Cardiff and Vale UHB IMTP 2019-2022

PLAN ON A PAGE: This diagram sets out our Delivery Priorities for 2019-22, mapped against our Strategic Priorities

Outcomes that matter to people
Action Areas

- Improve access to Additional Learning Needs services
- Implement HealthPathways to drive out variation and move services closer to home, with an initial focus on falls, frailty and respiratory conditions
- Implement our transformation proposal delivering improvement in preventative services alongside the Regional Partnership Board
- Open our first tranche of Wellbeing Hubs
- Develop a Paediatric Hospital at Home service
- Expand ultrasound capacity for pregnant women to reduce still births

Taking forward our service priorities
Action Areas

- Establish a prehab to rehab model for surgical services
- Review and implement a revised stroke pathway
- Improve Cancer Outcomes
- Deliver on our priorities as partners including establishing the Major Trauma Centre and Network, supporting the centralisation of thoracic surgery and development of genomics and cellular therapy services
- Expand access to critical care as a key system constraint
- Repatriate Child and Adolescent Mental Health Services from Cwm Taf
- Deliver improvement in Ophthalmology

↓ Reduction in still birth rate and low birth weight babies	↑ Improved childhood emotional health and wellbeing	↑ Number of people over 75 living in own home	**Core Priorities** Primary Care Planned Care Unscheduled Care Cancer Mental Health	↓ Reduction in average length of stay	↓ Reduction in all cause premature mortality	↓ Reduction in cancellations and Did Not Attend

Ensuring our services are sustainable
Action Areas:

- Deliver financial break even
- Achieve performance targets
- Continue our programme to establish sustainable primary care services including roll out of mental health liaison and musculoskeletal services on a cluster basis
- Take forward the next steps in delivering our clinical services strategy

Our culture - being a great place to work, learn and develop

- Digitally enable our workforce and implement new ways of using data in the organisation to support continuous improvement
- Establish an alliancing approach to change, with collaboration across sectors being the way things are done
- Maximise our research capability through renewed partnership with Cardiff University
- Develop our leadership capability through a tailored programme
- Implement our innovations strategy to become a partner of choice for industry, with a focus on dementia and precision medicine

Outcomes Achieve financial break even	Achieve 26 week referral to treatment times target	↑ Increase in outpatient activity in the community	**Outcomes** ↑ Improved staff engagement score	↑ Increase incomes from research and innovation activity	↓ Reduced vacancies

Me, My Home, My Community

Caring for people, keeping people well is a mission without boundaries. Our residents and the wider population we serve don't see the organisations above the door. We need to work not simply to build integrated services but to support resilient communities. This is why this plan is set in the context of our Area Plan and is focused on supporting the wellbeing of communities.

The next three years will take us over the halfway mark of our long term strategy Shaping Our Future Wellbeing and we remain fundamentally committed to its delivery. The design principles of the strategy, home first, empowering individuals, delivering outcomes that matter to people and avoiding waste, harm and variation are principles which cross organisational boundaries and support the achievement of the Area Plan. In setting the national context A Healthier Wales correlates with Shaping Our Future Wellbeing but challenges us to go further in partnership across the public sector and to accelerate the deployment of our strategy.

Sustainability for Cardiff and Vale UHB cannot be achieved without sustainability in NHS Wales's system, social care and communities. Our strategy and this plan recognises the important role we play in delivering specialist services across South Wales, our responsibility for teaching the next generation of clinicians and delivering excellence in clinical research and innovation.

We have built a platform of sustained delivery, there has been continued improvement in the performance of our health system and we have demonstrated operational grip. We now need to move from this foundation of delivery to tangible transformation of services for our communities, focused on delivering better value.

Our approach to delivering this step change is drawn from learning from our partnership with Canterbury District Health Board and other successful change programmes. We will change the way we use data in the organisations to support decision making, understand the impact of change and monitor the benefits across our communities. This more effective use of data will allow us to support clinically driven change at a faster pace, reducing bureaucracy as we focus on outcomes and impact. Driving out variation and supporting primary care through the implementation of standardised health pathways will also be central to our approach to change. Planning, delivery, finance and workforce are not separate facets of an organisation, our approach is an integrated one further integrating these elements.

You will see throughout this plan a focus on prevention, bolstering services in the community and supporting the timely access to care regardless of the nature of this care and the organisation delivering it. Prevention is working in partnership to co-produce the best possible outcomes, you will see in the plan actions to develop resilient communities, optimise the benefits of interventions and develop wellbeing services in partnership with local authorities and the third sector.

Ultimately this plan, alongside the Area Plan, is about people. Our vision is that a person's chance of leading a healthy life will be the same wherever they live and whoever they are. In setting our plan for the next three years, this is the measure by which we will test success.

Our Design Principles

Celebrating Success; Delivery In 2018-19

Home First

- ✓ GP led memory clinics established
- ✓ Established a Welsh gender identity service, reducing trips to London for patients
- ✓ Successful completion of a collaborative pilot in Cardiff East of Mental Health Practitioners working as extended specialist e-support to GPs, for people with mild to moderate mental health problems.
- ✓ Increased capacity of the Hospice at Home service (in collaboration with Marie Curie), increasing the numbers of individuals supported wishing to die at home
- ✓ GP led, one stop community cardiology clinics established in two GP clusters at North Cardiff and Rumney primary care centres

Outcomes that matter to people

- ✓ All patients now receiving diagnostic testing within 8 weeks
- ✓ Improvement in performance 89% treated within 26 week target
- ✓ Integrated working across the department of sexual health, medicines management, clusters, and secondary care, to standardise contraception prescribing between primary and secondary care
- ✓ End of life education provided to the Urgent Primary Care Out of Hours team (OOHs) by the palliative medicine consultants and the Macmillan GP, through collaboration with Macmillan, City Hospice and Marie Curie Hospice
- ✓ The recruitment to non-commercial studies in 2017-18 increased by 13% and is up 30% in Q2 of 2018/9
- ✓ Veteran's aware status and Gold Armed Forces Covenant Employer Award.

91% Community Pharmacy Contractors have Choose Pharmacy

22,063 Dementia Friends Created

50% reduction in referrals to Community Mental Health Teams in East Cardiff

95% Patient Satisfaction score

82% Recommend to friends and family

6% Improvement in 30 day mortality following Emergency Laparotomy

Over 900 Staff trained in quality improvement methodology

Empower the person

- ✓ A UK research project on the viability of family administration of medication at home for palliative patients is currently underway in Cardiff, linking with the Marie Curie Research Centre. This will provide patient and family focused information about preferences and opportunities to improve end of life care at home, enabling timely pain relief
- ✓ Development and introduction of Collaborative Community Falls Clinics to educate patients ; avoiding, responding and recovering from falls
- ✓ Collaboration with a range of community partners to make Western Vale a Dementia Friendly Community, thus enabling patients and their families to feel better supported in their local communities and able to continue living longer at home

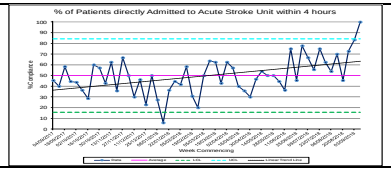
Avoiding Waste, Harm and Variation

- ✓ 100% of the undergraduate dental students graduated and were successfully placed in dental foundation programmes across the UK
- ✓ Appointment system in the department of sexual health was changed to a walk-in system, which has reduced the DNA rate from 9% to 1.6%, resulting in a saving of £60,000 per annum. This change has also enabled the service to see an additional 1,050 patients
- ✓ One week placements offered to five pre-registration pharmacists in 2018-19 to offer them exposure to primary care
- ✓ Working collaboratively with the All Wales Healthcare Acquired Infection Reduction Group, PCIC has achieved a 24% reduction in e-coli incidence between March and September

Over 500 Staff trained in Making Every Contact Count

4628 Home visits made to provide holistic assessment

71% Flu Vaccine Uptake by over 65s



24% Reduction of E-Coli incidence in Primary and Community Care

94% Safety Solution Compliance

The Plan For 2019 To 2020

This document is designed to capture our core intentions, give clarity on our priorities, be clear on the anticipated improvement and, importantly, help our staff understand how their work contributes to the delivery of Shaping Our Future Wellbeing.

Our core priorities for 2019-22 are:

1. Primary Care: sustainability and the further development of community services.
2. Unscheduled Care: delivering a resilient and high performing system.
3. Planned Care: meeting standards.
4. Cancer Service: delivering the single cancer pathway and improved outcomes.
5. Achieving Financial Balance.
6. Mental Health: continue to transform and improve our services focusing on home first models.

You should be able to identify how all of the activity set out in this plan links back to these core organisational priorities. Embedded within each is a focus on all forms of prevention; building resilience in the community, targeting secondary prevention in our planned care programme and building early intervention and long term prevention into our health pathways.

The plan is split into three broad sections:

1. Our context and drivers across our region as a partner in health services and our clinical services strategy.
2. The core enablers for delivering improvement.
3. Our key actions for 2019 to 2022.

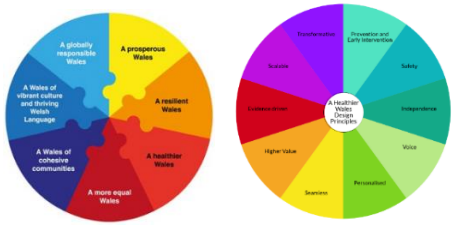
A single document can never capture the breadth of activity that takes place across the health board. Planning is not about a single document and this plan should be read alongside a range of plans and the annexes which set out in detail our intentions for the next three years.

You will be able to recognise that this plan is set in the context of A Healthier Wales and the design principles encompassed within it. We have also drawn heavily on the Well-being of Future Generations (Wales) Act in shaping our plans.

As an organisation we strongly believe in our core values and expect our staff to exhibit these values and behaviours. In 2018-19 these behaviours were integrated in to all workforce processes, including recruitment, promotion, appraisals, induction and performance management. Furthermore these values underpin the approach to delivery set out in this plan.

Our well-being objectives

You will not find in this document a separate section listing projects we are delivering to support the Act. The Act challenges us to fully embed the five ways of working within our work. The ten Strategic Priorities in Shaping Our Future Wellbeing are our well-being objectives (see next page).



Using our objectives and design principles to guide our work programmes will maximise our contribution to the well-being goals and the application of the sustainable development principle. Through the Public Services Boards in Cardiff and the Vale we also contribute to the joint well-being objectives in both partnerships.

We have included some flags to identify how our activity aligns with the Act but we hope our routine use of the principles of the Act shine through our plan.

Within the UHB we have an Executive-led Well-being of Future Generations (WFG) Steering Group which meets quarterly, and a Board-level WFG Champion. The Steering Group oversees the implementation of the Act in the UHB, as well as identifying and spreading good practice and learning, and reviewing and reporting on progress against the well-being objectives.

Our well-being objectives

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

CONTENTS

The Population We Serve

Understanding the needs of our population is essential for robust and effective planning. Our Population Needs Assessment developed with our regional partners provides a collective view of the population challenges on which we must build our plans. It is important we look beyond simply understanding the health needs of our citizens, but look at the wellbeing of our population which encompasses environmental, social, economic, and cultural wellbeing.

Population growth: The population of Cardiff is growing rapidly at nearly 1% per year, or around 36,000 people over the next 10 years. While overall numbers in the Vale are relatively static, the total population of Cardiff and Vale is expected to exceed 500,000 for the first time in 2020.

Ageing population: The average age of people in both Cardiff and the Vale is increasing steadily, with a projected increase in people aged 85 and over in the Vale of 15% over the next 5 years and nearly 40% over 10 years.

Health inequalities: There is considerable variation in healthy behaviours and health outcomes in our area – for example smoking rates vary between 12% and 31% in Cardiff, with similar patterns seen in physical activity, diet and rates of overweight and obesity. Uptake of childhood vaccinations is also lower in more disadvantaged areas. Life expectancy is around ten years lower in our most deprived areas compared with our least deprived, and for healthy life expectancy the gap is more than double this. Deprivation is higher in neighbourhoods in South Cardiff, and in Central Vale.

Changing patterns of disease: There are an increasing number of people in our area with diabetes, as well as more people with dementia in our area as the population ages. The number of people with more than one long-term illness is increasing.

Tobacco: One in six adults (15%) in our area smoke. While this number continues to fall, which is encouraging, tobacco use remains a significant risk factor for many diseases, including cardiovascular disease and lung cancer, and early death.

Food: Over two thirds of people in our area don't eat sufficient fruit and vegetables, and over half of adults are overweight or obese. In some disadvantaged areas access to healthy, affordable food is more difficult and food insecurity is becoming more prevalent due to increasing living costs and low wages.

Physical activity: Over 40% of adults in our area don't undertake regular physical activity, including a quarter (27%) who are considered inactive.

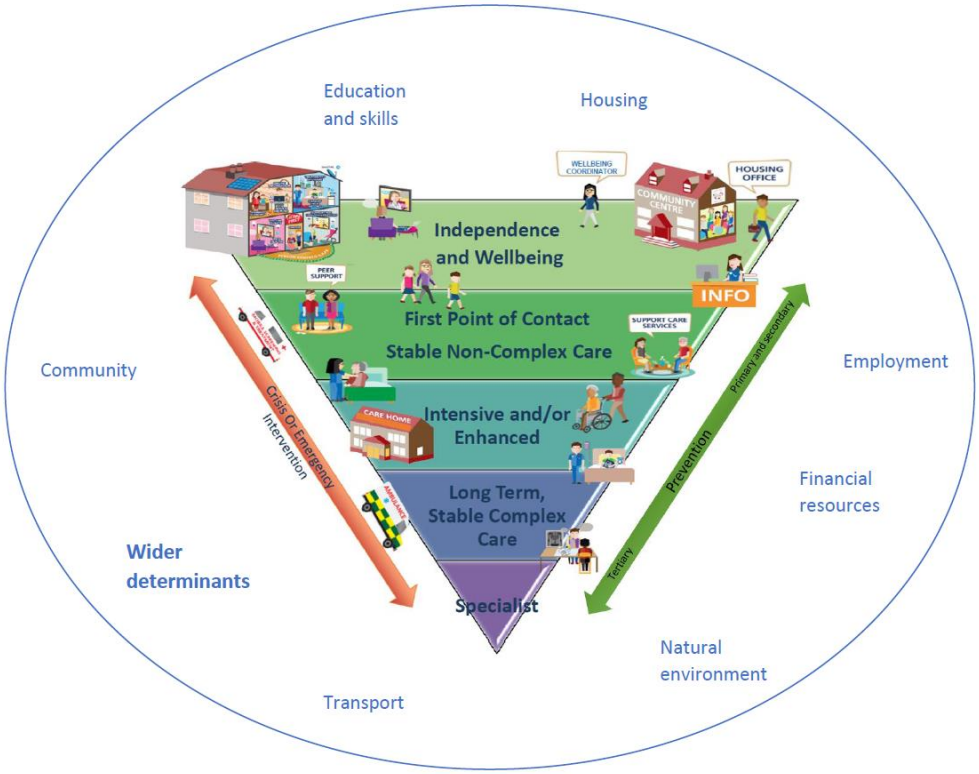
Social isolation and loneliness: Around a quarter of vulnerable people in our area report being lonely some or all of the time. Social isolation is associated with reduced mental well-being and life expectancy.

Welsh language: The proportion of Cardiff and Vale residents of all ages who have one or more language skills in Welsh is 16.2%, with around 1 in 10 people in Cardiff (11.1%) and the Vale (10.8%) identifying themselves as fluent. However, over one in four young people aged 15 and under speak Welsh in our area (26.7% in Cardiff and 29.6% in the Vale of Glamorgan).

Cardiff has one of the most ethnically diverse populations in Wales, with one in five people from a black or minority ethnic (BME) background. 'White other' and Indian ethnicities are the second and third most common ethnic groups after White British.

Prevention

Prevention is a core aspect of the health board's approach and seen as everyone's business in the organisation. Prevention takes place at all levels of our Seamless Care Model, surrounded by the impacts of, and our actions on, the wider determinants of health.

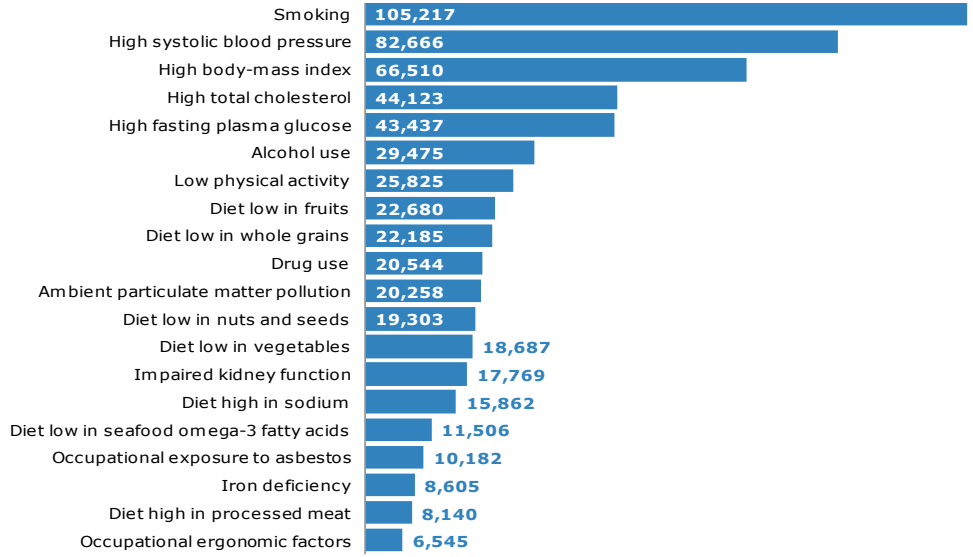


The key health needs of our population are set out in the Population We Serve section above. These include a growing and ageing population, stark health inequalities, changing patterns of disease, widespread unhealthy behaviours and social isolation and loneliness.

It is estimated that around a quarter (23%) of premature deaths are avoidable, with much of this burden relating to ischaemic heart disease and lung cancer (ONS, Avoidable Mortality in England and Wales, 2016). People who die prematurely from avoidable causes lose on average 23 potential years of life. A review of the main contributors to Disability Adjusted Life Years (DALYs) in Wales is shown below, highlighting the importance and impact of tobacco use, cardiovascular disease, obesity, diet, diabetes, physical activity, substance misuse and air pollution, on health.

Top 20 risk factors for disability-adjusted life years (DALYs), count of DALYs, all persons, all ages, Wales, 2015

Produced by Public Health Wales Observatory, using Global Health Data Exchange (IHME)

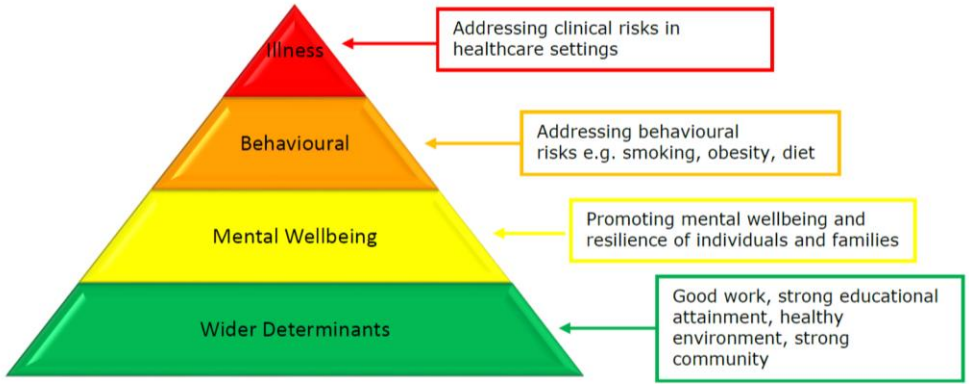


In response to these needs, preventative action is a key element of each of the plans of the clinical boards, complemented by strategic co-ordination and delivery of prevention programmes locally by the public health team. Our full work programme and outcome measures are described in the Cardiff and Vale Local Public Health Plan for 2019-22; priorities include tobacco (implementing the key components of the smoking cessation system framework), immunisation, healthy weight (launching our Moving More, Eating Well healthy weight strategy), healthy eating and physical activity, with cross-cutting action on reducing inequalities in health.

Our focus is on individual behaviour change and developing environments which support and promote health, taking action on the built environment (for example to promote health travel behaviour) and other wider determinants of health such as education, housing and employment. We take a proportionate universalism (progressive universalism) approach to ensure our prevention advice, services and interventions are available to the whole population, with an additional focus on individuals and families in greater need.

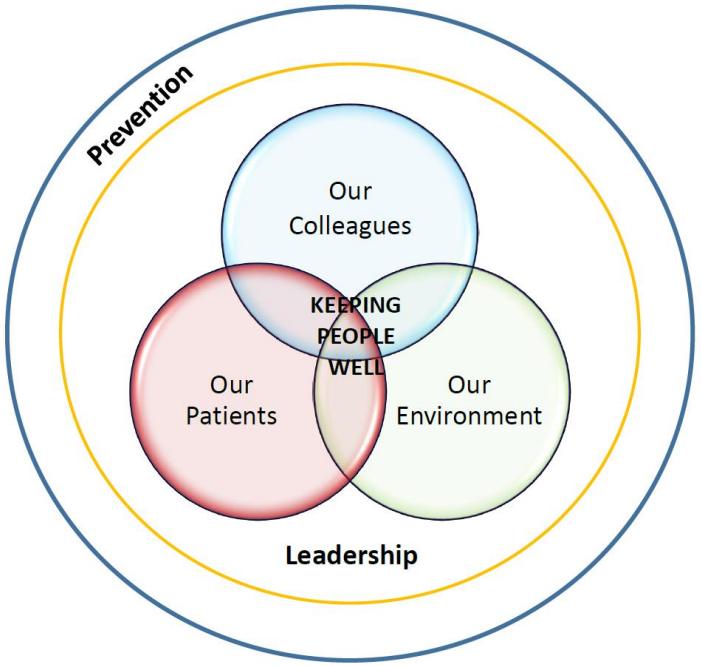
Addressing clinical risk factors such as the management of hypertension will be taken forward through close liaison with primary care. Prevention and early intervention on children's emotional and mental well-being and resilience is led by Children and Women's Clinical Board, working closely with key partners.

