CARING FOR PEOPLE

KEEPING PEOPLE WELL

Summary Integrated Medium Term Plan

2014 - 2017

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

Chair and Chief Executive's Introduction

We have started on our journey of co-production in developing this Integrated Medium Term Plan (IMTP/the Plan), recognising that we have a significant way to travel to truly reflect this approach in our ongoing plans. The Plan should be of no surprise to people within and out with the University Health Board (UHB); it reflects local needs and views of staff, patients, partners and the public. The UHB's overarching IMTP has been built up from: the plans of our Clinical Boards, who directly provide care for our population; a comprehensive health needs assessment; the UHB's commissioning intentions; the single integrated plans agreed with partners through the Local Service Boards; and national priorities and policies.

The UHB continues to face significant pressures; however we have made real progress in the last year across a broad range of service areas. This is also set against a backcloth of complex issues which will continue to challenge us in the years ahead.

The population of Cardiff and the Vale of Glamorgan has been growing twice as fast as the rest of Wales, and our child-birth rate is three times higher than the rest of Wales. In a climate where resources are not growing we can expect this to create relatively more demand for services than elsewhere in Wales. We serve 15% of the total Welsh population, but we have 18% of the total population of Wales in the lowest quintile of deprivation, so our population has significant levels of deprivation and we know this is associated with higher health care need.

We have the:

- lowest spend on general medical services prescribing;
- lowest spend on out of hours services;
- lowest emergency hospitalisation rate in Wales;
- most intensively used diagnostic plant (MRI, CT scanners and other radiology equipment) in Wales; and
- lowest expenditure on hotel services and maintenance.

In the last twelve months we have saved more money than other Local Health Boards (LHBs) and we are the only health board to have reduced headcount as we do so. In addition, our historic revenue allocation per head of population is the lowest in Wales (see the table below), which points towards very intensive utilisation and high quality clinical decision making, but also significant pressures.

LHB	Non age weighted allocation/head of pop	Age weighted allocation/head of pop
Average	£1790	£1790
Cardiff and Vale	**£1611**	**£1702**
Next lowest to C&V	£1794	TBC
Highest	£1898	£1946

In addition, we deliver 53% of all the research output in Wales, but receive just 47% of the funding.

In the year ahead we plan to make some investments into critical care capacity, significantly enlarging our urgent clinical assessment facilities and strengthening our primary care out of hours services. These are all intended to drive up performance, help shorten waiting times and improve the quality of our patient experience.

In January 2014, the Health Minister set out his intention to introduce 'prudent healthcare' as the fundamental driving principle to care in Wales. Prudent healthcare has quality and safety, based on evidence and effectiveness at its heart. It also places a co-productive approach between clinician and patient right at the centre. Our vision and our actions fully embrace this challenge enabling us to provide better care, better outcomes and better value from our systems. We will continue to build on this; prudent healthcare will be at the core of our approach for 2015/16.

About Us

Cardiff and Vale University Health Board was established in October 2009 and is one of the largest NHS organisations in the UK. We have a responsibility for the promotion of health and well being of around 472,400 people living in Cardiff and the Vale of Glamorgan, the provision of local primary care services, running of health centres, community health teams, hospitals – providing treatment and care when health and well-being isn't the best it could be. We are increasingly focussing the planning and delivery of our care based on neighbourhoods and localities to help ensure people receive care as close to home as possible where it is safe and effective to do so. These localities are shown on the map below, which also shows the location of our premises. We also provide specialist services for people across South Wales and in some cases the whole of Wales. Detailed information about the services we provide and the facilities, from which they are run, can be found on the Health Board's website in the section Our Services.

Cardiff & Vale of Glamorgan

Hospitals

1. University Hospital of Wales
   University Dental Hospital
   Noah's Ark Childrens Hospital for Wales
2. University Hospital Llandough
3. Whitchurch Hospital
4. Rookwood Hospital
5. Barry Community Hospital
6. St Davids Hospital
7. Cardiff Royal Infirmary (incl CAU, Links, Longcross)
   Cardiff Royal Infirmary West Wing
8. Iorwerth Jones Centre

Mental Health Community Premises

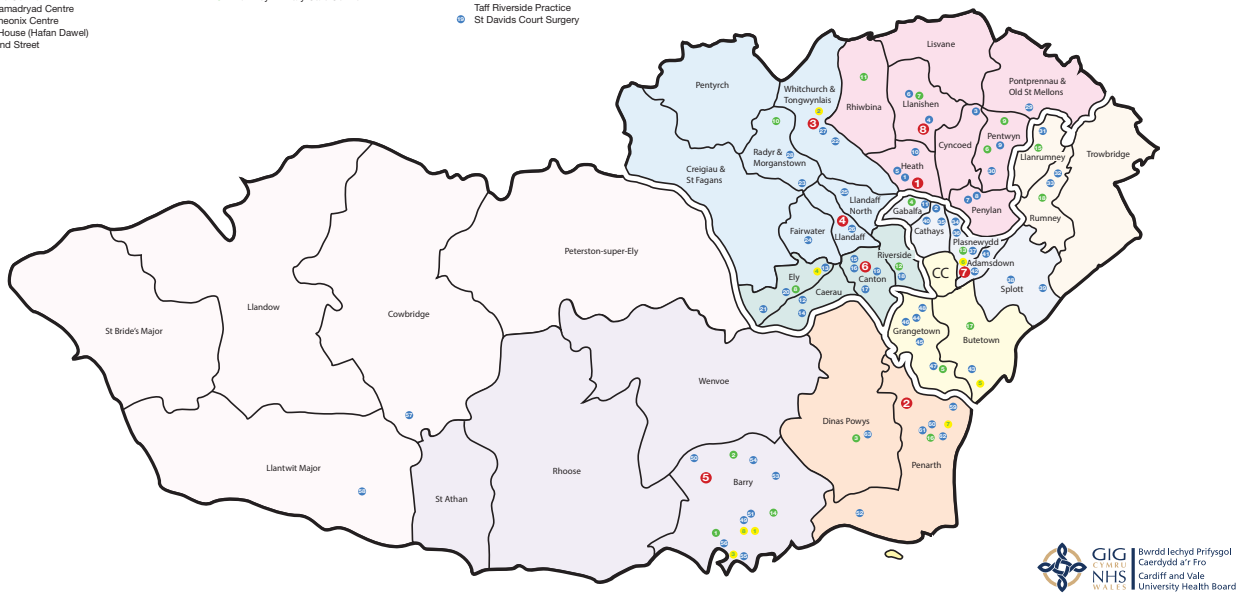
1. Amy Evans Centre
2. Park Road
3. Pen yr Ynys
4. Pendine Centre FH
5. The Hamadryad Centre
6. The Pheonix Centre
7. Avon House (Hafan Dawel)
8. Newland Street

