

PROGRESSING OUR FUTURE



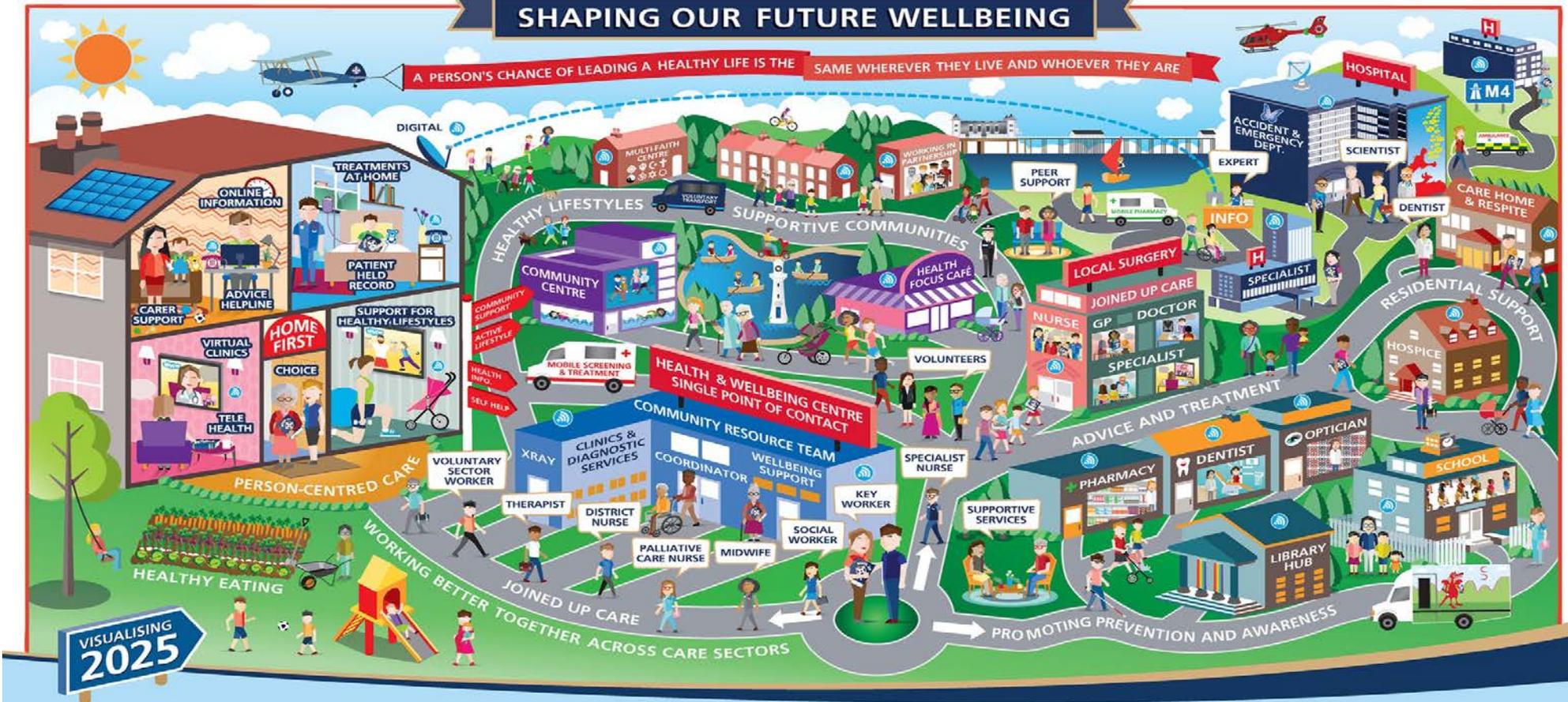
Summary Plan 2017-2018

Cardiff and Vale University Health Board



SHAPING OUR FUTURE WELLBEING

A PERSON'S CHANCE OF LEADING A HEALTHY LIFE IS THE SAME WHEREVER THEY LIVE AND WHOEVER THEY ARE



THIS IS OUR VISION OF CARE OVER THE NEXT 10 YEARS, CREATED BY PEOPLE WHO BOTH USE AND PROVIDE CURRENT SERVICES

Cardiff and Vale University Health Board is one of the largest NHS organisations in the UK, providing healthcare services for 475,000 people living in Cardiff and the Vale of Glamorgan. Our mission is 'Caring for People, Keeping People Well', with a vision that a person's chance of leading a healthy life is the same wherever they live and whoever they are.

The 'Shaping Our Future Wellbeing' strategy is how we plan to make this vision a reality. By engaging with the public, staff and partners we have agreed a set of prudent principles and

priorities by which the Health Board can deliver high quality, sustainable, person-centred health care for the next ten years. By taking a balanced approach to meet our challenges we will focus on:

- **Our Population:** delivering outcomes that genuinely matter and that are meaningful to the people we serve.
- **Our Service Priorities:** offering services which deliver the improvements in population health that our citizens are entitled to expect.

- **Our Sustainability Plans:** joining up what we do for the people we serve, striving for excellence in the way we work and making the best use of the resources we have.
- **Our Culture:** working better together across the care sectors, valuing people and harnessing innovation and research to make this a great place for patients and staff.
- **Our Values:** caring, taking personal responsibility, and behaving and treating each other with kindness, trust, integrity and respect.

For more information visit www.bit.ly/SOFWHome

CARING FOR PEOPLE, KEEPING PEOPLE WELL



GIG
CARDIFF
VALE
NHS
WELLS
Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

KEY

DIGITAL/
INTERNET

ELECTRONIC PATIENT
HELD RECORD

HOME FIRST

COMMUNITY

HOSPITAL

ACHIEVE JOINED UP CARE BASED ON 'HOME FIRST', AVOIDING HARM, WASTE AND VARIATION, EMPOWERING PEOPLE AND DELIVERING OUTCOMES THAT MATTER TO THEM.

Chair and Chief Executive Introduction

The UHB, along with many other health and social care service providers in Wales, is responsible for commissioning and providing services to meet the needs of the resident and wider South Wales population in an increasingly challenging financial environment. The challenge to commission services that improve the health of our communities and provide prudent, integrated health and social care for a growing local population whilst providing increasingly complex emergency, elective and tertiary care to meet local and regional demand within the resources available has never been greater.

Building upon *Shaping our Future Wellbeing*, our ten year strategy, we are working with partners to address these challenges in the longer term through the development of an overarching strategic blueprint for our health and care system. In partnership with Cardiff University, City of Cardiff Council and the Vale of Glamorgan Council, we are continuing to develop a Health Enterprise Alliance for Regional Transformation (HEART) to build upon all of our strengths and align our resources. We are also working with our neighbouring health boards where it makes sense to plan and deliver services across a wider regional footprint. Our aim overall is to reduce the health inequalities that exist across our communities so that everyone has the chance of leading a healthy life.

In the shorter term, we recognise the significant financial challenge requires a focussed, co-ordinated and relentless commitment to delivering services within the resource envelop available to us. In 2016/17, we refreshed our approach (the structures, processes and governance) required to identify and implement the required changes in commissioning, provider efficiency/productivity, service transformation and financial grip and control focussing on delivering a stable and sustainable position.