Population health interventions can be categorised into four types, with the population reach increasing as you go lower down the pyramid.



We work across a number of settings, including primary care clusters, pre-schools and schools (reflecting action on early years and positive childhood experiences as priorities), dementia-friendly communities, Food Cardiff and Food Vale, and workplaces. We work closely with partners in the public, private and third sectors directly and through the Public Services Boards in Cardiff and Vale, and the Regional Partnership Board, and with specialist public health colleagues working in screening, health protection and environmental health. In developing our plan we have worked closely with colleagues across the health board, and in Public Health Wales (prioritising initially tobacco and hypertension for joint working), aligning our work with the strategic direction of both organisations.

Within the UHB, we need to embed prevention in all that we do, aligning to our Well-being Objectives and our mission of 'Keeping People Well'.



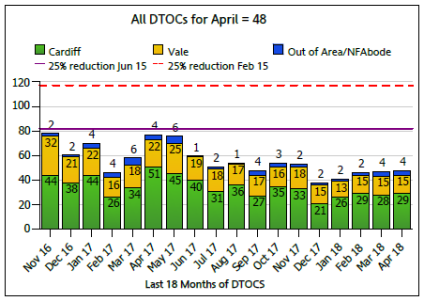
Making Every Contact Count training is offered to professionals across the health and care system to embed prevention throughout our pathways, and we are working directly with our clinical boards to establish a clinical prevention programme.

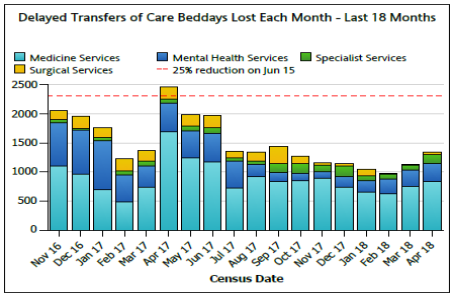
The Area Plan, Delivering For Our Citizens

Delivering performance improvement and meeting the needs of our population cannot be achieved without partnership. Over the last few years our Regional Partnership arrangements have matured and strengthened. The Cardiff and Vale of Glamorgan Area Plan and Action Plan was published in March 2018 and sets out our regional priorities and the detailed actions we will undertake, over the next five years, to meet the following 12 key care and support needs identified in our Population Needs Assessment.

The Area Plan sets the actions we are taking against our integration priorities:

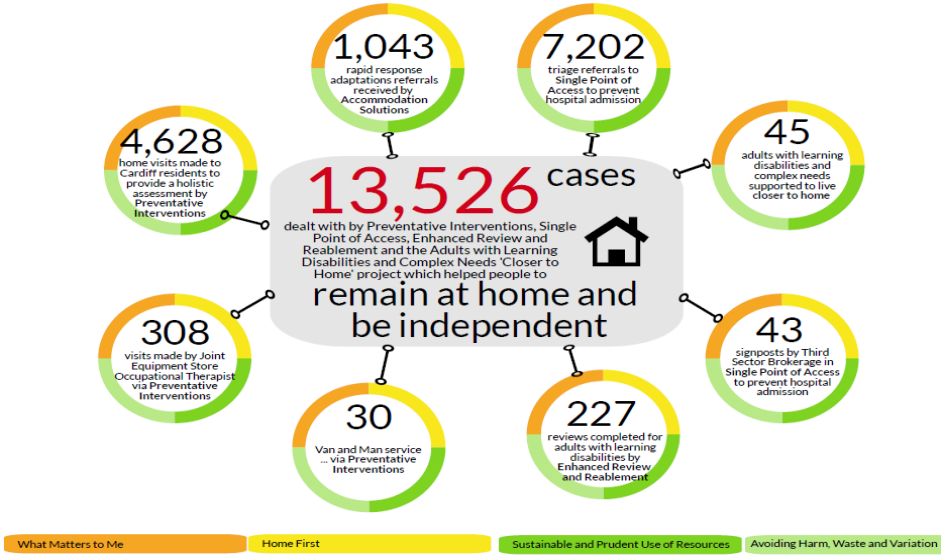
We are already seeing the impact of this work. Programmes such as the introduction of First Point of Contact, Single Point of Access and Discharge to Assess have contributed to improvements in delayed transfers of care across Cardiff and the Vale.



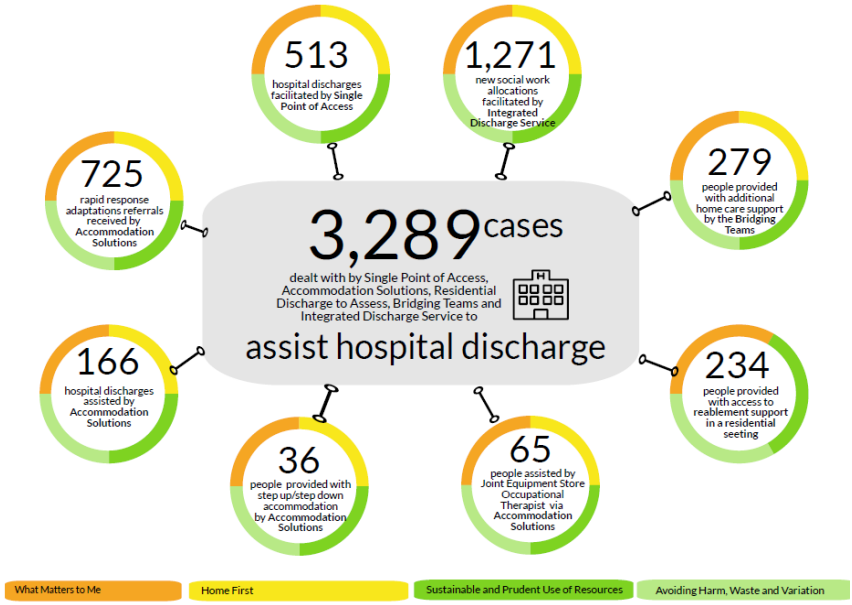


Integrated Care Funding is also making a significant impact in improving the lives of our citizens. Some of the achievements are set out opposite and a full annual report on the work of the Regional Partnership Board has recently been published.

Integrated Care Fund Impact on Home First and Independent Living



Integrated Care Fund Impact of Assisting Hospital Discharge



Delivery of the Area Plan and a continued focus on integration will be core to this next planning period. Reducing health inequalities, focusing on prevention, improvements in mental health and improving access to care, regardless of the provider, all require delivery through partnership.

However, regional delivery is not simply about delivering the core elements of the Area Plan. Core to the way we need to transform services in all areas of our work is greater integration. You will see, in the actions we set out for this planning period, a focus on working with partners to improve all areas of care.

As a Regional Partnership Board we have been successful in securing £7M to support the acceleration of change; to join up services with a greater emphasis on prevention and to focus on care in the community. The transformation funding will support:

1. Delivering An Accelerated Cluster Model: development of the optimal 'Cluster' using asset-based community development approaches to understand and facilitate connections between the many strengths within people, groups and communities.
2. Seamless Social Prescribing: creation of a single entry point to independence and well-being services and stable and non-complex care services.
3. Developing A Single Point Of Access For GP Triage: development of an effective GP Triage service by providing support and diverting people away from a GP unless medically necessary.
4. Get Me Home; Preventative Services. Development of a single access point within the hospital for all community based services. The team will use 'What Matters' conversations to provide holistic tailored support that meets the well-being needs of the individual, providing preventative interventions and supporting independent living.
5. Get Me Home Plus: the Get Me Home Plus service will work with a cohort of patients who are more impaired and require a more intense package of re-ablement and homecare support.
6. Developing An ACE Aware Approach To Resilient Children And Young People: the project will implement a new way of working across health, social care, education and the third sector to increase resilience and awareness in children and young people (CYP) across Cardiff and the Vale of Glamorgan through peer support, timely intervention and signposting.
7. Developing Place Based Integrated Community Teams: this project will provide additional capacity to work with health and social care staff, GPs and the third sector across the region to inform a new 'place based blueprint' for services.

These proposals do not represent the totality of work we undertake with partners but allow us to test new models of care, built on the design principles outlined in A Healthier Wales. They will support us in demonstrating how we can shift more services to the top of our Seamless Care Model.

Primary and Community Care

Home first and empowering individuals are core pillars of our strategy. You will see throughout this plan a focus on community delivered services and supporting people to get back to their homes as soon as possible following a hospital stay. Full details of our plans for Primary Community and Integrated Care can be found in the clinical board plan here.

We recognise the pressure on our primary care services and in particular those delivered by our contractor partners such as GPs, pharmacists and dentists. Primary care sustainability is therefore an integral objective for the next three years. Shoring up our services will enable us to have a solid foundation from which to take the next steps in transforming community services. There are a number of actions we have been taking and will continue to deliver over the next three years to deliver sustainability:

- Rolling out cluster based first contact musculoskeletal physiotherapy and mental health services with direct booking from GP receptions.
- Providing proactive estates solutions to enable practices to expand.
- Reviewing the skill mix within the Urgent Primary Care Out of Hours service to help balance demand and capacity.
- Improving uptake of learning disabilities annual health checks.
- Promote the benefits of registering veteran status with GP practices.

Transformation and Improvement

It is through Clusters we will deliver an improved model of primary care. The nine clusters across our region are maturing and we want to see further progress made to improve from the baseline position of level one through 2019-20. We have put in place a specific Organisational Design programme for clusters and are reviewing their governance arrangements and resourcing. We are supporting cluster pharmacists in a number of medicine management projects and the roll out of the physiotherapy and mental health services on a cluster basis will further embed cluster based multidisciplinary teams.

The continuation of clusters working in partnership with local authorities and the third sector will further develop over this planning period. Our new models of care supported through the transformation funding will be delivered through clusters, with cluster led programmes on social prescribing, reablement services and new models of triage. Within the Regional Partnership Board transformation programme we have specifically allocated funding to accelerate cluster development to support place based models of service delivery along with our regional partners.

The third year of this plan will also see the opening of our first Wellbeing Hubs in Maelfa and Penarth, these new centres will see a further strengthening of clusters and their role in the delivery of services in partnership.

The development of clusters and work to transform primary care will be informed by the progress made in the implementation of Pacesetter programmes for falls, pain clinics and social prescribing. For example the collative community falls clinics developed through the pacesetter programme are informing work across the organisation about how we join up our efforts to prevent and manage falls in the community.

The plans for each of our clusters can be found here

We have taken significant learning from partnership with Canterbury District Health Board, they have developed seamless services built on the principle of home first with primary care delivering to the top of its competence. The HealthPathways tool will help equip GPs and other clinical staff with tools to support individuals to stay in the community and the place based services delivered through clusters will be informed by the Canterbury model.

We recognise the crucial role primary and community services deliver as the foundation of our service models. Whilst we recognise the importance of sustainable general medical services our ambition is to deliver truly community based models of care built on a wellbeing model- empowering individuals and home first. We know this can only be delivered in partnership with a range of organisations across our region. Clusters provide a vehicle to design and deliver place based services meeting the needs of communities. Over the lifecycle of this plan we want to create a sustainable base, help clusters to mature and move from a primary care model to a community owned model of care.

Mental Health

We have delivered significant transformation of our mental health services in recent years. The service is now supporting a 4 fold increase in referrals of people seeking support from their GP and has achieved a 40% bed reduction in 10 years with the same numbers of staff. All developments for last year as well as the forthcoming period are collaborative ones, involving one or all partners in major change. This includes working across clinical boards as well as with the Local Authority, police, ambulance and third sector agencies. Our work in mental health is focused on working across boundaries in the interest of service users outcomes.

In 2017-18 we saw the successful completion of a collaborative pilot in Cardiff East of Mental Health Practitioners working as extended specialist support to GPs, for people with mild to moderate mental health problems. This is supported by bespoke commissioned third sector psychologically based service. The pilot has evaluated well in reducing demand and improving the quality of primary care mental health services and has now received support for all elements of the model to be scaled up across Cardiff and Vale. This is potentially a revolution in mental health support to meet ever increasing demands on GPs.

Following an extensive engagement exercise with the Community Health Council and others, 2018 saw the co-location of the three Vale Community Mental Health Teams, as a step towards the establishment of health and wellbeing centres described in Shaping Our Future and Wellbeing Strategy. The teams are now functioning as one with efficiencies seen in managing demand, liaising more easily with related health and other agencies and seeing professionals working differently and more focused on service user outcomes and needs.

Recurrent investment from Welsh Government has been put to good use. All additional monies are focused on the principles of 'Home First, reducing hospital delays, improving access to psychological support and adding capacity to pressured specialist teams and supporting the integration. For example investment in areas such as; First Episode Psychosis (pre-empting the CAMHS repatriation), substance misuse dual diagnosis, psychological therapies and MATRICS Cymru. In addition we have invested in Peer Support Workers as part of a recovery college, the enhancing of EU cover, investing in specialist support to the CRTs to enhance the 'team around the individual' described in the dementia strategy and avoid unnecessary admissions.

A 26 week 'Referral To Treatment' target for the commencement of a psychological intervention was introduced in 2018. This is welcomed and initial submissions reveal that we have up to 3000 people at any one time awaiting a formal Psychological Intervention with approximately 70% of those receiving this within the 26 week waiting time. This performance compares very well to our peers but we want to go further in driving improvement against the measure.

Our Mental Health services now looks after approximately 95% of its specialist caseload in community settings. It is this home first model and increasing working across boundaries that we want to continue through this planning period. The current 'Together for Mental Health' delivery plan runs concurrently with this IMTP period with priorities up until 2022.

Our plan for Mental Health services can be found here

It sets out our priorities for 2019-22 which include:

- Improving Mental Health Services for young people.
- Developing the Team Around the Individual for dementia patients.
- Reviewing our Community Mental Health Team model.
- Opening our Young Onset Dementia Unit.
- The repatriation of Child and Adolescent Mental Health Services from Cwm Taf Health Board.

Cancer

We know that cancer outcomes are not good enough. Whilst we have made progress in recent years there is a need to accelerate the rate of improvement. We have challenged ourselves to make enhancements in cancer outcomes through focusing on transformation right across the cancer pathway.

The first tranche of this work will initially focus on Bowel and Lung Cancer, as they are both common cancers and mortality from these cancers is higher than we would want. This does not mean we will not be seeking improvements in other forms of cancer. We will concentrate our efforts and test our approach to change in the areas where we know we need to make significant improvement.

Cancer by mortality in Cardiff and Vale (2013-2015)

Cancer Type	Count	Crude Rate	EASR
Lung	706	48.84	62.14
Colorectal	350	24.21	30.93
Colon	190	13.14	16.70
Pancreas	187	12.94	15.93
Breast	209	14.46	15.64
Rectum	160	11.07	14.23
Oesophagus	144	9.96	13.21

Improving Cancer Outcomes- A whole System Approach

Me, My Home, My Community – Prevention and Identification Aim- Improve stage at diagnosis Lung Stage 4- 45.3%	Working with local authority and third sector partners we are putting in a range of community roles to support social prescribing, helping people to connect with local groups to become more active and combat social isolation. We will equip these community champions with knowledge about Bowel and Lung cancer to help identify symptoms and signpost people to the right services. Developing resilient communities who can be champions in supporting people be active and make positive choices such as quitting smoking.
Colorectal Stage 4- 16.9%	
Improving Screening	Our bowel screening rate is the lowest in Wales at 51.5%, we want to set ourselves a stretch target of pushing the rate past 70% over the next three years. The introduction of FIT testing in 2019 is an opportunity to improve screening rates, using community teams and partnership working to encourage uptake.
Responsive Clusters	Through the introduction of HealthPathways we will give GPs better access on how to ensure people are diagnosed and treated as quickly as possible, the standardised pathways for Bowel and Lung Cancer will reduce variation and ensure consistent access. We will also put in place FIT for Symptomatic Screening to help GPs differentiate between bowel disorder and cancer.
Endoscopy Improvement	We have already put in place an improvement programme in our endoscopy services; we know we need to continue this work and maximise capacity to speed up the diagnostic process.
MOT – Maximising Outcomes for Treatment	Ensuring people are in the best possible shape for surgery can have a significant impact on clinical outcome. We will take actions to maximise timely treatment to include: - Encouraging people to take appropriate exercise supported through social prescribing and community groups. - Intense prehabilitation to ensure issues such as Anaemia are addressed - Providing more information to patients about the surgery process and experience. - Pre-operative assessment clinics. - Enhanced recovery after surgery programme and post-operative bundle in place.
Capturing the experience	Importantly we will be capturing Patient Reported Outcomes Measures, to help us better understand the impact of the interventions.

Single Cancer Pathway (SCP)

In November 2018, the Welsh Government announced the move to public reporting of the Single Cancer Pathway, alongside the existing two cancer targets, from June 2019: https://gov.wales/newsroom/health-and-social-services/2018/processcancer/?lang=en

Through our established SCP Project structure, we continue to progress actions through a number of work streams to be able to more accurately report performance from June 2019 and to demonstrate continuous improvement against reported performance in 2019-20. Whilst Welsh Government has not yet set the percentage compliance for the SCP, the Health Board is committed to working towards and achieving 95% compliance against the 62 day target. Plans will incorporate improved productivity prior to considering any further resource requirements. Further work is being done on detailed delivery plans and no further financial provision has been made in this plan, we will work with the National SCP Programme and Welsh Government in the development of our plans.

There are three key areas of focus for us:

- **Information and Intelligence work stream** - leading on ensuring processes are in place to accurately capture relevant patient data across all stages of the pathway and ensuring our IT systems are integrated and fit for purpose for tracking and reporting. We currently have a number of separate IT systems and the challenge for us is to integrate our existing Cancer tracking system (Tentacle) into our current Patient Management System and enhance the functionality by May 2019.

- **Demand and capacity work stream** – working to identify the gap and implement solutions to balance demand and capacity in the short term and on a sustainable basis. We have, using a national tool, undertaken the first iteration of demand and capacity modelling for the SCP. This has highlighted a significant increase in capacity required due to the speed and timeliness within which outpatient appointments and diagnostic tests will need to be undertaken. We will need to consider appropriate resourcing if it is not to impact upon waiting times for patients on other planned care pathways.

- **Pathway improvement work stream** – In parallel with improving timeliness of access to outpatients and diagnostics, we also need to pursue pathway improvement and new ways of working. Clinically led, we are working on a local and national basis to develop and implement standardised optimal pathways for specific cancer disease groups to reduce variation and improve outcomes for our patients.

Regional Planning

We are committed to working collaboratively and at pace with Health Boards in South East Wales to secure the benefits of planning a number of priority services on a regional basis. The work programme comprises legacy programmes and elective work streams, with the following achieved in 2018-19:

Specialty Workstream	Progress in 2018-19
Paediatric, obstetrics and neonates	▪ Cwm Taf completed a review of proposed activity flows based on updated local clinical pathways for Paediatric A&E emergencies and for obstetrics following local engagement with mothers-to-be. ▪ Revised flow arrangements shared with AMU UHB, C&V UHB and WAST to inform changes to planning assumptions for activity changes proposed in March 2019. ▪ Capital scheme at PCH completed and UHW NICU and Obstetrics capital schemes on schedule.
Vascular services	▪ The commencement of a regional out of hours interventional radiology rota from the 4th February 2019, with agreement of a 4th Interventional Radiologist at Cardiff & Vale UHB. ▪ Following appraisal, agreement to plan for a single step approach for the centralisation of arterial surgery at Cardiff & Vale UHB, with spoke services at Royal Gwent and Royal Glamorgan Hospitals.
ENT	▪ Work to develop an acute regional ENT model was, following agreement by the Region, stood down. However, Cwm Taf and Princess of Wales (POW) ENT teams have agreed a model which addresses sustainability issues for POW and will commence in 2019/20.
	▪ Review has been undertaken of existing regional Head and Neck Cancer model which comprises cross organisational MDT with a clinical threshold for complex cases (defined as free flap / reconstructive maxillofacial cases) to be undertaken at University Hospital of Wales, Cardiff. ▪ A proposal has been finalised regarding provision of specialist and routine Head and Neck Cancer activity. Regional sign off of the proposal would see the service unchanged at this time. If the evidence base for further improving patient outcomes increases the service model would again be reviewed
Diagnostics	**CT/MRI** ▪ Regional demand and capacity work for CT and MRI was completed. ▪ Continued to utilise available capacity in MRI within CTUHB. ▪ Scoped and delivered the opportunity for C&V to house a mobile unit on the RGH site, so that they can increase capacity. **Endoscopy** ▪ All health boards completed a service mapping exercise which focused on facilities, workforce, procedures undertaken etc. ▪ Initial demand and capacity work was completed. **Endoscopic Ultrasound (EUS)** ▪ Agreement reached to explore the options for a regional solution for a South East Wales EUS service. A service scoping exercise has been completed and the level of future demand a networked service is to be based on has been agreed. ▪ A workshop to undertake an option appraisal to be held early in 2019. It has been agreed that any option would need to be networked across health boards due to the workforce limitations and service fragility.

	▪ Development of plans to eliminate long waiting patients by the end of March 2019. ▪ Agreement of a regional approach to eye care sustainability, with proposals submitted to augment community based services and their digital enablers. ▪ Following a strategic workshop, agreement that the case for a high volume cataract facility for South East Wales be prioritised.
Ophthalmology	▪ Development of plans to eliminate long waiting patients by the end of March 2019. ▪ Agreement of a regional approach to eye care sustainability, with proposals submitted to augment community based services and their digital enablers. ▪ Following a strategic workshop, agreement that the case for a high volume cataract facility for South East Wales be prioritised.
Orthopaedics	▪ Collective demand and capacity plans developed. ▪ Service models and implementation plans for the development of community based assessment services shared. ▪ Service specifications for common pathways shared.