Community Health Centres & Clinics

1. Broad Street Clinic
2. Colcot Clinic
3. Dinas Powys Health Centre
4. Gabalfa Clinic
5. Grangetown Health Centre
6. Llanedeyrn Health Centre
7. Llanishen Clinic
8. Park View
9. Pentwyn Health Centre
10. Radyr Health Centre
11. Rhiwbina Clinic
12. Riverside Health Centre
13. Roath Clinic
14. Cadoxton Practice of Health
15. Llanrumney Medical Centre
16. Penarth Health Centre
17. Loudoun Square Medical Centre
18. Rumney Primary Care Centre

GP Practices

1. Birchgrove Surgery
2. Crwys Medical Centre
3. Cyncoed Medical Centre
4. Llanishen Court Surgery
5. Llwynbedw Medical Centre
6. North Cardiff Medical Centre
7. Penylan Surgery
8. Roath House Surgery
9. St Davids Medical Centre
10. St Isan Road Surgery
11. Whitchurch Road Surgery
12. Caerau Lane Surgery
13. Ely Bridge Surgery
14. Greenmount Surgery
15. Kings Road Surgery
16. Meddygfa Canna Surgery
17. Meddygfa Lansdowne Surgery
18. Riverside Health Centre
    Taff Riverside Practice
19. St Davids Court Surgery
20. Westway Surgery
21. Woodlands Medical Centre
22. Bishops Road Medical Centre
23. Danescourt Surgery
24. Fairwater Health Centre
25. Llandaff North Medical Centre,
26. Llandaff Surgery
27. Meddygfa Llwyncelyn Practice
    Whitchurch Village Practice
28. Radyr Medical Centre
29. Brynderwen Surgery
30. Llanedeyrn Health Centre
31. Llanrumney Medical Group
32. Rumney Medical Practice
33. Willowbrook Surgery
34. Albany Surgery
35. Cathays Surgery
36. City Surgery
37. Clifton Surgery
38. Cloughmore Surgery
39. Four Elms Medical Centre
40. North Road Medical Practice
41. Roathwell Surgery
42. Cardiff Health Access Practice
43. Butetown Health Centre(Dr Saunders)
    Butetown Health Centre (Dr Tiwari)
44. Claire Road Medical Centre
45. Corporation Road Surgery
46. Grange Medical Practice
47. Cardiff Bay Surgery (Grangetown)
48. Saltmead Medical Centre
49. Court Road Surgery
50. Highlight Park Medical Practice
51. Ravenscourt Surgery
52. Sully Surgery
53. The Practice of Health
54. The Vale Family Practice
55. The Waterfront Medical Centre
56. West Quay Medical Centre
57. Cowbridge & Vale Medical Practice
    Cowbridge & Western Vale Group Practice
58. Eryl Surgery
59. Albert Road Surgery
60. Redlands Surgery
61. Stanwell Road Surgery
62. Station Road Surgery
63. The Family Practice
    The Group Practice



We are also a teaching Health Board with close links to Cardiff University, which boasts a high profile teaching, research and development role within the UK and abroad; and enjoy strengthened links with the University of South Wales and Cardiff Metropolitan University. Together, we are training the next generation of clinical professionals.

Summary of Population Health Needs and Actions Taken to Address Them

The key areas of population need for Cardiff and Vale are summarised below.

