

# PROGRESSING OUR FUTURE



## Summary Integrated Medium Term Plan 2015 – 2018

CARING FOR PEOPLE  
KEEPING PEOPLE WELL



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board

## Chair and Chief Executive Introduction

2014/15 has been a significant year for the NHS in Wales, with the launch of Prudent Healthcare and the first year running an integrated three year planning cycle. Throughout, a consistent message has been evident, and is captured in the Minister for Health and Social Services' statement, following the launch of 'Our plan for a primary care service for Wales up to March 2018' (Welsh Government):

*"A prudent healthcare system, in which the avoidance of harm is our watchword, in which we pitch our interventions at the minimum necessary to address the problems which patients experience, will always have primary care at its heart".*

These key national drivers are being supported by legislation including the Social Services and Wellbeing (Wales) Act; the Wellbeing of Future Generations Bill; and the Public Health Bill.

For Cardiff and Vale UHB, 2014/15 has also been a significant year strategically, with the development of a core set of strategic principles aligned to Prudent, the crystallising of the organisation's strategic direction and, importantly, the security of working to an approved three year Integrated Medium Term Plan (IMTP). The requirement for 2015/16 – 2017/18 is to secure and sustain the progress made last year, whilst refreshing our plan to reflect new national requirements, our local priorities and challenges and the desire to "fast-track" integration in line with our longer term vision.

This summary of our Integrated Medium Term Plan (IMTP) sets out how we progressed against the plans we set out in our IMTP for 2014/15 - 2016/17, the challenges that remain and our plans for 'Progressing our Future' within Cardiff & Vale University Health Board for 2015/16 – 2017/18.

A full copy of our Integrated Medium Term Plan for 2015/16 – 2017/18 is available on our [website](#).

Year 1 (2014/15) of our three year IMTP set out an ambitious programme of change reflecting our need to improve the health of the population we serve and deliver better health services. The journey of transformation and progress for the UHB against implementing the IMTP for 2014/15 has been extremely challenging. We have not delivered all we planned during 2014/15:

- Whilst significant savings (£28m) were delivered along with improvements in efficiency, our financial savings programme did not yield the full cash-releasing savings projected;
- We experienced some unusual and unpredictable additional service and cost pressures; and
- Our performance - whilst improving in many areas – had not delivered on all required targets by year end.

In September 2014, following deterioration in our performance and slippage with delivery against our plan, the UHB took stock mid-year and prioritised five key areas of focus, these being: Unplanned Care, Cancer Care, Planned Care, Stroke Care and delivering our current financial targets. These continue as our challenges and priorities for 2015/16.

Clearly there is still a lot to do but our programmes are beginning to show the clear improvements that we need and we are confident we have laid down some very sound foundations to resolving a number of very challenging problems that have been around for many years. We anticipate that these will pay dividends in the year ahead.

In line with the rest of NHS Wales, the UHB continues to face a significant financial challenge over the next three years. The UHB plans to deliver a further 9.5% savings over this period which will support the delivery of safe, high quality, sustainable services. The UHB is committed to deliver improved service performance whilst ensuring good financial management of available resources. We are working closely with Welsh Government to evidence and demonstrate this to ensure that the Ministerial approval given to the IMTP in August 2015 is maintained.

‘Progressing our Future’, our IMTP for 2015/16, builds on our 2014/15 intentions and remains based on the health needs of our population, delivering quality services and ensuring equitable and timely access to services. Our mission as a UHB is **Caring for People; Keeping People Well** with a vision that **a person’s chance of leading a healthy life is the same wherever they live and whoever they are.**

**Our priorities for the next year are:**

***Our population***

- Improving health and reducing inequalities.

***Sustainability***

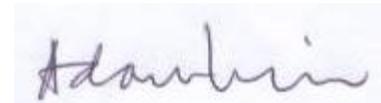
- Planned care – demand and capacity in balance.
- Unplanned care – right place, right place, first time.
- Providing safe, effective care - reducing incidents of harm.
- Financing our mission – being prudent; redesigned models of care to achieve greater value and better outcomes.

We are committed to working with our partners and colleagues, and are confident that by focusing our efforts and resources on providing services around the needs of our population, we can meet the challenges and deliver against our priorities.

We hope you enjoy reading about our plans for 2015/16 and will continue to work with us to achieve them.