We made significant progress across a number of areas in 2016/17:

- Our primary care developments are supporting the shift in the balance of care away from hospitals. We have Community Resource Teams working seven days a week helping to support timely discharges and preventing admissions to acute hospital, working along side a range of services delivered by the local authorities and third sectors to ensure that we keep people safely at home;
- We delivered the agreed plan for referral to treatment times, with a significant reduction in the number of people waiting over 52 and 36 weeks for treatment; and we have plans for achieving this on an ongoing basis;
- We delivered and/or secured approval for a number of major capital development milestones such as the completion of Hafan y Coed, the Adult Mental Health Unit at UHL, final work to the second phase of the Children's Hospital for Wales, Catheter Laboratory replacement, approval for the Neonatal and Obstetrics Unit redevelopment and the replacement of MRI scanners at UHW;



- We made improvements in the experience of those who use our services, with the feedback being positive overall. We have also learnt from the things that we did not do well and our Annual Quality Statement summarises these issues;
- We are seeing signs of improvements in our culture with lower absence rates, fewer disciplinary procedures and improving staff engagement; and
- Despite the ongoing financial challenges and service pressures, we delivered financial savings of £23.1m although we do not have a sustainable financial position – we are spending more money than we have available to us.

Clearly we still have much to do and our plan for 2017/2018 continues to build on our strategic objectives and remains based on the health needs of our population, delivering quality services and ensuring timely access to services. Our mission as a UHB is **Caring for People; Keeping People Well** with a vision that **a person's chance of leading a healthy life is the same wherever they live and whoever they are.**

This summary provides a focus on our key priorities over the next 12 months as we continue to implement our strategy, being realistic about what can be achieved within the constrained resources, whilst delivering on best practice and achieving sustainable changes at pace.

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

We hope you enjoy reading about our plans for 2017/18 and will continue to work with us to achieve them.



Maria Battle, Chair



Len Richards, Chief Executive



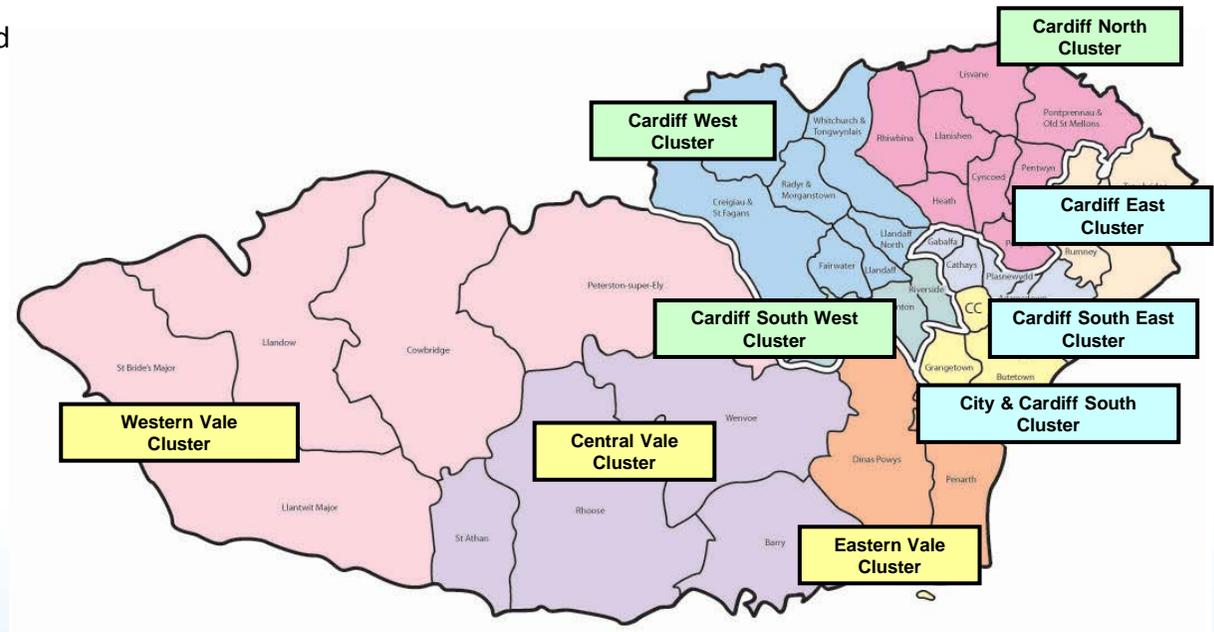
About Us

Cardiff and Vale University Health Board (UHB) was established in October 2009 and is one of the largest NHS organisations in the UK. As a Health Board, we have a responsibility for around 482,000 people living in Cardiff and the Vale of Glamorgan (from Trowbridge/St Mellons in the East to Llantwit Major/St Bride's Major in the West). Within this there are three localities (Cardiff North and West, Cardiff South and East, and the Vale of Glamorgan) with primary and community care services organised into nine primary care clusters enabling better working with our partners and across boundaries.

Our responsibility includes health promotion and public health functions as well as the provision of local primary care services (GPs, dentists, optometrists and community pharmacists) and the running of hospitals, health centres, community health teams and mental health services. Together, these provide a full range of health services for our local residents and those from further afield in both Wales and England who use our specialist services. To deliver these highly diverse and complex services, we spend over £1.2 billion every year and employ around 14,000 staff.

We are a teaching Health Board with close links to Cardiff University, Cardiff Metropolitan University and the University of South Wales. Together, we are training the next generation of clinical professionals developing our expertise and advancing our clinical outcomes.

Detailed information about the services we provide and the facilities, from which they are run, can be found on the Health Board's website in the section [Our Services](#) and [Local Health Services Directory](#)



Assessing the Health Needs of our Local Communities

<p>Population size and composition</p>	<p>Our population is:</p> <ul style="list-style-type: none"> growing rapidly in size, projected to increase by 7.5% between 2016-26, higher than the average growth across Wales and the rest of the UK. An extra 35,000 people will live in Cardiff over the next five years who require access to health and wellbeing services. relatively young in Cardiff compared with the rest of Wales, with the proportion of infants (0-4 yrs) and the young working age population (20-39 yrs) higher than the Wales average; this reflects in part, a significant number of students who study in Cardiff. ageing – with increases in all age groups by 2026, particularly in people aged 65-84 and 85+, the rate of growth in the Vale of Glamorgan being higher than Cardiff. ethnically very diverse, particularly compared with much of the rest of Wales, with a wide range of cultural backgrounds and languages spoken. Arabic, Polish, Chinese and Bengali are the four most common languages spoken after English and Welsh. Cardiff is an initial accommodation and dispersal centre for asylum seekers.
<p>Risk factors for disease</p>	<p>Unhealthy behaviours which increase the risk of disease are endemic among adults in Cardiff and Vale:</p> <ul style="list-style-type: none"> Two fifths drink above alcohol guidelines (42% Cardiff, 42% Vale). Around two thirds don't eat sufficient fruit and vegetables (64% Cardiff, 68% Vale). Over half are overweight or obese (52% Cardiff, 53% Vale). Around three quarters don't get enough physical activity (72% Cardiff, 71% Vale). Around one in five smoke (19% Cardiff, 18% Vale). <p>Many children in Cardiff and Vale are also developing unhealthy behaviours:</p> <ul style="list-style-type: none"> Two thirds (67%) of under 16s don't get enough physical activity. Over a third (34%) of under 16s are overweight or obese. <p>Air pollution is a significant cause of illness and deaths; it is estimated that:</p> <ul style="list-style-type: none"> 143 deaths each year in Cardiff and 53 each year in the Vale among over 25s are due to man-made air pollution. The burden and impact of environmental air pollution is worse with increased deprivation, and Cardiff has the worst air pollution measured by PM_{2.5} levels in Wales. long-term exposure to man-made air pollution is responsible for 5.1% of all deaths in Cardiff and Vale.