1. Population size and composition	• Our population is: o growing rapidly in size - projected 4% increase between 2013-17; will pass 500,000 for the first time (much higher than average growth across Wales) o ageing - number of over 85s increasing at a much faster rate than the rest of the population (10.4% increase between 2013-17) o ethnically very diverse, compared with much of the rest of Wales. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is one of the few centres in the UK designated as a receiving centre for people newly arrived in the UK who are seeking asylum
2. Risk factors for disease	• Unhealthy behaviours which increase the risk of disease are endemic among adults o Nearly half (45-46%) drink above alcohol guidelines o Nearly two thirds (65-68%) don't eat sufficient fruit and vegetables o Over half (53-56%) are overweight or obese. This increases to two thirds (64%) among 45-64 year olds o Around three quarters (71-75%) don't get enough physical activity o Just over one in five (21%) smoke
3. Equity, inequalities and wider determinants of health	• Many children are also developing unhealthy behaviours o Two thirds (66%) of under 16s don't get enough physical activity o Nearly a third (31%) of under 16s are overweight or obese • Around 1 in 10 adults are recorded as having high blood pressure • There are stark inequalities in health outcomes and how, when people access healthcare o Life expectancy for men is nearly 12 years lower in the most-deprived areas compared with those in the least-deprived areas o The number of years of healthy life varies even more, with a gap of 22 years between the most- and least-deprived areas o Premature death rates are nearly three times higher among the most-deprived areas compared with the least deprived • There are significant inequalities in the 'wider determinants' of health, such as housing, household income and education o For example, the percentage of people living without central heating varies by area from 1% to 13% • The Annual Report of the Equality and Human Rights Commission highlights that of the 23% of people living in poverty in Wales, 46% are disabled, 43% are from minority ethnic communities, 27% are aged 16-25 years and 48% are lone parents (9/10 are women). There are clear links between socio-economic inequalities and those associated with particular protected characteristics who may have specific health needs to be met
4. Ill health in Cardiff and Vale	• The disease profile is changing o Chronic conditions including diabetes, respiratory and heart disease, are now common o Around 1 in 10 (9.4%) people consider their day-to-day activities are limited by a long-term health problem or disability o Many people with chronic conditions are not diagnosed and do not appear on official registers o Because of 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 • Heart disease, lung cancer and cerebrovascular disease are the leading causes of death in men and women • Preventable illness and deaths o Many (but not all) of the most common chronic conditions and causes of death may be avoided by making changes in health-related behaviours

There is a specialist programme of health improvement, health protection and healthcare quality actions and advice for Cardiff and Vale, to improve the health and wellbeing of the local population. These focus on the areas of need described above, in addition to other key needs. These areas were chosen because, with targeted action, they will lead to the biggest health benefits for the local population. Each has a detailed action plan.

Our Mission, Vision and Values

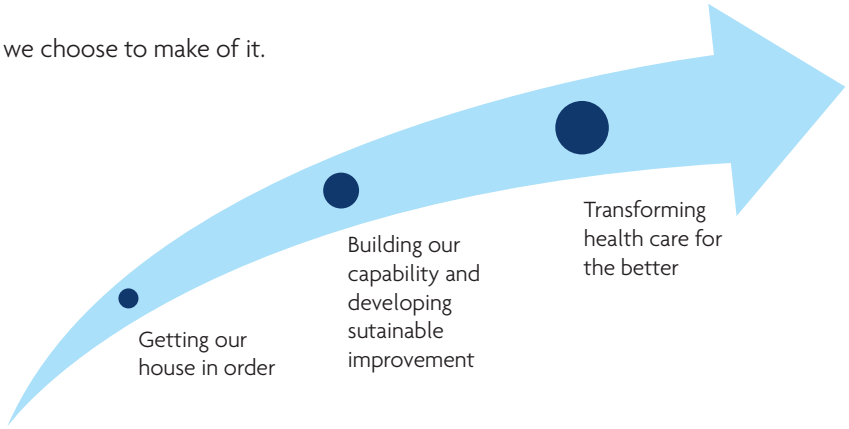
Our mission is: **'Caring for people; keeping people well',** reflecting our duty to the population and its health as a whole, as well as our potential to derive value from our integrated health care capability for the patients who need us. It also incorporates our responsibility to teach and to lead research in conjunction with our academic partners so that our mission can be sustained.

Our vision:

"In 10 years' time, the UHB will be seen as one of the UK's leading integrated health care organisations. We will have a deserved reputation as a highly trusted, expert and supremely capable organisation, which attracts and retains the very best people. The UHB will be acknowledged as a leader in keeping people well at or near home. We will provide primary and community physical and mental health services which are focused on delivering this; backed up by hospitals that maintain high standards and which are able to deliver the high technology medicine those patients require. IT will enable the delivery of technological solutions that will empower patients and the clinicians who work with them to achieve the best possible health outcomes. The quality of our teaching, research and innovation will be commensurate with our status as a leading integrated health care organisation."

Our vision is ambitious and it will not be achieved overnight. However, being clear about what we intend and then following a route to our destination in three year planning cycles will get us there, with persistence, discipline and perseverance.

The future is what we choose to make of it.



The UHB is starting to develop a 10 year Clinical Services Plan "Shaping our Future Well Being" which will start to inform our IMTP from 2015/16, but will significantly influence our plans from 2016/17 onwards. We have identified the following drivers and challenges in delivering our clinical services plan.

Demographic changes	A growing population with the overall population projected to increase significantly by 2025
Epidemiology	Changing patterns of disease
Financial climate	Current austerity measures will continue until at least 2018
Workforce	Our workforce is changing: there will be shortages in some specialties; increasing feminisation of the workforce; increasingly flexible approaches to working; and changes in professional roles
Technological advances	Changes in the way support, care and treatment is provided, which will be driven by technology companies - our challenge is to ensure that we adopt advances early
Changes in Clinical Practice	Changes, for example 7 day working; increased levels of care in community based settings and potentially alternative care providers
Environmental impact	Changes in climate patterns will impact on the way we deliver services; more extreme and less predictable variations in our weather patterns; requirements to consume less energy

UHB Priorities

This Plan is the UHB's first Integrated Medium Term Plan (IMTP) and builds on the achievements of, and plans outlined within, the 2013/14 Integrated Business Plan (IBP).