**Maria Battle, Chair**



**Professor Adam Cairns, Chief Executive**

***Service priorities***

- Embedding the integration of health and social care planning and delivery
- Enhancing role of primary and community care – further develop cluster working
- Cancer care.
- Stroke care.
- Long term conditions, diabetes, frailty and dementia.
- Mental health care.
- Children & young people – including CAMHS.
- Maternity care.
- Specialised services.

***Culture***

- Being a great place to work and learn
- Treating people as individuals with dignity and respect.
- Maximising integration – softening the boundaries between primary and secondary care; pooling resources with social care. A step change in delivering integrated health and social care.



## Our Mission, Vision and Values

During 2014/15 we commenced on a journey working with staff, people who use our services and partners to shape our strategic direction. At its heart is the desire to **achieve joined up care based on home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.**

**Our Mission:** Caring for People: Keeping People Well

**Our Vision:** A person's chance of leading a healthy lifestyle is the same wherever they live and whoever they are

**Our Strategy:**

Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.

**Empower the Person:**

- Support people in choosing healthy behaviours
- Encourage self-management of conditions

**Home First:**

- Enable people to maintain or recover their health in or as close to home as possible

**Outcomes that matter to people:**

- Create value by achieving the outcomes and experience that matter to people at an appropriate cost

**Avoid harm, waste and variation:**

- Adopt evidence-based practice, standardising as appropriate
- Fully use the limited resources available, living within the total
- Minimise avoidable harm
- Achieve outcomes through minimum appropriate intervention

**Our Strategic Objectives:**

**For our population we will:**

- Reduce health inequalities
- Deliver outcomes that matter to people
- All take responsibility for improving our health and wellbeing

**Our service priorities – we will:**

- Offer services that deliver the population health our citizens are entitled to expect

**Sustainability – we will:**

- Have an unplanned care system that provides right care, in the right place, first time
- Have a planned care system where demand and capacity are in balance
- Reduce harm, waste and variation, making best use of our resources

**Culture – we will:**

- Be a great place to work
- Work better together with our partners to deliver care and support across care sectors making best use of our people and technology
- Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives

**Our Values** - Our vision is underpinned by a set of core values.



Ein Cenhadaeth yw: (Dyma pam ein bod yn bodoli)

## GOFALU AM BOBL CADW POBL YN IACH

Ein Gweledigaeth yw: (Dyma beth yr ydym eisiau ei wneud)

Bod siawns person o fyw bywyd iach yr un fath lle bynnag y mae'n byw a phwy bynnag ydyw

Ein Strategaeth yw: (Dyma fwriadwn ei wneud)

Darparu gofal cydgyssylltiedig yn seiliedig ar 'gartref yn gyntaf', osgoi niwed, gwastraff ac amrywiad, grymuso pobl a rhoi canlyniadau sy'n bwysig iddynt

Ar Gyfer Ein Poblogaeth (Dyma beth yr ydym yn cynnig ei wneud)

### Rhoi Canlyniadau sy'n Bwysig i Bobl

Rydw i eisiau deall fy newisiadau o ran gofal | Rydw i eisiau cael fy ngwella a lleddfu fy mhoen | Rhoi gobaith i mi | Rydw i eisiau bod yn iach | Rydw i eisiau i'm teulu a minnau gael cefnogaeth | Bod yno i mi ar ddiwedd fy oes

Ein Blaenoriaethau Gwasanaeth (Ar y rhain byddwn yn canolbwyntio fwyaf)

Cynnig gwasanaethau sy'n rhoi'r gwelliannau yn iechyd y boblogaeth y mae gan ein dinasyddion hawl iddynt ac y gallent eu disgwyl

Canser | Strôc | Cyflyrau Hirdymor (Diabetes) | Dementia | Iechyd Meddwl | Iechyd y Geg a'r Llygad | Blynyddoedd Cynnar ac Iechyd Mamolaeth

Cynaliadwyedd (Dyma'r hyn yr ydym eisiau rhagori ynddo)

Cydgyssylltu'r hyn yr ydym yn ei wneud ar gyfer y bobl yr ydym yn eu gwasanaethu ac ymdrechu i sicrhau rhagoriaeth weithredol gan wneud y defnydd gorau o'r adnoddau sydd gennym

