: 5.79% April 2021 (lowest point in last 12 months): 5.36% Feb 2022: 7.12% Sickness rates rose steadily between April and October, but have come down slightly since then. The February rate is 7.12%. (these figures are sickness only and do not include COVID self-isolation without symptoms or those staff who may continue to shield due to individual circumstances. The top 5 reasons for absence for the past 12 months are; 'Anxiety/stress/depression/other psychiatric illnesses', 'Chest & respiratory problems', 'Other musculoskeletal problems', 'Other known causes - not elsewhere classified' and 'Cold, Cough, Flu – Influenza'.
28	Percentage headcount by organisation who	85%	Monthly	Electronic Staff Record (ESR) &	DOPC	PADR/VBA:

	have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)			Medical Appraisal & Revalidation System (MARS)		Feb 2020: 50.07% Feb 2021: 33.84% Feb 2022: 31.53% appraisals on MARS system (including dentists): *N.B. The GMC suspended revalidations in March 2020 although staff were able to have an appraisal during this time if they wished. The appraisal process was formally restarted from 1st April 2021. The numbers of completed appraisal is now approaching pre Covid levels.*

Secondary Care	As at 01/02/2020	01/02/2021	01/02/2022
Non training staff in post	1088	1122	1174
Appraisals completed	633	356	638
% of appraisals completed	58%	31%	54%
GPs	As at 01/02/2020	01/02/2021	01/02/2022
Staff in post	452	476	464
Appraisals completed	371	110	397
% of appraisals completed	82%	23%	85%

DIGITAL AND TECHNOLOGY						
	Priority Measure	**Target**	**Reporting Frequency**	**Source**	**Exec Lead**	**Baseline and Trajectory**
29	Report detailing evidence of NHS Wales embedding Value Based Health and Care within organisational strategic plans and decision making processes	Evidence of activity undertaken to embed a Value Based Health Care approach (as described in the reporting template)	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)	? DOSP and DOF	The UHB has established Innovation & Improvement teams supporting Clinical Boards with project management, pathway redesign and efficiency opportunities. The UHBs dedicated Costing, Benchmarking and Value finance team also supports the agenda, with business intelligence, analysis and evaluation work and they continue to support the UHB in finalising its baseline position.
ECONOMY AND ENVIRONMENT						
30	Emissions reported in line with the Welsh Public Sector Net Zero Carbon Reporting Approach	16% reduction in carbon emissions by 2025 against the 2018/19 NHS Wales baseline position	Annual	Organisation Level Emission Return	DOSP and DOF	2023 – All NHS Decarbonisation due in 2023 actions showing compliance 2024 - >10% reduction in carbon emissions from a 2018 baseline (as per NHS Wales Decarbonisation strategy) 2025 - > 16% reduction in carbon emissions from a 2018 baseline (as per NHS Wales Decarbonisation strategy)
31	Qualitative report detailing the progress of NHS Wales' contribution to decarbonisation as outlined in the organisation's plan	Evidence of improvement	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)	DOSP and DOF	Sustainability Action Plan provides detailed baseline position.

32	Qualitative report detailing evidence of NHS Wales advancing its understanding and role within the foundational economy via the delivery of the Foundational Economy in Health and Social Services 2021-22 Programme	Delivery of Foundational Economy initiatives and/or evidence of improvements in decision making process	Every Six Months	Organisational Qualitative Monitoring Return (Welsh Government)	DOSP and DOF	We continue to finalise our baseline position so that we work from a robust and truly measurable position.

Annex 4: Our detailed workforce objectives and actions

Theme 1 Seamless Workforce Models

Ambition

To deliver a seamless, co-ordinated approach to health and social care by supporting multi-professional and multi-agency working and the development of alternative workforce models

Context

We will support the integration of Health and Social Care and the re-balancing of services and workforce between secondary and primary care by fostering a culture of inclusion and belonging and working closely with partners in social care, independent contractors/clusters, service users, voluntary and independent sectors and supporting the contributions of a wider workforce including unpaid roles (carers and volunteers).

Benefits

- better patient outcomes and experience
- Breaking down boundaries
- Reduce waste, harm and variation
- improved ways of working
- Integrated workforce planning, OD
- engaged and motivated workforce

Challenges

- embracing new ways of working
- developing existing roles, building new/advanced roles, skills and capabilities in new areas
- enabling people to work at top of scope of practice
- providing a climate for innovation, creativity & drive
- harness the right skills in right number, at right time
- building a digital ready workforce

Objectives

- A common purpose and outcomes
- A seamless workforce framework
- OD programmes to support workforce engagement, leadership development
- Lead the strategic and operational workforce and OD plan for the Strategic Plan for Primary Care & Together for Mental Health
- Implement workforce models to support MDT /integrated working
- New and advanced/extended role pathways
- Harmonised, integrated T&Cs, governance and learning, education & development

Stakeholders

Local Authorities, Regional Partnership Board, Clinical Boards, Independent Contractors/Clusters, Service Users and Carers

Key Deliverables / Timeline

- understand the strategic plans based on population health needs assessment and define the workforce requirements – outline 04/22
- translate the workforce models being developed through Regional Partnership Boards into a good practice guide for integrated working – 2022-2025
- develop a Seamless Workforce Framework to agree strategic workforce goals and objectives 2022-2025
- Develop OD programme with LA partners, MH and Primary Care 2022-2025
- develop multi-professional workforce plans to support implementation of the primary and community care workforce model and Together for Mental Health
- identify opportunities for advanced/extended and new roles
- Develop a clear integrated competence and capabilities framework for extended skills and advanced practice across professional groups
- Implement and embed harmonised governance, regulation and registration arrangements to facilitate multi-professional working

Risks to Delivery

- Culture change
- Changed policy, processes, systems
- Resources to support delivery
- Engagement, commitment
- Capacity, capability, resilience

Measures for Success

- Reduced non contracted pay
- Enhanced Staff H&WB
- integrated/enhanced roles
- Staff engagement index
- Delivery against workforce plans
- Integrated T&Cs
- Reduction vacancies and turnover
- Reduced sickness

Theme 2 Engaged, Motivated and Healthy workforce

Ambition

To have a workforce that feels valued and supported wherever they work

Context

It is important that our staff are engaged and supported in respect of their own health and wellbeing. Research repeatedly shows that measures of engagement go together with higher performance. Patient's satisfaction has been shown to be higher in organisations with better ratings for staff health and wellbeing

Benefits

- Engaged workforce with better patient outcomes
- Improved engagement score
- Increased participation on training / surveys
- Reduced sickness
- Improved retention rates

Challenges

- Staff are feeling exhausted and experiencing burnout
- To ensure that the existing communication channels are enabling our staff to be involved and informed of training, how to participate in surveys and how they can have a voice
- Staff have stepped into new roles at short notice without support and training
- Staff time to be released for training interventions and to recognise others to nominate for awards

Objectives

- Update the engagement framework
- Develop a wellbeing strategy & plan
- Develop coaching and team development
- Focus on communications – training & channels
- Promote and embed UHB values & behaviours
- Staff Surveys (NHS Wales, MES, Pulse, Wellbeing)

Stakeholders

Clinical Boards, Health Intervention Team, Employee Health and Wellbeing Service, LED, Trade Unions, HEIW

Risks to Delivery

- Capacity (workload) and skills of key stakeholders
- Funding
- Engagement of staff
- Timelines and structure of All Wales Staff Survey is determined via HEIW

Key Deliverables / Timeline

- Produce a framework document, with roadmap, project plan and key deadlines, 03/22
- Develop a strategic paper and project plan for Health and Wellbeing 2022-23
- Create an academy which incorporates coaching and team development, 03/22
- Provide training in coaching skills for managers, 12/23
- ILM accredited centre (coaching and leadership and management qualifications), 03/24
- Offer team development initiatives to improve relationships and morale.
- provide specific communications training and look at how this is incorporated into all training i.e. leadership and management to improve their skills
- Look at channels of communication and explore strategies to reach all staff and provide education, 09/22
- Revisit and promote values & behaviours framework, 09/22

Measures for Success

- NHS Wales staff survey / local pulse survey
- Medical Engagement Survey
- Wellbeing Surveys/HIT reviews
- Reduced sickness absence and reasons for sickness
- Reduced turnover
- Staff benefits

Theme 3 Attract Recruit and Retain

Ambition	Context
To attract, recruit and retain high quality and diverse candidates to work at Cardiff and Vale	High quality, compassionate care is dependent on recruiting & retaining individuals with the right skills, abilities & experiences. This is increasingly difficult due to service pressures and staff resilience brought by the Pandemic. There is a shortage of suitable candidates in many professions, which requires us to think differently about how we attract and recruit new staff. However, we cannot just depend on bringing new people into our workforce and need to improve how we retain, manage and develop our its existing staff.