The 2019-20 work programme seeks to build upon progress made to date and the maturing approach to regional planning, with the following summarising the specialty work programmes. Health Boards will ensure that the resources required to deliver the programme at pace are secured, for a combination of external and internal sources

Specialty Workstream	2019-20 Work Programme	Local Actions
Paediatric, obstetrics and neonates	▪ Finalise detailed service specifications to reflect revised clinical pathways and flows. ▪ Continuously and collectively monitor operational changes implementation during 2019-20 to ensure any ongoing service sustainability pressures are collectively addressed.	▪ Finalise and implement additional capacity plans in Neonatal, Obstetrics and Paediatrics in line with Children & Women's Clinical Board implementation plans.
Vascular services	▪ Post implementation review of the Out of Hours Interventional Radiology Service. ▪ Detailed plan for the centralisation of arterial vascular surgery to enable implementation in 2019-20. ▪ Submission of a capital case for a hybrid theatre at the University Hospital of Wales to support centralisation.	▪ Development of business cases to support the necessary capital infrastructure
ENT	▪ New ENT model for Cwm Taf and POW will commence mid 2019/20. ▪ Deliver Head and Neck Cancer cross organisational MDT services across Cwm Taf, POW and Cardiff and Vale, with complex cases continuing to be undertaken at UHW.	▪ Ambulatory ENT surgery centralised at UHL

Specialty Workstream	2019-20 Work Programme	Local Actions
Diagnostics	For 2019/20, in relation to CT and MRI the regional group has: ▪ Agreed to develop a standardised approach to demand and capacity planning with the support of the delivery Unit, to strengthen the planning of the regional work. ▪ As part of the collaborative approach, spare capacity within the CTUHB Diagnostic hub will continue to be offered up to partners in the region. ▪ Work on how the mobile MRIs currently in use in Cardiff will be managed regionally via Diagnostic Hub in 2019/20. For 2019/20, the regional group will: ▪ Develop a standardised approach to demand and capacity planning for endoscopy with the support of the delivery unit. ▪ Assess demand and capacity and explore opportunities for joint working and shared working around solutions for meeting any shortfall in capacity.	▪ Working through demand and capacity modelling ▪ Enabling works and installation of MRI Scanners at UHW ▪ Develop symptomatic FIT testing as part of cancer developments

Specialty Workstream	2019-20 Work Programme	Local Actions
	▪ The group will consider options for the delivery of a regional service for EUS and review other emerging areas of fragility. ▪ CTUHB will be progressing plans to expand Endoscopy services as part of phase 2 of the Diagnostic hub project, which could provide opportunities for the region. ▪ Work will focus on regional planning opportunities surrounding the expansion of bowel screening services in particular the impact of the introduction of FIT testing on colonoscopy. ▪ Work will focus on exploring the opportunities to pilot FIT in symptomatic patients outside of the bowel screening programme, where capacity allows.	
Ophthalmology	▪ Refresh of regional plans to improve elective access, reduce and delayed follow ups that reflect the impact of revised prioritisation.	▪ We have submitted plans to WG against the recent funding to support management of follow ups in optometry community practices. If approved

Specialty Workstream	2019-20 Work Programme	Local Actions
	▪ Prioritise the digital enablers for the transformation of eye care services and community solutions, leading the procurement and implementation of the eye care digitisation including e-referral and an electronic patient record. ▪ Development of the case for a Regional High Volume Cataract Facility for South East Wales.	capacity will be increased to support – Glaucoma Diabetics AMD stable Eye Casualty ▪ We are writing the specification for NHS Wales for digitisation and we are to be the lead the procurement on behalf of NHS Wales. ▪ We are Implementing the technical communication between primary and secondary care for e-referrals ▪ Implement the connectivity of 20 Optometric Practices to enable full "shared care" and treating low risk patients in primary care. ▪ Address the IG issues associated with enabling Optometric practices access to the national Eye EPR.
Orthopaedics	▪ Update and share 2019-20 demand capacity plans to identify opportunities for collaborative capacity-sharing. ▪ CEOs to confirm each UHB T&O strategic service configuration plans in order to identify and share regional capacity development proposals. Produce high-level regional capital & revenue implications across the South Central UHBs to compare with a centralised elective facility option.	▪ As regional Orthopaedics Lead Organisation, appoint Project Manager to co-ordinate supporting work programme.
Major trauma	▪ Supporting the NHS Wales Collaborative in the development of the Business Justification Case and in the actions to deliver compliance with relevant standards. ▪ Development of the Business Justification Cases for Major Trauma Units within Cwm Taf and Aneurin Bevan UHBs. ▪ Development of the Outline Business Case for the Major Trauma Centre at the University Hospital of Wales.	▪ Appoint programme lead and project manager for Major Trauma Centre. ▪ Development of local clinical pathways. ▪ Implement Major Trauma data base.

Specialty Workstream	2019-20 Work Programme	Local Actions
Transforming cancer services	▪ Development of an Outline Business Case for a Radiotherapy Satellite Centre at Nevill Hall Hospital as part of the Velindre NHS Trust Transforming Cancer Services Strategy. ▪ To support Velindre NHS Trust with the Transforming Cancer Services Programme Business Case and the Full Business Case for the new Velindre Cancer Centre.	▪ Development of joint radiopharmacy facility.

Sexual Assault Referral Centre (SARC)

Health Boards and all key stakeholders across the South Wales region have been increasingly engaged in the modelling work to support a sustainable model for SARC services. Ongoing modelling and planning work has been carried out during 2018-19 with the relevant statutory agencies and clinical representation across all stakeholders. The most recent work has seen option appraisal workshops held to further work through these options and to score models across a number of service and activity assumptions. It is understood that UHBs will expect to incur additional costs associated with the developing modelling work for 2019-20, as well as contributing to initial costs associated with the implementation of a regional paediatric service which took effect from the final quarter of 2018-19. Further work will need to take place early 2019-20 to develop the commissioning framework.

Emergency Medical Retrieval and Transfer Service (EMRTS Cymru)

Following the request from the Chief Executive, NHS Wales to explore the options and opportunities to extend the EMRTS in order to advise the Cabinet Secretary, a Service Expansion Review document has been prepared with the EMRTS Delivery Assurance Group (DAG).During these discussions, a number of national and regional programmes have been identified that have implications for EMRTS and for completeness these have been included in the service review, including the development of the Major Trauma network.

The principle of the review has been to establish a case for change based on a set of key strategic drivers underpinned by the analysis of current unmet demand over the 24 hour period. We will continue to work with EMRTS to develop the case for the extension of EMRTS.

Working With The Wider Health System

As we have set out a number of times in this document, working in partnership is core to the delivery of Shaping Our Future Wellbeing and achieving the ambition of A Healthier Wales. We have set out our role with our partners on the Regional Partnership Board and in achieving the ambition for health services across South Wales. In this section, we want to highlight just some of the work we will be undertaking with partners. This is not the full extent of our collaborative endeavours, but provides a snapshot of our approach.

Working with the Welsh Ambulance Service Trust and the Emergency Ambulance Service Commissioner (EASC)

Working through the emergency ambulance service committee framework and the agreed Commissioning Intentions, we have developed a strong relationship with the ambulance service. We are looking to continue the progress we have made with joint initiatives such as:

- Advanced Paramedic Practitioners and clinicians in the control room
- Frequent Attenders; supporting WAST in phase 2 of their programme working with nursing and care home staff to avoid unnecessary 999 calls.
- Care Home Integrated Support Teams; expansion of work to reduce the number of calls from care homes and patients admitted to the emergency departments, focusing on a community-led approach.
- Implementing additional 'direct-access' ambulatory care pathways.

The recently published Amber Review demonstrates the progress made in providing a clinically driven response in emergency situations. The report sets out a number of opportunities for improvement, in particular supporting the ambulance service to get vehicles back on the road as soon as possible. A system wide response is needed to address this challenge. The actions we have set out in prevention, supporting more people to live well in their communities and our focus on reducing length of stay will also support improvement in ambulance provision. We are pleased to be working with the ambulance services not just on the emergency part of their service. Advanced paramedic practitioners can play a vital role in supporting primary care. Non-emergency patient transport similarly plays an unrecognised role in service transformation. For example the redesigned acute coronary syndrome pathway and introduction of a dedicated access vehicle has seen a reduction in referral to transfer times to two days, dramatically improving patient care and achieving NICE standards.

Working with Velindre NHS Trust

Focusing on the appropriate use of blood products can make a significant difference for the Welsh Blood Service in managing the supply and demand of blood products across the system. Through the national Blood Health Plan we are focusing activity on using tools to make appropriate use of type O negative blood and reduce errors in the mis-identification of patients to improve transfusion practice.

The Welsh Blood Service is about much more than the supply of blood products and we are pleased to be working alongside it to support the programme of work led by the blood service to bring forward novel cell therapies as part of the Midlands and Wales Advanced Therapies Treatment Centre. This is a truly collaborative project with our neighbours in Cardiff University, industry and the NHS in Birmingham which has received £7.3M in funding from Innovate UK to bring forward new cellular therapies. The development of cell therapy services is built into our plans for the development of our estate.

We will be working closely with Velindre Cancer Centre to ensure seamless services for cancer patients; further aligning our pathways, developing acute oncology services and jointly working on ensuring sustainable radiopharmacy services. We are also committed to the Transforming Cancer Services Programme.

NHS Wales Shared Services Partnership

Shared Services provide an invaluable role in supporting our work with 95% of NHS Wales expenditure processed through shared services systems and processes. Shared Services support is helping the organisation to maximise every pound spent though supporting work on value based procurement and ensuring effective contracting models are in place with our contracted services in primary care.

As we have set out in the plan, recruitment and retention of staff is a key enabler for our plans. Maximising Hire to Retire and the agility of our Electronic Staff Record is crucial to be able to respond as staffing pressures emerge.

Shared Services plays an important role in unsung areas which support service sustainability and transformation. We will continue to work with the service in areas such as:

- Scan and Store Service are creating capacity in GP surgeries to meet population growth.
- Developing contracting models that allow for greater collaboration and sharing of premises across multiple public, private and third sector partners.
- Delivering an effective laundry service, supporting the smooth and efficient running of hospital services.

NHS Wales Informatics Service

Effective systems and the ability to turn data into meaningful information is essential to the delivery of our strategy. The goals of the Informed Health and Care Strategy are aligned with the objective of Shaping Our Future Wellbeing. We will continue to work with NWIS to ensure the roll out of national systems fully meet the needs of our population. We know we need to continue to support system development to have patients at its core.

National System usage and roll out:

Position for CAV – NIMB October 2018

Secondary Care	WCP Path Requesting	National PACS	WLIMS Blood Transfusion	WLIMS Histology	WLIMS WTAIL	WLIMS Mortuary	WPOCT	GP Links (IUVO)	WIAS	WPRS	MTeD	WCCG Phase 2	WEDS
	88%							50%		94%	92%		
University Hospital of Wales	Apr 16 – Mar 19		See comments	See Comments	N/A	See Comments	*	*		Nov 15 – Mar 19		Pilot readiness underway	
University Hospital Llandough	Jul 16 - Mar 19			N/A	N/A		*	*		Nov 15 – Mar 19			
Other Sites	Jul 16 – Mar 19						*	*		Nov 15 – Mar 19			

Primary Care	Choose Pharmacy	GPTR Reporting	GPTR Requesting	WCCIS
	76%	0%	0%	
CARDIFF & VALE	Oct 17 – Dec 18			*

* "National Product Available" date awaited

(P) Pilot

Welsh Health Specialised Services Committee

Our relationship with WHSSC is both as a commissioner and provider. As a provider we have improved our relationship and governance arrangements over the last year, ensuring a more robust approach to the development of service proposals. As a commissioner, we continue to participate in the effective collaborative process and support the increasing focus on clinical value in the proposals put before the joint committee.

Details of the WHSSC service developments for 2019-22 are included in relevant clinical board plans. As a high level summary, in line with the WHSSC Integrated Commissioning Plan, we will be taking forward service developments which include:

- Paediatric Endocrinology (Children and Women Clinical Board)
- Cardiac Ablation (Specialist Services Clinical Board)
- Augmented Alternative Communication (Specialist Clinical Board)
- Genetic Testing
- BAHA/ Cochlear Replacement and Maintenance (Specialist Clinical Board)
- Paediatric Rheumatology (Children and Women Clinical Board)
- Advanced Therapeutic Medicinal Products (Cell and Gene Therapy)

As a commissioner we recognise our responsibility in ensuring investment in new treatment options delivers value for patients across Wales. As a providers we know we need to deliver improvements in Cardiac Surgery and Neurosurgery services. We are making progress and have delivered improvement in those waiting for cardiac surgery in 2018-19 will continue to work with our partners to put forward plans for the sustainable delivery of neurosurgery patients.

Health Education and Improvement Wales

We are delighted to begin working in partnership with the newly created Health Education and Improvement Wales (HEIW). Through recent IMTP planning discussions we have already provided the opportunity to share our agendas, priorities, plans and challenges. We will be particularly pleased to work closely with the organisation as it develops and integrates workforce planning and leadership and succession planning into its core objectives. Early collaboration on our primary care workforce, in particular out of hours, is already underway.

Delivering On Our Commitments

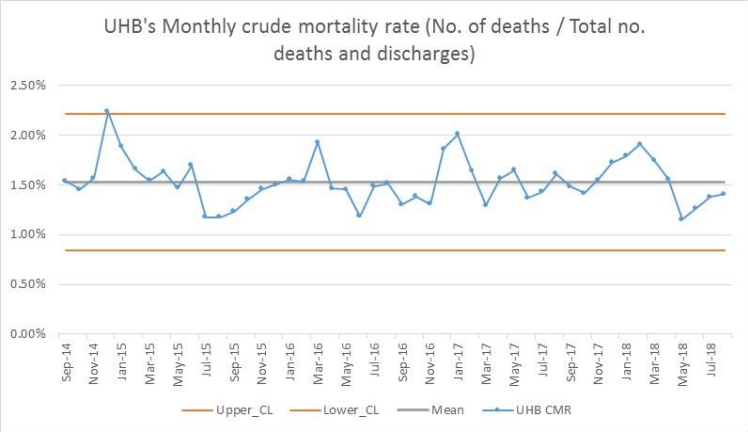
In our annual operating plan, we committed to strategic actions to deliver across the health board. This section outlines the actions we have taken:

We said	We did	Result
Establish a primary care sustainability fund to support struggling practices and develop a response to population growth	**Delivered** £210,000 fund created to support practices	At the end of October the health board had zero active applications from GPs to support with the sustainability of their services and there are no lists presently closed to new registrations. The application received in September having been successfully resolved.
Establish a collaborative service with South Wales Police to provide a pathway for specialist domestic violence services	**Delivered**	Training rolled out to GP practices to identify potential safeguarding issues earlier and increasing referrals to advocacy.
Review and realign community mental health services in the Vale of Glamorgan, piloting the service model of locality based teams	**Delivered**	The co-location of the three Vale Community Mental Health teams is a step towards the establishment of the health and wellbeing centres described in the Shaping Our Future Well-being Strategy. It has streamlined access for patients and improved coordination across the Vale.
Relocate mental health services for older people to purpose built, dementia friendly environments and improve the service offering	**Delivered**	Refurbished facilities collocated with Local Authority and third sector so that once the health crisis is resolved, social care assessment is available for immediate support.
Establish a day of surgery admission area to improve efficiency of provision	**Delivered**	Implemented unit seeking to increase Day of Surgery Admission to 85-90% of cases reducing length of stay.
Establish ENT emergency surgery model, separating emergency and elective provision	**Delivered**	Introduced in November 2018 therefore no data available, but positive engagement from surgical teams.
Establish non-invasive ventilation unit	**In progress**, having reviewed initial plans further work is required to ensure alignment with developments in critical care. We will be taking this forward in 2019-20	
Stroke pathway redesign	**In progress**	A project manager is in place. Further work is required to ensure alignment with regional developments of Hyper Acute Stroke Units.
Point of care testing revised model	We have reviewed the proposal and will not be implementing this year, further scoping required	

Performance Delivery 2018-19

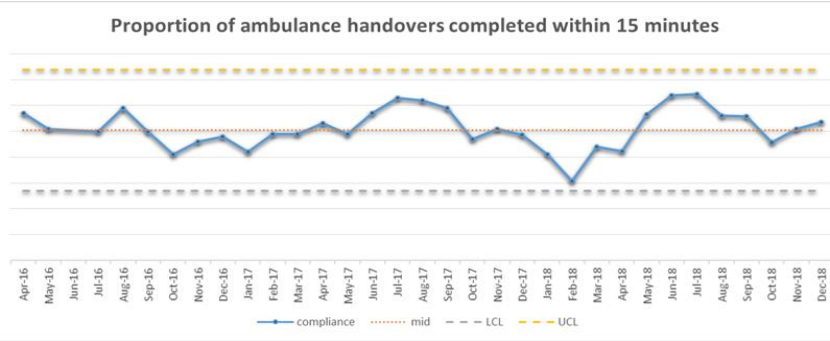
This section looks at our core performance against some key measures. This allows us to understand where we are making progress so we can support and accelerate improvement and where we need to focus actions to deliver change. Alongside our understanding of our population, understanding our performance to date sets the context for our plans.

Mortality

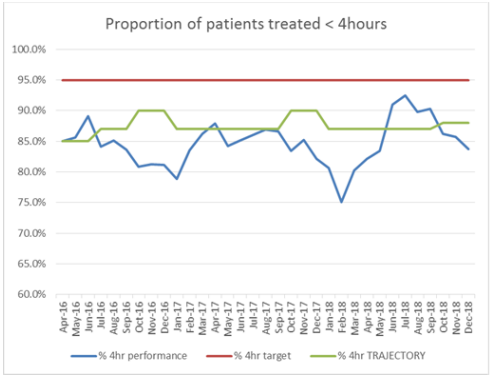


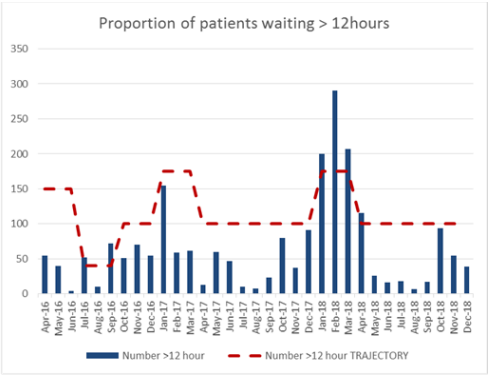
The latest data from CHKS continues to indicate that we have the lowest risk adjusted and crude mortality rates in Wales. Our Risk Adjusted Mortality Index score for the 12 months up to July 18 was 84 (UK mean is c.100) and our crude mortality rate is 1.5%. This is a positive overall marker of the quality of our system.

Unscheduled Care

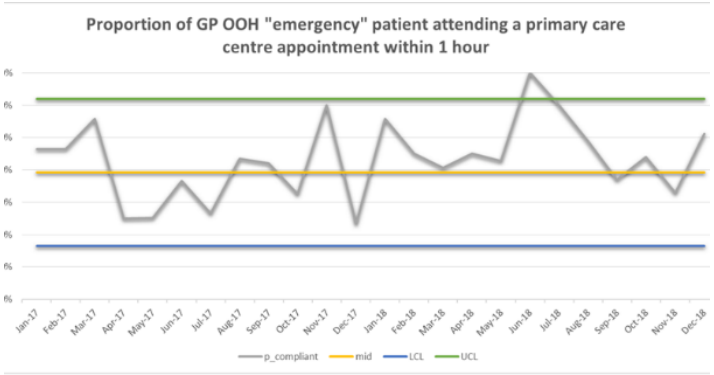


At December 54% of patients were handed over within 15 minutes and 91% of patients handed over within an hour, which is below the Welsh Government minimum standard of 60% within 15 minutes and 100% within 60 minutes. This indicator is reflective of system pressure and demonstrates the performance of our front door in responding to this.



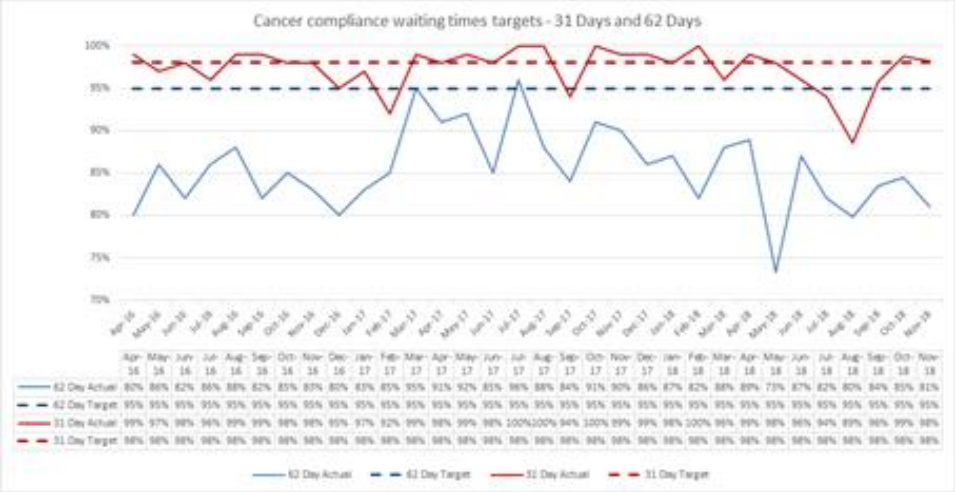


Improvement has been made in performance against the 4 and 12 hours standards. However there remains rooms for improvement to achieve target. Taken together, these measures demonstrate the need for collaborative solutions to reduce pressure and deliver improvement. You will see a range of actions set out in this plan which should support improvement in these indicators.