The UHB along with other public organisations faces significant and ongoing challenges. In summary these are:

- Making financial savings of approximately 7% per year for the next three years (about £50million/year); achieved 2013/14;
- Ensuring that the services which we provide are safe within a reducing financial envelope and to support the delivery of our organisational strategy we need a 5-10 year clinical services plan; detailed planning is starting, and will continue during 2015/16;
- An estate which needs considerable investment just to maintain safety; updating our equipment to provide modern, technologically advanced care with a reducing capital allocation – additional investment has been requested for 2014/15 from Welsh Government;
- Improving our performance to consistently meet Welsh Government and local targets; significant improvement in 2013/14, but greater progress required in 2015/16;
- Increased demand on our services from an ageing and increasing population, and a population that will have significantly more health needs; and
- Pressures and shortages in many areas of our workforce.

Our IMTP has been developed on a bottom up basis, reflecting the priorities of Clinical Boards as a response to the UHB commissioning intentions and ongoing dialogue with our stakeholders (including service users, local communities, third sector and local authorities). A summary of some of these key areas of change and improvement are set out below, with further detail provided in Appendix 1.

Improved Health and Well Being

We will have made strides towards improving the health and well being of our population by:

- Offering smoking cessation support to everyone listed for surgery who is recorded as a smoker;
- Offering weight management support to everyone listed for surgery who is recorded as having a BMI of 40+;
- Improving our uptake of vaccinations and immunisations;
- Starting to reduce inequity of access to care for certain groups – e.g. people with diabetes;
- Engaging with communities and stakeholders on the development of "Shaping Our Future Well Being", our Clinical Services Plan which will be focused on improving people's health across all levels of care; and
- Promoting no smoking across all of our sites.

Improved Service Integration

We will be on the way to achieving our vision of being one of the UK's leading integrated care organisations by:

- Strengthening our locality and neighbourhood working – GP practices working together in clusters, co-located Community Resource Teams (health and social care);
- Planning and delivering more services coterminously with localities – e.g. district nursing and community mental health teams;
- Developing integrated care pathways across the continuum of our care, for example Musculo-Skeletal (MSK), International Normalised Ratio (INR – test for measuring blood thickness) and diabetes and ensuring resources are appropriately aligned with the care pathways;
- Developing and implementing integrated service models for people across the health, social care and third sectors to improve the continuity and outcomes of care;
- Having a clear model of care for gerontology across the UHB which is aligned to care provided by partners enabling us to provide more care in or closer to people's homes, maximising people's independence and reducing the need for long term care;
- Developing a joint framework for older people in conjunction with our two local authority and third sector partners, in response to the Welsh Government policy incorporating the initiatives above; and
- Starting to implement our organisational strategy which will enable us to have a comprehensive integrated care delivery system through for example integrated care teams.

Improved Access to Services

We will improve access to our services with:

- A more responsive and efficient urgent care system which improves the flow of patients through the entirety of our services, meaning patients do not wait unnecessarily and we meet the national Emergency Unit waiting times standards;
- More efficient systems and use of technology to enable us to meet our waiting times targets e.g. how we book and schedule appointments;
- Patients accessing cancer services within timescales set by Welsh Government;
- Compliance against the stroke bundles leading to better outcomes of care;
- Agreeing and implementing integrated care pathways which help to reduce demand on hospital services;
- Developing plans to increase capacity where required e.g. for cardiac services;
- Improved day surgery rates, theatre utilisation and admission on day of surgery; and
- Development of care delivery networks/alliances across Local Health Board boundaries to implement the outcomes of the South Wales Programme.

Improved Patient Safety and Experience

We will continue our unrelenting focus on patient safety and quality, through:

- Delivering the Leading Improvements in Patient Safety Programme enabling clinical teams to improve the quality of care to patients and leading to reductions in Health Care Associated Infections, pressure damage, Deep Vein Thrombosis and incidents arising from Sepsis;
- Introducing an agreed set of quality triggers to assess whether we are providing safe care. Triggers will include Risk-Adjusted Mortality Index (RAMI) (or other agreed mortality rates); failure to complete mortality reviews and incident or near miss reporting clusters;
- Responding to concerns and acting on patient experience feedback – and improving the timeliness with which we do this; and
- Improving the end of life experience for patients and improving their personal dignity at the same time.

Enabling Change

The corporate functions which support our Clinical Boards deliver care will:

- Focus our investment of capital monies on improving our current estates, improving our IT and replacing outdated medical equipment;
- Make better use of technology to enable us to deliver care in more innovative ways and help us transform our services;
- Develop new roles and redesign our existing workforce to enable new models of care to be delivered;
- Support the delivery of all of our services within financial balance and meet the first year of the three year Financial Plan;
- Work with stakeholders and Clinical Boards to develop a proactive and consistent approach to engaging with our communities so that our services better reflect their needs. Joint working with Cardiff and Vale of Glamorgan Community Health Council is crucial to ensuring people have the opportunity to influence our plans and service changes; and
- Establish a programme of continuous dialogue with citizens, providing opportunities for honest conversations about challenges and choices, putting the public at the centre of decision-making.

Finance

The context for the UHB will be a very challenging three years. The UHB is likely to be within a flat cash environment, meaning that we have to make savings to fund both the elimination and repayment of the deficit and to cover cost pressures and service investments.

Over the three years starting in 2014/15 the UHB will:

- Move from a deficit in 2013/14 of £19.3m to a recurring surplus in 2015/16;
- Clear and repay its accumulated deficit by 2016/17;
- Deliver significant levels of savings through improving provider efficiency, prudent healthcare and generating benefits from innovative use of technology;
- Reinvest in service transformation to support more effective and higher quality delivery of services;
- Make a start on shifting funding from secondary care into primary care and community;
- With assistance from Welsh Government, make a start on reducing the significant level of capital infrastructure backlog around estate, medical equipment and information management and technology; and
- Develop an internal financial flows framework which supports appropriate management of demand, treating patients in line with care pathways and service efficiency.