<p>Equity, inequalities and wider determinants of health</p>	<p>There are stark inequalities in health outcomes in Cardiff and Vale:</p> <ul style="list-style-type: none"> • Life expectancy for men is 8 years lower in the most-deprived areas compared with those in the least-deprived areas. • The number of years of healthy life varies even more, with a gap of 19 years between the most- and least-deprived areas. • Premature death rates are approximately two and a half times higher among the most-deprived areas compared with the least deprived. <p>There are also significant inequalities in the ‘wider determinants’ of health, such as housing, household income and education:</p> <ul style="list-style-type: none"> • For example, the percentage of people living without central heating varies by area in Cardiff and Vale from one in a hundred (1%) to one in eight (13%). <p>There are inequalities in how and when people access healthcare:</p> <ul style="list-style-type: none"> • For example, immunisation uptake varies considerably, with uptake of infant vaccines ranging from 89% to 98% across Cardiff and Vale.
<p>Ill health and service use</p>	<p>The disease profile in Cardiff and Vale is changing:</p> <ul style="list-style-type: none"> • The number of people with two or more chronic illnesses in Cardiff and Vale has increased by around 5,000 in the last decade, and this trend is set to continue. • Around 1 in 7 (15%) people consider their day-to-day activities are limited by a long-term health problem or disability. • Many people with chronic conditions are not diagnosed and do not appear on official registers. • Due to changes in the age profile of the population and risk factors for disease, new diagnoses for conditions such as diabetes and dementia are increasing significantly. • Around 1 in 5 adults have visited their GP within a 2 week period; and nearly three quarters visit a pharmacy over a year period. • The highest rates of attendance at the Emergency Department are from people living in more deprived areas of Cardiff and Vale. • Rates of delayed transfer of care for social care reasons are nearly twice as high in Cardiff and Vale than the Wales average. • Heart disease, lung cancer and cerebrovascular disease are the leading causes of death in men and women. • Preventable illness and deaths - many (but not all) of the most common chronic conditions and causes of death may be avoided by making changes in health-related behaviours.



Challenges and Opportunities

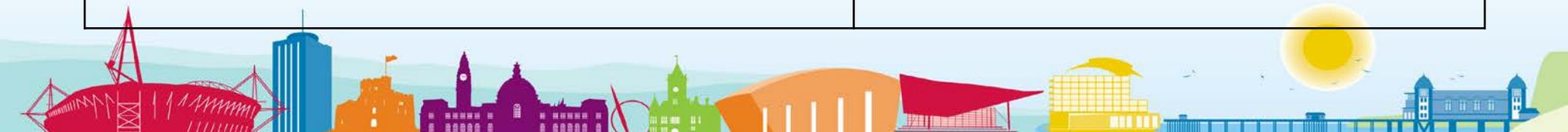
Our plan for 2017/18 describes in detail the many challenges we face and how we are responding to them, and identifies where there are opportunities for changing the way we do things by putting patients at the centre of the redesign of our services and using technology to introduce new ways of delivering care.

Many of the challenges we face are the same as those seen in other healthcare services across the developed world, and include:

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

As a Health Board our specific challenges can be summarised as:

<p>Service Challenges</p> <p>Balancing the delivery of services and improving how well we deliver them, whilst also making the long-term changes that are needed to meet the changing needs of the people we serve (our population). We are facing particular challenges associated with ensuring we have services in place to respond to the needs of the rapidly expanding population as the population in Cardiff is growing faster than almost any other city in the UK.</p> <p>Changing the way services are provided (transformational change) and managing operational pressures.</p>	<p>Infrastructure Challenges</p> <p>Ensuring our many buildings and critical medical and IT equipment are fit for purpose. Many of our facilities were built many years ago and our maintenance programmes have not been able to keep up with all of the requirements for keeping the buildings fit for purpose. The condition of some of our buildings is impacting on how we deliver services and can have a detrimental effect on a patient's experience of the care we provide.</p>
<p>Workforce Challenges</p> <p>Engaging with staff for them to help shape the changes we need to make and supporting them to make the change happen.</p> <p>Being a place where people want to work, especially in shortage professions e.g. nurses and therapists.</p>	<p>Financial Challenges</p> <p>Receiving the amount of funding we think we are going to get (funding assumptions).</p> <p>Using only the money we receive and achieving the savings we need to make (balancing our financial plan).</p>



Shaping our Future Wellbeing – Our Strategic Plan 2015 - 2025

Our Plan for 2017/18 is based on the principles within our [Shaping Our Future Wellbeing](#) strategy, published in 2015 which sets out how we plan to develop services in order to respond to the changing needs of our population and the need to close the wide gap in the health of our communities. Our plan for this year also sets out how we are responding to a number of national, regional and local drivers such as Prudent Healthcare, the Social Services and Wellbeing (Wales) Act 2014, Wellbeing of Future Generations (Wales) Act 2015; working together with our local authority and third sector colleagues, and working with Health Board colleagues across South East Wales region.

Shaping Our Future Wellbeing describes our vision that **a person's chance of leading a healthy life is the same wherever they live and whoever they are.** At its heart is the aim to achieve joined up care based on home first, avoiding harm, waste and variation, empowering people and delivering outcomes that matter to them.

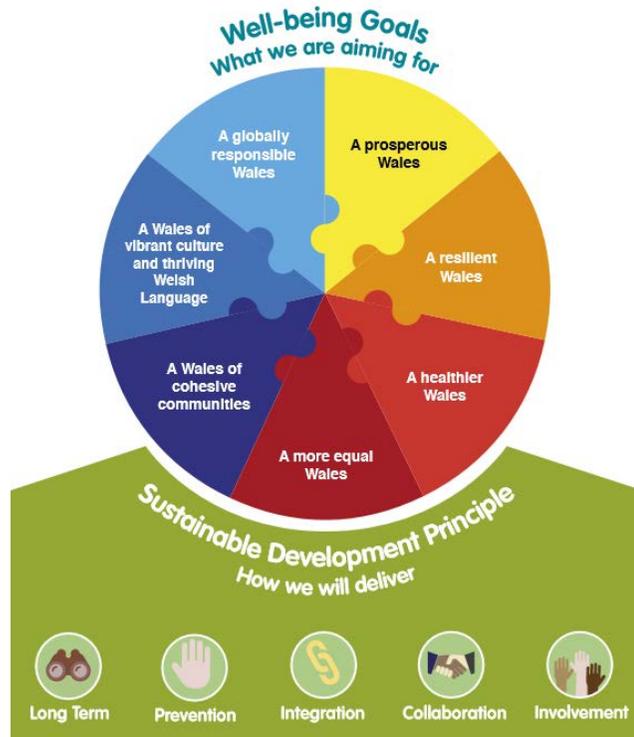


We have a longer term delivery programme for ensuring that the aspirations of our strategy are achieved, and we have had to prioritise the actions we are taking in 2017/8 to progress our strategic objectives.