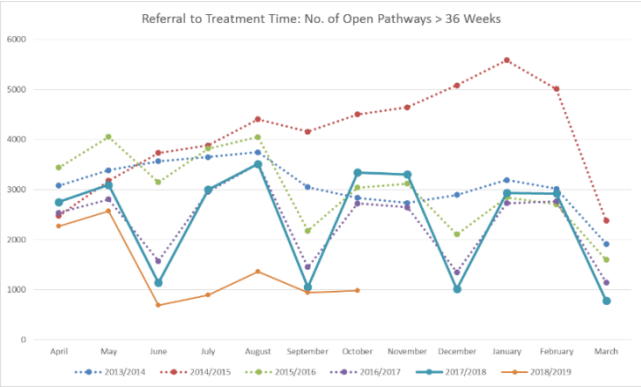


We have seen a trend of improvement in our GP out of hours performance. We need to continue these improvements. Actions to create sustainable primary care services and improve access to out of hours care in the community are core to this plan.

Our performance in cancer services remains a challenge. There is action in place to deliver improvement against both of the current targets, however we have to acknowledge there has been a 19% increase in urgent suspected cancer referrals in the year to date. Therefore, whilst we are not yet achieving the target routinely (we achieved the 31 Day target in November 2018) we are seeing and treating more patients than ever before. This plan sets out the actions we will be taking to improve service performance as we prepare for the introduction of the Single Cancer Pathway.

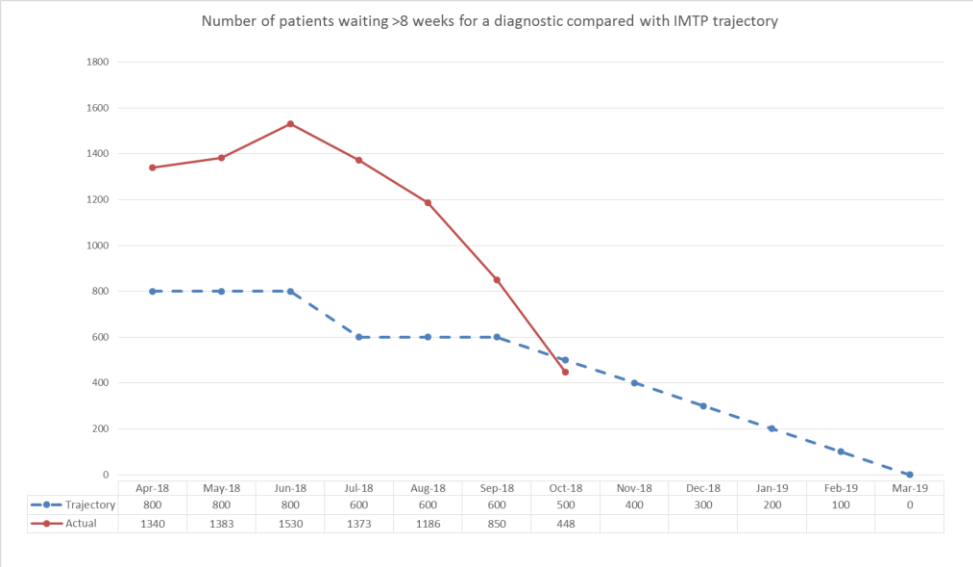


Planned Care

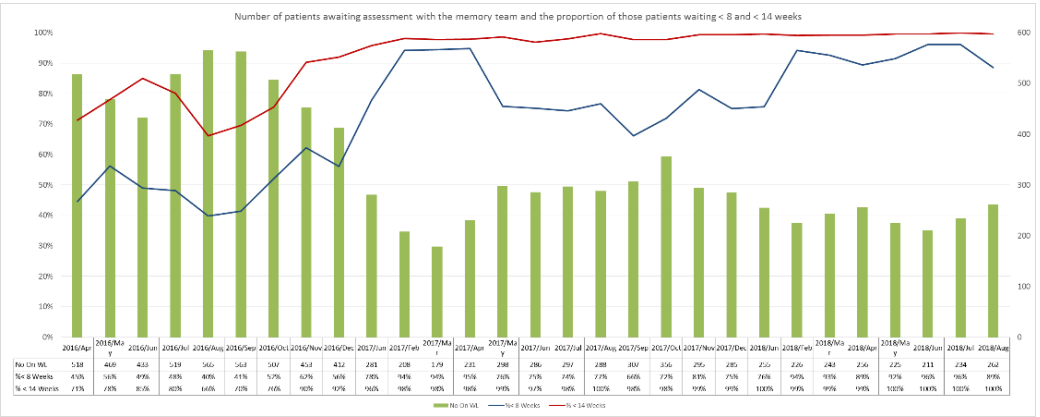


Significant and sustained improvement has been made in our elective pathways. We intend to continue this trajectory and work towards no patient waiting longer than 26 weeks for treatment

Our diagnostic performance is similarly improving, with those waiting longer than 8 weeks below our trajectory.



Our performance in mental health services remains strong. At the end of December 2018 98% of patients were waiting less than 14 weeks for a memory assessment against a 95% target.



Clinical Strategy Overview

Our strategy, Shaping Our Future Wellbeing describes our ambition based on a set of design principles to develop and deliver joined-up care based on; home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to people. These principles underpin our approach to the redesign of our health and social care system at both a macro and micro level. We have been working with clinicians and wider stakeholders, including the Regional Partnership Board to develop a strategic clinical services plan. This describes the major service changes and critical enablers required to reshape our clinical services in order to meet the future needs of our population.

The principal priority is to optimise the independence and health and wellbeing of our citizens by taking a truly whole-system approach. We will do this through improved collaborations with our partners in local authorities, the third sector, public health and the universities. The development and delivery of increasingly collaborative services across health and social care teams in the community is already embedded within our Area Plan. They will be continuously strengthened and developed to provide seamless, cluster-focused and locality-based services. These will be designed to meet the specific and variable health and social needs of the local populations within those areas. This work is aligned with the programme set out with partners under the banned of HEART – the health enterprise alliance for regional transformation.

Our hospital based services are also being redesigned to meet the needs of our population on a very different model of care. The majority of care will be provided based on standardised clinical pathways with improved digital information systems, electronic communication and more flexible community based support enabling the provision of more care at home. This will ensure the acute intervention is focused on providing those services that can only be delivered in a hospital environment.

Our emerging strategic clinical services plan identifies the critical service redesign proposals and infrastructure developments required to enable a sustainable and high value service model that will support our future model of care.

The primary redesign principles, assumptions and objective for the clinical services redesign plan are outlined here:

Core Planning Principles:

- Whole-system and pathway based approach to planning and delivering health and social care in collaboration with stakeholders (including local authority, third sector, UHB and trust partners) and citizens.
- Citizens should receive care at home or as close to home as possible. Hospitals should only provide assessment or care that cannot be provided in the community.
- Patients requiring hospital admission should receive high quality, high value, evidence-driven, safe and compassionate care.
- Hospital care should provide the appropriate package of specialist care co-ordinated to meet the needs of the patient and focused on improving outcomes.
- Innovative workforce models, new technologies and a flexible digital platform across clinical and wider care providers will support new models of care.
- We will work in with ABMU through our Partnership Board and other Health Boards to deliver an effective model for tertiary services.

Core Planning Assumptions:

- Shaping Our Future Wellbeing in the Community will provide the overarching programme for the community infrastructure development to support the shift of care from secondary to community.
- UHW will be replaced with a new, fit-for-purpose facility developed collaboratively with Cardiff University to support their medical and life sciences hub.
- Demand for tertiary and specialist, complex care will continue to increase for the South Central region and South Wales which will be delivered from the 'new UHW'.
- UHL and St David's Hospital will form key components of the hospital services infrastructure to support the clinical services plan.

Key Drivers for Change:

- To refocus the health and social care system to prevent ill health and promote individual independence, health and wellbeing.
- Commitment to improve access to care by providing more and better integrated services in the community and to reduce reliance on traditional model of hospital based inpatient care.
- Viability of specialist acute services to meet national quality standards based on critical mass of patients and/or co-dependency with other specialties.
- Clinical workforce sustainability – viability of medical rotas that enable clinicians to maintain skills, comply with employment legislation and meet mandatory training requirements.
- The need to drive much better value from all care services.
- The poor condition and functional unsuitability of many clinical environments of care for future healthcare provision.
- The need to harness opportunities provided by developments in digital and medical technology, medicines and the real potential of developing personalised medicine.
- The need to attract and retain more of our highly trained staff by developing a motivated and sustainable workforce.
- To be an attractive place for attracting investment in research development and innovation.

Emerging Clinical Services Plan for Future Configuration of Healthcare Services:

Our services will be delivered predominantly in patients' homes or from facilities in the community. Opportunities to integrate and /or co-locate community based services across health and social care will be pursued through the development of wellbeing hubs in each of our nine clusters. Wellbeing hubs will be focused on delivering a social model of health, either through the development of existing assets e.g. health centres, leisure centres, and local authority community hubs or through new builds in areas of extensive new residential development. In each of our three localities there will be a locality based Health and Wellbeing Centre. These will provide the infrastructure to support the services for the locality that cannot be provided in the wellbeing hubs due to the dependence of service on equipment, facilities or critical mass. These services will include:

- diagnostic and clinical support for ambulatory patients
- point of care testing
- plain film x-ray
- outpatient services
- a range of integrated health and social care services that will be tailored to reflect the specific needs of the locality.

Our hospital based services will also need to be reshaped to support the future healthcare service needs of our local, regional and tertiary population within modern and fit-for-purpose infrastructure. The redesign of clinical pathways and development of cluster and locality based integrated care capacity will enable the capacity for hospital delivered care to be right-sized. The ambition for the two major acute hospital sites in Cardiff and Vale UHB is to clearly define their future roles in ensuring that patients are admitted for the shortest time for the provision of care that can only be delivered in a hospital environment. Our clinical services plan will require these two hospitals to operate differently in the longer term.

UHL will provide care for ill but stable patients. Services will include:

- The re-provision of our tertiary neuro and spinal rehabilitation service will be transferred from Rookwood hospital to UHL.
- Ambulatory acute medicine daytime service; run to provide diagnostic assessment and treatment for patients who cannot receive this care in the community but do not require the 24/7 specialist services that will be provided at the new UHW.

- Elective surgical treatment centre of excellence supported by a dedicated PACU that will provide ambulatory and appropriate routine, non-complex and high volume surgery to optimise outcomes, productivity and value.

The provision of hospital based acute adult and older people's mental health services will remain at UHL.

The role for the new UHW will be to provide the immediate emergency and specialist care for acutely unwell and complex patients for our resident and wider catchment population of some regional and our high acuity tertiary services. These are services that are dependent on immediate access to all diagnostic services and imaging modalities, critical care and/or specialist clinical services on a 24/7 basis. The new hospital will provide a modern and fit-for-purpose facility that will be right-sized to provide the capacity and capability for the range and volume of high acuity and specialist services described. It will be developed collaboratively with Cardiff University to support their medical and life sciences hub and to enhance the innovation, research and development opportunities with wider stakeholders. Clinical pathways will ensure that patients are supported back to their appropriate care location at the point at which they no longer require specialist or high intensity care e.g. directly home or into step down care at either UHL, for specialist rehabilitation, or to a community facility with appropriate community team support.

The services provided will include:

- Major Trauma Centre services.
- Emergency Department (A&E) for Cardiff and the Vale catchment.
- Unselected acute medical intake for Cardiff and the Vale catchment.
- Full 24/7 diagnostics – all imaging, interventional radiology, full regional pathology laboratory services, radio-pharmacy, endoscopy and cardiac catheter laboratory services.
- All levels of critical care.
- All acute emergency care and inpatient beds for all specialty emergencies – e.g. acute medicine, surgical specialties, acute oncology, cardiology, respiratory, acute stroke (HASU), acute gerontology and gastrointestinal.
- 24/7 emergency theatre capacity including dedicated major trauma.
- Complex elective surgery – including cancers, spinal, maxillofacial, vascular, robotic surgery.
- The Noah's Ark Children's Hospital for Wales and all paediatric emergency, intensive care (PICU) and inpatient services.
- A co-located consultant and midwifery-led birthing centre.
- Neonatal intensive care – all levels.
- Specialist tertiary services including cardiac and neurosurgery, blood and marrow transplant, renal surgery, nephrology and transplant, thrombectomy, advanced gene and cell therapies and All Wales Genomics service.

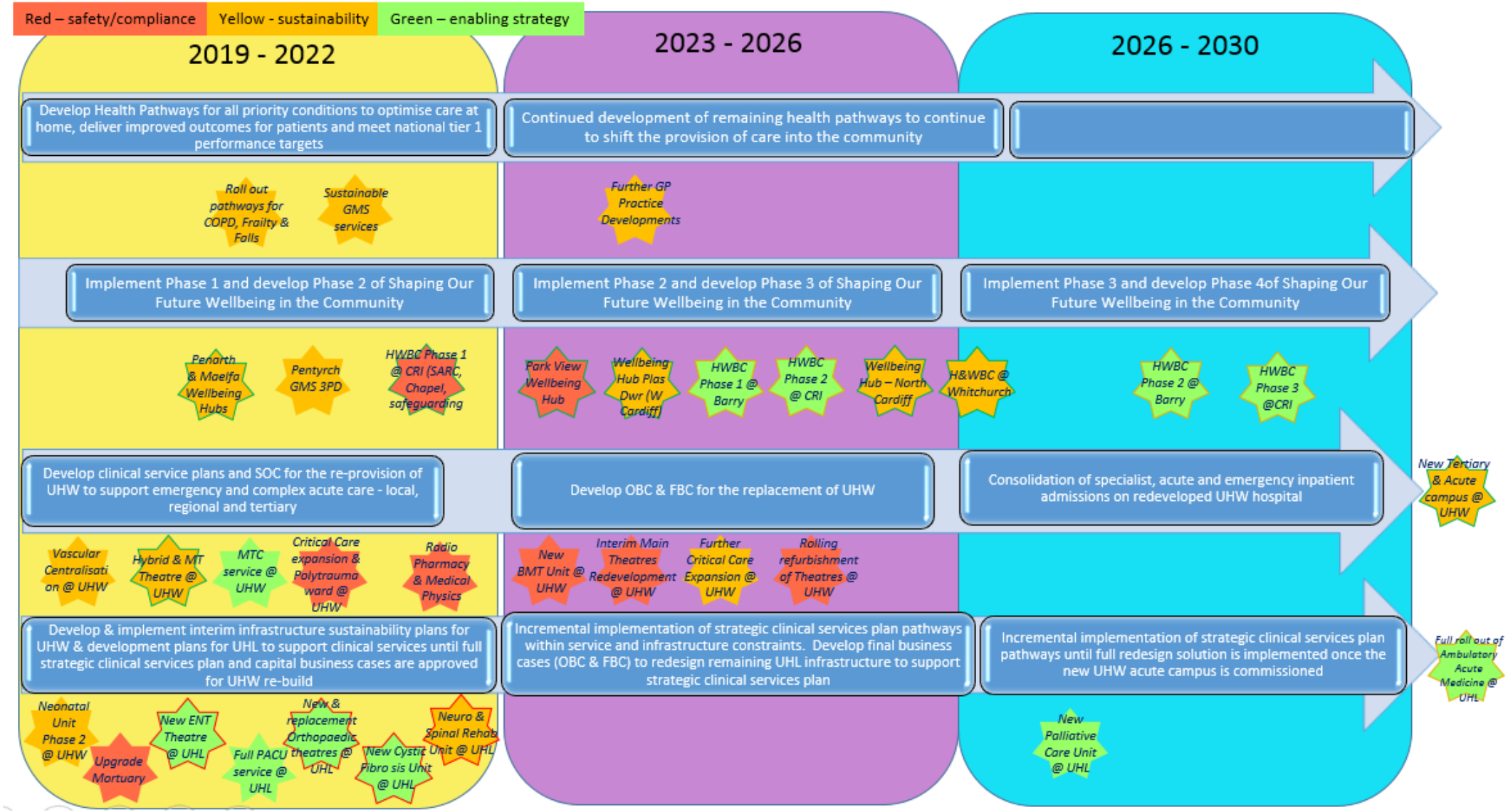
Engagement and Next Steps

Early in 2019-20 we will continue to engage clinicians and communities with a view to finalising the plan during the third quarter of the year. We will work with the Community Health Council to develop our engagement plan, we also have very active patient engagement across our Clinical Boards and will be tapping into these processes to inform our plan.

The diagram on the next page sets out the key enablers and milestones for the delivery of our clinical services strategy alongside core capital developments to ensure safe and sustainable services.

Key Enabler Milestones

Red – safety/compliance | Yellow - sustainability | Green – enabling strategy



KEY ENABLERS

Quality

Our Organisational Approach to Quality

As an integrated healthcare provider, our focus on quality, safety and the patient experience must extend across all settings where healthcare is provided. We recognise 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 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. What really matters for our patients' carers and citizens must be central to our decision making, so that we can use our time, skills and other resources more wisely.

It is inevitable that there will be emerging risks to both patient safety and quality across the whole system of healthcare provision, and the UHB will need to anticipate and respond to these. This will form an important focus for quality and safety initiatives over the next three years. During 2018 we have continued work to embed the QSI Framework across the UHB. There have been a number of positive achievements:

- Annual Quality Statement was published in July 2018. An innovative approach was taken working in partnership with the paediatric diabetes team and with children from local schools. This received excellent feedback.
- Continued to increase compliance with patient safety solutions to 92%.
- Electronic wristband system has been fully implemented across the organisation.
- Excellent work has progressed in the development of a multi-agency falls framework.
- An intergenerational, collaborative project, led by the Falls Strategy. Implementation Lead, between the UHB, Cardiff University and local primary schools to provide intergenerational falls awareness sessions for community-dwelling residents.
- Quality of pressure damage assessment and reporting has increased significantly bringing the UHB in line with reporting by peers across Wales; the development of guidance and an education and training programme has enabled improved reporting of community acquired pressure damage; new beds and mattresses have been rolled out across the organisation.
- Infection prevention and control (IP&C): Cardiff and Vale UHB has continued to make good progress against the 2012-13 baseline numbers of HCAI with an overall reduction of 62.5% in *C'diff* cases, 8.3% reduction in MSSA and a 55% reduction in MRSA bacteraemia in the 2017-18 target period.
- Undertaken significant improvement work in areas of concern during 2017 - 2018 including paediatric surgery, endoscopy surveillance and compliance with the Human Tissue Act.

During 2018 we have continued to make progress in terms of embedding quality, safety and experience arrangements across the health board. All of our clinical boards report on a regular basis to our quality, safety and experience committee, providing assurance across the breadth of services we deliver. A standardised quality, safety and experience agenda template, aligned with the Health and Care Standards is now well embedded and provides a robust framework for assurance reporting to the committee. A quality, safety and experience dashboard is also well embedded and we have developed and launched a nursing dashboard, which will support quality improvement at ward level and also support implementation of the Nurse Staffing (Wales) Act 2016. We are committed to systematic learning from incidents, complaints and events as well as taking a proactive approach to incident avoidance.

We have already embedded arrangements to respond to the actions aligned to the strategic direction of NHS Wales and progress against these actions is being monitored through the Quality, Safety and Experience Committee of the Board, which has a comprehensive work programme developed to meet the requirements of national strategic drivers, as well as key quality and safety issues in the Corporate Risk Assurance Framework and the Healthcare Inspectorate Wales (HIW) Work Programme.

The Quality, Safety and Improvement Framework 2017-2020 sets out the UHB three year Framework.

ACTION	OUTCOME	MEASURE
AIM 1 - GOVERNANCE LEADERSHIP AND ACCOUNTABILITY		
Deliver 2 cohorts of LIPs programme.	Increase quality improvement capability.	Number of people trained.
Establish Human Factors Training.	Reduced errors associated with human factors.	Evidence of consideration of human factors in investigations.
AIM 2 - SAFE CARE		
Implement Multiagency Falls Framework.	Reduction in falls which cause serious harm.	Reduction in WAST conveyance.
Pressure Damage and Control - roll out revised guidance.	Reduction in the number of Grade 3 and 4 pressure damage.	Numbers of Grade 3 and 4 pressure damage.
Serious Incident Reporting - implement revised guidance.	Reduction in same cause serious incidents that cause severe harm or death.	Number of same cause serious incidents.
Infection Prevention Control.	WG IP&C reduction target met	Rates of infection for CDiff, MRSA, MSSA, Ecoli, Pseudomonas, Klebsiella
AIM 3 - EFFECTIVE CARE		
Deliver patient safety solution compliance.	Compliance with patient safety solutions.	Baseline: 92% Target: 100%
Mortality Reviews- improvise compliance, and establish Medical Examiners groups.	Deaths of all Patients are reviewed.	Baseline: 70% Level 1 Target:90% Level 1
AIM 4 - DIGNIFIED CARE		
Full roll out of the Learning Disability (LD) bundle.	Meeting needs of patients with LD.	Patient Safety incidents/ concerns involving patients with LD.

Actions against Aim 5 - Timely Care is included within our actions for planned and unscheduled care and Aim 6 - Individual Care within the patient experience section that follows.

Patient Experience Framework

The Wales Audit Office (2016) outlines how listening to the experiences of service users should be a fundamental part of learning in the NHS and in order to learn effectively, there is a need for structured, planned activity that is built in to normal working practices.

The NHS Wales Framework for Assuring Service User Experience was initially published in May 2013 and updated in 2015. The requirement to update the framework was in light of Keith Evans' report "Using the Gift of Complaints". Additions, therefore, to the balancing quadrant included concerns and compliments data and third party surveys, for example those undertaken by our Community Health Council.

The Health Board refreshed the Patient Experience Framework to incorporate all elements of real time, retrospective, proactive/reactive and balancing patient experience across the UHB and primary care. Much of the detail in the framework has been informed by the All Wales Listening and Learning Group, which has been established to embed the learning from "Using the Gift of Complaints" and to share good practice across Wales. The Health Board meets on a regular basis with its Community Health Council; their contact details are displayed on the 700 posters displayed across secondary and primary care settings. Patients, families and carers can provide feedback in a wide variety of ways. Some posters are specifically designed by organisations to encourage feedback.