This plan is dependent on the following key assumptions:

- An additional £11m discretionary capital over and above the current allocation in 2014/15 to provide the capital support to service transformation to deliver the plan and address critical estate, equipment and IT problems;
- Funding for Voluntary Early Release Scheme (VERS) of £6m to be made available in 2014/15 via Invest to Save from Welsh Government (repayable in 2016/17);
- No loss of income from the SIFT review (service increment for teaching) recently commissioned by Welsh Government over the period of the plan- this approach has recently been confirmed by Welsh Government
- Negotiations on national terms and conditions of service will be able to release savings equivalent to the cost of the anticipated wage award and incremental drift.

The income and expenditure over the period of the plan is shown below. The savings required to deliver this equates to £49m per annum from 2014/15 to 2016/17.

Income and Expenditure 13/14 to 16/17	**Forecast 2013/14 £m**	**Year 1 2014/15 £m**	**Year 2 2015/16 £m**	**Year 3 2016/17 £m**
Income				
Revenue resource limit - HCHSP	(672.7)	(649.0)	(652.3)	(661.0)
Revenue resource limit - Contractor services	(109.3)	(109.3)	(109.3)	(109.3)
Income from other NHS bodies	(258.8)	(261.0)	(261.8)	(262.5)
Other income	(119.3)	(118.3)	(121.4)	(122.8)
Total Income	**(1160.2)**	**(1137.5)**	**(1144.9)**	**(1155.6)**
Expenditure				
Pay and employee benefit expenses	519.1	517.8	509.5	493.6
Primary Care Contractors	114.3	114.7	114.7	114.7
Commissioned services	162.1	164.8	166.2	167.6
Other non pay	384.0	355.8	341.3	358.2
Total expenditure	**1179.5**	**1153.0**	**1131.6**	**1134.0**
(Surplus)/deficit	**19.3**	**15.5**	**(13.2)**	**(21.6)**

Risks

The UHB's approach to managing risk is premised on a bottom up approach, and our corporate risk register is developed based on Clinical Board and Corporate Department risk registers. Each of the proposals contained within the IMTP has been risk assessed to ensure it can be delivered without impacting on patient care and quality.

The key financial risks are:

- Achievement of savings target
- Inflationary assumptions (cost and demand growth)
- VERS Funding
- Welsh Health Specialised Services Committee funding risks
- Capital funding
- Inter LHB transactions
- National Institute for Social Care and Health Research allocation
- SIFT redistribution

It is clear that the delivery of the savings plan is of paramount importance to delivering the financial plan. A 10% variation in the savings plan would have a £14.8m impact over the three year period. It is therefore critical that the Health Board achieves 100% delivery in order to break even and restore recurrent financial balance; demonstrating how important achievement of savings plans will be to the stability of the Health Board.

The Health Board has made a series of financial assumptions around inflationary and growth figures. These assumptions include both cost pressures and demand and service pressures. A 10% variation in the assumptions would have a £10.4m impact upon the three year plan. The variation in any one year however is likely to be relatively small and is therefore, unlikely to have a material impact upon delivery of the plan.

Some of the key financial risks are mainly income related and impact on the first year of the plan. An assessment of these financial risks is set out below:

- £6m VERS Funding
- £2m Commissioner risks
- £5m Capital funding
- £3m Welsh Risk pool funding

These total some £16m and therefore present the UHB with a significant risk. These risks however may not materialise and the UHB will work with the Welsh Government and other key partners to mitigate against these happening and on the impact they may have on the Health Board.

Workforce and Leadership

Workforce & Organisational Development Plan

One of the four component parts of our **Organising for Excellence** Strategy is **Good to Great**. This defines the organisational development focus for the organisation for the coming three years and recognises the component parts of the interventions, developments and processes, staff and managers need to focus on in order to enable the UHB to perform to its full potential. The components of Good to Great are:-

- Grow and develop new and existing clinical leaders who will take us forward;
- Train, develop and recruit the best managers;
- Reconnect with our staff so we feel we are one team together;
- Help staff develop improvement skills and do improvement work;
- Support and further develop an ambition for excellence;
- Work more successfully with our partners;
- Find a way to implement technology to help us do a better job; and
- Create the climate for innovation to flourish.

In order to deliver Good to Great, we have developed a number of **high level workforce objectives**:

Through the IMTP we have developed our **"workforce story"** throughout the organisation and engaged with management, staff and staff representatives through the planning process, resulting in a rich learning experience. Central to the Workforce & Organisational Development Plan is the drive to develop and harness **leadership and engagement** at every level within the organisation. To support this, the UHB is further developing its Board level development programme and Clinical Leadership Development Pathway; as well as key education and development frameworks Improving Quality Together; Coaching Framework and Maximising Potential Framework.

A further central component of **'Good to Great'** and one that will have significant impact on delivering effective services is the integration of the **UHB values and behaviours** throughout the employment journey from recruitment to retirement using all UHB communications, performance management and human resource processes (including induction, appraisal, education programmes) to do so.

Workforce Planning 2014 - 2017

The UHB recognises the austere context within which Workforce Plans have been developed and the unprecedented scale of challenge required to deliver with pace and high impact over the coming 3/5 years.

The workforce plan aims to ensure that the UHB has the right workforce in place to support high quality service delivery. Each Clinical Board has developed a workforce plan to support delivery of service transformation, savings and investment.