System newydd ar gyfer gofal heb ei gynllunio | Cydbwysu'r gallu a'r galw am ein holl wasanaethau | Osgoi niwed, gwastraff ac amrywiad

Diwylliant (Dyma'r profiad yr ydym am i bobl ei gael o weithio yma a gweithio gyda ni)

Gweithio'n well gyda'n gilydd ar draws sectorau gofal drwy bobl, arloesedd, gwelliant, ymchwil a thechnoleg | Bod yn lle gwych i weithio a dysgu

**EIN GWERTHOEDD** (Dyma beth sy'n bwysig i ni)

Gofal | Ymddiriedaeth | Parch | Cyfrifoldeb Personol | Uniondeb | Caredigrwydd

Our Mission is: (This is why we exist)

## CARING FOR PEOPLE KEEPING PEOPLE WELL

Our Vision is: (This is what we want to do)

A person's chance of leading a healthy life is the same wherever they live and whoever they are

Our Strategy is: (This is our game plan)

Achieve joined up care based on 'home first', avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them

For Our Population (This is what we are offering to do)

### Deliver Outcomes that Matter to People

I want to understand my care choices | I want to be healed and my pain eased | Give me hope | I want to be healthy | I want my family and me to be supported | Be there for me at the end of my life

Our Service Priorities (This is what we will focus on most)

Offer services that deliver the improvements in population health that our citizens are entitled to expect

Cancer | Stroke | Long Term Conditions (Diabetes) | Dementia | Mental Health | Oral and Eye Health | Early Years and Maternal Health

Sustainability (This is where we want to excel)

Join up what we do for the people we serve and strive for operational excellence making the best use of the resources we have

A new unplanned care system | Balance capacity and demand for all our services | Avoid harm, waste and variation

Culture (This is what we want working here and with us to be like)

Working better together across care sectors through people, innovation, improvement, research and technology | Being a great place to work and learn

**OUR VALUES** (These are what are important to us)

Care | Trust | Respect | Personal Responsibility | Integrity | Kindness

## Challenges

Health Boards in Wales are responsible for all the health and wellbeing needs of their local population; however, no Health Board is able to directly provide all the support and all the services required to meet these needs and will work with key partners to ensure that the services that we aren't able to provide are available. The challenges faced by the UHB drive the need to change what we do both as a commissioner of services provided by others and a provider of services, to our local population and beyond.

We face many of the same challenges as other healthcare services across the developed world, for example:

- people do not always choose healthy lifestyles;
- more people are living with a long term health condition;
- the way we provide care is not always consistent nor does it always provide the best outcome for patients;
- we need to plan and use our workforce better to deliver the kind of care our patients need; and the
- money available to deliver health services is shrinking at a time when demand is rising.

As a Health Board our specific challenges include:

- The *growth in our local population* - particularly in Cardiff - is being felt more significantly, in terms of both the total population expansion, and the increasing number of older people. Over the next three years, our population will rise by a further 4% which will impact on demand for our services. Some communities are growing at much faster rate – including those seeking asylum. By 2025 we expect that an extra 50,000 people will need health and wellbeing services. This represents a 10% increase on today's figure.
- There are *inequalities in health and healthcare provision*. In Cardiff and the Vale of Glamorgan there are differences between the most and least deprived areas, with up to 11 years difference in life expectancy and up to 22 years difference in healthy life expectancy;
- We continue to experience *difficulties with discharging patients from hospital following an unplanned admission*; in some areas this is also affected by the reductions in some council services resulting from local authorities also needing to make changes;
- We have made significant progress with recruitment but *staff shortages in some difficult to fill areas* are adding pressure to some of our services;
- The significant investment needed to address patient safety and capacity issues in relation to our *estate, and medical and IT equipment*. Our ability to invest in technology that will innovate the way we deliver care is limited; and
- Implementing the *reconfigured regional hospital service models across South Wales* (South Wales Programme).

In particular the change in Cardiff and Vale of Glamorgan population presents a unique set of challenges for the UHB, the under 4s and over 85s generally have a greater need for healthcare. Currently the NHS in Wales spends on average around £1,700 per person per year on health and wellbeing services, however significantly more is spent in the first year of life and over the age of 65. This has a direct impact on how we are able to spend our money and demonstrates the real need of why we must make changes to achieve joined up care based on home first, avoiding harm, waste and variation, empowering people and delivering the outcomes that matter to them.