We will continue to deliver and embed the refreshed Patient Experience Framework and in 2018-19 we have had some key achievements

- 65% of concerns are now managed informally and less than 1% are converted to formal concerns.
- The 30-day response rate to formal complaints is 80% and a trajectory is in place to sustain the implement real time feedback system across all areas of UHB performance.
- The Patient Advice and Liaison Service (PALS) team hold regular weekly sessions in the three information centres at UHW, UHL and Barry Hospital.
- A very positive annual ombudsman report was received.
- The introduction of happy or not machines and ward feedback kiosks means we have received over 330,000 real time feedback opportunities.
- We have rolled out the introduction of John's Campaign to recognise and support the needs of carers in the hospital setting.
- Schools are increasingly able to record Young Carer status. Schools have achieved accreditation status.
- We have worked with GP practices to develop carer champions.
- We have worked with the deaf community to improve their access and experience of healthcare.

ACTION	OUTCOME	MEASURE
AIM 1 - REAL TIME		
Implement real time feedback system across all areas of UHB.	Provide real time information.	Improvement delivered through quality measurement.
Review feedback mechanisms.	Suite of patient experience feedback tools in use.	Improvement in patient satisfaction scores.
AIM 2 - RETROSPECTIVE		
Use of social media, online survey and apps for proactive feedback.	Social media channels are regularly used as a vital engagement tool by the public.	Monitor hit rate on survey tools, to measure an increase over the year. Monitor completion of surveys
AIM 3 - PROACTIVE/REACTIVE		
Put in place carers' forum.	Carers have a dedicated forum where key issues are discussed and action taken.	Forum in place. Evaluation of Forum undertaken
AIM 4 - BALANCING		
Timely response to 30 working day concerns.	80% of all formal concerns are responded to within 30 working days. All complainants are fully satisfied with the response from the UHB.	Compliance with 30 day responses. Maintain and sustain the performance rate by 31 March 2020 overall response time of 85%
Introduction of e-datix systems.	Triangulation of feedback information across patient experience and liaising with patient safety.	Using the data to inform of potential concerns becoming more proactive than reactive.
Improve the experience of Care for those who are deaf or Hard of Hearing	To capture through the Patient experience framework and increased satisfaction with patients experience	To undertake basic BSL training for 500 staff To sign up to the BDA – BSL Charter Deaf Awareness Training through action on Hearing Loss

Workforce and Organisational Design

Workforce planning is embedded throughout this plan and is integral to achieving all aspects of delivery. A detailed workforce plan has been published alongside this document and is available here. We also recognize the role we play in supporting a strong workforce for the wider NHS and public sector. We want to have a pipeline of talent for all parts of the system.

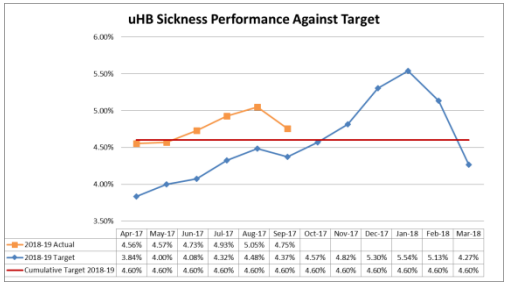
There are five core components of our approach to our workforce

Transforming Workforce

This stream addresses how we build the capability we need in our workforce and focuses on four themes:

1. Culture and behavioural change - build, buy and borrow.
2. Shape of the workforce and role redesign- optimising roles in Bands 1-4.
3. Cross cutting transformation across the organisation; developing primary care cluster capability and creating roles and competencies that span health and other public sector areas to support regional delivery.
4. Transformation within professional standards; apprenticeships, modernising pharmacy careers, modernising scientific careers.

Efficient Workforce



This stream focuses on delivering our core workforce metrics; delivering pay bill in budget, reducing sickness absence and promoting staff wellbeing.

Sustainable Workforce

This work is focused on ensuring we have the right people in the right roles in the right place at the right time. Project 95% and project switchover focus on nurse recruitment, one of the biggest areas of risk for the organisation and sustaining the eradication of off contract agency usage.

		ACTUAL	FORECAST (month end position)					
	Combined Band 5 and Band 6 including ODP	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
UHB	Establishment	3564.57	3563.53	3546.09	3546.09	3546.09	3546.09	3546.09
UHB	Forecast Actual	3259.07	3285.74	3305.49	3337.47	3337.65	3328.84	3341.02
UHB	Forecast Vacancy	305.50	277.79	240.60	208.62	208.44	217.26	205.07
UHB	%	91%	92%	93%	94%	94%	94%	94%
UHB	Forecast Starters TOTAL	74.89	63.09	46.41	58.64	26.84	17.84	38.84
UHB	Forecast Leavers	35.14	26.66	26.66	26.66	26.66	26.66	26.66

Capable Workforce

Here we are investing in our capability, focusing on talent management and training. Including improving our leadership capability.

Engaged Workforce

We know the link between an engaged workforce and delivery. Improving the wellbeing of our staff and focusing on embedding our vision in values will be core to our success. Taking the learning from our recent staff survey, we will take prioritised action to improve staff experience in key areas.

Risks

We recognise recruitment and retention of our workforce remains one of the core risks to delivering this plan. Our workforce plan sets out some of the ways we will address this challenge, however all elements of this plan contribute. Through becoming more efficient and developing new models of care we can support our workforce challenges.

Financial Plan

We did not have an approvable IMTP in 2018/19 and agreed a 1 year operational plan with Welsh Government. The operational plan for 2018/19 is to achieve a year end out-turn position of a £9.9m deficit, whilst maintaining the quality and safety of services and delivering upon agreed performance measures. We are confident in delivering our financial plan for 2018/19 which requires the identification and delivery of significant savings and further increases in clinical productivity to deliver agreed performance targets. This position has been supported by £10m Welsh Government operational plan funding which has helped in providing service enhancements and sustaining resources required to achieve current and forecast performance levels. Maintaining this level of additional support is dependent on delivering a balanced financial position in 2019/20 and over the 3 year IMTP cycle and having our plan approved.

Overview of the Financial Plan

The Financial Plan sets out our financial strategy which supports delivery of the service improvements outlined for 2019/20 – 2021/22. In addition, we are aiming to meet our own key financial objectives of restoring in year and recurrent financial balance. Whilst this will provide the UHB with a significant financial challenge over the period of the plan, through the Health and Social Care budget, a 3% core allocation uplift in funding in 2019/20 will support our ambitious goals.

The overall ambition is to submit an IMTP that can be approved, and that demonstrates improvements against high level key performance indicators which builds upon good performance in 2018/19. In terms of financial sustainability, we are on track to achieve our forecast of a £9.9m deficit and improving our accumulated underlying financial position. This plan aims to deliver improved levels of efficiency alongside improved and sustained delivery against performance standards. In terms of efficiency and transformation, we will be setting a devolved 2% recurrent savings target in 2019/20 and a further 1.8% recurrent target that will be managed corporately and mainly delivering via high value opportunities. Health and Social Care has received a good financial settlement for 2019/20 and this will support the UHB in achieving financial sustainability, and help the shift of resources in line with "A Healthier Wales." There will however be a need to limit any internal investments to those unavoidable items to address sustainability and safety issues in the first year of the plan with more growth available in the second and third years once financial balance has been restored.

The following key assumptions are currently being used in the plan:

- We will not be required to make good any prior year deficits and this will need to be confirmed with Welsh Government;
- There will be no material loss of income from SIFT and other education budgets due to the creation of HEIW and revisions to commissioning arrangements;
- The commissioning approach from WHSSC and neighbouring LHBs does not financially destabilise the UHB;
- We can manage to deliver agreed performance levels within the budget set.

Resource Planning Assumptions

Underlying Deficit

We had a growing accumulated underlying deficit up to 2016/17. This essentially represented both planned deficits which reflected planning to operate outside of the resources available and the non-delivery of financial plans. Some of the financial drivers for this had been:

- Non delivery of recurrent CIPs as set out in plans (which underpinned recurrent spending decisions);
- Reliance on non-recurring opportunities;
- Operational pressures outside of plan which were not being managed;
- Funding for growth and delivery of planned care, unplanned care and other targets above the resources available;
- Other Investments and cost pressures that have added to the underlying deficit.

These weaknesses were recognised and acknowledged and the 2017/18 and 2018/19 financial plans improved this position by:

- Focussing on the recurrent achievement of the CIP target;
- Ensuring cost pressures were managed;
- Limiting investments to those areas that were unavoidable and essential;
- Delivering an in year improved financial position.

The Board recognises its responsibility in tackling its accumulated deficit and aims to eradicate it during the period of this plan. This will be achieved via delivery of its savings plan in the first two years of this plan. The main focus of the transformational plans are in acute hospital services which as set out, were a key driver of the accumulated underlying deficit. The 2019/20 brought forward accumulated deficit is detailed in the following table.

2019-20 Accumulated Underlying Deficit

	2018-19 £'000
Operational planned deficit 2018-19	**9,900**
Plus non-recurrent CIP target 2018-19	8,400
Plus net other non-recurrent opportunities to deliver 2018-19 plan	4,000
Plus non recurrent income from WG	14,000
2019-20 b/f accumulated underlying deficit	**36,300**

The key points to note are:

- The brought forward underlying deficit does not include operational costs pressures experienced in 2018/19. These are expected to be managed by Clinical Boards in 2019/20.
- The net full year effect of 2018/19 savings across all Clinical Boards is assessed to be £0.520m and will be retained by Clinical Boards to help offset brought forward cost pressures and support delivery of the 2019/20 financial plan.

We started 2018/19 with an accumulated underlying deficit of £49.0m and have been successful in reducing this by £12.7m during the year to £36.3m. Delivery of the savings challenge within the 3 year IMTP will bring us back into recurrent financial balance.

Income Assumptions

Following receipt of Welsh Government Health Board revenue allocations for 2019/20, the table below sets out the level of allocation growth available to meet new inflationary and cost growth pressures in 2019/20 with financial assessments made for 2020/21 and 2021/22:

Net Income Growth 2019-20 – 2021-22

	2019/20 £'000	**2020/21 £'000**	**2021/22 £'000**
Allocation uplift 2%	13,243	13,243	13,243
A Healthier Wales 1%	6,478		
Top slice	(2,082)		
WG Operational Plan funding made recurrent	10,000		
Mental Health uplift	1,871	1,871	1,871
Invest 2 Save	(59)	130	130
GMS / GDS	1,700	1,700	1,700
LTA income uplift	4,520	4,520	4,520
Pay Award	15,943	7,357	
Pay Award LTA funding	4,996	2,305	
Sub total	**56,610**	**31,126**	**21,464**

The key points to note are:

- The core allocation uplift represents 2% in each of the 3 year making up the IMTP cycle, plus an uplift for ring-fenced Mental Health services. This amount has been top sliced in 2019/20 to meet agreed national developments;
- There is also an additional 1% allocation uplift in 2019/20 to support financial sustainability and to support the implementation of "A Healthier Wales."
- Operational plan funding received in 2018/19 has helped us in providing service enhancements, sustaining resources and in achieving required performance levels. This funding is assumed to be recurrent on the basis that this plan gets approved.
- It is assumed that further allocations will be made for GMS and GDS services to meet contract agreements and income growth in this area which is matched by cost growth;
- The 2% core allocation uplifts includes a 1% element of the agreed pay award.
- We are assuming that commissioners will pass onto providers appropriate funding for pay increases and non-pay inflation. We are assuming an LTA uplift for this, in line with its allocation uplift;
- We are a net provider of services. LTA inflation agreed to be 2% pass through with an additional discretionary 1% for further agreed investments. Discussion will be ongoing to ensure greatest value is derived.
- We are assuming that any changes to employers pensions contribution in 2019/20 will be met by an additional revenue allocation.

Cost Pressures

We have worked through our initial assessment of our inflationary and demand pressures for 2019-20-2021-22:

Inflationary and Cost Pressure	**2019-20 £'000**	**2020-21 £'000**	**2020-21 £'000**
Cost Growth			
Pay Inflation	24,501	14,666	6,239
Non pay Inflation	900	1,000	1,100
GMS and GDS	1,700	1,700	1,700
Continuing Heath Care	1,200	1,200	1,200
Funded Nursing Care	107	107	107
Total Cost Growth	**28,408**	**18,673**	**10,346**
Demand / Service Growth			
NICE & New High Cost Drugs	3,500	3,500	3,500
Continuing Heath Care	0	1,000	2,500
Funded Nursing Care	0	0	0
Prescribing	0	1,000	1,000
Velindre Cancer Centre	1,200	1,200	1,200
Specialist Services	5,000	5,000	5,000
Uplift on Ring fenced services	800	800	800
EASC	500	500	500
LTA Inflation plus wage award	5,197	3,769	2,520
Total Demand / Service Growth	**16,197**	**16,769**	**17,020**
Other Cost Pressures			
Welsh Risk Pool	0	0	0
Income reductions	500	500	500
Local cost pressures	2,500	3,000	3,000
Total Other Cost Pressures	**3,000**	**3,500**	**3,500**
Total Inflationary and Cost Pressures	**47,605**	**38,942**	**30,866**

Over the three year period 2019/20 – 2021/22 new national and local inflationary and growth pressures are assessed as £47.6m, £38.9m and £30.9m respectively. These assessed costs place a significant pressure on the organisation and local cost assessments for 2019/20 have been reviewed and curtailed to minimize requirements on funding and impact upon the financial plan.

The following assumptions should be noted:

- Pay award impacts are fully funded by WG over the 3 year IMTP cycle;
- There are anticipated increases in employers pensions contributions in 2019/20 that are assumed to be funded by Welsh Government;
- GMS / GDS growth costs are expected to be matched by additional resource allocation;
- NICE and high cost drugs growth has been capped at £3.5m for each year;
- Continuing Health Care and Funded Nursing Care growth costs has been reduced to nil in 2019/20, this will need to be closely monitored and managed;
- No resources have been made available for prescribing growth in 2019/20;
- Velindre, EASC and specialist services commissioning costs are best assessments at this stage, discussions are close to being finalised;
- The UHB is assuming LTA uplifts of 2% with a further 1% subject to negotiations as to what additionality it delivers;
- The UHB is anticipating further income reductions across LHB commissioners.
- Local cost pressure funding will be used to manage and contain any brought forward unavoidable operational pressures from 2018/19 plus any new cost pressures arising over and above the £47.6m assessment.

There is a clear aim to avoid cost increases wherever possible. It should be recognised however that curtailing the amounts being provided for growth does represent a financial risk that we will need to manage.

The commissioning costs for EASC, specialist and cancer services are still being finalised and if the amount required exceeds the assessment made it will need to be the first call upon the Health Board's investment reserve. This will ensure alignment of respective Financial Plans.

Investments

We have agreed to limit revenue investments to a total of £4.0m (0.5%) in 2019/20 and the first call against this will be full year effects of 2018/19 investments. This includes the full year effect of 2018/19 investments in Primary care clusters for musculoskeletal and mental health liaison services. Other investments may also be required to support other national priorities and IT developments. In addition, any commissioning investment costs in WHSSC, EASC and Velindre above those set out in plan will need to be met from this reserve. Further investment and growth is available to support the delivery of our strategy after financial balance has been restored in 2020/21 and 2021/22.

Investments will not be made until assurances on the delivery of the financial plans have been secured. Any investment proposals will need to be fully considered by the Board.

It is important to note that Welsh Government have already set aside a considerable budget to support delivery of A Healthier Wales. It is envisaged that this will be the main source of investment to support service transformation and service sustainability.

We have already made significant recurrent investments into delivering RTT and this investment will be maintained to support performance in this area. RTT plans will need to incorporate improved productivity prior to considering any further resource requirements. Further work is being done on detailed delivery plans which articulate the requirements necessary to deliver the improvements we aspire to achieve in order to secure compliance with national standards.

Good progress has been made in emergency care services and we will maintain the level of funding set aside to support winter plans.

Transformation and Efficiency Plan

We have an ambitious IMTP that addresses our underlying deficit and restores financial balance. The organisation will need to deliver improved levels of efficiency alongside improved and sustained delivery against standards increasing the value that is derived from the resources available for our population.

The Financial plan supports and enables the UHB to deliver its core priorities for 2019-22 being:

1. Primary Care: sustainability and the further development of community services.
2. Unscheduled Care: delivering a resilient and high performing system.
3. Planned Care: meeting standards.
4. Cancer Service: delivering the single cancer pathway and improved outcomes.
5. Mental Health: continue to transform and improve our services focusing on home first models.

We are aiming to deliver efficiency and transformation savings through the 2019/22 IMTP with a recurrent cash out CIP totalling 3.8% in year 1 followed by 2.5% in year 2 and 2.3% in year 3.

Our main focus is in the delivery of the 2019/20 financial savings plan. Delivering this plan will ease the financial challenge in years 2 and 3 of the IMTP.

All budget holders will need to deliver a minimum 2% recurrent CIP and manage any brought forward operational pressures and CIP shortfalls.

The balance of recurrent savings, being 1.8% in 2019/20, will be delivered through high value and corporate opportunities. This will be supported through the strategic utilisation of the Welsh Government Transformation Fund where investments in primary care will help support transformation and reduced spend in secondary care. External benchmarking and the Efficiency Framework coupled with internal assessment and validation has highlighted opportunities and priorities with a focus on

- Inpatient length of stay;
- Outpatient productivity;
- Theatre efficiency;
- Variation;
- Workforce efficiencies;
- Estate opportunities;
- Certain high cost drugs.

Delivery of a number of these high value opportunities will involve implementing new models of care and the redesign of existing care pathways to reduce the cost base whilst improving quality of service and patient value. As described in our strategy deployment and our approach to change, our internal Transformation and Continuous Service Improvement Team and their Programme of work are focussed on enabling these changes to happen.

The identification of savings and the delivery of the 2% devolved target will be the responsibility of budget holders. To support this, the UHB will continue to progress a number of cross cutting savings schemes through the Cross Cutting Steering Group led by the Director of Finance with each work stream having an Executive Director lead.

The Cross Cutting Steering Group has been successful in delivering cash out savings throughout 2017/18 and 2018/19. The following themes are being pursued in 2019/20:

- Medical productivity
- Medicines management (primary and secondary care)
- Nursing productivity
- Procurement
- Workforce productivity

Financial Summary

A summary of the Financial Plan for 2019-20 – 2021-22 is shown in the following table.

	2019-20 Plan £m	**2020-21 Plan £m**	**2021-22 Plan £m**
Prior Year Plan	(9.9)	0.0	0.0
Adjustment for non-recurrent items in previous year	(26.4)	(4.0)	0.0
b/f underlying deficit	(36.3)	(4.0)	0.0
Net allocation uplift (including LTA inflation and operational plan funding)	56.6	31.1	21.5
Cost pressures	(47.6)	(38.9)	(30.9)
Investments	(4.0)	(8.5)	(9.0)
Recurrent cost improvement plans	16.4	16.4	16.4
Corporate and high value opportunities	14.9	4.0	2.0
Planned Surplus/(Deficit)	**0.0**	**0.0**	**0.0**

This shows that our draft plan aims to deliver financial balance in each year over the three year period to offset the brought forward underlying deficit.
Our ambition is to have an approved IMTP. This financial plan sets out how we intend to return to financial balance to support this aim. To do this we will need to generate and deliver sufficient efficiencies and curtail investments and cost pressure funding, especially in 2019/20. We will need to work closely with Welsh Government in securing support for this plan and in ongoing assurances on delivery.

Financial Risks

We are facing a number of financial risks in the delivery of this Financial Plan. The key risks for are set out below:

- **Achievement of the efficiency plan target** – We will need to give this concerted attention in order to ensure delivery. Clinical Board 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 and corporate opportunities in addition to the Clinical Board target over the 3 year IMTP cycle.

- **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. Similarly the containment of growth pressures in continuing healthcare, medicines and commissioning is also a financial risk that will need ongoing attention in order to contain costs within allocated resources.

- **RTT and Winter Plan –** Delivering planned levels of performance within the current resources available. RTT plans will be subject to a detailed review and additional investment may be required to secure further improvements.

- **Increased employers pension contributions -** estimated costs have been provided and we await the outcome of further discussions.

As highlighted in this section of the plan, there are a number of financial risks that could impact upon the successful delivery of this plan. The Health Board recognises this and is taking appropriate actions in order to ensure that risks are appropriately managed and that financial opportunities to support mitigation are fully explored.

PERFORMANCE; ACHIEVING SUSTAINABILITY

Planned and Unscheduled Care

As we set out in the introduction to this plan, we have made consistent and sustained improvement in the performance of our services over the past three years. In the course of this planning period our ambition is to continue this trajectory and achieve compliance across all of the main national targets. It is also a period when we need to accelerate the process of service transformation in order to achieve sustainable delivery, within the context of growing demand and our intention to achieve financial balance.

Long-term demand trends suggest that maintaining our current performance against the existing measures (planned and unscheduled care) will require a further increase in activity in line with our growing population growth and demographic changes. Through our transformation work, and in particular the development of HealthPathways, we believe there are opportunities to mitigate some of this demand through reducing variation and providing services closer to home.

In addition the introduction of new developments - e.g. FIT testing, single cancer pathway and new ophthalmology measures – will bring improvements in the care and experience for patients but are expected to require further step changes in activity. In RTT the progress we have made this year and the past three years is expected to reduce our overall 36-week breach position to below 350 by the end of 2018-19 (the lowest level for over 8 years) with those remaining predominantly requiring complex orthopaedic spinal surgery.