Extensive work has been undertaken to identify a range of opportunities to reshape the workforce and deliver a reduction in the pay-bill during 2014/15. Approximately £22.1m savings have been identified, to be delivered through a range of proposals to change services, restructure and/or re-profile skill mix within departments and teams, and opportunities to make routine efficiencies. These proposals will be consulted upon with staff, staff representatives and other key stakeholders, with a view to delivering change as early as possible.

The numbers of 'worked' whole time equivalents as at 31st March 2013, March 2014 and forecast for March 2015 are shown in the table below. For 2014/15, this is based on the £41.2m of savings identified to date.

Actual and forecast worked Whole Time Equivalents (WTE)

	Actual Worked WTE 31/03/2013	Forecast Worked WTE 31/03/2014	Planned Worked WTE 31/03/2015
Board Members	21	22	22
Medical & Dental	1,280	1,245	1,241
Nursing & Midwifery Registered	3,728	3,587	3,532
Additional Professional, Scientific and Technical	722	714	706
Healthcare Scientists	411	394	394
Allied Health Professionals	743	709	712
Additional Clinical Services	2,553	2,496	2,432
Admin and Clerical (inc Senior Managers)	1,902	1,856	1,803
Estates and Ancillary	1,186	1,145	1,103
Students	11	21	21
Total	**12,558**	**12,189**	**11,966**

The proposed changes to established WTE posts by Clinical Board in 2014/15 are summarised in the table below.

Analysis of 2014/15 workforce plans

Clinical Board	Proposed WTE Increases	Proposed WTE reductions	Net planned WTE changes
Surgery	6	-52	-47
Medicine	69	-133	-64
CD&T	2	-44	-42
Specialist Services	22	-5	17
Mental Health	23	-31	-9
Children & Women	0	-22	-22
PCIC	3	-23	-20
Dental	10	-8	2
Operational Services	0	-45	-45
Executives	9	-3	6
Total	**144**	**-368**	**-224**

This shows that whilst there are plans to reduce workforce numbers by 368 WTE, this is partially offset by planned increases of 144 WTE, due to service developments and increased qualified nursing establishments in response to Chief Nursing Officer (CNO) standards, leading to a planned net reduction of circa 224 WTE.

As well as the 2014/15 workforce plan, the UHB also recognises the importance of longer term transformation workforce planning which reflects the shape of the predicted workforce and the delivery of service transformation and change through the implementation of its strategic workforce objectives:-

- A transformed, redesigned workforce
- An engaged workforce
- An affordable workforce
- A productive and efficient workforce
- A flexible, sustainable and skilled workforce

Next steps

Implementing the Plan will be the core of the UHB's business for 2014/15. We will monitor progress through internal monitoring mechanisms, and report progress to the UHB Board in October and at the end of the financial year. The UHB has already started planning for the 2015/16-2017/18 IMTP, where we will build on this IMTP and on other priorities as they emerge from Welsh Government and our own local needs and intelligence.

This document is available in Welsh, and a range of alternative formats including Braille, Audio and LARGE PRINT. Please let us know if you require an alternative version of this document by emailing us at talk.to.cav@wales.nhs.uk

This document is also available on our website.

Improving Health & Well Being

Appendix 1

What do we want to do?	How will we do it?	What will success look like?	What measures will we improve?
Positively impact on key lifestyle factors	Implement action plans with partner organisations addressing tobacco use, food and physical activity and alcohol Implement UHB Optimising Outcomes Policy Support NHS and partner services to implement Making Every Contact Count	Reduction in prevalence of key lifestyle risk factors for disease, including smoking prevalence, increased rates of physical activity, improved diet, and reduction in hazardous drinking Systematic early support to patients to address lifestyle risk factors among people being referred for surgical intervention Advice and support to improve and maintain health available to public and patients from a broad group of health and non-health professionals	▪ 3% of smokers make an attempt to quit with a 40% validation rate at 4 weeks ▪ Smoking prevalence ▪ Physical activity rates ▪ Prevalence of obesity and overweight ▪ Healthy eating - '5 a day' rates ▪ Hazardous drinking rates
Protect people's health through high levels of vaccinations and immunisations	Use increasingly sophisticated and high quality data analyses to accurately target and work with populations and NHS services in areas with poorest uptake, sharing good practice and identifying and addressing barriers to vaccination	Increased uptake of: ▪ key childhood immunisations ▪ seasonal flu vaccination	▪ 90% of children aged 4 receiving combined vaccinations ▪ Increased numbers of people receiving the seasonal flu vaccination: o 75% aged >65 o 60% aged <60 in at risk group o 50% pregnant women o 50% healthcare workers
Reduce health inequity	Identify key services to audit for equity and address any inequity Address key lifestyle factors, which tend to cluster in more deprived communities	Reduced gap in outcomes and access measures across domains of inequity including deprivation and ethnicity Improved lifestyle risk factors (see above)	▪ Referral and DNA (did not attend) rates by quintile of deprivation across a number of key community, outpatient and inpatient care pathways
Ensure care is based on population need and is evidence based.	Improved capacity and skills to systematically plan and commission care pathways in line with population need	Clear evidence-based pathways in place across major services, based on clinical need, with clear aims, outcomes, costs and activity	▪ Clinical outcome and improvement measures defined in care pathways. ▪ Reduced mortality rates for: ▪ Circulatory disease for people <75/100,000 population ▪ Stroke, 30 days post event ▪ # Neck of femur, 30 days post event