Our Wellbeing Objectives

The Wellbeing of Future Generations (Wales) Act 2015 places a wellbeing duty on public bodies to do things to improve the economic, social, environmental and cultural wellbeing of Wales, in a way that meets the principle of sustainable development. Our ten year strategy, developed through co-production with our citizens, patients and staff, was informed by the content of the draft Act and as a result, the UHB's strategic objectives are closely aligned to the wellbeing goals and represent the UHB's Wellbeing Objectives:



For Our Population:	<ul style="list-style-type: none"> • Reduce health inequalities; • Deliver outcomes that matter to people; and • All take responsibility for improving our health & wellbeing.
Our Service Priorities:	<ul style="list-style-type: none"> • Offer services that deliver the population health our citizens are entitled to expect.
Sustainability:	<ul style="list-style-type: none"> • Have an unplanned (emergency) care system that provides the right care, in the right place, first time; • Have a planned care system where demand and capacity are in balance; and • Reduce harm, waste and variation sustainably making best use of the resources available to us.
Culture:	<ul style="list-style-type: none"> • be a great place to work and learn; • Work better together with partners to deliver care and support across sectors, making best use of our people and technology; and • Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives.

Key programmes of work described later in this document have been mapped to identify contribution to the wellbeing goals and to ensure they are being delivered in a way which applies the five ways of working. The UHB also has a number of exciting new projects underway that are aimed at thinking differently and with a future generations lens. In the next few pages, we set out the key areas where we will be making progress this year, building on the achievements of 2016/2017 described earlier.



Our Priorities for 2017/2018

Our priorities for this year involve us driving hard to improve the efficiency of our services, ensuring that we eliminate any unwarranted variation and avoid harm to patients and ensuring that we are getting the maximum value for every pound invested in our services. We also need to change the way we deliver services, really putting the patient at the heart of what we do. Technology has an important role to play in opening up new opportunities in the way we provide care and support to patients.

We have put in place arrangements to ensure that we make the necessary changes during 2017/18 and in future years so that we can ensure that our services are sustainable within the resources that are available to us into the future.

Our transformation programme has three workstreams:

1. Improving unscheduled care: ensuring patients receive the urgent and emergency care at the right time, in the right place, by the right person or team.

We are doing well at assessing people and treating them quickly to avoid an unnecessary hospital admission, but we are doing more with our Primary Care clusters to ensure that we are enabling more people to be cared for in a planned way, particularly in relation to people with long term conditions.

We are working closely with our local authority partners to ensure that there is a single point of access for those people in need of support, making it much easier for people to get the right support.

We have improved our services to patients who attend hospital in an emergency and we have plans in place to further improve how well we perform in this area. Key to this are the plans to reduce how long people stay in hospital following an emergency admission. When we compare ourselves to other organisations, we often keep people in hospital too long, sometimes because it can take too long to arrange the care and support needed to get someone home safely, or that we don't have the right support available in the community. Our plans take the next steps in addressing this.



Our Priorities for 2017/2018 (cont.)

2. Implementing our model of locality based care:

We know that we don't quite have the right services available to support people in the community and we also know that there are many services available across our communities – provided through voluntary and third sectors, other partners – that are able to provide support to people, but often knowledge about these services and access to them is not clear. We are therefore working with our primary care clusters (groups of GP practices working together) and local authority partners to improve access to a wider range of services, enabling people to remain more independent. This work also involves plans to ensure that our GP services remain sustainable in light of shortages of GPs, and that we make best use of all our primary and community care services – including dentists, opticians and pharmacists, community nurses and therapists, and volunteers.

3. Improving planned care:

We have made progress over the last two years in reducing the time to access routine planned care and cancer care. However, in some areas, demand for our services is greater than the capacity we have available. We are therefore continuing to implement plans to ensure that every patient pathway is as streamlined as possible, so we don't bring patients back for repeated follow-ups if they are not needed and that, when people do need ongoing support or treatment, we do this in a timely way and are more responsive to a patient's own assessment of their care needs.

We also want to ensure that we get the very best outcomes for patients from the treatment we provide and we are implementing plans to achieve this, looking at orthopaedics and ophthalmology in the first instance.



Specific Actions for 2017/18

Preventing illness and promoting health lifestyles – lifestyle behaviour changes to enable people to make informed choices about healthy lifestyles and are better able to manage their conditions safely, preventing deterioration where possible.

We know that the biggest improvements we could make to the health of our local population would be to work with partners to further reduce smoking which still contributes significantly to premature deaths from cancer and cardiovascular disease.

We also know that we are seeing an increase in illness associated with obesity, with the incidence of diabetes and musculoskeletal conditions rising.

We are also seeing an increase in the number of people in need of support because of mental illness, and because of the growth in the number of older people living in our communities, we are seeing more people with dementia who need a timely diagnosis, care and support.

Our plans for the year include:

- Developing more joined up preventative services with a major focus on tobacco use, food and physical activity and immunisation;
- Expanding services such as School Holiday Enrichment Programme to increase availability of good quality meals, nutrition skills and sports education to children and young people living in areas of social deprivation;
- Greater use of Making Every Contact Count within our communities, across agencies;
- Further developing our services that support young people to have improved emotional health and wellbeing;
- Working with Public Health Wales and our partners in the Public Service Boards to ensure that young people have a good start in life, knowing that adverse experiences in early years can have a long lasting impact into adulthood;
- Rolling out dementia care training so that all staff are better able to support patients and their families, and our services support people to remain living safely at home for as long as possible; and
- Supporting the wellbeing of our 14,000 staff, encouraging healthy lifestyles and developing our sustainable travel plans .



Sustainable Unscheduled Care – ensuring our patients receive the right care at the right time in the right place in an emergency or when there is an urgent need.

Our plans aim to:

- Reduce emergency admissions that are avoidable;
- Reduce length of stay for those who are admitted as an emergency; and
- Reduce delayed transfers of care for those medically fit for discharge enabling return to ‘home’ at the earliest opportunity.

Pre-Hospital (to avoid admission)

- Preventative services – signposting to local support services.
- Primary Care Out of Hours – greater availability of GPs at night and over the weekend.
- GP/Nurse Cluster Services for Older People – working collaboratively with Community Resource Teams and Elderly Care Assessment Service to support patients within their own homes.
- Ambulatory Care Sensitive Conditions Pathways - standardised primary care approach to management of eight conditions in the community.

Emergency care

- Direct access pathways via Welsh Ambulance Service – straight to specific departments.
- Elderly Care Services – frailty model to remain longer/return earlier to their ‘normal’ home.
- Emergency Care pathways – improve timely senior decision making, reduce waiting time at front door, reduce duplication of testing.
- Radiographer led discharge – discharge at point of x-ray, if x-ray is normal.

Inpatient process and discharge management

- Active bed management to improve patient flow and increased use of planned date of discharge.
- New models of care for frail older people and patients with dementia or cognitive impairment to ensure a timely discharge from hospital care back home, with ongoing support where needed.

Community pathways

- Working with local authorities and third sector to establish community supported services.
- Integrated service for older people so that people get the outcomes they want, and that care is delivered seamlessly across health, social care and housing.



Sustainable Planned Care – deliver more sustainable services underpinned by a focus on prevention, self care and the principle of ‘home first’ and prudent healthcare.

Our plans aim to:

- Develop new pathways for eye care – cataracts, medical retina and oculoplastics and musculoskeletal (MSK muscle and joint problems);
- Reduce length of stay particularly in Ear, Nose & Throat (ENT) and Orthopaedic specialties;
- Reduce wasted outpatient appointments through people not turning up (Did Not Attends - DNAs); and
- Increase the number of operations that take place as day surgery or decreasing the time people stay in hospital after an operation.

Provision of alternatives to secondary care

- Tele Dermatology – in all GP practices; improving local access to clinical advice.
- Outreach uro-gynaecology service; including physiotherapy and nurse led services.
- Outreach gynaecology clinics; closer working with GPs.
- Therapy led Rheumatology injections.
- Audiology; better use of paediatric and adult community clinics.
- MSK; one pathway - single point of entry for all shoulder, knee and spine referrals from primary care.