## Our Local Health Needs and Challenges

### Population size and composition

- The population of Cardiff and Vale is growing rapidly in size, projected to increase by 10% between 2015-25, significantly higher than the average growth across Wales and the rest of the UK. An extra 50,000 people will live in Cardiff and Vale and require access to health and wellbeing services;
- The Cardiff and Vale population is relatively young compared with the rest of Wales, with the proportion of infants (0-4 yrs) and the traditional working age population (17-64) higher than the Wales average; however, the number of over 85s is increasing at a much faster rate than the rest of the population (32.4% increase between 2015-25); and
- The population is ethnically very diverse, particularly compared with much of the rest of Wales, with a wide range of cultural backgrounds and languages spoken. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is an initial accommodation and dispersal centre for asylum seekers.

### Risk factors for disease

- Unhealthy behaviours which increase the risk of disease are endemic among adults in Cardiff and Vale:
  - Nearly half (44-45%) drink above alcohol guidelines;
  - Nearly two thirds (66-67%) don't eat sufficient fruit and vegetables;
  - Over half (55-57%) are overweight or obese. This increases to two thirds (64%) among 45-64 year olds;
  - Around three quarters (72-75%) don't get enough physical activity; and
  - Just over one in five (22%) smoke.
- Many children in Cardiff and Vale are also developing unhealthy behaviours:
  - Two thirds (66%) of under 16s don't get enough physical activity; and
  - Nearly a third (31%) of under 16s are overweight or obese.
- Around 1 in 10 adults are recorded as having high blood pressure in Cardiff and Vale.

### Equity, inequalities and wider determinants of health

- There are stark inequalities in health outcomes in Cardiff and Vale:
  - Life expectancy for men is 11 years lower in the most-deprived areas compared with those in the least-deprived areas;
  - The number of years of healthy life varies even more, with a gap of 22 years between the most- and least-deprived areas; and
  - Premature death rates are nearly three times higher among the most-deprived areas compared with the least deprived.
- There are also significant inequalities in the 'wider determinants' of health, such as housing, household income and education:
  - For example, the percentage of people living without central heating varies by area in Cardiff and Vale from one in a hundred (1%) to one in ten (13%).
- There are inequalities in how and when people access healthcare.

### Ill health in Cardiff and Vale

- The disease profile in Cardiff and Vale is changing:
  - The number of people with two or more long term conditions in Cardiff and Vale has increased by around 5,000 in the last decade, and this trend is set to continue;
  - Around 1 in 7 (15%) people consider their day-to-day activities are limited by a long-term health problem or disability;
  - Many people with long term conditions are not diagnosed and do not appear on official registers; and
  - Due to changes in the age profile of the population and risk factors for disease, new diagnoses for conditions such as diabetes and dementia are increasing significantly.
- Around 1 in 5 adults have visited their GP within a 2 week period; and nearly three quarters visit a pharmacy over a year period;
- Rates of delayed transfer of care for social care reasons are nearly twice as high in Cardiff and Vale than the Wales average;
- Heart disease, lung cancer and cerebrovascular disease are the leading causes of death in men and women;
- Preventable illness and deaths:
  - Many (but not all) of the most common long term conditions and causes of death may be avoided by making changes in health-related behaviours.

## Our Quality Priorities

The quality of the care that we provide for patients continues to be a central focus to all that we do in the UHB. In 2015/16 we will continue to build on our progress and response to issues in 2014/15. We will develop a Quality, Safety and Improvement Framework which sets out our strategy to deliver the required improvements and embed a culture of openness and improvement across all aspects of the UHB. This Framework will be underpinned by a reliable system of quality assurance.

We have strengthened our approaches to listening to patients at many different levels, from engaging patients in the shaping of our future service models, to completing our 'two minutes of your time' surveys to get real time feedback on the care people are receiving. We will continue to develop this and over the next three years we will have a comprehensive range of feedback methods in place to ensure that we improve how we care for people, and public confidence is increased in the services we provide.