Benefits

- Improved planning (whole system)
- Improved reputation
- Inclusive recruitment
- Improved staff experience Retention of knowledge, skills and experience
- Improved patient experience and outcomes

Challenges

- Large scale vacancies in a number of professions
- High vacancy levels across UK labour market (1.1m)
- Turnover in some staff groups are higher than national average
- High competition from neighbouring Health Boards and other Health /Care employers
- High reliance on Bank and Agency

Objectives

- Develop branding for the UHB's job advertising and career promotions
- Promote NHS careers
- whole systems approach for temporary staffing across multiple professions and roles
- Identify and attract new sources of recruitment
- Review and adapt recruitment processes within NWSSP parameters
- Develop and implement an action plan to improve staff retention.

Key Deliverables / Timeline

- Work with Media resources to develop a specific brand for promoting UHB's job opportunities, 03/22
- Develop and implement an annual recruitment event calendar, 01/22
- Review TSO and implement improvements identified (03/22). SOP to be in place by 03/23
- Merge staff banks following full implementation of Allocate Health Roster
- Maximise apprenticeship opportunities within UHB (to include clinical apprentices). Widen work experience opportunities, 03/22
- Identify opportunities to fast track part of the recruitment process for specific schemes. Review processes from applicant perspective , 03/22
- R improve exit questionnaire/interview response. Introduce starter questionnaires, 03/22

Stakeholders

NWSSP, community groups / sectors, Medacs, Job centre plus
Clinical Boards, staff

Risks to Delivery

- Job evaluation requirements
- Perception of NHS roles
- Resources
- Parameters of all-wales processes
- Workforce supply
- Staff engagement

Measures for Success

- Improved turnover rates
- Reduction in variable and non-contracted pay bill
- Time taken to recruit
- Number of appointed candidates
- Reduction in vacancy rate
- Increased diversity in our workforce

Theme 4 Building a Digitally Ready Workforce

Ambition	Context
To have a workforce that is digitally ready: one which has both the technology available and skills to utilise this effectively	Technology is playing an increasingly important role in our working practices, with the pandemic highlighting the importance of having a workforce which has access to technology and the skills to use it. There has been accelerated progress in the development of technologies and the pace at which these have been rolled out. This has had a positive impact, enabling many to adopt new ways of working, including the ability to work in an agile manner.

Benefits

- Equal access to technologies
- Enhanced digital skills
- Improved ways of working
- Pushing boundaries to innovate

Challenges

- staff have been required to rapidly upskill themselves, in already challenging circumstances
- the implementation of these technologies has highlighted issues with the design of these systems
- new challenges for staff, with the regularity of Teams meetings and volume of email correspondence being highlighted as key issues
- whilst the adoption of new technologies has assisted the workforce and raised the bar of what is possible for many, this has not yet been universal and the digital divide between those with access and those without is perhaps wider than ever before

Objectives

- Improved access to core technologies
- Enable staff to develop a core set of skills
- Develop practices and procedures which enable us to use digital technology effectively, whilst enhancing staff wellbeing
- Maximise the benefits of agile working for the organisation, service and individual
- Keep abreast of enhancements to existing systems and explore new emerging technologies

Key Deliverables / Timeline

- Provide all staff with access to core IT systems, 2023
- Ensure all staff have a core set of digital skills through development of digital skills framework, 2024
- Implement universal guidance on the effective use of digital technologies to promote staff wellbeing, 2022
- Pulse survey to identify benefits of and barriers to agile working, 2023
- Ensure all staff are able to access the correct data through ESR, 2023
- Introduce an employee salary sacrifice scheme to ensure that access to technology is affordable for all by 2023.

Stakeholders

LED, IT, WFIS, Digital champions in Clinical Boards, External suppliers

Risks to Delivery

- Funding
- Engagement
- Enforced system changes
- IT resources
- Conflicting schedules / priorities

Measures for Success

- Staff engagement index
- Enhanced staff wellbeing
- Number of staff without email addresses
- Participation rates in IT training
- Number of staff accessing ESR

Theme 5 Excellent Education and Learning

Ambition

To invest in education and learning to deliver the skills and capabilities needed to meet the future needs of the people we care for

Context

The provision of high-quality education and development is fundamental to providing safe, high quality care and helps NHS staff to feel valued, motivated and resilient. We need a highly skilled and capable workforce with the values and behaviours necessary to support effective service delivery, the UHB strategy and the COVID recovery plan. Our staff must also have access to the education, development and support they need to develop competence, enhance their skill set and ultimately progress their careers.

Benefits

- Inclusive culture
- Supports workforce redesign and service transformation
- Improved recruitment and retention
- Enhanced patient safety
- Staff wellbeing
- Staff engagement

Challenges

- Unprecedented workforce pressures compromising the ability to release staff
- Funding limitations and limited uptake of externally funded learning opportunities
- The impact of the constraints imposed by the pandemic upon face to face learning.
- Leadership, management and clinical education is well established, however, there are limited development opportunities for many other staff groups

Objectives

- Prioritise education & development of the workforce
- Foster an inclusive culture and equitable approach to education
- Develop creative and transformational approaches
- Raise awareness of the education infrastructure and opportunities
- Enable collaborative partnerships to increase access to educational funding for UHB staff and raise the profile of funded educational opportunities.

Key Deliverables / Timeline

- implement overarching education infrastructure, 05/22
- Establish multi-professional Education Group, 10/21
- Develop multi-professional, inclusive education strategy which represents all staff groups and fosters a culture of interprofessional education, 10/21
- Develop Learning@Wales platform to deliver innovative digital/blended learning experiences, 04/22
- Establish Overseas Nurse Education Centre (ONEC) to host Overseas Nurses' Adaptation Programme, 01/22
- Develop the Cardiff and Vale Academy for Coaching, and Team development (CAV-ACT) 12/21
- Undertake monthly reviews re: recruitment and resourcing activity to ensure clinical education is in place to support organisational pressures
- Develop an organisational HCSW development framework 10/21

Stakeholders

HEIW, local universities, social services and other public services, and national professional groups, Clinical Boards, Professional education groups (internal)

Risks to Delivery

- Reprioritisation of activity to support operational pressures
- Release of staff
- Resources (funding and capacity)

Measures for Success

- Evaluation against project plans, pilots, feedback etc.
- Evaluation of learning opportunities
- Course attendance figures
- No. completing overseas nurses Programme
- HCSW Career and Skills Framework compliance data

Theme 6 Leadership and Succession

Ambition

To help our leaders display collective, compassionate and inclusive leadership

Context

There is a clear link between leadership, staff wellbeing and inclusion, and the impact on patient outcomes. We want to improve out leadership potential within the organisation because we believe that if we get this right then other good practice and improved performance will follow.

Benefits

- Improved staff engagement
- Succession planning
- Improved retention
- Enhanced staff wellbeing
- Better outcomes for patients
- Recruiting managers and leaders with compassionate leadership skills

Challenges

- The need to develop leaders at all levels
- Providing a wealth of development opportunities
- Planning for succession

Objectives

- Provide opportunities for leaders and managers at all levels to enhance their skills
- Embed Compassionate, Inclusive and Collective Leadership Principles across organisation through effective development and alignment of approach
- Develop, nurture and facilitate coaching and mentoring network to support individual and organisational effectiveness
- Identify potential leaders at all levels of the organisation
- Embed robust succession planning processes to support recruitment to critical leadership roles

Key Deliverables / Timeline

- Define the behaviours, competencies and approach required of excellent leaders and managers at all levels., 01/ 23
- Offer a breadth of accessible development opportunities (internal and external), 01/23
- Identify pathways to leadership and management development opportunities for under-represented groups, 2024
- Develop an effective VBA that is meaningful for colleagues and supports a healthy high performing organisation, 2024
- Develop infrastructure to facilitate and nurture the coaching and mentoring network, 01/22
- Implement a process for staff to request coaching from the network, 01/22
- Monitor data from VBAs to help identify potential leaders in a range of different areas – review for inclusivity and diversity, 2024.
- Identify critical roles within the organisation and the key skills and qualities required
- Develop talent benches to ensure critical roles can be filled in a timely manner and review to ensure accessible, inclusive and diverse

Stakeholders

LED, Clinical Boards, Health and social care partners, Staff

Risks to Delivery

- Engagement, individuals identifying themselves for opportunities
- Release of staff
- Resources - Capacity and funding

Measures for Success

- Turnover
- Talent Management and Succession Pathways
- No. active coaches and mentors
- Reduced sickness levels
- Feedback e.g. surveys

Theme 7 Workforce Supply and Shape

Ambition	Context
To have a sustainable workforce in sufficient numbers to meet the health and social care needs of our population	Shortages in some professions, services and skills has consequences for service delivery, quality of care, staff experience and escalating costs. Workforce modernisation, new roles and extended skills supported by improved workforce intelligence and workforce planning skills are needed.