As part of the development of the 3-year IMTP the Health Board has developed two broad planning scenarios - **Maintain** and **Improve** performance. The extent to which we can deliver further reductions in waiting times is in part dependent upon infrastructure and workforce constraints. Nonetheless our ambition is to deliver the higher activity levels required to continue the improvement trajectory towards compliance against both planned and unscheduled care targets. RTT Plans will need to incorporate improved productivity prior to considering any further resource requirements. Further work is being done on detailed delivery plans which articulate the requirements necessary to deliver the improvements we aspire to achieve in order to secure compliance with national standards. The performance trajectories set out in Annex C describe our ambitions for the next three years and include the following:

IMTP profiles	2019-20	2020-21	2021-22
RTT>36 Weeks *	0	0	0
Diagnostics> 8 Weeks	0	0	0
RTT- 26 Weeks	92%	95%	100%
Cancer 62 Day	95%*	95%*	95%
Cancer 31 Day	98%*	98%*	98%
Under 4 hour waits in the emergency department	90 – 92%	93 – 95%	95-98%
People waiting over 12 hours in the emergency department	0	0	0
Ambulance handovers over 1 hour	Improvement	Improvement	100%

CAPITAL AND ESTATE

The development of our estate is linked to our clinical services strategy. You can see the connections of our major capital schemes to the development of our service models. We have developed a comprehensive estates strategy. The estates strategy recognises the level of risk we carry as an organisation in our ageing estate in meeting statutory health and safety standards, we also recognise the need for development of our buildings to deliver the ambition set out in our strategy and this plan. The estates strategy sets the need to redevelop our key sites, and rationalise some of our facilities in line with our new services models and digitally enabled agile ways of working and service delivery.

There are a number of highlights to draw out which will be delivered in this plan period:

UHW Masterplan

As highlighted in the Clinical Services Strategy section we are working through the clinical role of our estate. We will be developing a masterplan for UHW working closely with Cardiff University and in the context of the City Region Deal to ensure we are maximising opportunities for digital, diagnostic, genetic and economic innovation.

Critical Medium Term Infrastructure Requirements

Replacement and Refurbishment	**NHS Wales Specialist and Tertiary Service Developments**
Main Theatres 1-10, UHW	Hybrid Theatre (Vascular), UHW
Orthopaedic Theatres 5 & 6, UHL	MTC Theatre, UHW
B4 Haematology, BMT Day Unit and Outpatients, UHW	Paediatric Single Point of Entry (MTC), UHW
	Polytrauma ward
	Critical Care Expansion, UHW
	Long-term Ventilation Unit, UHL

Multiple options have been considered over the past two years for the most appropriate and cost-effective solutions to addressing these fundamental service requirements. This has led to the development of three essential enabling schemes:

- **UHW – New Block**: A three storey extension of the UHW building, providing a best-fit and cost-effective solution for: main theatres, BMT, critical care and polytrauma ward.
- **UHL – Two Storey Modular Build**: Providing replacement of the two Orthopaedic theatres and some flexibility for further theatre capacity plus a replacement decant/winter ward following the commencement of the Rookwood scheme.
- **UHW – Major Trauma and Hybrid Theatre**: A specific development adjacent to the Short Stay Surgical Unit and in close proximity to the Emergency Unit and Radiology Department to meet the minimum requirements of establishing a South Wales Major Trauma Centre and a South East Wales Hub for Vascular Surgery.

UHW Neonatal Unit

The project will be completed in 2019-20 with the construction of the MRI facility. The scheme will provide space for two MRIs, which will be subject to a separate fit-out contract with the MRI supplier. The project will also provide undeveloped space for two more MRIs, which will be subject to a further business case. In addition, two floors will be provided as part of the completed scheme. This will provide for the relocation of cardiac measurement and office accommodation.

Re-provision of Specialist Neuro and Spinal Rehabilitation Services and Clinical Gerontology Services

Construction will progress to refurbish and extend three templates at University Hospital Llandough to create ward, therapy and outpatient accommodation in order to facilitate the relocation of services from Rookwood Hospital.

The refurbishment of Cardiff Royal Infirmary Block 14 and 14A will be completed to provide a centralised facility for physiotherapy services to be co-located.

UHL Cystic Fibrosis
Subject to approval of the business case by Welsh Government, extension and refurbishment work will commence in summer 2019 to provide additional ward accommodation to meet service requirements.

CRI Chapel
Subject to the approval of a grant funding application and the business case by Welsh Government, refurbishment will be undertaken in the chapel to provide conference / meeting facilities, patient information and access to health awareness information as part of the development of the Health and Wellbeing Centre for the locality. The area will also include a cafe facility for the site and neighbourhood. As a result of the project being undertaken as a collaborative exercise, Cardiff City are relocating Roath Library to the refurbished area.

DISCRETIONARY CAPITAL

Woodland House Refurbishment
Our estate rationalisation plan identifies the need to move staff from leased accommodation to owned accommodation and reduce the number of staff at acute hospital sites where applicable. The health board currently has 701 staff who will be relocated to Woodland House, which was purchased in 2018, reducing the number of staff at UHW by 351 and creating a hot desk hub. The project has been split into three phases to enable the transfer of staff to Woodland House.

Statutory Compliance
An independent report of all areas of estate compliance was commissioned which identified 44 individual elements requiring annual inspection necessary to achieve compliance with the relevant statutory and mandatory obligations. The team has undertaken asset verification on the high risk areas and is continuing to undertake further verifications to identify all assets.

Ward Modernisation Programme
A refurbishment programme has been developed to upgrade the wards to a high standard, dramatically improving the patient experience. Wards have been upgraded to include wet rooms with modern appliances throughout. The upgrades comply with the equality act where possible within the confines of the available footprint.

Lift Modernisation Programme
We have an ageing stock of passenger lifts that while still serviceable are reaching a stage where major refurbishment or replacement will be required to maintain a service. Some lift components are now obsolete or on extended delivery. A refurbishment plan has been developed to upgrade the current passenger lifts.

ESTATES AND FACILITIES

We are working through an Estate Strategy and Modernisation Programme. This has involved implementing new maintenance IT software and systems to modernise planned maintenance and statutory compliance, using new technology to ensure a more proactive and planned service. In 2019-20 we'll be undertaking a full review of facilities function and developing a longer term strategic plan.

There are a number of important enabling functions within the organisation which are key to delivering our future service models. These are often forgotten but we recognise the need for our supporting teams to be part of the process of delivering our long term strategy. Some highlights in these areas include:

Portering Review, UHW
Roll out digital IT portering model in UHW following the successful trial at UHL. The software has dramatically improved response times at UHL, improving the patient experience. Improve accommodation to enhance service delivery and staff morale, this will also enable improved communication links to the helimed service.

COMMERCIAL SERVICES

Central Food Production Unit (CFPU)

The CFPU currently supplies all patient catering outlets across the health board with cook freeze main courses, desserts, special therapeutic diets and a range of meals to meet cultural needs. Significant success has been achieved this year in delivering the new CFPU production model which is due to be implemented in 2019-20 migrating from the historic 7-day production to a 4/5 day production model delivering significant operational and financial efficiencies. This is being made possible directly due to

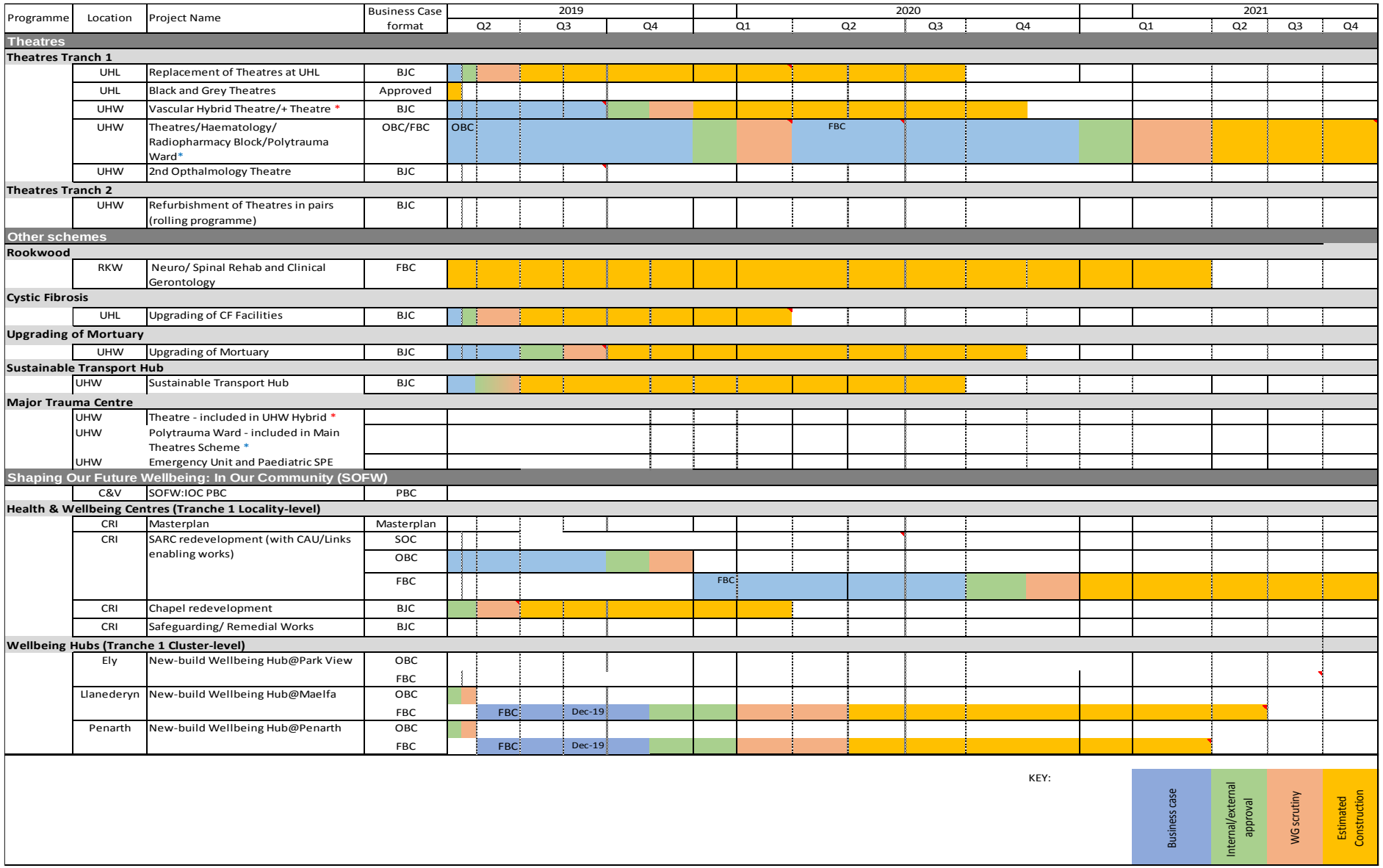
1. All-Wales IT Catering Ordering System with planned implementation in 2019-20.
2. CFPU is a "cook to freeze" model; production levels can be managed in line with business needs and remove the need for weekend production at enhanced rates.

Concourse Redevelopment

The PFI contract for UHW Concourse with Gentian Management Services Ltd. ceased during 2018 and the concourse became our asset. Gentian were contracted to manage the facility for a twelve month period while we undertook a review of its redevelopment and management. We now have an opportunity to use this commercial asset for the benefit of the population.

The table of the following page provides a summary of the projected timelines for the key schemes in development – including the time required to complete the business case process required to secure Welsh Government all-Wales capital funding.

Business Case Development of Capital Schemes



DIGITAL AND DATA

Our approach to informatics was set out in our strategic outline programme (SOP). It set out how our corporate objectives will be supported through the strategic enablers identified in "Informed Health and Care - A Digital Health and Social Care Strategy for Wales", which describes how health and social care will use technology for people in Wales. The SOP (October 2016) describes the approach proposed to implement a range of analytical and technological solutions to provide greater access to information to deliver real benefits and improved outcomes over the next three to five years.

The SOP is an iterative programme which we are fully committed to delivering in partnership with other Welsh health boards and trusts, and through building our relationship with academia and NWIS as a key supplier and enabler. The high level objectives and design of our plan are shown in the strategy diagram below:

Objectives

Information for You: Intelligent Citizen Portal

- Give people greater control
- Enable people to become more active participants in their own health
- Help people to make informed choices about their own treatment, care and support
- Help people find the most appropriate service for their needs
- Help people contribute to and share information about their health and care
- Help people manage their appointments and communications with professionals
- Support the co-ordination of care

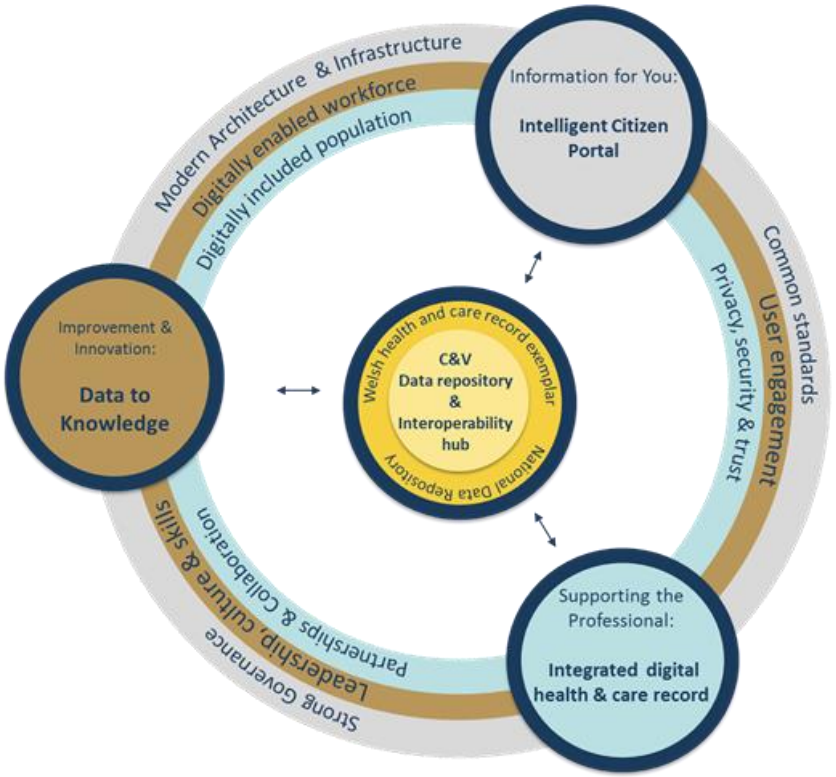
Supporting the Professional: Integrated digital health & care record

- Foundation for safe, high quality care
- Enable health and social care to undertake joint decision making and provide joined-up care, benefiting everyone who receives health services, care and support
- Enable and accelerate multidisciplinary workforce under new models of care
- Support the co-ordination of care

Improvement & Innovation: Data to Knowledge

- Provide safe and effective joint working between different organisations & with citizens directly
- Assist clinicians at every level to make better decisions & deliver better outcomes
- Improve the understanding and management of how services work together & demand for those services

Delivery & Enabling Programmes



In determining our plan we have worked through the inter-dependencies, critical chain and appraised the cost and benefits and alternatives for delivering the 3 year programme at pace and to enable scalability. We have balanced the requirements to upgrade and invest in our underlying infrastructure, which is one of the most extensive ICT infrastructures in the UK, to provide resilient services in line with the expectations of our patients and staff, whilst committing to sizeable, high impact developments that will transform how we deliver services closer to home, built around strong clusters of virtual and, community services.

We have established three enabling programmes: Digitally included population; Digitally enabled workforce; Modern Architecture & Infrastructure to support implementation and realisation of the benefits of this plan, and have designed our approach around the establishment of a federated national data repository and interoperability hub which we see as being the digital keystone for ensuring citizens. Carers, clinicians and system leaders have immediate access to the information they require, and ultimately in delivering local and national objectives.

Some of the key headlines for delivery in year one are shown below, with the full operational plan to deliver the digital plan and the anticipated benefits available on request.

- Widening the availability of the citizen portal to share information with patients.
- Development of a Clinical Data Repository (CDR) and interoperability *Hub.*
- Enabling virtual care and outpatient Transformation.
- Real Time Clinical Data Availability.
- Clinical Mobility and Cluster Working.
- Digitally included Population.
- Digitally enabled Workforce.
- Upgrading our infrastructure to enable and support the rapid adoption and expectations on digital.

Through our programmes we want to put real-time data in a consistent format directly into the hands of frontline clinicians to support operational planning, decision making and data led clinical discussion. We want the transformation of our services to be driven by our data.

RESEARCH, DEVELOPMENT AND INNOVATION

The successful delivery of clinical research is complex, requiring a combination of the right qualified and skilled staff with protected time, supported by a network to enable compliance with clinical and research governance statutory requirements. This latter function is performed via the Research and Development (R&D) Office and we have entered (3rd October 2018) into a new collaborative arrangement with Cardiff University to set up a joint R&D Office. The pressure on staff with increasing service commitments is ongoing and protecting time to enable research activities is difficult. In this context we are continuing to deliver:

- The recruitment to non-commercial studies in 2017-18 increased by 13% and was up 30% in Q2 of 2018-19.

Commercial research continues to be difficult due to increasing demands from industry for more stratified patients, quicker set up times, competitive recruitment, more clinical time for serious adverse event reporting etc. Despite these difficulties, we have continued to grow our commercial contracts and income over the last year and improve in our set up metrics. This has resulted in several lucrative first in man studies being undertaken.

Much work has taken place on the spending arrangements for R&D in the organisation. This has led to a much greater understanding of what is expected at clinical board level to ensure effective utilisation of R&D monies. Following a meeting between Health Care Research Wales and ourselves, we are working to be compliant with Welsh Government finance policy within three years and looking for opportunities to accelerate this timetable.

We have played a pivotal role in the successful Innovate UK Advanced Therapy Treatment Centre and will be central to the delivery of that grant with reputational gains for Wales, including an influx of commercial monies and new therapeutic options for patients. The first patients are due to be recruited in January 2019.

Core actions for 2019-22 include:

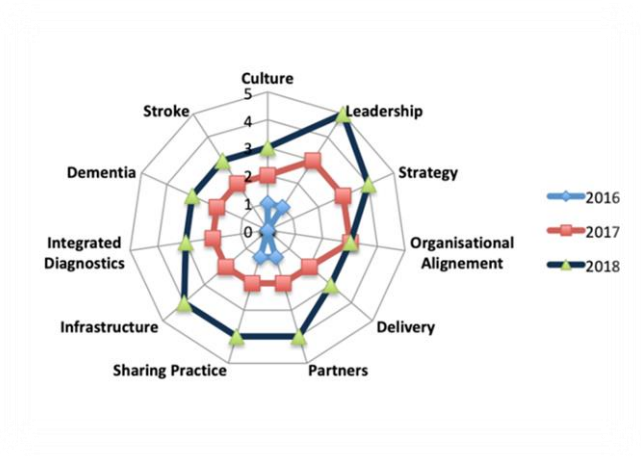
ACTION	OUTCOME	MEASURE
EFFICIENT R&D OFFICE		
Work with HCRW in correctly identifying the UHB spending of its Activity Based Funding (ABF) allocation.	Annual R&D spending plan which is accepted by HCRW.	Compliance with HCRW framework.
Review amendment approval system.	Work with HCRW in centralising amendment approval process and streamline activities and improved efficiencies.	Improved study set up metrics leading to an increase in the number of studies being undertaken and recruitment.
Working constructively with research delivery staff and human resources at the UHB to continue to grow the number of research delivery staff.	Provision of delivery staff support to a higher percentage of investigators requesting it.	To be able to provide research delivery support to appropriate portfolio adopted studies - increasing activity.
CLINICAL TRIALS / STUDIES		
Comply with WG metrics for study recruitment to time and participant targets.	Better education of PI's as to importance of complying with WG metrics through face to face meetings and three monthly performance.	Improved compliance with metrics and enhanced reputation for successful trials delivery.

Continue to undertake complex non-commercial studies in the CRF.	Maintain status as a national research hospital for studies which cannot be undertaken elsewhere in Wales.	Increase in number of complex non-commercial portfolio studies in the CRF which are able to be supported.
Clinically lead the new Innovate UK Advanced Therapy Treatment Centre in Wales.	Increased collaboration between PI's at Cardiff and Vale UHB and commercial and non-commercial GM and cellular therapy studies/initiatives.	Increase research and patient access to very novel therapies across Wales.
CLINICAL RESEARCH FACILITIES		
Increase use of endoscopy suite on CRF.	Encourage new researchers to use this facility.	Increase number of endoscopy studies.
Continue to support the development of a Paediatric CRF with expertise, advice and resources.	Appropriate research setting for the placement of paediatric clinical trials requiring a CRF type set up.	Increase in number of paediatric research staff and studies.

Innovation

This year has seen a step change improvement in capability, capacity and performance of the Clinical Innovation Partnership with Cardiff University. This is consistent with the Welsh Government policies A Healthier Wales and the Innovation Wales Strategy.

The spider graphs show the year-on-year progress against the IMTP along with the continued ambition for the health board and Cardiff University's big innovation challenges.



The structure set out in last year's plan is now embedded and is driving clinical innovation. We are focusing on:

1. Dementia.
2. Integrated diagnostics.
3. Stroke.
4. Operating Theatres.

Innovation Delivery

Partnership: This is critical to delivery; to build targeted partnerships to support our priorities. The support and commitment over the last year from the College of Biomedical and Life Science, Cardiff University and the Clinical Innovation Hub has been outstanding and critical to the success of the joint strategy.

Engagement: We have engaged with multi-national organisations including MSD, J&J, GE, Renishaw, Medtronic, Siemens and Invacare. Local partners are being supported through the joint Medicentre. The UHB has retained membership and a close relationship with MediWales. The team supported the business planning

process and re-purposing of the Life Science Hub (LSH) and our Chief Executive has joined the board of the LSH.

Process: At the heart of the health board's innovation system is the Innovation Multidisciplinary Team (iMDT). The purpose of the iMDT is to support health innovators and the health board in the development of ideas and protection of IP; in signposting expertise and funding opportunities; in evaluation and tracking the delivery of the best ideas to commercialisation.