### Our Quality Goals for 2015/16 are:

- Avoid harm, waste and variation – reduce the incidence of harm to patients; improve the systems used for taking account of NICE guidance and other evidence based standards.
- Improve the patient experience - deliver outcomes that matter to people.
- Ensure the right services are in the right place at the right time for the right person - balance capacity and demand for all our services and make best use of resources.

We give significant focus to infection prevention and control – including hospital acquired infections. Whilst good progress has been made – particularly in relation to Clostridium Difficile and MRSA Bacteraemia with a decrease in numbers and longer periods between reported cases, we know we still have work to do to achieve the Welsh Government target.

### *Achievements*

- Clostridium Difficile – target 31/100,000, as at end July 2015, UHB level = 34.68/100,000.
- MRSA – target of no more than 2.6/100,000, as at end July 2015 UHB cumulative rate = 7.46/100,000.
- Revised MRSA procedure re-launched in January 2015 to ensure screening and decolonisation in line with Welsh Government guidance. To the beginning of July 2015 there were 72 days between cases of MRSA bacteraemia, the longest time between cases since prior to 2008.
- In June 2015, Peripheral Line Cannulation Procedure packs were introduced to standardise practice with insertion of peripheral cannulae.
- Hydrogen Peroxide Vapour (HPV) cleaning has been expanded throughout the UHB with a central area identified in each acute site to undertake HPV of equipment. Clinical areas have a HPV clean following a terminal clean of any infection/outbreak.

More detailed information is available in our [Annual Quality Statement](#) published in September 2015.

## Our Service Priorities

In September 2014, the UHB re-prioritised five key areas of focus to improve delivery: Unplanned Care, Cancer Care, Planned Care, Stroke Care and delivering our current financial targets. We recognise that in 2015/16 we need to continue our focus on these as well as being aware of:

1. Our population's diverse and changing needs;
2. Local service pressures and challenges arising from local needs – particularly those emerging from the Primary Care Cluster Plans;
3. National priorities – those areas identified for us by Welsh Government through the National Delivery Plans such as the critically ill, heart conditions, respiratory disease;
4. Regional service change – as a result of the South Wales programme e.g. maternity, paediatric and neonatal services, emergency medicine.

We want our services to be sustainable and joined up so that we can make the best use of the resources we have resulting in:

- An unplanned care system that provides the right care, in the right place, first time.
  - A planned care system where demand and capacity are in balance.
  - A reduction in harm, waste and variation.
- **Primary and Community Care**  
We want to move to a model of care that focuses on physical, mental and social well-being and not just on ill health. Starting with people taking responsibility for their own health and well-being and, when they need help, for this to be delivered as close to home as possible. We want primary care (GPs, Dentists, Pharmacists) to be the first point of access, then services at local cluster level (groups of GPs working together with six clusters in Cardiff and three in Vale of Glamorgan – see map on page 6), progressing to locality level (three localities with services provided for larger communities but still out of hospital - Cardiff North & West, Cardiff South & East and Vale of Glamorgan) to Cardiff and Vale wide accessing services on a District General Hospital site e.g. UHW or UHL.

Each of the GP clusters, with key partners, has developed an action plan which identifies the issues specific to their population and the priorities they wish to address. These are driving and shaping development of services, where and how they are provided.

In June 2015 the Minister for Health and Social Care announced additional funding for Primary and Community Care services across Wales. For the UHB this has meant investment of £4.5 million to expand current services and implement new models of care.

Specifically this means:

Specific schemes	To support increasing demand for vital public health screening and initial primary care services to meet immediate needs health needs of newly arrived asylum seekers in Wales
Pathfinder/pacesetters	<p>Pathway transformation – building on very successful previous work on priority pathways (with a focus on unscheduled care). These new pathways mean that many patients with chronic health conditions who would previously have had to come to hospital for outpatient care can now be safely and effectively cared for in the community.</p> <p>Increased Prescribing Advisor time in GP practices, including:</p> <ul style="list-style-type: none"> <li>• Medication review of patients on polypharmacy</li> <li>• Pharmacy expertise aligned to CRTs to provide specific support to patients at risk of falls/requiring medication management as part of care package</li> <li>• Support of the practice in reviewing repeat prescribing processes to ensure that they are safe and reduce waste</li> <li>• Bespoke work in practices in issues specific to that practice</li> </ul>
Allocation of £23.07 million (population share to UHBs)	<p>Schemes to build upon existing progress and provide infrastructure to support pathway and service transformation across the whole system</p> <ul style="list-style-type: none"> <li>• Expansion of current Community Resource Team (CRT) model – supports earlier discharge and avoids admission; expansion will increase capacity and means other pathways and patient populations can be supported safely in the community.</li> <li>• Alignment of pharmacy/prescribing advisor expertise in the community – Key to service sustainability for primary care and increasing access. Increase in capacity will support general Practice, Nursing Homes and CRTs</li> <li>• Expansion of Community Nursing – improve responsiveness of community working – considers the roles undertaken in the community and proposes different ways of working</li> <li>• System navigators/Wellbeing Coordinators. Aligned to the needs of the cluster and maximising community assets (e.g. third sector, social care) – make links across the community and to signpost patients to other</li> </ul>