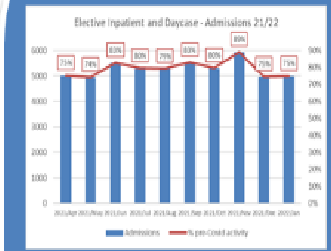
Benefits	Challenges
• Quality of care improved • Meaningful strategic workforce planning enabled • Data and modelling will inform strategic decisions and performance • Increased capability, agility, efficiency and performance	• Supply - significant shortages in some professions, services and skills • Rising levels of absence, vacancies and turnover • Lack of capacity and resources for innovation - Workforce Modernisation • Engagement • Digital systems • Lack of capacity – develop & grow our people • Requires collaboration - health and social care

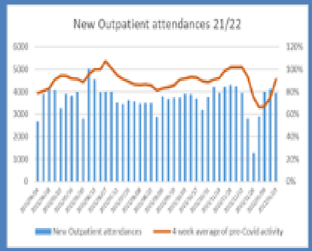
Objectives	Key Deliverables / Timeline
• Shape decisions about people and the workforce using Workforce Analytics. • Shape the workforce by growing our people - supply. • Develop Strategic Workforce Planning capabilities. • Embed Workforce Systems that drive efficiency. • Design of the organisation meets the requirements of a modern health and social care system.	• workforce intelligence and analytics – supporting workforce planning, development, efficiency and productivity, Oct 2022 • Development of new and amended roles, 10/22 • Increase supply via the apprenticeships route, 10/22 • Develop roles that cross organisational boundaries, health and social care Oct 2022 • Continue implementation and effective use of e-rostering systems, 10/22 • Optimise medical workforce sessions aligned to patient outcomes Oct 2022 • Utilise ESR to its full potential by training and upskilling managers to understand how the system can support them manage their teams Oct 2022 • Create a less bureaucratic Job Evaluation process, working within AFC parameters, Oct 2022 • Build capacity and capability in workforce planning and development, Oct 2022

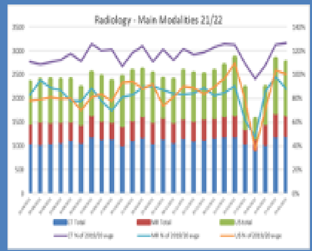
Stakeholders
Social care / local authority partners, WFIS, Clinical Boards, Resourcing and Transformation Team

Risks to Delivery	Measures for Success
• Knowledge, skills and expertise (Workforce analytics, strategic workforce planning • System limitations • collaboration/partnership working • Engagement / resistance to change	• Levels of engagement • Workforce metrics – retention, vacancy rate, variable and non-contracted pay • Reduction in skills shortage • Improved efficiency in rostering • Successful roll out of health rostering • No. apprentices appointed and made substantive • Improved accessibility and use of workforce analytics

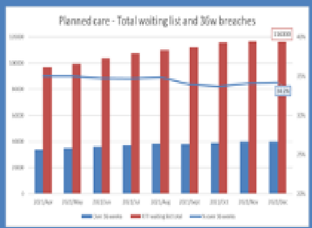
PLANNED CARE AND DIAGNOSTICS

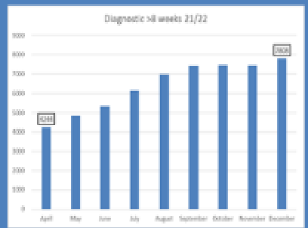


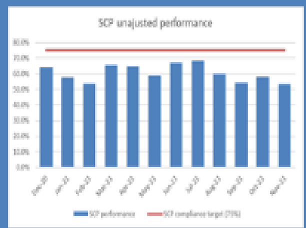




- Elective IP/DC – 79% (April-Jan)
- New OP >100% pre-Christmas
- CT and US currently >100%





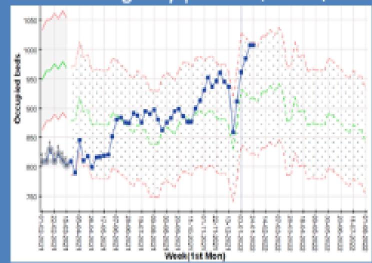


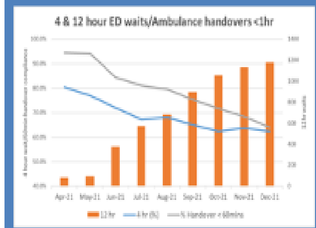
- 36 week breaches have risen in volume by but fallen as a % of total WL since April
- Diagnostic waits increased from Q1 driven by USS and echo
- SCP – 53.5% (Nov 21)

UNSCHEDULED CARE

- Total attendances returning to >90% of pre-Covid levels see in summer 2021
- Covid suspected attendances remain high but lower than previous peaks

Adult emergency patients, UHW, UHL



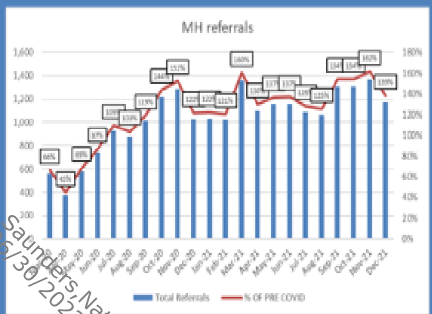


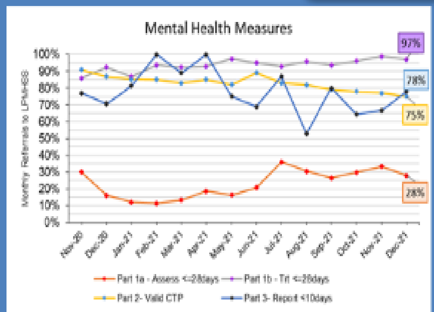
To be described

- Occupancy increased significantly through Q1 and has continued to increase to above seasonally expected levels
- Competing demands of emergency and elective moving forwards

Where are we now

MENTAL HEALTH





- Following a fall post wave 1, MH referrals increased to and remain at historically high levels
- September – December saw 5,156 referrals (>150% pre-Covid levels)
- Sustained high referral levels have put pressure on Number of assessments increasing with trajectory to reduce average wait for assessment – significant improvement in CAMHs
- our capacity to assess < 28 days

PRIMARY CARE

Performance in relation to General Medical Services (GMS):

- 2 GMS contract resignations, 2 formal list closures. 5 sustainability applications. 2 applications for boundary changes.
- 10/59 practices escalating at level 3 or 4. UHB Is actively supporting 5 practices.

Operational Performance

- GPOOH service (inc dental) Average calls/day – Q1 513, Q2 487, Q3 491, Jan 458
  - Time to clinical triage reduced to 30 mins in March, 74 mins for December
  - CAV24/7 Average calls/day – Q1 277, Q2 260, Q3 247, Jan 201
- Increasing Demand - 10/59 practices escalating at level 3 or 4. UHB Is actively supporting 5 practices.
- Community Dental Service and General Dental Service operating at circa 45% of pre-Covid (Dec)
- Eye care operating circa 108% pre-Covid capacity (Nov)

Annex 6: Primary, Community and Intermediate care – Background and context

Over the last year we have continued to see pressure on our unscheduled care services in Primary Care. Our approach to meeting this challenge includes innovative examples of local service development including our Urgent Primary Care Centre (UPCC) in the Vale of Glamorgan. The introduction of CAV 24/7, our ground-breaking phone first model, has similarly helped improve the ability of our system to triage and direct patients to the most appropriate care provider, thereby reducing the pressure on services and giving more emphasis on valuing patients' time. We plan to accelerate our commitment to developing UPCC with particular focus on how these will be embedded in to our Locality models and in conjunction with our planned Health and Wellbeing Centres and Hubs. The link between CAV 24/7 and UPCC is now well established and we plan to develop the opportunities in this area as we begin to transition to the NHS 111 model.