Structured pathway redesign

- GP support to pathway redesign; new pathways of care in urology, dermatology and gastroenterology.
- Expansion of Non-Medical led Clinics; new pathways of care in ENT and Ophthalmology including Nurse and Optometry led services.

UHB –Wide Outpatient Booking Modernisation

- Extend use of the Fully Automated Booking (FAB) system for new Out Patient appointments; develop automated follow up booking system; roll out text messaging reminders.

UHB-Wide e-Advice

- Continue rollout across high referral areas including cardiology, ophthalmology, rheumatology, respiratory, gastrology and child health services.

UHB- Wide electronic referral

- Rollout, enabling all GPs to refer directly in to secondary care.

Theatre Productivity

- Optimising scheduling and booking practices – key area endoscopy.

Clinical and Clerical Waiting List Validation

- Ensure only those who require treatment are on the waiting lists.

Community Resource Teams

- Planned facilitated discharge seven days a week.

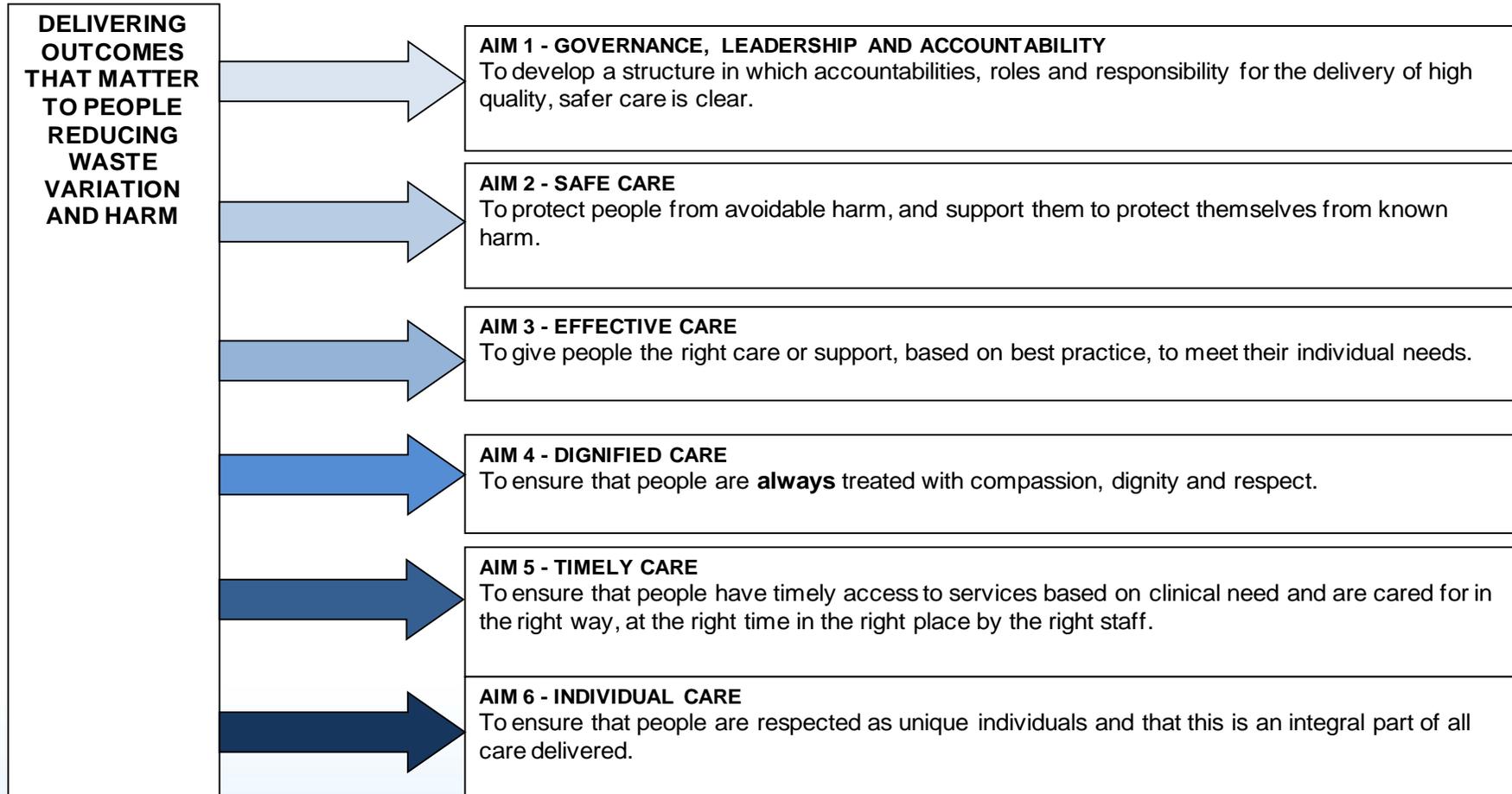
Acute Response Team – premises based care

- Align services to community clinics.



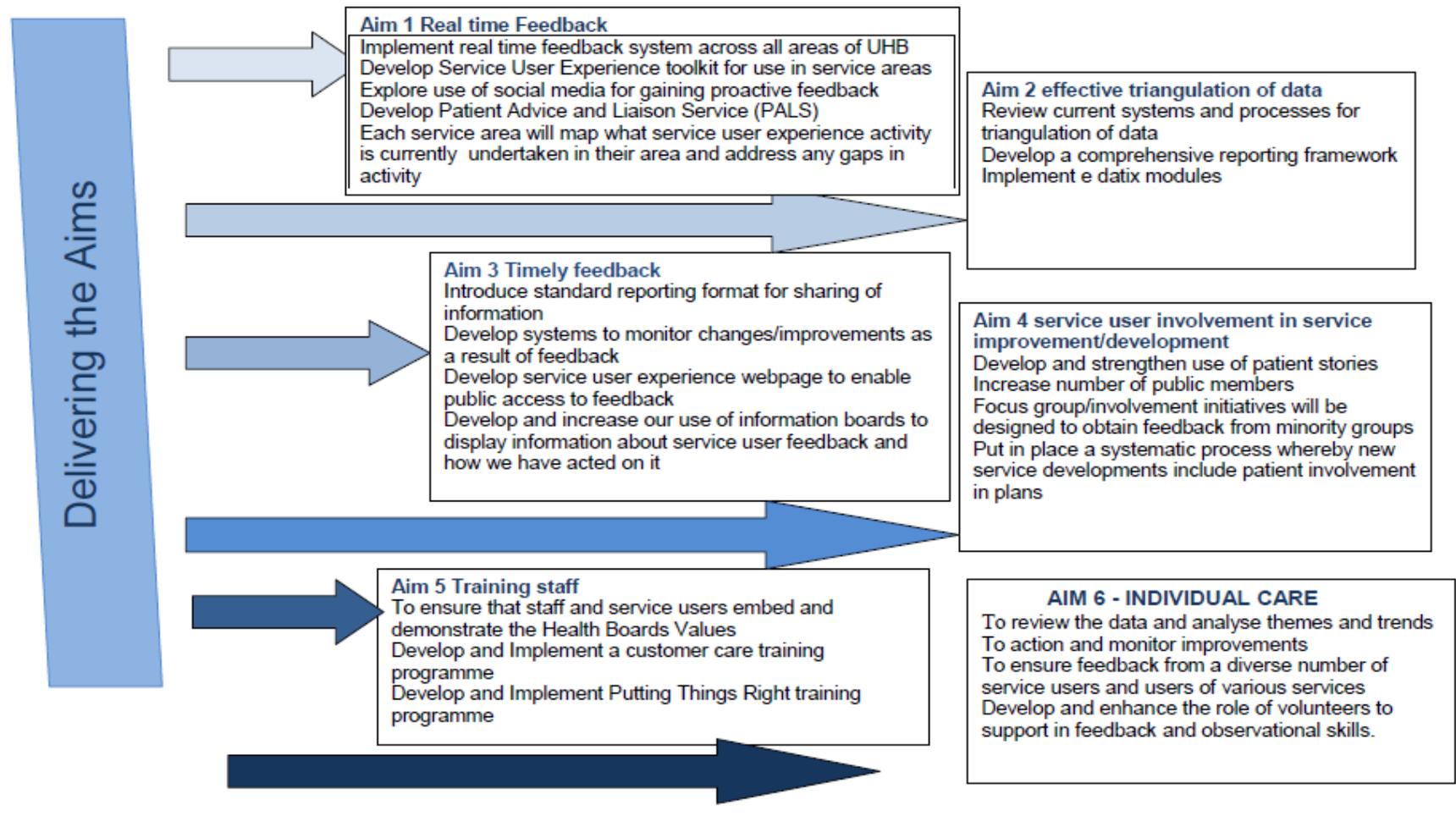
Our Priorities for Improving the Quality of our Services and the Patient Experience