	<p>existing services. Consistent with the primary care plan and the drive to a social model of care.</p> <ul style="list-style-type: none"> <li>• Embedding the Community Diabetes model – identified as a priority in a number of clusters – piloted by SE locality in 2015/16</li> <li>• Schemes to deliver care locally – eye care, pulmonary rehabilitation programmes, family planning and sexual health screening</li> </ul>
Primary care Workforce plan	Launch of Primary Care Plan expected during 2015. To support GP sustainability consideration is being given to the establishment of a dedicated multi-professional primary care sustainability team to provide direct support into practices in difficulty.

We have agreed with our partners – Cardiff Council, the Vale of Glamorgan Council, Glamorgan Voluntary Services and Cardiff 3<sup>rd</sup> Sector Council to fast track a far-reaching programme to integrate health and social care services to provide joined up services across the region. In the first instance, we will focus on bringing together services for older people to prolong their independence in their own homes and provide sustainable care within the community. A ground-breaking, regional Integrated Health and Social Care Partnership will drive this work forward.

We want to continue to develop the enormously successful Vale Customer Contact Centre (Vale integrated Health, Social Care and Third Sector Model) where the referral process was redesigned to a single point of contact, resulting in a significant reduction in response times for social care assessments and decreased District Nursing calls across Cardiff and the Vale by working with Cardiff Social Services.

- **Unplanned care**

We want an unplanned care system that provides the right care, in the right place, first time.

With our partners we are committed to providing advice, information and support to enable our population to make better lifestyle choices to stay well. When they become unwell they will be better informed and with better signposting in place, know the most appropriate choice of care to seek. We are transforming service models such that there is less reliance on hospital based services and greater use of technology to enable new approaches. When they access our services they will flow through the hospital system more efficiently and be discharged as soon as clinically appropriate, improving their experience and releasing essential capacity to allow other patients to access services. This will give better outcomes for people and make better use of our resources.

Building on the outcome from the South Wales Programme and in line with the ongoing South Wales Health Collaborative programme, we will continue working our South Central Acute Care Alliance partners in the development of options to provide a sustainable system of emergency hospital care.

- **Planned care**

We want a planned care system where demand and capacity are in balance.

In March 2014 we started the **Shaping Our Future Wellbeing Programme** working with our staff, clinical groups, local communities and the voluntary sector to jointly develop a strategy for the future. Based on strategic principles it provides a framework which enables a uniform approach to service design and equal consideration to prevention, planned, unplanned and end of life care. More information on this programme can be found at [www.bit.ly/SOFWHome](http://www.bit.ly/SOFWHome) and within the [Strategy](#) launched in September 2015.

To drive sustainable improvement in our planned care services we have an established Planned Care Programme Board leading continued development, co-ordination, implementation and monitoring of the planned care improvement projects and initiatives. This ensures that there is a coherent, whole system approach.

We have already implemented some systematic changes to improve our demand and capacity balance, but recognise that we still have work to do to build on improvements achieved.