The pressure felt across our primary care services includes those delivered by our contractor partners such as GPs, pharmacists and dentists. In recognition of this we are again making primary care sustainability a key principle of our IMTP for the coming year and beyond. To this end there has been continued growth in our primary musculoskeletal physiotherapy and mental health services. The development of the primary care workforce is a core requirement to help drive forward our sustainability goals and this includes the continued transition to new roles and ways of working in profession such as nursing, therapies, dental and physician associates.

Many of the core services for which sustainability is so central require us to focus on prevention. A detailed overview of the strategic direction for public health prevention can be found in ***"transformed population health"*** with our ambitions for scaling and transforming our approach to immunisations. Our focus on falls is another example of how the prevention agenda will drive change through the lifecycle of this IMTP as we look to develop our community-based falls clinics with a desire to establish a comprehensive falls service that encompasses rapid assessment and hospital admission avoidance approaches.

We predict that there be will a continued increase in patients' needs in relation to chronic diseases as the full impact of the pandemic is realised. In addition to expanding our work in MSK and Mental Health, that has formed a central part of the most recent plans, we will again be supporting additional and innovative approaches to care in areas such as diabetes where we will look to deploy therapy lead assessment and intervention programmes to empower both those with and at risk of diabetes. Our work in addressing chronic conditions over the coming year is detailed here.

We remain acutely aware of the importance of our partnerships across the Cardiff and Vale Regional Partnership Board (RPB). The recent pressures we have faced across both primary and secondary care can only be addressed through collaborative, coherent partnership working across Health, Social Care and the Third Sector. Further detail on some of our recent and planned partnership working that will help shape our Recovery and Redesign Programme can be found in **section 2** ***transforming partnership working.***

Addressing health inequalities is a central tenet of our approach in Primary Care as we transform and improve the delivery of services for complex and vulnerable patient groups. Our focus will once again include the continued modernisation of Learning Disability Services as we work with our partners from Swansea Bay Health Board to transform pathways to and from hospital, so that patients can be treated

in the least restrictive way, and be in hospital for the shortest possible time. COVID-19 highlighted the health inequalities faced by people with learning disabilities with his group being more likely to die from the disease than the rest of the population and also more likely to have suffered a significant impact upon their general health and wellbeing caused by social restrictions. Our plans for the coming year ensure that we are commissioning high quality, effective community and inpatient services through partnership working across health and local authority teams.

Our Cardiff and Vale Health Inclusion Service (CAVHIS) was recently launched with the aim of providing access to public health screening and short-term support for individuals who find it hard to access healthcare and who are not registered with a GP. The growth of this service over the course of the IMTP will be an important part of our work to address health inequalities in our communities.

Our approach to planning on a system wide basis has been informed by our partnership with Canterbury District Health Board in New Zealand. Perhaps the most tangible example of the work we have built in this area has been the development of over 400 Health Pathways which help provide GPs and community teams with up to date and tailored guidance on options to support individuals across the spectrum of services. Our plans for the next IMTP cycle centre on the continued expansion of the *HealthPathways* tool to cover more areas alongside the ongoing refinement of the existing pathways which will form an essential part of our approach to managing waiting lists and supporting patients to access timely care.

Annex 7: Mental Health – Background and context

One of our prime objectives for the coming planning cycle is to improve ease of access to services. Through this work we aim to make services accessible and build on 'right place first time' methodologies which will reduce duplication and waiting times. This work will link closely with our desire to develop a Single Point of Access with integration with NHS 111.

Provision of services to people in mental health crisis has become increasingly important over recent years. These services operate across adult and children and young people, and we are proud of the work we have undertaken to increase our Crisis Home Treatment Services and the additional capacity given to Adult Liaison Psychiatry services to support people presenting to acute hospitals requiring mental health support. Sanctuary support, delivered in conjunction with our third sector partners and through the principles of the Crisis Care Concordat, has been invaluable during the pandemic and we will look to increase this provision moving forward to ensure we are meeting the person centre requirements for people at risk of mental health crisis. Within Children and Young People we are extending the provision of our Crisis service to cover 8am – 12am at the start of the financial year with planned to make the service available 24/7 once recruitment to vacancies is complete. Recruitment is also underway for our Intensive Home Treatment Service which will reduce inpatient admissions and length of stay.

Our services continue to transition towards trauma informed models of care that will again focus on being peer informed and multidisciplinary team led. Working with our partners across education and the third sector will be pivotal to success in this arena, this is especially pertinent given our increasing understanding of the impact of Adverse Childhood Experiences and Post-Traumatic Stress Disorder. Our planning for the coming year will include consideration of how we can provide appropriate low secure inpatient environments for women.

We are proud of our work in providing services for Older Persons and those with Dementia. We know this is an area that will need continued focus over the coming year and we are particularly focused on increasing the availability of options that provide alternatives to admission and preventative interventions with many of these being ably delivered through our therapy teams.

It is important to recognise that the Mental Health sector retains significant ongoing challenges with recruitment to vacancies, in line with national shortages, and thus the UHB is exploring novel approaches to staffing across services. These include deployment of a range of new roles to increase resilience such as Associate Physicians, Supplementary Prescribers and Clinical Associates in Applied Psychology.

Improving access and treatment for young people has never been so important and the UHB is committed to driving improvement across Emotional Wellbeing and Mental Health services. The implementation of a Single Point of Access during 2021 has provided a transformation of our approach to clinical triage and consultation whilst additional information for patients and carers is now available via our new website.

Capacity challenges in our services have been exacerbated by increased demand when compared to pre-pandemic level. Specialist CAMHS have seen a 17% increase during this period with the picture even more stark in Primary Mental Health Services with a 27% increase in referrals. We are working with digital partners to increase capacity for Part 1a assessments and during Q1 2022-23 we will further increased our capacity in this area.

Additional workforce capacity has been provided to our eating disorder services as part of the Recovery and Redesign programme following a growth in referrals and inpatient bed requirements for these patients during the pandemic. Despite a shortage of available workforce our proactive recruitment strategy has led to over 50% of targeted vacancies being filled and we expect to fully release this benefit during the first half of 2022-23. We continue to look at innovative models to provide tailored support to patients, such as BEAT Synergy Programme, which aims to expediate treatment to achieve a quick and sustainable recovery.

Annex 8: Planned Care– Background and context

The impact of waiting times is being seen significantly within the outpatients' part of our patient pathways. The requirement for increased social distancing, the expansion of essential services and workforce pressures have all contributed to this challenge. We are now fully engaged in our Outpatients Transformation programme which we know will be pivotal as we reform moving forwards. This programme, informed by the national steering groups, cover all elements of the outpatient journey as we look to revolutionise our approach to referrals, advice and guidance, virtual working and provide additional capacity. We are proud to have introduced many See on Symptoms / Patient Initiated Follow Up pathways which reduce the unnecessary number of follow up appointments we have historically undertaken and provides patients with the power and authority to access our services when they deem necessary.

Our work over the last year has centred on giving us the foundation from which to build our planned care recovery moving forwards. We know that our most important asset is our staff and it is they who

will lead the recovery as we look forward. To that end we have invested in over 130 additional members of staff approved for recruitment in the planned care space.

In addition to increasing our workforce we have focused on ensuring physical capacity is in place to help us return to and exceed our pre-pandemic activity levels. The establishment of our Protected Elective Surgical Unit (PESU), at both UHW and UHL, is a prime example of the UHB seizing the opportunity for new ways of working, with these units ensuring dedicated Covid-19 free surgical capacity is maintained and providing surgical care to over 9,900 patients during 2021.

A new mobile cataract unit at our UHW site has begun treating patients and will provide the capacity for approximately 380 ophthalmology procedures per months whilst affording us the opportunity to implement more efficient ways of working which maximise staff time. One of the groups impacted by a reduced availability of theatre time has been our Gynaecology teams and to help address this we have developed an additional Gynaecology Treatment Room which will provide space for high volume day case procedures to be undertaken, significantly reducing waiting times. More broadly we also plan to continue our utilisation of capacity within the independent sector which has formed an important part of our approach to day case operating across a number of surgical specialities.