We have developed a Quality, Safety and Improvement Framework for 2017/18 which sets out our priorities for the next three years. Our aim is to be one of the safest organisations in the NHS delivering high quality, seamless care where people have a great experience every time they use our services. We have a detailed plan in place to make further progress over the next 12 months with the six aims we have set, based on our underlying principles.



In order to capture service user feedback it is recognised that there is no single method that can provide the assurance that Health Boards require, and that a number of methods are required for triangulation to verify findings and make improvements. Over the next three years, we aim to build and develop a range of methods to capture feedback which reflect the diversity of our service users.

Patient Experience Frame work 2017-2020



Our Workforce and Organisational Priorities

We employ over 14,000 staff across our organisation in over 100 different roles. Our workforce plan sets out how we will ensure that our staff are supported to do the very best job they can, and that we have the right people in post. We have five priority areas designed to support our longer term ambitions.



Key to the success of our plan is to ensure that we have the right workforce to deliver the services required, and that we are able to develop the workforce as the way we deliver care changes.

Efficient workforce – achieve target workforce key performance indicators

- | | |
|--|--|
| <ul style="list-style-type: none">• Attendance• Workforce capacity• Retention• Timely recruitment• Performance accountability• Optimise medical workforce sessions• Employee relations | <ul style="list-style-type: none">• Reduce temporary agency and locum expenditure.• Continue reduction in sickness absence.• Promotion of staff wellbeing. |
|--|--|

Sustainable workforce – ensure the right people, in the right roles, in the right place, at the right time

- | | |
|--|---|
| <ul style="list-style-type: none">• Future workforce supply needs• Nurse workforce capacity and costs• Medical workforce capacity• Management talent capacity• Succession planning | <ul style="list-style-type: none">• Deliver Project 95% (Band 5/6 establishment) and sustain Project Switchover (contract agency usage).• Continue to deliver Medical Training Initiative (MTI) strategy.• Reduce long term agency locums and recruit to hard to fill vacancies.• Develop succession planning for senior management posts. |
|--|---|



Capable workforce – meet learning & leadership skills needs through delivery of quality training & development

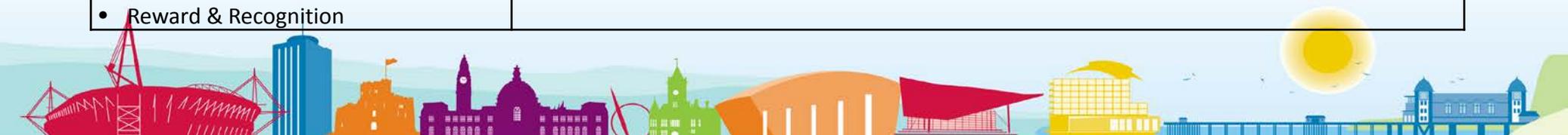
- | | |
|--|--|
| <ul style="list-style-type: none">• Mandatory skills• Performance management & talent development• Leadership capability• Nurse capability• Non-registered nurse capacity• Coaching• mentoring | <ul style="list-style-type: none">• Develop a clear and shared approach to change and transformation activity.• Build capacity and capability across the UHB in the areas of structural, process, behavioural and cultural change.• Have a coherent and consistent approach in our methodologies through change teams working together effectively.• Leverage external skill and support, with an emphasis on development to build our internal skill.• Integrate robust performance and financial data to drive and support understanding of the need and the benefits of change and ensure all change activity is aligned and prioritised in accordance with strategic aims. |
|--|--|

Transforming workforce – enable quality, productivity & continuous improvement

- | | |
|--|---|
| <ul style="list-style-type: none">• Transformation• Continuous Service Improvement• CAV Academy• Enhance ESR• Transforming Cancer Services• Planned Primary Care workforce• South Wales Plan | <ul style="list-style-type: none">• Role redesign and modernisation to support service change e.g. Planned and Unplanned Care.• Workforce transformation which impacts across the UHB e.g. regional clinical service changes.• Modernisation driven within Professional staff groups e.g. Physician associates, advanced practice.• Planning the shape of the future workforce and tools and enablers to get us there. |
|--|---|

Engaged workforce – create conditions which unleash capability potential & commitment to the goals and values

- | | |
|--|---|
| <ul style="list-style-type: none">• Health and Wellbeing• Equality and Diversity• Welsh Language• Staff Engagement• Values & Behaviours• Reward & Recognition | <ul style="list-style-type: none">• Build on the comprehensive programme of engagement work in place with staff, focusing on health and wellbeing, values and behaviours, reward and recognition. |
|--|---|



Our Research and Development Priorities

The UHB shares and is fully engaged with Welsh Government (WG) Research and Development (R&D) ambitions to bring patient and economic benefit to Wales through increasing R&D activity. Through our strategic objectives, we described a desire for “an environment where innovation thrives”. During 2015 the UHB approved a 3-year R&D plan; this was reviewed, amended and approved by the UHB Executive Board in September 2016. Aligned to the UHB strategic themes, its aims are:

For Our Population:	<ul style="list-style-type: none"> • Improve the health and well-being of patients and the wider population by promoting and supporting innovation and research translation for the better understanding of diseases and human behaviours; and improved treatments, healthcare provision, and preventative programmes.
Our Service Priorities:	<ul style="list-style-type: none"> • Building research capacity and strategically align research and service planning and delivery; • Assist Clinical Boards and individual Directorates with their own R&D strategies and delivery; • Improve the capacity of the Clinical Research Facility (CRF) to undertake complex specialist studies e.g. Cardiac, Ophthalmology, Gastroenterology, wound healing etc; and • Development of Paediatric CRF for Wales.
Sustainability:	<ul style="list-style-type: none"> • Comply with Health and Care Research Wales (HCRW) / WG metrics including use of its Activity Based Funding (ABF) allocation for research delivery; • Build a skilled workforce capable of advancing high quality multidisciplinary research which is population and people centred and leads to quality improvements in healthcare and public health; • Increase commercial income from its present level of ~£1m per annum towards the UK average for a UHB of £6m over the next 5 years with the aim of increasing research capacity; • Contribute to economic prosperity, by developing existing and new partnerships with industry in the pharmaceutical and technical sectors to grow the commercial research portfolio; and • Ensure patient safety by compliance with all Regulatory and Clinical Governance requirements.
Culture:	<ul style="list-style-type: none"> • Create a culture and research environment to develop and sustain the reputation of the UHB for research excellence in clinical and translational medicine; and • Add value and enhance impacts by creating new synergies between the UHB and Higher Education Institutions especially Cardiff University with the aim of increasing innovative development with possible commercial exploitation.