Achievements:

- Weight management and smoking cessation programmes to improve people's chances of a getting a better outcome from surgery.
- Continuing focus on key, high-impact pathway development with GPs i.e. back pain and knee pain, to increase the number of patients that can be managed and treated in primary care, or directed to diagnostic tests e.g. X-ray, scans without needing an initial hospital outpatient appointment.
- Continuously reviewing our performance and efficiency to reduce the number of DNAs (Did Not Attend) by using text reminders;
- Improving pre-assessment services to maximise patients' fitness and readiness for surgery to reduce avoidable cancellations.
- Implementing ERAS (Early Recovery After Surgery) programmes

- Rolling out telehealth where possible and ensuring all interventions are aligned with the patient’s needs and desired outcomes, good clinical practice and UHB policy – in line with Prudent Healthcare.
- Provision of dedicated Post Anaesthetic Care Unit to enable best use of capacity and improve outcomes for elective surgery.
- New ways of working – developing nursing, therapy and other appropriate healthcare professionals to undertake enhanced and extended roles to release medical capacity e.g. nurse-led flexi-cystoscopy service.
- Providing short term additional capacity in a number of specialties to reduce waiting times including additional bed capacity in the community and secondary care as well as some outsourcing.

**Our priorities for 2015/16 are:**

- Achieving Welsh Government targets – our core aim in 2015-16 is to deliver **continuing improvement**
  - Category A ambulance handover times – achieve 65%
  - Emergency Unit 4 hour waiting times – to achieve 90% compliance
  - Emergency Unit 12 hour waiting times – sustain our improvement working towards a zero position
  - Meet and sustain our agreed target reduction in the number of patients waiting greater than 36 weeks
  - Improve diagnostic waiting times – reducing our backlog
  - Improve pathways to reduce demand for and provide alternative services to surgical intervention
  - Achieve delivery of cancer targets 31 days – 98% ; and 62 days to at least 90%
  - Health Care Acquired Infections – improve position against Clostridium Difficile and MRSA targets
  - Develop a workforce plan to underpin the Stroke Pathway - demonstrating continuous improvement in our stroke services
  - Continue to reduce our delayed transfers of care - as a result of development and implementation of the services noted above on page 17
- South Wales Programme
  - Develop Business Cases to support the implementation of changes in configuration of Paediatric, Obstetrics and Neonatal services
  - Develop integrated, interim contingency plans to support these services until the required capital infrastructure can be implemented (2017)
  - Continue to plan with South Central ACA partners regarding agreed changes to emergency medicine (A&E) and participate in discussions with the South Wales Health Collaborative and South Central ACA partners regarding potential future options for surgical and acute medical services

## Our Workforce Priorities

Our high level workforce objectives over the next three years are focused on key themes:

1. Engaging Leaders and Cultural Change
2. Creating a flexible and sustainable workforce
3. Building capacity and capability
4. A productive, efficient and high performing workforce

To deliver against these objectives we plan to:

- Reduce workforce cost to underpin 10% savings identified in financial framework
- Keep our staff healthy and well
- Meet short term capacity requirements, especially in nursing to support winter pressures
- Develop new ways of working and innovative workforce transformational change
- Develop plans associated with reconfiguration of Acute Services identified in the South Wales Programme
- Increase engagement with our workforce as demand for service increase
- Increase need to develop organisational leadership and management skills
- Continue to drive the education and training agenda to improve clinical skills

**Specifically in 2015/16 we will focus on:**

- **Nurse staffing levels**
  - Improving nurse staffing levels to funded whole time equivalents (WTE) - decreasing use of bank staff
  - Improved recruitment process – achieving a leaner time to person in post
- **Primary Care Workforce Plan**
  - An engaged workforce – increase staff voice, improve engagement, involve staff in organisational and cultural change
  - A transformed workforce – integrated working along pathways, role redesign
  - A skilled and flexible workforce – skills, development and training to meet service needs
  - A productive and efficient workforce – achieve target s for appraisal and sickness absence, maximise use of technology

- **Sickness absence – to enable members of staff to return to work and keep our staff healthy and well**
  - Empowering managers to consistently manage absence using an approach which supports employees to return to work/stay healthy as well
  - Ensuring sufficient support is in place for staff (including taking personal responsibility) enabling achievement of sickness absence reduction to 5%
  
- **Appraisal**
  - Increase personal appraisal development review rates to achieve 85% target
  - Improve the quality of appraisals
  - Make the linkage with appraisals to support Nurse Revalidation compliance
  - Improve Medical Workforce Appraisal compliance to underpin Medical Revalidation
  