We know that cancer outcomes are not good enough. Whilst we have continued to make progress in this area we plan to refresh our cancer strategy over the coming year in line with the recently published Quality Statement for Cancer to ensure we are able to meet the six core themes of equitable, safe, effective, efficient, person centred, and timely care. During the course of this planning cycle we will look at modernising our approach with the aim of providing rapid diagnostics for patients presenting with vague symptoms. We are continuing to work in partnership with Velindre Cancer Centre across all areas of our cancer strategy and particularly to implement an expanded Acute Oncology Service. You can find more detail on our plans for our continued partnership working with Velindre NHS Trust in **Section 3.s *Regional working where clinically appropriate.***

2021-22 also saw the implementation of the first phase of our prehabilitation model with significant additional resource invested which will provide vital support to patients diagnosed with cancer along their treatment journey.

As a large tertiary provider many of our services fall under the commissioning remit of Welsh Health Specialised Services Committee (WHSSC). Despite many of these services having been impacted by pathway and location changes the UHB has continued to deliver high quality care across specialities include Cardiac and Neurosurgery. Work is now underway at a speciality level to determine trajectories for activity and waiting times alongside the planned increase in capacity in areas such as cardiology.

Regional working continues to form a central element of our future planning. We are committed to working with our partners across South Wales to maximise all available opportunities for service redesign and capacities of scale. We are supporting the integration of Vascular services which will be delivered early in the coming year. Full details of our planned regional work is, as referenced above can be found in **Section 3.3 *Regional working where clinically appropriate.***

Detail of our core planned care focus is provided in our Recovery and Redesign section which includes information on our approach to quality driven change and support patients. For further information on our expected trajectories against some of the key planned care metrics, please refer to the trajectories section of this plan.

Annex 9: Urgent and Emergency Care – Background and context

The pandemic has provided us with additional impetus to ensure we have the support systems in place to allow people to remain independent at home, preventing the need for urgent care, or to receive the urgent care they do need away from acute hospitals. The coordination, planning and support for those most at risk of needing urgent care is pivotal to the success of our programme. To that end, the UHB has developed a community-based approach to the development of Multi-Disciplinary Teams who operate within Primary Care Clusters with a specific remit to support patients to remain at home and reduce reliance on admission. Plans for scaling up and rolling out this current pilot can be found here.

Signposting, and in particular ensuring the best use of both patient and clinical time, remains a significant part of our Urgent and Emergency Care planning. The success of our CAV 24/7 system has already been noted and further detail on our work to increase community options and improve pathways can be found in both the Urgent and Emergency Care and strategic sections where we further detail our plans for UPCC and the development of the national "111 First" model.

Within our acute hospital work, has accelerated at pace over recent months to deliver meaningful change to our pathways, infrastructure and flow. Our Acute Medicine Model has been severely tested and we are now utilising our OPAT centre planning approach to reaffirm our "must do's" in this area to ensure we provide a rapid response to patients through expert clinical leadership, particularly over the first 72 hours of acute care, to support prioritisation, escalation and improve outcomes.

Same Day Emergency Care (SDEC) is a well-recognised and evidence-based approach to the delivery of Urgent and Emergency Care. Aligned to national priorities the UHB is delivering a comprehensive SDEC approach which aims to provide an alternative for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided. Construction is underway for a new Surgical SDEC which will provide the appropriate clinical environment to bring together a range of surgical specialities to significantly reduce the flow of surgical patients through our Emergency Department. For our medical patients, additional workforce is being recruited to expand the opening times of our Medical Emergency Ambulatory Care Unit (MEACU) to provide investigation, care and treatment for patients who would otherwise have required admission to hospital.

A number of workstreams are currently focused on improving hospital flow and improving patient experience and outcomes. Our "Right Bed First Time" programme is an effective patient flow management approach which at its core aims to provide patients with the best possible care, and shortest possible length of stay, by ensuring that on admission they access the most appropriate bed for their individual needs. Similarly, we have invested in our therapy workforce in recent months to help us fully implement a frail trauma service which will lead to improved patient experience, reduced length of stay and better outcomes.

We recognise that we also have some very specific interim service continuity issues which we must address. We know that we need to resolve these to not only support our recovery programme of work

described here but to also enable the larger long term transformation of our services as described in section 2.

You can find details regarding our plans for these specific services, which include stroke, trauma amongst other areas in **Section 3.3** ***Ensuring interim service sustainability***.

Annex 10: Strategic transformation – Background and context

Transformed Partnership Working

As a committed partner in the Regional Partnership Board (RPB) we will continue to work alongside Cardiff Council, Vale of Glamorgan Council and the third and independent sectors which make up the health and care economy for our region. Over the last year, the RPB has moved towards a focus on improving outcomes for people at different stages in their lives, creating three new partnerships: Starting Well, Living Well and Ageing Well.

Each Partnership oversees a programme of work, determined by the outcomes the RPB has in place to achieve and the needs of our population as defined by the five yearly Population Needs Analysis.

The Partnerships are developing their plans which will culminate in the RPB's 5 yearly Area Plan due for publication in 2023. The RPB is also overseeing the delivery of the Market Stability Report which assesses the stability of the care market – critical in delivering both health and social care in care homes and domiciliary care provision. The report, due for publication in May 2022 is of particular importance because of the impact of COVID-1919 on the care sector.

The Starting Well Partnership is developing a multi-agency wellness model for children and young people with emotional wellbeing and mental health needs, creating an integrated approach focused on earlier support and interventions in schools and early help services, before social care or CAMHS services become necessary. Many of the children in emotional distress do not need psychiatric treatment, but access to a coordinated range of psychologically informed care and support.

The Living Well Partnership is being developed, recognising its huge potential span across a wide range of needs and services including mental health, learning disabilities and autism.

There is also recognition that there is the opportunity for the Starting Well, Living Well and Ageing Well Partnerships to operate in the space between the RPB and the Public Services Boards: creating forums where all public sector services can work plan and deliver together to improve outcomes for the population.

The RPB is also overseeing the local introduction of the new 5-year Regional Integration Fund, which draws together a range of predecessor funds (Integrated Care Fund, Transformation Fund etc). The explicit intention of the fund is to pump prime new care models which over the period of the fund move into business as usual and core funding, through a tapering model of WG and local match funding. This will mean that RPB statutory partners will need to commit increasing amounts of core funding and alignment of core-funded services to the new care models and align. The RIF will enable us to deliver the new models of care set out above.

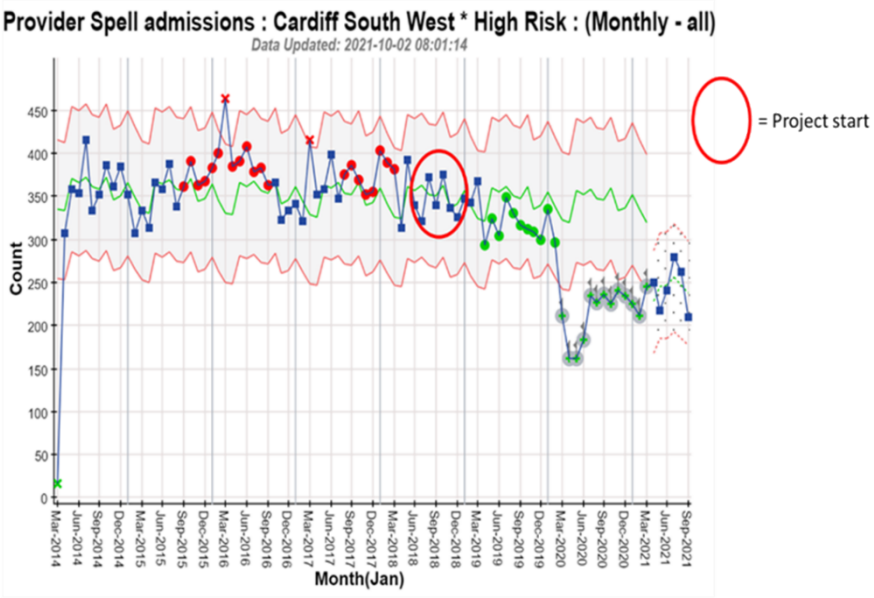
Working with our RPB partners we have consequently identified five key projects that will sit under our @Home programme. These projects include;

I. delivery of a **single point of access** into community services - responding to the escalating needs of people in the community and to facilitate the discharge to assess model for people who needed an acute hospital admission,
II. a new model of **community clusters** - building on the multi-disciplinary cluster model pioneered by the SW Cardiff Cluster,
III. a regional approach to **Intermediate Care –** right-sizing our services to reflect the needs on an ageing population and a rise in the number of people living in our communities with complex care needs (physically disabled people, people with enduring severe mental illness and people with learning disabilities.
IV. a **Health and Wellbeing Centre** strategy which works for each locality – providing the facilities in which to deliver our care closer to home models of care, and
V. a new formal single integrated **governance structure in the Vale of Glamorgan for community health and care services** – the Vale Alliance**.**

There exists strong evidence that tells us these are the right projects to be progressing and what our population can expect to see that is 'different' as a result. For example, project two "a new model of community clusters" is building on the multi-disciplinary cluster model pioneered by our SW Cardiff Cluster.