Our Financial Plans

Financial Performance in 2016/17

In 2014/15, under the National Health Services Finance Act 2014, the Welsh Government amended the financial performance duties applicable to Health Boards. Two financial duties now apply:

1. The duty to ensure that our spending does not exceed the aggregate of the funding allocated to us over a period of three financial years (section 175 (1));
2. The duty to prepare and get approved by the Welsh Ministers, a plan which achieves the above objective while improving the health of and the provision of health services to the population for which we are responsible (section 175 (2a)).

The first assessment of performance against the three year statutory duty was concluded at the end of 2016/17.

- The Health Board was overspent by £29.243m against its resource allocation in 2016/17. This formed part of an accumulated deficit over the three year period of £50.539m. Hence, the UHB did not achieve its statutory duty under section 175 (1).
- The Health Board did not have its Integrated Medium Term Plan for the period 2016/17 - 2018/19 approved by the Welsh Ministers and hence, did not achieve its statutory duty under section 175 (2a).

Whilst the Health Board managed to deliver a year end financial position lower than the £30.9m deficit agreed with Welsh Government, it breached both parts of its statutory financial duty.



Financial Plan for 2017/18

The UHB considered its Integrated Medium Term Plan for 2017/18 - 2019/20 at its Board meeting on 30th March 2017. At this point given the scale of the anticipated deficit for 2017/18 (£45.9m), the UHB Board was not in a position to approve it. It did however endorse its adoption, recognising that further work was required.

The plan was reconsidered by the UHB at its Board meeting on the 25th May 2017, where it was agreed to work towards a stretch target to deliver a position no worse than £30.9m (this being the forecast position agreed with Welsh Government in 2016/17).

The scale of the challenge to deliver a £30.9m deficit position in 2017/18 is significant. This will require the UHB to manage a number of financial risks. The key risks being:

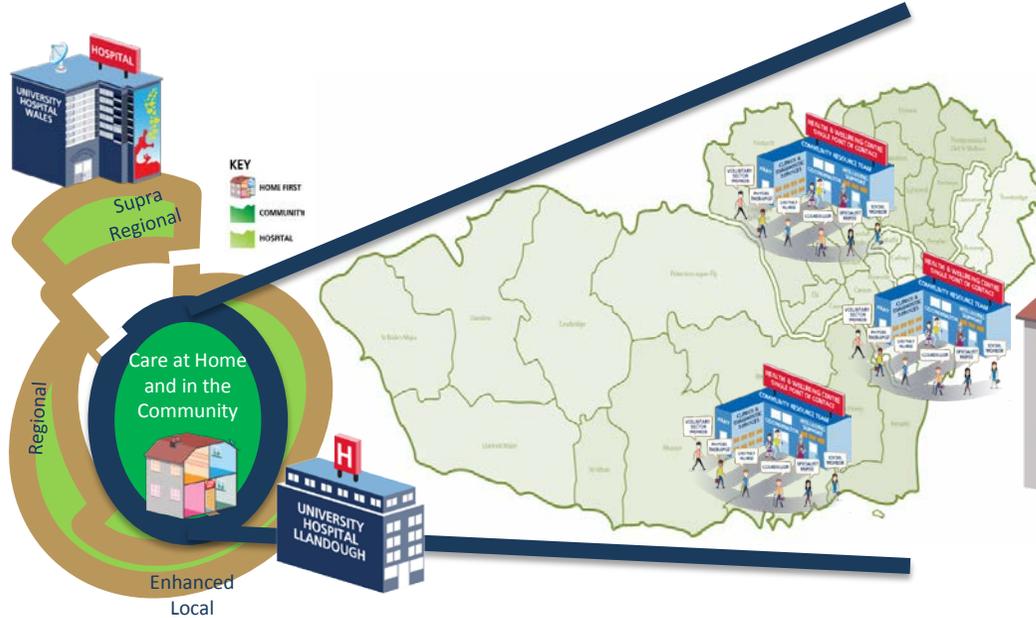
- The delivery of the initial £45.9m deficit plan that required achievement of £20m savings. So far, the UHB has made good progress and has identified £17.7m of worked up schemes against this target.
- The delivery of the stretch target (£30.9m deficit) which requires the delivery of a further £15m savings. Work is under way to identify options to achieve this.

The UHB continues to work with Welsh Government to achieve long term financial sustainability.



Shaping Services for the Future

We are developing plans to ensure that we have the right infrastructure in place to delivery the care described in our strategy.



We have developed our model of care for each level of service we provide to our local population, and South Wales population for whom we provide specialist services.

Working with our local residents and health professionals there are a number of consistent themes about how they would like services to look in future. These include:

- Helping people stay healthy and independent for as long as possible.
- Early diagnosis of disease and receiving the best treatment available, wherever an individual lives.
- Co-ordinated and convenient care, as close to home or work as possible.

Working with our partners we have taken a whole system service model approach, to provide a common understanding of how services across health and social care are delivered and how they need to change. We aim to build a model of health and social care which better matches local needs and services, focuses on wellbeing and is based on a co-produced specification for a 'Perfect Locality'. More information can be found on our [Shaping our Future Wellbeing: In Our Community Programme webpage](#).

We will also be developing our plans for how we develop the specialist services we provide for residents across South Wales.