Maximising Integration

What do we want to do?	How will we do it?	What will success look like?	What measures will we improve?
Ensure people receive care in or as close to their home as possible where safe and appropriate.	Further develop locality/neighbourhood working (GP clusters, Nursing Homes and Residential Homes, Community Resource Teams) to support community based care Implement Integrated Care Fund and Regional Collaborative Fund plans to help people stay in their own homes for as long as possible retaining and encouraging independence	• Care packages developed around the needs of the person through joint NHS/Local Authority responsibility for care; • A workforce which is responsive to people's needs (e.g. joint roles across health/social care, generic support worker staff); • Integrated IT systems across health & social care	• GP practice performance measures (address variation across localities/neighbourhood e.g. referral/admission rates) • Single Point of Contact (Cardiff Gateway, Vale Communications Hub) – patients retaining Independent Living; no; of care packages; impact on continuing health care expenditure
	Develop neighbourhood District Nursing teams to allow a more flexible, service model based on co-terminosity with other locality based services and local needs .	Services aligned with localities and neighbourhoods to provide the best care with optimum efficiency and flexibility	Capacity of current District Nursing teams to manage an increasing workload
	• Mental Health services coterminous with localities • Mental Health services for western Vale population provided by C&V UHB	• Equitable access to mental health services for Cardiff & Vale residents • Care provided closer to home	• Better outcomes for patients • 80% of assessments under Part 1 of Mental Health Measure happen within 28 days of referral • 90% of Care and Treatment Plans happen within 28 days • All service users have needs assessed in a timely manner • 100% of hospitals have advocacy arrangements in place • Fewer delayed transfers of care
Ensure equitable access to Integrated sexual health service	Align services across localities ensuring that full service is provided from each remaining site	Consistent services provided within each locality	Decreased waiting times
Patients receive the right care in the right bed at the right time	Match demand/capacity of inpatient bed stock for surgery, medicine and mental health	Streamlined flow of patients through hospitals to make best use of resources	• Reduction in Length of Stay • Significant progress towards 95% of patients wait less than 4 hours in EU • No patients wait more than 12 hours in EU • 65% of Ambulances deliver category A response times

What do we want to do?	How will we do it?	What will success look like?	What measures will we improve?
			• Reduced delays in transfer of care between specialities and for discharge • Achieve targets for stroke care bundles • Fewer elective surgery cancellations
Ensure effective use of primary care to ensure appropriate demand management of referrals into secondary care	Implement agreed care pathways/service models for diabetes, Musculo-Skeletal (MSK), anti-coagulation/International Normalised Ratio (INR), dementia, falls and unscheduled care across the UHB's Clinical Boards	• Care is provided in the right place, at the right time, by the right person and with more care provided in community settings • Resources aligned to patient need and flow • Reduced referrals into secondary care – release of capacity in secondary care	• *Diabetes:* reduced incidence, better health maintenance • MSK: single point of access • *Anti-coagulation/INR:* end to end pathway across clinical boards • *Dementia:* better care, reduced admissions • *Falls/Unscheduled care:* alternative care options to attendance at EU • Reduced emergency hospital admission rates for certain long term conditions
Improve the care that frail older people receive.	• Develop and implement the Service Framework for frail older people through working with partners • Concentrate inpatient gerontology care on fewer sites	• Care provided in the right place, at the right time, by the right person • Reshaped services for frail older people across UHB, Local Authorities and Third Sector • New model of in-patient Clinical Gerontology • New pathways for unplanned/planned care • Agreement on resource allocation – potential move to pooled budgets • Improved independence for people	• Reduced emergency admission rates • Reduced Delayed Transfer of Care rates • Decreased Emergency Unit waits • Reduced Length of Stay • Reduced demand for long term care • Closure of West Wing Hospital
Meet the health needs of local residents and wider C&V population by developing new models of integrated care and delivering care from modern, fit for purpose accommodation	As per approved Business cases: • Complete Phase 1 of the Cardiff Royal Infirmary Locality Health & Treatment Centre and start planning for Phase 2. • Strengthen and remodel Mental Health services within the community, and continue building the new Adult Mental Health Unit at University Hospital Llandough • Complete Phase 2 development of Children's Hospital for Wales	• Care provided in the right place, at the right time, by the right person – more care provided in community based settings • Improved health outcomes • Improved patient experience • More equitable access to care • Significantly improved accommodation for the provision of care.	• Opening of Noah's Ark Children's Hospital for Wales (2015) • Closure of Whitchurch Hospital (2016/17)

Improving Access to Services

What do we want to do?	How will we do it?	What will success look like?	What measures will we improve?
Ensure people receive urgent care in a responsive and efficient manner.	Expand Ambulatory Care services	Increased capacity and standardised pathways	• Reduced Length of Stay • Reduced delays • 90% of procedures cancelled with less than 8 days notice carried out within 14 days/at patient's earliest convenience • Reduced follow up in secondary care/hospital services • 96% of GP practices offer evening appointments at least two nights a week • All GP practices open within agreed daily core hours
	Establish a Medical Decisions Unit supporting increased Frail Older People's Assessment and Liaison functions and Community Resource Teams	• Increase in alternative options to admission to provide care/treatment • Fewer admissions	• Reduced Length of Stay • Significant progress towards 95% of patients spend <4 hours in EU • 0 patients spend > 12 hours in EU • Fewer Delayed Transfers of Care
	Improved ward efficiency through consultant availability 7 days /week	Improved flow of patients through the healthcare system 7 days a week.	Fewer Delayed Transfers of Care
	Revised GP and 999 patient pathways for UHW and UHL	Patients allocated to speciality area best suited to care/treatment needs and expected Length of Stay	• Reduced Length of Stay
Ensure people receive planned treatments in a timely manner.	• Expanded use of technology – telehealth, telephone follow-up • Modernisation of workforce with new roles and staffing models • Maximise theatre efficiency	improved clinical outcomes and patient experience	• 500 patients waiting over 36 weeks for planned operations with an aspiration to reduce to zero • Reduction in nos. patients waiting >26 weeks • Shorter pathways from Out-Patient to treatment • Increased day of surgery admissions • Improved theatre utilisations and day case rates