Previous to the implementation of their new model the cluster was 32% higher than the average across clusters for GP referrals per population. The cluster managed to reduce the rate by 16%. Whilst the year post COVID-19 all clusters saw a decrease in rates the South West Cluster stood out with the highest rate decrease of 53%.

In quantifiable terms this resulted in South West Cluster bed days from Feb 2019 to Jan 2020 reducing by an average of 538 a month compared to the counterfactual trend whilst a cost benefit analysis has demonstrated that for every £1 expenditure £4.96 has been the return.



We know that we need to take bigger steps in creating an integrated workforce to support these models of care, where every member of the team is able to operate at the top of their professional licence, and the principle of 'trusted assessors' is the prevailing approach. This approach is in keeping with the Prudent Health and Care principles and that of the National Clinical Framework. We know that different organisations have different cultures so the importance of rapping an organisational development programme around this area of work is recognised. The workforce section of this plans notes this as a priority area of work which is being progressed.

Transformed clinical services

With transforming / transformed partnership working comes the opportunity to review how our clinical services should change.

The pandemic has brought into sharp focus the real opportunity we now have to accelerate the transformation of our clinical services. Almost be 'default' we have achieved more in the last 18 months in this regard than we might ever have hoped for.

We must ensure the lessons from the way in which we delivered these rapid transformational changes are not lost but rather are embedded into any new models which we plan for the future. We have undertaken a number of formal learning exercises to capture the views from our staff, patients and partners which have been distilled into a number of key learning points that we are taking forward, including how we empower clinical leadership at all levels, and enable front line teams to develop and implement local service improvement plans.

As part of this learning, in the Spring of 2021 we engaged with our citizens, partners and staff to explore the case for change and approach to developing a future programme to reshaping clinical services.

Despite engaging during the COVID-19 pandemic we managed to engage widely and for those who completed the survey which formed part of the engagement process, 88.22% 'strongly agreed' or 'agreed' with the challenges and opportunities we set out, and 91.95% 'strongly agreed' or 'agreed' that there is a need to transform some of our clinical services.

Using this strong level of support as a mandate we progressed our thinking and recognised that the National Clinical Framework (NCF) provided a basis and structure to the way in which the future clinical models need to be developed and delivered across Cardiff and the Vale. The ethos of the framework is complimentary to the transformation of partnership working which we are taking forward.

This has enabled us to reach a point where we have now been able to mature and formalise a *Shaping our Future Clinical Services* (SOFCS) programme of work through defining some core principles and approach.

Put simply SOFCS will develop and deliver an overarching clinical services strategy, delivery plans and structure in order to transform the way our patients access our clinical services in their homes, communities and in hospital over the next ten years.

We will do this by:

1. **Developing service lines** - Bringing policy, best practice, research, data & information, innovation and subject matter experts together in groups of services (i.e. Women's, Cardiovascular, Cancer, MSK). By identifying and assessing the impact of changes of the way in which we deliver care for these services we will create a high-level vision and framework through which multiple care pathways can be tested and developed.
2. **Pathway redesign** - The detailed pathway work will bring stakeholders together from across the care pathway (including community care and acute care clinicians, local and regional partners and patients and their carers) enabling them to design transformed care pathways for the future and develop plans for their delivery. This will bring transformation that is clinically led and centred around the citizens needs not just the treatment for their condition.
3. **Cross Cutting themes –** We know that there are significant burdens of disease and conditions such as diabetes and frailty that have an impact on the health of our population and are

applicable to all pathways. A number of these have been identified through clinical discussion and through our initial public and staff engagement. We will look to bring the work on these key areas forward within our plan within the first 2 quarters of the year to develop principles, examples of good practice and developing models to ensure that these are applied to developing service lines and exemplar pathways. The programme team will do this alongside the other programmes within the strategic portfolio as well as linking with national programmes and networks to maximise existing work and spread best practice.

4. **Programme structure -** The development of a cohesive and integrated structure that ensures effective design and delivery of pathways. With a strong focus on cross cutting themes such as; health promotion and disease prevention, frailty, long term conditions and rehabilitation and enabling programme such as digital and workforce. The structure also aims to foster partnerships across the health and social care system as well as regional and national partnerships and will continue to develop in line with the National Clinical Framework.

This approach also supports a 'bottom up' take on transformation by allowing us to test a number of clinical service lines which will be developed to inform the clinical model for our future buildings, digital and workforce infrastructure. It also allows our health and care professionals, partners, and very importantly patients to come together to develop transformed pathways, informed by; the service lines, the national clinical framework, international best practice, population health data and intelligence, digital and workforce developments and strategies.

Specifically, over the next 18 months we will focus on:

- The recruitment of a small programme team.
- Further develop the programme governance, ensuring continued alignment with the National Clinical Framework, mapping of interdependencies and further building relationships with stakeholders.
- Develop a coherent communication and engagement plan in line with other SOF programmes.
- Deliver 14 service line packs to include:
    - Demand and Capacity projections
    - Metrics and assurance process
    - A high-level implementation plan with interventions for Digital, Workforce, Pathways for the short, medium and long term
- Developing principles for a number of 'cross cutting themes' to apply in the redesign of pathways.
- A number of high-level, redesigned exemplar care pathways and implementation plan that enables teams, partners and patients to work together collaboratively and deliver changes locally with support.
- Development and delivery of 2nd phase public and staff engagement in line with other SOF programmes.

Transformed building infrastructure

We know that transforming our partnership working and our clinical services are going to require a review the UHBs building infrastructure (both hospital sites and within the community). This is why as part of the engagement referenced in sub section above we also talked to our stakeholders about our future hospital infrastructure and how it needs to change in order to be an enabler for working with partners in a transformed manner and delivering our clinical services in a different way.

Hospital site infrastructure

In 2021, UHW reached its 50th anniversary of opening. It has served the population of Wales well but is now no longer fit for purpose. This is why in March of that year a programme business case (PBC) was submitted to Welsh Government (and resubmitted during October 2021 following scrutiny) which set out our vision for how services will be delivered in the future across our system.

This PBC set out the need to build a healthcare delivery system that is sustainable and has flexibility and adaptability 'baked in' to meet the future population needs, achieved through services changes, and investment in infrastructure, and collaboration with NHS and local government partners, academia and industry.

From this the Shaping Our Future Hospitals (SOFH) programme was formalised which now focuses on;

Potential redevelopment of hospital infrastructure - At University Hospital Wales (UHW) and University Hospital Llandough (UHL) sites, enabling net zero carbon and including associated improvements to IT and digital infrastructure and medical equipment.

This work will consider the options that present themselves based upon our strategy and a comprehensive assessment of those options to determine a recommended preferred way forward.

Development of an Academic Health Sciences Hub and a Life Sciences Eco-system - To allow CVUHB, Cardiff University and industry players to collaborate and support innovation, research, and development. This represents a once-in-a-generation opportunity to act as an exemplar of cross-system working, innovation, and technological advances bringing together clinical services, academia, and industry. This will build on our successful partnerships with Cardiff University in relate to being a centre of excellence for teaching the next generation of clinicians, accelerating our Joint Research Office endeavours expanding exponentially the research we jointly undertake contributing to better health care and patient outcomes, and our joint clinical innovation partnership which is bring clinicians and industry partners to get to get ideas translated into new products and treatments, and the more rapid adoption of new treatments and technologies. The full potential of these collaborations has yet to be realised and the next year will make a significant step forward.