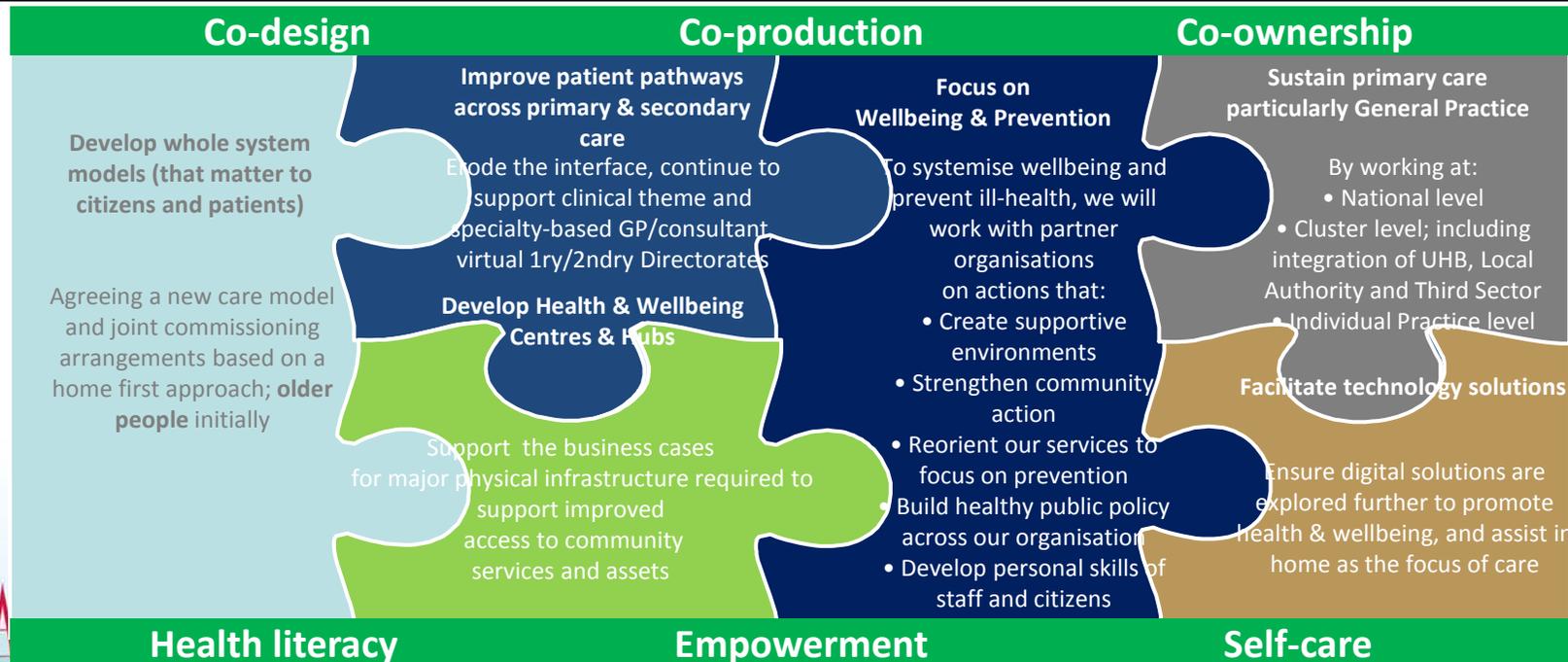


Care and Support provided - the Perfect Locality

During 2016/2017 we worked with a wide range of partners to develop our specification for a 'perfect locality' – a network of integrated services which support people to live safely at home, with the care and support they need provided locally by sustainable services delivered by a range of different providers. During this year we will be taking the next steps to implement this model of services.

We are now implementing our specification for a perfect locality. Our plans include:

- Working differently in primary care, including across localities and clusters.
- Progressing the integration agenda working in partnership with local authority and third sector colleagues on a new model of community care, so that people who need care and support from different organisations receive seamless care.
- Planning for new roles in primary care and the community so that we can continue to increase the amount of care and support provided close to home and outside our acute hospitals.
- Strengthening our community based mental health services for children and young people, adults of working age and older people, building on the successful models of care that are already in place. We are developing services to reflect feedback from those who use our services and their carers. These models of care reflect a shift in the balance of care, from inpatient hospital based care to community care close to home.



Working Together – Regional Collaboration

During 2016/17 we have been working with the health boards in South East Wales to implement the changes recommended by the South Wales Programme. New models of care for paediatrics, obstetrics, neonatal services and emergency medicine have been finalised and the plans will be implemented over the next year. In order to deliver the neonatal and obstetrics services, changes are required to the facilities in a number of the hospitals in South East Wales. We are undertaking a big capital development programme to significantly expand our neonatal service which will be completed in 2018, which will enable us to care for more babies from across the region, as planned.

We are also finalising plans to delivery ENT services (out of hours in particular) and vascular services on a regional basis so that patients receive the right care, at the right time, delivered by the right professionals in the right place.

We are also strengthening the way we plan services on a regional basis and will be working with the health boards in South East Wales to develop plans for secure sustainable services for planned care in relation to orthopaedics, ophthalmology and diagnostics services. The Welsh Ambulance Services Trust is an important partner in this work, ensuring patients are transported to the right place.

During 2017/18 we will continue to work with Velindre NHS Trust to develop plans to improve cancer outcomes. This involves working closely with GPs to ensure cancer is detected early, and that people receive treatment in a timely way, and that when people with cancer become acutely unwell, they get access to the right support and care quickly.



The way we treat cancer is changing with treatment increasingly tailored to the individual. We have contributed to the All Wales Genomics and Precision Medicine Strategy and will play a key role during the year to further develop these services, with investment in new technology and expanded laboratories. Precision Medicine is advancing rapidly and is changing the way we treat a wide range of conditions, enabling us to identify problems much earlier, and provide personalised treatment programmes.



Working with Others

We have also developed a new collaboration with the two local authorities and Cardiff University to accelerate new ways of working.

 <p>HEART: Health Enterprise Alliance for Regional Transformation</p> 	<p>Health Enterprise Alliance for Regional Transformation (HEART) – working collaboratively, building upon each of the partners’ strengths and better aligning our resources, with a vision for innovation, integration and citizen focused health and wellbeing.</p> <p>We work closely with a number of universities to teach the next generation of clinicians, and to undertake research, innovation and development.</p>
--	--

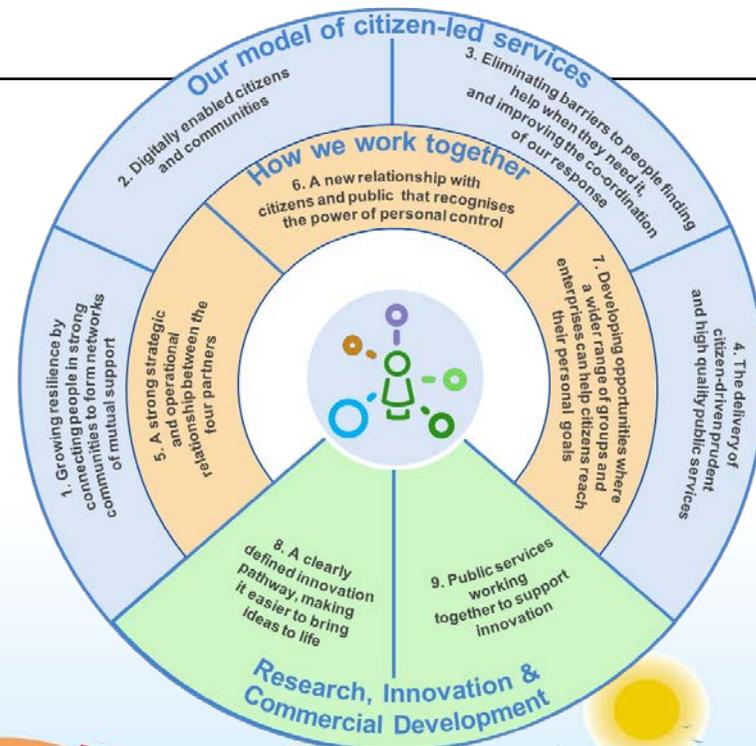
- Working differently in primary care, including across localities and clusters.
- Progressing the ‘integration agenda’ working in partnership with local authority and third sector colleagues on a new model of community care.
- Planning for new roles in primary care and the community.

Nine strategic objectives in three key areas have been agreed by the partnership. These objectives form the basis of the “Cardiff and Vale system model”. In summary, we are focusing upon:

Citizen led services through strengthened community networks, technology enabled support and co-ordinating our support and response to our population based upon intensity of need.

Working together more effectively to make the best use of assets, workforce and other resources.

Driving innovation to accelerate the process from idea to implementable solution, attracting new sources of funding and providing swifter access to research for our population.



Conclusion

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

We will be exploring new ways of working with a wide range of partners through the Public Services Boards so that together we can respond to the challenges facing future generations, and applying the requirements of the Wellbeing of Future Generations Act in the way we plan and deliver services.

This document summarises our plans for the year.