The iMDT is a group of experts and partners which covers all aspects of the innovation journey. It meets at the Medicentre every month to support anyone who has a clinical or healthcare idea, product, project or service that will benefit the health and wellbeing of the population. The iMDT provides links to both the Engineering Department of Cardiff University and the Cardiff Business School. It comprises clinical entrepreneurs, an expert in CE Marking, Cedar and a commercial IP attorney. Importantly, if a gap in expertise is identified, this group can call on an unprecedented network of talent. The iMDT has supported 73 projects.

Infrastructure: The Cardiff Medicentre is the front door for ideas and the home of the Cardiff Clinical innovation Partnership. It is a space to support the development of ideas through to spin-outs that are incubated, accelerated and graduated using decades of entrepreneurial expertise. The occupancy of the Centre is now at 100% with a growing list of prospective tenants.

Resource: Build capability and capacity. The successful WFO Accelerate Programme has enabled the Clinical Innovation Hub, Cardiff University to recruit seven more experienced staff to the partnership. In addition to the project funding, this should make a significant impact on the health board's ability to develop the best commercial ideas.

Sharing Ideas: Key to strengthening partnerships is sharing learning and celebrating successes at local, regional, national and international level. Over the last year the relationships with local universities and the business community have strengthened through joint projects. These include two successful KESS2 projects through SEWAHSP; both with Welsh companies and Cardiff University. SEWAHSP also provides close links with neighbouring health boards and trusts across research, education and innovation. The 4th Cohort/2018 of the Bevan exemplar has shown that joint working has significantly improved the quantity and quality of applications. The health board this year submitted 23 applications of which 16 were successful. In addition, there were two successful Bevan Hack exemplars. Cardiff and Vale is working closely with the Deputy Director of the Bevan Commission to identify previous successful exemplars that could inform health board projects.

ACTION	OUTCOME	MEASURE
Dementia.	3 co-produced projects associated with clinical/health and/or wellbeing needs 2017 Whole system dementia innovation test bed developed.	3 projects developed, awarded, delivered and shared (completed) Madeline's Project Accelerated – linked to the Dementia Action Plan.
Integrated Diagnostics	Cardiff recognised as a centre of excellence for integrated diagnostics.	Innovate UK - £19m bid – not successful Proposal developed for the Cardiff City Region deal 2019-21.
Stroke	Develop comprehensive research and innovation test-bed.	Support SHW Develop a dedicated comprehensive Stroke Innovation Maul 3x Value Based Innovation Projects by 2021.
Theatre Project	Develop an innovation operating theatre test bed.	Team developed • 2 x Projects scoped and delivery by 2021.

Strategy Deployment; Our Approach to Change

A Healthier Wales challenges us to accelerate the delivery of our strategy. We have established programmes to build momentum in the organisation, developed both through our own experience of improvement methodology and our learning from Canterbury District Health Board with whom we have now established a formal learning alliance.

We recognise that to achieve transformation in complex organisations you have to create the conditions for individuals, teams and networks to change and for approaches to be 'infectious' and spread. These programmes are focused on enabling change to happen in the organisation, driving both system level change and supporting continuous improvement in the organisation. Value based healthcare is fundamental to our approach. Our programme is about understanding the impact of our interventions on our system, using data to drive allocative efficiency and working in partnership through alliances to focus on value to the individual. As we work through the programme we are using operational issues to trial and develop our enabling approaches which is also testing our ability to spread success across the organisation and beyond.

A Healthier Wales calls for Intensive Academies to support transformation: We are actively exploring the development of a Spread and Scale Academy. This would build capability through experiential learning and partnering with global experts, initially utilising Cardiff and Vale UHB as an 'incubator', for spread and scale. However it would be a Wales resource and rapidly extend to work with other organisations.

Transformation Programme- 'Making better systems'

Our transformation programme is focused on putting in place the enablers for change in the organisation:

- Establishing a pathways approach and methodology, implementing the HealthPathways system (driving out variation and waste in clinical practice).
- Secure a refreshed programme for accessible information for clinical staff (including the necessary platform) to drive improvement.
- Creating a digitally enabled organisation and workforce (including a focus on digital dictation and electronic communication between staff and a patient portal).
- Embedding an alliance approach to service development which integrates with partner organisations (commencing with falls prevention in the community).
- Develop the 'Cardiff and Vale approach' to management and leadership (including the learning partnership alliance with Canterbury) which will support culture change and build capability and capacity.
- Delivering the 'Me, My home, My Community' programme.
- Embed our vision (SoFW), values and behaviours.

We have developed a transformation dashboard to monitor the impact of our interventions focusing on:

- Outpatients (demand, new to follow up, shift to community, cost pre-referral).
- Length of Stay (RAMI, average length of stay, planned to unscheduled ratio).
- Theatre Utilisation (CEPOD compliance, productivity, cancelations).
- Waste and Variation (agreed pathways in place).

Continuous Service Improvement Programme - 'Making systems better'

The overarching aims of Continuous Service Improvement (CSI) are:

- Facilitate change for improvement, working alongside the frontline teams (focus on gastroenterology; cancer and ophthalmology).
- Translating performance information to support efficient service delivery- utilising our new live data system 'signals from noise'.
- Building the organisation's effectiveness by providing guidance, support and training in quality improvement skills.
- Growing pioneers in effective innovation, continually learning and translating great ideas from other sectors.
- Achieving "more from less" by making the most effective use of resources.

GOOD GOVERNANCE

Core to our delivery is ensuring that appropriate and proportionate governance is in place across the organisation. In order to achieve this, the following objectives have been agreed to deliver good governance at Cardiff and Vale University Health Board.

1: Ensure the work of the board is focused upon strategy and delivery of objectives and gains appropriate assurance on delivery of corporate objectives from the committees of the board and executive directors.

2: Ensure that the committees of the board are providing assurance to the board on their duties and areas of responsibility.

3: Ensure there is an appropriate risk and assurance framework in place.

4: Ensure that the systems and processes operating at Cardiff and Vale UHB are operating efficiently and effectively.

5: Ensure end of year arrangements and the development of the annual report and annual governance are dealt with in a timely manner and in line with Welsh Government requirements.

6: Ensure that corporate governance resources are managed efficiently and effectively.

Progress has been made on objective 3, with the development of a Board Assurance Framework for Cardiff and Vale University Health Board. This received board approval in November 2018.

The Board Assurance Framework provides a structure and process that enables the organisation to focus on those risks that might compromise achieving its most important objectives. It provides the framework to map out the key controls to managing or mitigating those risks and to confirm the assurance about the effectiveness of those controls. The benefits of a working Board Assurance Framework are:

- A simple and comprehensive method for managing risks to achievement of objectives.
- It provides evidence to support the annual governance statement.
- It helps to simplify board reporting and prioritisation which allows more effective performance management.
- It provides assurances about where risks are being managed effectively and objectives delivered.
- It allows the board to determine where to make efficient use of resources.
- It allows the identification of priorities for the board to provide confidence that the organisation is able to understand its capacity to deliver.

The Board Assurance Framework has been developed by the Director of Corporate Governance and Executive Directors after discussion at Management Executive team meetings, where the following risks were agreed as the main risks to the achievement of Cardiff and Vale UHB's Objectives:

1. Workforce.
2. Financial Sustainability.
3. Sustainable Primary and Community Care.
4. Safety and Regulatory Compliance.
5. Sustainable Culture Change.
6. Capital Assets (including Estates, IT and Medical Equipment).

The risks associated with a no deal Brexit have been added to the risks being planned for in the light of current uncertainty, which could continue into 2019/20.

In addition to this, development work has been taking place over the last 12 months with clinical boards to develop and progress their risk registers to ensure consistency in the way risks are described, that controls are in place and assurance on those controls evidenced. This work should be completed within the next six months at which point the highest risks (corporately and from the clinical boards) will also be reported to the board. This will replace the Corporate Risk and Assurance Framework (CRAF). This will enable the board not only to see the principle risks to the achievement of strategic objectives but also to have oversight of key operational risks.

Corporate governance and assurance arrangements are reviewed annually by the Wales Audit Office in their Annual Structured Assessment. The recommendations which have been made this year in relation to corporate governance will be implemented during the next 12 months. In addition to this, any Internal Audits in relation to corporate governance will have all their recommendations implemented in a timely manner.

KEY ACTIONS 2019-22

Bringing the Plan Together

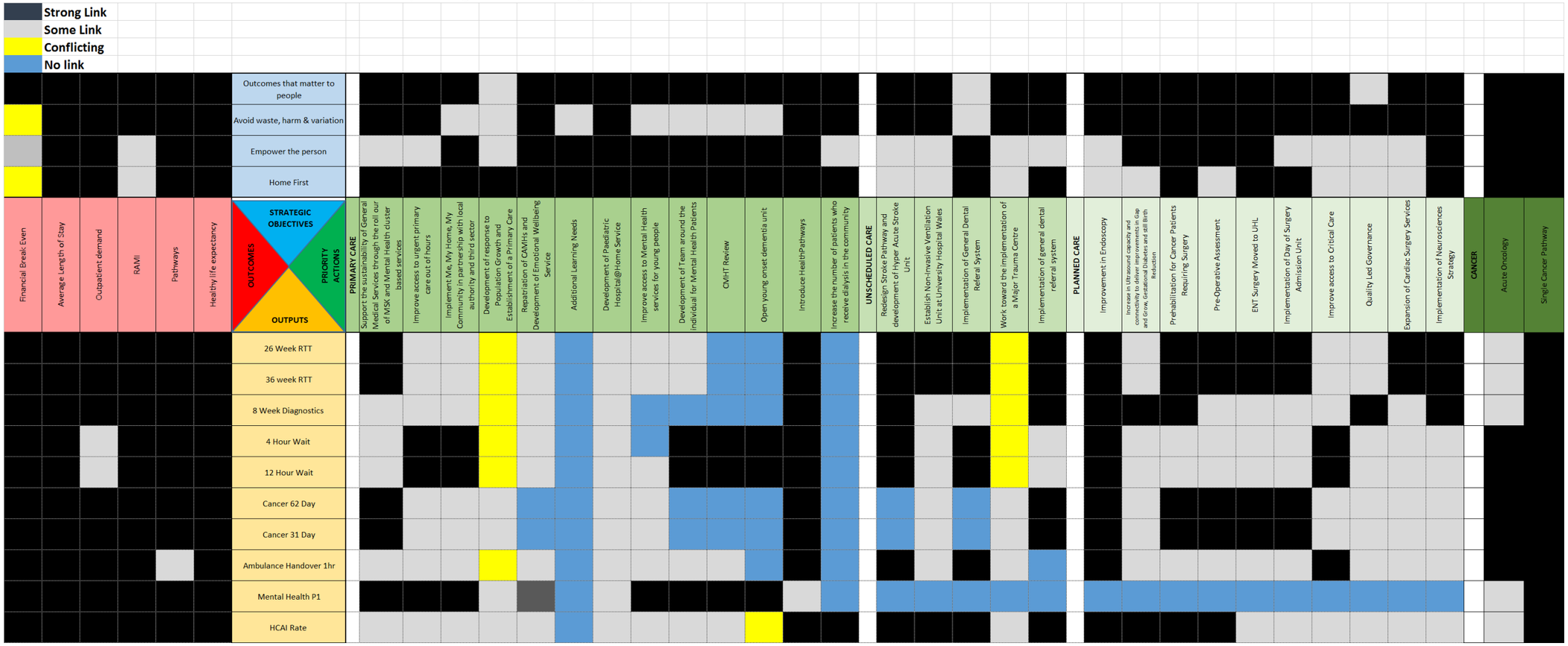
The next section of the plan sets out the core actions we will take over the next three years against our core priorities:

1. Primary Care: sustainability and the further development of community services.
2. Unscheduled Care: delivering a resilient and high performing system.
3. Planned Care: meeting standards.
4. Cancer Service: delivering the single cancer pathway and improved outcomes.
5. Achieving Financial Balance (Embedded throughout).
6. Mental Health: continue to transform and improve our services focusing on home first models (integrated without our Primary Care actions)

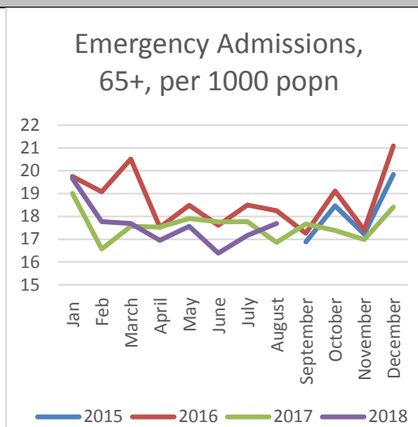
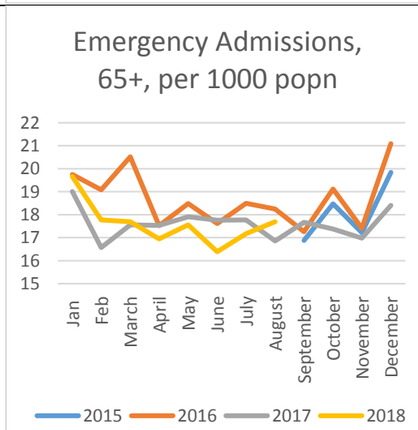
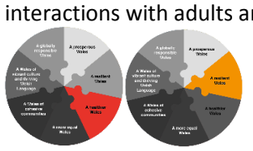
Our approach to delivering financial sustainability is set out in the finance chapter above. This sections does not contain all actions but focuses on the core priority areas that will support the achievement of Shaping Our Future Wellbeing. Further detail on wider health board activity will be published alongside this document in supporting plans and we are happy to share further plans and details as necessary to support peoples understanding our approach to delivery over the next three years.

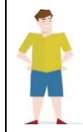
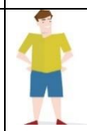
As an integrated plan, we recognise the interdependencies of our actions. Although we have separated our actions into priority areas, we know there is impact across the organisation; the development of primary care services impacts on our planned and unscheduled systems. We are mapping through our activity to understand the core elements needed to turn our plan from rhetoric to action and understand the key enablers and core links we need to succeed.

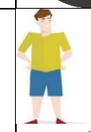
This matrix demonstrates how the actions set out in the plan align with our design principles and core performance and outcome measures:

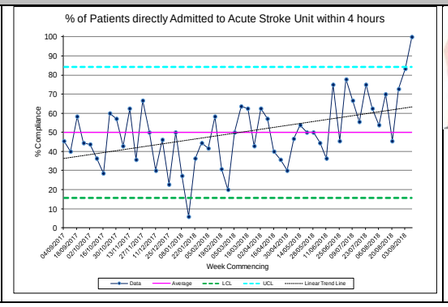


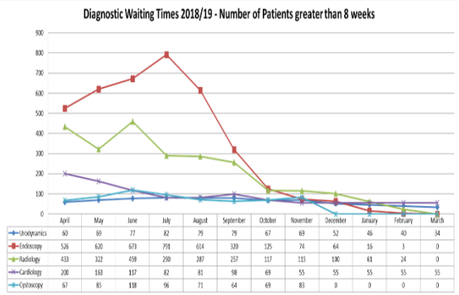
SECTION FOUR: CORE ACTIONS

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
PRIMARY CARE				
Support the sustainability of general medical services through the roll out of MSK and mental health cluster based services This will involve in 2019-20: • Working with mental health clinical board to establish cluster based mental health support services on a phased roll out • Establishment of a cluster based physiotherapy diagnosis and treatment service 2020-2022 • Continued roll out across targeted clusters **Lead Board:** PCIC	Cost: £1.2M reinvested from savings for roll out of model on a cluster basis New models of working for community based physiotherapists Additional community psychiatric nurse support Development of a cluster based partnership agreement to agree models for multidisciplinary staff working across practices and clinical boards	• 22,000 MSK appointments; 63,000 mental health appointments offered across Cardiff and Vale practices by 2020-21 • No contract terminations • No directly managed practices • An increase in the number of practice mergers supported by the health board		 Wyn has lower back pain and is starting to struggle getting out of his chair. Previously he would have had to wait for a GP referral to a physiotherapist. Wyn will now be able to see the cluster physio directly and receive support in his community. Delivering early preventative activity and reducing pressure on General Practice. 
Improve access to urgent primary care out of hours This will involve in 2019-20: • Building on the MDT working model to include mental health, nursing assistants and HCP roles • Introducing mental health nursing, nursing assistants and other HCP roles into the service 2020-2022: • Continue roll out of expanded HCP team • Further links with social care out of hours services, learning from transformation programme funded pilots **Lead Board**: PCIC	Cost: Delivered within clinical board budget Increasing skills available out of hours; increasing use of healthcare support staff working to top of competence	• Increase by 2% in average percentage of urgent patients triaged within 20 minutes • Increase in average % of patients seen within one hour for a face-to-face appointment Baseline- 69% Target Improvement- 75%		 Increasing the range of skilled professionals available out of hours will mean Cerys is able to access the right person first time, reducing stress and preventing attendance at A&E. It will also allow staff to work at the top of their competence. 
Implement Me, My Home, My Community in partnership with local authority and third sector This will involve in 2019-20: • Develop Accelerated Cluster Model • Seamless social prescribing model developed with local authority partners • Single Point of Access for GP triage in the Vale • Implementation of Get me home - rapid discharge service • Develop place-based, integrated community teams • Developing an ACE aware approach to children and young people 2020-2022: • Continued roll out of pilot projects and evaluation programme undertaken **Lead Board:** PCIC	£7M secured from the Welsh Government Transformation Fund Development of integrated workforce plans across health and social care	Measures are contained within the Me, My Home, My Community proposal. Each of the seven proposals contains a series of outcome measures. For example, Get Me Home is targeting: **√** Reduction in bed days **√** Improved patient flows **√** Reduced demand on social care **√** Reduction in number of assessments undertaken **√** Reduction in the risk of unintended hospital acquired harm **√** Reduction in ongoing care needs **√** Reduction in re-admission rate **√** Reduction in number referred into residential care	As in the previous box, measures are contained within the Me, My Home, My Community proposal. Each of the seven proposals contains a series of outcome measures.	 Sam is finding it difficult at school as a result of an Adverse Childhood Experience (ACE) but doesn't meet the criteria for CAMH Services. Resilience workers visit the school and talk to Sam's teachers and talk to Sam and observe his behaviour. The resilience workers and psychologists formulate a plan with school and Mum which enables Sam to feel supported and ensures positive interactions with adults and peers. 

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
Development of response to population growth and establishment of a Primary Care Estates Strategy This will involve in 2019-20: • A review of existing primary care estate • The development of a strategy document in line with Shaping Our Future Wellbeing 2020-2021: • Implementation of actions from estates review • Opening Wellbeing Hubs at Maelfa and Cogan **Lead Board:** PCIC	Estates rationalisation and cost savings to be identified	Publication of Primary Care Estates Strategy, Q2 2019	100% of GP practices open during core hours *Baseline:* 88% (2017) 100% of GP practices appointments at least 2 nights per week *Baseline:* 95% (2017)	 Wyn has been feeling isolated since the death of his close friend. Through the wellbeing hub, the community team are able to support Wyn to access some book and gardening groups helping Wyn deal with his grief and keeping him active. 
Repatriation of CAMHs and development of Emotional Wellbeing Service This will involve in 2019-20: • Development of single point of access • Locality model development including primary mental health workers, reducing referrals to specialist CAMHs • Alignment with adult mental health services, education and social services 2020-2022: • Transformation of services through further integration with education and social services • Establish single point of access for CAMHS **Lead Board**: Children and Women	Services costs not to exceed current CAHMS Network LTV costs. Staffing increase of 63.3 FTE transfer (TUPE) of staff from Cwm Taf Redesign of CAMHS workforce support model	Part 1 PMH (CAMHS) assessments within 28/7 *Baseline* Performance 80%	During 2019-20 we will be developing a Results Based Accountability Scorecard for our CAMHs service	 Sam requires support after experiencing periods of low mood and considered self-harm. The benefits of the locality based team mean Sam is able to speak to a primary care mental health worker and receive support and help to access emotional wellbeing support services provided by partners in the community. Thus preventing Sam's condition escalating. 
Additional Learning Needs This will involve in 2019-20: • Adoption of Care Aims Model • Appointment of DECLO 2020-2022: • Individual development plans in place for all children • Ensuring an appropriate response to population growth with an additional 400 ALN School Places being made available by 2022 **Lead Board**: Children and Women	Work through the Regional Partnership Board to identify funding requirements for additional staffing required to support the growth of ALN provision Appointment of DECLO Workforce plan to support population growth	ALN Act Compliance - baseline data of current services for Special Educational Needs to be mapped in 2019-20	Proxy measure: number of Individual Development Plans in place Baseline: new requirement, therefore no baseline this year	The Cardiff Local Development Plan indicates an additional 400 specialist needs school places will be opened over the next 5 years. Working through the RPB and Cardiff PSB, we will develop rounded service provision for these children and young adults. 
Development of Paediatric Hospital@Home Service This will involve in 2019-20: • Scope service opportunities • Agree service model • Identify services to deliver in the community 2020-2021: • Implementation of revised service model **Lead Board:** Children and Women	Initial funding supported through contribution from charitable funds to support community practitioners	Reduction in number of children admitted purely for nursing care (Baseline to be established)	Reduced length of stay in children's hospital	 Sam currently attends hospital multiple times a year for the redressing of his wound. The development of H@H will see this treatment delivered in Sam's home; reducing journeys and making a significant reduction in lost school hours. Ultimately Sam's parents will be trained to deliver the care.