During 2022/23 we plan to progress to the Strategic Outline Case stage, subject to WG endorsement of the PBC.

<u>Community site infrastructure</u>

It is important however that we also develop our community building infrastructure which supports place-based, joined-up care across NHS, councils, third sector services and local community networks. Infrastructure must be designed around the person and focused on independence. We must not be developing a transformed hospital infrastructure that continues to draw patients to it because there is not the corresponding community infrastructure to support treating people close to home. We have agreed with partners that integrated/shared facilities where this brings benefit to our communities is the starting point for our shared plans.

Our *Shaping our Future Wellbeing: In our Community* (SOFW:IOC) programme business case was endorsed by Welsh Government (2019) and the subsequent capital business cases and WG investment has supported the development and reconfiguration of community infrastructure to create a network of Locality Health and Wellbeing Centres (H&WCs) and smaller Cluster focused Wellbeing Hubs (WHs) across Cardiff and Vale that support the above objective.

We must through the life of this plan look to complete the PBCs 1st tranche of projects before refreshing the PBC as we move into tranches 2 and 3.

Both our hospital based and community based physical infrastructure ambitions also align with, and are reflected in, the capital section of this plan which can be found here.

Health planning work commissioned in the last quarter of 2021/22 will inform the development of the proposals for the Barry Health and Wellbeing Centre/Hospital, the new H&WBC for the North Cardiff Locality and the opportunities created through the development of Michaelson Wellbeing Village which may have a particular focus on services for children and young people. There is a very pressing need to develop the plans for primary and community services in North Cardiff because of the speed at which housing developments are progressing in the area and the wider challenges facing primary care as described in other sections of this plan.

Transformed Population Health – Prevention and Wellbeing

In conjunction with transforming our partnership working, clinical services and physical infrastructure, we need to prioritise improving the health of the population and reducing inequities in Cardiff and Vale. Through a focus on prevention we can keep our residents in good physical and mental health for longer, improving quality of life, and removing and delaying the need for health care.

The pandemic continues to expose deep-seated inequalities in health with impacts seen more heavily in our more deprived areas, and amongst ethnic minority communities. Our Director of Public Health's Annual Report for 2021/22 focus on the stark inequalities that exist across our communities and the impact that this has on differences in healthy years lived and life-expectancy. It set out a range of recommendations that were supported by the Board, and our partners through the PSBs, and which are reflected in this plan.

Critical therefore are transformative public health actions across Cardiff and Vale that respond to the health needs of the half million residents in our area. These actions will need to address and respond to:

- **Health inequalities** - long-standing inequalities in outcomes between people living in our most and least deprived areas, and our ethnic minority communities. These inequalities have been exposed and further exacerbated by the Covid-19-19 pandemic which has not impacted equality on our different population groups.
- **Demographics** our population is getting older on average- in both absolute numbers and as a proportion of society and this has major implications for how we plan services and support communities to develop in age-friendly ways in the future. Whilst previous trends in population growth have slowed, the populations in Cardiff and the Vale of Glamorgan continue to grow, primarily because people are living longer while the birth rate remains constant; along with net inward migration to our area, mostly domestic (rest of UK) in the Vale, and overseas in Cardiff. This has significant implications for the provision of our universal services – GMS and GDS services, community services and social care – particularly in light of the significant upturn in referrals seen at key points during the pandemic.
- **Risk factors for ill health** - these require action at the level of the wider environment and determinants of health, as well as supporting individuals to make health lifestyle choices in a sustainable way. Many of these determinants have been exacerbated by the pandemic:
    - Sub-optimal immunisation uptake
    - Overweight and obesity

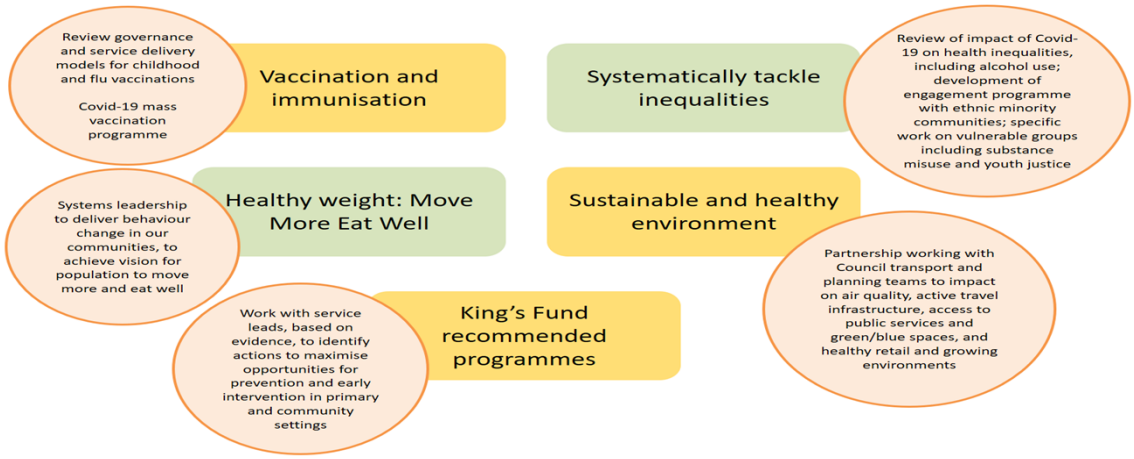
- Poor air quality and the climate emergency
- Tobacco use
- Alcohol consumption
- Social isolation and loneliness
- Adverse Childhood Incidents

- **Covid-19** - we need to protect vulnerable residents and mitigate against future variants of the virus

If we are to move from a system currently focusing on, and dealing with, the huge backlog of existing conditions created by the pandemic to a system based on wellness and the future we describe in *Shaping of Future wellbeing,* then the need for bold public health actions are now clearer than ever. They will be a vital enabler in ensuring we successfully bridge the gap between today and tomorrow. This reflects the need to ensure a rapid 'recovery' from the impact from Covid-19-19 for people for whom treatment has been delayed, and for people who are now presenting with more advanced diseases. In some areas we know that there is un-met need in our populations which is still not presenting into the system either in primary care, or as an acute episode. At the same time, we mist accelerate our focus on upstream disease prevention through generic population health programmes such as Move More Eat Well, and condition specific actions, such as the role out of cluster diabetes prevention programmes with our pre-diabetic patients.

In our 21-22 annual plan we said we would set out our population health approach under a new Shaping Our Future Population Health (SOFPH) programme and how we would ensure we integrate prevention into our other change programmes within the strategic transformation portfolio. We have done both and moving into 22-23 will now look to build on this progress.

The image below describes the SOFPH programme and five composite system level projects that co-ordinate cross-cutting action on our key priorities.



Partnerships will again be a key mechanism of delivery for this area of work. Action on the wider determinants of health is led via the Public Services Boards (PSBs) in Cardiff and the Vale, and reflected in local authority corporate plans. This includes action on fair economic development; housing and homelessness; environment; education; and community safety. The Wellbeing Needs Assessments being finalised at the moment will inform refreshed PSB Wellbeing Plans which will be developed during 2022/23, and which will very much align with our Population Health Programme.

Actions at specific life stages (life course approach) are led via the Regional Partnership Board, through the Starting Well, Living Well, and Ageing Well partnerships, which each include specialist public health input from the local public health team.

In addition to the issues generated, and further exposed, by the pandemic, our SOFPH programme will continue to respond to the pre-existing health needs of our local population - notably on specific issues and settings, including sexual health, falls prevention, and the Healthy Schools and Healthy and Sustainable Pre-schools programmes.

Annex 11: Dragons Heart Institute, All Wales Intensive Learning Academy and SFERIC

We launched the Dragon's Heart Institute (DHI) in 2021, inspired by the Health and Social Care sector's response to the worst moments of the Covid-19-19 pandemic. The Institute aims to bottle the innovative, delivery-focused, collaborative spirit demonstrated during this challenging period, and apply it to the next biggest challenges which face us. It provides a home for the varied innovation activity we are driving within the Health Board, with a focus on incubating ideas, building a network of the best leaders and organisations that will help scale these ideas up, and growing internal expert delivery capability and capacity. The DHI is increasingly delivering work on an All-Wales basis, such as our two leadership courses detailed below, in order to ensure learning and best practice is shared between health boards, enabling us to progress together, more quickly. This also aims to reduce duplication of work, in favour of spreading best practice.