What do we want to do?	How will we do it?	What will success look like?	What measures will we improve?
Ensure we have sufficient capacity for some specialist services e.g. neonatal care and cardiac surgery	Work with Welsh Health Specialised Services Committee and other LHBs to increase capacity e.g. more cardiac surgery operations, more neonatal cots	• More people receive heart operations in a timely manner enabling improved clinical outcomes and better patient experience. • More people receiving cardiac surgery (total of 900 in 2014/15) • Full Business Case for expanded neonatal unit with Welsh Government in 2016/17	• 900 cardiac surgery patients have procedures in UHWs in 2014/15, • Decreased cardiac waiting times – minimal numbers of patients waiting over 36 weeks by March 2015
Ensure people have access to the best possible care when they need it.	Establish Acute Care Alliances to support implementation of South Wales Programme recommendations for paediatrics, neonatal, maternity and emergency medicine services	• Clear pathways for provision of local services for Cardiff & Vale residents as well as the more acute specialist services for South Wales • Care provided in the right place, at the right time, by the right person	
Provide services and care which is at the forefront of technology.	Increase the use of technology to provide services e.g. robotic surgery for prostatectomies	Urology surgery undertaken with use of robot	• Decreased length of stay • Increase in number of laparoscopic procedures • Better outcomes for patients – less pain, fewer complications
Greater use of technology to enable transformation of care (new models of care, medical devices, remote working – healthy connections)	Expand and develop use of telemedicine e.g. • Dermatology, Stroke, Respiratory Medicine, Rheumatology • pre-existing schemes in use by Cardiff & Vale Local Authorities	• Reduced admissions /readmissions for people with Long Term Conditions • Improved patient experience, self-management of Long Term Conditions • Telehealth technology integrated into patient pathways	• No: of follow-up appointments in secondary care • Decreased admission and re-admission rates

Patient Safety & Experience

What do we want to do?	How will we do it?	What will success look like?	What measures will we improve?
Improve people's end of life care	• Implement the end of life care pathway and delivery action plan • Provide dignified care reflected in individual plans	• Cardiff and Vale residents to have a healthy, realistic approach to dying, and planning appropriately for the event • Access to high quality care wherever people live and die, whatever their underlying disease or disability, devoid of any prejudice in relation to their personal situation	• Increase in no. of people dying in place of choice • Decreased no. of complaints related to end of life experience • Percentage of people with palliative needs on a primary care practice Palliative Care Register six months prior to death
Help more people to survive cancer	• Improve cancer survival rates building on the progress already made • Promote healthy lifestyles/healthy choices to prevent cancer • Quicker detection of cancer at an early stage • Rapid access to effective treatment	Models of care and improved services are provided as set out in the Cancer Delivery Plan	• 98% of patients referred as non-urgent suspected cancer seen within 31 days • 95% of patients referred as urgent suspected cancer seen within 62 days
Improve the way we communicate with people, leading to a better patient experience	Implement the Welsh Government – More than Just Words Strategy: Welsh Language in Healthcare Framework three year action plan	Improved quality, safety and patient experience for Welsh speaking patients and service users	No. of complaints/concerns relating to Welsh Language
	Implement All Wales Standards for Accessible Communication & Information for People with Sensory Loss	Improved access to services for all users and less concerns	No. of complaints/concerns relating to sensory loss
Reduce Health Care Associated Infections (HCAIs), pressure damage, Deep Vein Thrombosis (DVT) and incidents arising from Sepsis	Support clinical teams by Increasing staff capability and capacity through delivery of Leading Improvement in Patient Safety programme (LIPS)	Improved quality, safety and patient experience	Reduction in number of: • HCAIs • DVTs • Pressure damage

Enabling Change (Workforce, Finance, Capital/Estate)

What do we want to do?	How will we do it?	What will success look like?	What measures will we improve?
Provide the best possible care through appropriate up-to-date estate and equipment (IT and medical)	• Increase investment in estates maintenance backlog, IT and medical equipment • Ensure all business cases seek to minimise the footprint of buildings while meeting operational needs	• Modern fit for purpose buildings and equipment • Increased emphasis on maintenance of community buildings • Increased workforce flexibility and efficiency	• Increased efficiency and productivity – better use of multi-purpose facilities, greater energy efficiency
Ensure that the care we provide is delivered from premises which are fit for modern health care	Transform service models, facilitate new ways of working, co-locate services enabling us to rationalise our estate	• Fewer buildings in poor condition • Services co-located with partner agencies	Decrease no. of sites from which we provide services
Modernise our workforce to ensure it is fully skilled and capable	Reconfigure the workforce through: • proactive workforce planning • new roles to shape and support new service models and new ways of working • staff and organisational learning and development • Communication and engagement	• Increased flexibility of roles across the workforce • Staff are able to be the best they can be in Caring for People and Keeping them Well	• Reshaped workforce as per workforce plan • Improved levels of performance reviews across all staff groups • Sickness absence rates reduced to average of 4.49% across year
Make the best use of our resources through achieving financial balance	Deliver savings through improved efficiency, reduced demand, new service models and innovative use of technology	High quality and safe care provided within resources available	• Deliver the financial plan • Remain within resource limits