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
				
Improve access to Mental Health services for young people This will involve in 2019-20: • Expansion of first episode psychosis services for adolescents and young adults between 4 and 25 year olds • Strengthen arrangements for delivering trauma informed services • Support CAMHS repatriation services 2020-2022: • lead the development of a NICE concordant clinical pathway for people aged 14-25 who are referred to secondary services with first episode psychosis **Lead Board**: Mental Health	For First Episode Psychosis Investment from WG 370K to increase the capacity and MDT function of the team Strengthen arrangements for delivering trauma informed services and ACE's training	For 2019-20 more than 60% of patients aged 14-25 with first episode psychosis to commence a NICE recommended package of care within two weeks of referral increasing this to 80% by 2020/22.	First Episode Psychosis per 100,000 pop Baseline Clinical Board Performance: Referrals - 27 , Caseloads – 24 Contacts – 15 Staff – 2.4 Target based on peer benchmark Mean – 80 Mean – 66 Mean – 34 Mean - 7.2	 Sam was involved in a car accident at age 17 and has been having hallucinations for a number of months. Improving access to first episode psychosis services mean same will get access to group therapy and CBT as well as supported employment services to help him return to his apprenticeship. 
Development of team around the individual for dementia patients This will involve in 2019-20: • Extension of community RAID model • Appointment of a band 7 nurse with specialist knowledge of dementia. The post will integrate mental health expertise into existing services, providing advice and support, signposting and rapid assessment and intervention • Providing education to carers, directly or through signposting to appropriate services and teams, around behaviour management and positive approaches to care for people with dementia 2020-2022: • The directorate will look to expand this to include a further band 7 post from existing establishments and community reinvestment **Lead Board:** Mental Health	A band 7 nurse funded from 2018-19 transformational funding will provide specialist knowledge of dementia and functional illness to work with the cluster-based 'team around the individual' to bridge the gap between primary care and secondary mental health services	Reduced number of inpatient admissions by 5 -10%, from current 216 per annum, bringing the directorate closer to the peer benchmarked mean total of 188	Reduced number of re-admissions into MHSOP inpatient beds from an average of 11%, thereby making best use of specialist beds	 Cerys has been struggling to support her farther who has dementia, her farther has had multiple hospital stays. The Rapid Assessment and interface and discharge service are able to support Cerys to get him home quickly. The team around the family then support Cerys with advice and training in how to identify signs of deterioration and seek early support to prevent admission. 
Community Mental Health Team Review This will involve in 2019-20: • Pilot of Clinical Model through co-location of integrated teams and new clinical pathways 2020-2021: • develop a locality based health and well-being service for people with mental health problems in the Vale locality as a pilot **Lead Board-** Mental Health	Centralisation of team bases and new model of working through co-location at Health and Wellbeing Centres	Conversion rate into specialist services caseloads to be 70:30 acceptance Waiting times to treatments with psychological interventions - < 6 months	Improved measured health and well-being outcomes of statistical significance using 'Core 10'	 The centralisation and co-location of Community Mental Health Teams mean that Wyn can get faster access to support and assessment for his long term mental health condition. 

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
Open Young Onset Dementia unit This will involve in 2019-20: • Open the Young Onset Dementia Health and Wellbeing Centre in St Barruc Unit, Barry Hospital • Community team and inpatient service being co-located in an age-appropriate, safe environment 2020-2022: **Lead Board**- Mental Health	Following a successful ICF bid for £472,704, the current St Barruc ward and Morfa Day Unit are being refurbished to facilitate a move of the Young Onset Dementia (YOD) team from UHL to Barry Hospital	Reduce the number of inpatient admissions into age-inappropriate environments, from the current average of 12 per annum	Reducing the number of urgent inpatient admissions from the current average of 4 per annum	 Cerys has early onset dementia, at present has to travel for support on a large hospital site which is not age appropriate. The new unit will deliver age appropriate services collocated with community support allowing smooth transition between, outpatient, day care and respite services. 
Introduce Health Pathways HealthPathways is an online manual used by clinicians to help make assessment, management, and specialist request decisions https://www.healthpathwayscommunity.org/About.aspx This will involve in 2019-20: • Continuing the phased roll out of HealthPathways • Continuous engagement with GPs to increase effective use of HealthPathways 2020-2022: • Continued roll out of HealthPathways **Lead Board**- Medicine and Surgery	We have appointed 3 clinical editors to support the development of HealthPathways	Number of HealthPathways available on for GPs to access	Reduced admissions and reduced need for secondary diagnostics (Baseline to be established)	Rather than being traditional guidelines, each pathway is an agreement between primary and specialist services on how patients with particular conditions will be managed in the local context. Patients benefit from general practice and other services being able to do more for them in the community, from the greater clarity clinicians can provide about the appropriateness and likelihood of obtaining further specialist services, and about alternative options.
Increase the number of patients who receive dialysis in the community This will involve in 2019-20: • Implementation of Suit 19 following refurbishment • Increased home dialysis provision • Implement Shared decision making tool 2020-2022: Implement Home Therapies programme **Lead Board-** Specialist	Contractual change allowing a higher level of acuity of patients receiving dialysis in satellite units	Increase in patients opting for Home Therapy	Fewer patients reliant on hospital based dialysis	 Cerys requires dialysis for her renal disease. At present Cerys has a 40 miles journey from her home in the Vale to receive her dialysis. The expansion of home dialysis will see this service move from hospital to community delivery to home. Reducing journeys, stress and anxiety created by this. 
UNSCHEDULED CARE				
Redesign Stroke Pathway and development of Hyper Acute Stroke Unit This will involve in 2019-20: • Review of clinical pathway • Stroke Transformation 90 Day programme • Work with regional partners on the establishment of HASU 2020-2022:	A project manager is in place supported through the Stroke Implementation Group. Funding for a HASU service will require the development of a regional model and appropriate funding arrangements	Achievement of Quality Improvement Measures: Thrombolysis: • Access - 100% • Time - 90% 72 Hour : • 4 Hour – 95% 12 Hours: • CT Scan – 95% 24 Hours:		 There is a strong evidence base for improved outcomes after a stroke from rapid intervention by an expert team. Cerys would receive rapid assessment, stabilisation and primary intervention such as Thrombolysis in the stoke unit. Early plans for rehabilitation would also be made with Physiotherapy a core part of the team.

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
• Implement regional HASU model **Lead Board-** Medicine Clinical Board		• 95% 72 Hours: • 95%		
Establish Non-Invasive Ventilation Unit at University Hospital Wales This will involve in 2019-20: • Provision of a 6 Bed unit • Delivering NCEPOD Compliance 2020-2022 **Lead Board-** Medicine Clinical Board	Staffing levels will be 1:2 with a band 7 in charge to oversee the service	Occupancy rates in HDU and ITU Discharge rates for patients with respiratory failure	Compliance with NCEPOD NIV Recommendations 2017: • 1:2 nursing staffing ratios, • daily specialist consultant review • training competencies and protocols • protocols and clear escalation policies • point of care blood gas testing equipment	 Wyn required tracheal intubation following a deterioration in his COPD necessitating a stay in critical care, the development of a dedicated NIV unit means that Wyn is able to be weaned off the intensive support at a faster rate and in a setting where a greater level of rehabilitation is available. 
Implementation of general dental referral system This will involve in 2019-20: • Implementation of the general dental referral system within the dental hospital - look to offer e-advice rather than accept for treatment where appropriate • Implementation of eRMS to include robust acceptance criteria to be drafted in conjunction with PCIC 2020-2022 **Lead Board-** PCIC		Turnaround of time of patient referral	Improvement in patient experience	 The eRMS system gives greater control to Cerys over her dental appointments, Cerys is able to track and monitor her referral process through her phone and also seek advice through the system. 
PLANNED CARE				
Improvement in Endoscopy This will involve in 2019-20: • Implementation of revised service model • Review Endoscopy nursing roles to include a coordinator role and outreach endoscopy nurse to reduce cancellations • Theatre utilisation programme • Creation of an Endoscopy Dashboard in conjunction with Four Eyes 2020-2021: • Continued improvement **Lead Board**- Medicine	Working with the national endoscopy task and finish group and the Regional Diagnostic programme.		Diagnostic wait improvement Single Cancer Pathway (target not yet in place)	 Cerys requires an endoscopy and has had two cancellations, one as a result of a lack of understanding of the necessary preparation. The review of nursing will free capacity to support Cerys to understand the preparation required, reducing anxiety and the risk of cancellations. Improvement in efficiency will speed up Cerys waiting time. 
Increase in Ultrasound capacity and connectivity to deliver improvements in Gap and Grow, Gestational Diabetes and still Birth Reduction This will involve in 2019-20: • Delivery of increase scanning activity to deliver: • Compliance with Gap and Grow	Financial and Workforce Implications: • Investment in ultrasound capacity • Training development • Skills gap	100% of babies who are identified as small for gestational age are managed appropriately.	Reduction in stillbirth rates by 1% MBRRACE 2016 reported that there were 36 stillbirths for Cardiff and Vale with 7 Neonatal Deaths. We have an extended perinatal mortality rate of 43. Access to timely ultrasound scanning will ensure that women receive appropriate and timely care to improve	 Cerys may be at risk of gestational diabetes, currently Cerys would not receive a glucose tolerance test as she has a BMI of 31. however NICE guidelines suggest screening for all women with a BMI of ≥30,

<table>
<tr><th>ACTION</th><th>Finance and Workforce Implications</th><th>Core Tracking Measures and Trajectory</th><th>Core Outcome Measure and trajectory</th><th>Patient and System Impact</th></tr>
<tr><td>• Completion of actions from national Still Birth Audit
• Implementation of Gestational Diabetes Guidance

2020-2022
• Further improvement in Gap and Grow

Lead Board- Children and Women</td><td></td><td></td><td>detection of vulnerable babies. The UHB has also signed up to the ‘Safer Pregnancy Campaign’ in an effort to reduce stillbirth in Wales</td><td>Detection of gestational diabetes will mean that Cerys will need serial ultrasound scans throughout her pregnancy. Increasing ultra sound capacity will reduce risk of complications and reduce anxiety for Cerys during pregnancy.
  </td></tr>
<tr><td>Prehabilitation for Cancer Patients requiring surgery
The concept of PREHAB is analogous to marathon training: it is based on the principle that structured and sustained exercise alongside good nutrition, psychological preparation over a period of weeks leads to improved cardiovascular, respiratory, and muscular conditioning

This will involve in 2019-20:
• Phased roll out of Prehabilitation model
• Standardised assessment process, documentation and protocols including alignment with community services- such as smoking cessation
• Engage patients to achieve healthier lifestyle changes before surgery
• identify, risk stratify, and optimise the higher risk patients

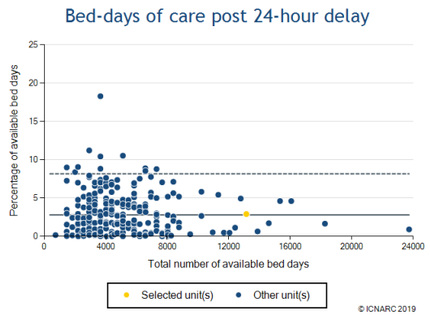
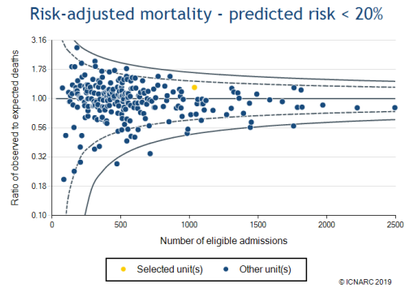
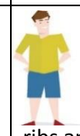
2020-2022
• Continued roll out of Prehabilitation model as part of ‘Prehab to Rehab model’

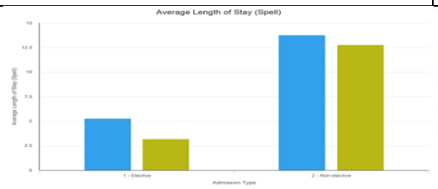
Lead Board- Surgery</td><td>The prehabilitation service will require integration with existing community based teams and services, such as smoking cessation and exercise referral</td><td>Reduced day of surgery cancellations- a 20% reduction in cancellation rates in pilot areas
<table><tr><th>Surgical Procedure</th><th>Cardiff and Vale LOS (No per annum)</th><th>Best in Class LOS No of patients</th><th>Potential bed day saving</th></tr><tr><td>Excision of rectum</td><td>8 (82)</td><td>6</td><td>164</td></tr><tr><td>Colectomy</td><td>6 (112)</td><td>5</td><td>112</td></tr><tr><td>Bladder Resection</td><td>11(27)</td><td>6</td><td>135</td></tr><tr><td>Gastrectomy</td><td>11(22)</td><td>5.5</td><td>121</td></tr><tr><td>Hysterectomy</td><td>3(278)</td><td>2</td><td>278</td></tr><tr><td>Lobectomy</td><td>7 (146)</td><td>4</td><td>292-438</td></tr><tr><td>Total</td><td colspan="3">667 patients delivering potentially 1102- 1248 bed day savings i.e. closing or redesigning the use of 3-3.4 beds £363,660 – 441,840</td></tr></table></td><td>Improved clinical outcomes and PROM measure</td><td> 
Wyn requires lung surgery to deal with his stage 3 tumour. Wyn’s lack of physical activity mean he is not in the best level of fitness to fully benefit from the outcomes of surgery. Wyn will be supported by an intensive fitness programmes before surgery, improving his outcome and reducing the time he needs to spend in hospital recovering from the procedure. This will be delivered in the community supporting Wyn to grow in confidence and build links with groups in his area.
  </td></tr>
<tr><td>Pre Assessment

This will involve in 2019-20:
• Expand the pre-operative assessment service for cancer patients
• Embed shared decision making within the model
• Expand Cardiopulmonary exercise testing (CPET) and establishment of IV iron service
• Individual risk assessment and risk scoring in place

2020-2022
• Continued roll out across further cancer sites and expansion to all major surgery
Lead Board- Surgery</td><td>The service will require posts including:
Band 7 CPET Practitioner
Consultant anaesthetist 0.4WTE (IV Iron Service)
Nurse 1 x WTE
HCSW 1 x WTE
Physician (Frailty, Diabetes, Respiratory) x1 WTE
Cardiology x0.5 WTE
Pharmacy band 7</td><td>50% reduction in cancellations by Q4 2019-20
10% reduction in readmission of surgical patients</td><td>Improved clinical outcomes and PROM measure</td><td> 
Ahead of planned breast surgery to remove a tumor, Cerys attends a pre-assessment clinic and is found to be anaemic. Cerys is given IV iron to boost her haemoglobin level. Anaemia is assoicated with longer length of stay and increased use of blood components. As a result of the proactive intervention Cerys is likely to spend less time in hospital.
  </td></tr>
<tr><td>ENT Surgery Moved to UHL

This will involve in 2019-20:
• Move 80% of ENT day case lists to UHL from UHW</td><td>Realignment of Planned and Emergency surgical staffing to align with programme.</td><td>Theatre Utilisation at 85% by Q4 2019-20</td><td>Impact of overall Theatre Efficiency</td><td> 
Wyn required surgery to remove a nasal obstruction, previously Wyn would have faced a long wait for surgery and potentially have had</td></tr>
</table>

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
• introducing high volume, low complexity surgical lists • Increase in operations undertaken per list for ENT through scheduling and other efficiencies 2020-2021: • Aligned to estate strategy further development of Llandough site to accommodate additional high volume low complexity surgery **Lead Board**- Surgery				his procedure cancelled on the day do to an emergency taking precedent. The greater efficiency and protected space provided at UHL means Wyn will be able to be seen quicker, in a more relaxed environment and without the risk of cancellation due to an emergency. 
Improve access to Critical Care This will involve in 2019-20: • Phased approach to opening of additional Beds at UHW 2 in October 2019 and a further 4 in January 2020 • Develop a Treat and transfer model and PACU at UHL to enable LTV expansion • Collaborate with Welsh Government Long Term Ventilation strategy group to produce a revenue and capital case to support opening a bespoke 10 bed LTV unit on UHL site 2020-2022 • Implement Long Term Ventilation Service • Development of major trauma capacity **Lead Board**- Specialist	Critical Care is a WHSSC commissioned service, funding and recruitment of additional staffing will be in line with commissioner support	ICNARC Data  **Eligible:** Critical care unit survivors discharged to a ward in the same hospital (or direct to home) **Numerator:** Bed days of care provided for critical care unit survivors more than 24 hours after the reported time fully ready for discharge **Denominator:** Total number of available bed days in the critical care unit		 The advancement in Cellular therapies mean there are new treatment options which offer potentially curative options for Cerys Blood Cancer. The delivery of these advanced cellular therapies require removal of cells and the compromising of an individual's immune system, therefore it is essential critical care capacity is available to enable treatment to go ahead. Without improvement in our critical care capacity we will not be able to offer these new therapies to patients like Cerys. 
Work toward the implementation of a Major Trauma Centre This will involve in 2019-20: • Complete recruitment to key posts • Develop clinical pathways for major trauma patients • Define requirements for key specialties to inform the business case • Implementation of the database • Collection of Proms data 2020-2022 • Opening of Major Trauma centre **Lead Board**- Specialist	Financial assessment to be undertaken Programme Director and Project Manager appointed through WHSSC funding	Opening of Major Trauma Centre	• Improved survival rates - evidence shows that if you are severely injured, you are 15% to 20% more likely to survive if you are admitted to a major trauma centre (19% improvement in survival in England over 5yrs (*Lancet*, 2018)) • Reduced risk of long-term disability (Victorian State Trauma Service (*Ann Surg*, 2012)) • Reduced requirements for long-term NHS care (Victorian State Trauma Service (*Ann Surg*, 2012))	 At 18 Sam was involved in a hit and run he suffered serious injuries including a punctured lung, a broken pelvis, five broken ribs and a fractured collarbone. The development of a Major Trauma Centre means the specialist skills and equipment needed to treat these multiple injuries are collocated in the Major Trauma Centre at UHW, important the major trauma unit in Hywel Dda means following initial treatment Sam is able to undertake rehabilitation close to his home. 

ACTION	Finance and Workforce Implications	Core Tracking Measures and Trajectory	Core Outcome Measure and trajectory	Patient and System Impact
Quality Led Governance **This will involve in 2019-20:** • Development of a single Quality Management System, including implementing enterprise Q-pulse across all clinical board services • Introduce quality indicators for diagnostic services • Carry out a safety culture assessment • Complete and maintain ISO15189 accreditation for medical laboratories • Harmonisation of accreditation schemes across diagnostic services in partnership with UKAS **Lead Board**- CD&T		Maintaining accreditation status: JACIE HTA UKAS ISO15189	Improved quality culture	Developing a strong culture of quality in our diagnostic and laboratory services underpins good quality patient care. A Quality led governance approach is supporting a shift from compliance with standards to quality and safety driving processes of improvement and therefore enhancing standards 
Expansion of Cardiac Surgery Services **This will involve in 2019-20:** • Expansion of Cardiac Ablation activity in line with WHSSC commissioning • Expansion of TAVI in line with WHSSC commissioning • Increasing access to Cardiac Imaging • Increase rehabilitation service to ensure all offered a structured MDT rehabilitation programme 2020-2021 • Development of complex ablation service **Lead Board**- Specialist	Cardiac Surgery is a WHSSC commissioned service, funding and recruitment of additional staffing will be in line with commissioner support	RTT – improvement against 26 and 36 week wait baselines	Improved clinical outcomes as captured in MINAP Audit data	 Following surgery the Cardiac Rehab programme supports Wyn to understand his condition, support his recovery and help him to make choices to avoid further interventions. The process starts before surgery with discussions about diet and exercise and getting Wyn signed up to an appropriate exercise programme for post procedure, improving outcomes from surgery 
Implementation of Neurosciences Strategy This will involve in 2019-20: • Improve performance in elective neurological surgery for patients waiting over 36 weeks • Implementation of headache pathway • ALAS Wheelchair replacement programme • Transfer of neurology service to Cwm Taf 2020-2021 • Open Rookwood neurorehabilitation service at UHL **Lead Board**- Specialist	Neurosurgery is a WHSSC commissioned service, funding and recruitment of additional staffing will be in line with commissioner support	• Consistent delivery of 8 week Neurophysiology diagnostic waits • Compliance with the Neurosurgery Service Specification published in 2013 • 26 and 36 week performance Baseline- At 30 June 2018 there were 22 patients waiting over 36 weeks and no patients waiting over 52 weeks		 Cerys partner requires Neurosurgery, at present they will wait too long for the procedure. There is a recognised need to reduce the waits and the associated anxiety and complications caused by long waits. Focussed action in this area will reduce waiting times and overall experience. 
CANCER				
Actions to support Cancer: - Endoscopy - Prehabilitation - Preoperative Assessment - Development of HealthPathways				

<table>
<tr><th>ACTION</th><th>Finance and Workforce Implications</th><th>Core Tracking Measures and Trajectory</th><th>Core Outcome Measure and trajectory</th><th>Patient and System Impact</th></tr>
<tr>
<td>Acute Oncology

This will involve in 2019-20
• Developing sustainable financial arrangement across boards following phasing out of funding from Macmillan Cymru
• Expansion and enhancement of current service
• Development of appropriate model for 7 day cover across UHW and UHL
• Continuing to develop arrangement with Velindre Cancer Centre

2020-21</td>
<td>The funding for the current service is provided by Macmillan Cymru. This funding is due end, therefore discussion are ongoing regarding a sustainable founding model across Clinical Board and continued discussions with Macmillan.</td>
<td>
<table>
<tr><th>FY</th><th>Average LoS of AOS Presentation</th><th>Average LoS of AOS Inpatients</th></tr>
<tr><td>2015 /16</td><td>10.1</td><td>8.0</td></tr>
<tr><td>2016 /17</td><td>11.1</td><td>8.4</td></tr>
<tr><td>2017 -18</td><td>7.8</td><td>6.1</td></tr>
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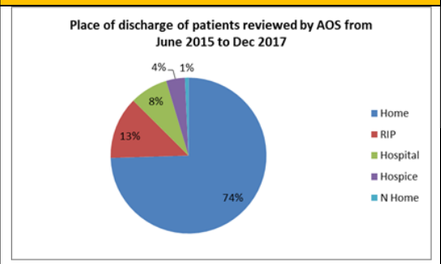
</td>
<td> 
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<td> 
Cerys is receiving chemotherapy at Velindre Cancer Centre. Cerys is in significant pain and attends A&E at UHW. Cerys is identified by the AOS Team and able to receive the right care for the chemotherapy complications without significant delay. The MDT working across Velindre and Cardiff mean the team are able to review her pathway of care and work with Cerys to improve her experience.
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