In 2021, alongside our partners in Swansea University, Cardiff University, YLab and the Bevan Commission, we were successfully awarded the All Wales Intensive Learning Academy (ILA) for Innovation in Health & Social Care. Through the ILA and hosted by the DHI, we have developed CLIMB. This year-long course brings together 30 leaders of all professions and levels of seniority within Wales' Health and Social Care sector. It aims to create a self-sustaining generation of future leaders to accelerate innovation by providing experiences and opportunities within a safe and supportive environment. Now well underway with our first of three initially funded cohorts, we are helping them to be inspired by world-leading innovators and leaders, to learn from senior mentors and global best practice, and to build a network which will support their development and enable them to deliver the projects we are helping them to launch. This experiential learning approach is underpinned by a strong theoretical base, provided by world-leading teachers such as Sir Muir Gray.

Through the ILA and DHI our Spread and Scale Academy is an immersive training event designed to give people the tools and skills needed to unleash their improvements and innovations at scale across their organisations, Wales and beyond. We are now in our third year of working alongside our partners at the Billions Institute; a Los Angeles-based organisation which specialises in supporting innovators to unleash their potential and make large-scale meaningful change. To date over 50 teams have attended our Academies, leading to the successful spread of ideas such as the Green Health Wales Network and Simulation Training for Tracheostomy Care , which went on to be awarded £400,000 through the Cardiff Capital Region Challenge Fund.

With both CLIMB and the Spread & Scale Academy we will deliver innovation leadership training to 400 learners from across Wales by the summer of 2024, supporting the acceleration of innovation through a network of change leaders and enabling spread and scale of great ideas across Wales and beyond.

SFERIC

The SFERIC programme is as a new training capability to help CAVUHB minimise its impact on the planet by building capacity across the workforce for sustainable healthcare quality improvement. It seemed important to create a training package for enthusiastic clinicians, where they could be supported in-post to deliver local solutions based on a system-wide understanding of particular sustainability challenges, such as how to switch to reusable PPE in a sterile theatre environment.

The SFERIC programme seeks to assemble cohorts of ten scholars, each drawn from a different clinical directorate and provides them 12 months of training, with both a clinical supervisor and a procurement business manager to oversee their work and networking opportunities to help scale their ideas. A second cohort is planned for Autumn 2022 with cohorts being established in other Health Boards by 2023 for 100 scholars.

The SFERIC programme is being undertaken alongside three other core workstreams:

- A Circular Economy Solution for Sustainable Textile Use across NHS Wales
- A Strategic & Operational Capability to guide NWSSP to Net-Zero by 2030
- A NWSSP Innovation Incubator

Annex 12: Tertiary services collaboration background information

The Regional and Specialised Services Programme is a collaboration between CVUHB and SBUHB to develop a shared view on the future delivery of sustainable specialised services across the two tertiary centres in South Wales.

The programme includes a number of specific tertiary service projects, as well as the development of an overarching strategy for both health boards and as well as the partnership. The programme has four distinct and interlinked components:

- Specialised Services Partnership Strategy
- CVUHB Tertiary Services Strategy (incorporated with the Shaping Our Future Clinical Services Programme)
- SBUHB Tertiary Services Strategy
- Regional and Specialised Services Work Programme

The programme has been informed by a comprehensive assessment of the tertiary services within both organisations. This has included a risk assessment of quality and patient safety, service sustainability, and delivery and performance.

Specialised Services Partnership Vision and Framework

The programme has recently held a series of workshops with senior clinicians and operational leads to develop a vision and framework for the specialised services partnership. The proposed partnership vision is:

World class specialised healthcare in Wales

With four supporting themes:

- Providing outstanding patient outcomes through high quality and effective specialised healthcare
- Creating a vibrant and sustainable environment for people to learn and work
- Working in partnership to plan and deliver specialised clinical pathways across the entire region
- Driving innovation and research in specialised healthcare

The proposed framework is composed of 6 sequential stages:

1. **Partnership Vision** – as described above.
2. **Service Selection** – services that fulfil the criteria of a specialised service are assessed in the joint baseline assessment, using the risk assessment and assessment of the impact of Covid-19-19 on service provision.
3. **Service Assessment** – prior to undertaking the service assessment, both organisations identify their respective success factors. The service assessment process includes the following elements:
    - History – set the context
    - Patient focus – describe the problem from the patient perspective.
    - Consensus – build consensus by:
        - identifying areas of agreement;
        - and developing strategies to address areas of disagreement
    - Inclusive – engage with all key stakeholders
    - Holistic – review the whole patient pathway
    - Process – establish clear lines for reporting and accountability

4. **Recommendations** – the recommendation stage is informed by an appraisal against each of the following:
    - Commissioning - review commissioning model;
    - Investment - investment and development of service;
    - Collaboration - work in partnership with another service;
    - Differentiation - develop the unique elements of the service to clarify commissioning arrangement; and
    - Market Development - expansion of catchment area / commissioning arrangements.

    This will include an impact assessment which will include the following elements:
    - Benefits – for patients; service; staff; Health Boards; wider system;
    - Adverse impacts – for patients; service; staff; Health Boards; wider system; and
    - Impact on performance; quality and experience for patients and staff.

    As well as an assessment of the implications for engagement with stakeholders.

5. **Implementation** – the penultimate stage includes consideration of recommendations through the appropriate governance routes in both organisations, and may include public engagement or consultation.

6. **Evaluation** – the final stage is an evaluation of the outcome, including the impact on the success factors identified by each organisation at the service assessment stage.

The aim of the framework is to provide a clear supportive structure for both organisations to work in partnership to ensure that patients in South and West Wales (and beyond) have access to safe, effective and sustainable services. Further internal engagement on the framework will be undertaken by both organisations over the winter, in order to inform the development of the final version for engagement with key external stakeholders.

CVUHB Tertiary Services Strategy (incorporated with the Shaping Our Future Clinical Services Programme)

CVUHB has developed the following vision for its specialised services:

World class specialised healthcare for Wales.

This is supported by four strategic themes:

- **Providing high quality care, with outstanding outcomes**
- **Promoting excellence in education, training and opportunity**
- **Supporting innovation and research**
- **Delivering in partnership across Wales**

This vision will guide planning around the whole of the patient pathway, from local through to tertiary and back to local services, and will enable CVUHB to have informed discussions with its commissioners, and other stakeholders, about the role of these services in supporting the delivery of A Healthier Wales.

Work is well advanced on the tertiary services strategy, and although development was paused at the start of the pandemic, it has since resumed as part of the wider Shaping Our Future Clinical Services Programme.

SBUHB Tertiary Services Strategy

Work on the development of the SBUHB vision and strategy was disrupted by the COVID-19-19 pandemic. This work will be progressed once the ***Specialised Services Partnership Framework and Vision*** has been agreed.

Regional and Specialised Services Work Programme

The work programme is overseen by the Regional and Specialised Services Provider Planning Partnership. This is a joint CVUHB and SBUHB group, chaired by the Chief Executive Officers, which meets on bimonthly basis. Over the course of 2021/22, the programme has worked with the NHS Wales Collaborative Executive Group to address key commissioning gaps within specialised services, as a result agreement has been reached to delegate the following services to WHSSC for commissioning from April 2022 onwards:

- HPB surgery
- Specialised Paediatric Orthopaedic Surgery
- Paediatric Spinal Surgery
- Spinal Services Operational Delivery Network

The partnership is underpinned by a Memorandum of Understanding between the two organisations, and in 2022 will be further strengthened by the appointment of a team to support the Associate Programme Director.

Over the course of 2022/23, further work will be taken to develop the **Tertiary Services Oversight Groups** in both organisations. These will be responsible for:

- Reviewing and evaluating the effectiveness of commissioning arrangements for specialised services which are not commissioned centrally;
- Agreeing and monitoring action plans for specialised services in which risks have been identified, including quality and patient safety, service sustainability, and delivery and performance;
- Identifying specialised services which require a collaborative approach for delivery, or which have critical interdependencies with services delivered by another provider, for discussion at the appropriate partnership forum, e.g. Regional and Specialised Services Provider Planning Partnership
- Making recommendations to the Health Board executive team on the future commissioning, and delivery of the organisation's portfolio of specialised services.