- **Strategic workforce development**
  - Aligned to development of Shaping Our Future Wellbeing; stroke pathway; Community Diabetes model; service changes falling out of South Wales Programme and the integration agenda with partnering organisations
  - Embed UHB values and behaviour
  - Equality and diversity – retain position within top 10 Stonewall Workplace equality index
  - More than Just Words – Welsh language

- **Organisational development**

Fundamental to achieving the UHB vision and ambition is the **culture** and **sustainability** of our workforce. We aim to further reinforce our values and behaviour to create a great place to work and learn and invest in leadership and management development to enable us to deliver the best service and Empower the Person: Staff, Patient and Citizen. Work has been ongoing to integrate the future workforce requirements within the UHB's ten year, *Shaping our Future Wellbeing Strategy*. Through this strategy we will develop training to support the embedding of our values and behaviours and we will recognise and reward staff who exemplify them. In doing so, we will make the measurement and monitoring of our behaviours the norm. As a University teaching hospital we will also foster the next generation of staff and healthcare professionals ensuring that the right number of appropriately skilled staff are available to support services. The UHB recognises the importance of searching for and applying innovative approaches to delivering healthcare and this must become integral to the way our workforce undertake their roles.

## Our Research & Development Priorities

As a teaching university health board, we already have strong and interdependent relationships with Cardiff University, Cardiff Metropolitan University and South Wales University. We will build on the work started with Cardiff University last year to strengthen our approach to innovation, as one of the key drivers for improving how we treat and care for patients.

We will build on our award-winning Quality Improvement Faculty and establish a Clinical Innovation Partnership which will bring together academics, scientists, researchers from different disciplines, clinicians, managers and students to create, develop and test ideas; creating an environment that stimulates enthusiasm, change and sustainability.

A growth in Research and Development (R&D) within the UHB supports service priorities in “delivering the quality our population is entitled to expect” whilst improving the sustainability by “joining up what we do for the people we serve and striving for operational excellence so we make the best use of the resources we have”. In turn this will help foster a culture where the UHB is considered “a great place to work and learn”.

### Our priorities for 2015/16 are:

- Streamline processes for commercial studies
- Introduce a new R&D database management system (EDGE)
- Develop a joint R&D office with Cardiff University
- Increase in-house medical cover and nursing staff within the Clinical Research Facility (CRF)
- Increase the proportion of early phase studies conducted in the CRF

## Our Financial Plans

The financial environment in which the UHB operates has been extremely challenging for a number of years and like other public sector organisations we have had to make significant efficiencies with the savings made being amongst the highest in NHS Wales. Due to the scale of the financial challenge in recent years, we have however struggled to deliver our statutory break even duty. This year achieving a balanced position remains challenging. This will require the delivery of an ambitious financial and savings plan, making the very best use of the resources available and we continue to work closely with Welsh Government to secure further support as appropriate.

The key financial headlines are summarised below:

### **2014/15**

- Ended 2014/15 with a £21.4m overspend against our plan
- £15.4 m slippage on savings target
- £6.0m operational overspend
- Year end deficit equivalent to 1.8% of turnover

### *Financial achievements*

- £27.8m savings delivered (3.4%)
- £110m savings over last three years (13.3%)
- Year end deficit was £3.7m lower than forecast at month 7
- Significant service transformation delivered
- Met £84.004m Capital Resource Limit with a £0.069m under-spend

### **2015/16**

- Savings target of £28.8m. This is equivalent to a 3.5% saving on relevant budgets
- Plan includes Board approved recovery actions and cost containment measures
- Stretch Cost improvement target to fund Referral to Treatment plans (from 3% to 3.5%)
- Budgets set to support improved service performance
- Pursuing the provider share of £200m population funding allocated by the Welsh Government (£4.3m income assumed in plan )
- Projected £13.2m deficit with financial management work underway with Welsh Government to manage this appropriately.
- There is currently a delivery gap on the savings target which is being worked upon.

## Conclusion

We hope this Summary gives you a useful insight into the work we are progressing for 2015/16.

This year will continue to be a challenging one for us and our partners in health and social care. Working together we believe that by focusing our efforts and resources on providing services around the needs of our population, we can meet these challenges and face the others ahead.

This Summary document is also available on our [website](#)

If you would like this document in an alternative format,  
e.g. LARGE PRINT, Braille, Audio or in a different language, including Welsh,  
please contact the Cardiff and Vale UHB Communications Department.